

# **Working Out: The Relationship Between Health and Occupational Status in the City**

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## **Abstract**

This thesis explores contemporary health club use, and the meaning of such for those that live and/or work in the city. Focusing on the 'premier' health club sector this study considers the factors that encourage people to become part of the contemporary premier club culture. More specifically, this thesis is concerned with defining the characteristics of the premier club environment and to consider who they attract and why? What are the reasons behind the decision to join a premier club, does it reflect a personal desire to improve ones health and fitness or is it a culmination of social pressures and rational thought? Why is it that premier clubs are located within thriving cities and are they a prominent feature amongst the social network of the city?

These questions emerged at a time when 4 million people in the UK held health club membership and premier clubs were receiving increasing media attention. Whilst this rise in popularity of health clubs only equates to 8% of the population holding club membership, it suggests that for a select number of people, health club use is a significant feature of everyday life (Mintell, 2003). Simultaneously, sociology is increasingly concerned with most aspects of health and illness, the state of the body and the impact of it on everyday practices. However, health club use remains a significantly underdeveloped area of sociological inquiry.

This qualitative study has focused on the premier club environment, defined within this thesis as 'a club which expands on the common health club model

of gym, aerobics studio and pool and offers a better standard of these basic facilities, a wider range of activities and extension services such as spa treatments, dry cleaning and booking services'. The research was conducted in four premier clubs in two major UK cities. The empirical findings suggest that premier club use is socially and culturally located. There is a 'social value of health' which infiltrates all channels in society, a value which is particularly strong within the social network of the city. The research has shown that whilst premier club use is obviously, to an extent, a personal quest for bodily improvement, it is motivated by two factors. The first being the 'need' to improve health and fitness as a consequence of working in a high-pressured city workplace and the second, a desire to present a certain 'image of fitness', which again is shaped by the value of health that exists in the city workplace.

In conclusion it was found that within the context of the city, body work and the development of a 'workstyle' is a motivating factor behind the decision to join a premier club. Premier club is an integral feature in the process of individualisation as social agents are engaging in a reflexive project of the self, whereby shaping their body and creating an overall image, or a positive workstyle, is of the essence.

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## 1. INTRODUCTION

*'I check myself in the mirror before entering the gym and, dissatisfied, go back to my briefcase for some mousse to slick my hair back...satisfied I turn the Walkman on, the volume up, and leave the locker room'*

(taken from the novel 'American Psycho' by Bret Eaton Ellis, pg68)

*'Ten years ago a man like Richard – who does things with other people's money – would have been all spindly legs and narrow shoulders. But you have to be tough to live in the city these days, or look like you are'*

(taken from the novel 'Man and Wife' by Tony Parsons, pg 57)

### **The Study: Defining the premier club**

This thesis is concerned with understanding contemporary health club use, and the meaning of such for those that live and/or work in the City. Whilst it is recognised that membership to a health club and use of a health club are two very different things, this thesis sets out to explore the reason for the growing popularity of health club membership within the context of the city and also to consider what drives people to use these clubs once membership has been sought. Throughout this thesis it is argued that health club membership and the subsequent use of such facilities is not just a personal quest to change the body or improve health, it is an activity which is contingent upon the wider social and cultural context.



In order to meaningfully explore the social and cultural significance of health club use it was necessary for me to refine the focus of my study, as the health and fitness sector varies to such an extent that to examine all parts of it would have been unfeasible. I have therefore chosen to focus upon what are often termed “premier clubs”, which represent the most costly and exclusive end of the health club sector.

Before outlining the characteristics of a premier club, it is first necessary to clarify the meaning of a ‘health club’ as defined against the characteristics of a ‘gym’ or ‘leisure centre’. At the bottom of the health and fitness ladder are leisure centres. Leisure centres are usually funded and managed by local authority councils and tend to be considerably cheaper than private members clubs. In relation to the lower cost, the facilities are usually relatively basic, and unlike the health clubs, they tend to incorporate a large sports hall. A ‘gym’ on the other hand is usually privately owned and is conceptually the closest model to a health club, typically with a cardiovascular area and a resistance machine/weights area, a gym may also incorporate an aerobics studio. The image of a gym is of a no-nonsense, low frills functional facility that is reasonably priced.

Like a gym, a health club typically consists of a fitness studio, gymnasium (divided into resistance/weights machines and cardiovascular equipment) and increasingly, a pool. The most distinctive feature of a health club is the cost, as a private health club will generally charge a membership fee and will be paid for on a monthly, contractual basis thereafter, at a relatively expensive

rate. However, for the increase in cost you get a more luxurious experience, often with free toiletries and towels, a Jacuzzi and spa area and often a social space.

A premier club then, is distinctive not only in terms of the high membership and monthly fee charged, but also in terms of the range of facilities and activities on offer as it takes the more luxurious health club environment to another level. Premier clubs typically offer extensive 'spa' facilities, including relaxation rooms, hydration rooms and a wide range of spa and beauty treatments, in addition to the typical range of fitness equipment and class based sessions. The premier clubs also offer additional customer services that support their 'health club' objectives such as a theatre booking service, a laundry and dry cleaning service and often a florist.

The range of activities and facilities attributed to the premier club environment has received increasing media attention in recent years, which is discussed in more detail in the forthcoming section. In light of this media attention I felt that to focus on the premier end of the health club market would be interesting because the health benefits and luxury of these clubs is cleverly juxtaposed against a high level of practicality and time saving benefits which led me to question whether joining a premier club may not be purely about health improvement, but also about style and expressive consumption. The overarching question guiding the research is **what factors encourage people to engage in premier club use?**

Working within the parameters of this extremely broad foundation, I began the fieldwork by identifying the characteristics of premier clubs and indeed premier club members, to conceptualise the thesis and further define the research focus. I was then interested in *why* people choose the premier club environment with such extravagant, luxurious facilities and I was curious to consider whether their prevailing presence in major UK city centres was a significant factor behind their increasing popularity. As stated above, the extravagant nature of these clubs also led me to wonder whether premier club membership and use is indicative of a personal quest for bodily change and health improvement or whether it marks a desire to make a statement about oneself, as membership of an exclusive, expensive club signifies a high level of economic capital. Also, to what extent is premier club use a personal endeavour or a practice that is contingent upon social and cultural surroundings.

### **The premier club and its presence in the City**

Currently it is estimated that 4 million people in the UK have health club membership and whilst this figure only equates to approximately 8% of the population, it suggests that for a select number of people, health club use is a significant feature of everyday life (Mintell, 2003). Whilst there are no figures to illustrate how many of this 4 million are members of premier clubs, the rise of the premier club sector is receiving a considerable amount of media attention. A recent article published in the Guardian explored the nature of the premier club and characterised such as a 'third space', an environment so

welcoming, luxurious and important in the context of personal lives that it is becoming the third most important space after home and work, a place *'...where the likeminded gather, a place that you could spend all your waking hours'* (Guardian, January 2004).

When conceptualising the premier club as the bridge between work and home, it is interesting to note that premier clubs are clustered within and around the central business districts of thriving British cities such as London and Manchester. One of the central arguments running throughout this thesis is that premier clubs are located within the city because they have identified their clientele as the professional-managerial individual who can be categorised as part of the new middle class (Ley, 1996). Such individuals are part of the regeneration of the city that is increasingly populated by powerful, dynamic individuals with a high income and busy lives. These individuals can afford to join a premier club and workout or relax within an environment which is conveniently located between the office and home.

To further contextualise the rise in health club membership more generally, it is also important to see that health has risen to the forefront of the social agenda and is now a social value characterised by the notion that individuals should get active and take responsibility for their own health (Peterson and Lupton, 1996; Scrabanek, 1994). Information and advice about how to improve health and fitness is difficult to escape. When we turn on the television we are bombarded with advice about how to diet and how to exercise (and even if we don't, how to look like we do), a trend that is

prevalent across the media more generally and also in our everyday conversations with friends and colleagues alike. One of the main facets to this thesis is to explore the claim that health and fitness concerns are rising to the forefront of everyday life and are inherent within social interaction and contingent upon our specific social networks.

This rising emphasis on health and fitness and the impact of such on everyday life has risen to the forefront of the sociological agenda in recent decades. Sociology is increasingly concerned with most aspects of health and illness, the state of the body and the impact of it on everyday practices, the promotion of health and well-being and the policy implications of such, the list is endless. However, health club use remains a significantly under-developed area of sociological inquiry and the research that has been done tends to focus specifically on the relevance of health club practices (or 'gym' practices as they are often called) for individual health and the body, thus ignoring the wider cultural context and social significance of such practices.

However, whilst health club use is currently worthy of sociological investigation, the relationship between body work (defined in chapter three) and the so-called contemporary 'consumer culture' has received a great deal of attention (see for example Featherstone 1991; 2000). It has been extensively argued that the project of the self, which includes exercise practices, is highly commodified. The impact of the commodification of the body on social agents is that individuals become occupied with a perpetual battle with the self, where the body is consistently a cause of dissatisfaction.

However, not all social agents are in a position to invest in bodily 'improvement', as this requires a relatively high level of economic capital. The significance of economic capital for this thesis will be outlined below as it relates to the conceptualisation of class, identity and status.

## **The theoretical Context**

As the above discussion illustrates, by examining premier club use I have found myself investigating a very distinctive social group, as a result of both the high membership cost and the location of the premier clubs. Throughout this thesis I work with a contemporary theoretical framework that outlines the characteristics of the 'new middle class' (See Savage, 2000; Wynne, 1998). One of the main features of the new middle class of particular relevance to my work is the notion that individuals pursue their own life projects '*...within an environment offering them the resources and scope for self-development*' (Savage, 2000: 140).

As Grey (1994) argues, the new middle class are engrossed in a 'project of the self' whereby individuals pursue their own life projects in order to achieve personal gain. With respect to this thesis, I have conceptualised premier club use as an activity adopted by the 'new middle class'. Moreover, individuals who work or live in the city have access to the [economic] resources that Savage alludes to, and can subsequently adopt exercise practices as part of the project of the self.

Throughout this thesis I draw on various sociological theories to contextualise the fieldwork, and consequently this work sits on the interface between the sociology of work, health and the body. The thesis incorporates some of the most prolific theories from these significant fields of sociological inquiry to argue that whilst health is at the heart of everyday life in that it enables or restricts all that we do, the 'image' of health is also extremely significant. It is shown throughout this thesis that through certain consumer practices such as purchasing premier club membership, an individual can buy the image of health. Whilst there will obviously be 'actual' health benefits associated with premier club membership and subsequent use, this image of health is interesting as it is symbolic of a 'good' attitude, as the individual who holds the premier club membership and invests in their body is perceived as being in control, motivated and is regarded as a well rounded individual.

Much of the theory underpinning this thesis engages with the widely established structure and agency debate and aims to illustrate that individual action (premier club use) cannot be studied as a purely individualistic pursuit. Moreover, social action is embedded in complex relationships running throughout the social network, whereby individual action is shaped and understood in relation to social rules, values and expectations (Scott and Lopez, 2000). The structure and agency debate is explored in detail in chapter two, but of particular relevance to this work is Archer's (1982; 1988) theory of morphogenesis whereby structure and agency are conceptualised as distinct aspects of society, which are analytically distinct yet interactive.

Moreover, social interaction is conditioned by social structures, but is not socially determined.

In order to explore premier club use as a social action which is contingent upon social and cultural factors, the work of Pierre Bourdieu has been particularly significant and is discussed in detail throughout this thesis. Specifically Bourdieu provides a theoretical framework, a 'theory of practice', which is useful when exploring the various social levels that influence the individuals that participate (Bourdieu, 1977, 1980; Harker, Mahar and Wilkes, 1990). In line with Archer's work on morphogenesis (1982; 1988), Bourdieu argued that when it comes to 'action', we are both influenced and restricted by social practices. In this respect, my work offers an empirical account of the bodywork phenomenon that can be used to support Bourdieu's understanding of social practice.

My work has also been guided by the principles of social constructionism and the understanding that our knowledge of what it means to be healthy is socially and culturally located. I also recognise that this knowledge changes over time, as for example a diet, which is considered safe, and healthy today, may be condemned tomorrow. Throughout the thesis I argue that health practices and the knowledge of how to engage in them are defined and sustained through social processes, in particular these practices are supported through the social network and a whole range of interactions with professionals and peers alike.



Through an emphasis on the relationship between structure and agency it is hoped that this thesis has avoided a reductionist account of health practices. The overall aim of the study is to explore the individual body work undertaken by members of a specific social group, to explore the context within which this behaviour is conducted and to consider the social relevance of such. Throughout the fieldwork, premier club use and the relevance of this for individuals wider lifestyle is explored through the perceptions, interpretations and meanings of this behaviour by those that engage with it (Berger and Luckmann, 1979). The thesis has been written in such a way as to embrace the view that these interpretations of premier club use and the act of using a premier club are shaped by cultural and social influences, that are a product of shared meaning and practice (e.g. Archer, 1995).

## **Limitations**

This thesis does not provide a general account of the motivation behind health club use. Instead, the research has focused on a small, yet significant part of the health club industry; the premier club market, which is shown throughout this thesis to be pertinent to those who work and live in the city. By focusing on premier clubs I have inevitably explored the health practices and actions of the new middle class, namely those that can afford to use clubs with such high financial costs and who tend to work and live in the city. However, I do not explicitly enter into the debate about the nature of class which rages on within sociology (see Crompton, 2000; Mount, 2004 and Savage, 2000).

My own interpretation of the new middle class incorporates a consideration of the impact of the 'city'. My research focuses on a group of professional-managerial workers located within the city who each express a concern with the 'project of the self' and indeed, see their premier club use as a means of achieving status and self-actualisation. Moreover, I have taken steps to forge new theoretical concepts, 'city types' and 'workstyle'. 'City types' is the term I use to define a lifestyle group, a subsidiary of the 'new middle class' who use premier club use in conjunction with their working lives, to create a certain identity. This identity is referred to as a 'workstyle', whereby the presentation of the outer body is a crucial concern as a 'good' body is regarded as symbolic of power, control, motivation and overall, success. Characteristics that are all valued in the contemporary workplace.

Much of the sociological work that explores the role of body work for individuals has tended to focus on either men or women. However, I have chosen not to incorporate a gendered emphasis within my work, as the fieldwork revealed that for those respondents who live/work in the city, bodywork is an integral feature of everyday life, irrespective of whether they are male or female. This empirical finding also reflects another contemporary media concept, the 'metrosexual man', which identifies a relationship between men who live or work in the city, who strive to achieve the perfect body and are not afraid of beauty products (Guardian, 2003).

## **Outline of the thesis**

The thesis is structured as follows. In chapter two I outline the major theoretical perspectives that inform the research and provide a framework within which to locate the empirical work discussed in chapters five, six and seven. In this chapter I explore the social value of health as discussed in contemporary sociological literature and argue that our health beliefs and the experience of our health, are socially contingent and culturally located. The discussion begins with a consideration of the socially constructed nature of health and outlines various discourses that prevail in contemporary society; medical discourse(s), political discourse(s), media discourse(s) and alternative discourse(s).

The chapter then goes on to explore the nature of contemporary citizenship and here I argue that whilst these discourses differ in terms of their underlying principles, what they have in common is an emphasis on individual agency, in that they each encourage individuals to be pro-active with respect to their health and to take responsibility for their well-being. I suggest that the relationship between health and citizenship is strong in the city, where the consumer emphasis on health and health products further reinforces the socially constructed value of health. I then conclude the chapter by identifying middle class individuals as those who are more likely to engage in healthy living practices and the next chapter explores why this is the case in more detail.

In chapter three I present the existing sociological literature on individual health practices, in particular, aerobics and gym pursuits. I argue that whilst these works are central to our understanding of health and fitness pursuits, they are somewhat reductionist in that they identify such practices as a response to a personal concern about individual health and/or the body. This chapter draws on the work of Bourdieu (1980) to suggest that health and fitness pursuits might better be understood as socially and culturally located, as the motivation behind embodying certain practices is derived from a complex relationship between personal life and social position. I go on to argue that whilst using a gym and working on health and fitness is a personal pursuit, it is actually a pursuit which is susceptible to social competition, a desire to achieve success and recognition for the work put into the body, particularly within the city. It is recognised in the discussion that not all individuals are able to participate in healthy living practices, which represents an active process that requires the investment of both time, but perhaps more importantly money. Throughout this chapter, health is identified as a lifestyle choice that appeals to the new middle class in particular.

As the chapter proceeds, I then explore the relationship between a new middle class lifestyle and health practices in more detail. I argue that body work is part of a 'professional lifestyle', as bodily appearance is becoming increasingly valuable in the workplace, individuals come to embody the value of working on the body. This desire to create a professional image means that body work blurs the distinction between work and leisure as body work is a project of the self that requires a good deal of time and energy.

In chapter four I provide an account of the research process. In this chapter I identify observations and interviews as the main source of empirical data and engage with a discussion regarding their application to my work and the methodological framework that supports their use. The main aspect of the fieldwork involved interviews with professional-managerial workers located in two thriving British cities, to explore their health practices and the meanings behind their behaviour. In addition, both participant and non-participant observations were conducted within premier clubs to contextualise the data obtained through the interviews and to explore the phenomena in more detail. This chapter bridges the gap between the literature discussed in chapters two and three and the forthcoming data chapters.

In chapter five I draw on empirical work to explore the nature of the premier clubs, specifically their location and role within the city. The features of the premier clubs are discussed, and the characteristics of premier club members explored. I argue that premier club members are 'city types' who work and/or live in the city, have a high level of economic capital and a desire to invest in body work. The reasons behind premier club use amongst 'city types' is explored and the chapter debates whether the premier club meets a need, such as stress relief, or whether it is more of a desire to be a member and to work out at such luxurious, extravagant clubs. It also engages with the debate over whether individuals join the clubs for personal reasons, or whether they feel some kind of social obligation.

In chapter six I further explore the motivation behind joining a premier club and argue that the decision to embark on an exercise programme is the outcome of complex interactions between the individual and the wider society. Throughout the chapter I discuss the process of joining the club and explore the subsequent participation to argue that this represents a rational process. It is shown that premier club use is shaped by personal feelings towards health and the body and an awareness of the impact of bodily appearance and health status within the wider social environment. This chapter also offers a consideration of the cultural significance of health and fitness amongst those who work and live in the city, according to the perceptions of premier club members.

In chapter seven I empirically develop the concept of 'workstyle' and further explore the relationship between body work and employment in the city. The main theme running through this chapter is the relationship between presentation of the self, body work and corporate success. Throughout the chapter I argue that by working on their health and fitness, individuals create a workstyle that incorporates an image of fitness, which is perceived as enhancing employability within the context of the city workplace. In turn, a fit and healthy body is perceived as giving individuals a 'competitive edge'.

Finally, in chapter eight I identify the factors that encourage individuals to join a premier club and draw together the theoretical debates and the empirical work discussed throughout this thesis. Here the main empirical chapters are brought together to outline the factors that encourage individuals to engage in

body work and use a premier club. In this concluding chapter I argue that individual body work only carries significance within the context of the wider social network and more specifically, that individual's engage in body work to increase their potential within the city workplace.

## **2. THE MEANING OF HEALTH**

### **Introduction**

This chapter explores the social significance of individual behaviour, with specific reference to health and engages with the structure and agency debate that forms the theoretical basis for this thesis. As the discussion unfolds I argue that health is a valuable asset in contemporary society and that the social and cultural value of health shapes a person's experience and understanding of health. Drawing on a range of literature I suggest that the social value of health is multifaceted and contingent upon the various discourses on health (of which four are discussed in detail). Together these discourses culminate in a widely recognised system of information concerning what it is to be healthy and how to improve health through the promotion of personal responsibility and good citizenship.

Throughout this chapter I avoid a reductionist approach in line with the view that individual behaviour cannot be studied in isolation. The preferred approach is to conceptualise individual action as influenced by the wider social and cultural context. However, in rejecting reductionism, I do not wish to shift to the other end of the spectrum toward a deterministic understanding of social action, as social agents are not docile beings that simply accept the information about health that is put before them. Individuals are capable of rational action and will choose to follow and negotiate the proffered advice to differing degrees. Accordingly I argue that much of the sociological literature



concerning health practices has focused on the differentiation between socio-economic groups. However, this thesis is primarily concerned with the health practices of the new middle class, who are identified as the premier club users. Subsequently this particular social group receive the most attention.

To begin the discussion I explore four prevailing discourses on health: medical discourse(s), political discourse(s), media discourse(s) and alternative discourse(s), to illustrate that the value of health is socially constructed. Whilst I suggest that these discourses often have contrasting underlying principles, what the discourses have in common is that they are all constructed to promote individual agency and encourage individuals to take responsibility for their health and well being. The discourses coalesce to form a constellation of knowledge, which can be regarded as a powerful construction of health that emphasises individuality.

Throughout the chapter I explore the ethos of personal responsibility as an example of the link between the social value of health and individual health action, as those who embody this personal responsibility are responding in some way to the socially constructed discourses on health. In light of this I argue that the social emphasis on personal responsibility marks a shift in contemporary citizenship whereby morality and accountability prevail. To explain this point further, the expectation that individuals will embody personal responsibility for their health is discussed, which leads to a situation where those who ignore health advice can be held accountable for their actions, for example they may be refused treatment if they have persistently smoked.

The implications of this relationship between individual health choices and good citizenship is explored in detail and the implications of such for individual action are considered. The main thrust of the discussion is that individuals are now 'expected' to invest in themselves and consequently they often act according to these socially prescribed guidelines.

The discussion then turns to a consideration of *why* some individuals adopt healthy living practices whilst others do not, exploring some of the sociological literature that examines the relationship between socio-economic position and health practices. As this thesis is predominantly concerned with new middle class health practices, I emphasises the importance of Bourdieu's work throughout this chapter, to illustrate how health practices have been adopted by the middle class and how such behaviour can be regarded as a mark of distinction, symbolic of moral worth.

### **The Social Construction of Health**

Over the course of the past two decades there has been an increasing interest in issues of health and illness within the field of sociology. Whilst much of this interest has focused on the individual experience and understanding of health and illness, there is a range of literature that explores the social dimension of health, with a particular emphasis on social constructionism.

It is frequently argued from a sociological perspective that the experience of health and illness, and indeed, beliefs about these experiences, are socially constructed. That is to say that our health beliefs and the experiences we have in relation to the state of our health are socially contingent and culturally located (Freund and McGuire, 1995). However, it is important to recognise that the perspective of social constructionism does not question the existence of a disease or the experience of illness, but instead represents the view that such experiences are interpreted through social interactions and will be influenced by social discourses which exist such as the medical discourse(s) and the political discourse(s) (Lupton, 1994; Nettleton, 1995).

The constructionist perspective has many different facets with regard to its application within the field of sociology and in turn there are many disagreements over its characteristics (Burr, 1995; Lupton, 1999). However, Burr provides a general outline of what constitutes social constructionism and the features include the following: a critical stance towards taken-for-granted knowledge; historical and cultural specificity; an understanding that knowledge is sustained by social processes and a belief that knowledge and social action go together (1995:3-5).

Taking Burr's later two points into account, when applied to the study of health and illness the constructionist perspective suggests that our ideas and values concerning health and illness are socially and culturally contingent. Moreover, our individual understanding of health and illness is conceptualised by our position within society and is cultivated according to a range of cultural

influences (Freund and McGuire, 1995; Nettleton, 1995). Whilst it is acknowledged that the literature on social constructionism is diverse, it provides a useful perspective when exploring discourses on health, not least because it recognises the potential for discourses to coexist (Nettleton, 1995).

Throughout this chapter I suggest that discourses co-align and offer alternative information sources that have a social and cultural impact on our everyday understanding of health matters. While the influence of one particular discourse may be stronger than another, or indeed one discourse may be favoured by a particular individual, they all contribute to the social construction of health. Or as Burr succinctly puts it '*different discourses construct social phenomena in different ways, and entail different possibilities for human action*' (1995:15). Four such discourses that contribute to a 'social' understanding of health will now be discussed in greater detail.

### ***Medical Discourse(s) on Health***

It is well documented within the sociological literature concerning health and illness that the late 20<sup>th</sup> century has seen a growing disillusionment with scientific medicine, with challenges to its effectiveness and questions over the 'truth' of biomedical knowledge (Lupton, 1994). Whilst there is clearly evidence to support this view, it must be recognised that there remains a prevailing medical discourse in the West, providing a body of knowledge that continues to inform our personal experiences and understanding of health and illness.

In terms of the power of medical discourse, it has frequently been suggested by those sociologists interested in the relationship between the medical discourse and lay perceptions of health and illness, that far from waning, the medical discourse has actually expanded its influence through a process of medicalisation (Zola, 1972; 1975). In short, medicalisation refers to the situation whereby the medical profession comes to define aspects of everyday life as medical issues. In recent years, this has come to include a concern over leisure practices, including exercise participation and drinking habits.

In the traditional sense, as Freund and McGuire (1995) identify, the prevailing medical discourse in western society is founded upon bio-scientific theory and disease classification. Here, the aim is to identify individual ailments according to an existing classificatory system, and treat symptoms or disease through professional intervention and medical control. It is widely accepted that the medical discourse on health and illness is a powerful influence and here it is worth outlining the principles of the political economy approach, which remains influential to the sociology of health and illness (see Lupton, 1994).

To adopt a political economy approach to understanding medicine and the impact of medical principles on individual action is to suggest that medicine exists as an institute of social control, orientated toward maintaining a healthy population (Lupton, 1994). In this respect medicine is said to have become a controlling force which endeavours to guide individual behaviour and influence morality, thus marking a shift in the biomedical approach to illness, from treatment toward prevention (Illich, 1976; Zola, 1972, 1975).

The work of Michel Foucault is of particular relevance when studying the medical discourse and the impact of such on individual action. In particular his work on 'The Birth of the Clinic: An Archaeology of Medical Perception' (1973) identifies medicine as a form of disciplinary power that attempts to define behaviour. For Foucault, the body is a site of control, where political and ideological concerns are expressed through surveillance and regulation.

From a Foucauldian perspective, the characteristics of medical disciplinary power have altered over time. For example, it is widely acknowledged that from the 16<sup>th</sup> century to the early 20<sup>th</sup> century, medical control over bodies was often discriminatory and coercive. At this time the treatment of illness often involved containment in order to prevent contagion and the further spread of the disease, an approach that continued until the rise of scientific medicine and the possibility for medical treatment. Conversely, the emphasis today is on prevention and subsequently medicine has become a more subtle disciplinary power, which attempts to modify individual behaviour. Through the construction of a public health discourse and health education, the body is portrayed as dangerous and potentially out of control, and individuals are subsequently encouraged to discipline themselves and regulate their activities to prevent disease or illness from striking (Peterson and Bunton, 1997).

## ***Political Discourse(s) on Health***

During the past few decades the government have become increasingly concerned with the promotion of 'healthy' living and it can be argued that 'health' is now at the centre of much political activity (Bunton, Nettleton and Burrows: 1995). In fact, one of the prevailing sources of information concerning health can be found under the remit of public health, and much sociological attention in recent years has focused upon the characteristics of the New Public Health Movement (NPH) (Ashton and Seymour, 1988; Peterson and Lupton, 1996; Peterson and Bunton, 1997).

The NPH plays an important role within public health, focusing on the identification of factors that underlie the causes of illness and offering guidance on preventative measures, to enable individuals to minimise or avoid health related problems. Whilst concern for public health has a longstanding history, what is interesting about the NPH is that it echoes the shift in the medical discourse in health outlined above, from modernist principles of professional intervention and direct medical control, toward a form of less overtly coercive forms of intervention, with an emphasis on 'prevention' rather than 'cure' (Ashton and Seymour, 1988; Peterson and Lupton, 1996).

This shift of emphasis toward prevention is grounded in a political shift from welfarism to neo-liberalism. In Britain, until the 1970s welfarism dominated the political arena, whereby the state assumed responsibility for ensuring the

well being of its citizens (Ashton and Seymour, 1988). During this time it can be said that the welfare state adopted a curative role, acting as a political safety net, waiting to catch individuals who fell ill. However, the mid 1970s saw a trend towards the principles of neo-liberalism or advanced liberalism, marking a desire for minimal state involvement and consequently shifting the responsibility back toward social agents (Rose, 1992). At this time it was thought that the state was coercive, controlling the behaviour of individuals and in turn preventing freedom of choice and autonomy, thus neo-liberalism was regarded as a sound alternative encouraging people to be self-reliant and rational in their actions, free from the shadow of state interference (Peterson and Bunton, 1997; Rose, 1992).

It can therefore be argued that the political discourse on health, characterised by the NPH movement embraces a neo-liberal approach, whereby the active participation of social citizens is encouraged. In other words, it illustrates a form of policy that embraces the autonomy and rationality of social agents. Furthermore, the NPH movement can be regarded as a moral discourse, which offers advice to the population at large whilst simultaneously depending on the co-operation of social citizens in order to fulfil its objectives (Peterson and Lupton, 1996). Examples of such can be identified in the government initiative 'Our Healthier Nation' (DoH, 1999) which effectively represents a body of knowledge from which individuals can draw to inform their understanding of health as it offers advice on behaviour modification.



At the heart of the political discourse concerning health is a new preoccupation with controlling 'risky' behaviours, yet despite the language of empowerment, the agenda of the NPH movement still reflects government objectives laid out by professional experts (Peterson and Lupton, 1996). The NPH can therefore be regarded as a set of moral guidelines, promoting prescriptions for how we should live our lives, through discourses of empowerment, examples of which can be found in smoking cessation programmes and weight management clinics that are being rolled out nationwide (DoH 1999, Peterson and Lupton, 1996; Rose, 1992).

In this way, it can be argued that policy initiatives and political discourses on health, such as 'Our Healthier Nation' have a very real impact on society at large, as welfare provision becomes entrenched in a moral discourse and represents a political desire to influence individual action. In fact, one might go so far as to suggest that the political discourse acts as a form of social control via subtle regulatory mechanisms (Bunton, 1992). Or as Peterson and Lupton put it:

*'The New Public Health can be seen as...the most recent of a series of regimes of power and knowledge that are orientated to the regulation and surveillance of individual bodies and the social body as a whole'* (1996: 3).

## ***Media Discourse(s) on Health***

The policy document *Our Healthier Nation* (DoH, 1999) reports that '*...support for health is...reflected in the growth of complementary therapies and specialist products, including magazines, radio and television programmes and health websites, for people wanting to improve their health*' (DoH, 1999: para 1.14). In this respect, the media is an important source of information that must be considered when discussing the social construction of health as a social value.

In a paper entitled '*Health and Media: An Overview*', Seale (2003) supports the policy statement above and argues that knowledge about health and healthy living are portrayed in the mass media, and that this will have some effect on the audience. Whilst Seale identifies that the effect on the audience is difficult to ascertain, it is thought that individuals actively interpret the information before them and of course, may choose to accept the information or indeed reject it. It is interesting at this point to recognise that media resources play an important role in shaping discourses on health and informing public opinion.

In light of the above discussion I would argue that the media plays a significant role in supporting the social value of health, particularly in terms of turning health into something that is visual. Through media representations we gain a visual understanding of what health looks like, namely in the form of a fit and healthy body. Markula (1995) discusses the impact of such media

representations and argues that we are currently at a stage where we are bombarded with the image, and consequently the idea of health. She goes on to state that *'one has to be extremely secure to be able to confront the everyday challenges put forward by the dominant discourses and even more confident to engage in an openly resistant action. We struggle to resist the body ideal but are not able to ignore it or achieve it. Our bodies remain imperfect'* (Markula, 1995: 446).

In contemporary British society the social value of health is underpinned by an emphasis on the symbolic value of bodily display and an awareness of the aesthetic value of health. The outcome of this is that health becomes commodified through consumer channels and the media can be regarded as an influential force in this process. The social value of health is supported by the image of health, which is dangled like the proverbial carrot and consequently becomes something we want to strive for (Kenen, 1987).

The new public health movement and the reinforcement of the value of health through other social channels such as the media, only serves to strengthen the value of health in society. Drawing on the work of Foucault, Shilling (1993) recognises this and suggests that the existing 'image' of the 'ideal' body that prevails in the media only serves to increase the control of forces such as the new public health movement. In this way control can be maintained *'...through the stimulation of desires'* (Shilling, 1993: 75), as it is assumed that by pursuing the ideal body, the consequence will be good health.

### ***'Alternative' discourse(s) on Health***

Before discussing 'alternative' discourses on health it is important to note that 'alternative' appears in inverted commas as the phrase is contested by practitioners and theorists alike. However, the phrase 'alternative' discourses on health is preferred within the context of this thesis, as it assumes a neutral position and implies no authority of one discourse over another (Saks, 1992). It is also pertinent to note that there is a range of alternative therapies, which further demonstrates that discourses on health co-exist in contemporary society.

Whilst alternative therapies have received relatively little sociological attention when compared to the study of the more traditional, biomedical approach, some of the leading authors concerned with health and illness refer to a rising interest in alternative therapies since the 1970s (Freund and McGuire, 1995; Lupton, 1995; Nettleton, 1995; Saks, 1992). However, it is difficult to emphatically identify the extent to which alternative therapies are growing in popularity, as they are difficult to categorise. Some emerge as strong movements whilst others stay in the remit of independent practice, yet it has been argued that all of them provide alternatives to the hegemonic model of biomedical knowledge (Freund and McGuire, 1995).

Despite the extent to which alternative therapies operate currently within Western culture, it is clear that alternative discourses on health are becoming

increasing prevalent. Indeed, it can be argued that alternative discourses on health are achieving greater credence than ever before, not least because they are grounding themselves within the remit of professionalism, awarded through professional qualifications and certification (Saks, 1992). What alternative therapies have in common is that they represent an approach that differs from traditional biomedicine, offering both information and indeed treatment, which individuals can draw on for advice or turn to in practice. When discussing alternative therapies, Lupton (1995) argues that in contrast to the biomedical approach to health and illness, such therapies reject disempowerment and instead, encourage individuals to take responsibility for their health.

The rejection of disempowerment discussed by Lupton (1995) reflects the view that to use alternative medicine you need to be active in the process of accessing such resources. Alternative medicine is not as widely available as biomedicine and therefore it needs to be sought out. This is an interesting point within the context of this thesis, as alternative therapies encourage individuals to actively seek health advice or treatment. In this respect, alternative therapies emphasise the value of health itself, rather than conceptualising health as simply the absence of illness. Health is regarded as a positive attribute to everyday living, an essential component of personal well-being and life fulfilment and in this respect it is useful to think of alternative therapies as *pro-active* rather than *reactive*.

Another distinction between the medical discourse on health and alternative health discourses is the conceptualisation of the human body. Whilst biomedicine has traditionally focused on eliminating disease by focusing on parts of the body in isolation in a somewhat mechanistic fashion, alternative therapies tend to adopt a holistic approach to the human body and thus avoid the mind/body duality. However, this holistic approach to health and illness that extends to include well-being has been criticised for encouraging the further medicalisation of everyday life. As Crawford (1980) argues, the medicalisation of everyday life has led to the rise of 'healthism', whereby health becomes an individual concern, even in the absence of illness; a target which individuals constantly strive to achieve, through the preservation of health and the prevention of disease.

### **Individual Action and Health**

Whilst the above discourses differ characteristically, I have argued that these various discourses on health within contemporary society all contribute to a socially constructed value of health. Bodies of knowledge co-exist and offer different perspectives on healthy living thus providing individuals with a wide range of information that they can consult and from which they may choose to adopt the proffered advice. Whilst some of the discourses offer conflicting advice in terms of the treatment and prevention of illness and disease (for example, alternative discourses on health and the traditional 'medical' discourse), what they have in common is an emphasis on individual action through a discourse of empowerment.

It is here that we begin to see that when examining the meaning of health it is insufficient to focus on the social value of health, without reflecting upon individual action, as the contemporary value of health sits at the interface between societal information and knowledge, and individual rationality and experience. At this stage in the discussion it is useful to explore the centrality of individual action, as promoted through the socially constructed discourses on health, focusing primarily on the principles of morality and citizenship.

### ***Health and Morality***

In recent years, sociologists with a particular interest in health and illness have argued that the value of 'health', characterised by an emphasis on healthy living, is so ingrained in society, the notion of looking after ourselves is extremely difficult to escape (see Bunton, Nettleton and Burrows, 1995). As Crawford (1980) argues, this social value of health underpins a new morality system whereby social agents are expected to embody a personal responsibility for their health.

As shown above, the notion of personal responsibility is at the heart of the socially constructed value of health as exemplified through the four discourses outlined, as individuals are encouraged to monitor and control their own behaviour in a bid to improve their health. What is interesting is that the improvement of health is frequently encouraged through the promotion of information concerning how to avoid health 'risks'.

When considering the relationship between risk and health, Beck and Giddens' work on 'risk' is of particular importance. Whilst there is no space here to review the two perspectives extensively (see Lupton, 1999 for a comprehensive review of both theorists), there are some key components of the 'risk society' theory that are pertinent to this thesis. For Beck (1992; see also Beck et al.,1994) and Giddens (1990; 1991; see also Beck and Giddens.,1994) risk has risen to the forefront of the social agenda in contemporary society, as the global parameters of risk attracts political attention and publicity and subsequently necessitates increased individual awareness.

These works suggest that the hazards and uncertainties of social life are increasingly re-articulated through the language of 'risk'. Here risk represents a strategy for social action premised on rationality, whereby uncertainties are subject to calculation and control. For Beck (1992), this increasing attention to risk creates a situation whereby individuals are forced to deal with the risks as presented before them by so-called 'experts' and are encouraged to adopt behavioural strategies that enable them to avoid the risk.

Of particular interest within the context of this discussion is the principle of 'individualisation', where social agents are expected to create their own biography by reflexively evaluating the advice before them and shaping their own experiences (Beck and Giddens, 1994). In this respect, fear about risk is inherently linked to responsibility, as risks are deemed to be 'avoidable' and



individuals are expected to reflexively manage the risks that shape their lives, as it is assumed that actions will determine the outcome (Giddens, 1991).

A range of discourses, such as those outlined above, influence our actions and we are increasingly aware of the socially defined health risks (Giddens, 1990). As Brandt and Rozin (1997) argue, a wide range of information concerning healthy living might first appear to be emancipatory in that it provides social agents with the opportunity to consult such resources in order to formulate a personal, rational choice. However, they go on to argue that it is actually a form of subtle regulatory control in that such knowledge brings with it a set of moral expectations and responsibilities.

A consequence of the moral guidelines concerning health is that it can have a negative impact upon our experience when illness strikes. As Davey and Seale (1996) argue, the cultural and social understanding of disease and the associated risks shapes the response when illness occurs and a prolific example of this was the onset of the AIDS epidemic in the 1980s (Lupton, 1993; Sontag, 1989). The social and cultural perception of AIDS and HIV in the 1980s was of a disease associated with deviance, either homosexuality or sexual promiscuity, and subsequently the fatal disease was often understood to be a punishment for 'risky' behaviour, a view which was undoubtedly perpetuated through media representations of the epidemic (Weeks, 1995). The negative impact of this for sufferers of the disease was one of stigmatisation, premised on the understanding that they are in some way to

blame for their demise as a result of their own lack of morality and responsibility.

### ***Health Management as a Mark of Good Citizenship***

I have suggested above that a social emphasis on personal responsibility with regard to health brings with it an expectation that individuals will conform to the pro-offered advice. In turn, this expectation incorporates a moral dimension with respect to looking after the body and health, marked by dichotomous labels such as conformists and non-conformists, good and bad, right and wrong and so on. As Crawford (1994) argues, in addition to the stigmatisation associated with a lack of responsibility, this dichotomy has created a situation whereby individuals who work on their bodies for the benefit of their health are characterised as morally virtuous individuals. Interestingly therefore, it would seem that individual action is significant in establishing and sustaining the value of health, as on one hand it represents a response to knowledge concerning healthy living and on the other it reinforces such knowledge, as it illustrates what can be achieved by following the advice (Giddens, 1979; 1984).

When exploring the relationship between the social value of health and individual action in contemporary society, the term 'healthism' is a useful conceptual tool (Greco, 1993). Healthism is of particular relevance to a study of the relationship between health action and citizenship because it refers to the role of individual choice in working to preserve health and prevent

disease. The impact of healthism is that those who 'choose' *not* to preserve their health may be labelled as 'failures' as a result of their undisciplined and irresponsible character, whilst those who conform are praised (Peterson, 1997). Scrabanek is highly critical of the principles of 'healthism' as for him, it refers to a situation whereby 'health' is no longer a personal yearning it is '*part of a state ideology*' (1994: 15). Fundamentally, Scrabanek argues that this presents a threat to individual 'choice' and perpetuates state control as '*they not only define what is bad, but they also dictate what is good*' (1994: 19).

As shown in the discussion of political discourse(s) on health outlined above, health promotion has been high on the political agenda since the late 1970s and it has been shown that this reflects a wider drive toward individualism whereby collective rights to welfare have been replaced by individual obligations and responsibilities (Scambler and Higgs, 1998; Roche, 1992). As Herzlich and Pierret argue, the traditional welfare model that incorporates the right to be sick is slowly being replaced by 'the duty to be well' (1987: 230).

Herzlich and Pierret (1987) argue that health education and the medical profession are embracing a discourse that emphasises the role of individual behaviour in the context of becoming ill. The consequence of this is that the same discourse is stressing the importance of individual action with respect to the maintenance of health. They suggest that the current political climate embraces the view that '*your health is your business*' and in turn promotes efforts to '*...inculcate personal responsibility for the management of health through the adoption of rational forms of behaviour*' (1987: 230-1). Here it is

argued that the emphasis on personal responsibility and rationality is leading to a situation whereby individuals can be judged according to their behaviour and the impact of this on health implies accountability. In turn, accountability underpins the principles of good citizenship and morality.

As Radley and Billing (1996) argue, when accountability is applied to health, health and illness become value-laden terms, a negative consequence of which is the emergence of a 'blame culture', and this has received much sociological attention in recent decades (Bunton et al., 1995; Lupton, 1995; Minkler, 1999). As Scrabanek argues,

*'When death occurs 'before its time', the victim's lifestyle becomes the subject of scrutiny. Death does not just happen: Something or somebody must be blamed' (1994: 53)*

Conversely, it follows that when individuals adhere to the principles of personal responsibility and actively endeavour to protect their health, they are presenting themselves as 'good' citizens (Crawford, 1994) Whilst the impact of healthy living for the individual is explored in more depth in chapter three, it is important to recognise that gaining acknowledgment for healthy living can only be achieved when there is a socially defined standard of what constitutes healthy living. Moreover, through existing discourses on health we come to recognise what is meant by a 'healthy' diet and a 'healthy level' of exercise and subsequently those who adhere to such guidelines are seen as successful (Peterson and Bunton, 1997).

As Crawford (1994) argues, a healthy body is a mark of distinction and a sign of moral worth, as it becomes a visual representation of embodied responsibility and a personal desire to look after oneself and prevent the onset of disease. Similarly Gillick (1984) argues that presenting oneself as a 'healthy', 'moral' person through investment in the self and work on the body is not just about gaining recognition from others, it is also seen as a means of improving self-image, as many individuals see health and fitness as a means to achieve '*personal and social redemption*' (1984:369).

Personal and social redemption then, particularly with regard to health, is implicitly dependent on the dichotomy of good and bad citizenship discussed above, as one person's success can only be measured against the failure of another. It has been argued that by *choosing* to participate in healthy living an individual can establish him or herself as a moral, virtuous and ultimately 'good' citizen. However, contemporary Foucauldian scholars have questioned the element of choice, as highlighted through work on governmentality.

### ***Governmentality and the 'Healthy' Management of the Self***

When health becomes a moral virtue, there is an emphasis on 'action'. In other words, a state of good health becomes something we are encouraged to achieve. In this respect it is assumed that the 'moral' amongst us will become actively involved in the ultimate goal, the achievement of 'good' health. As outlined above, at the core of the social value of health is the principle of

'personal responsibility' and therefore notions of individuality and rationality have risen to the forefront of the social agenda. We are now in a situation where, as social citizens, we are expected to be self-regulators of our actions and our bodies (Castel, 1991; Scambler and Higgs, 1998; Millar and Rose, 1989).

From a Foucauldian perspective, with respect to health action, individuals are no longer regarded as 'docile bodies', directly regulated and controlled by the power of medical professionals, the attention has shifted from an emphasis on medical control towards risk prevention at the level of individuals (Foucault, 1973). It is here that the principles of governmentality come into play, which emphasise social action and the role of self-governance. Governmentality is not about dominating and controlling individual action, it implicitly depends on 'free will' (Scambler and Higgs, 1998).

The relationship between risk and citizenship, characterised by the notion of individual responsibility can be discussed according to the Foucauldian principles of micropolitics and self-governance. The emphasis on prevention becomes an expression of surveillance that is non-coercive, yet despite this, compliance is clearly an objective if the NPH movement is to be a successful endeavour (Nettleton and Watson, 1998). The NPH thus assists in the process of self-governance (governing at a distance), which incorporates what Rose (1989) has described as the political transition from government to governance. By offering advice to the population at large, health promotion defines a set of social values associated with health and well-being, values

which in turn aim to facilitate healthy living, whereby 'better health is the prize' (DoH, 1999: para 1.8).

In his work on governmentality, Michel Foucault discusses two interrelated types of technologies, namely technologies of power and technologies of the self and explores the relationship between the two. With reference to discourses on health it follows that technologies of power include the medical profession and more specifically the NPH movement, which are influential in shaping the social value of healthy living discussed above. Conversely, technologies of the self are those that enable individuals to control their own lives and choose their own actions or activities (Martin, Gutman and Hatton, 1998). It can be argued therefore, that the focus of governmentality with respect to health illustrates the relationship between the micro-politics of bodily regulation and the macro-politics of the surveillance of populations (Fox, 1993).

The interaction between technologies of power and technologies of the self is complex and cannot be understood as either a top-down or a bottom-up approach. Although it can be said that it is the technologies of power that promote discipline, the success of such depends entirely on the individual. Therefore, according to Foucault '*the self*' is continuously redesigned according to the parameters of a discursive policing process (Martin, Guttman and Hatton, 1998: 135).

Health promotion and policy in contemporary society implicitly depends upon the notion of risk and citizenship, exemplified by the ideological shift toward neo-liberalism. A characteristic of this ideological shift is that prevention becomes an expression of surveillance that is overtly non-coercive, yet despite this, compliance is clearly an objective. Castel (1991) draws on the work of Foucault to argue that the NPH movement is a subtle, yet effective way of regulating populations. It appears that as social agents we are operating freely, when in fact we are experiencing a form of 'regulated autonomy' (in Peterson and Bunton, 1997: 194). In other words, we are free to make choices regarding our personal behaviour, but only according to the guidelines of a specific society, at a specific time and therefore it can be said that we act according to governing principles whether we are aware of it or not.

It is argued throughout this chapter that the current political ideology with respect to health is trying to break the link in public perception between provision of services and demands for health improvement. Yet despite the language of empowerment found in policy documents such as *Our Healthier Nation* (DoH, 1999), the NPH movement still reflects government objectives, laid out by professional experts (Peterson and Lupton, 1996). The NPH is therefore a discursive prescription for how we should live our lives, culminating in politicisation of the self, through discourses of empowerment. To fail to recognise this is to fail to understand the social significance of the NPH, and its potential role in establishing health as a social value (Peterson



and Lupton, 1996; Rose, 1993). As Scrabanek argues, this has serious implications for freedom of choice as exemplified in the following quote:

*'I don't smoke nor drink. I don't stay out late and don't sleep with girls. My diet is healthy and I take regular exercise. All this is going to change when I get out of prison' (Scrabanek, 1994: 71)*

### **Adopting Healthy Living Practices**

I have argued in the above discussion that the contemporary social value of health with its emphasis on individual responsibility, is indicative of good citizenship, and this inevitably has an impact on social action. However, it would be naive to assume that all individuals follow the discursive advice that stands before them; otherwise there would be no need for policy to make health a priority. As Lupton and Peterson state:

*'There is evidence that people do conform, either consciously or subconsciously to the imperatives outlined in strategies such as those presented in the NPH. Yet...it is also clear that people frequently either directly resist these imperatives, ignore them or fail to take them up in favour of other practices of the self' (Lupton and Peterson, 1996: 180).*

One of the central concerns of this thesis is *why* people follow the discourse of health and adopt healthy living practices, it is important therefore to engage

with some of the existing sociological literature that explores healthy living practices amongst certain social groups. From a sociological perspective, research and discussions of health practices have often focused on negative behaviours such as the prevalence and problems associated with smoking, poor diet and lack of exercise (see Herzlitch and Pierret, 1987; Calnan, 1987; Blaxter, 1990; Popay et al., 2003).

It is only relatively recently that sociologists have turned their attention to so called 'positive' health practices such as exercise and the self-surveillance of health and the body (for example, Markula, 1995; Monaghan, 2001; Sassatelli, 1999; 2000). Whilst sociological work on health practices is discussed in detail in chapter three, it is important to remember that inequalities exist with regard to health practices, with the lower classes being typically less active than their middle class counterparts.

### ***Health practices and health inequalities***

In the classic study 'Health and Lifestyle', Blaxter (1990) highlights the widely accepted view that socio-economic position (incorporating work, income, physical and social conditions) influences behaviour and lifestyle choices. Blaxter argues that *'the definition of health as positive fitness has been found to be more characteristic of those with better education or more fortunate circumstances'* (1990:15). Whilst it must be recognised that class is only one variable that affects health practices, it has received substantial policy and

sociological attention within the field of health and illness, as Blaxter's (1990) work illustrates.

Health inequalities are widely recognised and the main concern in relation to this is that individuals from a lower social class are more likely to experience morbidity and mortality. Whilst there are a wide range of explanations for health inequalities ranging from individualistic perspectives concerning individual choice and structural explanations such as the impact of the environment, one issue which has gained acceptance is that the middle class(es) are more likely to adopt healthy living practices, but again this lacks explanation (Blaxter, 1990; DoH, 2003; Graham, 2000).

Crawford (1987) highlights a common view, suggesting that the working class are less likely to control their own health when compared to their middle class counterparts, as they value negative behaviours such as smoking and drinking as a release from the trials of everyday life. However, the core concern of this thesis, are middle class health practices, which will now be discussed in more detail.

### ***Middle Class Health Practices***

As stated in the Department of Health publication 'Our Healthier Nation', *'...we now know that the better off are more likely to act on health information to change behaviour and reduce the risks to their health'* (1999: 1of16). Whilst this statement recognises existing health inequalities, it does little to

acknowledge *why* the middle class might be more inclined to act on health information and as Glassner (1990) identifies, this line of inquiry is significantly underdeveloped.

The prevailing understanding of the middle class tendency to look after their health is underpinned by access to economic capital and educational resources. Individuals are considered to have more opportunities to work on their bodies, as they quite simply have more money to invest in themselves and they are also thought to be more receptive to educational discourses (Williams and Bendelow, 1998).

However, it can be argued that the opportunity to invest time in themselves is about carving out time in which to engage in a desired behaviour. In other words, the desire to do something must prevail before the opportunity is realised. In an interesting study of the motives behind middle class involvement in the 'urban marathon', Berking and Neckel (1993) argue that individuals participate in such practices in response to their social environment. Berking and Neckel suggest that participation in the marathon enables individuals to do something for themselves, such as improve their health, whilst simultaneously conforming to their particular social environment. The overall argument herein is that the middle class, as a specific socio-economic group, value healthy living and in turn individuals choose to conform to such principles in relation to their membership of this particular social grouping.

## ***The Social Significance of Individual Action***

Although it can be argued that health action is a personal experience, it is maintained throughout this chapter that to focus entirely on individual action is to present an incomplete story. However, the prevalent studies that explore exercise participation as an example of health action tend to focus on the importance or purpose of exercise for individual agents (Kenen, 1987; Markula, 1995; Sassatelli, 1999; Spitzack, 1990). Whilst such research is useful in developing an understanding of the role of health and fitness for social agents, it leans toward reductionism and subsequently undermines the importance of wider social issues in the choice to become an exerciser.

As the above discussion has shown, discourses and ideologies associated with health become ingrained in our social fabric, and in turn these are conveyed through the social network and are often embraced by social agents. What is interesting, is the way in which the value of good health operates at different ontological levels of society as it can be argued that the social value of health impacts upon individual behaviour, culminating in the pursuit of healthism (Archer, 1998; Greco, 1993; Layder, 1998).

The relationship between structure and agency has long been debated within the field of sociology and it is therefore important to theoretically locate the relationship between the two. Perhaps one of the most influential offerings for a solution to the structure and agency debate is Giddens' (1984) theory of structuration. Focusing on ontological issues, the fundamental concern

becomes the creation of a duality with respect to the relationship between these two aspects of society. Thus Giddens substantiates the view that *'the basic domain of study for the social sciences...is neither the experience of the individual actor, nor the existence of any form of social totality...'* (Giddens, 1984:2).

From the principles of structuration the agent's place within society as an autonomous social actor is upheld, as individuals are capable of understanding and explaining their activities in daily life, whilst an awareness of the impact of the social environment on individual practice is simultaneously maintained. In this way structuration provides a stark criticism of structuralism, which ignores the meaning and motivation behind individual action (Giddens, 1984). However, this recognition of the role of the individual should not be misinterpreted as a preference for voluntarism, as Giddens equally condemns excessive emphasis on either voluntarism or determinism (Archer, 1982:456).

To illustrate the principles of structuration with reference to the debates within this chapter, we can see that good health has become a social value, the origins of which are difficult to ascertain. However, it can be said that we obtain the knowledge of how to preserve our health through the process of social practices and implicitly social interaction. More specifically then, the pursuit of good health exists as a structural ideology as both the medium and outcome of social practice, as it provides both the basis for knowledge on

healthy living yet at the same time depends on social agents to spread the word (Giddens, 1979, 1984).

Further explanation of the interplay between structure and agency at the heart of the structuration approach is found in the concept of 'co-presence' (Giddens, 1984), which refers to the interaction between individuals during encounters within daily activities. If we apply the perspective of structuration and the role of co-presence to a consideration of health it can be assumed that the pursuit of good health and what this entails is part of everyday life. For example, we read about it, watch it on television and discuss issues such as diet and exercise techniques as we interact with others. From an epistemological point of view this perspective assumes that knowledge is derived from experience.

Whilst the work of Giddens (1984) makes strides to develop an understanding of the relationship between structure and agency, the concept of structuration has been criticised for creating a fusion between the two social aspects. In particular Archer (1988) expresses concern regarding 'central conflation', whereby '*...elision occurs in the middle*' (Archer, 1998:75). In other words, relative autonomy at both levels is undermined because structure and agency are conceptualised as being mutually constitutive.

Alternatively, Archer (1982; 1988) advocates the theory of 'morphogenesis', whereby an analysis of society involves maintaining a distinction between structure and agency, thus establishing a dualism rather than a duality

(Archer, 1988). Archer suggests that by understanding the interplay between structure and agency as a dualism, we regard both as analytically detached, otherwise the distinct and emergent properties of both aspects are lost and the interactive nature of society is overlooked (Archer, 1982).

From Archer's work we are encouraged to see that *'action of course is ceaseless and essential both to the continuation and further elaboration of the system, but subsequent interaction will be different from earlier action because conditioned by the structural consequences of a prior action'* (Archer, 1982:458). In this sense Archer draws our attention to the importance of social interaction when considering how society works and how ideas develop over time, moreover social interaction is conditioned by social structures, but should never be regarded as structurally determined.

By distinguishing between structure and agency we can theorise about the impact of society on the individual and vice versa, thus suggesting that society changes over time as a result of the role of individuals and the interactive nature of social systems. In this sense, it is suggested that both structure and agency assume different positions within different social contexts, such as time and space. Thus the relationship between structure and agency is analogous to the seesaw whereby each one has the potential to assume a different position in turn (Archer, 1982).

Drawing on the work of Archer (1982; 1988) I would argue that social, economic and cultural factors working together have helped to establish



health as a social value. For a social value to reach such a status it must be recognised as a desirable attribute, by both social agents and social institutions. Furthermore, this reinforces the need to theoretically understand the interplay between structural forces and social agents when attempting to conceptualise social action in relation to the practices of health.

### ***Theories of practice***

One of the most prominent social theorists to inform the contemporary debate concerning social action is Pierre Bourdieu, whose major works attempted to develop a general 'theory of practice' with an emphasis on understanding the various social levels that influence practical life (Bourdieu, 1984; 1990; Harker, Mahar and Wilkes, 1990). Bourdieu strives to further develop a consideration of the relationship between structure and agency outlined above, by exploring the dialectical relationship between the two (Jarvie and Maguire, 1984). By emphasising the dialectical relationship between structure and agency, Bourdieu suggested that when it comes to 'action', we are both influenced and restricted by social practices, which goes some way toward reiterating Archer's notion of morphogenesis (1982; 1988). In order to further explore Bourdieu's theory of practice it is important to first identify his major 'thinking tools': 'habitus' and 'field' (1977).

The concept of the 'habitus' arose from Bourdieu's interest in what people do in their everyday lives and the belief that everyday action is not just about individual behaviour. However, it is also important to note that whilst Bourdieu

rejected individualism and subjectivism, so too did he reject structuralism, as the habitus does not determine behaviour, it is *part* of behaviour, it is the action that precedes both experience and knowledge. The habitus therefore, characterises our position within society and is offered as a tool to conceptualise individual behaviour as a part of the wider social system (Bourdieu, 1990). As a conceptual tool, the habitus attempts to bridge the gap in explaining the relationship between the social structure and individual action.

For Bourdieu, the 'field' is used to refer to the social setting where action is located and therefore comes close to the definitive macro-social level. For Bourdieu, the social setting is both the product and the producer of the habitus, defined by power relationships and individual struggles for position. It therefore follows that within the 'field', 'habitus' can co-exist, for example it is possible to conceptualise 'class habitus'. In other words, we can see that within a social field, different class groups can co-exist in exactly the same way that habitus' can co-exist (Jenkins, 1992; Harker, Mahar and Wilkes, 1990).

Put simply the habitus is the space we occupy within a social field, and in turn, by acting according to the characteristics of a particular habitus it is possible for individuals to identify themselves with and maintain membership of, a specific social group. The habitus refers to the way in which we interpret social values and in turn, how we act in response to them, thus the habitus represents a socially acquired, embodied practice (Jenkins, 1992).

Bourdieu's theory of practice is of particular relevance to this thesis as it is useful when attempting to develop an understanding of the relationship between the 'social' value of health and individual action. Moreover, Bourdieu's theory of practice allows for the theorisation of different health practices adopted by different social groups within society, as, in Bourdieu's terms, within a particular field, different habitus can co-exist.

In his work on *Distinction* (1984), Bourdieu made reference to health practices and identified the new petite bourgeoisie as trendsetters who are characteristically 'uneasy with their bodies' (Savage et al., 1992). In this respect, health becomes an element of cultural capital as healthy living comes to signify culturally valuable behaviour, and in turn, through their relationship with their own body, an individual can identify themselves as adhering to the principles upheld within the habitus (Jarvie and Maguire, 1994). The healthy body, achieved through healthy living practices, becomes a form of display, a statement of the self and an expression of identity. By adhering to the 'rules' of healthy living, an individual can present themselves as a 'conformist', who follows the practices of behaviour valued within the habitus. To further unpack this notion of 'adhering to the rules' it is useful to highlight what Bourdieu refers to as developing 'a feel for the game' (1984: 61)

The analogy of the game is at the heart of Bourdieu's (1990) theory of practice and begins with the notion that all games have rules. Bourdieu argues that individuals can be taught the rules of a particular game, but that

they will develop their skills and understanding of the rules through experience. In this respect, developing a feel for the game implicitly depends on individual agency, as individuals will only adopt practices and play the games that fit their own reality, goals and interests. Whilst Bourdieu maintains that a 'feel for the game' is often obtained unconsciously, it is possible for an individual to excel at a particular practice by adopting their own strategy that is both enabled and restrained by the conditions of the habitus and '*...the reality of any given social field...*' (Jenkins, 1992: 83).

It is the potential to excel that brings us back to the notion of 'distinction' (Bourdieu, 1984). To apply 'distinction' directly to health it can be argued that the body is '*...the mediating link between individuals' subjective worlds and the cultural world into which they are born and which they share with others...*' (Jenkins, 1992: 75). Moreover, by adopting healthy living practices, an individual can achieve distinction, as work on the body becomes a symbolic marker of success, as the following chapter will illustrate in detail.

## **Discussion**

In this chapter I have explored the social meaning of health that prevails in contemporary society and argued that whilst an individual's understanding of health is shaped through personal experience, such experiences are socially and culturally located. Throughout the chapter I have suggested that a value of health exists within contemporary Western societies, which is in part, constructed through a range of discourses, and these discourses have a

degree of influence upon an individual's understanding and experience of health. Moreover, it has been shown that individuals learn what it means to be healthy and in turn individual health practices may be influenced by the wider social environment, or habitus in the words of Bourdieu (1990).

To illustrate the key points of the chapter I focused on four prevailing discourses within contemporary society namely the medical discourse, political discourse, alternative discourse and media discourse, which I argued each contribute to the social understanding of the value of health. Whilst it has been shown that each of the four discourses are formed from different epistemological foundations, these discourses influence individual action and experience in that they allow individual's to define health and illness according to particular categorisations and values, whilst simultaneously empowering individuals to access an array of information and thus, to an extent, influence behaviour.

Throughout the chapter I have tried to demonstrate that in contemporary society the core of the socially constructed value of health is an emphasis on individual action, based on a language of empowerment and a notion of personal responsibility. Moreover, the value of health is simultaneously a social priority (as shown through the political discourse in particular) and an individual concern, as social agents are encouraged to consider their actions according to the consequences for personal health. In this way, the socially constructed value of health has brought about an association between health, morality and citizenship, whereby social agents are *expected* to embody a

personal responsibility for their health. One way in which this expectation of personal responsibility is promoted is through health education, which aims to raise awareness of health 'risks'. In this respect it is hoped that by drawing the public's attention to the notion of health risks, individuals will become more aware of how to improve their health and act accordingly.

This emphasis on individualisation, whereby social agents are expected to reflexively evaluate the advice before them and act accordingly, has been discussed throughout this chapter as a subtle form of regulatory control. The outcome of which is praise for those who conform, and retribution for those who do not. In essence, actively engaging with healthy living practices has now become a measure of good citizenship whereby those who participate in activities that are deemed to be of benefit to their health are seen as successful individuals who are worthy of praise. However, as I suggested in the concluding section of this chapter, not all social agents are equally likely to adopt the role of 'good' citizen and engage with healthy living practices. As previous sociological literature has shown, the middle class are those individuals most likely to embody the information concerning health and illness and engage with the proffered advice.

From a theoretical point of view, in writing this chapter I have broadly engaged with the structure and agency debate, particularly in terms of its relevance to the study of health practices. The work of Bourdieu and the principles behind the 'theory of practice' is of the essence within this thesis as it provides a central conceptual framework within which to locate individual health practices

according to the influence of the wider social network on individual action. My attention now turns to a consideration of why 'healthy' activities are more likely to be taken up by those members of the new middle class, and in doing so I will argue that healthy living practices mark a desire to achieve the status of a successful, moral citizen.

### **3. THE PURSUIT OF 'GOOD' HEALTH**

#### **Introduction**

In the previous chapter I argued that individual attitudes and behaviour toward health and fitness are formed according to social and cultural influences. Individuals cannot escape the discourses on health that currently prevail in society, or the solutions and strategies to health and fitness problems that they offer. It was shown that the prevailing discursive messages concerning health and fitness lean towards personal responsibility. As social agents we are now expected to be moral citizens who will actively pursue good health.

I also tentatively suggested in chapter two that the sociological literature generally recognises that the 'middle classes' are the most active when it comes to participating in those activities promoted through the prevailing social discourses regarding health. This chapter develops this theme by considering why health and fitness pursuits are prevalent amongst the new middle class, the key theme being that such practices are conducive with a 'professional' lifestyle and image. This discussion builds on the theoretical framework outlined in the previous chapter by drawing on the work of Bourdieu (1984; 1990) to further explore the relationship between individual action and the wider social network. In short, the impact of 'work-based' values on the motivation to exercise is discussed throughout.



I begin this chapter by attempting to carve out a definition of 'body work', the theoretical concept that underpins the chapter, and refers to health and fitness activities undertaken by social agents. The discussion then moves on to the existing sociological accounts of 'healthy' living practices to develop a critique of such accounts insofar as they present an incomplete picture of individual health practices and are somewhat guilty of reductionism. It will be shown that in addition to demonstrating a concern for personal health, healthy living practices also represent a desire to *appear* healthy, which implicitly depends on the wider social network for meaning and validation. Moreover, in addition to the health benefits, exercise is also motivated by social factors which generate an individual concern over identity, status and a desire to create a positive body image, through developing a statement about the 'self' and the creating a 'competitive edge'.

### **Sociological Accounts of Healthy Living Practices**

In recent decades sociological concern with healthy living practices has risen to the forefront of the academic agenda. A major theme of this work has been a focus on exercise participation and a consideration of the motivation behind 'work' on the body. As the studies presented in this section illustrate, this area of sociology has been significantly influenced by feminist perspectives, and tends to focus on the power of social discourses and knowledge that surround and propagate the 'ideal' female body, examining the impact of this on women. When men have been discussed, it is typically with reference to the impact of the stereotypical masculine image, whereby men are

encouraged to strive for a muscular body and a good cardiovascular capacity. Before exploring the empirical work that has been conducted with regard to work on the body, it is necessary to consider the meaning behind the term 'body work', which is frequently used within the field of sociology and is a key concept throughout this thesis.

### ***Towards a definition of 'body work'***

Quite simply, body work refers to the work that we put into our bodies. Whilst this may appear to be a particularly vague concept, two distinctive aspects of body work have been extensively discussed from a sociological perspective. These concepts are 'body modification' and 'body projects', which are outlined below, drawing on the leading exponents of both aspects of body work (see Featherstone, 1999; 2000; Shilling, 1993).

Body modification has become an increasingly popular sociological term and is typically used to exemplify the relationship between consumer culture and the visual body. It is argued that social agents come to understand that a 'desirable body' can be achieved if they are prepared to make certain lifestyle choices, which typically involves buying various products or experiences for the benefit of bodily appearance. Featherstone (1999), one of the main proponents of the concept, suggests that body modification refers to the act of changing the appearance of the body and therefore the motivation behind body work is driven by a desire to change the visual image of the bodily

surface. In this sense, body modification involves taking control over one's own body by adopting specific practices in order to transform the body; practices which may include dieting, bodybuilding, tattooing or indeed plastic surgery (Featherstone, 2000).

According to Featherstone (2000), there are various examples of body modification that can be studied, and throughout this thesis the emphasis is on the role of exercise in body modification. It is useful when thinking about body modification, to envisage a process whereby body work is an ongoing endeavour and it is here that the notion of 'body projects' is also of significant theoretical value (Shilling, 1993). For Shilling, an increasingly common 'body project' is the creation and maintenance of a healthy and fit body and it is here that the concepts of body modification and body projects align themselves. Whether we chose to regard body work as a form of body modification or as an ongoing body project, we are in essence talking about bodily change, which implicitly depends on an element of control and an understanding of the social significance of health, not to mention an awareness of the impact of lifestyle choices on the visual body (Nettleton, 1995; Featherstone, 1999; 2000).

When engaging in body work, as this chapter demonstrates throughout, there is a clear relationship between the work an individual puts into their body and what they expect to get out of this endeavour. In this respect, as Williams and Bendelow (1998) argue, the body has a communicative and symbolic value

and body work is given meaning if noticed by others. However, it is important to recognise that whilst some individuals will gain praise and admiration for their body work, others will be criticised for their efforts because not all body projects carry the same value.

Bordo (1993) illustrates this point by identifying the way in which we judge anorexics and obese individuals differently. She suggests that obesity is condemned much more vigorously than anorexia because anorexics are *perceived* to be 'moving in the right direction'. Despite the fact that they have gone too far, they are *attempting* to conform to the culturally defined image of the ideal body (Bordo, 1993). The relationship between individual body work and the social and cultural context will be explored in the remainder of this chapter.

### ***The Motivation Behind Female Exercise Participation***

One of the earliest pieces of research to adopt a feminist perspective and explore the contemporary exercise phenomenon was Kenen's (1987) study of increased female participation in aerobics during the mid 1980s. Based on participant observation and interviews, Kenen suggests that exercise is motivated by a female's desire to preserve and control the body as a response to the socially constructed image of the ideal female body, expressed through various social channels such as mass media representations and medical discourses of a particular period.

When writing about exercise participation, Kenen is careful to recognise that individual motivation will vary and in turn she categorises female aerobics participant's into four groups: 'Committed' - those who attend regularly; 'Trendy' - individuals who have climbed on the bandwagon and exercise for the 'image' rather than the love of exercise; 'Medicinals' - those who don't enjoy it but do it for the health benefits; and 'Enjoyers' - those who combine enjoyment of participation with the positive physical effects. Whilst Kenen's categorisation of exercisers can be criticised for being overly simplistic in that individuals will rarely be motivated by one factor alone, and may be motivated by different things at different times, the clear message emerging from Kenen's work is that the motivation behind aerobic participation is personal, yet located according to wider social images and the value of healthy living. The emphasis is on the personal desire to work on the body in some way, whether that modification is to improve the image of the body, or to improve health itself (Kenen, 1987).

Kenen's (1987) work, paved the way for further sociological research on female exercise participation and body work, as exemplified by several prolific studies that emerged from the early 1990s onwards. Lloyd's (1996) work is typical of these studies. Like Kenen, Lloyd seeks to explore female participation in aerobics classes. Once again, the emphasis is on exercise as a manifestation of the desire to modify the body in order to increase self-confidence. Moreover, Lloyd argues that women are scrutinised within society according to the image of their body and in turn, women embody a concern with physical appearance, which effectively encourages them to put

themselves under surveillance and monitor the activities and effects upon the body (Lloyd, 1996). This approach to the study of female aerobics practices adopts a Foucauldian tone as it argues that women put themselves under surveillance as a response to social discourses that promote the 'ideal' body image. This Foucauldian approach also underpins the work of Markula (1995) and Maguire and Mansfield (1998).

For Markula (1995) women are bombarded with visual images that prevail in society and emphasise the slim, toned exercising body as something to be desired. In turn, exercise represents an aspiration for beautification and thus body work becomes a task that can never be completed, as there is always more that can be done. Maguire and Mansfield (1998) discuss the role of aerobics in the quest for body modification with more direct reference to Foucauldian concepts. In their account of aerobics participation, exercise is a manifestation of a gendered network of discipline, power and individual action, where the individual act of exercising is a response to the ideological view of femininity that prevails in society.

Whilst I explore the relevance of Foucauldian work in more detail later in this chapter, the studies outlined above each build on the discussion in chapter two. In the discussion above the emphasis is on the socially constructed value of health, supported by the visual representation of the *ideal* body, which has an impact on individual action. The studies also empirically ground the theoretical concepts of body modification and body projects, or more succinctly 'body work'. In other words, an individual may choose to modify

their body in order to conform to the body image that is valued within a society at a particular time.

The works presented thus far in the chapter can be summarised through the work of Bordo (1993) who suggests that the pressure to undertake body work is a response to powerful cultural and social images which present an ideology of what the body should look like, and how health should be defined. Bordo is clear in her suggestion that we are not just cultural dopes, there is a clear motivation behind embodying certain practices, culminating from a complex relationship between personal life and cultural position, an observation which will be explored in more detail later in this chapter (Bordo, 1993).

### ***The Question of Male Body Modification***

As illustrated above, when it comes to the study of exercise participation, much of the sociological attention tends to focus on the experience and motivation behind female participation. The study of men's participation in exercise regimes however is relatively under represented in sociological study, with several noteworthy exceptions, in particular, the work of Monaghan (1997; 1998; 2001). Monaghan has produced several pieces of work exploring bodybuilding as an example of male body modification. In his most prolific account of the bodybuilding phenomenon *Creating 'The Perfect Body': A Variable Project* (1999) he suggests that bodybuilders are united in

the project of enhancing the visual body. In this respect, like the studies that emphasise female body modification, and body work, Monaghan points to the same motivational factors, namely the desire to change the exterior body, based upon an understanding that the body is a form of display.

Monaghan (1999) draws on interview data and participant observation to demonstrate that practicing bodybuilders have different perceptions as to what constitutes the ideal body. He argues that bodybuilders are embodied social agents who weigh up the perceptions and judgements of their body by other social agents and formulate their own decision to modify the body accordingly. In this sense, Monaghan (1999) is emphasising body modification as an active process that empowers individuals and therefore stands in contrast to the feminist accounts which tend to undermine the rationality of individuals in favour of a Foucauldian approach that emphasises discursive power. However, it is also important not to overstate the suggestion of empowered action discussed by Monaghan, as he is careful to recognise that body modification is not simply a free choice based on individual motivation, but rather is an action formed according to gendered ideologies defined through the socially constructed notion of ideal bodily types.

With respect to body work as a response to gendered ideologies, it therefore follows that male bodybuilders are influenced, to a degree, by the social ideology of the 'ideal' male body being one that is muscular, strong and overall, masculine. However, Monaghan illustrates that exercise regimes are



only deemed acceptable according to a socially defined framework of what it is to be 'healthy'. This is illustrated through the tendency to consider a man with a very heavily defined muscular body as having taken body work to the extreme; in the same way that Bordo (1993) speaks of the negative connotations associated with anorexia as an extreme form of body work.

### ***The Gym Experience***

Whilst the above studies have all focused on very specific forms of gendered body work, namely aerobics and bodybuilding, the sociological significance of the space in which these activities take place has largely been taken for granted and referred to as contextual information only. A notable exception is Sassatelli's work on 'fitness gyms'. This is an important work for this thesis as it contextualises the forthcoming data chapters, in particular chapter five, by focussing on the experience of exercise participation and the impact of the environmental setting on individual action.

Sassatelli's (1999; 2000) ethnographic research, investigated why exercise adherence varies, in other words, why do some people stick to an exercise regime whilst others do not? She argues that it is overly deterministic to suggest that individuals who embark upon a health and fitness programme are simply striving to achieve the culturally defined ideal body, or health status, as the studies outlined above suggest. For Sassatelli, an individual is

also motivated by the 'gym experience' itself, and therefore individual action is influenced by the gym environment.

Sassatelli (2000) argues that once an individual becomes comfortable within the gym environment they begin to regard it as a safe haven, a place where they can go and get on with their individual health practices within a safe, non-threatening environment. It is argued that the more comfortable an individual feels within the gym environment, the more they learn to concentrate on themselves and not to judge themselves against other people. According to Sassatelli, when this ability to focus on personal performance occurs, the chances of being successful in their body projects are increased (Sassatelli, 1999).

Sassatelli regards the gym experience as a personal journey, yet one that is defined by the environment itself and in turn she raises many interesting points concerning the spatial organisation of the gym environment including the role of 'time'. A salient point in Sassatelli's work is the suggestion that the changing room acts as a transitional space that encourages individuals to switch off from the outside world and prepare themselves for their workout. Likewise, after the training session is completed, the changing room becomes a stepping-stone where an individual can refocus on their life outside of the gym.

The segregation of time and space between the changing room and the main exercise area defines a structural environment where individuals can focus

their attention. This is to suggest that once in the gym, an individual can focus on their own actions without concern for everyday matters. Moreover, Sassatelli argues that the gym is a protected space where clients feel secure, a space where they are able to concentrate on their own training within an environment that emphasises 'pleasure', and 'well-being' and ultimately the absence of competition (Sassatelli, 2000).

However, Sassatelli presents a somewhat overly optimistic account of the fitness gym experience, with an emphasis on the positive attributes expressed by participants. Ultimately, Sassatelli draws attention to the escapist nature of the gym environment, thus creating the impression of a pleasurable, leisurely experience that awards individuals the opportunity to unwind and forget their cares. She argues that the gym environment does not create competition amongst exercisers, but rather encourages individuals to compete with themselves and concentrate on advancing prior achievements to increase personal satisfaction.

Throughout this thesis I take issue with the above assumptions, drawing on empirical data to suggest that the gym, or in the case of this thesis the premier club, is often regarded as an activity more akin to work, taking on a chore like quality. I also suggest that the gym environment is extremely competitive and thus reflects the situation of the wider society where issues such as survival of the fittest and a quest for success prevail. In other words, all aspects of everyday life, including exercise participation are inherently based on judgements against others.

## **The social context of body work**

As shown in the literature above, it is unwise to reduce exercise participation and the motivation behind it down to individualistic concerns, as we are all influenced by the wider culture and society, not least the socially constructed value of health as shown in chapter two. In the remainder of this chapter I suggest that body work, whilst representing a personal quest to achieve the ideal male or female body, is an activity which individuals engage in to achieve status within the social network and to make a statement about the self.

The studies outlined above which focus on individual health club use as a desire to change personal image through body work, tell only part of the story as they somewhat undermine the wider social influences upon individual action. To further develop the sociological understanding of body work, I argue throughout the remainder of this thesis that individual premier club users are more likely to adopt healthy living practices because such practices are valued within their immediate social network. To begin a discussion of the relationship between individual action and the wider social network it is useful to first consider the concept of 'lifestyle'.

### ***The body and lifestyle***

Of particular relevance to this thesis is the claim that the term lifestyle must apply to *collective* actions, or behaviour that is shared by a number of people;

behaviour that is characteristically different from other lifestyle attributes (Chaney, 1996). The concept of lifestyle therefore, further supports Bourdieu's theory of practice outlined in chapter two, and with specific reference to healthy living, it can be argued that to live a healthy lifestyle is to adopt certain practices and attitudes that only make sense within a particular social context, at a particular time (Bourdieu, 1990; Chaney, 1996).

Individual behaviour that is motivated by the desire to exercise and conduct body work can therefore be regarded as a lifestyle choice as it is contextualised according to the wider social network. Moreover, body work practices can *only* be interpreted as lifestyle choices *because* they are socially located and meaningful, as an individual's choice of body work only carries credence when it is recognisable to others. In this respect, body work as a lifestyle choice can serve to differentiate people whilst simultaneously bringing likeminded people together.

It is therefore argued that 'lifestyle' is implicitly linked to membership as it bridges the gap between individual action and the wider social network. As Featherstone (1987) argues, the body is a marker of style and taste and therefore allows an individual to associate with a particular identity that is shared by others. Illustrating this view, Shilling suggests that '*...the bodily concerns of the business executive and the homeless are likely to be very different*' (1993: 3). As a result of our lifestyle, it therefore follows that the body is a visual representation of how we live our lives. Or as Bourdieu would

argue, the body can be regarded as a mark of distinction that is symbolic of the level of time and money we invest in it (Bourdieu, 1984).

The body, then, can be said to feature prominently in the contemporary consumer culture, as physical appearance is symbolic of status and with investment, it can be modified to make a statement about the self and enable an individual to create a chosen self-identity (Featherstone, 2000). Chaney (1996) refers to 'lifestyle marketing' to draw attention to the way in which products or experiences are marketed according to their symbolic value in making a statement about the self. By participating in consumer practices an individual is, in essence, adopting a lifestyle to invest in and in turn they are aligning themselves with certain sentiments, such as the sentiment of healthy living. In this respect our lifestyle choices become a marker of the self, a means by which we can tell a story and present a picture of the type of person we are.

The crucial point herein is that body work through consumer practices requires an investment of time in addition to money, and therefore a 'healthy lifestyle' refers to an active process, rather than something that an individual simply obtains. Moreover, a lifestyle is not derived exclusively from income or associated privileges, but is created according to how an individual chooses to invest the resources they have. Throughout this thesis I suggest that the relationship between bodies and lifestyle is a two way street, as lifestyles shape bodies and bodies shape lifestyles. The way the body looks can be regarded as symbolic of who we are in that a well maintained body signifies

wealth and can therefore secure access to a particular lifestyle group. Likewise the lifestyle we have, including the work we do and the amount of leisure time we have, all impact upon the body whether this impact is positive or indeed negative, therefore the body and lifestyle are inextricably linked.

### ***The body, physical capital and new middle class identity***

Body work therefore, is a means for an individual to communicate their character and qualities, particularly as a means to achieve recognition within the wider social network. In this respect, body work is about gaining membership of a desirable lifestyle group and can be regarded as a process that can help an individual to acquire *physical capital* (Bourdieu, 1978, 1984). Body work, is an act of labour, which may help an individual to achieve status and distinction as physical labour can be translated into economic capital and social capital. Whilst the translation of physical capital into other forms of capital is explored throughout this chapter, it is worth first exploring the role of body work in the acquisition of physical capital in more detail (Shilling, 1993).

Berking and Neckel (1993) studied the urban marathon as an activity frequently undertaken by young, professional, middle class individuals. They argue that within the confines of the city (which can be taken to include the city workplace) '*...being somebody means being visible...successful identity politics becomes the focus of existence*' (Berking and Neckel, 1993: 64). Berking and Neckel (1993) are thus suggesting that if an individual wishes to

raise their profile within their social network, to adopt an exercise regime is a proactive step as it enhances physical capital. By adopting a 'sporty' lifestyle, it is argued that an individual can mark out their position on the social stage and in turn achieve camaraderie with others in their social network. Berking and Neckel go on to say that as a result of the symbolic value associated with the healthy looking body, those who conform to such lifestyle attributes are likely to be rewarded (1993).

It is therefore assumed that people who work on their bodies may do so to increase their status in some way and present a desirable identity through bodily appearance (Bourdieu, 1984). In line with this view, Synnott (1993) acknowledges that bodies are loaded with cultural symbolism and that the way in which the body is presented can affect our life chances. Whilst Synnott predominantly focuses upon the display of the face, the idea is also relevant to the body as he states that *'the face is physical, and therefore personal, yet it is also 'made up', 'put on' and subject to fashion'* (Synnott, 1993: 73). Likewise, the body is groomed for presentation of the self (Goffman, 1969). In short, there is a perception that *'...attractiveness opens up doors for jobs, for higher salaries in jobs, for higher evaluations of work done'* (Synnott, 1993: 74-75).

The fluctuating values attached to various body projects creates a dichotomy whereby body work can be regarded as successful or unsuccessful, according to the values and beliefs of the wider social network, and the desire to be 'successful' discussed throughout the remainder of this chapter, may fuel the



motivation to embark upon a body project (Shilling, 1993). The fact that work on the body can be undertaken to enhance status, or even achieve success suggests that the competitive nature of the social network can have a very real impact on the way in which we experience and modify our bodies. As Lasch (1979) states, the competitive nature of society breeds rivalry and an implicit urge to be the best and it can be argued that this is particularly true for members of the new middle class, who may join and use a premier club to enhance their position within the social network.

### ***Locating the new middle class***

Before continuing with a discussion of body work, it is important at this point to consider the characteristics of the new middle class. In particular, for this thesis with its emphasis on premier club use and the quest for status and recognition through body work practices, it is important to demonstrate how the meaning of 'lifestyle', contributes to an understanding of the characteristics of the new middle class. Initially it is important to state that, in line with the work of Savage et al., (1992) I am not of the view that the new middle class is a homogenous group. The term 'new middle class' is used throughout this thesis to refer to individual's who live and/or work in the city and are employed in professional/managerial occupations; often referred to as 'city types'.

Whilst this particular social group represents just a small section of the new middle class, it is not the task of this thesis to engage in a lengthy debate over the nature of class dynamics (see Savage et al., 1992; Savage, 2000; Wynne, 1998; Ley, 1996). However, it is important to note that the new middle class are thought to be a social group who are identifiable according to their lifestyle choices rather than the more traditional categorisation of occupation and economic status. In other words, it is what they *do* that defines their class status over and above what they earn. However, whilst occupational status may not be 'the' defining feature of the new middle class, the work an individual does is key to understanding the lifestyle choices of this social group, as the economic resources an individual has, enables them to participate in activities outside of the workplace, which is hugely significant in defining the lifestyle of the new middle class.

Before considering the lifestyle attributes of the new middle class in detail, it is important to first recognise the changes that are thought to be occurring with regard to defining the class structure. In discussing the emergence of the new middle class, Ley (1996) identifies a period of gentrification in the 1970s-1980s as a defining period of class change, driven by social movement in the city. At this time, there was considerable scope for social mobility, whereby those individuals who were well educated could take up occupational positions in a professional or managerial capacity, often in the city.

Whilst this period of gentrification seems to have been driven in the first instance by changes in the occupational structure it also brought about

geographical changes, propelled by an influx of professional-managerial worker's into the city. This influx of middle class employees into the cities brought about a period of redevelopment and opportunity, and arguably saw the emergence of the new middle class, which in turn shaped the nature of contemporary cities (Ley, 1996).

The new middle class are theoretically defined as a social group with a reasonable disposable income, who are capable of engaging in '*the rituals of consumption*' (Ley, 1996:35) and it is here that we begin to see a relationship between class, lifestyle and the city. As Wynne argues, it is no longer the process of production that awards an individual their class identity; it is the capacity to engage in the consumer culture that is '*...the primary locator of contemporary identities*' (1998: 25). As the new middle class are often associated with urban living, the city becomes the playground for this social group, and provides extensive opportunities and experiences that can be consumed (Ley, 1996).

In relation to the ability to consume, it has frequently been argued that the new middle class are a social group who are characterised by a concern over their health and fitness, and it is perhaps no coincidence that the influx of new middle class individuals into the city has been simultaneous with a rise of premier clubs and health and lifestyle outlets (Ley, 1996; Savage, et al., 1992; Shilling, 1993; Wynne, 1998). This concern over health and fitness is generally manifest through the economic capacity to engage in consumer practices which are aimed at achieving a state of improved health or

enhancing the aesthetic value of the body (Featherstone, 2000). However, far from representing a purely individualistic desire to improve the body and health status, I maintain throughout this thesis that the health practices of the new middle class are driven by the wider social network and of course, the opportunities available in the city. To this end I am suggesting that the new middle class and their tendency to engage in a 'healthy' lifestyle is characteristic of their 'locality', their 'individuality' and their 'occupational role', the meaning of which will now be explored.

### ***The making of the new middle class lifestyle***

When exploring the lifestyle characteristics of the new middle class, 'theories of practice' and the concept of 'distinction' outlined in chapter two are theoretically pertinent (Bourdieu, 1984; 1990). To develop a theory of practice for the new middle class, I hope to suggest that individual lifestyle practices are forged according to the availability of resources and opportunities within the city (locality), a desire to enhance ones personal situation and achieve stature within the social network (individuality) and also as a response to their employment situation and the associated demands upon them (occupational role). While occupational role and individuality are discussed below, locality is central to an understanding of the new middle class lifestyle within the context of this thesis.

Bourdieu conceptualised the 'habitus' as characteristic of our position within society, thus linking individual action to the wider social network. In Bourdieu's 'theory of practice' everyday action is not just about individual behaviour, it refers to actions, or ways of living that are socially and culturally located. This conceptualisation of social action is reiterated throughout this chapter, as a 'lifestyle' is not just an individual way of life. To further exemplify this point, a healthy lifestyle is, to an extent, an individual practice that represents a desire to better the self and create a desirable personal image. However, this action is shaped by the opportunities, restraints and requirements of the locality.

As I illustrate in the forthcoming data chapters, the location of premier clubs is strategic as the health and fitness industry seems to recognise that the occupational role of the new middle class leaves little time free for creating a healthy lifestyle. Convenience is therefore of the essence, as Ley argues, when it comes to accessing business clubs and fitness clubs, *'...contact opportunities must be convenient and close, for a trip of more than fifteen minutes is resented'* (1996: 149).

### ***Towards a theoretical definition of 'workstyle'***

In considering the characteristics of a new middle class lifestyle, with specific reference to health there is an emergent relationship between individuality, locality and the occupational role of social agents. Whilst I have briefly

addressed the impact of locality on individuality, the discussion will now turn to the relationship between occupational role and individuality to further support an understanding of the new middle class lifestyle.

Much of this chapter has focused thus far on the meaning of 'lifestyle'. As shown, the term has been used to refer to choice and opportunity for social groups which is, I believe, somewhat optimistic, as lifestyles are shaped, controlled and restricted by many other social and cultural factors, in particular our occupational role. To capture the true essence of the new middle class lifestyle, and to conceptualise the relationship between individuality, locality and occupational role it is worth considering a new concept, that of 'workstyle'. Whilst this concept is empirically developed throughout chapters five, six and seven, it is important at this stage to draw on a range of theoretical influences which have underpinned my understanding of the concept.

In his discussion of the new middle class lifestyle, Wynne (1998) draws on Parker's (1971) classic study, *'the future of work and leisure'*, in particular he highlights the 'extension model' that conceptualises the relationship between work and leisure as almost indistinguishable. With reference to this thesis, the extension model put forward by Parker blurs the boundaries between work and leisure, suggesting that even our leisure pursuits are activities that require dedication and motivation, and thus echo the principles of work. This concept seems appropriate when exploring the lifestyle of the new middle class, particularly with regard to health practices. As illustrated through the

empirical work discussed later in this thesis, the new middle class are not creating a lifestyle, they are practicing a 'workstyle', whereby *'the dominance of work as central to life produces a pattern of leisure practise in which work interests predominate'* (Wynne, 1998: 26).

The theoretical underpinning of the term 'workstyle' is that the new middle class lifestyle pursuits (in particular health practices) undertaken outside of the work place, cannot be neatly categorised as 'leisure' practices. As other works outlined above have shown, body work, or in this case, premier club use is a pursuit that is characteristically about control and hard work. A healthy lifestyle, typically embraced by the new middle class, requires a level of work on the body which demands a great deal of time and effort if the results are to be achieved (Rojek, 1985). Thus blurring the boundaries between work and leisure.

Whilst the creation of a workstyle is essentially individualistic, it refers to a way of life, which is representative of one's social position, and an awareness of the wider social network and other social agents. Moreover, the concept of workstyle embraces the idea that individual health practices are, in part driven by the social value of health that is embraced within the confines of the city, in particular, the city workplace. As I illustrate in the forthcoming chapters, an individual workstyle is largely driven by the principles of 'competition'. As Savage (2000) argues, the model of individuality for the new middle class does not depend on looking up or down the social ladder for reference, or in other words other social classes do not define an individual's social position.

Individuality involves social actors looking to their peers and envisaging them as 'competitive rivals', a comparison upon which to judge personal performance.

If body work is an individual pursuit which is contingent on wider social factors as this chapter suggests, it might be that individual's who adopt healthy living practices such as exercise participation, do so to improve their body image for the sake of their career, thus body work is an integral feature of a workstyle. Body work, as a feature of a workstyle, therefore represents a process of development and self-preservation, which reflects the principles of career development, namely motivation, drive and ambition (duGay, 1996: Grey, 1994).

When conceptualising the meaning of workstyle, the most salient point in relation to this thesis is that an activity like exercise which is typically categorised as leisure, takes on work-like qualities and thus blurs the distinction between work and leisure. As Grey (1994) argues, the project of self-management that is manifest through the body, transcends the boundaries of work and leisure as everything we do is about drive and determination, our actions are therefore '*...a vehicle for the self to 'become'*' (Grey, 1994: 481). This chapter maintains, that when it comes to conceptualising body work, to label such an activity as 'leisure' is somewhat misleading, as to create an image of professionalism is not confined to activities within the workplace but also outside of it, including work on the body to create the desired body image.



As Gini succinctly argues '*work is at the centre of our lives and influences who we are and what we do...*' (2000: 2). Focusing on the American workplace, Gini reflects upon the great kudos given to hard work and the determination to make every second count. The impact of this kudos is that every activity becomes a work experience, as all aspects of our lives become '*...something we have to do*' (Gini, 2000:124). In this respect every aspect of life, including that of body work, becomes a project and the result, according to Gini is that the drive for success is comprised of '*...1% inspiration and 99% perspiration*' (2000: 124).

### ***The New Middle Class: Body Work and the Quest for Career Success***

At this juncture, it is useful to briefly return to the work of Bourdieu (1977) discussed in chapter two, and the notion that individual behaviour is socially inscribed. It is shown throughout this chapter that individual body work, whilst depending on individual motivation, is influenced by the values upheld within a particular social network, in particular the workplace and is representative of an individual's desire to create a workstyle. As the literature presented above suggests, a good body image is symbolically valued in the contemporary professional/managerial workplace and therefore, by working on their body, an individual can enhance their physical capital. In this respect investment in the self becomes a strategy for gaining status and achieving distinction and

consequently, the amount of time and money invested in the body is proportionate to the amount of profit we can expect from it (Bourdieu, 1984).

This relationship between work on the body and the quest for success is once again the essence of workstyle. However, it is still not clear *why* body work is at the heart of a workstyle. Drawing on the work of Bourdieu, Jarvie and Maguire (1994) suggest that sport and exercise activities require discipline, which is recognised as a transferable skill. In this respect it is argued that *'...bodies become symbols of work and prestige signifying status to the bearer of a specific body'* (Jarvie and Maguire, 1994: 55). A 'fit' body therefore, has come to represent a person's 'capability' and someone who conforms to the image of the 'ideal' body may be perceived as more capable in the workplace than someone who is out of shape. Body work can therefore be regarded as a strategic individual project, driven by an embodied understanding of the symbolic value of a 'fit' body in the workplace. In other words, body work is motivated by an individual desire to appear dedicated, in control and capable of winning the race.

### ***The Importance of the Body in the Workplace***

Whilst the new line of thought with regard to class is that an individual's social grouping is defined increasingly by lifestyle choices, this thesis maintains that an individual's work environment and the experience of this, has a considerable impact on overall 'lifestyle', particularly for those individuals who comprise the new middle class. To put it succinctly, paid work dictates level

of income, defines the work/leisure divide and to a certain extent defines expectations. Whilst it is reasonably easy for anyone with paid work experience to recognise how income and the work/leisure time divide impact upon lifestyle opportunities and choices, 'expectation' is worth explaining in more detail.

Consider for example the young lawyer who is keen to gain promotion; an obvious expectation relating to this is that the individual in question can demonstrate a reasonable capacity to do the job effectively and professionally. However, there is considerable literature that highlights the role of the body in demonstrating professionalism, as becoming increasingly prevalent within the contemporary workplace (Gini, 2000; Grey, 1994 and Tyler and Abbott, 1998). This discussion will now turn to some of the prevailing literature to explore the role of the body in career development and to theoretically locate the concept of 'workstyle' as a new middle class phenomenon.

In recent decades, the importance of bodily appearance in the workplace has become topical in the fields of management studies and psychology, and since the early 1990s it has attracted increasing sociological attention. However, as Warhurst and Nickson (2001) argue, despite the rising importance of the aesthetic body in the workplace, this developing trend is still under-developed in academic discussion. When considering the importance of the body within the realm of employment, it is logical to begin with the

significance of the body at the stages of recruitment, where appearance is crucial.

In an article entitled '*Weight Discrimination in the American Workplace: Ethical Issues and Analysis*', Roehling (2002) argues that there is a growing tendency for overweight people to be passed over at the recruitment stage. With reference to research undertaken with managers involved in the recruitment process, Roehling (2002) argues that such managers believe that discrimination based on physical appearance is 'wholly justified', due to the negative connotations associated with being overweight.

The prevailing negative undertone Roehling highlights is rooted in the tendency for managers to regard overweight employees as 'poor performers', as they are generally perceived to be less conscientious and less capable and ultimately, less productive. Whilst there is no evidence to suggest that an overweight person would be less capable of doing the job when compared to a person with identical qualifications and experience who happens to weigh less, it is clear that physical appearance plays a significant role in the process of recruitment.

Roehling's (2000) empirical work gives credence to the principles of Goffman's (1969) classic work '*The Presentation of the Self in Everyday Life*', which embraces the importance of bodily appearance in all that we do. For Goffman, the body has significant symbolic value, and its communicative capacity is important when considering how individuals can make a 'good'

first impression. Drawing on the work of Goffman, Entwistle (2000) has explored the role of appearance with regard to the workplace and recruitment, citing the importance of 'dress' as a means of 'fashioning the career self'.

With particular emphasis on women and the popularity of power dressing in the 1980s, Entwistle argues that the presentation of the self can empower individuals, as they come to be regarded in a positive light because they present the appearance of competency, professionalism and capability. Whilst this sociological account relates to dress, as the studies outlined above illustrate, the actual body itself is assessed in much the same way when it comes to judging capability.

### ***The Workstyle of the New Middle Class***

It therefore follows that a 'good' body becomes a valuable asset for individuals entering the workplace, as it appears to give off a message of capability that can be recognised by employers. As Roehling's (2002) work suggests, employers regard individuals who are not overweight and look physically fit as being capable of doing their job. By working on their body, an individual is engaging in a process of individualisation, whereby all aspects of everyday life are geared toward the project of the self, marked by a desire to present oneself in a positive way, for the ultimate goal of achieving career success.

As shown above, those individuals who present a good body image as a result of the body work they undertake, are likely to be rewarded within the workplace, as they are likely to be perceived as disciplined, in control and committed, characteristics which are all valuable in the 'professional' workplace. Individuals are motivated to engage in healthy living practices as they embody an awareness of the power of the visual body and its symbolic connotations of motivation, control and overall, the ability to succeed.

Tyler and Abbott's (1998) work on the experience of female flight attendants succinctly illustrates my theoretical understanding of the term workstyle. Drawing on empirical research including observations and interviews with various airline personnel, they argue that the career experience of female flight attendants is shaped by the perceived need to present themselves in a manner which conforms to the required body image, namely one that is aesthetically pleasing and presentable and adheres to the definition of stereotypical femininity. It is argued that body work is a central requirement of a flight attendant and that subsequently individual flight attendees put themselves under surveillance. This self-surveillance is a manifestation of an implicit awareness that they are under the gaze of managers and other colleagues and is based on an understanding that their body is a marketing tool within the context of their careers (Tyler and Abbott, 1998).

It is here that work on the body comes to represent what could be referred to as a modern protestant work ethic, as work on the body is regarded as a

virtuous endeavour and can reward an individual with recognition for their efforts (Shilling, 1993; Turner, 1992). In this respect, an individual can promote the self through work on the body as they demonstrate abstinence from 'unhealthy' practices and are therefore deemed worthy of praise and prosperity. Here body work comes to symbolise a strategy akin to survival of the fittest, whereby *'...the weak in body and mind are soon eliminated and those that survive exhibit a vigorous state of health'* (O'Keefe, 2003: p1 of 1)

### ***The Entrepreneurial Self***

The theoretical principles of workstyle can also be found in the work of du Gay (1996) who argues that, a healthy body has become a key component in forging a career for oneself. In turn, individuals who work on their bodies embark on a process of self-actualisation that reflects the goals and objectives of the wider workplace. It therefore follows that to achieve self-actualisation the symbolic value of the body must be recognised by the individuals who share the immediate social network. In line with the work of Savage (2000) discussed above, it is argued throughout this thesis that within the professional/managerial workplace, colleagues judge others according to their bodily presentation, which as the literature presented above illustrates, is indeed what is happening within the contemporary professional workplace.

In du Gay's words, social actors may display 'individual initiative' through the actions they choose, which is recognised in the social network of the 'modern

corporation' as something positive (1996:62). The notion of individual initiative discussed by du Gay becomes a fundamental feature of what he refers to as the 'entrepreneurial self' (1996:62) and can be used to further illustrate the role of the body in developing a workstyle. Du Gay argues that to become an 'entrepreneur of the self' an individual must become 'continuously engaged' with enhancing their position, not only in the workplace, but also in society more generally (du Gay, 1996: 181). In this sense, it is suggested that an individual is constantly engrossed in the project of developing the self, a project fuelled '*...by the desire to optimise the worth of his or her own existence...*' (du Gay, 1996: 181). In this way an enterprising individual will be perceived as conforming to implicit expectations and will in turn be regarded as a valuable asset within the organisation.

As Warhurst and Nickson (2001) argue in their study of the service sector, the rising importance of a positive body image within the workplace has given way to what they refer to as a 'style labour market', whereby the image of staff is highly valuable as they are representing the company and therefore when meeting with clients, it is considered important to make a good impression. As they succinctly put it, within the corporate workplace *...employees...become part of the product and the experience...management of personal aesthetics is also said to contribute to their career prospects, creating or sustaining individuals employability* (Warhurst and Nickson 2001: 10).



## ***The Surveillance of Health and the Body in the Workplace***

It has been shown above that healthy living is deemed to be a feature of a new middle class lifestyle. However, a lifestyle is not defined simply by leisure practice, our working lives have an impact on what we do both in the workplace and increasingly outside of it. In relation to health and the body, bodily appearance is now something employers value as symbolic of positive characteristics. It therefore follows that the surveillance of health and image has emerged as a principle within the workplace, as employers attempt to mould their employees' behaviour in order to advance the overall performance and image of the company itself.

The control an employer, or organisation exerts over individual health and fitness practices can be discussed according to the principles of the panopticon advocated by Jeremy Bentham and discussed in Foucault's subsequent work on the impact of surveillance on bodily practices (Shilling, 1993). The classical panopticon was a circular arrangement of incarceration cells that rendered prisoners susceptible to the continuous gaze of the guard in a central watchtower. The principle behind this architectural design was to encourage the prisoners to monitor their actions and exert self-control given their knowledge of the 'all seeing eye' of the guards.

As Foucault argued, panoptic techniques are an integral part of the strategy of surveillance, the consequence of which is for individuals to embody the need for self-surveillance in order to avoid possible retribution (Foucault, 1979).

With reference to this thesis, it is suggested that their constant visibility and the watchful gaze of their employer's influences individual employees and encourages them to adopt a healthy lifestyle and to work on their bodies in order to conform to the desired principles of health and fitness. For this gaze to be successful in encouraging individual health practices, individuals must be aware of the discursive link between health, body image and the visual interpretation of the ability to perform. Therefore, the workplace is promoting individualisation, whereby an individual's body image is regarded as symbolic of productivity and in turn, individuals can be rewarded or punished depending on whether or not they choose to conform (Shilling, 1993).

Echoing the work of du Gay (1996), in a study of the accounting profession, Grey (1994) explores the nature of a 'career' as an ongoing project of the self. Whilst she recognises that self-management is an inherent characteristic that defines career development, she also highlights the panoptic techniques at play within the workplace. Drawing on the work of Rose (1989), Grey argues that individual behaviour is visible within the workplace and awareness of this visibility on the part of social actors, leads them to be self-disciplined, self-governing agents. Moreover, individuals are encouraged, through hierarchical surveillance, to adopt a professional manner and it is suggested that *'this includes matters of haircuts, beards and dress...'* (Grey, 1994: 486).

Whilst Grey (1994) focuses on appearance as exemplary of panoptic techniques and self-surveillance, there is additional evidence to suggest that individual *health* is also subject to surveillance strategies within the

contemporary workplace. Once again, there is a lack of sociological literature exploring this trend for the surveillance of health in the contemporary workplace, however some evidence does exist in other fields. For example, an article entitled '*Employers Push Health Promotion Programmes*' (HR Focus, September 2002) was published in the USA and identified a significant rise of health promotion schemes and health management schemes operating within the contemporary US workplace. Of 945 companies, 93% offered a health programme and 72% of employers offered education on lifestyle choices. Whilst this obviously refers to the American system where health insurance overheads are greater than those of UK based companies, the model is becoming increasingly popular in the professional-managerial sector in UK cities.

### ***The self surveillance of healthy living***

It is argued throughout this chapter that the emphasised need to present a good image that exists within the corporate workplace is embodied at an individual level. I have suggested that there is a subtle expectation that individuals will develop a workstyle that includes displaying a positive body image in order to support the image the company is trying to achieve, namely one of success. It therefore follows that if a company is going to achieve the desired corporate image, it needs the cooperation of its front-line staff and it is here that the issues of governmentality discussed previously in chapter two, are once again present.

Within the context of this thesis, the most important feature of governmentality is that it does *not* involve the direct control or coercion of individual action, but is dependent on free will (Scambler and Higgs, 1988). To further exemplify this point it is worth revisiting the 'expectations' of body image briefly outlined above. The desire for individuals to demonstrate their potential to work hard is a tacit expectation that exists implicitly within the workplace and in turn, it is argued that individuals embody this expectation and may modify their behaviour accordingly. Behaviour modification depends on technologies of the self, incorporating the principles of self-surveillance. In other words, individual employees may work on their bodies in order to conform to the ethos embraced at a structural level within the organisation and the overall effect will be an impression of 'professionalism' throughout the organisation (Martin, Gutman and Hatton, 1988).

However, as Foucault himself recognised, individuals are not docile bodies that simply act according to the expectations or rules that exist within the social network (Foucault, 1977). Rather technologies of the self represent an active process that involves physical effort and personal motivation. As Dreyfus and Rabinow suggest, technologies of the self refer to a situation whereby '*a human being turns himself into a subject*' (1983: 208-9), which once again brings us back to the principles of body work emphasised throughout this chapter. An individual may opt to work on the project of the body and subject themselves to work and motivation in order to transform the body into something desirable. In this way, body work becomes a rational

project that is undertaken for the benefit of the individual, within the context of a specific social network, at a particular time (Martin, Gutman and Hatton, 1988; Scambler and Higgs, 1988).

As Giddens (1991) argues, work on the body can be interpreted as a reflexive project of the self, a means of building a biographical narrative of who we are. For example, throughout this chapter it is shown that individuals might choose to work on the body in order to present themselves in a certain way, for others to interpret. In this respect the body takes on a particular significance as it communicates the message of self-identity to other social actors within the social network. However, as Giddens states, self-identity is a project that must be worked at and sustained and therefore reflexivity of the self is a continuous process that implicitly depends on self-surveillance and technologies of the self, as individuals work with discursive advice to incorporate principles that are relevant within the context of their everyday life.

## **Discussion**

Through the discussion presented in this chapter I have further built on the theoretical framework developed in chapter two, drawing on a range of contemporary sociological and multi-disciplinary work to theoretically develop the structure and agency debate and to contextualise the forthcoming data chapters. In this chapter my aim was to further argue that individual body work is socially and culturally located and is underpinned by an understanding

of the social significance of health and an awareness of the communicative value of the body (Williams and Bendelow, 1998).

Moreover, I have shown that a healthy lifestyle is contextualised according to locality, individuality and occupational role. Locality relates to the resources and opportunities available in the city, individuality represents a desire to enhance personal situation and achieve stature within the social network, and occupational role determines the economic potential for investment in the self whilst simultaneously defining the expectations of the individual.

Throughout this chapter I have argued that body work is a defining feature of a new middle class lifestyle that represents an embodiment of the relationship between health, body image and professionalism. By working on the body, individual members of the new middle class can mark their space in a competitive environment where individuals need to stand out in order to survive, body work arguably brings kudos and is beneficial in the quest for success as it enables individuals to develop their physical capital (Bourdieu, 1977, 1984).

However, an individual will only be successful if the image they present is recognised by others and in turn, social actors are under the surveillance of managers and colleagues and are consequently subject to judgements about performance and capability, based on the visual representation of the body. Throughout this chapter I have argued that individual awareness of the social

significance of health and an embodied understanding of the symbolic value of the healthy body underpins the motivation to engage in body work.

This chapter has been contextualised with reference to the contemporary professional workplace and I have suggested that for the new middle class who work in this type of environment, it is useful to speak of a 'workstyle.' This workstyle is a theoretical concept that recognises the far-reaching implications of creating an image of professionalism and is used to illustrate the importance of body work in presenting an image of capability. The body therefore, is central to the individual pursuit of a workstyle, whereby the body becomes a form of physical capital, valuable in the workplace not just on the grounds of physical fitness, but also with regard to personal appearance and the creation of a 'professional image' (Bourdieu, 1984).

I have argued that the value of the body in the workplace, creates a situation whereby the body image of individual employees is subject to the principles of governmentality, as it is expected that individuals will work on their bodies and present a personal image which reflects the ethos of the wider organisation. In this respect body work becomes a means for an individual to create his or her own narrative through bodily presentation, and in turn presentation of the self becomes a valuable asset for individual development. I have shown that within the corporate workplace, both men and women are encouraged, through social interaction and subtle regulatory control, to develop a workstyle. In turn, the presentation of a good body image becomes an expectation that individuals embody and endeavour to achieve and this is

precisely what traditional sociological accounts of exercise participation have tended to overlook.



## **4. METHODOLOGICAL CONSIDERATIONS**

### **Introduction**

When working toward the completion of a PhD there is an established 'ideal type' with regards to progress, a prescriptive account of targets that should be met at various stages of the journey. This ideal type, as publicised in research textbooks and university guidelines, can be roughly divided into a three stage approach: Year one consists of literature reviews, reading around the topic and clarifying the research focus for the purpose of producing a justifiable research programme; Year two is typically regarded as the 'fieldwork' stage where the data is collected, organised and preliminary analysis conducted; Finally year three and beyond is allocated as the period of 'writing-up' when the cumulative work is expected to materialise as a finished product, the thesis!

However, this ideal type PhD progression places expectations on the student that may not be appropriate for individual cases, as my experience was hinged with overlaps along the way. For example, the analysis and the writing, whilst often defined as two distinct phases were, for me, an integrated part of the thesis production, with no definitive start and finish. This chapter is therefore a personal account that strives to avoid the standard methodological structure of evaluating the strengths and weaknesses of research methods, but instead offers an account of a personal approach to research and writing, addressing the successes and failures I met along the way.

This chapter is intended to provide an honest, reflexive account of the *whole* PhD process, from the point of applying for funding and developing my initial interests right through to writing up. During my time as a doctoral student I have endeavoured to work in a reflexive manner that I feel has allowed me to learn a great deal from the experience. My reflexive attitude to my work was not intended to excuse any shortcomings in the research or to gloss over problematic aspects of my research process, but rather has informed my work and analysis and gave me an awareness of 'best practice' for the benefit of my future academic career.

The point at which I write this chapter, as I approach the end of writing-up my thesis, is itself indicative of my work. I consider the writing up period to be an integral part of the research process, a period where fieldwork and the theoretical knowledge obtained along the way come together to form a cumulative piece of empirical work. It is at this stage that the shortcomings and successes of the work come to light. Furthermore, it indicates a point at which questions are asked such as 'what did this research achieve?' and 'what is the overall point I wish to make'?

This chapter will begin with an account of the initial phase of the PhD process, reflecting upon the formulation of the research focus and outlining my interest in the subject matter. The discussion will then turn to the research process itself, outlining how the research was initially operationalised *and* addressing how the fieldwork was organised through selection, sampling and access. The methods themselves will then be outlined, in particular how they were

used within the context of my work, as opposed to their value as methods per se. The chapter will then conclude with a reflexive account of the collective process.

## **Identifying the Research Interest**

My research interest developed from two components, a personal interest in health and fitness and a national trend in health and fitness pursuits within the UK and throughout the Western world. Whilst I was forging my research interest, the health club industry was boasting a membership rate of approximately 2.5 million, a significant growth upon previous years, which highlighted an interesting social trend that I believed was worthy of sociological investigation (Health and Fitness, October 2001; Mintell, 1999). Whilst it can be argued that the membership rate of 2.5 million reported at this time represented a minor proportion of the national population, the increasing popularity of health club use was something I saw as an area of sociological significance, as it suggested that for some people at least, health club use was becoming an integral part of everyday life (FIA, 2002).

As suggested above, my sociological interest in health club use was also borne out of my biographical experience of being a health club member. At this time my own experience had lead me to question the influences upon my choice to become a health club user, culminating in the view that the choice is forged according to social interaction and the wider social network. For example, I had frequently found myself justifying my actions when talking to

other members, particularly with reference to absenteeism. These justifications were often expressed as guilt for having missed a few aerobics classes, and on reflection I considered them to represent a desire not to lose status or face amongst my fellow participants. The overall experience of being a health club member led me to suspect that health club use is an activity driven by the relationship between the participant and their position in the wider society, and it is this very relationship that I set out to explore.

My personal preference for a sociological study of health club use was further propelled by the work of Nettleton and Watson (1998) who suggest, there was, at the time, a distinct lack of empirical research which focused on the everyday experience of bodily practices and I therefore considered my research intention pertinent and worthy of sociological attention. At this time the 'structure and agency' debate within the field of sociology continued to have significance for sociological theory (see for example Rubinstein, 2001; Lopez and Scott, 2000) and I felt that my intended work would contribute to a debate about the relationship between individual action and the wider social network.

### **Defining the 'premier' health club as the research focus**

In order to operationalise the project in a practical effective manner, the ultimate focus of the research needed to be refined. The health club industry at this time was expanding at such a rate that different categories of clubs were emerging and it simply would not have been practical to cover each one

in sufficient detail. This growth in the industry coupled with my desire to fulfil the PhD criteria and make 'a significant contribution to sociological inquiry' encouraged me to look for a novel angle and focus my research on an under-developed aspect of health and fitness (see previous chapters for further information about the sociological context of my work).

In light of this, I decided to focus my research on a new brand of health club emerging at the start of the new millennium, the 'premier club' (or superclub/lifestyle club as they are sometimes referred to in the media). The premier clubs expand on the common health club model of gym, aerobics studio and pool, and offer a better standard of these basic facilities, a wider range of activities and extension services such as spa treatments, dry cleaning and booking services to give just a few examples. They represent a social space that transcends functionality and instead emphasises luxury. By focusing on the premier club environment I felt that it would be interesting to explore an evolving social space, which focuses on lifestyle rather than simply the pursuit of health and fitness.

During my initial investigations into this sector of the health club industry I found that the facilities that characterise the premier club are outwardly concerned with style. The premier club environment has been described as a kind of 'one-stop-shop' (Health and Fitness, October, 2001: 14) offering facilities for fitness, health, relaxation and even entertainment. The array of facilities coupled with the stylish nature of these clubs inevitably raises the cost of use (an implication that will be discussed shortly with reference to the

interview sample), and it seemed interesting at this stage that membership of such establishments might be more about style and status, than about the pursuit of health (health and Fitness, October, 2001: 14).

Once the premier clubs had been identified as a desirable research focus I then conducted four visits with premier club managers in the City of London (the financial heartland of Britain) to explore the research potential and gauge their reactions to my initial ideas. These managers were extremely enthusiastic about my research into the motivation behind premier club use, as they were all keen to explore similar areas, both conceptually and for the benefit of their individual clubs. Following these initial visits I was then able to formulate some structured research questions upon which to base the forthcoming research.

### **The research questions**

As stated above, the broad aim of the research was to explore the relationship between individual premier club use and the wider social network. In light of this research interest a broad operational research question was developed: **'what factors encourage people to engage in premier club use'**? I felt that this umbrella question would enable me to reflect upon a variety of issues such as the way in which health has developed as a social value, characterised by the notion that individuals should take responsibility for their own health (Peterson and Lupton, 1996; Scrabanek, 1994). In the preliminary stages of the research design I felt that premier club use could be a reaction

to the rise of health as a social value, as people are influenced by social pressures to look after their health and in turn, make positive lifestyle choices (Polhemus, 1978).

However, in addition to concerns about health it seemed that joining a club with such luxurious facilities might be an indication that members were looking to combine luxury and style with convenience and time saving benefits (such as dry cleaning etc), whilst simultaneously making a statement about their social position (by demonstrating the financial ability to join such an expensive club) and their lifestyle (by establishing themselves as someone who cares about their health and their appearance). At this stage I suspected that the experience of being a premier club member is more complex than simply reflecting a motivation to pursue health, and I felt that exploring the factors encouraging individuals to become premier club members would reveal some of the tensions between health and image; personal choice and social pressure; practicality versus extravagance and the distinction between work and leisure (Savage et al., 1992).

The broad research question identified above was then divided into subsidiary research questions as follows: -

- What are the characteristics of premier clubs and how/why do they attract the members they do?

- Why do people choose a club with such luxurious facilities, is it about health improvement or about the experience itself (indulgence, enjoyment etc)?
- Why is it that premier clubs emerge in the 'centre' of major cities, is it indicative of 'city living' in some way?
- Is premier club use indicative of a personal quest for bodily change and health improvement or a desire to make a statement about the self (according to wider social network)?
- Are premier club members encouraged to join because of interaction with others?
- To what extent if any, is premier club use a response to socially constructed ideals of health status and ideal body image?

## **The methodological approach**

The philosophical or analytical approach adopted during any research project is usually influenced by the research questions that represent the theoretical foundations of the thesis. Whilst it is true to say that no one methodological perspective guided the research, my work is qualitative in its approach and was influenced by phenomenology, and symbolic interactionism in a theoretical sense, and ethnography and grounded theory with respect to the analysis.

Under the remit of 'qualitative research' there are many methodological strands, including ethnography, grounded theory, phenomenology and



symbolic interactionism all of which had a considerable impact on my approach to research and the analysis of my findings. The phenomenological approach was influential to my overall research ethos as it celebrates the importance of social agency and personal experience and embraces the view that social research should examine how individuals understand and give meaning to their social worlds in order to make sense of a given phenomenon. This approach greatly affected my research decisions as I sought to focus on social action to explore premier club membership through a study of individual motivation and behaviour (Berger and Luckmann, 1967).

Whilst phenomenological principles were influential upon my research approach, in terms of the desire to understand the motivation behind individual health club use, I was also keen to emphasise the relationship between individual subjective action and the wider social system. To empirically explore the relationship between structure and agency I incorporated some of the key principles of symbolic interactionism, namely the view that social life is a process whereby individuals interpret external influences from the wider social world, through a variety of social resources. Symbolic interactionism embraces the view that individual behaviour and the meanings attached to it are negotiated and develop within the context of interaction between social agents, and between individuals and social forces (Blumer, 1969). This perspective informed my research and drove the desire to explore the relationship between social expectations regarding health, and the impact of such on individual behaviour and ultimately the experience of being a premier club user (Bryman, 1988).

What phenomenology and symbolic interactionism have in common is an emphasis on understanding (Weber, 1949). Whilst there is considerable debate regarding the precise meaning of Weber's 'verstehen', the term has had a major influence on the field of qualitative research, and can be regarded as the impetus behind the incorporation of ethnographic principles throughout my work. An ethnographic approach to research has typically been characterised as a strategy for exploring the social world through inductive conceptualisations; the use of exploratory unstructured methods; the investigation of small numbers in greater detail; and the analysis of data through the interpretation of meaning and action (Atkinson and Hammersley, 1998).

Ethnographic studies tend to offer in depth discussions of a particular social group or social setting in order to achieve a greater understanding of a particular phenomenon as they naturally occur. In this sense, it represents a holistic approach to investigating a certain culture whereby a variety of factors are of interest. Adopting an ethnographic approach allows the researcher to explore the various facets of a 'culture' and can empirically illuminate the mediating links between structural factors and individual agency, with an emphasis on understanding perception, interpretation, meaning and action (Archer, 1996). Of particular salience within this research were the interpretations and meanings club users attached to their use, as I was keen to explore the socially constructed nature of health and health pursuits, thus

further justifying the use of ethnographic principles (Berger and Luckman, 1967).

With respect to my specific research interest in exploring the premier club environment and the experience of using such a facility, I was also keen to incorporate ethnographic principles because of its value as a holistic approach to research given that the premier club environment pertains to a holistic approach to health and fitness with a major emphasis on 'user experience'. I therefore felt that an environment that strives to create a holistic experience should be researched in a manner that reflects this objective.

I felt that to understand the nature of the premier club it was necessary to consider how the experience is created and also to explore the members' understanding of their experience and the environment within which they reside. Ethnographic principles therefore, guided the research as I embarked on a process of multi-staged fieldwork to investigate the views and actions of health club users, in a bid to conceptualise their chosen behaviour in relation to the impact of social interaction and sensitivity to structural factors.

### **Operationalising the fieldwork**

Following the development of the research questions and with consideration of the methodological influences and the sociological context, my work began to develop as I entered into the preliminary phases of the fieldwork. Before the main phase of the research could begin, it was necessary to first select

the sites in which to conduct the research; identify which individuals I wanted to speak to and why; consider where the observations were to be conducted and when; as well as collecting vast quantities of documentary evidence for future analysis. Fundamental considerations at this stage in the research were sampling, selection and access which will be discussed in detail below.

The first phase of my empirical work was concerned with developing an understanding of the club environment, including its organisation, atmosphere and client base. Within this phase a series of meetings were arranged (four in total) with different premier club managers, to discuss the premier club phenomenon and identify the client group targeted. During these initial visits with club managers tours of the club were arranged which enabled me to observe the club environment and build a framework for further observations I wished to make. The meetings also proved particularly useful for collecting documentary analysis in the form of marketing literature, brochures and obtaining copies of existing research conducted at the clubs, information that was to prove extremely useful at a later stage.

The second phase of the research involved interviewing club participants about their experiences of premier club use and their motivation behind joining the club. Observations were also conducted to further conceptualise the environment and the interactions that go on within it, and also to gain first-hand experience of using the club. What follows is a more detailed account of how the research site was selected, how respondents were identified and how observations and interviews were organised.

## **Selection: The Premier Clubs**

### ***Criteria for selection***

All work which falls under the umbrella term of 'academic research' is constrained by costs, time and theoretical considerations, and my research was no exception. My initial interest in the health club industry outlined above had to be narrowed, specifically with regard to research location, in order to produce 'do-able' research and at this juncture, I decided to focus on 'premier' clubs. This narrowing of the research focus however, did not occur to the detriment of the data collection, but rather enabled me to invest more time concentrating on fewer premier clubs in order to more fully understand their intrinsic qualities and to ensure that the data was thorough. By concentrating the research focus it was necessary to theoretically and empirically justify the selection of clubs to be included in this research. To assist in this process, a criterion for case study selection was developed to define the character of the clubs. These included: -

- The clubs needed to offer similar facilities and be of a similar size
- The membership fee charged by the clubs needed to be of a similar level
- The clubs selected needed to define themselves as 'premier clubs'

- The clubs needed to offer 'extension services' which ultimately defines the premier club environment and builds on the traditional health club model

### ***Processes of selection and access***

When I initially began to explore the premier club market it soon became apparent that such clubs are few and far between. Moreover, it was extremely difficult to identify a stringent definition of what constitutes a premier club within the framework of the Fitness Industry Association. Therefore I took inspiration from a publication featured in a popular health and fitness magazine which reviewed the facilities of several premier clubs including four in London, one in Cambridge and three in Manchester. In response to the given article I contacted each of the clubs to enquire about the 'premier status' awarded to their clubs. This initial contact enabled me to define my criteria for club selection outlined above, as I was told that this status was based on the high cost of membership fees, the luxurious facilities on offer within the club which expands on the typical health club model discussed earlier, and their offer of extension services.

The next stage in my decision-making process concerning which clubs to include in the study was influenced by budgetary restrictions. With a research allocation of £400 per annum, it was apparent that the research would not get very far if I spent vast amounts of money travelling the country to conduct

research in several premier clubs. It therefore made sense to conduct the research in London where the premier club market was concentrated.

Once the decision to focus on the London market had been made, I contacted the four London premier club managers and consequently I met with each in turn to discuss my future work and gain insight into their research interests, in order to further develop my research focus and purpose. Following my initial visit to the four clubs, it emerged that the facilities offered by two of the clubs were too specific for the purpose of this study. For example, one club specialised in Yoga and closely related disciplines, whilst the other heavily emphasised their spa facilities and thus detracted somewhat from the fitness activities.

At this stage I decided that to focus on a specialist club would limit the potential findings of the study to the detriment of the overall research. I therefore decided to re-approach the remaining two London premier clubs and gauge their willingness to be involved in the core fieldwork (observations and interviews). Two further meetings were organised with each of the managers to discuss my research needs (access to facilities, documentation and clients) and to ascertain their requirements regarding additional information, clarification of the research and to discuss the possibility of informative feedback following my research.

The interest expressed by the managers at this point in the negotiations was two fold. Firstly they were keen to understand why people join their premier

club in the first place. Secondly, in addition to their interest in primary motivation there was also a desire to consider the experience of existing members, in terms of what sustains their motivation or conversely what causes attendance to slip. Whilst I made it clear that the research was not intended to produce any generalisable findings, both the managers and I agreed that our interests in the research were complementary and on that basis access into the clubs was supported and I was granted permission to participate in the clubs facilities and access documentary resources and ultimately, talk to their clients. The condition being that I would provide feedback from the findings at a later stage.

As my fieldwork progressed, I choose to explore other premier clubs in addition to the two original London clubs (the reasons for this will become apparent in my discussion of the selection of participants in the forthcoming section). The additional two premier clubs were located in Manchester city centre and were characteristically similar to the London clubs in terms of facilities and cost.

## **Selection: Participants**

### ***Criteria for selection***

In the initial stages of the research I was keen to obtain a representative sample of respondents from the two London clubs, in order to collect data that would allow for some degree of generalisability. In a bid to achieve this I



opted for a stratified random approach to obtaining my sample with the aim of selecting ten premier club respondents from each club, all between the ages of 20-40 (the average club user age range) and of equal gender distribution i.e. five men and five women from each club.

My justification for this sample was that to interview people within the average age range would allow for comparison between respondents, thus enhancing the reliability of the overall study. With regard to the gender distribution of my respondents, I was keen to get an equal representation of both men and women, as my interest was more about the class distinction in health and fitness pursuits, as opposed to the gender distinction which has been studied empirical elsewhere (see chapter three for a discussion of such studies).

### ***Process of Selection and Access***

My study ran into complications with regard to selecting individual respondents quite early on in the research process and consequently, twelve respondents were drawn from the London clubs, six from one club (four females and two males) and six from the other (three females and three males). Whilst the gender division here reflects my initial requirements for the research sample, the number of premier club users drawn from the two London clubs was considerably lower than I had hoped for.

The problems I encountered with recruiting club members for interview was largely due to the type of member the clubs attract. The club users I was

trying to speak with were extremely difficult to pin down when it came to organising the interviews due to their high level of work commitments and a lack of free time. In addition to the organisational problems, the logistics of their working lives meant that on many occasions (ten in total) interviews that were booked, never took place because meetings would 'come up' or 'cases' would need the respondent's urgent attention.

In light of these sampling issues, four months into the fieldwork I decided it was time to change my approach, in order to avoid further disruption to the overall doctoral timetable and to ensure that my data collection was fruitful. As Mason (1996) argues, whilst sampling is generally regarded as a means to increase representation of the findings which can be used to generate information about the wider social population, this type of generalisability is not always possible, or even desirable to qualitative research. With respect to Mason's views, I decided to adopt strategies associated with purposive sampling that allows for the selection of respondents based upon their relevance to the research and emergent findings. Murphy et al., (1998) suggest that when conducting case-study research, this type of sampling strategy can be more useful as it is important to select certain individuals according to their relevance to the research questions.

In light of the above discussion, the respondents I interviewed from this point on were selected according to the research focus and the research questions I wished to address. This involved me identifying key informants from within the two clubs; namely sales managers, membership liaison managers and

personal trainers. All of the respondents at this stage in the research (five in total) were carefully selected in order to gain additional insight into the buying motivation and the reasons behind premier club use, in relation to the ambitions of the club. Whilst a lot of the information supplied by the staff members was obviously anecdotal, it reflected the views of the club users themselves and provided useful insights into the way in which the clubs actually operate, including their understanding of user needs. Interestingly, it also transpired that many of these respondents were club members themselves, who could therefore authenticate their opinions with personal experiences, which they frequently did.

Once the club user interviews and the key staff interviews within my two premier clubs seemed to be exhausted I decided to extend my research focus to incorporate other premier clubs outside of London, at which point I began to pursue premier clubs in Manchester. At this stage, a further ten respondents were drawn from two Manchester clubs and included six premier club users (four women and two men), two membership liaison officers (one from each club) and two premier club managers (one from each club).

Throughout the fieldwork process, the premier club members were accessed through a process of negotiation with the four club managers. In each of the four clubs, the managers were keen to act as gatekeepers, and make initial contact with potential respondents. However, my sense of ownership over the research meant that I was keen to control the selection process as much as possible and consequently I requested that each manager make contact with

men and women, all between the ages of 20–40, on my behalf. Once the managers had made initial contact with willing respondents, they then passed on the contact details to me to make a follow-up call.

When it came to my turn to contact the respondents I tried to speak with them as soon after the managers had raised the issue, in order to minimise the possibility of them having forgotten what the call was all about. However, a concern regarding this contact was that the number given to me was often a work number and consequently my calls were frequently met with mild hostility, as I seemed to develop a real knack of catching people at the wrong time; on their way into a meeting or in the middle of a report.

Once I was able to speak with potential respondents I would then outline the nature and purpose of my research, give them an indication of the type of questions I would be asking, identify the time needed in order to conduct the research and then organise a time and meeting place in order to conduct the interview. Invariably I choose to conduct the interviews at the respective clubs, which seemed to suit the respondents in terms of convenience and offered a secure, quiet environment from my point of view.

In terms of the role of the gatekeeper's in identifying the respondents, whilst this was useful in that it meant that by the time I made contact with the respondents they already had an idea of the research and had expressed their willingness to be included, a possible problem relates to the sample chosen. In terms of selecting willing participants the gatekeepers told me that

they had asked those members that they were familiar with. Thus suggesting that the respondents included in my study were probably the most regular and dedicated club users, and therefore represented members that were more likely to be enthusiastic about their experience of the club and in turn, more motivated with regard to their personal exercise pursuits.

## **Research and Data Collection**

In accordance with the ethnographic principles guiding the research I sought to incorporate research methods that directly addressed the research questions, whilst simultaneously allowing for the identification of emergent and unanticipated themes. The research therefore comprised a combination of various methods typically associated with ethnography, these included, documentary analysis, observations and interviews (Denzin, 1978). By adopting these methods I was seeking a variety of ways in order to build an extensive picture of the premier club environment from the 'inside', ranging from the way it is advertised and promoted, to first hand experience of such facilities and discussions with premier club members and staff in order to enhance my understanding and indeed the overall findings (Fetterman, 1998).

The primary objective of the research was to examine the personal experiences of premier club use, within the context of the club environment and also the wider social issues, thus emphasising the interactive nature of society and social experience. To this end, participant observations were conducted in order to broadly explore the premier club setting and gain first

hand experience of the social interaction that goes on within these clubs. In essence, the observational data collected provided a conceptual backdrop of the social setting and user participation, whilst the interviews provided a foundation for exploring the experiences of premier club users and professionals based upon the themes and issues that arose from the observations and documentary analysis.

## **Observations**

As stated above the observations played a fundamental role in the development of the fieldwork and were conducted in line with ethnographic principles. According to the ethnographic tradition, observations are regarded as a means of 'immersing' oneself in the field and observing social practice as it naturally occurs, including the setting itself, the behaviour occurring within it, the overall context and the interactions and relationships (Mason, 1996). As Dingwall (1997) suggests, conducting observations within the fieldwork process is about *finding* data in order to uncover areas of interest and build a picture of a particular situation. In this respect, observational data is often seen to be committed to holism (Murhpy et al, 1998) as it strives to explore the various aspects of the environment to ultimately represent the realities of the social setting.

Whilst the benefits of an observational approach are embraced within the context of my work, it is also important to recognise the potential problems with the given technique. As Mason (1996) suggests, one important issue

which I was keen to engage with relates to the role of the observer and the question of whether it is possible to present a 'natural' account of any social setting. In other words, it is often suggested that as soon as a researcher enters the field as an observer, the 'natural' dynamics of the environment are changed. I therefore felt it necessary to incorporate reflexivity into my work and to be as explicit as possible about the issues and findings that were of interest, including questioning why they were recorded and analysed in the first place.

Much of my reflexivity was concerned with my role in the observational work. For example, I was aware that my existing participation in health and fitness practices might precipitate desensitisation, whereby my pre-existing interest in specific practices, might define the activities that I found observationally interesting and those which I would subsequently record. However, I did try to accommodate for this during my observational work, and one way in which I did this was to ask the respondents themselves about interesting observations they had made regarding the club environment or activities within it. Whilst it is extremely difficult to ascertain whether or not my role as a participant observer had a detrimental impact on the data obtained, what follows is an account of the observations as they were conducted during the course of the fieldwork.

## ***Conducting Observations***

Within the context of my research the observations played a fundamental role in the development of the fieldwork as they highlighted the importance of social interaction and the impact of the wider social network on individual action. The observations began with initial visits to the four premier club managers, when I had my first taster of the premier club environment and gained the opportunity to observe the difference between this exclusive environment and the type of standard health club I was previously familiar with. The club 'tours' conducted by the club managers marked the preliminary observational stage in my work and forged all future observations as they enabled me to identify areas of interest and categorise the premier club environment, in order to conduct further, more systematic observations.

During these preliminary observations I was keen to observe the aura of the clubs in terms of the atmosphere they were trying to achieve. In addition to the atmospheric observations I was able to divide the premier club setting into observable categories, for example the cardiovascular area, the studio, the spa and the social facilities. Following this initial categorisation, I then set out to explore one particular section of the club each time I visited.

The subsequent observations were conducted at the original two case study premier clubs in London. For this phase of the observations I was given the opportunity to use the facilities, chat informally with other club members and staff, hang out in the various sections of the gym identified above and



generally get a feel for the club environment and the overall experience. For this phase of the observations I allocated 30 hours of time, 15 hours in each of the London clubs and carried out the observations at different times of day to further explore the use of the facilities in relation to 'work-time'. All observations were conducted overtly and in order to achieve this level of open research the clubs advertised the fact that I was conducting research on the premises. For example, if I went into a class, the instructor would draw attention to my presence for the benefit of the other participants, and they were given the opportunity to ask questions about my work, or ask me to leave, which thankfully didn't happen!

According to Gold's (1958) typology of observational field roles, my role came under the remit of *participant-as-observer*, which I feel was a particularly beneficial role as it enabled me to integrate myself within the premier club environment. However, it would be naive to think that I was in a position to fully understand the experience, as typical members worked and lived in the city and were therefore privy to a lifestyle experience which I could not relate to, of which incorporating premier club use was a fundamental factor. As the data chapters illustrate, the interviews suggest that the overall lifestyle that living and working in the city awards is the very catalyst for premier club use.

In addition to my two sets of case study observations, my personal experience of being a health club user in a variety of clubs for over eight years is included under the category of observational data. Firstly, the observations and experience I gained over the years acted as a catalyst for my research

interest, secondly, they gave me the foundations upon which to base and compare my understanding of the premier club environment. If I did not have experience of a variety of health clubs, I would not have recognised the unique stature of the premier club environment, nor would I have recognised the subtleties of the clubs. I therefore feel that my extensive experience of health club participation made me more receptive to the premier club environment and the incredible facilities offered in such. The observational phase of my research was conducted throughout my second year as a doctoral student, during which time I remained an active club user.

I believe that the longevity of the observational process, and the wide range of observational contexts allowed the research to develop as the project unfolded, as interesting observations and emergent findings would spark further exploration and be investigated through subsequent interviews, or would encourage further documentary analysis (Dingwall, 1997). An example of this grounded approach (Glaser and Strauss, 1967) was the tendency for aerobic participants (particularly women) to make excuses when they had not attended a class. This observation reflected something I myself had experienced, and it was an observation that subsequently became a point of discussion within the interview context. The resulting data indicated that such justifications for non-attendance was a manifestation of guilt that individual club users felt for missing sessions, which provides just one example of how observations and interviews work together to present a greater understanding of the situation.

I recognise that the observational time spent in the two premier clubs was not ideal, as it did not provide me with a substantial period of time for grounding or socialisation. Given the limited time spent in the clubs I was unable to fully immerse myself in the user experience, not least because I was restricted in terms of when I could use the clubs as I would frequently have to leave and dash for the train back to Nottingham! However, I did try to maximise my observational time spent in the club and vary my observational times as much as possible. In light of this the earliest observation was conducted at 7.00am and the latest at 8.00pm.

### ***Recording the observations***

The very nature of ethnographic observations raises questions regarding the recording of the data. For example, it is virtually impossible to concentrate on 'immersing' oneself in the field and simultaneously recording the data, whilst ultimately trying not to disrupt the social interactions occurring within the particular social setting. Another concern with the recording of observational data is that it lacks structure and therefore runs the risk of becoming a loose cannon, a collection of erratic data that is unusable and unclear. In line with Burgess's (1990) suggestion, in order to get the most out of my observational work, I attempted to structure the collection of data as far as possible, thus producing systematic information that could be identified and interpreted effectively. Accordingly the data was recorded and organised according to standardised topics that were considered to be central to the overall themes of the research.

The thematic categories included: -

- **The staff**, including appearance, relationship with members, role within the organisation of the club
- **The cardio-vascular area**, including description of activities and any distinctive features, member usage, atmosphere
- **The studio**, including atmosphere, classes offered, interactions within the studio, relationship between instructor and members
- **The spa**, including atmosphere, facilities offered, how the facilities are used and by whom,
- **The social**, how is the social area organised, what facilities are offered and how are they used
- **Overall atmosphere**, including the ambiance the club is trying to create and how they try to achieve this, lighting, music
- **Changing rooms**, including interactions, other interesting features
- **Extension services**, any comments about 'premier club' facilities e.g. dry-cleaning and how they are used, and by whom

I was also aware that interesting unanticipated observations might not fit neatly into such thematic category and therefore I recorded these observations in an additional, ongoing diary. The use of themed categories was beneficial in that it allowed me to sort information from the field notes during the analysis of the data, which made the information more accessible when it came to writing up the thesis. Whilst the thematic guide used during

the observations might seem quite prescriptive, in reality, these were simply guides for organisation and data management. The categories outlined above were the backbone of the observations, a means of gaining insight into the environment and atmosphere of the clubs and to note the basic features of interaction.

The processes of data collection and recording involved hand-written notes that were made as soon after the observations as possible, and recorded in fieldwork journals. These notes were then typed electronically onto a computer soon after the observation was conducted, and themed according to the categories outlined above. Transferring the data from field journal to computer acted as an initial stage of analysis, as it provided the opportunity for me to reflect upon the observations, make initial interpretations and start the process of coding.

The diary I used with respect to my own health club use and the observations therein were hand written shortly after each visit to the club, in the form of journal entries. I found this aspect of my observational work to be of great interest as it made me compare my own experience to those of the premier club users, thus highlighting areas of interest and points for analysis and also, raised issues which I then followed up during the interview phase of the fieldwork. Much of the information I recorded at this stage was based upon conversations I had with people about my own club use and their motivation and experiences also. It was during these observations and conversations that I came to understand that health club use is not just a personal

experience, it is a pursuit which is shaped according to the wider social network and the interactions within it.

## **Interviews**

Interviews are an extremely popular research tool within the field of sociology (Burgess, 1990). They provide a flexible strategy for sociological enquiry ranging from the tightly structured question format, to a more conversational line of questioning. Interviews are thought to be of benefit to social research as they enable the researcher to tap into the views of the respondent, in order to gain an insight into their personal views and experiences, including descriptions, narratives and accounts of a particular social phenomenon.

However, there is considerable debate regarding the value of interview data. As Silverman (2001) suggests, when using interviews as a method of social research, caution needs to be exercised with regard to the 'authenticity' of the data. In other words, the researcher must appreciate that interview data is generated according to the dynamics of a particular social interaction between the researcher and the researched, and in turn, the information is context bound within this relationship.

As Miller and Glassner (1997) argue, the format of the interview and the language used within it fractures individual 'stories' and subsequently poses a threat to the validity of the data. However, if the data is reflexively regarded as a representation only and it is recognised that the information is contextual

and a product of the interactive nature of the interview, the data is still of value as it represents another reconstruction in the researched world which remains high in validity despite its lower representative value.

Mason (1996) provides a useful account of the characteristics and application of qualitative unstructured interviews. In line with the above discussion, Mason also highlights the need to consider the impact of the researcher and the relationship between the researcher and the researched when incorporating qualitative interviews within the fieldwork process. In her account of the nature of qualitative interviews she describes them as relatively informal, with the relationship between interviewer and respondent based on a discussion as opposed to a formal exchange. Whilst more structured interviews are centred around set questions, an unstructured interview is thematic and topic-centred, whereby the researcher has certain categories of information which they want to cover, but the interactive nature of the interview dictates the pace, flow and nature of the discussion.

When conducting unstructured interviews the relationship between the respondent and the researcher is extremely important, as it is desirable to create a situation where the 'conversation' flows on the basis of forthcoming information, thus forging a more fruitful discussion. In order to encourage a free-flowing interview it is useful to consider the environment in addition to the interaction. For example, if the interview is conducted in an environment within which both the respondent and indeed the researcher are familiar, it is

thought that the interview is more likely to uncover insightful, valuable information (Burgess, 1990).

However, whilst considering the interaction between the respondent and the interviewer and recognising the desirability of a conversational approach to the interview, it is also important to ensure that the information uncovered during the interview relates to the demands of the research and reflects the research questions. With this in mind, it is often argued that there is no such thing as an unstructured interview, as all interviews, including those which are regarded as more conversational, need to be semi-structured in that they focus on a range of relevant topics or themes that guide the discussion. In this respect, although the interview may not follow a prescriptive format, the information discussed within each interview will loosely follow the same framework, whilst enabling either the researcher or the respondent to further explore areas of interest within the conversation.

### ***Conducting the interviews***

The interviews included within this study were all conducted using a semi-structured format and were used to explore the motivation behind personal exercise habits, in particular premier club use. On a conceptual level they were used to gain insight into individual understanding regarding the premier club phenomena and to explore the popularity of premier club use within the context of an individual's personal social network. More specifically, the interviews were initially conducted with premier club members in order to



explore their experiences of being members of such lavish clubs, and also to uncover their buying motivation and general motivation with regard to using the club. Whilst these interviews were essentially 'conversations with purpose' (Burgess, 1990), which reflected the personal nature of each experience, they were based on thematic categories incorporated within an interview schedule which provided a framework for the interview, whilst not restricting the discussion too rigidly. The thematic issues covered in the member interviews were as follows: -

- Views about health and fitness – How is health defined, both individually and socially? Is there a value currently attached to health and fitness? Do we judge people according to their level of health and fitness? Is health and fitness associated with good citizenship? Is there an element of 'personal responsibility' driving health and fitness pursuits?
- Becoming a premier club user – How do individual premier club members explain their decision to join? What were the motivating factors that encouraged them to join the club? Was the decision personal or socially located? How do club users experience the club currently and how has this experience changed over time?
- Premier club use: Work or leisure – is using the premier club a leisurely experience or is it something the users feel they 'have' to do? How does premier club use fit within the context of their working day?

- Work success and the image of health – Is premier club use prevalent amongst your colleagues and if so why do you think this is the case? Is health an important value within the workplace? Does premier club use have a positive impact on your working experience and why? Are you encouraged by your company to look after your health?
- Relationship between the rise of premier clubs and the city – Why do premier club members think that such clubs are popular within the city? Is working out and keeping fit a key aspect of city life? Are 'city' types more driven/competitive and if so, does this manifest itself through health and fitness practices?
- The role of health and fitness in people's lives? – Is premier club use about increasing health and fitness, or escapism and luxury? Is using the club a form of stress relief? Has becoming fitter or using the club had a positive impact on other aspects of your life?

The above topics highlight the themes covered during the interviews with club members. However, it should be noted that these themes did not constitute the entire interview but rather they provided a template, as often the conversation would go down different paths as respondents chose to elaborate on information, or I identified areas of interest I wanted to pursue in more detail. It should also be noted that the thematic categories 'work success and the image of health' and 'the relationship between the rise of

premier clubs and the city' were both developed as the interviews progressed, emerging from preliminary discussions during the early stages of the interviews and also from the observations.

The interviews conducted with premier club staff members made up what might be called the second phase of the interviews. Following the same thematic categories as those used with the club members, these interviews offered an interesting perspective on how the clubs forge their understanding of their clients needs and experiences, and their recognition of the need for premier clubs within the city space. Whilst both the staff interviews and the member interviews offered different perspectives, the information obtained through the data was complimentary and enhanced my understanding of the premier club environment and the role of such clubs from the perspective of staff and users alike.

All the interviews commenced with a brief introduction that outlined the purpose of the research and addressed the ethical considerations embraced by the study, such as confidentiality and anonymity that underpin the desire to obtain informed consent. The interviews ranged in length from between thirty minutes and two hours, with the average interview lasting for approximately one hour. A major consideration during the interview phase was conducting good quality interviews with premier club users, within an 'acceptable' time frame as defined by the respondent, due to the vast demands of their working lives. On many occasions interviews were cancelled and although all efforts were made to reschedule, many of the cancelled interviews were never

conducted. In a bid to minimise the negative effects of cancelled interviews, I incorporated telephone interviews within my fieldwork. Where possible interviews were conducted face-to-face, but when interviews were cancelled and I was able to rearrange, I often found it more time-effective to reschedule the interview to be done on the telephone. This seemed to award the respondent the opportunity to do the interview at their convenience, which was often late at night or early on a Saturday or Sunday morning.

In addition to cancelling interviews, respondents would often arrive late for the interview, or arrive and tell me they needed to leave in fifteen minutes for a last minute meeting. These pressures meant that I needed to build in flexibility when conducting the interviews, in order to 'fit in' with city work patterns. On occasions such as these, the interview was generally rescheduled, particularly if they could only offer me fifteen minutes of their time.

In other circumstances, such as when the respondent would cut an interview a little short, I would adapt my interview schedule to cover the most pertinent questions, returning to other themes if the time then allowed. Unfortunately, the problem of respondent time pressures also meant that with these interviews the opportunity for me to explore issues in greater depth was often lost, and therefore the interview automatically took on a more structured approach in order to cover the fundamental issues.

A concern relating to the validity of my findings relates to the interview dynamic, namely the relationship between the respondent and the interviewer, and the impact of this upon the information obtained. As shown throughout the forthcoming data chapters, it was found that health and fitness practices are located and experienced according to a desire to present an image of oneself, often represented through a quest for status.

With specific reference to the interview process I was concerned that I might have inadvertently encouraged the respondents to exaggerate their health and fitness practices, by identifying my personal interest in health and fitness and thus establishing myself as a fellow exercise participant. However, I tried to address this concern during my introduction to the interview, by expressing my interest in health and fitness whilst attempting to minimise intimidation by identifying with the motivational problems I encounter with regard to my own experience.

It is also worth considering that several of the respondents actually expressed a sense of enjoyment in relation to the interview experience and often saw it as a beneficial encounter. Some felt that the interview offered them the opportunity to reflect upon their progress. For one respondent in particular, the interview corresponded with the end of their first year of embarking on a fitness programme at the club, so they were keen to talk about the experience, as a kind of personal learning curve.

## ***Recording the interviews***

Before the interviews commenced (both face-to-face and telephone), I requested permission to record the interviews for the purpose of future transcription. Generally, the respondents, both staff members and club users, were accommodating with respect to recording the interview, however one person that I spoke to over the telephone wanted more information about who would have access to the tape, and required reassurance that the interview data would only be reviewed by myself as the sole researcher. At the time, I considered this to be an interesting issue, as I wondered whether the fact that this was a telephone interview had an impact on this individual's concerns, perhaps because you cannot reach the same level of reassurance once the personal, face-to-face contact is lost (Bryman, 2001)

In addition to tape recording the interviews, reflective notes were taken throughout the conversation. These acted as a reminder of earlier points I wished to raise at a later stage during the interview, and also to support the recorded data. The use of the tape recorder was particularly useful for capturing an overall impression of the interview and enabled me to pick up on cues such as intonation, sarcasm, humour et cetera, which I could reflect on whilst transcribing the data and analysing the findings as will be discussed shortly. All the tapes were marked and stored in a secure location at the university to further safeguard confidentiality and anonymity. They were then transcribed verbatim, using a word processor for the purpose of analysis.

Once the interviews had been transcribed, they were logged and stored on the computer using pseudonyms and codes whereby only I could identify the respondent, particular club and national location.

With respect to time management, whilst the observational data was relatively easy to transfer from hand-written notes to the computer, the interviews took considerably longer to process and store electronically. Typically, an interview would be transcribed within a week of conducting the interviews, but inevitably, some weeks would be busier than others with regard to fieldwork and therefore it was sometimes necessary for me to allocate a full week to transcribing duties. Whilst there was some money available for transcribing, I found it preferable to do the transcribing myself. By going through the recorded data and transcribing it verbatim using specialised transcribing equipment, I benefited from further familiarising myself with the findings, note interesting points for analysis and pick up on interesting issues worthy of further exploration.

## **Documentary Sources**

In addition to the observational and interview data, which comprised the main body of fieldwork within my research, documentary sources were also gathered during the fieldwork. Prior to defining my research focus and cultivating my research questions, I spent a great deal of time scouring the health and fitness literature, conducting newspaper searches for articles about the popularity of health club use and in addition to this, I joined the Fitness

Industry Association and the Institute for Leisure and Amenity Management in order to access useful information from within the industry and to further keep abreast of new service developments which enabled me to further conceptualise the relationship between leisure services and 'healthy' pursuits.

Once the research focus had been narrowed to concentrate on the premier clubs, I gathered publicity documents and journalistic reviews of the facilities to get a feel for how the clubs were marketed and to gain insight into the atmosphere these clubs are trying to achieve. I found this aspect of the research incredibly enlightening, as the language used within the publicity literature was both persuasive and lavish, thus supporting the overall ethos of the actual clubs.

As Mason (1996) suggests, when using documentary data it is important to account for how this information is used and how it is 'read'. With respect to my work, it was clear that the publicity literature was used by the club to lure new members. Interestingly, many of the respondents involved in the interviews made reference to the publicity literature when discussing their buying motivation, suggesting that these sources of information encouraged them to join the club in the first instance and clarifying that it further reinforced the luxurious aspects of the clubs. The documentary sources are referred to throughout the data chapters as I feel they support my overall argument, providing an interpretive quality to further support the interview and observational data, and allowing for a discussion of how those who produce



such publicity literature are contributing to the construction of the premier club sector.

## **Data Management and Analysis**

As stated earlier in this chapter, the influence of ethnographic principles upon my work encouraged me to treat the data analysis process as an overall part of the research as opposed to a strictly distinct part of the project. As Coffey and Atkinson (1996: 6) suggest:

*'...the process of analysis should not be seen as a distinct stage of the research; rather it is a reflexive activity that should inform data collection, writing, further data collection and so forth. Analysis is not, then, the last phase of the research process'*

In line with the view that the research process should comprise of data collection and analysis simultaneously, whereby findings inform subsequent data collection and analysis, I sought to keep up to date with all transcribing duties, whilst conducting the interviews. This was a particularly useful strategy as it enabled me to identify areas of interest from interviews that had already been conducted, and raise them with future respondents.

An ethnographic approach to research endeavours to capture the scene of the field and can therefore generate vast quantities of data from a variety of sources. During the fieldwork process, and indeed before the research

began, I collected field notes from observations, documentary evidence in the form of marketing features, health and fitness magazines, literature from the industry and of course, interview transcripts. In order to structure all of this information, I chose to use the content from the interview transcripts as the empirical foundation and then reflect upon the observation notes and documentary evidence in order to support the discussion and formulate a coherent argument.

### ***The analytical framework***

Broadly speaking, this research has been driven by a social constructionist perspective, in that I was concerned to explore the way in which individual social agents make sense of their everyday experiences, including how they perceive and interpret their actions. In this respect, my research focused on the meaning and understanding behind social action at the level of agency, and did not concern itself with establishing a generalisable account.

The research focus was based on the assumption that the relationship between structure and agency is an interactive one. A major concern of the research was therefore to explore this relationship by considering the link between individual premier club use and the wider social value of health. At the forefront of the investigation was a concern to empirically explore the social network within which people interact, in order to investigate whether in fact individual premier club users were influenced through social interactions and the values held within their immediate social environment.

My interest in understanding the impact of the social network upon individual action had implications for how I handled the data I collected, particularly with regard to the analysis. When interpreting the data I was influenced by the view that whilst individual accounts of an experience do reflect personal perception and meaning, these beliefs are formed according to wider social structures. In this way, the social world is seen as 'stratified' (Layder, 1998) with the dimensions of agency and structure existing simultaneously and inter-dependently (for debates on this subject see Archer, 1982; Giddens, 1984; Lopez and Scott, 2000).

With regard to the way in which individuals discuss their experiences, I was concerned with achieving an understanding of the meaning that each respondent assigned to their actions and their relationships. This concern to explore meaning was influenced by Weber's (1947) notion of *Verstehen*, which marks a desire to develop an interpretive understanding of social action (Bryman, 2001). In recognising that the understanding of social action will differ amongst those involved in the research, I also incorporated a grounded theory approach to the analysis of the data. Developed by Glaser and Strauss (1967), grounded theory encourages the researcher to allow the data to speak for itself. Moreover, theories develop as the data develops and data collection, analysis and theoretical development all occur simultaneously.

### ***Data Management: computer software***

Once I embarked upon my fieldwork experience, I set about the task of deciding how to manage the data that I was collecting. The decision was not an easy one, and was formed according to discussions with peers and supervisors and within the context of my research training and an awareness of the considerable debate about the merits of using data management packages. In recent years, coinciding with the popularity of qualitative data packages, there has been much debate concerning the appropriateness and ability of such packages to meaningfully analyse the data. However, I did not use the computer package as a means of analysing the data, but rather as a storage system, a computer assisted filing cabinet. In other words, the computer package was used to help organise my analysis, but was not relied upon to generate theory. Specifically, the computer package did not replace my role in the data analysis. But rather offered me the opportunity to manage my data effectively.

Before deciding which computer package to use, several demonstration modules were tried and tested, including N\*UDIST, Ethnograph and Atlas *ti*. From this selection I favoured Atlas *ti*, as I found it extremely easy to use and it simultaneously fulfilled my data management requirements. Initially, I used the computer package to store the field data I had collected into an electronic format, including observational data and interview transcripts. Once the data had been entered into the computer programme it was easy to retrieve and easy to work with in terms of setting up coding and cross-referencing

strategies. However, it should once again be reiterated that the use of this computer package did not detract from my role in the analysis. In order to effectively use the computer package I was still required to read, re-read and interpret the data.

### ***Codes, themes and types***

Once the interview and observational data had been entered into Atlas *ti*, I then set about coding the data. In much the same way as traditional qualitative data analysis, this initially involved me reading and re-reading the information before me whilst highlighting areas of empirical and theoretical interest. During this process, I identified themes and issues that related to the research questions and the overall research interest, whilst identifying other aspects of the research that had emerged as the fieldwork progressed (Glaser and Strauss, 1967). At this stage in the analysis, the computer package enabled me to effectively highlight and select the interesting information. By using the computer package I was able to tag the data and label it with codes that highlighted the theoretical relevance of the data. This process took a considerable amount of time and as more codes emerged, the more the data would have to be revised to make sure that codes were not replicated or oversimplified. By the time this process was completed there were over 80 codes.

Whilst coding the data I was careful to attach a brief description of each code in order to theoretically locate the data and to assist in building my discussions once it came to writing up the data. This also proved useful in terms of building the codes and identifying the boundaries and relationships

between them. An example of how the codes developed can be illustrated through the initial code of 'buying motivation', which in the first instance was used to highlight how respondents talked about their reasons for joining the premier club. As the coding process developed, 'buying motivation' was broken down further into 'buying motivation – personal', 'buying motivation – social' and 'buying motivation – personal responsibility', which related to the way in which people could conceptualise the process of buying premier club membership and the various influences upon their decision. This shows internal distinctions and boundaries between these subtle codes.

When the codes had all been entered and I had scrutinised them as far as possible, the computer package then enabled me to sort the data. In this way it was possible to cross-reference between codes according to AND, NOT, WITH, WITHIN and OR. This process of cross-referencing enabled me to explore the data and search for relationships between codes. For example by searching for 'status from body image' and 'self-esteem' I was able to ask whether or not any of the respondents had attributed self-esteem with status from body image.

By coding the data in this way I was able to identify the emerging themes, which ultimately enabled me to organise my data chapters according to the theoretical objectives of the research, thus forming a coherent discussion of the empirical findings. When building these emergent themes, I was able to use a feature of the computer package that allowed me to create 'family

codes', thus grouping a selection of codes together under one umbrella term. The three themes that became the 'family codes' were: The social value of health, the value of health in the workplace and bodywork within the premier clubs.

Whilst I tried to represent the data as accurately as possible by using the data according to the context within which it was obtained, sometimes it was necessary to revisit the transcript because when coding the data it was sometimes easy to take a quote out of context. In respect of this, I frequently referred back to the transcripts to justify to myself that I was providing as accurate an interpretation as possible. However, it should also be recognised that when analysing the data, the information is always open to the interpretation of the researcher, not least because you have a picture of the type of story you want to tell. Assumptions that I made about the data and the context of the information might well have had an impact on the overall discussions presented in the forthcoming chapters.

## **Writing the thesis**

When looking through other methods chapters for inspiration, I was struck by the distinct lack of attention given to the 'writing-up' process. In my experience of both the fieldwork and the overall production of the thesis, I am reluctant to distinguish between a clean-cut research phase and a writing up phase, as I am ultimately aware that for me, these two elements of my work frequently overlapped. Throughout the research I was actively engaged in writing papers, whether simple reflections of something I had read, or pieces

for publication or presentation. In addition to structured writing, I was constantly engaged in making diary entries to account for my observational experiences and reflexive notes along the way to conceptualise my ideas at particular stages along the way. I therefore feel that writing has been a fundamental part of my research at every stage along the way and should not therefore be discounted in the methods chapter.

Whilst the writing is acknowledged to be a continual process throughout my research, during the final stages of analysis the writing-up process was the point at which my ideas began to take shape, and the overall thesis came to fruition. From the efforts exuded during the coding, the family codes described above paved the way for the three data chapters that follow this account. Each of the data chapters was written with reference to the research objectives, the data and the underlying theoretical framework and involved taking these three components and developing a discussion.

## **Ethical considerations**

Like all social research, this study incorporated many ethical considerations when both planning and implementing the research strategies. The first issue to arise concerned access. As stated earlier in this chapter access to four premier clubs was established, with the club managers acting as gatekeepers. This immediately had implications for my work in terms of ownership of the data and presentation of the findings. However, in order to counteract problems regarding the data that might arise at a later stage, I was careful to



establish these issues at the onset of the research. Moreover, following discussions with the four club managers, I put my research objectives into writing, clearly stating my intention to provide them with feedback following the completion of the fieldwork. Feedback was given to the clubs once the research was completed in the form of an individual report outlining member's views and identifying the various aspects of buying motivation with regard to the respective clubs.

With reference to data collection, it is always important to consider the possible implications for those involved in the research. Throughout the research process the anonymity of all clubs and the respondents has been protected and in writing up the thesis pseudonyms have been used. At the beginning of the interviews whilst introducing the aims and objectives of my work and the promise of confidentiality, I also offered respondents the opportunity to request a copy of the transcripts.

In relation to the observations, ethical considerations were regarded with the utmost importance. The research was organised around overt participant observation and I was careful to consistently attract attention to my role as a researcher and to disclose the intentions behind my presence in the field. Throughout the process, the privacy of the premier club users was respected, and informed consent was sought from all involved parties (Burgess, 1984).

When analysing the data, care and attention was paid to accurately represent the respondents views, as misrepresentation of information is not only

unethical, but is also of detriment to the validity and reliability of the overall research and thesis. In relation to this issue of representation, anything that appeared unclear to me during the transcription process was clarified by a follow up phone call to the respondent in question (Burgess, 1984).

## **Discussion**

As stated in the introduction to this chapter, I hope that I have presented an honest and thorough account of my research process and an accurate representation of my overall experience as a doctoral researcher. In a practical sense, this chapter should allow the reader to identify how this study might be improved should it be replicated and enable them to identify weaknesses with the research design or suggest future opportunities for research. By producing a reflexive methods chapter which clearly presents the problems I encountered and discusses how I tried to overcome them, I feel that my learning experience has been greatly enhanced, as the process of writing this chapter made me take a step back from the thesis and the subject I have lived with for years, and identify what aspects of my work have been successful, and which might have been done more effectively.

As Parker (2000) suggests, the methods chapter is deemed necessary in order to give the 'impression' that the research is 'replicable', thus rewarding the research with a perceived reliability (Silverman, 2001). Like Parker I am sceptical about the extent to which qualitative research can be easily

replicated. Whilst I would like to think that another researcher replicating my study would obtain similar data and make comparable interpretations, I am also mindful that the data collection, analysis and writing period followed my interests and reflected my own experience of both health and fitness and also of the research process.

Whilst I hope that I have adequately dealt with the decisions made throughout the research process, what I have tried to avoid is to produce a chapter that simply reviews the theoretical debates surrounding research methods and methodology. Whilst it is clearly important to demonstrate an understanding of such debates, I hope that I have developed my discussion of the debates as they applied to my work, in order to give the discussion an experiential tone.

By being transparent about my research I have learnt a great deal from the experience and will hopefully approach forthcoming research in a more knowledgeable way. If I were to repeat this research process I would endeavour to increase the time spent conducting participant observations. I found this to be a particularly useful experience for developing my overall understanding of the premier club, but I would have liked to test the reliability of my observations by conducting several observational sessions at the same time of day. I would also try to access respondents without the assistance of a gatekeeper. Although I recognise this is not always possible, I felt that the gatekeepers might have skewed the sample somewhat, by asking those

premier club members who are highly motivated and therefore known to the staff.

Throughout the research process (both fieldwork and analysis) I was receptive to my role as a researcher and I constantly questioned my motives and the motives of the respondents, hopefully to the overall benefit of the research product, the thesis. At all times I built in reflexivity and recognised that the 'truth' is virtually impossible to achieve. What the research process actually uncovers are personal perceptions and the most we can hope to achieve is a compilation of individual interpretations of a similar experience. It is also important to remember that when working on health and fitness, the experience and motives change over time and therefore the reliability of the research data is somewhat questionable. For example, ask a respondent one day and you may get a completely different response if the same question was asked the following day, which of course is probably true of all research.

In writing this chapter and attempting to provide a reflexive account of my research journey, I now feel that there were aspects of my research that did not go as smoothly as I had hoped, in particular, the question of selecting respondents for interview. However, I feel that the problems I encountered along the way have encouraged me to look at the research process in a realistic manner and to accept that even when things do not run smoothly, with a little care and attention, the research can be redeemed and can be just as successful by modifying the research process slightly, in light of the problems encountered.

## **5. THE PREMIER CLUB: A PLAYGROUND FOR 'CITY TYPES'?**

### **Introduction**

The premier health club sector constitutes part of a much wider growth in the health and fitness industry over the past decade (Health and Fitness, October, 2001; Mintell, 1999). Whilst the health and fitness industry is reported to be growing at an impressive rate, premier clubs are unique in that they occupy an exclusive space within major UK cities, with distinguishable characteristics. Moreover, it can be argued that they cater for a specific social group with particular characteristics and needs, which in turn define how the clubs operate.

The characteristics that distinguish a premier club from a health club per se are location, cost and facilities. Firstly, in terms of location, premier clubs have secured their place in the heart of the city, beginning in London and spreading North to thriving cities such as Manchester. Secondly, premier clubs are the most expensive clubs available, thus creating an element of exclusivity. Thirdly, the premier clubs offer unique facilities, adopting a holistic approach to health and fitness which compliments the more traditional health and fitness facilities such as aerobics studio, gym and pool, thus encouraging relaxation as an additional means of improving health and well-being.

The characteristics briefly outlined above will be explored throughout this chapter, which explicitly builds on the theoretical debates discussed in chapter three and helps to conceptualise the nature and purpose of the premier club. The significance of location, cost and facilities will be identified according to what the clubs offer and whom they attract, examining how these factors are defined by the space premier clubs occupy within the city. As the chapter develops I will draw on interview data collected from managerial staff working in premier health clubs and the users themselves. Additionally, observational data and documentary evidence will be incorporated throughout the chapter, namely in the form of publicity and marketing literature produced by the premier clubs, to illustrate how the clubs are constructed, thus developing an understanding of the nature of the premier clubs and their position within society, along with the role of such clubs for members of the new middle class.

I will begin with a discussion of the premier club members, asking whom the clubs attract, in order to build a picture of the membership profile forming the premier club client base. It will be shown that the people who join a premier club are members of the new middle class, as defined in chapter three. These individuals who work or live in the city are often referred to as 'city types' by those working within the premier club environment. In this first section I will endeavour to unpick the label of 'city types' looking at the lifestyle characteristics of this type of person. The discussion will then turn to a consideration of what the clubs actually offer in terms of facilities, atmosphere

and overall philosophy, and ultimately I will reveal how this reflects the client base and their associated needs.

In the third and final section I will discuss the factors that encourage individuals to incorporate premier club use into their lifestyles. This section will build on the previous discussion of who uses the club and what the clubs hope to offer, as these two aspects taken together influence why people are attracted to the premier clubs. To this end, I will argue that the relationship between consumers (members) and the premier club market is a cyclical one, as who uses the club defines what the clubs hope to offer and vice versa.

### **Building a profile of premier club members**

From the interview data, the observational work and the documentary evidence collected during the fieldwork, characteristics of premier club members began to emerge which suggested that premier clubs attract individuals from a specific social group with shared experiences, norms and values. Developing the discussion of the new middle class in chapter three, I will show in more detail as the chapter commences that premier club members predominantly work in the city and in turn have a relatively high level of economic capital. Building a picture of the client base has important implications for the premier clubs themselves, as their understanding of this social group defines the clubs in terms of the facilities they offer and also the atmosphere they endeavour to create. To this end it is important that I further

explore the characteristics of the new middle class in order to build a substantial picture of the premier club scene.

### ***Defining the Premier Club Client Group***

Interviews conducted with managerial staff working in the premier clubs proved invaluable in respect of defining the premier club client group, as the respondents had a clear understanding of their client group and their associated characteristics. Often managers would tell me that they cater for 'city types', who appear to be identified by certain broad characteristics such as occupation, income and lifestyle. In line with the characteristics of the new middle class discussed in chapter three (Ley, 1996; Savage et al., 1992; Wynne, 1998), club users tend to work or live in the city and in turn are young professional people who enjoy a high level of economic capital and tend to have a distinctive high-pressured lifestyle, as this chapter will illustrate (Amin, 2000). As one manager succinctly put it

*'I think the idea of a city club reflects our member base, you know, our average age...is between 20/30, and I would say that the majority of them are single, well either single or living with someone...you have to be quite well off to be able to live around here, and if you work around here the chances are you are going to be a professional person who earns quite a bit, so you want to come into a club that fits your lifestyle' (HE)*



An interesting point to note in the above quotation is that it makes reference to joining a premier club as exemplary of a particular lifestyle choice, choosing to join a club that 'fits your lifestyle'. The suggestion herein is that people who work in the city and consequently earn a high wage consciously choose to join a premier club. The issue of economic capital is therefore of the utmost importance, as people can only join an expensive premier club if they have the economic means to do so (Savage et al; 1992). Again, this enhances the picture of who these premier club members are, namely high earners who work in professional/managerial occupations.

As one premier club manager told me: -

*'...We obviously tend to target people...at that sort of level in business, obviously people at the top. But those are the ones that tend toward needing a club, you know, you get the sort of associate director level, those tend to be our clients. Obviously it comes down to what you can afford as well, and a lot of people want this club because its great, but if they can't afford it, they can't afford it' (DK)*

While this comment reinforces the view that economic capital is essential in order to join a premier club, it also suggests that this is not the only important factor to acknowledge when forming an understanding of who is attracted to the premier club scene and why. The key issue here is the notion of 'need' and the idea that city types, those who work in the city, 'need' to join a premier club. Whilst this is something that will be considered in more detail in

section three and subsequently chapter six it would seem that part of what attracts people to a premier club in the first instance is that it offers them something that is deemed to be beneficial, thus enhancing the lifestyle of those who use it in some way. Therefore, a link begins to emerge between who is attracted to the club and what the clubs offer.

### ***The Competitive Nature of 'City Types'***

Continuing with this theme, it was stated by several interviewees that city types, or the new middle class are characteristically competitive. In other words it was suggested that individuals who work in the city are competitive by nature, but also that the environment in which they work and play breeds competitiveness as individuals fight to create a certain image within the boundaries of the city. Here we begin to see a distinction between need and desire, as the desire to be a member of a premier club is inextricably linked to competition, as membership of such a club is considered to award members some level of social kudos.

It was found time and again during the interviews that health and fitness was high on the agenda amongst city types in the context of both work and play, as colleagues and social peers alike would compete to be the fittest (Gini, 2000). As one premier club manager told me

*'We get our fair share of posers in here, we get a lot of city types who really think they are somebody and they are all in competition as to how much*

*weight they can lift, or who can last the longest in the spinning class. It is a competitive city and that is reflected in the gym environment as well' (HE).*

The competitive nature of the premier club environment was also observed within the field. Club members would frequently engage in surreptitious glances to check what their neighbouring user was doing and conversations would frequently revolve around questions concerning participation, in terms of quantity, and overall performance to assess another member's fitness levels and measure personal performance accordingly.

To put it succinctly, city types can be defined as professional people with a high level of economic capital, thus reflecting the characteristics of the new middle class theoretically discussed in chapter three. This social group are often competitive by nature and value health and fitness, or more specifically the image of health and fitness. Interestingly, each of these characteristics are pulled together in the opening slogan of one particular premier club's marketing literature

*‘\*\*\* CityClubs are for high flyers...who want to fly that little bit higher’*

The various elements of the fieldwork did indeed show that the profile of a premier club member is a professional person, or 'high flyer' who is driven and competitive with a strong desire to succeed. This vision of the client profile is referred to throughout the promotional literature, with many references to individual work performance within corporate business, thus

reinforcing the idea that city types are largely defined by their occupational role and subsequent experience of a competitive environment.

### **Meeting the needs of 'city types'**

From the data collected, it became clear that premier clubs are directly catering for 'city types' and in turn they create an atmosphere that it is hoped will meet the needs of this particular client base. Both premier club managerial staff and club users alike made reference to the need to relax and 'de-stress' as a consequence of working in the city, whilst simultaneously acknowledging the desire to do this within an exclusive and luxurious space.

### ***The Third Space: A Space to Escape***

During typical work hours (for example, 9.00am to 5.00pm) it was not unusual to observe city workers using the club as an element of the workday. This might include a session with the masseuse, or an hour reclining in the 'relaxation room'. In this respect, the club appeared to be a haven for the stressed out city worker, who could pass through the doors, get out of their suits and abandon their briefcases, don a dressing gown and spend an hour reclining in a dark room with nothing but the tranquil sound of the humming fish tank to distract them.

It was observed throughout the fieldwork that both the need and the desire to join a premier club are directly related to who the members are. As discussed above, city types are attracted to premier health clubs, not least as a result of work related pressure. Of the clients interviewed the majority of respondents were members of the professional/managerial workforce, for example they consisted of corporate bankers and legal practitioners, where long hours and work pressures were often referred to as a negative aspect of their lifestyle of detriment to their health and well-being. Consequently those people who are attracted to the premier clubs are individuals looking for something that will enhance their health and fitness and it is precisely this that the premier clubs claim to offer. As one manager told me: -

*'...The majority of our members work in the surrounding area, so they are lawyers, merchant bankers, they work in places like that, and they work long hours so I suppose in order to maintain that kind of lifestyle you have to be physically fit. When people come along for their initial look around the club or at the point of joining, many of our new clients refer to the fact that they are stressed out because of work reasons and that is why they want to join the club. They want something they can escape to, whether that be during the day or at the end of their working day' (HE)*

The above statement demonstrates that the premier clubs recognise that their client base are professional people who require a space within the city to both relax and improve their overall physical fitness, and the observations discussed above support this client profile and illustrate that this is indeed

how individuals use the club according to the context of their working lives. In turn the clubs have created a space where individuals can actively improve their health and fitness whilst simultaneously escaping the pressures related to work. This perceived need to escape is an interesting factor that precipitates the popularity of premier clubs in the city and defines how the premier clubs operate (Glassner, 1990). Premier clubs therefore, construct themselves as a third space, bridging the gap between work and leisure, creating a place where people can go to get away from it all, a place where people can go when they need to de-stress.

The construction of premier clubs as a third space, a place where city workers can go to escape, strongly features in the marketing literature. In this way the clubs offer members a distinctive space, isolated from the rest of the city and the associated pressures as the following slogan illustrates: -

*'...We recognise the fact that to succeed in the real world, you sometimes need to step away from its immediate demands and take a wider view'*

The need for city workers to escape is whole-heartedly embraced by the premier club concept and ultimately the club is constructing itself as a space that can fulfil this specific need. The promotional literature goes on to say: -

*'Every \*\*\* CityClub marks out a space where members can find a perspective on their lives, a psychological space as much as a physical one...That's why nowhere else makes you feel this good'.*

In line with the above comment, it was observed that the physical components of the premier club space endeavoured to create a calming atmosphere. Low lighting and calming music exude from within the clubs and club 'rules' such as no mobile phones and no children further enhance the quest for relaxation and the promotion of exclusivity.

Interestingly, when conceptualising the premier club as a third space, a transition from 'work' to 'leisure' experienced by the club members was clearly observed during my time spent in the premier clubs. Members would walk in dressed in suits carrying a briefcase in one hand and their essential health club items in a sports holdall in the other. I considered this to be symbolic of the relationship between the city workplace and the club environment, and ultimately, representative of city life, in that work life and premier club use go hand-in-hand. The club users would emerge from the changing rooms for their session at the club, in different clothes, and seemingly with a different attitude, a 'club' attitude where nothing mattered but their immediate experience. An observation which supports the work of Sassatelli (2000) outlined in chapter three, which emphasises the transitional nature of the changing room in the health club environment.

### ***The Desirability of the Premier Club: Exclusivity and Luxury***

In accordance with the ambience of the environment, the clubs are marketed as an exclusive, luxurious space that offers fulfilment for city types, thus

reflecting their lifestyle needs. In this way, premier clubs are marketed not only as a way to fulfil a need, but are also constructed as something desirable. Ultimately premier clubs are marketed in such a way that the emphasis is on a holistic approach to health and well-being which highlights the importance of de-stressing and relaxation when working in the city. In other words, premier clubs are not just about exercise, they are about tranquillity, relaxation and even indulgence.

However, the notion of indulgence is interesting in this context as it refers to something which is encouraged, whereas indulgence is usually discouraged with regard to health and fitness, as it carries connotations of negativity, for example, overeating and gaining weight. Yet within the confines of the premier club space, indulgence is considered to be a positive part of the experience, as people are encouraged to pamper themselves by making time for themselves, allocating a specific time free from all existing pressures, whatever they might be.

It was observed that escaping the 'pressures' of the city was a core feature of creating an indulgent atmosphere. One example of this was found in the class timetable offered at the clubs. Classes were offered under the category of 'peace' and the studio within which these activities took place was far from the traditional studio environment found in a typical 'health club' or 'gym'. The peace studio in one particular club had 'mood lighting' which was used to create a tranquil experience and housed plants and cushions. Essential oils



were also used to further enhance the spiritual environment and support the feeling of indulgence created by the clubs.

One manager reflected upon the idea of indulgence in the following way: -

*'We want people to walk into the club and out of their working worlds, into a different world where they can put their worries to one side and concentrate on themselves. You know, they can put on a dressing gown and eat, drink, and relax, or they can go and pound away on the fitness machines, whatever they want to do we can offer them the space to do it in...'* (IR)

### ***The Premier Club 'Journey'***

By creating a vision of their client base and an awareness of the pressures associated with working in the city, the premier clubs attempt to isolate a space in which the members can go about their individual activities, creating a boundary free from work that members can experience in the quest to improve health and well-being. In this way, premier clubs are conceptualised by their creators as taking clients on 'journey', a way of transporting clients from work to relaxation. As one manager suggested, the clubs are created in order to improve people's lives and with this in mind they ask themselves

*'How can we make everything about their life seem that little bit better and by giving them everything we can do within the club and taking them through that journey, hopefully they will come out of it at the end of it, they will think 'God, I*

*was really stressed when I went in there and an hour later I feel pretty fantastic again. I have forgotten about that awful meeting this morning, I have had time to think about the meeting I'm going to have later on today, I have cleared some space and I have had me time' (SB)*

As this statement illustrates the managerial staff working within the premier clubs see the clubs as playing a very active role in improving the health and well-being of their members, to the extent that they often made comments that referred to the members as having a passive role in the achievement of better health. As one manager said when talking about their club philosophy of 'mind, body and soul'

*'...Mind is how **we** can de-stress them, how **we** can take away the pressure of their lifestyle' (SB – my emphasis)*

### ***The Promise of Health and Fitness***

However, whether it is actually possible for a premier club to have such a direct impact on individual lives is highly debatable, yet it is evident that the promise of health and well-being is a highly influential marketing tool, as the following publicity exert illustrates: -

*'Escape from the pressure of everyday life at the \*\*\* and transport yourself to a more tranquil place, where cares can be set aside, and mind and body can*

*be soothed, stimulated, nourished and made whole again with a range of sumptuous therapies'.*

In reality the clubs do not have the power to 'make people whole again'; in fact, what the clubs are really offering is a means to facilitate individual action. In this way, the most they can really hope to achieve is to offer the best possible facilities and encourage the members to do the rest. What the premier clubs actually offer is a space where individuals can strive to achieve *their* goals; and as the clubs themselves recognise, these goals must be self-directed. Again this highlights the fact that premier clubs cannot directly impact upon the lives of individuals, no club can make people fitter and healthier, individuals need to actively decide that this is their goal and then be sufficiently enthusiastic in order to achieve it. As one manager said: -

*'It's also about offering them the chance to achieve their goal. I mean we have changed quite recently to getting them to actually tell us what they want to achieve rather than us saying 'well you can do this or that'. You can't set goals for anyone other than yourself, because they just won't stick to it' (PS)*

However, the premier clubs do endeavour to change people's attitudes through education, thus providing individuals with the knowledge of how to achieve their goals. As one manager put it: -

*'...People have a lifestyle, they are not going to give everything up and we don't expect that, but it's just how we can...make them that little bit more aware of what they should be doing in life' (SB)*

Here the feeling is that the staff working in the premier clubs cannot put individuals under surveillance, they cannot force them to make lifestyle changes. However, they can provide members with information through lifestyle coaching and hope that they will employ a degree of self-surveillance. This lifestyle approach within the club was observed in the facilities offered in the premier clubs in the form of lifestyle coaching and dieticians on call to give advice and to conduct assessment (Martin, Gutman and Hutton, 1998).

### ***The Relationship Between the Premier Club and Its Members***

Being a member of a premier club is not just about visiting the club two or three times a week, doing some physical activity and then leaving, it is something of an attitude change, a lifestyle programme or a way of living. As one manager said: -

*'...It's something they can take away with them. You know, we don't want them to just come in here once a week, and be aware and do all the good things, we want them to try and do that all the way round. But it doesn't have to be massive changes, we are not saying 'listen, we want to see your whole diet sheet for the week' we are just saying 'well if you made these slight changes it will help you', and in terms of fitness, we can give them a*

*programme to take home and there are a few things that they can do, just a couple of exercises and if they want to try them at home at night, then it will make a little bit of extra difference...but it's about whole lifestyle and how we can help them' (SB)*

From the above statement the relationship between what the club offers and how individuals use the club signifies a partnership between club and member, whereby the expectations and roles of both the club and the members complement each other. In this way, the premier clubs can be regarded as a supportive environment, an information source and simultaneously a place of inspiration; they are offering a lifestyle package rather than simply a health and fitness facility.

The partnership between the premier club and the member is highlighted in the publicity literature, with an emphasis on how individuals, with the support of the club, can improve their lifestyle. Take the following statement for example: -

*The \*\*\* philosophy has always been about permanent change not just temporary fixes and \*\*\* membership can make a real difference to your whole life. Our highly professional and qualified staff can help you take a balanced look at your lifestyle...with their help, you can develop a personal programme which will become an essential part of your life and enable you to make the most of your club's facilities...'*

Herein the active role of both the member and the club is highlighted, whereby the club is active in assisting the member toward achieving their personal goals.

### ***The Premier Club Philosophy***

To summarise the points made so far, the facilities offered by the premier clubs are considered to be conducive to the needs of the new middle class, or 'city types' and here the emphasis is once again on creating a stress-free environment and a relaxing space, emphasising a holistic approach to health. The notion of holistic health is really what distinguishes the premier club from a standard health club as the focus is shifted towards general well being rather than simply the improvement of fitness. Often, joining a health club is considered to be tantamount to weight loss and improving the appearance of the body, when joining a premier club this is presented as something of consequence rather than the primary goal (Markula, 1995). As one manager put it: -

*'We think that when people choose to join a club or a spa such as this one, the experience shouldn't be about just improving their body or losing weight, it should be a balanced experience, and that is where the holistic approach to health comes in; it is very much about mind, body and soul...'* (IR).

The above statement highlights the principles and dominant philosophy adopted by the premier club market, and in essence this is the philosophy

that they are marketing, it is essentially what draws the clients in. In this respect the premier clubs are unique when compared to the more mainstream health clubs as they not only adhere to body work as a means to improve health, but they also emphasise the need to relax the mind and look after the soul, hence the emphasis on the need to de-stress. The overall ambiance observed throughout the fieldwork resonates with the desire to get people to relax and enjoy the experience of entering the club and in this way the clubs are marketed as a positive lifestyle choice, a way of enhancing quality of life within a unique, exclusive environment.

Once again, the publicity literature illustrates that the premier clubs use their exclusive status and inimitable facilities as the primary selling point when marketing the club, as the following extract demonstrates: -

*‘\*\*\* are unlike other private members’ health and fitness clubs. Too many clubs simply replicate the pressures of the world outside, as members compete for space and facilities. We turn the pressure off and keep it turned off...the pursuit of health and fitness is no penance. Our aim is absolute luxury, from the unlimited supplies of fine towels and bathrobes to a range of complimentary toiletries’.*

### ***The Price of Exclusivity***

As with most consumer products, sumptuous facilities equate to excessive membership fees, sometimes triple the charges of more mainstream clubs.

However, from the interviews conducted the club users themselves expressed no concern over the high cost, mainly due to the fact that they are in a social position where economics are no hindrance. Both the club users and the clubs themselves are very much of the mentality that 'you get what you pay for', as one manager explained: -

*'You get what you pay for; just like anything else you buy. If you pay a lot for your club you expect your experience of the club to match that. We do try to create a luxurious environment though, we use lots of glass and steel and the lighting we use around the place is very important to us. Also, we have these lovely tranquillity treatment rooms where people can come and have a massage or a treatment and we have decorated them with very low lighting, and we use rose scent to enhance the environment...'* (PD)

The above comment is particularly interesting in that there is no mention of health and fitness. The emphasis here is purely on the aesthetics of the club and the construction of a stylish atmosphere. The club is described as second to none in terms of the facilities offered and the link between accessibility to the club and economic status is once again referred to. Here the premier club becomes a commodity that is a marker of exclusivity, a space that can only be accessed by those with economic capital (Savage et al., 1992).

Whilst the publicity literature refrains from revealing the cost of the clubs, many of the premier clubs market themselves on the basis of exclusivity



through an emphasis on membership restriction as the following extract highlights: -

*‘\*\*\* brings the unique benefits of the \*\*\* philosophy to the City. Those benefits are available to very few. An exclusive membership policy is designed to preserve a relaxed and unpressured ambiance’*

In light of the above statement it was clearly observable how the high membership fees kept the membership quota down. By inadvertently excluding those individuals who might like to join if only they could afford it, the clubs were considerably quieter than the standard health club and access to facilities was never a problem. The tranquillity of the clubs was therefore further protected, as frequently just one club member could be seen in the spa area, or the changing room or even using the cardio-vascular equipment.

It has been shown through the above discussion that the premier clubs market themselves as a luxurious, exclusive space in which individuals can fulfil their goals and enhance their lifestyle. Therefore, in order to draw members in, initially they must appear to compliment the wider lifestyle demands of their members. As the following section will illustrate, city types are looking for exclusivity and are drawn into premier clubs because of the atmosphere they offer and the facilities they house. As one manager suggested: -

*'...It's the whole atmosphere of the club, and I think very much when I come in here, yes we are probably slightly different. We don't allow mobile phones; we don't allow children into the club at all, which does lend itself to a completely different atmosphere. It's a very mature, adult environment; it's very relaxed, we are very aware of people's lifestyles' (SB)*

Once again, the above response expresses the club's awareness of people's lifestyles in the city and consequently they market themselves as a desirable city accessory. In this way, the premier clubs are constructed as a part of city living and an advantageous attribute for city workers.

### ***The Premier Club as a City Accessory***

One of the most interesting advertising slogans I came across during the course of the fieldwork was the phrase *'Be Somebody in the City'*, suggesting that the clubs themselves regard membership of a premier club to be a key characteristic of city living and a means by which individuals can make themselves a part of the wider city environment (Fainstein and Herloe, 2000; Hamnett; 2000).

When asked about the meaning of this slogan, one manager told me: -

*'I suppose the city bit is about recognising that yes people are individual but they are also part of a wider city, so yes, I suppose in a way it is about fitting in, looking the part for living in the city' (HE).*

Whilst it is inappropriate to generalise from the above comment, it seems that body work and the enhancement of health and fitness is something that is deemed particularly valuable in the city. In this way individuals can work on their bodies to present an image conducive with city living as the body becomes another aspect of personal lifestyle, which is worthy of investment (Grey, 1994). Another manager working for the same group of premier clubs felt that it represented the ethos that: -

*'To be somebody in the city you have got to be a member here, to be that somebody' (PS)*

Overall then, the premier clubs are marketed as a lifestyle asset, an example of conspicuous consumption that will have associated benefits and this can be seen through many of the premier club slogans and marketing material. For example, one club uses the phrase

*'Nowhere else makes you feel this good'*

and another

*'One life, live it well'*

In this way the clubs are marketing a feeling, which is particularly hard to do. As the slogan 'One life, live it well' infers, the clubs cannot promise to simply

give members something, the members must be willing to buy into a process which then requires dedication and active participation. Moreover, members must look at their lives and make the decision to 'live it well', a decision that is then translated into the buying motivation behind joining a premier club.

### **Choosing to join a premier club**

From the above discussion the implication of work related pressures as a feature of a city lifestyle is discussed at length and in turn it is argued that the premier clubs represent a means by which to combat these pressures and subsequently reduce stress levels. To this end, individuals who join a premier club are thought to be looking for something that will benefit them personally, thus the decision to buy premier club membership might be regarded as exemplary of a rational choice; they recognise the need to improve their health and choose a premier club as the means to achieve this.

From the interviews I conducted it became clear that the decision to join a premier club was not formed entirely from an individual thought process, individuals are influenced by their wider social network including the media, peer group and their working environment. To illustrate this point, I will now explore some of the common responses given by interviewees when asked about buying motivation, beginning with a discussion of the individual feelings which precipitate joining and moving on to a brief consideration of the wider social influences behind the decision to join.

## ***Buying Premier Club Membership as an Antidote to the City***

When asked about their buying motivation respondents often made reference to their state of health as a personal issue that encouraged them to join a premier club. Often people would tell me that they felt depressed about their lifestyle or they had experienced poor health, which precipitated the move toward club use. To this end it can be argued that once people experience poor health they realise that to attain a level of good health they need to be proactive, culminating in the rational choice to embark on a health and fitness regime. Interestingly, one respondent recalled a period in life when their health had failed them: -

*'I couldn't fly back to London to work and I couldn't even get up at home so I was on soup for a week, so that gave me the basis, it sounds really stupid and drastic, but it was just the shock to the system, I needed to think 'you really have got to do something about this' because I didn't want to be in that situation again, not so much through embarrassment but through helplessness where they had to get two ambulances to carry me down the stairs and pump me full of drugs until I could bend again, let alone do anything else, and so that was quite a strong catalyst for me doing something about it' (CT).*

The majority of respondents who regularly use the premier club cited the personal experience of working in the city as the driving force behind the

desire to join, not only in terms of encouragement from peers which will be discussed further in chapter six, but also in terms of needing to have somewhere that was conducive to relaxation. It was frequently stated that working in the city is extremely stressful and demanding and that by visiting a premier club individuals could actively attempt to combat the potential damage to health caused by their work and the associated city environment.

Interestingly, the managerial staff at the premier clubs were extremely aware of the pressures associated specifically with working in the city and regarded these pressures as something which draws people into the clubs. When asked about their understanding of buying motivation staff often referred to the need to 'de-stress' as an expressed factor behind the decision to join.

As one manager said

*'...Very much when they come to \*\*\* it is because they have heard how fantastic it is and the whole philosophy of mind, body and soul, what it could do for them. In the city there is a particular sort of pressure. People have professional lives, they are stressed, they work around the clock some of the time, working on contracts, so they are constantly on the go...and a lot of them, whether it be on a personal basis or whether it be on a corporate level whereby the company is actually buying the membership for them, wanted somewhere that was accessible, either before, during or after the hours of work, that they could get in and feel that they were coming in somewhere where people knew them, could react to what they wanted but could also*

*leave them to get on with what they wanted to do...but the key factor being to relax and get away from the stress of work. Being able to go back to the office, perhaps feeling a little bit more refreshed than when they came in, and actually feeling that they had actually enjoyed the experience' (SB).*

A manager from another premier club reinforced the above statement, suggesting that: -

*'When people come along for their initial look round the club, or at the point of joining, many of our new clients refer to the fact that they are stressed out because of work reasons and that is why they want to join the club, they want somewhere they can escape to, whether that be during the day or at the end of their working day' (HE).*

Whilst these comments come from representatives working in the premier club industry, this view was reinforced in many of the interviews conducted with premier club users themselves and through discussions with club members during the observational phase of the work, the key here being the notion of escapism. Respondents often expressed the desire to have a place to escape to, a place where they could get rid of the frustrations associated with their working lives whilst succinctly doing something that benefits their health.

For example, one respondent reflected upon their desire to join the club in the following way: -

*'I was hugely stressed out with my work, professional and private life, to the point where I just thought 'how can I deal with this'. I thought, I need to find a place I can go and relax...it completely saved my life' (VP).*

### ***Survival of the Fittest***

The importance of using the premier club as a place to escape to was often reinforced with comments suggesting that when working in the city, the need to de-stress is of the utmost importance if they are to perform well in their working lives. In this way it seemed to me that people saw health club use and the pursuit of health as a means of establishing fitness for purpose (Herzlich and Pierret, 1987). In other words, the respondents felt that preserving their health and fitness and ultimately relaxing and de-stressing was a key priority in their personal lives in order for them to be effective in the workplace.

The time of day that club users could be observed entering the club was also salient with regard to work performance. Many times, club users could be heard stating that they had to come to the club 'because they needed a break' from the workplace, or they had a meeting to prepare for this afternoon and they wanted to use the facilities in order to 'clear their minds'. Frequently, the busiest times at the club were early afternoon and early evening, suggesting that the club is either used as a break within the work-day, in order to refresh before re-entering the office, or at the end of the working day in order to mark a transition from the workplace to the home.



One respondent expressed the need to be fit when working in the city in the following comment: -

*'...It is quite common in my job to work 48 hours without sleep, so you have to be relatively fit to be able to do that' (EL).*

In the above statement attention is drawn to the work pressures facing those who work in the city whilst simultaneously recognising the importance of fitness in order to maintain that type of working life. The key issue here is 'being able', being able to work and being able to enjoy life. As one respondent said when asked about the meaning of health for them personally: -

*'I suppose it is a practical thing really...because I have a lot of demands on my life, I feel that I can only achieve them if I am healthy and a few years ago, before I gave up smoking the last time, I had an awful lot of viruses and chest infections and it just got to the point where it was really annoying because I couldn't do some of the things I wanted to do. So I suppose now, I try and look after myself and I try and eat a bit better and take vitamin supplements and that is why, just so that I am able to achieve everything that I need to be able to do' (MG)*

Therefore it seems that amongst premier club users, health is valued as a practical asset, an asset that is essential in both a professional capacity and

also in order to maintain a desirable lifestyle outside of their working environment. In this way, premier club use is seen as a means of achieving better health. What's more, using the club becomes the vehicle by which people enhance their lifestyles and maintain the capacity to cope with all that life throws at them (Heelas and Morris, 1992).

The principles of survival of the fittest reinforce the competitive dynamic that is alive within the premier club environment, as discussed previously in this chapter. In part, joining a premier club is also about desire, the desire to gain status through working at health and fitness. In this way, the competitive nature of the city created through the social interaction between city types is replicated in the premier club environment. To this end, city types are drawn into the premier clubs as a means of enhancing their competitive edge, assuming that fitness is some kind of prize, something that city types compete for in their quest for social achievement (Glassner, 1990; Grey, 1994).

The relationship between health and success in the workplace identified by the club users is also highlighted extensively in the marketing literature published by the clubs as the following examples show: -

*'Locating the secret of enhanced performance in total well-being, we recognise the fact that to succeed in the real world, you sometimes need to step away from its immediate demands and take a wider view'*

*'The world moves on. Financial and personal ambition is as strong as ever, but more and more people are recognising that the sacrifice of your health is not a price worth paying for success. Personal health and fitness is a prerequisite of individual and corporate performance and \*\*\* unique holistic approach is the key to sustainable personal growth, proof that you can reach the top and stay healthy'*

### ***Embodying a Sense of Personal Responsibility***

In addition to the perceived benefits of good health in the workplace, the interview data revealed that once poor health becomes an issue it is difficult to ignore (Herzlitch and Pierrett, 1987). Once people start to recognise that their health might be deteriorating they are suddenly propelled into wanting to preserve it, they embody a sense of personal responsibility and adopt the view that if they don't do something about it nobody else can. In this sense looking after health and fitness becomes a moral endeavour, a mark of good citizenship and this was clearly represented in the data collected as a precipitating factor in the choice to join a premier club. As one respondent succinctly put it: -

*'...I think there is a responsibility that comes back onto the individual to take care of themselves, which is probably right. I mean certainly in schools nowadays they have lessons on good citizenship and I am sure part of it is to do with health. And when you go to the doctors or to hospital or whatever,*

*suffering from something that is in anyway brought on by yourself there is a tendency to blame, so yes, there is an element of blame culture around anyway, but I can't disagree. I mean, I can see the clear logic that the incidence of lung cancer etcetera is so high, something needs to be done'* (FS)

The above statement illustrates the viewpoint expressed by several of the respondents who participate in health and fitness activities. On a personal level they expressed concern for their own health and subsequently chose to participate in health and fitness activities, yet they also commonly referred to health as a social value in the wider society. As one respondent said: -

*'I think society more generally is becoming accountable for every part of their own lives and I think health is only one issue. I think ten years ago you would have seen people eating fatty food and drowning their bread in lard or whatever, and you don't see that as much now because people are more aware. So it is that whole awareness thing as well...'* (JH).

The above respondent seems to attribute the value of health to social change and an increased awareness of what it means to be healthy. Interestingly though, many of the respondents, whilst acknowledging the existence of health as a social value, suggested that awareness of health alone will not draw people into health clubs in general, or in this instance, premier clubs (Radley and Billig, 1996). Moreover, respondents felt that in order to act on

the awareness and knowledge, individuals need to internalise this personal responsibility and behave accordingly. As one respondent said: -

*'I know that I am the only one that can make a difference. You know, I choose what I eat, I choose to smoke I guess, and I could stop. I smoke but I know that is kind of a choice because I could stop as well, for whatever reason. But yes, I think it is individual...'* (Pdav)

What is interesting is that in order to begin an exercise regime as a reaction to feelings of personal responsibility or a desire to conform to the principles of good citizenship, individuals initially need a degree of knowledge. Moreover, it is not simply enough to realise what it means to be healthy we must also have the knowledge of how to achieve good health. From the interviews conducted, many of the respondents felt that it was extremely important to be armed with the knowledge about health and fitness and many recognised the government and associated agencies (health promotion) as being at the heart of information distribution. In this way individuals internalise the guidelines concerning the preservation or maintenance of health and the premier club thus becomes one lifestyle option that promises to help individuals along with this. For example, one respondent felt that: -

*'...The government has been pretty much behind getting people to look at their diet and exercise regularly which is seen to be important. It is certainly*

*not like the situation in the 1980s when nobody seemed to take good care of themselves. I'm sure it is simply a drive for the government to save money themselves no doubt, but it is gradually catching up' (EL)*

However, it should be recognised that all the government can really do is provide social agents with information; they cannot force individuals to adopt the desired behaviour. Therefore, individuals must employ active citizenship in order to improve their health and fitness and this involves seeking out the information in the first place

*'You know, if it's not readily available you have got to go and physically seek it out, and people don't...they are not interested enough to do that. I will read something in the newspaper, or my husband buys men's health, so you know, I will perhaps read something in that, the glossy magazines or the internet. The Internet is a great source of information, but you have got to be able to use it and have the time to use it, and be interested enough to use it...' (MD).*

Therefore it seems that just because the information and knowledge concerning health and fitness is out there in society, this does not mean that everybody will involve themselves in health and fitness activities. It could be said that this leads to categorisation of individuals, namely conformists and non-conformists, healthy and unhealthy and a potential consequence of this is to regard those who do not participate in the said activities, negatively (Peterson and Bunton, 1997; Crawford 1994). As one respondent put it

*'...I think the government have been pretty good there about putting out the message that people are responsible for their own health. There have also been quite a lot of programmes on the television which tend to suggest that people are responsible for their health and to be honest with you, I know so many people who once they have gone to the doctors with health problems, it is cruel to say, but a lot of them do bring them on themselves. By not taking any exercise, by eating large amounts of rubbish and I think there is a particular thing at the moment about people who are overweight and people basically saying that being fat is genetic and it is not their fault and everything else, but, when you see what these people are actually eating, then it is creating that impression, that people are actually responsible for themselves, because you suddenly realise that these people are responsible, they are the cause of their own demise' (EL).*

Whilst people clearly accepted that personal responsibility was often a driving force behind their decision to join a premier club, this decision was often talked about as an obligation rather than a choice, suggesting that people who actively engage in health and fitness activities feel a certain pressure to do so. Thus it becomes something they feel they ought to do, but often don't actually enjoy. As one health and fitness professional noted

*'...A lot of the time they are doing the personal training not really because they want to do it, it's because they've maybe been to a health screening that they have been put through at work and they have been told that their*

*cholesterol is too high, or they really just think that it is something they should be doing' (RM).*

### ***The Peer Group as a Source of Inspiration***

Whilst the above discussion once again highlights the relationship between health and the workplace, it also demonstrates that the decision to join a premier health club is forged according to many factors, including influences from the wider society. Several respondents referred to the influence their friends had had on their decision to participate in health and fitness activities. One respondent directly attributed the decision to join a club to the fact that their friends had joined previously

*'I think it was because at the time a lot of my friends had joined fitness clubs and I thought that I would give it a go and then I just got quite into it once I had started' (MG)*

Whilst this respondent did not go into detail about why their friends using the club encouraged them to do the same, another respondent suggested that it is something to do with seeing the benefits that other people get from using a club

*'If I look around me, peer pressure plays a part. People keep telling you 'I feel better today because I went out for a run' or 'I played a great game of squash last night and I feel great' you can just see that it helps' (MC).*



Suffice it to say, talking about health and fitness pursuits is a common feature of social networking in society today and as a consequence of this, most people are aware of the benefits of exercise and the pursuit of an active lifestyle. In fact, talk about health and fitness was observed to be a core social theme running through the premier club environment. The conversations people had frequently revolved around health, including what people had done, or what they were about to do in terms of healthy activities, thus suggesting that club participants share the same knowledge base. Individuals' would often offer advice to others about things they had read or treatments they had had, which once again supports the view that health and fitness practices are located within the wider social network.

We are encouraged by our peers to look after our health and from the interviews and observations conducted as part of the research, this influence seems to be something that premier club users are implicitly aware of. One respondent recalled a situation amongst his peer group in the following way

*'I think some of it does come from your friends. They will definitely say, I mean this is an anecdote but, I have got two friends and one is always telling the other to stop eating Mars bars and to start eating salads, to go to the gym, stop sitting at home watching television all night, and you know, they tell each other off. You talk to your friends and they will say how much exercise they do, how much exercise they don't do, so that is a big factor, your friends are a*

*really big, or potential drive for how much you do at the gym and how healthy you should be' (JD).*

The range of data collected illustrates that whilst the decision to join a club can be regarded as an example of personal choice, it is a choice rarely made without outside influences. As the following quote suggests, recognising that our health is poor is based on some kind of wider assessment, in other words it is common for individuals to measure themselves against the wider society, as one respondent recognised

*'I joined because I started to notice that everybody else could run for the bus and I couldn't' (FS).*

As this statement illustrates, personal awareness of our own health involves some notion of what it is to be fit and healthy, a yardstick against which we measure our own performance. Of course, it is sometimes the case that awareness of the state of our own health is brought to our attention from outside agencies such as the medical profession. In which case, if we are found to be in 'poor' health, exercise, or more precisely joining a premier club might be perceived as a step toward health improvement.

## ***The Premier Club as a Consumer Product***

The premier clubs construct themselves as a consumer product through which individuals can 'buy' health, as they recognise that health is deemed to be a valuable asset. However, health itself is not a product and it is therefore debatable as to whether it can be 'sold', as health improvements will not be instantaneous. When people buy any consumer product they like to see what they are buying and as a result of this the premier clubs dress up their sales pitch by focusing on the visual. The clubs are therefore marketed with an emphasis on luxurious facilities and aesthetic features, in order to lure the customers in.

When thinking about how the clubs market themselves according to the aesthetics of the club, it is interesting to look at the language used in the various examples of publicity. Words and phrases such as *'the very best facilities'*, *'the best possible services'*, *'absolute luxury'* and *'treat yourself...you deserve it'* all point to the fact that whilst the clubs might be expensive, individuals *deserve* to pamper themselves and ultimately buy membership to these exclusive clubs

When asked what made them join a 'premier' health club with their unique facilities and subsequently unique prices, many people expressed a desire to buy into a luxurious experience, which promised exclusivity. Thus reinforcing the view that the marketing strategies adopted by the clubs do in fact work. Interestingly, several of the respondents did not consider their membership of

the club to be an example of consumption. When asked specifically if they felt like they were actually buying something when they joined a premier club many of the respondents did not regard their membership of the club to be a consumer item. As one respondent said in relation to the consumerist nature of the club

*'I just feel like it's a nice place to do my workout so, you know, I always feel good about myself when I leave, so you know, for me it's worth it, I don't feel like I am buying anything. I suppose I am buying fitness but I couldn't stand going somewhere... where it was really busy and you didn't want to go into the showers because they were a bit dirty, things lying around, I would not like that at all. So the money aspect doesn't really bother me at all' (MD)*

From the above quotation it is assumed that for some people, membership to a premier club is something of a necessity, a must have commodity in their lives. Interestingly, the above response suggests that what the individual is buying is a positive feeling, therefore the act of consumption is in this case abstract rather than concrete or in other words, the 'thing' that is bought is not actually visible. Moreover, the consumer has to put their faith into their decision to buy premier club membership, and if they are to be fulfilled by their purchasing experience, they must accept that the benefits of buying it will not be immediately visible.

Other members did recognise the club as something that is 'bought' and attributed the high membership fees with a sense of exclusivity. As one respondent told me

*'...The real reason is that I find it extremely de-stressing, and one of the things about the cost is it makes it very quiet. I mean it cuts out lots of people who would otherwise go there...what I feel that I am paying for is that I am paying not to have lots of young people in their late twenties and early thirties trying to pick each other up' (VP)*

As this statement suggests, many of the respondents were extremely conscious of the economic barriers excluding those with a lower level of economic capital and seemed to consider this to be an example of positive exclusion. In this way, the premier club remains an exclusive luxurious space, accessed by the minority and in turn individual users feel that they are doing something 'special', it gives them a feeling of self-worth (Bourdieu, 1984). As one respondent put it: -

*'...I like to go somewhere, and I looked at lots and lots of gyms, but stayed where I am because I like the fact that I go somewhere that looks really nice, it is almost like I feel that not only am I exercising but I am also very aware that it is quite luxurious and I am pampering myself, and it's almost like 'because I'm worth it' (PDAV)*

The above statements once again illustrate that joining a premier club is as much about desire and indulgence as it is about fulfilling a perceived need to preserve health and fitness. However, this is very much the exception in terms of the decision to join. As the above discussion has argued, the majority of people join a premier club because of their lifestyle and their wider social experiences.

## **Discussion**

In this chapter I have outlined the nature of the premier health club according to their location and role within the city. Throughout the discussion I have argued that premier clubs are unique in that they ultimately offer members a degree of exclusivity whilst simultaneously offering individuals a space that meets the wider lifestyle needs and desires of 'city types'. Whilst the notion of 'city types' is ill defined within the field of sociology, in this chapter I have identified certain characteristics which are beneficial when attempting to conceptualise this particular social group, characteristics that are associated with the new middle class, discussed in chapter three.

Throughout the chapter 'city types' have been defined as those individuals who work and often, live in the city. While occupations vary, the interviews revealed that common occupational fields include financial and corporate banking, lawyers, solicitors or consultancy. Whilst such professions award individuals a relatively high income and thus economic capital, what is

perhaps more interesting within the context of this thesis is the way in which these occupations define the lifestyle experiences of city types.

Throughout this chapter I have suggested that city types experience an extremely pressurised, highly work orientated lifestyle, they work long hours in a field with high expectations and consequently their working life is regarded as having a negative impact upon their health and well-being. It is here that we begin to see the relationship between the lifestyle of the new middle class and premier club membership. As discussed above, there is a direct relationship between what the clubs offer and who the members are, thus representing a cyclical relationship between customer and provider. Moreover, in 'meeting the needs of city types' the premier clubs are operating in direct response to the needs of their members as the clubs are implicitly aware of the work related pressures experienced by the so called 'city types' and accordingly, offer them a space in which to counteract the work experience through relaxation and exercise.

It has been demonstrated throughout this chapter that city types are aware of the need to relax and unwind when working in the city and in turn they recognise that by joining a premier club they can go some way towards improving their health and well-being. In this respect it is interesting that individual's who want to improve their health and well-being do not necessarily need to join a premier club, or even a standard health club for that matter, individuals are capable of independently improving their health status. Yet despite the potential to independently improve personal health, the above

discussion has illustrated that exclusivity and luxury are unique features of the premier club experience and these two factors go some way to explaining the clubs popularity. Furthermore, when economic capital is high, the empirical work has shown that individuals will seek membership of a club that fits their wider lifestyle and in this way membership of a premier club is as much about enhancing status as it is about the improvement of health and fitness.

In chapter six I will further explore the experience of premier club membership thus building on the discussion outlined above. The forthcoming chapter will develop the notion of work related pressure looking specifically at what makes individuals choose premier club membership. I will argue that premier club use is located within the wider social context as individuals are encouraged to embark upon an exercise regime according to their social interactions, the socially constructed value of health and ultimately, the value of health that exists within the contemporary city workplace.



## **6. PREMIER CLUB USE: EMBODYING THE VALUE OF HEALTH?**

### **Introduction**

When investigating the phenomenon of healthy living practices, such as using a premier club, it is clear that on one level such action is individualistic, as it requires individual effort, namely using the physical body and personal motivation. However, throughout this thesis I maintain that to interpret health practices as a purely individualistic pursuit is reductionist as it ignores the complex relationship between individual action and the wider social network. As shown in chapter five, the decision to join a premier club is indeed influenced by personal needs as determined by individual lifestyle. However, in this chapter I will argue that the decision to embark upon an exercise programme is the outcome of a complex interactive web between the individual and the wider society.

In the forthcoming discussion I will further examine the social issues and the personal values and needs that shape the motivation to buy premier club membership and to continue using the club once membership is sought. As the chapter unfolds I will explore the decision making process to suggest that the decision to buy premier club membership and subsequently participate in physical activity is a rational process, as individual's interpret a wide range of information, external influences and pressures whilst simultaneously assessing their applicability to personal needs.

This chapter will conceptualise the forthcoming data chapter, chapter seven as it will be shown that the decision to actively participate in healthy living practices is a lifestyle choice, a pattern of action that is only meaningful according to the wider social environment in which an individual resides. As Chaney (1996) argues, a lifestyle consists of a set of practices and attitudes that only make sense within a specific context. With reference to this thesis a healthy lifestyle is conceptualised as a culmination of body work (practice) and a desire to be healthy (attitude) which only makes sense within the context of a particular social group or setting; such as those who work/live in the city. In this way a healthy lifestyle is adopted by an individual but is simultaneously influenced by the wider social network, including a range of social factors such as public health literature, media resources and workplace initiatives.

Throughout this chapter I draw on interview data predominantly and observations where appropriate, to explore the cultural significance of health and fitness amongst individuals who work/live in the city. I will argue that individuals choose to adopt a healthy lifestyle according to their personal relationship with their own body, yet simultaneously with reference to their wider social network, as the data suggests that the value of health is strongly embraced by individuals who reside within the city space.

The chapter begins with a discussion that focuses on premier club use as a personal project. Herein I will suggest that the decision to join a premier club

is, in part, formed according to an individual's awareness of the state of their body; particularly, as the data suggests, an awareness of its vulnerability marked by a desire to improve its durability. The discussion will then move on to explore how this seemingly personal decision-making process is actually influenced by a wide range of social factors. I will argue that the value of health is socially constructed according to a wide range of information such as the sources discussed in chapter two, which culminates in an impression of the ideal health status and the ideal body image. In order to explore this point I will empirically examine the impact of this social value of health on individual action, suggesting that individual premier club users embody the social value of health because it is deemed to be of benefit to their immediate experience within society.

### **Premier club use as a personal project?**

Participation in premier club use is, to an extent, an individualistic enterprise not least because it involves using the body in a physical, mechanistic fashion. Moreover, physical activity can be regarded as a manifestation of personal values, a response to individual motives such as a desire to change the body. From the fieldwork conducted, in particularly the interview data, there were many facets to the expressed desire to change the body such as a desire to lose weight, a desire to get healthy or a desire to have more energy and enjoy life to the full, which I will discuss in more detail below. However, what the responses had in common was an expressed desire for individuals to work on their bodies according to the perceived benefits of health and

fitness pursuits, such as improved external body image and enhanced internal health. In many ways this individualistic analysis of premier club use can be envisaged as personal investment in ones body and much has been made of this in the sociological literature (for example Berking and Neckel, 1993; Bordo, 1993; Featherstone, 2000). Indeed when asked about the decision to buy premier club membership many of the respondents made reference to investing in their future health through body work.

### ***Body work as investment in the self***

From the interviews conducted, a typical response when asked about the decision to join a premier club was an expressed desire to invest in oneself for the future

‘I think that I am investing for my future, that in return I am going to be healthy in my old age’ (MD)

The above comment implies that the motivation to actively engage in health and fitness pursuits is in part due to a relationship between the self and the body. Whilst it can be argued that the relationship between the self and the body is an unconscious one in that we rarely regard the two as distinct, the data shows that when people decide to join a premier club they have become aware of this relationship for various reasons. Often, respondents spoke of a realisation of the vulnerability of their body, frequently as a result of poor health or ageing, culminating in an awareness of the self and an embodied

perception that body work must be done. As the following comment demonstrates, it was common for respondents to refer to the ageing process as bringing about bodily awareness

*'I think it is something that seems to happen as you grow up, you seem to grow into your body and you start to think 'right, this is it, I am going to look after it now', you think 'I have had it for a certain amount of time and it has served me well but now I had better start looking after it back'. Its just that you use your body for so long and you think 'well hang on, I had better look after this' (FS)*

The above comment is pertinent when thinking about the motivation behind the decision to join a premier club. It is suggested that an awareness of the body and a perceived 'need' to look after it are central to the decision to embark on and sustain a health and fitness regime. Moreover, the body is referred to as something we exist in as the above respondent alludes to a detachment between the body and the self, as if the body were nothing more than a physiological shell. Also, there is clear reference to an embodiment of personal responsibility, a perceived need for the self to take care of the body they have been 'given'. In this way the body is perceived as having a 'use-value', and is thought of as something we can invest in and consequently profit from in the form of sustainability, reliability and durability.

### ***Bringing the body back***

The above discussion begins to address the theory that individual premier club members often chose to join the club as a pre-emptive measure, preventing damage to the body and investing in the future. However, several respondents spoke of ill health as a factor that precipitated an awareness of the body and a need to improve its condition

*'I have been doing stuff really to build myself back up rather than to get down to X weight or a particular level of fitness, it is actually to get my body back so that I can start enjoying my free time outside the office again, which I wasn't doing because I wasn't in any condition. I mean, I suppose I was enjoying it a bit too much in some ways, but not in others, so that's what drove me to come down here' (CT)*

The above respondent talks about a desire to 'get the body back' as the motivation behind joining a premier club, and implicit within this understanding is the assumption that the body is out of control or unruly, restricting wider lifestyle choices. Once again, physical activity is recognised as a process of working on the body and building it back up, thus enhancing the use-value of the body and subsequently improving personal life. As one respondent said

*'One of the reasons I joined here...is that I was very fit up until I graduated which is nearly twenty years ago, and then in this business you work long hours, I work on the sales side so you are out entertaining clients a lot (CT)*

This comment suggests that a 'good' physical condition is associated with 'being able', thus emphasising the functionality of the body. It is assumed that to live a desired lifestyle and gain fulfilment from both work and play, the body needs to be in good working order and once again, the relationship between the body and the self becomes clear.

Interestingly, whilst premier club use can be understood as playing a key role in 'bringing the body back', it was also observed that the body needs to be in a certain state of 'healthiness' if one is to participate effectively in the premier club lifestyle. For instance, within the studio context, when talking after the class with other participants, individuals would offer accounts of 'poor performance' as attributable to an injury or a feeling of being 'under the weather'.

### ***Enhancing the use value of the body***

The above discussion is interesting within the context of this thesis as it suggests that a relationship between the self and the body drives the decision to engage in health and fitness activities, or more specifically join a premier club. From the interview data I collected it is clear that the decision to join a premier club is, in part, based on a perceived need for the body to meet a

certain standard in order to 'be able' to fulfil certain requirements. Furthermore, a strong theme emanating from the interview data is an individual desire to use the body to its full potential in both work and play. As one respondent told me when asked *'What does health mean to you?'*

*'Being able to make more effective use of your time in your private life and in your work life. Theoretically at least it can give you a greater overall sense of well-being and being able to cope with stress more easily and being at ease more' (CT)*

Commonly it was suggested that when the body malfunctions in some way, or indeed shows signs of deterioration or damage, lifestyle choices are considerably inhibited. To this end, health and fitness pursuits were regarded as steps towards enjoying life and having a desired standard of living

*'I think health is the most important thing you have got in your life isn't it really. Without your health you cant do the things that you want to do, you cant have the standard of life that you want to have, you can't enjoy your children, or your working life or anything really, it is a real inhibitor' (JH)*

In this way, achieving good health becomes a means to enhance life, health is not just about fulfilling a need to be able, it goes beyond the functional and extends to a desire to live life in a certain way. As one respondent put it



*'Health to me means living better, feeling better in myself, working better, if I can do all those things...but also it is about quality of life, it makes me feel better in myself and if I feel better, that's what its all about' (JD)*

The above statements point to a personal desire to be healthy in order to make effective use of the body, thus improving personal life. In this way the body is conceptualised as supporting the self, thus it becomes a tool that has the capacity to enhance or inhibit everyday life. The interview data demonstrates a clear understanding, on the part of the respondents, that without health every aspect of one's lifestyle will suffer and it is here that we begin to see that the pursuit of health and fitness is socially and culturally located.

It is pertinent to this thesis to recognise that personal values are often manifestations of wider social influences. Take the perceived need to work for example, individuals recognise that work is something they need to engage in if their participation within society is to be sustained. Indeed, it is also true to say that when an individual perceives their body to be 'not working properly', they may regard their social participation as inhibited for a host of reasons, thus lifestyle choices are restricted and an individual may feel that they cannot participate sufficiently within society. Therefore the functionality of the individual body is important for both personal and social reasons.

A further example of the relationship between the individual and society with reference to the decision to join a premier club relates to perceptions of body

image. If healthy living practices can be regarded as a manifestation of the personal relationship between the body and the self, it seems that part of the motivation comes from a desire to improve the external image of the body. However, from the data collected it would seem that the individual understanding of a 'good' body image is actually an embodiment of a wide range of social influences, including media sources. As one respondent told me

*'I think sometimes I am a victim of the magazines and celebrity culture and for me I suppose health means keeping fit and eating well and then obviously the spin-off from that is looking good' (FS)*

This comment suggests that the personal meaning of health is, to an extent, shaped by external factors and in this particular instance media sources are cited as particularly influential. Whilst the actual decision to embark on a health and fitness regime is exemplary of personal choice, this decision is formed according to wider social influences. Take the following statement for example

*'I like the wrong kind of foods, red meat, fatty foods and that kind of thing and I was eating too much and I was drinking more than I should have been as well...physically I had put on quite a lot of weight and it was a combination of food and drink that were doing that, to the point where I was rushed into hospital last January and my cholesterol reading was right off the scale, to the*

*extent that I was considered to be floating in it and that was one of the key drives to me joining a place like this in the first place (CT)*

It is interesting to note that this comment reads like a self-assessment of personal behaviour and at first glance it seems that the decision to embark upon a health and fitness programme was due to the respondent's personal health and experience of their own body. However, this account is premised upon moral dichotomies such as 'good' and 'bad' and 'right' and 'wrong', which suggests a degree of knowledge about how we ought to live. Furthermore, this respondent is able to reflect upon a time when they were eating 'too much' and drinking 'more than I should have been', thus implying some measurement against a standardised notion of what is expected. It would therefore seem fair to assume that whilst the decision to participate in healthy living is to an extent, a personal choice, it is a rational choice based on a wide range of knowledge which is accumulated according to our place within the wider society, including the knowledge of how and where to go to improve our health and fitness.

### **The social dimensions of premier club use**

As discussed in chapter two, within the field of sociology a social value of health has been well documented, based on the view that information about health and fitness is extremely difficult to escape (Brandt and Rozin, 1997; Nettleton and Watson, 1998). Information about healthy living penetrates

most aspects of social life in the form of media representations, billboard advertisements, public health messages; the list is endless, and consequently social agents embody some knowledge of what it is to be healthy, even if they do not actively engage in healthy activities. Moreover, I will argue below that through a range of collective representations the image of the 'ideal' body has become a dominant feature and exerts a powerful influence over individual action, as individuals strive to meet this standard. The impact of this social information on individual action (in particular the decision to use a premier club), will now be explored.

### **Public health and personal responsibility**

As shown in chapter two, within western culture there are many socially recognised indicators that provide information regarding the principles and objectives of healthy living, which individuals can subsequently measure themselves against. Much of this information is considered to be scientifically validated and is often distributed through government channels such as public health information and campaigns. For example, the Body Mass Index provides a weight-range indicator whereby individuals can measure their weight against the 'average' or the 'ideal'.

Many of the respondents involved in the research cited the government as a significant source of information; in particular health promotion campaigns were often discussed.

*'The government has been pretty much behind getting people to look at their diet and exercise regularly which is seen to be important. It is certainly not like the situation in the 1980s when nobody seemed to take good care of themselves' (EL)*

Whilst this particular comment suggests that the government has been successful in encouraging individuals to 'take care of themselves' it is important not to overemphasise this point. Many of the respondents were sceptical of the impact of government initiatives on individual action for two reasons; on the one hand it was often suggested that information distributed by the government is difficult to access, and on the other, it was suggested that individuals are not interested enough to take any notice: -

*'The public health movement and the public health literature does try to instil this personal responsibility but if the information is not readily available you have got to go and physically seek it out, and people don't you know, they are not interested enough to do that' (MD)*

The above comment alludes to the important role of the individual when discussing the impact of government initiatives on individual action. In relation to this, many of the respondents recognised the importance of individual rationality in order to filter the information concerning health and fitness that is rife within society. In this way it would seem that some sources of information, namely government sources, held more validity than other, less scientifically justified sources. However, despite the connotations of

reliability several of those involved in the interviews were hesitant regarding the impact of government initiatives on individual action and behaviour, as the following comment illustrates

*'...Well they [government] sort of try don't they, but I don't think as a nation we have actually got the health and fitness and leisure industry sorted out...we still have pretty poor facilities due to a lack of government funding' (SF)*

Another respondent completely dismissed the role of government information in motivating individuals to participate in health and fitness practices. When asked if the government encourage healthy living the reply was: -

*'No not really...I don't think they try to educate us at all' (MD)*

However, whilst some individuals seemed sceptical of the impact of government initiatives, all the respondents felt that media sources were extremely influential when it comes to attitudes concerning health and fitness, as the following section will illustrate.

### ***The impact of media images***

Many of the respondents referred to the media as a powerful resource, providing information and imagery that contributes to their understanding of body image and health. More specifically, the interviewees considered media resources as influential in constructing the image of the 'ideal' body and the

**'ideal' health status. Often, respondents referred to the visual representations of the body as portrayed in the media as a stimulus behind the personal desire for body modification, and subsequently the desire to modify the body became the impetus for joining a premier club. Interestingly, the notion of what constitutes an 'ideal' body appeared to be a shared vision amongst all respondents, signified by a fit, toned, exercised body. A typical response when asked about the media portrayal of body image was**

***'The men supposedly have six packs and all the women are expected to have whatever type of body, when in actual fact, the vast majority of people don't look like, I don't know, Hugh Grant or Liz Hurley' (CT)***

**Whilst a link between media images and self-perception of the body has often been made within sociological literature (see for example Wolf, 1990), what this research shows is that despite the impact of these images, the respondents seemed to believe that they are in some way distorted. This is an extremely salient point, as it indicates that when discussing images of the ideal body, individuals perceive them as uncharacteristic of 'real' bodies, and yet the images still appear to have an impact on individual behaviour.**

**The above comment identifies with how images of celebrity bodies are presented as desirable but are far removed from everyday life for the majority of people, and this view was shared by several respondents, yet it was still suggested time and time again that media representations of the ideal body create a social image which is so strong, it perpetuates a pressure for**

individuals to conform through a process of socialisation. As one respondent succinctly put it

*'Body image, media representations or misrepresentations...it's a big thing now, from an early age it is portrayed as well. All these men's health magazines, lose your gut and get a six pack in six weeks, something like that'*  
(RM)

Whilst the impact of information and imagery on men's health will be discussed later in this chapter, this respondent makes reference to 'misrepresentations', which once again suggests that the image of the ideal body is in some way distorted. The desire to achieve the ideal body is recognised as an integral part of the socialisation process and in turn, individuals are encouraged to strive to achieve the desired body image and feel pressured to undertake body modification.

The magazine industry encourages individuals to modify their bodies according to the 'ideal' and consequently individuals enter into a perpetual state of body modification with no end result, there is always more that can be done. One woman spoke of the unachievable media representations of the female body in the following way

*'I think there is a huge pressure for people to conform to the thin exercised young woman, and whenever you are watching television there are always*



*nice slim ladies who have had babies and returned to their pre-pregnancy weight in a couple of hours (laughs)' (JH)*

Whilst the above respondent was clearly exaggerating to make her point, again it is recognised that the media presents an image that is dangled like the proverbial carrot, an image that is difficult to achieve, yet one that we endeavour to create. During the course of the fieldwork, it was observed that within the premier club environment, the images of the 'ideal body' as represented in the media are reinforced, and the fact that club users aspire to achieve such a body is clearly recognised. For example, a timetabled class was heavily publicised with the following slogan 'warning! This class will seriously change the shape of your body!' Whilst the slogan itself offers a promise of body modification for those who join in, the imagery supporting this statement was of a man and a woman, conforming to the image of the slim, toned and subsequently, idealised body type.

The data presented above suggests that the images portrayed in the media have a strong impact on both men and women and in turn, an ideal body is deemed to be a desirable commodity, something that individuals 'want to live up to'. Interestingly, several of the respondents made an association between media images of the ideal body and a specific discourse about success and attraction as the following illustrates

*'...There is always the media, with men's health and six packs on every single page. In addition, you look in women's magazines and the perfect bachelor is*

*always some man with X amount of money and the perfect body...so images are important' (JD)*

In this way body modification comes to be associated with the process of attraction, as having a 'good' body is presented as a necessary attribute when trying to find a mate. Moreover, work on the body becomes a quest for 'perfection', a means to enhance the body's use value in order to reap the associated rewards.

### ***The growing emphasis on male grooming***

Whilst a pressure for women to look slim, toned and exercised has been recognised for many years, it seems that in recent times there has been a growing fascination with male body image. The data collected (from both male and female premier club users) often referred to the fact that men are falling victim to the same type of pressure to present themselves in a certain way, which might be taken as evidence to suggest that the value of health and fitness that prevails within the social network is extending its grasp. As one male respondent revealed

*'You have got to have a good figure and fella's are expected to look like they do on the adventure films, that is the nature of the world' (CT)*

The fact that men are now influenced by the pressure to achieve the ideal body suggests that the socially constructed image of the body beautiful is

increasingly influential within society. Several respondents expressed this view as the following comments illustrate

*'I think that a similar thing happened to women quite a while ago and that they were bombarded with images of people that they wanted to look like and I think that is quite a recent thing for men. There has been a gross increase in the men's magazine industry hasn't there in the last ten years or so, so I think men now have more images that they want to live up to' (MG)*

*'I think a couple of years ago treatments were regarded as something that only women and gay guys do. But today I think men are allowed to do that. The media magazines we read encourage it, and I think women like their men to take care of themselves in that way. So now, groomed men are attractive to the opposite sex...' (IR)*

Certainly the male respondents involved in the interview process did discuss their grooming practices, and frequently admitted to having bits of their bodies waxed and to be enjoying facials and other such treatments, traditionally regarded as the epitome of femininity. Also when observing the premier club environment it was clear that men are becoming increasingly aware of the spa treatments available to them and are quite open about their desire to embark upon such procedures in order to 'look good'. Men would often discuss treatments they had within the club environment, with both other men and women alike. The treatments available for men were also heavily publicised within the premier clubs.

Whilst there appears to be a relationship between the social value of health and individual action as identified throughout the fieldwork, it is worth remembering that all the respondents are current health and fitness enthusiasts and therefore it can be argued that they are commenting on social practices from an insider position. In other words, the respondents speak as the conformists, those individuals who adhere to this social value of health. In this way, they are commenting on wider social practices from a somewhat moralistic, virtuous positions, as practising exercisers.

Furthermore, it was often suggested that social information concerning health and fitness would only be influential if individuals chose to accept the information, thus embodying the advice and adapting their behaviour accordingly. Herein, it seems that individuals saw a distinction between an active and a passive interest in health and fitness as the following statement illustrates

*'Well I think if you are reading about it, you are not doing it on the health front...reading about it won't get you healthy...a year ago I was unhealthy and I am certainly crap on the computer, but I can read up on the computer through various magazines, but lying there with a beer can in one hand and a plate of chips in the other reading about getting healthy won't do me any good. So health is what you do, not what you read about, it is pretty unique in that regard, that you actually have to roll up your sleeves and do it to make it work' (CT)*

## **The value of health in the city**

The above discussion focuses on a relationship between the wider society and individual action, an interactive relationship whereby the social value of health will only have an impact on individual behaviour if social agents consider it relevant to their personal situation. It was also suggested that individuals must be active in seeking out the information and it was subsequently argued that whilst the respondents recognised a value of health within society, they did not consider this value to impact directly on their individual action. With this in mind they were sceptical of the national trend toward health and fitness pursuits reported by the health and fitness industry and portrayed through the media, yet clearly regarded health and fitness to be a popular craze within the city as the following discussion will illustrate (Mintell, 1999).

## ***The visibility of health in the city***

When discussing the popularity of health and fitness pursuits many of the respondents felt that health and fitness was not something valued by all people

*'I would say we are becoming more health conscious. I don't think by any means it is a craze though. I don't think it is by any means a natural preoccupation to appear healthy or exercise regularly' (MC)*

However, when talking about the pursuit of health and fitness with reference to their localised experience, namely working in the city, they did consider such activities to be extremely popular and valuable. Many respondents felt that during their daily activities the value of health was difficult to escape and in particular it was often suggested that grooming the body and maintaining a certain standard of health had become a visible feature of city life and this visibility of premier clubs was clearly observed during the course of the fieldwork. To support this view many of the interviewees referred to the increasing prevalence of health and well-being facilities as a prevailing feature within the city. As one respondent said

*'If you think about all the city centre gyms that are coming up now, there are so many! They are always building new ones and they are always being advertised so I would say it would have to be a value specifically within the city. Supply and demand would dictate that it is a part of city life...all you have in the city now is flats flats flats, a few supermarkets, work spaces and lots of health clubs...'* (JD)

Another respondent commented on the prevalence of clubs within the city

*'So many clubs being able to survive in such a small area of the city suggests that people must want to come. Also, I reckon there is only so much time you can keep passing all these clubs on your way to work or whatever and not think 'I should really think about joining one of those' (HE)*

In line with the above comments, many of the respondents felt that the growing visibility of health and well-being outlets within the city represented a growing interest at a personal level as the following comment illustrates

*'This grooming for men, you would never have heard of a decade ago and now these things are being marketed in the mainstream. I mean, it has always been around in the London gay areas like Soho, but now it is expanding and you see advertisements for city gent, that kind of thing all over and all the premier clubs are now offering beauty treatments for men and I think there are more men going for manicures and waxing and all that kind of thing than there ever used to be' (Pdav)*

Whilst the above comment refers specifically to the male market, this growth in the market is taken as evidence of an 'expanding' interest in health and fitness within the city. In fact, many of the respondents supported this view as they referred to the visibility of health and fitness facilities, particularly the growing number of premier clubs and spa facilities, as a precipitating factor behind their decision to join a premier club

*'It was probably about two years ago and it was when I originally joined the club. There was a new one being built that I passed every morning on my way to work and that triggered my thought processes really, and on top of that I am sat at my desk all day at work and before that time I spent a lot of my working time travelling, and it was the first time I had truly been sat at a desk*

*and I started to realise how much weight I was putting on and how much you must just burn off walking around in a day' (JH)*

The above comment is interesting as it suggests that the visibility of health and fitness facilities is not the only contributing factor behind the decision to join a premier club, rather it is suggested that health and fitness facilities are regarded as a solution for lifestyle problems, a remedy for the pressures of work and a hectic pace of living. Like many of the respondents, it is suggested above that the experience of working in the city is a strong motivating factor behind the decision to join a premier club.

### ***Working at health***

Respondents often referred to the fact that looking after your health and fitness is a feature of working in the city. As discussed in chapter five and in the data above, many of the respondents felt that working in the city had a negative impact on their health and thus regarded health and fitness activities as an antidote. However, the data also shows that health and fitness features highly on the agenda when working in the city, not least because presentation of the self is deemed to be crucial to work success. As one premier club manager told me, when talking about the popularity of health and fitness pursuits in the city

*'...I think it makes them [premier club members] feel more confident about themselves. It might be something to do with working in the City, men and*



*women are in full view all the time, they have high powered jobs, they spend a lot of their time meeting clients and they want to present the right image and appearance is always a major part of that. It is all about first impressions at the end of the day' (IR)*

Once again, the above comment illustrates how working on the body can be regarded as an investment in the self, a way toward 'making the right impression'. Interestingly, this notion of the right impression seems to be constructed within the margins of the city, developing particularly within the workplace as a good body image is regarded as symbolic of confidence and success, both of which are desirable attributes when working in the city.

The respondents interviewed placed a high value on the importance of health and fitness, not just as a means to improve health as discussed in chapter five, but also for the benefit of body image. Maintaining a positive body image was considered to be a key feature of working in the city, particularly as a means for individuals to achieve success in the workplace, as chapter seven will illustrate in more detail.

### ***Membership and the city***

In addition to the expressed value of health as associated with work, it was also suggested on several occasions that participating in health and fitness practices within the city is a lifestyle choice which is as much about image as it is about improving health. As one respondent put it

*'I think to a certain extent there is something to be said about city life and valuing your health...I think it might be part of the city living image to join a health club; you buy your health club membership when you buy your swanky new flat' (RA)*

This comment suggests that premier club membership is fashionable and somewhat superficial, in that membership is deemed to be about creating a personal image within the confines of the city rather than signifying a desire to be healthy. The data suggests that when working, or indeed, living in the city, joining a premier health club is about conforming to the principles of city life and consequently health club membership becomes an expectation.

*'People who work in the City feel that health club use is just another expense. It is almost an expectation, they pay for gym membership like they pay for supermarket shopping' (MC)*

The emphasis on the expectation associated with premier club membership is interesting as it implies that such membership transcends personal choice, it is almost a requirement. In fact, the data shows that participation in health and fitness practices was often considered to be the difference between inclusion and exclusion, particularly within the confines of the city workplace. For instance, respondents often told me that health and fitness was a focal point of conversation within the context of the workplace

*'Even when it comes to banter on the trading floor you have this whole issue of you know 'are you doing the triathlon this year', 'are you doing the marathon this year' and it is also a lot of charity stuff. You have runs for leukaemia, you have the marathon which involves sponsorship, so then there is also that whole commercial aspect to it as well' (MC)*

The impact of this corporate focus on health and fitness is that employees feel obliged to join in, in order to feel included within the workplace. Many of the respondents reflected on the fact that they were aware of the popularity of health club use amongst colleagues and consequently saw this as quite a recent trend

*'I have noticed a lot of my colleagues saying things like 'I am going to the gym after work' rather than saying 'I am going out drinking with my friends', and five years ago it would have been quite rare to hear someone say 'I am off to the gym' whereas now, you tend to hear it quite a lot, so it is definitely an addition to the working day' (EL)*

The above respondent interestingly makes reference to the fact that health club use can be regarded as an extension to the working day, once again supporting the view that individuals feel duty bound to participate in health and fitness practices as a result of the value of health which exists within the workplace. Individuals who work in the city feel pressured into exercise and feel obliged to maintain a high level of health and fitness, and part of this pressure is born out of a desire to feel included within the workplace.

It therefore seems that the value of health in the workplace is strengthened through collegial interaction, as individuals feel obligated to match the health and fitness pursuits of those around them. In this way, colleagues are in competition with each other as they strive to be regarded as 'better' employees through a demonstration of motivation and dedication toward health and fitness. In part, this competitive element to health and fitness now prevails in the workplace due to the fact that the value of health exists at a structural level. In other words, businesses themselves are keen to keep their workforce healthy, as corporate membership schemes illustrate. Moreover, employers have recognised that days lost due to illness cost money and damage productivity, therefore employees who look after themselves become *increasingly beneficial to the company, as suggested below*

*'I think people are beginning to realise that it will cost you, it will cost us as a business, so as soon as people start monetizing the health issue they start to value it as something that is quite important to them and to you, so I think previously it has been something that is very low on people's agenda, but it is getting better' (MC)*

### **The social dimension of healthy living**

The data collected during the fieldwork, in particular the interviews, illustrates that individuals who participate in premier club use feel an element of obligation with regard to health and fitness activities. As discussed above, this

embodied obligation is the outcome of various social influences such as the media at the wider social level, but more specifically is reflexive of personal experiences of daily life. In other words, exercise and healthy living are considered as something individuals feel they ought to do, not merely for personal gain such as a desire to modify their body, but also as a means to gain credit and maintain membership within the wider social network.

### ***Justifying inactivity***

Many of the respondents felt that individual's are now more aware of health and fitness and saw this increased awareness as stimulus behind the feeling of obligation. The respondents interviewed suggested that when interacting with others, health and fitness is often discussed and interestingly, it was suggested time and again that individual's feel the need to justify their actions, particularly if not participating in healthy living

*'I think we are far more conscious now about what we eat and what we do and I think that people feel that they should really exercise. I mean, it is interesting when you speak to people who don't really exercise and they find out that you do and they will say well what do you do' and you explain and it is like 'Oh my God, I should be doing that as well' so I think there is that guilt attached to it, that they are not exercising' (Pdav)*

As this comment suggests, health and fitness is high on the agenda in everyday social interactions and the fact that individual's who don't exercise

feel the need to justify their actions suggests that such individual's see themselves as less worthy when compared to those who exercise, as they seem to judge themselves against what they consider to be the embodiment of the 'ideal'. The same respondent went on to say

*'I have friends who maybe aren't as fit as I am, or who are maybe a little bit overweight and they will make excuses as to why they are not exercising, but it is, to me it is their choice, and I don't expect somebody to have to justify whether they do or don't to me, but it is almost as if they feel they have to'*  
(Pdav)

This justification by non-exercisers is extremely interesting as it supports the view that individuals are embodying the expectation that they should look after their health and fitness, which suggests that the value of health does indeed exist at a social level. It also appears to be the case that the only way they can justify not adhering to healthy living practices is by having a genuine reason as to why they can't participate, analogous to producing a sick note as exemption from work. Moreover, it seems that people start to regard themselves as inferior, which manifests itself through an expression of guilt regarding their inactivity.

*'I have friends who have been saying that they are going to start exercising for five years and they may never get round to it, but they almost beat themselves up because they are not exercising'* (PD)

## ***Health, activity and personal responsibility***

Interestingly, while the above comments are made by exercisers who do not believe that individuals should have to justify their inactivity, often respondents felt that people who do not conform to the ideals of health and fitness practices should have to justify their actions. Moreover, the respondents all felt that individual's are entirely responsible for their own health status and those who do not look after themselves should accept the consequences.

*'I think the government have been pretty good there about putting out the message that people are responsible for their own health. There have also been quite a lot of programmes on television which tend to suggest that people are responsible for their health and to be honest with you, I know so many people who once they have gone to their doctors with health problems, it is cruel to say, but a lot of them do bring them on themselves. By not taking any exercise, by eating large amounts of rubbish and I think there is a particular thing at the moment about people who are overweight and people basically saying that being fat is genetic and it is not their fault and everything else, but, when you see what these people are actually eating then it is creating that impression that people are actually responsible for themselves, because you suddenly realise that these people are responsible, they are the cause of their own demise' (EL)*

Interestingly, the above comment shows that this respondent feels able to judge whether or not individuals are looking after themselves adequately. To this end it seems that those who conform to the principles of healthy living see themselves as setting the standard, defining the boundaries between good and bad health practices. It seems that when individuals participate in healthy living practices they make value judgements about those who don't, as they appear to speak with the voice of reason, rationalising the need for healthy living.

*'I think there is a responsibility that comes back onto the individual to take care of themselves, which is probably right. I mean, certainly in schools nowadays they have lessons on good citizenship and I am sure that part of it is to do with health, and when you go to the doctors or to hospital or whatever, suffering from something that is in any way brought on by yourself there is a tendency to blame, so yes, there is an element of blame culture around. But I can't disagree, I mean, I can see the clear logic that the incidence of lung cancer etcetera is so high, something needs to be done'* (FS)

### ***Premier club use as a desire to conform***

This dichotomy between good and bad and moral and immoral when it comes to healthy living seems to result from a wide range of social influences as discussed throughout this chapter. The consequence of this is that such information sources and social images, not to mention the popularity of health and fitness activities, instils a sense of personal responsibility with regard to



maintaining an acceptable level of healthy living. In other words, it seems that social agents embody the notion of the 'ideal' and measure their personal performance and health status accordingly. Once individuals embody this understanding of the need for responsibility with regard to health, in some instances the decision to join a premier club is reached

*'At the end of the day, if you don't do something, nobody is going to do it for you. Nobody can make you fit without you making yourself want to' (CT)*

When individuals do embody this sense of personal responsibility an associated consequence is expressions of guilt. As I suggest in the above discussion, it is common for non-participants to express guilt with respect to their inactivity, yet from the premier club users I interviewed it was also clear that guilt is something they themselves experience.

*'When I first started working out I was really seriously working out, weights and everything. I would go religiously three times a week and if I missed one of those sessions the guilt I would feel would be completely overwhelming. So the idea that exercise is a liberating experience, I found it the reverse, I found it quite controlling. I thought it was as necessary as getting up and going to work' (FS)*

In this way it can be argued that body work becomes a personal quest based on the social information regarding the importance of preserving health and fitness. If a session is missed, the exerciser often feels that they have let themselves down, as exercise participation becomes an essential feature of everyday life.

The expressions of guilt common amongst premier club users, was frequently observed within the clubs. With regard to class participation, the regulars would notice if someone had missed a couple of sessions, and this would be expressed before the class began. Participants would want to know 'where somebody had been' and often the guilty party (i.e. the participant who had missed a couple of classes) would launch into a tirade of why they were unable to attend. Injuries would be blamed, work pressures would be blamed, but not once did I hear anybody admit that they simply 'couldn't be bothered'.

The argument here is that the emphasis on personal responsibility regarding health and fitness that exists within society, taken together with the feelings of guilt embodied by individual's results in a dual categorisation' conformists and non-conformists, thus leading to all sorts of moral connotations of good/bad, moral/immoral. The fact that individuals are active in the decision to participate in healthy living practices based on the vast array of knowledge available within the wider society creates a situation where those who do not conform to the principles of healthy living can ultimately be seen as deviants. It can be argued that these moral distinctions are based on the notion of accountability

*'I think society more generally is becoming accountable for every part of their lives and I think health is only one issue. I think ten years ago you would have seen people eating fattening food and drowning their bread in lard or whatever, and you don't see it as much now because people are more aware, and so it is that whole awareness thing as well...people will become more*

*conscious of it, and people starting to be refused for certain things because they are obese or they haven't exercised or whatever...and I think that is all part of making you more accountable for your own health' (JH)*

When the notion of accountability takes hold in society and is simultaneously recognised by individuals, the impact is extensive, as the above quotation suggests. Perhaps the most serious of consequences is the potential to blame people for their own demise in the event of illness, as sick individual's can ultimately be regarded as directly avoiding preventative strategies such as the pursuit of healthful behaviour. One respondent who talked about the perception of people who are chronically overweight discussed this: -

*'It is not like 'oh, look at the state of them', it is more like, not pity, but it is the thought of 'how did you let yourself get like that, you could sort it out if you just did this, that or the other'. I mean, you see people on TV who can hardly walk and you think 'how could you let yourself get like that' (Pdav)*

In the above comment the connotations associated with body image and judgements based on appearance are clearly stated, particularly the tendency to consider a person's behaviour as irresponsible and avoidable. The antithesis of this is the fact that praise is given to individual's who demonstrate a commitment to bodywork, particularly if they currently have an outwardly 'bad' body image. As one respondent said

*'Oh dear, I feel horrible saying this but I think in the gym, when I see somebody who is quite overweight I kind of think 'oh, you are kind of overweight' and then my secondary thought is 'oh, well good on you,*

*obviously you have come to the gym to do something about it'. But I do make that immediate judgement about them when I see them' (MG)*

## **Discussion**

I have argued throughout this chapter that when deciding to buy premier club membership individuals are influenced to a degree, by the social value of health. In this way, the decision to buy and subsequently use premier club membership is socially and culturally located, as individuals interpret the social information, influences and pressures concerning health and assess the applicability of such for their everyday lives. More specifically, I have shown that individuals are motivated by information and imagery that is distributed throughout the social network, through a variety of sources such as the media.

Throughout this chapter I also strove to illustrate that individual premier club users are active in embodying this value of health, in other words they do not merely absorb the information and adopt behaviour accordingly, body work is undertaken because it is considered to be of benefit for their personal lives. In this way, the respondents involved in this study can be regarded as the 'conformists', those individuals that embrace the social value of health and perceive healthy living as a positive lifestyle choice. This positive perception of the benefits of a healthy lifestyle is based on a desire to 'be able': a desire to be able to work and simultaneously, to be able to play.

The empirical research has revealed a desire to achieve a certain standard of health, on the part of the respondents, which is considered to be desirable within the context of their lives. In this way it has been suggested that this standard notion of what it means to be healthy, or more specifically, to appear healthy, is forged according to the social value of health and is upheld through the collective representations of the 'ideal' body, such as the images represented in the media. This value of health, is creating a situation whereby people who display a desirable body, one that conforms to the standardised notion of the ideal, become the success stories, the ones that work hard and ultimately conform to the social value of health and the principles of good citizenship.

In the forthcoming chapter I will further explore the relationship between individual motivation and the value of health that exists within the city, particularly within the city workplace. I will argue that the body is culturally significant within the city and as a result of this significance, an individual can display their capability to compete within the city through body work, as a fit body comes to symbolise dedication, control and motivation.

## **7. BODY WORK AS A QUEST FOR SUCCESS?**

### **Introduction**

I this chapter I will further explore the motivation behind premier club membership, where membership is taken to include both the process of purchasing membership and subsequent use. The focus of this chapter is directed at one particular aspect of this motivation, namely the desire to create a 'positive' body image through a commitment to body work. As discussed in chapter three body work is a phrase used to describe the process or act of working on the body (Featherstone, 1991; 1999; Giddens, 1991; Shilling, 1993). In this sense it is closely related to the idea of body projects or body modification, which refer to the way that the body is flexible and changeable with an emphasis on improvement.

Throughout this chapter I will suggest that whilst body work is ultimately personal in that an individual must use their body and be personally motivated in order to make the modifications or embark on bodily projects, body work can only be fully understood with reference to the wider social network and the interaction that takes place within it (Shilling, 1993). I will show that the personal value attached to body work represents an embodiment of the value of health and the body that exists within the city, ultimately within the city workplace. Throughout the chapter, the cultural significance of the body

within the city and within the corporate structures operating within the city space will be explored.

Drawing on interview data and observations conducted during the fieldwork, I will endeavour to show that the 'image' of health prevails within the city and the value of 'health' itself is evident within the workplace, thus it will be argued that through body work, an individual can develop a 'workstyle' as previously discussed in chapter three, and ultimately display their capability to compete within the city. Moreover, in this chapter I will demonstrate that the personal cultivation of a 'good' body image is fundamental to overall career success for the members of the new middle class who work in the city (Bourdieu, 1990).

### **The Value of Health and Fitness in the Workplace**

As discussed previously in chapter five, when highlighting the importance of health with individuals who actively participate in a regular fitness regime, many of the respondents made reference to a need to be healthy when working in the city. Specifically, individuals commented upon a need to be strong and healthy in order to meet the demands of the nature of their work and to withstand the pressures created by the fast-paced environment of city organisations.

In relation to this, many of the respondents talked about a corporate rhetoric that emphasises the value of health as part of a strategy to create a successful business environment and in turn, success at the individual level is

seen to equate to success at a corporate level. Moreover, individuals who are presentable and display an image of 'fitness' are considered to be of benefit to the overall 'image' of the company.

### ***Presentable employees and the successful corporation***

When talking about the value of health and the presentability of individual employees in relation to the wider company structure, it was often suggested that individual's who present a fit and healthy body are beneficial to the overall image the company wishes to create: -

*'I think that having people work for you who are presentable and healthy promotes a better workplace full stop' (MC)*

In the above statement the respondent is very clear on the subject of the benefits of a 'presentable' and 'healthy' workforce, which can be regarded as symbolic of the extent of this value within the city workplace. The fact that this respondent refers to such benefits as simplistic and obvious suggests that the value has been embodied and is consequently a notion that is taken for granted amongst corporate employees. However, when probed further, the respondent was able to elaborate on this statement: -

*'At the end of the day you have a situation where this industry, investment banking, is under a huge amount of pressure, everyone wants to make a profit...and the opportunities to make profit are going down and down and*



*down and therefore the more you can lessen the odds in your favour, by making sure that you have a workforce that is committed, energetic and presentable, that is the managerial ethos' (MC)*

The above comments go some way toward illustrating the importance of health and well being within the context of the city workplace, as the value of health and image is seen to be part of 'the managerial ethos'. It is reported that when building a company image, the image of individual employees is paramount if the overall corporate image is to be one of success. It is here that we begin to see that companies promote health and fitness as a means of subtle regulatory control, influencing individual behaviour for the benefit of corporate gain.

As an example of this subtle regulation it was often suggested that corporate membership schemes of premier clubs in the city encourage individuals who would not normally choose to join such a club to do so, as the company is seen to promote such behaviour: -

*'...Most places have corporate membership which might perhaps push the people who wouldn't have ordinarily bothered to go and do that...'(SF)*

Here we can see that whilst premier club membership and use might be considered a rational personal act, in fact it is in part, a response to wider social issues, such as the embodiment of the value of health and the image of health within the workplace. In this way it was suggested that by joining a

premier club, individuals could be seen to conform to the company principles by engaging in an active form of behaviour that is endorsed at a corporate level.

As the following comment suggests, it is in the direct interests of the company to promote a healthy lifestyle at the individual level, in order to minimise sickness and simultaneously maximise profit. The example offered by one respondent was of direct intervention from management to control their behaviour for the benefit of their health: -

*'Various people at the bank had been encouraged to join at the outset and as a result of being off work for a while, you know, a week and a half, when I got back they said 'look for your own sake you are going to have to join somewhere like this and this is the one we would recommend'. So they brought me along and they said 'you need to put time in your diary to come down here and train and we don't want to hear the excuse that you haven't got time to go down this week', so they have been quite proactive about saying that you do need to find time in your day because you are concentrating too much on the work...' (CT)*

Whilst the above comment is referring directly to a specific experience of a single employee, it demonstrates the capacity for managerial staff within a city corporation to influence the behaviour of individual employees. In this instance, it was not the individual's choice to join a premier club, they were coerced into it and actively encouraged to treat visits to the club as an integral

part of the working day by 'putting time aside in their diary'. In this way, the preservation of health and well being amongst employees is part of the corporate ethos to maximise success as the following comment further illustrates: -

*'You hear about how the firms, and also part of the European firms, they allocate you personal trainers and it is seen as part of the company structure and it's incredible...Goldman Sachs do it, Morgan Stanley do it, because they have realised healthy body, healthy mind' (MC)*

The association expressed above between 'healthy body and healthy mind' is extremely interesting within the context of this thesis, as it implies that a visibly healthy body is symbolic of a healthy mind, which is seen to represent the capacity for an individual to do their job effectively, which in turn benefits the company. This relationship between the outward display of the body and the perceived capability of an individual to do a particular 'job' empirically supports the work of Bourdieu discussed in chapter three. Namely, the view that work on the body culminates in physical capital, which can then be translated into economic capital (Bourdieu, 1984). In this way, presentation of the self, which includes the visibly 'healthy' body, becomes a key value within the city workplace and a principal component of corporate rhetoric.

## ***Managing the presentation of the self***

When asked about the importance of body image when working in the city, many of the respondents saw presentability as fundamental to personal development and frequently gave examples of how such principles are manifest within the structure of the organisation: -

*'As an organisation there are courses that do things like image consultancy. I have heard of quite a few people going to see image consultants and that involves your make-up, your hair, and also your body. It is about creating the right impression when you meet people and that is all about physical fitness...'* (JH)

In the above comment it is suggested that there are two dimensions to the benefits of presentation of the self; a personal aspect which relates to feeling good about oneself and an external facet which is about presenting oneself in a desirable way, according to the principles and values of the wider social network. Whilst I will discuss the intrinsic benefits of presentation of the self for individuals later in this chapter, it implies that the level of health and fitness an individual maintains and the subsequent impact of this upon the outward display of the body is noted within the city workplace. In other words it is suggested that when meeting clients, you stand a better chance of making 'the right impression' if you *look* physically fit. As discussed in chapter five, this implies some widely held notion of the 'ideal' body, without which it would be meaningless to speak of creating the *right* impression.

Many of the respondents involved in the fieldwork made reference to the fact that participating in health and fitness activities was not a particularly enjoyable pursuit, but rather was regarded as something of a necessity within the boundaries of the city, and more specifically with reference to work. In fact, when talking about health and fitness it was often implied that as an activity, maintaining a certain standard of fitness was more akin to work than leisure, thus becoming a feature of personal work life which represents a desire to create a 'workstyle'. When asked to discuss the popularity of health and fitness within the city one respondent said: -

*'...Maybe it is something to do with the fact that the majority of people who live in the city centre are young and they want to get ahead, and they work really hard and really go for their jobs thinking that in a few years time they will be partner and have children and settle down and buy houses, and they think 'at this time in my life I am going to work hard and play hard...and I think going to the gym reflects the fact that they have a very organised and regimented type of life...'* (JW)

In the comments above it is suggested that health and fitness is integral in the drive for personal success, demonstrative of ambition that demands organisation. Moreover, it can be argued that creating the right impression through bodily presentation is about conforming to the rules of the city

*'Maybe outside of central London and places like Manchester, in towns and villages, you don't have the same kind of pressure to look and be as healthy as you do in the city...you need to be motivated and driven to fit in within the city' (Pdav)*

The above comment is interesting as it implies that participating in health and fitness activities is not simply a question of lifestyle, with its connotations of 'choice', but rather is an activity driven by an embodied 'need' to fulfil the pressure to be healthy, and consequently health and fitness pursuits demonstrate motivation and drive within the context of the city. Implicit within the above comment is a recognition of the competitive nature of the city, where work on the body is considered as a means of significantly enhancing ones chance of 'fitting in'. In this way I would argue that living in the city, when combined with working in a high-powered city environment is a driving force behind individual body work, as it becomes a means by which individual's can develop a workstyle and subsequently be recognised as conforming to desirable principles. Once again, this notion of conformity can be identified with respect to the ideology embraced within the city workplace, as one respondent put it: -

*'...There is a definite link between the character you have in the city and one being more prone to wanting to be healthy, appear healthy etcetera etcetera. You know, being overweight, once again in a modelling world, and I am afraid in the investment banking world, it is not acceptable...the whole characteristically typical city person, they are energetic, driven, does that*

*mean that they are more prone to being health conscious, what they eat, how they look, are they fit? Yes of course there is a link'. (MC)*

In the above discussion I suggest that individual body work can only be understood with reference to the social network, which influences individual action and in this way, it is useful to conceptualise the place of body work in the development of a workstyle. When working in the city, individuals embody this value of health, or more specifically the *image* of health endorsed at the corporate level and in turn consider body work a means of achieving success within the workplace by demonstrating characteristics which are valuable within the work field, namely organisation, managerial ability, drive and motivation.

Moreover, presentation of the self manifests as an embodied principle, a symptom of personal desire to conform to the principles of working in the city. In other words, management of the self translates into a capability to manage work tasks and thus the body is profitable for individuals, as it increases their chances of success, but also for the company because a presentable employee enhances the image of the wider corporate structure.

### **Bodywork and Individual Success**

In the remainder of this chapter I will explore the role of health and fitness in the quest for individual success. It will be argued that to be successful is to

meet some predetermined goal, and that when battling to become 'successful' in the workplace, the body is a fundamental consideration, as body work can enhance an individual's competitive edge in two ways. Firstly, by preserving their health an individual is beneficial to the company for functional reasons, namely that sickness and time off will be minimised and secondly, individual's who 'appear' healthy and fit are recognised as more capable, based on appearance alone. In other words bodywork becomes a competitive tool for those individual's who actively pursue health and fitness, which improves an individual's chance of success within the competitive city workplace.

### ***Bodywork and the competitive edge***

When conducting the fieldwork a distinction between 'actual' health and the 'image' of health emerged. In fact, many of the respondents emphasised the role of the 'image' of health as prevalent within the city, as the value of bodily presentation was regarded as symbolic of success within the city workplace. The following comment goes some way toward deconstructing the notion of 'health' by identifying the distinction between 'actual' health and the 'image' of health. When asked what a fit body says about somebody, one respondent told me: -

*'Certainly they are viewed as more successful, I really feel that. I mean this may sound crass, but if two people went for an interview and one was kind of tanned and tall and fit, you know, it is that glow that you get from exercising regularly, compared to somebody who is overweight, without that glow, you*



*know, that grey colouring you can get when you have just been eating rubbish, and their qualifications were the same and so on, I think it would be the healthy person that would get it, or the one that looked healthier anyway'*  
(Pdav)

The above comment supports the view that the image of health transcends actual health, as it is thought to symbolise the principles of success. Interestingly, the respondent above makes the distinction between 'actual' health and the 'image' of health when suggesting that an individual who 'looked' healthier would be more likely to get the job. Furthermore, although presented in an anecdotal fashion, it is interesting to note that the above comment is the interpretation of an individual who is active in health and fitness and subsequently demonstrates a positive body image himself. In other words, when individual premier club users speak of a correlation between a positive body image and a level of success, it implies that this value has been embodied.

To further support this impression, it can be shown that when talking about the positive benefits associated with premier club use, individual's often spoke of how it made them feel more successful, as body work seems to award a feeling of confidence and control, particularly within the context of work as illustrated in the comment below: -

*'It does affect your motivation in the workplace. The better you feel about yourself, the more confident you are and the more in control of your life you feel'. (JH)*

It therefore seems that individuals who work in the city are all too aware that a fit body carries a symbolic value associated with success, which once again highlights a correlation between body work and competition. In other words, individuals recognise the actual benefits associated with improving personal health and fitness, namely enhancing the capacity to 'be able' to work as expressed in the following remark: -

*'...If you don't stay fit in this job, as you can see with me today [respondent has a cold] you just fall by the wayside...' (MC)*

The competitive nature of the city is therefore encapsulated in the principles of body work both on an individual level and through interaction in the workplace. From the interviews conducted there was a clear element of competition amongst colleagues who struggle to be the best, not only in terms of progress within the workplace, but also with respect to lifestyle choices, such as participating in a health and fitness regime, in a bid to be recognised as successful and capable. In this sense, health and fitness cannot simply be understood as a desire to preserve personal health or as a means to combat stress as discussed in chapter five, it is also a response to external stimuli and the immediate work environment is consequently a complex part of the decision to work on the body as suggested below: -

*'One thing about being part of a law firm, people are very very competitive and so I would say there are about thirteen people within our firm that run in competitions and people are always like 'how many times have you been running this week, have you broken this target or that target' so that you get recognition through that because you have a lot of people doing the same...'*

(EL)

It can be argued that in any physical competition, the fittest individual will survive the longest and subsequently have more chance of winning the race and from the fieldwork conducted it seems that fitness enhances ones survival in other social fields, including the arena of work. By presenting themselves as fit and healthy individuals, social agents also create a positive workstyle and demonstrate a capability to work. By presenting a positive workstyle, such individuals are regarded as employees who will be advantageous to the overall organisation of the city workforce. The principles of survival of the fittest are subsequently embodied by individual employees who regard the preservation of health and fitness as part of the wider drive to be successful, thus body work becomes embedded in an individual's understanding of the 'need' to work and a desire 'not to fall by the wayside'.

Interestingly, while the majority of respondents recognised the competition that exists between colleagues with respect to health and fitness, one respondent suggested that an embodied desire to increase personal health

and fitness is actually a response to 'feeling threatened' as explained in the following comment: -

*'It is not just them thinking about how they feel and stress levels, because exercise is obviously going to help them with stress levels, and you know, I think that is almost a by-product. I think that a lot of the time they are going to compete...you get to a certain age where men and women are hitting their thirties and they have grown up more with the gym culture and they are realising more that there are people in their forties who are pretty fit, and then there are these twenty year olds coming in underneath and it is all about competing with them' (Pdav)*

The above comment makes reference to the personal benefits of body work as a 'by-product' of some deeper desire to maintain a certain standard of health and fitness. It seems that the threat of younger colleagues being more capable of doing the job is intimidating to ageing employees, who need to demonstrate their capability in more ways than simply being able to do the job. Interestingly, this threat in the workplace is judged by the fitness of an individual, which again highlights the importance of body image in creating an impression of capability.

When discussing the principles of survival of the fittest there is clearly an element of competition at the core. In fact, throughout this chapter I have tried to suggest that by displaying an image of fitness individual's can achieve success within the workplace. Individual's who work in the city strive to be the

fittest in order to stand out from the crowd and working out becomes an integral part of the competition that exists in the city workplace. Subsequently individuals are encouraged to compete within this health and fitness culture and the element of competition transcends the boundaries of the work environment and spills over into other aspects of individual lifestyle, in this instance the realm of so called 'leisure'.

### ***The perpetual battle to be healthy***

The underlying competition associated with health and fitness and the embodied principles of survival of the fittest discussed above undoubtedly have a degree of influence over individual action. Individuals often referred to premier club use as something of a necessity in the context of their personal lives, a pursuit that is difficult to sustain, and persistently something they have to make themselves do. In this way, an activity which is frequently assumed to be leisurely, takes on the features of work as it is regarded as a difficult task, which requires both physical and mental effort, dedication and motivation if the rewards associated with health and fitness are to be reaped. As one respondent put it when talking about their own health and fitness regime: -

*'...I personally do not find it a relaxing experience. I have to work hard and commit to it, you know 'push that weight up again!'...I have to physically get myself to do it...you have got to commit time to it, I don't see it as a*

*pleasurable experience, it is not something that I would go out of my way to do' (MC)*

Another respondent expressed the same view

*'Well you know there are days when I will say 'I am not going to bother today' but you have to. When you are doing anything to create a rhythm there are days when you are not as keen to do it as others but you push yourself and that's the same for coming here, going to work and anything else' (CT)*

Even those who did claim to enjoy their health and fitness activities acknowledge the level of dedication required to be a struggle, as illustrated in the following comment: -

*'I have to say that I enjoy it but it is bloody hard work, so sometimes I think 'I wish I didn't do this because it takes up a lot of my time and energy even if I am not doing it, thinking about how I should be, and its about finding the time to do it and I would have a lot more time to myself if I didn't do it' (Pdav)*

The above comment suggests that health club use is perceived to be a 'battle' because it involves 'hard work'. In this sense a pursuit that is often characterised as leisure, is actually more akin to the principles of paid work and employment. Individuals seem willing to push themselves toward the goals of body work if only to achieve a good feeling. The same respondent explained their dedication to body work in the following way: -

*'I think to get any kind of benefit from it you have to be pretty consistent and committed, almost bloody minded and think 'no, I have to prioritise this' because it is just so easy to think 'rather than go to the gym after work I will go for a drink with the guys from work' and yes, I have to battle to get to the gym, everybody does, sometimes I will spend ages just think 'oh, I just can't be bothered today' but I know that when I get there I feel better for having done it'*  
(Pdav)

In this way the benefits associated with body work seem to equate to the monetary incentive behind paid employment. Through commitment and the ability to prioritise body work, once again it would seem that individuals can achieve success by demonstrating a commitment to themselves and a willingness to invest time and energy in personal development. Despite the expressed difficulty to sustain premier club use discussed above, individuals persist in the battle to maintain their motivation primarily because they consider participation in health and fitness activities to be of benefit to the self. One respondent expressed the benefits of working out in the following remark:

-  
  
*'...It is about quality of life, it makes me feel better in myself and if I feel better that's what it is all about. I mean, I know that if I go to the gym for three times a week for a month I will feel pretty good after that, I will feel good psychologically and I will think 'yes, I am feeling better on the outside, I look better on the outside and I feel better inside myself', so basically it is all mixed*

*up with how I feel about myself and how I feel about myself in relation to other people...'* (JD)

There are a number of interesting reference points in the above quotation. On one hand the respondent is making a clear distinction between the inner self and the outer self; the inner self referring to personal health and the feeling of being 'healthy' and the outer self to the visual surface of the body. Interestingly, the respondent goes on to talk about the relationship between how they feel about themselves in relation to others, thus demonstrating a clear awareness of the outer body and the symbolic value of demonstrating a desirable standard of health.

In the above discussion I have suggested that within the context of the city workplace, the 'image' of health is valuable because it is seen to represent 'actual' health. Employers favour employees who present a positive workstyle through bodily presentation because they are deemed to be motivated and controlled. Such characteristics are taken to represent a capacity to work hard with reference to the demands of employment. Subsequently, it would seem that when working in the city individuals embody the need to demonstrate such characteristics and body work becomes a tool with which to do this. In other words, an individual with a healthy 'image' is seen to have the competitive edge over employees who might be considered unhealthy.



## **The Role of the Body in Organisational Culture**

The emphasis above had been on individual body work and the benefits of such for enhancing an employees opportunities within the city workplace. However, as suggested above, body work practices are also demanded beneficial to the organisational structures of the city workplace. To further develop the discussion I will now turn to an exploration of the relationship between individual employees and the image of professionalism, exploring how this is deemed to be beneficial at the organisational level.

### ***The credibility of premier club use***

The premier club users who were interviewed often reported a feeling of being in control of their health and their body when participating in health and fitness activities, and this feeling of control can be regarded as a manifestation of the battle to be dedicated, motivated and ultimately successful with respect to controlling the body. As one respondent put it: -

*'...I think if you are exercising as well, you tend to eat more healthy than sort of lounging around at home, and you know, you feel like you have got more control over yourself and what you want to do' (MD)*

In this way it seems to be the case that individuals who are motivated to participate in health and fitness activities embody a sense of control because they are winning the battle of the body, preventing it from becoming out of

control. The experience of body work and the recognised need for motivation and ultimately control in turn shapes an individual's perception of others, as people who engage in body work recognise others who engage in a similar pattern of behaviour as being in control also. As one respondent told me when asked what a fit body says about somebody: -

*'It says that they are in control of their lives and they care about whatever their work is and that they find the time. It says that they are motivated, they are not lazy and they are not just sitting around, they are actually taking the time out to look after themselves physically' (Pdav)*

In this sense care of the body becomes a statement of who we are. In other words, individuals who care about themselves are perceived by others, to be individuals who care about work as they demonstrate motivation in all areas of their lives. Many of the respondents considered care for the self to be an element of professionalism as expressed in the following comment: -

*'...I think that is all part and package these days of a professional person. I think...it involves the nice haircuts and the nice makeup and the handbag that matches the shoes and the nice suit and that is all part of that. I think it is the whole perception of somebody and I think that...if you are healthy and physically fit then that gives the impression that somebody is measured and they have got control over their lives, and they have a routine and they have a very structured life, and I think you need to have that these days to be a professional working person' (JH)*

In the above comment it is suggested that a fit body offers an individual a level of credibility in that it awards them a visual presentation of professionalism. Moreover, it was suggested that individuals who display physical fitness and a positive workstyle are recognised as able to work hard through a demonstration of self-discipline and self-control, which are valuable principles within the world of work. It can be argued that a manual worker would be expected to display a significant degree of physical strength to sustain the work expected of them and it seems to be the case that this display of bodily strength is also considered to represent the desirable principles of non-manual work as suggested below: -

*'The fact that you go somewhere regularly and train or swim may also lead some people to believe that you are better organised than if you don't and I think there is probably some merit in that, that if you can discipline yourself to do something, that shows that you have got some form of discipline' (CT)*

### ***The Profitability of the body***

When talking to respondents who actively engage in body work, a common theme expressed in many of the interviews, as discussed above, was that a fit body is a positive attribute for individual's working within the city workplace because it creates a good impression and is considered to represent the character of the person in question. When asked what a fit body says about somebody, one corporate executive told me: -

*'That they have got their house in order, because if they have got themselves together physically then the chances are that when it comes to personal organisation then they are going to be pretty much the same...people tend to associate people who are unhealthy looking as not being able to do their job properly. It seems very unfair, but it is certainly something I have seen' (EL)*

It therefore seems fair to assume that a fit body is regarded as symbolic of organisation and a potential to work hard, both of which are valuable assets when working in the driven, competitive environment of the city. A capability to look after one's body becomes synonymous with being able to do one's job, as a fit body becomes a visual representation of a desirable standard of health, as discussed extensively in chapter five. Consequently, within an environment where work pressures are great at an organisation level, those who appear to have a good level of fitness are likely to be regarded as more valuable than those who don't. As one respondent succinctly put it: -

*'...If anyone was to say to you that I discriminate or observe that you are fat and he is thin for instance, it is ludicrous of course, nobody would say that. But I do think that as long as you are well, and as long as you are at your desk most days and you are not ill all the time, then you are deemed to be healthy and therefore you are looking after yourself because believe me, when you are working 13 hours a day you have got to look after yourself, and if you can do 13 hours day after day then I think you are looking after yourself.*

*So it is just the consistency of being at work and there is a lot of pressure to be consistent at work' (MC)*

In contrast to much of the data discussed previously in this chapter, the above response indicates that it is not body image that is important, health is the crucial factor. However, the fieldwork clearly illustrates that individuals are judged according to body image, as it is taken to be the primary visual representation of health when meeting people. Several respondents reinforced this point by talking about the negative impression of somebody who does not conform to the image of health that dominates within the city workplace: -

*'...there is a guy I used to work with...who was the fattest guy in the world, he was certainly obese, had to take drugs to keep himself awake at work, but he was a fantastic broker! People used to notice his weight and everything but he got results, so it was affectionate banter, so I don't think people would explicitly say 'I will not deal with him because he is fat' but they will have this pre-conception, you know 'he is so fat, well what does he do?' You immediately sideline somebody who is overweight or whatever into 'well he is a slob, I don't really want to deal with somebody who is a slob'...so there is some element of discrimination in that respect' (MC)*

It is this explicit tendency to sideline employees who are overweight or do not conform to the ideal standard of health that further reinforces the personal need to look after the body. Moreover, I would argue that individuals embody

a belief in the profitability of the body, which is to suggest that individuals feel that investment in their own body will bring dividends in the form of success at work. In the competitive environment of the city workplace nobody wants to be sidelined and so modification of the body becomes a vehicle for creating the 'right' impression. When individuals embody the corporate enthusiasm for presentability and realise that a fit body is seen to represent desirable attributes, body work becomes a strategy for demonstrating ones own capabilities and this was found to be the case for both men and women working in this high powered environment, as the following comment from a premier club manager illustrates: -

*'We are seeing a lot more men taking treatments, whereas they never would have done before, and its because they are... presenting to people, they are doing meetings, they have to be more aware of themselves. So I think...they are more body conscious, of what they look like to other people, how they come across to people. Certainly in the city it is all about being progressive, developing and being career minded, so part of being career minded is how you look and how you come across to people'( SB)*

Another premier club manager highlighted the importance of looking good when working in the city in a similar way: -

*'I think a couple of years ago treatments were regarded as something that only women and gay guys do, but today, I think men are allowed to do that. The media magazines they read encourage it...and I think it makes them feel*

*more confident about themselves as well. It might be something to do with working in the city, men and women are in full view all the time, they have high powered jobs, they spend a lot of time meeting clients and they want to present the right image and appearance is always a major part of that. It is all about first impressions at the end of the day' (IR)*

The respondents who work in the city and actively participate in healthy living practices also talked extensively about the importance of presentation of the self, thus supporting the views of the premier club managers discussed above. Frequently, presentation of the self was regarded as a prevailing ideology amongst colleagues and one that is expressed through interaction in the workplace, thus further reiterating the relationship between body work and workstyle. As one respondent put it: -

*'I think it is part of the package isn't it, I think now the impression you get of someone is based on the package, the whole package. It is how you dress, its how you wear your hair, it is how you appear generally in the street and part of that is having a healthy body and a healthy lifestyle as well. I mean, if I go out to lunch on a lunchtime you don't tend to see colleagues having a meat pie and chips, they are always eating salad and that is just part of the culture of my work' (JH)*

The key to understanding the value of health and fitness and its prevalence in the workplace is to understand that a good body image is beneficial to the individual in question because it is deemed to be beneficial for the wider

corporate image. In fact, when discussing the importance of presentation of the self, several respondents conceptualised the role of individual body image as an integral part of the sales strategy employed by the company itself. For example, one respondent said: -

*'...You need confidence in a sales person. You don't want somebody who is literally sweaty. I am afraid it is all about face and presentability, there is a lot of image in this industry, that is clear' (MC).*

Whilst the corporate desire for a presentable workforce was expressed through the interviews, the observations revealed a desire for the organisations themselves to lean on the image of the premier club. To explain this in more simple terms, I would often observe club users bringing clients into the clubs to either use the spa or fitness facilities, or for the purpose of a business meeting in the clubs social area. By bringing clients into the premier club environment it seemed that the organisational representatives were trying to make a statement about their 'corporate fitness', by presenting themselves as an organisation which has strong ties with the premier clubs, and in turn is a company that values 'health'.

To encapsulate the above discussion, there is a clear awareness of the profitability of the body and of health, as to have confidence in the sales person equates to confidence in the product:



*'...I suppose it depends on whether you are selling or you are buying. I guess I take it as a given but if somebody is selling me something that they should be presentable and well-looked after and well cared for. I mean, if they can't look after their own body image I would not have any confidence in the product they were trying to sell me as being any good' (FS)*

### **The image of health and bodily capital**

Throughout this chapter I have argued that individuals who participate in health and fitness pursuits can gain credit and ultimately achieve status within the wider social network, because of the value of 'health' that prevails in the city. However, it is important to note that this credit comes from the 'image' of health rather than health itself. In this respect, the fieldwork has highlighted the centrality of the body in the development of a workstyle and its potential to reconcile the division between the wider social network and the individual.

In other words, through working on their bodies, individuals conform to a desirable social practice embodying the rhetorical value of health that exists within the city. In this way, body work becomes a tool by which individuals can mark their space within the competitive social network, within the workplace and the city more generally, as body work offers individuals a means by which to assert their power through bodily capital (Bourdieu, 1984).

## ***Investment in the Body***

As discussed extensively above, a fit and healthy body image is often regarded as demonstrative of a good standard of health, which is interpreted as symbolic of one's capability to work hard. In this respect the image of health is valuable in a functional sense, in that a person with a good body is awarded the status of 'being healthy' and is consequently considered to be advantageous to the company itself. However, during the fieldwork it became clear that body work is significant on another level as it is also considered to be a representation of economic capital and a high disposable income. In this respect, the club itself is highly significant as membership of an 'exclusive' premier club is a considerable status symbol, a consumer label that is symbolic of wealth.

Interestingly, it is here that premier club membership itself is significant, regardless of the level of body work an individual actively engages in. It is possible to gain credit for premier club membership without actively engaging in health club use. To exemplify this point, several respondents made specific reference to premier club membership as highly significant in the city of London when compared to other UK cities. As one health club manager recalled: -

*'...In Manchester it isn't trendy to be a member of a health club and not use it, whereas when I worked in London it seemed to be very trendy to be a member of a health club and not use it, especially in Chelsea where I*

*worked...there were hundreds of members who never used it...it was fashionable for people to say 'yes I am a member of Holmes Place', they were paying in excess of £70.00 a month and never used it, I knew of people who were paying that for four years and used it twice in four years'. (PS)*

The above comment suggests that for some people who work in the city, premier club membership is symbolic in itself. Moreover, premier club membership can be taken as an example of expressive consumption (Aldridge, 2003), as it implies that the individual who purchases club membership values their health yet interestingly, no physical effort is required to make this statement. In fact, many of the respondents interviewed talked about the way in which individuals within the city environment were significantly vocal about the health club membership they hold, particularly if the club falls into the 'premier' club category. As one respondent said: -

*'...A lot of the heads of legal that I work with, and I have met a lot of people in my work such as clients who go to the gym. I mean I know a lady at Holmes Place in Manchester who has a personal trainer that she used to go to in the morning and I used to think 'God that must be really good', so even I was in awe of her, but that was obviously the reason she was doing it. I am sure she could have done it on her own and didn't need a personal trainer, so I do think it is high end stuff...' (JH)*

The above comment suggests that having a personal trainer and being able to invest extra money in oneself carries a specific kind of kudos. Moreover, the

level of health club membership one can afford is taken to be synonymous with success in the workplace and one's position on the corporate ladder. Another interesting point in the above comment is the reaction of others to this type of monetary investment in the self. The above respondent speaks of being in 'awe' of the individual with the personal trainer, thus the individual in question becomes a model of the ideal, someone others aspire to. In this way, to be vocal about health club membership and indeed use, becomes a means for individual's to enhance their status, as it carries connotations of hard work and dedication to the body, and also indicates economic capital. Another respondent concurred with the above point: -

*'For some people it's a status symbol, you know "I am a member of this club and it costs me this much per month". (SB)*

In the above discussion I have tried to illustrate the link between economic capital and the capacity to invest in oneself through membership of a premier club. Moreover, it would seem that health club membership generally, is judged according to a conceptual scale, from the most basic club at the bottom to the exclusive clubs at the top, where membership is sought after. When individual premier club members talked about their past health club experiences it was often with reference to membership of a more 'standard' club and in turn there was a recognisable difference in the clientele as illustrated in the following comment: -

*'...I used to go to a steam bath in the East End which was a public steam bath and the women who went there were female bus conductors and people who work at Holloway prison and cleaners, you know, very very...working class people. So the people who go to \*\*\*are completely different, for starters you need to earn quite a lot of money to go there...'* (VP)

The clubs themselves are all too aware of the need for a high economic status when attracting members and in turn the way in which the clubs are marketed, as discussed in chapter five, reflects this. As one premier club manager put it:

-

*'...We obviously tend to target people with a more, at that sort of level in business, obviously the people at the top, but those are the ones that tend toward needing a club. You get the sort of associate director level, those tend to be our clients. Obviously it comes down to what you can afford as well, and a lot of people want this club because it's great, but if they can't afford it, they can't afford it'* (DK)

It is therefore clear that the clubs offer an exclusivity which demands a high level of economic capital from its members, subsequently excluding those who might want to use such a club but simply cannot afford it. Once again, it is also evident that premier club membership is a desirable commodity within the city space and in turn, having membership of such clubs becomes a consumer label, something that is symbolic of value and capable of translation from other people as it is valuable within the social network. As one respondent put it when talking about the popularity of clubs in the city: -

*'I think...there is a high concentration of people there and they all have a lot of money and work in particular kinds of environments where being healthy and spending money in particular ways are important and therefore going to the gym is a bit like having a BMW' (JD)*

### ***Distinction and Image***

Interestingly, when asked whether they consider health and fitness to be a national trend many of the respondents involved in the fieldwork eluded to the fact that body work and membership of a premier club is a distinctive activity, a pursuit which only a minority of people invest time, money and energy into. As one respondent told me: -

*'I would say we are becoming more health conscious, I don't think it is by any means a craze, I don't think it is by any means a kind of natural preoccupation to appear healthy, to exercise regularly' (MC)*

This comment is interesting as it suggests that whilst people's awareness of healthy living is increasing, many people refrain from acting upon this knowledge. In fact, the above respondent implied that body work is a 'unnatural preoccupation' which suggests that to modify the body is to alter its natural state. By altering the natural state of the body, as suggested throughout this chapter, an individual can achieve a desirable status by presenting an image of health for others to interpret and subsequently admire.

Moreover it can be argued that individuals who work on their bodies are approved by other social actors for acting upon the knowledge of how to be healthy. As one respondent put it: -

*'I do believe it is becoming more and more cool to be healthy, you know, look at life expectancy that is increasing, that can only come from better knowledge of what you eat, how you deal with your body and how you treat your body, so I think that is the most fundamental endorsement, it's the fact that we are clearly more aware of our health' (MC)*

Here we see a distinction between knowing about healthy living and acting upon healthy living, and those involved in the study saw themselves as a distinctive group who act on the knowledge drawn from the wider social network. However, the characteristics of this distinctive group are interesting as the fieldwork suggests that healthy living is a consequence of being a part of this distinctive group rather than being the defining characteristic. In other words, the high profile, high earners who occupy the city space use premier club membership and attendance as a way of conforming to the principles of this particular social field and as a means of developing a workstyle.

It therefore follows that premier club membership is as much about membership of a lifestyle group as it is about membership of a club to assist in the development of health and fitness. Individuals use their premier club membership to create an image that allows them to fit in with, and compete

with their peers and also get the attention of society more generally. As one respondent told me: -

*'You know there are enough prats out there who do things like that [buy premier club membership] to get attention and feel that they have a high profile. The extreme situation is that they will spend almost double what they have on a car just to be seen in a nice car which is ridiculous, but it is the nature of the beast and a health club , you say "I am a member of Champneys" and you know, it raises an eyebrow and that's why they join'*  
(MC)

Once again, we can see a relationship between the image associated with premier club membership and the desire for success within the city space, as premier club membership is symbolic of economic capital, which is taken to be a measure of status and occupational success within the city

*'Rightly or wrongly if you are a member here people perceive that you are successful purely because you are able to be a member. Personally I wouldn't hold much store by that but you do, you know you get a bit of stick "you go there, My God, you must earn a packet" (CT)*

Premier club membership is a tool for individuals to make themselves stand out, which enables them to secure their place within a distinctive, high earning social group within the city



*'if you are a member of an expensive club then you are telling anyone who will listen that you have got the cash to splash out on an expensive club, so in that respect I suppose it is the same as having a flash car or a swanky flat' (HE)*

### ***Image is everything***

As a result of the prevailing value of health and fitness when working in the city it was often suggested that individual's are prone to exaggeration, because they are all too aware of the status awarded those who conform to the principles of healthy living and present a positive workstyle. As one respondent told me: -

*'Of all the people I know living and working in the city the majority by far have health club membership, maybe one or two don't but on the whole, and I think they will all say 'yes, I go four or five times a week' and if you actually think about it, they don't' (JD)*

Interestingly, when talking about the inclination to exaggerate the extent of health and fitness activities the comments tended to be anecdotal. None of the individuals interviewed admitted to exaggerating their own health club use, but rather regarded it as something that other people commonly do, as expressed in the following comment: -

*'I think I find that people tell you they have been to the gym in a kind of smug way...you say 'what did you do today' and they say 'oh I went to*

*the gym!' whereas I always feel that when I mention it, it is just simply because it has been a part of my day, but for some people it is put across as a real kind of achievement, something they want to be praised for' (MG)*

In the above examples of how people talk about health and fitness activities the respondents are employing a degree of critical reflexivity, in other words their personal experience of talking about health and fitness activities leads them to be suspicious of others who draw attention to their behaviour. This is particularly symbolic of the prevalence of health and fitness within the competitive environment of the city, as talking about health and fitness activities marks a quest for status and once again draws attention to the competitive nature of the city.

## **Discussion**

I have argued throughout this chapter that an individual who engages in body work practices is involved in a reflexive process, whereby the actions of the body are shaped according to the social position of the particular person. Moreover, the body is a site of interaction whereby an individual draws on knowledge and experience obtained through social interaction, and it is this information that shapes and determines lifestyle choices, namely the desire to pursue health and fitness practices. In the above discussion I have shown that individual awareness of the value of health and the body within the wider social network is a major motivating factor which precipitates the act of body

work and in turn body work can be regarded as the embodiment of the value of health embraced within the city workplace.

A major facet discussed throughout this chapter is the role of body work in the development of a 'workstyle' and the quest for individual success. I have attempted to show that within the competitive social space that is the city workplace, body work is a means to achieve success within this social field. By working on the body, an individual can create a 'workstyle', whereby they present the *image* of health which in turn becomes a marker of profitability, as the outer body comes to symbolise internal health which is a valuable resource within the corporate city environment.

Throughout this chapter I have argued that body work is of the essence when conceptualising the workstyle of city 'professionals'. Within the spatial context of the city workplace, individuals who work out and invest time and effort in body work are rewarded because others regard them as confident, controlled, motivated and highly dedicated individuals, who in turn can offer the company a presentable image which is deemed to be good for business. To this end it has been suggested that physical capital can be translated into economic capital (Bourdieu 1984).

One of the key points I made towards the later part of this chapter is that body work as part of a workstyle has several facets; on the one hand it can be used to enhance ones personal career, and on the other hand it depends on career development and subsequent economic status in order to embark on body

work in the first place. Moreover, it has been shown that work on the body is part of an overall workstyle because it echoes the principles of work, in that the act of working on the body requires the same motivational drivers that underpin the motivation to work in the realm of paid employment.

## **8. CONCLUSION**

### **Introduction**

Within the context of the PhD experience, this chapter is the culmination of four years' empirical research and academic work. To reach the finale of such a lengthy process brings with it an immense challenge: to succinctly summarise a breadth of literature and empirical data, whilst striving to make a 'meaningful' contribution to the existing work in the field. In order to engage with this task, what follows is a candid account of the empirical component of my work, contextualised according to the major theoretical influences that have guided me through my doctoral work.

The chapter begins with my personal reflections of my work, discussed according to my experiences of the fieldwork process. The theoretical framework that has guided my work will then be outlined, in order to contextualise the empirical data discussed throughout this chapter. The main aims of the data chapters will then be presented, according to the research questions initially put forward.

The main body of the discussion will focus on the central themes that have emerged throughout my work. This aspect of the discussion will begin with an account of the personal experience of 'getting fit'; in particular the motivation behind the personal desire to engage in body work will be explored. The

second component will be a consideration of the role of health and fitness pursuits in enabling an individual to 'fit in' within the context of the wider social network, namely the city workplace. The third part of the discussion will review the relationship between working out on the body and forming a personal identity. Finally, the major findings and theoretical developments of this thesis will be presented by way of conclusion.

### **Working it out for myself**

In writing this chapter I decided it would be pertinent to reflect upon my role as a researcher in the context of this work, as I feel that my own reflections and feelings that were manifest throughout the fieldwork process further support the research findings. The first interesting point to note is that when conducting the empirical work, I was keen to create a 'workstyle' that would let the respondents know that I was a professional, experienced researcher. Like the principles of workstyle developed throughout the thesis, this depended on an implicit awareness of presentation of the self, and a concern over my clothes, make up, hair, even the type of stationary and recording equipment I used!

Perhaps the most significant concern I had about myself with regard to my role as a researcher in the context of this work was whether or not my body looked 'fit' and 'healthy'. I often felt very self-conscious and had a sense that I was being assessed as to whether I was fitter than the respondent or not. To my mind, this further reinforced the relationship between body work and bodily

appearance and the nature of competition that often drives people to work out. It also seemed to demonstrate the importance of body work within the city environment when trying to achieve some level of credibility, as I would most certainly not have been comfortable conducting the same piece of research had I been excessively overweight!

These feelings that emerged during the course of the interviews were echoed during the observational work. I was always concerned that I saved my best 'gym' kits for the premier club environment and I even wanted to be sure that I had the right kit bag to transport my things. Again, this gave me first hand experience of the desire to 'fit in' that exists in relation to the premier club environment (and arguable elsewhere in society) and further highlighted my feelings of being an 'outsider' because no matter how hard I tried to fit in, I was never going to be a 'city type' who uses a premier club. I would always be the student researcher who struggled to maintain a health and fitness regime in standard facilities in the Midlands.

### ***Working Out: The Theoretical Framework***

Throughout this work, I have been influenced by a range of theoretical perspectives and have drawn upon the work of many theorists, both within the field of sociology and outside of it. Whilst it is not possible to review all of the theories that have guided me throughout this process, some of the major influential themes are outlined in this section. Throughout this thesis I have engaged with the longstanding sociological concern over structure and

agency, and the relationship between these two social aspects (Scott and Lopez, 2000). More specifically, the interactive nature of structure and agency has been emphasised as I have argued that premier club use is a social action, which is imbedded in a complex relationship between the individual and the wider social network. In this way individual action is shaped by social rules, values and expectations, but is not *determined* by them (Archer, 1995; Giddens, 1984). In line with Giddens' (1984) structuration theory, I was careful to emphasise social interaction throughout my work, thus avoiding excessive voluntarism or determinism.

The focal point of my work has been premier club use amongst the new middle class, guided by the work of Savage (2000) and Wynne (1998). The work of these two theorists emphasises individual lifestyle as a defining feature of the new middle class and it is argued that individuals within this social cohort pursue their own life projects, within the context of the resources and scope for self-development that is awarded them due to their occupational status and overall, social position (Savage, 2000; Wynne, 1998).

In exploring premier club use as a lifestyle choice that is characteristic of the new middle class, the work of Bourdieu has been invaluable. In Bourdieu's 'theory of practice' I found a theoretical tool that enabled me to explore the various social levels that influence the decision to join a premier club and engage in body work practices (Bourdieu, 1984; 1990; Harker, Mahar and Wilkes, 1990). In essence, Bourdieu's work suggests that when it comes to 'action', we are both influenced and restricted by social practices and in this



respect, my work offers an empirical account of the body work phenomenon which contributes to an understanding of social practice in the city.

In line with my desire to emphasise social interaction identified above, by applying Bourdieusian theory it was possible to explore the dialectical relationship between structure and agency (Bourdieu, 1977). Using the theoretical tool, the 'habitus' I was able to envisage individual action as part of the wider social network, defined according to the principles of the 'field' which relates to the social setting where action is located. By conceptualising the habitus as the space we occupy in a social field I was able to consider how individuals may act according to socially defined 'expectations'. Moreover, the actions an individual choose can allow them to identify as part of a social group as they adhere to the rules and develop a 'feel for the game' (Jenkins, 1992).

When considering Bourdieu's theory of practice and the notion of developing a 'feel for the game', Foucault's work on governmentality is supportive of the principles. As Scrambler and Higgs (1998) suggest, individual action is not determined by social structures or governing principles. In this way, the emphasis is on the notion of 'regulated autonomy' where individuals appear free, but make their choices according to the guidelines of a specific society at a specific time (Peterson and Bunton, 1987). In turn, Foucauldian theory suggests that individuals employ a degree of self-surveillance, which refers to the situation where 'a human being turns himself into a subject' (Dreyfus and

Rabinow, 1983: 208-9), assessing their actions according to the wider values and beliefs of the social network.

### ***Working Out: The Empirical Work***

Through the discussion presented in chapters five, six and seven it is hoped that I have made some headway in explaining the factors that encourage people to become part of the contemporary premier club culture. In chapter five *'The Premier Club: A Playground for 'City Types'?* I explored the characteristics of the premier club environment and defined the clientele that they attract. Throughout this chapter I strove to locate the premier club as a 'city' pursuit and considered the reasons why people choose to join a club with such luxurious facilities. In particular I began to question whether individual premier club members are attracted to the clubs for the perceived health benefits or purely for the luxurious experience.

In chapter six *'Premier Club Use: Embodying the Value of Health'?* I continued to explore the reasons why people choose to join a premier club. The main aim of this chapter was to explore premier club use and to question whether it is a practice that represents a personal quest for bodily change and health improvement, or a desire to make a statement about the self. Throughout the chapter I honed in on the relationship between individual action and the wider social network, to consider whether an individuals interaction with other social agents and an awareness of the social value of

health were precipitating factors in the decision to join and subsequently use a premier club.

Chapter seven, '*Body work as a Quest for Success?*' brought the key issues highlighted in chapters five and six to the fore and throughout I attempted to identify why it is that premier clubs have become a feature of the 'city'. Throughout the chapter I explored the principles behind body work practices and suggested that the wider social network shapes the personal quest for a 'good' body image and an improved standard of health. Throughout the discussion the relationship between individual action and the competitive city workplace is explored and the concept of 'workstyle' is defined.

## **The Findings**

### ***Working Out: Getting Fit***

As shown throughout this thesis, when considering healthy living practices individual agency is clearly the primary concern, as an individual must be personally motivated to undertake body modification through a commitment to body work (Featherstone, 1999;2000; Shilling, 1993). As Featherstone (1999) argues, body modification is the act of changing the appearance of the body, an action that is underpinned by a desire to change the visual surface of the outer body. In order to undertake body modification, an individual must take control over their lives and engage in bodily practices. This process of body modification often involves what Shilling (1993) refers to as a 'body project',

which tends to involve the investment of time and money on the part of the individual.

It is this relationship between the investment of time and money when engaging in body projects (or body work as it is referred to throughout this thesis) that has proved particularly interesting within the context of my work, as the ability to invest such resources is shaped by the wider social experiences of the new middle class. In chapter five, it was shown that when choosing to join a premier club, individual members are investing high levels of economic resources in their body work practices. However, this investment, whilst representing a personal desire to achieve an improved body image, is often motivated by a range of influences and pressures regarding health and fitness, that are shaped by the wider social network.

The research found that individuals were often motivated to use the premier club as a response to health problems or a personal recognition of the need to improve health. However, the majority of respondents felt that their personal desire to get fit was shaped by a wide range of social resources such as the media, their wider peer group, and most importantly, their work environment. In this way, discourses on health provide the foundations of health beliefs and our understanding of what we should do to get fit, and how or where we should do this.

The research found that in addition to a desire to improve the visual display of the outer body, individual premier club members saw the club as meeting a

specific lifestyle 'need', which relates to their experiences of their working lives. Moreover, individual members saw the premier club as a 'third space', a distinctive space that bridges the gap between work and leisure that was often treated as an extension to the working day. It was found that for 'city types', who tend to work in highly pressurised work environments such as corporate banking, legal firms and consultancy, there was a perceived need to preserve health and ultimately counteract the detrimental effects of the pressure they face in their working lives. Respondents often saw the premier club as a convenient place to engage in the process of 'getting fit', due to its close proximity to their workplace, which not only incorporated exercise pursuits, but also relaxation.

In addition to meeting the 'needs' of city types, it was found that the premier clubs also fulfil a 'desire' to create a certain 'image of fitness, and this desire was met on two levels. On the one hand, just having the economic resources available to buy exclusive premier club membership, marks the individual who holds the membership as someone who cares about their health enough to invest a high level of money. On the other hand, premier club members often told me that they had been attracted to the clubs by the promise of better health and because of their desire to improve the image of the outer body.

For 'city types', premier club use does not simply represent a desire to modify the outer body; it is an individual practice that is clearly shaped by their experiences in the wider social network, in particular the city workplace. Whilst the relationship between individual body work and the wider society will

be unpicked throughout the forthcoming discussion, the empirical findings from my work suggest that there is a clear relationship between lifestyle and exercise practices in the process of getting fit, which traditional studies of exercise practices, such as those discussed in chapter three, have tended to underplay (see Kenen, 1987; Lloyd, 1996).

### ***Working Out: Fitting In***

The most pertinent theme running throughout this thesis is the fact that premier club use is socially and culturally located. Respondents often spoke about the influences and pressures that shaped their decision to join and subsequently use the premier club, influences which included the social value of health as represented in the media and various other social channels but most importantly, influences and pressures from within their immediate social network, in particular the city workplace. With regard to the wider social network of the city, individual respondents broadly identified two influential sources which had shaped their decision making processes, firstly the visibility of the premier clubs in the city environment and secondly, the value of health and fitness that exists within the city workplace.

Beginning with the increasing visibility of premier clubs within the city, individual premier club users often suggested that when buying their premier club membership they had succumbed to the visibility of the clubs and the associated advertising. Respondents seemed to be lured to the premier clubs by the promise of well-being and the exclusive nature of the clubs facilities, as

represented through premier club advertisements incorporating slogans such as 'nowhere else makes you feel this good'. However, I feel that the most interesting aspect of the empirical work was the influence of the value of health and fitness that exists within the city workplace, which I will now summarise in more detail.

As suggested in the above section, when working in a high-pressured city environment there is a perceived need to be healthy and get fit, in order to simply withstand the pressures of everyday life and be in a position to work the hours required, free from the threat of poor health. However, the respondents often told me that this perceived need to be healthy was not formed intrinsically, but rather represents a response to the value of health and fitness as expressed through the corporate structures of the city workplace.

Many of the premier club members I spoke to referred to an 'expectation' to be fit and healthy when working in the city. An expectation that is based not only on intrinsic health, but also incorporates the visual image of the outer body. In other words, when working in the city, individuals are expected to present themselves in an 'acceptable' way (Entwistle, 2000; Warhurst and Nickson, 2001). In turn, it was often suggested that premier club use is driven by this expectation that exists in the workplace, and premier club users work on their health and fitness because they see it as a pursuit that is valued in their wider social network.

In this way, premier club use represents a desire, on the part of the individual, to 'fit in' and as the next section will illustrate, make a statement of the self. The value of health and fitness that exists in the workplace has further precipitated the value of health and fitness amongst the new middle class more generally, and therefore, healthy living practices bring likeminded people together. In addition, it is recognised that members of the new middle class are those who are most likely to get fit, as they can invest the time and money and engage with consumer practices that benefit the body. As Featherstone (1987) argues, the body is symbolic of style and taste and by working on the body; individuals can associate themselves with a particular identity that is shared by others. By joining a premier club, individual members, can use their capacity to consume (according to their economic resources) to align themselves with certain sentiments and by living a health lifestyle an individual can tell a story of 'who they are' as an independent person, but also according to the values of their wider social network and their social group.

### ***Working Out: Who You Are?***

Interestingly, respondents saw a healthy body as a symbolic marker of an individual's health status and invariably suggested that within the context of the city workplace, an individual who is overweight is likely to be considered less able to 'do the job'. This perception reflects the work of Roehling (2002), who found a relationship between bodily appearance and employability within the context of the American workplace. Furthermore, individuals saw body



work as integral in the quest for success, whereby only the fittest survive in the city.

In short, the value of health and fitness that exists in the city workplace is underpinned by the symbolic value of the slim, toned and exercised body. In this way, the individual respondents who all engaged in body work saw these practices as inextricably linked to the emphasised need to be healthy within their given place of work. Moreover, it was thought that by displaying a fit and healthy body, individuals would be seen to be conforming to the expectations of the corporate workplace.

As discussed extensively in chapter seven, body work is a key feature in the development of a 'workstyle', as individuals use their bodies as a way of making a statement about themselves and defining whom they are. By working on the body, an individual can create a 'positive' workstyle, which encapsulates a good body image. Moreover, the outer body is perceived to be the symbolic representation of internal health, which is a valuable resource within the corporate city workplace.

Body work is of the essence when conceptualising the workstyle of city 'professionals', as the way in which the body is presented is taken to be representative of the characteristics of that person. Moreover, in line with Gini's work (2000), work is at the centre of all we do, it defines who we are. Within the spatial context of the city workplace, individual's who work out and invest time and effort in body work are rewarded because others regard them

as confident, controlled, motivated and highly dedicated individuals, who in turn can offer the company a presentable image which is deemed to be good for business.

The empirical findings, as expressed by those who work in the city reflect the work of Berking and Neckel, who argued that within the confines of the city, '...being somebody means being visible...' (1993: 64). Amongst premier club users, it seems that the knowledge of the visibility of the body and the meanings associated with it, culminates in what Synnott (1993) referred to as an awareness that the way the body is presented can affect our life chances. Work on the body is therefore inextricably linked to the creation of a workstyle, whereby individuals strive to create an image of 'professionalism' which demands attention to presentation of the self (duGay, 1996; Goffman, 1969; Grey, 1994).

Body work therefore, can be regarded as a process of individualisation, a reflexive project of the self (Giddens, 1991), which is driven by an individual's quest for success within the city workplace and represents a personal awareness of the relationship between presentation of the self, body work and corporate success. The empirical work revealed that those individuals who use a premier club and engage in body work have a clear understanding of the value of presentation of the self (Goffman, 1969) and are willing to invest time and money in their bodies in order to create a positive workstyle, which it is thought will be of benefit with regard to their careers. Moreover, individuals are engaging in a process of self-actualisation, where actions are based on

individual initiative. Thus, premier club use can be regarded as an activity that is undertaken by the 'entrepreneurial self' (duGay, 1996).

The expectation that an individual will strive to preserve their health and fitness and present themselves in an 'acceptable' way, is creating a competitive situation, whereby those who conform to the principles of body work are more likely to succeed in the city workplace. Thus body work represents a personal desire to develop a competitive edge and in turn, a 'good' body becomes a mark of distinction, a visual representation of 'who we are' (Crawford, 1994). In turn, simply having the premier club membership in the first place is significant in defining who we are, as it acts as a form of expressive consumption, that marks the individual holding the membership as someone who cares about their health and in addition, as someone who can afford the membership to such an exclusive space (Williams and Bendelow, 1998).

### **The Thesis Worked Out?**

The main theme running throughout this thesis is based on the finding that premier club use is socially and culturally located. It is argued that discourses and ideologies concerning health operate at different ontological levels. In other words, there is a 'social value of health' that includes discourses such as those perpetuated through the media, politics and medical discourse(s), which infiltrate all channels in society. However, of more significance within the context of this work is the discourse and ideology concerning health that

exists within the particular social network of the city workplace. Throughout this work it is argued that individual action, namely the decision to join and use a premier club, is a response to the value of health that exists within the city workplace.

It has been shown that body work, the practice that underpins premier club use, is motivated by two factors. The first being the 'need' to improve health and fitness as a consequence of working in a high-pressured city workplace and the second, a desire to present a certain 'image of fitness', which again is shaped by the value of health that exists in the city workplace. It was found that when working in the city, individuals are encouraged to exercise because health and fitness is valued within the social field that is the city workplace and in turn healthy living becomes an implicit 'expectation'. By choosing to engage in body work practices, an individual can identify themselves as part of a social group because they are developing a feel for the game, and learning the rules of the city. The outcome is that obtaining a certain level of fitness and presenting a certain 'body image' becomes the aim of the game (Bourdieu, 1977; Jenkins, 1992).

This thesis maintains that when working in the city, individuals are expected to be fit and healthy, and in turn are expected to present themselves in a certain way. Premier club use therefore represents a desire to 'fit in' and make a statement about the self, according to the characteristics that have come to be associated with a positive body image. It has been found, that by investing time and money in getting fit, individuals can align themselves with certain

sentiments that are valued in the workplace, as a good body image has come to represent control, motivation and dedicated, characteristics that are valuable within the world of work. In turn, by working on the body individuals are aware that they can make a statement about 'who they are'.

The principles of body work are therefore perceived to be crucial with regard to the 'quest for success' that individuals embody when working in the city. This relationship between the presentation of the body and the principles of success relates to the concept of survival of the fittest, whereby only those that conform to the principles of body work and healthy living practices are likely to succeed in the city workplace. In this way, body work has been shown to be a driving force in the creation of a 'workstyle', whereby the desire to succeed in the workplace underpins all actions, even those that relate to practices outside of the immediate work environment. In the development of a 'workstyle' a good body has come to symbolise a 'professional' image and the fitness of an individual is deemed to be positive as it helps to give the overall impression of 'fitness' within the company itself. More specifically, employees who appear to be fit and healthy are perceived to be 'good for business'.

Overall then, within the context of the city, it has been shown that body work and the development of a workstyle is the motivating factor behind the decision to join a premier club. Moreover, premier club use is integral feature in the process of individualisation as social agents are engaging in a reflexive project of the self, whereby shaping their body and creating an overall image,

or a positive workstyle, is of the essence (Giddens, 1991). By working on the body, the premier club users have embodied the idea that a good body will 'work for them', awarding them with positive attributes which will in turn be of benefit to their occupational careers.

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