Fit for Consumption:
Sociology and the Business of Fitness

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Synopsis of Findings
The Fitness Industry and the Problems of Obesity and Inactivity
Changing cultural, political and economic conditions have posed new challenges for the individual body, and these have been reflected in shifting notions of an individual’s fitness for social life. Notions of fitness in the early twenty-first century are shaped, first and foremost, by the tenets of individualization, which take identity, health, and social mobility as individual duties and responsibilities. Ultimately, ‘being fit’ is about possessing the appropriate capacities and resources to undertake the project of the self in a competent fashion, minimizing health risks and maximizing market value. Fitness is a measure of aptitude for life in consumer culture and a service economy.

Over recent decades, many Western countries have experienced a strange paradox, with sport, exercise and leisure industries expanding alongside problems of inactivity and obesity. This juxtaposition is imprinted on the fabric of everyday life, with health clubs sitting alongside fast food restaurants as part of the urban environment of global cities. It is thus important to ask: is fitness good for us? This is not a ‘yes or no’ question. Over the past three decades, medical research has continued to substantiate the role of exercise in decreasing the risks of various diseases and ailments, including arthritis pain, breast cancer, colon cancer, osteoporosis, stroke, Type 2 diabetes and congestive heart failure. However, when exercise is taken to be an unproblematic ‘good,’ the vested interests and unintended consequences associated with the current construction of fitness are exempt from questioning. Thus, posing the question in a polemical fashion facilitates a questioning of the taken-for-granted, in order to underline how the commercial fitness field benefits from, but is poorly equipped to address, population-level health issues such as inactivity and obesity.

The commercial fitness field has benefited through associations with the health field; for example, media attention generated by Surgeon General warnings, direct referrals through physician-prescribed exercise, and the legitimacy from scientific findings on the benefits of exercise reinforce the fitness field’s construction of exercise as a panacea and a morally good use of leisure time. More broadly, patterns of disease, sedentariness and so forth not only give rise to the social problems of inactivity and obesity, but also create a need for purposive physical exercise, which is filled by the commercial fitness industry, which in turn benefits from the legitimacy that the health field has bestowed upon the problems of inactivity and obesity.

Obesity and inactivity are global, and escalating problems. Though linked in the media and popular imagination with the developed world, obesity and inactivity rates are rising across the globe, resulting in the coexistence of obesity and under-nutrition in some countries. The WHO MONICA (MONItoring of trends and determinants in Cardiovascular diseases) Study that compares specific cities from 48 different, but mostly European countries; the results show that in all but one case, between 50 and 75 per cent of adults were overweight or obese between 1983 and 1986, and that these proportions are increasing over time. Despite similar problems with global measures of inactivity, statistics are largely consistent: around the world, 60 to 85 per cent of adults are not physically active enough to achieve any health benefits.
Obesity and inactivity are also stratified by gender and class. Women have higher rates of obesity and inactivity than men, men have higher rates of overweight, and in both instances, rates of obesity and inactivity increase as socioeconomic class decreases. At bottom, it is the class dimension of obesity and inactivity that is the key to the fat/fit paradox, just as it is to understanding the fitness field. In the US, 73 per cent of commercial health club members have a household income of at least $50,000; similarly, professional/managerial individuals constitute approximately a third of personal trainer clients and the readership of the top three fitness magazine titles. The fitness field is middle class in a triple sense: produced by the middle class (e.g. service occupations in publishing, personal training), for the middle class (especially the professional/managerial group and its aspirants that constitute the core consumers), and of the middle class (the lessons of the fitness field affirming and legitimating the valued forms of capital and the leisure projects of the middle class).

Is fitness good for us? For the majority—and in particular for those lower down the socioeconomic ladder who are more likely to be inactive and overweight—the answer is no, both because a lack of capital and suitable consumption preferences make participation unlikely, and because the private provision of fitness services facilitates the ongoing withdrawal of their public provision. The commercial fitness field represents the commodification and reproduction of the problem: the already deeply-entrenched class-based stratification of health and health risks. For a much smaller group of people, the answer is a qualified yes: the fitness field provides goods and services that may facilitate the accomplishment of regular physical exercise for individuals, but in such a way that it is deeply restrictive at a collective level. Some individuals, as this research makes clear, locate in the fitness field a space for significant sociality, a rewarding career, the ability to assuage or control anxieties, or an opportunity to fully engage with the body without reference to an instrumental end; this is no bad thing. However, the ‘lessons’ of the fitness field involve the promotion of an individualized notion of exercise (as a disciplined use of one’s own time rather than addressing collective patterns of space and time use; and as an individualized cure-all for what are, at bottom, collective problems and patterns), an instrumental view of pleasure through exercise (rather than a non-instrumental ‘play’ ethic, which remains under threat if not altogether absent from daily life), and the narrowing of the parameters of participation to those provided by the consumer market.

The fat/fit paradox of the past three decades, in which fitness industries have boomed alongside increasing rates of population inactivity and obesity can be understood as the rational outcome of addressing a social, structural problem with an individualized solution. The result has been a further entrenchment of the existing class divide in health, and the rationalization of health and exercise as matters of appearance management and status consumption. Individual sovereignty, so prized in consumer culture, is ‘healthy’ only insofar as it is accompanied by collective responsibility to tackle social problems through collective solutions: for example, more funding for public provision of recreation services accessible across class divides; a commitment to the sort of urban planning that
makes active living the easy, not difficult choice; and compulsory childhood physical education (PE) that produces an appreciation of the joy of movement and the habit of physical activity.

This research highlights four ways in which the fitness field—sometimes at cross-purposes to, sometimes in conjunction with the health care and health promotion fields—is unsuitable for addressing population health problems such as inactivity and obesity. This is not an exhaustive list, but illustrates the larger conflicts facing population health and fitness, and provides four starting points for further discussion—among and between government policy makers, health professionals and promoters, leisure and recreation professionals, physical educationalists as well as those involved in the commercial provision of fitness goods and services.

First, since the 1970s, health promotion has focused on individualized ‘active’ strategies, which assume that, given the appropriate information, the rational actor will make ‘good choices.’ Fitness and health experts construct the problems of the body and self—fatness, weakness, inactivity, boredom, laziness, poor time management—as personal failings, requiring the investment of individual time and effort. Obscured by this narrow focus on individual responsibility for healthy behavior are the deeply social causes of obesity and inactivity. What is required is an acknowledgement that the problems of obesity and inactivity are collective problems, which require collective solutions. This is not simply a matter of putting more funding into collective provision of recreation services that are accessible across class divides (or into the development of a pill to kill appetite, annihilate fat, and cure obesity). A fundamental transformation is required in how the state regards itself relative to its citizens, and how citizens understand their rights and responsibilities relative to the state, themselves and each other, so that—if individuals are truly to bear the responsibility for their lives—there is greater equity in the capacity of individuals to control the context of choice.

Second, the fitness field’s naturalization of exercise as a leisure time activity to take place within designated and specialized sites reinforces the lack of attention given to the environment and its impact on population health. Contemporary consumer society is an ‘obesogenic’ environment, from the auto-centric configuration of daily life to the differential accessibility of fast food and its healthier alternatives. A shift in urban land use is required, despite the seemingly insurmountable inertia of infrastructure. Health promoters may recommend walking to work, but they do not address the patterns of suburbanization and the lack of government funding for mass transit and bicycle lanes in the US and elsewhere that spatially segregate work and home life and make sedentary commuting (i.e. car or train rather than walking or bicycling) an inevitability for many. Of course, making long-term policy and funding commitments to an activity-friendly environment requires an accompanying ideological shift, as outlined in the first point, as these collective solutions impose a collective burden as much as they offer collective opportunities.
Third, the commercial provision of fitness facilities and services has the unintended consequence of facilitating the ongoing decline of their collective provision, particularly for the disenfranchised. Population inactivity and obesity stem in part from the decline of childhood PE, a central element in the collective provision of exercise and recreation opportunities. PE’s focus on competitive, performance-oriented sports has excluded many from participation because of cultural backgrounds, body culture interests and physical capacities. Hence, not only is the provision of PE declining, but so too are levels of participation, especially among young women. Given the general decline in the US and elsewhere of institutional childhood socialization into physical activity, the production of new adult habits requires a complex web of motivational techniques—exercise logs, entertaining workout classes, inspiring magazine stories, personal training sessions, messages of guilt, hope and encouragement. But motivation comes at a cost, and is marketed to a middle-class market, reinforcing the economic and cultural capital boundaries the surround the fitness lifestyle.

Fourth and finally, the fitness field reproduces the tension—typical of consumer culture more broadly—between indulgence and restraint. This cultural ambivalence is expressed in the simultaneous increase of consumption of both fatty and diet foods, exercise classes and television, miles spent on the treadmill and in the car. The problem with fitness, from the point of view of health, is that the field’s prescribed negotiation of denial and pleasure produces not healthy but consuming behaviour. The work of the workout is rationalized as a means to earn rewards—a thinner and more toned body, a chance to buy smaller-sized clothes, the status credit of belonging to the right gym or hiring a personal trainer. Such an instrumental attitude undermines the potential benefits of exercise for improved body image and self-esteem by focusing attention on changing, rather than enjoying, the body’s capacities. Physical activity can provide a sense of control, pleasure and joy. But these benefits are undercut by the promotion of exercise as a rationalized instrument of appearance and health management.

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