Running away with health: the urban marathon and the construction of 'charitable bodies'

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ABSTRACT   The increase in fundraising through mass-participation running events is emblematic of a series of issues pertinent to contemporary conceptualizations of health and illness. This increasingly popular spectacle serves as an indicator of present-day social relationships and broader cultural and ideological values that pertain to health. It highlights contemporary discourses on citizenship; 'active citizens' can ostentatiously fulfil their rights and responsibilities by raising money for those 'in need'. Involvement in such events comprises an example of the current trend for drawing attention to illness, and sharing one's experiences with others. We examine these issues through a consideration of charity advertisements and offer a fourfold typology of runners in terms of their orientations to both mass-participation running and charity. We conclude that 'charitable bodies' are constructed out of the interrelationships between philanthropic institutions, sport and individual performance.

KEYWORDS   *bodies; charity; city; health; marathon; media; running*

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Introduction

On 17 April 2005 32,000 people ran in the 25th London Marathon. The event was relayed on TV screens across the world by the BBC. Well-known TV presenters covered the broadcast in glorious sunshine from the City Pride pub in the Isle of Dogs and the Cutty Sark in Greenwich. Live coverage of the event started hours before the race, with the presenters interviewing runners and spectators and giving detailed commentary of the race route. Helicopters provided aerial shots of the city's major landmarks to be passed by the runners and fine images of docklands and the Isle of Dogs; areas which in the post-war years had endured significant

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socio-economic degeneration but have since experienced regeneration over the life of the marathon. The women's race was won by the world-famous athlete Paula Radcliffe and the men's by Martin Lel. But according to the BBC it was the 'fun runners raising millions of pounds for worthy causes who are the real stars of the race'. Among the runners in more conventional running attire there were participants in fancy dress. It was a veritable carnival, with chickens, flowers, giant teddy bears, dinosaurs, Batmen and Robins and the like passing by – most with their named charities, and some with the names of their deceased mother, father, child or sibling, displayed on their costumes. Alongside the sporting commentary of the elite race, the audience was treated to vignettes of runners' lives; including their motives for running, their favoured charities, their own or their family's illness, their experiences of bereavement and their tenacity to raise funds for medical research and equipment. In spite of the heart-wrenching stories the atmosphere was electric – spectators and runners exuded a collective confidence; the ebullience and enthusiasm was infectious. There was a communal spirit and a collective goal to ensure the success of the race as a whole and to ensure that each and every runner succeeded.

The London Marathon is now one of many mass-participation running events that relies upon the motivations of individuals who decide to train their bodies to run 26.2 miles. The carnivalesque nature of this urban spectacle relies too on the motivations of individuals to run in costume as part of their bid to raise charitable funds. But the sheer numbers of individuals involved in the growing number of urban marathons and half-marathons (virtually every major UK city hosts one) suggests that there may be some cultural antecedents to these motivations. In other words, there are sociological reasons for the growing popularity of urban marathon running. The aim of this article is to identify some of these reasons and try to offer some explanations for differential types of involvement in these events. But our prime aim is to gain an appreciation of contemporary social representations of health and illness (Herzlich and Pierret, 1987) and so we are using the London Marathon as a conduit to explore a range of issues that dominate our current notions and experiences of health and illness. These include: the salience and spectacle of lifestyles and fitness; the commodification of health and illness; the importance of bodily appearance and self-determination; and the elision of charitable and commercial organizations in their desire to overcome disease and illness.

We begin by placing the London Marathon in context with a brief overview of the development of urban mass-participation running in the UK, and in particular delineate the growing interdependence of charities and sporting events. We reflect on this relationship through a consideration of charity advertisements by examining how they are represented to runners through recruitment material. From these discussions we then develop a fourfold typology of runners in terms of their orientations to both mass-participation running and charity in order to try to examine how the

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privatized and personalized motivations of individual runners have become prefigured as public issues.

The city, running, health and fitness

The city marathon was established in North America with the Boston Marathon in 1897. The modern mass-participation marathon, with the inclusion of joggers and runners of variable abilities, however, started in New York in 1971. By 1981 25,000 people applied for the 16,000 places available in the actual race. The former Olympic athlete Chris Braisher founded the London Marathon in 1981 in order 'to improve the overall standard and status of British marathon-running by providing a fast course and strong international competition' as well as fostering camaraderie, and raising money for recreational facilities in London (Braisher, cited in Bryant, 2005: 7). Thus charity has long been a central aspect of these spectacles. 'The London' (as it is referred to in the running community) and the 'Great North Run' in Newcastle are the largest of these in the UK, attracting not only the highest numbers of participants but also the biggest audiences as they receive extensive live media coverage, which is relayed across the world.

Harvey suggests that cities compete to create an image around the 'organisation of spectacle and theatricality' (1989: 93). For regional cities such as Newcastle and Glasgow marathons and half-marathons provide important opportunities to help transform images of old disvalued industrial urban centres. For global cities such as London and New York the annual marathon is part of a carefully crafted global image of the city as a place for pleasure, tourism and healthy endeavours (Roche, 2000). In London's case this has been central to a successful bid to host the Olympic Games in 2012. Berking and Neckel suggest that urban marathon running is a quintessentially late modern event: 'the urban marathon, almost bursting with normative significance, is the staging of the individualized society as a spectacle, a symbolic and real experience, which narrates directly the role casting and character qualities in demand today' (1993: 68). It is a spectacle that helps the city enter the national, if not world stage, confirming status and prestige suffused with images of fit bodies and healthy lifestyles.

The publication of books that advocated running as part of a lifestyle transformation both reflected and facilitated the growing popularity of running. While non-competitive jogging became popular in the late 1960s and early 1970s it was then, according to Gillick (1984), associated with overweight middle-aged executives and politicians. The publication of *The complete book of running* written by a fashion editor (Fixx, 1977) and *Running and being: The total experience* (Sheehan, 1978) marked a watershed. These best-sellers sought to show that well-being, increasing self-esteem and a 'high' could all be acquired through running. Running can be undertaken in a solitary mode as well as part of a collective event and it

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makes use of open urban spaces. Like other 'health' pursuits, running has become increasingly commodified, with specialist equipment, especially shoes, being developed that are sold in running shops that advertise in popular running magazines. 'Experts' such as nutritionists, sports therapists, physiotherapists, podiatrists, sports psychologists and massage therapists advise on the 'science' of running and provide treatment for injuries at a price. There are also many running clubs that arrange training sessions and provide advice and support to members.

Distance running is still considered to be extraordinary. Reischer (2001), in a study of amateur marathon runners, notes that for many the marathon appears as 'unnatural' and a challenge that is almost 'superhuman'. Runners she interviewed made regular use of the metaphor, 'hitting the wall' which is a familiar feature in running parlance. It refers to the point at which a runner is physically exhausted and cannot continue, so overcoming the 'wall' necessitates drawing on one's psychological resources and 'will-power'. In his book *The London Marathon*, Bryant (2005) devotes a chapter to hitting the wall. He suggests that it 'defies definition, but you'll know it when you hit it' (2005: 233). The clubs, magazines and shops all provide sources of support and competition to facilitate the desire of runners to 'improve performance' that is part of a 'project of self-transformation' (Reischer, 2001: 19). Reischer argues that for runners, training for a marathon was not just about getting 'fit' or keeping 'healthy'; it was also about personal achievement, encapsulated in the phrase 'I did it'. Runners reported that they felt 'tougher', 'more accomplished', 'empowered', 'unique' and 'more confident'. There are echoes here of what Shilling (2003) describes as a 'body project' that is entered into to reshape both the body and individual identity. As Bauman notes 'the urge "to do something about my life" is most eagerly translated into a precept "to do something about my body"' (1983: 41). Among runners, there is something of the heroic in the struggle to achieve the transformation that is marked by completing a marathon. Bryant cites the example of one runner who completed 'The London' with a broken hip. He reported to the TV cameras from his hospital bed, 'I was determined to complete the race because I had told people who sponsored me that they would not need to pay up if I failed. I'd raised £8,500 for Whizz Kidz, I couldn't let them down' (Bryant, 2005: 228–9).

Media coverage and especially live television are central to the creation of a local and potentially global city spectacle. Visibility as a broadcast spectacle is aided by the inclusion of 'elite' runners who are well-known sports personalities and 'celebrity' runners who run among the other participants. Reporting these events is therefore an eclectic mixture of conventional sporting commentary with studio experts and popular reality television where stories are woven around 'battles' against illness, and reports of funds raised for good causes. Details of how viewers can donate funds are screened throughout. This allows a disembodied audience to enter into the 'spirit' of the event. The result is an amalgam of emotionality and

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sentimentality constructed around a communal display of personal achievement, fit bodies, public generosity and apparent social solidarity. The philanthropic message echoes the past when the 'deserving' poor were displayed and seen as 'worthy' of charitable acts.

Health, charity and corporate philanthropy

The *Flora* London Marathon, the *BUPA* Great North Run and *Fresh 'N' Lo* Great Scottish Run comprise overt examples of charity through corporate sponsorship of events involved in raising considerable funds largely for medical and health-related charities. 'The London' is the biggest annual fundraising event in the UK, raising around £35 million annually. The close relationship between the charities and the city marathon is evident in what is called the 'Golden Bond Scheme' whereby entries can be block-purchased for 5 years at £250 a place (the single normal entry fee is £27). Charities effectively buy up places and then compete with each other to attract entrants who in turn agree to raise minimum funds (usually in excess of £1500) in return for an entry number. It is now difficult to participate in these high-profile events without obtaining a place that involves charity sponsorship. Thus, money is collected from individual runners who are allocated places based on their ability to raise funds through sponsorship.

Philanthropy and health have always had a close association but the development of medical science gave a new impetus to the collection of money to support scientific endeavours. Since the 1980s, charities have increasingly professionalized and, drawing on commercial and marketing techniques, have become a significant sector of the economy. This shift in techniques of both commercial and charitable organizations took place in concert with the retrenchment of the welfare state, which in turn generated more 'opportunities' for charities to provide support for various projects that would otherwise be neglected. Conceptualizations of citizenship that embrace 'rights' and 'responsibilities' are now a central part of state rhetoric as welfare dependency is increasingly viewed as undesirable. Concomitantly, the 'charitable' citizen is to be encouraged. For example, in the UK the Government undertook a Review of Charity Taxation and has subsequently introduced initiatives to facilitate 'tax-efficient giving' for both individuals and commercial companies (Hibbert and Farsides, 2005). The highly publicized 'National Giving Week' (October 2005) organized by the Charities Aid Foundation in order to disseminate information on tax-efficient giving is indicative of a series of initiatives designed to foster support and commitment to charities. Indeed, increasing collusion between the taxation system and giving reflects an attempt to replicate some aspects of the North American system where charitable incomes are markedly higher (Walker and Pharoah, 2002).

In 2004 the income of UK-registered charities was nearly £35 billion, with individuals giving £7.1 billion in 2003. Two-thirds of adults give to a charity

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in a typical month with women giving slightly more than men and higher socio-economic groups giving proportionately more than the lower groups (NCVO, 2004). Medical research and children and young people are the most popular causes with 24.4 per cent of the population giving to the former and 21.6 per cent to the latter (NCVO, 2004). In 2003/4 *Cancer Research UK* received the highest income from voluntary donations (£306 million), followed by *The National Trust* and *Oxfam*. The *British Heart Foundation* came fourth, and *Macmillan Cancer Relief* seventh.

Sophisticated marketing techniques and brand management have made some charities such as MIND synonymous with particular causes. Breast cancer has been taken as the paradigmatic instance of charity and medical collaboration (Davidson, 1997; Klawiter, 2000; King, 2001; Milden, 2005). In 1991 the *Susan G. Koman Breast Cancer Foundation* founded the mass-participation running event the *Race for the Cure* in the United States to raise funds for biomedical research and advertise the importance of early detection by encouraging women to attend mammography screening. It is unambiguously biomedical in its orientation and emphasizes the value and achievements of co-operation between scientific research, individual agency and private industry (Klawiter, 2000: 65). Britain's largest cancer charity copied this format with the *Race for Life*. The first run over 5K in Battersea Park, London, attracted 680 women and raised £36,000. Subsequently, a series of races have been organized throughout the UK. According to *Cancer Research UK* they have raised 'a fantastic £70 million for Cancer Research UK and welcomed over 1.4 million women to our events'.[1] More recently, their activities have extended to *Cancer Research 10*, a series of 10K events. In 2005 they aimed 'to raise £23 million by bringing 425,000 women together, all raising sponsorship to support the life-saving work of Cancer Research UK'.[2]

Just as charities have taken on the language, styles and methods of big business, big business has usurped a charitable mantle by association with 'worthy' causes. King's (2001) analysis of marketing and corporate philanthropy reveals how 'strategic philanthropy' and, in particular, 'cause-related marketing', has become a key means of increasing market share and marketing business. For example, Tesco, the biggest retailer in the UK, provides financial backing to *Cancer Research UK*. Prominently displayed on the *Race for Life* website is a message from the supermarket to all potential participants:

> As part of our continued commitment to supporting our local communities and promoting a healthier lifestyle for our customers, Tesco is proud, for a fourth consecutive year, to support Race for Life 2005. With your help we hope to build on the great work over the last three years and raise over £23 million for Cancer Research UK. There are 162 races throughout the country, all supported by Tesco! We are hoping that 20,000 Tesco staff will be taking part, along with 405,000 women from communities across the UK. Make up a team with family, friends or Tesco colleagues and come along and enjoy the day![3]

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Thus, Tesco creates the image of a compassionate business concerned about healthy lifestyles, philanthropy and caring about health, families and communities. This emphasis on corporate social responsibility is an increasingly common feature of the image UK supermarkets wish to cultivate (Whysall, 2004). There is a significant echo here of 19th-century commercial philanthropy, which was instrumental in establishing medical charities.

King suggests the images evoked in cause-related marketing give both the impression that 'the key to solving America's social problems lies in corporate philanthropy, personal generosity, and proper consumption' and a 'promise' that in return for 'generosity as a lifestyle choice [. . .] individuals can attain self-actualization and self-realization' (2001: 117). Godelier (1999), in his conceptualization of giving, suggests that in contemporary western societies 'everyone feels under pressure to "give"'. He argues that giving has become 'mediated' and 'uses the media to heighten "awareness" to move, to touch, to appeal to people's generosity to the idealised solidarity reigning in an abstract humankind located somewhere beyond all differences of culture, class or caste, language or identity' (1999: 5). This points to a feedback loop in that it is medical charities that are central to the creation of the spectacle of fit bodies generating funds for those with 'needy' bodies. The care of the self through the cultivation of fitness appears at least symbolically to provide for the care of others. A number of commentators have highlighted how the inculcation of desires to become 'good', 'responsible', 'moral' subjects forms part of contemporary discourses of governance in neo-liberal societies (Miller and Rose, 1997; Nettleton, 1997). If citizenship involves a commitment to social engagement and individual responsibility for health, then the city marathon both symbolizes and reinforces the image of the active citizen. Thus fit bodies may also become 'charitable bodies' and manifest both public policy and private self-fulfilment.

Images of health, sickness and charity: advertisements for participation in 'The London'

The Golden Bond Scheme has created a market within which charities compete for runners. A full-page advertisement in the popular magazine *Runner's World* proclaims: 'Approx 60,000 runners will fail to win a place in the 2005 Flora London Marathon ballot so book your GUARANTEED ENTRY with the Victa charity NOW! WE HAVE THE ENTRIES – WE NEED YOUR BODIES' (*Runner's World*, 2005: 131). Such advertisements are common and a place in 'The London' is a particularly prized commodity. Charity advertisements in *Marathon News: Official Magazine of the Flora London Marathon* published monthly by the organizers of 'the event' seek to engage potential runners by emphasizing the prevalence and severity of diseases and the achievements of biomedicine. By way of illustration we consider the advertisements placed in the August 2005 edition

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of *Marathon News*. We draw on Frank's (1995) work on illness narratives to gain an analytic purchase of their content. The dominant narrative is a composite of what Frank calls 'restitution' and 'quest narratives'. The restitution narrative is typified by the Parsonian sick role (Parsons, 1951). Here a person is ill, finds out what is wrong, seeks treatment or uses medication and re-establishes good health. As Frank (1995) points out, the empirical adequacy of this narrative is less salient than its force as a 'master narrative'. It fits with social expectations and is dominant in popular culture. Frank suggests that it is the narrative that we are most comfortable with because of the promise of treatment and control of disease. The quest narrative by contrast is 'defined by the ill person's belief that something is to be gained through the experience' (1995: 115). The illness may become a metaphorical journey from which the ill person may gain self-awareness, or the desire to help others.

The advertisements for health and social care-related charities in the 2005 *Marathon News* all adhered to the restitution narrative. The stories have a similar fourfold structure. First, the scene is set and details about the disease or problem are described. Second, the characters of the plot are introduced. Third, the route to securing solutions is explicated. Finally, readers are lured by both goods with exchange value (a place in the marathon) and with the promise of satisfying their sense of communal responsibility.

Setting the scene

Advertisements introduce the extent of the health or social care needs of the groups they seek to help. This is usually in the form of facts and figures. For example, in their advertisement *The Stroke Association* point out that a quarter of a million people currently live with stroke in the UK. In addition it is stated that:

> Somebody has a stroke every five minutes; that's about as along as it takes Paula Radcliffe to run a mile, or some of us lesser mortals to do 385 yards. [Furthermore] everyone's at risk of stroke – it's a brain attack and the third biggest killer in the UK.

Similarly, *Children with Leukaemia* boldly state that, 'Luekaemia kills more of our children than any other disease'. *Arthritis Research Campaign* claim that 'more than 7 million British people suffer from arthritis. Nearly everyone knows someone affected by this painful, often crippling disease'. *Asthma UK* state that 'some 5.2 million people in the UK how have asthma and 10% of children'. Finally, *Breakthrough Breast Cancer* note that '1 in 9 women in the UK develops breast cancer at some point during their lifetime'.

Those charities providing health care rather than medical research and treatments similarly outline the care needs. For example, *BLISS The Premature Baby Charity* claims 'one in eight babies in the UK are born prematurely or sick and need specialist care – sometimes for just weeks, sometimes

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for years'. The public are therefore given information about the prevalence of a medical condition framed within a dramatic discourse related to pain, risk and death. Given the deaths of three runners in the 2005 Great North Run, it is ironic that the Stroke Association makes the link between strokes and elite runners. However, the message is unambiguous in that such health events could happen to anyone.

Developing the characters

Having established the extent of the problem, advertisements delineate personal experiences of the illness, disability and care needs. Human-interest stories are used to 'personalize' complex issues and provide a narrative hook. For example, *The Anthony Nolan Trust*, which raises funds for bone marrow transplants, cites the case of Lisa Shelfer who, 'was an apparently fit and healthy 21-year-old when she was diagnosed with pre-cancerous acute myeloid leukaemia. Without a bone marrow transplant she would have been dead in ten years.' This statement is accompanied with a picture of Lisa herself and she is quoted as saying: 'I ran the Flora marathon for Anthony Nolan, and raised over £5000. Anthony Nolan really looked after me – their support was second to none.'

Sense, a charity for people with sight and hearing difficulties, has a bold header on its double-page advert which pictures a boy running: 'He won't see the finish line; he won't hear the cheers'. The advert also has a photograph of a little girl, with the caption:

> Jessica loves her black and white cat, her little sister and trees – they make her giggle. Jessica is four. She is profoundly deaf and has a little vision in one eye. She's been coming to Sense projects since she was four months old, and her parents learned to communicate with her through signing. With Sense's help, her mums says Jessica is 'doing brilliantly'.

Readers are enticed, and the advertisers hope, affected by their glimpses into the personal experiences of those living with disease and illness. These brief captions are quintessentially sentimentalized and designed to touch emotions. This is evidenced in the *Children with Leukaemia's* advertisement, which reads:

> Being told that your child has leukaemia is devastating. Seeing your youngster put through the treatment mill only to die is soul destroying. Picking up the pieces in the aftermath is almost impossible. In February 1987 Paul O'Gorman died of Luekaemia, he was 14 years old. Not only did the O'Gorman family have to face that situation but, tragically, just nine months after Paul's death they also lost their daughter Jean to cancer.

Borrowing from consumer-advertising techniques the charities seek to create powerful images of distress set within a family context that is easy for most people to identify with. The advertisements noted above share a common desire to simulate emotive and complex connections between private health problems and public concerns (Turner, 1999).

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Solutions

The restitution narrative is in some ways a comforting one because it provides reassurance that disease or illness can be treated. Within these advertisements the provision of treatments or the promise to invest in medical science is offered as a way forward. The narrative force is one of progress and triumph over tragedy. *Children with Leukaemia*, for example, presents itself as a 'charity dedicated exclusively to the conquest of childhood leukaemia through research and treatment' and to the welfare of children and their families. Furthermore:

> Forty years ago leukaemia was a virtual death sentence. Nowadays three out of four children survive, although alarmingly leukaemia is on the increase. A major clinical trial currently underway promises to improve the outlook for many of the children diagnosed with leukaemia every year. A new test is being developed . . .

Charities raising funds for services emphasize the transformation they can make to the quality of people's lives. For example *Arthritis Research Campaign* seeks to 'raise vital funds to continue finding new and better treatments and to reach our ultimate goal of finding a cure'.

Again the 'solutions' portrayed by the charities reflect their engagement with a biomedical model of health and a wish to portray complex health problems as individual stories. Such discursive strategies can be seen as serving the pragmatic needs of charities (to raise funds) but they are also ideological in their shaping of public perceptions of illness and disability (Shakespeare and Corker, 2002). Indeed, depictions published by the charity industry provide the main images of people with disabilities in the advertising milieu (Scott-Parker, 1989).

Conscience, communality and embodied citizenship

The moral tale of these stories is that anyone who wishes to take part in the marathon can contribute to medical progress and improve people's lives. The stories do not have tidy endings; they are ongoing and those who wish to exchange their effort for a charity place can join in the campaign to improve morbidity and reduce mortality. Thus the reader can imagine how his or her contribution may 'make a difference' and create a 'happy ending'. The *Cancer Research UK* advertisement states: 'Thousands of people who would not have survived cancer 10 years ago are still here today . . . thanks to people like YOU supporting Cancer Research UK.' There are echoes here of Titmuss's (1997 [1970]) notion of 'creative altruism' a concept which he developed in his seminal study of blood donation – *The gift relationship*. He defined creative altruism as:

> social gifts and actions carrying no explicit or implicit individual right to a return gift or action [. . .] They are creative in the sense that the self is realised with the help of anonymous others; they allow the biological need to help to express itself. Manifestations of altruism in this sense may of course be thought of as self-love. But they may also be thought of as giving life, or prolonging life or enriching life for anonymous others. (1997: 279)

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The media commentaries and the strategies adopted by charities construct an image of a communal event that brings individuals into a collective struggle so that they can utilize the 'physical capital' of their own bodies in order to 'give' to those with 'sick' bodies. There is a synergy between the images of individual struggle with bodily limitations promulgated by charities and runners' experiences of the 'wall'. The personification of misfortune is central to the narratives constructed through the charity advertisements and this reflects a growing trend of 'going public' to share experiences of illness. For example, quest narratives 'defined by the ill person's belief that something is to be gained through the experience' (Frank, 1995: 115) are increasingly presented in books (e.g. Armstrong, 2000; Diamond, 2001; Hunniford, 2005; Tomlinson and Tomlinson, 2005), newspapers, virtual locations and other media (Hardey, 2002, 2004).

Thus illness for some has become a metaphorical journey from which the ill person may gain self-awareness, which they then seek to share with others in order to help them. A recent example is the article by the journalist Matthew Engel (2005), which details his 12-year-old son's illness and death from cancer. Engel ends the article by informing readers how he and his family established a charity to raise funds in order to raise the profile of the condition. This is what Walter (1999) in his analysis of bereavement refers to as the 'democratisation of grief', the need to work reflexively with one's emotional responses to suffering and death. It seems for many the negotiation of disease, illness and death involves a quest, very often the sharing of experiences with others and the desire to ensure that some good will rise out of tragedy. In a similar fashion we have noted how marathon running for some participants becomes a strategy to cope with illness. The sharing and exchanging of experiential knowledge and suffering, and the desire to raise the profile of and funds for diseases, forms a feature of managing and making sense of illness and death in this reflexive world.

Towards a sociology of participation in the urban marathon

Runners are confronted with a constrained choice if they desire to take part in a city marathon. It is to the tensions between engaging in giving and running as a source of self-fulfilment and bodily expression that we now turn. We aim to identify the descriptive repertoires of the main actors who participate in the contemporary urban marathon and suggest four sociological motivations for their involvement. We do this in relation to the two key features of the event, namely giving and running.

The 'problem' of giving in the context of market-led consumer societies has attracted attention for a range of disciplines including classical economics, economic sociology, rational choice theory, marketing, social psychology and sociology (Jas, 2000). Radley and Kennedy's (1995) thesis, which argues that it is necessary to offer a sociological account of charitable giving, is instructive here. Influenced by Mauss (1966) and Titmuss (1997), they

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argue that it is important to view donations not just as 'acts of individuals' but as 'an expression of people's relationship to society'. Charitable giving is therefore, 'an integral feature of the way that individuals express their relationship both to specific strangers and to the society of which they are a part' (Radley and Kennedy, 1995: 696). Radley (1999) subsequently relates these observations on charitable giving to contemporary responses to illness and suffering in the context of what he refers to as 'fragile selves'.

Drawing on qualitative interviews Radley and Kennedy (1995) develop a typology that maps on to two dimensions of giving. First, the amount of direct *experience* of, and therefore empathy with, those in need or disadvantage and second, the level of *incorporation* into an organization or institution which is involved in giving. This model yields four 'types' of giving. The first type relates to those with significant personal experience of need who are keen to give to charities with which they empathize. Second, those who have experience of need and who become incorporated into institutions where fundraising is a core activity. Third, those who have little direct experience of suffering but like the previous group are active in charity-orientated institutions. Finally, those who have little experience and low incorporation and who would rarely give. This typology informs our analysis of participation in events that marry 'fit' bodies, running and fundraising.

Our typology (see Figure 1) is generated along two continuums: an orientation to running and an orientation to charitable giving. A higher orientation to running suggests circumstances where running forms part of a project that shapes both body and identity. Orientation to charity overlaps with Radley and Kennedy's (1995) concept of empathy and refers to the degree of commitment to charitable giving. As with all typologies the one

	Higher orientation to running	Lower orientation to running
Lower orientation to charity	'Purist runner'	'Leisure runner'
Higher orientation to charity	'Runners for charity'	'Fun runner'

Figure 1 **A typology of orientations to running and orientations to charity.**

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presented here is constructed out of ideal types and should be viewed with necessary caveats.

The *purist runner* has a high commitment to running and low orientation to charity. S/he is likely to be incorporated into the running culture and belong to and participate in a running club. Some become celebrities as a result of their achievements, most notably Paula Radcliffe, and the previously 'unknown' Tracey Morris who secured a place in the Athen's Olympics by completing the 'The London' within the Olympic qualifying time. Magazines that cater to these runners such as *Athlete's Weekly* (the title holds a significance) often contain articles and letters openly critical of fun runners. Purist runners compete as athletes and may be irritated by participants who run in costumes and what they see as other such activities that detract from the sport itself. For them, fundraising and racing should not mix.

Runners for charity are also committed runners and are likely to be involved in the culture of running clubs. However, for them the ability to raise money for charities through participation in marathons is important. High-profile examples in this category include Alasdair Campbell, British Prime Minster Blair's former press secretary, who runs to raise funds for Leukaemia as a result of his direct personal experience. His close family friends – both a father and child – died of the disease. The media celebrity Jimmy Saville has a long-standing association with St James' Hospital in Leeds and has raised considerable sums by running over 200 marathons. For these celebrities the blurring of the marathons with other mediated spectacles such as reality television may also be important. Other runners gain their celebrity status as a result of their involvement. Jane Tomlinson for example, who became involved in marathon running following her diagnosis of cancer, is now well known for her achievements (Tomlinson and Tomlinson, 2005).

The *leisure runner* represents a category of participant for whom running is central to a body project that forms the basis for a 'healthy' lifestyle. They run regularly and may often belong to running clubs but tend not to participate in competitive events. Running may be more privatized for the leisure runner but the marathon retains an iconic status and can be seen as a goal to achieve and a marker of personal fitness. This category of runner (see Fixx, 1977) is perhaps the least tidy in terms of our typology because they have a commitment to running but it is likely to be a more ambivalent orientation than that of the purist runner. These runners also have a low orientation to charity and they do not want their participation in 'The London' to be contingent upon raising money for a charity place. Here the runner and the charity have what Hibbert and Farsides (2005) call an 'exchange value relationship'. Although the charities require runners to raise large sums as we noted earlier, they also offer 'perks' such as free training advice, coaching, fundraising packs, travel to events, post-race massage, a post-race reception and so on.

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The *fun runner* epitomizes the marathon as carnival but with none of the subversive inversions detected in theories about the carnivalesque (Bakhtin, 1973). The marathons are highly organized urban events that may invert for a short time the relationship between pedestrians and vehicles but serve to confirm and maintain the governance of the city. Like reality television participants, fun runners share a desire to display ordinary lives involved in extraordinary events. As runners they occupy a space where the anticipated norms of running, such as the correct shoes, training regime and so forth are flouted. Their participation points to a convergence with other city events such as the Notting Hill Carnival and reflects a public engagement with reality television.

Although some of the purist runners do not welcome the mixing of fun runners with serious competitors, the latter are cultivated by the media as heroes. Because of their antics, it can take them a very long time to complete the course. The former boxer Michael Watson who endured brain injury and related paralysis following a fight with Chris Eubank in 1991 for example completed 'The London' in six days, and raised funds for the *Brain and Spine Foundation* in 2003. His achievement received high praise in the press, and well-known celebrities from around the world sent messages of support. The synergy with the images used in charity advertisements is striking. Here is a modern-day 'miracle' of a man who it was thought would never walk again competing in a marathon. He beat the previous record for the slowest marathon, which was achieved in 2002 by Lloyd Scott, a leukaemia survivor, who wore a 120lb antique diving suit, and completed the race in just over 5 days and 8 hours. The following observation made by Mauss is pertinent here: 'The gift not yet repaid debases the man who accepted it, particularly if he did so without thought of return' (1966: 63). This may in part explain the desire by those who have received treatment for their own illnesses or been involved with the care received by a family member to be seen to give something back for the care they have bene-fited from (see Radley, 1999).

This typology of orientations to running and charity is shaped and main-tained by, on the one hand, the incorporation of the marathon within the retrenchment of the welfare state and the prominence of discourses about lifestyle and self-sufficiency that accompany the rise of charities and cities keen for media exposure on the other hand. The advertisements considered previously are isomorphic, with contemporary discourses about 'active citizens' who can ostentatiously fulfil their rights and responsibilities by raising money for those 'in need'. The 'runners for charity' and 'fun runners' generate – following Bourdieu's (1984) notions of capital – 'physical capital', 'economic capital' and 'symbolic capital'. They have crafted their bodies to such an extent that they are demonstrably 'fit' and in addition they raise funds for charity. These 'charitable bodies' are constructed out of the interrelationship between philanthropic institutions, sport and indi-vidual performance in mass-participation events.

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Running and giving the construction of 'charitable bodies'

This article has sought to articulate the affinity between the growing popularization of mass-participation running, contemporary modes of charitable giving and health. Charities and commercial companies gain through reciprocal marketing techniques. This helps maintain a caring, compassionate and responsible image as well as enabling enterprises concerned with marketing food and related products designed to enhance healthy lifestyles. Public visibility and media attention are central to this relationship between commerce and charity. Running and charity may be both privatized, personalized and individualized and yet also they offer the promise of collective action and an apparently shared means to alleviate suffering through medical interventions. What had formally manifested as individual attempts to achieve fitness through jogging have now mutated into mass-participation spectacles that are mediated by entrepreneurial health-related charities. Indeed, Godelier argues that the nature of charity has changed to reflect and reinforce social and economic divisions:

> It [charity] utilizes the media, it has spawned a bureaucracy and, in the West, it feeds on the televised images of the misfortunes and illness, conjunctural or permanent, that beset the four corners of our earth. Gift-giving, in the Western world, has thus once again begun to spread beyond the sphere of private life and personal relationships to which it had been progressively relegated as the market tightened its grip on production and exchange. [So that] . . . gift-giving looks as though it may once again become an objective and socially necessary condition for the reproduction of society. (1999: 209)

The urban marathon thus becomes something of a present-day ritual, a secularized procession of 'charitable bodies' that serve to remind us and reassure us that with effort, discipline and the right attitude our physical and social ills may be alleviated.

Bakhtin (1973) celebrated the popular democracy of festivals where the populace through mock ritual and display subverted the divisions in the city. However, Bakhtin has been criticized by others for a naïve faith in popular culture. For example, Stallybrass and White argue that such events are 'a kind of educative spectacle, a relay for the diffusion of the cosmopolitan values' (1986: 38). The highly organized and broadcast marathon contains few traces of the carnivalesque other than the mocking costume of the fun runners. Rather, it is an 'educative spectacle' that reflects the values of self-discipline and healthy lifestyles. The marathon is also wedded to the media. As Godelier (1999) notes, the 'game show' and 'the telethon' retain something in common with the potlatch that was described by Mauss where there is 'an appeal to outgive others' and it is the practice to announce the names of individuals, towns and companies who have shown the greatest generosity' (1966: 13–14).

The marathon captures contemporary discourses on citizenship whereby 'active citizens' can ostentatiously fulfil their rights and responsibilities by

raising money for those 'in need'. This crystallizes notions of inclusion and exclusion in that those who can take control over their lives and secure social support are the privileged, the 'better off' because they have accrued more capital. They can give expression to this by public displays that are associated with charity. As Crawford (1984) pointed out in his poignant and foresighted essay over 20 years ago, health is a metaphor for self-control, and in turn, the idea of control is presumed to be a prerequisite to health, wealth or happiness. He observed 'that our notions of self and social reality are more infused with symbols of control' (1984: 72).

This all-pervasive notion of control has even permeated the debates in social inequalities, such as in health. The psycho-social perspective (Elstad, 1998), which has arisen out the work of researchers such as Wilkinson (1996), Putnam (2000) and Marmott (2004), argues that control and the related concepts of social support and self-esteem are essential buffers against poor health. A healthy body is one that is not only fit but is one that becomes enmeshed within supportive social environments, which in turn can facilitate self-determination and self-esteem. This thesis resonates with the rhetoric around participation in the marathon which is not, it is claimed, about winning, but about social participation, fostering a caring society and enhancing self-determination and confidence.

Conclusion

As we reach the end of 2005, media coverage of the 2006 London Marathon has already begun. The prime-time BBC Radio 4 news programme *Today* is following the preparation of the sports presenter Mary Rhodes. Every month on the programme and on the BBC website she 'shares with us the pain and strain of getting fit for the challenge'.[4] The BBC is seeking runners and fundraisers for a reality TV series as this call for volunteers reveals:

> The BBC1 is making an inspirational documentary series called From Start to Finish about people who want to take part in the London Marathon next year for the first time. If you are aged between 60 and 80, and have never run the marathon before but would like to take part in BBC1's special six-month training programme with world-class coaches, Olympic athletes and cutting-edge equipment, this could be for you. Throughout the course of the series you will also be trained to become a rigorous fundraiser for your chosen charity and helped to overcome your worst fears and anxieties in life to enable you to achieve other goals such as finding a new partner or fulfilling a dream.[5]

Our consumer-led society has packaged and marketed all aspects of health and illness through media-led displays of healthy bodies, diets, suffering and lifestyles. Indeed, the pursuit of health, fitness and the experience of illness may even provide a route to an – apparently much sought after – celebrity status. Health has become central to our identity and descriptions of ill health, and ways of establishing a lifestyle with, what in another context

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Goffman (1963) recognized as a 'spoilt identity', have become part of the therapeutic process. In the past, more immediate concerns about how to afford medical care confronted many people and in response an array of philanthropic organizations developed to support the sick. Often drawing on religious imagery of the 'needy' and the 'deserving', such long-established charities were joined by those concerned to raise money for medical research in what has become the 'charity industry'. This industry has established an association with the urban mass-participation marathon that has grown into a spectacle of fit bodies, self-improvement and charitable giving. The images and narratives used in charity advertisements for potential runners and funds reinforce a biomedical view of health. Such is the hold of charities on marathon events that it is unusual for runners to participate without actively being involved in money raising. The consequent constrained market for places makes it possible to discern different orientations to both running and giving among participants. This shapes how fit or 'charitable bodies' are constructed and displayed through urban spectacle in the cause of medical research. While raising many millions of pounds for medical work, the marathon as a media event and an embodied experience reflects and helps perpetuate an individualization and medicalization of illness.

Dualistic notions of health and illness, young and old and/or disease and fitness collapse in the late modern marathon. Arguably, dualistic notions of those who give and receive also become blurred as 'physical' and 'symbolic' capital may be accumulated by sponsored participants who themselves have received support from those institutions they seek to support. 'Charitable bodies' are constructed out of the interrelationships between philanthropic institutions, sport and individual performance. The generation of these forms of capital may serve to crystallize dependency; the 'able-bodied' accrue wealth to 'give' to 'disabled' bodies, the sick, the vulnerable and the ill. The latter are also articulated within the context of charity and subject to display in order to maximize giving. There is homogeneity between the images offered in charity advertisements and some participants, as through the media, they become icons of the successful transcendence of bodily limitations through medical intervention and self-discipline. Full of images of fit bodies engaged in charitable giving to those categorized as sick, the annual mass-participation marathon is perhaps the most visible contemporary spectacle of health.

Notes

1. www.cancerresearchuk.org
2. www.cancerresearchuk.org
3. www.raceforlife.or/allabout us/tesco/
4. www.bbc.co.uk/radio4/today/reports/misc/marathon
5. http://www.saga.co.uk/magazine/pages/announcements.asp?bhjs=0&bhcp=1

References

Armstrong, L. (2000). *It's not about the bike: My journey back to life*. New York: Berkley Books.

Bakhtin, M. (1973). *Problems of Dostoevsky's poetics*. Michigan: University of Minnesota Press.

Bauman, Z. (1983). Industrialism, consumerism and power. *Theory, Culture & Society*, *1(3)*, 32–43.

Berking, H. and Neckel, S. (1993). Urban marathon: The staging of individuality as an urban event. *Theory Culture & Society*, *10(4)*, 63–78.

Bourdieu, P. (1984). *Distinction: A social critique of judgement and taste*. London: Routledge.

Bryant, J. (2005). *The London Marathon: The history of the greatest race on earth*. London: Hutchinson.

Crawford, R. (1984). A culture account of 'health'. In J. McKinlay (Ed.), *Issues in the political economy of health care*, pp. 60–103. London: Tavistock.

Davidson, J. (1997). Cancer sells. *Working Women*, *22*, 36–9.

Diamond, J. (2001). *Snake oil and other preoccupations*. London: Vintage.

Elstad, J.I. (1998). The psycho-social perspective on inequalities in health. *Sociology of Health and Illness*, *20(5)*, 598–618.

Engel, M. (2005). The day the sky fell in. *Guardian Magazine*, 3 December. Accessed at http://www.guardian.co.uk/medicine/story/0,,1656496,00.html#article_continue

Fixx, J. (1977). *The complete book of running*. New York: Random House.

Frank, A. (1995). *The wounded storyteller: Body, illness and ethics*. Chicago, IL: Chicago University Press.

Gillick, M. (1984). Health promotion, jogging, and the pursuit of the moral life. *Journal of Health Politics, Policy and Law*, *9(3)*, 369–87.

Godelier, M. (1999). *The enigma of the gift*. Cambridge: Polity Press.

Goffman, E. (1963). *Stigma: Notes on the management of spoilt identity*. Englewood Cliffs, NJ: Prentice Hall.

Hardey, M. (2002). 'The story of my illness': Personal accounts of illness on the Internet. *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *6(1)*, 31–46.

Hardey, M. (2004). Internet et société: Reconfigurations du patient et de al médecine? *Sciences Sociales and Santé*, *22(1)*, 21–42.

Harvey, D. (1989). *The condition of postmodernity: An enquiry into cultural change*. Oxford: Blackwell.

Herzlich, C. and Pierret, J. (1987). *Illness and self in society*. Baltimore, MD: Johns Hopkins University Press.

Hibbert, S. and Farsides, T. (2005). *Charitable giving and donor motivations*. Swindon: ESRC.

Hunniford, G. (2005). *Next to you: Caron's courage remembered by her mother*. London: Michael Joseph.

Jas, P. (2000). *A gift relationship? Charitable giving in theory and practice*. London: National Council for Voluntary Organisations.

King, S. (2001). All consuming cause: Breast cancer, corporate philanthropy, and the market for generosity. *Social Text*, *69*, 115–143.

Klawiter, M. (2000). Racing for the cure, walking women and toxic touring: Mapping cultures of action within the bay area terrain of breast cancer. In

L. Potts (Ed.), *Ideologies of breast cancer*, pp. 63–97. New York: St Martin's Press.

Marmott, M. (2004). *Status syndrome: How your social standing directly affects your health and life expectancy*. London: Bloomsbury Press.

Mauss, M. (1966). *The gift: Forms and functions of exchange in archaic societies*. London: Cohen & West.

Milden, R.S. (2005). Pink ribbons and bad girls of breast cancer psychoanalysis. *Culture and Society*, *10*, 98–104.

Miller, P. and Rose, N. (1997). Mobilizing the consumer: Assembling the subject of consumption. *Theory, Culture & Society*, *14*, 1–36.

NCVO. (2004). Charitable giving in 2003. *Inside CAF*, issue 21.

Nettleton, S. (1997). Governing the risky self: How to become healthy, wealthy and wise. In R. Bunton and A. Petersen (Eds.), *Foucault, health and medicine*, pp. 207–22. London: Routledge.

Parsons, T. (1951). *The social system*. Glencoe, IL: Free Press.

Putnam, R.D. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.

Radley, A. (1999). Abhorrence, compassion and the social response to suffering. *health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *3(2)*, 167–87.

Radley, A. and Kennedy, M. (1995). Charitable giving by individuals: A study of attitudes and practice. *Human Relations*, *48*, 685–709.

Reischer, E.L. (2001). Running to the moon: The articulation and construction of self in marathon runners. *Anthropology of Consciousness*, *12(2)*, 19–34.

Roche, K. (2000). *Mega-events and modernity: Olympics and expos in the growth of global culture*. London: Routledge.

Runner's World. (2005). Volume 13 no. 3.

Scott-Parker, S. (1989). *They aren't in the brief: Advertising people with disabilities*. London: King's Fund.

Shakespeare, T. and Corker, M., Eds. (2002). *Disability/postmodernity: Embodying disability theory*. London: Continuum.

Sheehan, G. (1978). *Running and being: The total experience*. New Jersey: Second Wind II.

Shilling, C. (2003). *The body and social theory*, 2nd edn. London: Sage.

Stallybrass, P. and White, A. (1986). *The politics and poetics of transgression*. New York: Cornell University Press.

Titmuss, R. (1997 [1970]). *The gift relationship: From human blood to social policy*. Ed. A. Oakley and J. Ashton. London: LSE Books.

Tomlinson, J. and Tomlinson, M. (2005). *The luxury of time*. New York: Pocket Books.

Turner, B.S. (1999). McCitizens: Risks, coolness and irony in contemporary politics. In B. Smart (Ed.), *Resisting McDonaldization*, pp. 83–100. London: Sage.

Walker, C. and Pharoah, C., Eds. (2002). *A lot of giving: Trends in charitable giving for the 21st century*. London: Hodder & Stoughton.

Walter, T. (1999). *On bereavement: The culture of grief*. Buckingham: Open University Press.

Whysall, P. (2004). What can we learn from retailers' news releases? A 'stakeholder engagement' perspective. *International Review of Retail, Distribution and Consumer Research*, *14(1)*, 31–45.

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Wilkinson, R. (1996). *Unhealthy societies: The afflictions of inequality*. London: Routledge.

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