

International Review for the Sociology of Sport

<http://irs.sagepub.com/>

Health and the running body: Notes from an ethnography

Richard Shipway and Immy Holloway

International Review for the Sociology of Sport published online 21 November 2013

DOI: 10.1177/1012690213509807

The online version of this article can be found at:

<http://irs.sagepub.com/content/early/2013/11/20/1012690213509807>

Published by:



<http://www.sagepublications.com>

On behalf of:

[International Sociology of Sport Association](#)

Additional services and information for *International Review for the Sociology of Sport* can be found at:

Email Alerts: <http://irs.sagepub.com/cgi/alerts>

Subscriptions: <http://irs.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

>> [OnlineFirst Version of Record](#) - Nov 21, 2013

[What is This?](#)

Health and the running body: Notes from an ethnography

International Review for the
Sociology of Sport
0(0) 1–19

© The Author(s) 2013

Reprints and permissions:

sagepub.co.uk/journalsPermissions.nav

DOI: 10.1177/1012690213509807

irs.sagepub.com



Richard Shipway

Bournemouth University, UK

Immy Holloway

Bournemouth University, UK

Abstract

This article aims to develop one of the major themes from an ethnographic study of the culture of distance running – the desire for health and fitness. Research was undertaken over a 2-year period using a variety of flexible qualitative data sources, most notably observation and in-depth interviews. The body, especially the ‘running body’, is seen by participants in this study as a source of health and well-being and affirmation of their identity. The results highlight the various contradictions and tensions that emerged whilst exploring the behaviour of distance runners in their desire to achieve a healthy body and mind.

Keywords

body, distance running, emic perspective, health, healthism

Introduction

The aim of this ethnographic study was to explore the culture of distance running and the meaning the participants gave to this type of activity. In the article, we discuss one of the major themes from an ethnographic study about the culture of distance running – the desire for health and fitness.

Distance running is unusual, though not unique, in that it demands continuity of effort rarely found in other sports (Smith, 2000; Yair, 1990). From beginning as an elite sport (Nash, 1979; Smith, 1998), distance running has now become accessible to all. Since the late 1960’s, changes in athletics, and especially distance running, have taken place, including the gentrification and popularization of athletics (Gregson and Huggins,

Corresponding author:

Richard Shipway, School of Tourism, Bournemouth University, Talbot Campus, Fern Barrow, Poole, Dorset, BH12 5BB, UK.

Email: rshipway@bournemouth.ac.uk

2001), its feminization and the emergence of the veteran running movement in the late 1960s/early 1970s and the Marathon boom of the early 1980's (Tulle, 2007). According to Bale (2004), it's more prominent emergence began as part of the 'jogging' fad in the 1970s, whereby since then millions of people have joined the running boom on roads and in parks around the world, to an extent that would have been unexpected half-a-century ago.

In this study, distance running, 'jogging', recreational walking and similar activities were examined as integral positive contributors towards achieving objectives linked to tackling obesity levels, healthy living, physical and mental health and well-being, and increased leisure participation and recreational activity (United Kingdom Department of Health, 2004). Sport contributes to health and to the quality of life, and the health and well-being of nations globally remains one of the most contemporary and controversial issues in Western society. Similarly, exercise has increasingly been seen as an important facet of a 'healthy society', with active leisure and sport providing many of the activities through which it is hoped that this can be achieved (Abbas, 2004). This topic is all the more important for public health agencies around the world, given that millions of amateurs currently run long distances on a regular basis (Allen-Collinson, 2008) and who also see their running as 'serious leisure', a concept that Stebbins (2007) advocates, and one further explored in the context of distance running by Shipway and Jones (2008).

The aim of this article is to develop a deeper understanding of the experiences of one particular group, distance runners, and the way it is linked to their goal of achieving better health. The research focused on the identity of the runners related to the body and health, and their reasons for running. This article suggests that qualitative studies of sport and leisure practices like distance running, and the knowledge that underpins them, can inform our understanding of the relationship between health and physical activity. In doing so, we also illustrate the complex interdisciplinary links and opportunities for further research between health and sport. The findings seek to make a contribution towards our understanding of the relationship between firstly; what people who engage in different sport and exercise activities believe about the role of these activities in promoting health and fitness; secondly, the role of sports and exercise cultures in constructing different conceptions of health and fitness; and thirdly, the question of whether these actually relate to the 'wellness' of people. We shall argue that the perceptions of runners are dominated by the 'running body' and the various discourses that surround and influence it, including the wish to be well and healthy. However, these discourses contain certain paradoxes, tensions and contradictions that will be discussed.

Literature review

Our initial literature review starts with a brief overview of distance running, followed by two important areas from which we have considered the data from the participants: health and healthism, and the running body. As is common in qualitative research, the initial literature review establishes the gap in knowledge that needs to be filled, but the dialogue with the literature is on-going and integrated with the rest of the research, particularly the findings and discussion sections (Chenail et al., 2010; Jones et al., 2013).

For those who participate in distance running as a leisure activity, Smith (1998: 176) makes a distinction and developed a basic typology of runners. This distinction, now briefly outlined, plays an important role in understanding the participants involved in this particular study. The first type of runners are (1) *athletes* – elite runners who are potential race winners; (2) *runners*, who ‘run and train, week in and week out, at levels far in excess of that required for basic physical fitness, yet stand no realistic chance of winning, or doing well in *any* race’ (Allen-Collinson and Hockey, 2007: 47); and (3) *joggers/fun runners*, who train infrequently, and only if the weather is fair, and race even more infrequently, if at all.

As Shipway and Holloway (2010) highlight, runners are committed to their activity, find their identity in participation in running as they demonstrate their skills, gain acknowledgment from others and affirm their beliefs in a fit and healthy body. Allen-Collinson and Hockey (2007) identify that within the distance running subculture, certain values, dispositions and characteristics are highly valorized, including the qualities of stoicism and endurance. They suggest that the praxis of distance running is intimately connected with endurance; tolerating fatigue, discomfort and pain constitute an integral part of everyday training routines, and the belief that a healthy body is an outcome of running.

Shipway and Jones (2007) illustrated the central role of identity within the distance running social world and began to suggest ‘why’ distance running is a chosen activity amongst participants. This work continued to explore distance runners perceptions of themselves and their role within the running community (Shipway et al., 2012). Mead (1934) ties the idea of self as rooted both in the individual and the social. The ‘I’ is the individual while the ‘me’ is the social self. The latter is tied to others’ perceptions of self to which persons respond to their group, society and culture. People have a concept of their self, their abilities and attitudes as well as their wishes and needs. Individual selves are generated through social interaction. The self is closely linked to vocabularies of motives, a concept developed by Mills (1940), because perceived identities generate motives.

Some of the reasons for running are partially described using a ‘vocabulary of motives’ a concept developed by Mills (1940). Vocabularies of motive are voiced by individuals to account for their behaviour, and to describe the reasons for their actions. Mills describes some of the complexities of these vocabularies. Individuals give meaning to their past conduct as well as stating their intentions. The type of language should be seen as contextual, that is tied to a given context, which in this research was linked to distance running related to health. Significant others, in this instance other runners, are also important influences on the participants. Thus the origin of motives do not only stem from their personalities but also reflect on the social group to which they belong and the wider culture into which they are socialized. Of course, health is not the only motive and other concepts are discussed elsewhere (Allen-Collinson and Hockey, 2007; Shipway and Jones, 2007; Tulle, 2007).

Health and healthism

When the ideology of health and fitness became prevalent three or four decades ago in the United States, the American sociologist and political economist Crawford (1980)

coined the term 'healthism'. By this he meant a lifestyle that is focused on health and fitness to the exclusion of other aspects of the body. Although the emphasis on health is fostered by the state in modern societies (Australian Government Department of Health & Ageing (AGDH & A), 2006; United Kingdom Department of Health, 2004, 2009; US Department of Health & Human Services, 2008) and by the media, healthism individualizes accountability for health rather than examines structural inequalities or responsibilities of the governments. In Crawford's view, healthism is a trait of health-consciousness in Western (and increasingly in Non-Western) cultures and the belief that health and fitness are common and life-enhancing goals. This is closely connected with health promotion strategies which concentrate in particular on weight and alcohol consumption. Human beings are exhorted to adopt practices which lead to better health and fitness, and that health and its achievement are 'qualities that define the self' (Crawford, 2006: 402).

The emphasis on health as highly valued has also become a device for social control (though this will not be followed up in this section), but even more, the term is linked to self-control, and self-discipline and self-regulation. As Cheek (2008: 974) suggests: 'health approaches sacred status'. Media and advertising base their arguments and discussions on internalized body-ideals – on what the healthy and fit body should look like, and how to gain body-satisfaction. Health is also connected to a positive body-image enhancing people's self-perception. The leisure industry centres not only on having fun, but also on fitness and well-being to gain body-satisfaction.

The running body

Discourses of the body uncover how distance runners perceive that health and fitness are accomplished through their running activities. These discourses are not only based on individual identities but also influenced by elements of culture, location and history. Turner (2008: 36) maintains that 'regulation of the body is in the interest of public health, economy and political order'. The body, both in its individual and its social dimensions, has long been a focus of sociology and psychology (Foucault, 1977; Shilling, 2003; Theberge, 1991; Turner, 1984, 2008). Foucault discusses how social agencies regulate the body and biological processes such as health, fitness, life expectancy and others through the power which is embedded in the social structure.

The 'running body' is seen by participants in this study as of central importance, not only because of the joy and interest it brings to their lives, but also as a source of health and well-being. Although the body was of particular interest to theoreticians some decades ago, the topic has been resurrected recently in the sociology of health as well as in feminist research (Allen-Collinson, 2008; Tulle, 2007).

Research methods

The main purpose of this qualitative ethnographic study was to explore the culture of distance runners and to examine the running world from their 'emic' perspective as participants in the distance running social world. The approach adopted in this study is ethnography, a detailed, in-depth description of a particular community of distance runners. It is research into human behaviour that includes experience and interaction in

context. Ethnography uses a ‘cultural lens’ to interpret the findings (Schensul, 2005) of research, and the running culture is the lens through which the data are seen.

Data collection

Sources of data for this study included participant observation and in-depth interviews as well as documents and research accounts from the relevant literature. Atkinson (2008) suggests that data derived from the process of participant observation at endurance events, such as marathons, are critical in developing a deeper understanding of the relational context in which endurance sports like distance running occur, and within which sub-cultural techniques of endurance are embodied and represented. The principal researcher – a distance runner himself – actively participated in the natural setting of the runners whom he interviewed. A series of national and international events were also observed and the research developed within the context of several running clubs. The research was based on a range of detailed ‘narratives of the self’ (Sparkes, 2000), linked to sport related activity as well as on observation and documents. The observation was unstructured and focused progressively on the issues that were seen to be important for the study.

A purposive sample of informants was interviewed. There were 20 participants in this study of varying ages and both genders (12 males and eight females between the ages of 29 and 68 years), who had between 6 and 32 years of experience participating in distance running as a chosen leisure activity. Additional background details of our 20 long-distance running informants are presented in Table 1. Pseudonyms have been used to ensure anonymity. The principles of voluntary informed consent, confidentiality and respect for autonomy were adhered to, and assurance was given that the voluntary participants could withdraw from the study at any time. The proposal was approved by the university ethics committee. These ethical considerations were an integral part of the research.

The inclusion criteria for this purposive sample were threefold. Firstly, the sample included people with a minimum of 5 years’ distance running experience at national and/or international level; secondly, who had been training and running for at least five times a week; and thirdly, who ran for a minimum of five miles in distance for each run. The inclusion criteria were set because we aimed to include regular runners with some experience of running. This was also the reason for not including younger runners who do not always have long history of running or experience of life and health implications. Surprisingly, the relationship of the sample of participants in their orientation to the body and health did not seem to vary significantly in their understanding of health and healthism, nor by points of entry, cohort or gender. This was a serendipitous and surprising finding.

Interviews and analysis

Participants were encouraged to express themselves in their own words and at their own pace, as Brewer (2000) suggests. Interviews were unstructured to elicit the experience of the participants, and the way they perceive and interpret them. Although the interviews were relatively unstructured, the first question concerned the experience of

Table 1. Summary table of distance runner interviews.

Interview	Pseudonym	Age	Gender	Approximate years running
1	Melvyn	53	M	29
2	Mark	42	M	6
3	Kara	45	F	14
4	Alison	29	F	6
5	Dennis	32	M	9
6	Robin	50	M	12
7	Colin	46	M	16
8	Louise	29	F	8
9	Emma	55	F	18
10	Terry	65	M	32
11	Gavin	68	M	30
12	Karen	32	F	6
13	Simon	35	M	10
14	Ewan	46	M	7
15	Alana	29	F	7
16	Trevor	55	M	12
17	Sandra	55	F	8
18	Andy	51	M	20
19	Anthony	44	M	16
20	Christine	45	F	11

distance running. We wanted the participants to have more control over their interviews and explore their running culture without too much interference. The interviews focused on the most important ideas of the participants and the following questions depended on their narratives. There was also an aide memoire but this was rarely needed.

During the analysis phase, a systematic examination and interpretation of the data took place and an ongoing thematic analysis carried out. Initially, the interviews were transcribed and organized, the field notes ordered by importance. The data were categorized initially, that is, each main data section was given a label – a code. The codes that related to each other were reduced and collated to a broader theme. The field notes too were analysed this way. During the analysis, and as an outcome of these procedures, major themes were developed, of significance and shared by the informants, and the world of distance running. Eventually a common pattern developed which formed the basis of the research account.

Member checks and peer review are some of the ways to establish validity or trustworthiness in qualitative research. Member checks were carried out by asking the participants whether the descriptions truly represented their views after they checked and reflected on the data they had given to the researcher. The peer review consisted of asking academic peers about the analysis and whether they felt that the analysis reflected the data received from the participants. In the original study, ‘thick description’ – writing theoretically and contextualized, and an audit trail – a detailed account of the steps of the research, helped

to insure data quality. Reflexivity, the awareness and acknowledgement of the writers' assumptions and involvement, also contributed to the trustworthiness of this study.

As customary in qualitative research, the literature was not examined in full detail before the research began, though there was an overview of foundational studies. The dialogue with the literature took place when the findings emerged, and was ongoing until the completion of the study and integrated. We would like to stress strongly, however, that our own data had primacy, and the literature relevant to the themes was accessed after they emerged. The following discussion centres on health and the body, one of the most important themes arising from the narratives of the participants.

Findings and discussion

The discourse of health and healthism

The participants in this study tell how they achieve a sense of well-being through running and avoid stress and depression. Their comments on this aspect of their running lives and careers are connected with the desire for good health and physical and mental well-being which they see as one of the functions of running. The words of Melvyn, a 53-year-old with 29 years' experience of running, are one example that illustrates how running can enhance well-being and combat potential physical illness:

I started running five years ago. . . . Now, I am never ill and have not had a cold or the flu since I started . . . My main motivation is to prevent a serious life threatening disease, which has affected members of my family in the past, but the benefits and rewards are immense: new friendships, being able to eat whatever I like without putting on weight, the feeling of complete well-being, achievement and satisfaction.

A fit and healthy body, which athletes equate with being trim and slim, has greater 'social capital' than the unfit overweight body. The health discourse increases the incentive and motivation of leading a particular life style and confirms identities. Crawford (2006) insists that individuals often define themselves by the way they pursue healthy practices and achieve or fail in their goal-directed behaviour towards wellbeing and health. The people in this study perceive distance running as a health-related activity. Indeed, runners use gaining and maintaining of health and fitness as a rationale for their wish to run. Mark, a 42-year-old with 6 years' running experience, says:

When others at work are having time off with flu and general colds, I'm sure that running helps build up my immune system and allows me to fight off the common ailments which seem to cripple others.

Kara, a 45-year-old with 14 years' experience of running, is a member of a women's running network which encourages women to run, who explained how she felt that running can become a gendered activity related to health:

I love the Network and 'women only' section of my running club, as it means that us ladies can run together to improve health, confidence and safety.

Health seems to have become an obsession in modern life (Crawford, 1980, 2006; Kronenfeld, 2006; Wright et al., 2006). As previously highlighted, healthism is a term first coined by Crawford (1980) by which he means a particular way of looking at health influenced by health consciousness and movements towards greater individual responsibility for health. Crawford called health 'a supervalue . . . a metaphor for all that is good in life . . .' (quoted by Greenhalgh and Wessely, 2004: 201). Runners are socialized into the norms of the culture in which they live, as well as those of the subculture that they have chosen – the running community. This community and social group provides a strong social identity and hence a basis for well-being (Haslam et al., 2009). However, runners do not only internalize the ideas of their group but also that of the wider culture in which health and healthism are important issues, which shows in their interviews and informal discussions in the pub and running club. In the arena of health and well-being, this means the guidelines and policies of government and advice of expert mediators of health policies, such as doctors and other health professionals. Indeed, Crawford (1980) spoke of the medicalization of everyday life over 40 years ago, and these runners are not oblivious to these issues.

Among the runners observed and interviewed in this study, running is a 'bodily experience'; the healthy and fit body has become a preoccupation of the participants. Most use the phrase *I want to be healthy and fit*, expressing the desire for a healthy life style, both in terms of mental and physical health. Some of the participants interviewed suffered depression. In fact, three participants who suffered with depression confirmed that they started running to assist with addressing this. One woman tells the tale of recovery from this, which illustrates her feelings that not only physical health improves through running but that mental health is also enhanced:

I had very little self worth, but after completing the Marathon, I felt much better. I'm still on the road to recovery, but the doctors seem to think that the running is playing a major positive part in my recovery.

All the participants' stories confirm these views and stress health and well-being as a vital aspect of running. Aristotle already noted that the chief good that all human action strives for is happiness (Austin, 2007), and suggested that for an understanding of the good life, human beings seek physical health and material wealth because they can help understand and achieve our ultimate aim – happiness. Running, in the view of the informants of this research, contributes towards this sense of contentment and happiness; it also improves health after major periods of unhappiness and ill health. Alison, a 29-year-old with 6 years' running experience, claimed to have found an antidote for a previous bout of depression through her running, and stated that it is far more effective than her previous medication:

I wish I had found running earlier, as it would have been a healthier way to deal with my problems on a daily basis, before it got to the stage that it did. I'm fine now though.

Linked to the need to exercise were an understanding of the role of nutrition and hydration. This was vital to many runners, both in order to achieve most from their

training sessions, but also to aid recovery after running and to provide the necessary energy to actually fuel the participants' need to exercise. Post-training discussions on diet, nutrition and hydration were regular topics of conversation at several of the running events studied; monitoring diet and sleep patterns becomes of major importance to distance runners. Emma, a 55-year-old with 18 years' running experience, expressed comments that are typical of the participants in that they *spent hours researching nutrition*, and Mark sees diet and running as *integral parts of each other*. Most participants monitor their health carefully, feel responsible for it and are active in keeping well. They are also well-informed about appropriate diet and weight and have a conception of what constitutes a healthy body. Shilling (2002: 622) speaks of the emergence in certain groups of 'vigilant approaches toward the healthy body and the growth of information-rich consumers of health'. This reinforces the findings of Shipway et al. (2012) with regards to the dedication and commitment adopted by endurance participants in their approach to running, based on their acquisition of an understanding of nutrition, training and other running strategies.

Indeed, the recent upsurge of interest in distance running and the policies of various governments towards promoting healthy lifestyles and physical activity through activities such as walking, 'jogging' and running has contributed towards an increase in the number of people entering the social world of distance running (Bale, 2004; Allen-Collinson, 2008). Their ideas on health fit in with various government's public health discourses about health and fitness, and the healthism perspective that many Western cultures now present (American College of Sports Medicine (ACSM), 2006; United Kingdom Department of Health, 2004; US Department of Health & Human Services, 2008). Health for the whole population, healthy ageing, and the reduction of obesity is given high priority within public and private sector sport and leisure provision and promotion, an issue which is not only a genuine concern of governments but might also be an element of social control. Exercise in most countries has increasingly been seen as an important facet of a 'healthy society' (Abbas, 2004), with leisure providing many of the activities through which it is hoped that this can be achieved.

Many participants also feel that they lose the stress that work and family imposes on them, and they run to feel free and healthy. Dennis, 32 years old with 9 years' experience of running, has a hectic work life as a city businessman and found that distance running provides an outlet for stress, anxiety, pressure and tension at work:

Until I started running I had no release from the time I woke up, until I went to bed. Ask my wife – I wasn't a very nice person to be around for a while, but that all changed when I started running.

Most runners suggest that running can be understood as escaping stress and seeking well-being. This is also confirmed by Sharkey and Gaskill (2007) who claim that physical activities can prevent anxiety and depression. Thus, these athletes use running as a coping strategy and diversion from the pressures of every-day life. Robin, 50 years old with 12 years' running experience, for instance feels *tired and lethargic* sitting at his desk all day and uses running as a mental escape.

Runners 'make objects of their body', an expression used by Corbin (2003: 257): '... nurturing them through diet, training them to compete ...' Emma, for instance, spent hours on researching nutrition. As well as eating the appropriate foods, most runners were aware of the need to stay well hydrated in order to train and exercise properly. Colin, 46 years old with 16 years of running experience and a self-confessed 'serious runner', echoes other participants' remarks; he drinks up to eight litres of water each day:

During the day I will constantly have a water bottle on my desk at work. I don't drink energy drinks, but stick to normal tap water. I also try to eat within an hour of finishing my run, starting with an energy drink to replace the lost fluid.

Louise, a 29-year-old with 8 years' running experience, suggests when asked about her motivation for running that she wanted exercise to for a fit and healthy body and feel well:

I became convinced that exercise was the only genuine answer, and my girlfriends were kidding themselves that a few weeks of eating lettuce and drinking copious amounts of water would do the trick.

Thus, linked to the importance of diet and nutrition is the determined desire and need to exercise amongst the running community. The slim body is equated with the fit and healthy body and general well-being. Karen, a 32-year-old with 6 years of running experience, stresses the wish to keep fit and maintaining *a fit body for a good lifestyle*. Louise too links her initial motivation to run with lifestyle and the desire to keep well and slim:

I wanted to continue to eat and drink whatever I wanted, whenever I wanted. Now, friends and work colleagues are envious because I'm so slim. I might be slim, but I know that a period of inactivity will lead to an increase in my weight, and I don't particularly want that.

Occasionally participants in this research see the health aspects of running as a recovery from addictions. Indeed, some of the runners in this research admit that running has become a replacement for (mis) using alcohol or food. Terry, a 65-year-old with over 32 years' experience of running, revealed that distance running had been the main driving force behind his recovery from alcoholism. Another runner too, claims that distance running had literally 'saved his life' following a period of alcoholism, providing a *feeling of well-being I wouldn't have experienced unless I was dry*. Gavin, a 68-year-old with 30 years of running experience, suggests that running is *an antidote to weight gain*. However, running too can become an addiction, like that to alcohol or food (Leedy, 2003). Paradoxically, the distance runners also enjoyed alcohol after their run which contradicts the healthism discourse which they supported and adopted. Indeed, participant observation demonstrates that alcohol plays a major role within this particular distance running social world that was observed, as part of leisure time. This is partially due to the post-race 'running club' environment and the social networks that are of major importance to many runners (Shipway and Jones, 2007). Often, in the aftermath of training for

a specific event, having a drink acted as a pressure release, whilst also serving as an opportunity to celebrate achievement, with both family and running peers from their club. Runners felt that eating and drinking with friends and family was a *reward for running and achievement*. However, while training for events, individuals abstained from their indulgence in alcohol and food (and sex).

Controlling and 're-forming' the body and health

Many aspects of running are linked to the desire for control and self-discipline, and the body is the object to be controlled and disciplined. The body becomes a 'moral problem' (Frank, 1995) which these runners need to solve. The distance runners involved in this study indicate that running brings them closer in touch with their own body, and they therefore appreciate their body for what it does, rather than just what it looks like – though this also plays a part. Turner (1984) developed the notion of the 'successful' and 'disciplined body'. This idea is influenced by the work of Foucault (1977) who saw the body as something to be controlled, formed and disciplined. Government agencies and health experts attempt to exert social control through the health discourse to create a healthy society; individuals internalize this echo by enacting self-discipline and self-control. These cultural and social elements influence the way individuals form their perspectives on health and well-being which are, after all 'socially constructed'. The distance runners in the study desire this accomplished body, conforming to the body ethic prevalent in developed countries in particular. Indeed, the mind–body dualism of Western cultures, as envisaged by Descartes (1596–1650), and the puritan ethic of self-control and discipline, shows the conflict of runners between their desire for food and drink and the wish for a healthy, fit and slim body. In their view however, this conflict can be resolved in running and exercise.

Of course, self control is not the only important issue. A slim and healthy body symbolizes success while obesity often has negative characteristics (Shipway and Holloway, 2010). Weight control and weight loss is an important motivator for many athletes in the study, and they often start their running career and maintain it inspired by these goals. Simon, a 35-year-old with 10 years' experience of running, for instance expresses the sentiments of many of his running friends:

I always said I was too fat, I smoked, or I couldn't give up the time to train. Being there, having lost four stone, given up smoking, and having completed all my training was reward enough, from the very start!

In the past, Simon had problems with his health and attained physical well-being through losing weight and running. Becoming and staying healthy was indeed an important consideration for many participants; Dennis for instance told his story, and related how he kept healthy:

In 1986 I was admitted to hospital with chest pains after a suspected heart attack. I realized that things had to change. Less than a year before I had been diagnosed with Type 2 diabetes caused by my poor diet and sedentary lifestyle. I was 24 years old and weighed 21 stone. I decided to

give myself a new start and began running (well, waddling and walking), but it has truly changed my life, as I literally ran myself out of obesity.

Even those participants who are not specifically driven to running by the desire to lose weight often discuss it as well as demonstrating an understanding of the role of nutrition, as already briefly discussed. As in ordinary life, ideas of discipline and self-control are related to fitness and slimness. Turner (2008: 136) proclaims that 'gaining control over our own feeding patterns involves growth in personal autonomy'. Participants 'survey' their own bodies, find it wanting and regulate the intake of food and drink. Weight loss is often the direct result of intensive training. Runners carry out comparisons between themselves and others; the 'running body' is compared to other bodies, but also in seen in relation to oneself in time. Comments such as *when I was not fit, when I was fat, when I was breathless*, are common. Some of their discussions illustrate the obsession with weight and fitness for many 'serious runners' (Shipway et al., 2012). For instance, Ewan, 46 years old with 7 years of running experience, made a good-natured comment about one of his colleagues:

You can tell that Tony is fit and healthy and getting the miles in. When he's not training, he looks a bit 'tubby', to be honest. I'll wait until he stops training and then I'll beat him, as he'll get that spare tyre back – fat bastard.

Frank (1995) suggests that individuals try to fashion their bodies in comparison with other bodies which they see as healthy and fit and whose goal is to achieve the performance of their colleagues, who expect it of them and who are their social audience. Frank and others suggest that the image of the body is influenced not only by the self but also by the media who perpetuate the norms of a slim body and ideal health.

Runners' experience 'body anxiety', and weight gain becomes a problem which has to be solved. This perspective again is influenced by the interests of government and health professionals so-called 'body experts'. As stated before, promoting healthy weight and physical activity are areas of government interest in the UK, the US and Australia, as well as many other Western countries. Athletes evaluate fitness by the image they have of health and fitness, of their own and others' bodies, and linked to weight and body form. This in turn enhances their self-image and self-esteem, highlighted by Buckworth and Dishman (2002).

Trevor, a 55-year-old with 12 years of running experience, was one participant who took up running to lose weight:

I got fed up with being called the 'fat boy' of the office. It got worse when they released the film 'Run Fatboy Run' in 2007. Every time I left the office colleagues would mockingly abuse me by shouting 'Run Fatboy Run'. I had the last laugh though, because 18 months later, and I'm four stone lighter!

Weight gain becomes a personal crisis because it indicates loss of control and lack of self-discipline. The ideology of healthism is a way of controlling and regulating the body. The body is made to obey the internalized ethic of puritanism and obedience. Enhanced body-image and self-esteem after loss of weight in turn, reinforced by the

respect of others, can then become self-confirming. Runners not only adapt body weight and shape to cultural norms in the larger community but also to those of their own subculture of distance running, as they need to make the body the instrument through which they achieve success. Their desire to adhere to the norms and values of the distance running subculture is closely linked to the unique ethos related to the 'social world' (Unruh, 1980) and the strong sense of identity that participants have with the activity (Shipway et al., 2012).

The healthy body as a source of meaning

The body has been the focus of people's experience of health and fitness and also occupies a central place in the consciousness of many people. Wainright et al. (2005) suggest that the social context shapes ideas on the human body. The runners confirm the 'high' their body allows them. One of the participants expresses it most clearly by calling running a *life-changing experience* and this generates a confident self. Emma declares:

I found that having completed the training and finished the race, I felt more confident and powerful in all areas of my life. If I can run a Marathon, I can do anything.

After a Marathon event, Alana, a 29-year-old with 7 years of running experience, mentioned how important and influential the physical act of running had become in her life and the impact it has:

Euphoric was how I would describe feeling at the finish. Since finishing, I have smiled so much my face aches more than my legs. Running the Marathon was like childbirth. I found reserves of strength I never knew I had. I realized my body was capable of wonderful things.

Body achievements enhance self-esteem (Corbin, 2003). Alana commented that *the human body is an amazing thing and I found strength I didn't realize I had*. Health and body-self are constituted by these runners through their leisure behaviours. As we shall see however, the self-image is often disrupted through injury, pain or ageing. Understanding of the body and the meanings attached to it are socially constructed, not only through experience but also through cultural expectations. The rewards are achieved through high commitment, and perseverance (Shipway and Jones, 2007). Training and preparing to run contributes to this sense of identity; interaction with others who have similar values enhances this and generates a healthy and confident self. In distance running, the body is used in terms of health, vigour, movement and other physical characteristics and in all sensory perception, as Higham and Hinch (2009) confirm. Sparkes (2000) also suggests that the integrity of the self is assaulted when athletes' notions about the well-functioning body are disturbed and the sense of wholeness of body and self is disrupted. He looks at the injured running self as a 'disrupted body project'.

Tulle (2007) describes an instrumental approach to the running body and highlights that becoming a runner involves body work, whereby all athletes, even those who no longer compete or whose injuries or illnesses restrict their abilities, subject themselves to a regular, comprehensive training regime. Many of the participants in this research,

similar to those in the Tulle study, would be classified as veteran or masters athletes and our findings suggest that distance running does enable participants to establish modalities of embodiment with the potential to transform their physical, social and symbolic capital. However, the risk of injury can threaten to curtail and reduce this capital, especially their bodily capital, when the participant is no longer able to either compete or train within their chosen leisure activity. As detailed elsewhere (Shipway et al., 2012), this can have a resulting detrimental impact on the identity of the runner and their standing within the distance running social world. In fact, in the original ethnographic study which underpins this research, this strength of identification that participants had with the activity of distance running emerged as one of the central themes. Those findings, documented in several journals within sport studies (Shipway and Jones, 2007, 2008), provides further illustration on how meaning is created through engagement with the social world of distance-running.

The body and pain

Runners construct a self which is consistent with 'being well and healthy' and feel troubled when this is disrupted. They monitor their own bodies, assess their own performance in the light of this evaluation, and become anxious when their body lets them down through weight gain or injury. The stress of running and training to run often leads to injuries, a regular occurrence for the majority of participants in the research. They often tend to ignore their body's demands and the advice to rest from others. This is in contrast to their knowledge, as experienced runners, that the body needs rest and recovery for best performance. Sometimes athletes don't 'read' their body, or more likely, they don't listen to it, and they *get carried away* (Trevor), that is, they run when they should not.

The discussions of the participants about pain and injury in running also conflict with the discourse of healthism mentioned earlier, a major paradox in the findings of this study. From the perceptions of health and well-being, runners construct their own stories of pain and injury. They rarely mention the body when they feel well and healthy. Corbin (2003: 257) supports this when she states that 'they [most people] take the body for granted and build their self-concepts and identities on what they can do rather than what they can't do'. The participants in this study, like other athletes, are more aware of their body because of their running performance; they read their body and understand it better than the ordinary person. Knowing the limitations that the body imposes on them helps them to improve their running performance. When they experience pain and injury, they become even more sensitive to it.

The stories of pain and injury are full of paradoxes and do not always follow the well-defined traditional lines of the health discourse as provided by social policies, medical guidelines or conventional perceptions of everyday life. When the body is threatened, so is the self of the participants. The findings of the study suggest a tendency towards feelings of pain as being normal and routine, as almost an *occupational hazard* and the price that has to be paid to be competitive at sport. Pain and injury are an endemic part of the distance running social world (Allen-Collinson, 2008; Allen-Collinson and Hockey, 2007).

'Feeling good' and 'feeling pain' are not synonymous, but these bodily sensations seem to be closely linked. Committed and dedicated runners will persevere through

fatigue, pain and injury overcoming the feelings of physical discomfort, and they use the expression *no pain, no gain* regularly (Shipway and Jones, 2007). Indeed, the discourse of physical health has almost disappeared, and many participants see mental well-being and self-image as most important. Upon completing one Marathon event, Christine, a 45-year-old with 11 years of running experience, noted:

I clearly remember running towards the finish and hearing the announcer telling us that we were achieving something only 1% of people in the country will achieve. They say that you finish a different person to when you start a marathon and they are right!

The findings suggest that there is a paradox in wishing to avoid pain and injury, keeping healthy and well, and achieving success which is seen as a way of overcoming obstacles and enhancing emotional and mental well-being. Ewan says:

When the medal was put around my neck I forgot all those hard miles; they melted into the background as I looked dazed and confused at the medal. I had done everything I had ever dreamed of. I have never felt more pride and happiness and I knew that moment would stay with me forever.

As Leder (1990) suggests, when we experience pain, the body and its functions are no longer taken for granted. In this context, the runner in this study are confronted with a moment when they need to find the meaning of this body dysfunction and act to restore their running body to a state of dependable normality, and resume running. Leder makes the distinction between bodily dis-appearance and dys-appearance. The latter occurs when the body appears to the runner as 'ill' or 'bad', which was often the case when the runners experienced pain or injury. They were aware of their bodies whilst running, although it was not seen as an object of experience. When the runners experience pain or injury, their attention is drawn to this body-part, and if this means they can no longer run, their body dys-appears, and is viewed as bad or ill. At this time, the runner experiences various aspects of negative 'dysappearance', and their relation to the distance running social world (Shipway et al., 2012) are called into question.

Before the injury or pain, the runners were, as Leder (1990: 74) refers to, the 'centre from which the rays of intentionality radiate(d) outwards' to the world. However, now the injured body-part disturbs this intentionality. As previously identified, the running body is no longer taken-for-granted and the body becomes a central object of the distance runner's attention. In the context of distance running and as confirmed by Leder, pain and injury makes the runner experience the body-part in pain as an 'alien presence', an object other than the self (Leder, 1990: 73), or in other words, 'as not me'. Findings from this study suggest that as runners continue to experience injury and this injury persists over time, it often leads to stress and tension and a negative impact on the well-being of the runner (Shipway and Holloway (2010). Additionally, when this pain and injury threatens their running goals, feelings of isolation increase and the injured body-part becomes a hindrance to their participation in their chosen leisure activity.

Although runners see the link between body and mind when commenting on the advantages of the running body, some also use the metaphor of 'the body as a machine'

– a concept deriving from Descartes – which has to be kept ‘in gear’, well-fed and watered, which contradicts the earlier discussion of the body as an integral part of self where a fusion of mind and body takes place. Andy, a 51-year-old with 20 years of running experience, noted that:

Your body is like a car. You need to put the right fuel in the tank or you won’t run properly.

Some runners echo Terry who also seems to see the body as a machine and speaks of ‘re-charging the body’ by taking a day of rest. This objectification of the body echoes the bio-medical model of Western medicine that means that the mechanical ‘system’ has to be maintained and repaired if it doesn’t function; otherwise it breaks down. In the runners’ view, it needs either exercise or rest. This fits the mind-body dualism of Descartes that sees the mind as distinct from bodily phenomena (though this philosophy sees the corporeal as less important than modern medicine). For Descartes, the body is physical, a system of flesh, blood and organs interacting with each other. However this is also linked with the notion that the body is an enemy that has to be conquered, a comment that relates to early Greek ideas and to the Christian tradition. Runners in this study often do believe in the value of conquering the body. The expressions such as *fighting through injury*, *overcoming pain* are common. Again, a paradox exists in the mind of the runners, and reinforces our findings that there is an inherent contradiction between running and health and as an obsession and source of injury. Pain, injury or exhaustion is often seen as physical evidence of commitment to their group and their activity. This frequently becomes ‘a badge of honour’, as one participant calls it, and Thornton (2004) confirms the same in his own work. Physical pain is hard to avoid in the quest for mental health and well-being.

Conclusion

The results from this study indicate that distance running might assist with social interaction, improved health, and enhanced body image. The health benefits of running tended to be a primary concern of the participants in this research, linked to the ‘presentation of self’ as a fit and healthy person with a positive body image. Webb et al. (2008: 353) maintain that the body is socially and culturally constructed and through ‘the display or absence of certain markers of health’. These signs have been discussed and confirmed by the participants in this study. These runners accept the discourse of healthism which fits in with the prevailing focus on the culture of health and fitness. However, these discourses clearly contain paradoxes, tensions and contradictions which are identified.

The performance of the physical or biological body, and the way in which its health and fitness is valued by runners, becomes an expression of the self and self-esteem. On the whole, runners take their bodies for granted and do not mention it when the running is successful and assures their well-being. When the body-self is disrupted, they become body-conscious and experience anxiety – and they are in conflict with their own self-perception as fit and healthy human beings. On the one hand, distance runners are health conscious, driven by a wish for a fit and trim body through exercise; proper nutrition and hydration; on the other, they practise running to excess, forget about pain and injury and

celebrate success by eating and drinking (alcohol). They know the boundaries of their physical body, but are willing to go beyond them during training. Many runners appear to take up running to free themselves from addiction, but many become instead addicted to running. They have an instrumental perspective on the body and see it as a machine to be maintained, but they also feel that they can ‘cure’ depression and stress – mental states – by distance running. The life of the running community in this research is full of these conflicts and paradoxes. We have discussed both social and individual conceptions of health and the body. The runners in this study not only mirror ideas on health and well-being of their social environment, but have internalized them.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

References

- Abbas A (2004) The embodiment of class, gender and age through leisure: A realist analysis of long distance running. *Leisure Studies* 23(2): 159–175.
- Allen-Collinson J (2008) Running the routes together: Corunning and knowledge in action. *Journal of Contemporary Ethnography* 37(1): 38–61.
- Allen-Collinson J and Hockey J (2007) Working out identity: Distance runners and the management of disrupted identity. *Leisure Studies* 26(4): 381–398.
- American College of Sports Medicine (ACSM) (2006) *Charting and changing the policy landscape: Promoting physical activity and reversing physical inactivity through policy solutions*. Available at: www.asm.org (accessed 16 February 2013).
- Atkinson M (2008) Triathlon, suffering and exciting significance. *Leisure Studies* 27(2): 165–180.
- Austin M (2007) Chasing happiness together: Running and Aristotle’s philosophy of friendship. In: Austin M (ed.) *Running and Philosophy: A Marathon for the Mind*. Oxford: Blackwell, pp. 11–20.
- Australian Government Department of Health & Ageing (AGDH & A) (2006) *Lifestyle Prescriptions*. Canberra, ACT, Australia: AGDH & A. Available at: www.health.gov.au/life-scripts (accessed 15 February 2013).
- Bale J (2004) *Running Cultures: Racing in Time and Space*. London: Routledge.
- Brewer J (2000) *Ethnography*. Buckingham: Open University Press.
- Buckworth J and Dishman RD (2002) *Exercise Psychology*. Champaign, IL: Human Kinetics.
- Cheek J (2008) Healthism: A new conservatism. *Qualitative Health Research* 18(7): 974–982.
- Chenail RJ, Cooper R and Desir C (2010) Strategically reviewing the research literature in qualitative research. *Journal of Ethnographic & Qualitative Research* 4: 88–94.
- Corbin JM (2003) The body in health and illness. *Qualitative Health Research* 13(2): 256–267.
- Crawford R (1980) Healthism and the medicalization of everyday life. *International Journal of Health Services* 10(3): 365–388.
- Crawford R (2006) Health as meaningful social practice. *Health* 10(4): 401–420.
- Foucault M (1977) *Discipline and Punish*. New York, NY: Vintage Books.
- Frank AW (1995) *The Wounded Storyteller: Body, Illness and Ethics*. Chicago, IL: The University of Chicago Press.
- Greenhalgh T and Wessely S (2004) ‘Health for me’: A socio-cultural analysis of healthism in the middle classes. *British Medical Bulletin* 60(1): 197–213.

- Gregson K and Huggins M (2001) The media, regional culture and the Great North Run: 'Big Bren's Human Race'. *Culture, Sport, Society* 4: 31–48.
- Haslam SA, Jetten J, Postmes T, et al. (2009) Social identity, health and well-being: An emerging agenda for applied psychology. *Applied Psychology* 58(1): 1–23.
- Higham J and Hinch T (2009) *Sport and Tourism: Globalization, Mobility and Identity*. Oxford: Elsevier Butterworth-Heinemann.
- Jones I, Brown L and Holloway I (2013) *Qualitative Research in Sport and Physical Activity*. London: SAGE.
- Kronenfeld JJ (2006) Changing conceptions of health and life course concepts. *Health* 10(4): 501–517.
- Leder D (1990) *The Absent Body*. Chicago, IL: The University of Chicago Press.
- Leedy M (2003) Commitment to distance running: Coping mechanism or addiction? *Journal of Sport Behavior* 23(3): 255–270.
- Mead GH (1934) *Mind, Self and Society*. Chicago, IL: University of Chicago Press.
- Mills CW (1940) Situated actions and vocabularies of motive. *American Sociological Review* 5(6): 904–913.
- Nash JF (1979) Weekend racing as an eventful experience: Understanding the accomplishment of well-being. *Urban Life* 8: 199–217.
- Schensul JJ (2005) *What is ethnography?* Available at: <http://cira.med.yale.edu/events/mbseminars/mbs070705.pdf> (accessed 15 August 2012).
- Sharkey BJ and Gaskill SE (2007) *Fitness and Health*. 6th ed. Champaign, IL: Human Kinetics.
- Shilling C (2002) Culture, the sick role and the consumption of health. *British Journal of Sociology* 53(4): 621–638.
- Shilling C (2003) *The Body and Social Theory*. 2nd ed. London: SAGE.
- Shipway R and Holloway I (2010) Running free: Embracing a healthy lifestyle through distance running. *Perspectives in Public Health* 130(6): 270–276.
- Shipway R and Jones I (2007) Running away from home: Understanding visitor experiences in sport tourism. *International Journal of Tourism Research* 9(5): 373–383.
- Shipway R and Jones I (2008) The great suburban Everest: An 'Insiders' perspective on experiences at the 2007 Flora London Marathon. *Journal of Sport & Tourism* 13(1): 61–77.
- Shipway R, Holloway I and Jones I (2012) Organisations, practices, actors and events: Exploring inside the distance running social world. *International Review for the Sociology of Sport*. Epub ahead of print 30 April. DOI: 10.1177/1012690212442135.
- Smith S (1998) Athletes, runners and joggers: Participant-group dynamics in a sport of 'individuals'. *Sociology of Sport Journal* 15: 174–192.
- Smith S (2000) British non-elite road running and masculinity: A case of "running repairs"? *Men and Masculinities* 3(2): 180–208.
- Sparkes A (2000) Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sport Journal* 17(1): 21–43.
- Stebbins R (2007) *Serious Leisure: A Perspective for Our Time*. New Brunswick, NJ: Transaction Publisher.
- Theberge N (1991) Reflections on the body in the sociology of sport. *Quest* 43(2): 123–134.
- Thornton A (2004) Anyone can play this game: Ultimate frisbee, identity and difference. In: Wheaton B (ed.) *Understanding Lifestyle Sports: Consumption, Identity and Difference*. London: Routledge, pp. 175–196.
- Tulle E (2007) Running to run: Embodiment, structure and agency amongst veteran elite runners. *Sociology* 41(2): 329–346.
- Turner BS (1984) *The Body and Society: Explorations in Social Theory*. Oxford: Blackwell.
- Turner BS (2008) *The Body and Society: Explorations in Social Theory*. 3rd ed. London: SAGE.

- United Kingdom Department of Health (2004) *Choosing Health? Choosing Activity. A Consultation on How to Increase Physical Activity*. London: Department of Health.
- United Kingdom Department of Health (2009) *A Plan to Getting the Nation Moving*. London: Department of Health.
- Unruh D (1980) The nature of social worlds. *Pacific Sociological Review* 23: 271–296.
- US Department of Health & Human Services (2008) *Physical activity guidelines for Americans*. Available at: www.health.gov/paguidelines (accessed 21 November 2012).
- Wainright SP, Williams C and Turner BS (2005) Fractured identities: Injury and the balletic body. *Health* 9(1): 49–66.
- Webb L, Quennerstedt M and Öhman M (2008) Healthy bodies: Construction of the body and health in physical education. *Sport, Education and Society* 11(4): 352–372.
- Wright J, O’Flynn G and Macdonald D (2006) Being fit and looking healthy: Young women’s and men’s constructions of health and fitness. *Sex Roles* 54 (9–10): 707–716.
- Yair G (1990) The commitment to long distance running and levels of activity: Personal or structural? *Journal of Leisure Research* 22: 213–227.