



YOUTH SPORTS PARTICIPATION, TRAINABILITY AND READINESS

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CHAPTER 2: YOUNG BODIES IN SPORT - ascetic “hard work” and new wave “just do it”

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INTRODUCTION

This paper provides a critique of the processes by which health, exercise, and the body have emerged and moved on the cultural agenda of young people. Contemporary life has transformed the body into an object, as a material of ideal appearance and depository of social norms and rules. It is argued that the development and promotion of cultural beliefs among young people flow from and help to reproduce discourses about the human body as a perfect image. Of interest is the body-young person relationship, specifically when young persons address this relationship in the context of the ideals and models of contemporary western culture. This idea is explored through three discussions organized around the theme of the construction of a new subjectivity of young people:

- First, how health is embodied through sport practices, and how it is used in the formation of a new self by young people is initially summarized;
- Second, the link between sport for young people and the concept of healthy lifestyle and the meaning of contemporary healthy behaviour are critically examined; and
- Third, construction of the self is examined, specifically that young people are lead to inclusive and/or exclusive systems of normalization on the basis of cultural patterns, ascetic behaviors (strict diet, severe training, etc), and/or new ethic regimes (focus on the body, lifestyle, etc.).

THE MYTH OF THE ASSOCIATION OF THE PERFECT BODY/HEALTHY BEHAVIOUR AND THE EMBODIED SELF

The body has never been as present in daily life as it is today. In recent years, the public sphere is rooted in a body creed: magazines, television shows, newspapers, advertising, and medical discussions are full of information about

how to diet and exercise, and how to transform the body through a variety of expert or common sense solutions. Never before in history have images of the cultural ideal progressively blurred the boundaries between beauty, health and physical performance. The strong emphasis in contemporary culture on the ideal appearance of the body is such that young people are socialized in the myth of a perfect body and healthy behaviour. Attention to body care has been established based upon imperatives of self-realization and the inculcation of social obligations and norms.

The body has become the depository of social rules and order beginning in childhood. The real force of the ideal model of a perfect body and health is linked to the connection between an aesthetic ideal of the body and the ethical evaluation of a person. In this sense, the myth of body perfection is always a problem of control and self-control. The idea that the body can be controlled as an object is particularly evident in the case of those who are able to follow diets or train in sport. Within this context, individuals seek to construct a meaningful sense of self through personal effort and control. The involvement of young people in sport programs, especially in individual sports, provides access to discourses connecting the body with self-identity. In fact, many youth sports programs promoted by the private sector or the state, including schools, encourage young people to care for their bodies in pursuit of perfect health.

This contemporary "healthism" produces a medicalization of everyday life in such a way that two main groups can be identified in the young population: (1) those whose main goal is to construct and present themselves to others as healthy, and (2) those who cannot, or who refuse, to come close to the healthy ideal. In this regard, Blaxter (1993) writes that for the contemporary era, exposure to health risks has become a central marker of social class. While all may blame themselves for their health, only some enjoy a social position that allows them a viable measure of real control over their lives. The author reports that regardless of class and education, respondents notice voluntary behaviours as the cause of diseases: "my life is unhealthy because I can't control my weight, because I smoke; it is healthy because I take exercise, because I watch my diet" (Blaxter, 1993, p. 125). The linkage of health, personal virtue, and self-sufficiency mystifies the structural bases of inequality. By focusing on individual lifestyle as a major determinant of health, "sporting healthism" creates the illusion that people are equally able to make free choices about their health.

At the core of this relatively new health management is the socially pervasive association between health and lifestyle. Health promotion obscures people's differential capacity to purchase the goods that involve healthy behaviours. When access to sporting goods is unequally distributed by class,

the real winner of the ideology of healthism is the educated middle class. Lifestyle and self-improvement are components of a predominantly middle-class habitus that contributes to acquiescence to the logic of inequality (Gomes, 2002). It also exemplifies the replacement of public concern with individual choice as a form of legitimate spread of disciplinary body techniques. Previously confined to disciplinary institutions such as the school in the form of physical education, contemporary individuals are encouraged to live as if making a project of themselves. They are encouraged to take responsibility of their bodies, to work on them as a health guardian, and to invest in a lifestyle that will maximize the worth of their existence to themselves.

The other side of the depreciation of physical education in the schools is the increase in the number of gymnasia as a direct result of the body consumer culture, or the domestication of physical activities by means of personalized machine forms of exercise (Gomes, 2002). Evidence suggests that the implementation of such private projects is constitutively linked to the rise of expert languages. The proliferation of new magazines, self-help packages, and exercise videos has resulted in a new alliance between professionals claiming to provide rational answers and individuals seeking to shape a lifestyle in the hope of personal recovery. By means of educational politics the European states underestimate public support to physical education and sport. State bureaucracies are no longer needed to enjoy healthy habits of exercise. The ethic of lifestyle has infused a private domain that so long appeared resistant to the population rationale. This new relationship operates through cultural technologies of advertising and marketing that have employ a constant and intense self-scrutiny in terms of images of the self.

In a medicalized society, physical activity is presented as the best way to control the body and in turn life. Bodies in control and bodies out of control become, not only a physical marker, but also an ethical focus, the only way to reach self-responsibility. The attribution of social responsibility to the proactive pursuit of health to individuals moved forward since the healthism of the early 1970s when themes of individual effort, discipline and will came together with a deregulation of public health programs. Such thinking is typical of countries which are attempting to replace old models of regulating health. Instead, individuals are encouraged on the assumption that they want to be healthy and freely choose the ways of living most likely to promote their own health. Part of this politic is based on the social body metaphor, the view that social illness may be repaired by disciplinary action on the individual body.

Experts have indicated how to be healthy by means of exercise and prudent behaviour. The normalizing ethical power of the model is proposed by a rhetoric of free choice and personal autonomy. In this context, the

practice of sport by young people is justified as a means to avoid drug and alcohol abuse, smoking, and other unhealthy deviant behaviors. Many of these changes appear particularly promising for the social regulation of the current generation of young people, resulting in two apparently contradictory types of sporting values:

- An ascetic lifestyle devoted to hard work, self-restraint and discipline: Framed in the attraction of a thin but muscled body, the middle- and upper-classes strive to physically distinguish themselves as capable of clean living and working out. Training regularly, participation in fitness programs, and/or practice individual sports, often with a personal trainer, demonstrate the evidence of moral and physical superiority over subordinate groups of working class.
- A new ethic regime based upon a new "prudentialism" (O'Malley, 1992): Using the technologies of consumption, the market exacerbates anxieties about the individual's own future to encourage him/her to invest in the quality of life. The ethics of lifestyle maximization, coupled with the supply of new technologies of lifestyle management (what to eat and drink, where to exercise and what to do, what to wear, etc.) generate a relentless imperative of self-government. From this point of view, training and the practice of sport are not neutral activities, but a means of individual development or self-realization. Subjects work on themselves, not in the name of norm conformity, but for autonomy.

The dichotomy of dependency and control becomes a powerful psychological formula for judging the conduct of others and also of one's self. Self-esteem, self-control and locus of control are psychological concepts that invade the discourse of training young people in sport. The prevailing image of performance in sport is of an individual in search of meaning and fulfillment. The world of sport, both competitive and leisure, is conceptualized as a realm in which productivity is enhanced through active engagement of self-fulfilling impulses and desires. "Become whole! Become what you want to be! Just do it!" have replaced earlier ascetic values of competition and hard work.

A survey of sporting leisure practices of University of Coimbra students in 2001 (Gomes, 2002) highlights the importance that individuals place on health and psychological well-being compared to other reasons for participation in physical activity. "To keep the body shape," "to become thin", and amusement are other reasons with some importance for practicing sport during leisure. In addition, females place more importance on weight control,

whereas males emphasize the quest for muscularity, which indicates gender differences in concern for body fitness.

This is the modern image of self-obsession, a model of personal recovery that promises to solve social problems, including health problems. The body is not only the material object of training, but also the fundamental symbol which indeed is felt and deployed as a sign of personal worth. Thus, exercise and sport are symbolic domains through which individuals construct and present their identities.

BODIES IN SPORT AND HEALTH RECONSIDERED: INCLUSION AND EXCLUSION

The body is an outcome of a particular cultural, scientific, and technical history. Mauss (1973) proposed the notion of "techniques of the body," to stress the social nature of bodily practices, a kind of body *habitus* that varies according to societal factors such as education, propriety, fashion and prestige. Mauss (1979) takes the modern notion of the person as a symbol of a particular cultural elaboration of personhood and a particular cultural model of distributing personhood to individuals. This is the result of ethical techniques which, after Foucault, were called technologies of the self (Foucault, 1988). It was the mastery of these techniques that allows individuals to consciously relate themselves as subjects of their own behaviours and capacities.

In this view, the unitary notion of the body might be abandoned. Rather than speak of an entity intrinsic to the body, a particular body regime is produced to understand assemblages which induce a certain relationship to the individual as embodied, which, in turn, renders the body a totality. In other words, agency is itself an effect, an outcome of particular technologies that invoke human beings as a corporeal reality. This relationship can be established with many modes: confession, solicitude, body care, safeguard, self-esteem, among others which reveal different relationships to authority.

Much of the recent emphasis on health is rooted in the body shape metaphor. New images of subjectivity proliferate like the relatively recent preoccupation with physical appearance and obsession with thinness. Expectations for individuals to impose controls upon their bodies have existed to greater or lesser degrees throughout history. In this respect, some social historians (Gilman, 1988, 1995) have explained that shifts in body ideals and in the attachment of moral values to health lie in anxiety about illness, and moreover, anxiety about the presence of the "dangerous others" and the risk of their diseases. Consider, for instance, the relationship to authority that governs the historical configuration of mental health and madness as

exemplified in the mastery that exercised between asylum doctor and hospitalized individual in late eighteenth century, in the institutional discipline in the nineteenth century, and the pedagogy of mental hygienists in the first half of the twentieth century.

Present day society appears to be marked by focus on control over image as a major determinant of health. Exercise becomes a response directed to regaining control. Subsequently, illness has increasingly come to be associated with insufficient resolve to exercise, to quit smoking, to eat well, and so on. Sick people are now more often blamed for being ill (Shilling, 1993), and failure to be self-surveillant about health is often defined as deviant (Crawford, 1980), and obesity is often attributed to a lack of will.

Thus, attribution of an inclusive aim to sport and physical activities of young people may be misunderstood. Despite the best professional intentions, no principles are ever totally inclusive. Rather, they are based on principles of division and differentiation. The social significance of systems of inclusion and exclusion is apparent when physiological, anthropometric, and pedagogical knowledge is viewed as a strategy to order and at times divide children and youth in sport. These scientific discourses offer particular sets of local norms as global, constructing a particular normalized space. The normalization involves multiple sets of linkages. Notions of children's potential, capacity, growth, motivation, ability and talent are linked to other sets of ideas about weight, height and other performance and physiological parameters that establish the average. The language of these parameters can be viewed as a system that constitutes rather than reflects, that prescribes as well as it describes: "being normal" is a statistical construct.

The discursive relationships between scientific and cultural categories embodies unarticulated rules that inscribe social and cultural norms of body image into principles of training and pedagogical intervention. These systems of inclusion/exclusion are also cast through an asymmetrical relationship. Certain discourses stress ethnic/racial or gender differences assuming a certain unity based on populational reasoning. The presence or absence of some biological or psychological features are used to specify what the individual lacks, and with proper training, these can be modified into positive qualities. New modes of subjugation produce new modes of exclusion and new practices for reforming individuals so excluded.

The technologies of knowing one's self sometimes constrain and repress the manner in which children and youth experience their bodies in sport. Data on the pervasiveness of disordered eating behaviors among female athletes illustrates the normative power of some biological signs. The American College of Sports Medicine estimates that as many as 65% of

females competing in figure skating, gymnastics, synchronized swimming, and endurance sports may suffer from disordered eating. Although some male athletes use extreme methods to lose weight (e.g., to meet a weight category in wrestling), these behaviors are especially true of sports that require an aesthetically pleasing female figure. There is also growing evidence that for some individuals, exercise can become a compulsive behaviour.

In this sense, the social value of women has become associated with their bodies and is expressed through the ideal of slenderness. Thinness has not only come to represent attractiveness, but also has come to symbolize self-control, moral integrity, and higher socioeconomic status (Marzano-Parisoli, 2001). This orthodoxy tends to result in an ascetic approach to sport and the body, convincing more and more individuals that they can modify and build the body that they desire.

These messages make the myth of will and moral fortitude more powerful. Despite these claims, all individuals cannot have the body they desire. The other side of this practice reveals two extremes: exercise addiction and food refusal on one hand, and bodies that resist normalization on the other hand. The first is based in the ability to tolerate bodily pain and exhaustion. Bordo (1993) emphasizes that disordered eating proliferates in such a cultural climate. The second one is formed by those who fail to engage in prudent behaviour, regular exercise, and maintenance of a desirable weight. In the survey of University of Coimbra students (Gomes, 2002), those from families with low income and low educational attainment engage less often in regular sporting during leisure. On the other hand, students from high income families more often emphasize the belief of a connection between exercise and health status. These disparities based by family education and income suggest an effect of culture on physical activity and beliefs about health status.

OVERVIEW

This discussion has criticized the negative effects of having a naïve association between sport and health. Nevertheless, evidence clearly supports a beneficial influence of regular physical activity on health (Shepard, 1995). Given that the majority of the young Portuguese population currently engages in relatively little physical activity, there is a need to explore how far the popular beliefs of the relationship between exercise and health exerts a general effect on exercise expectations and needs.

This, however, was not the point of this discussion. Rather, the objective was to show that an adequate and comprehensive analysis of these problems requires examination of both biological and sociocultural factors.

There are many social and cultural factors which account for why some people are more engaged in competitive sport and leisure physical activity than others. Some disengaged behaviours as forms of body resistance and contestation of the hegemonic corporeality regime are identified. Analysis of the forms of contestation, i.e., not to be physically active can be a form of resistance, that can help in understanding ways in which something new is created. This does not imply that regular exercise, competitive sport and physical education are unimportant, but suggests that something might be learned from young people who refuse to codify themselves.

Several contradictions that lie on the relationship between exercise, body shape, and health are indicated. The recent shift in curriculum and research agendas of the physical education, kinesiology, and sport professions toward health care are revealing. Many of these recent shifts, including the re-naming of departments and faculties, connote a rational approach to exercise and health and a self-evident belief that healthy behaviour is beneficial, deflecting, at the same time, attention from structural and environmental factors affecting health. The dominant beliefs about the ideology of healthism need debate. Physical education was historically involved in the hygienist movement since its origin, and at times quite rashly. The contradictory possibilities of health movements exist because these represent a contested terrain over which there are struggles to determine the form, meaning and legitimacy of using the body. Sport and physical activity are part of this process and debate.

In closing, the following summarizes the highlights of this discussion:

- The strong emphasis of contemporary culture on an ideal appearance of the body is such that young people are socialized into the myth of a perfect body and healthy behaviour.
- Contemporary "healthism" produces a medicalization of everyday life in such a way that two main groups in the young population can be identified: those whose main goal is to construct and present themselves to others as healthy, and those people who cannot, or who refuse, to come close to the healthy ideal.
- At the core of this new health management is the socially pervasive association between health and lifestyle. Health promotion obscures individuals differential capacity to purchase the goods related to healthy behaviours. Lifestyle and self-improvement are components of predominantly middle- and upper-class status.

- In a medicalized society, physical activity is presented as the best way to control the body and quality of life. Bodies in control and bodies out of control become, not only a physical marker, but also an ethical means to attain self-responsibility.
- Late modernity society is characterized by self-obsession, a model of personal recovery that promises to solve social problems, including health problems, not viewing inequality, but against the order of the self and the way we govern our selves. The body is not only the material object of training, but also the fundamental symbol which indeed is felt and deployed as a sign of personal worth. Thus, exercise and sport activity are symbolic domains through which individuals construct and present their identities. The dichotomy of dependency and control has become a powerful psychological formula for judging the conduct of others, and for judging one's self.
- Much of recent emphasis on health is rooted in the body shape metaphor, a new image of subjectivity based on physical appearance and an obsession with thinness. Focusing on control over the image is a major determinant of health. Exercise has become a response aimed at gaining or regaining control. Subsequently, illness has increasingly come to be associated with insufficient resolve to exercise more, to quit smoking, to eat well, and so forth. Thus, attribution of an inclusive aim to sport activities of young people may be misunderstood.
- The linkage of health, personal virtue, and self-sufficiency mystify the structural basis of inequality. By focusing on individual lifestyle as a major determinant of health, a sporting "healthism" creates an illusion that individuals are equally able to make free choices about their health and related behaviours including physical activity and sport.

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