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**BODIES FIT FOR CONSUMPTION:  
THE CULTURAL PRODUCTION OF THE FITNESS FIELD**

by

**JENNIFER BERYL SMITH**

A dissertation submitted to the Graduate Faculty in Sociology in partial fulfillment of the requirements for the degree of Doctor of Philosophy, The City University of New York.

2002

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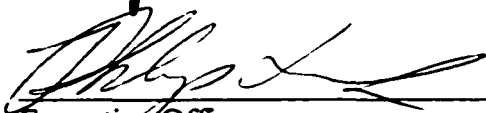
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This manuscript has been read and accepted for the Graduate Faculty in Sociology in satisfaction of the dissertation requirement for the degree of Doctor of Philosophy.

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## Abstract

**BODIES FIT FOR CONSUMPTION:  
THE CULTURAL PRODUCTION OF THE FITNESS FIELD**

by

Jennifer Beryl Smith

Adviser: Professor Sharon Zukin

In the United States, fitness industries have grown significantly since the 1970s. This dissertation examines fitness as a cultural field: a network of sites, products, texts, producers, and consumers organized around working on the body through exercise. The analysis draws on Pierre Bourdieu's concept of the cultural field to examine the ways in which the social and political-economic conditions of the late 20<sup>th</sup> century made possible the production of fitness consumers and producers. The empirical focus is on the U.S. fitness industry of the past thirty years, concentrating on commercial health clubs, fitness magazines and manuals, and personal trainers. The research combines discourse analysis (of magazines, manuals, and market research reports) with interviews with fitness practitioners (personal trainers, health club managers, and fitness magazine advertising sales associates).

The fitness field's emergence is connected to a long-standing physical culture in the U.S., in which exercise has been promoted as a way for individuals to improve themselves. In the 1970s, this exercising tradition was recast by new health promotion strategies that focused on individuals' responsibility to take up "healthy" lifestyles, a newly intensified service economy that placed increasing emphasis on individuals'

physical appearance, and the new associations, for women and others, between physical and political empowerment. Since the 1980s, the fitness field's institutional foundations have undergone tremendous growth and consolidation: commercial health clubs established themselves as the taken-for-granted sites for the consumption of fitness; fitness magazines and manuals instructed consumers in the practices, criteria, and accessories that define a fitness lifestyle; and personal trainers emerged as a cadre of professional fitness producers, marketing expert fitness knowledge as a personal service.

The implications for fitness field participants ultimately concern social, not physical, fitness: the fit individual is a competent social actor who understands the body as an enterprise. The "lessons" of the fitness field involve a naturalization of leisure time as a sphere of obligations to minimize one's (health) risks and maximize one's (market) potential, a representation of the body as a site of work, self-control, and reward, and an education in the consumer fitness lifestyle as the most appropriate pattern of self-investment.

**- Preface -**

When I moved to New York City in 1997, I joined a health club. When I quit in December 2001 (and began using the (free) swimming pool at Hunter College), I had spent approximately \$3000 in membership dues, \$300 on running shoes, and another \$300 on workout shorts, squash goggles, sweat socks, yoga pants, sport tops and swim suits, as well as \$200 on rollerblades to cruise along the Hudson River Park (before, during and after September 11<sup>th</sup>). I also mooched numerous free guest passes from friends to use the facilities of other health clubs (including the remarkable climbing wall at Chelsea Piers), spent \$1.50 to travel out to and walk around the Jamaica Bay Wildlife Preserve, and \$40 to run in the 1999 Terry Fox Run in Central Park. In total, my New York fitness experiences have cost a relatively small amount—roughly the equivalent of my first term's tuition. They have also provided me with a dissertation topic that has sustained my interest over the years.

I have been incredibly fortunate to have received financial support for the majority of my doctoral studies. My sincere thanks to the Graduate Center of the City University of New York and the Social Sciences and Humanities Research Council of Canada, who made my time at CUNY possible through their generous doctoral fellowships. In addition, several small grants from the Graduate Center's Student Travel and Research Fund allowed me to share my research with a number of audiences.

I am indebted to my committee, who provided support and encouragement from both near and far. Thank you to Stuart Ewen for passing on his enthusiasm for the bizarre facts that litter our history, and his outstanding model of what teaching can look

like and academic writing can read like. Thank you to Patricia Clough for her example of how to passionately engage with critical theory (and the gentle reminders about what I loved in that literature). Finally, a massive thank you to my adviser and committee chair, Sharon Zukin, who constantly demonstrated her confidence in and support of my project by sending me countless clippings and emails, spending long hours as a scrupulous editor, and always pushing me to make the most of this research. Without doubt, her critical comments and advice have made the dissertation stronger, and my sociological eye keener.

I am grateful for the friendship and support of Janet Mowat, Jo Eberhard, Nadia Minian and Jack Levinson. They have been brilliant company over the past five years, and have done everything imaginable to help me get this dissertation done. I am amazed at my good fortune in friends. I would also like to thank Bob Alford and our many inquiry co-conspirators for the much-cherished experience of those “workshops.” Friends and colleagues from “back home” provided encouragement and insight on the project from its Las Vegas debut to its current state—in particular, thanks to Graham Knight, Peter Donnelly, Margaret MacNeill, Kevin Young, and Phil White. If nothing else, I have been delighted by the Canadian content of my PhD.

Of course, the biggest source of Canadian support has been my mom, Jane Smith, who has put up with cranky and depressed phone calls, a far-flung life and an often inscrutable career choice. I just hope she’ll forgive me for following up Manhattan with Loughborough. Three very special people passed away during the last two years of this dissertation, and I would also like to acknowledge them. My grandparents, Bruce and Edna Ross, were enthusiastic supporters, excellent role models for an ethic of work and

play, and exemplars of a fit life, playing rounds of golf into their late 80s. My grandma, it bears mentioning, could still touch her toes up until six months before her death, thanks to a lifetime of the Royal Canadian Air Force's XBX ("Ten Basic Exercises") regime.

My dad, Bill Smith, also passed away, and although he'd already instituted a boycott on attending any further "god-awful graduation ceremonies," I'd hoped he would see the end of my seemingly interminable student days. My dad was the consummate outdoorsman; in my favorite pictures of him, he's fishing, skiing, camping, canoeing or out in the bush. It is thanks to my parents—both of whom grew up with one foot in the city and the other in the wilderness—that my brother and I are among the lucky for whom physical activity is a family affair, a source of everyday joy and, in the case of my intrepid sibling, a livelihood.

Finally, I want to thank Joseph Maguire for approaching our lengthy experiment in the globalization of marriage with a sense of adventure and enthusiasm. Joe has been an unbelievable support, putting aside his own work (and, often, sleep) to be my editor, critic, research assistant and life support system. I thank him for his love, humor, generosity and kitchen table (thanks Tom!), and for getting me into the pool or out for a hike when I needed it most.

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## Introduction:

### Fitness and the Consumer Body

In the 1970s, physical fitness became a popular leisure activity in the United States. One of the most visible forms of this newfound interest in exercise was jogging. Between 1976 and 1978, membership in the New York City Runners club tripled (from 2,000 to 6,000), and paid circulation of *Runner's World*, a specialist magazine, rose from 76,000 in May 1977 to 250,000 in May 1978 (Frum, 2000: 173). Over the 1970s, what the *New Yorker* had dubbed the "once lowly sneaker" (cited in Vanderbilt, 1998: 13) was transformed into the high-tech running shoe, with Nike and Adidas dominating the market. Nike, which began selling running shoes in 1972, had 50% of the U.S. running shoe market by 1979.<sup>1</sup>

Jogging was not the only expression of the popular interest in getting fit. Between 1961 and 1977, the number of physically active adults doubled, to 47% of the population. By 1978, nearly 39 million people were swimming, 35 million playing tennis, and 10 million running (Leepson, 1978: 263-65). In 1978, *U.S. News & World Report* reported on the "fitness mania;" in 1979, *Time* surveyed the fitness of America. Magazine articles trumpeted exercise as the way to improve brain power, gain beauty, lose weight, relieve tension, prolong life, build stamina, and generally 'shape up.'

Over the 1980s and 90s, this "fitness mania" was commodified and marketed by a rapidly expanding fitness industry. If Americans had taken up jogging in the 1970s, it wasn't until the 1980s that they took up fitness shopping. Over the 1960s and 70s, the

number of pairs of athletic shoes sold annually in the U.S. had risen from 130 to 180 million; over the 1980s alone, that number more than doubled to 380 million (Vanderbilt, 1998: 13, 26; see also Bernzweig, 1983; Brubaker, 1991). Reebok's aerobics shoes capitalized on the shifting exercise fads and fashions, and catapulted the company from a small operator with sales of \$3.5 million in 1982, to a market leader with sales of \$919 million in 1986.<sup>2</sup> Commercial health clubs also profited from the aerobics craze; while tennis clubs were suffering from falling participation rates, commercial health clubs doubled in number over the 1980s.<sup>3</sup>

Despite the rise in popular interest and consumer spending, however, "fitness" and "exercise" were not invented in the 1970s. Physical activity was once an integral part of everyday life. Rather than an intentional leisure activity, strenuous exercise was an unintentional but necessary part of life before the widespread use of vacuum cleaners, washing machines, computers, television and automobiles. The U.S. already had well-established traditions of physical culture from the 19<sup>th</sup> and early 20<sup>th</sup> centuries. Exercise was an important element of the military, childhood physical education, religious organizations such as the YMCA, the dieting industry, and the medical establishment. Health foods, exercise regimes, sports clubs, and weight lifting had all existed for at least a century (Green, 1986) when the New York Health Club, one of Manhattan's first fitness club chains, opened its doors in 1973.

What is *new* about physical fitness since the 1970s is not the exercise, but the ways in which exercise is formulated through the consumer market. Particularly since the 1980s, exercise footwear, clothing, and equipment have become immense industries, producing an increasing array of fitness products and services that claim to help us

improve our bodies. New magazines appeared, addressing the fitness consumer and offering advice on their multiplying choices between old and new products. Exercise videos were a new product in the early 1980s, but dominated the home-video industry by the middle of the decade. By 1987, 15 million exercise videos had been sold (Kagan & Morse, 1988: 165; MacNeill, 1998: 165). The sporting goods industry—which grew 14% between 1983 and 1984 alone—was worth \$26.7 billion in 1984 (Kuzela, 1984) and \$47.3 billion by 2000 (Euromonitor, 2001). Fitness became a commodity.

Over the past thirty years, three fitness commodities in particular have shaped a new leisure industry. First, in the 1970s, a new kind of exercise site emerged: the commercial health club. The health club combined old forms of exercise (such as calisthenics classes and weightlifting) with new exercise equipment in a co-ed and service-oriented business, which mainly appealed to the middle class. Second, in the 1980s and 90s, as the health club industry expanded and consolidated, fitness was documented in a new realm of publishing. In addition to exercise manuals, consumers now had fitness magazines to advise them on the latest tips and techniques of the fitness lifestyle. Third, in the 1990s, a new kind of fitness service—personal training—became widely available, through health clubs, to a mass market. Personal trainers are a new group of service professionals, providing exercise expertise in one-on-one sessions with clients.

The fitness industry has produced a procession of equipment and exercise fads, some more long-lasting than others—from isometric exercises and Jazzercise, to Step, Pilates and spinning. Underlying these fads are health clubs, fitness publishing and personal training, which have become the institutional foundations of fitness. They

provide a continuous institutional structure for the production and consumption of exercise fashions. The physical space of a club, the content and layout of magazines, and the advice of personal trainers offer a series of filters through which new kinds of equipment, exercise, and services are introduced, defined and discarded, without disrupting the basic fitness theme.

This dissertation examines the cultural production of fitness in the U.S., from the emergence of popular interest in the early 1970s to the mass commodification of the fitness lifestyle since the 1980s. Rather than limit the analysis to the fitness *industry*, however, this research draws on the work of Pierre Bourdieu (1984, 1990, 1993) to analyze fitness as a cultural *field*—a network of sites, texts, producers, and consumers that generates practices of exercise and meanings of the body (cf. Ferguson, 1998: 601-02; Jarvie & Maguire, 1994: 193-94; Jenkins, 1992: 84-87; Laberge & Kay, 2002: 253-55). The institutional network of health clubs, fitness texts, and personal trainers are the points of entry for field participants, and serve as the empirical building blocks of my analysis.

### **The Cultural Field Model**

The emergence of a cultural field is made possible through new social and cultural conditions which stimulate and sustain the production of new cultural goods, and popular interest and participation in new activities (Ferguson, 1998: 601). External stimuli are necessary for fields to “break” with earlier traditions and institutions—in cooking, sport, or artistic distinction—that are their foundation. A field is made possible by new political pressures, economic models, technological possibilities and social movements. A field also requires popular passions—it requires a market of predisposed producers and

consumers who regard the field's rules and rewards as both legitimate and desirable. The same cultural and social conditions that stimulate the emergence of a field also continue to produce interest in it (Jenkins, 1992: 85).

Participation in a field, however, is not universal. An actor has a preference—a taste—for some fields over others. This taste for certain fields is not, for Bourdieu, the expression of a sovereign will, but reflects the individual's habitus, their embodied, class-bound disposition (Bourdieu, 1984: 190). Some fields, in other words, make more sense to people than others, depending on the skills required and the profits expected (Bourdieu, 1984: 211). The affinity between habitus and field means that a person's investment in the field is also, simultaneously, an investment in his/her habitus. Thus, a field's emergence is dependent on certain external conditions, through which old attitudes and ideas are transformed through new social conditions and tastes.

The relative autonomy of a field from its antecedents in earlier traditions is signaled by the production of "institutionally constituted points of entry" (Jenkins, 1992: 85). These points of entry establish the boundaries around, and legitimate ways into, the arena of action. In particular, fields tend to develop a distinct social space, dedicated to production and consumption of new products and practices (Ferguson, 1998: 601); a social space of this type could be the restaurant, art gallery or health club. By taking the field's activities out of the private space of the home and bringing participants together in a public space, these sites allow the mutual display and affirmation of membership, status and resources. The boundaries of a site provide a literal division between participants and non-participants, while the competition between sites results in a hierarchy of elite and non-elite participants (Ferguson, 1998: 605-06).

The competition between sites illustrates the field's general dynamic, because fields are inherently competitive social arenas. Some participants will be better at the field's activities and practices than others. Actors will attempt to gain access to and control of specific types of resources to better their chances of success in the field. Positions within a field are thus ordered by the relative concentrations of particular forms of social, cultural, and symbolic capital—fields are “defined by the stakes which are at stake” (Jenkins, 1992: 84). It is in the interests of the field's actors to try to legitimate and improve their own forms of capital: cultural goods, social connections, educational qualifications, aesthetic distinction, prestige, financial resources and so forth. Through strategies of legitimation and investment, participants set and institutionalize the value of particular forms of capital in the field as a whole.

Actors in a field attempt to improve their relative position and control of resources through networks of authority and prestige. Such networks standardize and institutionalize a field's stakes, definitions, knowledge and hierarchy of positions. However, constructing such networks requires that field participants share stable channels through which they exchange views, debate practices, and confirm common assumptions. In short, a field requires a “second-order” product of field-specific texts (Ferguson, 1998: 600). Through the mass dissemination of popular and professional writings, forms of expertise, qualification and distinction are standardized and regulated (Ferguson, 1998: 611). Participation in the field can thus take the form of either immediate performance or textual appreciation—and, ideally, it takes both forms, as the latter provides a critical consciousness of the criteria for the former.

In general, cultural fields are arenas of production, distribution, and consumption of particular forms of goods, service, knowledge and status (Laberge & Kay, 2002: 253). The field concept offers two advantages for analyses of cultural production. First, the concept draws our attention to the interconnectedness of producers and consumers. By relating the production of producers to the production of consumers, the field concept side-steps the traditional, functional distinctions between commerce and culture (cf. Ferguson, 1998: 598). Second, the field concept helps to focus empirical research. Fields are typically connected to a particular pursuit, such as literature, cuisine, education or sport. Thus, field practices tend to be centered around a particular activity that can be looked at in a delimited social space and time.

Rather than analyze the much broader connection between the body and consumption, a field analysis narrows the focus to specific products and practices in a particular space and time. Previous cases that have used a field analysis include the creation and legitimation of a Scottish museum in the early 19<sup>th</sup> century (Prior, 2000), the emergence of restaurants and cuisine in 19<sup>th</sup> century France (Ferguson, 1998), the celebrity of British avant-garde artists in the late 1990s (Cook, 2000), and French sport and physical education between 1960 and 1990 (Defrance & Pociello, 1993).

Bourdieu uses the analogy of a game to provide an overall sense of the field concept:

We can indeed, with caution, compare a field to a game (*jeu*) although, unlike the latter, a field is not the product of a deliberate act of creation, and it follows rules, or better, regularities, that are not explicit and codified. Thus we have *stakes* (*enjeux*) which are, for the most part, the product of the competition between



players. We have *investment in the game*...: players are taken in by the game, they oppose one another, sometimes with ferocity, only to the extent that they concur in their belief (*doxa*) in the game and its stakes; they grant these a recognition that escapes questioning. Players agree, by the mere fact of playing, and not by way of a 'contract,' that the game is worth playing...and this collusion is the very basis of their competition. (Bourdieu & Wacquant 1992: 98, emphasis in original)

Using the field concept to understand fitness draws our attention to questions that are often taken for granted, such as when and how the "game" developed. What are the relevant historical conditions and groups of players that explain the emergence of the fitness field in the 1970s? How have the field's institutional foundations constructed the rules and stakes of the fitness game, and in what ways do these concur with the disposition, habitus or beliefs of the players? What are the attributes and skills that make some players more *fî*?—more competent, capable—than others?

### **The Development of the Field – Research Methods**

The present research focuses on the fitness field's institutional foundations—commercial health clubs, fitness magazines and manuals, and the occupation of personal training. To understand how these field elements develop over time, I draw on three main sources of data: descriptive statistics of the development of the places, products and people that are involved in fitness; the content of consumer- and producer-oriented fitness texts; and interviews with health club managers, personal trainers and other fitness producers.

First, I gathered descriptive statistics from various sources regarding the growth of the U.S. fitness field's institutional foundations from 1970 to 2000. This included

changes over time in the number of health clubs, the circulation, audience demographics and total numbers of fitness magazines, and the size of the personal training occupation. From *Yellow Pages* listings, we know that the number of Manhattan health clubs rose from 67 in 1973 to over 200 today. Nationwide, commercial health clubs now outnumber YMCA facilities seven to one—and have a total industry revenue of \$11.6 billion.<sup>4</sup> Total health club membership in the U.S. increased from 17.3 million in 1987 to 32.8 million in 2000—an 89% increase.<sup>5</sup> The number of health and fitness magazines nearly tripled between 1988 and 2000.<sup>6</sup> Reliable data on the number of personal trainers in the U.S. doesn't exist (the Bureau of Labor Statistics, for example, groups them together with aerobics instructors). However, the International Dance-Exercise Association (IDEA)—a leading organization of “fitness professionals”—estimated that the number of personal trainers increased tenfold between 1990 and 1995 (Davis & Davis, 1996: 2).

I also traced the growth and development of the fitness field through the mass media and advertising, in which fitness has become an increasingly common theme (Wallace, 1986). In the 1970s, fitness became one of the commonsense categories by which everyday information is organized. “Physical fitness” became an index heading in the *Reader's Guide* in 1973; previously, physical fitness-related articles were only listed under “exercise” or “health.” In the 1975 *Yellow Pages*, “health clubs” replaced “gymnasiums” as a business category. These changes in cataloguing suggest the growing awareness of physical fitness in the *preceding* years, since indexing categories follow patterns of common usage. Thus, in the early 1970s, the growing cultural interest in physical fitness became institutionalized—“fitness” was a genre of news story, indexing, and business.

In addition to descriptive data on the growth of the field's institutional foundations, I also examined the changing content of consumer- and producer-oriented fitness texts. As Ferguson (1998) has suggested, such texts are both key mechanisms of the socialization of producers and consumers, and significant stabilizers of a field built around an ephemeral activity such as working out (or, for Ferguson, dining out). Producer-oriented trade texts such as market research reports and occupational journals helped to unify health club businesses into a coherent club industry, and reveal the challenges, issues, opportunities and strategies that fitness business owners regarded as central to their market success (cf. Roseberry, 1996: 763; Vinikas, 1992). Changes in market research reports—from 1978 (Harris et al, 1984) to 1999 (McCarthy et al, 1999)—illuminate the ongoing production of fitness as a leisure activity. Personal trainer newsletters and manuals also address the fitness producer. In 1990, IDEA began publishing a personal trainer newsletter, *IDEA Personal Trainer*; it became a magazine in 1994. Based on a content analysis of *IPT* issues from 1990 to 2000, I explore the central issues facing the occupation.

Other fitness texts address the consumer, providing an education in the language, practices, and tools of the fitness lifestyle. I conducted a content analysis of a sample of issues of *Self* and *Shape* (the two leading women's fitness magazines), and of various exercise manuals from the late 1970s to 90s. This analysis reveals which subjects recur over the years and between different issues and manuals. In addition, consumer reviews of health clubs from the 1970s to 90s were collected from *The New York Times*, lifestyle magazines (such as *Time Out New York*), and consumer guide books to fitness (such as

*The New York Urban Athlete*: Goldman & Kennedy, 1983). These reviews were analyzed for the recurrent criteria and descriptions used to rate or judge clubs.

Finally, the research draws from interviews with fitness producers from each of the institutional foundations. I interviewed health club owners and managers, personal trainers, senior representatives of both the International Health Racquet and Sportsclub Association (IHRSA—the health club industry trade organization) and the American Council on Exercise (ACE—the leading certifying organization for personal trainers), and advertising associates at several fitness magazines. Personal trainers and health club owners and managers are most immediately involved in translating the ideal standards and practices of fitness endorsed by the fitness media into the actual delivery of goods and services. My interviews focused on the components of the individual's work, the determinants of occupational and market success, and their career biography.

Advertising associates, in a markedly different production role, sell their magazines to advertisers by presenting an ideal image of their readers. My interviews with them focused on the characteristics of the ideal fitness consumer, including age, income and education, as well as other personality descriptors. The construction of the ideal-type consumer is part of the production and legitimation of fitness as a consumer lifestyle. In the dissertation, I have used pseudonyms for the interviewees and the companies that employ them.

Cultural fields are formed through the interactions between consumers, producers and products. Understanding the fitness field requires us to pay attention to the social and cultural conditions that make the field and its participants possible. The development of health club services, exercise manual content and personal training expertise involves

articulating the rewards and benefits of fitness in a language that makes sense to the field's participants—to both producers and consumers.

### **Consumers and the Taste for Fitness**

Ways of working on the body through adornment, maintenance, and manipulation permeate our culture and, in particular, our leisure industries. However, not everyone has the same taste for each form of body work. Bourdieu's (1984) research on the consumption patterns of the French suggests that different social groups (largely defined by social class and occupation) have different ways of thinking about the body, and this is reflected in different predilections for ways to work on the body. If we know who fitness consumers are, we can understand the demand or taste for a specific type of fitness as body work.

Fitness consumers in the U.S. today are overwhelmingly middle class, with a relatively high proportion of professionals and managers. In the health club industry, 69% of members have a household income of \$50,000 or more. Industry research shows that members work more overtime than average (Epaminondas, 2002: 1)—confirming the high proportion of professionals and managers (Jacobs & Gerson, 1998).<sup>7</sup> Fitness magazine readers also tend to be in higher income brackets. Of the two leading women's fitness magazines, 32% of *Self* and 27% of *Shape* readers were professionals or managers; and 75% of *Self* and 68% of *Shape* readers attended college.<sup>8</sup> The average household income for *Self* readers was \$62,731 and \$57,493 for *Shape*.<sup>9</sup> For the men's magazines, the numbers are similar: 27.6% of *Men's Health* readers are professional or managerial, and the average reader has a household income of \$67,551; 23.4% of *Men's Fitness* readers are professional managerial, and the average household income is

\$61,573.<sup>10</sup> Finally, 56% of personal trainers' clients are in professional, executive or middle management positions, or are owners or proprietors of their own businesses ("IDEA Personal Training Business Survey," 1997: 29).

Fitness consumers also tend to be women, although this gender difference is more pronounced for some fitness commodities than others. Health club membership is relatively even: 52% of members are women, 48% are men.<sup>11</sup> Also, fitness magazines target gender-specific audiences, with the majority of the 1.69 million *Men's Health* readers being men, and the majority of the 1.68 million *Shape* readers being women.<sup>12</sup> However, women outnumber men (by nearly two to one in 1988) as the audience for exercise, health and diet books (Wood, 1988: 25). Moreover, 74% of personal trainers' clients are women ("IDEA Personal Training Business Survey," 1997: 29).

Reflecting different occupational requirements, attitudes, and economic, cultural, and social capital, social classes place different demands on the body. Consequently, they demand different rewards and benefits from the fitness field in which they operate (Bourdieu, 1984). Bourdieu's research (1984)—supported by Mike Featherstone's work (1982; Hepworth & Featherstone, 1982) on attitudes towards aging and the body, and Robert Crawford's work (1984) on health—suggests that the middle class in particular regards the body as a project, to be managed and improved as an integral part of self-identity and social mobility. This enterprising attitude towards the body is especially marked for those whose work and social position explicitly depend on bodily appearance and presentation. Traditionally, these people are women and those who do "face work"—especially in "new" middle class occupations in the service industries, such as financial brokers, real estate agents, public relations and advertising associates, tourism

and recreational directors, and other personal and professional service workers. The more one's livelihood depends on appearance and personality—on one's "body-for-others"—the more the individual has at stake in cultivating the body as an enterprise (cf. Bourdieu, 1984: 213; Featherstone, 1987: 64-65).

To take the body as a project, as a site of investment and work, is to take account of both its form and its function (Baudrillard, 1998: 129; Featherstone, 1982: 18; Shilling, 1993: 132). The *form* of the body refers to its outer appearance—physique, complexion, and decoration. In a service economy in which physical appearances are important for occupational success and social status, investing in the body's form—through toning exercises, dieting, and cosmetic surgery—is a way to maximize one's competitive edge. The *function* of the body is typically considered through the lens of health. In a society dominated by a "cultural imaginary of health" (Greco, 1993: 257-58), in which health and disease are matters of individual will or failure, investing in the body—through cardiovascular exercise, vitamin supplements, and smoking cessation—is a way to minimize one's risks. Fitness is an ideal mode of body work: it unifies form and function, body shape and health. The benefits of fitness "make sense" especially to middle-class and women consumers, because these benefits—increased control over health risks, weight maintenance, body toning, self confidence, status consumption—concur with their classed and gendered habitus. These consumers are predisposed to have a taste for fitness.

Several social and cultural currents came together in the 1970s to lend significance and support to these tastes for working on the body. First, health promoters, insurers and policy makers focused on the individual's responsibility for taking up a

healthy, active lifestyle. Such policies were prompted by the rising costs of chronic diseases (such as heart disease and cancer) and medical research on the health benefits of exercise. Government reports, such as the 1979 *Healthy People*, cited exercise as a way to reduce both individual illness and the economic burden on the health care system (Russell, 1986; see also Ingham, 1985). Corporations also took a fiscal management view of exercise, installing company fitness centers as a way to reduce health claims and absenteeism (Crawford, 1979). Thus, exercise was promoted by the government and business leaders as an individual solution to the social issue of health care.

Second, responsibility for health care was becoming increasingly important to individuals as well. Feminists and advocates of demedicalization criticized the medical professionals' expanding authority and intervention in everyday life (Fox, 1997). Taking care of one's own health through a balanced diet, regular exercise, nutritional supplements and self-education were ways to increase "medical self-competence" (Crawford, 1980: 374). The fitness field thus benefited from calls for healthy living from *both* ends of the political spectrum—top-down attempts to manage population health, and grass-roots attempts to reclaim control over health care.

Third, a central feminist concern in the 1970s was the empowerment of women to take control of 'their bodies and their selves.' Physical fitness was not only a way to manage one's health, but was also a way, literally, to become empowered. Through building muscle tone and strength, one could realize the feminist project without becoming a political activist. Furthermore, Title IX legislation in 1972 banned sexual discrimination in sports, helping to open up women's access to physical culture. This not only meant a dramatic increase in the number of female high school athletes (Sidwell &



Kane, 1990: 187), but a larger attitude shift regarding women, exercise, and strength. Although hyper-muscled female bodies remain marginal cultural figures, muscles on women are no longer taboo (cf. Balsamo, 1994; Bordo, 1993; MacNeill, 1994).

Fourth, the post-1960s intensification of the service economy and cultural industries increased the exchange value of appearances and personality (Featherstone, 1982; Susman, 1979). As the material differences between products become less obvious, market competition increasingly rests on symbolic packaging and quality of service (Ewen, 1999; Watkins, 1993). For both women and men in service work, market competition also rests on the cultivation of an appropriate look, demeanor, and style of interaction. These are the skills that determine credibility, be it as a flight attendant, bill collector or stock broker (Hochschild, 1983). The individual's market value is pegged to an approximation of an ideal personality and physique (Featherstone, 1982: 21-22): good looks are currency. Exercise is thus a way for individuals to lose weight and shape up for competition in social and occupational markets.

Fifth, and most broadly, since the 1950s self-improvement projects have become the hallmarks of middle-class identity (Turner, 1994: xiii). The mission to improve the self through physical culture, intellectual stimulation and self-reflection—while not new—was traditionally limited to an upper-class elite with sufficient resources of time, money and knowledge. However, following the Second World War, rising living standards and the mass production of consumer goods transformed self-improvement into a mass project. As Tom Wolfe acerbically observes of the 1970s:

The new alchemical dream is: changing one's personality—remaking, remodeling, elevating, and polishing one's very *self*...and observing, studying and

doting on it. (Me!) This had always been an aristocratic luxury, [...]since only the wealthiest classes had the free time and the surplus income to dwell upon this sweetest and vainest of pastimes. [...] Whatever the Third Great Awakening amounts to, for better or for worse, will have to do with this unprecedented post-World War II American luxury: the luxury enjoyed by so many millions of middling folk, of dwelling upon the self. (Wolfe, 1982a: 277,291).<sup>13</sup>

The problem of the self has, over the course of the 20<sup>th</sup> century, become the problem of the consuming self, with the body as its project. Our bodies are reflected back to us through the lens of products and services, and consumption is promoted as the primary arena in which we make and remake our bodies. Through consumption we are “free” to choose, create and control ourselves—activities that are increasingly rare in the world of work. The fitness field not only offers solutions to the concerns of health, empowerment, appearance management and self-improvement, but does so within the sphere of leisure—a realm of freedom *and* obligation to make the most of oneself (Baudrillard, 1998: 151; cf. Rose, 1996: 17).

The development of the fitness field is thus linked to the general expansion of leisure industries, in which self-improvement is sold in terms of goods and services. Indeed, leisure activities have come to focus increasingly on the body’s care, maintenance, improvement and display (Rojek, 1995: 61; cf. Baudrillard, 1998); the lines between leisure and (body) work, and between leisure and medical and scientific fields have blurred. Medical technologies such as liposuction, face lifts, sex changes and organ transplants have become commodities for optional self-improvement, not simply life-saving operations. Corsets, spray-on hair, self-tanning lotions and padded bras offer

bodily transformations for the least investment of time and effort—with the effects being correspondingly less permanent (if not less convincing). Through a variety of maintenance and improvement schemes, we invest time, money and effort in our bodies. In return for such investments, we are promised health, vitality, success and prestige—the profits of effectively managing our bodily enterprise.

The convergence, in the 1970s, of these historical conditions and groups of participants created the opportunity for fitness to emerge as a distinct cultural field. Health promotion policies, political and social movements, occupational requirements, and lifestyle and leisure marketing messages have been translated into the specific practices, values, and tools of the fitness field.

### **Plan of the Work**

In summary, the cultural field model suggests that spheres of activity with their own relatively autonomous set of authorities, practices and values emerge, translating existing traditions into activities and languages that reflect new social and cultural traditions. Specific sites for production and consumption, field-specific texts, and groups of expert producers and knowledgeable consumers interact to produce the field. The dissertation is organized around these constituent parts of the fitness field.

Chapter two deals with the historical and contemporary roots of the field, exploring the relationship between the long-term physical culture of the U.S., and the new social and cultural conditions of the 1970s. In the 19<sup>th</sup> and early 20<sup>th</sup> century, ideas about the societal and individual benefits of exercise laid the groundwork for the mass middle-class consumption of fitness. In the 1970s, these long-standing attitudes were reformulated through new ideas about the body's function and form. Taking individual

responsibility for health, adopting a “healthy” lifestyle, and capitalizing on the rising market value of appearances all stimulated the fitness field’s emergence.

Chapters three, four and five address the institutional foundations of health clubs, fitness texts, and personal trainers. Chapter three explores the growth of the commercial health club industry. The health club is the primary social site for the production and consumption of fitness as a leisure activity. Chapter four examines the growth, marketing and content of fitness magazines and exercise manuals. Such media construct fitness as a lifestyle that can be pursued through the consumer marketplace. Chapter five focuses on the occupation of personal training, which has undergone rapid growth and professionalization since the early 1990s. Personal trainers are frontline service workers, shaping the consumer’s experience of exercise as an entry into the fitness field.

Finally, in the concluding chapter, I draw together some recurring themes to consider the broader implications for the fitness field’s participants—both producers and consumers. Participation in the fitness field is an education in the taken-for-granted attitudes and aptitudes of consumer service culture—an education in the risks, rewards, habits and rituals of bodies, fit for consumption.

## Notes

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<sup>1</sup> Nike, founded by Bill Bowerman and Phil Knight, began in 1962 as Blue Ribbon Sports, distributing running shoes made by Japanese firm Onitsuka Tiger. In 1972, Bowerman and Knight began selling their own designs under the new company name of Nike. Information (such as 1979 market share) can be found on the Nike website at <http://www.nike.com>

<sup>2</sup> Information is from the 2002 Hoover’s Company Profile Database entry for Reebok (available online through Lexis-Nexis).

<sup>3</sup> Information is from the website of the International Health Racquet and Sportsclub Association (IHRSA), located under the “Industry Statistics” link at <http://www.ihrsa.org>

<sup>4</sup> The 7-to-1 ratio refers to the U.S. in 2000, and is based on IHRSA “Industry Statistics,” which give the total number of commercial health clubs in the U.S. as 17,000; and the YMCA website, which gives the

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number of YMCAs in the U.S. as 2,400. See <http://www.ihrsa.org> and <http://www.ymca.net>. The health club industry revenue is for 2000, and is also from IHRSA "Industry Statistics."

<sup>5</sup> Total health club membership refers to membership at commercial clubs, as well as at non-profit (such as the YMCA) and other facilities (such as university fitness centers). In 2000, the number of U.S. members of commercial health clubs was 15.8 million, or approximately 47% of all health club members. Non-profit facilities accounted for 38%. From IHRSA "Industry Statistics."

<sup>6</sup> From the Magazine Publishers of America website: <http://www.magazine.org>.

<sup>7</sup> IHRSA does not publish free statistical breakdowns of its membership by occupation.

<sup>8</sup> Similar consumption patterns are found in the European Union countries. As the level of education increases, so too does participation in "keep fit" activities. For example, in 1997 in the United Kingdom, 3% of individuals with primary education participated in "keep fit" activities, compared to 12% with secondary education and 21% with tertiary education (Institute of European Food Studies, 1999: 55).

<sup>9</sup> Readership data from personal interviews with *Self* and *Shape* advertising associates.

<sup>10</sup> Readership data from the *Men's Health* press kit, 2002.

<sup>11</sup> From IHRSA "Industry Statistics."

<sup>12</sup> Readership numbers are for 2000 paid circulation (subscriptions plus single copy sales), and come from the magazine industry research group, Mediemark Research Inc. (MRI). MRI research information is available on their web site, <http://www.mriplus.com>

<sup>13</sup> Given Wolfe's profuse use of the ellipse, I have enclosed in square brackets those ellipses that I have inserted in place of text.

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## **The Roots of Fitness:**

### **Exercise, Health and Appearances**

A commercial fitness industry on par with the scope and scale of the dieting and cosmetic industries did not emerge until the 1980s, when popular trends from the 1970s (such as jogging and tennis) and early 1980s (especially aerobics) fueled the rising sales of athletic shoes (Vanderbilt, 1998), tennis racquets (Galginaitis, 1981), health foods (Whorton, 1982), and memberships in exercise studios and health clubs (Kaye, 1977; Taylor, 1969, 1972). The fitness industry's emergence seems belated, given the enormous emphasis on bodily appearance in the consumer culture of the early 20<sup>th</sup> century and the existing sporting goods industry (Green, 1986; Hardy, 1995; Mrozek, 1989). But the timing of the fitness field's emergence in the late 20<sup>th</sup> century is connected to new social conditions, which stimulated entrepreneurial business development, popular interest, and specialized knowledge about the fit body.

Over the 19<sup>th</sup> and 20<sup>th</sup> centuries, different aspects of our bodies and selves have been problematized and valorized—character, attractiveness, happiness, strength, mortality, intelligence, courage, honesty—and these changing bodily priorities reflect changing societal conditions. For example, the increasingly dense urban environment of the late 19<sup>th</sup> century brought strangers into closer proximity with each other, creating the opportunity for the formulation of personal hygiene as a social problem. Body odor, in other words, became a problem (Sivulka, 2001; Vinikas, 1992). Authorities from health, political and education fields defined the problem and prescribed solutions—producing in

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the individual particular attitudes towards the body. Not only does the “problem” of body odor make possible the normalization of regular bathing, but also promotes in individuals a critical attitude towards themselves and their effect on others: “Do I smell?”

Notions of individual physical fitness reflect the particular problems of social fitness. As society is transformed through such processes as urbanization, immigration, industrialization and deindustrialization, the problems and practices of the individual body symbolically reproduce the crises and rituals of the social body (Douglas, 1966, 1982). At times of war, for example, when the social body comes under attack and must defend itself, physical fitness has been defined as the capacity for battle. The individual’s strength and endurance—but also courage—become the concern of the population as a whole. Fitness is a relative state, a level of competence or capacity to succeed in particular conditions. As conditions change—from war to peace, rural to urban living, manufacturing to service economies—so too do the body’s capacities that are socially valued. Over time, some notions of fitness emerge and become dominant while others become residual, and may become dominant once again (cf. Williams, 1977: 112).

Of particular relevance to the historical foundation of the fitness field is the ongoing dialogue between the Protestant virtues of hard work, self-sacrifice and deferred gratification—which were promoted heavily in the 19<sup>th</sup> century producer society—and the ethos of self-fulfillment and self-gratification driving consumer society in the early 20<sup>th</sup> century (Campbell, 1987; Mrozek, 1989). Unlike the 19<sup>th</sup> century’s “individual of character,” the 20<sup>th</sup> century individual was one known and judged by his or her personality, performance, and appearance (Susman, 1979). Qualities such as charm, magnetism, attractiveness, and self-presentation were increasingly the basis on which

judgments were rendered in the business and social worlds. This shift reflected the growth of service occupations (especially sales), appearance industries (such as cosmetics and advertising), and Hollywood films and celebrity images (Decker, 1997; Ewen, 1976; Featherstone, 1982; Peiss, 1998). In his 1936 manual, *How to Win Friends and Influence People*, Dale Carnegie's instructions captured the emergence of a performing self, who knew the importance of putting on a smile while retaining a traditional expectation of authenticity:

An insincere grin? No. That doesn't fool anybody. We know it is mechanical and we resent it. I am talking about a real smile, a heart-warming smile, a smile that comes from within, the kind of smile that will bring a good price in the market place. (Carnegie, 1936, in Briedland et al, 1996: 385)

This transition, which Susman (1979) describes as a shift from a culture of character to a culture of personality, is borne out in the historical roots of the fitness field.

This chapter explores the changing meanings and conditions for physical fitness and exercise over the 19<sup>th</sup> and 20<sup>th</sup> centuries, drawing, by and large, from secondary sources. These historical attitudes and ideas about the body's physical capacities—the ends to which they are directed and the means by which they are developed—form the foundations for the contemporary fitness field. This history, while not exhaustive, highlights two recurring themes in the physical culture of the U.S. First, the improvement of the body's health, strength and appearance have long been matters of *individual responsibility* in the U.S. New health, fitness and body experts emerge and categorize particular aspects of the body as problematic, but ultimately it is the individual who accepts responsibility for improvement. Such an attitude is deeply rooted in the



long-standing American belief that health is a “natural state.” Nature was assumed to be a good force; thus, ill health was unnatural, evidence of the person failing to live in accordance with the “natural order” (Whorton, 1982: 4-5).

Second, the changing definition of individual fitness reflects broader social conditions and societal concerns for the body’s *health and appearance*. From the 19<sup>th</sup> to the early 20<sup>th</sup> century, this has meant a transition in the objectives of fitness from building a better society (through healthy bodies and moral characters) to better adapting to society (through attractive bodies and charming personalities). In the 1970s, these meanings and objectives of physical fitness were reconfigured once again. Medical authorities noted that “lifestyle” diseases such as heart disease and cancer posed increasing threats to public health. At the same time, an intensifying service economy placed greater emphasis on visible, symbolic capital (particularly, one’s appearance) as the hinge on which social and occupational success swing. The individual’s responsibility for physical fitness was promoted as the solution to both of these challenges: exercise was good for you, and it made you look good, too.

### **The Roots of Exercise in Physical Culture**

Despite the relatively recent development of the fitness industry, the field draws on a long history of physical culture. Health foods, workout programs, sports clubs and weightlifting equipment had all existed for at least a century (Green, 1986) when the New York Health Club, one of the first of a new breed of commercial health clubs, opened its doors in 1973. Thus, it is important to begin with the traditional roots of the field of fitness, if only to debunk the popular media’s representation of the 1970s fitness boom as entirely “new.”

In general, the 19<sup>th</sup> century witnessed the institutionalization of a “positive ideology” of sport (Riess, 1989), that regarded physical activity as a means of developing the individual’s moral fiber. That sport and exercise could be positive influences on the lives of individuals and communities was a profound departure from the 17<sup>th</sup> and 18<sup>th</sup> century Puritan suspicion of athletics as idle distractions from one’s worldly and moral duties (Adelman, 1986: 269; Green, 1989: 7).<sup>1</sup> However, at the start of the 19<sup>th</sup> century, Puritan beliefs in predestination and Original Sin were giving way to revivalism and Millennialism—the belief that, through intentional improvement, the human race could bring about a state of perfection that would last a thousand years (Green, 1986: 10). This shift in perspective—from a predetermined fate to a perfectible self—placed the responsibility for physical and mental improvement, health and, ultimately, salvation on the shoulders of individuals.

Between 1820 and 1860, participation in athletics thus came to be regarded as a way to build a healthy body, good moral values, and a strong character. This shift in the dominant view of exercise came from both the changing character of religion, as well as the transformation of urban life. Cities were growing more dense and heterogeneous. As well, the industrialization of cities had increased the proportion of bureaucratic, mental labor occupations.<sup>2</sup> These changing social conditions posed both new opportunities and new challenges for physical culture. The positive sports ideology was applied through several moral and urban health reform movements, in which the negative consequences of sedentary living, immigration and crowded urban dwelling were battled through exercise and “rational recreation” (Bailey, 1978).

As large numbers of people migrated to the cities (both from rural America and from other countries), opportunities arose for cross-cultural exchange. Germans, who immigrated to the U.S. en masse in the mid 1800s, brought with them social and political traditions in which gymnastics occupied a prominent part in community life and social reform. Friederich Jahn had started the *turnverein*—"Turner" or, literally, "gymnastic" society—in Germany, and an American student of Jahn's had introduced these "Turner societies" to the U.S. in the 1820s. With the growing German immigrant population, full Turner societies were established in the mid 1800s (Riess, 1989: 23). Due at least in part to the example of the Turners, cities built public gymnasiums—New York had 4 gymnasiums by 1840 (Adelman, 1986: 259)—and organized exercises were a common part of the American school system by 1850 (Green, 1986: 89). Other influences came from the English, whose contributions included the vastly influential Rational Recreation (Bailey, 1978) and Muscular Christianity movements (Riess, 1989), and from the Scottish who, like the Germans, brought with them their own set of (Caledonian or Highland) games, which were often run as commercial spectator sports (Jarvie, 1991; Riess, 1989).

While the example of the Turners aided the institutionalization of a positive link between athletic exercise and personal and social development, the rising pace of urbanization and industrialization added urgency to the promotion of exercise. The social transformations involved in large portions of the population moving from rural to urban settings, and in large numbers of immigrants joining the urban population, added fuel to an earlier critique of the degeneration of American society (Adelman, 1986: 270). Social critics of the time highlighted two problems of urban pathology: for the working class and the poor, city life brought with it new dangers in terms of disease and injury.

corruption and anomie; for the middle classes, urban life increasingly meant a sedentary and stressful life, and the threats of corruption and effeminacy through luxury and the loss of the rustic life (Adelman, 1986; Green, 1986; Riess, 1989). Social and health reformers, physicians, and the popular press promoted physical activity for the individual as the panacea for the social ills of the day (Adelman, 1986; Green, 1986; Riess, 1989). Exercise and sport promised to return the pastoral values, masculinity, and physical strength of Colonial times to the middle class, while forming the poor, immigrant, and working classes into respectful, moral, healthy, cooperative, American citizens.

The perception that social problems stemmed from urban life was underscored by the state of medicine and disease in the early and mid 19<sup>th</sup> century. Outbreaks of epidemics such as cholera raised concerns over cities' water supplies and sanitation, and the need for fresh air and exercise. Meanwhile, the spread of tuberculosis in the 1830s, given its association with crowded and unsanitary living conditions, served as a further sign of social degradation to those already convinced that moral and health reform were needed (Green, 1986: 88-89). As one historian studying health in Victorian times has suggested, "with both the causes and patterns of disease very much matters of speculation, it was difficult ever to feel comfortable about the state of one's health" (Haley, 1978: 11). Moreover, since medical treatment was often as severe as the diagnoses were uncertain, it was little wonder that methods of prevention and self-help therapy found a receptive audience (Green, 1986: 24).

The clearest articulation of the positive sport ideology—though neither the only nor the first—was the Muscular Christianity movement. Originating in England in the early 1800s (in much the same conditions of rapid urbanization and industrialization),

Muscular Christianity sought to bring together the mental, physical and spiritual development of men.<sup>3</sup> Muscular Christianity endorsed athletics as a substitute for the rugged rural life, a means for instilling the same values—manliness, individualism, sexual restraint—while providing fresh air and an alternative to the vile, corrupting amusements of urban life (Riess, 1989: 30). The institution most associated with Muscular Christianity was the Young Men's Christian Association (YMCA), brought to North America from England in 1851 (Zald, 1970). Despite the integration of mental, physical and spiritual development in their stated mission, the YMCA remained predominantly focused, until the 1880s, upon the spiritual needs of rural young men moving to the city for the first time. Prior to 1880, the YMCA's facilities did not usually include gymnasiums: only two YMCAs had gymnasiums in 1876. However, the number exploded to 101 by 1886, and 495 by 1896 (Zald, 1970: 33).<sup>4</sup>

Dr. Luther H. Gulick, Jr. was responsible for reforming the YMCA's mission to provide equal attention to physical as well as spiritual development.<sup>5</sup> A principal advocate of Muscular Christianity, Gulick transformed the YMCA into a leader in physical exercise, adopting the emblem of an inverted triangle to signify the commitment to developing mind, body, and spirit. The YMCA's physical program tended to emphasize sport over gymnastics; students of Gulick invented such indoor pursuits as basketball (1892) and volleyball (1895). At the same time, the Young Women's Christian Association's program included an increasing emphasis on athletics along with its original mission of saving respectable, single women from corruption in the city (Riess, 1989: 158). While the YMCA's program was ostensibly aimed at all Christians (and would, as time passed, lessen its emphasis on the religion of its members), it was not

aimed at all classes. YMCAs were located in middle-class neighborhoods, declared their mission to serve “better classes,” and worked on a paid membership basis. Only those company-financed YMCAs (such as those of the railroad and steel<sup>6</sup> companies) had an explicit emphasis on recruiting working-class members (Cohen, 1990: 180; Riess, 1989: 83, 157; Zald, 1970: 39).

The YMCA was not alone in building sites for physical culture in the 19<sup>th</sup> century. Public spaces for recreation were established through national movements, such as those for municipal parks in the 1860s, and playgrounds<sup>7</sup> in the early 1900s (Riess, 1989). Semi-public sites like those of the YMCA were joined by the public gymnasiums built by entrepreneurs and local governments (Green, 1986: 182). Sporting activity was also joined by sport spectatorship, with the development of numerous venues for spectator sports, such as Madison Square Garden, opened by William K. Vanderbilt in 1879 (Riess, 1989: 204). In addition, the number of private sport spaces greatly increased in the 1880s and 1890s. These spaces ranged from the elite athletic and country clubs to modest sport clubs for immigrant communities (Mayo, 1998; Riess, 1989).

In the early 1900s, Gulick further narrowed the YMCA’s focus to athletics and team sports (rather than calisthenics and gymnastics), following his theory that humankind’s highest moral principles and qualities were instilled through “higher” stages of play (Riess, 1989: 159). This was prefigured in the U.K in the 1860s, in what was called the “Games Cult,” and had its most explicit parallel in the U.S. with the later adoption of British games and their Americanization (such as football from rugby, for example) in Ivy League schools such as Harvard and Yale (Bailey, 1978; see also Green, 1986: 233). Gulick linked the YMCA to other, non-religious reform and educational

movements, such as the public school system, for which he directed the physical training program and athletic league in New York City in the early 1900s (Riess, 1989: 160).

Reformers in the settlement house movement (notably, Jane Addams of Hull-House)

further promoted athletics as essential to a healthy, moral, American way of life.

Addams and other settlement house workers used athletics not only as a means of drawing youth into their institutions, but also as a way to promote proper character and bodily development; by 1890, Chicago's Hull-House had organized gymnastics and calisthenics classes for boys and girls (Riess, 1989: 164-65).

Linking Addams' and Gulick's efforts on a national level was Theodore Roosevelt's Strenuous Life philosophy (Green, 1986: 236). At the end of the 19<sup>th</sup> century, Roosevelt combined athleticism with nationalism,<sup>8</sup> promoting a vigorous life as the solution to the flagging strength of the American male and (to a different end) female:

A life of slothful ease, a life of that peace which springs merely from lack either of desire or of power to strive after great things, is as little worthy of a nation as of an individual. ...In the last analysis a healthy state can exist only when the men and women who make it up lead clean, vigorous, healthy lives; when the children are so trained that they shall endeavor, not to shirk difficulties, but to overcome them; not to seek ease, but to know how to wrest triumph from toil and risk. The man must be glad to do a man's work, to dare and endure and to labor, to keep himself, and to keep those dependent upon him. The woman must be the housewife, the helpmeet of the homemaker, the wise and fearless mother of many healthy children.

(Roosevelt, 1899, cited in Briedland, et al, 1996: 377-78)

Roosevelt was not alone in declaring the American middle class in need of regeneration. Urban labor unrest in the 1870s and 80s, and the declining birth rates of Anglo-Saxon families raised the fear of “race suicide,” in which the “Puritan stock” would be overrun by unruly, inferior immigrant races, who were no longer weeded out (and socialized) through the challenge of frontier living (Green, 1986: 219-24). The “answer” lay in fortifying the Puritan stock. Roosevelt championed athletic competitions such as football and boxing as the mechanism for producing manly and courageous leaders in the middle class, which—according to Roosevelt—suffered from a reputation of “timidity and unwarlikeness” (cited in Lasch, 1979: 201). To improve the reputation of the middle class was to improve the reputation of the country.

The declining vitality of the middle class was further diagnosed with the ‘discovery’ of a new health threat in the late 19<sup>th</sup> century. At the same time that a germ theory of disease was locating blame for illness outside of the individual, a resolutely middle-class disease—“neurasthenia”—reaffirmed the ideology that health was a matter of individual responsibility and physical development. Unlike other diseases, neurasthenia—a nervousness, or weakness of the nerves—could not be blamed on germs; it was a product of the stressful, competitive, *middle-class* life of the late 19<sup>th</sup> century (Green, 1986; Whorton, 1982). Dr. George Beard, the leading medical (and popular) authority on neurasthenia, stated that “physicians, lawyers, inventors, etc. furnish proportionately the largest contingent to this class of patients,” and that the disease was “oftener met with in cities than in the country, [and] is more marked and more frequent at the desk, the pulpit and the counting-room than in the shop or on the farm” (cited in Green, 1986: 138-39). This was a disease afflicting men who were involved in mental—



as Beard called it, “brain”—work rather than manual labor. Although the *cause* of neurasthenia was an over-taxing of the brain—through the complexities of work or city life—the *symptoms* were predominantly physical, not mental. Thus, neurasthenia required physical treatments (Whorton, 1982: 149), including exercise, fasting, baths and eating regimens (Green, 1986: 140-66).

Although Beard regarded neurasthenia as a man’s disease, the broader diagnosis of nervous disorders found the symptoms, not surprisingly, more often in the “weaker sex.” Although such a plague of nervousness might have laid an easier path for women’s liberation through sports, it was, instead, used to further constrain their general emancipation. Reflecting the larger fears about women entering the masculine world of work, Beard argued that women’s nervous exhaustion was caused by the greater mental effort required to compete in the men’s world (Whorton, 1982: 150-52). Thus, the cure was not exercise but a prescribed retreat from public life. Nevertheless, women’s participation in physical culture did increase greatly in the late 19<sup>th</sup> and early 20<sup>th</sup> centuries, especially with the popularity of skating in the 1860s (Adelman, 1986: 259) and bicycling in the 1890s (Green, 1986: 229-31). Women’s participation in bicycling, skating and calisthenics was endorsed by medical authorities also seeking to promote dress reform and the end of the health-impairing corset (Green, 1986: 185-86). Bicycling was particularly recommended to women as a cure for neurasthenia—if done in moderation, of course (Green, 1986: 231).

As an updated, medical version of the traditional view of urban pathology, neurasthenia provided further justification (indeed, imperative) to the middle class to participate in physical culture. This entrenchment of sports and exercise as part of

middle-class life paved the way for the commercialization of physical culture. At the forefront of the sporting boom of the late 19<sup>th</sup> century were middle-class participants, spectators, and consumers. For the middle class, physical culture was not only legitimated by the positive ideology of sport:

but was also a product of the growing wealth of cities, booming urban populations, sufficient discretionary income and leisure time among non-factory workers, the positive example of English, Scottish, and German sportsmen, the rise of middle-class voluntary associations [such as athletic clubs], the development of sports entrepreneurship, and various technological innovations that improved interurban transportation and communication networks [to access facilities outside of the city]. (Riess, 1989: 47)

Moreover, athletics provided middle-class individuals—particularly men—with an opportunity for satisfaction, creativity, and individuality that was felt to be lacking in the increasingly bureaucratized, sedentary work world. As middle-class interest and participation in sports grew, so too did the middle-class market for athletic products and services.

The late 1800s saw a large increase in the number of health and fitness entrepreneurs, who laid the organizational groundwork for the mass commercialization of the 1920s and 1930s. Surely the ones best remembered are breakfast cereal pioneers Sylvester Graham, John Harvey Kellogg, and Charles W. Post, who laid the foundation for the health food industry with their prescribed eating regimes and special high-fiber and “natural” foods. No less influential, however, were S.D. Kehoe and Dioclesian Lewis, whose gymnastic programs, pamphlets, and equipment were successful businesses

in the late 19<sup>th</sup> century. Kehoe and, even more so, Lewis were responsible for popularizing a form of exercise using equipment—a “new gymnastics”—that today’s fitness classes would instantly recognize (Green, 1986: 188-93).

In addition, large-scale sport retailers and a sporting goods industry emerged in the 1870s and 80s (Hardy, 1995). For example, A.G. Spalding and Brothers began in 1876, and by 1900 (in competition with several other sporting goods manufacturers) were selling equipment for every major sport, sponsoring sporting events and contests, publishing sport books and advertising their brand nationwide (Hardy, 1995: 139-45). The Spalding catalog (200 pages in 1909) was an index not only of the growing variety of sporting goods designed and marketed to meet the sporting boom, but of the new bodily ideals as well (Green, 1986: 240). One catalog cover featured Eugene Sandow, one of the first promoters of bodybuilding, endorsing a type of dumb bell. Sandow parlayed his reputation as an extraordinary physical specimen and legendary bodybuilder into a sideline career as a product endorser (Green, 1986: 213)—an activity that has become common for sports stars over the 20<sup>th</sup> century.

Bernarr Macfadden was the exemplar of the early 20<sup>th</sup> century physical culture entrepreneurs (Green, 1986: 242-54). Macfadden’s career in health and fitness promotion began in the 1890s, and would eventually include books, health resorts, magazines (in particular, *Physical Culture*), and touring physical culture shows (following the early lead of Florenz Ziegfeld, Jr., who had exhibited Sandow in the 1893 Chicago World’s Fair). In a manner prophetic of today’s norms, Macfadden’s shows and magazines combined displays of bodybuilding and sexuality (earning him obscenity charges in 1905). By the 1920s, *Physical Culture* contained articles on how to improve

every aspect of a man's being, from his diction to his body odor—the white, middle-class man's companion to countless similar publications aimed at women in the 1910s and onward.

In 1933, *Physical Culture* acquired a new subtitle: The Personal Problem Magazine (Green, 1986: 282). Physical exercise had become a personal problem and project, tied not to moral character building, as it had been in the 19<sup>th</sup> century, but to appearances and personality. The purpose of individual self-improvement was no longer represented in terms of a better, stronger society, as it had been for Roosevelt. In the early 20<sup>th</sup> century, self-improvement was about individual advancement—fitting into rather than reforming society; being liked rather than respected (Green, 1989; Susman, 1979).

Thus, there is a change in attitudes towards physical culture in the early 20<sup>th</sup> century. Gradually, depictions of physical culture in magazines, books, and photographs began to accentuate the pleasures and positive experiences involved in physical culture, without reference to moral reforms or national strength (Mrozek, 1989). The self-discipline and restraint associated with exercise in the 19<sup>th</sup> century moral reforms gave way to representations and messages of self-expression and fulfillment: exercise was to be pursued for the “intense experience” and self-realization it produced (Mrozek, 1989: 20). Two examples of this shift from social development to personal experience came from institutions usually associated with discipline: the military and schools. In the 1920s and 30s, both instituted physical exercise programs with no stated goal other than to provide enjoyment and a chance to develop the self (Mrozek, 1989: 23).

This is not to suggest that preparedness for war ceased to be relevant to the history of fitness. Threats to external social boundaries at times of war have coincided with spikes in popular interest in, and government policies about, physical fitness over the 20<sup>th</sup> century. The First World War brought about the institutionalization of mandatory physical education in schools—not as a preparatory move, but in response to the rejection of so many men from serving (almost 82% in 1915-16) due to poor physical condition (Griffin, 1982: 267). But, in a pattern that would continue, the interest in physical fitness (conceived as fitness for duty) declined with the end of the war. By the Second World War, fully one-third of draftees were unfit for duty (Griffin, 1982: 267), leading to renewed calls for physical education (e.g. Fine, 1943). Tests of physical fitness showed how poorly Americans—especially children—compared to the citizens of the world. In the 1950s, in a climate of anxiety regarding the Soviet Union’s technological lead, the unfitness of American youth prompted such political initiatives as President Dwight Eisenhower’s President’s Council on Youth Fitness (established in 1956 and reaffirmed by every president since), and President John F. Kennedy’s 1960 article for *Sports Illustrated* on the problem of “Soft Americans.”

What is striking about the relationship between war and fitness during the 20<sup>th</sup> century is how short-lived was the public’s interest in fitness-for-duty. News coverage and policy initiatives about fitness as a measure of national strength and preparedness fell off steeply between moments of crisis. That is not to say that the public was not interested in fitness. Rather, the popular media representations of fitness focused more on personal appearance and social acceptance, and less on physical fitness for military defense. Even during times of war, the nation’s survival was wedded to individual

improvement. In a 1942 *New Yorker* advertisement for the Elizabeth Arden spa, readers were told of Susan, overweight and unhappy, who discovered the Arden “Physical Fitness Treatments”:

Now Susan breezes through her defense work...interested, alert, and physically fit. Susan is very much aware now that to look and feel your best you must first build your health and strength.<sup>9</sup>

The 1940s woman was encouraged to embrace both notions of fitness; by being strong *and* looking her best, Susan reconciled the tensions between the new and traditional roles of women.

While the need to improve oneself in order to be happy, socially accepted and competitive harks back to the 19<sup>th</sup> century, the purpose of individual improvement was no longer harnessed to a program of societal improvement. Popular culture in the early 20<sup>th</sup> century was concerned not with a better society, but with convincing individuals to adapt and fit in (Ewen, 1976; Lears, 1989; Mrozek, 1989; Sivulka, 2001). The utopian vision of consumer culture is directed at the individual rather than the society (Falk, 1994): individual choices—especially product choices—lead to individual happiness. Despite the shift from societal reform to individual experience and improvement, the rationale for physical fitness was still social. The emphasis on personal experience was connected to a general focus on self-development—one needed, indeed was obliged, to develop one’s full potential, to have fun and enjoy oneself (Mrozek, 1989: 20). Individual improvement was aimed at improving the individual’s social position. One needed to worry about appearance in order to better fit into society, participate in the market place, and attract a mate.

While some critics decried the artificiality of this new, individualistic culture, the *New York Times* ran an editorial in 1927 defending the cosmetics and beauty parlor industry as a source of national strength, which had made the means of social mobility—beauty—available to all (Haiken, 1997: 99). In the same year, the beauty editor of *Women's Home Companion* published a beauty guide, *Any Girl Can Be Good Looking*, in which she told her young women readers: “Everybody is thinking more these days about good looks. ...Being good looking is no longer optional. People who pass us on the street can’t know that we’re clever and charming unless we look it” (cited in Haiken, 1997: 91). In a growing service economy, in the context of an increasingly bureaucratic and impersonal world, having good looks and making a good first impression superceded character as the basis of upward social mobility (Featherstone, 1991; Susman, 1979). Advertisers added messages stressing the importance of those first impressions, and offered a universe of goods as the tools of upward mobility (Marchand, 1985).

The promotion of physical self-improvement was not limited to women. Indeed, one of the best examples of the transition in physical culture from the goal of social health to individual appearance is that of Charles Atlas, whose bodybuilding manuals were directed entirely at men. Atlas is an archetypal figure for the era: from a poor, immigrant childhood, Angelo Siciliano is “reborn” as Charles Atlas, through physical development and the legitimation of winning a bodybuilding contest (Gaines, 1982): the 20<sup>th</sup> century formula of class mobility through self-improvement, appearance and celebrity.

Atlas began his career of popularizing muscularity and bodybuilding in the early 1920s. In 1921, based on a photograph of Atlas in leopard skin briefs, Bernarr

Macfadden declared Atlas the winner of his 'World's Most Beautiful Man Contest' (Gaines, 1982: 57-8). Based on the publicity, Atlas began a mail-order business for his exercise manual. Ironically, given his status as, literally, a self-made man, Atlas was a poor businessman, and his fledgling business nearly went bankrupt. In 1928, Atlas took on advertising writer Charles Roman as his business partner. Roman used Atlas' personal biography as a poor, scrawny immigrant kid who, through physical development, becomes a successful businessman and icon, to shape the advertising campaigns (Gaines, 1982). The archetypal advertisement, which dates from the 1930s, featured "The Insult That Made a Man Out of Mac." In it, a skinny young man is bullied at the beach and loses his girlfriend to the better-built aggressor. Out of frustration, the weakling turns to Atlas' program, which—instantaneously—helps him to become a "new man." The newly-muscular young man returns to the beach, takes revenge on the bully, reclaims his girlfriend, and is thus affirmed in his masculinity.<sup>10</sup>

The advertisement's parable of muscularity equaling masculinity is situated at a time of uncertainty for men. If male identity was bound to physique, the growing shift away from agricultural or manual labor meant that working hard no longer guaranteed a "masculine" body. As well, the Great Depression rendered uncertain what little was left in the workplace for defining a masculine identity as the breadwinner (Kimmel, 1996). It is no surprise that at a time of such uncertainty, Atlas' bodybuilding course found a large market, becoming, by 1942, the most successful mail-order business in U.S. history (Kimmel, 1996: 211). If *being* a man was wrought with uncertainty, then *looking* like a man became the solution.



Updating the rags-to-riches tales of Horatio Alger, the milquetoast-to-muscles myth of Charles Atlas suggests that women were not the only targets of the appearance industries. Playing on men's insecurities about being too scrawny and weak, Atlas' course promised a new, desired and admired identity through a new body. There was no need to justify bodybuilding with visions of national strength or moral virtue. Rather, Roman's advertising campaign tried to "reach into where people live, not into their abstract thoughts about good health and leverage over objects, but into their fears and longings, and dreams for themselves" (Gaines, 1982: 69).

Throughout the 1940s and 50s, Atlas popularized his "dynamic-tension" method of muscle development. During the same time—but representing a much different sensibility—Jack La Lanne was also turning fitness into a commercial venture.<sup>11</sup> La Lanne and his staff led people in an exercise program of calisthenics and weightlifting, both in his health spas and his nationally-broadcast 1950s television program, "The Jack La Lanne Show." La Lanne was selling an exercise program that required equipment and memberships. By today's standards, his commercial techniques were relatively undeveloped, but they represented a marked departure from Atlas, whose exercise program required no special equipment (Atlas used chairs and the walls of the room). By comparison, today's fitness industry's deliberately cultivates dependence on memberships, machines, props, and apparel.

La Lanne was embedded within a "leisure boom" that arose at the intersection of postwar affluence, mass consumption, and popular interest in quality of life. One sign of such newfound affluence—and way in which to spend one's increasingly leisure hours—was the television. Watching television, an increasingly common part of leisure since the

1950s, not only involves no exercise, but also converts exercise and sport into spectacles rather than activities. Televised football rose in popularity in the 1950s, increasing the commercialization and competitiveness of both the college and professional games. As well, professional basketball was adapted to improve spectator appeal and increase television audience size (Sidwell & Kane, 1990: 184-85). Thus, we see a “degradation” of sport into commercial entertainment spectacles, and individuals into spectators (Huizinga, 1955; Lasch, 1979: 184-97).

With rising standards of living and increasing non-work time, the YMCA was well-placed for the 1950s leisure boom. However, massive suburbanization brought several changes to the YMCA’s clientele and challenges to its stated mission (Putney, 1997).<sup>12</sup> First, the intended audience for the YMCA (Christian, single, young men moving to the city for work) gave way to a new, suburban market of women and families from a variety of religious backgrounds.<sup>13</sup> While this market enlarged the prospective membership, it also created a lack of focus in organizing the various classes and programs. Athletics programs were often overshadowed by classes such as cooking and language instruction, intended to serve a diversifying clientele (Putney, 1997). Second, the YMCA’s moral mission and social relevance were challenged by the organization’s growing secularization, and—as the 1960s progressed—the general cultural climate of distrust towards large institutions. Third, dovetailing with the general shift in physical culture from social reform to individual improvement, the YMCA’s emphasis on physical training came to focus less and less on its effects for character building and moral development. Rather, athletics were to be engaged in for their own merits, further undermining the YMCA’s original mission.

The YMCA's attention on athletics for social improvement returned briefly in the 1960s, following President Kennedy's lead, with a cautionary plea concerning the "softness" of American youth compared to their Soviet counterparts (Putney, 1997: 240). The full reinvigoration of the YMCA's focus on fitness, however, did not occur until the end of the 1960s, when the public's growing interest in exercise was led not by the YMCA—as it had been in the 1880s—but by other "crusaders," such as Dr. Kenneth Cooper and Dr. George Sheehan, the "fathers" of aerobics and jogging. Responding to the rising popularity of exercise, and in keeping with the era's concerns with individual (rather than social) reform, the YMCA updated its social mission from character-building to "values clarification." These two programs—fitness and values clarification—were inherently linked:

Both catered to the individual—values clarificationists ensuring that individuals felt good about where they stood on things and physical therapists seeing to it that they simply felt good. Moreover, the YMCA's growing interest in fitness and values clarification reflected the association's retreat from the idea that the individual's well-being is dependent on the well-being of society. (Putney, 1997: 243-44)

In the 1980s, the YMCA also responded to the recession with corporate training programs aimed at improving the health of white collar workers (Putney, 1997: 245). Thus, the YMCA reproduced the link between employability and fitness.

In summary, during the 19<sup>th</sup> and 20<sup>th</sup> centuries, changing social and political conditions have posed different challenges to the social body and called for different capacities of the individual. Urbanization, industrialization and immigration in the 19<sup>th</sup>

century created concerns about public health and the moral fortitude of the “Puritan stock.” In the changing labor market of the early 20<sup>th</sup> century’s burgeoning service economy, concerns about salesmanship and consumption were addressed through self-improvement through product choice. During the First and Second World Wars, and again during the Cold War, concerns about national strength and external enemies focused attention on the preparedness of individuals, and men in particular. In general, the ideological foundation of physical culture in the U.S. shifted from the level of the social (e.g. Theodore Roosevelt’s philosophy that a strong body builds a strong nation) to the individual (e.g. Elizabeth Arden’s advertising that a well-shaped body is the route to success). Despite the change in terms, the ideological groundwork for physical culture in the early 20<sup>th</sup> century retained the same basic premise as the 19<sup>th</sup> century: it is the individual’s responsibility to undertake body work, and thus improve the self.

In the late 20<sup>th</sup> century, the individual faced different challenges in fulfilling his or her responsibility for ensuring a healthy body and a pleasing appearance. In particular, health was increasingly threatened by new types of “lifestyle” diseases such as heart disease and cancer, while the expanding consumer service economy increasingly demanded attention to appearances for a growing range of occupations. These two broad social changes provided the impetus and the feedback necessary for the fitness field to emerge in the 1970s. The chapter addresses the changing health objectives for physical fitness, before considering the increasing pressure in the worlds of work and leisure on a fit appearance. As the diseases of the body changed in the late 20<sup>th</sup> century, and medical and social advances increased our lifespan, government and medical authorities endorsed

exercise as a way to prevent ill health and decrease the social burden of health care costs. Fitness was promoted as a socially responsible form of self-improvement.

### **Contemporary Health as Product and Policy**

Health and consumption have become increasingly entwined over the 20<sup>th</sup> century. Since the 1960s, this commodification of the body has resulted in a growing array of health, exercise and sport products and services. In the late 1960s and early 1970s, consumers bought athletic shoes (Vanderbilt, 1998) and tennis racquets (Galginaitis, 1981) in unprecedented numbers. Media events such as the 1972 Munich Olympics and the 1973 “Battle of the Sexes” (in which Billie Jean King beat Bobby Riggs for a television audience of 45 million; Schulman, 2001) encouraged people to take up athletics—and buy the same equipment as the “real” athletes. Exercise was also linked to status consumption in the promotion of high-priced condominiums, in which court and spa facilities were the must-have amenity (e.g. Goodkin, 1974; Schacter, 1974). In addition, health food experienced massive retail growth over the 1960s and 70s (Whorton, 1982). New York City had only one health food retailer in 1960; that number had jumped to 43 by 1965, and to 81 by 1973.<sup>14</sup>

This growth in the commodification of health can be explained, in part, by the post-war expansion of consumer and media industries, which have used the language of health to sell an increasing range of products and information. However, the popular interest in “healthy” consumption was not only about products—it was also, literally, about health. Like the breakfast cereal pioneers Graham, Kellogg and Post of a hundred years earlier, the 1970s consumer was responding to a “crisis” of the social and individual body. A burgeoning environmental movement and the 1973 and 1979 energy

crises called attention to the health of the planet and the social body. Growing public awareness of the global impacts of the unchecked growth of industries, population and waste (Gottlieb, 1993; Schulman, 2001) gave rise to individual solutions. A 1973 article in *New York Magazine*, for example, suggested isometric exercises, tennis, biking and exercises classes as a way to survive the winter during the oil crisis (Schoen & Cohen, 1973).

The public was also becoming increasingly aware of health threats on a less global scale. Medical research was documenting the mixed blessings of modernity for our individual bodies. Agricultural productivity, which had largely removed the threat of starvation for U.S. citizens, had led to such an abundance of food—fast, cheap, fat-rich food—that obesity was a growing problem. The car and telephone, which had conquered distance, and the shift away from manual labor had reduced the inadvertent exercise of everyday life, compounding obesity with inactivity. Television, another factor in rising rates of inactivity, added to the reduction of sport into passive spectacle. Furthermore, the social pleasures of tobacco were coming under fire, first for the harm to the individual smoker in the 1950s and 60s, and later, in the 1970s, for those inhaling “second-hand” smoke (Jackson, 1995). When the Surgeon General’s first report on smoking was published in 1964, over half of the men in the U.S. smoked; by 1975, that number had dropped to 39% (Lehmann, 1979). As we became more aware of the toxicity of our everyday surroundings, we also began to identify the toxins we put in our bodies.

The emergence of the fitness field out of the earlier physical culture was prompted, in part, by this new vision of health as the outcome of individual lifestyle choices. Thus, the predictors of health changed. In the 19<sup>th</sup> century, health advocates

stressed matters of water and air quality. In the 1970s, health-level predictors began to include physical inactivity, obesity, and tobacco use (Lalonde, 1974). The goals of exercise also changed—physical activity was promoted not as a way to sustain the manliness of the American character (as it had been for Roosevelt), but as the way for the individual to avoid the ill effects—obesity, lethargy, diabetes, heart disease—of inactivity. Disease itself was driving this new vision of health and health promotion, as the communicable diseases of the 19<sup>th</sup> century gave way to the chronic, “lifestyle” diseases of the 20<sup>th</sup>.

At the start of the 20<sup>th</sup> century, the leading causes of death were influenza, pneumonia and tuberculosis; these three accounted for 23% of all deaths in 1900 (Committee on Ways and Means, 1971: 121). Thanks to the success of the 19<sup>th</sup> century public health reforms targeting water and air quality, sewage, personal hygiene, and nutrition, as well as rising standards of living and new vaccines and antibiotics, many of these communicable diseases were brought under control (Rader, 1997; Russell, 1986). Citizens of the U.S. were then living long enough—and under the conducive conditions—to develop chronic, degenerative diseases. By 1967, only 3% of deaths were attributable to influenza and pneumonia, but 56% were caused by heart disease and cancer, which remain the leading causes of death today (Committee on Ways and Means, 1971: 121).

Rising rates of chronic disease were not simply a matter of carcinogens and longer life spans, but were also deeply connected to the social etiology of disease. Good health is not only a matter of eating better, exercising more, and cutting down on alcohol, tobacco and fat. As the experts of neurasthenia sensed in the 19<sup>th</sup> century, ill health is

also connected to *class* and *stress*. Although the precise nature of the relationship between class and health is a continuing debate, there seems to be some consensus that the factor at work is “social stress,” the combined result of perceived relative deprivation (I’m not as well off as my neighbor), lack of control over one’s life (I have to do what my boss tells me; I can’t afford to do what I want), and lack of social bonds (I don’t have a close connection to my community). Thus, class position affects health as a determinant of access to good nutrition, recreation facilities and adequate health care, and of the experience of stress. In general, class has an almost linear relationship with health: no matter where you are on the social ladder, if all other variables are held constant, then you are still more likely to be healthier than the person on the rung below you, and less healthy than the person above you (Epstein, 1998).<sup>15</sup>

Whereas Dr. Beard understood neurasthenia as particularly middle-class, however, stress in the late 20<sup>th</sup> century is increasing across all social groups. Income inequality has grown steadily since the 1970s, with poverty rising and the average middle-class income shrinking (Frank, 1999; Sassen, 1990; Strobel, 1993). The labor market has increasingly moved away from manufacturing (which has undergone massive deskilling), towards service jobs, the bulk of which are low-end positions which offer little in the way of control and creativity (Braverman, 1974; Sassen, 1990; Strobel, 1993). Even higher-end service positions require the managing of attitude and emotion, reducing control over one’s appearance and expression (Hochschild, 1983). And since the 1970s, there has been a marked atomization of society, with declining social cohesiveness marked by decreasing membership in church and community groups and rising crime and divorce rates (Fukuyama, 1999; Putnam, 2000).



Given these factors, it is little wonder that stress-related diseases are on the rise. Despite these *social and structural* causes of ill health, however, the problem is perceived as a *personal* problem of choices and motivation. Stress affects the individual; thus, the individual must learn to cope with stress. Failure to do so results in ill health—for which the individual assumes responsibility. This ongoing confusion between the individual and structural causes of health has meant that the sources and solutions to public health problems are represented as “personal troubles” (Mills, 1959: 14). Individual choices and motivation are presented as the causes and cures for such structural epidemics as obesity (which has doubled since 1980) and Type 2 diabetes (which has increased nine-fold since 1958) (Krupa, 2001).

The impetus in the 1970s to rethink health care as disease prevention reflected, in part, the shift from infectious to chronic, stress-related diseases. But it also reflected rising overall costs of health care because of the increase in chronic diseases—at the same time that the government was facing a general fiscal crisis *and* an increasing share of the costs of health care, particularly after the implementation of Medicare in 1966 (Committee on Ways and Means, 1971; Lehmann, 1979; see also Crawford, 1979; Ingham, 1985). Trying to *prevent* disease was thus an economically prudent policy. President Jimmy Carter, in his forward to the Surgeon General’s report, *Healthy People* (1979), endorsed prevention as a means to “substantially reduce both the suffering of our people and the burden on our expensive system of medical care” (cited in Russell, 1986: 2). Health insurance industries and corporations also had a vested interest in promoting exercise, which was shown to decrease health care claims and employee absenteeism (e.g. Drury, 1983; Fisher, 1985; Greene, 1986). The U.S. was not alone in the

reorganization of health care; Canada and the United Kingdom were at the forefront of implementing health-promotion strategies. Underlying these new policies were growing numbers of cost-benefit analyses of prevention strategies, and medical studies supporting the epidemiological benefits of a healthy lifestyle, which included enough sleep, proper nutrition, abstention from smoking, and, especially, exercise (Shephard, 1986; Russell, 1986).

Chronic diseases such as heart disease and cancer have proven themselves resistant to “passive” prevention, such as drug-based cures or changes in infrastructure which are administered by the state or doctors. However, medical research suggests that “active” measures, in which the individual must participate through behavioral changes, are successful in preventing disease. In particular, physical exercise is shown to protect against heart disease and, in a reversal of once-accepted opinion, aid in the recovery of cardiac patients. Thus, disease prevention efforts since the 1970s have shifted from passive to active—from fluoridated water to better tooth brushing, iodized salt to better nutrition patterns, inoculation to exercise.

Thus, the economic rationalization of health policy and the increased recognition of chronic diseases called for disease prevention by persuading people to change their behavior. Exercise and a balanced diet represented means for individuals both to achieve good health *and* ease the financial burden on government, corporations and insurance industries (Crawford, 1980; Sage, 1998). This provided new political implications for consumers’ lifestyle choices (Howell, 1990; Howell & Ingham, 2001; Ingham, 1985; White et al, 1995). Public health promotion in the 1970s can thus be understood as a combination of increasing both individual empowerment and social control over

individual behavior (Foucault, 1978, 1980b). By managing their own bodily health, individuals reduced the costs of health economics.

The change from passive to active management of disease thus involves a historic tension between individual empowerment and social control. Such a change must be understood within the long-term processes of modernization. Since the 16<sup>th</sup> century the balance of responsibility for, and enforcement of, social control has shifted from external, top-down measures (such as those of the police or the priest) to internal, self-induced measures (Elias, 1978; Foucault, 1977, 1978). The contemporary manifestations of this dialogue between authority and individual freedom have been marked by the individual's increasing responsibility for addressing problems that have been identified for them by authorities. That is, authorities "act at a distance" (Rose, 1999: 49) by laying out problems and solutions for the individual, rather than directly intervening in the individual body. Reinforcing this mode of expert power—as advisory rather than directly intrusive—is the declining tolerance for direct state interference in the exercise of individual freedom. We have witnessed, for example, popular trust and confidence in traditional voices of power—politicians, business leaders, police, teachers, doctors, priests—shaken in the wake of political scandals of the 1960s and 70s such as Watergate and Vietnam, and political protests by student, civil rights and feminist groups against the dominant structures of power and prestige. The move in health promotion towards the active participation of the individual is complementary to the broader popular cultural and political demands for the withdrawal of direct state intervention from everyday life—even as it aids the state's fiscal management of public health.

The economic rationalization of health care has necessarily involved the attempt to make disease rational and accountable. Through medical researchers' calculations of relative risk, for example, the infinite variations of individual health are reduced to seemingly objective projections of likely outcomes. Much of the focus on lifestyle factors such as smoking, exercise or eating high- or low-fat foods is thus directed at calculating the relative risks of certain behaviors, or relative payoffs of others. Despite the difficulties in quantifying risk when it comes to the variability of individual bodies, health promotion utilizes this calculus of risk in the "selling" of healthy lifestyle (Bunton & Burrows, 1995). For example, the 1996 Surgeon General's report informed individuals that through regular exercise they could reduce the risk of diabetes, high blood pressure, colon cancer, as well as control their weight, maintain healthy muscles and bones, and relieve depression and anxiety. Exercise also improves teenage girls' body image and self-esteem, and reduces the pain of arthritis for postmenopausal women (Laurence, 1996). The marketing of risk allows consumers a sense (however tenuously founded) of control over their health outcomes, even promoting creative health bookkeeping; if fitness and smoking are equally significant factors, then fitness may be rationalized as a way to "cancel out" the fact that one smokes (cf. Gilbert, 1996).

The rationalization of disease through the logic of risk has entailed a broadening of the conception of health: health is no longer strictly the absence of disease, but a continuous process of risk-management. Even if you are healthy, you are still "at risk." This rationalization and individualization of disease and health is well-illustrated in the case of AIDS, for which both cause and cure are represented in terms of individual choices and at-risk populations. In the reconfiguring of health, individual behavior

becomes the means to minimize socially-borne risk, thereby inserting political and economic priorities into individual lifestyles (O'Brien, 1995).

The employment of risk in the rationalization of health has important consequences for the field of fitness. As the "sick" person is replaced with the "at risk" person, the sphere of health necessarily expands, absorbing more forms of behavior and more bodies into the realm of medical authority (Greco, 1993; Petersen, 1997). This expansion of the concept of illness, and the professional power of medical practitioners, gave rise in the 1960s and 70s to a popular critique of the medicalization of society (Crawford, 1979, 1980; Fox, 1997). The advocates of demedicalization reflected the broader disillusionment with authorities and institutions, and the decreasing tolerance of state intervention in everyday life (Goldstein, 1992). Calls for patient rights, the declassification of certain conditions as illnesses (e.g. homosexuality), and alternatives to the technologization of childbirth are bound up with a distrust of and dissatisfaction with our extreme dependency on the medical professions (Fox, 1997: 416). A declining reliance on such experts as doctors, however, does not remove the function that they fill: providing us with the guidelines, rules, and reasons for conducting our lives in certain ways. Thus, the turning away from traditional moral and expert authority brings with it an increasing need for individuals to assess and monitor their own lives, not simply for the "large" questions of faith and philosophy, but also for such mundane, intricate questions as the care of the body and the self.

Demedicalization—as a rejection of formal medical authority—has the intertwined effects of reconfiguring medical authority within the sphere of services (such that the patient takes on the qualities of the client/consumer); and, ironically, promoting a

far-ranging process of medicalization, such that ever more aspects of our lives are thought about through the lens of health (Bunton, 1997; Crawford, 1980; Fox, 1997; Goldstein, 1992). Calls for demedicalization *enhanced* more than undermined the medicalization of everyday life, by encouraging people to become their own “health experts.” To regard health as yet another sphere of consumer choice (between products, therapies, doctors and hospitals) is not to decrease the authority or reach of the “real” medical experts. Rather, expert authority is reformulated as assistance. We are increasingly responsible for our own moral direction and life choices, but we are also inundated with advice, from commercials and talk shows, news programs and self-help books. We are not left to our own devices to “discover ourselves,” but are encouraged by a vast range of therapeutic and educative experts to produce and perform ourselves in certain ways (Rose, 1996). A new, lay figure of expert authority has arisen at the border between health and self, while every individual is encourage to analyze choices in terms of medical risks (Crawford, 1980: 370).

The push towards increasing “medical self-competence” (Crawford, 1980: 374) relies on popular medical education—lessons in do-it-yourself health care, such as those found in *Our Bodies, Our Selves*, a best-selling book from 1974 to 1976 (Justice, 1998), *The New York Times* health columnist Jane Brody’s nutrition and diet books, and the series of *For Dummies* books on diabetes, nutrition, allergies and asthma, thyroid conditions, healthy hearts, and online healthcare. Such books, and the exercise and lifestyle habits they endorsed were presented as routes to empowerment. This was an appealing message, not only to those looking for ways to cope with stress and take control of their health. In the 1960s and 70s, quests for bodily empowerment took on

explicitly political forms, with the women's and civil rights movements. For example, Muhammad Ali, and Tommy Smith and John Carlos (at the 1968 Mexico City Olympics) used their prominence in sports to speak out about U.S. race relations (Coakley, 2001), while boxing (cf. Wacquant, 1992, 1995) and martial arts were promoted to black youth as ways to learn self-respect and self-defense. Exercise, sport and popular health education combined messages of self-control and self-esteem, appealing to political and non-political platforms alike.

During the 1970s and 80s, institutions began to support exercise as a way to decrease the risk of ill health, further entrenching the individual's responsibility for adopting a healthy lifestyle. Following the lead of Xerox, Mobil and Exxon, which had wellness programs for their executives, corporations began to offer exercise facilities and health seminars as a standard fringe benefit for the middle class (Gillick, 1984: 378). In addition, health professionals from the American College of Sports Medicine endorsed exercise guidelines (in 1978), and the government established an Office of Health Information and Health Promotion, in 1976 (Lehmann, 1979). Unlike the concerns over national strength and external boundaries which had motivated Eisenhower to establish the Council on Youth Fitness, the crisis of the 1970s was internal—to the nation's fiscal health and the individual's physical state.

The move towards assigning individuals the responsibility and risk for their health involves several crucial elements for the emergence of the fitness field. The reformulation of health authorities as "helpers" prefigures the emergence of health club staff and personal trainers. The calls for popular empowerment through education creates a ready market for fitness advice in magazines and manuals. Prompted by medical

research and health policy initiatives, the media publicized the health implications of everyday behavior, and the benefits of exercise, helping to create a population of consumers who looked to health as an area of self-improvement and control.

Health, however, is not the only motivator at work in the making of the fitness field. Market surveys, for example, suggest that our motivation for “getting fit” is as much a matter of the inner body—reducing the risk of disease—as it is about the appearance of the outer body. For many of us, increasing our chances of success in the social marketplace requires that we take an interest in improving how we look.

### **Appearances in a Consumer Service Culture**

Concerns over health and appearance are not mutually exclusive. When asked in a survey in 1998 why they join health clubs, 74% of men and women say that they want to improve their health. The same survey, however, found that 68% of respondents want to improve their muscle tone, and 63% want to lose weight (McCarthy et al. 1999: 53). According to another survey, 60% of women and 40% of men devote at least half of their workout time to losing weight (Garner, 1997: 44). Getting into shape involves a range of motivations, including improving one’s health and approximating a particular body shape. To understand the emergence of the fitness field, therefore, we must appreciate not only the changing definitions of health, but also the intensification of the culture of appearance in an image economy.

Whereas we tend to applaud individual efforts to improve health as responsible, the improvement of appearance is often regarded as narcissistic and self-involved. Social critics such as Christopher Lasch (1979) and Tom Wolfe (1982a), for example, have observed of the 1970s a cultural obsession with self-discovery and self-improvement. the



apotheosis of what David Riesman (1950) diagnosed in the 1950s as the change in American personality from inner-directed to outer-directed, in which self worth was to be found through the eyes of others. However, this other-directed personality was not, as feared, overly-conformist; rather, for Lasch, the individual became more adept at manipulating interpersonal relations for their personal benefit (Lasch, 1979: 127-28). This “narcissistic personality” is prone to “pseudo self-insight, calculating seductiveness, nervous, self-deprecatory humor,” and can thus be connected to “certain characteristic patterns of contemporary culture, such as the intense fear of old age and death, altered sense of time, fascination with celebrity, fear of competition, decline of the play spirit” (Lasch, 1979: 75).

Social status for such a personality is won not through birthright or self-denial, but through the realization of one’s capacity to be “fascinating, stunning, attractive, magnetic, glowing, masterful, creative, dominant, forceful” (Susman, 1979: 217). Appearance and performance were the tools for the narcissistic personality to exert influence over others *and* to fit in and get along (Susman, 1979: 221). Health (a vital appearance) and beauty (an attractive appearance) were bodily resources to be managed and developed. As such, exercise was an ideal pursuit—the benefits of exercise are written on both the internal organs (strengthened heart, improved lung capacity) and the body’s surface (toned muscles, slim waist). The two motivations of health- and appearance-improvement are mutually reinforcing engines for the field of fitness. Improving one’s health and image have become an obligation and a social duty.

Unlike the early 20<sup>th</sup> century, services now eclipse manufacturing in the generation of businesses and jobs. This change in the organization of the economy and

work, from creating things to creating interactions, involves a shift in productive capacities. For service jobs, appearance and attitude are necessary skills, which—like any capacity—must be produced through training and discipline (Foucault, 1977). Like the factory worker who must learn the habits of routinized movements and time schedules, the service worker must be disciplined to acquire the capacities of appearance management and self-presentation. The education of the service worker is very much the education of the modern individual. In consumer culture and in the service economy—in our roles as consumers and producers—we are exhorted to create and express our identity through our lifestyle (that assemblage of our consumer patterns and choices), to maximize our market competitiveness through self-improvement. This social transformation has been described as the rise of an “entrepreneurial” (Keat & Abercrombie) or “promotional” (Wernick, 1991) culture. It is one in which we are each at the helm of the enterprise that is our life: “individuals are incited to live as if making a *project* of themselves” (Rose, 1996: 157). It is in this context, of a labor market and consumer culture so attuned to images, that the fitness field continues to develop.

The service class, situated between capital and labor, emerged out of scientific management in the early part of the 20<sup>th</sup> century. Not only did the rearrangement of the labor process remove decision-making from labor; it also gave rise to a complex hierarchy of managerial positions, and a network of universities and occupational associations responsible for the reproduction of white collar employment and the institutionalization of its education-based system of occupational stratification (Lash & Urry, 1987: 163). In addition to managerial occupations, growth also occurred in other intermediary occupations, such as administrative, sales, clerical, and technical workers.

Bourdieu's discussion of the French service class—the *petite bourgeoisie*—summarizes their occupations as those:

involving presentation and representation (sales, marketing, advertising, public relations, fashion, decoration and so forth) and in all the institutions providing symbolic goods and services. These include the various jobs in medical and social assistance (marriage guidance, sex therapy, dietetics, vocational guidance, paediatric advice etc.) and in cultural production and organization (youth leaders, play leaders, tutors and monitors, radio and TV producers and presenters, magazine journalists)... (1984: 359)

By 1930, almost half of the U.S. labor force was employed in the tertiary sector of services (Lash & Urry, 1987: 172), suggesting the massive size and clout of this occupational group as a consumer market.

More importantly for the development of fitness, this occupational group is characterized by a sense of unease or embarrassment about their social position, which manifests as an uneasiness towards the body (Bourdieu, 1984). As they possess little of the economic and cultural capital of established, higher classes, the middle class takes a learning or investment attitude towards life, educating themselves in tastes, styles and lifestyles (Featherstone, 1987: 65). They are pretenders, but keen social mimics and quick studies, who are intensely aware of their bodies as they watch others and correct themselves accordingly—this is particularly pronounced for those (new middle class) working in occupations of display and performance, for which social mimesis is a necessity (Featherstone, 1987: 64-65). The middle class are disposed towards the body as a “body-for-others.” (Bourdieu, 1984: 213), making them natural consumers for

dieting, cosmetic, and exercise fads, health foods and self-help manuals; in short, making them “perfect consumers” (Bourdieu, 1984: 371). It is not simply that they are concerned with the body and its improvement through consumer goods and services, but that the middle-class body is treated as a sign rather than an instrument (Bourdieu, 1984: 368), through which status and social position may be communicated and reinforced. In this regard, the middle-class body is best understood as an enterprise, and lifestyle, the pattern of investment in the corporation.

The bodily disposition of the middle class not only drives consumer industries, but reinforces the separation of the world of work from that of leisure, conceived as a sphere uncontaminated by work and politics (Lasch, 1979: 216). In other words, the middle class locates in leisure the opportunity to make itself, to produce and legitimate its own practices and values. Leisure thus becomes inseparable from consumption, and consumption aimed at body- and self-improvement in particular (Baudrillard, 1998; Rojek, 1995).

The growth of the service economy over the 20<sup>th</sup> century is inseparable from the growth of consumer industries. The proportion of the U.S. labor market made up of services climbed to 62% by 1970, 72% by 1990, and 75% by 2000 (Godbout, 1993: 8; Bureau of Labor Statistics, 2001), while consumer spending constituted two-thirds of the gross domestic product by mid 2001. Service occupations, however, are not an undifferentiated mass. Over time, there has been a deepening bifurcation between low-wage service jobs (representing the largest source of employment), and high-end professional and producer services (Sassen, 1990: 475). As an illustration of this divide, consider the three largest service sub-sectors of the U.S. economy. The rate of growth

between 1970 and 1990 of the high-end sub-sector—financial, insurance, real estate and business services—was at least twice that of the numerically larger wholesale, retail, restaurant and hotel services, and community, social and personal services, which, combined, constitute over half of all service employment (Godbout, 1993: 12, 13).

For both ends of this service spectrum, the cultivation of a particular attitude or appearance is essential, be it for credibility as a stock broker or airline steward. Such self-development takes place through the realm of consumption, and in particular, status consumption. In Bret Easton Ellis' condemning portrayal of the 1980s zeitgeist, antihero Patrick Bateman embodies this obsessive attention to designer labels as personal identity:

Once out of the shower and toweled dry I put the Ralph Lauren boxers back on and before applying the Mousse A Raiser, a shaving cream by Pour Hommes, I press a hot towel against my face for two minutes to soften abrasive beard hair. Then I always slather on a moisturizer (to my taste, Clinique) and let it soak in for a minute. ...Afterwards splash cool water on the face to remove any trace of lather. ...Never use cologne on your face, since the high alcohol content dries your face out and makes you look older. ...Next apply Gel Appaisant, also made by Pour Hommes, which is an excellent, soothing skin lotion. If the face seems dry and flaky—which makes it look dull and older—use a clarifying lotion that removes flakes and uncovers fine skin (it can also make your tan look darker).

(Ellis, 1991: 27)

Bateman and his 20-something Wall Street peers debate the intricacies of designer clothes, business cards, apartments, cuisine, shampoos and shaving creams—all in the quest for the right image. If Ellis' portrayal veers towards the excessive (Bateman is,

after all, a serial killer), his analysis is grounded in the everyday extremes of competitive Yuppie status consumption.

The size and division of the service sector have changed over the last three decades, as has its gendered composition. Men's labor participation has declined since the 1950s, in part due to the loss of traditionally male occupations in manufacturing. At the same time, women's labor participation has increased. After their record levels of involvement during the Second World War, women's labor participation dropped off steeply in the postwar reassertion of traditional femininity in suburban America. It was not until the late 1960s that women's rate of participation reached its 1945 high (Blau, 1978: 56). Following traditional patterns, women continue to be concentrated within pink-collar services, but have also made great gains in higher-ranking service occupations. In 1998, women occupied over 58% of financial, insurance and real estate service positions, and 69% of professional and related services (Bureau of Labor Statistics, 1999b).

By the 1970s, women were asserting new control over their bodies and lives, putting into everyday practice the lessons and triumphs of the women's movement of the 1960s. Milestones for women's bodies included legal victories regarding abortion rights (such as *Roe V. Wade* in 1973), magazines such as *Ms.*, which was launched in 1972, and the pioneering manual, *Our Bodies, Our Selves*, which spent 140 weeks on the bestseller list in the mid 1970s (Justice, 1998). The political call for women to claim control over their bodies was also given governmental support in terms of gender equality in physical culture. In 1972, Title IX of the Educational Amendments Act outlawed sex discrimination in athletics, providing women (at least on paper) with equal access to sport

participation, scholarships and facilities. In the 1960s, before Title IX, fewer than 300,000 women participated in high school athletics; by the mid 1980s, almost 2 million did (Sidwell & Kane, 1990: 187).

The women's movement gave to appearance management a political agenda and ideological alibi: taking care of your body was a reclamation of power and a way to work your way up the occupational ladder. Moreover, exercise and fitness provided a non-political avenue of participation in the women's movement, creating opportunities of (literal) empowerment, without the often complex identity of a politically-active feminist.

Thus, the cultural production of fitness consumers—individuals with an elective affinity for the practices and meanings of a fit body—depended on both the women's movement and the growth of occupations that value appearances—for both women and men. Accompanying these developments has been an intensification of consumption, both in the reproduction of the economy and in the determination of identity markers. The use-value of products has been overshadowed by their expressive qualities (Falk, 1994; Featherstone, 1987; Slater, 1997; Wernick, 1991), with freedom of choice in the marketplace becoming an avenue for the freedom of expression and self-determination. This cultural and political-economic climate pushed the production of fitness toward a field of consumer leisure rather than a health or educational field.

Moreover, in the past three decades, the transition to a post-industrial service economy has encouraged the growth of industries which don't simply require, but *produce*, appearances. This "symbolic economy" (Drucker, 1969; Zukin, 1995) has given rise to new occupations for which self-presentation is a necessity, *and* to new consumer products that rely on the added value of symbols and design. Product

differentiation is increasingly implied by images, such as those conferred by branding strategies. When cigarette company Philip Morris bought Kraft in 1988, for example, they paid \$13 billion for the company, a value largely based on Kraft's brand recognition (Keller, 1998: 30-33). Just as exchange value on the labor market increasingly rests on symbolic capital, so the exchange value of products (and companies) is more and more determined by symbolic assets.

Over the 20<sup>th</sup> century, the necessity of creating new markets for consumer goods gave rise to a range of market research and niche marketing strategies, which have subdivided the consuming public along ever-finer lines of distinction (Zukin, forthcoming). This fragmentation of the consumer market dovetailed with social movements in the 1960s and 70s, in which groups—particularly women's and minority groups—challenged the “mass” to which mass marketing attempted to reduce them (Peiss, 1998). As consumer industries assimilated and re-packaged both the identity politics of the women's and civil rights movements and the 1960s hippie and counter cultures, consumer goods were promoted as expressions of individuality and diversity. Cosmetics manufacturers, for example, broadened their product lines to include makeup for women of color (Peiss, 1998), incorporating the demand for diversity into the marketing of appearances.

To summarize, the fitness field's development is linked to the growth of occupations for which images and appearances are fundamental. The cultural capital of a formal education, good diction and social graces thus become occupational necessities for both ends of the spectrum of service occupations—from waiters (Zukin, 1995: 154) and receptionists to stock brokers and marketers. But cultural capital is not enough. The



increasing emphasis on self-presentation as an element of work (for example, in emotional labor) and as the product of that work (in image industries such as advertising and fashion) also require *symbolic* capital—forms of prestige and social distinction for which the body and its appearance are central (Jenkins, 1992: 85; Shilling, 1993: 127). Investments in self-presentation through dieting, exercise, cosmetic surgery, fashion, grooming and tanning are thus modes of developing one's symbolic, physical capital. The development of consumer culture over the 20<sup>th</sup> century—and of the field of fitness in the past thirty years—cannot be separated from the efforts of the middle class to legitimate and advance its social position through such investments.

In the 1930s, Dale Carnegie and Charles Atlas addressed their advice regarding personality and physical appearances to the service population, when its identity and hierarchy of stratification were still in formation; today, their lessons in the importance of a winning smile or the right physique are taken for granted. From the 1960s, the American dream has increasingly moved from a meritocracy of hard work to a meritocracy of “winning images” (Lasch, 1979: 116), in which appearances and personality trump lineage and inherited wealth as the determinants of social and occupational success (Susman, 1979).

### **Conclusion**

By the close of the 1960s, several conditions were in place for not only the transformation of the YMCA into a “health club” (much to the chagrin of its commercial competitors and, to some extent, its own leaders and members (Putney, 1997)), but also for the rise of a whole institutional system made up of commercial fitness clubs, athletic gear manufacturers and dealers, and fitness-and-lifestyle publications and products. This

system depended on a market that was already established for other lifestyle and appearance industries, such as health food (Whorton, 1982), cosmetics (Piess, 1998), and dieting (Stearns, 1997), which presented the fitness industry with an already-identified and participating set of educated and devoted consumers.

Moreover, this middle-class market was distinguished by its demands for a good quality of life over a longer period of time, thanks to medical advances such as the antibiotic revolution of the 1940s and 50s (Rader, 1997; also Glassner, 1989); by its growing interest in self-improvement as a path for upward social mobility; and by its high expectations in terms of experiences, pleasures, and the expressive quality of products, guided by increasingly sophisticated delineations of taste and lifestyle identities (Bourdieu, 1984; Featherstone, 1987; Wernick, 1991).

Comparing the vision of Theodore Roosevelt in 1900 with that of Charles Atlas in 1930, we see that the rationale for perfecting the body in accordance with an ideal has continued to change: “what is really new in the pursuit of happiness of modern (consumer) society is that the utopian project is reduced in scale to the individual, into a modern mode of self-building” (Falk 1994, 130). Today, physical fitness is directed by entrepreneurs, not reformers; the primary goal is individual improvement, not national strength. What has not changed is the underlying assumption regarding the dynamic interplay of body and self, which reaches back into the history of humankind. For the ancient Greek and Greco-Roman cultures, the regimes of physical development were essential to the “arts of existence” (Foucault, 1986); today, working on the body continues to be an important avenue of self-transformation. However, contemporary consumer culture has intensified the instrumentalization of the body (Falk, 1994: 50),

draining body-development of its once deeper associations with ethical existence and moral communities (Foucault, 1985).

To maximize your success in today's labor market—as well as in the social market—you must build a better body, and surround it with better trappings. This is not to suggest that the consumption of body products is entirely instrumental; the jogging craze of the 1970s, for example, had a strong sense of the spiritual or religious (such as in James Fixx's *Complete Book of Running*, or George Sheehan's *Running and Being*). Andrew Wernick's (1991: 185) point about the culture of promotion is not that there is a particular ideology being promoted (crass materialism or spiritual asceticism), but that what is being promoted is the logic of advertising itself: appearance sells.

We construct ourselves and judge each other based on the messages communicated through our bodies, our lifestyles and our performances. Such social interactions are anchored in the belief in a malleable self, the interactive character of service occupations, and the consumption patterns of status competition—furthered by fashion and advertising:

In the Sixties, fashion stopped being clothes and became a value, a tool, a way of life, a kind of symbolism. It became human packaging. You don't have to work in an advertising agency to know that packaging sells the product. Any product.  
(Bender, 1967: 43)

We know that our packaging sells us. We approach ourselves and others as products—products to be exchanged, and which will become obsolete without upgrades and improvements. Such an attitude towards the self, rooted in the transformation of production, spreads outwards to areas of life traditionally considered beyond competitive

exchange. We exist, in general, as personas for public consumption (Wernick, 1991: 193). The promotional subject

is a self which continually produces itself for competitive circulation: an enacted projection, which includes not only dress, speech, gestures, and actions, but also, through health and beauty practices, the cultivated body of the actor; a projection which is itself, moreover, an inextricable mixture of what its author/object actually has to offer, the signs by which this might be recognized, and the symbolic appeal this is given in order to enhance the advantages which can be obtained from its trade. (Wernick 1991: 193)

As social interaction increasingly acquires the form of commodity exchange, we are faced with a dilemma: if we interact through our promotional personas, do we still have an authentic self? As with neurasthenia in the 19<sup>th</sup> century, the site of the resolution of this anxiety was and is the physical body.

## Notes

<sup>1</sup> Guttman's discussion (1995) of 17<sup>th</sup> century Puritan attitudes toward sport highlights that their disdain for physical pursuits was not total—they endorsed, for example, running and forms of calisthenics. However, the Puritan attitude towards sports was entirely instrumental—sports were a means to an end (rest and recreation in the service of a moral life) and not ends in themselves, sources of pleasure or routes to bodily excellence.

<sup>2</sup> As an important aside, it should be noted that these changes were felt first and most acutely in the Northeast; as such, it is little wonder that physical culture movements begin in the Northeast (Adelman, 1986; Green, 1986). With the closing of the frontier at the end of the 19<sup>th</sup> century, it is likely that the physical culture of the West came to exhibit a character of its own.

<sup>3</sup> Women were not as central to discussions of social problems and reform as were men, in part because women were not regarded as a major force in the labor market and reforms targeting the working class and poor were concerned with the formation of strong, healthy, moral *workers*. Nevertheless, Catherine Beecher and others were promoting calisthenics—gymnastics for women—by the early 1800s as a means of ensuring healthy, moral women (Green, 1986: 87, 91).

<sup>4</sup> As Zald (1970: 43–44) notes, however, the growing number of gymnasiums were not merely expressions of the Muscular Christianity philosophy, but were also an attempt to stabilize the financial base of the YMCA. Like other Protestant churches, the YMCA used memberships, contributions, and fund raising to

support itself. However, as membership conferred no special status or services, and those offering support were also funding the churches, the YMCA's financial base was unstable. Efforts to promote a stable financial base focused on the development of gymnasiums and residences, and the impact of the gymnasiums in stabilizing finances and membership was immense.

<sup>5</sup> Luther Gulick, like Theodore Roosevelt, had studied at Harvard University under Dudley Sargent, a leader in physical education since the late 1870s who promoted athletic training, sportsmanship, and the will to win, coupled with forms of exercise that included pulleys and weight machines (Green, 1986: 202-04).

<sup>6</sup> For example, U.S. Steel-South Works in Chicago paid for at least half of the construction costs for a nearby YMCA building, and Wisconsin Steel supported a full-time YMCA office on its grounds (Cohen, 1990: 180).

<sup>7</sup> Not coincidentally, the leadership of the Playground Association of America included renowned settlement house worker Jane Addams, Luther Gulick of the YMCA, and Theodore Roosevelt.

<sup>8</sup> The Olympic Games, revived in 1896, were another important connection between athleticism and nationalism (Green, 1986: 237). For a wider discussion of the connection between the internationalization of sport and the rise of nationalism in the late 19<sup>th</sup> century, see Hobsbawm, 1990.

<sup>9</sup> Elizabeth Arden "The Miracle of Susan" advertisement, from the *New Yorker*, 1942. Available through the online database Ad\*Access. <http://scriptorium.lib.duke.edu/adaccess>

<sup>10</sup> "The Insult That Made a Man Out of Mac" appeared in countless magazines and comic books, including almost every copy of Superman (Kimmel, 1996: 211-12). A copy appears in Gaines, 1982:70-71.

<sup>11</sup> Information can be found on <http://www.jacklallanne.com>

<sup>12</sup> Information in the following paragraphs on the transition of the YMCA's mission comes from Putney, 1997.

<sup>13</sup> It bears noting here that although the YMCA became more inclusive along gender and religious lines (considering, at one point, to drop 'Christian' from its mission altogether), it was slow in opening its doors to Black Americans; the YMCA was not integrated until 1967 (Putney, 1997).

<sup>14</sup> Figures on the number of businesses come from *Yellow Pages* listings for Manhattan, which were surveyed for 1960, 1965, 1970, 1973 and 1975.

<sup>15</sup> Information regarding the impact of social stress on health is from Epstein (1998). Epstein reviews several studies since the 1960s which have demonstrated the links between rates of illness and social position, including the seminal British study of Whitehall civil servants in which occupational position corresponded in a linear fashion with mortality rates.

- 3 -

### **Commercial Health Clubs:**

#### **The Production of Fitness as Leisure**

In 1973, a new type of health club—the New York Health Club (NYHC)—opened in uptown Manhattan and Greenwich Village. Advertisements in *New York Magazine* and *The Village Voice* encouraged customers to “Shape up your shape!” with Nautilus machines, exercise classes and efficient and individualized workout programs for men and women. They also promised prospective members the chance to relax in the Finnish sauna or at the Guru Garden Health Bar. Ads in the following years’ *Yellow Pages* featured the slogan “Health and Beauty Through Pleasure,” and the promise that “[t]his is the club where exercise is a pleasure and fitness is your reward. New York’s truly complete, luxurious and reasonable health club for vital and discriminating people.”<sup>1</sup> With its initialed crest, menu of options, and appeal to young, affluent men and women, this health club was marketed as unlike any other of the time.

By 1975, the first two NYHC locations had 74 competitors, some of which also boasted Nautilus machines, health bars, personalized exercise programs and “Physical Fitness in Style.”<sup>2</sup> But if this was a new kind of exercise club, it was not the first exercise business. Different types of businesses had been providing exercise space and activities for at least a century. The commercial health club is a relatively recent product—co-ed, middle-class and service-oriented, without the social, educational or religious missions of municipal recreation programs, physical education classes or the YMCA. The new health clubs combined male (strength) and female (flexibility) exercises and focused on

individual activities rather than group sports and games. The high-tech machines, mirrored walls, aerobics studios, and whirlpools of health clubs were ostensibly open to all. However, by virtue of stratified membership fees, clubs retained an air of exclusivity, something which could not be said for exercising in the school gymnasium, living room, or at the local YMCA.

The health club industry continued to grow over the 1970s. In the early 1980s, large club chains began to emerge, particularly as older spas and racquet clubs were acquired and converted into multiuse health clubs. With the growing number of health club owners came the development of a trade association. First organized in 1981, the International Health Racquet and Sportsclub Association (IHRSA) is the leading trade organization of the commercial health club industry. IHRSA represents over 6,000 clubs worldwide—including a variety of fitness facilities, spas, and sports clubs, as well as suppliers. The organization compiles industry statistics, organizes an annual trade convention, publishes a trade journal (*CBI—Club Business International*, launched in 1987), and lobbies for policy initiatives, including increased funding for physical education in schools, and the end of the tax-exempt status for YMCA fitness facilities.<sup>3</sup> When IHRSA lobbies for changes to tax statuses or spotlights a particular club's operating profile, it does so with the clout of more than 4,000 North American member clubs, each with an average club revenue of \$2.3 million (in 1999).<sup>4</sup> In addition, IHRSA's strength is evident in the fitness industry at large, as they represent half of the equipment suppliers' market: commercial health clubs spent approximately \$275 million on fitness equipment in 1998 (McCarthy et al, 1999: 19).

Over the last thirty years, commercial health clubs have grown into a \$12 billion industry in the U.S. Membership has clearly grown over that time as well, increasing 89% between 1987 and 2000. According to IHRSA, members have also changed over time. Health clubs were once primarily a leisure site for the young—53% of members in 1987 were between 18 and 34. However, the long-term success of the industry has required broadening the membership base; today, 18-34 years olds compose only 31% of the membership market, while the proportion of members over 55 has increased from 9% in 1987 to 23% in 2000. Despite the increasing age diversity, commercial health club membership remains predominantly middle-class: 69% of members have household incomes of more than \$50,000. Today, of the nearly 33 million total health club members in the U.S., almost 47% belong to commercial clubs, 38% belong to not-for-profit clubs such as the YMCA and university facilities, and the remainder are members at other centers such as corporate facilities and spas.<sup>5</sup> Once a “new” alternative to traditional sites of exercise, commercial health clubs are today’s fitness market leaders, with more members and more facilities: by the end of 2000, there were nearly 17,000 commercial clubs, versus 2,400 YMCAs.<sup>6</sup>

Commercial health clubs are the primary site for the production and consumption of the fitness field. By locating exercise in a semipublic venue for which membership is required, health clubs produce fitness as an opportunity for the social display of status (Ferguson, 1998: 606). Furthermore, by associating exercise with the purchase of a membership (and other equipment, advice and accessories), health clubs produce fitness as yet another aspect of lifestyle and leisure consumption. Besides health and well-being, health clubs promote physical fitness as a *leisure* activity. In contrast, the YMCA



promotes physical fitness as an ethical mode of character building, school physical education promotes fitness as a tool of vocational development, and corporate fitness programs endorse exercise as a means of ensuring productivity (cf. Defrance & Pociello, 1993). Commercial health clubs are not only competing with non-profit exercise venues, but with other leisure businesses as well. The consequence for the health club member and the fitness field is that exercise is naturalized as a consumer leisure activity, focused on status consumption and individual body improvement.

Through competition with other exercise and leisure venues, commercial health clubs are produced as customer-service, leisure businesses. As such, the health club industry has been shaped by the larger growth of leisure industries and changing constraints upon leisure time. The same business perspective adopted by retail, publishing and tourism businesses is adopted by health club owners and managers: the “personality” or expressive qualities of the product and the experience of consumption become as important or more so than the material goods (Pine & Gilmore, 1998; Sherry, 1998). It is not only that health clubs market fitness as an activity for consumers’ leisure time, but that the production of fitness sites and services is guided by the logic of leisure industries. The value of a health club, in other words, is determined not by the production of *health*, but by the affirmation of members’ social position and sense of self.

Drawing from trade publications, consumer reviews and interviews with producers in the health club industry, the chapter explores how the fitness field’s “stakes” (Bourdieu & Wacquant, 1992: 98)—the resources that matter—are constructed as primarily symbolic: competition between health clubs takes place through presentation, packaging and services rather than material differences in exercise facilities. This

represents both a change from earlier exercise businesses, and the impact of the general commodification of leisure. The chapter addresses these issues in four sections that examine:

1. The expansion of the health club industry from its pre-1970s antecedents to its current characteristics as an industry
2. The ways in which the health club industry produces fitness as a leisure activity
3. The differentiation between health clubs through symbolic capital—décor, clientele and the club's personality
4. The differentiation between health clubs through the quality of services, which is largely a function of membership price.

Since the 1970s, health clubs have not only expanded in number, but have become more sophisticated service and leisure businesses. Most health clubs now offer a similar range of exercise equipment and classes. Thus, differentiation increasingly depends on the club's "image" and the quality of its services. The advantages of membership are promoted in health club advertising and reinforced in consumer reviews: clubs provide motivation and instruction for exercise, and the status associated with *belonging*. But some clubs "count" for more than others, reproducing the social stratification of consumers in the range of health club options.

### **Antecedents and Expansion of the Health Club Industry**

The NYHC was not the first business to sell exercise space. By the late 19<sup>th</sup> century, consumers had a number of options for physical exercise, depending on their budget—for example, they could join the YMCA or the more expensive athletic and country clubs. In the early 20<sup>th</sup> century, the commodification of physical culture continued. The Health

Roof Club for Men—targeting Manhattan’s business executives—opened in 1931; in 1936, Jack La Lanne opened his first health studio in Oakland, California.<sup>7</sup> Between the 1930s and late 60s, four particular types of exercise businesses were found in urban centers: executive clubs, gyms, exercise salons and the YMCA. Each had a specific, limited clientele (typically defined by class or gender), and was associated with a particular form and goal of physical activity (sports or slimming, community building or bodybuilding). These four types of exercise business laid the groundwork for the contemporary health clubs.

### ***Executive Clubs***

Executive clubs, like the 19<sup>th</sup> century elite athletic clubs which they echoed,<sup>8</sup> targeted predominantly middle-aged businessmen. Such clubs were equipped with courts, gyms, and instructors to keep the executive fit, and were often located alongside the clientele’s offices. For example, the Health Roof Club for Men sat atop the Grand Central Palace Building, and the Barclay. “The Business Man’s Health Club,” was located in the Woolworth Building, targeting the midtown and downtown businessmen, respectively. The exercise facilities offered, however, were often overshadowed by the relaxation and grooming facilities, such as the Roof Club’s “Turkish baths, snooze rooms, sunlamps, massage, snack bar, sunbathing on roof.”<sup>9</sup> In these plush surroundings, the executive could relax, enjoy the perks of his position, and network with his similarly privileged peers. He could also hope to outrun death. According to the popular press, businessmen were a species under imminent threat of heart attack, tension and stress. Since at least the 1950s, articles in business and women’s magazines declared the sorry state of health for the executive, and focused on how men could take better care of

themselves (and on how women might keep their husbands alive). These articles multiplied over the years, so much so that “executives—health and hygiene” became an indexing category of its own in the *Reader’s Guide to Periodical Literature* in the late 1960s.

By the 1970s, the President’s Council on Fitness and Sports (formerly, the President’s Council on Youth Fitness) estimated that U.S. businesses were losing \$25 billion a year from the premature deaths of employees (Leepson, 1978: 271). Businesses were also tracking the increasing costs of employee medical benefits, and sometimes passing these production costs on to the consumer. General Motors, for example, claimed that it spent more in 1975 on employee health claims than on its primary supplier, U.S. Steel. The result was a \$175 increase in the cost of each truck and car (Crawford, 1979: 251-52). Thus, the specter of executive stress was reinforced by research on its fiscal implications. In the context of such findings, companies discovered that providing exercise programs (either at corporate facilities or through subsidized memberships at commercial clubs) was good business practice. Corporations such as Xerox and Kimberly-Clark endorsed executive exercise programs in the 1960s and 70s.

This not only continued the tradition of executive clubs from the 1930s, but paved the way for the inevitably wider concern with the health and fitness of all employees, and the boom in company fitness clubs that began in the late 1970s (Cavanaugh, 1979).<sup>10</sup> From 1974 to 1988, the number of company fitness programs in the U.S. rose from 30 to 12,000 (Barbato, 1988: 24). Executive and employee fitness programs clearly articulated the purpose of exercise (and health) as an improvement in productivity. This form of

exercise was linked not to recreation and leisure, but to the preparation for work and management of production costs (Brodeur, 1988: 228).

### **Gyms**

The second precursor to the NYHC-type clubs were the gyms<sup>11</sup> frequented by boxers and weightlifters. Almost exclusively the domain of men—and largely working class men—until the 1970s, these gyms had none of the amenities of health clubs. Bobby Gleason's boxing gym, Mr. Universe Health Studios, and the more mainstream Vic Tanny gyms and Charles Atlas Institute all catered to the man who was serious about his strength and muscles.

The tradition of working class muscle building was enhanced by developments taking place within the bodybuilding subculture (Klein, 1993). In the 1970s, competitive bodybuilding gained a wider audience thanks to movies such as *Pumping Iron* (1977), charismatic spokesmen and entrepreneurs such as Arnold Schwarzenegger and Joe Weider (Goldberg, 1975; Johnson, 1976; Roach, 1977), and the successful expansion of California-based Gold's Gym. In addition, new user-friendly weightlifting systems such as Nautilus entered the exercise equipment market in the early 1970s (Roach, 1978). Unlike exercising with barbells or "free weights," Nautilus equipment removed the need for weightlifting technique. The user sat on an adjustable seat, placed limbs on the designated pads, and moved the bars or pulleys in the set tracks. The only decision the user had to make was how high to put the seat and how heavy to set the weight.

While competitive bodybuilding remained an extreme and relatively marginal subculture, recreational strength training gained in popularity. Gym owners stressed the differences between the serious bodybuilder and the "less extreme gym-built body"

(Brady, 2000: 12). Weightlifting gained respectability through this corporeal difference between the toned muscles of the gym user and the hyperbolic bodies of Mr. Universe and Mr. America.

Gold's Gym, once the Mecca of serious bodybuilders, helped to bring weightlifting from the margins to the center of fitness (Klein, 1993: 14). In 1978, Gold's Gym published a weight training manual that pitched bodybuilding to a broad market:

Although Gold's is synonymous with strong, healthy, and beautiful bodies, if you go there expecting to see a room full of super bodybuilders only, you are in for a surprise. The professionals are much in evidence, of course, but these days you could just as well run into a next door neighbor, the family doctor, or the supermarket produce man. Add to the list numerous dancers, actors and actresses, athletes of all kinds, factory workers, housewives, and even the physically handicapped, and you have a better idea of what's really happening there.

(Dobbins & Sprague, [1978] 1981: 1)

At Gold's, and at gyms more generally, weight training was becoming an acceptable activity for more than just working-class men or competitive bodybuilders. Not only was it increasingly popular with middle-class "pencil necks," but also—for the first time—with a large population of women (Klein, 1993: 14). It was not simply that women were interested in their bodies, but that muscular development was associated with women's interest in empowerment.

In a CNN interview, Lucille Roberts—the owner of a chain of women-only clubs that began in 1970—recalled how she came to the fitness industry. Roberts makes an explicit link to the politics of the era:

I was an exercise nut and there was a need for women to have their own space and to become strong. And one of the ways you can become strong is to get physically strong—to take charge of your own destiny. (van de Mark, 1999: np)

A recent manual from the editors of *Self* magazine—aimed at professional women—suggests that “muscle lib” (cf. Bordo, 1997: 28) is the proud inheritance of today’s women:

Weight training. It once called to mind bodybuilders with swollen chests, protruding veins, overstuffed limbs. The image was crude. The word: musclebound. Now, the words conjure all manner of streamlined athletes. The image is beautiful, often sexy. The word: strong. Muscle is empowering. We know that now. We don’t gawk at strength. We go after it. (Billings, 1998: 16)

Popular manuals and magazines encouraged the symbolic link between women’s emancipation and empowerment through muscles. However, this link was made in such a way as to reproduce traditional notions of the feminine form:

If you are worried about developing bulging muscles, don’t be. Women—99.9 percent of us—do not have enough testosterone, the male hormone that governs muscle growth, to develop bulgy muscles. But something muscle-like does happen and I like it. Since you are reading this book, you are probably like me and appreciate a woman’s body on which the muscle cuts and contours are evident. This is what you will get with regular workouts. (Fonda, 1981: 69)

Observations of this kind, from Jane Fonda’s highly popular aerobic workout book, also found expression in manuals geared explicitly towards weightlifting. In a guide to

Nautilus equipment, women are promised equal access to strength training, but gender-specific versions of strength:

And because you're a woman, with unique body chemistry, you can get all the benefits that men get *without* growing big muscles. How's that for an offer you can't refuse? ...If you're among the 95 percent of all women with 30 times less male sex hormone flowing through their veins than the average man, you just won't be able to grow big muscles. You will...be able to tone, or firm, or reshape any body part you wish and show the same "percent strength gain" that men will.  
(Wolf, 1983: 2-3)

These two passages emphasize the gap between a woman's physical and political strength: being strong was acceptable, being hyper-muscled was not. Nevertheless, women's participation in weightlifting shifted from the fringe pursuit of the female bodybuilders in the 1985 film *Pumping Iron II: The Women* to a popular activity for women who exercised (Penney, 1977).

The gay community also played an important role in bringing weightlifting to a larger market. There is a long history of the homosexual aesthetic cult of the body (Dutton, 1995), which has exulted several different ideal body shapes. Of them, the muscular body is perhaps the most spectacular, represented in the art work of Tom of Finland, gay pornography and "displayed on the beaches, cruised at the clubs, and...worshipped on the go-go platforms of South Beach and San Francisco" (Long, 1997: 20). Brian Pronger (1990: 128-29) suggests that the homoerotic appeal of hard, muscular bodies lies in the eroticisation of masculinity; whatever the psychodynamics, however, it is a "truism in gay publishing that a muscled body on the cover...sells more



copies than any other image” (Pronger, 1990: 154). (In the case of many men’s health and fitness magazines, the line between exercise illustrations and soft-core porn is thin indeed.) The homosexual attention to the muscled body was given new meaning in the early 1980s as a sign of health in the face of AIDS, which had begun its wasting attack on the body of the gay population. Gay men’s muscle building—as a real or symbolic act of health—and women’s muscle building—as a real or symbolic act of empowerment—are significant departures from both working-class bodybuilding, in which the function of muscles was, literally, bulk and strength (Bourdieu, 1984: 200-12), and competitive bodybuilding, in which the function of muscles was cosmetic and spectacular (Klein, 1993; Pronger, 1990).

### ***Exercise Salons***

While executive clubs and gyms were “male preserves” (Dunning, 1986), exercise salons were predominantly feminine, middle- and upper-class sanctuaries. Exercise salons emerged in the 1960s and 70s, born in an age of boutique commerce. Usually run by former dancers, gymnasts, or their disciples, the most high-profile of Manhattan salons included those of Nicholas Kounovsky, Lotte Berk, Manya Kahn, and Marjorie Craig (at the Elizabeth Arden salon). Here, women would stretch and tone in their leotards: Lee Radziwell favored the Berk Method; Kounovsky followers included nearly every socialite in town (Taylor, 1972, 1974). These were places for the Beautiful People (Bender, 1967), a mark of distinction for “the woman who has everything” (Wolfe, 1982b: 113).

The clientele, however, were not only the rich and famous. At the Kathy Grant salon at Bendel’s, the course of a day might bring in several types of women. As one

reporter observed, “Ballerinas come for 8 A.M. workouts, while businesswomen sneak in for an hour during the day, using the self-propelled machines under Miss Grant’s watchful eye” (Taylor, 1974: np). And despite Lotte Berk’s popularity with fashion models (Taylor, 1974), classes included a range of women: “A midday class recently was made up of a couple of college girls, a new mother, and a former record company executive who is the mother of a 19-year-old” (Taylor, 1972: 36). From the range of occupations, however, we can infer that the exercise salon members did not vary greatly with respect to ethnicity; this was a space of social networking and body improvement for white, middle- and upper-class women. The function of exercise was largely instrumental, an investment in one’s “body capital” (Bourdieu, 1984: 206), on which social position and occupational success depend.

Socialites as well as housewives, secretaries and businesswomen—and a small number of men (Taylor, 1972)—were using exercise salons, and paying between \$6 and \$12 per class (Kaye, 1977). Health clubs, when they began to open, had a competitive advantage in that they offered similar classes but at a lower cost. The NYHC, for example, had classes in calisthenics, yoga and belly dancing; for the monthly cost of membership (approximately \$50), clients could attend as many classes as they liked (Taylor, 1974).

### ***The YMCA***

The YMCA is one of the longest-standing providers of exercise space, and the most enduring alternative to commercial health clubs. Despite its long history, however, the YMCA’s role in physical fitness has not been constant. Postwar suburbanization challenged the organization’s original religious and urban mission, and the

disillusionment with large institutions in the wake of Watergate and Vietnam created difficulties for the YMCA's explicit social program. With the rising popular interest in fitness, however, the Y was provided with a new focus; or rather, its focus returned to what was an old objective: promoting physical fitness.<sup>12</sup> Between 1968 and 1978, the YMCA's national full-time membership grew 16 percent. Not only were more people joining, but they were joining to enroll in fitness programs: attendance in YMCA exercise classes increased 26 percent between 1971 and 1976 (Leepson, 1978: 275).

As part of their renewed focus on fitness, some YMCAs began to invest in updating their facilities. For example, both the Vanderbilt and Westside YMCAs of New York City opened new facilities for women, and YMCAs in New York and California added facilities to accommodate women's new interest in weightlifting and strength conditioning (Johnson, 1976; Penney, 1977). In addition, the YMCA was one of the first facilities to offer Jazzercise classes—the forerunner to the 1980s aerobics classes. Judi Missett, who designed the exercise program for women in 1969, began offering classes at the YMCA in La Jolla, California in 1972.<sup>13</sup> Alongside the contemporaneous growth of the commercial fitness industry, the YMCA retained its definition of exercise as a means of moral self-development and family- and community-development. Advocates and leaders of the YMCA promoted fitness as the glue to keep society together; however, the organization's morally-strict 19<sup>th</sup> century view of (Christian) character building had been updated and broadened as “values clarification” (Putney, 1997).

Despite such leading examples as New York's Vanderbilt and Westside branches (and the 92<sup>nd</sup> Street YMHA), most YMCAs in the 1970s did not invest in updating their facilities, leaving locations looking “dated...spartan...unattractive” (Hinds, 1980: 48).

Moreover, what the YMCA offered in affordability could also be regarded as a lack of exclusivity—"bargain priced" (Hinds, 1980: 48) can mean both easy access and lack of status.

### ***The New Health Club***

The new breed of health club combined the elite privilege, luxury facilities and social networking of the executive club; the traditionally male strength-training activities like boxing and bodybuilding and female toning exercises of calisthenics, dance and yoga; and the YMCA's organizational structure of membership, classes and multiple-use facilities. At the same time that new commercial clubs were adopting and adapting these elements, the function of exercise was being reformulated. Clubs sold fitness as a leisure activity, promoting pleasure and recreation ahead of the executive clubs' and corporate fitness programs' goal of productivity, or the YMCA's promotion of community- and character-building. However, the commercial clubs continued the functions of exercise as promoted in gay and women's weightlifting and in exercise salons: fitness was, indeed, leisure, but the function of leisure was to improve one's body capital.

The most decisive break between the older alternatives and the new clubs was material—that is, it lay in the equipment. In terms of exercise products and practices, the new clubs were at the forefront of making exercise machines a standard part of fitness in the 1970s. Machines such as Nautilus and Universal removed the need for much (but not all) of the expert knowledge regarding body position and exercise sequence, meaning that fewer staff were required to supervise exercise. In addition, as only one person could use a machine at a time, health clubs required a lot of floor space—not only for the machines, but also for exercise class studios (especially with the 1980s aerobics craze). The need

for space coincided in the late 1970s with the end of the racquet sports boom. From the point of view of profitability, health clubs have always been more economically laid out than tennis or squash clubs: on the same amount of floor space, a racquet court can accommodate a maximum of four people. The same space in a health club can accommodate between 20 and 80 people, depending on the configuration of the equipment or studio.

The promotion of machines and aerobics meant that health clubs, unlike smaller gyms and salons, required more capital investment, and thus entrepreneurs had to pay that much more attention to profitability. This was particularly true once competition exploded in the late 1970s. For example, the NYHC had three locations by 1977, and five by 1986 (by which point it had become the New York Health and Racquet Club—NYHRC). The NYHRC's rapid rate of expansion is partly explained by the fact that the owner is a real estate developer, who often owned the buildings in which he opened clubs, thereby lowering the rent expenses for the club. Indeed, the original conception of the club was as a strategy to attract residents to the condominiums in the buildings, pioneering the use of clubs as residential amenities (Horsley, 1977; Moss, 1986). However, the boom in the market for such clubs is attested to more broadly by the number of other clubs that opened and chains that grew over the late 1970s, 80s and 90s.

Of the two largest chains, Town Sports International (which owns New York Sports Clubs—a seemingly ubiquitous feature in New York City, with over 30 locations) started in the early 1970s. Today, TSI operates 103 clubs in the U.S. Bally Total Fitness, currently the largest operator, started in the early 1980s by taking over other health club businesses including Jack La Lanne and Vic Tanny fitness centers. Bally now operates

385 facilities across the U.S. and Canada.<sup>14</sup> Today, the NYHRC has eight Manhattan locations, the most recent addition being a 44,000 square foot facility in the ground floor of an exclusive apartment complex in Chelsea.

Since the start of the 1980s, the number of commercial health clubs in the U.S. has grown from 6,000 to over 15,000 today.<sup>15</sup> Membership in all fitness and health facilities has climbed from 17.3 million in 1987 to 32.8 million in 2000, representing approximately 15.7% of the total U.S. adult population. Of these members, nearly 47% belong to commercial facilities. Today, participation rates are increasing fastest for those 55 and over, and women's rates are growing faster than men's.<sup>16</sup> To understand this growth in the size and form of the health club market, attention must be paid to the general growth in leisure and lifestyle industries, within which the development of health clubs is situated. The growth of the fitness field—and of commercial health clubs in particular—is tied to the growth of themed retail, lifestyle publishing, do-it-yourself home improvement, cooking programs and multiple other examples of the developing market in leisure-time self-improvement projects.

### **The Production of Fitness as Leisure**

Not only do commercial health clubs compete with non-profit organizations such as the YMCA, but they also compete with other businesses, including other retail and entertainment businesses, for consumer leisure spending. Many health club chains, like other consumer businesses, have expanded their brands with parallel product lines and brand licensing. Doug Levine opened Crunch, for example, in New York's East Village in 1989; he now has clubs in several U.S. cities and in Tokyo, as well as a Crunch magazine and line of exercise and related gear. In a CNN interview, Levine makes

explicit that he understands his competition in terms of the options his members have for spending their leisure time:

[W]e think that people are working longer hours under more stress in their life, both men and women in equal numbers. And we think that, you know, you're no longer getting out of work at 5 or 5:30 but are now working till 6 or 8 o'clock at night. And some people are working on the weekends. And Crunch feels that it's competing with Blockbuster. It's competing with movie chains, with theme restaurants and bars and restaurants. And we think that when you're out of work at 7:30 or 8 o'clock at night, we think that we can eliminate stress in your life and entertain you through some of the things that we do. And it's—our competition is other forms of entertainment. (Morris, 1997: np)

This competition between health clubs and other retail and entertainment businesses is instrumental in setting the tone of the field as one of *leisure*, relatively autonomous from the related health and political fields that lend it support. In other words, membership sales at Crunch (for example) may benefit from the Surgeon General's endorsement of exercise, but the product that Crunch sells is judged not by health-outcomes, but by satisfaction with the leisure and entertainment value.

Thus, it is not surprising that health clubs are incorporating more "entertainment" value into their design and programming. "Cardio theatres" have become standard in clubs, offering music, television, and web access hooked up to cardiovascular machines (allowing you to watch Oprah or MSNBC during your 30 minutes on the StairMaster). Clubs also offer novel exercise programs, featuring the moves of ballerinas, firemen and striptease artists. Overall, the health club industry adopts many of the same strategies as

other consumer industries, focusing upon personality, status, brands and experience in the delivery of their goods and services (Pine & Gilmore, 1998; Sherry, 1998).

This equation of fitness with leisure is reproduced in the market research reports commissioned for the health club and fitness industries. For example, the Great Waters of France company, makers of bottled water, commissioned a study in the late 1970s of the average American's knowledge and opinions on sport and exercise. The resulting report, *The Perrier Study* (Harris et al, 1979), explores popular attitudes towards, and participation in, fitness activities in the U.S. It is a broad study, conducted for the use of "business leaders, government officials, social scientists and other professionals...as well as for the general public" (Harris et al, 1979: 4). Half of the survey respondents felt they weren't getting enough exercise, and were asked for the main reasons why this was so. The most often-cited reason was "not enough time" (Harris et al, 1979: 51). However, active, moderately active, and inactive people were all found to have approximately 25 hours of leisure time per week (1979: 12); therefore, "the main obstacles to fitness lie with the people themselves" (1979: 51). The authors of the report represent fitness as a choice of how you spend your *leisure* time, rather than, for example, asking people if time for exercise could come out of the workday (either as a break in the day, or through a shortened work week). Leisure is promoted as the sphere in which self-improvement takes place, and consumption (of health club membership, exercise apparel, running shoes) as the tools of fit leisure.

Given the production of fitness as a leisure activity, it is important to understand the changing patterns of leisure and consumer spending. According to the Bureau of Labor Statistics' Consumer Expenditure Survey, leisure activities make up a significant



portion of a household's spending (predominantly categorized as "entertainment" expenditures, although this does not include food, tobacco, alcohol, or reading material). The average high-income household (with an annual income of \$90,000 or more) spent \$4,467 on entertainment in 1995: slightly less than what was spent on apparel and services, and more than one and a half times what was spent on health care (Vannett, 1998). While such entertainment expenditures dwarf the amounts spent in households with incomes less than \$90,000, the *proportion* of household spending on entertainment is quite close: entertainment spending is 5.5% for households over \$90,000; 4.9% for households under \$90,000<sup>17</sup> (Vannett, 1998). Thus, entertainment expenditures—which includes the costs of health club memberships, at-home exercise equipment, video rentals, admission to sporting events, recreation on trips, television and stereo equipment, pets and pet supplies, athletic shoes, boat rentals, and even fireworks—account for nearly the same amount of household income for higher- and lower-income families. The implication for the health club industry—and the fitness field—is that there is a lower-income leisure market. To reach this potential market, however, health clubs must provide lower-cost memberships, often at the expense of high-quality service (a point we will return to later in the chapter).

As the options for our leisure activities have increased, several studies have suggested that our leisure time is shrinking (Cage, 1989; Jacobs & Gerson, 1998; Hochschild, 1997; Schor, 1991). One argument suggests that, with the exception of professional and managerial workers, the average *work week* has not increased significantly in the past thirty years (Jacobs & Gerson, 1998). Nevertheless, the same argument suggests that the amount of *non-work time* available for leisure has diminished,

due to changes in the demographics of the labor force and the structure of the family. Since 1970, the percent of dual-income households has risen from approximately 36% to 60%—a consequence of women's increased presence in the labor force (Jacobs & Gerson, 1998). As a result, fewer families have a stay-at-home individual (traditionally, the woman) to look after the non-paid, time-consuming work of maintaining a household and family. Thus, chores like the laundry and vacuuming get done during one's "free" time, decreasing the amount of non-work time available for actual leisure activities. This is even more pronounced for families with one or more individuals in professional or managerial positions, as these occupations—unlike the average occupations—have, indeed, seen a rise in the average number of hours worked per week (Jacobs & Gerson, 1998).

Bearing in mind that individuals in professional and managerial positions are the ideal target consumers for the health club industry, it is not difficult to appreciate the business problems for health clubs. On the one hand, health clubs must contend with other entertainment and leisure venues, as well as other investments of discretionary income, from apparel and personal care products to transportation and housing. On the other hand, health clubs are competing against the other demands on their consumers' time. Thus, the marketing of fitness must combine the trappings of leisure with efficient outcomes.

In 1987, John McCarthy, the director of the trade organization IHRSA, discussed the state of the health club industry. In an article published in the trade journal *Athletic Business*, McCarthy outlined both the industry's weaknesses and strengths, highlighting the concerns for health club owners. McCarthy suggested that the industry was suffering

from inconsistent quality, lack of professional standards, a high rate of member attrition (30-50%), and a narrow age range of members (70% were between 25 and 44) (McCarthy, 1987: 44-45). The strengths, however, lay in an emerging consistency in the production of fitness as a service-oriented, lifestyle and leisure industry. McCarthy highlighted the importance of the YMCA and other fitness facilities for “producing millions of people who are conditioned to an exercise-, recreation- and athletic-oriented lifestyle. These people are prime candidates to become members of private sector clubs” (McCarthy, 1987: 40). More importantly, McCarthy declared, the industry was learning to position itself as part of that exercise- or recreation-oriented lifestyle:

[The] industry is, and is becoming even more so, a convenience industry. ...Managed recreation is a repeat business, and any repeat business industry is a convenience industry. ...In 1985, for the first time in decades, the average American employee began working more than 40 hours per week. ...This time famine is both an opportunity and a limitation for the industry. It's an opportunity because clubs now have the real possibility of generating more money from amenity services than they do from their core membership services. (McCarthy, 1987: 42)

Such thinking reflected a wider business strategy that was being informed by marketing research, which had since the early 1970s taken an interest in the “convenience-oriented customer” (Anderson, 1971). The amenity services that McCarthy had in mind included dry-cleaning, banking and child-care—in short, converting the health club from a multiuse exercise facility into a multipurpose leisure and lifestyle facility.

The cultural production of the health club as the site of the fitness field does not rest solely on the shoulders of health club owners and managers. Consumers, too, must come to regard exercise as a leisure activity, and health clubs (and other fitness products) as the necessary tools for their leisure-time activity of “getting fit.” Performing this educational function are popular magazines and manuals about fitness, health and exercise. Over the past thirty years, such sources for advice on health and fitness purchases (from athletic sneakers to personal training services) have multiplied. Individuals in search of a health club can consult newspaper and magazine articles, read the “how to choose a health club” sections in exercise manuals, or search through health and fitness directories. “Look, there’s a lot of stuff out there now,” says one men’s fitness manual:

That’s the good news and the bad news about the fitness revolution. Lots of places and lots of confusion. It’s no wonder that the vast majority of people who join fitness clubs go three times or less and never show up again. The clubs they’ve chosen somehow don’t meet their needs or expectations. And that’s because it’s a jungle out there and you need a good guide to help you get through it. ...Look, anybody can hang up a shingle and call a place just about anything. If you’re going to find a spot that’s right for you, you’re going to have to learn how to shop. (Levy & Shafran, 1986: 46)

The authors of consumer reviews and manuals produce two relatively uniform messages: first, that fitness is a leisure activity, and, second, that fitness-as-leisure requires consumer goods and services (including advice on how to shop).

Consumer fitness texts such as exercise manuals educate the consumer to regard exercise as an activity for one's leisure time. Reinforcing the earlier findings of *The Perrier Study*, the exercise manual by the American Heart Association (AHA), for example, expresses the obstacles to getting fit in terms of time:

You know you should be more physically active. You even *want* to be. But where will you find the time? And just how active do you have to be? *Fitting in Fitness* will help you find the answers. ...This *Fitting in Fitness* handbook is designed to help you get off the sofa and get moving with minimal hassle and maximum results. (American Heart Association, 1997: xiii-xiv)

Accordingly, the AHA manual goes on to suggest hundreds of ways to insert aerobic activity into daily life, including taking the dog for a walk, using stairs rather than elevators, and using water jugs for weight-bearing exercises.

Professional and managerial workers, and members of dual-income families are particularly pressed for leisure time (Jacobs & Gerson, 1998). Such individuals form a large part of the audience for *Men's Health* magazine: nearly 28% of readers are professionals or managers, 66% belong to households earning more than \$50,000 per year, and only 34.5% of readers are the primary wage earner.<sup>18</sup> *Stronger, Faster* is the exercise manual by the publisher of *Men's Health*, and it also targets this group of time-pressed affluent male consumers. In its references to power dressing and descriptions of the benefits of exercise—"stamina, energy, a sharper mind, a competitive edge, a stress-resilient body... Exercise [is the] ultimate capitalist's tool" (Kaufman & Kirchheimer, 1997: 2)—the manual is clearly geared towards upwardly-mobile professional male

readers. The authors attempt to educate these readers in the role of time management for leisure:

The issue [of time for fitness] really boils down to time management—using those 86,400 seconds wisely and efficiently enough each day so that you can spare at least 1,800 of them for exercise. It's a matter of setting priorities. One national survey of men in their thirties and forties found that 67 percent include being healthy and fit in their personal definition of *success*. ...Being in great shape is something that we'd love to do...if we had the time. ...Talking to the experts, folks who manage time for a living, we've uncovered hours of extra time that you can place at your disposal. (Kaufman & Kirchheimer, 1997: 28)

The manual goes on with several time management lessons, including laying out your clothes the night before, hiring help for chores to create time for exercise, and waking up earlier, as well further tips from the author of the best-selling *The One-Minute Manager* (Kaufman & Kirchheimer, 1997: 28-31). Here, consumer education is about bringing a work-oriented notion of time to bear on leisure—not only making one's leisure time more efficient, but using time management strategies to carve out time for fitness leisure.

In addition to producing a naturalized association between exercise and leisure time, consumer fitness texts also produce the equation of fitness leisure with consumption (of health club memberships, exercise videos, sweat suits, and so forth). Consumer reviews and recommendations educate consumers about their choices of clubs and services, the vocabulary of the health club, and what to look for to determine the value of a particular club. The authors of these guides are serving as arbiters of fitness leisure goods and services, and thus often offer some proof of their authority—for example, they

visit each club they review, have a degree in exercise physiology, or have worked in the club business for years. Typically, reviews combine “objective” measures of value (the equipment, cleanliness, fees) with a subjective description (the clientele, staff).

Typically, such arbiters pose the following initial question: why choose a health club at all? According to the authors of *Fitness for Dummies*, there are several reasons to join:

*You need inspiration.* At home you can always drum up an excuse not to exercise... But at the gym, what else is there to do but exercise? Even if you never talk to a soul, you can feed off the energy of those around you. *You want variety.* Even if you can afford \$10,000 to build an elaborate home gym, you'll still find more options at a health club. ...Gyms constantly update their equipment, so you can try strength and aerobic machines that haven't hit the home market or are still too expensive. You can also choose from a long list of classes. *You want expert advice.* At a good gym, a trainer is always on hand to help you figure out the chest machine or tell you how to firm up your butt. (Schlosberg & Neporent, 1996: 184)

The choice is thus made. Working out means exercising in a health club. Yet, clubs do more than simply provide the space of exercise. They provide a consistent, pleasant atmosphere, just as shopping malls provide a welcome substitute to the hot or cold sidewalks of July and January. Clubs supply a diversity of exercise options, which far outnumber those available in home gyms, as well as the motivation and stimulation that comes from the staff, environment, and other clientele. As well, clubs offer ancillary services—from educational to indulgent—that reinforce the production of fitness as

leisure. Looking for social interaction, instruction, the possibility of prestige or simply an alternative to cluttering the living room with equipment, people turn to the health club.

The endorsement of health clubs is not limited to explicitly consumption-oriented guides, such as *Fitness for Dummies* or the health club review articles in lifestyle magazines. The American College of Sports Medicine (ACSM), for example, has published an exercise manual with the goal of educating the public about fitness and debunking the association between exercise and consuming: "Becoming fit does not require hard physical activity, monotonous workouts, or a health club membership. To be physically fit, you simply need a regular program of exercise" (American College of Sports Medicine, 1998: 9). However, the ACSM's interest in making physical activity accessible to a general population—through downplaying the necessity of consumer expense—is accompanied by the acknowledgement that fitness products and services are often regarded as an essential part of getting fit. As such, the ACSM ultimately reproduces the message that being a fitness participant involves being a fitness consumer:

Some people find home exercising lonely or boring and want the variety and socializing that a fitness center can offer. Just as with home exercise equipment, you need to evaluate and compare fitness centers before joining one. Centers vary in what they offer, what they cost, and what quality they provide. Visit each center at the time of day you intend to use it. Try out equipment and talk to the staff. (American College of Sports Medicine, 1992: 102)

Consumers are thus socialized to regard fitness as a leisure activity, to associate leisure with consumption, and to pursue fitness by making "good" consumer choices. In general, leisure time has become increasingly colonized by consumer products and



services since the postwar “leisure boom”: our hobbies and travels require equipment, clothing, admission passes and guide books. While the fitness industry greatly benefits from the endorsement of such external fields as health promotion and physical education, and gains institutional support and scientific legitimacy from such non-profit organizations as the AHA and ACSM, health clubs and other fitness products ultimately profit by highlighting the differences between exercise-as-leisure and exercise-as-medicine. Unlike working out under the orders of a physician—or doing so in the setting of a physical therapy clinic—exercising in a health club is explicitly constructed as a leisure activity, with the associated perks of membership and entertainment. In market research reports and consumer reviews, the production and consumption of fitness are presented as part of the realm of leisure, rather than the byproduct of work or housework, or as a prescribed or routine health-maintenance activity.

All commercial health clubs may be the sites of fitness-as-leisure, but they do not offer equal products. As consumers have been educated to expect similar equipment and classes from health clubs, and as the health club industry has expanded, the differentiation between clubs increasingly depends on the symbolic added-value of a club’s status and personality.

### **Health Clubs and Symbolic Capital**

A customer who can afford monthly dues of \$100 has several clubs to choose from, as does the customer who can only afford \$50 dues. The differentiation between products of similar cost occurs through issues of décor, clientele and personality—a club’s symbolic capital that influences its relative status value. Some leisure sites are better than others. For example, in Bret Easton Ellis’ novel, *American Psycho*, Patrick Bateman

belongs to a health club worthy of his designer suits, luxurious apartment and Wall Street affluence:

The health club I belong to, Xclusive, is private and located four blocks from my apartment on the Upper West Side. In the two years since I signed up as a member, it has been remodeled three times and though they carry the latest weight machines (Nautilus, Universal, Keiser) they have a vast array of free weights which I like to use also. The club has ten courts for tennis and racquetball, aerobics classes, four aerobic dance studios, two swimming pools. Lifecycles, a Gravitron machine, rowing machines, treadmills, cross-country skiing machines, one-on-one training, cardiovascular evaluations, personalized programs, massage, sauna and steam rooms, a sun deck, tanning booths and a café with a juice bar, all of it designed by J.J. Vogel, who designed the new Normal Prager club, Petty's. Membership runs five thousand dollars annually. (Ellis, 1991: 67)

Bally Total Fitness offers much of the same equipment and services, if on a less grand scale. What "Xclusive" offers, however, is more equipment, services and fees, and with that comes "more" status. Health club membership is marketed as not only a leisure pursuit and a healthy use of discretionary income; membership is also an investment in your own status profile.

Most clubs are multiuse, in that they provide a range of cardiovascular and strength equipment (both free weights and exercise machines such as Nautilus), exercise classes, stretching areas and personal training. Some also offer racquet sports and swimming. Within the more than 200 facilities a Manhattan resident has to choose from, however, there is considerable variation in price, size, appearance, cost and clientele.

The following sketches, drawn from field observations and conversations with members, highlight the similarities and differences across different health clubs.

Lucille Roberts, for example, offers a women-only low-cost option. The first thing that you will notice when you walk into the gym is the color: a garish pink. Hot pink dominates the walls, the carpeting and the advertising, and is made all the more gaudy by the bright, fluorescent lighting. At the flagship location at 14<sup>th</sup> Street and Fifth Avenue, the clientele reflect the diversity of the neighborhood: wealthy white women who live nearby workout alongside black and Hispanic women, who work in the area. There are only twenty cardio machines—a combination of stairclimbers, treadmills and stationary bicycles. What is unique about these machines—the same Nautilus and Cybex machines you will find in almost all clubs—is that they are labeled with signs that show *women* (rather than a generic muscular man) performing the exercise—reinforcing the club's image as a women-friendly version of the masculine world of bodybuilding. Unlike most larger clubs, there are no exercise studios; classes are carried out in the middle of the floor, surrounded by the mirrors and machines.

For co-ed, multiuse health clubs, consumers have over a dozen chains to choose from, as well as several smaller clubs with one or two locations. New York Sports Clubs and Bally's Total Fitness are the most plentiful, each with more than 30 clubs in the city. Crunch and New York Health and Racquet Club offer similar facilities for a higher fee. All are characterized by economies of scale: large, often multi-floored clubs offering three to five times the number of machines available at Lucille Roberts, as well as several exercise studios and other services, such as eucalyptus steam rooms and massage. Clubs also offer a range of classes, including several varieties of yoga, dance and aerobics

classes. Crunch has become famous for its unique classes, such as aerobics with DJs and drag queens. Members at chains are allowed to use all of the branches, increasing the convenience of facilities.

Apart from their differences in fees (NYSC, for example, costs approximately \$64 per month, whereas NYHRC costs \$100), chains are distinguished by their packaging. When you enter any NYSC, for example, you are greeted by loud hip-hop music, often playing in tandem with MTV videos on the numerous video screens. Rubber flooring and brushed metal accents are surrounded by the chain's colors: exposed pipes, walls and columns are painted red, yellow and blue. Row upon row of cardio and strength machines dominate the space. At NYHRC, on the other hand, you feel as if you've entered a university club: navy carpets and wood paneling, vases of flowers and brass plaques give the impression of a more upscale clientele, who head off to work at Goldman Sachs rather than at Urban Outfitters.

There are also independent clubs to choose from. Printing House, for example, occupies several floors of a co-operative apartment building near the Hudson River. Members have the use of five squash courts and a full-size boxing ring, a rooftop pool and sundeck, as well as two floors of cardio and strength equipment arranged to take maximum advantage of the club's sweeping views over the river and the West Village. There is no music piped in, and the soft blues and grays of the décor, along with the potted palms, create a calm and quiet space, a far cry from the hot pink of Lucille Roberts or the cheek-by-jowl machines at NYSC.

Much more elite are clubs such as La Palestra, which are not mentioned in the annual *Time Out New York* fitness issue, but are the subject of full-length articles in

upscale magazines such as *Harper's Bazaar* (Snowden, 1994) and *Interior Design* (Nasatir, 1996). Here, members can relax on leather sofas by the juice bar, while enjoying the view over the workout studio: the converted ballroom of the Hotel des Artistes, once an elite social and cultural meeting place in the 1920s and 30s. The ornate columns and exposed brickwork combine with wood panels and a massive skylight to create a space of light and tranquility. Membership is limited, as are the numbers of members allowed into the club at any one time during the day. Private changing and shower rooms, tiled with sand-colored slate and complete with plush towels and cotton swabs, are the ultimate sign of prestige; however well maintained the locker rooms may be at NYHRC, for instance, members have nowhere near this degree of privacy.

These examples portray the diversity of the types of health clubs and structured choices available to today's fitness consumer. Common across the spectrum are equipment, classes, and the availability of instruction. What differs are the quality and quantity of equipment, cost of membership, and overall atmosphere, creating a range of structured choices to meet a particular consumer's budget, exercise requirements and preferences. Bearing these examples in mind, we can see three broad areas of differentiation between health clubs: décor, clientele and—tying these elements together—club personality.

### ***Décor***

The preceding sketches highlight the variety of physical settings available for consumption as health clubs. Health club owners and developers invest in layout, decoration and design as part of the production of their product and its intended market. The “look” of a retail or leisure space reproduces the stratification of the market—

compare the burnished wood counters of Saks Fifth Avenue with the plain glass cases of Macy's or the piles of merchandise at Conway. Market competition is not simply about providing exercise equipment, but about reflecting the desired clientele in the health club's image—as younger or older, trendy or traditional.

Thus, the design of the health club—and of retail and leisure venues in general—has been targeted as a way to compete for consumers. In a glossy coffee table book about health club architecture, Vito Errico, one of the owners of Manhattan's upscale Equinox clubs, commented on the importance of design:

Design is one of the three most important factors [to a health club]: the others are customer service and programming. The machines are the machines. It's the architecture of how they are configured that makes the difference. Clients often spend two hours a day in the gym, and they want a pleasing environment. And they have trained eyes: their homes, offices, restaurants, and stores are professionally designed, and they are attuned to architecturally pleasing spaces. ...Factors like service and price are essential, but good design is like a halo that sits over the customer while they're deciding whether or not to join the club. It closes one door. (Fogarty, 1998: 2)

Such rising expectations for fitness sites have meant that club construction often requires several million dollars; even for those who run small-scale gyms, the expectation is on greater attention to detail and décor. Commercial health clubs compete with, complement and are complemented by other entertainment and leisure venues—restaurants, movie theatres, bed and breakfasts—which are also produced as lifestyle environments.

### ***Clientele***

In addition to the relatively objective factors of cost and equipment, fitness manuals instruct consumers how to look at the other members to judge a club. In the ACSM checklist for choosing between clubs, for example, customers are asked, “Would I be comfortable exercising alongside the other members here?” (1992: 108). Such a mode of evaluating clubs leaves implicit the questions regarding identity, class, ethnicity, gender and age that shape the conditions under which we feel more or less comfortable and at home.

Consumer education not only endorses health clubs (commercial or otherwise) as the sites of fitness, but also reinforces the assumption that the social atmosphere of a club will assist in maintaining participation. Like décor, the crowd is part of the determination of a club’s symbolic capital. In her *Workout Book*, Jane Fonda tells her readers that the social atmosphere of the exercise class is as important as the exercise:

It is a lot easier for most people—and I am one of them—to work out in a class or a gym. You have made the effort to get there, and you are there for one reason only. There are no distractions, and the teacher and the rest of the class are there to motivate you. You huff and you puff and you all hurt together and feel great together afterwards. (Fonda, 1981: 67)

Part of the challenge facing fitness consumers—and fitness producers who are trying to reproduce consumption—is that the exercises of fitness (e.g. aerobics, weightlifting, yoga) are inherently individualistic. Even if done in a class setting, the exercises tend to focus on individual improvement (rather than, say, team cooperation) and individual movement (rather than team coordination). The problem with such exercises is that they

do not, in and of themselves, involve the mutual reinforcement and support of team sports and group physical activities; such support is supplied through the proximity of others in the club, or through the exercise instructor.

Consumer education texts thus instruct potential members to choose between clubs based on the perceived sociality of the space. For example, the following exercise manual outlines what to look for in an exercise program:

Qualified and enthusiastic personnel, regular assessment of important fitness components, relevant personal and general communication, and a variety of group/individual exercises, games, and sports that interest you are all qualities of a good fitness program. Physical exercise and socialization make a profitable combination... Many people enjoy the social interaction with others, and a support group develops to help everyone continue the exercise. (Franks & Howley, 1989: 128)

Not only are staff qualifications important, in other words, but the general social milieu is central to choosing a club. In order for a health club to be of high value, members must use it regularly. An appropriate member-base assists in motivation and attendance; thus, clientele are part of the determination of a club's value. Determining what body of clientele provides the most motivation, however, is a decision ultimately for the consumer; the fitness magazines and manuals limit their intervention to describing the choices between member populations, and to asking the question, "Do they seem like your type?" (Schlosberg & Neporent, 1996: 189).

The caveat to the social aspect of fitness lies in the dilemma of popularity. As one guide to health clubs suggested:



When you go [to look at a club], try to get a feel for the crowd. Do they look like your kind of folks? Does there seem to be an awful lot of them? Overcrowding is the reason people give most often for dropping out of a club. And there is a crucial difference between popularity and overcrowding. As Yogi Berra once said about a popular restaurant: "Nobody goes there anymore. It's too crowded." (Levy & Shafran, 1986: 47)

The production of health clubs as a community of consumers has its limit in the physical space; clubs can only accommodate so many members at one time. Accordingly, the lessons of consumer education suggest that customers visit prospective clubs during the time of day they are most likely to work out, as clubs can be more or less busy at certain times of the day depending on the clientele. As such, choosing a club based on clientele may take two very different directions. On the one hand, the implicit assumption behind choosing clubs based on member affinity is that there will be a significant amount of overlap in the kinds of occupations, income and educational levels of members. Members thus often follow much the same work-day schedule, creating regular patterns of crowded hours—for a higher-income clientele, this means that, typically, a club is crowded before and after work, and during lunch. On the other hand, for those who want to avoid crowds, they may choose a club with members who *don't* look like them, so as to take advantage of the lulls. For example, the freelancer, housewife, student and artist who make their own hours have the professional/managerial clubs to themselves during the off-peak (i.e. regular business) hours.

## ***Personality***

The health clubs that have opened all over New York City since the 1970s—and over the U.S., Canada, and the U.K. more broadly—have become notable features in our urban and suburban landscapes. Membership at a health club has become a symbol of the motivation to take care of oneself, and the possession of the means to do so. Membership at *particular* health clubs, however, can be as potent a symbol of social position and status as monogrammed handbags and designer jeans. The stratification of the consumer market is reproduced in the health club industry, as clubs target different income brackets and lifestyle markets.

Indeed, there is no mistaking the role of status in the organization of the contemporary health club industry, particularly in health club advertising. For example, the advertisements for the luxurious Reebok Sports Club in New York equate status with wealth and fame, featuring the club's famous members (e.g. the musician David Sanborn and the fashion designer Vera Wang), a list of their reasons for working out ("I want to look good"), and the proclamation that "Our Members Know Why They Belong." Celebrity members are not the only means of cultivating status: advertising promotes clubs as edgy ("No Judgments"); dedicated ("Compromise is just a polite word for surrender" and "110%"); or image-conscious ("Look Better Naked"). In addition, high-priced exclusivity is not the only way to market a club: other gyms promote themselves as low-key ("All Fitness. No Attitude") and low-cost ("More gym, less money").<sup>19</sup> It is not that one health club has status and another does not, but that clubs in general attempt to cultivate a particular style or personality that differentiates them from other clubs.

Involving décor and clientele, as well as advertising themes and consumer reviews, a health club's personality is conceptual short-hand for its entire symbolic package.

Status is not a predetermined trait but a fluid quality, manufactured and engineered for the specific product/service/health club. Status engineering, however, is not a process that clubs can accomplish on their own. Unlike social distinctions that rest on property (such as class), status is a matter of socially conferred recognition and honor (Weber, 1946: 191). Thus, health club advertising is a necessary but not sufficient aspect of the symbolic differentiation of health clubs. Claims to status and distinction must be affirmed—by other members and by other media. Consumer reviews are instrumental in this regard, in the development of consumers' self-consciousness about the criteria of their choices (Zukin, forthcoming). The media literacy that comes with being bombarded with advertising every day of our lives often leaves us skeptical when it comes to marketing: why believe someone who is trying to sell you something? Consequently, we turn to trusted intermediaries—the Good Housekeeping Seal of Approval, Oprah's book recommendations, or *Time Out New York's* annual special issue on fitness.

Judging health clubs based on their personality raises the ongoing dialogue in marketing between the personality of the consumer, which is difficult to categorize and control, and the personality of the brand, which can be controlled to a much greater degree through packaging and promotion (Plummer, 1984). Health clubs, like other leisure sites, cannot separate the two, as they are fundamentally constituted through the people using it—an empty club, in other words, has no personality at all. However, a club's personality is not tied to *each* of its members; rather, consumer reviews represent membership populations as if there was one, predominant personality. For the fitness

field, consumer reviews of health clubs—in newspapers, websites, fitness and lifestyle magazines and exercise manuals—consolidate the various symbolic elements of the club, such as the interior design, membership and promotional messages, and reflect it back through the language of lifestyle and personality.

These sketches of the membership and atmosphere of the New York Health and Racquet Club, from over the years, illustrate the gradual crystallization of the club's personality:

The future is here: sparkling, very chic clubs with full Nautilus gyms. ...The gym area, coed but divided by plants, is a bit crowded at times. All the branches are very popular, and they get quite busy. Good, social atmosphere. [Annual dues \$275] (Roach, 1978: C10)

Excellent [rating]. Slick interior. Dating bar atmosphere, as in three other club branches. Spacious, well-equipped. [Annual dues \$425] (Hinds, 1980: 48)

This [branch], the branch of the stars (Richard Dreyfuss, Cher, and Susan Sarandon are among the members), is the newest NYHRC—big, shiny, and filled with young, attractive people and the latest in exercise equipment. They've got the biggest pool in the NYHRC system, and four good racquetball courts. The place fills six levels... [Annual dues \$795] (Goldman & Kennedy, 1983: 411-12)

New York Health & Racquet advertises itself as a "way of life," and though it doesn't specify *which* way of life that is, it's obviously one founded on money

and privilege. The organization owns a 75-foot yacht, a summer beach-and-tennis club on the Long Island Sound... Secret reason for going: ...If nothing else, this club will help you exercise your sense of entitlement. [Annual dues \$1,175]

(Damjanov et al, 1999: 12)

It's been almost a year since Wall Street went casual, but the folks at New York Health & Racquet are still holding out. The vibe at the downtown location is decidedly corporate, from the suits at the front desk to the...TVs tuned to MSNBC [to] keep traders in the know... Although plenty of women work out here, this is definitely an "old boys' network" type of club. [Annual dues \$1,595]

(Kriegsman, 2001: 18, 33)

Over the years as its dues have escalated, the personality of the NYHRC has crystallized, not only through its own advertising (which does, indeed, claim that the club is a "way of life"), but through consumer reviews such as these. In the market competition between health clubs, NYHRC is thus differentiated from similarly-priced alternatives, providing added-value for the member who identifies with the club's personality and who might otherwise have chosen a different type (and differently priced) club. At the same time, as a club's personality becomes more entrenched through the sort of repetition suggested with the 23 year-range of reviews above, there is a closing-off of alternate readings of the club's clientele. Such strict personality profiles can then become a hindrance to attracting new members who may not identify with an increasingly narrow conception of who "belongs."

Much of the typecasting of club membership is tongue-in-cheek: *Time Out New York*'s annual fitness issue writers surely know that David Barton members aren't only "built Chelsea boys," that there are more than just "cool, attitude-free downtowners" working out at World Gym, and that you don't have to be one of the "primarily good-looking 20- to 37-year-olds who'd be perfect as extras on [TV show] *Jack & Jill*" in order to belong at Equinox.<sup>20</sup> However, gross generalizations, even if in the service of humor, aid in the production of clubs' reputations. Consumers are encouraged to see themselves through the same broad categories of personality and motivation, in order to choose the club that best suits them. Belonging as a member is not simply paying your monthly dues, but is also about fitting into the generic profile of the club.

The health club's personality—drawn from the various elements outlined above—translates into a relative position in the stratification of the health club industry. It is important to locate this process of differentiation according to symbolic capital within the larger trend for consumer industries to compete through brand personality (Plummer, 1984). Health clubs, if they are to compete within a leisure market, must compete on the same terms, using the same language. Thus, the production of health club personality reinforces fitness as a leisure activity, its options discussed and evaluated in the same way as other leisure options, from shopping and dining to tourism and movie-going.

The expansion of the health club industry has meant that a growing number of clubs offer similarly priced opportunities to use much the same equipment and classes. As such, differentiation between businesses occurs through largely symbolic means, such as the attitude of fitness service workers, and the club's decoration and reputation. In this way, health clubs are an example of the "experience economy" in which the interaction

with the product and the process of consumption supercedes the material product in determining value and price (Pine & Gilmore, 1998). As Kimberley<sup>21</sup>—the coordinator of personal training for a large health club chain—says, “member retention is just experience.”

If you walk in, and have a good experience... If the person at the front desk is nice to you, if you're greeted on the exercise floor, then that's a good experience. But if you come in, and you're getting attitude, you're not going to be happy. It's just like a restaurant. If you get some pissy waiter who gives you a hard time, you're not likely to go back to that Thai restaurant; you'll go somewhere else, because there are so many in the city. So we focus on a positive experience across the board as a company.

This emphasis on customer service is disseminated throughout the company's ranks. Frank, for example, is the fitness program manager at a branch of the chain where Kimberley works. I asked him what he looked for when hiring staff members:

You must be a people person, because our members come first, they're number one. They must have a customer service approach to the members. So, first thing: are you the kind of person who greets people? They must not be afraid to greet people, to approach people, even if they look like they've just come out of hell! (*laughs*) You have to be able to say, “Hi. Good morning.”

The personality of the club may draw customers in, but it is the affirmation of the members' individuality and personality that secures their long-term membership.

Thus, personality plays out on three levels in the production of the health club: as function, image and instrument. First, personality is a function of market differentiation.

Through a variety of strategies, we see a cultivation of club personality—as corporate, alternative, women-only, young, family-centered, and so forth. Instrumental in this process of business identity formation is the second level of personality: the image of the stereotypical member, who serves to symbolically reduce the varied membership to one type of person. Prospective members are thus encouraged through consumer reviews and guides to recognize themselves in the descriptions of the different clubs.

Finally, the personality or persona of the fitness workers—front desk, sales and instructional staff—is mobilized as an instrument of customization, creating value-added services that cater to the individuality (indeed, the personalities) of the members. Like other service industries such as restaurants and airlines, however, health clubs do not all offer the same quality of service. Good service comes at a price.

### **Health Clubs and the Quality of Service**

Through the process of market consolidation and the education of fitness consumers in a set of common expectations, the expansion of the health club industry has been marked by increasing similarity in the types of equipment and classes offered (Pristin, 1998). As with competition in other industries in which products—from automobiles to toothpaste—are highly similar on a material basis, differentiation comes to depend on symbolic added-value (the cultivation of club's personality through décor, clientele and advertising), and customer service.

The production of fitness as a leisure industry has involved the production of a range of exercise *services*, designed to attract consumers. The 1978 *Perrier Study* found that in addition to lacking enough time, obstacles to exercising included health reasons (e.g. disability or chronic problems such as arthritis or back troubles), family obligations



(e.g. a young child at home), inadequate motivation (e.g. laziness, lack of discipline and interest), weather, scarce facilities or partners, and advanced age (Harris et al, 1979: 51). These problems have become operationalized as the criteria for designing and delivering ancillary services in today's health club, including programs geared to the handicapped, elderly, and chronically ill; child care services; and the motivational and instructional services of personal trainers. Since the 1970s, such services and programs have become increasingly common throughout the health club industry. Personal training, for example, was once an exclusive service for the wealthy or athletes; today, it is offered even at low-cost clubs such as Bally's and Lucille Roberts.

In an interview with Jim, a senior IHRSA representative, I asked how the health club industry has changed during his ten years with the organization. Jim, who had earlier worked as a tennis instructor at a racquet club, suggests that today's service-oriented industry has been shaped through the sharing of experiences of production:

We're a service industry, not something else. At one point, operators were focused on people coming through the front door, and not much after that. But [IHRSA] noticed that some clubs focused on service, on member retention, and they didn't suffer the same rates of turnover so they were more stable businesses. They were more profitable, because they could concentrate on selling to the members they already had, selling services like personal training. So we would report that to other operators, share that information. We've been instrumental in that sense. ...We do a lot of reporting of best practices.

IHRSA's perception of high quality services as central to business success is disseminated in its publications and annual awards. The emphasis on member retention

and quality service provision was the initiative of a few operators, but amplified through IHRSA's media and the business philosophies of the time. It reflects the prescribed, normalized mode of doing business, in health clubs as well as other industries such as banking, automobile makers and airlines. For such industries, the intense competition between consumer industries in the 1980s stimulated the adoption of a "quality model" for business management (Grant & Schlesinger, 1995), popularized most notably by the work of W. Edwards Deming, whose system of "Total Quality Management" was credited with changing the fortunes of Japanese businesses.

The quality model focused not only upon service provision, but also involved workers and customers in product and service design so as to engender loyalty and productivity. The shift towards member-retention in health clubs was part of a larger shift in attitudes about profitability—espoused in financial and information industries, grocery chains, automobile makers and others—regarding client loyalty as a key to long-term profitability (Grant & Schlesinger, 1995; Pine & Peppers, 1995; Reichheld, 1996). The commercial health club's attention to service is *also* a reflection of the operating model of another exercise site: the YMCA. Indeed, some health clubs have come to resemble multiuse YMCAs—particularly those large commercial clubs located in suburbs where members tend to have families. According to Jim, these commercial clubs are "out-Y'ing the Y. Full service family clubs can do it better than the Y." Nevertheless, the commercial club's service-orientation is primarily designed to create more profitable leisure businesses, not to reproduce the YMCA's function of no-profit community building. As Jim says of IHRSA,

Our official position is that adult fitness is *not* a charitable service. Some Y in Greenwich Connecticut is not serving an under-serviced community. The people we do support are the Boys and Girls Clubs. They're the ones that are in communities where there's nothing else. They're out there, knitting those communities together.

Alternate fitness facilities, such as the Boys and Girls Clubs of America, are tolerable competition because, in effect, they compete for a different market. The YMCA, however, presents intolerable external competition because it targets the same base of adult consumers. IHRSA puts this position into practice by lobbying against the competitive advantage of tax-exemption for those non-profit facilities that directly compete with commercial clubs.<sup>22</sup>

Like a club's personality or clientele, the quality and diversity of exercise programs, professionalism of staff, and variety of ancillary services (such as massage, dry cleaning restaurants and pro shops) determine a club's relative status and rationalize a club's membership costs. All commercial health clubs are customer service businesses; however, some are better than others. The differentiation between health clubs based on service largely translates into a vertical stratification of cost. Good service, after all, is expensive.

The vast majority—over 75%—of health clubs' revenue comes from membership dues.<sup>23</sup> At the most basic level, health clubs generate profits along three avenues: acquiring new members, generating higher returns from existing members (through sales of ancillary goods services such as equipment and personal training), and extending the duration of members' relationships with the club (cf. Grant & Schlesinger, 1995). The

economic nature of the business has resulted in the emergence of two business models: one focused on signing up new members, the other on keeping existing members (Howell & Minor, 2000: 455-56). These two models—sales-driven and retention-driven—of health clubs both emphasize service; however, the relative cost (and quality) of the service differs.

First, *sales-driven* clubs emphasize acquiring new members as the means of generating profit. These health clubs rarely limit the number of members, and memberships tend to take the form of long-term contracts, often sold at a heavily discounted rate to attract new members. This business model allows such clubs to maintain low membership costs; however, the pressure on club staff to generate sales often degenerates into strong pressure on customers to sign-up (and ensuing customer complaints). With the emphasis on drawing in new members rather than keeping existing ones, these clubs often have a high rate of turnover, which may see the same person join and quit and join again. Low prices also translate into lower wages for staff; consequently, the quality of service is also lower.

Second, *retention-driven* clubs focus on keeping members for long-term profitability, through a combination of higher-quality services (such as better trained staff, or tie-in services such as social events) and superior surroundings (such as those designed by elite architecture firms). These high-quality services and added features are delivered at a higher price for the members, in part because “better service” requires better, more qualified service workers. Thus, retention-driven clubs have higher membership dues. This tends to translate, geographically, into locations in higher income neighborhoods, either in the city or in the nearby wealthy commuting suburbs.

The development of these two business models—of low- and high-cost fitness options—has been accompanied by a production of the relative status of sales- and retention-driven clubs. Not surprisingly, price corresponds with status—not only because higher membership dues ensure a more affluent clientele, but also because retention-driven clubs offer the sort of ancillary amenities and attention to personal detail that characterize other high-status leisure businesses.

Sales-driven clubs tend to be represented, in producer and consumer fitness texts, as “bad businesses.” For example, an article in the trade journal *Athletic Business* in 1987 reflected on the possibility of further state regulation of the health club industry. Rather than view regulation as a constraint upon business, however, the author suggested that health club owners take a positive view, as regulation would inspire greater public confidence in the industry. According to the author, the public image of health clubs had been tarnished by

high pressure sales tactics and outright misrepresentation and fraud...abrupt club closings and bankruptcies that leave prepaid members holding the bag...[and] the industry's persistent reliance on long-term contracts, up-front fees and preopening membership sales to fuel club's start-up costs. (“More State Regulation?”, 1987: 20)

College physical education students—prospective fitness professionals and producers—are provided with a similar overview of business models in a recent kinesiology textbook (Howell & Minor, 2000). According to the authors, sales-based facilities are characterized by their unrealistic advertising, which suggests “that exercise is only for individuals who are already fit and healthy,” whereas retention-based facilities “make a

sincere effort to meet the long-term needs of current members” (Howell & Minor, 2000: 455-56). The prospective “physical activity specialist” is then asked:

What do you think it would be like to be a professional physical activity specialist in a sales-based facility? Would you be likely to feel fulfilled and have a sense of helping people? Are professionals in a sales-based facility likely to adhere to a mechanical, market-driven professionalism or a social trustee, civic professionalism? ...What do you think it would be like...in a retention-based facility? Would you be likely to feel fulfilled and have a sense of functioning as a social trustee, civic professional? (Howell & Minor, 2000: 456)

The sales- and retention-based health clubs are thus juxtaposed not only in terms of their operating strategies, but also in terms of their “civic” value and the rewards they offer for satisfying service careers.

Fitness producers who operate member-retention clubs—and have a vested interest in cultivating the status of their businesses—attempt to distance themselves from the associations of the sales-driven clubs. In an interview I conducted with Dom, the owner of a high-cost club that combines the services of fitness and health specialists, I asked him about his view of the industry as a whole. Reflecting his retention-driven approach to fitness, Dom observed:

We’re trying to create a totally new kind of business. There’s nothing else out there like this. It just made sense. It was practically screaming to be done, it was so practical. It’s ridiculous what this industry does. It’s banal in every sense of the word. It markets to the weakest side of people’s persona. It markets to them in the same way as an enabler. It tells you that you have to have perfect abs, or

that you have to look a certain way. So of course, you'll never be satisfied. So, I didn't like what I was seeing.

We can see that the stratification of clubs according to price involves the production of an association between cost and status: clubs that charge less are not to be trusted, give the industry a bad name, and discourage people from getting fit.

Consumer-oriented fitness texts also reinforce the lower status of sales-driven health clubs. In a *New York Times* article, for example, readers in the early 1970s were warned of the “hard sell” tactics at Jack La Lanne health spas:

Bill Fisher, of the Jack La Lanne sales office in the Biltmore, asked one reporter: “Wouldn't you like to be able to look yourself in the eye next time you put on a bikini? If you don't commit yourself, you're saying that you don't care about the way you look.” (Lichtenstein, 1972: 16)

As with earlier complaints against the dieting and health spa industries (Lichtenstein, 1972) health clubs became the focus of consumer ire as unscrupulous business tactics were used to compete in an overcrowded market. Complaints of “deceptive advertising, high-pressure sales tactics, misrepresentations in sales presentations, contracts restricting membership cancellations and unexpected closings” led the Federal Trade Commission, in 1975, to propose industry-wide regulation, and that members be able to cancel memberships at any time (Pagano, 1985: 1). While such proposals never passed, 24 states had already adopted mandatory “cooling off” periods by the mid-1980s, which allowed members to cancel without penalty within three days of signing a contract.

Fitness magazines and manuals continue to warn consumers of “slimy sales tactics” when they are looking for a health club. The authors of *Fitness for Dummies*

warn readers that “Some clubs will try anything to rope you in” (Schlosberg & Neporent, 1996: 188), and suggest strategies for guarding against being taken advantage of. Even the American Heart Association, in the midst of downplaying the necessity of any equipment save a pair of walking shoes, counsels readers to “[be] wary of long-term contracts and pushy salespeople” when joining a health club (American Heart Association, 1997: 130).

Health club reviews educate the consumer in the criteria for choosing a health club. In the process, such reviews rationalize the extra expense of some clubs over others. It is not only that IHRSA endorses retention-oriented clubs, but that *Fitness for Dummies*, for example, is also instructing individuals in what to expect from a club. Reviews promote health clubs as a necessary element for fitness:

When it comes to health clubs, we’re biased: We like ‘em. There’s always someone around to give you help and encouragement, and you get a much wider variety of workout choices than you would in your living room. ...To boost the odds that you’ll become a regular, it’s important to choose a gym that suits your schedule, your goals, and your personality. (Schlosberg & Neporent, 1996: 183)

As is typical of such guides, the *Fitness for Dummies* authors go on to teach the reader about the criteria by which to judge a gym: location, size, costs, equipment, classes, staff, cleanliness, extra facilities, and hours. In the ACSM guide, for example, a similar set of criteria are presented in a checklist with which to compare three different fitness centers: “put a check next to the questions that you can answer “yes.” The center with the most checks is probably the best one for you” (1992: 107). Questions include:

Is each member given an orientation to using equipment?



Is screening done on new members (health history, fitness assessment)? ...

Are instructors certified by ACSM (or IDEA or AFAA)?

Is all equipment in good working order? ...

Do the locker rooms provide the supplies I want (soap, towels, shampoo)? ...

Are locker rooms and fitness areas clean, well-lit, secure and well-ventilated?

Is there a trial or introductory period?

Can I afford the membership fee? (American College of Sports Medicine, 1992: 107-09)

Such checklists educate fitness producers (health club owners and managers) about the minimal requirements for selling their products and services, while educating fitness consumers in how to judge between health clubs. Readers are encouraged to comparison shop and weigh price and value based on a club's program design, staff training, amenities and maintenance. But there is little or no critical evaluation of the health club, *per se*—it is accepted as a taken-for-granted element of fitness, with the *raison d'être* of selling leisure.

Despite their "low status," what sales-driven clubs *do* offer is a low-cost fitness option—an important aspect in opening access to commercial fitness to all. Given that the average enrollment and monthly dues at commercial clubs in 1999 were \$181 and \$64, respectively, it is little wonder that membership at health clubs is largely middle class. Nevertheless, 10% of club members make less than \$25,000 a year, and 21% make between \$25,000 and \$49,000. The emergence of tiers of membership costs (so that, at a lower price, members can use clubs during off-peak hours) and an increasing number of "value-priced" clubs, such as Bally's and Lucille Roberts, help to open up access to

membership. If the sexy bodies of the ads for Bally's Total Fitness are an intimidating obstacle to joining, Bally's prices (\$47 per month, although often lowered by special promotions) at the same time present an opportunity. Indeed, the "more gym, less money" slogan of Roberts' clubs sums up one avenue for niche marketing. When Lucille Roberts opened her first club in 1970, the majority of exercise places for women were geared towards the more affluent. "But there wasn't anybody that was taking care of a working woman and that was where I niched my business" (van de Mark, 1999: np).

Although the majority of health clubs are located in Manhattan, Brooklyn and Queens have had health clubs such as Lucille Roberts and Jack La Lanne since the 1970s. What is relatively new is the location of low-cost clubs in the Bronx, where, in the last five years, Bally Total Fitness and Lucille Roberts have opened locations. This is part of a broader strategy of the health club industry to expand its market into lower-income, ethnic minority areas (such as the Bronx). Indeed, health club owners have identified three groups as "missing" from their rosters: African Americans, Asian Americans, and Hispanic Americans (McCarthy et al, 1999: 65). Bally's business strategy deliberately targets inner city and lower-income areas because—combining their business model with statistics—"we like to...go where the people are" (Waters, 2000: 38).

Higher-cost health club chains also open businesses based on the geographical patterns of where their target consumers live and work. For example, TSI—the parent company of NYSC—develops clusters of clubs "near the highest concentrations of its target members' areas of both employment and residence."<sup>24</sup> However, the outcome is necessarily different from Bally's; NYSC is predominantly a Manhattan-based chain, highlighting the higher income of their target market. While TSI targets college-

educated, 20 to 54 year olds who earn more than \$50,000 a year, Bally's targets 18 to 34 year olds in the middle income segments, dividing the health club industry's internal competition for new members along age and income lines.<sup>25</sup> Other higher-priced chains, such as NYHRC, Equinox and David Barton are located entirely in Manhattan.

In general, the production of a health club's status depends on the quality of service—which is highly dependent on membership price. Thus, the fitness service worker is doubly important to the health club industry. Front desk receptionists, sales staff, personal trainers and exercise instructors not only help to produce the health club's "personality," but they are also responsible for delivering the services and shaping the customer's experience. The importance of service workers is not lost on the low-status end of the health club industry; even low-priced health clubs such as Lucille Roberts now offer personal training. However, membership prices—which translate into staff wages—are reflected in the professionalism and experience of personal trainers, just as higher-priced restaurants employ waiters with more cultural capital as part of the production of higher-status dining experiences (Zukin, 1995: 154). Service, particularly the emotional labor (Hochschild, 1983) component of service work, is a key component in the long-term sustainability of members and, thus, profitability of clubs. Service workers, in effect, are the ideal tools of "mass customization" (Pine & Peppers, 1995: 103). They are capable of individualizing their services—catering to the individuality of the member—to a degree far greater than exercise programs or niche-targeted advertising campaigns.

It is in the work of the fitness service provider that the business strategies of health club owners and managers most directly impact upon the individual consumer.

From the point of view of managers and owners, who make the decisions that shape businesses, the production of fitness addresses the individual consumer predominantly as part of an aggregate. Individual member loyalty, as much as it is promoted as the basis for financial stability and growth, is dealt with at the level of groups of consumers. It is not whether Jane likes her body or Bill dislikes the staff, but that a percentage of women don't join gyms because they are embarrassed about their bodies, or a percentage of men quit gyms because the staff don't make them feel comfortable enough to ask for help. At the level of business strategy and planning, the individual customer thus fades from view. It is only at the level of actual service provision—at the level of Michael Lipsky's "street level bureaucrats" (1980)—that the individual consumer experiences the strategies and intentions of health club owners and managers. Thus, we must also study the service providers to understand the relationship between the idealized strategizing of leisure business owners and the actual delivery of leisure services. As such, chapter five examines the work of personal trainers, the frontline service workers of the health club industry.

### **Conclusion**

Since the early 1970s, commercial health clubs have grown into an \$12 billion industry.<sup>26</sup> The expansion of the industry has involved the emergence of an industry trade organization, the marketing of clubs through the language of personality, and the standardization of two business models that create a vertical stratification of clubs according to price. In their attempts to differentiate commercial clubs from their antecedents, health club owners and managers have produced fitness as a field of leisure. At the same time, consumer texts such as health club reviews and exercise manuals have

produced health clubs as the “natural” site of fitness consumption. Linked to the broader field of leisure, then, the health club industry reflects many of the developments in business philosophy and market research, focusing on the long-term retention of customers, the provision of high-quality services, and the production of fitness as an experiential product, which complements other leisure and lifestyle pursuits.

Health clubs attempt to distinguish themselves through the cultural and symbolic capital of staff, clientele and décor, reproducing images, services and attitude as the “stakes” of consumer culture and the terms of competition for leisure businesses. Like restaurants (Zukin, 1995), health clubs provide a social setting in which to display one’s consumption and commune with similarly participating peers. Like couture fashion or elite airport business lounges, membership at a health club can act as symbolic capital for the consumer, marking the individual’s position above the crowd. Like theme restaurants or Barnes and Noble bookstores, health clubs offer entertainment as part of the consumption experience. And, like restaurants and airlines, commercial health clubs are also stratified by price.

Health clubs are part of the economic and cultural consequences of the shift from an industrial to a service economy, which has brought with it changes in the demographic profile of the labor force and the requirements for occupational success in new, image-conscious industries. As such, it is little wonder that health clubs have sprung up in all advanced capitalist cultures: they are part and parcel of a service economy for which images are increasingly the primary product. The stratification of the health club industry through personalities and services reproduces the stratification of consumer leisure culture. It is the competition between health clubs, from the sales-driven to the retention-

driven, from the everyday to the elite, that parallels the stratification—economic, social, physiological—of the consumer marketplace.

## Notes

<sup>1</sup> New York Health Club ads ran in *New York Magazine*'s Classifieds section, each week between October and mid-December of 1973, a run which would have cost approximately \$1300, not a small amount for a club that had yet to open. In *The Village Voice*, they ran as ½ page ads; the "Shape up your shape!" ran on October 18, 1973, page 12. The "Health and Beauty Through Pleasure" slogan and ad copy are from the NYHC ¼ page ad in the 1975 *Yellow Pages*. Numbers and names of health clubs in New York City were gathered from the Manhattan *Yellow Pages* listings for 1960, 1965, 1970, 1973, and 1975.

<sup>2</sup> "Physical Fitness in Style" is from a Dan Lurie Health Studios ad, which ran in the 1973 *Yellow Pages*. Lurie, himself a bodybuilder and a leader in the weightlifting world, is part of the mainstreaming of bodybuilding in the 1970s (Roach, 1977).

<sup>3</sup> Information is from the IHRSA website's "About IHRSA" link, and from the database "Gale's Ready Reference Shelf," which provides information on all registered organizations and groups.

<sup>4</sup> From IHRSA "Industry Statistics."

<sup>5</sup> From IHRSA "Industry Statistics"

<sup>6</sup> Information in this paragraph is from IHRSA "Industry Statistics" and the YMCA's website: <http://www.ymca.net>

<sup>7</sup> Information from Manhattan *Yellow Pages* and <http://www.jacklallanne.com>

<sup>8</sup> Indeed, one of the first "elite" athletic clubs survives today: the New York Athletic Club was founded in 1868. The NYAC was not only a bastion of male privilege, but also of racial and religious exclusion. The rise of the new commercial health clubs in the 1970s can be seen, in part, as a democratization of club culture, and part of the broader attacks on the institutionalization of privilege through sexist, racist, or anti-Semitic policies.

<sup>9</sup> The Health Roof Club for Men, began in 1931—the advertisement is from the 1960 *Yellow Pages*. Barclay ad from 1970 *Yellow Pages*.

<sup>10</sup> This was not the first time companies had provided exercise and recreation facilities to its workforce—National Cash Register, for example, had an employee health and hygiene program in 18909 (Green, 1986: 295). However, such programs did not become standard "fringe benefits" for white collar workers until the late 20<sup>th</sup> century (Gillick, 1984).

<sup>11</sup> While "gym" and "health club" are today used interchangeably, these terms carried much different connotations in the past.

<sup>12</sup> From "A Brief History of the YMCA Movement," available on the YMCA website.

<sup>13</sup> From YMCA "A Brief History."

<sup>14</sup> Information on the number of Town Sport International and Bally Total Fitness clubs is from their 2002 financial filings, available through Lexis-Nexis "US Public Companies."

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<sup>15</sup> From IHRSA "Industry Statistics."

<sup>16</sup> From IHRSA "Industry Statistics."

<sup>17</sup> The average household income for households under \$90,000 was \$30,220; average income for the high-income group was \$136,898 (Vannett, 1998).

<sup>18</sup> From the 2002 *Men's Health* media kit.

<sup>19</sup> Reebok Sports Club/NY print advertisement from 2000, featuring David Sanborn and Vera Wang. "No Judgments" is the slogan of Crunch; "Compromise is just a polite word for surrender" and "110%" come from Equinox ads; "Look Better Naked" was the slogan of David Barton gyms; "More gym. less money" is a slogan for Lucille Roberts, and "All Fitness. No Attitude" is the slogan of Manhattan Plaza Health Club. All are taken from print advertisements between 1999 and 2002.

<sup>20</sup> From the "What's the Skinny" pull-out chart from *Time Out New York Special Fitness Issue*, 6 January 2000: 19-21.

<sup>21</sup> Names of the interview participants have been changed. For those individuals quoted from published interviews, however, names have not been changed—as, for example, with the club owners' comments regarding Crunch and Lucille Roberts.

<sup>22</sup> In a January 2002 court ruling, a Pittsburgh YMCA lost its tax-exempt status for its 6,500 square foot fitness facility. In general, the primary objective of the Public Policy department of IHRSA is to target those health clubs (predominantly at the YMCA) that don't pay taxes (Durkin, 2002).

<sup>23</sup> From IHRSA "Industry Statistics:" non-dues revenue for IHRSA clubs was 24% in both 1998 and 1999.

<sup>24</sup> Information is from Town Sports International, Inc. 10-K SEC filings for 2000, page 3. Forms are available online on the Lexis-Nexis database.

<sup>25</sup> Information is from Town Sports International, Inc. 10-K 2000 filings, page 3; and Ball's Total Fitness 10-K 2000 filings, page 1. Forms are available on Lexis-Nexis.

<sup>26</sup> From IHRSA "Industry Statistics."

- 4 -

### **Fitness Texts:**

#### **The Production of Fitness as Lifestyle**

Since the early 1970s, the consumer marketplace has grown increasingly crowded with fitness-related products, from high-tech running shoes and expensive at-home equipment to celebrity exercise videos and color-coordinated exercise outfits. The proliferation of these products is central to the production of the fitness field. As the objects of consumption, fitness products serve as the material core around which develop symbolic practices and meanings. Athletic shoes and exercise gear—and the more generic “sporty” clothing that came of age in the 1970s—are not only suitable to the social space of the health club; they also carry the visible signs of physical self-improvement from the aerobics studio out to the street. Such diffusion is necessary if a phenomenon is to enter social consciousness; a field must be recognizable to participants and non-participants alike if it is to have broad cultural significance.

It is important to place the growth of fitness products such as sneakers or “sweat suits” in the context of the simultaneous and related production of advice and commentary about those products. Sources of advice such as consumer guides and service magazines are intermediary products that attempt to mobilize popular interest in fitness, and direct the associated consumer decisions. With the growing number of fitness goods came an interconnected, increased production of advice about those goods—a growth in fitness publishing—which helped to shape the practices of consumption.



By the late 1970s, sporting goods manufacturers were joined by the general media in bringing fitness to the attention of a growing public. General-interest journalism focused on the fitness phenomenon. For example, *Time* and *House and Garden* in 1979 discussed the *Perrier Study*'s findings about fitness in the U.S.<sup>1</sup> Advertising and public relations strategies in the 1980s used the language of fitness and health to sell a variety of products, such as Lincoln-Mercury cars: "the shape you want to be in" (Wallace, 1986: 27). In 1980 alone, various articles on fitness, exercise, and health appeared in *Advertising Age*, *Marketing*, *Marketing News*, *National Underwriter*, *Business Quarterly*, *Business Insurance*, *Advanced Management Journal*, and *International Management*, suggesting that fitness was a matter of relevance to more than the devoted joggers and health club members.

Publications on health and fitness have multiplied exponentially over the past thirty years. In the magazine section of a large bookstore such as Barnes and Noble, there are over a hundred health, sport and exercise titles. In addition to those dealing with various individual sports and sport commentary, nutrition, alternative health methods, and "healthy" eating and cooking, there are fifteen bodybuilding, exercise and fitness titles geared towards men, and ten for women. Covers—black and white, and glossy color—feature the well-cut, glistening abdominal muscles of male and female models. Headlines promise the secrets to "Lose Those Love Handles!," "Get Ready for Bikini Season in Six Weeks!" and "Get This Guy's Abs!"—a comprehensive education in the career of the body.

It may come as some surprise to the uninitiated that very little of the content of fitness texts actually deals with exercise. This is especially true of popular fitness

magazines, which fall within the “lifestyle” category of publishing. As such, the editorial mix tends to combine fitness with other lifestyle elements, such as beauty and fashion, travel, and personal relationships. For example, a typical issue of *Men’s Health* magazine is primarily composed of articles on cultural and humanities (18%), health (18%), beauty, fitness and grooming (17%), and fashion (13%).<sup>2</sup> The same point applies, to a lesser degree, to bodybuilding magazines. Half of the articles in *Muscle & Fitness*, one of the oldest and best-selling bodybuilding magazines, feature exercise, fitness and bodybuilding training techniques. The remaining content deals with food and nutrition (27%), psychological and sexual fitness (7%), personal grooming and fashion (6%), sports medicine and “women’s” topics (5% each).<sup>3</sup> In general, the editorial content of fitness magazines combines information about fitness and exercise with articles on food and dieting, medical and health news, and—given the income and occupational profiles of the readership—articles on travel destinations, tips and product recommendations for grooming and fashion, and advice on careers and managing money. Fitness magazines are a comprehensive guide to life for the middle class.

The content of these fitness consumer texts underscores the fact that fitness is not simply a matter of exercise. In fact, basic information on physical fitness—the prescribed exercises and techniques for training and improving cardiovascular capacity, strength, flexibility and body mass—has changed very little since the late 1960s, when doctors “discovered” that strenuous aerobic activity was good for the heart (Gilmore, 1977). Much as the designers of abdominal exercisers try to build a better sit-up, the recipe for effective exercise is relatively straightforward: individuals should get some moderate aerobic activity for thirty minutes a day (not necessarily all at once) on three,

and preferably all, days of the week, perform some moderate stretching and weight-bearing exercises at least three times a week, and eat a balanced diet high in grains, fruits and vegetables, and low in saturated fats, sodium and cholesterol.<sup>4</sup> These rules vary depending on the individual (children and elite athletes, for example, have quite different base caloric requirements), but are adequate for most adults trying to achieve health benefits (e.g. lower risks of cancer and heart disease) and maintain a “normal” body weight. The fact that there is no magic formula to physical fitness, however, does not prevent the production of a seemingly endless stream of advice on the fitness lifestyle.

The development of the fitness field is tied to the emergence of this “second-order” product (Ferguson, 1998: 600) of educative texts. Directed at the consumer, fitness texts bring together the disparate elements of the field (health clubs, exercise programs, sporting products and fitness services), and order them through “rules of engagement”: how to choose a health club, how to lose ten pounds by swimsuit season, how to control your body’s aging. The demarcation of the fitness field (from the health field, as well as from other leisure fields) involves the formation of critically-minded, informed consumers who self-consciously participate in fitness and carry out socially-visible activities of fitness consumption. The fitness field requires, in other words, both the production of producers and the production of knowledgeable, visible consumers.

As mechanisms of consumer education, fitness texts broadcast the field’s practices and values to an audience that is defined by readership rather than exercise (Ferguson, 1998: 600), presenting the opportunity for both vicarious, spectator fitness and the development of popular expertise in the body’s machinations. Fitness texts transcend the short-lived experience of working out, transforming fitness from an immediate

activity into a gradual course of instruction, and an intellectual, critical and aesthetic issue (Ferguson, 1998: 610). It is through such texts that fitness is produced as a consumer lifestyle, and the ideal consumer is represented.

This chapter investigates the development of fitness texts, the effect such texts have for the standardization of practices of production and consumption, and the ways in which the processes of consumer education link fitness to consumption. The chapter is organized into three sections:

1. The growth of fitness texts is explained by the convergence, in the 1970s, of several factors, which created a ready market for advice about fitness: the role of women as consumers, broader interest in popular health education, specific body habitus of the new middle class (Bourdieu, 1984), and increasing number of choices in fitness products.
2. In both the practices of production and the messages of consumer education, the legitimate definition of fitness has been constructed as a *life style*, and a consumer lifestyle in particular. At the level of the production of fitness texts, the political economy of publishing drives the marketing of fitness as a lifestyle. At the same time, the association of fitness with lifestyle consumption is reinforced in significant ways in the texts of consumer education.
3. Despite the mass marketing of the fitness lifestyle, many consumers do not make the transition from reading about fitness to *doing* it; as such, the reproduction of the field is threatened by the loose affiliation many participants have to the actual practices. Consumer education thus involves overcoming the problem of motivation involved in sustaining a fitness lifestyle. Fitness texts not only map

out the techniques for exercise, but also call for the consumption of specific goods and services.

Shaping these three elements are larger trends of market demand (people looking for ways to care for and improve their bodies), and market supply (a publishing industry more broadly invested in producing lifestyle advice). The production of fitness as a lifestyle has also been shaped by certain constraints, including the physiological and psychological inertia of bodies resistant to the self-discipline required for exercise to produce real health benefits. The development of fitness publishing helps to bring some of these factors into focus.

### **The Boom in Fitness Publishing**

Since the 1968 publication of Dr. Kenneth Cooper's *Aerobics*, fitness texts have become consumer products in their own right. *Aerobics* spent 28 weeks on *The New York Times* bestseller list<sup>5</sup> and Cooper followed it with several other bestsellers, including *Aerobics for Women* and *The New Aerobics*, which went through 30 printings during the 1970s. While not the first manual on exercise and its benefits, Cooper's 1968 book marked the start of a wave of fitness publishing (Barbato, 1988: 20) that continues today (Dahlin, 2001). In an introduction to a later book, Cooper reflected:

When I introduced aerobics as a new concept of exercise, my chief aim was to counteract the problems of lethargy and inactivity which are so widely prevalent in our American population. Therefore, my first book was mainly a motivational book, but also it was an attempt to encourage people to examine more closely the benefits to be gained from regular exercise. (Cooper, 1970: 5)

The service role of fitness texts is thus made clear: in addition to information about the exercises themselves, the consumer requires education in the benefits of exercise, and in the motivational strategies for adopting fitness as an encompassing lifestyle.

The production of advice about exercise and fitness has increased since the late 1970s. By 1979, when *Self* was launched as the first fitness magazine for women, fashion and women's serials such as *Mademoiselle*, *Vogue* and *McCall's* already had regular fitness and exercise columns. *Shape* joined *Self* in the women's fitness magazine category in 1981, the same year that Jane Fonda published her *Workout Book*, the ultimate exercise bestseller.<sup>6</sup> Fonda's later books and exercise videos also sold in the millions—23% of the 15 million exercise videos sold by 1987 were by Fonda (Kagan & Morse, 1988: 165).

Lest these examples give the impression that men were not a target market for fitness publishing, the following were also bestsellers in the late 1970s and early 80s: the running books of James Fixx (*The Complete Book of Running*) and Dr. George Sheehan (*Running and Being*), men's workout books by Charles Hix (*Looking Good and Working Out*), and Arnold Schwarzenegger's biography *Arnold: The Education of a Bodybuilder*. Popular magazines also targeted men, with *Men's Fitness* and *Men's Health* both launched in 1988.

The rising discretionary incomes and niche marketing of the 1990s created the conditions for a further intensification in the production of lifestyle publishing and periodicals. The number of magazine titles, for instance, more than doubled from 1988 to 2000; among these titles were a growing number of health and fitness periodicals, reaching audiences of millions of people with each issue.<sup>7</sup> The publishing trade serial,

*Publishers Weekly*, reviews hundreds of health and fitness titles each year. In a recent *Publishers Weekly* article, the marketing opportunities of fitness are spelled out for authors and editors:

Consumers have a ferocious appetite for advice telling them what to do, how to act, what to eat and what to shun in order to feel good, spruce up their health and shed uncomely pounds. In fact, that hunger is so great that publishers scramble to sate it with books promising, if not the moon, at least a celestial body and mind.

(Dahlin, 2001: 24)

Overall, the amount of press coverage devoted to physical fitness has increased more than six-fold in the U.S. since the mid-1980s, and the number of health, fitness and lifestyle magazines nearly tripled between 1988 and 2000.<sup>8</sup>

Several key factors help to explain this growth in fitness education. First, the changing social, political and athletic roles of women created a market of consumers for whom physical development was part of a new, empowered lifestyle. Second, the call for popular health education (to decrease dependence on traditional medical authorities) and the interconnected medicalization of everyday life created a market for knowledge about the body and its physical capacities (Crawford, 1980; Ingham, 1985). Third, fitness and fitness education were geared towards the new middle class, who were predisposed to investing in the body through education and self-improvement (Bourdieu, 1984; Featherstone, 1987). Finally, the increasing production of fitness advice occurred in dialogue with the growing number of products, choices and opinions available to the fitness consumer. Let us consider each of these factors in turn.

### ***Women as fitness consumers***

Women outnumbered men as the consumers of diet, health and fitness advice, by approximately 2 to 1 in 1988 (Wood, 1988; see also Dahlin, 2001). Women occupy a special position in the production of consumer education in that their large-scale entrance into the labor market—and its higher echelons—marked their emergence as a new breed of consumers. That is, women—white, middle-class women in particular—were consuming not as the family provisioners, but as self-directed consumers, investing in themselves because they had the means to do so, and often without competing family obligations given the postponement of marriage and childbirth. When they did have families, women were often still in the labor market—the percentage of dual-income families has risen steadily over the past thirty years (Jacobs & Gerson, 1998). As such, many of the traditional domestic duties of the wife have been outsourced, from the baking of the birthday cake to the cleaning of the house (Oropesa, 1993). Women not only fueled consumption, but also helped create the market demand for service occupations, in which workers (usually poorer, minority women) took up the jobs that a middle-class working mother no longer had the time or inclination to perform. Thus, as an education in evaluating resources and choices, women were counseled in how to best use their time (a striking resource for the working woman), their money, and their bodies.

One magazine that explicitly addressed this “new” consuming woman was *Self*, launched in January 1979. In the editor’s inaugural statement, she located the magazine at the center of several contemporary social currents:



Why SELF? Very simply, there was no fitness magazine for women—until now. Fitness is America's No. 1 enthusiasm, and this exuberant concern for body and mind is what SELF will focus on. An extraordinary spirit and energy are emerging in women today. *Fitness is the fuel*. We have acquired a strong appetite for the full experience of life—the exhilaration of the outdoors, the challenge and success of professional work, the honest enjoyment of sex. SELF will be a guide to the vitality we need to do all the things we want to do. (Wilson, 1979: 6; emphasis added)

Articles in *Self*, *Working Woman* and other such magazines educated women in what to do with their newfound independence—i.e. how to spend their money—and addressed the guilt of not filling the traditional role of wife and mother—i.e. that buying a ready-made dinner did not make you a bad woman.

Moreover, having muscles didn't make for a bad woman either. With the discourse of empowerment reinforced with Title IX and the marketing of weightlifting to women, muscles were becoming acceptable—within the “natural” limits of women's bodies: “Contrary to popular belief, women who work out with weights don't develop bulging muscles; those are determined by a male hormone” (Lance, 1979: 53). The new, physically strong and empowered woman of the 1970s dominated the small screen, capturing the tension between new and old notions of female power: Wonder Woman, the Bionic Woman and Charlie's Angels drew huge audiences with their combination of traditional sex appeal and feminist empowerment.

Fitness was (and is) a non-political avenue of participation in the broader calls for women's empowerment and emancipation. The benefits of strength training were cast in

the appropriate language of self-actualization, as in the following excerpt from a manual for women and Nautilus weightlifting machines:

Expect to see physiological changes in three areas: strength, flexibility, and cardiovascular endurance. Don't be surprised if these change your entire life, though, because they add up to just one thing: improved self-image. Call it personal power, or self-worth, or self-actualization, or anything you want; you're going to feel an inner strength you haven't felt before. (Wolf, 1983: 5)

Fitness was a way to realize in the individual woman's body the political agenda of a larger social movement. This muscular feminism (Bordo, 1997: 28) has had contradictory effect. Buoyed by medical research on the positive effect of exercise on body image (Garner, 1997), the popular media promote fitness as a way for women to reclaim their bodies from patriarchal definitions of normative beauty. For example, consider the following from *Self's Better Body Book*:

What's a better body? It's a strong, healthy body in balance with a strong, healthy mind. Forget the notion that a better body is the "perfect body." It's not. There is no universal standard of physical perfection that we all can achieve. ...All of us, however, have the capacity to tone, firm-up, slim-down, build stamina and cardio strength and live a happier, healthier life. We all have what it takes to be as strong, healthy and vital as we can be at every age and stage of our lives. (Billings, 1998: 5)

Not only does exercise build strength, but it is a purportedly democratic activity: we all have what it takes to be fitter (and happier).

However, exercise as empowerment has several possible and related disadvantages. As an inherently individual project of bodily improvement, fitness may draw energy away from larger issues of social activism, and refocus attention on body shape (both male and female) as the measure of social value. The language of fitness can thus be mobilized to repackage and market normative notions and techniques of beauty. Dieting and weight loss are delivered with a “feminist friendly” pitch, as elsewhere in the same *Self* manual:

Any tool that can contribute to your sense of accomplishment is a tool worth having in the box. Body Mass Index is a useful way to estimate whether you are out of shape and face increased health risks due to your weight.

1. Multiply your weight by 704. This is x.
2. Multiply your height in inches by your height in inches. This is y.
3. Divide x by y.
4. Results: a range between 18 and 21 is a healthy BMI, 21 to 25 is on the borderline. Scores below 18 and above 25 are probably unhealthy. (Billings, 1998: 57)

Through such “scientific” calculations, weight loss and body shaping are reconfigured as matters of health rather than appearance-for-others (cf. Markula, 2001). In short, she’s not losing weight *for him*; she’s getting fit *for herself*. But the result is often the same: scrutiny of the body. If marketing messages have changed to reflect the women’s movement, the consequences are not always so enlightened. The theme of exercise and empowerment is highjacked in advertising to sell the same diet, fashion and beauty products (Bordo, 1997).

### ***Fitness as popular health education***

The increasing production of fitness advice is located within the general post-war expansion of “service” media, which address everyday life as a series of problems, and offer to audiences a range of advice and solutions (Eide & Knight, 1999). This is not to suggest that such a genre of news didn’t exist prior to 1950; advice on the difficulties in daily life could be found in early 20<sup>th</sup> century magazines such as Bernarr Macfadden’s *Physical Culture*. However, over the second half of the 20<sup>th</sup> century—and since the late 1960s in particular—there is an intensification of the problematization of the details of daily existence, and an associated growth in the genres of service and tabloid journalism (Eide & Knight, 1999).<sup>9</sup>

In particular, fitness advice is connected to the problematization of health. Lessons in the fitness lifestyle educate the reader in the social and health benefits of exercise, connecting the consumer fitness lifestyle to the rationalization of health through the logic of risk (Bunton, Nettleton & Burrows, 1995). In the men’s workout manual, *Stronger Faster*, for example, health is not only a benefit of exercise, but a quantifiable, predictable profit:

We’re a nation of multi-taskers. Scanning magazines while we eat. Chatting on cellular phones while we commute. ... Yet many of us ignore the ultimate time-saver: fitness. Unlike shortcuts that trim mere seconds or minutes from our crazed schedules, regular exercise...actually *adds* quality and years to your life. How much? If a 30-year-old, two-packs-a-day smoker with high cholesterol kicked the smoking habit, changed his diet, and started exercising regularly, he’d add 8 to 10 years to his life... (Kaufman & Kirchheimer, 1997: 24)

The temptation is to ignore such claims as those of hyperbolic advertising, rather than medical opinion; *Stronger Faster* is, after all, affiliated with the lifestyle magazine *Men's Health*. However, the manual of the American Heart Association (AHA) takes a markedly similar position:

Whether you're twenty or sixty, physical activity is at least as important to your health as not smoking cigarettes and eating low-fat foods. In fact, some studies have shown that physically inactive people have the same risk of heart disease as people who smoke *two packs of cigarettes a day*. (American Heart Association, 1997: 5)

The point is not to discount the (real) benefits of exercise—for which there is mounting scientific evidence—but to highlight how the language of risk equates fitness with control over health.

The rationalization of disease through calculations of risk provides the opportunity for a sense of control over one's life, a way to correct for past errors in judgment and overcome genetic predispositions for disease. In much the same way that the symbolic association between muscles and political and social empowerment has been marketed to women, fitness has been promoted as a wide-spread mode of empowerment, through which people—men and women, young and (especially) old—can take control of their bodies and health. Such lessons in risk reduction, however, are not a guarantee that individuals will actually adopt healthy behaviors. Instead, individuals may employ their “risk” knowledge for creative bookkeeping, through which vices are balanced by virtues. Fitness can thus be understood as a technique of “calculating hedonism” (Featherstone, 1987: 59; see also Lasch, 1979: 127), allowing the

individual to rationalize unhealthy or irrational behavior—in short, to have the cake and eat it too.

The link between popular health education and fitness is clear when we consider the content of fitness magazines and manuals devoted to measuring and assessing the body. In addition to a superficial introduction to anatomy—telling your pectorals from your delts, for example—fitness texts instruct readers in how to measure their Body Mass Index (BMI), resting and target heart rates, and caloric expenditure for their rates of physical activity. These mundane measurements not only furnish consumers with a knowledge of their body once reserved for medical and sport professionals, but also encourage in consumers an attitude of self-monitoring and calculation. For example, a 110-pound person can burn 300 to 500 calories over an hour of fencing (Franks & Howley, 1989: 122-23), while a 130-pound person can expect to lose 6 pounds over the course of a year from playing with children (while standing) for 20 minutes each day (American Heart Association, 1997: 134). A 170-pound man should be consuming 123 grams of protein each day, and a three-ounce chicken breast contains 26.7 grams of protein (Kaufman & Kirchheimer, 1997: 8).

Yet there are dilemmas in such advice. One of the consequences of the increased production of health information is that consumers are faced with competing opinions and research findings, but lack the critical training necessary for evaluating the options. They turn to service journalism as a filtering device. The shift away from dependence on expert authorities such as doctors telling us why exercise is good for us, towards “medical self-competence” (Crawford, 1980) involves not a decline of medical authority,

but its reformulation in the therapeutic helping hand of the magazine or manual. This is illustrated in the following passage from *Fitness for Dummies*:

You can keep abreast of the latest exercise techniques, workout gadgets, and nutrition controversies. And you can get inspirational tips from folks who overcame their inertia. Of course, you can also get completely confused.

...Because so much conflicting and misleading information is published about fitness, it's important to read exercise publications with a critical eye. This chapter helps you wade through the garbage and choose the publications that can best educate and inspire you. (Schlosberg & Neporent, 1996: 37)

The general middle-class interest in do-it-yourself health education is thus compounded by the multiplying voices and opinions on health and fitness matters, creating a market for educational fitness texts. In this way, building on the appeals to women's empowerment, fitness has been associated with individual competence and independence.

### ***The new middle class and body investment***

The growth of prescriptive and educative fitness texts is also tied to the insecurities and uncertainties of the new middle class, for whom self-improvement has become a defining social practice (Bourdieu, 1984; Featherstone, 1987). The consumption of popular health education texts such as *Our Bodies, Our Selves*, sensibility and etiquette guides such as Helen Gurley Brown's *Sex and the Single Girl* (1962) and *Cosmopolitan's New Etiquette Guide* (1977), and fitness manuals such as *Self* magazine and Cooper's *Aerobics* can be linked to the formation of the service occupational group, in search of itself through rules for conduct, grooming, exercise and demeanor.

The new middle class embodies its tenuous, intermediary social position—lacking the economic or cultural capital of the wealthy or the intellectuals—in a particularly alienated predisposition towards the body. Accordingly, the benefits of fitness are formulated in terms of assuaging the anxieties of the body, as in the 1978 Gold's Gym manual to weight training:

Confidence in your body and a positive body-image are important elements in the make-up of your personality. It's hard to feel happy about yourself if you don't like your body. Weight training helps give you the feeling that you *are* your body, not just *in* it. ... Your body is no longer something you drag along or something that holds you back. (Dobbins & Sprague, [1978] 1981: 7-8)

Note how the emphasis is placed on the link between the shape of the body, the personality of the individual, and their life chances. The writers go on to observe:

How you look doesn't just affect the way you feel, it also affects how other people treat you. Like it or not, people judge in large part on the basis of appearances. How you look is a basic part of your social identity and as you change and improve the look of your body you will see a change in the attitude of people you come into contact with. These days there aren't many things in life that an individual can control. You may not be able to lower your taxes or avoid the next rise in the price of gas, but you can become the master of your own body. You can change how you look and feel. You can trade in your present body for a new, improved model through the Gold's Gym weight-training program. (Dobbins & Sprague, [1978] 1981: 8)



Here, control is represented not as the management of health risks but as mastery of one's social presence: confidence *in* and *as* a body.

Fitness education involves the production of consumers who are both self-conscious of the criteria of their choices (Zukin, forthcoming), and, crucially, self-conscious of the stakes of competition. That is, they must be educated in the resources that matter—self-presentation, appearance and attitude—in competitive exchange and occupational success. These kinds of symbolic capital are the routes to upward social mobility and social security in the job and marriage markets.

Fitness thus offers the benefits that are relevant to the new middle class: looking better and feeling more confident are keys to success. More than this, however, fitness also provides the opportunity to *feel the body*, an aspect of life made less common by the sedentary nature of working and commuting. The experiential benefits of exercise are formulated differently, depending on the exercise in question. For example, bodybuilding offers the “weight trainer’s bonus”:

When you work your muscles strenuously with weights, you can actually feel the extra blood rushing into them and swelling them up. This feeling is called a “pump” and it’s one of the extra rewards of weight training. It’s a strong feeling of well-being in the right use of the body. It’s the “high” of weight training.

(Dobbins & Sprague, [1978] 1981: 7)

Most memorably captured in Arnold Schwarzenegger’s description in *Pumping Iron* of the pump as “better than coming,” such an experience is not confined to weightlifting, but can also be had through aerobics:

From this point on, I will often mention the “burn” and exhort you to “go for the burn.” This burn is a unique sensation that you get when you have used a muscle very strenuously. ...When I first did the buttocks exercise...my muscles burned so much I had to stop three or four times during the exercise. Now the burn comes later and I don’t have to stop. *I’ve even come to look forward to it.* It lets me know that I’m really working hard. (Fonda, 1981: 68; emphasis added)

Like the “runner’s high,” these lived experiences of the body afforded by exercise are represented as an opportunity for authenticity, and should not be underestimated as one of the real, as well as manipulated, pleasures of fitness.

### ***Advice and the growth of fitness choices***

The growth in fitness publishing is also linked to the expansion in choices of products and services, which have rapidly multiplied since the early 1970s. Of all such products, none has achieved such thorough cultural penetration as the sneaker. Nike, today’s global colossus, was just a start-up in 1972; by 1980, it had an annual revenue of \$270 million. By 1990, when Americans were buying over 390 million pairs of athletic shoes annually, Nike was earning over \$2 billion a year (Brubaker, 1991; see also Vanderbilt, 1998). Despite a challenge in the 1990s from so-called “brown” shoes—hiking boots and loafers—the athletic shoe industry continues to grow. Athletic shoes—a \$13.1 billion market in 2000—account for 35% of the entire footwear market in the U.S. (Euromonitor, 2001). There are literally hundreds of new models of athletic shoes each year, designed for every conceivable activity—aerobics, basketball, walking, soccer, hiking, and so forth—and every conceivable market: women and men, young and old, serious and casual athletes. Sneakers are no longer only for exercise and gym class—

athletic and “fashion” sneakers (from Sketchers to DKNY) grace our everyday wardrobes. Nike even offers consumers the option of designing their own shoes, selecting from more than 20 styles and several patterns and colors, and personalizing shoes with a unique “Nike iD.”<sup>10</sup>

Despite their popularity, however, athletic shoes are not the only—nor the primary—sector of the \$47.3 billion U.S. sporting goods market, 28% of which is made up of footwear, 29% by sports apparel, and 43% by sports equipment (Euromonitor, 2001). Although the sports equipment market is dominated by the health club industry and other institutional markets (such as hospitals and corporate fitness facilities), retail sales of fitness equipment to individual consumers were nearly \$2.8 billion in 1999 (Sporting Goods Manufacturers Association, 2000: 10). Part of that equipment market are exercise videos, which have been one of the most profitable sectors of the home-video industry since the mid 1980s. In 1992, eight of the ten top selling videos in North America were workout videos (MacNeill, 1998: 63-64). Many of us are not only buying athletic shoes, but abdominal exercisers, treadmills, weights, jogging suits, running shorts and yoga videos as well. The accoutrements of fitness are no longer the specialized equipment of athletes and physical educators, but are the common accessories of millions of people.

What distinguishes a contemporary fitness manual such as *Fitness for Dummies* (Schlosberg & Neporent, 1996) from Charles Atlas is the way in which fitness has become so thoroughly enmeshed in a network of commodity and corporate affiliations. Atlas’ advertising boasted that the reader required no “weights, springs or pulleys. Only 15 minutes a day of pleasant practice—in the privacy of your room” (Gaines, 1982: 71).

Today's fitness industry, in comparison, is a network of corporate synergies involving products, texts and spaces, as well as weights, springs and pulleys. The back cover of the ACSM's manual, for example, includes the following endorsement:

"At last! An excellent, step-by-step physical fitness workout according to the latest guidelines from the leading authorities in exercise science! ... You'll soon be moving with ACSM and improving to a healthier, more vital way of life!"

Barbara S. Harris, *Editor in Chief Shape magazine* (American College of Sports Medicine, 1992: back cover)

Such promotional synergies thus affiliate the serious respectability of the ACSM with the popularity of *Shape* magazine, pointing readers of one in the direction of the other. Other strategies of cross-referencing include the horizontal integration of publishing content, as when the same publishing company produces magazines and complementary manuals, excerpts of which appear in the magazine. The acknowledgements page of *Self's Better Body Book* provides another example of the mutual endorsement of, and strategic partnerships with, other fitness producers:

Special thanks to: Crunch, Abizad Arts, NYC.

Cycle Reebok courtesy of Bally's Sports.

Weights and Weightbench from the Gym Source, 800-GYM-SOURCE. ...

All the athletic footwear and apparel photographed for this book was provided courtesy of LADY FOOT LOCKER. For information about these products or to find the Lady Foot Locker store nearest you, call 1-800-877-5239.

All cosmetics and skincare courtesy of ALMAY.

Recommended products: ...

Lipcolor: Stay Smooth Anti-Chap Lipcolor with SPF 25 in Healthy. (Billings, 1998: 112)

This example of the marketing function of such publishing highlights—in extreme fashion—the ways in which advice about fitness includes the mapping of an entire universe of consumer choices, from “Healthy” lipbalm to the necessity of the appropriate club and apparel. Such all-encompassing and horizontally-integrated lifestyle media have become the norm, as the television programs, magazine and website content, and associated merchandise and recommendations of Oprah, Martha and Rosie offer “better living.”

The line between the advertising and content of magazines and manuals is often blurred. Fitness magazines include excerpts from new exercise manuals (sometimes written by their columnists), and profile “celebrity” personal trainers. Illustrations for exercise articles include “shot on location” references, thereby promoting both the particular health club setting, and clubs in general as the sites of fitness. Exercise manuals acknowledge the donation of props and space by sporting goods manufacturers and health clubs, akin to the strategies of product placement in Hollywood films. Even the ACSM offers advice on how to choose between the varieties of cardiorespiratory equipment, weight training equipment, fitness books or exercise videos.

The fitness consumer faces an increasing number of choices within a single product category. At the same time, the production of fitness involves a mutually referential network of texts, products and producers, which repeatedly remind consumers of their options to purchase. The main lesson of fitness education is not that we are free to choose between yoga and Step aerobics, or Nike and Reebok, but that we are *obliged*

to choose (cf. Rose, 1996: 17). In short, fitness texts map out a fitness lifestyle, thereby setting the parameters within which participation takes place.

In summary, the expansion of fitness publishing, and the fitness field more broadly, is linked to several social currents that created favorable market conditions for a new lifestyle and leisure industry focused upon care and improvement of the body. Taken together, these four elements—women's empowerment, health education, new middle class and multiplying consumer choices—form an interlocking network of supply and demand for fitness and its benefits of self-competence and self-confidence, strength, control and authenticity.

### **The Production of Fitness as Lifestyle**

A cultural field is characterized by struggles over the legitimate function and definition of an activity. For example, the marketing strategies of commercial health clubs have reinforced their status as the taken-for-granted sites of fitness and the function of fitness as leisure. The competition for readers between fitness authors and authorities is about defining fitness as a lifestyle—a way to live that, to varying degrees, is dependent on the consumption of various goods and services. Organizations which are both loosely and tightly associated with the commercial fitness industry—from the American Heart Association and American College of Sports Medicine, to *Men's Health* and *Self* magazines—publish exercise manuals that strive to define fitness for readers. At both ends of the spectrum of fitness texts, fitness is defined as a way to live. However, the relative emphasis upon consumption and commodities differs; non-profit organizations attempt to overcome the inherent class limits to participating in a commercial version of

fitness, while more commercially-driven texts attempt to attract the largest consumer market possible.

Two structural factors are especially significant in constraining and shaping this production of fitness as a lifestyle. First, lifestyle publications face political-economic pressures on how fitness media are produced and marketed. Given the networks of affiliation between the fitness producers—as when *Shape* endorses ACSM—there is an inevitable blurring between the fitness lifestyle and lifestyle consumption. Second, the resistance of the individual body to alteration through exercise requires a long-term commitment to fitness; thus, consumer education is concerned with defining fitness as an ongoing style of life. Below, a discussion of each of these factors draws together the overlapping practices of production and consumption.

### ***The Political Economy of the Fitness Lifestyle***

Like television, magazines solicit advertising dollars from companies by “selling” their audience. The vital statistics about the audience include both its size (the larger the readership, the more the magazine can charge for advertising space), and its consuming capacity (the higher the readership’s income, the more high-end goods the magazine can expect to advertise). Of the fitness magazines, for example, *Men’s Health* has the most expensive rate for a full-page, four-color advertisement (\$109,625 in 2002), which they justify by having the largest paid circulation for the fitness category (1.63 million), and the highest average reader income (\$67,552). *Shape*, the next highest circulated fitness magazine (1.6 million), also has the second highest average reader income (\$62,519). Both *Shape* and *Self* (with 1.4 million circulation and \$62,350 average income) have advertising rates of about \$81,000 per full page.<sup>11</sup>

Underlying this competition between magazines for readers and advertising accounts is the fact that, in terms of editorial content, they are very similar. By and large, fitness magazines have comparable proportions of coverage on fitness, fashion and relationship advice, as well as featuring similar types of workouts. Thus, like the differentiation between health clubs, magazines compete for readers and advertisers on the basis of their editorial profile, or personality. In order to understand the process through which fitness is articulated as a lifestyle at the level of production, I interviewed several advertising associates at different fitness magazines about their work.

Advertising associates are the intermediaries between the readers and the advertisers; as such, they both develop products targeted at the new middle class and belong to this same group. In their work, associates use circulation and reader demographic statistics as resources for constructing an ideal-type consumer with an imagined elective affinity for a universe of products. The objective of the advertising associate's work—affinity engineering, as it were—is for big-dollar advertisers to “recognize” their products in this ideal-type consumer.

In interviews with advertising associates, I asked them to describe their typical readers. Daniel,<sup>12</sup> the general advertising and sales director for a publisher of several fitness magazines for men and women, oversees three men's exercise and fitness magazines. Of the differences between readers, he observed:

*Grip* is for men who are heavily into bodybuilding, men who would love to compete. *Muscle Review*, I call that “*Grip for Wimps*” [laughs] because it's men who go to the gym a couple of days a week, but they've got other activities that they're into. I call them “vain-iacs” because they're very concerned with how



they look, what other people think of them. *Fitness Forum* is “*Muscle Review for Wimps.*” [laughs] These are guys who go to the gym maybe 2 or 3 times a week, but they’re interested in fitness because they’re into other activities. Like, they’ll be a runner, and will use fitness as a way to perform better. ...The guys who are reading *Fitness Forum* aren’t meatheads. You know, they go to the gym, but when they’re done they put their clothes on and they’re doctors and lawyers.

Daniel’s characterization of his readership comes from reader surveys, as well as statistics gathered by magazine circulation research groups (notably the Audit Bureau of Circulations (ABC) and Mediamark Research Inc. (MRI)). From these sources, Daniel knows that the average reader of *Fitness Forum*, for example, is approximately 34 years old and earns over \$63,000 a year. The space between these types of statistics and the character sketch of the readership, however, is covered not by reader surveys but by the creative work of marketing and sales. Daniel’s observations highlight how ideal-types are framed and represented in the fitness publishing industry.

Jessica, an advertising associate at a women’s fitness magazine, also makes this point. She had just finished pitching her magazine to Volkswagen on the morning of our interview:

We blew them away. They loved it. We match the age group, the characteristics and the personality—our readers match the people they want to reach.

When pressed about how she knows what the readers’ personality traits are, however, she highlights the gap between the uniform consumer she has pitched and the heterogeneous readership who will actually see the advertisements:

The topic of fitness basically appeals to really out-going people. People who want to get off their butt, get out there, be active, lose weight, make changes. It's a whole variety of people. There's obviously an overweight category, and they're looking for new ways to make changes. ...For someone who's already active, we have detailed stories that they can follow each month.

Jessica uses the category of "out-going" personality as the common denominator for 1.2 million people (the paid circulation), 35% of whom—despite the frequency of advertising for feminine hygiene and women's fashion—are men. But this gap between fact and fiction does not discount the real effects of the imagined consumer, for the magazine's advertising income and the dissemination of millions of VW ads.

Alexandra is an advertising associate at *Form*, another women's fitness magazine within the same publishing company as Daniel. Alexandra works for the most successful of all of the company's magazines; *Form* attracts three times the size of the audience as their best-selling men's magazine. It is also, of all of the titles, the least concerned with exercise and bodybuilding techniques. In an interview, Alexandra suggests the logic of marketing fitness as a lifestyle rather than merely a matter of exercise:

The person who reads *Form* is educated, they're into the lifestyle, but they're not as serious, as hard core. We're more fluffy, with articles that aren't just about exercise. You can't be that narrow, that hard core, and expect to get 1.6 million readers.

The fitness lifestyle, writ broadly, attracts more readers than exercise alone, which in turn attracts more advertisers, cementing at the level of political economy the link between fitness, lifestyle and consumption. Despite Alexandra's suggestion that the lifestyle mix

of *Form* is unusual, all of the popular fitness magazines employ this combination of exercise and health with information on fashion, beauty, food, relationships, sports and travel. Alexandra goes on to describe the psycho-demographic logic behind this wide variety of articles and diverse advertisers:

If you're someone who's into fitness, then it's not just that you exercise. It might affect what kind of vacations you take. Maybe you'll go on a back roads bicycle trip, or you'll go skiing. If you're going skiing, you'll want to know about what kinds of equipment there are, and it affects what kind of car you take. It all sort of follows from your active lifestyle. ...The demographics sell the magazine to advertisers. They know that they're reaching a young woman who's active. ...So [advertisers are] reaching someone who isn't just interested in skiing, but who can afford it.

Thus, income limits an otherwise indiscriminate logic of lifestyle. If you can *afford* it, it can be woven into your lifestyle project.

Sherry, at yet another women's fitness and lifestyle magazine, suggests how editorial and advertising content mutually reinforce each other:

The products that are advertised in the magazine are what can help [the readers]; they see them as tools to help them to maximize themselves. Like, if it's a lipstick, or a beauty product, it's about what can help you. So [advertisers] are reaching a women who really wants to look her best and *feel* her best. It's not just about looking good, but feeling good on the inside. ...So [the magazine] is meant to inspire her to be her best self. And I think that the inspiration comes from the information. It's information she can either accept or deny. You know, if she's

reading the magazine one month because she wants to work on her abs, then great, it's in there. If the next month she wants to find out about the latest fashions, then that's there for her, too. But I really do think that it really inspires her. Not in some corny way, but in a soulful way.

Magazines are thus not only interested in publicizing fitness as a lifestyle, but also in advising the reader on how best to construct and "maximize" that lifestyle—particularly through the "tools" featured in the articles and advertisements. Sherry's understanding of the reader suggests how textual producers (and cultural intermediaries more broadly) regard themselves as lifestyle facilitators, reproducing fitness as a desirable style of leisure and body investment.

The positioning of magazines and manuals as the reader's confidant and counselor is reinforced through a variety of article. For example, the editor of *Self* tells the audience, "We want to be a magazine and a friend" (Penney, 1990a: 93). As well, in comparing and reviewing products, the magazine or manual is represented as "on the side of" the reader. For example, in the *Self* exercise manual:

The promise of a sexy, washboard stomach has transformed ab machines into one of the most popular home fitness tools in recent memory. ...Do they work? Yes, some of the as-seen-on-TV rigs really can help you do consistent crunches. But the truth is, nearly all of us are perfectly capable of lying down and sitting up without assistance. ...Final analysis: If spending money on a machine means you'll kick-start your motivation, by all means, buy one. But if you wonder whether this gear is going to become another high-tech hanger for your dirty clothes, then save your money and take the traditional route. (Billings, 1998: 85)

Given the number of choices available, in other words, the magazine and manual are the “friends” to turn to for advice about which options are worthy investments, as the authors (purport to) understand both the choices available and the reader’s motivations. “Trust” is constructed as a relationship of reader loyalty.

The advertising associates’ emphasis on the affinity of advertisers with readers is accompanied by strategies to engender affinity between the readers and the magazine (and, by association, the products advertised therein). Thus, the ideal-type consumer is employed in soliciting readers themselves. Magazines try to appeal to (indeed, flatter) the reader’s sense of individuality. Given the size of the audience, however, the terms of identity and individuality are necessarily vague. The ideal-type consumer is thus constructed as a personality rather than a particular body shape. This is a strategic construction in the engineering of affinity, as the language of personality is more encompassing than the language of shape.

In an interview, Hilary, an advertising associate at the same magazine as Sherry, captures this tension between exclusive qualities—giving readers something to identify with—and inclusive language:

We try to create the magazine as a person. It is a woman. It is a woman you know. It’s the woman you live next door to. So you feel like you know her. That’s what we try to do. ...She definitely doesn’t have a face. You [the reader] create what she looks like. But she doesn’t have a face. She could be a minority, for example. You read the magazine, and it’s whatever it means to you.

Magazines must strike a balance between providing a narrow profile that speaks to readers and stands out from the competition, and a broad language of participation so as to include the largest possible population, without losing its signs of distinction.

The solicitation of reader participation in magazines is an example of the blending of production and consumption in the definition of fitness as a lifestyle. *Shape*, for example, offers its audience the opportunity to “see yourself in Shape.” using readers as demonstration models in workout articles, and as the subjects of the long-running and popular “Success Stories.” The “fit, healthy reader” can apply to be a demonstration model by sending a photograph of both her face and her “full body in fitted workout gear” along with a description of her typical workout routine.<sup>13</sup> Not surprisingly, these models embody the visual definition of fitness: more muscled than the razor-thin supermodels of fashion magazines and not so muscled as to put their femininity in question, these women have lean, tight bodies without bulging excesses, missing parts or skin discolorations.

Readers featured in the “Success Stories,” on the other hand, are chosen more for their conformity with a fitness ethic than a fit look. That is, these readers embody not a visual definition of fitness, but a lifestyle definition. Their stories are of overcoming adversity—obesity, illness, debilitating relationships, lack of self-esteem—through fitness. They describe their transformation, and offer other readers their experience as inspiration and guidance. While reproducing the visual criteria of fitness (each story, for example, is accompanied by statistics on inches and pounds lost), “Success Stories” enlarge the terms of participation in fitness, from looking a certain way to thinking about and taking care of oneself in a certain way. At the same time that these stories

personalize and individualize the magazine, they also, literally, associate the fitness lifestyle with “success.” In short, the difference between *Shape*’s two uses of readers highlights the narrow visual definition of fitness as a particular body shape—acquired through exercise and diet (and possibly surgery)—and the expansive definition of fitness as a lifestyle.

Thus, there is a tension between the look of fitness (body shape) and the style of fitness (an attitude of body investment and self-improvement). The strategic appeals to inclusion through the language of lifestyle are often at odds with the actual images in the magazines. In articles and advertising, models are overwhelmingly thin and able-bodied, albeit from a growing variety of age and ethnic groups. This incongruity has not gone unnoticed, by either social researchers (e.g. Duncan, 1994; Markula, 2001) or consumers. Readers have commented on the discrepancy in fitness magazines between the visual depictions of traditional feminine forms and norms, and the “enlightened” language of empowerment and body acceptance.

Since the 1980s, letters to the editor of *Self*, for example, regularly include complaints about the use of thin models as unrealistic and debilitating illustrations. Consider one reader’s letter in 1985 regarding the cover model:

Woman [sic] don’t need another media image of an emaciated young woman to use as a sick role model. I’ve counseled anorexics and know that it is precisely these images which heighten their sense of shame and fear at having a woman’s body emerging at adolescence. Your new cover depicts a very old attitude about women—that they should be anorectically thin and boyish. Please do the women

and girls of America a service by not continuing to advertise this medically unsound, glossy depiction of unhealthy bodies. (*Self*, June 1985: 42)

Magazines employ readers in the production of a self-reflexive position regarding the media's role in body image disorders. That *Self* (as well as *Shape*) chooses to regularly publish such letters suggests the extent to which the problem of body image has been adopted into common parlance. It's interesting to note that readers also appear to have internalized the discourse of empowerment and self-actualization, as illustrated in another reader's letter from 1985:

*Self* addresses me as a diversified, intelligent, contemporary female and offers reading that is guaranteed relevant to any woman who is trying to be herself: all that she is, all that she is trying to become and all that she is trying to overcome! (*Self*, February 1985: 42)

The use of such reader letters—highlighting both the negative and positive aspects of the magazine—suggests how magazines negotiate between using thin models and, at the same time, adopting a progressive tone in discussions of body image problems. In general, the political-economy of magazine publishing creates a tension between the content—which may, indeed, address issues of body image dysfunction and the complicit role of the media—and the cover and advertising images, which drive newsstand sales and revenue (Kuczynski, 2001).

One way in which magazines negotiate this tension between a market demand for both “enlightened” content and sensationalistic covers is to simply pay lip-service to the critique of the media. For example, *Shape* declared in 1993: “we’re rebelling against the pursuit of the perfect body” (*Shape* May 1993: np). Nevertheless, *Shape*’s headlines and



features continued the annual tradition of making May the month of bathing suit anxieties: "Summer Shape-Up Series" (May, 1993), "Your Best Body Ever" (April/May, 1994), "a get-ready-for-summer blitz!" (May, 1997), "Target Your Bikini Zones" (May, 1999). Another strategy for mediating between selling unrealistic images and real-life advice is for the magazine to identify with the reader's anxieties. For example, in 1990 the editor of *Self* responded to reader complaints about the use of "thinny-thin models" for the cover:

You told me 'get real!' ...So yes, I'll get more real. As real as I can. But I can't deny that I have a *fantasy quotient* that I don't want to lose. I admit to an unrealistic notion that someday I will be truly svelte and perfectly fit. And I confess to fantasizing about appearing every day in absolutely gorgeous clothes.

Is there anything wrong with having these dreams? (Penney, 1990b: np, emphasis added)

In this way, the negative impact of media images is constructed as a problem of individual perception (Markula, 2001) and the reproduction of those images as individual preference and desire.

By claiming the fantasy of having a svelte body as her own, the *Self* editor legitimates her readers' similar desires to see someone unlike themselves on the cover. The desire, here, is for day-dreams of a more perfect body (cf. Campbell, 1987), not images of other imperfect bodies. The editor of *Men's Health*, for example, commented on the logic of magazine covers in a *New York Times* article:

[Readers] want to see someone who looks like he is in control and happy. ...Our worst-selling covers last year were images in which a guy was lugging gear, one

guy carrying hiking equipment and the other a surfboard. ...No guy is ever happy when he's lugging gear. (Kuczynski, 2001: C1)

In other words, real people and real situations *do not sell*.

In summary, the production of fitness texts is shaped by the political economy of publishing, which involves market competition through the personality of the magazine, and the generation of revenue by affiliating readers with the various products and practices advertised. Fitness is thus produced as a lifestyle product (the magazines and manuals) and as a way of life, shaped and enabled by an array of other products and services. This production of the definition of fitness as a lifestyle is also carried out in the texts of consumer fitness education.

### ***Consumer Education in Lifestyle***

The fitness reader and participant is an essential element in the definition of fitness as a legitimate style of life. In reader letters and *Shape*'s "Success Stories," for example, reader participation helps to validate fitness as a respectable and responsible pursuit, rather than a passing fad, an "alternative" lifestyle, or a passion for hypochondriacs and exercise obsessive-compulsives. Thus, the production of the fitness field relies on consumers who are educated in the necessity of making fitness part of one's life. For example, the ACSM clearly defines fitness in terms of a lifelong process:

You need to understand, though, that physical fitness is a lifetime pursuit. A program that lasts 10 or 12 weeks won't bring a lifetime of fitness benefits. Unfortunately, if you stop exercising, your fitness gains will be lost over time. (American College of Sports Medicine, 1998: 9)

Thus, fitness is a process of continual investment rather than a material possession.

Similarly, the *Fitness Facts* manual (a textbook-like guide by two authors associated with the ACSM and other fitness professional organizations) also describes fitness in terms of an all-encompassing lifestyle:

Total fitness is the capacity to combine all these aspects to achieve the optimal quality of life. ...Total fitness is *multidimensional*—it is difficult to imagine the highest quality of life without including intellectual, social, spiritual, and physical components. ...Total fitness is *dynamic*—the optimal quality of life involves striving, growing, developing, and becoming. It can never be “achieved” in the fullest sense; the fit person is continually approaching the highest quality of life possible. (Franks & Howley, 1989: 5-7)

Fitness is thus presented as a lifestyle not simply because it requires a lifetime of work, but also because it involves all spheres of life—intellectual, social, spiritual, physical. This, in itself, is not new: Charles Atlas, for example, advocated an overall regime for living, including instructions on posture, grooming, clothing, sleep patterns, breathing exercises, how to deal with constipation, diet and the proper “chewing” of milk and water, and the necessity of perseverance (Gaines, 1982: 113). He offered a manual, in short, for a total style of life.

At the same time that fitness is a life-long process and can never be fully achieved, it requires the conscious and repeated decision to live life in a particular way. Later in *Fitness Facts*, the authors spell out the individual’s burden of responsibility for adopting a fit lifestyle:

One major factor determines whether exercise will bring you its full benefits: *You*. You must decide to include exercise as a regular part of your life. ...Decide that you are going to begin exercise now and continue it for the rest of your life. This is not the only decision you will have to make, but it is one decision that is essential to a quality lifestyle. (Franks & Howley, 1989: 156)

The fitness lifestyle thus combines the popular interest in self-competence as well as the economic reorganization of health promotion and health care as individual responsibilities (Howell & Ingham, 2001; Ingham, 1985). Getting fit is represented as a personal decision, over which the individual has control. This may resonate with middle class desires for self-competence and self-control; however, it also ignores the social obstacles to healthy behavior.

The equation of fitness with a permanent lifestyle is common across a range of fitness texts, from the "non-profit" guide by the AHA to those explicitly linked to the commercial industry. First, consider the AHA's declaration of fitness:

We're offering a "lifestyle approach" to physical activity. We're suggesting that you can simply "fit in fitness" with your current lifestyle. How? By adding short segments of physical activity to your everyday routine. ...On these pages, you'll find ways to fit in fitness at home, at work, on the road, with your kids, and when you least expect to be able to. (American Heart Association, 1997: xv-xvi)

The AHA presents fitness as an element to be added in to an existing lifestyle, in a manner strikingly similar to the manual *Stronger Faster*, by *Men's Health Books*:

We need to stop thinking of fitness in terms of whether we got to the gym three times last week. Rather, think of fitness as a lifestyle that touches on everything

we do. Just as our work life helps define who we are, so does our fitness life. ...Fitness is a lifestyle, not three visits to the gym a week. It's about making moment-to-moment choices that maximize health, strength, and energy. It's choosing to go through life with vigor... (Kaufman & Kirchheimer, 1997: vi)

Like the AHA, the authors of *Stronger Faster* are promoting fitness as an integral aspect of life rather than an activity limited to a thirty minute visit to the health club. From the point of view of the AHA, however, a lifestyle approach to fitness is an attempt to broaden the avenues of participation, and circumvent the obstacles (such as the cost of membership or insecurity about the club setting) limiting access to fitness. For the authors of *Stronger Faster* (and the commercial industry more broadly), a lifestyle approach is a way to broaden the opportunities for consumption, and circumvent the obstacles (such as shrinking leisure time or dislike of certain kinds of workouts) limiting adoption of fitness. Both ends of the spectrum of manuals, for a variety of reasons, want to ensure that participation in fitness is not short-lived.

While this comparison exaggerates the complicity of manuals such as *Stronger Faster* (and the detachment of those by Atlas or the AHA and ACSM), the point is that a range of fitness texts with varying degrees of vested interest in readers' consumption patterns are all articulating the same message: fitness is a way to live. Accessories to the lifestyle may be purchased (shoes, membership, videos, magazines), but fitness itself can never be a "final" purchase. Thanks to the body's entropy, fitness is always slipping away, making the pursuit of fitness an ideal perpetual motion machine for the reproduction of consumer markets. One of the more vivid and overly-optimistic

examples of fitness as cure-all comes from *Stronger Faster*, in which long life, health and happiness are seemingly guaranteed for the fit:

Fitness, as you know, touches on *every* aspect of your life. With exercise, you'll:

- Look and feel better
- Cut your risk of deadly diseases...
- Have better sex and even prevent impotence
- Meet new people, develop friendships, or maybe even find your future mate
- Boost your self-confidence many times over (Kaufman & Kirchheimer, 1997: 2)

Given these benefits (which recall Dale Carnegie), it seems a paradox that so few people are, indeed, fit. However, the evidence on physical activity suggests that despite the work of the fitness industry and its proxy magazines and manuals, fitness largely remains a spectator sport. In 1996, for example, the Surgeon General released a report stating that 60% of U.S. citizens did not get enough physical activity to achieve any health benefits, and 25% are not physical active at all (Roan, 1996). The problem is viewed by the fitness industry as one of *motivation*. Bridging the gap between the symbolic production of fitness as a lifestyle and the actual, material work of including physical activity in one's daily routine requires overcoming significant resistance: from the body itself, which is slow to change and prone to lose ground through aging and inactivity; and from the resilience of routine, which resists the introduction of new patterns of behavior. Consumer education thus must address the problem of motivation.

### **Lifestyle and the Problem of Motivation**

Instructions on how to assess cardiovascular capacity, strength, flexibility and body mass are the technical lessons of fitness, and require a massive motivational and educational scaffolding to support participation. The content of fitness magazines and manuals thus includes coaching on how to stay motivated and insert exercise into daily routines, inspiring personal success stories, and suggestions on how to choose between workouts and products. Knowing the how-to of push-ups and bench presses represents only a small portion of fitness education. More ink is devoted to showing readers what a fit lifestyle looks like, and convincing individuals why they should participate.

Exercise involves a lot of *work* if the participant is to see results—which poses a challenge to an industry that sells fitness as *leisure*. Furthermore, exercise tends to take place during non-paid hours, thus competing with other (less strenuous and sweaty) leisure activities. Like the designers and managers of health clubs, the goal of educative texts is thus to make exercise feel less like work (if not more like fun). The ACSM is typical in highlighting motivation and persistence as the caveat emptor for fitness participants:

So now you're motivated to begin a fitness program to improve your fitness, be healthier and live longer. What's the ultimate secret of success? In a word, persistence! ...Unfortunately, when it comes to lifestyle changes such as exercise, too many people think that it's an all-or-none phenomenon. Nothing could be farther from the truth. Achieving health and fitness is similar to running a marathon, not a sprint. In other words, it's what you do over the long term that really counts. (American College of Sports Medicine, 1998: 13)

A similar warning sets the tone in popular, commercial manuals. For example:

We don't want you to become a fitness statistic. The fact is, among people who start an exercise program, half quit within eight weeks. *Fitness for Dummies* will give you the knowledge to make sure that *you* stick with fitness for the rest of your life. (Schlosberg & Neporent, 1996: 2)

Indeed, the attrition rate is mobilized as a tool of motivation, challenging consumers to not repeat the failures of others. For example, dropping out of fitness is presented as part of an individual's larger behavioral or social problem, reinforcing fitness participation as a sign of a person's good time management, social connections and self-control:

The current emphasis on and interest in fitness has brought many people (like you) into fitness programs. A major problem for you will be sticking with it, as in many programs up to 50% of participants quit within 6 months. People more likely to drop out include those who smoke, have low self-motivation, lack social reinforcement, and believe that additional exercise is unnecessary. (Franks & Howley, 1989: 128)

Thus, the production of fitness as consumer education involves motivating participants to stick with the program. With the obstacles to fitness constructed in this way—as individual resolve rather than social environment—magazines and manuals purport to provide the essential motivating ingredients.

The problem of motivation is inseparable from the physiological and psychological capacities and limits of the body/self. That is to say, work of fitness involves two aspects. First, one must overcome the physiological inertia of the body: muscle bulk and definition take time to build. Second, for most people, introducing



regular exercise into daily routine is a fundamental alteration in behavior. As such, it's not simply a question of identifying fitness as leisure, or making time for leisure, but in replacing other leisure activities with exercise. Consumer fitness education therefore involves not only lessons in exercise, but—more fundamentally—constitutes an education in the production of habits through discipline. Several elements are common across a range of manuals regarding how best to habituate the fitness lifestyle, and link the investment attitude of the middle class to participation in the field of fitness.

One motivational strategy involves the role of education, which complements the middle class' educational outlook on life. In particular, the "new petit bourgeois...adopts a learning mode to life; he is consciously educating himself in the field of taste, style, lifestyle" (Featherstone, 1987: 65). Advice to consumers on how to motivate themselves to stick with fitness thus often include education, highlighting the associated production of competence and expertise. The following example from the ACSM is typical:

Learn all you can about the whys and hows of exercise. If you thoroughly understand the benefits...you'll be more likely to stick with it. Good instruction provided by qualified exercise leaders, such as those certified by the American College of Sports Medicine, will give you the knowledge... (American College of Sports Medicine, 1998:14)

Consumers thus require not only instruction but the right *instructors* in developing their bodies and minds. While we might expect such a message from the education-oriented ACSM, it is also common in commercial manuals:

Any subject is less intimidating if you know something about it. ...Our ignorance makes us feel a bit foolish... [I]t always pays to educate yourself... You'll have

more confidence and more fun with your workouts if you read about fitness in magazines, newsletters, and books—even on the Internet. (Schlosberg & Neporent, 1996: 37)

Fight the feeling. Your training results are just a few weeks away, but you feel like your motivation is flagging. What to do? Educate yourself. Go to a bookstore and study fitness magazines or books, or talk to others in the gym who look like they know what they're doing. It may go against every Y chromosome that you have, but you'll probably learn something. ... (Kaufman & Kirchheimer, 1997: 34)

In this way, the problem of motivation is framed for the reader as a lack of knowledge and expertise, and is thus remediable through education. At the same time, the reader's expertise are made contingent on the expert advice of the fitness text and the helping hand of the certified instructor. Health and fitness are constructed as *rational* outcomes: provided with the knowledge of expected benefits, individuals will choose to exercise more. However, as the soaring rates of obesity and inactivity in the U.S. (Farley & Cohen, 2001) suggest, education is not enough. Inactivity and obesity are not questions of rational or irrational actions, but are "normal" responses to living in an environment of suburbs and commuting, desk jobs, fast food and television remote controls (Crister, 2000).

In addition to the promotion of self-education, manuals suggest disciplining the self through routine and record-keeping. For example, exercising at the same time each day, using an exercise log, and charting one's progress are ways to "turn mere behavior

into a good habit” (American College of Sports Medicine, 1998:17). In *Gym Psych*, a manual geared towards men, readers are encouraged to use time-management skills they already have to insert exercise into their lives:

When you’re starting out with a fitness program, self-discipline is often one of your highest hurdles. Many people find that devising a schedule is the easiest way around that. In the beginning, you may want to schedule your workouts at the same time each day. ...Making specific appointments and keeping them is something you’re used to in life. If you can do it for the dentist, you can do it for your sense of well-being. (Levy & Shafran, 1986: 19-20)

*Self’s Better Body Book*, addressing women consumers, makes the same point, telling readers to “make a date” with fitness:

On your calendar, book fitness appointments with your gym, park or playing field then record what you accomplished during your date. (When you feel like standing up your Stairmaster, looking back on weeks’ worth of good workouts will make you less likely to break your winning streak.) (Billings, 1998: 42)

In the attempts to habituate exercise, the “new” habit is thus affiliated with preexisting and already established habits, such as making and keeping appointments. Not only do these disciplinary techniques of routine and record-keeping help readers to exercise, but the “discipline ‘makes’ individuals” (Foucault, 1977: 170), producing a habitual order of behaviors, such as time management and self-scrutiny (and, ideally, physical exercise).

Keeping records, either in the form of a schedule, workout log or fitness chart are tools long-used by athletes for producing physical capacities through the systematic

development of a training routine. However, the role of record-keeping for the fitness consumer is presented not as improved fitness, but as improved motivation.

Focus on the paybacks. ...If you want to drop a few pounds, look at the chart below to learn the potential weight loss you can expect in a year simply from fitting in fitness... Wow! Hard to believe, isn't it? And you can drop those extra pounds without a personal trainer, fancy gym, or strict diet. (American Heart Association, 1997: 131-35)

Charting progress, as a motivational technique, is also a bureaucratization of self-discipline: self-control is reduced to data entry. Exercise and fitness are produced as individualized matters to be managed through prescribed routines, and evaluated in self-referential terms: you're only as fit as your gain—in sit-ups and miles run—from yesterday.

Self-reflection, confession and role models are also endorsed as strategies for self-motivation and the production of fitness habits. The *Fitness Facts* authors, for example, suggest that the chances of fitness success—or failure—depend on the individual's self-critique:

One of the most difficult skills in dealing with yourself is being able to differentiate between the real reasons for your behavior and rationalizations that often sound better than the real reasons. It is impossible to progress with exercise or other health behaviors until you acknowledge the real reasons for your current behaviors. *Being completely honest with yourself* and the fitness leader is an important step in increasing healthy behaviors. (Franks & Howley, 1989: 83; emphasis added)

Note that the emphasis placed on self-reflection suggests that honesty cannot be assumed; a legacy, arguably, of the instrumental presentation of self advocated for success in service occupations, and society in general. Having been exhorted to be self-critical, the reader is then instructed to find a role model, against whom to compare themselves and to whom they may confess the difficulties of motivation. The role model may be the fitness leader, as mentioned above, or drawn from everyday life:

Find a hero. Model yourself after someone who's been a fitness success. ...Your hero can be your grandma who walks a mile in the park every day. It can be some guy in the office who wears size 42 pants but has started going to the gym four times a week. ...Just find someone about whom you can say, "If *that* person can do it, I sure as heck can." (Schlosberg & Neporent. 1996: 35)

Like the "Success Stories" of *Shape*, fitness heroes are those who have adopted an ethic of self-improvement through exercise. It is not only that readers may draw inspiration from these examples, but that they are also affirmed in an ethos of interpersonal competition through "winning images" (Lasch, 1979: 114-16): "If that person looks good, I have to look better."

Inevitably, however, behavior modification will falter, if only temporarily. Moreover, fitness itself is prone to disappointment: aging and injury mean that we are fighting a losing battle. Thus, part of fitness education is dealing with guilt and disappointment:

There will be days when you just don't have time for the treadmill. ...You are not a bad person. You are a busy, exhausted person. Do what you can when you can... Or, rest. Real rest, particularly if you're a hard-core gym rat, is the best

way to revive tired muscles, renew your frazzled psyche, and restore your commitment to fitness. (Billings, 1998: 42)

While this smacks of pop-psychology, we should not underestimate the impact of guilt—as a force of motivation and self-discipline, as well as a cause of illness and unhappiness. The confrontation of messages of the fitness lifestyle and the prevalence of inactivity is productive, therefore, of both guilt and discipline.

The lessons of consumer fitness education call to mind the work of Foucault on the role of confession, fear, stigma, and role models in the prescriptive texts from the ancient Greeks and Greco-Romans (1985, 1988), as well as the effects of routine and scheduling on the production of capacities (1977). In addition to these parallels, a revealing comparison can be made between contemporary fitness texts and the modern exemplar of a behavior modification guide: Benjamin Franklin's 1788 *Autobiography*. Franklin prescribed constant learning, routine, record-keeping and self-reflection in the habituation of moral virtues such as industry, chastity, temperance and cleanliness. Franklin himself kept a daily log, in which his transgressions against each of the virtues could be recorded and, at the end of the day, reflected upon. In this way, believing in the logic of progress, Franklin set out on a "bold and arduous Project of arriving at moral Perfection" (cited in Ewen, 2001: 128).

What Franklin did not prescribe, and what has become the sine qua non of habituation and motivation in contemporary consumer culture, is material self-reward.<sup>14</sup> Take the following advice, offered in *Fitness for Dummies*:

Be nice to yourself... Attach an appropriate reward to each of your long-term, short-term and immediate goals. If you lose the 15 pounds over 6 months, buy

yourself that watch you've been wanting. ...Sure, it's bribery, but it works.

Short-term rewards are particularly important because there's always a chance that you might not make it all the way to your long-term goal. (Schlosberg & Neporent, 1996: 28)

Advice of this kind tends to emphasize that the intrinsic health rewards of fitness are not always sufficient. Extrinsic rewards such as looking better and being admired (and the need to shop for a new body) are promoted to women and men. The authors of *Stronger Faster* recommend reward-shopping as a motivational technique:

It makes...sense to wear clothes that reveal some of your progress. That will serve as a visible reminder that your hard work is paying off. ...Remember when you used to fill out your letterman jacket in all the right places? Striving to repeat that pleasant past can help motivate you to keep exercising. Or promise to buy yourself a new Armani suit when the shoulders and chest on this one get too small. (Kaufman & Kirchheimer, 1997: 32-33)

If bribery is a way to motivate fitness behavior, it is significant that the bribe is shopping, linking the field of fitness to the reproduction of consumption more broadly. Bodily discipline in one sphere (exercise) is the alibi for indulgence in another (shopping). Instant gratification is thus reconciled with the long-term self-discipline of fitness. This reward aspect of fitness motivation—and habituation more generally—provides us with an important insight into the ways in which the ascetic traditions of self-denial (the Protestant work ethic) coexist with the hedonistic impulses of the Romantic Ethic (Campbell, 1987). That is, self-discipline and self-gratification are not irreconcilable, but

are configured as temporally and spatially separate aspects of the same lifestyle: do two more sit-ups now, buy the watch later.

In addition to the reward of consumption as the counter-balance to the long-term work of exercise, consumption is presented as necessary to the work of exercise itself. That is, even the advocates of fitness admit that the repetitions of jogging each day, or lifting weights for thirty minutes can lead to boredom. The answer is, again, consumption. Even the AHA, which reassures readers of its manual that fitness doesn't require a "personal trainer, fancy gym, or strict diet" (1997: 135), acknowledges the role of consumption:

We'll say it again: All you need to fit in fitness is a comfortable pair of walking shoes. So why spend money on fitness equipment? In a word, *variety*. Variety is not only the spice of life, it's what keeps physical activity *fun*. Boredom, on the other hand, is one of the most common reasons people give for quitting regular exercise. (American Heart Association, 1997: 96)

The field of fitness is situated within a culture of expectations for fun, immediacy, novelty and variety. Fitness educators ignore this context at their peril. Educating the fitness consumer thus involves the negotiation between competing time-scales of expectations.

Consumer culture is of the here-and-now, whereas health gains through exercise require time and work, a conflict that is presented not as an obstacle but as an opportunity, as in the following two examples:

It takes work and time. You are about to begin something that I hope will become a permanent part of your life. It is important to understand that you will only get



out of it what you put into it. Toning and firming can begin to show within days, but for a deep, total and lasting effect, you need to work hard and regularly.

(Fonda, 1981: 73)

Realize that building a new body takes time and patience—a fact that we don't consider depressing. Stick with exercise for a while and you'll find that the process of getting in shape can be just as fun and rewarding as the results. You sleep better, you feel less stress, and you have more energy. (Schlosberg & Neporent, 1996: 283)

Thus, fitness texts must debunk the consumer market's claims to instant results at the same time that consuming within that market is prescribed as a strategy of motivation.

Despite the idealized lessons of self-reward and motivation, however, the tension between the self-discipline of fitness and the ethos of consumer gratification is more difficult to negotiate in practice, as is evidenced in the high rate of attrition among fitness beginners:

Too many people drop out of fitness programs because they've gone into them with unrealistic goals. Don't expect immediate results. And don't get discouraged when you feel some aches and pains. They last, at most, a few weeks—the big question is: Can you? (Levy & Shafran, 1986: 12)

The discourse of consumer *lifestyles* is one in which the emphasis is on *style*—the coherence between the various aspects of life, from clothing to sport, eating and vacations—and not on *life*—that is, on the life-long process of work on the body.

From the many “lessons” advocated by fitness magazines and manuals, two general resolutions to the tension between consumer life-style and life-long work have thus presented themselves. The first uses the definition of fitness as a lifestyle—a life-long process—to trump the immediate conflict between self-denial and self-gratification. The second uses immediate gratification of different types (buying a reward, such as clothing to show off new muscles, a massage, or a new piece of fitness equipment) to off-set the long-term discipline.

There is also, however, the possibility of finding instant gratification in the work of exercise itself, be it in the pump, burn or runner’s high, or in the discipline:

You will always have a good reason to skip your workout. You could be cleaning the house, baking, watching a movie, going straight home from work or sleeping late. But when you make yourself exercise and afterwards feel that tingle through your body, the sense of exhilaration and your own *pleasure in your discipline*, you’ll agree it was worth it. (Fonda, 1981: 56; emphasis added)

Cleaning the house burns calories, but doesn’t provide the intimate experience of one’s body; watching a movie involves pleasure, but lacks the satisfaction and rewards of discipline. (‘No pain, no gain’ as the saying goes.) In other words, exercise in the context of fitness is not (only) about losing weight or having more energy, but is framed as a particular experience of one’s body that satisfies desires for control, authenticity, and pleasure.

The pleasure of virtue is highlighted in terms of feeling the body’s response, as well as in not giving in to temptation—as Fonda suggests, above, and the authors of *Fitness Facts* and the ACSM suggest, below:

Many regular exercisers know how *good it feels to have the discipline* to complete a workout even on busy days. At other times, the workout is fun for its own sake as we move in different ways, play games with modified rules, or simply become aware of our natural surroundings while exercising. (Franks & Howley, 1989: 155; emphasis added)

The test is easy to perform, and it can be completed in less than an hour. You should *enjoy the challenge* it offers. ... (American College of Sports Medicine, 1998: 19; emphasis added)

This emphasis on the intrinsic, pleasurable experience—of body- and time-discipline—offers a useful corrective to the extrinsic rewards of lifestyle consumption, as the former pleasures are less constrained by income; however, it is the latter rewards that predominate in the message of fitness texts.

The tension between long-term discipline and immediate results is not fully resolved, as the political economy of market competition reproduces the rhetoric of instant results. Embedded within the message that fitness is a matter of work and dedication is the promise of immediate reward:

There is a formula, but there's nothing magic about it and it doesn't come in any bottle. Once you understand the basic principles of training, nutrition, and recovery, it's just a matter of fine-tuning them to meet your body's needs before you start filling out your suits with brand new muscle. Best of all, it doesn't take much time in the gym either—about an hour every other day at the most—and

your muscles begin to grow almost *immediately*. (Kaufman & Kirchheimer, 1997: 6; emphasis added)

The promise of instant results sits alongside the emphasis on life-long fitness, obscuring the labor required to effect self-transformation and the habituation of exercise. The hidden labor of self-improvement is not particular to contemporary fitness texts (Atlas' archetypal ad marks the transition from weakling to he-man simply with the caption "later," hiding the years of work Atlas himself invested in his physique), nor is it limited to exercise, as countless ads for cosmetic surgery, electrical-impulse weight-loss machines and "Exercise in a Bottle" will attest. Fitness is but one field in which the consumer is educated in the necessity and strategies of negotiating between short-term and long-term goals and gratification.

In summary, fitness magazines and exercise manuals are part of an education in how to live in consumer culture, instructing readers to manage their physical and symbolic capital to increase their market value (Featherstone, 1982), and manage their behavior to decrease their health risks (cf. Beck, 1992). Such texts supply specific information on physical activity, but also claim to provide the objective, rational solutions to the problems of everyday life: how to choose between the multiplying options of the market; how to conduct your life so as to optimize your chances of success and happiness, and reduce the risks of failure and disease; how to shape a lifestyle that both conforms and stands out, earning both acceptance and distinction (cf. Rose, 1996: 156-57). This education of the consuming, "choosing" self (Slater, 1997) consists of a "plurality of pedagogies of everyday life, which set out, in often meticulous if banal

detail, the habits of conduct which might enable one to live a life that is personally pleasurable and socially acceptable” (Miller & Rose, 1997: 32).

Contemporary service journalism such as fitness magazines and exercise manuals may thus be viewed as a genre of sensibility manuals and manner guides, which educate individuals in the problems and solutions of social status and consumer lifestyle. Moreover, with fitness as a lifestyle descriptor, the fads and fashions of the consumer marketplace can be adopted and discarded without interrupting the continuity of a fit life. Fitness magazines, and service journalism in general, provide us with lessons on how to sit, and what orthopedic backrest to buy; how to wear your hair, and what brands of shampoo are best for your type of hair; how to sleep, breathe, and defecate, and what mattress, nose spray, and laxative will help you do so effectively; how to lose weight, tone your muscles, make friends and get promoted, by buying the right exercise video, club membership, and cross-training athletic shoe. Fitness, in short, is marked by decreasing differences and increasing varieties: it is a consumer lifestyle, the elements of which (yoga or kick boxing, Nike or Reebok, *Shape* or *Fitness for Dummies*) are changeable, yet interconnected.

### **Conclusion**

Over the past three decades, fitness publishing has attempted to educate the consumer in the knowledge, routines, practices and benefits of the fitness lifestyle. This has required not only instruction in the technical aspects of shaping the body through physical activity, but also—and more importantly—instruction in the motivational and disciplinary strategies necessary to overcome the inertia of bodies and resilience of (bad) habits. Shaped by the political-economic pressures upon publishing to generate advertising

revenue and expand circulation, consumer fitness education is inherently linked to the production of both fitness and consuming habits. Through the repetition of lessons, in monthly issues and various editions, the fitness consumer is schooled in the stakes of the field: the resources that matter are symbolic. Looking better, feeling more confident, feeling more alive: these are the benefits of fitness and the keys to increasing physical and symbolic capital.

The body—its health and appearance—is thus presented as an enterprise, and lifestyle endorsed as the pattern of investment. Undertaken through vigilant monitoring and continual body work, the success of self-improvement falls upon the shoulders of the individual. With the plethora of advice and information available, the failure to win a promotion or make friends, lose weight or build muscles, for example, can be rationalized as the failure of the individual—failure to seek help, to work out enough, to improve social skills—despite the larger social, economic and political constraints that frame our definitions and chances of success. As such, fitness is part of a larger social current of individualization, exemplified in the politics of Reagan and Thatcher, and put into practice through the various mechanisms of “enterprise culture” (Keat & Abercrombie, 1991).

The work involved in our body projects may, rightfully, be characterized as often debilitating (e.g. the rise in body image and eating disorders), but it must also be recognized as productive. That is, the exercise of bodily discipline is a positive force, in that it *produces* capacities (Foucault, 1977). In the case of consumer fitness education—and the broader trend towards popular medical education—the individual’s bodily discipline produces not only medical self-competence, but also self-awareness, an

intimate attentiveness to the minutiae of personal behavior, appearance, and emotions. The disciplining of body awareness—and skills of performance and appearance-management in particular—combines the essential productive capacities for service economies with the habits of self-management and individual improvement which drive consumer industries and underpin advanced liberal social orders. As a critical case study of the social and market value of the fit body, the dissertation now turns to personal trainers.

## Notes

<sup>1</sup> The findings of the *Perrier Study* were discussed in articles in *Time* (5 February, 1979, vol. 113: 140) and *House and Garden* (June 1979, vol. 151: 26).

<sup>2</sup> Information is from the 2002 *Men's Health* media kit.

<sup>3</sup> Information is from the *Muscle & Fitness* 2000 media kit, published by Weider Publications. More “hard core” or professional bodybuilding magazines, such as Weider’s *Flex*, have a much narrower editorial profile, and thus have less content that is not immediately relevant to training. That said, however, 25% of *Flex*’s content is made up of profiles of bodybuilders, and news, gossip and commentary (according to the *Flex* 2000 media kit).

<sup>4</sup> These are the activity recommendations from 1995 from the American College of Sports Medicine and the Centers for Disease Control and Prevention; these recommendations were reaffirmed in 1996 by government reports, including the Surgeon General’s Report on Physical Activity (American College of Sports Medicine, 1998: v). Diet recommendations are the U.S. Department of Agriculture’s and the Health and Human Services’ Food Guide Pyramid (Franks, Howley & Iyriboz, 1999: 44–45).

<sup>5</sup> Information regarding bestseller lists is from Justice, 1998.

<sup>6</sup> *The New York Times* bestseller list begins in 1935; *Publishers Weekly* begins in 1919. Of books that were listed for 100 weeks or more on their combined bestseller lists (which includes both hardcover and paperback editions), *Jane Fonda’s Workout Book* is 31<sup>st</sup>. Fonda’s book was listed for 218 weeks, total, well ahead of any other fitness book. As a testament to the perennially strong markets of children and self-searching adults, the five top selling books are *The Joy of Sex*, *The Road Less Traveled*, *Charlotte’s Web*, *Winnie-the-Pooh*, and *Richard Scarry’s Best Word Book Ever* (Justice, 1998: 343).

<sup>7</sup> The magazine industry research group, Mediemark Research Inc. (MRI) lists 64 different titles in 2002 in the health and fitness category of consumer magazines. Of these, 12 have paid circulations of more than a million people; of these, four are explicitly fitness magazines: *Men’s Health* (1.69 million), *Shape* (1.68 million), *Self* (1.55 million), and *Fitness* (1.18 million). MRI research information is available on their web site at <http://www.mriplus.com>

<sup>8</sup> The increase in the amount of press coverage is based on a subject search for “physical fitness” in ProQuest, a content database of magazine and newspapers from the early 1970s. Although imperfect as a

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measure of press content—particularly given the addition of titles in 1986—there is a consistent increase in the number of physical fitness “features.” The number of features rose from 25 in 1980 to 63 (1985), 114 (1986), 331 (1990), 403 (1995), and 717 (2000), six-fold increase between 1986 and 2000. The information on the increasing numbers of health magazines, and magazine titles in general, comes from the web site of the Magazine Publishers of America, <http://www.magazine.org>

<sup>9</sup> As an indication of the growth of “do it yourself” media, the *New York Times* divided its nonfiction bestseller list into “general” and “advice, how-to and miscellaneous” in 1984 (Justice, 1998: 10).

<sup>10</sup> There are limits, of course, to Nike’s willingness to allow individual consumers to personalize their products. See Jonah Peretti’s (2001) caustic account of his failed attempt to have “sweatshop” as a Nike iD. Nike rejects terms such as “sweatshop” and “exploit” automatically, grouping them under profanity and gang terms. See <http://shey.net/niked.html>

<sup>11</sup> Figures are from the MRI web site.

<sup>12</sup> The names of interviewees have been changed, as have the titles of the publications they work for. Thus, *Grip*, *Muscle Review*, *Fitness Forum*, and *Form* are all pseudonyms.

<sup>13</sup> The description of how to “See yourself in Shape” appears at the back of each *Shape* issue.

<sup>14</sup> Indeed, Franklin explicitly attributes the material signs of his worldly success—a change from pewter to silver spoons, pottery to fine china—to his wife’s decisions (cited in Ewen, 2001: 127), recalling Veblen’s (1959) analysis of the role of women in the production of social status through consumption.



- 5 -

### **Personal Trainers:**

#### **The Production of Fitness as Service**

Personal trainers directly translate the messages of fitness as lifestyle and leisure into customer service interactions. They stand between the mass customization of goods and services and a consumer population increasingly educated about matters of the body. Their involvement as the professional producers of fitness, however, is relatively recent. In 1991, the American Council on Exercise (ACE), the leading certifying body for personal trainers, first laid out the context and state of the occupation:

Exercise enthusiasts are becoming more educated about fitness and health, more insistent on an exercise regimen that caters to their schedules, and more adventurous and versatile in the activities in which they participate. Emerging from the demands of these individuals is the need for fitness instructors conversant with a variety of sports and activities and willing to meet clients at the fitness center, in the home, or elsewhere to personally guide them through an exercise program designed specifically for them. This has generated a new fitness niche, and *we are witness to a new breed of fitness instructor—the personal trainer.* (Marks, 1991: xix, emphasis added)

In the decade since ACE began certifying, personal training has developed from an expensive service for wealthy business people, elite athletes and celebrities into a prominent occupation, offering fitness services to a mass middle-class market. By the end of the 1990s, a survey by the International Dance-Exercise Association (IDEA), an occupational association for fitness professionals, found that over 4

million U.S. consumers use the services of the more than 65,000 personal trainers (Davis & Davis, 2000: 5). Although a range of fees accommodate an ever-growing client market, personal trainer services remain exclusive enough to serve as a status symbol.

Paid to design and facilitate individual fitness programs on a one-to-one basis, personal trainers have become a standard feature in many health clubs. Increasingly, clubs offer a complementary session with a personal trainer as a bonus upon joining; this session provides the member with an introduction to the facilities, and allows the trainer an opportunity to attract clients. Typically during their first meeting, the personal trainer will conduct a "fitness assessment" of the client, measuring body mass index, inquiring about exercise goals and developing a fitness program based on such factors as health concerns, lifestyle issues (including long working hours and smoking) and personal goals (such as losing five pounds or training for a marathon). Following the assessment and program design stage, personal trainers then coach the client through a workout, standing alongside the stairclimber, assisting in adjusting equipment, and providing instruction on technique, body position and pace. Most importantly, the trainer provides a constant stream of motivation, talking to the client about fitness and non-fitness issues to distract from the physical "work." The trainer also provides positive feedback on the client's progress, and generally coaxes the client to do more, do it faster, do it better. In subsequent sessions, the trainer will update and adjust the exercise program to match the client's physical progress and to counter boredom. Repeated sessions often give rise to a semi-personal relationship in which fitness instruction blurs with gossip, cheerleading and coaching as the trainer continues to motivate the client to pursue their fitness goals.

The work practices of personal trainers bring to light important aspects of the development of the field of fitness. It is in the work of personal training that the practices of the fitness field are institutionalized as the technical skills and knowledge of a particular occupation. In addition to the culturally specific site of the health club, and a market of educated and affluent consumers, the fitness field is thus further consolidated by the emergence of a “cadre of experienced producers” (Ferguson, 1998: 603). These elements—place, consumer, producer—converge in the entrenchment of the definition and function of fitness as leisure, and as a consumer lifestyle that requires particular products and services. As with other frontline service workers, such as theme park “hosts” and retail store “greeters,” personal trainers provide the emotional labor (Hochschild, 1983) that tailors the experience of consumption to suit the individual customer (Pine & Gilmore, 1998). This chapter is concerned with the work of the personal trainer, through whom fitness is sold as an individually-customized, *personal* service. Personal trainers weave the immediate fitness activity into larger networks of consumption. The ethos of the fitness lifestyle is not simply a marketing message and business strategy, but is also the product of service interactions between customers and personal service providers. Personal training is a node in a larger web of personal services, connecting narrow fitness activities to far-reaching middle-class patterns of lifestyle consumption (Featherstone, 1987).

Personal trainers are not the only producers of fitness service interactions. Health clubs are staffed by receptionists, salespeople, managers, floor trainers, aerobics and group exercise instructors, and massage therapists. However, unlike these other fitness *occupations*, personal trainers have undergone (and continue to undergo) a process of *professionalization* that sets their work apart as more

prestigious and more serious: personal trainers have more cultural and symbolic capital than other fitness producers. Working with a trainer symbolically counts for more than taking an aerobics class in the game of competitive consumption. Unlike the aerobics instructor, trainers work one-on-one with clients, they tend to have multiple certifications, and their session fees are not included in club membership.

Personal trainers straddle the worlds of professionals and entrepreneurs, typically considered mutually exclusive spheres of knowledge and practice. First, professions are traditionally defined through mastery of a distinct, abstract body of knowledge (Abbott, 1988; Larson, 1977), rather than the applied knowledge of entrepreneurs—the difference between an economist and a shopkeeper, for example. And, second, professions are traditionally directed by a service-orientation (putting the client's needs first) rather than by the self-interest of business people (Larson, 1977; Pavalko, 1971). The concern of revenue generation, until recently, has been considered outside the professional's concerns (cf. Leicht & Fennell, 1997).

Personal training, however, combines professionalism and entrepreneurship. As professionals, personal trainers must acquire intellectual capital that borrows from exercise physiology, anatomy, kinesiology and biomechanics. Success, however, rests with the trainer's capacity for motivating clients using his or her personality, attitude and appearance, a form of emotional labor not traditionally subject to professionalization, nor acquired in anatomy and physiology courses. In addition, a personal trainer's livelihood depends on generating revenue from client sessions. Unlike most professions that ostensibly eschew advertising, soliciting clients and other "ambulance-chasing" techniques, personal trainers require entrepreneurial, promotional skills to cultivate clients. Personal trainers are also of interest in that they are both producing services for, and are themselves members of, the new middle

class. Their occupation is an example of the new petite bourgeoisie's work in presentation, representation, symbolic production and cultural mediation (Bourdieu, 1984: 359).

Using the texts of producer education (newsletters, magazines and manuals)<sup>1</sup> and interviews with current and former personal trainers, this chapter shows how the production of fitness services defines and hones the skills of service interactions. Personal training is an education in the importance of image, lifestyle, performance and interpersonal influence. In their work, personal trainers learn what types of capital matter in a service economy: physical capital (a fit physique), social capital (connections to clients) and symbolic capital (appearance, personality) are the ultimate requisites for success. Intellectual capital—the technical knowledge of exercise prescription—is necessary, but not sufficient to guarantee “good” service interactions and a healthy career. Thus, the overlapping concerns of professionalism, entrepreneurship and emotional labor structure the work of personal training, affecting the trainers’ varying degrees of autonomy and constraint, modes of establishing authority, and broader implications in the fitness club and larger fitness field.

The chapter explores four aspects of the role of personal training in the field of fitness:

1. The growth and professionalization of the occupation since the late 1980s
2. The nature of emotional labor as well as the particular forms it takes for trainers
3. The ways in which the prestige of personal training is produced
4. The ways in which personal trainers link the fitness field to lifestyle consumption.

Bourdieu suggests that legitimacy—of a field and its producers—is won or produced through the monopolization of field-specific capital:

[T]he more [a] field is capable of functioning as a field of competition for cultural legitimacy, the more individual production must be oriented towards the search for culturally pertinent features endowed with value in the field's own economy. This confers ... cultural value on the producers by endowing them with marks of distinction (a speciality, a manner, a style) recognized as such within the historically available cultural taxonomies. (Bourdieu, 1993: 117)

Through the repeated lessons of personal trainer education, the development of occupational measures of quality and credibility, and the standardization of work practices, personal trainers are endowed with the “marks of distinction”: professional certification, as well as particular forms of physical and social capital. In other words, personal trainers must *look* and *act* the part of fitness producers.

### **The Emergence and Organization of Personal Training**

To understand the place of personal trainers in the field of fitness, it is important to first appreciate the development of the occupation from an elite to a middle-class service. The intended strategies of personal trainer associations and individual trainers, changes in the health club industry, and a general increase in the ranks of personal service providers have coincided in the development of the occupation.

Personal training is a new version of an old job, teaching the practices of physical exercise. Physical educators, sport and athletic coaches, drill instructors and military trainers are all examples of long-standing occupations focused on exercise instruction. Examples of well-known exercise instructors are found throughout the history of physical culture. In the late 19<sup>th</sup> century, for instance, Madame Bergman

Österberg led British children in the Swedish system of gymnastics (McIntosh, 1968: 114–45); in the U.S., James Naismith worked as a physical educator and coach at a Massachusetts YMCA (famously inventing basketball in 1892 in the process).<sup>2</sup> In the 20<sup>th</sup> century, each of the businesses that has “sold” exercise space—the executive club, boxing gym, exercise salon and YMCA—had its version of instructors, either paid by the club or the client to coach, teach, lead and guide. Outside of the immediate physical space of the gym, salon or club, exercise instruction was also available in books and on television. Further examples of prominent exercise leaders include Charles Atlas, who began selling his mail-order exercise manual in 1928 (Gaines, 1982: 65), and Jack La Lanne, who began his exercise television show in the 1950s. In New York over the 1950s, 60s and 70s, Marjorie Craig taught exercise to women at the Elizabeth Arden “Body Department” (Bender, 1968: 52), while Lotte Berk and Nicholas Kounovsky taught their methods of movement at their studios (Taylor, 1972, 1974).

These are, however, examples of *group* exercise instructors—whether the group was defined by readership (e.g. Atlas), viewership (e.g. La Lanne), membership or fees. But personal trainers, as their name implies, are defined by the *personal*, one-on-one nature of their instruction. Nevertheless, there were personal exercise instructors for the elite. In the 1930s, for example, Artie McGovern<sup>3</sup> operated a lavish and exclusive gymnasium on Wall Street for a clientele of “leading financiers, lawyers, architects, and bankers of New York” (Smith, 1931: 68). In addition to his club, McGovern offered a special service, in his words, “pushing the big shots out of bed” (Smith, 1931: 68). McGovern and his staff of trainers would wake some of New York’s millionaires each morning with their dose of physical exercise. According to McGovern:

It's not as easy as you would think. It takes as much diplomacy as any ambassador to get some of them out of bed. You mustn't make them too mad, but you've got to get them up. You've got to give them orders. ... You have to just shove them out of bed and order them around if you want to get any results at all. (quoted in Smith, 1931: 68)

McGovern's clients included Babe Ruth, John Philip Sousa and John Muir, "the oldest member of the Stock Exchange"—men whose daily responsibilities often kept them from the gymnasium (Smith, 1931: 168).

Elite personal services for the rich and famous continue to present day. Busy corporate executives hire personal trainers to shape their bodies—a consumption pattern that was reported in the 1980s in such media as *Business Week* (Dunn & Segal, 1988; Frons, 1989), *Working Woman* (Siegel, 1991) and *Black Enterprise* (Lee, 1989). In a 1988 article in *Business Week*, for example, one New York trainer was quoted as saying: "If you have custom-designed suits, why not a custom-designed body?" (Dunn & Segal, 1988: 166). The growth in personal trainers was reported in such media not only as "business" information on the growing fitness industry, but also as lifestyle advice to the busy, traveling and otherwise body-conscious corporate executives and business people.

Besides executives, top athletes and Hollywood stars often employ their own personal trainers. The physical development of celebrities who have become emblematic strong bodies—such as Sylvester Stallone (Muir, 1995) or Linda Hamilton in *Terminator 2* (Jordan, 1992)—was publicly attributed to the help of trainers, raising the public profile of the occupation as well as the cachet of particular trainers. These "star" trainers have often become celebrities in their own right, parlaying the status of their clientele into sales for their own books, videos and clubs.



In the 1980s, Jake Steinfeld's client list of Steven Spielberg, Harrison Ford, Morgan Fairchild and Priscilla Presley helped launch his own exercise studio (Body by Jake), fitness show on ESPN, and motivational book (Burggraf, 1986; Hellmich, 1993).

In the early 1990s, the economic recession and the sharp decline of discretionary income created the conditions for personal training as an affordable service. The recession prompted the first drop in the growth of the health club market in ten years (Gault, 1991). According to IHRSA, the number of health clubs went from a peak of 13,854 in 1990 to 12,146 in 1991;<sup>4</sup> and the recession was blamed for the closure of eight New York health clubs in 1991 alone (Gault, 1991). The increased competition led many health club owners to incorporate new services, such as nutritional counseling and physical therapy, to make their clubs more attractive investments for consumers' shrinking discretionary income (Gault, 1991). Not only were clubs competing amongst themselves, but also against an exercise video market that expanded in the early 1990s as part of a shift towards home-based leisure (MacNeill, 1998: 165). That health club owners turned to service workers as the keys to competition should be no surprise. Following the post-1960s expansion of the service economy, consumer industries—fitness included—have placed a growing emphasis on frontline service work and the direct interaction (lacking in videos and other home-based options) between the customer and the service provider (Pine & Gilmore, 1998; Watkins, 1993; Wharton, 1993). The emphasis on service was reinforced in the construction of retention-based clubs as the “good” business model, in which professional staff and service-oriented programs (such as personal training) were strategies to generate customer loyalty and revenue.

Thus, amidst increasing health club market competition in the early 1990s, the owners and managers of multiuse commercial clubs began to offer in-house personal

training. In this, commercial clubs were adopting the established and successful strategies of other fitness businesses, including personal training-only studios such as Definitions, a Manhattan-based group of one-on-one studios that opened in 1983, and the Sports Training Institute—originally Nautilus Sports Medical—which began in the mid 1970s with an emphasis on personal and professional instruction through individual appointments (Penney, 1977; Hinds, 1979; Levy & Shafran, 1986: 62). Furthermore, commercial clubs were incorporating into their staff (or squeezing out through non-competition agreements) those personal trainers who were already training their own clients in commercial facilities.

The growth of aerobics classes—and thus instructors—in the 1980s fueled organizations such as IDEA, started in 1982, and the Aerobics and Fitness Association of America (AFAA), begun in 1983. Through its conventions and publications, IDEA promotes itself as “The Health and Fitness Association,”<sup>5</sup> the source for fitness professionals looking for information on topics ranging from current research and questions of professional ethics, to liability insurance and marketing strategies. In 1985, IDEA created a separate organization, the IDEA Foundation, to oversee questions of professional training and certification; this was renamed the American Council on Exercise (ACE) in 1991, a year after the organization began offering its Personal Trainer Exam. The ACE exam was accompanied in 1991 by the publication of ACE’s *Personal Trainer Manual* (Sudy, 1991), the official companion text to the exam. IDEA also began publishing a six-page monthly newsletter, *IDEA Personal Trainer (IPT)*, in 1990; it became a 40 page full-color magazine in 1994 (and continues today). Shortly after the start of ACE, in 1993, a personal trainer organization emerged in Canada (the Canadian Personal Trainer Network)<sup>6</sup>; a similar

organization emerged in the U.K. (the National Register of Personal Fitness Trainers) in 1992.

ACE and IDEA have been at the forefront of organizing the occupation of personal training in the U.S., with ACE offering certification and public education, and IDEA addressing primarily the business aspects of training. Unlike IHRSA, IDEA is not a strong lobbying force. While IHRSA has called for changes to the YMCA's tax status on behalf of commercial clubs, parallel pressure on behalf of personal trainers has not been put on clubs—for higher percentages of fees and better benefits packages, for example. The lack of a unified voice for the occupation (and, for that matter, unionization) stems in part from the fragmentation of personal trainers. Personal trainers can be certified by, for example, ACE, ACSM, AFAA, the YMCA, the Cooper Institute (run by Dr. Kenneth Cooper, author of *Aerobics*)—or they can practice without official credentials, as there is no mandatory certification for the industry. Thus, there is no standardization for certifications (trainers have literally hundreds of options, from universities and non-profit bodies such as ACE, to dubious diploma companies). Moreover, calls for mandatory certification are consistently defeated by the trainers themselves, many of whom would be put out of business given their own lack of “standard” credentials (Ryan, 1995: 30).

In the 1980s, increasing public awareness of celebrity personal trainers and the popularity of aerobics instructors created a market for one-on-one exercise instruction. With the increasing competition between health clubs in the early 1990s, the occupation rapidly expanded, especially given that there were no formal requirements for who could practice, no state regulation, and little start-up costs for those who trained in clients' homes or at a local health club.<sup>7</sup> IDEA estimated that the number of personal trainers increased tenfold between 1990 and 1995 (Davis &

Davis, 1996: 2). In 1989, only 2,500 people had been certified by ACSM as health/fitness instructors—the closest certification at the time to personal training (Calistro, 1989); by 2000, ACE had certified 44,000 personal trainers (“Evaluating Personal Trainer Certifications,” 2000: 20). Today, ACE annually certifies over 5,000 trainers, with the number increasing each year.<sup>8</sup>

As the number of personal trainers increased, market competition generated more affordable rates. In the late 1980s, personal trainer rates ranged from \$50 to \$200 an hour (Dunn & Segal, 1988); a half-hour session at Body by Jake, for example, cost \$60 (Burggraf, 1986). By 1992, many trainers were charging only \$35 to \$50 per hour, promising “fitness trainers for the masses” (Clark, 1992: 107; see also Muir, 1995).<sup>9</sup> Although there were still high-priced celebrity trainers, the expansion of the occupation meant that personal fitness service was no longer simply for the elite business people and celebrities: personal trainers became a personal service for the middle class. Thus, at the same time that the health club industry and consumer market were primed for a new kind of fitness service, there were more and more people performing the work of personal training, and more organizations and publications addressing personal trainers as an occupation and as a profession.

Bearing the occupation’s fragmentation in mind, the Bureau of Labor Statistics (1999a) provides a combined count of fitness trainers and aerobics instructors of just over 127,000 in 1999—approximately 5% of all personal care service occupations. In general, health services are one of the three fastest growing sectors in the entire service industry, itself the fastest growing part of the U.S. economy. Sport and physical training instructors are among the ten fastest growing jobs for their educational requirement (Bureau of Labor Statistics, 2000; see also Field, 2000: 204). According to the BLS (1999a), fitness trainers and aerobic

instructors in 1999 had a median hourly wage of about \$11 and a median annual income of just over \$22,000. In comparison with other personal care and service occupations, personal trainers thus fall between manicurists and pedicurists, who make approximately \$14,000 annually, and flight attendants, who make approximately \$43,000 (Bureau of Labor Statistics, 1999a). However, within the personal training occupation, 10% annually make less than \$13,000, while 10% make more than \$48,000 (Bureau of Labor Statistics, 1999a). An IDEA survey in 1996<sup>10</sup> suggests that this stratification reflects full-and part-time work. Like waiting tables, part-time personal training can be a flexible second job, providing added body benefits for those pursuing careers in acting, dance or modeling. Full-time trainers, although outnumbered by part-time trainers nearly two to one, are clustered within the higher earning brackets: 97% of trainers making more than \$40,000 in 1996 were full-time; 68% making \$20 - \$40,000 were full-time ("IDEA Personal Training Business Survey," 1997: 29, 36).

In the absence of mandatory, standardized certification, the 1996 IDEA survey ("IDEA Personal Training Business Survey," 1997: 29-31) does suggest the success of ACE, ACSM and other organizations in at least promoting their own courses and qualifications: 94% of those polled had been certified as personal trainers. In addition, the survey found that trainers and their clients were overwhelmingly female—78% and 74% respectively. Confirming the middle-class origin of workers and consumers, 42% of trainers were college educated, while the largest groups of clients were professional (28%), homemakers (20%), and business owners (13%). The average age for trainers was 37.6, for clients, 41—younger Baby Boomers, who are the prime market for health club membership, as well as other personal lifestyle services. In general, personal training has grown into an established occupation,

characterized by stratified levels of income and work hours, and an increasingly common expectation of certification.

Personal training has also become increasingly professionalized. Several factors differentiate occupations from professions (cf. Abbott, 1988; Caplow, 1954; Larson, 1977; Pavalko, 1971; Wilensky, 1964). First, a profession is typically defined by mastery of a distinct body of abstract knowledge, the techniques for application of that knowledge, and the course of training through which mastery is produced and tested. The emergence of various certifying bodies and training programs for personal trainers is significant in the establishment of a purportedly objective measure of skill and thus professional credibility. Second, professions are characterized by normative codes that place service before self-interest and tend to justify the prestige of the profession by reference to a larger social need or value. Such professional ideology is written into codes of ethics, such as the one devised by IDEA in 1988 and updated in 1997 (Davis & Davis, 1997: 2). Third, in comparison with other occupations, professions have a relatively high level of autonomy, in that professionals tend to regulate themselves. The development of IDEA and ACE referral services is one example of internal regulation and monitoring of the quality of service and qualifications.<sup>11</sup>

One of the consequences of the occupation's consolidation and professionalization is that personal trainers' credibility becomes more established in comparison to other occupations (e.g. they're not just dumb jocks), and within the occupation (e.g. novice and women trainers are taken seriously). Frank and Maureen have both worked in the fitness industry since the mid 1980s as personal trainers. Frank, who is now the director of personal training at a branch of a large chain of New York health clubs, reflected:

Personal training has changed drastically. About 15 years ago, personal trainers were all muscle-bound, muscle heads. He knew how to train himself to get really big, but he was taking some kind of stuff, steroids or whatever. So people would look at him, and see what he looked like, and think he was great: "He must really know what he's doing." But he didn't! Now, we go into the details, the exercise physiology, the anatomy, and we learn how to train individuals, not just training *yourself*, like 15 years ago.

Maureen is the director of recreation programs (including personal training) at a Manhattan YMCA; she began working as a personal trainer in the early 1980s at a training-only studio in New York, and later ran her own one-on-one business.

Reflecting on her experiences, she recalled:

In 1985, I started working as a weight room monitor in one of the New York gyms, and I was doing my MA at the same time [in physical education and fitness management]. There were *not* a lot of women working in fitness then. I'd see these women come in from schools, and they would last maybe six weeks. You'd see the "chunky monkey" boys just hover around them, waiting for them to do something wrong. I learned to be one of the boys. I learned the correct spotting procedures, so they took me seriously. ...But the philosophy, the dogma, really turned me off. Basically, their philosophy was "train them 'til they puke." I backed off of that approach and started training clients in my home. You realize you want to *keep* your clients. You need to understand pain and the way your body works.

Such observations as those of Frank and Maureen highlight how the development of the occupation has involved a shift towards focusing on the client's, rather than the trainer's, physical development. As trainers become aware of the need to adopt

technical and interpersonal skills in order to “keep clients.” personal training develops into a repeat-customer service business, and thus becomes financially more stable.

In addition, Maureen’s comments suggest the gendered nature of this occupation: although the vast majority of trainers are women (according to IDEA), there remain gendered stereotypes about who is taken seriously when it comes to strength and strength training. June, an independent trainer, discussed similar constraints upon her work:

I try not to get males as clients because I prefer training women. I don’t think men take it seriously if you’re a woman trainer. I’ll be at a bar, hanging out and I’ll be talking to some guy. I’ll say, “I teach exercise.” And they’ll be like, “Oh, I’d like to work out with you” (*in a sexually suggestive tone*). I’m cautious about that, and that’s pretty typical for other female trainers I know. But men can train either men or women. A woman hitting on her male personal trainer is just different.

While certification may assist trainers in making claims to professional credibility, they do little to counter the stereotypical, gendered notions of legitimate fitness bodies (MacNeill, 1999). As such, professional authority is not yet guaranteed for the personal trainer, regardless of her credentials.

Another consequence of the professionalization of production for a cultural field is an attendant increase in the production of texts: specialized journals, manuals and newsletters addressing the professional practitioner (Ferguson, 1998: 630). Thus, in addition to the production of texts—fitness magazines and exercise manuals—educating the consumer in the practices and criteria of field participation, there are also texts addressing producer education. Producer-oriented newsletters and magazines reveal the categories and issues that define the work. I have done a content



analysis of articles in *IPT* from 1990 to 2000. From this analysis there emerge four standard types of articles, dealing with:

1. what counts (skills, certifications) as personal training
2. how to sell your services
3. how to motivate your clients
4. technical knowledge on program design and special populations

What these recurring issues reveal is that personal training combines (1) the question of legitimacy and credibility in determining relative positions of status within the occupation; (2) entrepreneurial skills in selling the service; (3) interpersonal skills in delivering and customizing the service, particularly to address the problem of motivation; and (4) technical skills that employ specialized scientific knowledge in designing the service. Clearly, these issues are interrelated. In the following sections, the chapter draws from producer texts and interviews to explore the skills, prestige and job roles of the personal trainer.

### **The Production of Fitness as Frontline Service**

As the number of personal trainers increased, their educational texts addressed issues of competition. Articles over the 1990s in *IPT* suggested that service was the key to competition, in part because the technical skills were taken-for-granted. Like health clubs which had become indistinguishable on the basis of equipment, certified personal trainers were interchangeable in terms of their technical knowledge. The difference—between health clubs, personal trainers and consumer businesses more broadly—lay in *service*.

Gregory Florez, an owner of a personal training business in Chicago, is a regular *IPT* contributor. In a 1992 article, “Compete by Providing Outstanding Service,” Florez suggests:

[C]onsider that in this business, selling knowledge is a given. The difference between trainers is service. ...Outstanding service means that you: remember a client's particular health concern. and bring an article addressing that issue...; provide wake-up calls...; meet with a client and physician or physical therapist...; develop a strong resource support system for your clients...; take clients to look at and test exercise equipment that you recommend. (Florez, 1992: 2)

In addition, other *IPT* authors suggest service strategies such as sending clients birthday and thank-you cards, leaving motivational messages on clients' answering machines, or faxing clients workout instructions when they are away on business trips (e.g. Florez, 1993a; Gagnon, 1992c; McMillan, 2001). These strategies speak to the need for trainers to out-do each other to retain their clients, as well as to provide the same level of customer attention that their clients expect from other personal services, from the elite (financial advisors and personal shoppers) to the middle-brow (the personalized mailings from fundraising agencies and member cards from favorite stores).

The importance of service was the focal point of the keynote address at the IDEA 1994 International Personal Training Summit. Richard Weylman, the president of a business consulting firm, focused on the importance of meeting clients' needs:

People want good value for their dollars. ...Deliver good value for money by being responsive to clients' needs. Value is determined by the buyer, not the seller. Your credentials, expertise and ability are expected. The difference is service. (Weylman, 1994: 2)

That service is the deciding factor in market competition may seem obvious, but this is exactly the message from which Weylman (and others) make a living, coaching

businesses on how to reach and keep affluent clients through networking and sales strategies.<sup>12</sup> Teaching the skills of sales and service is a business unto itself.

In an interview, Dean, a senior representative of ACE, explained ACE's role in delivering both producer and consumer education. In doing so, he highlights the tension between a trainer's technical skills and his or her personality, and the limits of certification in addressing the latter:

What we do, with respect to the fitness industry, is identify those individuals who have the *minimum*—and I use that word on purpose—competence in providing safe and effective personal training. There's a lot of people who think that because they have their certification, that's all there is to it.

Thus, certification allows consumers to expect a common knowledge base in terms of safety and exercise prescription. However, Dean continues:

But certification is not the be all and end all. ...Personal training isn't just expertise in designing an exercise program; it's people skills. You want someone who is approachable, someone who can speak knowledgeably, who has good speaking skills, who can tactfully deal with issues, who has good problem solving skills, and can deal with personalities.

Certification thus furnishes trainers with, as Dean puts it, "the asset of credibility" and offers consumers criteria for choosing a trainer to meet their needs. But certification, as Dean's comments suggest, does not address those interpersonal skills that determine the quality of service. Certification is a necessary asset for credibility, but is insufficient to ensure success, which requires "natural" talents, such as a charming persona and good speaking skills. This tension between technical and interpersonal skills is fundamental to the work of personal trainers. It highlights the limits of their claims to professional status for what is, ultimately, a customer service occupation.

Because of its emphasis upon customer interaction, a frontline customer service such as personal training is fundamentally concerned with relational skills and appearance management. Ben, a manager of program and product development at a fitness club (and former personal trainer), commented upon the various, unexpected skills required for occupational success:

To be seen working out in workout gear is the best way to flaunt your package. The number one skill [for personal trainers] is charisma, but there's more to it. The uniform doesn't flaunt your physique. You have to teach trainers to sell and market themselves, to be entrepreneurs for themselves. They have to learn how to work the floor and how to work clients. It's about making an impression, not a hard sell.

Ben's comments highlight the interaction of several types of capital in the creation of a personal trainer's market value. Physical resources—"your package"—combine with social skills—charisma and the ability to "work the floor"—to make the intellectual capital (the expert knowledge) marketable. It is not that each of these types of capital or resources are equally valuable, but, in combination, they translate into economic capital—session fees and client bases (cf. Featherstone, 1982: 22; Laberge & Kay, 2002: 240; Shilling, 1993: 127). Regardless of their certifications and technical skills, personal trainers depend on their personalities and appearance. In general, a frontline service provider's body type, appearance, and communication abilities are often more important to a customer's feelings of satisfaction than traditional factors such as price (Solomon, 1998).

In order to understand how personal training is structured, it is important to make connections between training and other types of work similarly dependent on social, symbolic and physical capital, namely frontline service work. The non-

technical skills or qualities required of frontline service workers are elements of emotional labor. These workers must manage their own feelings in order to create a specific bodily display (such as a welcoming, smiling persona) that will then evoke an appropriate emotional response in another person—typically the customer (Hochschild, 1983). Thus, the provision of services is insufficient in itself; services must also be provided in a certain style. While we may associate this form of emotional labor most readily with customer service occupations, it is an increasingly important element to a range of middle-class occupations that are, to varying degrees, concerned with and accountable for the emotional responses of customers and clients, such as human resource administrators, university professors, talk show hosts, and physicians (Hochschild, 1983: 237).

Like retail salespeople, restaurant hosts and receptionists, personal trainers deliver particular information to the consumer while providing a general impression of the company, and a connection—an invitation—to future consumption opportunities. The purpose of services lies not just with the immediate customer interaction, but also with the representation of the trainer's employer or company, and the implication of the consumer—via the service provider—in a broader web of consumer goods and services. In light of the different scales of expectations—those of the customer, company, and consumer industry—frontline service workers occupy “boundary-spanning” positions that require a negotiation of diverse and sometimes conflicting expectations.

In place of any formal authority over customers, service providers must rely on emotional labor strategies to please customers within the parameters, and in conjunction with the objectives, set by the company and industry (Wharton, 1993, 1999). Personal trainers lack the authority of a doctor or physical therapist, and thus

must cultivate an appropriate persona or style through both verbal and non-verbal forms of communication. By endowing themselves with a distinctive style or manner (cf. Bourdieu, 1993: 117), personal trainers hope to generate a degree of authority and power that is further legitimated through professionalization strategies such as certification. Through the cultivation of authority, based on technical *and* relational skills, personal trainers motivate their clients to follow their instructions, while at the same time ensuring member loyalty to the health club. In effect, frontline service involves two roles: one in managing the customer, and the second in representing the company. The challenges and constraints of one role can often be difficult to reconcile with the other.

In general, in the post 1960s consumer culture, the *experience* of shopping, buying, and using products, and the *expressive* qualities of these products, have become increasingly important aspects of consumption (Falk, 1994; Featherstone, 1991; Pine & Gilmore, 1998; Wernick, 1991). The service provider, the personal trainer, is a crucial element in the customer's satisfaction with his/her fitness experience, and in the overall success of the business. It is hardly surprising that businesses are interested in controlling the quality of service, a highly variable factor given its inherently unpredictable human component. Employers may seek to ensure that company objectives are met by managing service providers through such techniques as employee screening and training, service scripts, and routinized interaction patterns (Leidner, 1999). However, such top-down management of relational skills poses the threats of job dissatisfaction and exhaustion for emotional laborers (Hochschild, 1983; Leidner, 1999; Steinberg & Figart, 1999; Wharton, 1993, 1999). The "problem" of emotional labor arises not from the management of

emotions *per se*—which is part of everyday life—but from the regulation and bureaucratization of emotional management.

The historical development of capitalism is generally marked by a process of deskilling. In manufacturing, scientific management devolved decision-making onto management, that is the service workers; in service industries, customer service is broken down into routine questions and phrases—the “McDonaldization” of work (Ritzer, 1996; cf. Braverman, 1974). As technology and modern management decrease the requirements for workers’ skills and decision-making, work becomes less meaningful, increasingly characterized by anomie, boredom, and stress (Braverman, 1974). In general, strategies that constrain the worker’s realm of discretionary judgment and creativity—in manufacturing, service, or elsewhere—contribute to estrangement from one’s own emotions, feelings of inauthenticity, withdrawal, alienation, and burnout. Hochschild’s (1983) study of flight attendants suggests that emotional laborers are particularly at risk, in that, thanks to the nature of their work, they are already manipulating their authentic feelings in the service of the company.

The threat of being overtaxed emotionally by one’s service work arises from the asymmetrical relationship between the client and the service provider. The limits to the “personal” relationship between trainers and their clients is often discussed in *IPT* articles:

While personal trainers are often objective listeners and supporters of their clients, one trainer told me he couldn’t rely on his clients for similar support, because a deeper level of intimacy could fundamentally change the professional nature of their relationship. (Huggins, 1993: 1)

Like psychotherapists, personal trainers fulfill many of the same roles as a friend—listening, giving advice and support—but within a paid service relationship; clients are not paying to hear the troubles of their trainers. To cultivate a convincing service persona, many personal trainers forego “surface acting”—simply pretending to care for and listen to the client. Like flight attendants, trainers instead often rely on “deep acting,” cultivating empathy for the client who they sincerely want to achieve a healthy lifestyle (Hochschild, 1983: 33; cf. Goffman, 1959).

However, the perils of deep acting include estrangement from one’s own feelings, which are repeatedly diverted to more “appropriate” ends. Feelings may be a resource to be used for social and occupational ends (Hochschild, 1983: 55), but they are an exhaustible resource. Thus, personal trainers face the threat of burnout:

How can you serve your clients if you are not mentally, emotionally and physically prepared? People in our industry give and give and give and then give some more. We have to be positive and upbeat at all times. At the end of the day, we can be exhausted. (McMillan, 2001: 35)

The exhaustion is worth it, according to producer education: occupational success means both economic remuneration and the satisfaction of a job well done. *However*, in the absence of good pay or good working conditions (as when trainers have little control over their client appointments), the quality of service declines.<sup>13</sup> The “slowdown” of emotional labor (a brief smile, a half-hearted hello) is a form of self-protection for the worker, and a type of resistance against poor working conditions (Hochschild, 1983: 126-28).

In the case of personal trainers, the move of lower-status, sales-driven clubs to include personal training as a club service (in order to better compete) results in lower-status, sales-driven personal training. Trainers are paid less (and tend to have



fewer, if any, certifications beyond the club's "training" program), and there is a higher rate of turnover of clients and trainers. In an interview, Julie, a member for the past three years at a New York mid-range club chain, observed:

There's a huge turnover of the personal trainers there now. They're unhappy with the management, which is really hyper and over-manages people. ...The trainers are really just kids now. The people are getting younger and younger, and have less and less experience. The people [who were trainers] used to be older, and seemed more experienced, like they had a background of experience to draw on. But now...I would be very disinclined to put my health in the hands of one of those kids.

Meredith, another member at the same club, had a similar experience of the quality of trainers:

My personal trainer was named J\_\_\_\_. ...When I met him, the session lasted roughly 30 minutes, and he did the standard intro stuff, plus asked me about my intentions at the gym. He offered some very vague nutritional counseling, as in "watch your carbs." Then, he took me around the gym because I'd told him that I didn't really know how to use a lot of the weight machines. We went to each one, he strapped me in, looked around the gym a lot while counting reps of ten, and *motivated [makes "quote" marks with her fingers]* me by touching my arm and saying, "C'mon."

Thus, despite the growth of the occupation and its ongoing professionalization, personal training is first and foremost a business, and consumers get what they pay for. As the authors of *Fitness for Dummies* counsel, "Screen a potential trainer with the same care that you use to screen a potential employee. ...It's your money, and this is your health we're talking about" (Schlosberg & Neporent, 1996: 193).

The instrumental and non-reciprocal flow of caring and the work conditions in different health clubs create the potential for burnout, emotional exhaustion and “slowdown” practices. However, these effects are less tied to emotional labor itself, than to the loss of job autonomy (as when trainers are “over-managed”). Indeed, emotional labor, under the right circumstances of employee autonomy, can offer different kinds of job rewards and higher degrees of job satisfaction than other kinds of work (Wharton, 1993).

If service occupations suffer the same threat of deskilling as manufacturing, they also complicate the notion that a service economy necessarily involves a loss of workers’ skills and decision-making. The case of frontline service work suggests that, for some occupations, technical skills are necessary but not sufficient occupational qualifications; there is a shift—rather than an overall decline—from task-based to relational skills, from certifications to charisma. What is more, there is the implication of a change in the gendered definition of skills. The increasing importance of emotional labor suggests that a range of skills, aptitudes, and emotions (such as nurturing, encouraging, and consoling), historically associated with women and women’s jobs, are becoming a central feature of occupations common to men and women (Steinberg & Figart, 1999). This is not to suggest that relational skills have parity with technical skills. There remains much ambiguity surrounding which skills are the main basis for pay. In the case of personal trainers, the set of required skills ranges from technical knowledge and certifications, which are explicitly required and rewarded, to “people” skills and a fit physique, which are implicitly required and rewarded. In other words, with more certifications, personal trainers are able to charge more per hour, but without social, physical and symbolic capital, they fail to retain clients. Thus, appearance and attitude continue to be under-valued in a strictly

economic sense, even if they outweigh technical or task-based skills in overall job success.

### ***Appearance***

In the client-trainer interaction, it is difficult not to notice bodies—as the client, your body is being assessed and reshaped, and the trainer’s body is the tool of comparison that is closest at hand. As June, the independent trainer, told me, “You should look at a trainer and say, ‘That’s the body I want.’” June is 28, black, and got into personal training “by accident” when a club manager, watching June working out with her boyfriend, asked her if she trained. June’s physical assets are displayed on her business card, a black and white photograph of her finely-cut abdominal muscles, framed by a black bikini. The card makes no mention of her ACE certification, years spent training at health clubs, or her ongoing reading in the areas of health and fitness; her abs speak for themselves.

Dave, a 25 year old Italian-Asian American, is another personal trainer. When I arrive for our interview, he is talking a middle-aged white man through bicep curl repetitions in a highly-motivated tone of voice. Dave had been working as an electronics technician in California when he visited his brother in New York: “He was training Brooke Shields, ...having fun, making more money than I was *and* he was working in shorts.” He soon moved to New York to help his brother open his own personal training studio. Dave’s body is a testament to his dedication to exercise: his leg and arm muscles look large and defined, a consequence of training and having so little body fat. His brother, I notice, has thighs that look like an illustration for an anatomy textbook, each muscle bundle standing out, separate, from its neighbor.

June and Dave have the physical capital typical of personal trainers in two respects. First, they both conform to the notion of fitness as lean and muscular. This

is not to suggest that trainers all have perfect figures, but that their bodies do not tend to contradict their professional identities. Second, neither of them—despite June’s graphic business card—display their bodies in an overt fashion. June, who is expecting a client directly after our interview, is dressed in slim, but not tight, fitting exercise pants and a t-shirt; Dave wears shorts and a loose t-shirt. This is true especially of trainers who work in health clubs, where their clothing is dictated by the club uniform—typically, nylon training pants or shorts, and a t-shirt with the club’s name and logo on the chest.

In response to an article in a health club trade magazine on why people didn’t join or quit health clubs—including discomfort with their bodies and the machines and a view of health club staff as unprofessional—an *IPT* article encouraged personal trainers to:

Present yourself as a professional, not as a “meathead” with bulging biceps or a “bimbo” with a tight bottom. You want to make clients feel comfortable, not intimidated. This doesn’t mean you can’t have a good body—just that you stress the knowledge that gave you this result. (“What’s New?,” 1994: 8).

The personal trainer outfits are form-fitting enough to get a general sense of trainers’ physical assets, but not so revealing that professional status is compromised by looking like a pin-up. Professionalism is a matter of performance, in which appearance is modified to focus, ostensibly, on the trainer’s knowledge rather than physique. The choice of non-revealing clothing also helps to separate the training session—which is focused on the client’s body—from private life, in which the trainer is focused on his or her own bodily development. Thus, managing the body and its costume is a way of creating a specific impression of the trainer’s professionalism. Professional status is further affirmed through non-revealing

clothing in much the same way as in other sport subcultures: only the novice feels the need to “prove” his or her identity through an ostentatious display of the latest equipment and clothing (Donnelly & Young, 1999: 71-2).

Physical capital and body management (what Ben referred to as “flaunting your package”) are thus essential to attracting clients, while at the same time presenting a challenge to professional status. Mediating this tension is the moral ideology of the occupation, in which its professional mission is couched in terms of promoting healthy and fit—rather than beautiful and sexy—bodies. Producer education encourages trainers to set a positive example in terms of body image. For example, the ACE personal trainer manual highlights the dialogue between intrinsic (health) and extrinsic (attractiveness) valuation of bodies:

You’ve often heard it said that you can’t judge a book by its cover, so why do individuals attempt to evaluate their body’s healthiness by its outward appearance? ...Trainers can be of great assistance to their clients by dispelling the myths regarding body-weight measurements as an indicator of good health. Clients need to know about their body composition, that is, how much of their body weight comes from fat mass and how much comes from lean body mass. (Sudy, 1991: 303)

As part of their role as educators, personal trainers are thus supposed to help counter the “unrealistic expectations...fueled by the media and at times a somewhat overzealous health community” (Sudy, 1991: 364). However, the degree to which personal trainers can foster healthy bodies is constrained by the degree to which one’s “body mass index” is a smokescreen (for consumers and producers alike) for the pursuit of a thin, sexy body.

Recalling the competing time scales in consumer expectations addressed in fitness magazines and popular exercise manuals, the ACE personal trainer manual also discusses the necessity of debunking the culture of instant thinness. This includes downplaying the importance of a “perfect body,” however contradictory given the implicit role of physical capital in their occupational success. It also involves a viewpoint on other quick fixes that undermine the long-term, disciplined work of exercise that personal trainers are selling:

Surgical techniques are usually reserved for severely obese individuals, and only after traditional methods of weight control have failed. ...One of the more popular surgeries today for control of body-fat is lipo-suction. ...The surgery is neither a cure for general obesity nor a substitute for healthful eating and exercise. ...It's important for personal trainers to remind clients that there is no fast, easy method or device for losing weight and body-fat.

(Sudy, 1991: 309)

This may be sage advice and a commendable attempt to rescue exercise from the diet and cosmetic surgery industries; however, it also ensures the reproduction of a market of clients, as attaining the goals of fitness is neither easy nor instant. In designing the client's exercise program, the trainer must make the goals not so unattainable that clients give up, nor so easy that their expert services are unnecessary. Thus, advice on the long, hard road to health, lower weight and firmer abs is also good business.

Despite there being no quick-fix for healthy, sustainable body weight, there are several options for radical alterations that do not involve working out for an hour every day. Since the 1991 ACE personal trainer manual, liposuctions and more radical procedures such as gastric bypasses have become more frequent. For example, in 1999 in the U.S., there were 45,000 obesity operations; that number is

expected to double by 2003 (Gawande, 2001: 66). Surgery may even be an increasingly common occupational investment for personal trainers. According to an article in the lifestyle publication *New York*, for example, the clientele of Manhattan plastic surgeons includes a significant portion of personal trainers (20% according to one doctor):

Doctors say trainers are among the best candidates for liposuction—since usually they have good cardiovascular health, need the least fat extraction, and recover most quickly. And plastic surgeons love them as clients, since they're the most likely to maintain their bodies. (Colman, 2000: 46)

Ultimately, then, trainers must negotiate the tension between their body as an occupational resource and their professional legitimacy, which rests on expert knowledge and a moral ideology of promoting health, not beauty.

### ***Personality***

Looks, alone, are not a guarantee for success. The work that goes into physical development occurs outside of the client-trainer interaction: the face work and body work (Shilling, 1993), however, are the immediate determinants of job success. Social capital in the form of communication skills, self-presentation and the ability to exert interpersonal influence are central in accomplishing the management of others (Goffman, 1959; Hochschild, 1983)—that is, motivating clients to actually work out. Consider the following *IPT* article, which lays out the skills required for success:

As a personal trainer, your ability to establish rapport with others is essential if you're to facilitate a working relationship that maximizes your effectiveness and your client's productivity. Lack of this ability will eventually hinder your business, regardless of your knowledge and teaching skills. (Auchus, 1993: 1)

Technical knowledge, like the equipment at the health club, is a necessary but not sufficient resource in fitness market competition; like the clubs that have increasingly focused on décor and personality to attract and keep members, the personal trainer requires interpersonal skills if he or she is to cultivate a base of repeat customers. These social or people skills, like the technical knowledge, are also brought within the arena of professionalism, as when ACE and IDEA make links between personal training and other caring professions.

For example, the ACE manual likens personal training to other “helping professions” such as counselors, teachers and social workers, and outlines three basic qualities necessary for successful helping relationships—empathy, warmth and genuineness. Each is an aspect of emotional labor in that each is employed strategically in order to optimize successful interactions. Being “genuine,” however, is not a reference to being faithful to one’s authentic feelings, but to cultivating an authentic-seeming persona:

*Genuineness* can be defined as authenticity or being honest and open without putting up a front or facade. It is a state in which the helper’s words and actions are congruent. ...Genuineness is the ability to relate to people without hiding behind a clipboard or a white coat. It is not necessarily being self-revealing, but rather being committed to a responsible honesty with others.

(Sudy, 1991: 375)

Like sales representatives and flight attendants, personal trainers are coached in the (paradoxical) cultivation of authenticity, in which the service provider’s sincerity and enthusiasm are testaments to the truth and value of what he or she is saying and selling (Hochschild, 1983: 24). Thus, “genuineness” is not about being true to some inner self core,<sup>14</sup> but about convincingly managing verbal and body language in the



delivery of the service. The practitioner is thus honing the performative self, with “genuineness” the goal of the performance. It is not that personal trainers are a group of charlatans, pretending to like clients in order to get money (although this certainly happens), but that success as a personal trainer requires the ability to cultivate an appropriate presentation of self, which conveys the desire to do a good job even if the client’s personality is an obstacle.

If trainers only did a good job with clients they inherently “liked,” they would be underemployed and/or unable to make claims for professional status. Hence, there are lessons in body and verbal language—specific body positions and behaviors such as keeping arms uncrossed, awareness of personal space, making eye contact, and using verbal patterns to encourage clients to talk or to elicit information (Sudy, 1991: 376-81). For example, the ACE manual suggests the strategy of “reflecting”:

*Reflecting*, restating feelings and/or content in a way that demonstrates understanding. ...A listener can reflect stated or implied feelings, non-verbal observation, specific content, and even what has been omitted. Examples of reflecting are “You’re feeling uncomfortable about starting an exercise program” and “Sounds like you are angry at your husband for insisting that you come today.” (Sudy, 1991: 380)

Such lessons are aspects of an education for service providers, from personal trainers to hairdressers and psychotherapists. Like standard scripts for telephone marketers, strategies such as “reflecting” attempt to reduce the variability of interpersonal management through routine patterns of interaction. The “trick” for the trainer is to internalize the strategies, to make them second nature, so that it doesn’t sound like he/she is reading from a script.

In summary, the stock of knowledge, resources, skills and strategies for the personal trainer includes exercise expertise, physique, attitude, emotional management strategies and knowing the market value of “a ‘thumbs up’ signal and a generous smile” (Sudy, 1991: 389). Unlike other frontline service workers, such as waiters, receptionists, flight attendants and retail personnel, the personal trainer also has the added resource of certification, which aligns their social status with other service professionals such as child care and social workers.

### **Professionalization and Prestige**

Personal trainers are significant elements in the production of the field of fitness because their occupational strategies for claiming status add credence to the field’s construction as an arena of status consumption and lifestyle leisure. In particular, personal trainers pursue three avenues of generating occupational prestige: through their own professionalization, alliances with more established professions, and cultivating professional or higher-status clientele.

First, the most significant way in which personal trainers have generated prestige and credibility for themselves is through their own professionalization, particularly through certification. The reasons for pursuing professionalization are multiple, but most notable is surely the high social prestige that traditionally accompanies professional status; indeed, such social prestige often compensates for the low pay and relative subordination of such professions as college educators, architectural employees and nurses (Larson, 1977: x). In addition, professions enjoy a relatively high degree of control over their work, as well as control over the production of fellow professionals (Caplow, 1954; Wilensky, 1964), and thus a market monopoly (Larson, 1977); for example, doctors are produced through a

specialized medical education that effectively corners the market on invasive health care.

Personal trainers thus have a vested interest in representing themselves as professionals, and using certification to regulate competition. Certification as a personal trainer is not simply “proof” of occupational membership, but serves as evidence of professional expertise, which separates the personal trainers from the poseurs, and the high-priced from the low-priced services of trainers with more or fewer certifications. Thus, certifications are a way to judge quality, and, as the editor of *IPT* writes, “quality is a market issue as well as a service issue” (Ryan, 1995: 34). That is, certification creates a logic of career advancement and a justification for fee structures; in addition to the credibility in the eyes of consumers, these benefits help to “sell” certifications to personal trainers.

Because there are no nationwide mandatory qualifications for working as a personal trainer, organizations must convince trainers that certification is a worthwhile investment (courses can cost between \$200 and \$500<sup>15</sup>). ACE has advertised its certifications over the years. In 1994, a print advertisement in *IPT* featured two muscled and glistening male torsos, both in tank tops with one tank top emblazoned with “ACE Certified Personal Trainer.” The text suggests that certification is the way to distinguish oneself from the identical physical capital of other trainers:

It’s the difference between Pro [Professional] & Am [Amateur]. The ACE personal trainer certification exam is one of the toughest in the business. That’s why the best in the business take it. Pass it and put muscle in your career. Pass it by and stay “one of the guys.” (“It’s the Difference Between Pro & Am.” 1994: 11)

The personal trainer must thus balance his/her technical expertise and physical capital; if certification is increasingly a given, service and physique make the difference for market competitiveness—however, service and physique are also increasingly taken-for-granted, making certification—the *right* certification—the key to success. In a 1995 advertisement, a woman is wearing an ACE Certified Personal Trainer sweatshirt. The caption reads, “Become an authority figure”:

Becoming an ACE-certified personal trainer makes a bold statement about your fitness career. First and foremost, it says you’ve gained the knowledge and expertise it takes to reach the top of your field. That you’ve worked your mind as well as your body. But ACE certification also says a lot about your approach to instruction. That you’re determined to offer your clients the most professional guidance available. (“Become an authority figure,” 1995: 37)

Since ACE competes against other certifying bodies, it promises not only better exercise knowledge, but also a better teaching skills, addressing the social and interpersonal as well as the technical aspects of training. Given the fragmentation of personal training, with several certifying bodies and no national regulations, organizations such as ACE and IDEA attempt to impose their own version of regulation, through referral and recognition systems, which serve as both employment resources for personal trainers and educational resources for consumers.

In addition to the professionalization of personal training itself, another way in which personal trainers have sought professional credibility and social prestige is through strategic alliances with established health professions. Personal trainer education often addresses the advantages of forming a referral network, creating links between the trainer and doctors, nutritionists and physical therapists. Denise Gagnon,

a fitness consultant and regular *IPT* contributor, wrote a series of articles in 1992 on “how to reach a sophisticated market” (Gagnon, 1992a: 6):

Being associated with a physician instantly provided my company with credibility. ...If you want to work with the medical community, however, you must have the appropriate knowledge base. In my company, contacts with physicians are handled by a trainer who is a kinesiologist. *You must be able to speak the physician’s language to establish credibility.* (Gagnon, 1992c: 6; emphasis added)

In addition to being certified, then, personal trainers must be fluent in the scientific vocabulary of medical practitioners, a language which reproduces the exclusivity of health professions, and legitimates fitness itself as a scientific domain (MacNeill, 1999: 218-19). Not only do such links to health science provide trainers with credibility-by-association, but also—ideally—allow personal trainers to imitate the referral and fee structure of the health profession. This point is made most frankly by the editor of *IPT*:

Since most trainers firmly believe in exercise as preventive medicine, they want to have clients referred to them by physicians (which would coincidentally supply a client base) and/or to have insurance companies reimburse trainer services (which would eliminate the possibility of clients saying they can’t afford training). (Ryan, 1995: 28)

Modeling personal training after the medical profession is an attempt to control income and escape the entrepreneurial aspects of the occupation, which pose the most obvious challenge to professional status. The need to sell one’s services thus separates the personal trainer from the doctor or physical therapist. Indeed, physical

therapists have already cornered the market in prescribed personal exercise in the health field.

Finally, the production of prestige is accomplished through associations with clients who are professionals, celebrities, or other well-connected individuals. The clearest example of personal trainers gaining prestige through clientele are “celebrity” trainers. June, the independent personal trainer who works with clients in her apartment and at their homes, describes the upper status echelons of the occupation:

Star trainers can make \$80 or more. *New York* magazine covers them, they train at certain clubs, they hang out in the Hamptons, they work with models and actors. They tend to be full-time. They'll open gyms, write books, or do guest appearances at gyms. Training is a business for them. It takes luck and know-how, but it's all about connections.

The “star trainer” has the connections—the social capital—to distinguish him/herself from other equally fit, qualified and enthusiastic trainers. Like cultural products more broadly, celebrity endorsements create symbolic added-value; the client who hires Madonna’s trainer doesn’t just buy exercise instruction, but celebrity status as well. This underlines the importance of charisma and interpersonal skills more broadly for the occupation; connections must be cultivated and maintained.

The quest for prestige drives the development of a coherent, sophisticated professional image, which will attract high-status clients. From the same *IPT* series by Gagnon:

Personal training is a service that appeals to professionals of all types. To market effectively to this sophisticated group, you need a consistent and professional approach... At the same time, you must establish your business

image, which gives your company an identity that people can relate to. ... Your image will determine your market. (Gagnon, 1992a: 6)

Social status and legitimacy are engineered through links to established professions (as fellow producers), and to the professional and upwardly-mobile middle classes (as consumers).

Dom, the owner of an elite health club and a personal trainer, hires personal trainers with a variety of qualifications. He explains his criteria for choosing his staff:

I think certifications are pretty much bullshit. You're not going to learn anything by going and taking a 2 day course or an exam. We have a pretty malleable set of requirements. If they have an academic background, it's got to be grounded in practical experience. If they've got a practical background, then it needs to be backed up with some academic experience. But that's supplemented by two or three very important aspects of the person: One, they've got to have a sense of humor. Two, they've got to want to teach. That's what we primarily do. And three, this has to be their career. They're not actors, who are just 'doing this.'

Note that Dom (whose clientele includes many celebrities) has a vested interest in dismissing standard certifications—he is selling, after all, a very expensive and exclusive service to affluent and influential clients, who demand not *standard* qualifications, but exceptional credentials. That is, Dom must construct an elite persona (for himself and his club) by setting his standards beyond the average for the industry. Nevertheless, while the disavowal of certification may hold true for Dom and other celebrity trainers, certification still counts for the lower and middle segments of the occupation, for whom certification leads to promotions and increased wages.

Dom, despite his disdain for certifications, reinforces the professionalization of personal training, in his insistence that it isn't something you "just do," but is a career or vocation. Personal training is not always taken so seriously by its practitioners; like waiting tables (Zukin, 1995), training is often a source of income for models and actors waiting for the "big break." Often lacking the more in-depth training knowledge, actors and models nevertheless tend to possess the social, cultural and physical capital prized by personal trainers: connections to clients (through work networks), an appropriate public persona and the "right" body. That is, they look and act the part.

In summary, personal training involves the cultivation of particular forms of capital in the pursuit of occupational success—in turn, reproducing the forms of capital deemed valuable within the fitness field. A personal trainer's relative status and income position (within their occupation and in relation to other personal service workers) is dependent on their access to and control of the resources at stake in the field: social capital (emotionally-managed relations to clients, and to other health professions), cultural capital (the knowledge deemed legitimate within the occupation), physical capital (the fit body and a "fit attitude" towards the body) and symbolic capital (prestige, status and image) (cf. Bourdieu, 1986).

### **Personal Trainers at Work**

A diffuse range of job roles emerges out of personal trainers' accounts of their work, that both confirms and extends our understanding of emotional service work and professionalism.<sup>16</sup> Like flight attendants, waiters and receptionists, personal trainers occupy a boundary-spanning position that combines the emotional labor roles of customer service and company representation (Wharton, 1993, 1999). These two responsibilities, managing customers and representing the club, are marked by



varying degrees of job autonomy: individual customers require interactive flexibility, while the creation of a consistent company image requires conformity. These job roles do not stand alone, but implicate and require two others: the representation of the fitness industry and the entrepreneurial cultivation of a client base.

Personal training might thus be understood as a marginal profession (Pavalko, 1971: 30-31), in that the various job roles occupy different positions along a spectrum of criteria for professionalism, particularly autonomy and service-orientation. Customer service subordinates professional autonomy to company image-making; the generation of client sessions is directed more by the self-interest of the trainer (who must make a living) than the service-orientation of helping clients. However, given the changing nature of professional work, which is increasingly constrained by bureaucratic organizations and economic accountability (Leicht & Fennell, 1997), personal training is not so much marginal—in the traditional sense of professions (Pavalko, 1971: 30-31)—as *typical* of changes in the nature of professional work. The work context of professionals has changed; increasingly, professionals are found within bureaucracies in which they are managed, not by peers, but by corporate managers. The increasing bureaucratic and corporate control of professions has shifted the criteria for judging professional work from quality and access to containing costs, generating revenue, and holding professionals economically accountable. For example, lawyers are increasingly evaluated by their number of billable hours, and scientists by the amount of research money they can attract to their institution (Leicht & Fennell, 1997: 217-21). As such, personal training provides a critical case of the ways in which entrepreneurial skills are woven into (and reconciled with) professional identity.

The service work of personal training can be understood as a constellation of four job roles, bringing together the concerns of entrepreneurialism and professionalism, and filtering them through the emotional labor that constitutes the core of personal training. Some of the roles involve higher intensities of emotional labor, as when trainers deal directly with customers' individual attitudes and emotions. Some involve less job autonomy, as when trainers must conform to the image of the club. These divisions—broadly, between boundary-spanning and customer-focused roles—capture the different kinds of work associated with personal training:

- representative: boundary-spanning health club delegate
- broker: boundary-spanning fitness industry delegate
- motivator: customer-focused service provider
- entrepreneur: customer-focused personal businessperson.

The boundary-spanning roles are characterized by less autonomy because they contribute to an overall, consistent image; and thus by a lower degree of professionalism because they involve sales work (for the health club and fitness industry). The customer-focused roles involve more work autonomy because trainers must address individual differences between and within clients while creating an authentic service relationship. As well, these roles involve a higher degree of professionalism as they require the technical skills for which trainers are certified, and because they involve selling the trainer's services, not a secondary product—a distinction made in producer education between selling things and "selling yourself" (Sallustio, 2000: 26).

These job roles are not mutually exclusive, as the expectations and consequences of flexible work strategies and emotional labor practices blur, and at

times conflict, between categories. Moreover, what little formal distinction there is between the roles with respect to job training and wage scales far outweighs any distinction made between the times and places assigned to each role. Within the context of any service interaction, a personal trainer is simultaneously performing any and all of these roles. As analytical distinctions, however, the four roles help to distinguish how personal trainers are implicated in the larger fitness industry, what skills are explicitly and implicitly required of this kind of work, and to what extent personal trainers control their work conditions. Below, each role is explored in more detail, drawing illustrations from data gathered from producer education texts and from interviews with New York City personal trainers and former trainers who now work in club management capacities.<sup>17</sup>

### ***The Role of Representative: Embodying the Fitness Club***

As a frontline service provider, the personal trainer acts as a representative—indeed, as the embodiment—of the fitness club. The primary objective of the representative is to establish customer satisfaction with, and loyalty to, the club. While other job roles impact upon customer satisfaction—inferior performance as a motivator, for example, will create a poor impression—it is as representatives that trainers most explicitly forge the link between contentment with the service provider and satisfaction with the company.

Health clubs have recognized this role of personal trainers—in generating both revenue and customer loyalty. According to Kimberly, the head of personal training for a large New York health club chain,

A personal trainer can help a lot. And if members are happier, and feel more comfortable, they're more likely to stay members. You don't want them feeling frustrated because they don't know how to use some piece of

equipment, and can't find anyone to help them, so they feel confused and ignored.

Like IHRSA, *IPT* counsels personal trainers (many of whom own, or hope to own, their training studios and businesses) in the market value of providing quality service:

As a personal trainer, you are the most valuable commodity a client or a health club will ever see. In a club setting, the personal trainer is the one who can help close a sale with a guest or who will leave a new member with a very positive attitude about the club's member service program. Personal trainers are the answer for any club that is currently staffed with minimum-wage staff, because you are the professionals who have a vested interest in ensuring that members get optimal results. (Dyke, 1996: 33)

Notice that the personal trainer represents added-value for the health club, making up for other, lower-paid (lower quality) staff. In addition, the personal trainer's commodity value is tied to the ability to close sales and bring in new members—an aspect of the brokering role we will return to below.

Given the importance of quality service in health club competition, it is not surprising that companies want to ensure that personal trainers are good representatives. Not only must personal trainers be socialized in an occupational identity, they also are expected to *embody* the company identity. Suggestions to trainers who own their own training businesses and must manage their staff include having trainers role-play situations, observing trainers in action, and requiring progress reports, but also:

*Have the trainer memorize the company philosophy.* A trainer who works for you should be able to recite a concise overview of who you are, your

philosophy, how you do business and what you will do with a prospective client. Think of it as your “30-second commercial.” (Florez, 1993b: 6-7)

The push for image consistency, or branding, which pervades consumer industries in general is thus reflected in the occupation of personal training. The style of service should be consistent with the company image and a trainer’s personal lifestyle should be consistent with his/her professional image—these lessons from *IPT* and the ACE manual blur the line between individual and company, private and public life.

Among the strategies for establishing an overall corporate image, uniforms are perhaps the clearest visual link between the individual trainer and the fitness club (cf. Solomon, 1998). As an immediate visual cue to the trainer’s credentials as a club representative, uniforms not only identify who the personal trainers are, but also, like flags, let other club members know who is working out with a trainer. Thus, uniforms facilitate a customer’s potential interest in status consumption, while creating a visually unified work force. Furthermore, whether working with a client or between appointments, uniforms continue to mark personal trainers. Because of the need to supervise the exercise floor (and to “cruise” the floor to introduce themselves to prospective clients), personal trainers tend to have offices with large windows and open doors—that is, low privacy in their “back stage” areas (Goffman, 1959, 1963). Thus, uniforms and the need to monitor the safety of exercisers mean that personal trainers’ “off time” between clients is still visibly linked to the corporate image—creating the potential for emotional exhaustion as there is little freedom for release from one’s professional persona. While their paid work ostensibly occurs on a one-to-one basis, personal trainers’ work as impression-makers is much more diffuse: the uniform means that a personal trainer is always on duty.

This poses potential drawbacks. First, with respect to the trainer's job satisfaction, the corporate image may impinge upon the autonomy of their emotional labor, restricting their control over their interactions with clients and their 'down time.' The expectation of representing the company creates limits on a trainer's individual notion of an appropriate demeanor, or their discretionary use of time between appointments. Offsetting this required conformity to the company image are resistive strategies such as poaching club members as private clients, and focusing on the pragmatic concern of projecting a professional image in order to attract clients. Self-interest in making a living can both conflict and coincide with company expectations of professionalism. The need to be consistently professional and "always up" is self-imposed as well as an external expectation of a club employer.

The second drawback of uniforms relates to the successful solicitation of clients. Uniforms may create a unified corporate image, but do so in a way that detracts from the very individuality that is being marketed as personal service. Shane, a fitness club program director and personal trainer, commenting upon the role of physique in attracting clients, reveals the informal solution to the dilemma of uniforms:

Exposure on the floor as an exercise trainer is one of the best ways to get a client without making a heavy sell. And when you work out here during your time off, people are looking at you, seeing what kind of body you have. People look really different out of uniform, and so if you're working out in a tank top, and you're really working and getting sweaty, people see that you have a good body. So they put one and one together [and hire you].

Uniforms involve a set of conflicting demands. On the one hand, they create a unified image for the company and—recalling Dave's and June's choices of clothing—a

professional impression that what is for sale is brains, not just brawn. On the other hand, uniforms conceal a trainer's physical assets. Required as part of the role of representative, uniforms are a hindrance to attracting clients through displays of physical capital. Thus, many trainers, like Shane, opt to spend some of their unpaid "leisure" time in their workplace, developing their physical capital and networking with potential clients.

The role of company representative tends to permeate all of the other roles, creating an inherent limit to the autonomy with which trainers perform their other job roles and the license with which they use their time between clients. Personal trainers must balance this general limit on relational flexibility with their clients' demands for personalized service that reflects their individual needs. In general, the creation of a unified club image may help to establish customer loyalty, but only if personal trainers negotiate the conflicting expectations of their job roles so that customer service doesn't suffer.

### ***The Role of Broker: Connecting to the Fitness Industry***

In their frontline service work, personal trainers create connections between specific fitness activities and the overall consumer fitness culture. Personal trainers thus serve as brokers, initiating or enhancing customers' relationships with the fitness field and the variety of goods and services that entails. However implicitly, personal trainers are agents of the fitness industry, creating paths of action and meaning that connect the workout session to future and potential purchases of athletic shoes, exercise clothes, nutritional consulting, home exercise equipment, beauty products, exercise videos, fitness-centered vacations, bathroom scales, and so forth.

For example, an IDEA survey of its personal trainer members found that 77% of trainers recommended or discussed sports and exercise equipment. In addition:

Trainers remain highly influential in their marketplace. When clients ask for advice, 70% of all trainers surveyed feel their suggestions are acted on “most of the time,” with 5% citing “all the time” and 25% stating “some of the time.” This influence seems to increase with experience, since 75% of those training 6 years or more report “most of the time.” (“IDEA Personal Training Business Survey,” 1997: 28)

Trainers exert their influence on clients’ purchasing behavior both implicitly—through the quality of the service interaction—or explicitly, through recommendations and endorsements of the club’s and industry’s other goods and services, such as apparel, aerobics classes, diet books, massage therapy sessions, or simply another month’s membership.

On an immediate level, personal trainers serve as brokers within the fitness club for recruiting and sustaining membership. While membership costs limit prospective members, personal trainers help to broker memberships by reaching out to new member markets. Kimberley, the head of personal training, discusses the strategic role of personal training. The chain she works for has recently introduced two new personal training programs, tailored to specific types of clients:

With [one of our personal training programs], we’re targeting new members, who are coming in and who may not think of personal training as an option. This is a way to train new members on the rules of the club, how to use the equipment, so that they can achieve their fitness goals better. They don’t necessarily want a personal trainer, but they’ve got no clue, so this is a quick fix. We’re trying to find ways, programs geared to other types of markets, other than the people who, as I say, already know that they want a trainer.



The first program, then, achieves two, related goals of the club: to increase new members' feelings of comfort and security in the gym, thereby heightening the chances of continued membership; and to attract new consumers to personal training, thereby enhancing the profitability of each members, as trainer fees are not included in membership (cf. Grant & Schlesinger, 1995: 59). Kimberly goes on to describe the second program:

Our [other] program is for people who don't feel comfortable training alone, or don't feel comfortable in the gym alone. The sessions are for two people, and they work with the same personal trainer. It's meeting a market who wants to train with a friend, or their boyfriend, or whoever. It's another way to offer personal training to people who don't think of personal training when they come to the gym, because they think of it only as something for people who are trying to buff up.

Although Kimberly describes the programs with respect to client comfort levels, income is also an issue—sessions for two people are more affordable than sessions for one, creating a larger market of clients. Personal trainers are able to individually adapt the client's health club experience, facilitating the introduction to the health club for individuals who would otherwise have found gyms to be alien, inscrutable, intimidating places. Like the flight attendants whose emotion- and body-management (smiling, saying hello) helps to make customers more comfortable on airplanes, personal trainers help to make health clubs (and the field of fitness as a whole) more welcoming.

In accommodating a greater variety of clients, their motivations and their degrees of competence, personal trainers help to shape the experience of fitness in the terms most appropriate to the customer, be it in terms of "buffing up," losing weight,

socializing, feeling stronger, reducing stress or gaining energy for the daily grind. However, at the same time as accommodating a more flexible experience of fitness, personal trainers also reconfirm its prevailing aesthetic definitions. That is, in their emphasis upon their own bodies as occupational assets, and in their promises of visible results—improved muscle tone and weight loss—personal trainers reinforce social judgements based on appearance. As such, the ways in which trainers perceive fitness—what it means, what it requires—play a defining role in how fitness is experienced and pursued by clients in and outside of the fitness club.

Besides brokering club memberships, the personal trainer also facilitates future fitness-related purchases by educating clients about specific types of goods during the course of their workout. The favorable impression that clients receive of particular exercises and equipment creates the potential for subsequent purchases. Given their trusted position, however, personal trainers are counseled in *IPT* articles and in the IDEA code of ethics to monitor the boundaries of their professional practice so as not to abuse clients' trust. Dom, the owner of the elite health club, remarks:

It's very seductive being a trainer. You give out opinions on things you're not qualified to be giving out opinions on. Because you've had a good run with a client, they'll trust you and so of course they're going to ask you questions and assume you know what you're talking about.

A trainer's position as a trusted advisor may both serve his or her ego, and provide financial reward, as some companies will provide trainers with discounts or free products in return for referrals.

The brokering role has not gone unnoticed in the fitness industry, leaders of which credit personal trainers with facilitating sales of home exercise equipment

(Sporting Goods Manufacturers Association, 2000: 22). The annual personal trainer convention, organized by IDEA and sponsored by Nike and Reebok (among others), includes a “fitness expo” by equipment manufacturers. The expo is presented as an essential part of trainers’ continuing education, providing a chance to try out the newest fitness tools in order to better sell themselves as informed advisors. In most cases, however, personal trainers are neither equipment company representatives nor paid for these peripheral results of their work; as such, the broker role is largely an implicit part of their service work. In the political economy of the fitness industry, the personal trainer’s brokering creates economic rewards (trainer-endorsed purchases), but it is the retail worker at the final point of sale who is paid. Though personal trainers may be frontline boosters for the fitness industry, they often do so as the unpaid byproduct of their emotional service labor.

The most diffuse aspect of the personal trainer’s role as broker is in the promotion of a fitness lifestyle. Personal trainers are role models, their perceived lifestyle serving as a recommended template for clients. Trainers are encouraged to identify wholly with their profession; personal lifestyle and professional image are inseparable:

Remember that your personal and corporate images are not mutually exclusive. How you handle yourself in all aspects of your life affects the credibility of your company. (Gagnon, 1992b: 6)

This passage, from *IPT*, raises a key issue in the work of personal trainers: their personal lifestyle is intertwined with their claims to professionalism, blurring the lines between work and non-work time (an issue that recurs, as with uniforms and the display of physique). Reflecting this same theme is the final clause of the IDEA code of ethics:

Uphold a professional image through conduct and appearance. Smoking, substance abuse and unhealthy eating habits should be avoided. Speech and attire should be appropriate to the client's comfort. ("IDEA Code of Ethics," 1997: 3)

Personal trainers are thus brokers for the production and consumption of a fit way of life, one which requires specialized equipment, memberships, and accessories in an ongoing project of self-improvement and lifestyle expression. Moreover, personal trainers are brokers for *their own* way of life; genuineness, authenticity and sincerity in their work stems from practicing what they preach (a point we will return to regarding the entrepreneur role).

The broker role threatens to undermine claims for professional status by focusing on selling products rather than on delivering expert fitness and exercise instruction. In a 2000 *IPT* article on "the ethics of selling products," the personal trainer is reminded of the code of ethics and their pledge to put the client's interest ahead of their own financial gain. Nevertheless,

In addition to being fitness professionals dedicated to helping individuals lead healthier lives, many of us are also small-business owners. We're always looking for better ways to serve our clients, but we want to grow our businesses as well. ...Most trainers would agree that there is a *distinct difference between selling yourself and selling products*. (Sallustio, 2000: 26; emphasis added)

After reviewing five different scenarios (including selling no products at all, and selling as many products as possible), the author concludes, "After considering all of these factors, you are the one who has to feel comfortable with the idea of selling products" (Sallustio, 2000: 33). The more telling lesson of the article is not whether

trainers should or should not sell products, but that trainers can—and should—sell themselves. That is, the resolution to the tension between professional and entrepreneurial aspects of the work lies in genuineness: selling what you believe in.

***The Role of Motivator: Establishing a Personal Connection***

In the customer service position, personal trainers perform the most intense emotional labor, combining technical skills (in fitness program design) with relational abilities (in guiding and encouraging clients). The customer service that personal trainers provide is, at bottom, motivational, rather than educational or curative; unlike physical education teachers or occupational therapists, for example, personal trainers are motivating partners rather than teachers or doctors. Personal trainers motivate by catering to clients' individual needs, through the cultivation of interpersonal flexibility and personal service relationships. As Tony, a fitness club general manager, says about personal training: "It's a people business. It's health and fitness, but first and foremost it's a customer service position."

The most literal aspect of the customer service position is the client's expectation of being motivated to work out. Personal trainers provide an implicit guarantee that clients actually will work out, a certainty that club membership alone does not provide. The expectation of motivation is affirmed by both consumers and producers. For example, the *Self* exercise manual provides a typical explanation for why consumers should choose to hire a trainer:

Those who are perpetually motivated and confident in their perfect form may never require the services of a pro. The other 99.9 percent of the population, however, may want to consider a trainer from time to time. If you've never felt confident with freeweights, it's worth setting up some introductory sessions. If you're a fitness drop-out looking to drop in again, a trainer can

help you pinpoint exactly where things went wrong. Sagging motivation can often be propped up by a professional. (Nothing will get the blood pumping like the thought of an \$80-an-hour missed appointment fee.) (Billings, 1998: 77)

The provision of personal training services are thus a strategy in health clubs to address some of the time constraints and competing obligations keeping members from their full levels of participation (and profitability). Trainers offer motivation, which, as we know from fitness magazines and manuals, is a central problem for the fitness lifestyle. Trainers also offer efficiency; if members are short on time, paying extra for a session is marketed as a way to “get fit quick.” Finally, personal trainers offer instruction in physical exercise, foreign territory to many people, thanks to declining school physical education programs and increasingly sedentary lives (Farley & Cohen, 2001).

What differs between the education of consumers and that of personal trainers regarding the problem of motivation is that, for trainers, motivation is both a job task and an occupational responsibility, as the ACE manual makes clear:

By assuming that only personal factors influence adherence, they often write the individual [who quits] off as lazy, incompetent, or unmotivated, in essence, engaging in what is known as “blaming the victim.” ...Rather than simply placing the blame for nonadherence on the client, the personal trainer must view *motivation as a joint responsibility* shared with the client.

...Because motivating the client is one of the trainer’s most important and most difficult responsibilities, the ability to address the motivational needs of the client in an ongoing, effective fashion may well be the single largest measure of a trainer’s success. (Sudy, 1991: 363; emphasis added)

Of their job roles, motivation is the one most clearly linked to trainers' professional status. The emotional labor of motivation is couched in terms of professional responsibility and social relevance. It is as motivators that personal trainers enact the moral ideology of making the world a fitter place.

Motivating clients requires a range of skills and aptitudes. From his 20 years of experience as a personal trainer, Frank comments on the client's desire for motivation as well as education:

First thing, when a person first hires a personal trainer, they're goal setting. That's number one. They have no knowledge of what to do, how to use the equipment. So the personal trainer helps them to meet their goals. They make life easier. That guidance alone makes life easier. Basically, overall, they want to reach their goals. *[pause]* But they also want someone they feel comfortable with, who makes them feel good. It's like going through therapy. *(laughs)* They don't want to go see their doctor, because the doctor doesn't have time for them. But they can talk to their trainer. *[he leans in closer to me, talks softer]* The basic part is caring about people. If you care about people, you'll always have people around you. You say, "How are you?". "How are you doing today?" It's *personal*. They think, "This person *cares* about me." You make calls to see how they're doing, if you haven't seen them in a couple of weeks, you call to see how they're doing. This is how I've kept my clients for over three years.

Like the elite salesperson, the personal trainer combines expert knowledge of the product (here, program design and exercise instruction) with strategic knowledge of the client (goals, personality, income) in order to cultivate a lasting relationship. This requires particular skills to create an impression of genuineness and authenticity, and

a relatively high degree of autonomy in order to work effectively with their clients emotions.

Foremost of these emotional labor skills is interpersonal flexibility, as Dave, who works at the training-only studio, suggests in his summary of his work as personal trainer:

You become their coach. You are their teacher. You become their coach, their shrink, and their slave driver (*laughs*). You have to stay on top of them. If they come in, and they're whining that they're tired and don't want to work out, you have to know how to cope with that. You're dealing with people's personalities. They come in, they've had a bad day, their boss yelled at them, and they don't want to work out. You have to know what to do to make sure they have a good workout. I'm their mentor. I'm Yoda! (*laughs*) I tell them, "You want to be a Jedi? You have to listen to Yoda."

As with emotional labor in general, the style in which personal training services are delivered greatly influences customer satisfaction. Personal trainers must be flexible in their motivational style, moving between such approaches as "mentor," "drill sergeant," and "therapist," depending on the client. The ability to cultivate different styles, and then to effectively pick out the most appropriate style for the client, are part of the relational adaptability of personal training—what Frank calls his "fitness psychic skills." Frank's description of his work involves the ability to manage egos as well as bodies:

You are making sure that the training is being done correctly. ...But you also have to know when to approach them, and when *not* to approach them. You don't walk up to them and say, "You're doing that wrong." You have to approach them, with [*in friendly voice*] "Hi. My name is so and so. I'm a



fitness trainer here. If you have any questions, you can always ask me. What exercise are you doing today?’’ And then you come back to them later, when they’re *not* doing the exercise, and that’s when you get to talk to them.

Nobody likes to be told if they’re doing something wrong. They get very aggressive. What makes you ashamed is what makes you mad.

Such modulation of emotional labor on a case-by-case basis requires job autonomy for the personal trainer: top-down management of service interactions (through scripts and strict procedures) leads to inauthentic service. This is why producer education is so important: the skills of emotional management must be learned and internalized before the interaction, so that strategies of dealing with people appear as second nature, not as the rote application of rules. It must be left to the trainer’s discretion how best to manage the client’s ego and emotions, thereby ensuring that at least in the role of motivator—the trainer’s primary role in terms of paid labor—job autonomy is conducive to job satisfaction (cf. Wharton, 1993).

With a personal and economic stake in the success of ongoing service relationships, personal trainers are thus permitted a high level of autonomy as motivators (relative to their other roles), in order to generate more authentic customer interactions, and to respond more flexibly to the individual differences of clients. Personal trainers can only do their job well if they are given the free reign to make working with a client seem like a genuine, personal relationship. Client relationships, however, are not merely the effect of relational skills and/or convincing acting. As June suggests, personal trainers tend to have a high level of personal involvement in their work:

It’s how you look, it’s enthusiasm, how aware you are, and what you know.

That all comes across. It has a lot to do with your spirit. It’s something that

lends itself to wanting to train in the first place; you can't hate talking, advising, teaching, being gentle, dealing with people.

An interest in helping people eases the trainer's task of creating an authentic-seeming personal connection to the client, even in the context of a paid relationship.

To put the intensity of this motivational work into perspective, IDEA's research indicates that the most successful personal trainers—making more than \$40,000 a year—have about 132 appointments per month; trainers making \$20- to \$40,000 have about 97 appointments per month (“IDEA Personal Training Business Survey,” 1997: 36). In other words, if personal training is your primary source of income, it involves being “up” for 97 to 132 hours a month—about 24-33 hours a week. All this motivational work creates the conditions for emotional exhaustion. According to Dean, the senior ACE representative:

Burnout is very easy. Imagine if you have seven clients that you see, one after another, every day for seven days in a row. Obviously, the opportunity for burnout is high, so a lot of them work part-time. For example, some will work as group exercise instructors. But I also notice that a lot of them are what I call “blue.” They have a health care worker mentality. They wouldn't be doing this if they weren't interested in helping people.

Bearing in mind the intense and ongoing trainer-client interaction for the session (typically, 30 or 60 minutes) and the lack of a truly private “back stage” area, burnout is understandable.

At bottom, personal trainers succeed as motivators because of their relational skills, not because of the formal certifications in exercise and physiology that serve as occupational prerequisites. The experience of frontline service work, then, is greatly affected by the conditions of work and the personality of the worker. The self-

selection of “people people” for frontline service work creates a good match of occupational demands and individual qualities (Wharton, 1993), and the optimal conditions for autonomy. However, self-selection is a matter of structured choices: producer education, for example, continually makes the case that interpersonal skills are integral to job performance. Regardless of trainers’ motivations—extrinsic (money) or intrinsic (saving the unfit) or both—they still have to do the face and body work.

Establishing a personal service connection, and transforming it into an ongoing service relationship, is not only central to motivating clients, but to ensuring job autonomy and security as well. Companies tend to decrease their intervention in service interactions if employees are regarded as sufficiently motivated to provide high quality service, such as when pay is based on commission, or service providers work with the same clients over and over (Leidner, 1999). As with other occupations such as hairdressers and child care workers, the service of personal training is greatly shaped by the fact that trainers generally work with repeat customers. The more stable the personal connection, the more secure the income and the more “natural” or genuine the service interaction.

### ***The Role of Entrepreneur: Building a Business***

Personal trainers must engage in ongoing self-development and client-development because of the organization of training as boundary-spanning and commission-based work. Personal training is fundamentally entrepreneurial. On the one hand, unless they are recognized and respected as authorities in their field, personal trainers are unable to create the appropriate impression of the fitness club, recommend and endorse other fitness goods and services, or motivate and guide their clients. Thus, in order to fulfil—and juggle—their other job roles, trainers must

cultivate a level of authority, unusual for service positions, through ongoing improvement of professional, relational, and physical abilities. On the other hand, even if a personal trainer is employed by a fitness club, s/he isn't guaranteed a stable income, because wages depend on the number of client sessions.

In light of these two issues, personal trainers take on the characteristics of entrepreneurs, assuming the responsibility and risk of improving their qualifications and client base in order to develop their personal business. As Dean, the ACE representative, says, "There are a lot of people who know the basics, but they're not really savvy on business skills. They need to know what's needed to create and run a business, they need to know the legal aspects, the marketing." I ask him if this business education is necessary for trainers who are not working for themselves, but are employed by clubs. He replies:

As soon as they start at a fitness facility, they quickly realize it's still a *business*, with certain required skills. For example, knowing how to read profit and loss sheets, or marketing their business. You'd be surprised; there are a lot of people who come into this who are pretty clueless. That's where the focus should be: on the art of executing your business as a personal trainer.

Reflecting the need to teach trainers to view themselves as business, *IPT* articles regularly offer lessons on advertising campaigns, marketing strategies, direct mail, telephone scripts for cold calls, and what to look for in stationery, logo design and brochures. In short, they present personal training as a business, and its practitioners—who enter more often than not from physical fitness backgrounds rather than business training—require some basic lessons in how to conduct their enterprise.

Personal trainers must invest time and energy in two particular types of occupational assets: intellectual and physical capital. With respect to intellectual capital, personal training falls within a category of professional service work that requires specialized education and training, like dental assistants, security guards, or coaches. The extent of specialized education for personal training can range from a few weeks (for basic certification) to a number of years (for related college degrees, and continuing training). Professional qualifications give personal trainers a level of authority that emotional labor alone would not provide, while allowing them to charge more for their specialized services. Such ongoing professional development requires of personal trainers a high degree of flexibility, as it is through adaptable use of their work and leisure time that they may continue their training and certification.

If professional authority is necessary, however, it is not sufficient for success, which also rests on physical capital. A trainer's fit, trim, toned physique plays a significant role in a customer's perception of the quality of service, visibly representing the trainer's personal dedication to and expertise in fitness. Maintaining and improving one's physique—as with the dilemma of uniforms—involves a blurring of work and non-work hours. Maureen, the recreation program director and former personal trainer, notes how such blurring poses particular challenges:

I knew I was getting to the end of working only as a personal trainer when I was no longer willing to maintain my own looks in order to maintain my business. I still train a few clients, because I can draw on my experience, my education. I have a lot to offer. But most trainers have to rely on their body, their appearance, to get clients.

The investment of time and energy necessary to sustain such physical self-improvement tends to make personal training a young occupation, while undercutting the professional legitimacy that trainers pursue through certifications.

In their cultivation of authority through professional development and physical self-improvement, personal trainers exercise a high degree of flexibility in their use of time and acquisition of skills. Emotional labor skills are also relevant for the entrepreneurial role; however, a trainer's body and face work are motivated by self-interest. Emotional strategies are deployed to cultivate future business rather than deliver immediate customer service. Despite a general absence of formal business training, trainers *must* acquire an entrepreneurial attitude towards attracting and maintaining client relationships. As Tony, the manager of personal training for a large chain of New York health clubs, suggests,

As a trainer, you're always on display. People watch how you train your clients, and they rely on word of mouth. Your client should be your best sales person. They should work for you. And you work to establish that relationship, even outside the gym. You make follow-up phone calls. You send them cards. You make the individual feel good by remembering their name, by making them feel special. That's how you establish a rapport. And that's how you get referrals.

Thus, unlike the emotional labor role of motivator, the entrepreneur places the emphasis upon the instrumental creation of a client base, and not upon the affective satisfaction of the client. In reality, these job roles are intertwined, such that a trainer's extrinsic and intrinsic motivations may conflict.

Referrals, which Tony mentioned, are an important strategy in reconciling the importance of a personal trainer's sales and promotional skills with his/her claim to

professional legitimacy. By doing a good, professional job, the responsibility of promotion passes from the trainer to the client. However, even when a trainer relies on referrals rather than advertising, instrumental emotional management is still required. As this *IPT* article suggests,

*Word of mouth is your number-one vehicle for marketing yourself. ...To create word-of-mouth marketing, your reputation must be excellent. You need to be known as the best at what you do. When a client has sent me additional clients, I return the favor by giving her or him a free session or a T-shirt as a small token of gratitude. (Ruane, 1992: 3)*

In a 1994 *IPT* article on maximizing referrals, trainers are encouraged to develop a “receptive yet reciprocal image”:

The first step toward capitalizing on the potential for referral success is to scrutinize your public persona and image. You communicate your energy and intentions through your demeanor, through your honest enthusiasm for helping others improve their lifestyles and reach their fitness goals, and through the activities you pursue to develop yourself personally and professionally. When people meet you, they should feel your competence, enthusiasm and values. (Chapman, 1994: 33)

An “honest” belief in the fitness lifestyle is thus not only a sign of professional dedication, but also a means for cultivating referrals and clients without having to explicitly market themselves. Once again, the trainer is encouraged to wholly identify with the professional role, scrutinizing his or her personal life as an occupational resource.

The need to recruit clients can be a source of tension for personal trainers, who may not relish the business aspect of fitness service. Nevertheless, job conflicts are

often reconciled through the satisfaction that comes from their client-motivator relationships, and—more importantly—from the personal trainer's own belief in the value of exercise. In commenting on how training services are sold, Tony suggests how a trainer's personal fitness convictions reconciles the need to sell themselves:

Over the last five years, we have asked trainers to be sales people. But you have to explain to them that they're selling their services, their skills. Many of them are uncomfortable when you first suggest it, because they have this image of selling as selling used cars. You have to explain to them that they're selling health and fitness. You're selling something you believe in. It is telling that the need to sell their services and (for independent trainers) to set fee rates and stick to them are sources of discomfort, and regular topics of discussion in *IPT*. Traditionally, selling goes against much of what is taken for granted about professions. Yet, in academia, medicine and law, marketing is now commonplace as the form of professionalism changes (Leicht & Fennell, 1997).

For personal trainers, reflecting their not-yet-established place as professionals, selling still evokes mixed emotions:

The word "sales" has a bad reputation in the fitness industry. However, selling personal training is something that many of you are doing daily without even knowing it! Most of you truly love your work. You represent a healthy lifestyle, a fit mind and body, and a positive self-image. Selling often becomes second nature when you present the concept of personal training to someone else. Your own personal commitment generates enthusiasm and sparks an interest. (Marenka & Smail, 1993: 1)

The conflict between generating revenue and identifying as a professional is resolved through appeals to belief, personality and the moral ideology that fitness lifestyles are



socially “good.” While neither a personal belief in fitness nor highly developed relational skills are the objective basis of wages, a personal trainer’s authority status, occupational success, and job satisfaction ultimately rest with his/her personal qualities, which enable a complementary fit between personality and job demands. Unlike flight attendants, personal trainers not only enact a repertoire of emotional strategies in order to get the work done, but they *believe it*. Surface and deep acting are pragmatic questions for delivering the service, but the larger resource for personal trainers is an evangelical interest in converting others to their fit way of life. Indeed, the conversion stories from sickly childhood to robust (and long-lived) manhood of Charles Atlas and Jack La Lanne, or from self-loathing teenager to empowered woman of Jane Fonda, suggest that the evangelical and the entrepreneurial are inseparable in the fitness leader.

Thus, mediating the potentially alienating work of “selling” oneself, the blurring of paid and non-paid time in one’s body work, and the challenge selling poses to claims of professionalism, is the fact that, by and large, personal trainers are not so much selling as preaching—they are espousing a way of life that they personally believe in and follow themselves. In short, personal trainers tend to be “fitness people.” In marked contrast to the consumer exercise manuals that attempt to *convince* readers of the benefits of exercise, *IPT* and the ACE manual address a community of those already converted:

Those of us working in exercise or physical fitness find physical activity to be an integral part of our lives. Understanding what it can do for us physically and mentally, as well as the sheer enjoyment we get from working out regularly, keeps us with our exercise regimen regardless of inconveniences or barriers we may encounter from week to week. Indeed, many committed

exercisers feel miserable if they can't exercise; the rewards from completing an exercise session, and the negative consequences of not exercising, make the exercise schedule or routine a relatively simple undertaking. For such persons, regular exercise remains a high priority regardless of what life may bring. Unfortunately, only a relatively small percentage of people in the U.S. and other Western countries share this attitude. While many acknowledge the importance of physical activity to health and well-being, surprisingly few are regularly active enough to receive significant health benefits. (Sudy, 1991: 359)

Thus the role of personal trainers, as constructed for them in their education and professional socialization, is inherently missionary: they are to help reshape those unlucky millions for whom daily exercise seems an unattainable—even unthinkable—goal.

Without disputing the need for such a change in disposition (and activity patterns), we must bear in mind the constraints placed upon personal trainers by virtue of the political economy of the fitness field. Creating people like themselves—self-motivated to be active and fit—is not good business. Doing so, a personal trainer trains him or herself out of a job. Such high-minded professionalism may be a luxury that some trainers cannot afford given short-term economic pressures. Moreover, the club employing the personal trainer also wants the trainer-client relationship to continue indefinitely. Personal training, ultimately, is bound by its organization as fee-for-service: unlike the salaried nurse, for example, the personal trainer *is* paid more for extending the client's treatment.

### Conclusion

Over the 1990s, personal training developed from an elite service for the wealthy to an occupation serving the middle class fitness market. The growing number of and competition between trainers, and the efforts of occupational organizations such as IDEA and ACE have produced personal training as professional service work, stratified by qualifications and income. Certifications have played an important role in the development of personal training, supporting claims to expert knowledge, as well as providing a rational ordering of the occupation: more qualifications translate into higher wages. However, as Dean, the ACE representative, acknowledged, “certification is not the be all and end all.” Indeed, technical knowledge of anatomy and physiology, which provide scientific legitimacy for trainers’ expertise, does not address the occupation’s fundamental role: to motivate clients to exercise. The problem of motivation is not one solved through abstract knowledge, but through practical, interpersonal skills, one-on-one interaction, positive reinforcement and general cajoling.

A range of skills and resources structure the occupation of personal training, entrenching the “stakes” (Bourdieu & Wacquant, 1992: 98) of the field of fitness. Certifications and technical knowledge—cultural, intellectual capital—may justify wages, but the resources that matter are physical, symbolic and social. With the widespread adoption of certification, technical expertise—like the technical equipment of health clubs—becomes the lowest common denominator. Competition takes place through the skills of self-presentation and performance, body work and face work.

Central to the trainer’s success as a motivator is the personal connection with the client. The personal service interaction caters to the individuality of the client,

reinforcing the consumer culture's message that consumption is an avenue for the expression of one's self. Unlike the fitness commodities and services that are external to the buyer—however implicated in expressing an internal sense of self—it is the trainer-client relationship that explicitly creates an internal, personal experience for the client, which then becomes a potential impetus to continue purchasing personal trainer sessions or other services. Personal trainers, like theme park “hosts” and personal shoppers, are at the forefront of producing consumption—of fitness, tourism, shopping—as a lifestyle experience.

## Notes

<sup>1</sup> My thanks to Professor Margaret MacNeill for the generous loan of her collection of personal trainer newsletters, magazines and manuals.

<sup>2</sup> From “A Brief History of the YMCA Movement,” available on the YMCA website: <http://www.ymca.net>

<sup>3</sup> My thanks to Dahn Shaulis for bringing Artie McGovern to my attention. McGovern's biography is a fascinating one, weaving together several broad themes within physical culture of the 1900s: after a failed career in professional boxing, he followed the advice of a doctor and opened his first gymnasium, at which he trained both doctors and their patients. This led to working with Cornell University Medical College and training soldiers and sailors during the First World War who were deemed unfit for duty, as well as making a movie (with his wife, also a boxer) showing women how to defend themselves while men were away at war (Smith, 1931: 71).

<sup>4</sup> From IHRSA “Industry Statistics.”

<sup>5</sup> IDEA changed its name several times over the following years to reflect the change from a narrow focus on aerobics to serving a broad range of “fitness professionals.” IDEA was “The Association for Fitness Professionals” at the start of the 1990s, “The Health & Fitness Source” by the late 1990s, and “The Health and Fitness Association” in 2001; the strategic addition of “health” in the 90s was intended to reflect that “a number of members are in the allied health professions (for example, physical therapists, dietitians and athletic trainers) and fitness is, after all, a critical part of a healthy lifestyle” (Davis & Davis, 2001: 3).

<sup>6</sup> Although a Canadian personal trainer organization was formalized at a later date than the U.S. counterpart, it bears mentioning that Canadian personal trainers were active as contributors and task force members in the IDEA personal trainer newsletter since its inception, suggesting that the rise of personal training as a middle class service was probably simultaneous in the two countries, even if the high-profile celebrity trainers started on the west coast of the U.S.

<sup>7</sup> It may also be that the post 1970s decline of physical education in high schools provided a ready source of potential personal trainers, as college PE graduates no longer had as many opportunities to teach PE in the school system.

<sup>8</sup> Information provided by an ACE “certification specialist” via an email exchange, February 2002.

<sup>9</sup> The phrase "fitness training for the masses" had been used three years earlier in an article in the *Los Angeles Times* (Calistro, 1989: 30), reflecting the earlier development and expansion of personal training in the celebrity- and image-conscious Hollywood industry. As an indication of the lag between west coast innovation and eventual mainstream availability of personal training, press coverage of personal training for the middle class did not appear until the mid 1990s for places such as Pittsburgh (Devine, 1995), Toronto, Vancouver and Ottawa ("Muscle Bound," 1995).

<sup>10</sup> The IDEA survey results were based on a 48% response rate to a survey of its 8,000 members.

<sup>11</sup> IDEA began to offer a referral service, connecting trainers and consumers in 1995 (Davis & Davis, 1995: 2); ACE also had its own professional registry by 1997—offered as both an employment resource for personal trainers ("Earning our Personal Trainer Certification..." 1997: 53) and as a customer service for the public. IDEA began its Personal Fitness Trainer (PFT) Recognition System in 2000, announced in a two-page advertisement in *IPT*, that promised to "help personal trainers receive the recognition they deserve and a way for the consumer to understand a trainer's credentials" ("Are All Personal Trainers Equal?" 2000: 6). Personal trainers were invited to apply for recognition; four tiers (master, elite, advanced and professional) reflected various degrees of excellence in certifications, years of experience, education, industry contribution and quality of service. In addition, IDEA members could be listed in the "Online PFT Locator," through which employers and clients could search through trainers' personal profiles on the IDEA website, <http://www.ideafit.com>

<sup>12</sup> Weylman is a "Certified Speaking Professional" and the president of The Achievement Group, an Atlanta-based consulting firm and publishing house "dedicated to professionally and ethically help people move to the next level of productivity and fulfillment." From <http://www.richardweylman.com>

<sup>13</sup> As Shilling has observed of the correlation between cost and quality of service, first class passengers may receive first class service, but economy class attendants are not required to provide the same quality of service (1993: 122).

<sup>14</sup> Indeed, references to a pure, inner core of the self, untainted by economic, cultural or political considerations are typically taken by social scientists as utopian fantasies (e.g. Bordo, 1997: 32; Foucault, 1978, 1983); being genuine is a question of performance rather than purity.

<sup>15</sup> See "Evaluating Personal Trainer Certifications," 2001: 18-23.

<sup>16</sup> This section of the chapter is a much-revised and extended version of an article published in the *Sociology of Sport Journal* (Maguire, 2001).

<sup>17</sup> The sample of 14 interviewees was drawn from a range of clubs and work settings, including commercial and non-profit health clubs and personal training-only studios, as well as one trainer who works out of her home. Former trainers now employed in management positions were also interviewed, including a senior program manager at ACE and the managers of personal training programs at three different large chains of New York clubs. Participants ranged in age from 25 to 45, with an average age of 33; three were black and 11 white; nine were men, five women.

- 6 -

## Conclusion:

### Lessons from the Fitness Field

Our bodies are sources of concern. The proclamations of health experts and our experiences of exertion, aging and illness raise worries about how well—and for how long—our bodies function. At the same time, daily interactions with each other and with media images remind us that we are judged on the basis of our bodily appearances and performances. Over the past thirty years, these two bodily dilemmas—of health and appearance, function and form—have become *idées fixes* in consumer culture, and for the middle class in particular (Bourdieu, 1984; Crawford, 1984; Featherstone, 1987; Laberge & Sankoff, 1988). The fitness field's emergence in the 1970s—and continued consolidation since—is tied to its articulation of these two problems in distinctly middle-class terms, breaking health and appearance down and repackaging them as leisure activities and opportunities for self-improvement through commercial goods and services. It is in its claims to provide solutions to *both* worries that fitness is the ideal-typical leisure field; whether the concern is with the inner or outer body (or, more likely, both), fitness is represented as providing the answer: exercise makes you feel good *and* look good.

The historical roots and contemporary development of the fitness field are marked by dominant, as well as emergent and residual forms of physical culture (cf. Williams, 1977: 112). Changing societal conditions have posed new challenges for the individual body, and these have been reflected in shifting notions of individual “fitness.”

In the late 19<sup>th</sup> century, the dominant conception of physical fitness was preparedness to defend American values of rugged individualism against both external enemies and internal decay. This theme of fitness as national strength recurs over the 20<sup>th</sup> century, typically at times of war and national insecurity. In the early 20<sup>th</sup> century's burgeoning service economy, however, physical fitness prepared people not for military combat but for economic and social competition. In a world of images and appearances, looking good was no longer an option but a necessity (Haiken, 1997: 91). In the late 20<sup>th</sup> century, the individual body is prepared for social challenges that recall *both* Theodore Roosevelt's turn-of-the-century Strenuous Life philosophy *and* the equation of body shape with social success and upward mobility. The current dominant form of fitness combines *public issues* of societal health (managing the cost of chronic lifestyle diseases) and *personal troubles* of appearance management and social mobility (cf. Mills, 1959). In contemporary physical culture, we must be fit to minimize our health risks and maximize our market value. Our bodies bear this dual responsibility.

The fitness field translates desires for bodily control and self-improvement into the language of leisure and lifestyle. Leisure is about nothing so much as improving, decorating and displaying our bodies (Rojek, 1995: 61). The growth of fitness businesses since the 1970s is part of the widespread expansion of leisure industries, which market our body's problems and potentials to us through a range of products and services. The producers of the fitness field—and commercial health clubs in particular—follow many of the same business strategies as themed retail, lifestyle publishing, do-it-yourself home improvement, cooking programs and countless other leisure-time self-improvement projects. The expressive qualities and personality of the product (Plummer, 1984) and

the experiential component of consumption (Pine & Gilmore, 1998) have all become standard strategies in shaping the product of fitness—including health clubs, fitness magazines and personal training services. In addition, for-profit fitness producers sell their products in a competitive market; thus, they regard consumers' bodies as long-term profit centers to be retained through customized services and quality management (Grant & Schlesinger, 1995; Pine & Peppers, 1995; Reichheld, 1996). Fitness has become a leisure business much like any other; its growth as an industry and as a cultural field is part of the general expansion of leisure products and services.

Fitness has become such big business in the past thirty years because it is first and foremost a leisure industry. It follows the same organizing principles and marketing strategies as other lifestyle industries such as fashion and beauty. This is particularly significant for the field's core participants—middle-class men and (especially) women—as fitness not only affirms their investment-oriented bodily disposition, but does so by offering them opportunities to display their means to care for themselves. Through fitness, calls for empowerment—political, symbolic, medical—are translated into opportunities to display one's (financial, symbolic, disciplined) capacities for social mobility, status consumption and self-care. This has proven a particularly attractive offer to women whose political empowerment has been accompanied by increasing power in the workplace and marketplace. Fitness offers women a non-political avenue of participation in the broader calls for political liberation, while at the same time providing the opportunity to exercise newfound consumer muscle.

The general growth of leisure industries, and of consumers looking for ways to invest in the body and improve the self, formed conditions for the fitness field's



development. The particular structure of the field has emerged through the interplay between a culturally-specific site for production and consumption—the health club, an array of media “educating” the consumers—fitness magazines and manuals, and a cadre of professional producers—personal trainers.

The commercial health club has developed into the field’s primary social, symbolic and material site. Here, fitness is produced as a leisure business, in which entertainment, personality and status are as important as the exercise itself. Health clubs, like gourmet coffee shops and day spas, are an example of the urban leisure and lifestyle amenities that have multiplied to capitalize on the discretionary income and image-consciousness of professional-managerial, media and culture workers. It is little surprise that health clubs have sprung up in major cities across the globe: they are part and parcel of a service economy for which images are increasingly the primary product.

Fitness magazines and exercise manuals disseminate the field’s rules and values to a market defined by reading about—rather than doing—exercise. Fitness texts help to transform fitness from an applied, practical activity of working on the body into a more abstract, critical activity of learning about the body. These texts create the opportunity for popular expertise as well as spectator fitness. Much of the content of this consumer education addresses the difficult transition, for many participants, from reading to “doing” fitness. Motivational techniques attempt to resolve the conflict between short and long-term goals by endorsing consumption as both the means and the reward of body work.

In the work of personal trainers, the field’s practices are institutionalized as expert knowledge. This helps both to standardize the field’s knowledge and generate prestige.

as some practitioners are more expert than others. In their frontline service performances, personal trainers produce the consumer experience of fitness, creating customer loyalty to fitness goods and services, while demonstrating the exchange value of symbolic and physical capital. In selling both fitness instruction and a belief in fitness, personal trainers sell themselves as the “models and guarantors” (Bourdieu, 1984: 365) of the fitness lifestyle.

Through a network of mutually-referential endorsements, strategies and recommendations, each of these elements—place, consumer, producer—reinforces the definition and function of fitness as leisure, as a consumer lifestyle, and as a commercial service. Fitness, however, is not only self-referential—the effects of health clubs, exercise manuals and personal trainers are not limited to building markets for fitness goods and services. The fitness field interconnects with other fields and institutions (educational, military, self-help, health promotion) in the production of cultural attitudes towards the body as a resource and individual enterprise. In particular, the fitness field and its lessons for the body-as-enterprise overlap, agree and also conflict with the institutions of consumption, service and health.

### **Fit for Consumption**

Three forms of fitness have “won out” over others to become dominant forms of physical culture today. This is not to suggest that fitness has reached a final, static state; the fitness experts and resources of value may change as the field undergoes different social conditions. Today’s dominant forms may become tomorrow’s residuals, just as the 19<sup>th</sup> century’s dominant moral function of fitness is today residual. As the U.S. enters a period of prolonged foreign military engagement, we may yet see a resurgence of fitness

articulated as national and moral strength. In the fitness field of 1970 to 2000, however, the purpose of fitness was articulated in terms of consumption. Fitness producers do not simply engineer the consumption of specific fitness products, but help to engineer consumption as a way of life. Fitness is an activity to be undertaken during our “consuming” leisure hours: not only doing exercise is commercial clubs, we also buy special exercise footwear, clothing, videos and magazines, and rely on advice that is sold as a consumer service.

First, leisure has become the dominant form of fitness. It is within the sphere of leisure *time*, using leisure *products*, guided by new ranks of leisure *professionals* that we engage with fitness. Authorities tell us to make fitness part of our leisure time, to “fit in fitness” (American Heart Association, 1997) in our daily lives. Market research reports (e.g. Harris et al, 1984), exercise manuals and the health promotion messages of the Surgeon General encourage us to make exercise a priority, and locate that priority within our discretionary, non-paid time. Leisure increasingly becomes a sphere of obligations—to improve one’s body, health and self (cf. Baudrillard, 1998). What is ignored by locating exercise within leisure time—and thus as the individual’s responsibility—is the impact of our work-and-commute hours. Exercise may be a leisure activity, but this overlooks the role of sedentary forms of work and transportation in the population’s soaring inactivity and obesity rates (e.g. Farley & Cohen, 2001), or the changing constraints (longer commutes, more households with both parents working; Jacobs & Gerson, 1998) that work places on leisure time.

Second, consumer lifestyle has become the dominant language of fitness. The notion that fitness is a style of living is not new; Charles Atlas, for example, prescribed a

total style of living, including instructions for eating, sleeping, posture and grooming, as well as exercise. However, it is not simply that fitness requires effort throughout one's life, and touches upon every aspect of life. Rather, fitness, as a way of life, is now intimately connected to the consumer marketplace. A multitude of products and services, including health club memberships, walking shoes, exercise videos, fitness magazines and personal training sessions, are promoted as the tools by which consumers are to reshape their bodies and maintain their dedication to body work.

Despite the growth of low-cost health clubs and more affordable personal training rates, participation in the consumer fitness lifestyle remains circumscribed by class boundaries. Given the association between obesity and class (Crisler, 2000; Duckworth, 2001; Evans et al, 1994), it is very often those who can least afford the motivational services of health clubs and personal trainers that would most benefit from exercise. However, it is not simply that a consumer fitness lifestyle is a luxury some cannot afford. Obesity and inactivity are produced by a host of factors, including having the time and taste—the social and cultural, as well as economic, capital—for exercise.

Finally, professional fitness services and specialized equipment have become dominant, overshadowing non-structured play and non-profit recreational services. In paying for advice on how to get fit, consumers reproduce the market for fitness texts and personal trainers and the commercialization of exercise more broadly. Furthermore, exercise is increasingly divorced from daily life, sequestered in special settings and discrete time slots. Playing with your kids or vacuuming the house doesn't "count" in the same way as working out on the treadmill at the health club. Getting fit requires expert knowledge, specially-devised physical activities, and particular types of equipment and

settings. Within this narrowing band of time and ways to participate, the sporting goods manufacturers and fitness producers offer seemingly endless variations and innovations. The fitness field is thus marked by both decreasing differences—constricting exercise to a specialized, commercial leisure activity—and increasing varieties—Step class and aquafit, Pilates and Nautilus.

The fitness field configures questions of exercise, health and body work as individual projects within the sphere of leisure, tying particular problems and needs to a range of commercial goods and services. Ultimately, being “fit” is not a question of physical strength or low body fat. Being fit is about possessing the appropriate skills and resources to undertake self-improvement competently and to meet required obligations in our work and social lives. The fit person is a competent consumer; he or she not only knows how to choose the most qualified personal trainer and the better value health club membership, but also understands those choices as the exercise of “freedom.” Fitness reproduces consumer leisure as the sphere in which we are “free” to make and remake ourselves, without confronting questions about the nature of that liberty. In the fitness field, our freedom is presented to us, not as the choice between Nike or Reebok, New York Health Club or the YMCA, but as the *obligation* to choose—we are “obliged to be free” (Rose, 1996: 17).

### **Fit for Service**

Both production and consumption in the post-industrial economy of the U.S. increasingly take place through service interactions. Service competence, for producers and consumers alike, involves adopting strategic forms of self-presentation and performance in order to succeed—to get the desired quality of service from the service worker: to

manage the complaints and ensure the satisfaction of the client. Fitness for consumer service culture, then, involves an education in the exchange value of appearances, performances and personality. We learn how to cultivate symbolic and physical capital in order to better fit into a consumer service culture.

Lessons in the economic value of personality permeate the business strategies of health clubs, fitness lifestyle magazines and personal trainers. Consolidation of health clubs, the expansion of lifestyle publishing, and the standardization of training certification have all contributed to a flattening of material difference between fitness goods and services. By and large, health clubs offer much the same equipment, fitness magazines have similar content, and personal trainers are trained in the same basic principles of exercise science. Consequently, both fitness producers and consumers are encouraged to differentiate between products—and to differentiate themselves—based on symbolic added-value. A health club's high-profile clientele confer prestige on the business as well as on the other members, whose discerning taste is rewarded with status-by-association. Similarly, consumers are encouraged to identify with (and buy into) the health club's personality and the magazine's reader profile, thus affirming their own sense of identity and personality through market-based means.

Participation in the fitness field is an education—for producers and consumers—in the skills and resources necessary for competent service interactions. Evan Watkins has suggested that we should understand

these fields—service economy and consumer culture—as indeed *educative*, which means more than identifying ideological agendas or manipulation. ... Like public education, [consumer culture's] payoffs always involve the differentiations and

distinctions of social position; ...it speaks to and with the languages of rising social expectations; ...it promises the positional rewards of mastering crucial lessons across an elaborately structured "curriculum" of subject areas... (1993: 5-6)

A service economy requires a work force that is finely attuned to the strategic value of social interaction; body and face work are necessary—vital—elements in shaping performances and interactions. Consumption, then, is about the real, concrete ways in which people invest their money, time, effort and skill in shaping their performance and developing their resources. Mastering consumer practices—such as those of the fitness field—is a continuation of the traditional belief in social mobility through education, with the ladder of advancement and hierarchies of position now relocated from "the organization of work and the market segmentation of labor, to the scene of consumption, where performances are enacted" (Watkins, 1993: 66).

Personal trainers are the ideal-typical producers *and* consumers of fitness. Trainers' social and occupational mobility are inherently tied to their mastery of a range of performative strategies, and to their development of the forms of social, symbolic and physical capital that are valued within the fitness field. Through their professional socialization, personal trainers internalize the structures of the fitness field, to acquire a feel for the fitness "game:"

The habitus as the feel for the game is the social game embodied and turned into second nature. Nothing is simultaneously freer and more constrained than the action of a good player. ...[T]he constraints and demands of the game...impose themselves on those people—and those people alone—who, because they have a

feel for the game, a feel, that is, for the immanent necessity of the game, are prepared to perceive them and carry them out. (Bourdieu, 1990: 63)

That is, the rules of a field, like the rules of a game, have the greatest consequences for those who recognize themselves and their social position in the game. Some participants have more “at stake” in the field, depending on their relative investment in the field’s logic and capital.

The personal trainer is the archetype of the committed fitness player. The trainer’s professional identity is at stake in the social recognition of fitness as a legitimate field of professional expertise; thus he/she has the most invested in promoting fitness as a legitimate lifestyle. Occupational success requires developing fitness-specific capital—a fit physique and winning persona—but also a “genuine” commitment to fitness as a way of life. In the blurring of personal and professional identities, the personal trainer *believes* in what he/she is selling. The implication for fitness field participants, and for personal trainers especially, is that the inscription of the field’s structures in one’s bodily habitus not only generates tastes for particular lifestyle activities, but also “fits” the body for service interactions (cf. Shilling, 1993: 135). Personal trainers have an embodied feel for the service game and the strategies for playing to win—to influence, attract and motivate others through cultivating different types of performance and particular forms of symbolic and physical capital.

Our abilities to manage our feelings and assemble our exterior packaging are skills that are both taken for granted (indeed, second nature) and subject to improvement. We are educated into the necessity for, and the methods of, creating specific displays that will evoke in others appropriate responses (admiration, respect, fear, envy). This is not



only relevant to those working in service positions, but to anyone who is involved in a service interaction, as either producer or consumer. A growing range of occupations are increasingly accountable for the emotional responses and satisfaction of customers and clients, including human resource administrators, university professors, real estate agents, financial brokers, talk show hosts, and physicians (Hochschild, 1983: 237). As service interactions come to predominate in social life, the emotional and performative skills of the service worker—the “managed heart” (Hochschild, 1983) and the managed body—become the common requirements of everyday interaction. Thus, the fitness field, as exemplified by the personal trainer, provides an education in the skills and resources necessary for success in a service culture.

### **Unfit for Health?**

In the 1970s, the emerging fitness field drew institutional support and scientific legitimacy from the health care, health promotion and medical research communities. The government’s involvement in promoting the individual’s responsibility for health has largely been indirect; although government-funded promotion programs have endorsed exercise, the vast majority of promotion and provision have been left to the private sector (Sage, 1998). Given the central role of health—as a goal and as a reward—in selling fitness, the question must be asked how, if at all, the fitness field has made us competent to take on the responsibility of our health.

Over the past three decades, medical research has continued to substantiate the role of exercise in decreasing the risks of various diseases and ailments, including arthritis pain, breast cancer, colon cancer, osteoporosis, stroke, Type 2 diabetes and congestive heart failure (Krupa, 2001). However, despite all of the evidence supporting

the health benefits of exercise, the various health policies and promotion programs, and the well-publicized and heavily-promoted commercial fitness industry, the actual health of the U.S. population has not improved markedly since the start of the fitness boom in the early 1970s (Rader, 1997).

Indeed, in some important respects, the health of the average citizen has actually gotten worse. At the same time that the average lifespan has increased, so too has the average body size. Over 60% of the U.S. adult population is now classified as overweight (Krupa, 2001). In more extreme terms, obesity is an intensifying epidemic: the proportion of obese U.S. adults increased by two-thirds between the early 1960s and early 1990s (Farley & Cohen, 2001: 23), and increased by another 61% over the 1990s ("Obesity and Diabetes," 2001: 9). Nearly one in four adults is now obese, carrying around at least 20% more than their ideal weight ("Fat of the land," 2001). The problem of obesity is closely linked to rising rates of inactivity: 27% of U.S. adults are not physically active at all, and another 28% are active only infrequently ("Obesity and Diabetes," 2001: 9).

Obesity is not simply a problem for adults: between 1984 and 1994, the rate of obesity in U.S. children rose 100%. Over 20% of children are now obese (Krupa, 2001; see also Strauss & Pollack, 2001). Nor is obesity only a problem for the U.S. While the U.S. exhibits the highest rate of obesity in the world, the rates of other developed countries are rising as well. In 1999, for example, 16% of adults in England were obese, 12% in Canada, 8% in France (Bohuslawsky, 1999). Rates of obesity and inactivity are higher for women, blacks and Hispanics—but the primary predictor is *class*. "[I]n study after study, the key adjective is *poor*: poor African Americans, poor Latinos, poor whites.

poor women, poor children, poor Latino children” (Crister, 2000: 46). Among other things, poverty means a lack of access to safe recreation areas and high-quality, low-cost foods—contributing factors in inactivity and obesity (Crister, 2000: 44).

For decades (at least since the stressed businessman of the 1950s), the medical community has endorsed regular exercise and a balanced diet as the keys to a long and healthy life. However, such prescriptions are dwarfed by an environment and corporate networks that create the conditions for inactivity and obesity. First, the opportunities for daily activity have declined for children. A third of 12 to 21 year olds are not regularly active. Daily participation in high school physical education dropped from an (already low) 42% in 1991, to 27% in 1997 (Krupa, 2001; see also Cmons, 1997). Second, the rate of television watching has increased. The average U.S. adult watches 1.460 hours of television a year, and the average child 1.023 hours (compared to their 900 hours spent in school) (Farley & Cohen, 2001: 27; Krupa, 2001). Television poses a triple threat to health: watching television is generally a stationary pastime; it actually lowers the body’s heart rate and muscle activity to a semi-comatose mode; and it is by and large antisocial, discouraging even casual conversations, which expend more energy than watching TV (Farley & Cohen, 2001: 27). Finally, the food industry has produced low-cost, convenient foods—most of which are calorie-dense, high-fat or high-sugar. The number of meals eaten at fast-food restaurants tripled between 1977 and 1995, while the consumption of soft drinks increased 131% between the late 1970s and mid 1990s (Farley & Cohen, 2001: 26; Nestle, 2002).

The cultural treatment of excess weight is often (rightly) criticized for equating extra weight with laziness or moral failing, and imposing unrealistic media images of

thinness as the benchmarks of beauty and social worth. *However*, excess weight, particularly in combination with inactivity, is not simply a problem of distorted representations and social judgments. Being overweight increases an individual's risk of heart disease, high blood pressure, stroke, kidney failure, hypertension, colon, breast and prostate cancer, as well as several other chronic diseases and health complications. In 2001, a group of physiologists examining population inactivity diagnosed 60% of the U.S. population as being at risk for Sedentary Death Syndrome (SeDS). They estimated that 2.5 million people will die prematurely in the next decade due to inactivity-related chronic diseases—more than drug, alcohol, car, gun and sexual behavior-related deaths *combined* (Krupa, 2001).

Thus, the health crisis that provided impetus and institutional support in the 1970s for the joggers, tennis players, health club owners and exercise advocates has deepened—people are fatter, less active, and still dying from chronic diseases such as heart disease and cancer. That consumers are spending billions of dollars on exercise and fitness products and are not getting any healthier seems a paradox. However, we must not mistake the fitness field's rhetoric of health as the sole criterion by which consumers and producers judge fitness products and practices. Health, in other words, is employed as a promotional, not evaluative, language for goods and services. Fitness goods are competing with other forms of leisure and lifestyle consumption, not with other methods of health care and disease treatment.

This is not to suggest that the U.S. population's unhealthy state is the *result* of the fitness field. I would neither dismiss the health benefits of regular exercise, nor discount the efforts on the part of many health club staff and personal trainers to help people live

healthier, more active lives. However, the commercial fitness industry is the leading booster for exercise, and its advertising, fitness magazine articles, personal trainers, and exercise manuals produce representations that equate exercise with fitness, and fitness with consumer products and services. We must ask how the fitness field, working through the consumer marketplace, makes health more or less available. Here, I highlight four ways in which the fitness field—sometimes at cross-purposes to, sometimes in conjunction with, the health care and health promotion fields—is unsuitable for producing healthy behavior. This is not an exhaustive list of factors, but illustrates the larger conflicts facing population health and fitness.

First, population inactivity and obesity stem in part from the decline of childhood physical education and after-school activities. Health benefits, such as decreased risk of heart disease, diabetes, and colon cancer, are associated with regular (ideally, daily) exercise. Thus, to improve the health of the population, physical activity has to be ingrained as part of everyday behavior. However, the fitness field addresses *adult* consumers. Lessons in how to adopt a fitness routine thus generally come late in life, when it is more difficult for exercise to become a “second nature” habit, like tooth brushing or showering. In addition, when doctors do recommend exercise, it is generally for those who are already exhibiting a weight or inactivity problem.

Given the general lack in the U.S. of institutional childhood socialization into physical activity, the production of new adult habits requires a complex web of motivational techniques—exercise logs, entertaining workout classes, personal training sessions, messages of guilt, hope and encouragement. Motivation—flashy health club décor, inspiring stories in magazines, an enthusiastic personal trainer—comes at a cost.

and is marketed to a middle-class market, reinforcing the economic and cultural capital boundaries to participating in the fitness lifestyle. Ultimately, the fitness field's motivational techniques can only go so far in overcoming old, inactive habits; up to half of new participants quit within six months of taking up an exercise program (Franks & Howley, 1989: 128). With the proliferation of opportunities to read about and look at fitness, and apparel to display one's fit intentions, exercise for many remains a spectator sport.

Second, the fitness field echoes the health promotion experts, endorsing individual solutions to the health crisis. In a social and political climate of disillusionment with medical and institutional authority, health promotion has moved away from passive measures. Instead, focus falls on active strategies, which assume that, given the appropriate information, the rational actor will make "good choices." Fitness and health experts construct the problems of the body and self—fatness, weakness, inactivity, boredom, laziness, poor time management—as personal failings, requiring the investment of individual time and effort. Obscured by this narrow focus on individual responsibility for healthy behavior are the deeply social causes of obesity and inactivity. The American Heart Association, for example, suggests walking to work, but does not (indeed, cannot) address the patterns of suburbanization and the lack of government funding for mass transit in the U.S. that spatially segregate work and home life and make sedentary commuting (i.e. car or train rather than walking or bicycling) an inevitability for many.

A third obstacle to the habituation of daily exercise lies in the conflict between the sustained work and discipline of physical activity and the consumer culture's messages of

instant results and pleasure. Unlike cosmetic surgery, diuretics or corsets, exercise requires exertion and perseverance. The fitness field attempts to overcome this apparent conflict between the “work” of exercise and its marketing as “leisure” by promoting a cost-benefit logic: the effort of exercise pays off in bodily rewards. Fitness offers a way to deal with the seemingly antagonistic cultural imperatives of denial and pleasure. Self-gratification and self-denial are not set in mutual opposition, but are combined in the field’s reward structures (cf. Miller & Rose, 1997: 32)—jog each day for a week and buy yourself a new pair of pants. In this way, fitness reverses the traditional prescription of ascetic dieting and body practices as compensation for other indulgences and failings (cf. Bordo, 1993; Schwartz, 1986; Stearns, 1997). Instead, the lesson of the fitness field is that indulgence is the rightfully earned reward for exercising. The Romantic or hedonistic ethos of consumption is produced as the virtuous companion of the Protestant ethic of body work and self-control (cf. Campbell, 1987; Weber, 1992).

In practice, however, such a resolution only reproduces the split in modern culture between the poles of self-denial and self-gratification. This cultural ambivalence is expressed in the simultaneous increase of consumption of both fatty and diet foods (Nestle, 2002), exercise classes and television, miles spent on the treadmill and in the car. The problem with fitness, from the point of view of health, is that the field’s prescribed negotiation of denial and pleasure produces not healthy but *consuming* behavior. The work of the workout is rationalized as a means to earn rewards—a thinner and more toned body, a chance to buy smaller-sized clothes, the status credit of belonging to the right gym or hiring a personal trainer.

In a 1997 body image survey by *Psychology Today*, 60% of women and 40% of men said that at least half of their workout time was devoted to controlling their weight; 18% of women and 12% of men devoted *all* of their workout to weight control (Garner, 1997: 44). Such an instrumental attitude undermines the potential benefits of exercise for improved body image and self-esteem by focusing attention on changing, not enjoying, the body's capacities. Physical activity *can* provide a sense of control, pleasure and joy. But these benefits are undercut by the promotion of exercise as a rationalized instrument of appearance and health management. As Johan Huizinga (1955) has suggested, the need for and enjoyment of movement—of the body as a whole—is deeply embedded within us, but this play element of culture is increasingly subsumed within the rationalization of movement. Fitness is less about play than about display (cf. Stone, [1955] 1971; Lasch, 1979).

Fourth, the fitness field is often ill-suited to address social stress, another contributing factor to ill health (Epstein, 1998). The potential of the social space of the health club to create a healthful sense of community and social bonding is weakened by the emphasis on individualistic exercises—aerobics rather than basketball, for example. In addition, although a sense of control over one's life contributes to health (Epstein, 1998), the form of control produced through fitness is inherently unstable and tenuous. Control over one's life is reduced to a command of the body, which is often disrupted by impositions from a disorderly social world—highlighting the limits of the individual's control. Bodily control is typically articulated as a denial or refusal of change and excess. Exercise is promoted as a way to prevent aging (or the signs of aging) and contain body mass within tight sheaths of muscle. However, bodies are inherently



fluid—the body ages, falls ill, erupts and diminishes despite our best intentions or fervent desires. Attempts to control the body inherently carry with them the possibility of upheaval, resistance and disorder (cf. Crawford, 1984: 81; Foucault, 1980a: 56). The body's physiological resistance to being controlled highlights the negative consequences of the instrumental rationalization of exercise. The fitness field prioritizes control *over* the body rather than pleasure *in* the body.

### **Learning from Fitness**

The sociological import of fitness extends beyond the commodification of exercise and leisure. The study of the fitness field provides an empirical point of entry into the complex relations between bodily health, appearance, lifestyle and consumption, and the ways in which bodies are made fit (or unfit) for life in consumer culture and service economies. In conclusion, let me draw attention to the implications of this research for sociology and social policy.

This research enhances existing analyses of physical culture. The focus, here, on the late 20<sup>th</sup> century's fitness field provides a contemporary counterpoint to studies of 19<sup>th</sup> and early 20<sup>th</sup> century physical culture in the U.S. (e.g. Adelman, 1986; Grover, 1989; Green, 1986; Riess, 1989), revealing the cyclical transition of dominant, emergent and residual themes concerning the fit body. The extent to which fitness, today, is located within the sphere of consumption is suggestive of larger transitions in the social world, in which markets increasingly provide the services once found within the fields and public institutions of education, religion and medicine. In addition, in bringing together the field elements of place, producers and consumers, this research combines several aspects of physical culture that have typically been treated separately, such as political economy

(Ingham, 1985; Sage, 1998), occupational structure (Lloyd, 1996; Young, 1991), media (Duncan, 1994; Markula, 2001), and health promotion (Gillick, 1984).

Bourdieu's concept of the cultural field (1993) is a fertile tool for thinking about sociological phenomenon; it is not, however, a concept that Bourdieu articulated in the same detail as other concepts such as habitus or taste (1984). In analyzing the fitness *field*, the dissertation contributes to the ongoing development and elaboration of the cultural field model (Defrance & Pociello, 1993; Ferguson, 1998; Fowler, 2000; Jarvie & Maguire, 1994; Laberge & Kay, 2002). In particular, this study contributes to the cultural field model an attention to the production side of cultural phenomena (cf. Gartman, 1991). How health clubs are marketed through advertising and consumer reviews, how fitness magazines utilize the language of lifestyle to attract readers and advertisers, and how personal trainers employ promotional strategies to cultivate client bases are all suggestive of how cultural fields are shaped by the strategies of product development, design and distribution, as much as by group habitus and taste (Gartman, 1991).

In addition, this study pays particular attention to the cultural producers themselves—health club managers, advertising associates, and personal trainers (cf. Jarvie & Maguire, 1994: 210 n.48). In particular, the case of personal training brings to the cultural field model an appreciation of how production and consumption are produced “on the ground,” in the translation of the idealized lessons of professional texts into actual labor strategies and job roles. Much of what fitness work requires—the tactful handling of clients' egos, and pain and boredom thresholds, the personal investment in the value of the fitness lifestyle—goes missing if we only consider the technical skills required for certification, or the official doctrines of trainer manuals.

Also building on the work of Bourdieu (1984), this analysis of the fitness field contributes to the sociological study of the middle class. Health club membership, fitness magazine readership and personal training clientele are overwhelming middle class; their fitness products of choice reveal how the dilemmas of health and appearance are constructed for the middle-class body. In particular, the recurrent themes in fitness magazines and manuals—the strategies for motivation and benefits of exercise—highlight and confirm previous work on middle-class attitudes, including an investment-orientation towards the body-for-others (Featherstone, 1987; Laberge & Sankoff, 1988), and the pursuit of health as a self-improvement project (Bunton & Burrows, 1995; Crawford, 1980, 1984).

This research also deepens our understanding of how health is produced in consumer culture. Fitness producers employ the findings and scientific legitimacy of the medical establishment, and the symbolic capital of health to bolster the marketing of exercise as leisure. Such findings complement work in the sociology of health and medicine on the ways in which health promotion authorities have used the strategies of consumption and marketing to “sell” healthy lifestyles (Bunton, Nettleton & Burrows, 1995; Petersen & Bunton, 1997). Consumer-based individual solutions to the public health epidemics of obesity and inactivity ignore the entire institutional and structural network that makes *unhealthy* behavior the “path of least resistance.” Health requires making hard or strenuous choices: taking the stairs rather than the elevator, eating a home-cooked meal rather than having take-out, driving within the speed limit when everyone else is speeding. No amount of pull-yourself-up-by-your-bootstraps motivational techniques is going to redress the seemingly insurmountable odds facing

many people who commute from their suburbs, past endless fast food chains on their way to their desk jobs. Nor will motivational techniques and a fitness industry addressed overwhelmingly to the middle class begin to deal with a health crisis that affects the entire U.S. population and the lower classes in particular.

With respect to our understanding of the relationship between service work and consumer culture, this research confirms and extends the literature on the sociology of work and occupations, and the sociology of consumption. The case of personal trainers further refines our understanding of the production of emotional labor (Hochschild, 1983; Leidner, 1999; Wharton, 1993, 1999), and the ways in which performative and promotional skills are produced in consumer culture (Watkins, 1993; Wernick, 1991).

Personal trainers are among the ranks of cultural intermediaries who manage the experience of, and disseminate advice about lifestyles. In legitimating their work through various strategies of professionalization and claims to prestige, personal trainers are also legitimating the fitness lifestyle itself (and thus themselves, as it is *their* lifestyle). The work of personal trainers thus affirms the bodily disposition of the middle class, promoting an investment attitude towards life (Bourdieu, 1984; Featherstone, 1987). In particular, the body is constructed as an entrepreneurial venture; investing in the body constitutes the development of symbolic and physical capital, which may be translated through the fields of work and leisure into economic capital (Featherstone, 1982; Shilling, 1993). For the personal trainer, this capital conversion is explicit: developing and flaunting one's physical assets translates into bookings with clients.

In their various job roles, personal trainers' work experiences further refine our understanding of what it means to work in the service economy (Hochschild, 1983;

Steinberg & Figart, 1999; Wharton, 1993, 1999). Frontline service occupations such as personal training suggest that there has been a redefinition of job skills. Non-technical skills and attributes such as physical appearance and personality, and non-wage labor such as working out in one's free time, have come to the fore in determining one's exchange value in the fitness industry labor market. Nevertheless, as much as personality and physical qualities affect occupational success, they continue to be overshadowed in setting the wage rate by technical certifications. Thus, relational skills of service providers continue to be economically under-rewarded, even as frontline service becomes increasingly important to the success of businesses and to the broader consumer industries.

In addition, personal training sheds light on professionalism in an age of corporate and bureaucratic control and economic accountability. The personal trainer's negotiation of professional identity and entrepreneurship provides important insight regarding the increasingly common expectation of professionals to generate revenue and contain costs (Leicht & Fennell, 1997). This is of interest not only for professional service workers, but also for a host of professions such as medical researchers and university professors who are increasingly expected to be profit centers for their institutions.

The tension in personal training between selling things and selling yourself is instructive for what has and has not changed for professions. What has *not* changed is that professions are regarded as service-oriented vocations, socially-relevant and laudable in their attention to social problems (an unfit population) and social values (the individual responsibility for health). What *has* changed is the pressure upon professionals to generate revenue, an instrumental process that conflicts with their service-orientation; for

service workers, this means converting consumers into profit centers, ensuring customer loyalty and the consumption of ancillary services (Grant & Schlesinger, 1995; Leicht & Fennell, 1997; Pine & Peppers, 1995). It is instructive that, for personal trainers, the resolution between the service-orientation of professionals and the instrumental-orientation of entrepreneurs lies in the vocational nature of professions. Personal trainers *believe* in the fitness lifestyle, so “selling” it is not a crass form of market manipulation, but a set of “good works” meant to save the lazy and unfit.

Personal trainers are encouraged to wholly identify with their work.

“Genuineness” becomes the sign of professionalism, the proof of internalization of the fitness field’s rules. Genuineness resolves the dilemma for the professional. Managed personas and manipulated interactions are the means to fulfill one’s calling to bring a belief in the fitness lifestyle to bear on others. At the same time, the ability to cultivate a genuine performance makes the personal trainer a better salesperson. The education of personal trainers may distinguish between selling products and selling something you believe in, but in the end, the successful trainer accomplishes both. The effects of personal training work, particularly as fitness industry brokers and health club representatives, include both the promotion of fitness *and* the promotion of consumption.

Personal trainers both forge and embody the links between fitness, bodies, consumption and consumer lifestyles. Health and fitness service occupations require further study in order to better appreciate how the commodification of fit bodies, self-improvement and the pursuit of health are accomplished through the demands and supplies of consumer markets. The emphasis in consumer culture upon expressing identity and lifestyle is reinforced in the individualized fitness services of the personal

trainer. The trainer's own self-improvement and physique privilege the outer, visible signs of fitness rather than the inner, hidden improvements to physical or mental health. In performing their work, personal trainers produce the body, not as a passive billboard for one's inner self, but as the active medium through which one expresses an ongoing process of self-formation.

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