

This is an Accepted Manuscript of an article published by Taylor & Francis in *Sport, Education and Society* on 28 Dec 2022, available at: <https://www.tandfonline.com/doi/full/10.1080/13573322.2022.2159361>

‘Not to judge by the looks but you can tell by the looks!’ Physical capital as symbolic capital in the individualization of health among young Norwegians

Linda Røset: Inland Norway University of Applied Sciences, Norway

linda.roset@inn.no

Ken Green: University of Chester, UK/Inland Norway University of Applied Sciences, Norway

kengreen@chester.ac.uk

Lorraine Cale: Loughborough University, UK

L.A.Cale@lboro.ac.uk

Thorsteinn Sigurjónsson: Inland Norway University of Applied Sciences, Norway

thorsteinn.sigurjonsson@inn.no

Hege Tjomsland: Inland Norway University of Applied Sciences, Norway/Western Norway

University of Applied Sciences, Norway

het@hvl.no

Miranda Thurston: Inland Norway University of Applied Sciences, Norway

miranda.thurston@inn.no

Linda Røset: 0000-0003-3377-7636

Ken Green: 0000-0003-1692-7065

Lorraine Cale: 0000-0003-1485-4499

Thorsteinn Sigurjónsson: 0000-0003-1300-0889

Hege Tjomsland: 0000-0001-9872-4207

Miranda Thurston: 0000-0001-7779-3836

Abstract

In this paper we explore how 15–16-year-old Norwegians experience social and cultural norms that shape their relationship with health and physical activity (PA) in a country where participation in PA is normative, in the sense that it is not only a widely shared practice but, in having significant cultural traction, is commonly understood as a ‘normal’ part of Norwegian daily life. The study draws upon qualitative data generated from 31 focus groups involving 148 10th graders (15–16-year-olds) in eight secondary schools in Norway. A key finding was that health was primarily viewed as synonymous with physical health and physical health as closely related to PA. A symbolic marker for physical condition – and, by extension, physical health – was physical appearance and ‘looks’ (in other words, physical attractiveness), revolving around gender normative bodily ‘shape’. In this vein, the youngsters tended towards individualistic views of health – seeing health as a responsibility that lay largely in their hands. We argue that the significance of growing up and living in a wealthy, social democratic nation-state, with high living standards and high social and cultural expectations, can have profound implications for youngsters’ perceptions of health and PA, the impact of neoliberalism notwithstanding.

Key words: health, young people, Norway, physical activity, physical capital

Introduction

Studies of children and young people have revealed how their views (or ‘voices’) frequently diverge from those of adults in significant ways (see, e.g., Azar et al., 2020). Much of this research has explored young people’s perceptions and experiences of services (Pound et al., 2016) and settings, such as schools (Lundqvist et al., 2019), or specific school subjects, such as physical education (PE) (MacPhail, 2011). There is, however, a dearth of research exploring youngsters’ views of more abstract concepts such as health. Here we address this gap via a study of how young Norwegians made sense of health, especially in relation to physical activity (PA). The aim of the paper is to shed light on the ways in which young people discursively give meaning to health and PA in their everyday lives in Norway. More specifically, we explore young people’s ways of talking and thinking – reflected in their responses – and how the social and cultural discourses available to them as Norwegian youngsters shape their thoughts, related predispositions and behaviours towards health and PA. In this regard, both health and PA can be viewed as cultural products. Norway is a relatively egalitarian society with strong gender equality, relatively small social inequalities, good levels of population health, and relatively high levels of sport and PA participation (Green, Thurston, & Johansen, 2019). It has, however, been increasingly subject to neoliberal economic, political, and social discourses, thus providing an especially interesting context within which to study this phenomenon.

Health is widely viewed as a contested concept with significant cultural and social meanings (Crawford, 1984; Williams, 1983) and has become a significant preoccupation of modern Western societies with considerable ‘symbolic importance’ (Crawford, 1984, p. 63). Research illustrates, moreover, that notions of health are used discursively in multiple and complex ways and are patterned along gender, age, and social class lines (Blaxter, 1997; Williams, 1983). In this regard, Blaxter (2010) illustrated how health could be delineated in terms of eight different

conceptualizations: health as not being ill; as a reserve; as behaviour; as physical fitness; as energy and vitality; as social relationships; as function; and, as psychosocial wellbeing. Subsequent studies have tended to support Blaxter's conclusion that conceptualizations of health contain subjective and objective elements interwoven with the notion of personal responsibility for health (Crawford, 2006).

Much less is known, however, about how young people's ideas regarding health develop during the formative period of youth, or how these ideas are shaped through social and cultural processes. There is extensive research indicating that the presentation and transformation of the body – in terms of the physical self, fitness and appearance (what sociologists refer to broadly as physical and symbolic capitals) – increases in personal and social significance during youth, especially among girls (see, e.g., Beltrán-Carrillo et al., 2018; Eriksen et al., 2017; Sabiston et al., 2020; Strandbu & Kvaem, 2014; Wiklund et al., 2019). Just how young people's perceptions of physicality, physical fitness and physical appearance relate to their understandings of health and PA remains unclear, however. Harris et al. (2018) point out that the commonsense assumption of a self-evident relationship between health and PA may not be borne out empirically. Ioannou (2003, 2005), for example, concludes that health may not be the primary driver for young people's everyday choices (e.g., with regard to diet and sports participation) but is, rather, better understood via the meanings they attach to their actions. In other words, the ways in which the youngsters perceive their health – particularly in the form of their physical appearance and levels of PA – may be better understood in relation to the taken-for-granted meanings and values commonly communicated via their friendship and peer networks. Exploring young people's views has the potential, therefore, to shed light on their subjective social reality in a way that may help to explain their choices and actions.

For young people, perceptions of everyday actions that give meaning to their emerging identities are likely to be of particular significance. Blaxter (1997) has argued that accounts of health relate to accounts of social identity, while West (2009) contends that health behaviours themselves can be regarded as a signifier of identity. In this respect, both healthy eating (Stead et al., 2011) and smoking (Ioannou & Pike, 2010) have been shown to have symbolic value for young people. While research suggests that children and young people's conceptualizations of health revolve around the body, often interwoven with ideas about healthy eating and PA (Harris et al., 2018; Hooper, 2018), little appears to be known about their conceptualization of the health-body-PA nexus and its interrelatedness with individual and social identities. Thus, this paper is less concerned with the 'accuracy' of young people's knowledge of health and PA and more with understanding how they discursively give meaning to health in their daily lives.

Conceptualizing health in corporeal terms – in other words, as essentially related to the condition of the physical body – has been fairly well documented among research with children and young people (Harris et al., 2018; Powell & Fitzpatrick, 2015) and is said to be indicative of a healthism discourse, which locates responsibility for health at the level of the seemingly autonomous individual (Crawford, 1980). Given that an individualized world view has become second nature in the predispositions of many people (Elias, 1991), empirical studies have tended to focus on those societies that have fully embraced neoliberal ideologies and individualism (such as the USA and the UK) – that is to say, those societies that favour 'free-market' solutions to social and economic issues over government intervention – rather than social democratic welfare states – societies in which welfare services are largely withdrawn from the market and funded publicly. In these latter states, despite the introduction of limited market reforms in the public sector, the effects of neoliberalism are less marked (not least due

to the state's commitment to guaranteeing the welfare of all citizens), such as in Norway (Kolderup Hervik & Thurston, 2016).

In order to elaborate further the social and cultural discourses present in 21st century Norway and contextualize the current study, we note that Norway remains a prosperous country and the economy remains relatively strong despite global economic downturns of the past 20 years (Statistisk sentralbyrå, 2020). Political intervention in the social welfare democracy remains an orthodoxy. The election of more conservative coalition governments in recent times notwithstanding, Norwegian governments have long demonstrated a willingness (alongside an ability) to intervene economically and socially in an effort to create optimal conditions for individual and social wellbeing (Hilson, 2008, 2020; Statistisk sentralbyrå, 2020). The willingness to intervene is illustrated, among other things, by successive Norwegian governments' commitment to equity and inclusiveness as aspects of citizenship and welfare. Norway, like all Nordic countries, treats leisure as a branch of the welfare system thereby extending the notion of welfare upwards to incorporate leisure, PA and sport. But the drivers of public health are not limited to how 'well-off' countries and their inhabitants are. What also matters is the distribution of income and wealth. It is well-established that the more equally income is distributed in a country, the more favourable tend to be a range of social and health indicators, including life expectancy, obesity, mental illness, educational performance (Wilkinson & Pickett, 2010, 2019) and PA (Veal, 2016). The upshot is that social divisions are relatively narrow in what is widely considered an egalitarian society. Cultural as well as economic capital appears commonplace. However, we do not know which kinds of capital young people tend to recognize and emphasize. This omission constitutes an important concern of the present study.

This paper places young people's perceptions of health in the 'collective ideas' (Williams, 1983, p. 84) of Norwegian culture and society as described above, especially as they are interpreted by youth. In this regard, we draw on what Bourdieu and Passeron (1977) and Elias (2012[1939]) would call 'group habitus' or durable shared understandings of and perceptions towards viewing health in particular ways, acquired through primary and secondary socialization. In so doing, we draw on the idea of dynamic social practices of thought as well as deed that convey meanings which, inasmuch as they are transmitted from young person to young person and generation to generation, 'shape and transform experience' (Crawford, 2006, p. 402) and, ultimately, actions. In this manner, the notion of meaningful social practice offers an explanatory construct for how society and culture might be interpreted in the 'patterned, routine and habitual ways in which people live their lives' (Blue et al., 2016, p. 38). These are meaningful in the sense that, as social actors, the young people inhabit what sociologists would call a universe of social 'meanings' wherein their beliefs about and predispositions towards health and PA are developed as part of the inevitably interdependent networks they form with their friends and peers, as well as wider social settings such as school PE classes. Framing the study in these terms, places emphasis on the affective, alongside the physical and cognitive dimensions of social actions – something hitherto underplayed in debates relating to health and PA. In so doing, young people are viewed as situated at the centre of a relationship between their biological bodies and their socio-cultural networks (Gibson & Malcolm, 2020). In this regard, the study illustrates the interrelationships between what can readily appear as distinct realms – 'nature' and 'culture' – but are better understood as belonging on a continuum.

Methods

To explore Norwegian youngsters' perceptions of health in their everyday lives a qualitative approach was adopted, with data being generated through focus groups with 10th graders (15–

16-year-olds). Focus groups were chosen as a suitable method for exploring processes that involved mutual experiences (Malterud, 2012) grounded in interdependencies and revealed by stimulating interaction among youngsters (Kvale & Brinkman, 2015). It was anticipated that the 15–16-year-olds were likely to engage in lively and informative discussions given that Norwegian youngsters are accustomed to working in groups in schools.

The schools that participated in this study were part of a larger study of 10 secondary schools in Norway, which had been purposively chosen for diversity in relation to socioeconomic status of pupils, size, and location. Of these 10, eight (four on the west coast and four in the eastern region) were purposively selected and consented to participate in the study. Between February and June 2017, the co-ordinating teacher at each school was asked to recruit a diverse sample of youngsters according to two criteria: to include both girls and boys from a spectrum of what we referred to as ‘sportiness’; that is to say, the extent to which they were involved with sport on a regular basis. The focus groups were also organized by the co-ordinating teacher in consultation with the lead researcher, the composition of groups being determined as far as possible by male or female friendship groups. The aim of doing so was to help create a supportive climate within which the youngsters felt able to participate.

Overall, 31 focus groups, involving 148 young people (68 girls and 80 boys) were carried out, the size of each group varying between three to eight students. The aim of recruitment was to generate an overall sample of young people that was diverse, not simply in terms of gender and ‘sportiness’ but also in terms of social background. The final size and composition of the focus groups was determined by who had consented and who was present on the day. Young people from poorer backgrounds as well as those from some ethnic minority backgrounds may have been less likely to consent. We are, however, unable to say anything about the social backgrounds of our sample of young people because, for ethical

reasons, individual-level personal information was limited to age and gender. It may well be the case that those who participated in the study were not as diverse as we would have liked, even though the schools from which they were recruited were diverse in terms of social background. The resultant sample is, therefore, a reflection of the necessary ethical and pragmatic constraints under which the research was carried out.

A schedule of open-ended questions was developed and piloted. Questions focused on various aspects of 15–16-year-olds' lives, especially relating to their perceptions of health and PA. Consistent with the intention that the focus groups be open-ended – in order to enable the students to influence the direction of discussions as much as possible – the dialogue revolved around three key themes: being 15, health, and PE. Follow-up questions therefore depended upon the nature of the young people's original responses. The focus groups were conducted in a private room on the school campus and lasted between 40–90 minutes. All were digitally recorded and subsequently transcribed verbatim.

Data analysis was informed by grounded theory, as outlined by Charmaz (2014), adapting the process to reflect the complexity of focus group data containing conversations involving multiple voices. Starting with immersion in the whole dataset through reading and re-reading transcripts, line by line coding was systematically carried out, keeping close to the empirical data. More focused and selective coding was then applied to the initial codes, which were grouped together by focusing on what was judged to be more frequent and significant in the data. Using a grounded theory approach (Charmaz, 2014) in this way, initial and focused coding prioritized actions (what they said they did), processes (social interactions), and possible meanings (their way of explaining how they saw things such as their health and that of others and why they did particular things, such as working out at the gym), reflecting the

aims of the research. In keeping with the work of other grounded theorists (see, e.g., Bowen [2006], Charmaz [2006, 2012, 2014], Charmaz and Thornberg [2021], and Thornberg [2012]), analytic codes were built up through a fluid and recursive process, which involved the interweaving of sensitizing concepts (such as social practices, capitals, and so on) with empirical data in a two-way iterative process. In order to enhance the credibility of the analysis, the process also involved ongoing dialogue between the paper's authors as tentative analytic categories were developed, challenged and often reconstructed. The outcome was the development of three analytic themes that were constructed to reflect a higher level of abstraction than initial codes and revealed patterns of shared meaning across the data set. Grounded theory is described as 'emergent' (Charmaz, 2014) because it entails a process of moving from detailed descriptive initial codes to higher order analytic themes that provide the basis for subsequent theorization.

The study was registered with Norwegian Social Science Data Services (NSD Project number 49218) as required. Participants and parents of participants provided written informed consent. In reporting the findings, in order to protect anonymity selected quotations from the participants were translated into English and anonymized, with pseudonyms given to each individual and schools given a code.

Findings

Three overarching and inter-related themes were developed to produce a narrative about young people's everyday social practices with regard to health and PA. The first theme – *good health as physical health* – reflects the way in which young people emphasized the physical dimensions of health, in which being physically active was a core dimension. The second theme – *PA and the physically attractive body* – reveals how PA discourses were related to the

development of a physically and sexually attractive body, which was patterned along gender lines. The third theme – *healthy lifestyles and the production of attractive bodies* – illustrates how the gendered body was related to wider notions of a healthy lifestyle.

Good health as physical health

The physical dimensions of health were a common feature of young people's accounts of their general health, in which PA played a central role. Physical capital related less to abilities and skills and more to physical attributes relating to appearance as well as physical resources, such as strength. The young people believed that both dimensions of physical capital – bodily appearance as well as what their bodies could do performatively – were effective symbolic signifiers of health.

The youngsters perceived the health of 10th graders at their school to be good or fairly good overall. Their comments implied perceptions of a close relationship between health and PA, with the latter often being referred to automatically and spontaneously: 'It's [health] quite good ... Most are active' (Jens, G₄). Accordingly, engaging with some form of PA and experiencing good health were seen as commonplace among their peer group. Nevertheless, alongside this perception there was broad agreement that the health of 15–16-year-olds within the same class could vary considerably. However, a small minority of classmates were seen as not having such good health, especially when compared with others: 'two percent ... have bad health whilst the majority in class have like "tip-top" [health]' (Jørgen, B₅). These variations in health among their peers were perceived as closely related to differences in individuals' engagement with PA. Moreover, the perceived variations tended to be attributed to not only engagement with but also motivation towards PA: 'It [health] varies. There are some who are in really good shape and others who are not. And in a way, there are some who are more motivated to engage

with activity than others' (Else, E₃). Thus, although most young people saw their peers as healthy and active, differences were attributed to a continuum of engagement with PA.

A further dimension of the perceived link between health and PA related to being in 'good shape'. The need to be active to 'keep in shape' (Endre, B₃) was viewed as a crucial functional component of health that allowed the young people to fulfil the demands of their everyday lives. In this way being healthy was a physical resource: 'being in such good shape that you manage to get through the day without feeling completely exhausted' (Marte, E₁). More specifically, 'being in shape' was considered to relate to physical fitness and the attendant bodily or physiological consequences. This was typically expressed as a reciprocal relationship insofar as if one kept in shape one would have the necessary strength, energy and 'strong muscles' to be physically active. Unsurprisingly, among the minority of 10th graders who considered their own health to be relatively poor, the recipe for improvement invariably revolved around the need to exercise and improve physical fitness.

Alongside the tendency to equate health with PA and PA with physical fitness, the young people interwove ideas relating to "looks" and appearance in a way that suggested that they viewed these physical attributes as more-or-less indicative of physical health. Sometimes this was expressed in terms of general overall appearance concerned primarily with overall "shape". Specific physical attributes sometimes influenced young people's evaluations of whether someone was both physically healthy and active, with references being made to the size of muscles, slimness and so on. These ideas were also linked to the general notion of physical appearance: 'But when I hear "physical health" I instinctively think about appearance' (Amund, C₁). Even those who were inclined to view physical health and physical appearance

as not necessarily synonymous still tended to view appearance and looks as a visible marker of health status, at least to some degree:

I don't think about appearance when I hear "physical health ... But [hesitatingly], it is about muscles and such and that is related to appearance, so it may be is a little related to that. (Jarle, C₁)

Perhaps unsurprisingly for a group going through a formative life transition involving biological, psychological and social changes, shape and weight were considered to be strong signifiers of good or bad health. In this regard, appearance tended to trump physical fitness as the most visible and obvious indicator of health status. In this way, health as well as fitness tended to be inferred on the basis of a visual evaluation of the body. A corollary to this was that young people saw the choice of activity individuals engaged with as an indication of whether friends and peers were genuinely and directly concerned with their physical health or rather their appearance – in the form of a "good-looking" body:

I don't think people working out in fitness centres think that "I'm exercising to get the physical activity I need in the course of a day". That is not what they think, guaranteed! They are more concerned about having the body they would like to have. (Iver, C₁)

Overall, although young people's understanding of health was bound up with PA and fitness, it tended to be evaluated with regard to physical appearance and "looks", often along the lines of gender normative bodily "shape". In this regard, it became increasingly clear that for the youngsters in this study, physical appearance was often viewed as synonymous not simply with some kind of ideal-typical toned physical condition but also with physical *attractiveness*; what, in other words, looked good in gender-stereotypical terms. In this manner, physical attractiveness appeared as a significant sub-set of physical appearance. Girls, for example,

tended to take the view that most 10th graders (boys and girls) were in ‘pretty good shape’ (Sanna, A₃) – in terms of appearance, at least: ‘Not to judge by the looks, but you can tell by the looks, in a way’ (Sanna, A₃). They clarified just how they were able to tell by the “look” by referring to body shape and weight:

Sanna: Not being very overweight. There is no one [in their grade] who is like that, really. That is what I was thinking.

Tone: Or being too skinny. (A₃)

Relatedly, evident among girls was a propensity to view health and physical appearance as not only synonymous with, but also as a form of, pressure or social constraint (in the form of group norms). This view emerged instantaneously when talking about what they understood by health. For the girls, the pressure to meet expected norms relating to physical appearance meant that indirectly their actions also contributed to looking and feeling healthy: ‘It is important. There is pressure that you should have a good-looking body, that you should be in good shape’ (Ine, E₃). Girls viewed social pressures to look good as having consequences for another aspect of their health: namely, their mental health and self-identities. It was also evident that not exercising enough – which implied an awareness of national recommendations for PA – was tied up with feelings of guilt:

It’s those thoughts ... that lead you to feelings of guilt if not having exercised four times a week or something. Like you feel guilt for eating at McDonald’s and then you exercise to avoid that feeling of guilt. (Bente, D₃)

The boys’ views tended to be similar. However, they placed less emphasis on external pressures associated with social norms relating to gender body stereotypes and more on their own individual identity and desired outcomes. For example, while so-called ‘body-sculpting’ was

presented as the motivation for gym-based activities among both boys and girls, this was particularly so among the boys: ‘I do strength training to look good. I do not do strength training to be strong!’ (Trond, F₁). Overall, the youngsters’ perceptions of the relationship between physical health and physical fitness and, in many cases, physical appearance, revealed body norms shaped by a form of physical ideal-type, reinforced among their peers, frequently via social media.

PA and the physically attractive body

Although PA (and what amounted to the physical capital it gave rise to) was strongly related to notions of visible health, maintaining an *attractive* body tended to be one of the primary purposes for exercising. Gender normative ideal-types were expressed by both boys and girls with respect to each other, along these lines:

Well, there is a major difference between boys and girls. Boys: big, preferably big muscles. There are some in this school who look like that. And girls, they should not be too big, because many are in their opinion. And be curvy, have nice curves. (Vetle, C₁)

Such ideal-typifications of acceptable and/or desirable bodies were viewed by both boys and girls as being most constraining for girls. While both were concerned with their physical appearance and what it meant for their personal identities, girls were seen as more likely to be preoccupied with “looking good”. Here again, we see the centrality of physical attractiveness to notions of good physical appearance. Accordingly, girls were seen to struggle more, and be affected more, by gendered ideal-type body images than boys: ‘All the girls in class want to have that perfect body, you know’ (Øystein, A₁). Interestingly, girls tended to concur with the view that they were “their own worst enemies”, noting that they were disposed to internalize

“external” gender-stereotypes – whether these originated from their male or female peers, and/or social media. This became evident when the girls spoke about how they found it impossible to become satisfied with themselves, recognizing that this could have consequences for their mental health:

Tuva: And if you are thin, you are too skinny. If you have curves then you are too fat.

There is nothing ...

Lone: ... if you feel “I am not thin enough, my feet are too big and my ‘abs’”, then you start thinking: “OK, I have to lose weight to be happy about myself”. (C₃)

Regardless of the source of external pressures, many girls volunteered the view that the goal to which they aspired was less about being healthy and more about being recognized as “good looking” by others and, in particular, the boys:

The thing with boys and body pressure ... I think that you really would like boys to fancy you ... and if you don’t have that nice body, the boys will not accept you either.

So, there is pressure coming from all directions. From girls, boys, and adults. (Ingrid, F₃)

Whilst stereotypical bodily norms were particularly prevalent among girls, it was also recognized that boys experienced pressures related to the body and physical appearance, notably according to the stereotypical ideal-typical male body:

Lena: I think maybe they experience body pressure related to having the biggest muscles and showing off that they have [a little better] “abs” than everyone else and that they have to ... work out in the gym. (F₃)

Girls were also aware that they might influence boys in much the same way as they perceived boys to influence them:

We actually put pressure upon each other. We don't talk about them [the boys], we talk about celebrities who have six-packs and are really nice and such ... I do think they feel the pressure too. (Bente, D₃)

Healthy lifestyles and the production of attractive bodies

Young people tended to view health as related to their individual lifestyles, perceiving themselves as personally responsible. In this regard, some of the 10th graders talked about aspects of health beyond PA; for example, following a good diet and eating healthily (eating 'five a day' (Sander, B₅) and 'not just junk food and candy every day' (Arne, E₂)). As with PA, healthy eating and nutrition were considered matters of individual responsibility.

Although fundamentally related to PA and diet, this broader conceptualization of health was firmly anchored in the notion of individually cultivated healthy lifestyles – not merely choosing healthy options but also avoiding drugs, snuff, tobacco, or alcohol, because of the consequences for their physical condition and health. There was, nevertheless, an acknowledgement that the life-stage of youth tended to exacerbate variations in health status among their peers, not least because of the likelihood of lifestyle experimentation commonly associated with their age and life-stage: 'When you're 16 you like to test out new things, and all that's related to alcohol and such, that can go wrong' (Jonas, F₁). That said, there was frequent reference among the 10th graders to the prevalence of a mix of healthy PA habits and unhealthy diets among their peers. Consequently, while young people were aware of the normative expectations with regard to what constituted a healthy lifestyle, they also revealed their everyday lives to consist of an amalgam of several, seemingly contradictory, choices: 'exercising two hours a day, and then

they don't eat breakfast, buy cinnamon buns in the canteen and drink soft drinks' (Knut, F₁). This pattern occurred among girls as well as boys and the consequences of this for the body and its attractiveness, in particular, were a salient part of how they viewed PA and nutrition:

There are some who eat really unhealthily and never exercise, whilst there are others who exercise a lot [in order] to, let's say, get a nice-looking body. And kind of exercise muscles to get a good-looking body but still have quite unhealthy diets and such. (Lone, C₃)

In talking about their tendency to overeat "unhealthy" food, the youngsters highlighted the consequences for the body and the associated guilt they experienced. The participants in the girls' focus groups, in particular, expressed concern regarding what unhealthy food would do to their bodies more in terms of their physical appearance than health: 'That we put on weight – I think a good deal of young people worry about putting on weight' (Bente, D₃).

Despite demonstrating an awareness of lifestyle factors beyond PA, young people commonly attributed the biggest differences in health status to a dearth of PA in tandem with sedentariness and related leisure activities. In the teenagers' accounts, the notion of responsibility for their lifestyles was most salient, leaving little room for wider influences:

There are some who sit home and just are – they don't move a finger. They may not take as much responsibility and such. And then there are others who get out and exercise practically every day and take considerable responsibility. (Knut, F₁)

Those who were thought not to engage with much or any PA tended to be identified as those who were more into "gaming", less socially engaged and more sedentary than their active peers. Such sedentary lifestyles were again considered in terms of the consequences for the

body. The girls in H₁ for example, observed how a lot of time spent gaming affected the physicality of some:

Elisabet: I know of many in our class who spend very much time in front of the computer...

Wenche: Right!

Elisabet: You do notice when we have PE lessons and such that it affects the physical side of things ... that you don't exercise.

All-in-all, it was noteworthy that whether they perceived themselves as belonging to active or sedentary peer groups, the youngsters viewed engaging with PA as being *a*, if not *the*, marker of good health and an indicator of leading a socially acceptable, 'correct' life.

Discussion

At the outset, it is worth noting that while grounded theory formed the methodological basis for the generation and analysis of the data in the study, in making theoretical sense of the findings the paper makes use of what appear to be the most adequate analytical concepts available in sociological terms. Hence, the theoretical reliance on Bourdieu, in particular.

For the young people in this study, health tended to be viewed as tantamount to *physical* health, which in turn was underpinned by the primacy afforded to the body. The findings support previous work that has highlighted the centrality of the body and physical capital to youth's emerging gendered identities (Eriksen et al., 2017; Strandbu & Kvalem, 2014; Wiklund et al., 2019). While Bourdieu (1986) regarded his list of capitals – economic, cultural, social and symbolic – as exhaustive, others have subsequently been posited including 'bodily or physical capital' (Stewart, Smith, & Moroney, 2013) – in the form of fit bodies – and 'erotic capital'

(Hakim, 2010, 2011) – in the form of sexual attractiveness. In this regard, it is worth noting that while the youngsters spoke frequently of physical appearance, a key dimension of appearance was physical or sexual attractiveness. In terms of physical health and bodies, symbolic capital amounts to physical assets that are viewed as prestigious in specific contexts: in the form of fit and/or physically attractive bodies, for instance, during youth. In the present study, bodies were central to the notion of physical capital as symbolic capital. Our findings suggest that field-specific capital (such as physical capital) had ‘exchange value’ insofar as it generated symbolic capital in the form of prestige and social honour (Bourdieu, 1991) giving rise to peer group status among the youngsters. That physically “fit” bodies were accorded such symbolic significance among the youngsters should not surprise us given the deep cultural traction of active lifestyles in Norway (Green et al., 2019) that, we propose, augmented the ideologies of healthism commonplace among the 15–16-year-olds in the study.

Youth in Norway are, it seems, similar to youth elsewhere insofar as they tend to conceptualize health in corporeal terms – as fundamentally to do with the condition of the physical body – with an emphasis upon PA and, by degrees, healthy eating (Harris et al., 2018; Hooper, 2018; Powell & Fitzpatrick, 2015). What this study adds, is a more detailed insight into the role of PA in developing young people’s views of themselves (and others) as physically healthy. Regulating the body towards physically attractive norms – by keeping their bodies in good shape – meant that PA was pursued primarily for instrumental reasons rather than for the intrinsic pleasure it might bring. At the same time, health concerns tended not to be the primary motive for PA. Rather, health was a beneficial by-product of being physically active. In other words, PA was health-related but not health-directed (Ioannou, 2005). Furthermore, attaining a physically attractive body had symbolic value in the emerging social identities of young people. In the youngsters’ minds, body shape was a symbol of health (Tinning, 2014). PA as a

focal signifying social practice (Crawford, 2006) was materially and symbolically meaningful for the young people because they associated it with socially valued physically attractive bodies. The concept of meaningful social practice (Blue et al., 2016) provides, therefore, a more adequate explanation for the patterning of the Norwegian youngsters' everyday PA habits than a rational model of health behaviour.

As elsewhere (see, e.g., Harris et al., 2018), the Norwegian youth in this study revealed the pervasiveness of gender stereotypes regarding male and female physical appearance, particularly in terms of 'sought-after fit bodies' (Hardey, 2019, p. 41). The ideal-typical views of the 15–16-year-olds revolved, in part, around cultural norms regarding participation in PA. These findings add weight to Heinskou et al.'s (2019) observation that, while on the surface at least, Norway is one of the more gender-equal countries in the world, gender stereotypes are still alive and well. At the same time as being critical of stereotypical representations of the perfect (female) body, the young females in the study viewed exercise as necessary 'aesthetic labour' in pursuit of establishing "successful" identities' (Camacho-Miñano, MacIsaac, & Rich 2019). In this respect, the young females felt more constrained than the young males to keep "in shape".

The emotions – as deep feelings (Hochschild, 2019) – are closely tied in with the body. In throwing further light upon the emotional dimension of young people's approaches to physical health and, more particularly, their subjective bodies, the findings also illuminate the way in which social practices reflect not only the importance of emotion to thinking and acting but also the interweaving of rational and emotional thinking (Elias, 1991) in the development of predispositions or habitus (Elias, 1987). Although the young people in the study articulated degrees of health awareness regarding PA and diet, their primary motive often appeared to be

not only instrumental – to regulate their bodies – but also affective, insofar as a physically attractive body gave symbolic meaning to their developing identities as socially situated young people. We might call this identity capital. In this regard, the strong feelings towards physical appearance (and identity) manifest in many of the youngsters’ responses reflected perceptions of the social significance of physically attractive bodies as a form of physical and symbolic capital. Shared affective attachments to the shape and condition of the body infused youngsters’ attitudes and actions and played a part in generating degrees of solidarity (or, put another way, social capital) between friendship groups of sporty youngsters, in particular.

The ability of PA to provide an enclave for emotional arousal and pleasurable tension is well documented (see, e.g., Elias & Dunning, 2008). To the extent that it involves an upsurge in satisfactory experiences, PA can also prove psychologically restorative or bolstering. The youngsters in this study sought to confirm and sustain their conceptions of themselves as particular kinds of people. When able to do so, they felt positive about themselves. In this respect, a sociology of the emotions highlights not only the intertwining of cultural (e.g. Norwegian) and social structural (e.g. gendered identities) dimensions of the emotions (Stets, 2010) but also the ways in which social norms (*vis-à-vis* attractive bodies, for instance) intersect with individual (Turner, 2009) and collective emotions (von Scheve, & Ismer, 2013). Emotions are social and ‘social station’ (in this case, gender) shapes and mediates emotional experiences (Hochschild, 2019). This became evident when the young people – and the girls, in particular – discussed the consequences of normative constructions of ideal-type bodies on their emotional states. In this regard, our findings illustrate the observation that not only are emotions socially managed but also that, rather than being simply an internal matter for individuals, they are socially constructed, connecting youngsters’ public lives and experiences therein with what they view as their private

experiences. The ways in which the youngsters took account of each other, as interdependent people, evidently constrained their experiences of their emotions as well as the ways in which they felt able to express these.

Notwithstanding the potential for deeply-felt emotional responses to bind or even unbind groups (e.g., of young females), conceptualizing health in bodily, physically active terms tended to give rise to individualistic views of health, the responsibility for which lay largely in the hands of the supposedly individual young people themselves. While they highlighted what they saw as gender differences and implicitly explained these, at least in part, in terms of the constraints of gender norms, the youngsters made little if any mention of other socio-demographic determinants of health, such as social class. Social constraint was understood at the level of ‘lifestyle’, and PA status, rather than any underlying structural factors. As in schools (Hooper, 2018; Johnson et al., 2013), ideologies of healthism (Crawford, 1980) were commonplace among the youngsters. In this vein, the young people appeared to take-for-granted ‘the pseudo-sovereignty’ (Frew & McGillivray, 2005, p. 173) of the individualistic ideologies that lie at the heart of healthism – explained largely in psychological terms, such as motivation and laziness. Thus, in Norway, as elsewhere (see, e.g., Harris et al., 2018; Johnson et al., 2013), young people tended towards individualistic and reductionist conceptions of health and, in assuming individual sovereignty and personal responsibility, and given their pre-occupation with the body, correspondingly were more inclined to focus upon lifestyle remedies, such as more PA.

Such observations inevitably invite comment regarding the extent to which neoliberalism – the ‘relentless and ubiquitous’ (Brown, 2015, p. 31) economization and individualization of all aspects of social life – has, since the 1970s, resulted in a change in social, as well as economic

and political discourse but, more specifically, the predispositions and practices of young people in Norway. It is clear that the adoption of market-based approaches to welfare and less government regulation (Brown, 2015) has not left the Nordic welfare states untouched (Kolderup Hervik, & Thurston, 2016). Neoliberalism is a potentially fruitful sensitizing concept for thinking about the general implications of contemporary social change and, more specifically, whether as a partial and incomplete process, ‘neoliberalization’ (Bell & Green, 2016) has shaped Norwegian youngsters’ attitudes and practices, with regard to health and PA at least. While the penetration of neoliberal discourses into non-economic, cultural spheres may appear manifest in our youngsters’ tendencies to talk in terms of ‘choices’ around health, diet and PA we are, as yet, unconvinced that it plays a substantial role in explaining such findings as those in our study. Rather, it is likely that, even before the rising and undoubted influence of neoliberalism in the Nordic states from the 1990s (Hilson, 2020), the kind of individualized world view that had become almost second nature in the group habitus of Western people (Elias, 1991) was given added impetus by the partial realisation of the Nordic social democratic parties’ vision of a modernity in which ‘individual freedom rested on material security’ (Hilson, 2020, p. 74). Put another way, an unplanned outcome of social democratic welfare states has been the formation of post-scarcity generations that have taken what may appear, intuitively, as freedom from structural determinants of health and PA – such as class, gender and ethnicity – for granted (Roberts, 2012). The youngsters in our study are beneficiaries of the major expansion of the welfare state that took place from the 1970s onwards. They have grown up assuming relative ‘equality’ between classes, gender and ethnic groupings and have focussed their attention on greater personal freedom and ‘pseudo-sovereignty’. Accordingly, many young Norwegians may well take-for-granted the social and political processes that have, over time, weakened or diminished the structural effects of social class, gender and ethnicity. This, we postulate, has resulted in many Norwegian youngsters becoming relatively de-

sensitized to the structural dimensions of everyday life, seeing predominantly the rights and responsibilities of the individual that accompany norms for independence in the youth life-stage (Hilson, 2020). Either way, it remains an empirical question whether the permeation of Norwegian youngsters' predispositions by neoliberal discourses has occurred and, if so, to what extent neoliberalism is responsible for the kinds of auto-stereotypes (Kythor, 2020) – in other words, incorporating into one's own self-identity stereotypes about the groups to which one belongs – of individual health and PA manifest in our study. Whether these constitute a Nordic form of neoliberalism, played out and shaped by the Nordic context, we are uncertain. In speculating upon this possibility, we seek to avoid the risk of exaggerating the scope of neoliberalism by treating it as a globally dominant force (Bell & Green, 2016) that impacts social democratic welfare states such as Norway in quite the way it does some other Western states, as well as exaggerating its significance for the findings in this study.

Conclusion

In this paper we have explored how 15–16-year-old Norwegians experienced social and cultural norms shaping their relationship with health and PA in a country where participation in PA is normative, in the sense that it is not only a widely shared practice but, in having significant cultural traction, is commonly understood as a 'normal' part of Norwegian daily life. In making sense of Norwegian youngsters' understandings of health, the significance of growing up and living in a wealthy, social democratic nation-state with high living standards – that tend to go hand-in-hand with high social and cultural expectations regarding ideal-typical young Norwegians – cannot be overlooked. In their study of men's understandings of individuals' responsibility for health vis-à-vis that of the state, Kolderup Hervik and Thurston (2016) concluded that a social democratic welfare state system such as Norway supports and facilitates agency with regard to health and lifestyle. On the basis of this study, we go one step

further. We argue that it may have become normative among young Norwegians to take the role of the state for granted and, in doing so, tend towards focusing upon the role of the individual in the pursuit of health – as manifest in the ways in which ‘individuals negotiate personal classifications of health’ (Hardey, 2019, p. 41) in respect of their propensity to engage in PA and the seeming pre-occupation with physical appearance. If we are correct in this assumption, then it seems likely that young Norwegians may well be susceptible to the consequences of neoliberal ideologies that give impetus to the established trend towards individualization among youth world-wide. Nonetheless, it remains a moot point whether the youngsters in our study are, indeed, heirs to the spirit of ‘competitive positioning’ (Brown, 2015, 10) at the heart of neoliberal discourse or, for that matter, whether creeping neoliberalism in Norwegian socio-political debate will serve to intensify any inequalities (Brown, 2015) between or within, for example, young males and females. As far as young Norwegians are concerned, we suggest that the extent to which neoliberal processes are giving rise to instrumental or performative orientations (Bourdieu, & Wacquant, 2013) towards their bodies – thereby ‘learn[ing] to see the world through a psychological or individual lens’ (Derber, 2016, p. 29) – requires further research. So too does the extent to which seemingly creeping neoliberal rationalities are shaped and mediated within social democratic practices in countries such as Norway.

References

- Azar, K., Halley, M., Wulfovich, S., Gillespie K., Liang, L., & Rosas, L. (2020). Differing views regarding diet and physical activity: Adolescents versus parents' perspectives. *BMC Pediatrics*, 20, 137. <https://doi.org/10.1186/s12887-020-02038-4>.
- Bell, K., & Green, J. (2016). On the perils of invoking neoliberalism in public health critique. *Critical Public Health*, 26(3), 239–243.
- Beltrán-Carrillo, V., Devis-Devis, J., & Peiró-Velert, C. (2018). The influence of body discourses on adolescents (non)participation in physical activity. *Sport, Education and Society*, 23(3), 257–269.
- Blaxter, M. (1997). Whose fault is it? People's own conceptions of the reasons for health inequality. *Social Science and Medicine*, 44(6), 747–756.
- Blaxter, M. (2010). *Health* (2nd Ed.). Cambridge: Polity Press.
- Blue, S., Shove, E., Carmona, C., & Kelly, M. (2016). Theories of practice and public health: Understanding (un)healthy practices. *Critical Public Health*, 26(1), 36–50.
- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education*. (pp. 241–258). New York: Greenwood Press.
- Bourdieu, P. (1991). *Language and symbolic power*. London: Polity Press.
- Bourdieu, P. & Passeron, J-C. (1977). *Reproduction in education, society and culture*. London: Sage.
- Bourdieu, P., & Wacquant, L. (2013). Symbolic capital and social classes. *Journal of Classical Sociology*, 13(2), 292–302.
- Bowen, G. (2006). Grounded theory and sensitising concepts. *International Journal of Qualitative Methods*, 5(3), 12–23.
- Brown, W. (2015). *Undoing the demos. Neoliberalism's stealth revolution*. Zone Books.

- Camacho-Miñano, M.J., MacIsaac, S., & Rich, E. (2019). Postfeminist biopedagogies of Instagram: Young women learning about bodies, health and fitness. *Sport, Education and Society*, 24(6), 651–664.
- Charmaz, C. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. London: Sage.
- Charmaz, C. (2012). The power and potential of grounded theory. *Medical Sociology Online*, 6(3). <https://epicpeople.org/wp-content/uploads/2019/12/Charmaz-2012.pdf> /
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage Publications Ltd.
- Charmaz, C. & Thornberg, R. (2021). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*, 18(3), 305–327.
- Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10(3), 365–388.
- Crawford, R. (1984). A cultural account of ‘health’: Control, release and the social body. In J. McKinley (Ed.), *Issues in the political economy of health care* (pp. 60–201). Tavistock.
- Crawford, R. (2006). Health as meaningful social practice. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, 10(4), 401–420.
- Derber, C. (2016). *Sociopathic society. A people’s sociology of the United States*. Routledge.
- Elias, N. (1987). Human beings and their emotions: A process-sociological essay. *Theory, Culture & Society*, 4, 339–361.
- Elias, N. (1991). *The society of individuals*. Basil Blackwell.
- Elias, N. 2012 [1939]. *On the process of civilisation*. Collected works of Norbert Elias (Vol. 3). Dublin: University College Dublin Press.
- Elias, N., & Dunning, E. (2008). *Quest for excitement. Sport and leisure in the civilizing process*. Collected works of Norbert Elias (Vol. 7). Dublin: University College Dublin Press.

- Eriksen, I. M., Sletten, A. M., Bakken, A., & von Soest, T. (2017). Stress og press blant ungdom: Erfaringer, årsaker og utbredelse av psykiske helseplager [Stress and pressure among young people: Experiences, causes and prevalence of mental health problems]. <http://www.hioa.no/eng/About-HiOA/Centre-for-Welfare-and-Labour-Research/NOVA/Publikasjonar/Rapporter/2017/Stress-og-press-blant-ungdom>
- Frew, M., & McGillivray, D. (2005). Health clubs and body politics: Aesthetics and the quest for physical capital. *Leisure Studies*, 24(2), 161–75.
- Gibson, K., & Malcolm, D. (2020). Theorizing physical activity health promotion: Towards an Eliasian framework for the analysis of health and medicine. *Social Theory and Health*, 18, 66–85.
- Green, K., Thurston, M., & Johansen, P. (2019). Sports participation in Norway. In J. Maguire, M. Falcous, & K. Liston (Eds.), *The business and culture of sports* (pp. 413–427). Macmillan Reference USA.
- Hakim, C. (2010). Erotic capital. *European Sociological Review*, 26(5), 499–518.
- Hakim, C. (2011). *Honey money: The power of erotic capital*. Penguin.
- Hardey, M. (2019). On the body of the consumer: Performance-seeking with wearables and health and fitness apps. *Sociology of Health & Illness*, 41(6), 991–1004.
- Harris, J., Cale, L., Duncombe, R., & Musson, H. (2018). Young people's knowledge and understanding of health, fitness and physical activity: Issues, divides and dilemmas. *Sport, Education and Society*, 23(5), 407–420.
- Heinskou, M.B., Skilbrei, M-L., & Stefansen, K. (2019). *Rape in the Nordic countries*. Routledge.
- Hilson, M. (2008). *The Nordic model. Scandinavia since 1945*. London: Reaktion Books.
- Hilson, M. (2020). The Nordic welfare model. In A. Lindskog & J. Stougaard-Nielsen (Eds.), *Introduction to Nordic Cultures* (pp. 70–83). UCL.

- Hochschild, A. R. (2019). Emotions and society. *Emotions and Society*, 1(1), 9–13.
- Hooper, O. (2018). *Health(y) talk: Pupils' conceptions of health within Physical Education*.
 Doctoral Thesis. Loughborough University.
- Ioannou, S. (2003). Young people's accounts of smoking, exercising, eating, and drinking alcohol: Being cool or being healthy? *Critical Public Health*, 13(4), 357–371.
- Ioannou, S. (2005). Health logic and health-related behaviours. *Critical Public Health*, 15(3), 263–273.
- Ioannou, S., & Pike, E. (2010). Young Cypriots' perspectives of the symbolic value of smoking. *Critical Public Health*, 20(3), 373–384.
- Johnson, S., Gray, S., & Horrell, A. (2013). 'I want to look like that': Healthism, the ideal body and physical education in a Scottish secondary school. *Discourse: Studies in the Cultural Politics of Education*, 34(3), 457–473.
- Kolderup Hervik, S. E., & Thurston, M. (2016). 'It's not the government's responsibility to get me out running 10 km four times a week' – Norwegian men's understandings of responsibility for health, *Critical Public Health*, 26(3), 333–342.
- Kvale, S., & Brinkmann, S. (2015). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Sage.
- Kythor, E. (2020). Stereotypes in and of Scandinavia. In A. Lindskog & J. Stougaard-Nielsen (Eds.), *Introduction to Nordic Cultures* (pp. 210–223). UCL Press.
- Lundqvist, J., Westling-Allodi, M., & Siljehag, E. (2019). Values and needs of children with and without special educational needs in early school years: A study of young children's views on what matters to them. *Scandinavian Journal of Educational Research*, 63(6), 951–967.
- Malterud, K. (2012). *Fokusgrupper som forskningsmetode for medisin og helsefag* [Focus groups as research method for medicine and health sciences]. Universitetsforlaget.

- MacPhail, A. (2011). Youth voices in physical education and sport: What are they telling us? In K. Armour (Ed.), *Sport pedagogy: An introduction for teaching and coaching* (pp. 105–106). New Jersey: Prentice Hall.
- Pound P., Langford R., & Campbell, R. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ Open*, 6:e011329. doi:10.1136/bmjopen-2016-011329.
- Powell, D., & Fitzpatrick, K. (2015). Getting fit basically just means, like, non-fat: children's lessons in fitness and fatness. *Sport, Education and Society*, 20(4), 463–484.
- Roberts, K. (2012) *Sociology. An Introduction*. Cheltenham: Edward Elgar.
- Sabiston, C., Pila, E., Vani, M., & Thogersen-Ntoumani, C. (2019). Body image, physical activity, and sport: A scoping review. *Psychology of Sport and Exercise*, 42, 48–57.
- Statistisk sentralbyrå [Statistics Norway] (2020) *This is Norway*. Oslo: Statistisk sentralbyrå.
- Stead, M., McDermott, L., MacKintosh, A., & Adamson, A. (2011). Why healthy eating is bad for young people's health: Identity, belonging and food. *Social Science & Medicine*, 72(7), 1131–1139.
- Stets, J. (2010). Future directions in the sociology of emotions. *Emotion Review*, 2(3), 265–268.
- Stewart, B., Smith, A., & Moroney, B. (2013). Capital building through gym work. *Leisure Studies*, 32(5), 542–560.
- Strandbu, Å., & Kvalem, I. L. (2014). Body talk and body ideals among adolescent boys and girls: A mixed-gender focus group study, *Youth & Society*, 46(5), 623–641.
- Thornberg, (2012). Informed grounded theory. *Scandinavian Journal of Educational Research*, 56(3), 243–259.
- Tinning, R. I. (2014). The obesity crisis and the field of kinesiology: A discursive and memetic consideration. *Quest*, 66(1), 27–38.

- Turner, J. (2009). The sociology of emotions: Basic theoretical arguments. *Emotion Review*, 1(4), 340–354.
- Veal, A.J. (2016). Leisure, income inequality and the Veblen effect: cross-national analysis of leisure time and sport and cultural activity, *Leisure Studies*, 35(2), 215–240.
- von Scheve, C., & Ismer, S. (2013). Towards a theory of collective emotions. *Emotion Review*, 5(4), 406–413.
- West, P. (2009). Health in youth: Challenging times and changing influences. In A. Furlong, (Ed.), *Handbook of youth and young adulthood* (pp. 331–343). Routledge.
- Wiklund, E., Jonsson, E., Coe, A-B., & Wiklund, M. (2019). ‘Strong is the new skinny’: Navigating fitness hype among teenagers in northern Sweden. *Sport, Education and Society*, 24(5), 441–454.
- Wilkinson, R., & Pickett, K. (2010). *The spirit level: why more equal societies almost always do better*. London: Penguin Books.
- Wilkinson, R., & Pickett, K. (2019). *The inner level. How more equal societies reduce stress, restore sanity and improve everyone’s well-being*. London: Penguin Books.
- Williams, R. (1983). Concepts of health: An analysis of lay logic. *Sociology*, 17(2), 185–205.