
The Culture of Fitness: Opportunities and Challenges for Health

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Introduction

Over recent decades, many Western countries have experienced a strange paradox, with sport, exercise and leisure industries expanding alongside problems with inactivity and obesity. This paper examines the relationship between the commercial fitness industry and the question of health, focusing specifically on the case of the United States.

The paper is organized around three key questions. The first concerns the notion of fitness: what is fitness? We are encouraged by the popular, medical and academic press and by governments to view fitness as both a measure of physical capacity and as an unquestioned good. However, if we look at the concept of fitness more closely, we can see that it is not so straightforward. Definitions of fitness change over time and relative to different political, economic and social conditions. For example, in the United States, fitness in the 19th century was linked to questions of national strength and moral character. Over the 20th century, this has gradually changed such that fitness is now primarily an aspect of individual improvement and capacity (Green 1986; Mrozek 1989). However, definitions of fitness remain contested, all the more so at times of military conflict or economic uncertainty, when anxieties about national and social fitness and preparedness are visited upon the individual in particular ways, as with the current ‘war’ on obesity in many Western countries.

The second key question concerns the commercial fitness ‘boom’ that has occurred in the past three decades, and how we might understand it as a particular cultural field (Bourdieu 1993). While the paper and the larger research project from which it draws are focused on the US, where the pace and scope of the individualization and commercialization of fitness have been most dramatic, the commercial fitness field is a global phenomenon. Bearing in mind that the commercialization of fitness—and associated decline of physical education and public provision of recreation programmes and facilities—is mediated by local conditions, including sporting traditions, patterns of state provision of leisure services, socio-economic stratification, climate, and patterns of urbanization and commuting, it can be particularly illuminating to study the US as an extreme example of the commercialization, privatization and individualization of leisure (Rojek 1985, 1995) in consumer societies around the world.

Finally, the paper poses the question: is fitness good for us? This is not a ‘yes or no’ question. 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, when we take for granted that fitness is ‘good’ we fail to question the vested interests and unintended consequences of the particular way in which fitness is constructed and sold to us. For this reason, let us pose the question in a polemical fashion, and attempt to understand how the commercial fitness field benefits from, but is poorly equipped to address, population-level health issues such as inactivity and obesity.

What is Fitness?

From the point of view of sports medicine, fitness is a combination of strength, flexibility, and cardiovascular endurance; it can be quantified and evaluated relative to established benchmarks. However, asking people what they mean when they say, ‘I think I’m fit,’ or ‘She doesn’t look fit,’ often leads to a less straightforward definition. Certainly, fitness is experienced in part as physical ability—walking up stairs without running out of breath, or lifting dumbbells (or groceries) with ease. But fitness is also associated with less tangible qualities—living up to expectations, or looking a certain way, as the following excerpts from interviews with fitness club members make clear.

For Donna, a 30 year old journalist who is trying to exercise more in order to lose weight, fitness is a visual category:

I have this perception of fit, that when someone’s fit it’s almost like they’re *clean*. And I don’t mean ‘dirty versus clean.’ I mean clean, like put *together*. It’s almost like it’s an aesthetic. ... It’s sort of a sleekness.

Unlike Donna, John is a regular exerciser. A college lecturer in his mid 30s, John locates fitness somewhere between the medical definition and Donna’s aesthetic quality:

What is fitness? There are multiple aspects of it, I think. One is how I feel. For instance, walking up several flights of stairs—there’s a bottom line, quantifiable understanding of fitness. After walking up several flights of stairs, I feel good, or out of breath, or so on. That is to say, do I feel healthy, how do I feel after performing certain activities. And then there’s one that’s not so quantifiable, that at the end of the day can’t be understood so clearly. And that has to do with you measuring up against... Measuring up against images, measuring up against spoken or unspoken standards, measuring up against the covers of magazines.

Thus, the lived definition of fitness is not clear-cut. It involves feelings of capacity, notions of control (over ourselves; over how others see us), and understandings of societal norms and expectations, be they articulated in advertising and the media in terms of beauty and youth, or in medical and government documents in terms of risk and health. Fitness, then, is a complex concept, which has an awkward relationship with health. Regular exercise may make us fit according to sports medicine, but to look or feel fit is not necessarily to be healthy.

The fitness field, as the remainder of the paper explores, 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 self-improvement and self-responsibility.

Understanding the Fitness Field

This paper draws from a larger US-focused research project that has examined health clubs, the fitness discourse (as represented in exercise manuals and fitness magazines) and the occupation of personal training (Maguire 2001, 2002, 2006, 2007). In the US, commercial exercise facilities and equipment have a history that reaches back into the 19th century; however, we can locate the take-off of this most recent boom in the commercialization of fitness in the late 1970s. A 1977 Gallup Poll found that 47% of all Americans were physically active on a daily basis—nearly double the percentage found in a 1961 poll (Leepson 1978). With specific regard to jogging, one of the most visible fitness trends of the 1970s, membership in the New York City Runners Club tripled between 1976 and 1978, as did the paid circulation (between 1977 and 1978) of *Runner's World* (Frum 2000: 173). At work in driving the boom was the convergence of the popular cultural interest in self-improvement and a political economic emphasis on individual responsibility. The body and its relative fitness were—and are—targeted by the consumer market promoting self-enhancing products and services, an expanding service market rewarding those ‘enhanced’ selves with occupational and social status, and health policies and promotion strategies targeting ‘lifestyle’ causes of disease. Furthermore, the burgeoning fitness industry built upon longer-standing anxieties regarding the geopolitical status of the US, as epitomized in President John F. Kennedy’s 1960 article for *Sports Illustrated* on the problem of ‘Soft Americans.’

The contemporary fitness industry comprises a range of commodities, with the athletic shoe as one of the most iconic. By the end of the 1970s, 180 million pairs of athletic shoes were sold annually in the US (Vanderbilt 1998). Today, the sporting goods industry is worth more than £4 billion pounds in the UK alone. Athletic shoes account for more than 25% of British consumers spending on sporting goods; nearly half of their spending is on sport clothing. But as should be obvious from witnessing the fashions of everyday life and not just the sporting field, the scale of the sporting goods industry is a poor measure of a population’s interest and participation in fitness and other physical activities. Exercise books and videos are other notable fitness commodities, particularly in the 1980s as jogging was surpassed by aerobics—with its greater opportunities for instruction, demonstration and innovation—as the fitness fad of choice (Kagan & Morse 1988; MacNeill 1998). Indeed, Jane Fonda’s Workout video is widely credited with launching the at-home video market.

Health clubs also grew in number and scale over the 1980s, spurred in part by interest in group exercise such as aerobics, and in leisure goods and services more broadly that targeted the body and its appearance, and offered associations of status. Today in the US, commercial health clubs outnumber non-profit fitness centers (such as the YMCA) by ten to one, highlighting how the general individualization and commercialization of leisure may be facilitated through societal traditions of privatization. Indeed, though commercial health club industries are found around the globe in consumer societies, the scale of those industries reflects local traditions such as the collective provision of recreation facilities, and local demographics, such as the size of the middle class. For example, whereas the US had approximately 20,000

commercial clubs in 2002, the United Kingdom had less than 2,000, and Korea had only 200.¹

Rather than conceptualize fitness as a commercial industry, however, my research examines fitness as a commercial leisure field. Drawing on the work of Bourdieu (1984, 1993), fitness may be understood as a cultural field, a set of relatively structured positions within which individuals and institutions struggle over the status and definitions of fitness and fit bodies; these struggles occur through the mobilization of particular forms of resources or stakes, some specific to the field—such as physique and kinesiological expertise—and some generic to consumer societies and services economies—such as impression management and affiliations with luxury. The development of the contemporary commercial fitness field has involved the institutionalization of specific social settings (particularly, the health club), a variety of media forms (such as exercise manuals and magazines), a cadre of professional producers (such as personal trainers and aerobics instructors), and a range of field-specific goods to signal participation. These field elements do not work in isolation, but in mutual cooperation; for example, health clubs reinforce the importance of fitness services (such as personal trainers) and exercise magazines promote fitness equipment. At the centre is the fitness consumer: the field's status rests on its market of affluent and informed consumers who generate and regulate the production and consumption of fitness.

From the point of view of a commercial industry, however, fitness consumers are a problematic group: for example, up to half of new participants quit within six months of taking up an exercise program (Franks & Howley 1989: 128). Thus, the problem of motivation is a key organizing theme within the commercial fitness field. Health club managers must work to entice new members and retain old members; personal trainers must inspire clients to work out during their sessions, and encourage them to purchase further sessions; fitness magazines and manuals attempt to stimulate readers to buy future issues, and prompt them to buy other fitness goods and services. In short, the field must educate its participants to be good consumers (Maguire 2002). Let us briefly examine four aspects of how the fitness media—specifically, exercise manuals—constructs a particular vision of the fit body and a fit use of leisure time. We may then consider the larger question of whether fitness is 'good' for us.

First, exercise manuals naturalize the association of fitness with one's discretionary leisure time, and thus expenditure on fitness with discretionary income. This is important in terms of the status rewards possible through field participation, as leisure and lifestyle choices are the primary stakes in competition for distinction and prestige in consumer culture (Bourdieu 1984; Featherstone, 1991; Slater 1997). However, the cultural imaginary of leisure poses two problems—one for the field, the other for health. On the one hand, leisure is imagined as a time of relaxation, making working out (a sweaty, strenuous activity even for those who intrinsically enjoy it) a difficult sell as a leisure pursuit. Thus, exercise manuals attempt to educate readers to discipline their leisure time, applying a work ethic of time schedules, appointments and efficiency to their discretionary time in order to 'fit in' fitness. On the other hand, leisure is imagined as a time of freedom, creativity and control: a time to do with as one sees fit. The exercise manuals treat as unquestioned common sense that time for exercise is to be found individually during one's leisure time, rather than through collective strategies that challenge the nature of the working day or patterns of urban

development that discourage working in proximity to one's residence, thus impacting on patterns of commuting.

Second, exercise manuals attempt to motivate readers to discipline their leisure time appropriately (that is, by making time for fitness) by constructing fitness as a panacea for all of the ills—individual and collective—of contemporary life: exercise is the means to reduce health risks, improve energy levels, cope with stress, lose weight, improve appearance, feel younger, and so forth. In service economies in which appearances count and physique is a form of capital, fitness offers (potential) rewards that matter to many. Fitness is constructed as a way to gain control over one's body and one's impression on others. Indeed, it is telling that in month following the September 2001 attacks, New York commercial health clubs reported the highest number of membership sales ever. In an era of uncertainty and risk, the scope of control individuals expect and demand increasingly narrows to their own bodies. What is problematic about the construction of fitness as a cure-all is that collective sources of risk (geopolitical instability, pollution) and other risks beyond individual control (inherited predisposition for diseases, accidents) are obscured by the focus on individual responsibility. Although a sense of control over one's life contributes to health (Epstein 1998), the form of control on offer in the fitness discourse 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. 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).

Third, exercise manuals construct fitness as a leisure activity in keeping with the broader cultural imaginary of fitness as a time of fun and pleasure. However, there is a particularly narrow vision of pleasure on offer in exercise manuals: exercise itself is not pleasurable; the pleasure comes from the effect one's fitter body has upon others, or the satisfaction in having made 'good' use of one's leisure time. Fitness activities are rarely constructed as enjoyable and as ends in themselves, but are instrumentally rationalized as means to other ends: reduced health risks, improved social status, and so forth. Non-instrumental pleasure, however, is often present in the narratives of fitness field participants, who may refer to feelings of freedom, competence and strength in doing the activity itself. With increasingly sedentary patterns of work and everyday life, it is little wonder that fitness activities can offer intense experiences of embodiment; what is striking is the relative absence of emphasis on such benefits in the exercise manuals' discourse. In conjunction with the preceding theme, the fitness discourse tends to prioritize control over the body over pleasure in the body, and instrumental pleasure over spontaneous, non-directed play (Huizinga 1955).

Fourth, exercise manuals construct fitness as a consumer leisure activity. Both explicitly commercial exercise manuals and those public health-oriented manuals that seek to improve rates of physical activity reproduce the message that participation in fitness requires consumption: a pair of shoes; a membership in a health club; the services of a personal trainer; a new piece of equipment. Furthermore, exercise manuals often prescribe consumption-oriented goals as motivational techniques,

suggesting for example that the reader buy him/herself something new (for their fitter body) once a certain benchmark is reached. This highlights both the mutually reinforcing nature of the fitness field's institutional elements, and how the fitness field is implicated in the larger reproduction of consumer culture. The fitness field's discourse resolves the tension between the hedonism of consumer culture and the inherent asceticism of exercise by linking them as cause and effect: be disciplined and work out now in order to then engage in guilt-free shopping. This message, in addition to serving as an engine for consumption, perpetuates the double bind of indulgence and restraint characteristic of the contemporary era (Featherstone 1982).

Given these four themes—fitness and the discipline of leisure; leisure as a panacea; leisure and pleasure; and leisure and consumption—how can we make sense of the relationship between the field of fitness and that of health? The commercial fitness field has benefited from the health field; for example, through media attention generated by Surgeon General warnings, direct referrals through physician-prescribed exercise, and the legitimacy from scientific findings on the benefits of exercise, which reinforce the fitness discourse's construction of exercise as a panacea and a morally good use of leisure time. Yet, in today's consumer societies, we are witness to a strange fat/fit paradox. In approximately the same time period of the past twenty to thirty years, we have witnessed booming fitness industries alongside increasing rates of population inactivity and obesity. To understand the failure of the fitness field to address the very population health issues from which it draws support and legitimacy, we must examine critically the nature of the social problem and the limitations of the individualized solution.

Is Fitness Good for Us?

The fitness field exists in dynamic relation with the health field: patterns of disease, sedentariness and so forth not only give rise to the social problems of inactivity and obesity, but also create a need for purposive physical exercise, which in conjunction with the larger consumer culture and service economy, is filled by the leisure market and the commercial fitness industry, which in turn benefit from the legitimacy that the health field has bestowed upon the problems of inactivity and obesity. Thus, to understand the fat/fit paradox, we must examine the contemporary health context.

Thanks to advances in medical science, the major causes of death in the 19th century—communicable diseases such as tuberculosis—have been largely dealt with (in developed countries) at least at a collective level through immunization and curative pharmaceuticals. With these advances has come a changing context of health and disease, such that noncommunicable diseases—especially cardiovascular disease, type 2 diabetes, and some types of cancers—accounted for 60 per cent of global deaths in 2001 (WHO 2004). According to the World Health Organization (2004), five of the major risk factors for noncommunicable diseases are closely linked to diet and exercise—poor patterns of which give us global patterns of rising obesity and inactivity. These are intertwined problems, of which obesity has received the greatest attention in the media; this is further reinforced in government policies and health promotion strategies, which tend to subsume a multitude of initiatives (including those addressing inactivity) under the banner of a war on obesity.

It is thus important to understand the problem of obesity. First, obesity is a global problem. Though linked in the media and popular imagination with the developed world, obesity rates are rising across the globe, resulting in the coexistence of problems of obesity and undernutrition in some countries (WHO 2000). However, global statistics on obesity are difficult to compare because of irregular definitions of the surveyed population, the definition of obesity, and the survey periods. The most comprehensive study is the WHO MONICA (MONItoring of trends and determinants in Cardiovascular diseases) Study that compares specific cities from 48 different, but mostly European countries. Thus, the data are not necessarily generalizable to countries as a whole, but are a good indication overall. Results from the first round of data collection, from 1983 to 1986, show that in all but one case, between 50 and 75 per cent of adults were overweight or obese between 1983-1986 (WHO 2003).

Second, obesity is an escalating problem. Rates have risen in particular during the past 20 years. In the past 10 years, England's rate of obesity has doubled and in general, European countries have seen an increase of between 10 and 40 per cent (WHO 2000). In the US, obesity rates increased by two-thirds between 1960 and 1990, and increased another two-thirds over the 1990s alone (Farley & Cohen 2001). In the US, in roughly the same time period that the number of commercial health clubs more than doubled and the number of fitness magazines tripled (Maguire 2002), consumption of fast food tripled and the consumption of soft drinks increased by 131 per cent (Farley & Cohen 2001).

Finally, obesity is a gender and class problem (National Center for Health Statistics 2005; WHO 2000; YWCA 2001). Women have higher rates of obesity than men, men have higher rates of overweight, and in both instances, rates of obesity increase as socioeconomic class decreases. Socioeconomic class is not only about economic capital; it also reflects cultural and social capital—for example, having the knowledge of and preferences for certain activities and foods. Thus, recalling the first point, rising socioeconomic levels on a population scale create the conditions for obesity—eating too much becomes a possibility, rather than undernourishment. However, obesity is then stratified individually by class—*choosing* to not eat too much (i.e. being thin) then becomes a sign of status. 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; WHO 2000).

Ultimately, it is the class dimension of obesity that is the key to the fat/fit paradox. In the US, 65 per cent of commercial health club members have a household income of at least \$50,000; similarly, professional/managerial individuals constitute approximately a third of the readership of the top three fitness magazine titles.² Is fitness good for us? For the majority—and in particular for those lower down the socioeconomic ladder who are more likely to be inactive and overweight—the answer is no. The commercial fitness field represents the commodification and reproduction of the problem: the already deeply-entrenched classed stratification of health and health risks. For a narrow band of people, the answer is yes and no: the fitness field provides goods and services that may facilitate the accomplishment of regular physical exercise, but in such a way that is deeply restrictive and possibly self-defeating. The 'lessons' of the fitness discourse involve the promotion of an individualized notion of exercise (as a disciplined use of one's own time rather than addressing collective patterns of space and time use; and as an individualized cure-all

for what are, at bottom, collective problems and patterns), an instrumental view of pleasure through exercise (rather than a non-instrumental ‘play’ ethic that remains under threat if not altogether absent from daily life; see Huizinga 1955), and the narrowing of the parameters of participation to those provided by the consumer market.

Conclusion

Since the late 1970s, the commercial fitness field has drawn institutional support and scientific legitimacy from the health care, health promotion and medical research communities. The US 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). 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). This is not to suggest that population problems of inactivity and obesity are the result of the commercial fitness field. We should 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 commercial fitness field makes health more or less available to different groups of people

In conclusion, 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 addressing population health problems such as inactivity and obesity. This is not an exhaustive list, but illustrates the larger conflicts facing population health and fitness, and provides four starting points or recommendations for policy, discussed in declining degrees of difficulty from the most difficult (most collective and, arguably, most fundamental) to the most straight-forward, from the ideological to the environmental, educational and inspirational.

First, the fitness field in conjunction with the health promotion field, encourages individual solutions to collective problems. Since the 1970s, health promotion has focused on active individualized strategies (including those—like higher taxes on fatty foods—that masquerade as collective 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 behaviour are the deeply social causes of obesity and inactivity. The most difficult but most fundamental recommendation is to acknowledge that the problems of obesity and inactivity are collective problems, which require collective solutions. This is not simply a matter of putting more funding into collective provision of recreation services that are accessible across class

divides; we require a fundamental transformation in how the state regards itself relative to its citizens, and how citizens understand their rights and responsibilities relative to the state, themselves and each other. Individual sovereignty, so prized in consumer culture, is 'healthy' only insofar as it is accompanied by collective responsibility.

Second, the fitness field's naturalization of exercise as a leisure time activity to take place within designated and specialized sites reinforces the lack of attention given to our environment and its impact on population health. We live in an 'obesogenic' environment (Lang 2004), from the auto-centric configuration of our daily lives to the differential accessibility of fast food and its healthier alternatives (for example, consider the dining options alongside any highway). The inertia of infrastructure makes this a particularly difficult recommendation, but we require a shift in urban land use. Health promoters may recommend walking to work, but they do not address the patterns of suburbanization and the lack of government funding for mass transit and bicycle lanes in the US 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. Of course, making long-term policy and funding commitments to an activity-friendly environment requires an accompanying ideological shift, as outlined above, as these collective solutions impose a collective burden as much as they offer collective opportunities.

Third, the commercial provision of fitness facilities and services has the unintended consequence of facilitating the ongoing decline of their collective provision, particularly for the disenfranchised. Population inactivity and obesity stem in part from the decline of childhood physical education, a central element in the collective provision of exercise and recreation opportunities. Given the general lack in the US 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. 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 behaviour, and this is most effective if it is accomplished as part of childhood socialization. Children's physical education, however, does not simply require more funding; childhood education more broadly requires improved and sustained funding in order to improve health at school (by, for example, removing the reliance on corporations and the income from their vending machines). Reinvestment needs to be accompanied by reinvention: PE's focus on competitive, performance-oriented sports has excluded many from participation because of cultural backgrounds, body culture interests and physical capacities. Hence, we not only see declining provision of PE, but also declining participation of students, and especially young women (YWCA 2001).

Fourth and finally, the fitness field reproduces the tension—typical of consumer culture more broadly—between indulgence and restraint. 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* behaviour. 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. 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. This final observation is intended as a call for inspiration on the part of government policy makers, health workers and promoters, leisure and recreation professionals, physical educationalists, *and* those involved in the commercial provision of fitness, to find ways to facilitate the play ethos—on collective and individual bases.

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¹ Data on health club industries is taken from the IHRSA website (www.ihrsa.org).

² Data on health club member incomes is taken from the IHRSA website (www.ihrsa.org) and refers to 2001; readership data is from personal interviews with *Self* and *Shape* advertising associates, January 2002, and the *Men's Health* press kit, 2001.