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# Health discourses, slimness ideals, and attitudes to physical activities

## Perspectives of young women in Denmark

### Introduction

Currently, (young) women living in Western countries are confronted with messages about health and the ideal, feminine body on a day-to-day basis (see, for example, Crawford, 2006; Markula & Kennedy, 2011). The mass media, in particular fitness and lifestyle magazines, present numerous “success stories” and provide an overwhelming amount of information about how to become or stay slim, fit and healthy. In these accounts, health is frequently advertised as a product, as something that can be acquired or at least improved by the “right” behaviour, especially by engaging in a healthy diet and in regular and intense physical activity<sup>1</sup> (PA).

Studies conducted, for example in Denmark, reveal that young people listen to health messages, learn about dieting and exercising and possess good knowledge about health recommendations and the benefits of a healthy and active lifestyle. Statistics show, for example, that 84% of Danish teenagers know about the current PA guidelines for children and adolescents (Danish

Health Authority, 2010; see also Wistoft, 2009).

Yet the available information shows that—despite their knowledge about PA recommendations—in particular girls and young women drop out of sport and exercise in their teenage years. A representative survey reveals that 82% of Danish girls aged 7–15 are physically active in their leisure time. Many participate in sport and exercise, e.g. in swimming in informal settings, and many are members of one of the numerous sports clubs in the country. However, the percentage of young women aged 16–19 who participate regularly in sport and PA (59%) is significantly lower (Pilgaard & Rask, 2016, pp. 14, 35). This means that a large number of young women tend to adopt a more or less sedentary lifestyle after puberty (see also, for example, Borch, 2015).

The available statistics in Denmark, but also in other countries provide convincing evidence that there is a considerable discrepancy between the health-related knowledge of young women and their practices, i.e. their participation in PA. This raises questions as to how females of this age group interpret and make use of the current messages about health and a healthy lifestyle. The purpose of this article is therefore to shed light on these questions, i.e. to explore the influence of (gendered) health discourses and PA guidelines on young women's lives and gain insights into backgrounds and reasons for their different PA habits and lifestyles. The empirical

material of this article is provided by a survey among 784 Danish females aged 16–20 as well as five focus-group interviews which gave voice to 21 young women. The participants were recruited from four secondary schools located in Copenhagen.

We will start this paper with a literature review of young people's participation in sport and PA with a focus on the work of scholars who have drawn on Foucault's concepts of disciplinary power and governmentality to explore current public health and school policies and young people's health-related attitudes and practices in Denmark. We will continue with information about the research methods used in the study and will then present the findings, which we will discuss in the context and against the backdrop of the reviewed literature.

### Young people's participation in sport and PA—a Foucauldian perspective

In Denmark and other Western countries young people's health-related behaviour has received much attention from public health scientists and authorities since members of this age group are assumed to be particularly prone to engaging in “risky” lifestyle practices such as an unhealthy diet, smoking, drinking alcohol or physical inactivity (see, for example, Spencer, 2013). Consequently, young people are frequently the targets of health promotion, not least because a healthy lifestyle during childhood and adoles-

<sup>1</sup> In this article, physical activity is defined as bodily movement that uses energy (Pedersen & Andersen, 2011). It includes both structured activities such as physical labour, exercise and sport, as well as unstructured activities such as walking the dog or active transportation (walking, cycling). In this article the focus will be on recreational physical activity, which includes sport and exercise.

cence is considered to have a crucial impact on healthy habits later in life (see, for example, National Institute of Public Health, 2015). PA plays an important role in the public health promotion since it is regarded as an effective and cheap weapon in the “battle” against so-called lifestyle diseases as well as against an impending “obesity epidemic” (Markula & Pringle, 2006; Wright & Harwood, 2009). Therefore, numerous projects, studies and initiatives are launched in various Western countries with the aim of increasing the engagement of young people in sport and exercise. To foster PA among children and adolescents the Danish Health Authority has, for example, launched the national campaign “Get moving” that heavily promotes 60 or more minutes of PA each day.

Many of the scholars critically analysing current public health policy and health messages targeting different groups of the population including adolescents have been influenced by Foucault’s (1991; 2007) concept of governmentality (see, for example, among many others, Fullagar, 2009; Fusco, 2006; Harrington & Fullagar, 2013; Lupton, 1995; McDermott, 2007; for Denmark Vallgård, 2011). According to these scholars, health authorities employ strategies that place a strong emphasis on lifestyle “choices” and personal responsibility for health. This means that individuals are asked and expected to manage their health, i. e. to become or stay healthy, in their own best interest. Studies of these and other scholars reveal that this strategy of responsabilisation imposes a moral obligation on individuals to engage in healthy lifestyles (see also Crawford, 2006; Roy, 2008). These scholars also emphasise that particularly the threat of potential health risks are central tools of health governance (see, for example, Ayo, 2012). Experts play a key role not only in disseminating “truths” (Foucault, 1977) about health risks but also in providing knowledge about the “right” lifestyle, including the benefits of PA (see, for example, Rose, 1999). It must be emphasised that health messages and expert advice are ubiquitous and embedded in various institutions such as the mass media or schools and spread

by different authorities such as scientists, politicians, journalists or teachers (see, for example, Crawford, 2006).

There are a number of studies which have investigated the specific setting of schools and their ways of circulating health information (see, for example, Burrows & McCormack, 2012; Parsons et al., 2016; Rich, 2011; Rich & Evans, 2005; Schee, 2009; Tinning & Glasby, 2002; Webb, Quennerstedt & Öhman, 2008; Wrench & Garrett, 2008; Wright & Burrows, 2004; Wright & Dean, 2007). Drawing in particular on Foucault’s (1977, p. 138) notion of disciplinary power that concentrates on the “body as object and target of power”, these and other studies have identified the school as a space in which students’ health-related behaviours are governed and monitored, a space where their bodies can be regulated and disciplined, i. e. turned into “docile bodies”. Based on interviews with teachers and other school staff members, a US study (Schee, 2009) revealed, for example, how a school’s health policy, including dominant perceptions of the healthy and slim body, resulted in an evaluation and social control of both parents and students. Some of the studies mentioned above had a specific focus on physical education (PE), emphasising that in PE “bodies are not only moved but made” (Webb et al., 2008, p. 353). Tinning and Glasby (2002), for example, described how PE can be considered a form of health promotion which aims at producing “good”, healthy citizens and which plays a major role in the (re)production of the “cult of the body”, a body which serves as a signifier of worthiness and virtue (see in particular Petersen & Lupton, 1996). Other studies showed how PE teachers frequently acted as “judges of normality” (Wrench & Garrett, 2008, p. 341), equating slimness with fitness and health and considering students who did not comply with the current body ideals to be at risk of developing diseases (see also, for example, Rich & Evans, 2005; Webb et al., 2008).

Surprisingly, relatively few—and predominantly Australian—studies have given voice to students and explored how these dominant messages about

a healthy diet or regular and intense exercise as preconditions of a healthy lifestyle affect their health-related attitudes and practices (Lee & Macdonald, 2010; Petherick, 2013; Rail, 2009; Rich & Evans, 2005; Spencer, 2013; Wright, O’Flynn & Macdonald, 2006). One major conclusion of these often Foucault-inspired studies is that messages with regard to a healthy lifestyle, in particular those which refer to the health risks associated with physical inactivity, cause guilt and anxiety but rarely motivate (young) people to engage in PA (see, for example, Frydendal Nielsen, 2015). These findings and insights are supported by one of the few interview studies on health discourses of young people conducted among students aged 15–17 in Scandinavia (Thing & Ottesen, 2013, p. 468) which showed that the teenagers were well informed about health messages, yet they did not “relate to this knowledge at this point in their lives”, in particular because bad health seemed to be an issue for the future while they were preoccupied with their lives in the “here and now” (see also Macdonald, Wright & Abbott, 2010 who investigated the meanings that Australian teens aged 12–20 ascribed to health and PA).

What is more, some of these studies point to significant gender differences: Wright et al. (2006) found, for example, that while young men connected health with fitness, which they considered a matter of physical capacity, young women mainly related fitness to a slim body and exercised with this aim in mind. Rail (2009, p. 147), too, observed in a Canadian interview study that young women’s “constructions of health involved a crucial link to bodily shape” (see also Abou-Rizk & Rail, 2014). Similar to feminist research on adult women’s attitudes to and practices of body management (for an excellent overview see, for example, Markula & Kennedy, 2011), the results of the studies mentioned above point to powerful discourses of the ideal female body and women’s striving to comply with and work towards the “body beautiful”. Adopting a Foucauldian perspective (1977), this body of research also revealed how the great majority of young women internalised prevalent discourses

of personal responsibility for appearance, health and lifestyle and carefully self-monitored and judged their (and others') health-related behaviour and body shape (see also Markula & Pringle, 2006). This means that many women turned the panoptic "gaze" upon themselves and pursued normalising, disciplinary bodily practices such as dieting or vigorous exercise to obtain the slim, toned and ideal body (see also Bordo, 2003; Duncan, 1994).

These studies revealed the importance of paying special attention to the intersections of gender, social class and age as well as to the interdependencies between a healthy lifestyle and the political, cultural and social conditions of a given society. However, out of the relatively few studies that have given voice to young people, only a small number of them have taken a gender perspective and analysed the gendered meanings of bodies, health and PA. In addition, research is lacking which takes the political and cultural backgrounds, e. g. the political and ideological implications of the Danish welfare state, into account.

This article presents the results of a study conducted with 16–20 year old Danish women which will provide new knowledge about how females in this age group position themselves in the dominant discourses of health, exercise and appearance, and how they deal with opportunities and challenges when engaging in an active lifestyle in Denmark—a universal welfare state where the health authorities try to activate the population by providing numerous facilities and opportunities for sport and PA.

## Methods

In order to gain in-depth insights into the PA attitudes and practices of young women, we addressed students of four high schools in different areas of Copenhagen. In the first phase of the project the second author (NWN) attended two PE lessons in each of three schools, which first and foremost provided an excellent opportunity to come into contact with students and recruit them and their schoolmates to participate in focus-

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## Health discourses, slimness ideals, and attitudes to physical activities. Perspectives of young women in Denmark

### Abstract

Studies conducted in Denmark reveal that many young women drop out of sport and exercise in their teenage years even though they possess good knowledge about health recommendations and the benefits of physical activity. This raises the question as to how they interpret and make use of the current messages about a healthy and active lifestyle. Based on five focus-group interviews and a survey among 784 female students aged 16–20, we explored their attitudes and practices with regard to physical activity and health. The analysis of the material is theoretically informed by the work of Foucauldian scholars who have used the concepts of governmentality and disciplinary power to explore current

public health policies and young people's health-related attitudes and practices. We found that for the participants in our study 'health' was inextricably intertwined with slimness and fitness, to which they ascribed great importance. The internalization of current ideals of the slim and fit body fueled aspirations but did not necessarily lead to the adoption and maintenance of an active lifestyle. We conclude that health messages and body ideals often cause anxieties and guilt among young women, which may even prevent engagement in sport and exercise.

### Keywords

Gender · Students · Sport · Exercise · Foucault · Qualitative and quantitative methods

## Gesundheitsdiskurse, Schlankeitsideale und sportliche Aktivitäten. Einstellungen und Perspektiven junger Frauen in Dänemark

### Zusammenfassung

Studien in Dänemark zeigen, dass viele junge Frauen in den Teenager-Jahren aufhören Sport zu treiben, obwohl sie gut über die positiven Auswirkungen von sportlichen Aktivitäten auf die Gesundheit informiert sind. Dies wirft die Frage auf, wie weibliche Jugendliche Botschaften über einen gesunden und aktiven Lebensstil interpretieren und umsetzen. Mittels einer Umfrage unter 784 Schülerinnen sowie fünf Fokusgruppeninterviews untersuchten wir die Einstellungen und Verhaltensweisen dieser Zielgruppe in Bezug auf körperliche Aktivität und Gesundheit. Zur Analyse des Materials nutzten wir Foucaults Konzepte der „Gouvernementalität“ und der „Disziplinarmacht“ sowie weitere Foucault-inspirierte Studien über Gesundheitspolitik und gesundheitsbezogene Einstellungen sowie Verhaltensweisen von Jugendlichen.

Insbesondere die Interviews zeigten, dass für die Teilnehmerinnen unserer Studie „Gesundheit“ untrennbar mit Schlantheit und Fitness verbunden war – Idealen, denen sie große Bedeutung zuschrieben. Die Verinnerlichung dieser Ideale führte häufig zu guten Vorsätzen, ging jedoch nicht zwangsläufig mit einem aktiven Lebensstil einher. Unsere Ergebnisse lassen darauf schließen, dass Gesundheitsbotschaften und Körperideale Ängste und Schuldgefühle bei weiblichen Jugendlichen verursachen und sich als Folge sogar negativ auf deren Sportbeteiligung auswirken können.

### Schlüsselwörter

Gender · Schülerinnen · Sport · Fitness · Foucault · Qualitative und quantitative Methoden

group discussions as well as in a questionnaire-based survey. A total of 784 young women aged 16–20<sup>2</sup> completed an online questionnaire about health, PA and lifestyle. This survey collected basic sociodemographic information as well as information with regard to the students' perceptions and evaluations of their health status and health-related behaviour, including sport and exercise practices. The questionnaire contained a number of open questions such as "What do you think of when you hear the word health" or "Do you actively seek information on sport and health". In this article, we use the answers given in the survey as background information in a descriptive way.

Subsequently, to follow up on answers to open questions and to further nuance and explore the responses from the survey, NWN conducted five focus-group interviews with 21 young women (see, for example, Morgan, 1997; Patton, 2015). She had informed the students about the research project during PE lessons and asked them if they would like to participate in an interview. Those who were willing to take part were allowed to bring a schoolmate in order to make participants feel comfortable in the interview situation (see, for example, Patton, 2015). The choice of focus-group interviews was based on the purpose of our study since their interactive nature is able to generate rich discussions and provide insights into the ways young women in Denmark negotiate and co-construct meanings of

health and PA (see, for example, Munday, 2014). Prior to the interviews, informed consent was obtained from all participants. The interviews took place in the schools' common rooms and lasted between 1 and 1.5 h. Using an interview guide, the young women were asked to discuss central issues of our project, i. e. their general approaches towards PA and health as well as their own attitudes and practices. However, they were also invited to bring up other issues. The questions and topics dealt with during the interviews were meant to encourage reflections on the roles of PA and health in the informants' lives, but also provide information about health-related knowledge, discourses and practices of young women in Denmark. NWN used several questioning techniques and asked in particular "activity-oriented questions" (Corlucci, 2007) to stimulate reflection and discussion among the participants. Such strategies have been described as particularly "useful with young people, who can become bored after a sequence of verbal questions and start losing attention and also tend to act out and express their feelings and ideas in more active ways than adults" (Corlucci, 2007, p. 1424).

To gain access to as well as insights into the "world view" of the interviewees, we presented pictures as a means of eliciting reflection and discussion. These pictures showed young people with different body shapes participating in various activities like basketball, fitness exercises, biking or relaxing on the sofa. These images were intended to encourage comments and discussions about appearance, bodies, clothes and health-related behaviour—and subsequently helped us to identify social norms, rules and ideals as well as practices prevalent among adolescents in Denmark.

The interviews were recorded and transcribed verbatim. We thematically analysed the transcripts with the help of the software programme Atlas.ti. We used the interview guide as a point of departure for the identification of themes such as participation in sport and exercise, meanings and attitudes ascribed to PA or body ideals (see, for example, Kvale & Brinkmann, 2009; Markula & Silk, 2011). In a second step, the analysis

of these major themes led to subthemes such as peer pressure or the influence of significant others. Finally, we connected the (sub)themes to the reviewed literature and to our Foucauldian framework. We have removed identifying information and use pseudonyms in order to preserve the participants' anonymity.

## Findings

The answers of the young women in the survey and their discussions in the focus-group interviews provide insights not only into their approaches to health and PA but also into the role of the body and its appearance in social relations as well as into reasons for pursuing an active or an inactive lifestyle.

### Health and physical activity—general knowledge, perceptions and attitudes

The answers from the questionnaire revealed that the majority of the young women assigned great importance to a "healthy lifestyle". When asked how important it was to strive to lead a healthy life, 46% stated that this was of "great importance" and 39% that it was of "some importance". Although the respondents regarded PA as a crucial part of a healthy lifestyle, as many as 74% stated in the survey that they were not satisfied with the amount of PA they currently took part in. Irrespective of their current amount of PA, the vast majority of the informants wanted to increase their participation in sport and exercise. In order to gain an insight into the concept of "health" among the students and to give them all the opportunity to express their ideas anonymously, we asked in the questionnaire: "What do you think of when you hear the term 'health'?" Most answers to this open-ended question referred to health behaviour such as healthy eating and exercising, and often health was connected to or even identified as fitness and slimness. A number of statements also referred to health as a bodily condition such as having a well-functioning body or to future perspectives such as living a long life. By contrast, only some respondents took

<sup>2</sup> This article forms part of a larger study about male and female high-school students' participation in PA and PE. In total, 1347 students completed the questionnaire, and, all in all, NWN conducted eight focus-group interviews: three with young men and five with young women. Fitness, slimness and engagement in sport and exercise have different meanings for both genders (see also the literature review presented above). However, the available space does not allow exploring the discourses and practices of male and female students. In this article we decided therefore to use only the answers of and the interviews with the female students, as (young) women's sport participation rates have traditionally been significantly lower than (young) men's. Furthermore, feminist scholars have for many years emphasized the oppressive nature of the female body ideal (see, for example, Markula & Kennedy, 2011).

a more holistic approach to health and mentioned social and mental well-being, including being happy, being safe, having a good life and good relations with friends and family etc. However, even those young women who presented broader approaches to and definitions of health always referred to concrete forms of health-promoting behaviour such as a healthy diet and participating in sport and exercise.

Therefore, it is not surprising that the “right” eating habits and participation in PA were among the most important topics in the focus-group interviews. The young women possessed good knowledge about a healthy diet and agreed, for example, that they should not eat “junk food”, i. e. food containing a lot of sugar or fat. They advocated a balance between the intake and expenditure of calories and referred to expert knowledge about nutrition such as dietary guidelines provided by health authorities or meal plans in women’s magazines. The interviewees were also well informed about the current recommendations with regard to the amount and the intensity of PA: they knew, for example, that they should exercise at least one hour per day and that they were not supposed to “go straight home from school and crash down on the sofa” or sit for many hours in front of the computer. Many young women reported that they actively searched (for example on the internet) not only for advice with regard to food but also for information about “effective” ways to lose weight through sport and exercises, information which they shared in the focus groups.

Although the interviewees talked rather extensively about food and exercise, they seldom mentioned the importance of an active lifestyle for the prevention of illnesses. Instead, they considered a healthy diet and participation in sport and exercise as tools for achieving a slim, fit and healthy-looking body. These discussions also show that the interviewees interpret health not as the absence of illnesses but rather as a process and the result of a series of endeavours to change and enhance in particular their appearance. Thus, they perceived health as a result of “work” —work on and with the body, which

demands commitment and may result in a toned body and healthy looks.

### The body as source and marker of social recognition

The interviews revealed, furthermore, that the students’ strong focus on appearance and the “right”, slim looks was closely connected to social recognition within their peer group. The following discussion among Anna, Bella and Stine about slimness and fitness provides in-depth insights into their thoughts and practices. Their discussion also shows how the students use body shapes, fitness levels and participation in sport and exercises as social markers and as a means of evaluating themselves and others: Stine started the discussion with a general statement emphasising the importance of fitness: “Fitness has become for us *the* most important thing to talk about ... that you have to be in good shape”. In this context, the young women also discussed the role of the media and the attitudes of “the boys” who, as Stine put it, “must have a girlfriend who is in great shape ... a girl that has a great body”. Their statements also referred to the impact of “significant others”, in particular of those students who were the trendsetters, role models and arbiters in the class. Bella stated: “I’m influenced by Laura and Nadja, girls from our class ... they can just wear all clothes; everything fits perfectly.” Stine followed up by arguing that “you do not look at yourself, you look at the others—and you compare yourself with them”. Bella agreed and Anna elaborated: “If you are together with somebody who gets really much attention ... more than yourself, this can be hard and you think, ‘What is wrong with me?’”. Again, everybody agreed and Anna continued: “Then you get this feeling of, ‘Now I am going to get out and run 12,000 km and I am not going to eat’”. She ended her statement by complaining about the social pressure young women were exposed to: “We have to be healthy, we have to be fit, we have to do sports all the time, and if we do not do this and that, then ... we become fat [with all the negative consequences

for health and social acceptance, the authors].”

This discussion shows that the “right”, i. e. the slim and fit, body is considered a parameter of success and a precondition not only for attracting the gaze of “the boys” but also for gaining the recognition of the other girls and, most importantly, “for feeling good about yourself” —a feeling caused by compliance with the prevailing social norms and rules pertaining to fitness and health. The statements also reveal a hierarchy and hidden competition among the young women, with the most popular girls acting as role models. Their bodies and their lifestyles provide the norms, encourage comparisons and set the agenda for the slimness projects of their classmates, although their goals—to lose weight or to gain muscles quickly—were often so unrealistic that they were doomed to failure. However, statements in the interviews showed that the “popular girls”, too, felt far from being perfect with regard to health and appearance.

A few of the participants in the focus-group interviews reflected critically on current beauty ideals, however. Stine, for example, believed that these ideals were “the reason why many girls have poor self-esteem”. Others, too, attempted to downplay the importance of an ideal body by arguing that the young women who appear in glossy magazines were “unnatural”, maybe even “sick”, and that their slim schoolmates had too extreme a focus on health (one student used the term “health freak” to describe one of her classmates). Still, the interviews left no doubt that the young women could not escape the appeal of these images and promises, not the least because they were omnipresent via the social media such as Facebook.

Facebook provides the opportunity for feedback and social recognition by other users who may “like” or comment status updates and pictures. However, all members of this virtual community are permanently exposed to the images of the active girls and the messages about the “right” lifestyle. The participants of the focus groups explained how competition for social acceptance took place in particular on Facebook, which was also used as

an important site for exhibiting a healthy lifestyle, for example by sharing pictures of healthy meals, posting one's current location (in the fitness centre, on a jogging path, etc.), providing information about sporting activities (e. g. status updates such as: "just finished a run", etc.) and posting pictures of themselves showing off a fit body. Some of the students reported that they were motivated by their schoolmates' display of a healthy lifestyle and that they began exercising in order to gain recognition and be part of the group. Hannah, one of these students, described her involvement in exercises as follows: "Facebook statuses motivated me to begin working out because I felt really bad ... every time someone posted 'just exercised two hours' ... But it definitely motivated me [to exercise], yes! Now I can be the one to post a status where I have exercised for two hours." However, Hannah's and the other women's narratives also point to negative aspects of the strong focus on exercise as an integral part of a healthy lifestyle, i. e. a considerable amount of peer pressure, not only in the classroom but also in the virtual world of Facebook. Students have to conform to various norms and ideals pertaining to the body, its looks (appearance), its functioning (health), and its maintenance (PAs and sports). Some students seem to reach the standards easily; others try hard but still have a bad conscience for not meeting expectations.

### Negotiations about responsibility for an active lifestyle

According to their answers in the questionnaire, one third of the students did not meet the current health recommendation of being physically active for at least one hour per day. More than 80% stated, however, that they wanted to participate more often in sport and exercise, but did not manage to do so. The discrepancy between intentions and actions was an important topic in the focus groups, where the participants described how they sometimes failed to adhere to a healthy lifestyle or to reach the recommended level of PA. Due to the strong focus on individual responsibility for health in Denmark, the question

emerges whether they regard themselves responsible for their lifestyles: do the interviewees take on this responsibility or whom do they blame for "failures"?

The discussions in the focus groups revealed that most students did indeed consider a healthy lifestyle, e. g. participation in sport and exercises, to be mainly an individual responsibility. Consequently, they blamed first of all themselves and referred to character traits when they did not live up to their own intentions and the expectations of the health authorities. Caroline emphasised, for example, that fitness would never become a lifestyle for her because she was too "lazy to keep up exercising". Others referred, however, to other barriers such as lack of time or opportunity, as well as to the lack of support from peers and parents—issues which we will further explore in the following sections.

### Parents

The parents, the first "significant others", seemed—also at this age—to have a large influence on the lifestyles of their children. According to the statements made in the interviews, parents played an important, but sometimes also contested, role in the fitness or sports "projects" of their daughters. Some young women emphasised that their parents urged them to participate in sport and exercise and that they supported their activities financially (e. g. by paying the fees for sport/fitness centres), emotionally by showing interest (e. g. in their performance) and practically (e. g. by providing healthy food). By contrast, many of the young women who were not regularly physically active experienced their parents as part of the problem because they seemed to be rather indifferent about their daughters' lifestyles and leisure activities. Some students complained, for example, that their parents were unwilling to pay for the costs of sporting activities or to provide low caloric food. However, the attitudes of some parents seemed to change when their daughters gained weight. Stine, for example, stated: "When I wanted to go to a fitness centre ... my parents said, 'You cannot train there unless you pay the costs yourself.' ... But then when I gained weight ... then they were, like,

'Now we are willing to pay for fitness,' and I'm like, 'Well, they could have done that earlier.'"

The stories and the comments of Stine and other young women reveal that their parents shared with them an emphasis on two (potential) effects of sport and exercise, viz. slimness and health, and that they agreed with their daughters that being physically active was an important asset of the "right" and healthy lifestyle. Therefore, most of them paid for their daughters' sporting or fitness activities; however, they expected the girls to make good use of these opportunities and stopped paying when their daughters failed to do so. The interviewees tended to regard these practices as unfair, as an intrusion in their lives and an attempt to gain or retain control over them. However, in other situations the students experienced that their parents treated them as adults and no longer tried to "educate" and support them, which also was considered a problem. These statements provide insights into contested daughter-parent relations as well as into the ambivalent expectations that the girls have. On the one hand, they would like more support from their parents for their health and slimness projects; on the other hand, they disapprove of interference and want to live their own lives.

### Peers

The role of friends in young women's health and PA projects was likewise a contested topic in the focus groups. Some of the young women argued that friends were not responsible for each other's habits, whereas others considered it an important task of friends to support each other in aspiring to and working towards a healthy lifestyle. Ella and Laura's discussion provides an example of how the issue of responsibility was negotiated between the young women: Ella was disappointed with her friend for not supporting her training and dieting, even though this friend was working as a fitness coach. Their long dispute could be reduced to two statements: Ella: "It can bring me totally down when she [the friend] says, 'Hey, shall we go to McDonald's?' because she is supposed to motivate me to do something healthy."

Laura replied, “But ... it is not a responsibility that you can place on your friends, I mean ... you choose your lifestyle yourself.” Ella did not agree and continued, “She doesn’t motivate me at all ... but it’s supposed to be her who should motivate me to keep exercising.” The topic of responsibility emerged several times in this focus-group discussion with the result that Ella finally gave in and all participants agreed that everybody had to take on responsibility for their own health and fitness levels.

### Different lifestyles—different approaches to physical activity and sport

The results outlined above show general tendencies with regard to the attitudes and practices of the young women in our study. However, as we assumed that PA has different meanings for those who participate and those who do not, we focused on the specific attitudes of members of these two groups. Since young women who do not regularly take part in sporting activities are in the spotlight of most health-related policies and initiatives, it is their opinions about and reactions to health messages that are particularly important as they may provide answers to the question why they do not comply. However, the voices of physically active young women are important as well since their behaviour and, not least, their bodies provide the benchmark for inactive young women, i.e. those young women who are not—or not regularly—physically active.

As the answers in the survey show, a majority of the “active girls” emphasised the positive effects of PAs: 67% were convinced that PA “makes them healthier”, and more than 40% named the impact of sport and exercise on their looks as a very important reason for taking part in PA. In addition, a majority of these young women referred to the positive influence of an active lifestyle on well-being: 76% ticked the statement “It makes me feel good”, and 66% ticked “It makes me happy”. These answers reveal that many active young women agreed with the ideals and arguments put forward by physicians and health authorities, but

that they also attached great importance to other effects such as “fun” (64%), “enjoyment of movement” (54%) and “being together with friends” (37%). The discussions in the focus groups showed that the active students could be divided in two different types: the “sports girls” and the “fitness girls”. Former and current members of sports clubs connected sporting activities with happiness and confidence; they mentioned, for example, the fun of playing a game and the joy of winning. Young women who took part in organised sports seemed to consider the health benefits as well as slimness and fitness to be a positive “side-effect” rather than as an aim and a motivation *per se*. However, when these young women stopped playing “their” sports, their attitudes seemed to change. A good example is the former elite swimmer, Anna, who had just ended her swimming career at the time of the interview. She described her “transformation” from a “sports girl” to a “fitness girl”, and how health and appearance had suddenly become something that she had “to take care of”. “Taking care” meant for her—and for many other young women—jogging or going to a fitness centre. For the “fitness girls” slimness and a “fit”-looking body were the primary reason for working out. For them exercising was work and was not experienced as enjoyment but as a duty and something they wanted to “get over with”. For these young women “feeling good” referred to the (potential) outcome of the training. Caroline described this feeling as follows: “The only reason you get to feel good about yourself is because you think: ‘Now I will soon get a dream body, right?’”

It is noticeable that the “fitness girls” shared such a functional approach to sport and PA with those young women who did not participate in PA. Sport and PA played a significant role in their statements, too, with 86% reporting in the questionnaire that they wanted to change their inactive lifestyle and 90% naming “health” as the reason for their intention to take part in PAs. However, they experienced various barriers which made participation in sport and exercise difficult: more than 50% of these young women explained that their “poor shape”

was a reason for being inactive. Ida described her problem as follows: “You just cannot keep up; it will never be any fun if you feel that you are behind on everything.” In addition, these women considered it embarrassing to exhibit an unfit or (by social norms) overweight body during sporting activities. Emma stated, for example, that “just the thought of people looking at you is really hard”. Other inactive young women, too, described how the exposure of their sporting inabilities to the gaze of their peers resulted in negative evaluations and their being the target of condescending remarks. These young women also had a particularly strong focus on the “outcome” of sport and exercise: they believed that they had to adopt a specific lifestyle to gain visible results and that it was not worth training if they felt they could not achieve these results. Ida, one of these young women, explained: “That is also what demotivates me ... when I come home and I know that there is no salad in the fridge ... Then I don’t want to train anymore because I know that I will not get any results out of it.” The internalisation of the current body ideals seemed to be connected with an “all or nothing mentality” and, as a consequence, appeared to be a reason for either not being physically active at all or for no longer playing sport or exercising when the goal, a perfect body, was reached. Kathrine said: “I also feel that exercise has become something that you have to get pushed through because you have to lose weight, or that you only begin to exercise because you have a bad conscience about yourself and your body ... and when you have dealt with this [and lost weight], then everything is fine and you do not need to exercise anymore.” Young women like Kathrine and her classmates viewed exercising as a short-term project which ended when the desired effects were reached or when it became obvious that they were unreachable. Consequently, it is difficult for the “inactive girls” to establish a deep and lasting relationship with sport and PAs.

## Discussion, conclusion and perspective

This article provides a nuanced picture of young Danish women's approaches to health and PA, and of their ideas and expectations, experiences and practices. Their answers in the questionnaire and, in particular, their statements in the interviews disclosed fundamental similarities, for example with regard to general knowledge about, perceptions of and attitudes towards health and PA. However, there were also substantial differences.

We found that for the participants in our study "health" was inextricably intertwined with slimness and fitness and closely related to behaviour such as eating healthy food and engaging in regular PA. The young women seemed to possess good knowledge about "official" health recommendations with regard to diet and PA. However, they considered compliance with these recommendations first and foremost to be a means of achieving the ideal (i. e. a slim and fit) body. On the other hand, they rarely talked about the importance of a healthy lifestyle for the prevention of illnesses and disease. The students' interpretations of health confirm, firstly, how notions of good health and the ideal body have become congruent in Western societies, "as health has increasingly become inscribed on body shape" (Markula & Pringle, 2006, p. 81; see also several chapters in Riley et al., 2008). As emphasised by scholars such as Markula and Kennedy (2011, p. 3) "in the popular media texts, looking good (the ideal body) and feeling good (health) become closely intertwined. The thin and toned body is also celebrated as the healthybody". Further, the young women hardly connected an unhealthy diet or physical inactivity with an increased risk of developing diseases, which indicates that they regarded health problems as something to be (possibly) faced in the future. This finding is consistent with other Danish and international studies which emphasise that adolescents "live in the present", take good health for granted and do not think about the (potential) negative consequences of their physical inactivity (see, for example, Macdonald et al., 2010; Thing & Ottesen 2013). Like

Thing and Ottesen's (2013) informants of the same age, for example, our interviewees were not concerned about the long-term benefits of PA such as their health in the future. Instead, they focused on immediate and/or short-term benefits, in particular on bodily results, i. e. slimness and fitness. This is consistent with the findings of Rail (2009, p. 148), who found that young women tended to perceive health as "something they already had whereas "not being fat" and "looking good" seemed to be things on which they needed to work".

The great importance the students attached to slimness and fitness—and, consequently, also to their practices of body management—were closely related to (gendered) social norms in industrial societies, in particular to current ideals of the feminine and fit-looking body (see, for example, Dworking & Wachs, 2009). Having internalised these dominant norms and ideals, the interviewees engaged in disciplinary practices of self-surveillance, i. e. they carefully observed their behaviour and body shape, directed the "panoptic gaze" upon themselves, compared themselves with this ideal and confessed transgressions from the established norms (Foucault, 1977; see also Bordo, 2003; Duncan, 1994). This shows that the young women in our study share with many women of different age groups and socio-cultural backgrounds—e. g. teenagers in Australia (Wright et al., 2006) or female migrant cleaners in Denmark (Lennis & Pfister, 2016)—a great focus on appearance and body shape. These results are consistent with a large number of feminist studies that have described the female body ideal as oppressive because it is out of reach for the vast majority; yet women continue to strive for an ideal that is impossible to achieve (see, for example, Dworkin, 2003; Dworkin & Wachs, 2009; Markula & Kennedy, 2011).

Although some of our interviewees criticised current discourses on the ideal body and the moral obligation of engaging in a healthy and active lifestyle, they were not able to escape these norms and images and sought to turn their bodies into "docile bodies" (Foucault,

1977)—not least because slim looks were described as a precondition for (heterosexual) intimate relationships and, in general, were believed to provide social recognition and prestige among their peers. This interpretation is supported by Foucault's (1978) conception of power as a ubiquitous and productive force since messages about health-promoting behaviour are not only spread by scientists, health authorities and (extensively) by the media but are also reinforced by individuals and groups such as schoolmates displaying a healthy lifestyle on the social media—with the most popular girls acting as role models and setting the standards for comparison. However, the young women's efforts to live up to the health and beauty ideals of Danish society did not always produce the desired outcomes, i. e. a "perfect" body, causing feelings of insecurity or guilt about not being able to adhere to the standards and achieve these ideals. Those feelings are addressed in the statements of many interviewees who described how they dealt with social pressure and the moral imperative to adopt healthy practices in different ways. For those who met society's demands and expectations, compliance produced a sense of belonging; for others, however, who did not comply, this imperative caused discomfort and anxiety (see also, for example, Frydendal Nielsen, 2015; Thing & Ottesen, 2013). This also became apparent when the interviewees discussed and negotiated issues of responsibility: although most of them agreed that lifestyle was something they personally should and could choose (which is in line with neo-liberal health discourses, which place a strong emphasis on personal responsibility for health [see, for example, Vallgård, 2011]), a number of students felt left alone in their endeavours and practices of body management and asked for more support from friends and parents.

What is more, both the statements in the interviews and the answers in the questionnaire pointed to a large discrepancy between intentions, i. e. to participate (more often) in sport and exercise, and actions, which shows that even the internalisation of health messages does



not necessarily change health behaviour. Rather, it may cause feelings of guilt and distress, leading very likely to dropout or lack of engagement in sport and exercise (see, for example, Lenneis & Pfister, 2017). This discrepancy might also be closely connected to the solely instrumental value which the great majority of the young women assigned to PA. With the exception of those students who took part in organised sports and connected PA with fun and enjoyment, sport and exercise was first and foremost considered a duty and something rather unpleasant—something, however, which promised an improvement in the body's appearance, i. e. slimness and fitness.

These findings also suggest a rethinking in health promotion: as emphasised by Burrows (2010, p. 158), it is crucial that policymakers consider the “often unintended consequences of well-intentioned initiatives”. Messages that put a strong emphasis on the outcome (such as a fit and healthy body) tend “to lead to disciplinary body practices, constant self-surveillance and can be seen to serve as practices that increase the domination of the self” (Markula, 2004, p. 70). Thus, an innovative approach to the promotion of PA might place the focus less on its (long-term) effects and more on its immediate rewards such as enjoyment and pleasure. It is, therefore, important that health authorities and politicians listen to the voices of the target groups, in our case young women, and consider how health messages are adopted, negotiated, resisted and reinvented by young women in various ways. This also means that health information may have a counterproductive effect because seemingly unreachable goals can deter individuals from aiming at and adopting an active lifestyle.

Although our study has given new insights into the PA attitudes and practices of young women, there are still issues that demand further exploration. Given that female students aged 16–20 are a heterogeneous group, future research could pay increased attention to the intersections between gender, social class and ethnicity, which may be assumed to have a decisive influence on the attitudes, experiences and practices of other young

women. In addition, since our study has pointed to the great influence of gendered body ideals and norms on PA attitudes and practices, further work could focus on the “other sex”, i. e. on young men. This would—at least in Denmark—be particularly timely as the most recent study about sports participation in the country (Pilgaard & Rask, 2016, p. 37) has pointed to a major decline in young men's participation in sport and exercise.<sup>3</sup> The reasons for this development have yet to be explored.

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### Compliance with ethical guidelines

**Conflict of interest.** G. Pfister, N. With-Nielsen and V. Lenneis declare that they have no competing interests.

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

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<sup>3</sup> According to this study (Pilgaard & Rask, 2016, p. 37) only 63% of young men aged 16–19 were physically active in 2016; the figure for 2011 was significantly higher (76%).

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