

Is the Regulation against Potentially Doped Bodies in a Fitness Context Socially Sustainable?

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Abstract : *Denmark is one of the only countries to test members for doping in the fitness centre. Inspired by the Worldwide Anti-Doping Agency (WADA) and the official recommendation of establishing a doping free sports environment, both among elite sports athletes but also among common users of fitness centres, centres in a 'sport for all' context are obliged by the national sports federations to test their members for doping. This paper will discuss the anti-doping policy by underlining two major dilemmas. First, a doping free environment will not be established by solely testing some members. Embedded in an enhancement culture and, thus, in a logic of corporeal optimisation, users of the fitness centres develop different strategies in order to optimise their bodies, often with a desire for 'more' or 'better' performative health. Second, the actual policy is contradicting one of the basic values promulgated by the clubs offering sport for all; namely, the value of community and the sense of fellowship and shared values these clubs are believed to produce in a local community. By implementing a perspective on social sustainability this paper will explore how a focus on this particular social valorisation of fellowship could inspire the clubs to lead a health promoting policy rather than a policy based on the biomedical concern of prevention.*

Key words: *health promotion, sport for all, enhancement culture, anti-doping policy, social sustainability.*

Introduction

Doping is an issue that has been debated considerably in the academic fields of sport sociology and philosophy, specifically in relation to the profession and careers of elite athletes. However, only few nations have directed their attention on doping among adherents of recreational sport clubs and fitness centres despite the fact that the worldwide agency against doping (WADA) has proclaimed the fight against doping in fitness to be as essential as the fight against doping in elite sport. Countries such as Sweden, Great Britain and Denmark have politically and socially considered the problematic

use of anabolic steroids in fitness centres although the political strategies against doping have differed. According to Wagner & Hanstad (2011), even differences among Scandinavian anti-doping policies can be detected since Denmark, in contrast to Sweden, became concerned with anti-doping later, and in 2005 established a national agency of anti-doping policy, whereas doping was already regarded as a larger issue of public health in the 1990s and also politically administrated differently in Sweden (Statens Offentliga Utredningar, 2011).

Denmark is currently the only country where some members of fitness centres are tested for doping. Fitness centres located in Sport for All clubs are obliged by law to follow the national anti-doping policy whereas commercial fitness centres are only encouraged to test for some substances. Contrary to the commercial fitness centres that only forbid muscle enhancing substances, the Sport for All clubs are obliged to test for prohibited substances named on the official doping list. Within the frame of national health policy, Sport for All clubs are identified as essential actors in the promotion of health. As promulgated by the policy document presenting the anti-doping policy, the fight against doping in a sport for all context is based on the idea of health promotion and bringing about greater justice in sport for all (Anti-Doping Denmark, 2015). However this seems to be a difficult task.

Doping is, according to the Danish State, not only defined as an issue related to sport. It is also considered to be an issue contextualised in society in general, that is, doping being a more general problem in society. A national survey on doping in 1999, with both elite and 'amateur' athlete respondents, indicated a prevalence of 3% in steroid users among the male adult population. This was found to be alarming by politicians and the Ministry of Culture, the latter being responsible for administering sports politics. This national survey resulted in the Danish government stating that doping is a current health problem in society (Saltin et al, 1999). New insights on doping have shown a relative small number of users of anabolic steroids. A quantitative survey from 2010 revealed that 1.5% of the male respondents (n=1703) aged from 15 to 60 years were currently using or had been using muscle-enhancing supplements (Singhammer & Ibsen, 2010). Another quantitative study conducted in 2010 based on individual enquiries submitted to the Danish anti-doping authorities revealed that 15% of the 1398 enquiries came from users of anabolic steroids or other banned substances and 15% came from individuals who considered using banned substances (Bojsen-Møller & Christiansen, 2010). Although the results of the different research projects can be said to indicate a relatively small percentage of potential doping users, the Danish state has identified doping to be a relevant problem that needs to be combatted in two specific arenas, namely elite sports and in recreational use in sports clubs. Since

2005 the Danish government has intensified its fight against doping, officially declaring its commitment to the establishment of doping-free sport based on the arguments of promoting health and justice in sport for all. This commitment has resulted in the agency, *Anti-Doping Denmark* (ADD) and a law regulating the roles of the government and sports organisations (Thualagant & Pfister, 2012).

1. Methodology

The discussion in this paper is based on a sociological study conducted in fitness centres located in Danish Sport for All clubs from 2009 to 2012. The study was related to my PhD project (Thualagant, 2013) that concerned doping as a matter of society and gender. The task of the study was to explore men and women's different body investment practices with the objective of understanding different body projects. The study was carried out by means of document analysis, a quantitative survey in ten club-based fitness centres, semi-structured interviews with centre managers, representatives of Sport for All clubs, and finally interviews with users of the centres. This study not only highlighted the current challenges of the anti-doping policy in a fitness context, but also illustrated that the users' work on and with the body could be said to be embedded in a certain rationale towards the body and to demonstrate a general desire for more and/or better health. I have defined this rationale as *body management* and the quest for *performative health*, that is, a health that is socially recognisable, elsewhere (Thualagant, 2015). This paper will focus on anti-doping policy in a fitness context.

In relation to doping it appears from interviews and the survey conducted among users of the fitness centres that the use of anabolic steroids is not recurrent among the training strategies in these centres. The arguments for not using anabolic steroids are not only based on health concerns, that is, the potential health risks behind the use of anabolic steroids, but also on a pronounced rationality that asserts that a muscular body is a body that one has to work hard for. The informants and respondents seem to be certain of where they set their limits in their development of different enhancement strategies. Some informants explained that they opted for protein supplements, some for protein supplements only produced in Denmark in order to avoid the pres-

ence of illegal substances. Others expressed a will to use a substance such as creatine. In fact, ADD has placed a strong focus on anabolic steroids in their campaigning material. In this respect, it can be argued that the policy has succeeded in establishing a general consensus on the problematic use of anabolic steroids as substances, however, in the light of health promotion, one could argue that the goal has not yet been achieved since health is not being promoted but potential risks of doping are being prevented.

2. Sport for All and Fitness Doping

Denmark has a long tradition of *idræt* (sport for all) managed by national sporting organisations. The two largest organisations are DGI and DIF. DIF (Denmark's sporting association) manages professionalised competitive sports, whereas DGI (Danish Gymnastics and Sports Associations) manages recreational sport. The DGI, consisting of 6,300 associations with 100,000,¹ mostly voluntary managers, has its roots in rural Denmark as early as the 1860s when traditional sports, such as rifle shooting and gymnastics, were practiced in the context of sport for all. The DGI was representing traditional (Swedish) gymnastics but adopted fitness activities during the fitness wave of the 1980s (Thualagant & Pfister, 2012). Sport for all was in the first tentative construction of the welfare society considered to be a recreational and cultural offer that could provide meaningful moments in relation to the newly invented leisure time (Hansen, 2010: p. 16). In this sense, Sport for All was conceptualised as an important recreational activity in the local community and later became implicated in the political health discourse.

Health discourse is heavily embedded in modern society and is subject to a structural and political focus on health promotion. As demonstrated by Kickbusch and Payne with the reference to a 'third public health revolution' (Kickbusch & Payne, 2003), late modern societies were restructured around health promotion, a phenomenon emerging as a result of modernity (Balbo, 2007: p. 84). An emerging focus on health characterises late modern society where health promotion is included in several political agendas. Embedded in the restructuring of late modern society and with the development of an increase in charges in the health sector and the development of lifestyle diseases, sport for all

became of increased importance in public health. Sport for all was integrated into the first national prevention programme in 1989 (Hansen, 2010: p. 17), which resulted in an increased governmental focus on physical activity and sport for all became instrumental as a health promoting activity (Hansen, 2010). In this instrumentalisation focus was placed on the potential of sport for all, that is, *idræt* as a health promoting activity. In this sense, sport for all became intertwined with the neoliberal public health policy, a policy that comprehends each individual to be responsible for his/her own health path, contrary to earlier times where, for instance, the housemother or the family were the main providers of a healthy life and the maintenance of a general social order (Donzelot, 1977; Hansen, 2010; Schmidt & Kristensen, 1986).

The governmental focus on health, which, in 2004 resulted in the political initiative 'Healthy through Life', has led to recognition of sport for all organisations as essential providers of health promotion. This governmental initiative explains the attributed role to the Sport for All clubs, which are now expected to be vital in promoting healthier lifestyles among citizens in Denmark.

3. The Users of the Sport for All Fitness Centres

As a recreational sport, fitness is attractive to many Danes. According to studies published in 2012, the number of commercial fitness centres increased by 17% from 2009 to 2011². Even though citizens work out more frequently in commercial fitness clubs than in fitness centres located in Sport for All clubs, both commercial and Sport for All clubs have encountered success. According to research conducted in 2008 on the popularity of fitness in general, 410,000 and 80,000 individuals are using commercial centres and club-based fitness centres for exercise, respectively (Steele & Kirkegaard, 2008). The commercial centres are often to be found in big cities, whereas fitness centres in 'Sport for All clubs are located in smaller cities. The users of Sport for All clubs encountered in the research project on body management (Thualagant, 2013) described the club positively by emphasising the social dimension of exercise. The survey revealed a broad group of users, including men and women ranging from 18 to 86 years of age. Both younger men and middle-aged

women interviewed about their body projects, that is, on their work on and with the body, described the club as inspiring and emphasised the social dimension as essential since the club was an ideal place to workout with friends or family relatives (Thualagant, 2013). Furthermore, the informants stressed the specificity of these clubs by distinguishing them from the commercial fitness centres where more focus seemed to be placed on physical appearance and the morphology of the body. The specificity of these clubs can be sustained by exploring the members' practices regarding different fitness activities. By referring to the details given by the survey respondents about their actual work situation and their educational background, one could even argue that the users of the fitness centres in Sport for All clubs represent different social classes. The ambition of sport for all is to encourage all to be physically active. In this sense, different activities are offered in order to match the numerous users and their objectives within the workout. Lately, Sport for All clubs have placed their emphasis on seniors and teenagers by addressing their attention to fitness trends, appealing specifically to these two groups. In this sense the club is conceptualised as a club that should target all generations. It is precisely this objective of targeting a broad group of members that can be characterised as productive in establishing a health promoting social setting, that is, establishing a setting where social relations between different users of the fitness facilities are nurtured.

4. The Anti-Doping Policy and the Failure to Include Bodywork in Hypermodern Times

The anti-doping policy was originally developed internationally by the World Anti-Doping Agency with the aim of establishing a general global framework for a doping-free sports environment. This framework was created through the exercise of harmonising different sports rules and developing a common list of prohibited substances based on evidence-based research on the safety and efficacy of the doping agent. The list of prohibited substances is revised every year, resulting in situations where substances can be added to or removed from the list. The regulation against doping is thus promulgated from an international political perspective aimed at emphasising the importance of doping free sport and, thereby, stressing the values of sport. The ar-

guments for the eradication of doping practices are based on a valorisation of ethics and, more precisely, the ambition of fair play among athletes, but it is also based on ensuring safe sport and the protection of athletes' health by preventing adverse side effects from illegal substances that could cause harm and unnecessary risk (Overbye & Thualagant, 2011).

The anti-doping policy is currently in effect in fitness centres by testing members for prohibited substances via a urine test. The members to be tested are chosen on presumptions of a potential misuse of prohibited substances. The ADD has provided the Sport for All clubs with a handbook emphasising the typical symptoms of a potential user of doping, more exactly a user of anabolic steroids. This handbook encourages managers to contact ADD whenever a user of the centre manifests suspicious behaviour. The procedure of testing members for doping has been highly criticised by scholars since only some members are tested and the procedure, which is supposed to be like that of elite sports, punishes only one type of body project, that is, the bodywork aimed at bigger muscles (Christiansen, 2009; Møller, 2009: p. 24). Moreover, narrowing doping to practices only involving the use of anabolic steroids or muscle enhancing substances in relation to bodywork can be problematic since exercise training should be regarded as incorporating many other performance-enhancing strategies in an enhancement culture that could be said to characterise the current society (Thualagant, 2012). The narrow focus on doping, that is, the use of anabolic steroids, can be challenged because it does not include other body controlling and optimising practices that could potentially be as harmful as steroid use. The enhancement and performance strategies explored in the narratives from focus groups and interviews not only revealed a range of performance-enhancement strategies but also a general desire for more and better health and performance. Protein supplements, creatine, weight loss products, and vitamins are just some examples of substances used in the quest for more health and performance success (Thualagant, 2013). However, the objective of this paper is not to argue for more tests but to argue for a more general focus on the desire for more/better health and performance in contemporary society. In other words, the focus should not be on what the users of the centres are taking but, rather, on why users of the centre would consider taking substances, that is, on the rationale

that leads to considering substance use. The explorations of the work on and with the body illustrated another relevant aspect of bodywork. The respondents and informants exercise regularly and their work on and with the body is portrayed as a necessity, that is, the informants express the work on and with their body as essential for their well-being. This feeling of necessity leads to reflections on the limits of the body and the issue of overtraining. Several informants demonstrated an awareness regarding the excess of training and its harmful effects on health (Thualagant, 2013). The anti-doping policy does not take into account the social context of a society where performance and optimisation are encouraged. Society is currently dominated by a neoliberal encouragement to be pro-active and responsible in relation to one's own health path (Conrad, 1994; Lupton, 1995; Petersen et al, 2010), but also by a culture that embraces performance and optimization (Ehrenberg, 1991; Lipovetsky, 1993).

The theoretical reflections on the *homo economicus* made by Michel Foucault can be useful in an attempt to understand how individuals are encouraged to be entrepreneurs of themselves in neoliberal societies. As the scholar Read (2009) underlines in an exploration of Foucault's later lectures on neoliberalism, neoliberalism encourages a production of subjectivity where the individuals are approached as subjects of human capital. Moreover, embedded in a culture that values performance and optimisation, individuals are continuously encouraged to strive for 'more' health — a cultural and societal encouragement that several scholars point to in their social diagnoses. The term 'hypermodernity' has been coined by the French philosopher Gilles Lipovetsky and used by some social psychologists and philosophers that stress the societal urge to perform and optimise; and urge that may result in social pathologies such as stress or distress (Aubert, 2010; Ehrenberg, 2010; Queval, 2008). Other sociologists have underlined the focus on the 'capable body' (Shilling, 2008), that is, the postmodern body that must perform as a receiver of sensations (Bauman, 1998). Embedded in a performance driven culture, individuals are portrayed as '(...) healthy, productive, fit and adaptable embodied subjects (...) (Shilling, 2008: p. 104). The hypermodern society is portrayed as an era where prevention and anticipation in terms of health are essential objectives. Individuals are encouraged to continuously correct and reorient

their attitudes in order to acquire and maintain good health (Lipovetsky & Charles, 2004: p. 71).

Kickbusch's characterisation of a 'health society' is relevant to the understanding of not only the discursive effect of a general health focus, but also the structural and political ambition of health promotion. Health as an ultimate value, the growing health market, and the political project of creating empowerment in relation to health practices, are three developments highlighted by Kickbusch (2007) that illustrate the heavy focus on health. In other words, it is argued here that we live in a society where opting for different (il)legal strategies can be understood as regular means to social integration (Thualagant, 2012). This perspective on bodywork in hypermodern times challenges the tendency of the anti-doping policy to view doping as an act of social deviance.

5. The Current Policy's Difficulty in Involving the Social Setting of Sport for All

The national anti-doping policy is implemented as a top-down policy. In fact, Sport for All clubs have had little influence on the regulation since nationally, they were forced to adhere to WADA's international code (Møller, 2009). Interviews with some of the daily managers of the clubs conducted in the research on body management emphasised the need for more flexible regulation. It was, for example, noted by one manager of a Sport for All club that rejecting a member and giving a sanction from membership when a member had been tested positive was experienced as frustrating for all concerned. By talking about incidents where the manager was interrogated by the parents of an excluded member, the manager underlined the counterproductive effect of the sanction. This type of sanction is contradicting one of the core values of sport for all, which is based on the pedagogical principal of enlightenment, more precisely, the ambition to establish an environment that encourages fellowship, challenge, and health. As proclaimed by the DGI, with the objective of managing sport for all, the aim is to provide sport that is challenging and that sustains health and fellowship. The values of challenge, health and fellowship are defined as enlightening qualities for the population. These qualities are embedded in the traditional pedagogical culture of associations ensuring a democratic access to enlightenment, recreation and sport. Recently, health policies have been dominated by

the biomedical approach despite the official recommendation of the WHO's call for a salutogenic approach and the appeal to encourage community empowerment rather than instant changes in 'unhealthy' lifestyles (Laverack & Labonte, 2000: p. 256). The anti-doping policy is not an exception. The orientation of the policy is to solve a potential problem by encouraging individual responsibility through the channels of information campaigns and restrictive punishments. The Sport for All club has to follow the anti-doping campaign by manifesting its fight against doping and collaborating with the anti-doping agency. Fitness centres in Sport for All clubs illustrate their collaboration by using the official anti-doping label on the entrance door to the centre (a smiley with the national agency's logo). Moreover, the fitness centres are encouraged to furnish the walls with posters from the anti-doping campaign stressing that the club participates in the national fight against doping. The clubs have to follow the national recommendations of not having dumbbells that exceed the weight of 26 kg. Furthermore, the clubs are encouraged to be conscious about the sale of nutritional supplements and products in the centres, the selection of strength training machines, and the choice of music (Anti-Doping Danmark, 2009: p. 78). In addition to these recommendations, the clubs are able to contact ADD when suspected potential users are observed in the centre. The national agency sends out consultants to tests members of the club for doping. Refusing to take the test is punished in the same manner as a positive test, that is, exclusion of membership from the national sport organisations, in other words, an exclusion from all sports activity in the context of sport for all for a period of two years. In addition to the exclusion, the member is also registered on a doping register with the members' social security number in order to prevent the person from transferring his/her doping practices to another centre (Anti-Doping Danmark, 2015).

6. Towards a Social Sustainable Anti-Doping Policy

As argued by Kjærgård et al. (2013) strategies promoting health and strategies promoting sustainability make a good match. In fact, the authors argue for a bridging of sustainable development strategies and health promotion strategies, more precisely that the two concepts must be conceived as a '(...) dual-

ity in which each creates and conditions the other' (Kjærgård et al, 2013: p. 7). This article is inspired by the theoretical proposition on the duality between sustainability and health and emphasises that social sustainability is relevant to a critical discussion on the current anti-doping policy with regard to fitness centres in a sport for all context. The task of this paper is to bridge sustainability and health promotion by emphasising the importance of its social dimension. Even though little focus has been placed on the social dimension of sustainability, and theoretical attention has been given predominantly to the economic and environmental questions of sustainability, social sustainability is vital to social harmony (Sébastien & Brodhag, 2004). As sustained in the Brundtland report from 1987 and, later, in Rio in 1992, three aspects of sustainability are accentuated: the economical, the environmental, and the social dimension of sustainability. This latter has received less attention according to several scholars (Dubois & Mahieu, 2002). The Brundtland report calls for a satisfaction of vital needs, to favour a harmony between individuals for present as well as future generations. In fact, the Brundtland report stresses the importance of well-being and the urge to facilitate the well-being of citizens. In other words, the report promotes key elements for policies that encourage social cohesion in general (UN, 1987)³.

Fitness centres in a sport for all context are embedded in a specific culture where challenge, health and fellowship are ideologically nurtured. The political and cultural objective of DGI is to suggest a framework that strengthens the voluntary sports associations where challenge, health and fellowship can develop. Moreover, DGI is based on the following principles: the individual's right to self-development, the individual's contribution to the community, and the democratic constitution of the organisations (Thualagant & Pfister, 2012: p. 88). These values are in accordance with the values of social sustainability that encourage not only individual well-being, but also social harmony between individuals and, thereby, more generally, social cohesion. However, as argued previously and as will be elaborated in the following, the anti-doping policy contradicts core DGI values (Thualagant & Pfister, 2012).

7. Why the Current Policy is not Socially Sustainable

Several studies have demonstrated a small percentage of potential users of anabolic steroids among users of fitness centres. Despite the difficulty of exploring doping practices because of its illegal character, some scholars have demonstrated a relative small percentage of male abusers of anabolic steroids. One could question if an official policy against doping is relevant at all in a fitness context and, moreover, in a sport for all context. The debate on doping in a sport for all context illustrates how a rather rare phenomenon can be turned into a problem without really being one (Møller, 2009: p. 14). Despite the low frequency in the current use of doping, the Danish government has proclaimed a national fight against doping by promulgating a regulation against substances defined as illegal in the international context of elite sport. The fight against doping has even been consolidated by the Minister of Culture who stresses the urge to keep fighting against this form of social deviance by investing more money in the anti-doping campaigns⁴. As a concept, doping has uncritically been taken into the context of sport for all even though the concept has been defined in another context, namely according to the logics of elite sport (Møller, 2009; Overbye & Thualagant, 2011).

The anti-doping policy is counterproductive in a social sustainability perspective for several reasons. Testing for doping based on assumptions of a potential misuse will not eradicate the risk of harmful practices. The current policy is a stigmatising policy because selecting a person because of suspicions that arise against a backdrop of, for example, a specific physical appearance or behaviour, is criminalising a certain kind of stereotyped body project. Categorising the club members according to their body projects cannot be seen as a practice that initiates fellowship. On the contrary, criminalising a certain body project is excluding certain members from the community. Moreover, setting limits for how much the members are allowed to lift in their workout does not encourage the organisation's ambition of providing challenging performance goals for its members. Setting restrictions on how much a member is expected to lift is not giving the members the opportunity for self-development. Indeed, several male informants contested the weight limit and underlined the frustration it provoked for some us-

ers of the fitness centres who were able to lift more. Expelling a member because of a positive test is not a regulation that offers the organisation the opportunity to promote sport for all in an educational spirit. Sanctioning the member without creating a dialogue cannot be defined as a policy based on the pedagogical principles of enlightenment. In other words, the anti-doping policy cannot be recognised as a policy that establishes harmony among individuals and that promotes well-being, not for the present generation of members or for future members. A revised anti-doping policy for the Sports for All clubs and fitness centres is needed.

8. A Tentative Suggestion for a Sustainable Anti-Doping Policy

As argued in this article, the current anti-doping policy is not sustainable but it is also a policy that is contradicting the values of sport for all. Health is presented as a value, more precisely a main objective along with the value of fellowship and challenge. What if health was no longer regarded as an objective but as a means to social relations in the context of sport for all? A shift to a focus on the health promoting potential of the fitness centres in Sport for All clubs would perhaps lead the Danish government to recognise the potentiality of this specific setting. Numerous scholars (e.g., Dooris, 2009; Kickbusch, 2007) have pointed to the settings-based approach as a highly relevant approach to health promotion. This settings-based approach challenges public health policies that often function as a top down enforcement, that is, as policy promulgated by the government. Including the members of the fitness centres in the creation of a health promoting culture would, according from Dooris' perspective on the role of settings, result in holistic and sustainable health improvement (Dooris, 2009). Several studies have been conducted on bodywork in general (e.g., Markula, 2004; White et al, 1995). These studies illustrate a range of different body projects where, in various ways, the work on and with the body expresses a quest for body management. Moreover, the explorations on bodywork illustrate a desire for 'more' health (Thualagant, 2013, 2015). Recently, the final report a research project, funded by ADD, underlined, among other relevant points, the importance given to self-control and disciplined bodies among youngsters between the ages of 15 and 24 (Pedersen et al, 2014). The report illustrates

dedicated bodywork among young women and men who strive for an ideal bodily healthy appearance. These body projects entail numerous strategies and the informants' reflections upon where to set the limits in relation to body enhancement illustrate a constant search for new (and perhaps more effective) strategies. Both legal and illegal substances are consumed in order to optimise bodywork. The report also stresses that the current narrow focus on the use of anabolic steroids excludes a perspective on the female use of (il)legal substances (Pedersen et al, 2014) and various other types of excessive or compulsive strategies that may cause harm to one's own health and the health of others. Thus, empirical research projects lead us to a comprehension of the importance given to bodywork in current society and, more precisely, the importance given to the optimisation of bodies. In other words, we cannot escape from noticing that body projects are performed and experienced individually and that these body projects evolve around different enhancement strategies. The increasing health market provides the consumer with new health-optimising strategies that can be tempting in hypermodern times.

Thus, the anti-doping policy should be contextualised in current society with its performance and optimisation culture, but also in the sport for all context that nurtures health, challenge, and fellowship. Inspired by the salutogenic approach, focus should be placed on the resources of the fitness centres in a sport for all context rather than on the harming practices of some gym users. This would encourage a policy that focuses on the possible contribution to creating opportunities for health and well-being rather than the objective of reducing risks. In this logic, the policy could be turned into a health promoting policy rather than a harm reduction policy.

Establishing a focus on the potential health promoting aspects of fitness centres in a sport for all context implies a focus on this specific setting and on the forms of capital developed in these clubs. The concept of social and cultural capital has proven to be relevant in a salutogenic approach to health promotion. By referring to scholars such as Robert Putnam and Pierre Bourdieu, the researcher Jeannotte (2003) illustrates the collective benefits from investments in cultural capital in relation to social cohesion. More precisely, the author proposes acquiring the beneficial aspects by investing in different forms of capital, that

is, human, social, and cultural capital in relation to fostering cohesive and sustainable communities (Jeannotte, 2003: p. 37). These investments are justifiable according to the international organisation working with policies that promote economic development and social well-being. According to the Organisation for Economic Co-operation and Development (OECD), in addition to the economic benefits, investing in human capital includes '(...) improvements in health, happiness, the educational prospects of the next generation and higher civic participation, volunteering and charitable giving' (Jeannotte 2003: p. 37). In other words, investing in human capital is a strategy that leads to sustainability. Even though it seems difficult to measure the effect of the investments made in different capitals, several empirical studies illustrate the positive impacts of these investments (Jeannotte, 2003).

9. The Sport for All Club as a Setting for Promoting Social Health

The research conducted on bodywork in the fitness centres allowed me to explore the specificity of fitness activities in sport for all. Several informants stressed the importance given to fellowship and the locality of the clubs. Some of the informants compared their fitness centre with the commercial centres, stressing that their fitness centre was experienced as a pleasant place to exercise. Some informants explained that less attention was given to the physical and aesthetic appearance of bodies and, thus, that this fitness centre was experienced as an open space for all. Moreover, being situated in medium sized and small towns, the centres seemed to offer intimacy for the members who spontaneously met each other outside the context of their workouts. The observations made in the clubs emphasised the importance given to the specific locality of the clubs. In this sense the clubs appeared as small communities where people took time out to drink a cup of coffee before or after a workout, and where local artists and entrepreneurs could expose their art or leave their business cards. However, as several sociological studies illustrate, it seems relevant when studying communities to explore the limits of this community and to simply study who is in and who is out. The clubs have sharpened their focus on the use of anabolic steroids and their implications in the national anti-doping campaign. With the smiley on the entrance door, posters and flyers from ADD stressing the harmful

behaviour of certain men, the restriction on the size and weights of the dumbbells, and sometimes with the expulsion of members who test positive, the clubs sustain a stigmatised approach to certain body projects. When presenting my research to the focus group, one middle-aged female informant asserted that I would certainly not find some of those male gym users in this present club. The reaction from the informant strengthens the observations made in the fitness centres on the stigmatisation of certain body projects.

In relation to a settings-based approach, it seems relevant to question if the broad population could not be thought of as an advantage in establishing a doping-free environment. What if the elderly members were invited to be mentors for the younger members or vice-versa? What if exchanges on experiences of bodywork and different enhancement strategies were shared across generations and gender? This could be thought of as an opportunity to create relations between the members, that is, community well-being, creating opportunities to share experiences and reflections on the body and its capacity. In other words, the Sport for All clubs could be evident spaces to socially create a health promoting culture. Instead of having a focus on the harmful behaviour of certain members or encouraging constant improvement of the physical condition, the club could aspire to social health in general by reinforcing the social qualities of the centres. This health promoting culture would embrace and recognise different body projects and encourage healthy living through fellowship and challenge. This broader approach to bodywork would perhaps also encompass other practices that could be categorised as unhealthy in the fitness context, such as overtraining or eating disorders, and the use of illegal slimming products. Moreover, promoting a healthy workout would emphasise that bodywork is more than simply practices evolving around the physical appearance and functionality of the body but, rather, working out is first and foremost a relational activity effectuated in social space, that is, a space where social relations and norms are constituted and developed. Finally, critical to this quest is the objective to recognise physical activity not only based on the maintenance or amelioration of the physical condition or appearance, but also as an activity providing a sense of well-being for the individual as well as for society. As such, the incentive of working out based on an

individual will to better or more health could result in a social activity that nurtures social health.

10. Concluding Comments

The task of this article was to present a critical discussion on the current anti-doping policy in a fitness context, to reflect on the limits of the policy, but also on the opportunities of the specific setting of sport for all from the perspective of social sustainability. By relying on the theoretical proposition to match health promotion and social sustainability, this article illustrates that with regard to this specific theoretical perspective, the current policy is not sustainable. Moreover, it underlines what is necessary for a socially sustainable policy. Shifting the focus onto the setting and the opportunities of the community, is argued, will change the policy from being a risk reduction policy, that detects and punishes the risky behaviour of some members, to a health promoting policy that encourages individual and social well-being.

What this tentative suggestion of a socially sustainable policy also emphasises is the need for a salutogenetic approach to health. Health is more than the measurement of physical conditions or healthy looks, health is also related to sensations of well-being and cohesion. In other words, the political agenda concerning health promotion should not only direct its attention to the biomedical state of the individual, but also be concerned about the social integration of each individual and, thereby, be concerned about social cohesion in society, that is, social health on a more macro-oriented level.

Notes

- 1 These figures are provided by the DGI on the following website: [http://www.dgi.dk/OmDGI/nyheder/Hvem-er-DGI-\[a6181\].aspx](http://www.dgi.dk/OmDGI/nyheder/Hvem-er-DGI-[a6181].aspx)
- 2 These figures are provided by the researcher K. L. Kirkegaard working with fitness as a trend. Available on the following website: http://www.sdu.dk/nyheder/nyviden/alle_artikler/2012/juli-august/fitnesscentre_gaar_frem
- 3 The document 'Our common future' (also called the Brundtland report) was retrieved from the following website: <http://www.un-documents.net/wced-ocf.htm> (06/11/14)
- 4 News from the 31th of august in 2013 available on the following website: <http://www.dgi.dk/arkiv/2013/05/22/flere-enge-til-kampen-mod-doping> (8/12/15)

References

- Anti-Doping Danmark. (2009) *Håndbog for Fitnesscentre. Råd og Vejledning om Antidoping*. Anti-Doping Danmark, København.
- Anti-Doping Danmark. (2015) *Dopingreglement for Motionsidræt under Danmarks Idrætsforbund (DIF), Dansk Firmaidrætsforbund (Firmaidrætten) og DGI*. Anti-Doping Danmark, København.
- Aubert, N. (ed.) (2010) *La Société Hypermoderne: Ruptures et Contradictions*. Paris, L'Harmattan.
- Balbo, L. (2007) Thinking health promotion sociologically. In: McQueen, D. V., Kickbush, I. Potvin, L., Pelikan, J. M., Balbo, L., Abel, T. *Health and modernity: The role of theory in health promotion*. New York, Springer, pp. 129–143.
- Bauman, Z. (1998) Postmodern adventures of life and death. In: Scambler, G. & Higgs, P. (eds) *Modernity, medicine and health. Medical sociology towards 2000*. London & New York, Routledge, pp 217–232.
- Bojsen-Møller J. & Christiansen, A. V. (2010) Use of performance- and -image-enhancing substances among recreational athletes: A quantitative analysis of inquiries submitted to the Danish anti-doping authorities. *Scandinavian Journal of Medicine and Science in Sports*, 20 (6), 861–867.
- Christiansen, A. V. (2009) Doping in fitness and strength training environments —Politics, motives and masculinity. In: Møller, V. (ed.) *Elite sport, doping and public health*. University Press of Southern Denmark, pp. 99–118.
- Conrad, P. (1994) Wellness as virtue: Morality and the pursuit of health. *Culture, Medicine and Psychiatry*, 18, 385–401.
- Donzelot, J. (1977) *La Police des Familles*. Paris, Les editions de Minuit.
- Dooris, M. (2009) Holistic and sustainable health development: The contribution of setting-based approach to health promotion. *Perspectives in Public Health*, 129 (1), 29–36.
- Dubois, J. L. & Mahieu, F. R. (2002) La dimension sociale du développement durable: Reduction de la pauvreté ou durabilité sociale? In: Martin, J. Y. (ed.) *Developpement durable? Doctrines, pratiques et évaluations*. IRD editions, Paris.
- Ehrenberg, A. (1991) *Le Culte de la Performance*. Fayard-Pluriel, Paris.
- Ehrenberg, A. (2010) *La Société du Malaise*. Paris, Odile Jacob.
- Hansen, J. (2010) Hvorledes Idræt blev til folkesundhed: Bølgetoppe og bølgedage i udviklingen fra 'Den store Sundhedsudstilling 1939' til 'Idræt for alle' 2009. *Forum for Idræt, Historie og Samfund*, 26. Årgang, 2, 9–20.
- Jeannotte, S. (2003) Singing alone? The contribution of cultural capital to social cohesion and sustainable communities. *The International Journal of Cultural Policy*, 9 (1), 35–49.
- Kickbusch, I. (2007) Health governance: The health society. In: McQueen, D. V., Kickbush, I. Potvin, L., Pelikan, J. M., Balbo, L., Abel, T. McQueen et al. (eds.) *Health and modernity: The role of Theory in health promotion*, (2007) New York, Springer, pp. 144–161.
- Kickbusch, I. & Payne, L. (2003) Twenty first century health promotion: The public health meets the wellness revolution. *Health Promotion International*, 18 (4), 275–278.
- Kjærgård, B., Land, B., Bransholm Pedersen, K. (2013) Health and sustainability. *Health Promotion International*. [Online] Available from: <http://heapro.oxfordjournals.org/> [Accessed 12th March 2013].
- Laverack, G. & Labonte, R. (2000) A planning framework for community empowerment goals within health promotion. *Health Policy and Planning*, 15 (3), 255–262.
- Lipovetsky, G. (1993) *L'ère du Vide: Essais sur l'Individualisme Contemporain*. Paris, Gallimard.
- Lipovetsky, G. & Charles, S. (2004) *Les Temps Hypermodernes*. Paris, Grasset.
- Lupton, D. (1995) *The Imperative of Health: Public Health and the Regulated Body*. London, Sage.
- Markula, P. (2004) 'Turning into oneself': Foucault's technologies of the self and mindful fitness. *Sociology of Sport*, 21, 302–321.

- Mikkelsen, F., Saltin, B., Ibsen, B., Poulsen, H. E., Jessen, T. (1999) *Doping I Danmark. En hvidbog*. København. Kulturministeriet.
- Møller, V. (2009) Conceptual confusion and the anti-doping campaign in Denmark. In: Møller, V. (ed.) *Elite sport, doping and public health*. University Press of Southern Denmark, pp. 13–27.
- Overbye, M. & Thualagant, N. (2011) Doping og anti-doping i et sociologisk perspektiv. In Thing, F. L. & Wagner, U. (2011) *Grundbog i Idrætssociologi*. København, Munksgaard.
- Pedersen, P. V., Ingholt, L., Tjørnhøj-Thomsen, T. (2014). *Disciplin og Dedikation. Unges Perspektiver på Træning, Kost og Brug af Muskelopbyggende og Præstationsfremmende Midler*. København, Statens Institut for Folkesundhed.
- Petersen, A., Davis, M., Fraser, S., Lindsay, J. (2010) Healthy living and citizenship: An overview. *Critical Public Health*, 20 (4), 391–400.
- Queval, I. (2008) *Le Corps Aujourd'hui*. Paris, Éditions Gallimard.
- UN. (1987) *Our Common Future*. [Online] Available from: <http://www.un-documents.net/wced-ocf.htm> (08/12/15)
- Read, J. (2009) A genealogy of homo-economicus: Neoliberalism and the production of subjectivity. *Foucault Studies*, 6, 25–36.
- Schmidt, L. H. & Kristensen, J. E. (1986) *Lys, Luft og Renlighed. Den Moderne Social-Hygienes Fødsel*. København, Akademisk Forlag.
- Sébastien, L. & Brodhag, C. (2004) À la recherche de la dimension sociale du développement durable. *Developpement durable et territoires*. Dossier 3, 2004.
- Shilling, C. (2008) *Changing Bodies. Habit, Crises and Creativity*. Published in association with *Theory, Culture and Society*. London, Thousand Oaks, New Delhi, Sage.
- Singhammer, J. & Ibsen, B. (2010) *En Kvantitativ Undersøgelse om Brug a Fog Holdning til Muskelopbyggende Stoffer*. Center for forskning I Idræt, Sundhed og Civil Samfund.
- Statens Offentliga Utredningar. (2011) *Antidopning Sverige: En ny väg för arbetet mot dopning*. Statens Offentliga Utredningar Stockholm.
- Steele, R. & Kirkegaard, K. L. (2008) Næsten en halv million danskere går til fitness. *Overblik*, nyhedsbrev, IDAN, København, Marts.
- Thualagant, N. (2012) The conceptualization of fitness doping and its limitations. *Sport in Society: Cultures, Commerce, Media, Politics*, 15 (3), 409–419.
- Thualagant, N. (2013) *Fitness Doping and Body Management. An Explorative Study of Body Investment Practices*. PhD thesis, Department of Nutrition, Exercise and Sports, University of Copenhagen.
- Thualagant, N. (2015) Body management and the quest for performative health. *Social Theory & Health*. [Online] 16 September 2015; doi:10.1057/sth.2015.28
- Thualagant, N. & Pfister, G. (2012) The fight against fitness doping in sports clubs —Political discourses and strategies in Denmark. *Performance, Enhancement and Health*, 1, 86–93.
- Wagner, U. & Hanstad, D. V. (2011) Scandinavian perspectives on doping — A comparative policy analysis in relation to the international process of institutionalizing anti-doping. *International Journal of Sport Policy and Politics*, 3 (3), 355–372.
- White, P., Young, K., Gillett, J.. (1995) Bodywork as a moral imperative: Some critical notes on health & fitness. *Loisir et société/Leisure and Society*, 18 (1), 159–181.