Self-care and injury prevention in the Swedish welfare society:

An anthropological study on how physical activity and cardio exercise are used to self-care both physically and mentally

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An anthropological study on how physical activity and cardio exercise are used to self-care both physically and mentally

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Abstract

The broader aim of this essay is twofold: Firstly, I study what motivate people to engage in physical activities, particularly walking or running. Secondly, I contextualize the experiences and understanding in relation to governmentality and technology. I pay particular attention to perceived benefits of physical activities and cardio exercises, both physical and mental benefits, which include feelings, motivations and experiences.

The essay focuses on the perceived benefits of physical activities, which is deeply tied to health and self-governing. Therefore, this essay examines how physical activities is viewed as good for people’s health, how it is motivated by pain and illness, monitored by self-govern and technology, and desired for its ability to maintain capability and freedom.

In order to analyze perceived benefits of physical activities, this study draws from several theoretical orientations of governmentality, concept of illness, embodiment, place, mobility and freedom. I have used medical anthropology, public health studies as well as historical studies of sport and exercises to contextualize physical activities. As method I have drawn mostly from interviews with the participants in the study and some observations of the environment. Besides that, I have used my own senses to experiences walking in different areas. Furthermore, I have analyzed written material from the public health agency and the ministry of health and social affairs in Sweden, health organizations and newspapers.

Keywords: physical activity, governmentality, self-govern, health, motivations, freedom, seniors, adult, walking, embodiment, public health.
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Chapter 1 – Introduction

Does smart technology encourage people to be more physically active? It was a question posted in a study I participated in during spring 2016. The answer turned out to be more complicated than simply yes; in fact smart technology did not seem to affect people’s long turn motivations to be physically active, but it seemed to give people an easy way of organizing their activities. This result fascinated me, and I started questioning why some people started and continued to be physically active, even though physical activities was sometime both difficult and painful.

Overall, there are many varieties of levels to people’s motivation to engage in physical activities. It presents a major challenge and a curiosity among several disciplines, such as public health, medicine and physiology, to understand the link between increasing physical activity and the motivation for physical activities. Some researchers have studied the influence of peers and families (see: Rice 2017 and Hein 2015), while others turn to extrinsic motivation, i.e. to obtain rewards or outcomes, such as money or sanctions, that are separated from the behavior itself (Aaltonen et al 2012:727). Other researchers have focused on intrinsic motivation regulation: That the individual participate for the experience of the activities as pleasant, fun or satisfying (ibid). However, during my fieldwork I found that the main motivation for physical activities seems to be connected to physical and mental health. This idea has previous been brought up in an article in a Finish study by Aaltonen et al (2012) who expressed it as following:

Generally, people are driven to be physically active or inactive for a variety of reasons. An important factor motivating participation in physical activity, among all adult age groups, is health (Aaltonen et al 2012:727).

In this essay I will carry on the idea that motivation to physical activities is connected to health. I went to Eskilstuna, Uppsala, Kalmar and Norrtälje to interview people that were physically active or wanted to be more active in their everyday life. One of them was Per, age 46, that lived close to Kalmar, and who had been playing football in his youth. However, when he got older he adopted a more sedentary lifestyle. During our interview we talked about smart technology, running and being in nature, and how Per feared that his sedentary lifestyle would have a negative impact on his health. After the interview Per asked whether I would like to take a walk in the forest and see his personal running and walking path, and I
agreed with great interest. During this walk Per pointed out places of importance, like the bridge he had run to, and from which he struggled to get home, and how that had triggered him to think about heart attacks and failing health.

We kept walking on the gravel road. We walked past a farmhouse that had been kept in its original condition since the early nineteenth century, and we passed a lake and walked to the forest where we turned around and went back to the farmhouse. It was a nice and sunny day and Per told me that he felt calmer in nature, and that walking or running helped him relax and feel healthier.

During my visit I had focused on the walking path and Per’s exercise routines thinking that I could understand his motivation to be physically active that way. Only afterwards did I realize that our conversation had been more about staying healthy. It helped me recognize that if I wanted to understand why Swedish people walked and ran in their free time I needed to pay attention to health practices. I also had to understand what being healthy meant for these individuals, and it was clear that Per returned to something he learned when he talked about staying healthy. From that moment, I became particularly interested in identifying patterns and behaviors used to practice healthy living through walking, running and biking in Swedish society. Hence I started to draw from Sarah Ahmed’s (2014) *The culture of emotions*, and Jean Jackson’s (2011) *Camp pain*, in an attempt to understand the connections between pain and the body.

But I also wanted to put physical activities into a wider context, in order to understand the development and reasoning behind the participants in the study. I identified that there exist a growing anxiety over the health implication of having an inactive lifestyle (World Health Organization 2002, Folkhälsomyndigheten), perhaps most alarming is the potential for obesity, disability and diabetes. Politicians and practitioners in Sweden and many other countries are therefore addressing the lack of physical activities with two main focuses: Encouraging sport participation and healthy eating (Regeringen 2016). Yet, the public health agency in Sweden does not address this through hard paternalism, but instead encourages and rewards people that adopt strategies for self-improvement and more healthy living (King 2003:309).

Daily walking, running and biking are three activities encouraged for their individuality and simplicity and thereby making it easier for individuals to take care of their personal health
and accept these health activities as part of their moral responsibility (King 2003:308, Wright 2006:708). As a result, the individual is responsible for preventing illness and maintaining a healthy outdoor mobility, which are beneficial for well-being (Stjenborg 2014:55) and monitor their behaviors so they continue to be healthy (Foucault 1991). To understand why people monitor their behavior I draw upon Michel Foucault’s (1991) *Governmentality*, and I support myself on Mitchell Dean’s (2010) *governmentality: power and rules in modern society*, in an attempt to understand self-governing and conduct of conduct.

**Purpose**

There is a growing concern that the Swedish population is having a decreasing health because of inactive lifestyles. Politicians and practitioners in Sweden are trying to change this by addressing the issues through recommendations and by increasing people’s motivation for physical activities. What motivates people to engage in physical activities is complicated, but I think it is connected to health and health official’s recommendations.

This essay is an anthropological study on how physical activities and cardio exercise are used to self-govern both physically and mentally. The purpose is twofold. Firstly, I attempt to study what motivate people to engage in physical activities. Secondly, I am going to contextualize the experiences and understanding in relation to governmentality and technology. I have paid particular attention to perceived benefits of physical activities and cardio exercises, both physical and mental benefits, which include feelings, motivations and experiences. The issues I address are:

- What are the policies and behavior recommendations and how are they received by the Swedish population?
- What motivate to increased physical activities?
- Why do some people follow health official’s recommendations while some do not?
- What are the perceived benefits of physical activities and how are they manifested in everyday life?

**Theses chapter overview**

In *chapter two* we will see the methodology of the study, and the method used during the fieldwork. I also introduce research ethics and language considerations. In *chapter three* I present the theoretical framework. In *chapter four* I contextualize the essay by introducing a
historical background and discuss the connection between health official’s recommendations, media and individual moral responsibility. In this chapter I establish that today’s habits have historical roots.

The following two chapters will be based on the interviews done with the informants. In **chapter five**, the first ethnographic chapter I establish that there are a connection between health and physical activity based on the informant’s narratives. This chapter will focus on both establishing a connection between health and physical activities as obviously true, and look at the division expressed in regards to physical activities. **Chapter six** will present pain and embodiment. By analyzing the informant’s stories I gain an insight into the as a main motivation to increased physical activities and exercises.

The following two chapters will continue to be based on interviews, yet it will include more observation and personal impression. **Chapter seven** establish that to maintain moral responsibility over one’s health people creates and follows rules and guidelines. This chapter will focus on the most used rules and guidelines in Sweden, and how technology is used to ensure that people follow the rules and guidelines. The final ethnographic chapter, **Chapter eight** explains people’s motivation to continue being physical active and exercise overtime. It will focus mainly on participation, socialization and belonging.

**In chapter nine** I present a conclusion which brings all chapters together, as well as highlights the importance of studying health and wellbeing.
Chapter 2 - Methodology

Access and consent

I got access to the field and informants through collaboration with the consulting company Kairos future; an international consulting and analysis firm. Anthropologists should always be honest and transparent with the nature and intent of their research (American Anthropological association 2009:111b), and therefore I made it clear for the informants directly from the start that I collaborated with Kairos future and was a student at Uppsala university, and that the collected data could be used by both Kairos future and in my essay.

Most of the participants were seniors living in Eskilstuna and they were informed about the project during a lecture by Mats Olsson, which I did not attend, and through senior organisations such as SPF seniorerna (sic) and Vision. The seniors submitted a wish to attend the study and 13 people were selected to participate. They were selected by a third organisation which had ordered the study from Kairos future.

Some participants in this study are younger, 30-50 years old, and I got access to them through co-operation with the sports psychologist Karin Weman Josefsson. She gave me access to an email list with people that had participated in her research earlier. I contacted everybody and ended up interviewing five people living in middle and southern Sweden. Since they lived far away from me I did day-trips by bus and trains to visit and interview them in their homes.

It was important to obtain consent before the study started (American Anthropological Association 2009:111a) and all the participants had to fill in a consent form before the first meeting. However, I continued to ask for consent during the full fieldwork, particularly when participants shared sensitive information.

Kairos future

How does Kairos future fit into this essay? Well, I did my internship at Kairos future for five months in spring 2016. Kairos Future is an international consulting and analysing firm that support companies and organizations to interpret future market possibilities. On their webpage, they describe it as “assist companies, organisations and leaders to understand and shape their futures” (KairosFuture). The company was founded in 1993 and have their main
office in Stockholm Sweden. There are also offices in Gothenburg, Malmö, Shanghai and Barcelona (ibid).

Kairos future had several different projects and I was involved in a project called *Opinion Health* that started in 2007 and was led by Mats Olsson. The project researched digital health promotion and health care among senior citizens. *Opinion health* aimed to engage elderly to have a healthier life, and look into what created motivation and inspiration, safe use of e-health\(^1\) by both seniors and staff, and examine seniors’ preference towards shape, design and price on smart technology.

I was also involved in a subproject at Kairos Future with the aim to know more about people’s motivations for physical activities and exercises. This project focused on a much broader group of people and was led by Mats Olsson together with sports psychologist Karin Weman Josefsson from Halmstad University.

The reason I was involved in these projects was that Kairos future wanted an anthropologist to do ethnographic studies on the subject of health and technology. The data produced during the projects were used both by Kairos Future and is used by me in this essay. For both project I compiled the report to Kairos Future, and pushed my own agenda and my own framing of questions. It help that the projects were closely connected to the essay’s focus. The smart watch used in the project was used for its simplicity and applicability for seniors. The smart watch company was not involved in the study.

**Interviews and observations**

The thesis is based on 39 interviews, with 18 people that in total lasted 22:36 hours, between February and May 2016. In addition to them, I did a dozen informal interviews with different people that attended running races in Stockholm between June and October 2016. I also did some observation, mainly in relation to the interviews or the groups meetings organized by Kairos future.

The interviews were semi-structured, which meant that I had prepared open questions for the informants to talk about (Bernard 2006:213). However, I encouraged the informants to think

\(^{1}\) A term for healthcare practice support by electronic process and communication. It covers both electronic/digital process in health and healthcare practice using the internet.
freely about their health and physical activities. Sometimes that worked out well and the participants in the study were eager to talk to me and share reflections and feelings about their health and physical activities. However, occasionally I interviewed people that expected a more structured interview or questionnaires, and sometimes I interviewed people that were uncomfortable with a semi-structured interview. When it happened I turned to more structured interview format and these interviews were shorter.

I have transcribed all interviews, and I found it to be a helpful and important part of the analytical process. Listening and transcribing the interviews allowed me to go back and really concentrate on what had been said, and what tone was expressed. According to linguist Christopher Jenks (2011) it is the researcher that selects the information and interpreted the interviews, and therefore can the transcripts be “potentially misleading in that they can be disassembled into smaller stretches of talk, and presented according to particular empirical needs and wants” (Jenks 2011: 4). On this basis I have tried to be as true as possible to the transcripts.

The data collected through interviews and participant observations consists of field notes, videos, photos and audio recordings of the participants in the study and the environment in which the participants moved around.

**Individual meetings**

The interviews with the senior participants were divided into two different parts: Individual meetings, which meant meeting each participant by themselves, and group meetings. I did two individual meetings with each participant. The first individual meetings took place over two weeks during which I met up with 13 informants. I did two interviews each day, and each interview was scheduled to last for two hours. The last individual interview took place over one week and I met 11 informants, and each interview was scheduled to last for two hours.

With the adult (35-50 years old) participants I did three individual interviews. The first interview was a short interview over phone, and the second was at or close to the informants home and was scheduled to last two hours. The third interview took place over phone or at a local café close to the participant’s home. The reason for the first phone interviews was that the participants lived far away and I wanted to do a short interview to get to know the informants, and for them to get to know me, before the actual interviews.
I did not have access to hanging around with the participants, and instead all interviews were booked meetings and limited to two-three times per person. It meant that I had to be effective and prioritize the important questions and only seek to answer those questions. This is sometimes referred to as rapid assessment (Bernard 2006:351) and common when doing business anthropology. It is possible to do if the researcher already speak the language and is familiar with the surroundings, which I was (Ibid: 350). Doing rapid assessment became necessary for me because of my collaboration with Kairos future.

**Group meetings**

I met the senior informants during five different group meetings scheduled to take place biweekly for ten weeks. Most of the informants participated on every single meeting. Mats Olsson led the meetings, which meant I could observe and listen to what was being said. I liked having the opportunity to just listen during the group meetings because it meant that I could focus on the underlying implications of what was being said.

A group interview is supposed to be a place for the informants to interact with each other as well as with the ethnographer. Group interviews are usually more structured and the topic is more direct (Davis 2008:106). That was the case during these group meetings and the informants were given topics to discuss, such as the participants experiences of the smart watch, their inspirations and motivations, and some of the difficulties that the informants had with using the smart watch.

In addition to the discussion on the meetings, the group meetings gave me opportunities to keep up with the informants, get to know them more and have casual discussions before and after the meetings. I found casual discussions to be useful since it was often during the casual discussions that the participants shared negative experiences or feelings towards the smart watch or physical activities.

**Participants observation**

Already at the beginning of the fieldwork I knew it would be difficult to observe and participate in all kinds of physical activities; such as walking or running. The limited access to the participants meant that I had difficulties scheduling times to walk around together with them and observing their walking paths and routines. I tried to fit observation in with the interviews but I quickly learn that it felt constricted and inconvenient for everybody. So after
the first successful interviews were made I was still not closer to observing the participants physical activities.

But little by little, through different strategies, I gained access to walking paths, experiences, and routines. By the time the fieldwork was over I had participated in walking with two informants, gained knowledge about different walking paths and I had shared the same experience of using the smart watch as the participants. In the end of the fieldwork I felt comfortable that I had reached a point where I knew where they walked or ran, and for what reasons. This meant that I could observe how physical activities was connected to health and everyday life.

Figure 1. Two senior women walking on a bridge in Eskilstuna. This photo was talked during one group meeting where all the senior informants went for a walk, and I walked with them.

The main purpose of the observations was largely to observe the informants walking routines, and therefore it was valuable for me to use the same smart technology that the informants use while walking. Through the smart watch I not only observed but also participated and experienced. I wanted to experience as well as comment on the use of smart technology, and
this way I gained access to the participants description and could observe my own feelings, emotions and bodily reactions.

Physical activities, such as walking and running, are connected to outdoor mobility and surroundings. Inspired by sensor ethnography and the ethnographer Jenni Rinne (2016:47) I paid attention to my own emotional experiences and embodied reaction in order to understand what was happening. Walking in a city is totally different from walking in the forest and throughout the fieldwork I tried to be open to the situations and places. Bernard (2006:365) recommended researchers to become explicitly aware of ordinary things and to describe the most mundane things they saw and heard. During my observations I tried to stay curious and naïve to my interpretation of the environments and tried to notice mundane things like sound, smell and population density. It turned out to be a helpful and important part of understanding the participant experiences.

However, by using this approach we can never truly understand the full experience of walking from place to place, so how do we address this limitation? According to Paola Jirón (2010), who is influenced by Geertz (1986) we can address the limitations by being aware of what we do not know and using our position and our experiences as part of understanding the other. Then we may put the experience in a broader context (Jirón 2010:36). For example, I connected my embodied experiences with the description that I had from the informants.

**Participants in the study**

There were eighteen informants: Thirteen women and five men. All eighteen people were white and born in a Nordic country. Thirteen of the informants were senior citizens living in Eskilstuna, and the other five adult people lived in middle and southern Sweden. The age distributions were between 35 years old to 80 years old.

The informants were evenly distributed between people living in small houses and people living in apartments. Most seniors lived close to central Eskilstuna, aside from one woman who lived in the suburbs close to Eskilstuna. Among the adult informants there were an equal distribution between living in the city and living in rural areas. All men lived with a female partner. All the adult women lived with male partners but only two of the senior women lived with a male partner. The rest of the women lived alone. Almost everybody had have children but only one man lived together with his children. All, but one woman, cleaned their own homes. Everybody made their own food and grocery shopping.
All the informants had a computer that they had basic knowledge about. Basic knowledge meant that they could regularly pay their bills, send email and use social media. Fifteen people used smart phones that they had a varying of knowledge about. Two senior women had an education in computer science, particularly in developing and software. This information indicates that most of the participants had enough knowledge to use smart technology.

The participants come from different social, economic and educational backgrounds. Their different background was deduced from their previous or present work and living situations. For example, two women had worked as nurses, one woman worked in a school, one woman became a disability pension when she was 39 years old, and another woman had worked as a director of museums. Two of the men had been managers in different industries, one man had taught economy and another man was an engineer.

All the informants describe themselves as relatively healthy. Nobody had a physical disability. One woman had a bypass operation, one man had a pacemaker and three women had problems with their back. Nobody needed support to walk, like a walker or a cane. Almost every senior had one of more age related diseases: Four people had osteoarthritis, six people had hypertension, and three people had a knee injuries, and almost everybody had stiff muscles.

Many of the informants had an active lifestyle. Nine of the senior informants were involved in different activities: pensioners’ associations (SPF or Vision), workshops, and focus groups. Three people regularly took care of their grandchildren. Five people regularly went for a walk for more than an hour, and eight people did some type of gym training at least once a week.

**Other sources**

A purpose with the essay touches the relationship between everyday people’s actions and health recommendations. The main focus is on the practical behaviours; what are people doing. Yet, it also touches upon health knowledge and how is it described. As a result, some of the data in this essay are taken from 30 online sources about health and physical activities. The sources are data based on Swedish health official’s statements, popular newspapers and glossy magazine, i.e. a magazine devoted to fashion, beauty and celebrities, in Sweden.
Documentations from the public health agency and ministry of health and social affairs, organisational articles and both newspaper and magazines are downloaded and read online. The materials I have worked with have been published from 2010 to 2017.

There are a large number of online data about health and physical activities, and I have chosen to just look at what is related to cardio exercises, such as walking or running. In an attempt to show international interest in health and physical activities I have referred to World health organization (WHO).

In the material I found one message: Physical activities is good for people’s health. However, there are some variances. Health official’s documentations focus more on the healthy benefits for people’s bodies, such as limiting risk for heart attacks. While newspapers and glossy magazines focus more on the connection between physical activities and happiness.

**Anonymity and data protection**

Since there were a lot of people involved in the projects I had to be very careful about making sure that my data was protected. Anthropologist have a responsibility to make sure that people are safe and that there privacy is not harmed (American Anthropological Association, 2009:111a), and therefore I am the only one that has access to private information, such as the informant’s home address and phone numbers. This information has been removed after the field study was over. Yet, I did keep some of the informants email address, after getting consent to do so, so that I have a possibility to send them the finished essay. I am also the only one that has access to my primary data, which are field notes, interview records and photographs and they are backed up. However, people that I worked with at Kairos future have access to finished materials and photographs, i.e. the report that was made for them.

Besides protecting the material there is also the question about protecting the participants and the anonymity question is dealt with through the use of pseudonyms in this thesis. I have chosen new names that are common in Sweden and suitable for their age and gender. I have given detailed personal information when describing the participants, but assured that they cannot be recognized outside the study. However, there is a possibility that people inside the study group can recognize them. The pictures I took during the fieldwork never reveal their faces.
Language and translation

The research was conducted in Sweden and I talked Swedish to everybody involved, and Swedish seemed to be most people’s first language. However, sometimes when I translate the citation from Swedish to English, whether it was quotes from individuals or literature, I have to change the linguistic structure and remove some Swedish phrases to make the citation meaningful. In this process I have tried to stay as true as possible to the meaning of the words and citations.

Limitation and self-reflexivity

Studies come with limitations; otherwise we could research forever. I have limited the thesis to study physical activities and cardio exercises that are primarily acted outside, such as walking, running and biking. No research has been done inside a gym or any other exercise locations. There were also limits in regards to which informants I interviewed and I only interviewed adults and seniors. This is because sports and health studies often focus on the adolescent and young people, and often only include elite sport practitioners (see: Dionigi et al 2013: 370), but there is a growing interest to know more about seniors perspective on healthy and physical activities or exercises (Ålgars 2009). I believe that by including both adults and seniors, and study their everyday physical activities and exercises we can overlap the experience and broaden our understanding of an almost new field.

I expected that my age and gender would be an issue during the fieldwork. After the fieldwork, when I was going through my field notes I noticed language patterns that occurred because of my gender; most men would talk to me as if they were my teacher while women would “chat” and have a more humoristic language. However, I believe that the difference in age between me and the informants made it possible to easier conduct the research. Summerland and Danny (2007:50-51) claim that the way, and what, the ethnographer asks is important to what the answer will be. Because I was much younger than my informants I could ask questions about their life and it did not seem strange that I could not relate. I did not need to struggle so much with nativity, which is very common during studies at home. Especially my senior informants made great efforts to explain things to me from their point of view, instead of assuming that I already knew.
Chapter 3 - Theoretical framework

Governmentality and Healthism

Tools for analyzing the essay’s empirical chapters have been collected from several theorists. The main theory used is *governmentality*, which was coined in Micheal Foucault’s (1991) *Governmentality*. It arose from his understanding about governing in the Middle Ages and classical antiquity. However, Michel Foucault has very successfully been used in modern anthropological studies. Foucault, a French philosopher and idea historian with a special focus on psychology and sociology, studied governmentality to find out why people govern themselves and he argues that the main purpose of governmentality is to foster the population into healthy, prosperous, productive and happy people (Foucault 1991:100).

According to Foucault governmentality thus ritualizes problems of personal conduct (Foucault 1991:87), and show people how to manage correct behaviors (ibid: 91). Foucault argues that governmentality promotes right behaviors so that the end results will be convenient for each person being governed, but for that to happen people need to arrange their life so that such end may be achieved (ibid: 93).

Governmentality will largely be about self-governing and “conduct of conduct”: To lead, to direct and to guide oneself. It is to do with how people guide themselves to do what is appropriate in certain situations (Dean 2010:17). In the interpretation of “conduct of conduct” I support myself on the political philosopher Mitchell Dean’s (2010), *Governmentality: power and rules in modern society*. According to Dean, people govern others and themselves according to what they think is true about their existence and nature as human beings (Dean 2010:27). Governmentality creates standards of norms of conduct in which certain behaviors can be judged and that people should strive towards certain behaviors, and that people strive to uphold norms of conduct (ibid: 17-18). It presumes that it is possible for people to regulate and control rational behaviors, and that people are responsible to regulate and ensure right behaviors (ibid: 18).

According to Dean governmentality can be both rational and moral. It is rational because it is simply a form of thinking which strives to be clear, systematic and explicit about how things ought to be. At the same time it is rational because it includes ways of thinking in a systematic manner, of making calculations, define purpose and employ knowledge (Dean 2010:18-19). Governmentality is both moral and political. It manifests in concern for probity,
honesty, impartiality, personal interest, conduct, and professional behaviors (ibid: 19). It is moral because it includes both individuals and the group. It becomes moral when people questions and problematize general rules and norms by comparing it to the groups behaviors. People do this to ensure correct and improve behaviors (ibid).

Governmentality is not about making laws (Foucault 1991:93), but instead about promoting correct behavior, the German sociologist and social theories, Tomas Lemke (2002) argues that governmentality is introduced to study autonomous individuals capability for self-control and how self-control is linked to forms of political rules and economic exploitations (Lemke 2002:52). Because governmentality is seen as rational it can be used to exercise power (ibid: 55), and the strategies authorities use is to render individuals responsible for their own problems, such as illness, unemployment and poverty. Lemke meant; “This strategy can be deployed in all sorts of areas and lead to areas of social responsibility becoming a matter of personal provision” (Lemke 2002:59), which mean that state create economic-rational individuals which assess the cost and benefits of a certain acts as opposed to others alternative acts. However, these strategies appear as free will and individual choice and therefore encourage individuals to feel solely responsible for their problems (ibid: 59).

The responsibility between political responsibility and governmentality suggested by Lemke has been supported by professor in health studies, Samantha J King’s (2003) who argues that political responsibility has been addressed and understood as individual responsibility, where people have taken responsibility for themselves and others of the community through volunteerism and philanthropy (King 2003: 297). Not only were people asked to take responsibility for their own well-being and improve their quality of life, people were also encouraged and rewarded for adopting, or reprimanded for failing to adopt, strategies for biological self-betterment (ibid: 309).

Taking responsibility for your health is part of healthism, a term used to research and discusses why and how people prevent and limit pain and illness. Jan Wright (2006) argues that the concept of illness and pain started before people get sick and that people have a moral responsibility to prevent illness by knowing and avoiding risk factors associated with ill-health (Wright 2006:708). People are required to be aware of their potential illnesses by monitoring their behaviors and well-being, and at the same time they need to make the right choices (ibid). Since health is seen as a part of personal responsibility there is a social discourse that health must be achieved, or at least, nothing should prevent or undermine
health. Taking responsibility and being a good citizen requires people to learn more about their health and acquire medical knowledge (Crawford 2006:402).

Shifting responsibility from state to individual is done by educating the population against incorrect behaviors, and the reason is to reduce cost in the healthcare system (King 2003:309). The behaviors that are being encouraged and educated to the population can become naturalized and the obvious behavior for people that want to improve their health. The anthropologist Pierre Bourdieu (1977) developed the concept of doxa, which is a naturalized, taken-for-granted understanding that people have about their social world. Doxa is often an objectivity political tool which refers to reproducing knowledge about the social world by producing instant loyalty to certain behaviors that are viewed as self-evident and undisputed (Bourdieu 1977:154). When behaviors become self-evident they go without saying and are therefore unquestioned. As a result, individuals will follow the limits of the condition evoked by doxic behaviors (ibid: 166).

*Doxa* will be used in the essay to understand people’s unquestioned behaviors when it comes to physical activities and exercise. Doxa becomes a way of making sense of the world and is validated by consensus. It is traditions, customaries and laws and it leaves no space for opinions (Bourdieu 1977:167). It can be used to establish political orders and recommendations, yet it requires to be reinforced and practices by members of the group, and become part of the collective thoughts, expressions, myths and arts (ibid: 166-167).

**Pain and Illness**

In addition to *governmentality* and *doxa I* use the *concepts of illness* and *pain*. Drawing from studies on pain and illness brings the body into focus; a body that feels and responds. The interest in pain and illness has arisen from the need to address aspects of people’s life that are not easily described through observations. The American psychiatrist and medical anthropologist Arthur Kleinman (1988) emphasized the importance of the body together with illness and pain. The concept of pain is a cultural phenomenon that affects both sick people, their family members and wider social networks. Illness is a lived experienced which is expressed in the body as respiratory, wheezed, abdominal cramps, stuffed sinuses or painful joints, and the process of treatments. But it also includes the way people best cope with problems and everyday life, such as making changes to your dietary or daily activities (Kleinman 1988:3-4). As a result of being ill a person can experience a range of emotions,
such as anger, hopelessness and declining self-esteem. This is because illness and sickness create new problems in people’s lives (Ibid: 4), such as if their knee is hurting it could be more problematic to walk up stairs.

Treating illness and pain is connected to local cultural orientations and is always culturally shaped, and as a result you can be sick the right and the wrong way. The expectations of illness and pain are connected to people’s relationships, and phrases used to create a common language about health and used by both patients and practitioners (Kleinman 1988:5). As a result, pain and illness became part of our cultural memories and knowledge. Memories are an active and constructed process that depends on present understanding and stored memories. To understand an event or embodied reactions people turn to their memories and knowledge of the past, however these memories are often reconstructed in a manner that are connected to their current understanding and knowledge. Therefore present actions are effected by both the past memories and peoples present understanding and knowledge (Garro 2000:70).

Feminist researcher Sarah Ahmed (2014) studies the body and illness in her work, *The culture of emotions* (2014). Ahmed argues that pain and illness creates new impressions in the body and it leads to new thinking courses for individuals. As a result people become more aware of their body and the way it functions (Ahmed 2014:25-26). As long as people are healthy they are occupied with multitude involvement of other people, and how their bodies are moving and acting. The pain and illness moves people back to their own bodies and how it is acting. That makes people think about what is missing or problematic (Ibid: 26). Pain can be something instant and on the surface like hitting your toe on a table, which makes people more aware of both the toe and the table. But it can also be something internal like a heart beating faster (ibid).

Having a painful body results in feeling more present and located in your body, and it makes people feel more aware of their actions and the way they arrange their bodies, such as huddling or shuttling into different shapes (Ahmed 2014:18). It makes people more aware of time and space and what is going on around them, allowing them to align yourselves with others and moving towards and away from what causes pain (ibid:28). Being aware of others create an understanding that bodies have limitations, and it change the way you relate to the world, your relationships to the body and object that make up your dwelling places (ibid:27). To illustrate, if you see people walking, but you are in a wheelchair you may start to reflect that you are different than others.
Following Ahmed’s reasoning I turned to anthropologist Jean Jackson’s (2011) *Camp pain*, who describes pain and illness as internal feelings that are dual: It is both part of yourself as an experience inside the body and it is not part of yourself as illness and pain is seen as exogenous, temporary and specifically located rather than placed deep within in the core of yourself. This result in a separation from the self, and the feeling of pain make the body into an object. It creates a separation from pain and being without pain where the painless experience is part of the real self (Jackson 2011:147).

While both Kleinman and Ahmed argue that pain and illness are lived experiences that are expressed in the body and then affect everyday life, Kleinman focuses on illness as culturally shaped and controlled by our common expressions. Ahmed focuses on the direct relation between feeling pain and actions. Neither is necessary wrong, instead they have taken different approaches to explain reactions to pain and illness. I deemed both approaches to be helpful when addressing issues of staying healthy in the thesis.

**Place and mobility**

Finally I address the internal motivation to follow state recommendation to increase physical activities and exercises. The participants in the study emphasized outdoor mobility and social participation as reasons to stay healthy by physical activities and exercises. Outdoor mobility refers to ways people move around in their everyday life, and how it relates to social, cultural and political movements. Walking is connected to socializing, meaning and cultural (Jirón and Imalian 2015:124). Being mobile is embodied and about being present among other people, places and spaces. It is about bodily senses and making sense of the world as people is moving around (Büscher 2010:6).

The researcher in humanities and technologist, Malene Freudendal-Pedersen (2009) argues that mobility is part of personal freedom, and that freedom is about the right to move, and the ability to engage in co-present conversation with people or networks (2009:62). Freedom is not a reaction to external circumstances, instead it is a foundation on which everything happens to you and around you (ibid: 64). At the same time freedom is not just about the ability to move from one place to another, it also has to do with the ability to do what you want do to, when you want to do it (Ibid: 63). Today’s modern life requires people to be quick, flexible and prepared to move (ibid: 76), and mobility becomes part of having a quality
life. However, this is very much a personal feeling, which needs to be traced back to the individual’s roots (ibid: 63).

In the same way, the Chinese-American social geographer Yi-Fu Tuan (1977) argues that having space to move is closely connected to being free and having enough room to act (Tuan 1977:52). Having room to move is connected to being aware of space, which people can get by kicking their leg or stretching their arms, but also by moving from one place to another (ibid: 12). People that move around become more familiar with the world and places get filled with values and experiences. Moving around turns smells, taste and touch into feeling about things and people, and it is closely connected to your memory and anticipations (ibid: 8-10).

The anthropologist Nadia Lovell (2003) argues that belonging to a place is about loyalty, history, narrative and origins. Belonging is also a sense of experiences, a phenomenology of locality and perceived ideas of place. It is part of the collective memory and it evokes emotions, sentiments of longing to be in a pragmatic place (Lovell 2003:1). Space turns into places because of human actions, and are therefore imbedded with particular meaning for human sociality and identity (ibid: 6).

As well as Nadia Lovell, the social anthropologist Annika Lems (2016) studies belonging and she concludes that it is about being part of a productive relationship with places. Doing, making and building are enabling feelings of belonging which create routines and stories. As a result people are investing their surroundings with meanings (Lems 2016:328).
Chapter 4 - Historical background and context

Sports history in Sweden

Physical activities and exercises started, from a western perspective, in ancient Greece. During this time, competitions, religion and preparing for war were the most important reason to why people participated in sport activities. The first coaches in ancient Greece were in fact military technical experts (Patriksson 1973: 20-21). In Sweden, physical activities and exercises has been used to train soldiers (Ibid: 57) and building character (ibid: 59) since the Viking age (800-1521 A.D.).

To participate in physical activities, side from the physically demanding chores at home, developed in Sweden between sixteenth century and the nineteenth century. Physical activities and sports were aimed towards young, male upper classes and first appeared in an academic surrounding. Gymnastics was introduced to Linköping’s grammar school and Lund University during the sixteenth century. The biologist Carl von Linné (1707-1778) claimed that physical activities were as important for people as sleep and food (Patriksson 1973:70).

The first Swedish gymnastic organization was created in Gothenburg during the seventeenth century, and it introduced sport activities to both towns and rural areas (Patriksson 1973:72). The organization was a result of urbanization, industrialization and isolation from families who encouraged people to look for new cohesive groups (ibid: 88). The organizations goals were to create a higher physical and spiritual power in Swedish societies, as well as making it possible for the Sweden to compete internationally (ibid: 79-81).

A rapid change in sport participants

Sports and physical activities changed rapidly during the twentieth century. Sport activities and physical activities were mostly seen in urban environments, and about 77 percent of all sport participants were men living in the larger cities (Patriksson 1973:92). In the beginning of the century sports were associated with the bourgeois upbringing (Oddner 2010:177), and it was viewed as ‘nationalistic and royalistic’ (Patriksson 1973:96).

Sports were seen as a male virtue, to create a good national defense and a healthy workforce (Haslum 2006:79). It continued to be a way for the bourgeois class to participate in games and contests, and to demonstrate ‘swedishness’ and capabilities internationally. Sport contests
were a way to conduct war between countries, without weapons and with clear rules (ibid: 68). At the same time, physical activities became part of the bourgeois health as they were encouraged to go for walks, ski and skate to get fresh air, exercise and company (Ibid: 69).

The working classes started to participate in sports and physical activities in the 1920’s. During this time municipalities started to construct sport fields where people could play (Patriksson 1973:96-97). The political party, the Swedish Social Democrats, encouraged sport activities because it could facilitate the democratic process as they believed it could increase morale and educate people in leaderships and organizations (Haslum 2006:79). Sport started to be seen as an equalizer as the physical and mental benefits for everybody, not just the bourgeois class, as it would lead to everybody having the same opportunities (ibid: 81).

During the 1920’s sport activities, which was voluntary based, spread throughout Sweden. They had many members from various social and geographic strata. Sport and physical activities shifted from being a male bourgeois activity to a joyful activity for everybody (Haslum 2006:81).

During the war years of 1930-1940’s people continued to participate in sports, particularly young men. The Swedish journalist Torsten Tegner (1888 – 1977) was an important figure for Sweden sport and during the war years he argued that sports and physical activities was part of, as he described it the fight for freedom during the war years. At the same time, sports were something joyful for everybody. Sport was functional and would remove all stereotypes as it would bring people closer to nature, and it would make people equal and able to create and comprehend one another (Haslum 2006:94).

Also, during the war years sports and physical activities were viewed as positive activities for young men because people believed it would bring with it certain behaviors. Sports and physical activities would create good conduct, liveliness, modest behaviors, security, fellowship, good mood and absolute honestly. Accordingly, people would have a better quality of life, balance and self-esteem (Haslum 2006: 94-95). Finally, sports and physically activities would also create the right form of male body and values. It was a common understanding that a strong masculine body would have a strong and healthy mind (Ibid: 104).
**Physical activity as part of social morality**

After the war years (1939-1945) sports and physical activities continued to be connected to correct behaviors. Government and practitioners turned to the English public school for inspiration. English public schools used sports and exercise as tools for sharpening male and female pupils to be good students. Male pupils were meant to create group loyalty, physical and mental toughness, great self-confidence, discipline and self-control (Oddner 2010: 177). Female pupils were supposed to possess well-balanced manners, and the potential to birth healthy children. Yet, sports were regarded as too aggressive and dangerous for women, and instead was it adapted to women’s physical and mental maturity (ibid).

Sweden became a welfare state in the middle of the twentieth century, during which the government started to finance sport activities. Sports became a communal affair, where municipalities were assigned to build and handle sport areas (Norberg 2012:73). As a result of the welfare state, the old bourgeois way of viewing exercise as part of a patriotic upbringing started to disappear and was replaced with new ideas about public health and social integration. Women started to exercise, and there were an increase of female athletes (Ibid). At the same time, exercising started to move away from competitions, which had been its main purpose, and instead include everything from athletes to outdoor life. The strong focus on youth became less strong, and instead exercise was viewed as something for everybody independent of age and gender (ibid).

The government’s interests in public health were possibly a reaction to the side effects of industrialization and the new sedentary workforce. There was some hope that people would use sport activities to have an active leisure time and make up for their unhealthy lifestyle (Norberg 2012:73-73). There was also a debate about the unhealthy life lead by youths, and that it would lead to criminality, bad behaviors, bad fashion styles and lack of respects for authorities (ibid). To prevent this, the youth of Sweden was encouraged to be part of union’s activities that would help them grow into good members of society, collective players and getting used to rules (ibid).

In the middle of the twentieth century the notion that sport was for everybody was settled and as a result sport and physical activities became a contemporary image of Sweden in the 1970s.

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2 Political organization
Sport and physical activities were supposed to create democracy, equality, creativity, independent, and respect for one another, good ethics and environmental awareness. Sport was viewed as an important social resource as it gave people with different backgrounds something positive to do during their leisure time (Norberg 2012: 78). Yet, sport and activity continued to be viewed as a way of limiting and preventing illness created from unhealthy lifestyles (ibid: 76).

Sport and physical activities became ideological in 1970s. Books, article and debates about exercise become more common and the focus shifted from exercise for everybody to focus more on the public benefits of physical activities and exercise (Norberg 2012: 77). At the same time, sport became a commercialization process where companies wanted to make money on popular sport activities such as football and hockey. This commercialization of sport products increased as more children were encouraged to participate in sport activities (Norberg 2012: 76).

**Today’s policy and practice**

The term physical activity is nowadays used as an opposite to sedentary lifestyle: Sitting, reading, resting, watching television and using computers. As a result, health official’s and other practitioners encouraged increased activities and exercises because they wanted to limit people’s problems with sedentary lifestyle and the health implication that followed.

Globally, the World health organization WHO argued that physical inactivity could have serious implication for people’s lives, and that sedentary lifestyle was among the leading causes of death and disability in the world. According to WHO has 60 to 80 percent of the world’s populations sedentary lives, in both developed and developing countries, and that makes sedentary lifestyles a serious public health problem (WHO).

Your body is built to move. When you move around much happened in your body that makes you feel more alert and stronger. Among other things, blood circulation increases and the cells can absorb more oxygen. This makes the body more easily take care of elevated blood fats and stress hormones, such as adrenaline and cortisol. Fewer stress hormones, in turn, make you feel better and sleep better (1177c).

Unhealthy eating habits and physical inactivity are the most important contributors to our most common diseases. Together with obesity, these are among the most common risk factors for ill health in Sweden (Rgeringen 2016).
Ministry of health and social affairs (Regeringen 2016) concluded that it is essential to work towards increasing health behaviors that are related to eating and physical activities. Increasing health behaviors would be done by working together with municipalities and country councils, sport clubs and outdoor activities, with business and industry and labor partners.

Ministry of health and social affairs (Regeringen 2016) argued that un-healthy eating habits and physical inactivity was some of the larger causes for disease and illness. The public health agency in Sweden (folkhälsomyndigheten 2016) concluded that sedentary behaviors could lead to several health issues like insulin resistance, obesity, dyslipidemia, diabetes and metabolic syndrome. The health problems were found to be connected to sedentary behaviors and an effective way to limits the risk was to increase physical activity (Folkhälsomyndigheten 2016, 1177c). The online Swedish health care, 1177, claimed that “your body is built to move around” and that sedentary lifestyle could lead to dying premature. People were therefore recommended to increase physically active and that adults should move around at least 150 minutes per week together with regular walking, gardening and outdoor activities (1177c).

**Recommendation reaches people**

According to the concept of *Healthism* people are encouraged to ensure best possible health and take moral responsibility for their health behaviors (Wright 2006:708). Yet, as a health life becomes more important for individuals so will learning about health and acquire medical knowledge. New medical and epidemiological research forces people to keep up with new information. These needs to keep up are picked up by a growing industry of professional health promotions and health instructions, which result in an ever-expanding commercial culture of health production and services (Crawford 2016:415).

However, after interviewing people about their health behaviors I can conclude that only few people turned to health officials and public health recommendations. Instead, people learned about health and medical knowledge through popular media and I reached the conclusion that the primary sources were social media, television and glossy magazines.

I think I know quite a lot. I read articles and watch television. It is about that simple stuff. Things you can do at home. Yet, I bought one of those balance things that are half round. I did that right away when some old man at the television showed it. I have seen his
whole show. Now it [the balance thing] is stored somewhere at home. I have looked at it, but it is too scary, Lisa, age 75.

I have read it. The older one gets the more important it is to improve one’s fitness. I have read it in F&S\(^3\) (…) No, one has to think about it and actually increase one’s pulse, maybe not to the max, but at least something so that your heart gets to work. And it is good for your lungs. It thinks it is scientifically proven that it is healthy to do a couple a days a week, Lena, age 50.

These two accounts illustrate typical places where people learn about health, proper health behaviors and medical knowledge. According to Crawford (2006:415), it is impossible to not be affected by health consciousness in the western twenty first century because of the constant present of media that informs about health, medical studies and recommendations. Lena and Lisa are separated by fifteen years yet they both acquire knowledge through media. However, I also found that people like to refer to something that they have read or seen on television as scientifically proven.

**Media and health behaviors**

So what are the health recommendations being published and shown on media? From analyzing content on Swedish television and several large newspapers and glossy magazines in Sweden I have come to the conclusion that health officials and media’s health recommendations are not dissimilar. Instead, they encourage similar behaviors; that physical activities and exercise could limit pain and illness, and increase people’s health.

Physical activity for at least 30 minutes, preferably 60, 3-4 times a week, in most cases reduces a high blood pressure between 5-10 mm / Hg, sometimes slightly more. Try low-intensity exercise that gives heart rate and light breathlessness: Fast walking, cycling, swimming, light jogging, gymnastics. Move around a lot every day and take the stairs instead of riding the elevator, stand and walk as much as you can (Dagens nyheter 2017a).

Exercise is pure health. It counteracts inflammations in the body, strengthens skeletal and joints and increases metabolism. In addition, exercise improves insulin sensitivity and blood sugar levels, lowers blood pressure and reduces the risk of blood clots. All these health benefits are, if possible, even more important for a person who is not already healthy (Expressen 2014).

Walking is great training for everyone. You get stronger and get fit - if you walk in a smart way (Tara.se 2017).

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\(^3\) F&S is sport magazine published by Friskis and Svettis.
Walking provides fitness, preferably at a faster pace and in a hilly terrain. Because walking does not hurt in the same way as running (especially for the elderly), it’s a safe way to get started. It lowers blood pressure and blood sugar levels and can help one recover from lighter depression (Women’s health 2017).

These three quotes are examples of how popular Swedish magazines write about physical activities and health, and the quotes indicate that there is a connection being made between physical activities, such as walking, and being healthy, smart and strong. The magazine often present their message with quotes form medical studies or life stories, i.e. stories about people that change their life through physical activities. This message is shared in most of the magazine that I analyzed.

Research shows that a walk affects your nervous system and your mood so you will be much happier. In addition, you burn both calories AND build muscle mass. Only benefits, so! (Iform 2017b).

You get happier and less stressed by moving around (Amelia 2016)

That body and soul belong together is a matter of course now, and when we move around a good deal of good substance are excreted that makes us happier, more relaxed, calmer and more contented, shows studies (Må bra 2017).

These three quotes demonstrate that, besides limiting pain, media expresses that physical activities and exercises makes people feel better and happier. This is also expressed in several SVT- programs about scientific discovery which suggest that physical activities and exercises made people happier, got better memory, more creative, smarter and that it reduced aging.

While analyzing magazines I could see that most magazines would reference scientific discoveries or theses, which indicate for the reader that the content is both important and true. Furthermore, I suggest that the large amount of articles that indicate that physical activities would lead to healthier, happier and – over all- better life are so many that it makes the content in the articles objective true for the people reading them.

**In conclusion**

From the context in this chapter we can see how sports and physical activities in Sweden have changed its purpose during the centuries, yet it has almost always been related to morals and values. Sports and physical activities started out as a way of ensuring victory in wars, yet it had elements of games and competitions. Between the sixteenth and nineteenth century sports and physical activities started to be more about the right moral way to act and had elements of
nationalisms and games. Nationalism, good values and the healthy bourgeois class become the main purpose of sports and physical activities in the beginning of the twentieth century. However, in the twentieth century sport and physical activities became closely connected to morality, the right behaviors, equality and freedom for everybody. The connection between sports, physical activities and correct behaviors become more connected with time, and nowadays sport and physical activities are connected to both behaving right, taking responsibility for your health and being a good, smart and creative person. In these findings we can see that the health official’s recommendation to increase health by ensuring more physical activities and exercises has a historical background and that sport and physical activities have long been used to insure politically correct behavior within the Swedish society.
Chapter 5 – Perception of health

Interpretations of health recommendations

In Sweden there is a major interest in establishing good behaviors, particularly associated with body and health. Both the ministry of health and social affairs (Regeringen 2016), the public health agency in Sweden (folkhälsomyndigheten 2016) and media encourage people to be more physically active to limit the risk for potential ill-health. To spread good behaviors the state and health professionals trust people to apply moral responsibility, which according to Wright (2006:708) is the status of morally deserving praise, blame, rewards or punishments for your actions according to moral responsibility and as a result, people are morally responsible for their own personal health and to prevent illness and pain.

People are eager to take responsibility for their health and improve their quality of life (King 2003:308). To understand why people turn to physical activities we need to know more about people’s perception of health and physical activities. Therefore, the literature in this chapter has been used to identify informants’ perception about health and physical activities.

In this chapter I mainly draw upon Bourdieu’s (1977) understanding of Doxa, Dean’s (2010) interpretation of governmentality, and Bandura’s (1991) theory of self-regulation. The case study explores the health beliefs expressed by the participants in the study by analyzing the empirical data primarily based on interviews and secondly on observations.

The obvious truth about physical activities

In Sweden there is an almost unquestioned belief that physical activities and exercises leads to good health. This opinion is expressed in media, which I more thoroughly discussed in the previous chapter. However, this is also expressed in the interviews that I have done during my fieldwork.

Everybody should do it [walking]. It is good because you feel better and you can move around easier. It is easy to just sit around, and you get stiff if you are not moving around, John age 70.

I want to have a body that is fully functional. You cannot get away from your body. To want to have a body that moves the way it is supposed to, Ingrid age 71.
I think walking is A and O, and it is needed if you are to function. You get fresh air and it is good for your blood pressure, Elvira, age 80.

That you are moving around and not being a couch potato. You have to keep going and move around. I sit around a lot in front of the computer and then it is good to get up and move around, Stina, age 78.

Several accounts from my senior informants show that there is an assumption that physical activities are good for one’s body and health because it prevents the body from becoming stiff, dysfunctional or unhealthy. Almost all of the interviewed informants shared this idea and used it as their main motivation for daily physical activities.

The informants viewed physical activities and exercises as good for their health. This information was *objectively true and obvious for everybody* and not something to be questioned; thereby linking it to Bourdieu (1977:154) understands of *doxa*. Doxa refers to a taken-for-granted and naturalized understanding that people have about their world (ibid). During the study I started questioning the connection between health and physical activities and I almost always got the same reactions: People averted the questions, or viewed it as nonsense and so obviously true that it was not worth reflecting on. Most informants would refer to it as “something I know” or “something I’ve heard”, however nobody would reflect whether or not it was true. Instead it was taken for granted that the information spread about health and physical activities was right and should be followed.

By analyzing the informant’s statements I draw the conclusion that physical activities or exercise are unquestionably viewed as good for one’s health and perceived as something everybody should strive to maintain in their everyday life.

I am not the type that goes outside for a walk because it is fun, really. I do it because it is healthy and if there is a good weather it can be nice to be outside. Then it can be good. But I prefer to do other things, than walking, of physical character. I rather go out and play golf or skiing or something else than walking (…) it is a bit boring, Gustav, age 71.

Gustav, age 71, statement illustrates the urges that people expressed during my fieldwork about their needs for physical activities: That it was important, regardless off the individual’s feelings or interest, to maintain physically active. Particularly walking was seen as important in order to maintain good health and was something that everybody should strive to uphold.
Several informants in the study expressed that they found walking boring but walked because it was healthy for them. Ingrid, age 71, lived in the middle of the central Eskilstuna. She rather watched television, listened to radio and read books than walked outside. Yet, Ingrid believed it was good for her to walk and therefore she consciously target places that required her to leave her house and increase her physical activity. For example she walked to the local shops and museums. Afterwards she felt she had done well to improve her health.

These behaviors can be understood by referring to Foucault’s (1991) governmentality; that people are encouraged to manage correct behaviors (1991:91) and by drawing on Dean’s (2010) interpretation of governmentality as ‘conduct of conduct’ where people assess a moral sense of what they should do to achieve the right behaviors (Dean 2010:17). Some participants in the study did not like to increase their physical activities by walking, but they perceived walking to be a behavior they should strive to maintain because of its good qualities. Therefore, I suggest that moral responsibility for your health can outmaneuvre their dislike of the action.

Everybody should do it [walking]. It is good because one feels better and one can move around easier. It is easy to sit around, and one get stiff if one is not moving around, John age 70.

I want to have a body that is fully functional. You cannot get away from your body. You want to have a body that moves the way it is supposed to, Ingrid age 71.

A common way of talking about the physical activities and healthy behaviors was to refer to it as general knowledge and something that everybody should be doing. Often people refer to other people’s health when they talked about their own. This fascinated me and I started to wonder if it was connected to approval: The belief that something or someone is good or accepted. As a result I associated it with governmentality: Guiding and leading you to do certain things, and Deans (2010) interpretation that governmentality creates norms which peoples attempt to continue (Dean 2010:17-18), and that they can effect both individuals and groups (ibid: 19). As a result, I interpreted these statements as a way of justifying one’s own behavior by claiming that it was something everybody should be doing.
Division of physical activities

In the previous section I suggest that most of the interviewed people view physical activities, such as walking, as good for their health. Yet, during my fieldwork I found that people questioned the effectiveness of physical activities.

Walking, it depends on one your fitness and what one likes to do. I think it is good to do some form of physical exercise that is easier (…). You do not need to hang in the wall bars or run around. You do not need that, Lisa, age 75.

It [walking] is a nice exercise form, but I do not know if it is versatile enough, Ingrid, age 71.

These two accounts identify two common divisions that were most often expressed during the study. One account meant that walking was enough while the other questioned if that was true. What separated them were their personal experiences with walking. Lisa enjoyed walking and had done that most of her life, and she and had a strong belief that it was enough. On the other side, Ingrid did not like waking, and instead wanted to stay at home. I can only speculate, but I think that the division between enough and not enough come from previous experiences and as part of rationalize one own interest.

This division between only walking or additional physical activities followed my fieldwork. Most of my interviews circulated around this issue and it was clear that it was something that people thought about. While most senior women had a strong belief that walking was enough, some seniors and adult women expressed a need for more physically demanding activities, such as running or going to the gym.

It is part of having moving joints and then it is good for one’s muscles and strength. I also think it is good for one’s pulse, heart and even the brain feels better after one worked out, Elisabeth, age 69.

You can’t only do muscular exercise at the gym. Or only walk or run. I believe they are complement to each other and you need both, or all, because you need cardio exercise to. Those who only go to the gym do not have any fitness or increased pulse, Lena age 50.

Increased and additional physical activities, such as going to the gym or running, were often explained as needed because of their embodied feelings, i.e. it was something they felt in their body. These two quotes illustrate how it was imbedded in embodiment through joints, muscles, pulse and heart. Both Elisabeth and Lena talked about different feelings that are felt
and is felt differently depending on their activities. They argued that increased physical activities created higher pulse and that was connected to better workout.

There are two ways of interpreting this data and I suggest that they both play an important role in understanding why this division existed. The first is done by referring to media’s reporting of physical activities. As I presented in an earlier chapter, people that I interviewed got most of their information about health and physical activities from television or newspapers and from this information they then shaped routines and behaviors.

During my own data analysis from the collected online material this division between walking and increased physical activities, that had been seen during my interviews, suggests that the divisions expressed by the informants partly come from the division expressed in media. Among many examples, the women magazine Iform (sic) (2017) argues that walking makes people happier, smarter and fit. Yet, only two months earlier the same magazine argued that additional forms of exercises, such as swimming and biking, were best for people’s health (2017b). And in Expressen (2016) there was an article that suggested that weight training make people less stressed and thereby more healthy. From this I suggest that the division between only walking and additional physical activities come partly from medias many different reports about physical activities.

Yet, it is not enough to refer to media’s reporting about physical activities. By analyzing my data I can conclude that those that added more physically demanding physical activities to their routines were younger, healthier or more eager to limit illness in contrast to those who only wanted to maintain present health. Therefore, the second way of interpreting the division is by referring to Bandura (1991: 267-268) and his understanding that people archive different goals depending on their knowledge and belief. If people believe that they could increase their performance they would seek out new challenge and add more physically demanding exercises. However, adding more physically demanding exercises were often confusing for the participants because then they had to decide what enough on their own.

**Hegemonic masculinity and physical activities**

You may have notice by now that in the previous section I only refer to women’s health behaviors. This is because the men in my study do not show the same division. Instead, there was a consensus that walking was not enough to maintain good health. I understand this
variation by referring to Carrigan’s (et al 1985:592-593) hegemonic masculinity: The power struggle between women and men, or between men.

I do not see walking as exercise. It is good to move around and get fresh air. But one has to exercise more physically and change clothes and sweat. At least two or three times a week (John, age 70).

Exercising to get sweaty? (Author).

Yes, one has to move around so one gets sweaty and have to shower. Sometime one walk fast so one get sweaty but it is not the same (John).

Why is it so important? (Author)

Because it feels like you give more and it feels like you clean out your head and get physical activity. It is good (John).

I first came in contact with the increased need for physical activities during my interview with John, age 70. John walked and went to his local gym regularly. At that moment I did not think much of it, a lot of people in the study visited gyms or did increased physical activities. It was not until I started to compare John and the other men’s stories to the division found in the women’s stories. At that moment I found a large emphasis on increased physical activities and even more focus on embodied reaction than with the female informants.

Since the heart needs to work hard I need to increase some pulse. If I just walk around and drag my feet my pulse will not increase and then my heart muscles do not get to work out. I do not burn anything of my body by walking around. If we are walking we walk in a brisk pace. Thus I need to feel that I get warm and that my pulse is increasing. If I am running, as I do sometimes, I do some intervals to get my pulse to increase even more. That it is really good! I do not have to strain myself to much. But I want to have an increased pulse so my heart has to work. I think it is good, Per, age 46.

Women had only mentioned their embodied reaction, but men seemed to establish their physical behaviors around it. I suggest that men more often used embodied reactions as a symbol for good physical activity. According to Foucault (1991:95) people manage their behaviors so they can achieve the right things. Yet, to achieve right behaviors people need to come up with strategies (Lems 2002:59). Based on Foucault (1991) and Lems (2002) I conclude that the male participants in the study used their bodily reactions, such as sweat and heartbeats, as strategies to decide if they were achieving the right health behaviors and, at the same time, feeling safe that they were managing and taking responsibility for their health the right way.
However, the need for more demanding physical activities can also be understood by referring to hegemonic masculinity. An important feature of hegemonic masculinity is the division of labor, which is demonstrated by the social definition of tasks as either male or female, and that some tasks are perceived as more masculine than others. As a result, heavy work is generally connected to masculinity (Carrigan et al. 1985: 594). Even though this division is most prevalent in regards to work, this division is also found within sports activities. Male sports such as hockey are often viewed as tougher and include more violence. However, masculinity is not a means to act violent, but it could be used to uphold power among men (Hearn 2012:592). Based on this I suggest that men’s drive to participate in more demanding physical activities are connected to hegemonic masculinity.

Practicing endurance such as running or skiing is not as fun when I feel like I cannot run as long and as fast as I want to, Gustav, age 71.

The social definition of masculinity became even clearer when I interviewed Gustav, age 71, who due to a heart problem could no longer practice endurance activities and therefore found running or skiing less fun than before. This can be interpreted as he could no longer keep up with the demanding toughness of masculine sport and therefore lost interest in it. Instead Gustav turned to sports that he could still excel in, such as golf, which he practiced a few times a week during the warmer months.

I also observed a division between masculine and feminine way of practicing physical activities, which was related to walking. In the middle of my fieldwork I was going for a short walk with the senior informants around a river in Eskilstuna. In this group there were three men. As we started walking they speeded up and walked fast before everybody else. I could follow them with my gaze as they walked alongside the river but I could not keep up and instead I walked with some of the women in the group. Later I would try to understand the three men’s need to walk faster than everybody else. It did not have to do with wanting to become sweaty or that they saw it as exercise. Neither had it to do with the men being healthier since many women in the groups were healthy. Instead I believed that walking fast was a way for the male participants to make walking into a masculine activity, and therefore walking needed to be tougher.

In conclusion
I conclude that there is a perception among Swedish adults and seniors that physical activities and exercise lead to good health. That physical activities were healthy was perceived as a
taken-for-granted knowledge which people turn towards to self-govern their behaviors. However, it was most likely also a behavior sprung from absorbing media’s reporting on the subject. At the same time, it is a reaction to embodied feelings and affects: Feeling the body move around, perspired and increased heartbeats made people feel that their body was working and it was healthy. These three reaction were not each other’s opposites, instead they worked together to ensure healthy behaviors.

Women questioned whether or not walking was enough to self-govern and take responsibility for their health. Probably a reaction to media’s portraying of physical activities together with a need to achieve and perform according to one’s standards. Among males the need for demanding physical activities is more likely connected to hegemonic masculinity, which encourages men to strive for tougher activities. However, I suggest that increased physical activities also come from embodied reactions, such as increased pulse, and that these reactions became symbolic for doing the right thing for your physical health.

The purpose of this chapter has been to establish the connection between physical activities and good health. In the next chapter I am going to continue to immerse myself in the concept of good health and the participants’ perceptions of what physical activities can do to increase their health.
Chapter 6 - Staying healthy

Limiting pain and illness

From a global perspective humans have never been as healthy as today, and Sweden is at the top of the chart over life expectancy (Gapminder.org, WHO 2017). At the same time people in Sweden are struggling with illness and pain, a result from an unhealthy life with a sedentary lifestyle (WHO; Regeringen 2016). Yet, since people always want to return to a painless body (Jackson 2011:149), people are taking it upon themselves to improve their health by increasing physical activity, such as walking or running.

However, not everybody turns to physical activities to improve their health and prevent illness. In fact, it becomes more and more common with health implication from obesity and sedentary lifestyle (Regeringen 2016). Therefore, the literature in this chapter has been used to identify why some people turn to physical activities and what motivate them to continue.

In this chapter I draw upon Arthur Kleinman (1988) *The illness narrative*, which offer an understanding to the concept of illness and illness as culturally shaped. I deepen the reasoning with the use of Sarah Ahmed’s (2014) *The culture of emotions* and Jean Jackson’s (2011) *Camp pain*, which identify the connection between being in pain and embodiment. I refer to articles by Betsy Fife (1994) as a way of understanding how identity can be changed by illness and pain, and Linda Garro (20011) in an attempt to understand how physical activities and exercise are connected to memories. The case study explores three different practices: Limiting pain, preventing illness and decreasing stress or anxiety. Most of the analysis comes from interviews with the participants in the study done during the end of the fieldwork.

Pain and Illness

Partly to keep the joints healthy. Then for your muscles, as you need to keep good strength in your muscles. I believe that fitness, heart and even the brain profit from moving around in different ways (...) it makes the brain function better. I have learned that you need to raise your pulse sometimes, (...) to grow old healthy you have to move around, Elisabeth, age 69.

During my interviews with the participants in the study our conversations always ended up being about their health, limiting pain and preventing illness. The subject came up when we talked about why they started to be more physically active and it became clear for me that the main reason to why the participants started to increase their physical activities was due to
embodied reactions, such as pain or illness. This was the case for Gunhild, age 74, as she told me during the interview how she wanted to go outside more but when her back started to hurt she felt more limited in her options. She explained that she had never had any interest in physical activities. Instead, Gunhild liked to stay indoors to read or work on the computer. Yet, now she needed to increase her physical activity, particularly walking, if she was to prevent herself from becoming completely housebound.

To understand Gunhild and the other participant’s motivations to increase their physical activities I draw from Kleinman (1988:4) who argues that illness is a lived experience, it is what makes people change their behaviors to achieve something better. The reason people turn to physical activities is to limit pain is because of the taken-for-granted and objectivity true knowledge that physical activities would limit pain and illness, which was further discussed in the previous chapter.

Based on this data I suggest that pain and illness can start a reaction that makes people more aware of their health problems and in turn motivate people to increase their physical activities. This conclusion can be linked to Ahmed’s (2014) understanding that pain makes people pay more attention to their own body and how it is feeling. Therefore it is not surprising that people start to reevaluate their health as their body starts to hurts. People are aware of their body before it hurts, but it is only after the pain occurs that your body becomes something to focus on (Ahmed 2014: 25-26). For example, as we walk to the bus we do not pay attention to the way our legs and arms move, it is just the way it is. But if we need to run to the bus and our heart starts pumping and we start to feel tired, then we start to experience our body through heavy legs and challenged respiration. One may also say that we start to notice our fitness or lack of such fitness.

**Fighting the pain**

I have walked more, because I have arthritis in my knees and they tell you, at least lately, that you have to walk to get better. I do not know if I get better but I have tried to walk a lot more, Elvira, age 80.

I do not want to get to stiff, I am not happy with my legs since they are too heavy. They are not convenient to move and I easily get cramp, Ingrid age 71.

I want to have enough energy to deal with every day. I want to be positive and happy at work. And maybe I can prevent illness. I have this whiplash injury (…) and some back
problems. I can prevent it. They told me that they cannot say how the future is going to be. Nobody can because we cannot tell about the future. But maybe if I move around and do something every day and get my lungs working sometimes, maybe three or four days a week, than I can live longer. Hopefully, Lena, age 50.

The three quotes reveal similar themes of motivations and pain, and they demonstrate how people use physical activities to limiting pain or illness. All three women were keen to limit their pain by increasing physical activities by moving around more. All of them mention the connection between pain and physical activities. In fact, many accounts from the participants in the study show similar result with an increased need to reduce pain with exercise. This need can be partly understood by turning to Jackson’s (2011: 149) understanding that pain and illness are always unwelcome, and people always want to return to a painless world. From this, I suggest that pain and illness motivated the participants in the study to increase their physical activities because they wanted to limit the always unwelcomed pain.

*Kjell fights arthritis*

Physical activities was viewed as needed for seniors to limit pain and illness, and the way some of the participants talked about reducing pain was similar to our understanding of *fighting*, i.e. the pain was something hostile that needed to be attacked. In reality it meant doing something practical for your health and receiving the health benefits that in turn would limit the pain. It suggests that seniors who experience pain turn to physical activities because there is such a thing as less pain.

Concepts like *less pain* and *limiting pain* are vague and based on the individual’s narrative. Yet there are some common grounds, such as gaining control and having a choice (Fifi 1994). It can also be defined as finding new meanings, relationships and being socially empowering (Hunt 2000:88-90). From this perspective, less pain seems to link to the concept of being healthy: Meaning being able to act.

To be able to act without pain was the main motivation for Kjell’s increased physical activity. I interviewed Kjell during my fieldwork and our discussion was a lot about his arthritis and how pain limited his everyday life. Kjell was a 67 year old man living in Eskilstuna with his wife in a house close to the city center and with a summer house in the rural area. In his youth Kjell had been a handball player, but as he grew older he developed arthritis and pain in his knees, and that meant he could no longer play handball.
Kjell had been very enthusiastic about his interest in handball and he viewed himself as a man that played sports. He told me in one interview that handball had been a large part of his life, and one aspect he emphasized was the importance of being part of a team and feeling fit. Not being able to play made him feel less like him, which can be understood by linking it to Kleinman’s (1988:4) argument that pain and illness can create feelings of hopelessness, and that pain and illness change a person’s life in a way that is not related to their wishes. Fife (1994:312) extends this reasoning by arguing that illness or pain can result in people feeling that they have less control over their lives. However, when people start to take back control over their health other part of their life can seem to be easier. This was part of Kjell’s experiences, and after walking regularly for two months he expressed it as following:

It is perfect for me. I have become more resourceful, got more energy and my bad knee is only hurting sometimes. I am completely different. I was so rigid before when I walked. Now I have a soft step and everything. Kjell, age 67.

In our first interview Kjell explained that the main reason for him joining the study was because of his arthritis, which had gotten worse and made him start to reflect over the illness. He had decided to find a way of limiting the pain and therefore decided to start increasing his physical activities. For two months Kjell walking regularly every day, and during these two months Kjell told me that he started to experiences less pain. Because of this, Kjell felt he was doing something to make his life better.

However, it is normal for men to look back at their youth and reflect over the time when they were younger and their body had better fitness. Men often describe their body to feel healthier when they were younger. It meant that their body was able to act more freely (Robertson 2007:41-42).

I do more stuff than I did before. It is more positive, and I deal with stuff at home that I normally would not have done. My partner work and I don’t like to cook, but I have started to cook more food. I am quite limited in my skills, but my last goal was to do white sauce. That was last week, Kjell, age 67.

Nevertheless, later in the interview, Kjell explained that feeling more fit not only limited his pain, but it also made him feel happier. He started feeling more capable and he had started to cook and clean more at home. Hunt (2000) means that illness is “characterized as an existential loss” and Jackson (2011) means that illness and pain can “destroy the world” (Jackson 2011:149), in which they both refer to the feeling of being without control and no longer fitting into the normal social structures and roles (Hunt 2000:88). Based on Hunt and
Jackson I suggest that Kjell’s happy mood and new behaviors are somewhat a result of feeling less pain, but also partly due to him feeling vigorous for fighting the pain that had limited him for a long time.

I walk quite fast, but I don’t have to catch my breath (...). The next step is to start running, and that is a goal for me, Kjell, age 67.

As demonstrated by this last quote it was not enough for Kjell to start walking and feeling less pain in his knee. He told me with great eagerness that he wanted to start running and expand his physical repertoire to involve his whole body. The idea of running came from the man that two months earlier hardly could walk. It pleased me to see him run up from the chair he was sitting in during our interview and showing me the walking stick he had started to use in an attempt to further improve his walking.

The idea of running and using a walking stick was not directly related to Kjell’s pain and arthritis. Yet, I believe that they symbolize freedom from illness and pain. I base this argument on Hunt (2000), who argues that when a person becomes ill they start to reconstruct their life and when they start to move away from their limitations of sickness they can make changes in their lives. These changes are mostly about reconstructing a sense of biographic continuity: That most seniors will usually maintain action, behaviors and relationships as they did in there youths. It is part of maintaining a lifestyle by adopting new strategies that are connected to their past experiences. Yet, it is also about creating new meanings, relationships and social empowering (Hunt 2000:88-90). Kjell’s experiences of increased physical activity by walking can be understood as an embodied experience that in turn had social expectations connected to confidence, as well as being connected to his personal history. It is important to note that the changes in Kjell behaviors are inscribed in the body and generated through bodily movement. Thus, the embodied aspect of limiting pain by walking created a result where physical activity and health became interconnected.

**Preventing pain or illness**

It became clear in the previous section: *Kjell fights pain*, that seniors used physical activity to limit illness and pain. Another common response was to use physical activities, such as walking or running as a way of preventing illness or pain before it happened. These answers more common among my adult informants but did exist among the senior participants.
When it came to preventing pain and illness the important thing was how people felt and had less to do with an actual risk for pain and illness. Instead, people that wanted to prevent pain and illness focused on maintaining a healthy and functional body. A healthy and functioning body is a body without pain, illness and disability (Robertson 2017:39). However, the healthy and functioning body was also symbolic of a body that could act, such as managing a work day and performing heavy lifting. Both men and women in my study emphasized the need to manage and cope with work, heavy lifting and a stressful environment.

I feel so good. I get a kick, and I get happy. Everything is not dark. Today after I ran I was so happy when I went to work, Lena, age 50.

To feel better and enjoying life, and also it is very nice to get to work on my own, Christopher, age 36.

As I have the work I have, like I need to put on stockings [on others] which hurt my back. Then it becomes important to have a strong back, Annette, age 57.

These three accounts illustrate the participants in the study perceived some benefits from engaging in physical activities, such as limit pain that could occur at work. However, during the interviews the participants would express that physical activities should be helpful for limiting pain in all aspect of everyday life. The accounts share the same narrative: Becoming less stressed and feeling good, which I will expand on in this chapter.

Feeling less stressed and feeling well was a benefit from physical activities that most informants shared, and the opinion seemed to be that a stressful workplace or everyday life makes people sick and incapable, which was equal to failing to act and having an unhealthy body (Roberson 2017:39). An unhealthy and incapable body could become a threat to your self-esteem and self-worth, and therefore people strive to prevent ill-health (Fife 1994:312).

The quotes very explicitly show that physical activities can be about pragmatic embodiment where the body’s inner functionality, having a body that can act and behave as the actor wants, was important, linking it to Robertson (2017:68) who argue that a health body can be used in normal everyday life and used to perform specific tasks and multiple roles, such as father, husband and worker (ibid: 69).
I suggest by analyzing the quotes and the context in which they were said that Lena, Annette and Christopher used increased physical activities as a strategy to prevent from stress and illness.

**Per fears a heart attack**

In the previous section I described how adult participants in the study used physical activities to limit potential risk for pain and illness in an attempt to ensure a healthy and functioning body. However, for the participants to start thinking about prevent pain and illness the participant often needed to get a sense of what pain felt like. Lena, age 50, had had problems with stress and had a whiplash injury, which meant that she had experienced pain that she wanted to prevent from being a regular part of her life. Annette had a stressful job in elderly care and sometimes she felt a “chop” in her back. She wanted to prevent it from becoming a constant pain in her back by walking more and going to the gym.

By analyzing Annette and Lena’s experiences of pain I suggest that adults whom experience pain use physical activities to prevent the pain from increasing in magnitude.

During my fieldwork I traveled to meet Per. Per was a 46-year-old man living in southern Sweden close to Kalmar. He lived with his wife in a house in the rural areas, which meant he had lived close to forest and nature. The nature was an important part of Per’s motivation to engage in physical activities. In his youth Per had been a football player and he had also been a football coach, but as he grew older he stopped playing and coaching because he did no longer have the same amount of free time.

Per was concerned with issues regarding his health, and this went back to his personal history as a football player. While Per had been playing football, he experienced having good fitness and the ability to run for an extended period. However, during the interview Per told me that he never reflected over his fitness while he played football. It was not until after he stopped playing and after years of living a sedentary lifestyle he started to think about his fitness and health.

While I was interviewing Per we talked about why he started to increase his physical activities and this conversation turned out to be very helpful in understanding the motivation behind physical activities and why some people increase their level of activity. Per told me
that he never questioned his fitness and ability to run six miles without problems after he stopped playing football. For some reason, one day a few years before I meet Per he decided to go for a run outside. In his mind Per was as fit as he had been in his youth. However, this time he could only get about 1000 yards before he ran out of breath and, as he puts it, had “to crawl home”. He was out breath and expressed it as, “Thought that I would die”. This running experience scared Per because he could feel his heart beating faster to pump blood to his muscles as he was running, while still not being able to run as he used to. He associated his bad fitness with his heart not being able to act properly and made the conclusion that poor fitness could lead to a heart attack and he started to run more regularly.

If your body acts in ways that are different and you feel pain, it will make you think about the way your body is acting and feeling. Becoming aware of how the body is feeling and acting makes it more likely that people start to act and behave differently in an attempt to remedy the problems (Ahmed 2014:18, Kleinmen 1988:4).

Based on Per’s story I argue that Per started to increase his physical activity because his body acted differently. He responded to the embodied reaction of his heart beating harder. Running and walking was his way of limiting the risk for potential problems and mitigate the risk of a heart attack.

I felt like the laziest person in the world. Somewhere in the back of my head I knew I was getting older and lazier, but I will not fucking die of a heart attack because I am lazy. So now I am walking a lot with my wife, we walk almost every day, Per, age 46.

Even though Per talked about the loss of fitness he had experienced after he stopped playing football the main reason for Per’s increased physical activities was not to prevent growing old or going back to state of fitness he had in his youth. He seemed to be fairly comfortable with being at the fitness level he had at the moment. Instead, what prevented Per from going back to a more sedentary lifestyle was the potential risk for a heart attack. To understand this I draw from Ahmed’s (2014) understanding of how the body and mind work together. Ahmed argues that as long as everything is fine you do not think about your body, but as the body starts to feel pain you move your consciousness back to your body and how it is acting. As a result you start to think about what is missing (fitness) and the consequences (heart attack) (Ahmed 2014:26). Therefore Per’s behavior, increasing his physical activities, can be seen as both an embodied reaction to pain and personal history. The embodied reaction started the
behaviors and he connected it with his personal history of being a football player with good fitness.

**Tranquility**

So far, I have discussed physical ill-health, such as sore joints and fear of heart attacks. Yet, the participants in the study also turned to physical activities to decrease mental ill-health and reach tranquility. In an attempt to understand the link between physical activities and mental health I have both analyzed the interviews and observed the environment in which people walked to reduce stress. I argue that part of reducing stress by physical activities is connected to the environment in which people move around. Therefore this section focuses largely on my observations of *the right places to walk*. However, first I will identify a connection between mental health and physical activities.

Sometime it is very difficult at work and we have a lot to do, and there is a lot of staff. Then it is nice to have time for one’s thoughts, such as I should have done so and I can do that tomorrow and so on. I can put that to one side. Running and walking becomes a way of resting and get some oxygen to my brain. It is the absolute best for a hard day to just put on one’s shoes and go outside, Per, age 46.

As long as I worked it [exercise] was nice, for many different reasons. It cleared my thoughts as I was walking or running. It felt good to be physically exhausted. I have not worked in a place that needs large amount of physical activity; instead I have mostly sat down. Then it was really nice to be physically exhausted sometimes. I thoughts so since I was young, it made me feel good, John, age 70.

I feel more alert and this is why I know it is good to move around. It is not just good now because when I worked a lot and had a lot of problems, if I went for a walk and cleared my head, then I always felt better and came up with solutions, Elvira, age 80.

These accounts illustrate the link between stress and physical activities, and it was shared by several of the informants in the study and by both male, female, adults and seniors. However, the informants hardly ever actually mention the word *stress*. Instead they refer to it as “having time for one’s thoughts” or, “I cleared my thoughts”, which indicate that the participants could use physical activities in an attempt towards helping themselves to, basically, think less. Or it could mean to think less about difficult things, thereby linking it to Crawford’s (2009) understanding that people turn to walking because it makes them feel more in control.

By analyzing the quotes I suggest that walking is a common way of reducing stress after a difficult day. Walking provided the participants with a much needed calm period, during
which they did not need to think about their problems. Yet, I do not feel that the answer is that easy. In fact, some participants made an association between thinking about difficult things and going for a walk in an attempt to think better, indicating that walking would stimulate people’s ability to think. Haskell and Tornburn (2005:157) argued that, besides preventing several physical illnesses, walking could also improve people’s cognitive function and limit dementia. However, I cannot find any academic research which indicates that walking makes it easier to think. Instead, I suggest that walking is part of people’s strategy to decrease stress, linking it to Wright’s (2006) understanding that people create strategies to prevent ill-health.

The idea of walking to reduce stress is found in many parts of society. I found the idea among my participant but also in the media that I analyzed. The Swedish health care system recommends people to reduce stress by eating healthy and engaging in physical activities (1177b). In newspapers, which the participants often turned to, I could read the following:

Exercise is the best cure against stress (Iform 2010).

Exercise is one of our most effective remedies for stress and anxiety in everyday life (Vardagspuls 2016).

Exercise is an important stress attenuator and can also help people with depressions (Fitness 2016).

The quotes show a pattern in which popular media suggest that walking is effective to reduce stress, and this was shared by the participants in the study. I cannot claim that there is a connection between what the media is saying and what the participants is doing, since that would be to simplify something more complicated. Nevertheless, the participants in the study often refer to their action being led by something they heard or something they read. I wrote about this in chapter 5.

By walking to reduce stress people are taking moral responsibility over their health in a way that is morally acceptable, linking it to Dean (2010:18) who claim that people act in a way that regulates and ensures correct behaviors. Since most of the media’s report about health and physical activities come from health officials, health agency or government founded research I suggest that walking to reduce stress is partly part of an attempt from healthy officials to ensure correct behaviors, and foster people into healthy individuals who self-govern their illness (Foucault 1991:100).
Depression and physical activities

In an attempt to expand the connection between stress and walking, I turn to a story told by Lena, age 50. Lena lived in Uppsala with her husband. She worked at a local school that had a stressful environment. The stress from work sometime became too much and she would bring it home, i.e. she would continue to be stress when she got home. Lena felt that being stressed at work was one thing she could expect, but being stressed at home could make her sick. Lena based this on previous experiences of stress that lead to depression.

When I first met Lena I was caught by her laughter and energy. We sat in her kitchen and talked about physical activities when she in the middle of our conversation started to talk about managing stress and coming back from her depression. It was clear that physical activities and managing stress was connected to each other and she expressed her experiences the following way:

During the first two weeks I could not do anything. Then I started walking late in the evening, when it was dark and no people around. That was fine, and I had my husband with me. He told me I had to go out and move around. It was nice and when I felt better I started to walk during the day as well, Lena, age 50.

I wanted it to be in my prescription. Instead of a lot anti-depression tablet the prescription should say that I should walk every day in the sunlight, and being around people. I believed that saved me, Lena, age 50.

According to Crawford (2009), in order to limit stress, the mind needs to feel in control of the situation, and according to Kahnir and Melanmed (2006:692) the main purpose of control is to ensure satisfaction. When Lena’s depression started she could not do anything, but by walking she felt more in control and slowly she could reduce the stress and improved her health.

Feelings of depression are often brought up from stress and a feeling of less control. Physical activities provide people with a sense of control and be beneficial for decreasing depression. For example, walking would give people a sense of control. While you walk you can decide the path, the pace and sometime the company. At the same time, walking does not require people to make decisions and instead it is easy and something most of us has done since we were very young. Therefore can control also be a metaphorical core of health (Crawford 2006:415). Furthemore, these reasoning can be easier understood by Jackson (2011:147) who argues that being healthy is about being in control over your body.
Another way of reasoning is to refer to Morgan’s et al (2007) understanding that “higher believes in the controllability of depression would be associated with more adaptive coping” (Morgan et al 2007: 327), which suggest that physical activity can provide people with the necessary coping strategy.

As a result, I suggest that Lena walked to reduce her depression because walking gave her a sense of control, but she also walked because it was part of her cultural understanding of what she was supposed to do. However, there was another aspect of Lena’s story that I found interesting, the association between stress, physical activities and environment, which am going to discuss in the next section.

Calm places

During Lena’s depression she would only go outside during the evenings, when it was dark. This can be related to negatives feelings about moving around in stressful environments during the day, with a lot of people, and instead the evening proved people with a calmer environment. According to Johansson and Harting (2011) having a stressful environment, with a lot of noise, can enhance negative feelings and directs people’s attention to everything that is going on around them instead of making them feel calm (2011:263).

We are aware that space effects our emotions and the ethnographer Jenny Rinne (2016) expresses it in the following way:

Affect and space are interrelated in mood and thus experienced in relation to each other. In this way they form an affective pattern with specific components into positive atmosphere that are related to the individual’s mood (Rinne 2016:103-104).

In this section I am going to try to observe moods and atmosphere to understand why people found it necessary for their health and for their stress to walk around in certain environments. I am going to use case studies from three different places: A park, a suburban neighborhood and a path in the countryside.

Characteristics of calm places

Sometime during my fieldwork I had a gap between two interviews and I mostly spent the gaps walking around Eskilstuna. Since I was not familiar with the city I mostly walked around the middle of the city center. Yet, walking around the city center did not create the feeling of quietness that I wanted to achieve. Instead I felt embroiled in the hectic city life around me
and kept looking for stuff to do and therefore missing out on my much-needed calmness. Then one day I found a small green park not far from the office, which meant I could get away from the hectic activity, and instead walk by myself. Walking in the small green area brought up the feelings of tranquility that I was unconsciously looking for and I finally got the break I needed.

Later that day I met up with a female participant called Elisabeth, age 69, that enjoyed walking outdoors and I asked her where she used to walk. We ended up talking about the right places and she expressed it as follows:

> I have read somewhere that the green color on the conifers is good for one’s eyes and wellbeing. It is also stimulates one’s senses with its scent, which is also good for one’s wellbeing, Elisabeth, age 69.

I thought this was interesting and I followed it up by walking around in a similar environment with another female informant called Gunnel, age 74. Gunnel lived in a suburbs with her husband, and as with many suburbs in Sweden, Gunnel lived near open green spaces and pastures. During my second interview with Gunnel I talked her into showing me around one of her walking routes. It was a short stroll around the neighborhood where we went in and out of the residential area and some pastures area.

This day was a warm spring day, and the area was green and it has started to bloom. Gunnel and I walked side by side and she pointed out houses where her friends lived and areas where she had planted flowers, hoping they would grow in the wild. As she had lived in the area for some time she remembered where there used to be animals and she pointed out places from her past to me.
Figure 2. Gunnel age 74, walking in her neighborhood. This happened during our second interview and at the end of my fieldwork. In the image we can see the suburb with houses and green areas.

The walk was comfortable and Gunnel said that her walk path was relaxing for her. By this time in my fieldwork, I started to see a pattern of places where people would walk. It was
clear that people wanted to walk in open green areas, with trees and birds, and this conclusion was supported by another participants called John, age 70, who said following:

It is nice to walk in the forest with the birds and stuff. It is relaxing to listing to, John, age 70.

According to Carter and Horwitz (2014) parks and green spaces are associated with better mental health and socialization (2014:331). Yet this only applies to countries with a lot of green spaces, which indicate that mental health and socialization is part of cultural determinism: That people’s beliefs, emotion and behavior are being determined by the culture in which they are raised.

However, green spaces were not seen as primarily for physical exercise, instead they were viewed as providing opportunities to relax, less stressed and move away from the busy urban environment (Carter and Horwitz (2014:331). However, it was not enough to have access to green spaces or parks. There were some well-used symbols that came up a lot during my fieldwork, and they symbolized tranquility and relaxation: Big green spaces, ability to interact with other, trees and birds (Carter and Horwitz 2014:330). There are other studies that have found a connection between happy mood and nature (see: Nisbet and Zelenski 2011 and Cervinka 2012)

Carter and Horwitz argued that regular walking also needed places to have access to seating, facility, shade, lights and biking paths, which together created a positive feeling (Carter and Horwitz 2014:330). Nevertheless, I did not see this need for seating, facility and lights during my observation. Instead, I often walked with the participant close to, or in the middle of, the forest. One such example is when I walked with Per, age 46.

Per, that I wrote about earlier, live with his wife close to Kalmar. During my meeting with Per we went walking alongside his favorite walking path, a country side path with a growl road, close to a farmhouse and a lake.

This path was without seating and lights (see figure 3) Yet, Per enjoyed walking there because he liked the atmosphere, and he expressed it as follows:

It is mostly the nature that motivates me. It is so beautiful!! Per, age 46.

So far I have suggested that walking was used to reduce stress. However, decreasing stress is also associated with green areas. People would walk in open green areas or in close proximity
to forest if their goal was to have a calm walk that increased their mental well-being. I argue that people walk to reduce stress because it is perceived as the right thing to do and the proper way of taking responsibility for one’s mental health. The fact that they walk in green areas are likely connected to cultural expectation, closeness and habits. Yet, the final result is that people walk in green areas because it provides them with a happier mood.

![Figure 3. A rural area with green areas and nature, close to Kalmar.](image)

**In conclusion**

I suggest that health is a major motivation to why people engage in physical activities. My analysis shows that pain and illness raise awareness over body’s limitation which in turn created a desire to limit or prevent pain or illness. Because people want to return to a painless body they turn to physical activities, which they believe create good health. Among the senior participants it was common to turn to physical activities in an attempt to limit pain of painful joints or knees. While with the adult participants it was more common to engage in physical activities in an attempt preventing pain in the future. However, adults also turn to increased physical activity to reduce stress in the present.
In my analysis I have understood the motivation as part of governmentality i.e. part of self-govern negative behaviors in an attempt to limit negative health. However, my analysis also show a connection between increased physical activities and embodied reactions, which meant that people needed to feel pain, or potential for pain, to fully view the pain as a threat for their health and their well-being.

In this chapter I have argued that staying healthy is connected to motivation for physical activities. How the participants organized and controlled their physical activities to ensure good health is what going to be studied in the next chapter.
Chapter 7 - Documenting activity

Enough physical activity

In Swedish exercise-based lifestyles there are increasing interests in monitoring physical activities. There is a growing anxiety in whether or not people are as healthy as they are perceived and doing as much for their health as they could. To prevent from under-achieving physical activity, i.e. doing too little physical activities, people are creating guidelines and rules to follow with two main focuses: encouraging weekly exercise and promoting daily movement.

Nowadays people are more eager to take responsibility for their own health and improve their quality of life (King 2003:308). People are rewarded and encouraged, by the health official’s, to adapt a healthy lifestyle (ibid: 309). Yet, there is little knowledge about people’s perception of what is enough physical activity. Therefore, the literature in this chapter has been used to identify patterns seen in guidelines and rules, that are used to determine sufficient physical activities; how are they used, measured and for what purpose, in an attempt to understand the expected benefits of physical activities.

In this chapter I mainly draw upon Foucault (1991) understanding of self-discipline and self-government, and Dean’s (2010) interpretation of Foucault. I also include Bourdieu’s (1977) explanation of doxa. As a case study I explore two modes of practice; the use of pedometers and documentation, which are both studied by analyzing the empirical data (on walking and running) and participant observations by wearing a smart watch during my fieldwork.

Participation: smart watch

Before my fieldwork started I needed to become familiar with smart watches, in particular one smart watch called Garmin vivoactive smart watch, since it would be the used by the senior participants in the study. I had never before used a smart watch so my experiences from the study were similar to the participants’ experiences. Smart watches have been studied in recent academic research for their potential to support health in everyday life and enabling self-monitoring of personal activities (See: Reeder and David 2016, and Osamu et al 2016).

The Garmin vivo active smart watch was a watch that could be connected to the participant’s smartphone by an app. The watch showed time and date, how many steps and miles the participants had walked during one day and how many calories they should eat a day. The
watch also had an inactivity band that showed if people had been still for more than 30 minutes. If they were still for more than 30 minutes the watch vibrated, and you could also choose to select specific activities, such as golf, running, walking, biking and swimming. If you choose one of the activities the watch would show time, speed, distance or rounds. The watch also had a music player to adjust sound, show current weather, a calendar and emails. The smart watch could be connected to the Garmin connect™ mobile app on a smartphone. Inside the app, the participants could for instance observe your sleeping patterns, and their daily steps for the last 30 days.

![Figure 4. One of the smart watches used in the study.](image)

The Garmin vivoactive smart watch are to some degree shaped after people’s personal data, since you can insert gender, aged, height and weight. It had daily step goal, i.e. the amount of step the user should walk in one day. The daily step goal was personalised since it adjusted to the users average amount of steps depending on how much the user would walk the previous day, however it was never below 5 000 steps.
Me and the Garmin vivoactive smartwatch

Only five days before my first interview with the senior participants I started to use the smart watch. In the beginning I used the smart watch only so that I could teach the seniors to use theirs, but I soon realised that me wearing the smart watch was beneficial for the study as it meant that I could experience similar things as my informants. Yet, it also affected me in undesirable ways by shaping my own feelings towards the smart watch.

An example of how the smart watch affected me was through the questions I asked the participants, in particular one question about how informants felt about wearing the smart watch. Most people said that they enjoyed it, yet my experience of the watch was the opposite and I questioned whether their answer was genuine or if it rather was what they assumed I wanted to hear.

As I mention above I did not enjoy wearing the smart watch. It was fun the first days to observe my sleeping patterns and steps taken. Though, in only two-three weeks I started to

Figure 5. The app in which people could observe their result from the smart watch. Group meeting with senior informants.
dislike the watch and I wore it less and less. I felt that the smart watch was too big to wear comfortably when I was using the computer, at home cooking food and resting on the couch. I also hated the inactivity band that every half hour wanted me to get up and move around for a longer time than I was comfortable with in office environment. This resulted in me only wearing the smart watch when I was outdoors during the workdays. In the office, in the evening and on the weekends I did not wear the watch at all. The week after the last individual interview I stopped wearing the watch completely.

**Rules and guidelines**

In an attempt to understand the guidelines and rules connected to physical activities I will analyze the informant’s perception of the term “enough”, which referred to enough exercises or physical activities needed to maintain good health. I base “enough” on the word analysis I made from the collected data.

To understand the material I draw from Dean’s (2010) interpretation of the theory of governmentality that he calls “conduct of conduct”, which is about how people are guiding themselves to do certain things. It is a form of self-guidance, or self-regulation that guide actions and create norms and ideals to which individuals should strive for (Dean 2010:17-18). It is connected to the ideal that people are primarily responsible for their own health and are encouraged to keep a healthy lifestyle by acting in a certain way.

> I think you should move at least half an hour every day. I mean like going for a walk, and then you will move around a lot at home too. Cleaning this apartment takes a few hours, Elvira, age 80

> Before I could stay inside for two day and then go outside, Gunhild, age 74.

> The goal is to walk an hour a day, Elisabeth, age 69.

> I should walk 30 minutes a day, Lena, age 50.

These accounts of “enough” daily movement have a similar narrative in regards to the time spent walking. Indeed, it is shared by several of the informants, and is similar to the social discourse that almost everybody has the time to exercise and be physically active (Hedvik ad Thurston 2006:337). The informants that I interviewed not only referred to their own “enough”- time walking. They also considered the amount of time other people should spend on physical activities, which is linked to the idea that governmentality creates norms that
everybody should strive to follow. By referring to what everybody should be doing, the individual often try to rationalize their own behaviors (Dean 2010: 19).

By analyzing the quotes, and the context in which they were said (as a matter of course) I come to pull the conclusion that walking between 30 to 60 minutes a day were considered a norm and ideal for almost everybody, and something that the informants in the study wanted to uphold, and by doing so they uphold control over their body and their morals (Dean 2010:17-18). The fact that it was 30 - 60 minutes was more difficult for me to theorize, but the 30 to 60 minutes time frame could be viewed as a taken-for-granted concept. It is pre-verbal understanding and an intuitive knowledge shaped by experience and shared by unquestioned opinions (Veenstrand and Burrett 2014 36-37). I believe that it is highly likely that the ideal of 30 - 60 minutes daily walking is connected to a consensus in society that has been left unquestioned.

Yet, the ideal of 30 to 60 minutes walking was not only found among individuals in society. In fact, it is something that has been researched in modern medical studies. In 2011 a research group lead by John Pucher (2011) studied the effects of walking or biking for at least 30 minute every day. There are also some research on the connection between 30 minutes of walking and chronic diseases (See: Fine et al 2015, Kearney et al 2012). The 30-minute rule was also recommended by medical professionals and health officials (see: 1177c). All of this leads me to the conclusion that the 30 minutes ideal is somewhat extended in both society and academic life, which created a feeling of unquestioned opinion among people throughout all ages and genders in Sweden.

I think people should walk at least three times a week, Christopher, age 36.

I try to get 2 to 3 exercise classes every week, Elisabeth, age 69.

A reasonable amount should definitively be three times a week. And then it depends on what one is doing and how one’s situation is, but everybody should be able to do three times a week, Per, age 46.

As with the previous section there is an ideal and perceived norm for the amount of time you should exercise per week and it includes both the individual (I try) and the group (everybody should). By analyzing these three quotes and their context (expressed as a matter of course), I argue that the expected behavior and the unquestioned norm are to exercise two to three times a week.
Almost none of the informants hesitated when it came to guidelines and rules about physical activities, and it was often presented as something obvious for everybody. It is part of what Bourdieu calls “natural world”, meaning that some knowledge are seen as self-evident and undisputed (Bourdieu 1977:154).

However, not everybody follows these rules. I, for example, do not follow the rule of two-three exercise sessions per week even though it refers to my cultural understanding and I can agree with the (learned) rules. Yet, it also requires people to be involved in self-creation and self-invention where the goal is to create a new person (Schneirov and Geczik 1998:439). This goes together with the importance of health in people’s lives, which has grown in the last three decades. In a health-valued culture, such as Sweden, people value themselves in regards to whether or not they are succeeding or failing to live a healthy life with healthy behaviors (Crawford 2006:403). At the same time are people encouraged and rewarded for adopting strategies to self-improvement, as it lowers the health costs for the state and encourages self-responsibility by educating the public against bodily neglect and bodily abuse (King 2003:309).

Therefore, I argue that the rules presented in this section are both part of social and cultural consensus in Swedish society, which is being unquestioned by both the health official’s and by individuals, and thereby seen as a natural and solid fact. Yet, the rules also create guidelines for people to follow so that they are able to self-govern their behavior in ways that are useful for their self and their self-esteem. All whilst it is also reducing health cost for the government.

**The 10 000 steps rule**

I thought that 10 000 steps was a good idea. That is about 8-10 kilometer a day. Per, age 74.

I walked and walked and 10 000 steps were done in no time. Elvira, age 80.

I want to walk at least 10 000 steps (…) somebody have said it should be so. That it was good. Lisa, age 75.

It is exhilarating. I have said that 10 000 steps is my minimum and someday I don’t get there. It depends on how much I run around at work and if I walk before or after work. Charlotte, age 50.
A common rule of practice for people that wanted to increase their physical activities was the 10 000 steps rule, i.e. walking 10 000 steps every day with the use of a pedometer. The rule is easy and simple, but most of all it is equal for everybody which removes the potential of doing the wrong thing. When everybody is walking 10 000 steps you cannot be wrong by doing the same thing and you always know when you have done enough physical activities. The rule makes it easy to self-govern healthy behaviors, linking it to Foucault’s (1991:91) understanding that people want to achieve the correct behaviors.

Even though the 10 000 steps rule are based on the empirical evidence and recommendation that people should walk about 30 minutes, the same as a brisk walk, the rule lacks important detail regarding speed and distance. It does not measure the intensity or patterns of physical activity (Masurier et al. 2003:389). Therefore the rule is not as equalizing in practice as in theory.

The 10 000 steps rule is a fairly new idea in Sweden, yet it is popular among both adults and seniors. During my fieldwork it was difficult to find one person that had never used the 10 000 step rule. It was in the start of my fieldwork that I met a senior informant that questioned the rule. She meant that 10 000 steps was too much and instead she wanted to walk 7 000 steps. This conversation emphasized that it was important for people to have a number to follow and correct their behaviors after.

It feels great. Afterwards I can sit down and have a nice time. Elvira, age 80.

There is another significant reason to have a number that determines if you have done enough physical activities. Elvira, age 80, expressed during our final interview that after she had walked 10 000 steps per day she could give herself permission to sit down and have a nice time. This feeling was shared by several of the senior participants, and it suggests that counting steps both allowed for regulating and accounting for negative behaviors, such as sitting still for a long time, linking it to Dean’s (2010:18) idea that governmentality made it easy for people to regulate, rationalize and control their behaviors.

As mentioned counting steps required a pedometer, which can be connected to technology. Technology can play an important role in normalizing and correcting negative behaviors (Deeper and Howe 2017:106). The technology works through disciplinary, internalized controls that affect the body and makes it easier to govern oneself. As a result of using
personalized technology the negative behaviors of the user are being transformed into their own responsibility (ibid).

**More than 10 000 steps**

Even though the rule meant that people should strive to walk 10 000 steps, there were some people striving to increase their amount of steps. Before a group meeting I started to talk to a senior participant that I call Gunhild, age 67. She told me with great enthusiasm that she had managed to walk more than 10 000 steps that day. Since it was still in the afternoon she wanted to walk more that day. She demonstrated her amount of steps by showing me her watch so that I could see for myself. At that moment I did not think much of it, but during the meeting several senior informants showed example of daily steps far beyond 10 000 step and I started to think thought it more. It interested me since it highlighted the importance of the number. By showing me the watch Gunhild could show correct behaviors to somebody else and possibly be validated for her efforts. Yet, I do not think validation was the main reason for her wish to walk more than 10 000 steps since few of the informants shared their amount of steps with anybody aside from me.

It was like they told me on Akuten⁴ yesterday, that you should walk about 14-16 000 steps. [If I did that] Then I knew I had a good day. Was it 16 000 steps then I thought it was a very good day. Elisabeth, age 69.

I walk a lot (...) on average about 14 000 steps a day. I walk for over an hour. Kjell, age 67.

Another more realistic reason was that people had heard about another amount of steps they should walk from the media or from another person. This was the case with Elisabeth. She based her choice to walk 16 000 steps from information presented on a television program that she valued and respected. Another reason, presented by Kjell and Gunhild, was that people started to compete against themselves. Because they tried to beat their own results, their amount of steps increased.

According to Bandura (1991) people form beliefs about what they can do and then establish goals for themselves (1991:248). People that believe that they can increase their knowledge and performance often seeks challenges, such as establishing a goal that are higher than average (ibid: 267-26). As Kjell started walking his range of movement and fitness increased

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⁴ Television program about emergency rooms in Sweden.
fast. As a result he strived to increase his performance. During our last interview Kjell had formed a goal to walk over 1 million steps in a time frame of a few months. To achieve this goal Kjell needed to move away from ‘enough’ physical activities and instead exercise in a way that he believed would increase his performance even more.

From this information I draw the conclusion that the amounts of steps people are walking are dependent on their self-confidence and goals. If the goal is to do enough of what is expected in society and encouraged by health officials then people would be satisfied with walking 10 000 steps a day. However, if the goal is to achieve a personal ideal, and if one has self-confidence to achieve their goal, than the 10 000 steps rule are not enough. Because of this, I argue that the 10 000 steps rule is the perceived minimal and walking more is a way of surpassing the norms.

**Planning and achievement**

It is important to emphasize that the rules and guidelines, presented in the previous section, require planning to ensure correct health behaviors, linking it to Foucault’s (1991) governmentality and Lemke (2002) idea that people needed strategies to maintain correct behaviors. I am discussing this throughout the rest of the chapter, in which I am going to argue that planning is part of taking responsibility, since it requires people to come up with strategies to maintain good behaviors.

I have even written it in my calendar and if you do that, you have to walk. It is only twice a week. Lena, age 50.

Some people remember to include physical activities in their everyday life by walking every other day, or on the same day every week. Other people would write it down in a calendar. An example came up when I talked to Lena, age 50. Lena would schedule her physical activities on Sundays. She would sit down with her calendar and write the different activities down. Lena meant that her schedule ensured that she would accomplish the activity. She argued that if it was written down she “had to do it”.

A similar example came from an interview with Annette, age 57. Annette liked going to the gym in town and that required her to book a scheduled time. Still, even when Annette scheduled an appointment, she seldom went. She told me: “No, I cannot return. I cannot get into town”, and she held the long road from her house in the rural area responsible for her not getting to the gym. Instead of scheduling a time on a piece of paper Annette needed to
schedule a time with somebody she knew. She argued during our interview that she found it more difficult to skip the training if she went with somebody else.

One way of understanding Lena’s and Annette’s need for scheduling physical activities is to see it as monitoring behaviors to ensure they were following their own rules, guidelines and taking responsibility for their actions and health. Also, by monitoring their behavior it was easier to change in case it did not live up to the accepted norms (Bandura 1991:251).

Some time I only walked eight times a month and that did not feel right. Sure, it is two days a week but the month has 30 days. Lena, age 50.

Lena, age 50, continued to tell me that by scheduling her physical activities she could monitor the amount of times she had been physically active in the last month. It suggested that it was important for Lena to reach a threshold of training activities each month, referring to the rules and guidelines I have already presented.

It was common during my fieldwork that my informants talked about not doing enough physical activities. This feeling of inadequacy was most common among the participants that kept track of their movements. Those that did not monitor their physical activities were less dissatisfied with their monthly or weekly actions. To understand this difference I turn to Bandura (1991) who argued that monitoring behaviors make people pay more attention to their performances and set themselves improvements goals. By having knowledge about their previous behaviors people can alter their present behaviors and create guidelines that are more fitting for them (Bandura 1991:251).

I suggest that the reason people kept track on their movements is because it helped them to set new goals for their activities and ensure healthy behaviors. Furthermore I suggest that by monitoring their physical activities people created feelings of inadequacy which encouraged them to establish higher goals.

**Setting a record**

A second reason of keeping track of one’s physical activities was to have an awareness of one’s achievements. Keeping track of one’s achievements was most common among the male participants in the study and they often used technical devices to track their improvements. However, some senior women used traditional paper and pen to write down their activities.
All suddenly that day comes. I do not bet on it; that today is the day I am going to break my record. I get on the bike and I feel that I am moving faster today. Then it is all about going forward. When I have started and have warmed up for about 10 minutes, then I just go. I can only hope that I’ll have the right wind and weather. Richard, age 36.

Richard’s description suggests that reaching an achievement had an effect on him. It is clear that he connected the experience with *expectations*. To reach this goal Rickard need to keep track of this biking, which he did with the use of technology, a small device perfect to fit on a bike that keep track of time and distant. Rickard said that the tracking device was not enough to motivate him but it made him happier and when he reached a goal he described his feelings as: “I rejoice a little for me, and the telephone rejoices to”.

It suggest that keeping track of one’s achievements is not as time consuming as keeping track of daily, weekly and monthly physical activities. However, it is still a way to monitor behavior, attend to performance and set goals for progress, linking it to Bandura (1991:251) theory of self-governing. Furthermore, it can be understood by viewing it as a strategic way of planning physical activities (Lemke 2002:59), to maintain correct health behaviors.

**Using technology**

To improve health related behaviors there needs to be previous behaviors in need for advancement. This required people to keep track of their previous behaviors and by monitoring it they had something to measure their present behaviors against. People that were better at regulating their present behaviors by viewing their previous performances were more likely to reach their goals and further increase their physical activities (Elavky et al 2012).

The most common way of keeping track on physical activities was, during my study, through smart technology. Often wearable technology communicated with to a smart phone. Every senior that participated in my study, and I, was wearing some form of smart technology. All of the adult participants had tried smart technology.

I can go back and look, because it is fun to observe. Sometimes it can even give me some confirmation that I have done it [running]. When I sit and look back at all the workouts I have done, I can see that I have been out so and so many times. I have actually run to Kalmar and back this month! I know I have run a lot but it is nice to have it confirmed, Per, age 46.

Per and several other participants in the study used technology to keep track of their performances. Technology is easy to use and therefore available to many, yet the main reason
to use technology is that it often provides an overview over one’s performances. Per argued that by using technology he never felt he was doing too little. Instead, the ability to overview long time performance, Per could ensure that he was doing enough for his health. Therefore, using technology can result in an emotional pleasure from the achievements which come from accomplishing set out tasks.

**Technology and motivation**

I did not enjoy wearing smart technology and I removed the smart watch that I was wearing after the final interview. At the same time, wearing the smart watch help me understand the informant’s experiences. The first couple of days of wearing the smart watch I was enthusiastic and my motivation to reach 10 000 steps every day was high. I started to do extra-long walks and I enjoyed showing my boyfriend the results. I followed the instructions on the smart watch as best as I could, but after only a couple of days I grew tired of the watch. The constant sounds and encouragement bothered me. For some time, it was fun to be encouraged during my daily walks. Instead of wearing it I started hiding it in my bag or put it on the table. This was not my first time wearing smart technology and the experiences had been the same every time.

   Right now, when it tickles the wrist and it happens. I do not know what it is; it is just in the moment. I cannot say what it is, but it is something that is real. Just at that moment it happens, Ingrid, age 71.

   The fireworks have been fun. But that’s ridiculous. More awareness to walk, Ingrid, age 71.

   But it is very nice when you get fireworks, and as we say; now it is fireworks, now it shakes and now I have to look, Lisa, age 75.

As indicated by the three quotes, the seniors that participated in the study did not dismiss the smart watch as much as me. During the final interviews with the senior informants I asked about their experiences of the watch and they were, to my surprise, positive. People were motivated to increase their physical activities as they got positive feedback (*fireworks*) back from the smart watch as they reached their goals. There were some negative criticism about the layout, size and content, but most participants seemed to be happy with their smart watch. Particularly,

   It has something do to with the watch that I want to do more. I put higher demands on myself. John, age 70.
At the same time it is a reminder. I feel calmer now when I do not have the watch on me.
Stina, age 78.

Smart technology, such as smart watches established rules that people end up following. Two rules that I looked at were increased physical activities and keeping track. The smart watch used in the study kept track of both people’s movements and their sedentary behaviors. The smart watch would also alert against sedentary behaviors by vibrating. The vibration worked at both a warning and as encouragement since it reminded people that they were not doing what was expected of them.

Most of the senior participants in the study claimed to keep their smart watch on all the time. During the final interview most seniors said that the watch had increased their physical activity. Elvira demonstrated how by walking around her apartment during television advertisement. John increased his physical activities by walking days when he usually did not, and Gunhild felt she could no longer stay inside for two whole days without a walk around the neighborhood.

How are we to understand the impact of smart technologies? Firstly, the technology simplified managing correct behaviors since it kept track of people’s physical activities. Another way of understanding the impact of smart technology was to understand how it affects people. According to professor Margaret Wetherell (2012) affect patterns can sometimes be deeply felt and sometimes be more about performing feelings (2012:116) i.e. acting as if the feeling was genuine because it was expected. It suggests that wearing smart technology can impact people’s behaviors and feelings. It indicates that the positive reaction towards wearing smart watches could be a wanted and planned reaction brought on by a need to take responsibility for one’s health.

**Conclusion**

There are growing concerns among people that they are not doing enough for their health. To prevent from under-achieving physical activities people turn to rules and guidelines to structure their health behaviors and ensure correct behaviors. The main rules and guideline that people follow are connected to numbers and it indicates that there are norms to which physical activities should be structured. The main rules and guidelines people follow were the following: Exercising two or three times a week, every day for 30-60 minutes or walking 10 000 steps a day.
Furthermore, it was important for people to monitor their physical activities. This was important because it allowed people to limit the risk of under-achieving, but also to set new goals and create individual rules more fitting for them. To monitor their physical activities most people used smart technology, it simplified the process of keeping track, establish personal achievements and made it easier to ensure correct behaviors.

In this chapter I have shown how people monitor their physical activities to ensure correct behaviors, but also that people are doing enough to ensure that they are taking social and moral responsibility for their health. In my analysis I have shown the implication of using smart technology and pedometer, and how smart technology have both simplify and enabled more monitoring over one’s behaviors. In the following chapter I am going to discuss the reasons why people want to stay healthy by increasing their physical activities, particularly through walking.
Chapter 8 – Outdoor mobility

Limited mobility

In addition to staying healthy the participants taking part in this study wanted to have a functional body that could act and had access to outdoor mobility, i.e. walking outdoors to the shops, to friends and family. Having outdoor mobility was the reason behind many of the informants’ drive to stay healthy and thus the true motivation behind engaging in physical activities. Therefore, I will elaborate on outdoor mobility in this chapter.

Expected benefits from physical activities, such as walking or running, were to ensure mobility and freedom to move despite being inhabited by old age. Being able to walk to the shop, the library and to friends and families are part of staying healthy, productive and happy. Linking it to Foucault’s (1991) theories which argues that the main purpose behind governmentality is to foster the population into healthy, prosper, productive and happy people (1991:100). Hence, the literatures in the chapter have been used to study the connection between outdoor socialization and walking.

In this chapter I draw upon Marlene Freduedal-Pedersen’s (2009) mobility of daily life: Between freedom and unfreedom, which argues that outdoor mobility is associated with freedom to do everything you want to do. I refer to articles by Rebecca Williamson (2016) and Annika Lems (2016), as a way of understanding belonging and place-making. I also include an article by Sara Pink (2011), and Nadia Lovell’s (2003) Locality and belonging, and Yi-Fy Tuan’s (1977) Space and Place: the perspective of experience, in an attempt to understand embodied reactions associated with outdoor mobility.

The case studies are from interviews and observations on foot, which means that I have walked around and observed the places both with informants and alone. I use the narratives and stories from the participants in the study which have been collected during interviews. In this chapter I am going to use, more so than in the previous chapters, my own experience to illustrate how walking can be perceived as freedom.

Participation: Walking in the area

According to Lee and Ingold (2006) walking around is fundamental to everyday practices of social life, and is therefore also fundamental for anthropologists. Nevertheless, just walking
around is not enough to have an embodied experience. Rather it requires the anthropologists to participate and walk with them, the participants, and with them implies moving in the same direction, share the same visits and return from the same places (Lee and Ingold 2006:67). However, I argue that participating in walking does not always mean walking next to somebody. Instead a similar experience can be achieved by walking at the same places and spaces. To demonstrate, a large part of my research is based on interviewing people about their single, individual walking or running patterns and trying to understand their embodied affect, feelings and purpose. It is difficult to gain access to feelings and experience of walking alone in the city or in the rural area if I walk together with somebody. Therefore, some of my observations were achieved by moving around on pathways which the informants referred to as “their paths”, and included moving from and to the same places as they did (mostly in the town center).

Yet, walking around and experiencing the areas around you is not enough to understand the experience of outdoor mobility. The experience also needs to include pace of walking, meaning how the experience change depending on speed (Lee and Ingold 2006:69-70). Therefore, I have walked together with the informants at different locations. One time was together with a group of seniors where I could observe differences in pace and speeds, which helped me analyze people’s differing motivations.

**Freedom of movement**

Doing fieldwork can sometime include a lot of walking and traveling and that was the case for me. Not only did I have to travel with train from Märsta, Stockholm, to Eskilstuna; a single trip which took over two hours. I also needed to travel to the senior participants’ homes in Eskilstuna, which often meant walking into unfamiliar areas. I walked because it was easier; I did not have to apply for a bus card, pay for a taxi or bring a bike. My fear was to get lost, which happened all the time.

Walking to the informants’ home was an easy way for me to get around, yet it was also an easy way for me to experience outdoor mobility and the limits the inability to walk brings to different people. This chapter will not be about the limitations of outdoor mobility, for that I recommend Vanessa Stjerborg’s (2004) *Outdoor mobility and older people: Everyday mobility’s in later life in a Swedish neighborhood*. Instead, this chapter will discuss the motivation to maintain the ability to walk as part of autonomy and freedom.
In my first attempt to understand why people wanted to stay healthy I turned to the participants’ experiences of leisure time and socialization. The outdoor leisure activities that were most valued among the participants in the study was walking to shops, museums, theaters, visiting friends and families, and participating in social events. A senior woman I interviewed wanted to visit her grandchildren, another liked to attend meetings, and a third senior woman valued her ability to “do little of everything”, linking it to social geographer Tuan (1977:52) who argues that moving around is connected to feeling free. I suggest that outdoor mobility is important for the senior participants because it allows them to engage in family activities or social events and thereby giving them a sense of freedom.

The adult participants mostly took outdoor leisure time and socialization for granted. However, Rickard, age 36 said that he wanted to be more physically active because it meant he could “enjoying life” (sic), and “having the ability to do whatever I want to do without abstaining from anything” (sic). When I met Rickard he was in good health and in no risk of abstaining from any physical activities such as biking or dancing, or even going shopping. Instead, Rickard’s statements should be understood as an attempt to prevent future problems in regards to moving around and having a happy life, and thereby taking responsibility for his future life.

Furthermore, Rickard’s statement shows the association between physical activities, outdoor mobility and happiness, since mobility is connected to *enjoying life*. This type of proclamation and association was normal for most of my adult informants and it suggests that people fear that immobility would stop them doing what they wanted to do, linking it to Feduedal-Pedersen (2009:52-54) who argues that outdoor mobility is connected to freedom to do everything one wants to do.

**Participate in everyday life**

In a first attempt to illustrate outdoor mobility I turn to the participants walking patterns connected with their leisure time. During several interviews the senior participants would talk about visiting shops, friends and organizations.

> I like to make up a reason to walk. It does not have to be necessary. Instead I can go and look at a new street or visit an art gallery where I have not been before. Ingrid, age 71.
There can be things that I need at Lidl\(^5\) and then I can walk there even though I may not need it, or I can save up items to buy for the whole month. Then I can walk past Lidl and it is a nice way to walk since one walks past a railroad. Ingrid, age 71.

When I walk I want to have a goal, something to do or something to look at. Otherwise I do not believe it is as stimulating. Like now I could go out and see if the wood anemone has started to blossom, or watch the animals or birds. One needs to have errands, so to say. Something that is stimulating and fun to do at the same time. Stina, age 75.

These three accounts by Ingrid and Stina mention several places that seniors would like to visit; the local art gallery, the park and the local shops. It suggests that there is a need for seniors to have access to fun activities, linking it to Stjerborg (2014) who argues that seniors need to partake in activities and have access to places like the libraries, museums and theaters for their well-being. This makes people feel included and according to Williamson (2016:2332), people need to take part in activities and experience their outside surroundings to feel included in society.

Another way of interpreting Ingrid’s quotes about visit interesting places is by linking it to Dean’s (2010:17) understanding of governmentality, particularly “conduct of conduct” which is largely about self-governing by leading, directing and guiding oneself. I suggest that Ingrid visited these places in an attempt to self-govern her health by practicing discipline over her physical activities.

One example of participating in everyday life became evident in an interview with Elvira, age 80. During our second individual interview she talked about the benefits of walking more than she usually did. Elvira was an active person and she would take long walks when she could, however her arthritis made it difficult for her to walk some days.

Our meeting was in the middle of spring and Elvira told me about longer walk where she ended up walking alongside a river that goes through central Eskilstuna. This is a nice area for walking and with old houses on one side, renovated to keep their original charm, and the shopping area on the other. There are places to sit alongside the river and during my many walks there I saw many people strolling and socializing. Several of my senior participants described this river as a nice place to walk.

\(^5\) A foodstore
The day Elvira described this to me was the same day as Eskilstuna had a local free fishing day, meaning anybody could fish without paying, and there were a lot of people strolling around and fishing. Elvira told me she had become positively surprised about the social event. She described the day as very fun, and told me: “I had not had a hotdog in a long time, so I thought I buy one. But when I wanted to pay the salesman told me it was free today”. Elvira smiled at that memory.

Elvira’s story fascinated me since I thought it was a good example of experiencing the connection between staying healthy, physical activities and feeling included, linking it to Lovell (2003), who argues that in order to feel included in society people need to share their experiences with others. While Elvira walked alongside the river she was involved with society, surrounded by other people, and that made her feel included and happy. I suggest that a motivation for Elvira to keep healthy by engaging in physical activities was so that she could have moments like this.

**Feeling included by walking around**

While the first section focuses on walking to fun activities, this section tries to understand walking as the fun activity in itself. Walking is the most common activity among adults and seniors as long as they feel safe and have access to facilities and green spaces (Gong 2014:2). The participants that I interviewed described the perceived benefit of being physically active was to be the ability to go for a walk.

> It builds and it is being torn down, and builds again. There are things that you see; well, there used to be a shop here and here too. I do not walk, a lot, in the town center. Not more than necessary, so there is always something new to see. Lisa, age 75.

> Often I look around, and when I walk to the city I look around at what is going on with different project and development in town. It is always fun to see things that are happening. I often walk past places where things are going on, like they are rebuilding or something. It is fun to look at. John, age, 70.

These two quotes illustrated that walking for fun can be part of creating belonging to places, linking it to Lovell’s (2003:1) understanding that belonging is part of sensing and experiencing places. The quotes illustrate that walking can include observing the surroundings, which creates a feeling of familiarity and knowledge about what is going on around you. By observing how places changing and what is going on, places can become filled with personal meanings and memories, and those memories increase people’s sense of
feeling included (ibid). I suggest that walking around and observing one’s surroundings is needed for some people to feel at home, and therefore needed for their wellbeing.

Another way of understanding walking for fun is connected to regional knowledge (Williamson 2016:2332), meaning the ability to find your way to different locations, like shops or bus stations. Regional knowledge requires people to move around, and since places are constantly changing it requires people to keep move around (Ingold 2000:229, Pink 2011:348). Regional knowledge is needed to feel at home and comfortable in places. Imagine not finding the way to your local shop to buy bread. I am going to analyze regional knowledge more in the next section.

By analyzing the quotes in this section I suggest that a part of the desire for people to have access to outdoor mobility is related to the ability to do everything you want to do, whether it is visiting friends, going to the local library or dancing all night. However, outdoor mobility also includes feeling comfortable and happy and that walking provides people with the knowledge about their surroundings, creating memories and in turn makes people feel included in everyday life.

**Knowing where you are going**

Regional knowledge is to find a way to different places, and of feeling included. During my fieldwork I had to find my way too many new places and homes. The first time I walked to an informant’s home I brought a map but still managed to walk straight past the correct street. I found myself in a forest, a natural reserve, behind a waste dump at dead end. After consulting my map I eventually found my way. This made me feel as a stranger in the neighborhood. Weeks later I walked to the same senior woman and this time I knew the way. I walked under the bridge that I had walked past before. I followed the road past the stadium and past the pizzeria where I had lunch a couple of days earlier. This time I felt more relaxed walking around because I had already an experience of the place and could therefore locate myself, linking it to Lovell (2003:1) who argues that well-being come from experiences,

My experiences are similar to that of the participants taking part in the study. Several accounts talked about walking as a way of getting to know a place and feeling more at home. Elvira, age 80, how I brought up earlier in this chapter had moved to Eskilstuna from Stockholm a few years earlier. However, she told me that she had lived in Eskilstuna in her youth and now, when she had moved back, she re-discovered by walking the places she
visited as a child. As a result, she would both get to know new places and reconnect with her personal history. She said enthusiastically:

I think it is fun to see new things (…) it is interesting many times. I went to the farm over at the church, and I have never been there before, Elvira, age 80.

Gustav, age 71 was another of the participants in the study that walked to new places and saw new things, and he told me that he used his walking to get to know the city he lived in better. He explained that it was helpful to walk to new places, particularly when there were some new building complexes being built in Eskilstuna:

I have walked to places I have never been at before just because I know that I am going outside and then tried to walk to new places. It has been positive. I have learned about new places where I have never been before. Gustav, age 71

Gustav also walked to new places, even though he shared with me his dissatisfaction with walking. Gustav’s interest in walking to new places could therefore be associated to Dean’s (2010:17) claim about “conduct of conduct”. Meaning that Gustav could be walking to new places in an attempt to maintain discipline over his walking and health.

Nevertheless, the two quotes illustrate a desire to see something new. This desire seemed to exist in most of the informants, yet it seemed to be most common among people that moved to a new city. This indicated a need to locate oneself with the city, relating it to regional knowledge and the need to locate important places (Ingold 2000:229, Pink 2011:348).

Another way to interpreting people’s desire to observe spaces and places are linked to Tuan (1977), who argues that walking experiences are turned into thoughts that create feelings about things, people and the world. These thoughts turn into memories and anticipations, and helps people to structure and comprehend their world (Tuan 1977:10). It suggests that walking to familiar as well as new areas creates experiences for people that, in turn, create well-being.

**Being useful**

The final thing I want to bring up in addition to leisure time and socialization is being useful, which is defined as attending meetings, and taking care of grandchildren. Several senior informants perceived that by increasing their physical activities they ensured their ability to be useful, and this is because being active is linked to being able. Among the seniors it was
many time impossible for them to see themselves needing to take a cab to attend meetings. Instead, if they were to be part of a meeting they would walk there on their own.

An example came up during my interviews with Stina, age 75. Stina had done several operations on her knees and hips. During her recovery period she had been at home for most of the time and only being able to do the most important things like shopping for food. However, Stina did not enjoy being looked away at home, instead she wanted to go outside and have a social life, participate in volunteer work and trust assignments. Therefore, she told me, that she strived to walk on her own because it would give her the independence to be social and active again. But, for Stina to start walking again she needed to engage in more physical activities, so he started walking more and going to the gym.

Stina’s story of more mobility is to be understood as a need to feel included and part of a productive relationship with places (Lems 2016). Yet, it should also be understood as part of a strategy used by health officials to render individuals responsible for their own problems, such as illnesses (Lemke 2002:59). It suggests that Stina’s desire for independence is part of her social and moral responsibility to care for herself and take responsibility for her health. Instead of relying on others to rehabilitate her legs and hips she turned to walking and going to the gym. Instead of relying on others for her happiness she made sure she could walk to her own meetings and social events.

Another example is when I interview Gunhild, age 74. Gunhild lived alone in an apartment in Eskilstuna, not far from the town center. She was retired but still worked with some accounting, which resulted in her spending a lot of time in front of her computer. Gunhild told me she had never considered herself to be ‘sporty’ or active. However, lately her back have started to hurt and she wanted to prevent it from getting worse by performing more physical activities.

In addition to feeling less pain, the main reason to why Gunhild wanted to increase her walking was to continue her volunteer work in the local library. She told me during our first interview that she enjoyed going to the library to help people learn Swedish and help them with homework. This was something she enjoyed doing and it increased her quality of life. However, in the interviews she also brought up that if she started having more pain in her back she would not be able to go and she expressed it as follows:
Since I have that thing in town, which I do regularly, then walking is automatic. I think that is good. I am terrified of getting more ill and having to use the bus. Then I can no longer do it, Gunhild, age 74.

Later on during the interview Gunhild emphasized her ability to walk wherever she wanted, and how it was connected to her well-being, and she said:

You should have the ability to do things that you like and participate in. Of course, as things get easier you do more of the things you like since you do not have as many must-dos. Gunhild, age 74.

A way of understanding Gunhild is through Lems (2016) understanding that feeling included is part of a productive relationship to a place. Her ability to move around made it possible for her to have a productive relationship as she could volunteer at the local library. Without it she would be home a lot more and she would feel both un-needed and unhappy.

The fear of not being able to move around as much, and becoming immobile, was what pushed Gunhild to be more physically active. Going back to chapter 6 I claimed that illness and pain are the main motivation for people to engage in physical activities. For Gunhild this was true. Her back pain prevented her from leaving her house and move around in the same way as before. As a result she wanted to limit the pain by increasing her physical activity. However, her primary reason was so that she could continue to be social and active.

Finally a way of understanding the desire behind outdoor mobility is that people did what was expected from them. Social participation and being useful is a part of people’s life, and it is a behavior and norm that people perceive as important to strive to towards. Media is filled with news about alert seniors that work (veteranpoolen), travel (DN 2016) and exercise (friskissvetitis.se). Therefore, I suggest that increased their physical activities can be viewed as a way of taking responsibility to ensure correct behaviors that will lead to good quality of life. Walking to the library, buying food and visiting friends is a way of demonstrating health and capability, by not needing help with these tasks. I make this conclusion based on Foucault (1991:100) understanding that the main reason behind governmentality is to foster healthy, prosperous productive and happy people.

In conclusion

Increasing physical activities by engaging in walking or running seem to be motivated by a desire to stay enough healthy to participate in social activities. Physical activities, such as
walking or running, were associated with mobility and freedom. Mobility was important for the senior participants as it allow them to engage in family activities and social event. Being immobile would threaten people’s personal freedom and prevent them from doing what they wanted to do. Yet, at the same time did mobility create feeling of well-being and comfortable, which could increase people’s feelings of being healthy. For the senior participants, walking was used to both ensure outdoor mobility in the future and engage in activities that made them happy in the present.

Furthermore, walking around is an easy way to demonstrate that you are healthy enough and thus do not need to rely on others. Consequently, physical activities that emphasized on walking was important among most senior participants since it demonstrated that they were taking responsibility over their health.
Chapter 9 – Concluding discussion

The purposes of this essay have been twofold: Firstly, I have been analyzing the motivation and sometimes the embodied experiences of engaging in physical activities, such as walking or running, as an adult and seniors. Secondly, I have been contextualizing the experiences and the participants understanding in relation to governmentality and technology.

Throughout the essay I have in my analysis emphasized the importance of paying attention to the perceived benefits of physical activities when trying to understand the participant’s motivations, since it allow me to move away from biological factors about health and physical activities and instead focus on motivations and beliefs. Such an approach connect to the core of anthropology, where one recurring ambition has to understand what it means to be a human, and that our behaviors are not only the result of biological needs but in fact part of culturally determined manners. For humans to co-exist there is a need for common social conventions and unspoken rules (Hylland Eriksen 2000: 44), and I believe they are present in people’s perceptions. This method has been highly useful in order to study motivation in both interviews and observations. Furthermore, I have used my own experience and senses, when gathering information about physical activities, particularly when walking, and I have paid special attention to the experiences and feelings of moving around in both the city and in green areas.

I have shown how it has been beneficial to use governmentality and ‘conduct of conduct’ into consideration when making analysis about public health, but doing that also require me to consider other methods of collecting the research material. In order to be able to examine and analyze the effect of governmentality I needed to study government documentation and the triple down effect, which spread fact and recommendation further to different media such as television and newspaper.

In my analysis I have understood motivations and experiences of physical activities as complicated patterns of governmentality, and embodied reactions, feelings, memories and histories as well as social and cultural consensus. Why I have chosen to look at perceived benefits is that they can tell us something about the peoples experiences can be linked with society, living condition and public health. This is important because public health affect people every day and addresses issued that can affect the health and well-being of individuals, families, communities and societies. Studies about public health can also help to improve
worldwide policy initiatives that are creating state and global programs towards improving health. Furthermore, focusing on motivation and governmentality can illustrate how physical health are not only a lifestyle choice, but could be seen as more complicated experiences which involve feelings, meaning and emotional lives.

**Self-govern one’s behavior**

Some scholars in the field of motivation and physical activity have claimed that motivation can be explained with that individuals follow their peers behavior, yet this seem to be more common among adolescents than adults. Other researchers explain motivation as part of obtaining rewards or feelings of fun and satisfaction. Consequently, it has been claimed that motivations to engage in physical activities come from outside forces. This is to some extent true. What has been showed in my study is that health official’s attempts to encourage people to increased physical activities have led to people feeling moral responsibility for their health behaviors. In my historical background I have shown how there have been a connection between governmentality and physical health. It seems that physical activities have long time been used to establish good and discipline citizen. From the beginning this only affected the bourgeois class (Patriksson 1973:70), but in the middle of the twentieth century the whole Swedish society was encourage to engage in physical activities (Norberg 2012). My analysis has shown have the government have continued to encourage people nowadays through admonitions and warnings for what would happen if people continue to practice negative behaviors, such as overeating and excessive sedentary lifestyle.

Furthermore, I have suggested that the support for increased physical activities have been expressed through taken-for-granted knowledge, which means that the participants in the study have acknowledged physical activities as good for their health without questioning and viewing it as objectivity true for everybody. People’s attempts to increase physical activities are seen as so important for their well-being that it can outmaneuver their dislike of the action. As a result, some people are trying to follow the norms of engaging in physical activities by following certain rules and guidelines. However, this is not always easy since there are different rules and guidelines. In this essay I have shown two typical ways people used to maintain physically. Some people walk 30 to 60 minutes every day while other walks 10 000 steps a day, nevertheless they guidelines can be seen as both part of cultural and social consensus in Sweden as none of the participants in the study questioned them. To maintain
discipline and ensuring the right behavior most people today use smart technology to monitor their activities.

**Staying healthy as motivation**

In addition to contributing to the study of governmentality and physical activities this essay has added knowledge to the present discussion about motivation. It seems that the main reason behind participation in physical activities is health. Limiting and preventing ill-health, which in turn would lead to limited life quality, did build the foundation of what motivated adults and seniors to engage in physical activities.

As I have argued in this essay, pain and illness brought awareness to one’s body, which in turn raise awareness over the body’s limitation. Nobody wants to have a painful life, so in an attempt to limit pain people turn to physical activities. My analysis has shown how people turn to physical activities after they experience pain or illness. Among the senior participants these pains were constantly present in their life, such as painful joints or knees, and the physical activity was used in an attempt to limit the pain. While among the adult participants the physical activity was used in an attempt to prevent pain in the future. However, since adult’s and senior’s motivation for engaging in physical activities are related to staying healthy, it requires awareness over ill-health. As illustrate in the case with Per, age 46, people can view themselves as healthy on day and in potential risk for ill-health the other day. It suggests that feeling healthy is more connected to embodied reaction than to biological factors and social impact. This is important because it helps us understand why some people are more motivated then other to engage in physical activities. To illustrate, two people can have the same state of health, but according to my research only the one person who believed they have a potential risk of ill-health are going to engage in physical activities. Furthermore, my analysis show that people that are motivated to increase their physical activities needed to have an embodied reaction, meaning that they felt pain at some point that increased their beliefs about potential ill-health.

I have furthermore suggested that what might influence motivations was the potential for less freedom. The participants in the study suggested that they wanted to engage in physical activities so that they could participate in society. My analysis has shown how the fear of being left out of society, as a result of not being able to act or take part of everyday activity, would create a larger motivation for seniors. However, this desire is both part of people’s
freedom and well-being as it is part of social and moral responsibility to talked responsibility for one’s health.

In conclusion the analysis of my material has shown that physical activities are both part of obtaining rewards in form of health officials and health agency’s approval and encouraging, and maintaining health and personal freedom. Therefore, motivations to engage in physical activities are both affected by outside forces and inner desire. Furthermore, since physical activities practice and understanding were researched through perceived benefits, my analysis has highlighted the role of beliefs, non-spoken rules and social expectations. This thus illustrates how physical behaviors are connected to common social conventions and how this is fundamental in attempting to understand people’s motivation to engage in a healthy life. Finally, I have in my essay shown how physical activities and motivation could be understood from an anthropological perspective and thus highlight the importance of looking at motivation from a broader perspective.
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