ABSTRACT

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Crawford’s (1980) work on healthism as an ideology is still used widely in academic conversations about food, diet, physical fitness and health more broadly. However, much about social life has changed since 1980. It follows that healthism, too, is likely to have undergone changes as the cultural context in which it is produced and reproduced shifts, as well.

In this dissertation, I consider how people use culture to inform their definitions of health, and more specifically, how healthism—as modern cultural ideology—shapes experiences and interactions that inform the ways people manage and maintain various identities. I combine data from two distinct sources and methods: an ethnography at a CrossFit box (or gym), and in-depth interviews with people who follow restrictive diets.

I argue that a modern iteration of healthism escalates the enthusiastic pursuit of health to healthiness as an aspirational identity, and also as a way of doing other identities. As such, health practices become one way that people communicate to others that they are a good person. I find that people believe and expect health practices to be interpreted by others as evidence of specific character traits, just as they believe these traits are indicative of personal morality and goodness.

Further, despite the fact healthism rhetoric is often highly individualistic, modern healthism is necessarily relational. Even deeply personal feelings of self-efficacy created interpersonal bonds—group and otherwise—such that the positive emotional effects of healthism require interaction with others. Thus, the defining characteristics of modern healthism are first, that healthism indicates personal identities, and second, that these identities must be, in part, validated by significant others.
Consumed by Health: How Extreme Heath Practices Shape Identities

by
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DEDICATION

For my grandmothers: Margaret Kingsbury, who believed I had a book in me, and Helen Scott, who surely had books within her, but did not have the opportunity to write.
BIOGRAPHY

Michele Scott was born in Evansville, Indiana, but claims Tennessee as home. She holds a Bachelor’s degree in English Writing and Political Science from Ball State University and a Master’s degree in Sociology from the University of Memphis. She is currently a happy resident of Chicago, Illinois, where she is learning to redefine her conceptual understandings of “cold weather,” “bad traffic,” and “pizza.”
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CHAPTER 1: TOWARD AN ENTHUSIASTIC PURSUIT OF HEALTH

The enthusiastic pursuit of health – toward which people earnestly dedicate time, money, and perpetual effort – is well-documented by sociologists and other social scientists as being a central and significant part of American culture today. Health, most rudimentarily defined as “the condition of being sound in body, mind, or spirit, and especially freedom from physical disease or pain” (Merriam-Webster 2018), comprises an assemblage of ideas, practices, experiences, and objects that, embedded in people’s experiences and expressions, hold great moralizing power (Lupton 1995). Enthusiasm for good physical health and all that it entails—as opposed to avoidance of poor health— is what distinguishes this cultural moment. Relatedly, many scholars have noted that this time period is one in which an ethos of personal responsibility for health is socially rewarded, valued, and politicized (Biltekoff 2013; Saguy 2013; Steinbrook 2006). As sociologists Metzl and Kirkland (2010, p.1-2) write, “health,” itself, “is a term replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being. Health is a desired state, but it is also a prescribed state and an ideological position.”

Alongside questions of how health is defined, for what purposes, through what means, and to what ends comes recognition of the potentially stigmatizing, normalizing, and consumerist ideas that permeate the 21st century creation and deployment of health knowledge. In the last two decades, this enthusiasm for health has often taken the form of a particular type of aspiration: the healthy lifestyle. As some scholars understand health as type of performance (Cairns and Johnston 2015; Williams 2000), considering health as part of broader lifestyle means understanding it is something people must do and continue to do in their everyday lives. Thus, they categorize daily, seemingly mundane, tasks as improving or compromising the end-goal of
health. As such, health-seeking through the ideology of the “healthy lifestyle” requires social explanation as much as it does medical explanation.

Importantly, conceptualizations of health and healthy lifestyle are part of a larger cultural context. Swidler (1986) describes culture as a “tool kit,” consisting of “symbols, stories, rituals, and world-views, which people may use in varying configurations to solve different kinds of problems.” Thus, people are not simply or passively influenced by culture, but rather are also active and agentic participants that *use* culture to make decisions and act. As such, culture is evident in interaction, action, and even inaction (Eliasoph and Lichterman 2003). In this dissertation, I approach cultural definitions of health as one piece of the cultural toolkits people use in their day to day lives, where health expressions and practices are actively laden with social implications.

I argue that the pervasiveness of healthy lifestyle rhetoric is encapsulated in the term “healthism,” first conceptualized by Robert Crawford (1980) as “the medicalization of everyday life.” Crawford uses healthism to explain the logic behind a seemingly binary approach that people and institutions in the late 20th century began taking toward health practices: good and bad; healthy and not. Healthism recognizes that moralization and consumerism are each embedded within the ostensible choice to pursue health (Cheek 2008; Maguire 2008; Roy 2008; Madliger 2015). Broadly, Crawford presents healthism as an ideology that calls for the pursuit of health to be embedded in the minutia of daily life. For this reason, Crawford acknowledged the need to interrogate healthism from an ethnographic perspective, interrogating how, why, and to what extent healthism impacts people in their daily lives. He argued that such a perspective can help unpack the consequences people may face when living in a culture that moralizes health. This project responds to that call, and further situates healthism within related processes of identity-making in a 21st century context.
In this dissertation, I analyze primary qualitative data from two complementary cases of practices that are conducted in the name of health: people who electively restrict certain foods or food groups to an extent that others (including medical professionals) might consider extreme level, and people who do CrossFit, a branded fitness regimen created in 2000 that combines a physical exercise philosophy of body strengthening and conditioning, intense workouts, and specifically-affiliated gyms. These cases are well-suited to delineate what healthism looks like as a set of contemporary practices, because they are somewhat extreme examples of the dietary control and physical activity often prescribed as part of a healthy lifestyle.

Through in-depth interviews with dieters and ethnographic observations at a CrossFit gym (or box) and interviews with CrossFitters, together conducted over a span of two years, I identify how these diet and exercise practices inform, and are informed by, various identities. I find that the moralization and consumerism associated with healthism (Crawford 1980; Lhussier and Carr 2008), especially, helps these individuals frame their choices related to diet and exercise, and that these practices enable them to become—in their minds—good and moral people. Finally, I find that undertaking these regimens with enthusiasm is understood as obligatory as the pursuit of health itself.

I take a critical perspective on healthism, and incorporate an analysis of rhetoric about choice, including that found in scholarship about health policy (Bunton, Nettleton and Burrows 1995; Beck and Beck-Gernsheim 2002; Ponce 2003), obesity and fatness (Guthman 2011; Saguy 2013), the social history of nutrition advice (Biltekoff 2013), and the gendering of health (Moore 2008). The ubiquity of the language of “choice” when it comes to health, in particular, can often distract from social and structural causes of health inequalities (Wikler 2002; Guthman 2011; Biltekoff 2013). Similarly, food studies scholars situate contemporary diet practices in the context of a society that privileges individualism, personal responsibility, and conscientious
consumption (Contois 2015; Cairns and Johnston 2015), where health becomes operationalized as a world of good and bad choices. Part of this, as scholars like Lupton (1995) have emphasized, is that the late 20th century was characterized by an increasing focus on anxiety about health risks. Such focus was reflected in changing definitions of expert knowledge and related forms of certainty about bodily needs (Andreasson and Johansson 2013a; Cairns and Johnston 2015), which turned mundane practices like eating and exercise into important resources for making statements about identity, status, and difference (Petersen et al. 2010).

This emphasis on choice masks the role of social class not only in health outcomes, but in the ability of individuals to treat health as an enthusiastic pursuit. Resources like time, money, and access to medical care are far from available to all Americans in the same quantities. Upper-middle class people often experience better health than working or lower-class people, making it easier for them to normalize health as an enthusiastic pursuit and not as a burden or challenge. Even further, class status is marked by embodied experiences—whereby people’s physical beings acquire social, cultural, and affective significance—just as it is marked by possessions (Khan 2011). For instance, consumer reports show that an “experience economy” is emerging among Americans—especially millennials—making a middle-class identity increasingly demonstrated through what people can afford to do instead of what they can afford to own (Saiidi 2016). Or, as it has appeared on social media1, blogs, and in the title of a 2017 documentary: “health is the new wealth” (Levin 2013; Jones 2017).

It is further apparent that health is culturally and normatively valued in the increase—both in number and reputation—of boutique fitness studios, restaurants that cater to special diets, and tools designed to track and analyze personal health data, such as Fitbits and smartphone apps, which now even includes devices geared towards children. Even further,

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1 Instagram, Snap Kitchen: https://www.instagram.com/p/BftNlx0HAzr/?taken-by=snapkitchen.
offering health advice is increasingly a way for celebrities to monetize their name-recognition and personal brands, with actress Gwyneth Paltrow’s “Goop” being one of the more prominent examples. Podcasts, blogs, apps, and social media that are a part of the “wellness” or “healthy living” industry make such information pervasive and perpetual. The aim is to sell certain goods and services while also promoting the desired identity of being—or becoming—a person who pursues health enthusiastically.

Healthy lifestyles rhetoric is also institutionalized through schools, workplaces, and public policy. Primary and high schools incorporate this language into their curriculums (Weepie and McCarthy 2002; Lee 2012), and many universities have programming to encourage healthy lifestyles on campus. Related workplace initiatives encouraging exist across industries (Kamp and Neilsen 2008; Rongen et al 2013) and health policy makers use this type of language worldwide, often under the umbrella of health promotion. Such efforts typically focus on providing information with a positive sheen to individuals, “empowering” them to make choices about what practices to implement, or avoid, in their lives (Raphael 2008; Kranzler et al 2013), but also incentivize them in other ways (for example, discounts on health insurance premiums for non-smokers).

Much like rhetoric about choice masks implications of class status, treating education and empowerment as solutions to health problems presumes that all people have access to the same quality of care. It also implies that poor health is a result of ignorance, furthering the burdens of poor health and the stigma attached to being lower income. To this end, medical sociologist William Cockerham (2005) argues that conversations about healthy lifestyles should frame agency and choice with particular attention to structural constraints with an ultimate goal of alleviating those constraints. Similarly, critical public health scholars argue that the suggestions,

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2 Goop is marketed as a “modern lifestyle brand.”
recommendations, and demands related to living a healthy lifestyle are often incompatible with the lives and systemic issues of people outside the upper-middle and upper classes (Lindsay 2010; Lhussier and Carr 2008).

**Health, Lifestyle, and Consumer Culture**

Healthy lifestyles rhetoric is similarly rooted in consumer culture and people’s relative ability to direct expendable monies towards an interest. What does it look like and feel like for the people who do strive to enthusiastically pursue health as a lifestyle? When people use the word lifestyle to describe their health habits, they often hope to communicate to others that they have the intelligence, self-control, and discernment to spend their time and money wisely. Others “in the know” recognize these decisions as good and worthy, making healthy lifestyles a way for people to shape their identities through health practices. Lifestyles rhetoric promises an identity that others will interpret positively.

Healthy lifestyles are often conflated with physical activity like sports, and the sports-related subcultures that develop for participants out of related consumption practices (Wheaton 2000; Sassatelli 2014; Scott and Austin 2016). Parallel to healthism here is that some of these identities and consumer markets are what observers might consider extreme in the ways they are either dangerous or all-consuming for participants where they transform sport into “lifestyle sport.” Using the term “lifestyle sport,” for example, Poulson (2017) argues that a requisite component of mountain biking and triathlons (and the people who do them) is a high level of consumerism. Less physically extreme iterations of branded fitness, like Zumba, can still be intensely consumerist for especially enthusiastic participants (evident in the annual Zumba convention which has included a booth of Swarovski crystal-studded workout gear for purchase in past years (Swarovski 2018). Looking and playing the part of a lifestyle athlete is made
possible through purchasing goods and services, and athletes must also know which goods and services are considered good, better, and best.

However, people still experience challenges and resistance related to what I am calling the enthusiastic pursuit of health. As a strategy to manage their own feelings of worth, individuals find and create groups of people that share beliefs and practices related to particular kinds of healthy lifestyle maintenance. When groups are immersive, as Heywood (2015) describes CrossFit to be, the group dynamic can better insulate people from external criticism and conflict. When groups are fractured, like the online spaces that house communication for the majority of the restrictive dieters I studied, people have to do more work to justify and protect the practices they find meaningful. In both cases, I find that consistent interaction with others who share beliefs about health and lifestyle makes people feel better—their choices are validated, legitimated, and affirmed—and that heavily regimented diet and exercise can cause tension in interactions with individuals who do not participate in similar practices. The group, or even sensitivity towards a vague group identity, alleviates these tensions.

My dissertation is primarily concerned with addressing how identity formation around purportedly healthy lifestyles happens. For better or worse, the physical body is itself a cultural object (Griswold, Mangione, and McDonnell 2018) that is assumed to indicate information about health behaviors, especially related to deficiency (Guthman 2011; Saguy 2013; Biltekoff 2013). Much of my analysis focuses on the extent to which healthy lifestyles are and become embodied by the people who practice them. Bodily aesthetics help people communicate to others that they make good choices related to food and fitness (Maguire 2008; Biltekoff 2013; Saguy 2013), that they spend their money in good and admirable ways (Cairns and Johnston 2015), and that they possess the right kinds of knowledge to make those choices. A good body can even be a more important credential than education or certification. In a study of “clean eaters” who also
perform mixed martial arts, Spencer (2014) finds that physical aesthetic and performance is
categorized by dietary practice: good diets are seen as necessary for bodies that are fast, strong,
capable, and look good. Bodies represent what people know, what they do, and what they experience—all of which is connected to and reflective of class and social position.

Thus, the enthusiastic pursuit of health shapes bodies, but it is also shaped by bodily experience. Toward the end of my analysis, I consider the role that professionalization plays in the enthusiastic pursuit of health and health as a chosen identity. A healthy lifestyle is necessarily an embodied experience, and professionalization of that lifestyle is the ultimate iteration.

Literature on health coaches (George 2013; Mäkinen 2014) and personal trainers (Andreasson and Johansson 2013a; 2014b; Hutson 2016) show that successfully embodying a healthy lifestyle can be profitable through selling personal experience to others who wish to similarly embody middle-class values – their own bodies become their “business cards.” The only real credential these entrepreneurs need is the ability to demonstrate that they embody the promoted and desired healthy lifestyle. The current ease of self-publication and self-promotion via social media make this easier, as does the tacit understanding that living a healthy lifestyle requires particularized consumption – of objects as well as of ideas.

**Healthism: What it Is; What it is Not.**

To best understand what healthism looks like in the contemporary era, it is important to understand what healthism is not. Healthism is not a casual interest in being or feeling healthy; it is an endless pursuit of optimal health, and the moralization of the beliefs and practices that constitute that pursuit. Throughout this project, I argue that modern iterations of healthism expand the moralization of and obsession with health that Crawford (1980) originally described, specifically in connecting health to more current identity markers related to being a healthy
person. This healthy person is someone with individualized, dedicated practices that are intended to cultivate good health and assert a range of identities to others.

In the context of healthism, communities of “like-minded individuals” provide (and validate) the feelings of virtue, distinction, and superiority that people attach to healthy lifestyle. These feelings are apparent in how CrossFit is described, as compared with other fitness regimes, by marketers, affiliates, and members alike. For example, CrossFit is branded as a lifestyle, a community, and a commitment; the affiliate I studied used this language frequently when introducing new members to the sport, as well as in attempts to motivate more seasoned members. As a testament to the consistency and pervasiveness of these messages, members also described CrossFit as a lifestyle and a community; to this, they regularly added that it was a fun way to be active and maintain health.

Further, people talk about diet as a part of their identity, using language such as “I am Paleo,” or “I am vegan.” This indicates that elective restrictive diets signify more than an everyday pattern of eating: they are a way that people display themselves as apostles of health to others, as well as to themselves. This kind of talk can be used to create and maintain ideas about the self, as well as social bonds with significant others who validate their beliefs about food and health. When interacting with people who do not share such beliefs, this talk can instead serve as a form of self-validation.

The CrossFitters I studied represent a perspective on working out that offers stark contrast to at-home exercise DVDs that claim to fit seamlessly into people’s busy lives, requiring little to no effort outside a 20- or 30-minute workout. Similarly, a temporary diet aimed at losing weight is markedly different than the dieters interviewed for this study, who describe their habits as lifestyles and lifelong commitments based on a superior dietary ethos. Caring about health, wanting to be healthy, enjoying a workout or preferring a certain style of eating does not indicate
healthist ideology. Instead, I argue that modern healthism marries the moralization of health with practices that are intended make beliefs visible to others: people can claim a moral identity by signifying to others that they are committed to a healthy lifestyle, that they not only have health but are a healthy self. Moralization alone is no longer enough: modern healthist ideology also requires that people make these ideologies visible to others.

In some cases, these practices are more obviously health-related—like working out and eating well. In other cases, these practices are less obvious to others. One example from the forthcoming analysis is the decision to purchase a home close to the CrossFit gym: the members saw this supportive of their healthy habits because it offered convenience. Though it is unlikely that outsiders would see home ownership as a critical piece of being a dedicated CrossFitter, it is a way that certain members show superior commitment to the sport, and a greater virtue according to the moral strictures of healthism. From these extreme acts arises a subculture that includes rules about how one signifies greater degrees of seriousness and commitment to enthusiastically pursuing health. These acts and rules – as they connect to identity – are the primary focus of my analysis.

**Literature Review**

**Meaning-making: Culture, Bodies and Ideology**

Talk is a particularly useful part of an individual’s cultural toolkit and warrants attention in cultural analysis. Analyzing what people say, how they say it, and what they do not say offers a focused application of Eliasoph and Lichterman’s (2003) claim that culture is evident in interaction, action, and inaction. Swidler (2001) describes talk of love in this manner, but talk of health matters similarly: the words, phrases, symbols, and metaphors people use to describe health offer insight into how they are receiving, interpreting, and understanding certain cultural
messages. In contemporary culture, rhetoric related to “healthy lifestyle” is one such kind of talk about health. Other scholars find that healthy lifestyle rhetoric often moralizes health outcomes and health practices (Kimura et. al. 2015), shifts responsibility for health to the individual and away from institutions that provide care and access to care (Cheek 2008), obligates the individual to self-care and personal improvement (Maguire 2008), and frames health as a personal choice (Cairns and Johnston 2015).

Culture is also a “lived” or “embodied” experience and is thus evident in and on bodies. This means that people feel parts of culture in their own bodies, and that they see parts of cultures in their bodies and the bodies of others (Csordas 1990). From these embodied experiences, people give off information about themselves, receive information about others, and interpret both such that they create, reproduce, reinforce and sometimes resist parts of culture in the process. Otherwise stated, “the body is in the social world, but the social world is in the body” (Bourdieu 1990:152).

Bourdieu (1986) refers to “bodily capital,” or sometimes “embodied capital,” as the demonstration of cultural knowledge through the body. Similar to cultural capital—a type of tacit knowledge about social norms and values, which become visible through habits and practice (Bourdieu 1986)—bodily capital is a metaphorical currency garnered and deployed in social situations to maintain or achieve social status. Because talk of health often involves assumptions about what body types are good, and what practices create good bodies (Guthman 2011; Saguy 2013), understanding how bodies are used as a type of cultural capital is critical.

As an ideology, healthism can be thought of as a “cultural product,” or an expression of “distinctive material, intellectual, spiritual and emotional features that characterize a society or social group” (UNESDOC 1982). Potter et. al. (2016) argue that healthism shapes how people seek, understand, interpret, and apply knowledge to practices, like eating and information-
seeking. Otherwise stated, healthism is a cultural product that can help explain the ways people find information, come to believe that information to be true, and subsequently how they use that information to inform their habits and beliefs. Geertz (1973) argues that such an outcome is a useful result of studying cultural products: a more complete understanding of the production and reproduction of knowledge.

Identity Work: Making Meaning from Health-Seeking

Schwalbe and Mason-Schrock (1996) define identity work as “anything people do, individually or collectively, to give meaning to themselves or others.” In this project, I am primarily interested in how cultural narratives around healthism influence the ways that people create meaning for and about themselves, especially related to more extreme practices. Because health as practice is the basic tenet of healthism, as defined by Crawford (1980), there is a clear connection between identity work and health-seeking. Crawford writes:

In healthism, healthy behavior has become the paradigm for good living. Healthy men and women become model men and women… In short, health has become not only a preoccupation; it has also become a pan-value or standard by which an expanding number of behaviors and social phenomena are judged.

Crawford also uses the term “lifestyle” to describe the totality of practices a person might do in the interest of being healthier. But, there is less attention to how this elucidation of health intersects or interacts with other parts of a person’s life. If health is the baseline standard, where do other identities fit in? How do people experience being more than just healthy, if healthy is also the baseline for being a good person?

Answering these questions is significant first because healthism is pervasive today. It is institutionalized in health care (Moulding 2007; Cheek 2008; Ayo 2012), apparent in national
conversations about diet and obesity (Guthman 2011; Biltekoff 2013) and embedded in the ways people talk and write about food (Maguire 2002a+b; Maguire 2008; Contois 2015). It is also evident in the ways people talk about exercise programs (Nieri and Hughes 2014;) including CrossFit (Washington, Economides 2015; Madliger 2015). Second, these manifestations of healthism connect with the arguments of cultural sociologists that social status is increasingly signified today, by middle and upper middle-class Americans, by how people do things rather than what they own (Khan 2011; Currid-Halkett 2017).

**Emotion Work and the Consequences of Healthism**

Because healthism necessities that people pursue health with enthusiasm, understanding how emotions affect and are affected by health practices is critical when unpacking how healthism affects people. More specifically, healthy lifestyle rhetoric implores people to feel and show enthusiasm for health practices such as physical fitness (Sassatelli 2010), healthy eating (Contois 2015; Cairns and Johnston 2015), and the pursuit of wellness more generally (Lavrence and Lozanski 2014). The need to feel and perform an emotion—in this case, enthusiasm—is what Hochschild (1979) calls “feeling rules” and “display rules.” She argues that feeling and display rules are cultural norms that are a part of meaning-making processes related to identity and socialization. Displaying enthusiasm is a way to give off information about oneself. For example, an enthusiastic pursuit of health gives off different information than a willing or begrudging pursuit. People show enthusiasm for health-seeking through rhetorical strategies that distance health-seeking from work (MacGregor and Wathen 2014), focus on pleasure and enjoyment while dieting (Contois 2015), and justifying restrictive diets by characterizing themselves as “foodies” (Scott 2017). The oppositional nature of each of these pairs indicates
that healthism has a set feeling and display rules that are not natural or inherent. Instead, people learn these rules through participation in modern culture.

Alternatively, pursuing health allows people to avoid negative emotions like shame and disgust—two common themes in public health discourse aimed at discouraging practices like eating poorly (Biltekof 2007; Lupton 2014b). Critical health scholars argue that “disgust campaigns” compromise human dignity, force boundaries between (healthy) selves and (unhealthy) others (Lupton 2014b), create compliance through fear (Gagnon, Jacob, & Holmes 2010), and demand that individuals know, understand, and manage personal risk (Leahy 2014). By framing poor health choices as morally inferior, disgust campaigns use negative emotions to manipulate behavior and emphasize that people—not governments—must take responsibility for health.

Research Question

In order to build on these literatures, I ask: “what characterizes a modern iteration of healthism, and what does that mean for people living in modern times?” These questions get at what can be learned about modern culture by studying healthism ideology and rhetoric. Further, these questions consider what a sometimes-abstract ideology looks like in the daily lives of people who negotiate or shift their definitions of health away from ambivalence and toward a semblance of bodily control and optimization. In the cases that follow, “body optimization” refers to what Clarke and Shim (2011) define as an emerging form of medicalization (and more specifically, biomedicalization3), where people assess bodies through their perceived ability to “secure the best possible future.”

3 “Medicalization” describes cases where behaviors that may not be inherently medical are treated and diagnosed as such (Clarke et al 2003.; Conrad 2007), whereas “biomedicalization” accomplish this expansion of medical jurisdiction and authority through genetic sciences and other complex biotechnologies (Clarke et al. 2003).
I developed these questions in joining together two distinct cases: an interview study related to elective restrictive diets, and ethnography at a CrossFit box. Within and across these cases, I observed people using similar rhetorical strategies to justify and explain their health-related practices, despite great disparities in the practices themselves. For example, although one might consider them on opposite sides of the spectrum, paleo and vegan dieters both framed their diets as authentically human; each category of dieters believed their diets allowed them to thrive because people are biologically and physiologically designed to eat-- or not eat--certain foods (Scott 2017).

Taken together, these cases represent two typical health practices: diet and exercise. Thus, studying and comparing people that actively engage in one (or both) creates a more complete picture of the processes, motivations, rationalizations, and experiences related to the idea of “enthusiastically pursuing health.” I analyze these practices to show how contemporary cultural devices are used by people in their daily lives and decision-making about health, and how decisions about health shape and are shaped by various identities. I argue that for those who adopt healthist ideologies, healthy lifestyles are more closely related to “identity work” than to traditional health-seeking practices, like annual checkups and following doctor’s orders. Below, I outline each case in more detail.

Case I: CrossFit

CrossFit Lion’s Den was located in a small industrial and manufacturing district; its most immediate neighbors included a machinist and a custom metal worker. The building was a small warehouse, providing the open space needed for the Workout of the Day (WOD) and distance from retail or residential neighbors that might protest the noise of loud music, heavy barbells, or

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4 Schwalbe and Mason-Schrock (1996) define identity work as “anything people do, individually or collectively, to give meaning to themselves or others.” I expand on this concept in the literature review.
athletes screaming through a WOD. Like many warehouses, there was no air conditioning. This setting immediately distinguished the box from other gyms and fitness studios located in strip malls or shopping centers. This atmosphere is something that is typical of CrossFit boxes, which some participants connect to ideas of physical and mental toughness.\textsuperscript{5} Even the lack of air conditioning was typical of, and intentional for, the larger organization of CrossFit the brand.

When immediately entering the building, there is a small desk, which holds a cash register and computer to the right. This area was typically used to enroll new members and complete financial transactions. To the left, there is an open space--a lobby of sorts--which held a rotating population of hand me down furniture: an oversized chair, two smaller armchairs, and several folding lawn chairs. For a few months, there was also a beanbag chair. Most of the furniture was in some way ripped, stained, or damaged. Behind this room was another small room where members typically stored their personal belongings during class. There were no lockers, just six wooden cubbies, an old kitchen table, and a ping pong table that also came and went over the two years. This room led into the main space--the warehouse floor--where classes took place. This space also opened up into a parking lot by way of three large garage-style doors.

The gym was deep cleaned only once over the course of my two years observing there, and it showed: there was a semi-permanent layer of chalk dust on the floor--people would often write messages to other members in it. Many of the leather, faux leather, and rubber workout items were sticky or slimy to the touch. There was a pile of broken and unusable iron barbell plates in the corner, and some of the useable barbells were rusty. Though there are more higher end boxes in the same city and state as CrossFit Lion’s Den, it was also less than half the price of every other gym on CrossFit’s roster for the region.

\textsuperscript{5} Message boards on CrossFit’s website (http://board.crossfit.com/showthread.php?t=86887) and Reddit (https://www.reddit.com/r/crossfit/comments/x3xxp/cross_fit_with_no_ac/) offer evidence of such trends.
This is not to imply that CrossFit Lion’s Den did not have expensive equipment. There were thousands of dollars of gear, including six barbell cages with squat racks and extra plates. Separate racks held dumbbells, kettlebells, abdominal mats, weighted balls. Along the walls was an Airdyne bike, a glute-hamstring developer, and a workout bench. Other ancillary equipment included jump ropes, bands, three barrels of chalk, two ropes, Olympic rings, and an assortment of agility ladders along the wall. Essentially, the entire room was filled with various workout equipment, some of it designed specifically for and branded as CrossFit.

Though the individual people who worked out at CFLD changed significantly over the course of my two years in the field, their basic demographics stayed consistent. The group was entirely middle-class and upper middle class, though all members self-described as “middle” class. The most common profession was teacher (elementary, middle, or high school levels); others included police officer, HR representative, sales executive, professor, nurse, physician’s assistant, engineer, and construction manager. There was also a high proportion of college and graduate students, about 30% of regular members. Because these individuals tended to come and go per a semester schedule and were often absent during the summer when I was able to observe most frequently, the sample of individuals I spoke with most regularly included fewer students. This particular demographic breakdown is likely related to the pricing: regular memberships are roughly half the cost of other area CrossFit boxes, and “public service workers” receive a 50% discount on that already competitive price. This gym defines “public service” to include police, firefighters, nurses, teachers, and military. The same discount is given to students but called a “student discount” instead of “public service.”

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6 I assessed this through a combination of factors, including education (everyone had or was pursuing a bachelor’s degree, while some had master’s or PhDs) and job type, in addition the size and location of the homes I saw, and cues from mentioning things like international travel and investing.
Gym membership, overall, was fairly evenly split between men and women, though the gender makeup of individual classes varied greatly. Sometimes, I was the only woman in the space; other times, the class would be entirely women. The most attended classes, which were Saturday and Sunday (12pm, 1pm) and weekday evenings (6pm, 7pm) were the most likely to have equal numbers of men and women. Many participants at these popular times were in heterosexual relationships and attended with partners, thus contributing to the 1:1 ratio. Women who were not in heterosexual relationships were more likely to join with female friends; men more typically joined on their own. Out of eight coaches total, only one woman coached in my time there.

The presence of heterosexual couples did not seem to change the interactions in the space much, and it was even difficult to tell who was paired with whom without asking directly. In one case, I did not know two individuals were long-term partners until I set up an interview, and the woman suggested I interview them both at the same time. I had been in the space for eight months but had not seen them interact in any way that would have suggested they shared a household. Still, this preponderance of partners changed individuals’ experiences, as it allowed CrossFit to extend into participants’ lives outside the space in ways that it would likely not for others.

Members of the gym tended to be young adults, with most between the ages of 20 and 35. There were occasional outliers on both ends, with two participants under 20 and five over 35. The oldest regular member I spoke to was 54 when he started coming, and there was one woman in her late 50s who attended once, during a visit to the area from Miami. She commented on how “young” everyone was, and specifically mentioned how young the men looked. I suspect that the proximity to a major university (10 minutes from campus, maximum) influenced the age breakdown, in addition to the pricing mentioned earlier.
Gym membership was not racially or sexually diverse. The majority of members were white. Of the non-white members, there was not a specific race or ethnicity that had more representation, and non-white members included East Asian, South Asian, Middle Eastern, Black, biracial, Eastern European, and Latino individuals. Only two women were “out” to me as “queer”\(^7\) during my two years there. These women were friends outside the gym, and one had recommended CrossFit to the other after six months of her own membership. I did not speak to any men who were not straight-identified, though I did not typically ask questions about sexuality.

As a formal organization, CrossFit is structured to give individual boxes some freedom and flexibility while closely managing the use of copyrighted and trademarked materials (e.g., on merchandise). Individual boxes are not called franchises, but rather “affiliates.” CrossFit makes this distinction by requiring a relatively small fee--- currently $3,000--- along with an application, essay, and an exam about CrossFit’s organizational and epistemological approach to fitness. Stricter rules govern how an individual box can use links on their website, what goods can carry the CrossFit name or logo, and where “CrossFit” can and should appear in a gym’s name. For example, affiliates can link to any information on the CrossFit webpage from their own, but they cannot republish content created for the official CrossFit website. Similarly, affiliates are encouraged to design their own logos and slogans and use them for general marketing, apparel design, or original publications; the official CrossFit logo and slogan(s) are proprietary. In the past, CrossFit has had a reputation for being litigious, especially related to copyright and trademark infringements (Gugala 2014; Lacy 2015).

Finally, since 2007, there has been an international annual competition known as the CrossFit Games. The two winners of The Games—as they are referred to by CrossFit

\(^{7}\) This was their term, though both women said they exclusively dated other women.
members—earn the title “Fittest Man in the World” and “Fittest Woman in the World.” The Games occur as the culmination of a series of two other events: The Open and Regionals. Regionals are held in a variety of cities around the United States and worldwide; in 2018, these include Nashville, Tennessee; Albany, New York, Salt Lake City, Utah; Del Mar, California; Berlin, Germany; Rio de Janeiro, Brazil; and Madrid, Spain. This breadth of interest illustrates the extent to which the ideologies encouraged by CrossFit Lion’s Den are a part of a larger phenomenon specifically designed to use certain elements of modern culture to encourage participation.

Case I: Methods

Participant-Observation

My data collection at the CrossFit gym was primarily conducted via participant observation, a choice motivated by Atkinson’s (2014) discussion of the methodological strengths of ethnography, supplemented by interviews. Most notably, ethnography would provide the opportunity to see common and taken for granted practices for myself, instead of relying on accounts of those practices to reveal moments of how and why people used cultural rhetorics and tools in their definitions of health.

Most of the time, data collection happened during one of the scheduled classes of the day. Typically, I would arrive 15-20 minutes early and stay late, with my average observation lasting between 90 and 120 minutes. On some occasions, I would observe multiple classes in a day, for comparison’s sake, and those observations lasted closer to four hours. On special occasions—like holiday WODs and the CrossFit open WODs, data collection included social events that typically took place in the box. Data collection on those days would last between four and eight hours, as there was usually a longer workout component first (an hour or two) followed by a
social event (several hours) and a team clean up (another hour). In all cases, I made efforts to be among the early arrivers and the last to leave.

I took field notes in a small notebook. I wrote jottings that I later expanded on, typically organizing my notes by “scenes.” For example, the warm-up was often its own scene, as it had a distinct beginning, middle, and end. Often, there were multiple scenes happening simultaneously (e.g. small group conversations, people doing the WOD while others arrived) so dividing my notes into scenes helped me identify, manage, and represent the nature of the space. For example, members did the same warm up every class, and the coach’s instruction was similar each time. Once it became clear that these parts of class were the same as weeks before, I would block off a “warm up” section, and focus on things that were atypical, different, or unique to that class. Ultimately, I wrote down as much as I could, including (but not limited to): conversations, direct quotes, body language, position and proximity to others, how space and equipment were used, how long members stayed in the space, who was in attendance, and who was interacting with whom. I also described the physical space: how it looked, how it sounded, how it smelled, and how it felt. The space did not change much over time, but I noted when changes occurred.

After data collection, I sat in my car for a few minutes to make sure I had jottings that would jog my memory in the future for the significant scenes. I also expanded any direct quotes that I may have not had time to write earlier. I immediately typed my field notes, revisiting them within 24 hours to check my work. Within 48 hours, I wrote notes on notes (Kleinman and Copp 1993) in which I identified subjects, themes, and questions related to my observations. Each week, I wrote memos\textsuperscript{8} based on themes (or deviations from themes) as identified in notes on notes. Overall, these practices ensured that each time I entered the field, I had a clear idea of what I needed to be doing, or not doing, in an observation. This included asking clarifying

\textsuperscript{8} I discuss my process with memoing in further depth at the end of the chapter.
questions about a previous event, probing further into a potential line of analysis, or focusing my attention on a scene or type of scene.

I also interviewed participants outside of the gym. Interviews were particularly important because participants were frequently unable or unwilling to engage in extensive conversation during the WOD class itself, and I was often limited to short interactions during rest periods while I observed. Though I do not claim to have not affected the space, I did not want my presence to negatively impact their perception of how class went. Thus, interviews were an opportunity to expand my data collection in less obtrusive ways.

Many of these interviews lasted about 90 minutes, though a few were closer to 20- or 30-minute “mini” interviews conducted after classes. After initially struggling to recruit interview participants, I started bringing my recorder to class. I found that participants were much more willing to do impromptu interviews after class than to schedule something an off-site interview later. Though I did not use this as a replacement for in-depth conversations, I was able to talk to people who would not have agreed to meet me at other times. And, I was able to interview the wife (a non-CrossFitter) of a coach and successful competitor. Overall, I conducted 24 interviews with 19 members, speaking twice to five of the long-term members. I conducted 13 shorter interviews, four of which were with people who I later spoke to at greater length.

I also analyzed a variety of textual and visual artifacts pertaining to the space. This included the gym’s web presence (website, social media accounts, etc.) and a variety of print materials such as fliers, and handouts. I prioritized official communication, such as a copy of the gym’s consent form, as this document was signed (and, presumably, read) by all members, and in most cases, a part of their introduction to CrossFit. I also used my phone to take pictures of permanent fixtures, decoration, and displays, and include descriptions of each as a part of my
regular field notes. These data were treated like all other data in the coding process, which I outline below.

**Observant Participation**

I also participated on occasion as a member of the group. As an observant participant, I was able to access data that participant observation would not permit—a strategy used by others who study “embodied” fitness experiences, such as marathon swimming (Throsby 2015). Because observant participants often enter the field in similar ways to other participants, scholars have established this as a way to build trust (Kaminski 2004). This form of “total social immersion” is commonly used in anthropological ethnography and offers a different kind of data than observations alone, as the researcher becomes able to “learn things with their whole body, and not just with their mind” (Moeran 2009). I decided participation would be necessary after my first six weeks of observations, when I was asked *every single time I observed* if I was going to join the class—and noticed that members looked confused or disappointed when I declined. I found that many of the physical reactions I saw or heard accounts of were easier to understand (and write about) after I did similar things myself.

Because participation required an introductory course that met at a time when graduate courses met, I was not able to participate until 10 months into the project. Fortuitously, I think this delay helped me make sense of my experience. I found it very difficult to take field notes when I participated, but because I already had collected so much data, I was less anxious about what I was missing in instances where I had to focus on the physical act of strenuous exercise. I went into my participation with specific questions I wanted to answer, primarily related to how it feels—physically and emotionally—to learn new movements and learn about CrossFit as emblematic of the pursuit of health. Thus, I was able to use participation to help me understand
the data I had already collected, as opposed to data collection becoming about my experience with CrossFit.

Case II: Restrictive Diets

I conducted 26 in-depth, semi-structured interviews with people on restrictive diets. My sample comprised 16 white, three Latina, three Black, one Indian, and three biracial or “mixed” identified individuals. Their ages ranged from 22-71, with an average age of 37. Four self-reported serious health concerns, which they attributed to prior experiences with food or diet. I spoke to 13 single individuals (two of whom were divorced), eight married, and five with “partners” who were not married but shared households. Overall, 11 men and 15 women participated. In terms of type of restrictive diet, I spoke to nine Paleo eaters, four ketogenic dieters, four “flexible” dieters, two vegetarians, and seven vegans (all self-identified as such).

I excluded people who avoid certain foods because of allergy or medical diagnosis from my sample. Because my goal was to understand how people developed their own definitions of health in enthusiastically pursuing it, I wanted to isolate—as best as possible—agentic choices about health practices from prescriptions from medical professionals. However, I did talk to one diagnosed celiac, because she excluded far more than wheat from her diet and started eating a Paleo diet over a year before her diagnosis. Her motivations for “going Paleo” were not initially related to celiac, and her other chosen restrictions included dairy, legumes, nightshades, and nuts—all of which she had tested negatively for allergies.

Interviews took place in various locations, including coffee shops, cafes, my office, and the homes of participants. I also completed four interviews via Skype. I recruited interviewees by contacting local diet-specific Meet Up groups and diet-specific message boards. I also relied

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9 “MeetUp” is a website that facilitates in-person groups, meetings, events, and clubs, based on shared interest. They include groups based on a number of diet and health related interests, but they also have groups for all manner of...
on personal contacts to find participants, because I initially oversampled Paleo eaters, as their Meet Up groups were bigger and more responsive. My troubles with recruiting became an important piece of data for my analysis, as being disconnected from a group was significant for the individuals with whom I spoke. I originally planned to use snowball sampling to recruit interviewees, but this was ultimately unhelpful as most participants—to my surprise—did not interact with others who ate similarly. Even when recruiting through Meet-Up groups, most of those who responded did not participate in actually “meeting up” with others, and several had never heard of the group. Instead, the flier I posted was forwarded to them through other channels, like listservs. Also, I found meatless dieters particularly difficult to recruit.

Additionally, women were easier to recruit than men; my first nine interviews were all with women. I subsequently changed my recruitment strategies to target men—and in particular, men who ate meatless diets.

Given my research focus, and my lack of credentialed expertise in what would medically constitute a healthy diet, I was not necessarily interested in dieting behavior in conducting and analyzing these interviews. Instead, I am interested in the roles of emotion work, identity work, and boundary work as they relate to dietary beliefs and practices around food. For these purposes, in-depth interviews were the most appropriate methodological choice. Pugh (2013) describes the data collected from in-depth interviews as “meta-data”—feelings and experiences that are “embedded” within the interviewee and argues that the strengths of meta-data (what others may call “accounts”) depends on the researcher’s agenda, skill, and awareness of how best to use interview data.

Similarly, Lamont and Swidler (2014) argue that explicit conversations—like in-depth interviews—provide data that ethnography may not, especially related to data regarding artists, gaming enthusiasts, ethnic/cultural groups, educational interests, and professional interests—among many others.
“representations, classification systems, boundary work, identity, imagined realities and cultural ideals, as well as emotional states” (157). Like all methods, a quality interview study requires managing the limitations of the data, but it also demands a deep understanding of the strengths of in-depth interviews. I designed my interview guide to capture these strengths.

I began interviews by asking the participant to explain his or her diet in their own words. I then asked about how participants came to that style of eating: where/when they first discovered it, who or what inspired or encouraged them to try it, what kept them interested, what (if any) challenges they faced, and how they met those challenges. I probed for specifics about finding and assessing information, as well as decision-making. In cases where a specific source was mentioned, I was often able to access the source myself later on. This was useful in understanding the distance between accounts and reality, as participants often described materials as “articles” that would be better classified as “blog posts” or “opinion pieces.” I also asked about their interactions with others about diet and probed for specific examples about when, where, and with whom these interactions happened.

I recorded all interviews electronically and also took notes, which I expanded upon afterwards. My notes focused on body language, facial expression, and other non-verbal cues that would not be evident in a recording. I took these notes directly on the interview guide so it would be easier to connect them to a response (and later add them into the transcript). I transcribed interviews as soon as possible, typically within 36-48 hours after the interview. I included notes about the recruitment process (e.g., how they were recruited, how they contacted me), the meeting site, and information for myself about questions that did, or did not, seem to go over well. I used this to tweak my interview guide going forward and identify opportunities to probe further or differently when needed.
Data Management and Analysis

I use a grounded theory approach [as described by Charmaz (2014)] to analyze observational and interview data, with memos as the core of my analytic process (Glaser 1998). Typically, I had a running list of themes to develop from field notes, notes-on-notes, and interview transcripts, and addressed between 3-5 of these per week in memos. In some cases, memos explored new concepts, ideas, patterns, or observations. In other cases, memos were meant to connect ideas I previously explored, or to perform a “thought experiment,” such as memoing about emerging concepts that challenged my lines of analysis. For example, I wrote memos about injuries, bodies, power/domination, authority, people who do not like CrossFit, and the physical space of the box. For the diet interviews, I had memos about research, gifts, illness,” and family. From here, memos helped me develop cohesive arguments about the “story” of pursuing health common across by dieters and CrossFitters, fitting with the life cycle of memoing as described by Strauss (1987: 109).

I continued memoing throughout the project alongside open and (later) focused coding. For example, some of my earliest codes for CrossFit were “introducing new members,” “teaching movements,” and “preparing to work out.” For diet, I saw “justifying (actions/beliefs)” and “seeking information” emerge quickly. From these initial codes, I moved into focused coding, where I connected these actions and practices to larger themes. I based this practice of first describing actions, then identified patterns, and then categorized them analytically on the proscriptions of Emerson, Fretz and Shaw (2014), and found that it was useful in avoiding assumptions and preventing data from being forced into predetermined themes (Charmaz 2014).

I used NVivo to store my primary data (field notes and transcripts), which was helpful for organization. However, I found that my analysis felt more natural without the tools in NVivo, and I did not rely heavily on the program outside of coding. Most of my analysis was done using
Microsoft Word, pen and paper, and sometimes a voice recorder. I found this was simpler and more intuitive.

Overall, my focus of analysis emerged when I saw similarities between cases in the open coding stage. Specifically, “lifestyle” was a theme that became influential in explicit and implicit ways. While some participants used the word to describe their health practices, others described their lives such that pursuing health was often a central goal. In the next chapters, I analyze the data from CrossFit and diet interviews and situate it within the larger context of healthism, healthy lifestyles rhetoric, and cultural definitions of health.

Overview of Chapters

This dissertation is an analysis of how two specific categories of people—members of a CrossFit box and followers of restrictive diets—use elements of the ideology of healthism to shape and inform their identities. Chapter two is an in-depth analysis of how CrossFitters define—and come to define—health and health practices. I argue that adopting group norms related to knowledge, practices, character and consumption are the primary ways that members perform identity work that connects individual and collective identities.

Chapter three is an analysis of group-specific emotion and display rules about showing enthusiasm for CrossFit in the midst of health-seeking practices. I argue expressions of enthusiasm are critical to the lived experience of healthism for two reasons: (1) enthusiasm for health is a defining characteristic of healthism ideology and (2) acceptable displays of enthusiasm for CrossFit are key group boundaries. More specifically, talk of fun, displays of anger, and talk of tears all illuminate what one subcultural iteration of healthism looks like in practice and what those practices mean for members of the subculture. Even further, these emotion and display rules act as group boundaries, meaning that learning how to express enthusiasm is
simultaneously a way to assert identity as someone who understands, values, and prioritizes health in addition to being a CrossFitter.

In chapter four, I analyze the accounts of restrictive dieters and argue that diet practices reflect other identity markers people hope to give off to others. Specifically, I find and analyze how people use food and eating to demonstrate their pursuit of healthy lifestyles. I find that dieters, too, believe that their choices and consumption patterns indicate the “right” knowledge, practice, and character. Participants believed their diets indicated important information about themselves and their desire for optimal health; I show how they worked to ensure others interpreted this information “correctly.”

In chapter five, I conclude the dissertation by discussing healthism in the context of contemporary culture. I argue that there are key themes in conversations about health that are unique to the contemporary era, making healthism a useful tool for analyzing how the current social, political, and economic climates affect individual people. Ultimately, I argue that a modern iteration of healthism is characterized by specific implications for individual and group identities, making 21st Century, healthism necessarily relational.
CHAPTER 2: ACHIEVING HEALTHY LIFESTYLES

In this chapter, I analyze a specific iteration of healthy lifestyles using data from a CrossFit box (or gym). From initiation into the group and through continued membership in a shared physical space, I found that the group’s shared symbols, behaviors, norms, values, and knowledge gave meaning to both individual and group identities. Further, I argue that members’ identity work typically involved aligning themselves with four concepts under the umbrella of healthy lifestyle: practice, knowledge, character, and consumption. In each of these categories, members worked to learn—and then display their understanding of—group rules about what constituted the “right” behaviors and beliefs. Focusing on the rhetoric of member accounts, group interactions, and material artifacts, I argue that within this particular group of CrossFitters, defining health as a lifestyle involved adherence to the distinctive bridging of knowledge and practices that, in turn, became an integral piece of various identities. In other words, the group informed how people defined healthy lifestyle, and also how they displayed, understood, and interpreted what they believed to be important information about themselves and others.

Lifestyle Rhetoric: “It’s All of It”

Murals, artwork, competition t-shirts, posters, printouts of web articles, and other CrossFit memorabilia decorated the walls of the CrossFit box I studied. Some were framed, while others were fastened to the wall with pushpins, tape, or staples. In early 2017, I noticed a new addition: a framed clip from a New York Post article titled “The CrossFit Lifestyle.” The corresponding photo featured a 42-year old man from Staten Island performing an overhead squat. The copy included the following quote: “When I joined CrossFit, it became a lifestyle…. It’s a community. It’s a fun place to exercise and meet your goals.” This quote was highlighted in yellow. I asked Nate what the clipping was, and he said, “Isn’t it perfect? I couldn’t have said
it better.” I asked what a CrossFit lifestyle meant, and he gestured vaguely to the other posters and articles:

    It’s all this—the commitment, to more than just doing the WOD… It’s coming here and knowing you’re doing something, you’re getting better. It’s committing to that. It’s exercise and its good exercise but it’s also [he slaps an advertisement for a “clean eating challenge” that happened in 2016] knowing how to eat and fuel yourself…it’s all of it.

On a different occasion, Kendall, Jessie, and Tyler were standing close to the clipping and I asked them to describe what they thought it meant. Jessie answered, “lifestyle means coming and coming back and knowing you’re going to keep doing that every day.” Tyler nodded, adding, “it’s coming back because you know it’s making you better.” I asked him to clarify, and he told me “physically and mentally. You get stronger, and you realize it’s more than just picking up heavy shit. You get tough. You get strong, but you get tough, too.” Kendall and Jessie nodded, and Kendall smiled wide and said, “and it’s fun!”

    These comments highlight several significant components of a CrossFit-specific lifestyle: practices (like attending regular classes and eating a specific, approved diet) and the assumption that those practices reflect external and internal identity markers. Becoming better, stronger, and tougher is the result of the commitment to the practice. Kendall’s comment demonstrates the enthusiasm that underwrites this lifestyle rhetoric and, building on this, I analyze CrossFit’s definition of “fun” in-depth in chapter 4.

    Members called CrossFit a lifestyle on a variety of occasions. For example, Michael, a master’s student in kinesthesiology, hoped to use CrossFit as an academic case study because “CrossFit’s whole lifestyle” is what makes it “effective.” Similarly, Heather told me she “really noticed changes once [she] got into the lifestyle… instead of just coming to classes and leaving
and doing whatever.” In both cases, “lifestyle” catalyzes physical and mental betterment; the practice without complementary practices is not enough.

Comments about lifestyle also bookended my ethnographic participation in this field site. At my first class, AJ, a regular member and later a coach, said I would “learn to love the lifestyle.” On my last day, Nik shook his head at me and said, “you’ll be back,” to which Erin added, “you can’t escape it!” I asked her to explain what she meant, and she said “the lifestyle! it gets in you. You’ll be back!” In each of these instances, “lifestyle” demarcated what CrossFit is to members. AJ’s initial remarks hinted that I would need to undergo a process: learning to love it. Erin’s words that I could not escape the lifestyle invoked identity: once a CrossFitter, always a CrossFitter.

Though CrossFitters have group-specific approaches to healthy lifestyle, their general ideas are consistent with the cultural definitions of health outlined by healthism and health lifestyle theory (Crawford 1980; Cockerham 2005). For example, Jordana, a 26-year-old woman, told me that CrossFit was “the most important part of her day” because it kept her healthy. She said,

J: Sitting is the new smoking; it will kill you. I don’t want to go home and sit more.

M: Do you have to sit a lot for work?

J: I mean, no, I guess not. I teach [high school math] so I am on my feet a lot. But I’m not doing anything. I don’t think that counts.

The phrase “sitting is the new smoking” is a big claim, yet it is one that has been used in the Huffington Post, CNN, Mayo Clinic, and even by the Centers for Disease Control and Prevention (CDC). Jordana’s explanation is an example of health lifestyles rhetoric that conflates health with practices. When I asked Jordana where she heard the phrase or if it was her own, she explained (her cadence picked up as she spoke),
We learned about the dangers of sitting from a work program. They had a convocation and everything. It was a kickoff for a bigger (initiative) where we could sign up in teams to help each other build healthy habits. It was cool because everyone who participated got the chance to win a FitBit.

Importantly, the prize offered by the initiative was deemed “cool” because it was a tool that would contribute to someone building “healthy habits.” This type of program is not atypical of American workplaces or workplace, state, and federal health policy (Lupton 2014; St. George et. al. 2010). Jordana’s comments exemplified how some people understood—and embraced—these messages. Her enthusiasm demonstrated the belief that it is important to “build healthy habits,” and reflected the goal of “health promotion,” defined by the WHO as “the process of enabling people to increase control over, and to improve, their health.” Critical public health scholars, however, argue that health promotion often overstates the role of “lifestyle” and choice for in health outcomes (Cheek 2008; Lhussier and Carr 2008; Lupton 2012; 2014b). This distinction is important for understand how members came to think of CrossFit as a health practice, especially as they interpreted and applied health advice from coaches, other members, and even experiences outside the gym. It also shows why members may have been familiar with language framing CrossFit as a lifestyle: they receive messages from elsewhere that define health, more generally, through practice.

For further example, Nate gave gym members similar advice about dietary practices. He said that diet was “a key part of the lifestyle” and members should “develop dietary protocols” if they wanted to be successful. His advice included the following statements:

“Focus on lean protein.”

“Save carbs for before class, or maybe after if you feel really drained.”
“A banana with peanut butter [is a good pre-workout snack because of the] carbohydrate, protein and fat ratios.”

“Post-workout, you need fast digesting protein. think whey protein shakes, chicken, or whitefish.”

He also said that members “might want to consider setting up a sleep regime” and get seven to nine hours of sleep each night. Nate consistently sent the message – both explicitly and implicitly– that a CrossFit lifestyle extended outside the box. A CrossFit lifestyle meant a collection of practices that were regimented and based on a body of knowledge I discuss further below.

Self-Tracking: Practice, and Practice Made Visible

As part of the CrossFit lifestyle, members use personal tracking to structure a range of other related practices. Lupton (2014a) calls personal tracking, “self-knowledge through numbers,” and argues that the practice “may be theorized as a practice of selfhood that conforms to cultural expectations concerning the importance of self-awareness, reflection and taking responsibility for managing, governing oneself and improving one’s life chances.”

In many cases, the information people use to talk about health is information about their own bodies. Self-tracking—the voluntary practice of collecting personal bodily data to monitor one’s health, often with the aid of digital technologies (Lupton 2014a)— can include biomedical data like blood pressure or blood sugar, in addition to simpler information like calories consumed or steps taken. Tracking elevates mundane activities like eating, walking, and even sleeping by linking them to the pursuit of health; it also structures talk of health and gives context to “being healthy” (Lupton 2014a). Some researchers (Lomborg and Frandsen 2016)
have proposed that people enjoy using visual depictions of their tracking because numbers, graphs, and charts encapsulate the otherwise nebulous practices of pursuing a “healthy lifestyle.”

For CrossFitters, this included detailed logs of workouts by frequency, duration, and scores (weight lifted, number of reps, or time, depending on the type of WOD). Some members used pen and paper, while others used digital applications that provide charts, graphs, time lines, and predictive calculations. Typically, members tracked personal records (PRs) for WODs or lifts, knew their “one-rep max” (1RM) and compared these scores over time. The goal was what some scholars refer to as “body optimization,” or the “customization of bodies” towards certain ability and aesthetic goals (Coveney, Gabe and Williams 2011), and often made possible by tracking personal data (Clarke et al. 2003). In the case of CrossFit, optimization meant performing at a maximum physical capability, with the perpetual intention to push that boundary in the future. Personal data provided necessary evidence of improvement; their ability to interpret and apply data to their workouts was a skill that helped signal group membership. For example, Chani said,

Keeping track [of PRs] is motivating. It shows you where you’ve been, where you’re going. You can’t get better if you aren’t keeping track, because you might not notice when your PR increases.

Similarly, Kendall said,

If you don’t track how are you ever going to know if you improve? Keeping data is the least you can do. It isn’t hard. It doesn’t really take time. But it makes all the difference in the world when you go to add in a score and it tells you, you got a PR. That’s exciting!

[She also said the app she uses sends you a “congrats” message when you log a PR.]

10 See Appendix for full list of terms and jargon.
11 Clarke et al. refer to personal biomedical data, adding evidence to how CrossFitters apply practices within healthism (in this case, personal tracking) to the subculture.
Thus, it was typical for members to track their scores throughout class and analyze their results afterwards, a practice driven by the idea that collecting detailed data can help them make better choices. In between sets, I saw people enter information into phones, check their phones to verify a PR, or calculate how much weight to lift based on a PR. CrossFit encourages this by writing WODs such that members must know their PR in advance. For example, one WOD called for “deadlifts @ 80% of 1 RM” and another called for “snatches @ 60% of squat 1RM.” Members who tracked this information did the calculations and began setting up; those who did not know their 1RM had to guess or ask for advice. When I did not know my 1RM for deadlifts, I asked Nate what to do. He said,

You don’t know? You should really know that information. We tested one rep maxes in January, but I guess you weren’t here… just pick a weight that feels heavy but allows you to do 5 clean reps. You should struggle but not fail. Does that make sense?

It made sense, but I was uncomfortable. There was a clear distinction between those who knew their 1RM and those who did not. This was reinforced when Nate suggested I come in one night after a rest day or easy week and test my 1RM on my own. Doing the practice required knowledge that insiders had; if I wanted to do it correctly, I needed that information. Even further, in order to maintain membership, I needed to conform to the practice of personal tracking.

I took Nate’s advice and tested my squat, deadlift, clean, and snatch over the course of a week. During these workouts, AJ, Kristen, Chuck, Nik and Denny all verbally reinforced the boundary between insiders who know and outsiders who do not. AJ told me “congratulations!” while Kristen emphasized how much it would “help my other workouts.” Chuck and Denny gave me thumbs up and clapped while Denny said, “Atta girl!” Finally, Nik said it was “good [I was] finally getting that data.” The practice of finding my 1RM was met with enthusiasm because it –
and I – validated their beliefs that this knowledge was necessary for my personal betterment and my status as a member of the group.

The importance of personal tracking to what living a healthy lifestyle means to CrossFitters was evident in a series of interactions related to SugarWOD, one of the applications members used to track, store, and analyze personal data. The app was free to individuals, but required that box owners pay a monthly subscription; without the group subscription, members cannot log in. After the app’s free trial period ended, Nate told one class he did not plan to re-subscribe; people were not happy. Emma told me that she was “worried [she’d] lose all her data,” demonstrating the extent to which this data underpinned her identity as a CrossFitter. When I asked why she was worried, she said, “that’s a lot of information. I guess I could transfer it into excel or something, but that’s too much work. I like that SugarWOD has it all right there, easy access, even during class.” Similarly, Nik shook his head and said it was “Bullshit. It isn’t even that expensive!” while AJ, Tyler and Trent offered to help pay the fees—$59 a month for up to 100 athletes—if Nate continued the subscription. Personal data, in this instance, was a valuable commodity.

Aside from convenience, multiple members of the box also told me SugarWOD was “fun.” Though the central function of the app was storing information, Nate —and advertisements for the app—described it as a social media platform for CrossFitters. In this sense, the app created solidarity between members by creating what Fine and Hallett call “shared awareness” about what matters to group members (2014). Agreeing that these numbers are meaningful enough to be tracked, monitored, and memorized strengthened the group— and thus the subcultural identity. The social aspect strengthened these bonds further. For example, members could comment the scores of others, reply to comments, and celebrate the achievements of others by sending them a “virtual fist-bump.”
Members were so enthusiastic about the social functions of the app that tracking was sometimes an afterthought to the ability to strengthen group bonds. For example, AJ was active on the app almost daily: he uploaded his own scores and sent fist-bumps to others with messages like “great job!” “you killed it!” or “DO WORK.” Even still, he initially told me he did not track his workouts. When I asked him if he considered SugarWOD “tracking,” he said that SugarWOD is “more for fun, but yeah, I guess it does track for you.” He said the fun part was to “fist bump people [he] never sees in class because we have different schedules. It keeps the community alive and thriving. It’s great!” For AJ, the app was entertainment that happened to function around CrossFit scores. His account was similar to others who told me they were more excited about the social aspects of SugarWOD but still showed me 12 months of workout logs when I asked if they used the app.

Personal tracking was also a way to validate one’s adherence to the CrossFit lifestyle by providing constant visual signifiers of personal improvement over time. Members credited the lifestyle for these improvements. For example, Chuck showed me several graphs and charts representing his previous six months of working out. There was a line sloping up and he told me, “that’s when I got serious about my health” adding that this meant adjusting his “lifestyle habits” like getting more sleep, eating better, and “really committing to [working out] 5 days a week.” Alternatively, Liz pointed to a downward trend in her attendance at classes and said, “shit, this is when work got crazy last year. I really fell off.” And Jessie showed me the celebratory message she got for a squat PR: “This is when I fell in love with [CrossFit]. I never thought in a million years, but I saw [the message] and it was like, wow, I did that!” The data represented an event—her PR—that was personally and emotionally significant, much like circling an anniversary on a calendar: looking at the visual representation evokes an emotional response. In these cases,
tracking personal data quantified the lifestyle and encouraged members to view their health, fitness, and bodies as measurable and fixable.

This practice of tracking also facilitates enthusiasm: celebrating a PR was only possible if a member knew he or she achieved one. Knowing how to track, what to track, and why it mattered were part of the boundary work imbued in creating and demonstrating knowledge specific to the group. The enthusiasm members showed for others’ achievements strengthened their bonds because congratulatory messages were validating and signaled that members were doing something right. Ultimately, tracking was a type of identity work as it helped members identify and display practices and progress regarding their perceptions of health for themselves and to others; being enthusiastic about personal data magnified this work.

Thus, self-tracking aided the construction of personal biography by generating evidence of responsibility for one’s health (Savard 2013). Similarly, Gardner and Jenkins (2015) argue that personal narratives are reinforced and created by tracking: people use the numbers to tell a story about themselves; they also build stories to help make sense of biomedical data that might otherwise be hard to understand. These biographical stories often draw on the idea that bodies give off information about people’s beliefs, values, and choices (Guthman 2011; Biltekoff et al. 2014). Self-tracking generates such information, which can in turn be used to give new meanings to bodies.

Relatedly, self-tracking is frequently used as a component of contemporary impression management. Lomborg and Frandsen (2016) argue that people use tracking data to establish themselves as members of a group or category. In some cases, this communication is between peers, such as reporting their biking routes or running statistics on online platforms; in other cases, it is with medical professionals who request patients to collect their personal data (Chiang, Yang, and Tu 2014; Steele 2013). Through self-tracking, people share otherwise-solitary
experiences with others, give and give off information about themselves, and mitigate relationships. Self-tracking can aid identity work and support claims to group membership—as it did with the CrossFitters represented here.

“An Education Disguised as Exercise”

From the above examples, it is apparent that practices inform and are informed by the “right” knowledge. As owner and head coach, Nate saw his job as providing people with knowledge about the CrossFit lifestyle and how to live it. He said,

The workout is one hour a day. I can’t control what you do the rest of the day—that’s up to you. But, I can show you why all that stuff matters. Why it matters what you eat or why the stuff you put into your body or put your body through counts even if you’re not in the middle of class. I had an Instagram post about that not too long ago. [he reaches in his pocket, pulls out his phone and scrolls. finally, he shows me the post—but turns the phone back so quickly I miss most of it—later I confirm that it’s a picture of a white dinner plate with black lettering superimposed] See it says, “anyone can work out for an hour, but to control what goes on your plate the other 23 hours… that’s hard work.” I can only push you here, but I can help explain why you gotta push yourself everywhere else!

Nate saw his business as a place where people could learn about health and fitness. He expected them to extend that knowledge to the “other 23 hours” of their days. In Nate’s mind, he was selling pieces of a healthy lifestyle (practice, information, and instruction geared toward personal improvement) that members of the group would need to lock together.

However, many members arrived at CrossFit already expecting to make CrossFit a lifestyle and benefit from the attributes that characterize it. Some new and incoming members told me that these changes were part of CrossFit’s appeal to them. I found that participants
arrived with one or more of several assumptions: (1) that they were going to learn something that would impel personal betterment, (2) that the instructors at the box had the knowledge and tools needed to make these changes, (3) that their bodies would change as they obtained the right knowledge, and (4) that they would be mentally stronger, physically healthier, and more fit. For example, Amy told me she joined—despite never having worked out before—because CrossFit was “life-changing” for her brother. She said she knew she needed to change her life to avoid health problems associated with a sedentary lifestyle. She expanded on this by describing CrossFit as a place to learn how to make these changes effectively:

It was obvious, CrossFit knows what it’s doing. Like, [my brother] went through this transformation, into a total CrossFit Bro. He lost like 30 pounds, he’s swole\(^\text{12}\). And he’s here every day. He’s all, “(makes a guttural sound) I love pushups! I love burpees.”

Amy almost exclusively referred to her brother as “The CrossFit bro” after this comment, which emphasized that, to her, he had changed qualitatively and that there were clear boundaries between the person he was before and after CrossFit. The new person, or “CrossFit Bro,” was someone who enjoyed pushups and burpees, lost weight, gained muscle, and made CrossFit part of a routine. After her brother gained knowledge, his body changed, and he changed. As the “CrossFit Bro,” he had new interests, new practices, a new physique and a new personality because he had new knowledge.

Participants also said that research informed their decision to do CrossFit. To them, research included googling, watching YouTube videos, and reading “studies” that were often personal blog posts. For example, Nik, a 25-year-old white man, said that after spending an entire day “googling the shit” out of CrossFit, he realized it is “obviously the gold standard” of fitness. Similarly, Mary Ann, a 40-year-old black woman, told me that she learned online that

\(^{12}\) “Swole” describes someone who is muscular, and often someone who is also lean enough to make muscles especially visible.
“[CrossFit] really is the best way to work out.” They both believed that participating in CrossFit would be the best way to make specific lifestyle changes.

The word “education” characterizes what CrossFit represented to members, which was also apparent in a variety of data. On the front door of the building, a sign said, “CrossFit: an education disguised as exercise.” Similarly, members and coaches interacted based on the assumption that coaches were there to provide education: they had access to the knowledge members need to be CrossFitters. They were experts, but they were also gatekeepers. Melissa, a black woman in her mid-20s, explained this to me as she described her transition from “bodybuilding style” workouts, focused on one major muscle group at a time, to CrossFit workouts:

Sometimes, I’d be at the gym, and like, be like, ok what now, what do I do next? And I’d kinda wander and waste time. Or, I followed a plan [previously], so it was all done for me, and I got results, but I’d be at the gym for like 2-3 hours. I knew I wanted to still focus on strength-building, and CrossFit does that, but I spend an hour… I like that the workouts are planned for me, so it’s one less thing to worry about. I know it’s going to be an hour, I know it’s going to be brutal, but I also know it is going to be way more effective than those 2 hours.

Others agreed that having someone else plan a workout was a benefit, as it allowed them to “just show up” instead of having to worry about what workout method is best. Participants expressed a deep trust that the workouts they did at CrossFit are superior to anything they could devise on their own. Despite not knowing who, specifically, created the WODs, participants told me they were designed with intentionality. It also required, as they saw it, an underlying philosophy of fitness: the right knowledge is necessary to improve the body and its capabilities. These advantages were only available through CrossFit.
“Foundations” was the name of the introductory course that new students took (or occasionally tested out of) in order to participate in classes. It met three times a week for two weeks; Nate told me is set up to be “half lecture, half practice” so members learn new skills safely and effectively. On a deeper level, it was a way to socialize new members into the group culture—something coaches acknowledged. For example, Kristen said, “There’s always going to be a coach there to correct your form. Foundations is really about getting people to understand the ‘why’s’ behind why we do what we do.” Similarly, Reid said,

CrossFit can be a way of life if you let it. That’s why Foundations starts with the basics: functional fitness, why it matters. And its why night one starts with nutrition and how to feed your body in a functional way.

Both Kristen and Reid referred to the part of Foundations that Nate called “lecture.” They identified the importance of introducing a system of knowledge that was bigger and more legitimate than something concocted by a single coach at a single gym. Fine (1991b) calls this knowledge “intellectual theory” and argues that it is a way that small groups legitimate and create shared knowledge. This was the purpose Foundations served for CrossFit.

On the first night of Foundations classes I observed, the emphasis on knowledge acquisition was evident: participants did not even touch a barbell. Instead, they quietly listened and nodded as the coach explained the three concepts that undergird CrossFit’s intellectual theory. The first is the definition of fitness from CrossFit CEO Greg Glassman, which is stenciled on the back wall of the space: “work capacity measured across broad time and modal domains.” Nate said that before Glassman, “no one had ever really defined [fitness] in a measurable way.” Nate explained that “work capacity” is how much of something you can do, and that this can mean repetitions or total weight, depending on context. “Broad time” meant
how long you can do something, so a typical marathoner has broad time of approximately 4 hours for running. “Modal domains” meant different types of workouts, so fitness would have to include more than running, even for a marathoner. Nate justified Glassman’s definition by saying,

This is why, here, you’re gonna lift weights, you’re gonna do gymnastics, you’re gonna run, you’re gonna do it fast, and heavy. And that’s how you’ll know you’re fit, because one day you can do a million burpees, and the next you can slam out power cleans, and the next you can run 3 miles. You do it all.

The second concept, more of a slogan, was written in big, block letters at the top of the white board. Over the course of the two years, it was erased and re-stylized in different fonts, but it was always there: “constantly varied, high intensity, functional movement.” When Nate explained this slogan, he underlined “high intensity:”

This is what sets CrossFit apart from everything else. If you’ve ever gone to the gym for an hour or two, and not really sweat, and not really been breathing hard? Here, you will sweat, and you’ll sweat soon. Here, you work out and you’re breathing hard really soon. He said that “constantly varied” meant creating “muscle confusion,” so members did not plateau on progress. He explained that functional movement was “moving the body, like it does in everyday life,” supposedly a more practical and sensible way to structure a fitness routine. For example, Nate said that “you might have to squat or deadlift to lift a couch,” but you’ll never “bicep curl a lamp.”

Rather than “constantly varied, high intensity, functional movement,” I found that a better description would be “stylized combinations of Olympic weightlifting and endurance activities, performed at a fast pace for a relatively short period of time.” But the official slogan tied physical practice to the intellectual theory, to CrossFit as education, and to self-
improvement. There was a lot to learn, and learning precluded participation, belonging, and personal improvement.

The third piece of CrossFit wisdom was another quote from Greg Glassman called “fitness in 100 words.” It was stenciled on the wall, just below the white board:

Eat meat and vegetables, nuts and seeds, some fruit, little starch and no sugar. Keep intake to levels that will support exercise but not body fat. Practice and train major lifts: Deadlift, clean, squat, presses, C&J, and snatch. Similarly, master the basics of gymnastics: pull-ups, dips, rope climb, push-ups, sit-ups, presses to handstand, pirouettes, flips, splits, and holds. Bike, run, swim, row, etc., hard and fast. Five or six days per week mix these elements in as many combinations and patterns as creativity will allow. Routine is the enemy. Keep workouts short and intense. Regularly learn and play new sports.

Though this statement had less jargon than the previous two, it is important to note several assumptions. First, fruits, vegetables, and nuts can contain starch and sugar; the categories presented are not mutually exclusive. Second, the “major lifts” mentioned are considered major only in CrossFit. Finally, the popular image of gymnastics does not include rope climbs, push-ups, or and sit-ups. In this case, the word “gymnastics” has its own definition within CrossFit subculture. Redefining common terms separated CrossFit’s intellectual theory from other knowledge about health and fitness, and this knowledge uses a particular language.

As a part of group socialization, participants also had to learn the language and notations used to describe a workout. One example was the use of “Rx,” a phrase that commonly signifies a pharmaceutical prescription for an illness, but one that CrossFitters use to talk about “the

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13 Glassman has training in fitness, but no expertise in nutritional science or dietetics.
14 A list of major lifts would be different for powerlifters or other sport-specific training.
15 In competitive gymnastics, men compete on six events: floor exercise, pommel horse, still rings, vault, parallel bars, and horizontal bar; women compete in vault, uneven bars, balance beam, and floor exercise.
prescribed” workout at “its fullest expression.” In other words, the Rx is the version of the workout that a seasoned CrossFitter should be able to perform; novices would use modifications to make it less challenging. AJ commented on this specifically,

Yeah, I mean, I didn’t think of it that way at first, but it is a literal prescription, a way to be stronger, fitter, better. If you can do a WOD Rx’d, you know you’re there. And the way to get there, is to keep doing it. Do it until you’re Rx’ing or more.

There are two types of knowledge that AJ referred to in this comment: knowledge about general fitness and knowledge about how to perform a skill. He said the Rx of a workout is a way “to know you’re there,” with “there” meaning a certain level of fitness. He also implied that part of this process was understanding and accepting that doing a WOD at Rx was a way to show one is fit by performing at the prescribed level. AJ added that performing a workout at Rx was also a way to demonstrate mastery of CrossFit-specific skills like the double-under, kipping pull-up, or handstand push-up. Though each has a set of easier versions for different skill levels, performing at Rx involves “using no modifications [and] means that you really know what you’re doing.”

Participants had to learn more jargon than “Rx” to understand how a WOD is written. For example, a WOD (workout of the day) might be Rx’d (standardized) as an AMRAP (as many rounds as possible) for 10 (minutes) at 150/110 (pounds, for men and women, respectively). To understand the WOD as written, you needed to know what WOD, AMRAP, and Rx meant, and what the notations 10 and 150/110 indicated. To be an insider, you had to know the code. The Foundations course provided the formal opportunity to learn it.

Ultimately, the foundations course was a formal opportunity for members to enter the group. Fine and Hallett (2014) note that group-specific language builds group culture by enriching shared memories, experiences, knowledge, interpretations, and meanings. Similarly,
Brenton and Elliott (2014) use the case of alternative medicine to argue that jargon imparts technicality, importance, and scientific rigor to the social production of knowledge. At CrossFit, I found that particular language was similarly useful for contributing a sense of validity, importance, and authority to subcultural knowledge in addition to justifying the educational moments that reify it.

**Right Character: Eliteness through Suffering**

In Foundations, coaches also connect CrossFit practice to personal development by evoking one of CrossFit’s marketing taglines: “forging elite fitness.” Nate told one class, “this is how CrossFit makes elite athletes,” while AJ reinforced the importance of the Rx when he said, “A full Rx is an elite level. It takes more than physical strength…[Rx] requires a mental strength.” In Foundations, members came to define elite in such terms: the ability to perform at a certain level—which was dictated by CrossFit—and having the mindset necessary to do so.

Importantly, I found that box members used the word “elite” to establish two distinct boundaries: (1) between CrossFitters and outsiders and (2) within CrossFitters, regarding top-performers. This second distinction is sometimes used to refer to members of the box and sometimes refers to local, national, and international champions. For example, Brock scrolled through his phone to show me pictures of elite CrossFitters on Instagram. He said,

These are the top performers, the ones who are at the Games every year. This guy [He stops on a photo of a muscular, shirtless man getting out of a pool] – he’s elite in every way. He has a YouTube channel [clicks through to show me the channel] and you can really see it… that he’s committed to the lifestyle. He trains three times a day—see this? this is [a video of] one training session and one WOD. He does that three times a day. His diet is on point. [He clicks to a different video called “Day of Eating” before clicking
back over to Instagram and continuing to scroll as he passes a photo of the man kissing a woman while kneeling in front of a loaded barbell.] He just lives like a champion.

Alternatively, Jessie said that “elite” is:

CrossFit’s way of doing things. The goal is to always be the best version of yourself. The workouts are set up to push you every single time. To the limit and sometimes beyond what you thought the limit was.”

These two cases exemplify how participants often defined eliteness as those who are more successful than themselves, while also emphasizing the role of optimization for health practices: in many cases, it is not enough to be healthy. Rather, people must be constantly chasing the best possible outcomes in any activity adjacent to health-seeking. As someone who competed and placed in local and regional competitions, Brock looked to professional and internationally-ranked CrossFitters as “elites.” Jessie did not plan to compete, and she defined elite more broadly. Despite these differences, they both defined eliteness as the culmination of the self-improvement made possible by a CrossFit lifestyle.

Brock’s and Jessie’s comments underscored key personal characteristics related to personal improvement: commitment and tenacity. Brock identified commitment to the lifestyle as part of being elite, while Jessie defined eliteness as consistently pushing limits. Both were signaled to others through the ability to withstand CrossFit’s version of suffering. For example, Nate said that Brock was an “example” of what it means to “have an elite mentality:”

He won’t stop until he’s dead, because that’s how he was trained. He wasn’t very strong when I got my hands on him, he’d never lifted weights in the army or anything, but endurance stuff, he just wouldn’t stop until he was dead.

Nate described Brock’s tenacity—he won’t stop until he’s dead—as a valuable personal characteristic: he was willing to make sacrifices in the pursuit of physical performance. His
strength and experience were less important because he was tenacious and committed. Nate added, “He’s here almost every day, multiple times a day. At least six day a week.” The practice of working out almost every day allowed him to demonstrate commitment while the grueling WODs (and the willingness to keep doing them) show tenacity.

Importantly, Brock was a member of the US Army; this was the training Nate mentioned, implying that military training and CrossFit share ideal characteristics. This connection between the military, CrossFit, and ideal personal character underwrote much of CrossFit culture. A specific category of WODs – called “Hero WODs” – were named for fallen members of the US Army, Navy, Marines, and Air Force. AJ said that Hero WODS were exceptionally grueling because they were opportunities to “honor soldiers” and “remember heroes.” When the CrossFit main page features these WODs, they are typically accompanied by a photo of the serviceman in addition to an obituary. Below is an example for the WOD “Kev:”

Operator Cpl. Kevin van de Rijdt, 26, of the Netherlands, died Sept. 6, 2009, during heavy combat in Afghanistan. He was a member of Special Forces (Korps Commando Troepen) Task Force 55 within the Netherlands Armed Forces. Van de Rijdt was an avid CrossFit athlete and instructor in Venlo, Netherlands. His favorite movements included deadlifts, bar muscle-ups and partner bar-facing burpees. He is survived by his father, Paul; his mother, Karin; his sister, Wendy; his godchild; and many colleagues and friends.

Similarly, one CrossFit affiliate describes hero WODs as such in their website as such:

CrossFit Hero WODs: in honor of those who fight for us to WOD free. These CrossFit Hero WODs listed below are some of the most intense workouts that you could experience. They are intended to be.
Biltekoff (2007) argues that militarism has become a powerful ideological resource in a post 9-11 American culture. At CrossFit, militarism symbolized a need to suffer in order to self-improve. Members compared the experience of a painful workout to the types of suffering experienced by military personnel. Because American culture associates the military with characteristics like tenacity and commitment, members drew similar conclusions about Hero WODs. This was most notable in the extended example of the Memorial Day ritual WOD called “Murph,” named for Michael Murphy, a US Navy SEAL who received the Medal of Honor after being killed in action in Afghanistan.

**Murph: A Case in Point**

Murph consisted of: a one-mile run, 100 Pull-ups, 200 Push-ups, 300 Squats, and another mile run. The full Rx also required wearing a 20-pound vest, but only one participant did this on the occasion I observed. There were various ways to “scale,” including doing the WOD in several rounds, which was significantly easier (and the option I chose, personally). The CrossFit main page describes it with the following blurb:

In memory of Navy Lieutenant Michael Murphy, 29, of Patchogue, N.Y., who was killed in Afghanistan June 28th, 2005. This workout was one of Mike's favorites and he'd named it "Body Armor.” From here on it will be referred to as "Murph" in honor of the focused warrior and great American who wanted nothing more in life than to serve this great country and the beautiful people who make it what it is. Partition the pull-ups, push-ups, and squats as needed. Start and finish with a mile run. If you've got a twenty-pound vest or body armor, wear it.

On Memorial Day, Nate gave a 20 minute “introduction” to the workout and read the above information above from a piece of paper. In his comments, he emphasized bravery, honor, and
toughness—mental and physical. He told us to “expect to suffer” and pointed out that our suffering was “nothing” compared to Murph’s. He said that we needed to “fight to survive,” despite the fact that our lives were not in danger. To this end, he made a joke: “y’all aren’t being shot at. It’s not so bad [laughs abruptly].” Others laughed along, but Matt quickly scolded them. In my notes, I wrote:

Matt, who was directly next to me, became stern. He’s a big guy—probably over 6’2” and also muscular, but not particularly lean—and I could feel his posture become rigid as he frowned and furrowed his brows. He spoke up, in a somber but booming voice, and said “just be thinking, praying, if you’re the religious or praying type, as you do this. Think about the people that gave the ultimate sacrifice, and their families, that we honor today.” He looked directly and those who had been laughing and said— “this isn’t funny, this is serious. this is a big deal.” There was an unofficial moment of silence before Nate spoke up again and told us he was going to start the clock soon.

This was the only time in two years of data collection that I saw people socially sanctioned for inappropriate behavior. Unlike coaching, or even teasing or banter, Matt intended to shame or embarrass those not showing the appropriate demeanor. Despite a lack of formal authority in that space, Matt used the militarism embedded in Memorial Day to remind others what suffering, Murph, and CrossFit are supposed to mean—and what that meaning is supposed to look like in practice. As one of the most challenging WODs Murph signaled a version of optimal performance. In turn, suffering to perform optimally was one way to show enthusiasm for health, albeit a specific (and perhaps atypical) iteration of both enthusiasm and health.

After the WOD, members spent the next 2-3 hours socializing with a cookout. Some people still talked about CrossFit and the WOD, but their tone changed and so did the tone of the space. No one mentioned Michael Murphy, no one policed the casual conversations, and there
were no further references to “what Memorial Day means.” Even Matt seemed to enjoy the cookout as he sat on a tire, holding a paper plate stacked precariously with two burgers, three brats, and three hotdogs. He said he was excited to “eat as much as possible to eat all those calories back” and enjoy the food he “earned through the suck.” In those moments, it became clear that the suffering part was over. Everyone had moved on a celebration of what they earned through their suffering: leisure, pleasure, and rest.

Murph was an important marker of membership to the group for several reasons. Participants told me that Murph one of the—if not THE—most challenging WODs in CrossFit. They also told me they enjoyed it, willingly and with enthusiasm. Nik said he “looks forward” to Murph every year, while Kristen said it was her “favorite WOD.” Even further, everyone I talked to on Memorial Day remembered their first Murph and most remembered their finishing time. The WOD is an “interaction ritual” for the group, described by Goffman (1967) [and more explicitly defined by Collins (2004)] as an event that creates and channels emotion through interaction. When successful, an interaction ritual creates group bonds, but those with the most cultural capital receive the strongest emotional benefits. Because the WOD is also a personal ritual, its performance affected individual identities as well. For CrossFitters, getting the most out of Murph means accepting the subcultural logic that says suffering facilitates personal development and should be an enthusiastic pursuit. Similar to Sweet’s (1999) analysis of hazing rituals, mutual suffering bonded members by allowing them to co-create meaning about suffering. For example, Kendal, who was wearing a t-shirt she bought to commemorate her first Murph, said:

It was a really big deal. I felt like a real CrossFitter, you know? It was brutal, brutal. But I did it—scaled! I did it scaled [she laughs]—and I was really proud of that….it felt good.

Kendall’s shirt said: “I Survived My First Murph” on the front; on the back it listed the workout. The front featured an American flag, while the back said “honoring all veterans” at the bottom.
to beat that score today, but I think I was more proud of just finishing that first time. I
was so happy to finish. Before [I completed Murph] I didn’t really think I could.
Kendall said that Murph made her feel like a real CrossFitter and characterized that experience
as brutal. She was proud, but also suffered to experience that pride. Suffering was the feeling that
allowed her to embody becoming a CrossFitter because her suffering made her experience
tangible. This experience included physical ability to work through pain and accepting that
suffering begets pride. In the case of CrossFit, pride was rooted in physical and mental
improvement. Kendall was also excited about her accomplishment, visible when her smile
widened as she spoke. Even when talking about suffering, she did so with enthusiasm.

The intensity and importance of this ritual is evident in how frequently participants
discuss Murph throughout the year. For example, several months after Memorial Day, I
overheard the following conversation between Reid and Tyler:

T: I want to do [Murph] again. I want to see what [score] I get now.
R: What was your score?
T: I did 47:54. But I didn’t have the vest. I just got a vest. That’s another reason why I
want to do it again—I kinda want to do it with the vest.

Another time, I heard Jordana describe a different workout to Kendall. She said, “It was… it was
real bad, I’m gonna be honest. I felt it for days. I mean, it’s no Murph. But it was real bad.” In
both cases, Murph is used as a benchmark to judge personal improvement and other WODs,
respectively.

Ultimately, Murph was an opportunity for members to show they understood that
suffering was a requisite part of the lifestyle because it denotes physical and moral development
within the enthusiastic pursuit of health. As a case in point, Murph was an extreme version of a
CrossFit class, where members deliberately demonstrated to others that they had the right
knowledge and the right personal characteristics. Even further, members felt themselves be
tenacious and committed as their bodies suffered through the WOD and as they saw
improvement when their scores improved year to year. Others validated these positive feelings
because they attached the same meanings to the occasion. Finally, enthusiasm amplified it all:
only someone truly tenacious and committed would be excited to suffer; others saw this and also
believed it to be true.

**Optimized Consumption**

Like body optimization, becoming the ideal consumer of CrossFit required knowing what
goods and services to purchase to best support the set of practices most important to the group.
Of such purchases, membership was the most basic. At the CrossFit box I studied, the monthly
fee was $150.¹⁷ Foundations cost an additional $100, but there was almost always a Groupon¹⁸
discounting it to $18. Aside from a membership, coaches encouraged new members to purchase
particular shoes and other ancillary goods that would enhance their experience. For example,
Nate said,

> The most important thing is shoes. That’s why you see so many Nanos.¹⁹ You have to
> have good shoes… to prevent injury. You don’t need to waste money on a lot of fancy
clothes or whatever but some people like that. That’s unnecessary.

In this case, Nate depicted attire as a way that people can signal membership: having the right
shoes showed that people know what shoes support optimization—in addition to how and why.

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¹⁷ Compared to other local boxes, this is inexpensive; Foundations classes can run upwards of $150, while some
boxes charge $200 for a month of unlimited classes, often offering discounts for signing 3-12 month contracts.
¹⁸ Groupon.com is an online source offering rotating coupons for local fare—like restaurants, classes, events, and
other services.
¹⁹ “Nanos” are one of Reebok’s CrossFit-branded shoes.
Alternatively, not purchasing “fancy clothes” showed that you understand what goods are unnecessary and that you possess this is missing some text? 

Missing text here? you have to have shoes. He also specified that the CrossFit branded shoes—made by Reebok—are the “best” because “They [Reebok] get[s] it. Nanos are designed specifically for what we do here.” He added,

“Nike’s MetCons are also pretty good. But Reebok was there from the beginning [for CrossFit]. They sponsored the games, supported the brand, when no one else was. When CrossFit wasn’t cool, before the Games were on ESPN. So, I support that…they’ve really worked with CrossFit closely to figure out what athletes need from a shoe. They take the feedback and every new version is better. So, I support that.

Here, Nate showed support for Reebok’s investment in CrossFit by purchasing their goods. Nate perceived that this investment was more than a business opportunity, but that Reebok’s decision makers “got it.” In both directions, financial investment was seen as a way to show solidarity and alignment with the knowledge and values used to define health in the subculture.

Seasoned members would suggest various ancillary goods to new members, especially if the new member was struggling with a workout. These interactions implied that stuff—like workout equipment (kettlebells, jump ropes, barbells), recovery equipment (foam rollers, massage sticks), apparel (shirts, shorts, leggings, caps) safety gear (wrist wraps, knee sleeves, gloves, weight belts), nutrition supplements (pre-workout, mass gainer, protein powder), and fashion accessories (clothing worn outside the gym)—were potential solutions to a problem caused by the pursuit of optimized health. For example, during one WOD, I struggled to complete a lift and the coach’s cues were not helping. Jordana noticed, furrowed her brow, crossed her arms, and said, “I think I have wrist wraps in my car. You can use them if you

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20 In addition to R+D for improving shoes, when Reebok first sponsored the Games, the first place prize increased from $25,000 (2010) to $250,000 (2011).
want—they’ll help with your grip.” I thanked her, and she came back with two thick bands of fabric. She showed me how to wrap them around my wrist so that the fabric lay between my palm and the barbell. It worked: I was able to lift the weight. Then, I said:

M: So how did that work… what does the strap do?

J: It stabilizes your wrist. Amazing right? I put of getting them for a while because I didn’t think it would help. Heather let me borrow hers and I was shocked, too.

M: Where’d you get them?

J: Play it Again Sports. I have the expensive kind, too, but I like these better. [I did my next set as she talked] Fun, right? See! You can do this!

Jordana owned several pairs of wrist wraps—one expensive pair and one previously used pair—demonstrating how people would repeat similar purchases to see if a different brand, price point, or type of accessory would be more effective. This knowledge was often passed between experienced and new members through sharing or gifting—like Jordana did with me and Heather did with her. Rather than suggesting a change in form (or suggesting I lighten the barbell), Jordana easily identified what product would solve my problem. Members enthusiastically share what they know with others as a way to demonstrate their own membership and because they are genuinely excited about introducing others to the CrossFit lifestyle.

I found that many participants were critical of how marketing affects their consumption, acknowledging that branded merchandise was often overpriced or unnecessary. However, they compartmentalized instances where they perceived CrossFit acting as brand—and themselves acting as consumers—from instances where they wanted to show they understood the CrossFit ethos. For example, Jen told me she purchased a special jump rope that is part of CrossFit’s

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21 Play It Again Sports sells gently used exercise equipment and gear.
branded merchandise. She said that her $45 jump rope was higher quality than the ones available for use at the gym, which retail for $5. She said,

J: I mean, I’m sure they jack up the price because it has the CrossFit name on it. There are lots of good ropes that are less than $45 but still way better than the crap ones here. I don’t know how much its actually worth but I bet it isn’t $45 [she shrugged].

M: So why buy this one if you can get a cheaper one that’s still good?

J: I liked the color. And I know it will help with double-unders. I mean, I know I don’t need it, but… I really, really wanted it!

She laughed, and added that she purchased some other things, too, like wrist wraps and a water bottle, so it “made sense if she was paying for shipping.” Like the wrist wraps, I was skeptical of how a special jump rope could make a difference. But she let me try it and it was much easier to use; it did not tangle or catch, and the wire seemed to move more quickly and cleanly than the cheaper ones. It was not, however, a big enough change that I could suddenly perform a double-under.

In this example, Jen knowingly acted as a purposive consumer: the jump rope was not a necessity, but there were benefits. Her comment was typical of how participants talked about CrossFit merchandise, which they see as supplemental and complementary to their practices. They recognized that, while new shoes might help performance to an extent—just as quality shoes are important to runners, golfers, soccer players, and athletes more generally—they often make purchasing decisions based on other preferences, like color and style, and pay more for it. In the instances where they bought items based on preference, they saw themselves as consumers.

For a few, material consumption extended beyond jump ropes and shoes. AJ and Kendall, a married couple, even chose their neighborhood based on its proximity to the box. They told me
they also considered commutes to work, school system, and shopping—especially food shopping—in their decision. They told me:

K: This [was] a really huge decision. It matters that we stay close to the things we do.

A: Our home has to fit our lifestyle. Otherwise it isn’t really a home.

K: We’re not going to drive 30 minutes to work out, we’re just not.

For Kendall and AJ, their lifestyle was non-negotiable. That meant living close to the box so it was easier to maintain that lifestyle. Instead of focusing on convenient workouts or finding a different gym closer to their “dream home,” the house they purchased was their dream home because it was close to the box.

CrossFit’s use of “elite”22 in branding, the jargon, and the emphasis on CrossFit as education are all marketing strategies. CrossFit is a lifestyle brand—a specific type of brand culture—that compels consumers to continue purchasing goods that enhance, enable, or help them embody the traits they associate with the brand. In the case of CrossFit, this is the knowledge, practices and personal characteristics that consist of the healthy (CrossFit) lifestyle.

**Conclusion**

CrossFit is a part of fitness culture more broadly, which Sassatelli (2014:2) describes as the intersection of “lived and consumer culture” that compels individuals to “joyfully take responsibility for their bodies and to invest in body maintenance in order to perform culturally appropriate self-presentation.” In other words, fitness itself becomes an act of consumption that is constructed as desirable and pleasurable. Similarly, people buy goods and services in the hopes of gaining access to good, healthy bodies. Thus, the act of pursuing physical betterment is an act

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22 Exodus Elite is a box in Bakersfield, CA; Elite Technique CrossFit is in Hatboro, PA; CrossFit RE (“Rugged Elite”), is in Seattle, WA.
of personal betterment in itself. Both bodies and the act of improving them are ways people demonstrate their alignment with certain cultural values.

In turn, fitness culture is nested within healthism and healthy lifestyles rhetoric. As defined by Crawford (1980) and Cockerham (2005), these ideologies define health as practice, a personal responsibility, a moral obligation, and evidence of personal character. The relationship between larger ideologies and fitness culture matters, because it shows that while fitness culture is a rejection of certain cultural norms (e.g. sedentary lifestyles, the standard American diet), it is a reflection of other norms. As partly an act of resistance and conformity alike, fitness culture is useful for understanding how culture is used and experienced by people. Swidler (1986) argues that because common cultural tools can be used in different ways, how people use culture—and how the related practices come to affect them—is a critical component of cultural analysis. Talk and language are particularly useful in understanding the relationship between individuals and culture; for health, this often includes redefining health within the discursive confines of healthism.

In fact, CrossFit takes the moralization of health a step further: by purporting that CrossFit is the penultimate version of healthy living. This means that, while the group adopts a cultural definition of health that includes right practices, right knowledge, right character, and right consumption, what constitutes “right” is Cross-Fit specific. For CrossFitters, all health practices—including exercise, but also diet and recovery—should be informed by the CrossFit ethos. Anything else is inferior and indicative of inferior knowledge and moral character.

Because the United States has a rich history of attaching the “right” knowledge to health and healthy bodies (Crawford 2008; Guthman 2008; Biltekoff 2013), participants were already immersed in this kind of cultural messaging. This helps explain how they came to CrossFit with believing that they needed to know more about how to be healthy. CrossFit’s marketing tactics
and focus on education shows one way that fitness culture is used, and how this affects practices. In this regard, CrossFit is a small part of an American way of talking about health, knowledge, and bodies. Knowledge at CrossFit is valid because it is presented in a formal, scientific-sounding manner that reinforces larger cultural beliefs about healthy lifestyle with specific subcultural meanings. Subsequently, participation is validating because other group members encourage, reinforce, and help reproduce the CrossFit lifestyle as a superior iteration of the healthy lifestyle.

While both fitness and CrossFit cultures use healthism to purport good character, the identity markers nested within those concepts illustrate how culture can be used in different ways. CrossFitters believe their practices represent tenacity and commitment, others disagree without rejecting the values themselves. Blog posts, opinion pieces, and on forums like Bodybuilding.com and Reddit (see the following, including comments sections, for examples: Simmons 2014; Manuel 2015; Birt 2015) criticize CrossFit for being an inferior approach to fitness. Detractors argue that CrossFit is not the optimal way to become stronger, faster, and healthier, arguing instead that CrossFit’s emphasis on high intensity is dangerous, citing instances of severe injury and illness as evidence. In some cases, this criticism extends to the CrossFit business plan: it is not difficult to become certified at CrossFit, nor does it require expertise in kinesthesiology, physiology, exercise science, or anything besides CrossFit itself. Sassatelli (2014) argues that one of the defining elements of fitness discourse is the extent to which fitness demonstrates character; this remains true for CrossFit. Even still, outsiders are often critical of CrossFit, especially online. Those who take anti-CrossFit positions do not critique healthism; instead, their arguments represent a disconnect between the identity markers they associate with CrossFitters and the ones CrossFitters believe they give off. In other words,

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23 See examples: Mazzo (2016) and Sepkowitz (2013).
CrossFit uses this particular piece of culture differently, giving and creating disparate meaning for members and non-members alike.

Between CrossFitters and those within a more general fitness subculture, right consumption is the most similar category because fitness culture is ultimately a culture of consumption (Sassatelli 2014). In the case of general fitness and CrossFit, the “product’ being sold is bodies that fit within the cultural parameters of “good:” fit, lean, muscular. Here, Bourdieu’s “bodily capital” (1978) is useful in understanding how bodies can give off certain information about people. Sometimes translated as “embodied capital,” Bourdieu argues that just as mannerisms, habits, and performances communicate social class and status, physical aesthetics can be used as evidence of one’s position in a social hierarchy. Fitness culture and CrossFit culture are both attempts to manipulate the body such that it becomes bodily capital by making the right knowledge, practices, and character visible.

However, arguing that some Americans define health as practice is not a new or provocative idea. Biltekoff (2013) shows that the obsession with and moralization of health practices has been time and time again for political propaganda, social reform campaigns, and as justification for class differences. Lupton (2013) analyzes healthism as a dominate ideology in public health, health promotion, and health education, adding that moral disgust campaigns (2014a) and self-tracking (2012; 2013; 2014a+b) connote healthism in practice. In diet discourse, Cairns and Johnston (2015) argue that healthism “render[s] healthy eating a source of empowerment through the exercise of consumer choice” while enthusiasm for dieting distances restriction from vanity and self-obsession. Finally, Maguire (2002) argues that fitness consumers are, in part, culturally produced through rhetoric affirming and reaffirming healthism ideologies, specifically those emphasizing self-improvement (2008). In each case, people talk about health
as something to be practiced through diet, exercise, and body maintenance more generally. People are responsible for their health because they are responsible for the choice to practice it.

Similarly, scholars have explored the role and impacts of identity work in CrossFit. Dawson (2017) argues that “CrossFit offers an opportunity for self-improvement and reinvention of the body and of one’s identity more generally.” Others argue that specific identities like “athlete” are critical for understanding why people participate or compete in CrossFit (Woolf and Lawrence 2017). Heywood (2015) argues that CrossFit straddles an individual and group identity, and that group support “augments and makes possible” its intense and immersive physical demands. Popular publications cite community (Belger 2012; Rubin 2014)—sometimes comparing CrossFit to a cult (Stoddard 2012)—to further indicate that “CrossFitter” is both a group and an individual identity. Finally, a small body of work presents arguments about CrossFit, bodies, and gender, finding that CrossFit simultaneously resists and reinforces traditional femininity by sexualizing female athletes (Knapp 2015; Heywood 2015) in attempts to “juxtapose strength and femininity” through catch phrases like “strong is the new sexy” (Washington and Economides 2015).

I argue that through analyzing how CrossFitters approach health practices, we can better understand healthism in a modern context. Beyond a simple interest in health, or even the moralization of it, the version of healthism observable at one CrossFit box was intimately tied to personal and group identities. Thus, this analysis offers two key insights: (1) the traits people believe indicate good personhood and (2) the appropriate ways to display those traits. The moralization of health through healthist ideology helped people similarly moralize their participation in (and motivations for participating in) CrossFit. Similarly, the practices required to maintain membership aligned with a larger culture of conscious consumption, and the extent

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24 Others, including Ezzell (2009); Markula (1995); Heywood (1998) have similar findings in other sports.
to which consumer identities reflect personal beliefs and values. Ultimately, the group identity required that people display the right practices, knowledge, character, and consumption, but members also believed that their participation indicated they were good people outside of CrossFit.
CHAPTER 3: FUN, ANGER, AND TEARS

In this chapter, I delve into the powerful role of enthusiasm for CrossFit as a health regimen, which was briefly introduced in the previous chapter. I found that enthusiasm is a critical component of establishing the CrossFitter identity. I build on Bendelow and Williams (1998a+b), who argue that enthusiasm is an embodied emotional state that helps people show what is important to them through bodily display: facial expression, posture, gesture, movement and voice. However, I also found that enthusiasm is how people show they are a specific kind of person beyond the identity of CrossFitter. Though many people may display enthusiasm for health-seeking activities, these displays also help people communicate information to others about their life, lifestyle, and identity. Thus, I argue that how people display enthusiasm at CrossFit indicative of a modern version of healthism, which blurs the lines between personal identity and subcultural identity: being enthusiastic about CrossFit is a way to show personal goodness and worth. Below, I identify and analyze three ways members showed enthusiasm: talk of fun, displays of anger, and talk of crying.

Enthusiasm, however, is not new to healthism ideology. Crawford (1980) describes “health enthusiasts” as “those proclaiming by example and advocacy a healthy lifestyle.” My analysis focuses on how, for one group of CrossFitters, enthusiasm helped people demonstrate that they understood shared definitions and group-specific rules of conduct. While these expressions did bond members at the group level, enthusiasm also demonstrated a subcultural agreement about where health falls in a broader moral order. I found that these two functions of enthusiasm required that members learn context-specific emotion and display rules in the process of becoming a CrossFitter. Further, I found that agreements on why healthy lifestyles are worthy of enthusiastic pursuit—and how CrossFit fits into such lifestyles—were part of the contemporary iteration of healthism found in CrossFit. For the group, these agreements helped
differentiate between insiders and outsiders. For individuals, expressing enthusiasm allowed them to embody the moralization of health and feel like good people.

**CrossFit, Identity Work, and “Fun” as a Group Boundary**

As I walk into the building, I see Nate standing at the cash wrap with someone who appears to be a new (or potentially new) member: I can see paperwork in front of them, and the only time anyone is behind the counter is to accept payments. I hear Nate say,

“We’re here to have fun. We work hard, but we’re having a lot of fun.” – fieldnotes

In this excerpt from my fieldnotes, Nate’s comments summarize the role of enthusiasm to the group: potential member: CrossFit is fun—and learning how to talk about CrossFit as fun (e.g., hard work, but nevertheless fun) matters. On a deeper level, however, he introduced fun as a boundary. According to Nate, a person who does not find CrossFit fun would not belong because they would be missing out on (part of) the purpose of participation.

Overall, fun was both one of the most consistent themes in the data and one of the most difficult to analyze. In my notes on notes, I described the space of the box as a sensory overload: chaotic, loud, dirty, intimidating and punishing—not words typically associated with the Merriam-Webster definition of fun: “what provides amusement or enjoyment,” or “a mood for finding or making amusement.” Participants, however, enthusiastically described CrossFit, the box, individual workouts, and healthy lifestyles more generally as fun. The visceral contrast between the experience of being in the space and participants’ descriptions of fun make this word stand out as intriguing. I argue that for participants, redefining fun such that CrossFit became exemplary of it allowed them to bond with other group members, while also developing their individual identity as a CrossFitter. These findings are consistent with various studies that

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25 It was, in fact, a potential member. To my knowledge, she attended only one class. I was not able to interview her.
demonstrate how fun matters for identity at individual and group levels (Roy 1959; Fine 1989; Scott and Austin 2016; Fine and Corte 2017).

For CrossFitters, fun is as ubiquitous a concept as it is nebulous. As in most sports, participants cited fun as a primary motivator for and key descriptor of their activity (Wheaton 2004; Wellard 2014; Poulson 2016; Scott and Austin 2016). Almost all the members with whom I had significant contact described their experience there as fun, sometimes as a response to the direct question, “What do you like about CrossFit,” and other times without my prompting (e.g., conversations I overheard). Still, members struggle to clearly articulate what is fun about the CrossFit space or why CrossFit is fun. For outsiders, this may ring particularly true: CrossFit does not look like fun. In fact, it looks hard and painful: people are drenched in sweat, panting, and groaning, and it is not abnormal to see people sustain minor injuries like cuts, scrapes, and bruises. This disconnect between what CrossFit looks like and what the experience is supposed to feel like is part of why talk of fun matters, but also why the rhetoric must be learned.

**Defining fun at the most basic level**

In some cases, fun was mentioned without my prompting. It was also the most frequent response to my asking the question, “What do you like about CrossFit,” which I asked in interviews and casual conversations. For example, when I asked Nik what was fun about CrossFit, he said “everything,” and doubled down on two following probes for more information—he simply repeated, “Everything; there’s nothing I don’t like.” He resisted my effort to probe for more information as if it was a dare; he was not going to abandon his position, and he stared at me blankly, silent, until I moved on to another question. “Fun” was all I was going to get, because fun was all I “needed” to understand his point. Other participants gave similarly minimalistic responses when describing CrossFit as fun.
Fun was also used to justify participation and the allocation of resources needed to make room for CrossFit in members’ schedules. Members told me the time, money, and effort required of membership were “worth it” because CrossFit was fun. This, however, did not make it easier for participants to articulate what fun meant to them. My difficulties in securing definitions of fun to accompany and clarify accounts of it demonstrates that participants often uncritically assume that the fun parts of CrossFit are obvious. Heather explained:

It’s fun, I enjoy it, so I knew I would be more likely to come regularly. That’s worth the cost. I guess I could pay less for a regular gym, but I’d be paying for something I know I’d never use.

As she spoke, she shrugged, communicating through body language what Nik said outright: what is fun about CrossFit is obvious to participants. This makes it a tautological statement—shrug-worthy, even—and not a bold claim people expect to defend.

When members did explicitly define fun, they did so as a way to emphasize the higher purpose within CrossFit participation. For example, AJ said,

I think it’s that it gives you an opportunity to live a healthy lifestyle in a way that’s fun. The fun part is because you know you’re doing something really good for yourself. You sweat and sometimes it hurts but it is fun because it is so much more than those moments…. And eventually you start to get better and see [personal improvements] that reinforce that.

Here, AJ gives fun a secondary meaning beyond leisure or entertainment: fun catalyzes a greater good because health-seeking becomes pleasurable, and health—as Biltekoff (2013) argues, is a highly moralized cultural value. In other words, the cultural impetus to pursue health exists with or without CrossFit, or fun. Fun, however, makes being a healthy person more than a task. This
is especially true in the case of CrossFit, because talk of fun is also a symbolic boundary to the identity of CrossFitter and healthy person.

Importantly, Fincham (2016) argues that both achievement and social interaction can help define the experience of fun. I found this to be true for members at CFLD. Below, Reid makes this point as he compares CrossFit to trail running:

I mean, it’s hard to explain… I guess… (long pause) you can’t really quantify it—fun in general, or fun for a workout. [He glances back up at it and looks thoughtful and finally says] “You know, I think it’s really two parts, for most people. It’s going to be different for everyone, of course, but it’s part accomplishment, knowing you did something hard, something other people can’t, or won’t. But, it’s also about the socialization aspect. Like, I came here from adventure running, so like, miles and miles over all different trails, and I’m like, having conversations with three or four different people in my head because I’m so bored. You don’t have that here; there’s actual people. It’s fun to come see them, to suffer a little together, but to come out the other side together, too. And it’s motivating to have other people in the space, to compete a little if you want to.”

Here, Reid describes fun as something that occupies his time and mind when he says that he is not bored at CrossFit. He also describes CrossFit as a form of social differentiation, showing (1) the capability to perform difficult tasks and (2) the moral superiority to find value in related accomplishments. Read through a Durkheimian (1893) lens, we can frame such social differentiation as culturally divisive because it shows a lack of consensus on the meaning and value of particular cultural codes: health may be valued by many, but some people use “fun” to create hierarchies between different health-seeking practices.

26 As also noted by Alexander (1991), Durkheim borrowed the term “social differentiation” from Spencer, but it is Durkheim’s theory that has informed modern conversations and analyses.
Finally, Reid highlights that fun is relative and social, and attributes the former to this element: CrossFit is *more fun* than trail running, because of the social aspects (Roy 1959; Fincham 2016). For Reid, defining fun was as much about what an activity is not, or does not provide, as it was about what it was, or did provide for him. CrossFit is fun because it provides him benefits—like accomplishment and social interaction—without isolation, boredom, or monotony. Ultimately, CrossFitters' use of the word fun fits a sociological analysis of fun almost perfectly: it facilitates and strengthens group membership (Fine 1989; Fine and Corte 2017), manages bad or unpleasant feelings (Roy 1959; Fincham 2016), and communicates important information about the individual to others (Rapuano 2009; Sassatelli and Davolio 2010).

“*The Type of Person Who Thinks CrossFit is Fun*”

It is safe to say, however, that not everyone would find CrossFit fun, and members also acknowledge this. Heather, Jessie, and Kendall all described a “type of person” who thinks CrossFit is fun. In her first week of classes, Kendall said that she hoped to become this kind of person, alluding to what Giordano, Cernkovich, and Rudolph (2002) describe as a process of cognitive transformation. She said:

> I really want to become that girl [gestured to Mia, a long-term member who was in the middle of a 400-lb deadlift] who has so much fun doing all this. She’s goals! [laughs]

> I want to be her!

As a case of how this transformation works over time, Kendall is a useful subject to highlight because her participation synced with my period of observations: I was present for her first classes, and she was one of a few members who participated regularly for the entirety of my data collection. Thus, I saw her learn to define CrossFit as fun. Early on, she approached WODs shyly, hesitant to increase weight or push herself too hard: “I didn’t know what I was doing!” she
later said. But, by the end of data collection, she attended classes five to six times a week, visited other CrossFit gyms for fun while on vacation, and planned to display her husband’s CrossFit trophy in their child’s nursery. She said the fun part was “adding more weight, pushing [herself harder], and constantly trying new things.” All of this was in stark contrast from my earliest observations of her. Near the end of my time at the box, she said:

I really changed my attitude, I think. It takes time, but you learn to think of the hard parts as fun, too. You learn to see that as part of it all and really enjoy everything…. It becomes fun once you understand it….and you learn to let it be fun.

Becker describes attitudinal shifts—like the one Kendall identified in herself—as a part of the process of becoming a member of a group or adopting a new identity (1953). As Kendall said, the chosen identity of “CrossFitter” required learning how to look, talk, act, dress, think and feel. Koontz Anthony and McCabe (2015) argue that mimicking aspirational others—like Kendall expressed wanting to do with Mia—is one of the ways that people choose and pursue this type of identity work. In fact, Carlisle and Hanlon (2008) argue that healthism positions health as a chosen identity; I see redefining CrossFit as fun as a significant part of the subcultural version of that identity.27

Kendall’s experience also demonstrates a change in what Bourdieu (1977) calls “embodied disposition,” meaning that as Kendall’s beliefs, feelings, and attitude changed, there was also a change in her actions and habits. In other words, her internal changes were visible in external changes. Bourdieu uses the word “habitus” to describe the system of such embodied dispositions, and further connects habitus to identities, such that a person’s actions and habits

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27 Chosen identities—like CrossFitter—are often obvious in consumption choices (Cherry, Elis, and DeSoucey 2011). Opportunities for individuals to signal and embrace chosen identities through the consumption of services is increasing in modern consumer culture (Pagis 2016).
give off important information about what groups they belong to. In this case, as Kendall became a member of the box and she learned to define CrossFit as fun, her habits reflected this shift.

Over the course of data collection, I noted a reoccurring scene that exemplified how members talked of fun. It typically began around ten minutes before a new class began, as people began to arrive and check the white board for the WOD. Members would often comment on those finishing their workout, using the rhetoric of fun, as Kendall did to me, when I was newly participating:

K: Looks like fun! [her already big smile swells]
M: Yeah? What looks fun?
K: I dunno, just is! [she glances towards the class currently working]
M: Do they look like they’re having fun?
K: Of course! That’s what fun looks like here! You suffer together.

In this instance, those actively working out were visibly struggling; some members had only a few square inches of their clothing untouched by sweat. People were grimacing, frowning, and scowling. Occasionally, someone cried out with a grunt or unintelligible scream. But for Kendall this signified fun: it is intense and overwhelming, related to achievement (Blythe and Hassenzahl 2004), and involves togetherness (Becker 1953; Fincham 2016; Fine and Corte 2017). The scene brought the saying, “misery loves company” to life.

On a separate occasion, I heard Kendall ask Jessie, “was it fun?” after Jessie had completed a WOD, and before Kendall was about to start class. Jessie smiled and replied, “Oh yeah, so fun. So fun we almost died!” Jessie referenced intensity, but her use of the word “we” reinforces that this is a collective action: part of the fun is doing the WOD as a group. Fine and Corte (2017) note that this is typical: shared narratives of fun help strengthen group bonds, especially when an activity requires some individual acts. In the case of CrossFit, these informal
scripts create such narratives. Thus, part of the process of “becoming someone who thinks CrossFit is fun” is learning how to talk about fun with others, making it an embodied and learned practice. Scholars find this to be true in preemptive talk like Kendall’s, and retrospective comments like Jessie’s (Becker 1953; Fincham 2016).

Kendall’s transformation of attitude and identity struck me hardest, however, after she announced her pregnancy. During the CrossFit games, her husband’s team won one of the awards: a gold-painted skull, with his team name written in black letters. She clapped her hands, hugged her husband, and said, laughing, “This is perfect, we can put it in the baby’s room!” During “Murph,”28 I took a picture of them together, her hand on her second-trimester belly. She told me she was going to caption it, “Baby’s first Murph,” and added that she hoped to “start her early.” She later told me it was “really important to teach her [child] about being healthy and fit.”

I asked if that meant CrossFit, and she said, “I dunno, I mean I hope so I guess. It will at first, because that’s what we do. But hopefully she’ll see it’s fun!” For Kendall, taking her child through the process of developing a specific attitude about health and fitness is important; the emphasis on starting her “early” implies a certain amount of work in this process that will perhaps be easier to accomplish if the child is exposed to it early. This exposure is particularly crucial to developing a definition of “fun” consistent with the groups: Kendall claims the child will “see” that it is fun, simply because both her parents experience CrossFit as fun.

**Fun at CrossFit, Fun at Home**

Participants, however, negotiated multiple identities as they became CrossFitters. Redefining CrossFit as fun helped integrate a relatively time-consuming practice into their lives, especially as people began to merge important markers of their other identities—like parent, spouse, sibling or child—with CrossFit. For example, many members of CFLD were couples,

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28 Murph is an infamously challenging workout, usually performed as a part of Memorial Day rituals, and detailed in the previous chapter.
and interactions at CrossFit became a way to act as good partners—for the benefit of the relationship, but also as a signal to others. For example, at a Valentine’s Day workout meant to be done with a partner, several of the romantic couples who participated wrote love notes to each other in chalk on the floor. Their emotional bonds were made visible to others by participation and even the availability of a Valentine’s workout; as Hanna put it, “They didn’t have to give up Valentine’s or doing the WOD.” Instead, they did both.

Of the six couples that were regular members of the box, four couples told me that CrossFit improved their romantic relationships. For example, Tyler and Jessie said,

T: It’s nice to have something to do together during the week. Even if we don’t come together, I know I’ll see her. It makes us closer. It’s hard to find stuff like that, everyday stuff, that you can do together as a couple for fun, that you can really experience. Something you can do together. I think that’s honestly how you build a strong marriage. You have to actually do things, together, things that are fun. It’s really important to us.
J: And it gives us something to talk about, like, what was your score? How was that WOD? Did you get a PR?

This example shows that Tyler believes CrossFit enables him to manage and maintain the strength of his marriage and reflects the cultural logic that says marriage is work (Larson 2013). For Tyler and Jessie, CrossFit is a way to do this work, which makes their lives simpler and happier. Further, Jessie told me their “marriage is better and they are healthier” since joining CrossFit. Thus, CrossFit contributed to their physical health, their emotional health, and the health of their intimate relationship. The fact that CrossFit was also fun made this work more appealing.

29 Couples did not necessarily attend classes in pairs. They did, however, all talk—at some point—about CrossFit as something they did as a unit (e.g., “We do CrossFit”).
When I asked Jessie if she could talk more about how CrossFit informed her marriage, she told me,

Well, you know, Tyler was such a track star, I never was. I was never close. And now I finally get to be a little part of that, too. And that’s not a part of him I ever thought I’d get to share. I did band in high school! (laughs) I know I’m not on his level here, but we’re still doing the same stuff, even if I scale or whatever. It’s something we share—a huge part of him that’s now at least like, a little part of me.

In a different interview, Kendall made similar comments about her husband and his athletic past. For both women, fitness and athletics were important to their husbands. Talk of fun, as it related to CrossFit, was a way to bond with their partners. Kendall also said that AJ is a “health fanatic,” and since being married she is “becoming more like that, too.” She then referenced their shared interest in CrossFit—saying, “I never thought I’d be like him, wanting to work out 6 times a week. But now I do, because CrossFit is actually, like, fun. The other stuff I tried was not.” For Kendall, CrossFit helped her feel closer to her husband, and learning to talk about working out and health similarly to him resulted in positive feelings about their relationship and about CrossFit.

Heather was not married, but she still talked about how her romantic relationships were affected by CrossFit. For example, her current boyfriend was “really into bodybuilding and health,” though he thought “CrossFit is stupid.” Thus, instead of being a couple’s activity, Heather described CrossFit it as something “just for her,” and she added that she preferred it this way. Her boyfriend’s outspoken disdain for CrossFit did not faze her. She said,

I loved [CrossFit] so much, and I knew I’d gained [friends, community, health, physical strength]. I didn’t care that he didn’t like it. Even now, I know he worries I’ll get hurt or something, but he’s gotten hurt in his stuff; he tore a muscle and can’t workout at all right
now for a few months. Anyway though, CrossFit is mine. I don’t need to do everything with him all the time. This is mine, and I love it and it makes me really happy. So yeah, he can tease me all he wants, but I’m still coming to do a WOD after work, and then I can go see him and do whatever.

Heather uses CrossFit as a tool to define relationship boundaries differently than Jessie and Kendall: instead of creating intimacy, CrossFit helps Heather retain autonomy. She added that she would not date another CrossFitter, because she would not want to see an ex at “my workouts” [emphasis mine]. For Heather, defining CrossFit as fun, even when her boyfriend does not, allows her to negotiate the kind of relationship she wants: “One where we both have our own stuff but can come together after or for other things.”

**Fun and “Elite” Status**

Rhetoric of fun also helped differentiate status among group members. While what people considered fun—or not fun—created social cohesion, talk of fun also created competition. Particularly, this competition was based on who found certain tasks more—or less—fun. In his synthesis of Durkheimian theory, Turner (1990) argues that the tension between cohesion and competition is critical for understanding how groups are organized more broadly. For example, handstand push-ups were a staple movement at CFLD, and one of the “gymnastics” components that CrossFit claims is part of a well-rounded regimen. Some people talk about handstand pushups as fun; others do not. The following example is from a conversation among Nate, Heather, Jessie and Trent.

H: I hate handstand push-ups. These are like, the one thing I just can’t do. I hate them.

N: Come on, they’re fun! Aren’t they fun?
J: I guess I can see that. Like little kids at recess or something, on a playground. I guess it could be fun if you think of that. I don’t know. I can’t do them either. I guess it’s fun to try! [she smiles big; Heather lips are turned down slightly, almost frowning]

T: I can do them and I still hate them. They’re fucking stupid.

N: Just have fun with it. Play around, and you’ll build up strength over time and you’ll find what works. You can decide if you hate them or have fun with it. Just try to have fun.

After this exchange, Heather added that, because this workout was timed, the handstand pushups were going to affect her score significantly. The alternative was scaling, and she did not want to “sacrifice her Rx,” meaning that she did not want to sacrifice the respect of the group by doing a modified (or easier) version of the WOD. For Heather, handstand pushups were not fun because they interfered with a desired outcome related to performing the most difficult version of a task, which was tied to both being a member and holding status within the group.

Trent also did not like handstand pushups because he found them difficult. He explained that seeing handstand pushups in a WOD gets “in his head” and hurts his performances. Activities that threatened a person’s self-efficacy—defined by Gecas (1989) as “people's assessments of their effectiveness, competence, and causal agency”—were not seen as fun. Because, Trent is consistently one of the highest scoring members, losing a few points on a WOD has the potential to drop him from #1 or #2 to #4 or #5. Others do not necessarily perceive this change as important: Jessie said he was “still one of the best” and Nate added that he’s a “strong competitor, one of the strongest [he’d] seen. Though Trent outperforms other participants (his score was 15% higher than the average for that day) even when doing handstand pushups, his personal sense of achievement is compromised, making him think the workout is not fun.

Alternatively, Jessie, who describes herself as “not competitive at all” and “just trying to have fun,” able to talk about handstand pushups as fun because she did not associate them with
failure. She was freer to define the task as fun because she (1) was not attached to her rank; and (2) her rank was unlikely to change regardless: she was never a top performer in the box. Jessie did not stake her sense of self-efficacy on her ability to perform certain tasks.

These hierarchies were noticed by others, too; in an interview, Nik explained that not everyone needed to take CrossFit seriously, and that seriousness helped differentiate what he saw as different “tiers” of members. He used Jessie as an example, and said,

You definitely have different types. Not everyone can or needs to be in the top 1%. Some people just come to get a “good workout” or whatever, to have fun, to socialize while they workout. Like, take Jessie for instance. Her focus in life is being the best at whatever job; that’s her thing. She isn’t trying to be in that 1% and that’s ok. Not everyone has to be elite. Not everyone can be.

Here, Nik talked about fun as a low-status endeavor. To him, members who made fun the ultimate goal of CrossFit were distinct from elite performers. For example, when describing himself as elite, Nik said that that “elite CrossFitters” have “bigger goals than just fun.” Stebbins (1992) calls Nik’s distinction “serious leisure,” defining the phrase as:

[The] systematic pursuit of an amateur, hobbyist, or volunteer activity that participants find so substantial and interesting that, in the typical case, they launch themselves on a career centered on acquiring and expressing its special skills, knowledge and experience (1992: 3).

For Nik, fun interfered with serious leisure—despite his other comments, previously addressed, where he was adamant that CrossFit is, in fact, fun. Nik talked about fun differently in contexts where he was comparing himself to others and used talk of fun to position himself higher in a hierarchy: not by disparaging others, but rather by emphasizing his own uniqueness. For
example, Nik told me he thought he found rope climbs and snatches fun, which he also described as “some of the hardest movements.” He went on:

Most people don’t think of that as fun: they’re incredibly complex movements. But that’s fun for me. And the WODs that Nate programs, they aren’t fun. It’s the same shit every week. Do you notice that? It’s always the same things. Deadlift, clean, kettlebell, burpee. That’s not fun. That’s not fun for me.

For Nik, who considered himself an elite athlete and hoped to compete professionally, fun was permissible if it was characterized by difficulty and hard work. Being able to do a hard movement bolstered his sense of self-efficacy; that is fun. Additionally, elite fun needed to incorporate activities and actions that others would not consider fun. It is not, then, that fun is unimportant, but rather that it is important to demarcate it, in specific ways (Blythe and Hassenzahl 2004; Goffman 1961).

**CrossFit and Fun as an Expression of Enthusiasm**

Talking about CrossFit as fun indicated personal qualities that members considered important. Those who did not do CrossFit were characterized as lacking the intelligence, tenacity, and commitment required by CrossFit. Members used talk of fun to indicate these shortcomings, even when outsiders were actively pursuing health, albeit through different exercise modalities. For example, I observed an exchange among Nate, Nik, Jon, and Brock, who were comparing bodybuilders—and bodybuilding gyms—to CrossFit. Nate said:

Yeah, you notice those places always have the mirrors everywhere, so you can stand and admire your biceps, I guess? I don’t know, I don’t get how bicep curls are even fun, like who even cares [that] you can do the most bicep curls? You look shredded, but I bet they can’t do a kip.
The other men laughed, and Nik pantomimed a bicep curl and said in a teasing tone, “See how big my biceps are bro?” they all laughed again, and Nate shook his head and rolled his eyes—as if to imply that the very idea was ridiculous—Brock called bodybuilding “boring” and “not even an actual sport.”

This exchange illustrates: (1) how the group used rhetoric of fun to constitute its normative expectations and moral order; (2) what qualities of physical activity were considered desirable and legitimate; and (3) how talk of fun constrained the behaviors and thoughts of members. These functions show that talk of fun created social cohesion for the group. For example, bodybuilding’s focus on physical aesthetic was not talked about as fun, because it did not produce the type of results important to members: high scores on specific WODs. Bodybuilders, then, were perceived as inferior because they were perceived as conceptualizing fun incorrectly. Instead, their workouts were “boring” (e.g., not consuming or distracting), produced inferior results (e.g., bodily aesthetic over performance), and focused on the wrong types of achievements (e.g., “non-functional” methods of weight training). By painting bodybuilders with broad strokes, these men used clashing definitions of fun to constitute meaning and create the boundary between two types of workouts, and thus two types of people.

Bodybuilding was not the only form of fitness that members perceived as inferior. In a conversation about member retention and turnover, Nate mentioned that “a lot of people quit after the first month” and then said:

N: I mean, I can tell by the end of foundations who will quit and who will stick. It’s easy. You can tell, like a lot of girls, they’re gonna go do Zumba or some shit instead. They’re never going to be into this [gestures widely to space].

M: What about men? Do men quit?
N: Oh yeah, all the time. It isn’t for everyone. It takes a specific type of person to want to beat themselves up here for an hour and get excited to come back and do it again.

[after class] M: Earlier, you mentioned Zumba as something people “quit for,” is there something specifically that you don’t like about Zumba?

N: I mean, not really. It’s personal preference, I guess. I think it’s a good way to get people moving that wouldn’t otherwise. It’s supposed to be a fun workout, and I think it achieves that, but it’s only cardio. You’re not getting truly fit with Zumba. It isn’t going to really challenge you. At least you’re moving, though. So, compared to sitting on your ass, I think that’s a positive.

Here, Nate identified types of people who like CrossFit and types who do not. He presumed that people might do Zumba instead because they consider it fun, and that these people would not feel similarly about CrossFit. In his comments, he used talk of fun to portray Zumba participants as inferior: they pursue a fun workout at the expense of a good workout. In this comment, Nate conflated fun and enjoyment in his remarks about Zumba, but his remarks about CrossFit.

Further, by juxtaposing CrossFitters to Zumba participants, Nate reinforced a common cultural narrative about the general American public: they are lazy (e.g., it is positive that they are moving at all) and ignorant about health (e.g., Zumba is “only cardio,” which is not true fitness). Biltekoff (2007; 2013) argues that these types of assumptions—that health requires the knowledge and character to make good choices—often lead to the moralization of health outcomes. In this case, Nate identified Zumba participants as a group that talks about fun in ways inferior to CrossFitters’ talk of fun.

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30 Research on Zumba and healthism suggests that the Zumba participants do, in fact, define fun similarly to CrossFitters and theories of fun: requiring commitment, creating distraction, underwritten by social interaction and a type of identity work. Nate, however, does not share this perspective as an outsider of that group.
Participants also described CrossFit as something that helped them have fun outside of the box. For example, Nate said,

I want to live a long and healthy and full life. I want to do fun things like rock climbing. I also want to be able to move around without pain—my mother couldn’t do that at the end. I don’t want that for myself. I want to avoid that. So, I stay active, I eat healthy. I take care of myself here, and I get to do and feel better everywhere.

CrossFit, then, helped Nate foresee a level of long-term health that included “fun things” and avoided not-fun things. In this comment, Nate described fun as a result of being healthy; he pursued fun and health as one in the same via CrossFit.

Similarly, Patrick told me that CrossFit helped him lose 50 pounds, which gave him the ability to “live more life.” Part of this additional life was professional, as being in better health meant he met standards required to become a police officer—further demonstrating the complex meanings of “fun” that extend beyond happiness, and can include personal efficacy, in this case through professional achievement.31 He said,

It’s a lot of fun, really rewarding and fulfilling. I owe it to CrossFit…CrossFit whipped my ass into shape. I lost the weight, I got faster and stronger and passed the [fitness] test. I get to live this dream I’ve had since I was six because of CrossFit.

For Patrick, fun meant fulfilling his childhood goal of becoming a police officer, which requires a baseline level of health and fitness. CrossFit helped him become the type of person he wanted to be physically and professionally. This accomplishment fueled feelings of reward and fulfillment, which Patrick uses to characterize his experience of “fun.” In this case, achieving better health was directly related to achievement outside of CrossFit. Crawford argues that the

31 In this case, “fun” implies happiness, but also personal and physical wellbeing—and the financial wellbeing associated with work.
conflation of personal betterment in a general sense and betterment of health is characteristic of healthism (Crawford 1980).

These data demonstrate a rhetoric of fun that members used to connect achievements and milestones at CrossFit to achievements and milestones in other aspects of their lives. Fitness and health underwrote much of this, as members implied that unhealthy people do not have as much fun. Further, Patrick’s discussion of his weight indicates that fatness was a barrier to fun because it was a barrier to his ideal profession and a general ability to live the life he wanted. Fun created a boundary between healthy and sick, fit and fat, CrossFitters and others. A follow up with Patrick expanded on the implication that the pursuit of health is part of the fun of CrossFit:

M: So how did the weight loss change things, what did it change?

P: It changed everything. It touches your whole life. I didn’t even realize it before, but I wasn’t good. I was tired all the time. I hurt. I just thought it was normal life, you know? But I started [CrossFit] and it was this revelation, that it doesn’t have to be like that.

M: So, CrossFit was an important part of this process?

P: Yeah, I mean it was the process. I had to lose weight [for police school] but I found CrossFit and it clicked. I loved coming, so I kept coming. When I tried to do other shit to lose weight, it never worked. This worked because CrossFit is something I look forward to, something I want to get better at. And yeah, as you’re getting better and better the weight is coming off, and you realize, “Oh, my life is different now. I can breathe and move and do things I couldn’t do six months, a year ago.”

Here, it became evident that, for Patrick, a good life was marked by individual achievement, sometimes related to personal health. Patrick liked CrossFit for two reasons: first, he saw necessary physical changes. Second, the workouts gave him a way to mark progress. As he lost weight, he gained skills. Both were ways he saw improvement, which created feelings of
personal efficacy; this was fun. As a group member, he learned to express this feeling through rhetoric of fun.

Talk of fun helped people become members and assert that membership within the group, just as it helped them become a specific kind of person that existed in the larger world. Rhetoric of fun created boundaries, but it also dichotomized the individual between two worlds: CrossFit and everything else. Choosing a “side” was a way to be a supportive partner, to maintain personal independence, and to be a good parent. CrossFit, and the fun associated with it, defined each of these lines, and in turn, each of these identities. Using “fun” to mark a boundary came with moral baggage and allowed members to feel superior as they developed a new sense of self in addition to new ways of relating to others.

Talk of fun further legitimized group membership by framing otherwise unpleasant activities in a positive light. Cairns and Johnston (2015) call this kind of work “calibration,” and argue that it is a strategy people use to normalize and justify healthist ideas and behaviors. For CrossFitters, this was a means of morally validating their activities and thus themselves, following two cultural logics. First, the logic of healthism that states health-seeking should be enthusiastic, and second, the individualistic logic that presents “personal opinion,” like what might constitute fun, as inarguable. If CrossFit is fun and healthy, dedication to it makes sense, as do the practices nested within membership.

CrossFit also gave members opportunities to experience difficult and achievements as enjoyable, which they learned to describe through rhetoric of fun. Members learned how to measure these achievements and came to link improvements at the box to improvements as a person (e.g., being physically stronger was also a sign of mental strength). Thus, when members talked of fun, they described the feelings of accomplishment associated with self-efficacy—not the physical and emotional struggles they associated with WODs, which I outline in the
subsequent sections of this chapter. Still, much like Roy (1959) found in the repetitive boredoms of the workplace, there is not a lot of observable enjoyment within a CrossFit class: it does not look, smell, or sound like fun. Instead, people learned to describe CrossFit as fun because the unpleasant moments often led to feelings of self-efficacy. The more difficult moments necessarily provide obstacles to overcome, and it is the overcoming that members enjoy.

Important, scholars find that self-efficacy is related to a number of health outcomes, including recovery from injury (Schwalbe and Gecas 1988), addiction (DiClemente 1985; Newcomb & Harlow 1986), mental illnesses (Prins et al. 2015; Dupere, Leventhal, and Vitaro 2012) and physical illness (Epstein 2014; Major, Dovidio, and Link 2017). For health, specifically, self-efficacy is a person’s belief that their actions will make them healthier. In some cases, scholars find that these actions include patient compliance; others find that self-efficacy influences behavioral changes like quitting smoking, exercising more often, and eating a healthy diet (Strecher 1986; Lucas, Ho, and Kerns 2018).

**Anger: Screaming, Swearing and Learning to Get Mad**

Another expressive way members showed enthusiasm for CrossFit—and by extension, the version of healthy lifestyles associated with it—was through displays of anger. For example, on one occasion Jae was struggling with deadlifts. After each failed attempt, he would shout a string of expletives. Though these displays represented a similarly pervasive theme to talk of fun, there was a stark contrast in the tone and mood. Where talk of fun was a rhetorical strategy for describing and defining CrossFit, anger was a more common emotional display. The following conversation was after the scene where Jae swore repeatedly: the first time, he said, “goddammit all,” the second “motherf—,” and the third, “fuck, fuck, fuck,” with each iteration increasing in volume and intensity.

J: No, man, I was mad. I was pissed! I’ve been trying to break 4 [hundred pounds] for months. I can’t do it. I’m so pissed …. I’ve been working so hard to do all these things to help… to increase my grip strength, work on my form, strengthen the auxiliary muscles, but it isn’t working. I haven’t budged.

M: Is this an important milestone?

J: Yeah, I mean, they’re all important. I mean, it isn’t more important than anything else. But the point is to be constantly improving, getting better, stronger. So, when you aren’t getting those PRs, you aren’t seeing improvement, you’re doing something wrong or off, maybe just a tiny bit, but it pisses you off. Because you’re not here to just be ok with being the same. At least not me, that’s not in my nature. I’m always about improving, being better, getting better. I’m not getting better and I was just so pissed off! [he laughs good-naturedly, and smiles]

M: You mentioned little things you’re doing. What are those?

J: Well, the grip exercises have been huge, or I thought they would be. My grip is better, but it hasn’t translated to weight yet. I’ve also been paying more attention to my programming, so like, what am I doing the day, two days, even three before a deadlift day. And, what I am doing after to recover. I want to look into some more of that. I might hire a coach or buy a real plan or something…. I’ve tweaked my diet a little, playing around with carb and protein ratios.

Anger helps Jae demonstrate two critical ideas: first, that he values personal improvement, and second, that he has adopted practices meant to help him optimize his workouts. If he did not get angry—or did not display it for others to see—it would be less obvious to other members that he cared about his PR. For Jae, this conflicts with the purpose of CrossFit (“you’re not here to just
be ok with being the same”) and his values (“I’m always about improving, being better, getting better”). By getting visibly angry, Jae gives off important information about himself.

Learning when and how to display emotion related to anger was key in developing an identity as a CrossFitter, and this process is indubitably gendered. By distancing his display from “being upset,” Jae suggests that anger is more appropriate than feelings like sadness, disappointment, or shame. Other men agreed that anger was a more useful emotion to have and to display than others. For example, Brock told me he sometimes “screams as loud as he can” when he struggles. He added,

> It helps. When you scream, you get this rush of energy [he pats his stomach]. It comes from this really deep place, screaming helps you tap into it [into what?]. Power. the power and strength you don’t need in normal life or to complete normal tasks. But when you yell, when you really yell or scream, you get a rush of adrenaline or something [laughs]. I think that’s what it is. But it doesn’t matter, really. It just works…you get it done.

Brock’s screaming was a small-scale example of an anger ritual. If “rituals begin with emotional ingredients” (Collins 2004), anger was CFLD members’ favorite. Such rituals served dual purposes: first, the emotional energy was used to perform difficult tasks; second, rituals—and the rules that govern them—helped form group boundaries. Knowing how, when, and what to scream was as much a part of being a (male) CrossFitter as was achieving a PR. In part, this was because members believed that screaming and other conspicuous displays of anger will help them with these goals.

Thus, learning how to display anger appropriately was part of learning how to signify the vested identity of CrossFitter. For Jae, getting angry at the end of a bad workout showed he cared about his PR, about CrossFit, and about self-improvement. Alternatively, Brock got angry before
a workout—in a controlled and deliberate way—to demonstrate he had the right knowledge and right practices that would help him perform. Jae was able to mitigate his failed PR through a display of anger, whereas emotional energy helped Brock lift successfully. Both men did similar identity work through different displays of anger.

Often, after someone screamed, swore, or made angry faces while lifting, they would laugh or smile. In many cases, this was because they were genuinely happy: getting angry worked and they successfully performed a lift. Take, for example, the following conversation between Nate and Chuck:

N: You have to get mad at it. Focus. Get mad and channel that shit through the bar.

C: [under his breath: get mad. get mad. he nods to himself and screams as he performs a clean, pauses, and jerks it overhead screaming louder and lower. The barbell is overhead—in the correct position—for a few seconds before he throws the bar down and screams “fuck” clearly and loudly.]

N: That’s it! See man, you did it [they do a stylized high five/shake hands] How’s it feel?

C: [Nods, mouths “good,” but is out of breath. I cannot tell from my position if he actually says anything out loud or not. He almost immediately starts laughing and has to bend over to stop himself].

Appropriate anger, then, was temporary. By switching away from anger quickly, members show they understand anger was necessary only for the duration of the lift. This quality was especially evident in Chuck’s laughter. Outside of CrossFit, a person angry enough to scream and swear might have to work to calm down. But Chuck’s anger quickly gave way to happiness, excitement, and even joy, demonstrating that these emotions were closely related in the group. For CrossFitters, anger signifies enthusiasm.
For women, however, the process of learning anger was more fraught. Women still said anger was a valuable emotion and believed that getting angry was a necessary practice. But, they also reported that they had to learn how to get angry in ways that men did not. For example, Jordana said:

It was weird at first—like I was scared to be angry, to let myself be angry, so I had to get over that. But once I got over that, I was able to do things…. I hit a deadlift PR, my snatch tightened up…. I had to really focus on things that made me mad, a fight with my mom or my boyfriend [she glances in his direction, and smiles] … not that we fight! But like stuff at school [her job]. Stuff there. I have to think about how it makes me angry, and then I can use that.

In describing the process of concentrating on anger to feel it more, Jordana said that this was not natural or comfortable to do at first. Other women described similar experiences once they were able to feel more anger. (Men did not express similar concerns.) Jessie said,

J: It’s like a meditation. I have to close my eyes a little and really focus [as she talked, she smiled and made fists with her hands]. You really have to get into it. Really…feel it! [she laughs].

M: How does it feel?

J: It feels good! [laughs] It feels really good.

I asked Jessie how getting angry felt because she looked and sounded excited while she spoke. Her laughter, tone, and body language demonstrated the same enthusiasm people showed when they talked about fun. Unlike fun, however, women had to do more work to learn the display rules regarding anger. Typically, people showed anger through verbal and non-verbal sounds (e.g., screaming, swearing, grunting) and using violent language (e.g., metaphors, especially about killing) before a lift. Other acceptable displays included facial expressions like furrowed
brows, scowls, and frowning. For women, however, learning how to display anger often required the permission to feel anger first. Coaches acknowledged this by more explicitly coaching women to be angry. The previous examples represent the most basic teaching technique, which was simply yelling “get mad” or “get pissed.” Similar cases included yelling phrases representative of anger, like “kill it” or “fuck it up.” When these vague techniques failed, coaches would break down getting angry into steps. For example, Nate and Jessie talked about getting angry:

N: What was the worst part of your day?

J: I don’t know?

N: Oh, come on. What happened, something that pissed you off? Today or this week even. Something at school or work that just made you mad?

J: [long pause] One of my group members didn’t finish his part of a lab report. That made me mad.

N: Good, good. What made you mad?

J: Well, the rest of us worked really hard. And we had to do his part so we’d still get a good grade…he’s going to get an A anyway.

N: Ok. So, use that. Think about this lazy motherfucker. Think about how hard you worked. And when you go to lift, focus on that feeling. It’ll make you strong.

As Nate spoke, he got increasingly animated. He moved his body in bigger patterns, raised his voice, and became more facially expressive. He was enthusiastic as he modeled an appropriate display of anger for her. Jessie, however, smiled and looked uncomfortable—especially when Nate swore. Jessie seemed unconvinced that anger was going to help her and resisted for a few attempts.

N: You’re not mad! Let me see you get mad! GET MAD! GET MAD! GET MAD!
Nate screamed “get mad” at Jessie for the next thirty seconds as she attempted the lift—and she was successful. She started to laugh and said,

J: Holy cow that worked! I didn’t think that would work. I guess I need to practice being mad!

With Jessie, Nate created an entire narrative about being angry. Until she displayed anger correctly, he told her she was not mad. Nate’s comments show that anger was useful only when displayed correctly: there were rules about how anger should be performed in the space.

As a participant, I had an experience that further highlights the relationship between feeling and display rules. Unlike Jessie and Jordana reported feeling, I am typically able to “let myself” be angry and I feel comfortable identifying what makes me feel that way. Still, I struggled to perform anger correctly in the space. Thus, several coaches offered advice about how to “be” or “get” angry. They assumed that because I was not showing anger correctly, I was not feeling it. For example, several of the compound lifts involve a movement described as a “punch.” I was particularly bad at the punch. Nate, Nik, and AJ seemed perplexed by this, and spent ten minutes explaining how to perform it correctly. I listened as they spoke:

Nik: Come on. There has to be someone you want to punch in the face. Who do you want to punch?

AJ: Picture that, right above the bar. And you have to move the bar through their face.

Nate: Yeah, like you’re not going to be dainty and be like, “Ehh, I hate you [mimes a weak slap]. No, you’re going to be like ‘ARRRGGH I HATE YOU. BAM!” and punch.

Nik: Who do you want to punch? Who?

AJ: Pick someone specific. I know it sounds weird at first but it will help. Pick someone.

Nik: Picture their face.

Nate: Picture their face and the bar. Picture punching the shit out of them with the bar!
I did not have a hard time picturing a face I wanted to punch. In fact, I had several faces that fit that description in my head. But, this visualization did not help me to the bar faster and harder; it distracted me. I had to practice getting angry in different ways than I use used to. Ultimately, I had to disassociate punching someone in the face from the reasons why I wanted to punch them. Once I was able to practice this variation of anger consistently—for better or worse—I found I could lift more weight. A few weeks later, Nik noticed I had improved. He said, “Looks like you finally learned how to get mad!” and smiled. He immediately attributed my improvement to getting angry; the extent to which he was correct reinforced the importance of this learning process.

People also learned how to be angry through informal visual cues found in the aggressive and violent images that covered the walls. Nate told me this was intentional, describing his décor choices as “motivational and inspirational.” He said,

I wanted to really show what CrossFit is about in a larger way. Like, most of those T-shirts are from competitions or other boxes. And obviously that’s huge for what we do [what do they represent?]. Competition and community, I guess. But, they also have the quotes on them that are inspirational, too. So, you can look up and know you’re a part of something but also get a boost in terms of motivation.

One of these T-shirts featured a skull and read “outwork death” in block letters. A poster depicted “Pukie the Clown”32 shown vomiting with X’s over his eyes—a design often used to imply a cartoon figure is dead. These examples are two of many, as the walls are almost covered in posters, T-shirts, and other CrossFit memorabilia. To me, these decorations made the space feel aggressive even when it was empty or quiet. Nate saw this as representative of CrossFit,

32 Pukie the Clown is an unofficial CrossFit mascot: a circus clown shown vomiting, usually in a kneeling or bent over position. Depictions exist on a continuum from life-like to cartoonish, making some appear more violent than others.
believing that angry and violent imagery would motivate members. Anger was a persistent, prevalent part of the physical space at the box, just as it was a common emotional display by members.

Members also legitimized anger as an identity marker through consumption choices, especially apparel. For example, members wore T-shirts with sayings like, “I CrossFit because punching people is frowned upon,” “shut up and snatch,” and “Kill the Quit.” These examples were representative of the range of violent imagery, including degrees of anger that are deadly. The relationship between style and values was evidence of transgressive symbolism, a term Bourdieu and others have used to describe the process through which group boundaries are maintained by making acceptable what would typically be socially unacceptable (Bourdieu 1990). In this case, violence-as-style (and not as deviant) normalizes and encourages violence by attaching it to a group identity. Members showed their enthusiasm for CrossFit and allegiance to the group through consuming these products. Doing so helped them show others that they understand and embrace the role of anger in the CrossFit subculture. Whereas other scholars find that positive discourse (Cairns and Johnston 2015) and moralized language (Contois 2015) are ways people showed enthusiasm for health practices, anger was a distinctly CrossFit method.

Analyzing expressions of enthusiasm through anger also illuminates how aspects of culture influence practices. Anger, aggression, and rage all fit within culturally dominate versions of masculinity (Schrock and Padavic 2007), but conflict with arguments that health-seeking is often coded feminine (Moore 2008). Unlike other spaces, people at CrossFit use traditional displays of masculinity to embody healthist ideologies, showing how different parts of culture can be used differently, by different individuals or groups. In other words, the subcultural rules and norms of CrossFit exist at the intersection of two much larger cultural influences: gender norms and healthism as an ideology.
Talk of Crying: Tears as Visible Commitment

People also demonstrated enthusiasm for CrossFit through crying. Tears helped members show that they shared the goals of self-improvement typically associated with the sport. Enthusiasm underwrote these displays, following the logic that in order to produce a physical expression of emotion, the feelings connected must be intense. When displayed correctly, tears are a “technology of emotion,” which Sinden (2010; 2012) describes as feeling and display rules that work to socialize athletes into their respective sports. Crying was a way to show that certain practices were important enough to endure emotional hardship in the pursuit of optimized health.

Importantly, I differentiate here between discussions about crying (two or more people, engaging in a back-and–forth conversation) and comments about crying (one person, mentioning tears or crying without response OR mention of crying within a conversation more directly about something different). I found that discussions about crying typically happened between women and were used to create social bonds: solidarity, mutual understanding, and even a degree of commiseration. Alternatively, men were more likely to comment about crying while talking about other things, such as injury, failure, and competitions. In mixed-gender groups, men remained silent in conversations about crying, just as women did not typically respond to comments about crying.

The first time that crying became a primary theme of conversation was a day when I, personally, talked about crying. Erin and I were working next to each other, and she was performing her cleans swiftly and with what appeared, to me, to be excellent form. Her face showed little evidence of effort: it was calm, still, and her eyes were focused squarely in front of her. The large stain of sweat on her shirt suggested she was working much harder that she appeared. I, on the other hand, was struggling. She and Nate gave me some cues to “be more aggressive,” “really get [under] the bar,” and to focus on “fast elbows.” None of this helped my
form, and the attention, combined with repeated failures, chipped away at my confidence and my mood. I suddenly realized my eyes were filling up with angry, frustrated tears. I put down the bar and blinked them back, and Erin caught my eye. The following is from my field notes:

M: [angry] Ugh, I can’t. [shaking my head] I refuse to cry at CrossFit. [I attempt to laugh, and make this seem like a joke, and not like what’s actually happening because I feel embarrassed for failing and embarrassed for being visibly upset. I hear my laugh, and wish I hadn’t said anything; my voice is audibly strained, and I think my voice cracked? I hope it didn’t.]

E: Girl, I have cried over CrossFit so many times. Ask Nik. [He was passing by, heard his name and stopped]

N: Huh? What about what?

E: I said, I cry all the time. Remember, last week? I cried over—what was it, snatches?

N: [laughs, loud and heartily. His whole body heaves as he laughs]: Oh my gosh, yes. She cries all the time. She was, she was crying about snatches the other day.

E: [nods, emphatically] See, I told you. Snatches always make me cry. It’s like, why can’t I do this? It’s normal, it’s normal. It’s ok [smiles, a small smile].

I was surprised by her remarks because I had never seen anyone cry in the box. Still, when I mentioned crying, Erin offered an example of a time when she cried, too, and our conversation became a way to demonstrate empathy (Van Tilburg, Unterberg and Vingerhoets 2002). In her comments, Erin validated how I responded to frustration, that I experienced powerful frustration, and that I needed help. The discussion highlighted a shared experience that strengthened our personal bond. After this conversation, our relationship was closer to a friendship than one between acquaintances, or one between a researcher and subject.
Because Erin emphasized that she cried regularly, I decided to “ask by comment” during subsequent data collection. The following is from field notes:

During a warm up in a class of six women (Emma, Rachel, Jen, Liz, Kirsty, Melissa) and one man (Trent), and Nate as coach, Jen asked the group if anyone did Monday’s workout. Emma nodded, adding, “It was awful,” and I said “Yeah, I cried after. It was bad.” Kirsty looked up from her stretch and asked, “Was it the handstand pushups? Those make me cry.” Jen and Liz nodded and Melissa said, “Yes! The handstand pushups!” I asked if other people cry often, and Emma said, “I just get so mad when I can’t do something, and especially when everyone else is like, “Oh, this is no big deal.” She said she waited until she got in the car to “Let it out.” Rachel said, “Snatches always make me cry.” The others nodded, and Liz, Jen and Melissa all said that specific workouts or lifts triggered more emotional responses.

Much like Erin’s talk of crying, the women in this scene used a conversation about tears to demonstrate empathy and build solidarity. The men in the group remained silent, but the women enthusiastically joined the conversation. Bonding over crying, then, illustrated one way that women performed emotion work in the space. For women in the box, the feeling and display rules are such that, as long as it is a result of enthusiastic dedication, crying is acceptable. This talk helped women bond around a shared emotional experience, which felt particularly important given the display rules around anger, which created more emotion work for women than men.

Alternatively, Trent’s silence and Nik’s laughter demonstrated that, for men, the rules about crying are different. Where Trent opted out of the conversation, Nik devalued it by speaking in a mocking tone and exaggerating his laugh. Conversations about crying were not typical for men, and not within the rules that governed their experiences with tears. Instead, men

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33 Instead of asking a direct question, I brought up crying in conversation—I suggested the topic—with hopes this would offer a less careful response and a more accurate account.
commented about crying when they talked about it. Their perfunctory statements indicated that tears were most appropriate when produced by physical stimuli, not emotional distress. For example, the following conversation between Nate, Matt, and I is characteristic of this:

N: [to me, holding his phone, to show me a photo from a recent competition] Look at this shit—motherfucking beast, and representing [the box well]? [he points to Matt in the photo, who is wearing a kilt and carrying an Atlas ball34]

M: That was rough, so brutal. By that point I had tears in my eyes and blood running down my knee from the deads [deadlifts] earlier.

N: Beast! That’s how you do it, just beast mode through that shit [Nate is smiling, big, and bouncing with excitement]

For men, crying can indicate tenacity. Though Matt cried, he did not quit. His tears communicated to others that this commitment was in spite of physical strain, making his tenacity more powerful than if the WOD had been easy. Despite his obvious struggle and minor injuries, he demonstrated an enthusiastic commitment to CrossFit; someone less committed would have stopped. Nate polishes Matt’s manhood act by adding that, even crying, Matt is still a “beast.” He was performing masculinity through tears, not in spite of them. Ultimately, he is giving off information that he is tenacious, committed, enthusiastic.

Other men made space for crying within their gender performances through narratives that emphasized their masculinity in other ways. Holmes (2014) calls this “reflexive reorientation,” and argues that it can be a way to undermine the “stoic male” stereotype. Matt did this to an extent, using tears as evidence of the brutal WOD. While watching the televised CrossFit open, members did this on behalf of the male athletes:


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34 Atlas balls are made of stone—named for Greek mythology—and typically carried as a part of endurance WODS.
AJ: He has tears in his eyes!

Patrick: You would, too. Look at him, he’s so fucking fast. He’s so fucking strong [the athlete almost drops the bar and everyone gasps and screams].

Patrick: Not even fazed! Champion, just a champion.

When tears are part of a story about manhood acts, they are more powerful indicators of enthusiasm than stoicism would be. Because the athlete was fast, strong, and otherwise outperforming everyone else, tears were not discrediting. The comment about tears did not shift the conversation away from the athlete’s performance. In fact, tears were normalized in Patrick’s comment.

Despite regular talk of tears, only once did I see someone cry. Brock was timing a workout with hopes of submitting his score to qualify for a national competition, and he came up two minutes short of the necessary minimum time. Later, Nate told me that he would need to improve by five or six minutes to be competitive with other athletes. The following is from my initial field notes:

Brock literally rolls off the rower and onto the floor, face first, and stays there for 8 minutes. While he lies there, his body is shaking, dripping sweat, and I think he might be crying a little. A couple times, he tries to push himself off the floor with his arms, fails, and falls back down. His wife sits next to him and pats him a few times. For the most part, she doesn’t touch him or say anything at all. She eventually asks if he wants water and places a bottle next to him. He doesn’t say anything or acknowledge the bottle.

As this happened, others in the room reacted: Jae shook his head, looking down; Nate’s chest heaved with what would have been an audible sigh, if not for the loud music. Pat started to approach but seemed to change his mind and instead walked out of his way to go grab another piece of equipment. People did not share his tears, but they seemed to share his disappointment.
When I asked Brock to explain his reaction to me. He said he was “crying a little” and that he “could feel [tears] stinging” because he was “just so disappointed in himself.” He described this situation as one where he “failed” and “let himself down.” Crying—perhaps unsurprisingly—showed that Brock was devastated as was his sense of self-efficacy.

I also asked Nate to explain the context of Brock’s score versus what he needed to be competitive, and Nate explained that shaving off five minutes from his time would likely take a year or more of work. But when I asked Nate about Brock’s reaction, he said,

It makes sense. This is his life, this is what he wants to do. He has a lot in front of him before he’ll be in the place he wants to be, and he knows it. But he’s not giving up. He’s been back every day since and using that pain of that experience to push through the pain of each workout in the next year…. There’s gonna be a lot of pain before the Games. I think he realized that.

In his moment of emotional distress, other members attempted to help salvage Brock’s masculine self by interpreting his tears as signs of commitment and enthusiasm for CrossFit. Further, as Nate points out, Brock is already perceived as more enthusiastic about CrossFit than others because his personal and professional identities are attached to his performance. Thus, his feelings of self-efficacy are doubly tied to his success and failure at a WOD. Other members understood and accepted his reaction because they understood the depth of the emotion behind the display. Crying reinforced this information for others.

Further, the juxtaposition of tears with expressions of anger and talk of fun demonstrate that the experience at CrossFit were robust and complicated. Expressions of enthusiasm were varied and multifaceted, much like the people participating. Even minor successes like finishing a WOD were met with talk of fun, because the achievement aligned with assumptions that participation would facilitate personal betterment. Alternatively, falling short of an achievement
warranted emotional displays because failure was tied to a moralized view of health that requires
diligent and relentless progress.

**Conclusion**

Talk of fun, anger, and talk of tears were three emotional displays that people used to
indicate enthusiasm for CrossFit’s role in purportedly optimizing their health. I found that
appropriate displays of enthusiasm required members to learn what Hochschild (1983) called
“feeling” and “display” rules that were unique to the group. Feeling enthusiastic was the
umbrella rule, as members were expected to be eager in their enjoyment of CrossFit. Display
rules involved how they communicated this feeling to others: through talk of fun, visible anger,
and talk of crying. Learning to properly feel and display the emotions that CrossFitters
associated with enthusiasm helped them assert their membership.

For the CrossFitters I studied, enthusiasm was also a way for individuals to demonstrate
their sincerity as a good person. These demonstrations were, in part, possible because healthist
ideology connects practices—in this case, CrossFit—to personal morality and goodness.
However, showing enthusiasm for health-seeking is a way people show that they are true
believers in healthist ideology and genuine in their pursuits of health. Enthusiasm connected
health practices to individual and subcultural identities and demonstrated how one modern
iteration of healthism blurred the lines between living a healthy lifestyle and performing identity
work.

**Rhetoric of Fun as Expressions of Sincerity**

More specifically, I found that talk of fun helped members establish sincerity in their
identity as a group member. CrossFit did not always look like fun, and the people doing CrossFit
did not always look like they were having fun. Thus, learning how to talk about CrossFit as fun was necessary; it was difficult—if not impossible—to communicate otherwise. Becoming the type of person who talked about CrossFit as fun was an important barrier between insiders and outsiders because it demonstrated that people had learned rules related to membership. These rules included how, and when, to talk about CrossFit as fun.

I also found that talk of fun helped members establish that their interest in health and health-seeking was sincere. Cairns and Johnston (2013) argue that rhetorics of fun help people communicate their personal investment in health and health-seeking to others. For the CrossFitters I studied, talking about a difficult or painful workout as fun helped them indicate that they understood workouts were in service of a greater good: physical fitness. Accepting the unpleasant aspects of CrossFit affirmed members’ moral character. Talking about CrossFit as fun was a way to publicly accept—and even embrace—suffering because it was in the name of pursuing health. Sincerity through talk of fun was two-fold, as talk of fun allowed members to become “real” CrossFitters that were similarly sincere in their interests in health-seeking.

**Anger and Achievements Through Enthusiasm**

I did not immediately recognize anger as an expression of enthusiasm, as I did fun. It was not until I started participating myself that I realized this to be the case: being angry, in the right ways, improved performance and feelings of self-efficacy. Paradoxically, people felt good—about themselves, their performance, and CrossFit more generally—at times when they also displayed anger. Though the processes related to learning and displaying anger differed in some key ways for men and women, both experienced anger alongside more positive feelings. For women, being able to openly feel and show anger was sometimes a new experience that felt
freeing. For men, CrossFit was a space where they could display anger in ways that might not be acceptable elsewhere, which was also freeing.

Through explicit coaching, members were socialized to believe that anger was a necessary and important part of their training: anger would make them stronger, faster, and better at CrossFit. Some call managing the feelings of others “interpersonal management” (Francis, 1997; Irvine, 1999; Thoits, 1995). In the case of CrossFit, coaching accomplishes this management while socializing members to perform their own emotion management. In this way, anger was an additional technology of emotion in the space, which members learned to become a group member and subsequently practiced to indicate that membership. For example, the shouting and swearing that is typical during a WOD would be out of place in many other settings. Adopting technologies of emotions related to anger helps members establish their place in the group by showing they were willing to learn new rules: they were sincere in their commitment to becoming more fit, and in their beliefs that this commitment made them a better person.

However, the implications for making anger a normal—and even desirable—emotion are problematic. Members showed the same behaviors found in violent masculinities, which Messner (1990) argues “stabilize[s] a structure of domination and oppression in the gender order.” CrossFit reflected broader cultures of violent masculinities, and reproduced these cultures, as normalizing and glorifying violence in sport makes it easier to normalize and glorify violence outside of sport. Thus, the intertwined role of fun and anger matters for CrossFit’s social meanings and images. Normalizing anger is particularly troubling because it is so connected to enthusiasm and, subsequently, becoming a member of the group. Anger, then, was valorized as a path to achievement, belonging, accomplishment, and pride. It seems reasonable
that the distance between anger and violence would shorten, as well—especially given the violent imagery often used to cultivate anger.

**Crying and Falling Short of Expectations**

Alternatively, I found that tears were a reaction to instances where fun was not achieved or achievable: moments of failure, frustration and disappointment, which reduced feelings of self-efficacy. When members’ experiences fell short of expectations, that disappointment amplified the other emotions associated with performing poorly. The result was tears, or at least accounts of how this may have played out for people in moments I did not see for myself.

Perhaps not surprisingly, experiences with crying varied between men and women. Comments about crying more typically came from men, while discussions about crying were more frequently had by women. This difference shows that though the feeling rules in the space demand that both men and women show enthusiasm, the display rules are—like anger—still indicative of normative gender expectations.

For women, discussions about crying helped them establish relationships with other women. Their reasons for crying typically included frustration and disappointment, but the display—the conversation about crying—helped them validate their feelings and establish their enthusiasm for CrossFit. Women bonded over both, making talk of crying one way they asserted their membership: it simultaneously gave information about themselves (e.g., I care about CrossFit) and situated that information within the context of the group (e.g., we care about CrossFit, and have expressed it in the same manner). Wilkins (2008) argues that emotion can be “not only an outcome of ideology but a tool used to promote it.” In the case of CrossFitters, crying helps promote the ideology of healthism by showing that failures to achieve certain markers of optimal health are worthy of tears.
Alternatively, men commented about crying in ways that helped them express enthusiasm while maintaining more traditional masculinities. Men used perfunctory statements to suggest that their reasons for crying were uncomplicated: no further explanation was needed. This reflects broader cultural assumptions about male tears: men only cry about important matters and should not be compelled to explain themselves. For men, crying is often interpreted as a rational and controlled act—at least compared to similar displays from women (Warner and Shields 2007). When men cry in the context of traditionally masculine performances—like those typical of professional sport—crying can still fit into a masculine ideal. Ultimately, as long as crying is “not feminine,” “the expression of emotion is an accepted and even essential component of performing masculinity, despite popular beliefs to the contrary” (MacArthur and Shields 2015). In other words, tears indicate normative versions of masculinity when they are a reaction to otherwise normative performances, which Messner (1993) identified as typical of sport.

Importantly, comments about crying and conversations about crying were both interactive and reciprocal. Unlike the act of crying, talk of crying required someone to talk to, who then offered validation through further conversation or acceptance of the comment. Staske (1996) called this “collaborative emotion management,” arguing that meaning-making relies heavily on validation—or lack thereof—from interaction. CrossFitters worked as a group to establish tears as an appropriate expression of enthusiasm. This corroborates MacArthur and Shield’s (2015) findings about men, tears and sport “despite wider cultural discourses that appear to discourage men’s openly expressive behavior.” Together, CrossFitters performed collaborative emotion work to ensure that tears would be interpreted as a sign of enthusiasm.

In sum, talk of fun, displays of anger, and talk of crying are essential to understanding the identities associated with CrossFit, and the ways in which people communicate to others that those identities are sincere. Displays of enthusiasm allowed people to indicate to others that they
“live the lifestyle” and that they were a part of a group that cared deeply about health. More broadly, however, enthusiasm was a way for people to show that they believed doing CrossFit would make them a better—and healthier—person. Inside and outside of the box, the implications for identity based on the practices associated with CrossFit were amplified by participant’s ability to appropriately express enthusiasm.
CHAPTER 4: RESTRICTIVE DIETS: IDENTITY WORK THROUGH HEALTHY EATING

If exercise and physical fitness are one side of the health rhetoric coin, the other is almost undoubtedly dietary practice. This was partly evident in the data from the CFLD: despite a lack of nutritional expertise and training, coaches advised members on how to eat best for optimal performance in addition to what constituted a healthy diet, more generally. Still, the recommendations to “eat more protein” or “consume fewer processed foods” were not radical suggestions. Thus, in order to provide a more balanced representation of extreme health practices, I also include the following data and analysis, taken from in-depth interviews with people who followed a range of restrictive diets to varying degrees of extremity.

Importantly, all of the individuals represented in this chapter follow elective restrictive diets (ERDs)—diets where certain foods or food groups are avoided for reasons besides allergy (Scott 2017)—use restriction as a way to indicate that people are morally tough: able to sacrifice with ease, in the name of good health. The act of restriction is more important than the food itself, indicating that ERDs are less about the food, and more about using food practices to indicate information about themselves. Other food scholars argue that restriction is tied to personal perceptions of morality: people believe they are being “good” when they are able to restrict foods that conflict with moral, ethical, and even religious rules (Rotkovitz 2004; Contois 2015). For these reasons, I analyze people practicing a variety of ERDs in this chapter, including veganism, vegetarianism, Paleo, AIP Paleo, and macronutrient counting35 (sometimes referred to as “flexible dieting”). Though the foods prescribed by each diet are different, each case exemplifies a modern iteration of healthism through an emphasis on an enthusiastic pursuit of health that is intended to reflect various identities.

35 See appendix for definitions and examples of each diet.
I found that people believed restricting their eating gave off information about themselves because it (1) required a certain amount of knowledge (e.g. knowing what not to eat and why) and (2) provided an observable act meant to show a commitment to and reverence for health. For example, Laney, 27, described her vegan diet in the context of her lifestyle. She said,

L: I live a healthy lifestyle. I’m active, but I’m busy. I’m a graduate student. I’m an athlete [laughs] or at least sort of. Anyway, my diet is about supporting that, that lifestyle.

M: Can you describe the lifestyle?

L: Busy; full. As active as I can be, especially outdoors. Moving as much as possible but working as hard as possible.

M: How does your diet support that?

L: It makes it possible, I guess. If I’m tired because I didn’t get much sleep, I’m not more tired because I also have bad food slowing my digestion or creating inflammation. I might get a workout in, because even if I’m mentally tired, at least I am physically able.

And I know I wouldn’t be able to do that otherwise.

Laney described her life as demanding and said that veganism was the foundational practice that makes the other practices possible: she can do physical activity like weight lifting and training for a half marathon because, as she said, she is vegan.

Several others mentioned that, despite their own good health, pursuing a healthy lifestyle was influenced by the poor health of someone close to them. Cooley (1902) uses the term “significant others” to describe the relationships or individual who help shape someone’s self-concept in some manner. For participants, significant others informed their self-concept such that being healthy—and living healthy lifestyles—became more important to them. For example, Greg, 24, told me that his father, who remains in poor health, had two heart attacks. Greg said
this was a “wake-up call” for him to “change his life,” which, as he interpreted it, meant changing his diet. Similarly, Adam said the following when I asked if his family followed the same vegan diet as he did:

[laughs, and leans back in chair] No, both my parents are overweight…they’re obese, diabetic, and I think watching [them be sick] pushed me to go in the opposite direction. Because if I can control it, I will. I want to put in the work. So that I don’t end up in that position that they’re in…. Living healthy means I get to enjoy my life.

Both these men had no negative health problems in their own histories, besides physical injuries like broken bones from random accidents. However, they both witnessed family members become ill and suffer related consequences. Healthy lifestyles were a way to manage fears about serious illness, though their diets were different: Greg counts macronutrients and Adam is vegan. In these cases, both men assume that their health is directly related to their choices, and they believe they can avoid poor health if they choose correctly. In her research on assumptions about obesity, Guthman (2011) shows that health is much more complicated than the accumulation of individual choice, though she also demonstrates how culturally pervasive this logic can be.

It is important to note that, though health outcomes are certainly affected by actions like eating well, exercising and inactions like not smoking or drinking, health is far more complicated than the causal proposition implied by healthist ideology. People who never smoke get cancer and people who make healthy choices can be overweight (Saguy 2013; Guthman 2011). Suggesting that choice—and only choice—creates health outcomes also eclipses a range of structural inequalities from access to affordable health care to living in places with the infrastructure to make a physical activity like running or walking safe, or whose lives can easily accommodate any number of health-related practices (Ray 2014). Individualist ideologies of choice also elide factors like genetic predisposition and the arbitrary nature of some measures,
like BMI, in measuring health instead of weight (Saguy 2013). This is not to say that weight cannot or does not affect health, but rather more than weight affects health (and perhaps at different thresholds than those supported by medical community), and that a biomarker like weight is affected by far more than an individual’s personal willpower or dedication to healthy choices (Biltekoff 2013).

To this point, four participants—all women between the ages of 35 and 55—had experienced significant health problems in the past, and none of them described lifestyles that sounded particularly unhealthy. For example, Ruby balked at how she once considered oatmeal a “healthy choice,” while Gina said it was “embarrassing that she used to think whole wheat bread was a smart thing to eat.” None of them smoked (or, at least no one admitted to it) or reported other habits that would be significant risk factors, though it is possible that they omitted this from the interview. When these women described their current diets, they did so with the language of permanence and supporting a lifestyle, but their enthusiasm for their practices seemed to come from a profound sense of relief. Compared to other interviewers, their body language was more rigid. Their more controlled demeanor reinforced the weight of their stories and emphasized the differences in their experiences as compared to others I interviewed. During interviews, they appeared straight-faced without seeming sad, and instead of joking, smiling, or laughing. The topic was not one of “fun,” but of serious gravity.

For example, Gina, age 42, suffered from debilitating physical pain that her doctors had diagnosed as clinical depression. She described not being able to get out of bed, but also not being sure if this was because of her pain or the loss of her “will to live.” She told me:

The Paleo life saved my life. The only reason I can function at all is because I got rid of the wheat, the grains. I got rid of the dairy. I got all of that out of my life. If I hadn’t
found Paleo I’d be dead. One way or another… in some ways, I was. I was dead in the
eyes; you could see it.

Gina disclosed this information about her physical and mental health in response to the question,
“tell me a little bit about your diet,” which was the first thing I asked. She teared up as she talked
about Paleo saving her life and insisted that her husband would “tell me the same thing” if I
interviewed him. Throughout the interview, Gina’s focus on life and lifestyle seemed
deliberate. She used both words repeatedly, not only to communicate the breadth of change her
diet brought to her life, but also the depth: for her, Paleo was what provided her life and quality
of life. Her new practices made her feel better physically as well as emotionally, because she felt
efficacious over her physical outcomes. Thus, her diet became more than a symbolic boundary
between healthy and unhealthy of lifestyle (and herself and an unhealthy other). Instead, diet—
and more specifically, restriction—held cultural power that animated her as a subscriber because
it aligned with the pervasive belief that health can and should be under the total control of the
individual. The Paleo diet gave definitive purpose and meaning to Gina’s life and identity.

Similarly, when I asked Robbin, a 45-year-old diabetic and recently diagnosed celiac, what she would name her diet, she responded: “keep Robbin alive” rather than “paleo.” In
response to my initial question, “tell me a little about your diet,” she told me:

My diet is a little challenging, because of the cultural stuff that I like that I really can’t
eat. I’m diabetic, I saw what that did to my mom, so for that reason I have learned to be
more creative.

For Robbin, items like guava pastry, café con leche, Cuban bread, and rice were particularly
challenging to give up because of their symbolic value for her ethnic identity. Eating these foods
is off limits for the Paleo diet, and Robbin spoke about this food in the past tense, like a loved

36 He declined to be interviewed.
37 I describe why I chose to keep Robbin as a participant, even as a diagnosed celiac, in the methods section.
one that passed away: she said, “Guava pastries, those were my love.” This sense of mourning contributed to the seriousness of her claims about diet and about her illness. It also demonstrates how she came to think of dietary change as a life transformation, as it required rethinking her cultural identity and “getting creative” with recreating foods in that category. For Robbin and other women in my sample who had experienced serious illness, health-related practices took precedence to other parts of their identities, because they associated dietary practice with survival.

**Pursuing Health Without a Group**

Scholars find that individuals in group contexts adopt new sets of practices to assert membership; those new practices are, in turn, validated and supported by group members (Darmon 2012; Fields 2014). However, the dieters I interviewed were often solitary, by which I mean they did not have in-person relationships with others who shared similarly restrictive eating practices. Thus, they sought support from others as a practice itself. Because of the social importance of commensality—eating together—in building and maintaining strong relationships (Julier 2015), it was important for participants to find others who felt similarly about food. In fact, several single female participants expressed that it was, or would be, important to them that future romantic partners shared their diet. Lindsay said,

> It can make dating hard. Like, I don’t want to be that girl, especially on a first date. I don’t want a guy to think I’m high maintenance or a princess or something. But, I also don’t want to feel like shit for 3 days because he took me to Italian and I ate garlic bread and spaghetti to seem cool. And like, I like garlic bread and spaghetti! (laughs) It isn’t that I don’t want to eat it, I just want to feel good more. [so, what do you do?] I keep suggesting coffee until I’m pretty sure he’s safe and then I offer to cook. And I make
something delicious, so he knows, ok, she eats and she eats good food, she’s not scared of food. But I usually bring up paleo early anyway because there’s a part of me that’s like, look, this is me and I do want someone who cares about me and what I want. But it is still scary. Like, what if this guy thinks I’m nuts? [she laughs].

In the context of dating, Lindsay had a routine for introducing her diet: she waited until she could safely have him in her home, so she could better manage what Goffman (1956) would call her “presentation of self” by cooking for her date. She described desserts as especially effective in giving off information about herself as someone who wanted to eat tasty food, yet also invested in feeling good and being healthy through pursuing her particular diet.

These themes emerged in romantic and platonic relationships: women were concerned that others would draw the wrong conclusions about their diets, perhaps seeing them as were “weird.” Jeni, a 22-year-old vegan, explained that it was often easier with others who also had some restrictions, even if they were different than hers. She said,

I have one friend that is gluten-free. She tries to be gluten free at least, here and there. She doesn’t have a regimented diet, but she knows that I do, so she’ll ask, “Can you go to this place?” She’s very considerate that way. I do find that it can be awkward. It crosses over into social life, and just recently I started dating someone who happens to be vegetarian. And I’m excited because he has considerations for diet, and then it made me feel more comfortable. Otherwise I feel like people might look at me like I have two heads.

Jeni did not know this man was vegetarian when they met or when she agreed to go on a date with him. She also insisted that she did not care about his food choices; she was excited that he would understand—and be understanding about—food restrictions in an abstract sense. This common ground reduced her anxiety because she had less work to do to manage her presentation of self and the emotions that accompany awkward social situations.
Ruby described some relatively common practices that made eating out easier, like ordering bunless burgers. However, her approach to restaurant bread baskets was more deviant: sometimes, she ate only the butter. Other times, she used the bread as a utensil, licking the butter off without consuming the bread (she told me this is less conspicuous in public). She qualified these behaviors by saying,

[Keto is] a bizarre looking diet to the rest of the world. Let them think what they want. I am happy to explain my bizarre to anyone! [long pause] And butter is delicious.

Here, Ruby denied caring about what others thought of her; she was okay with seeming bizarre. But, the pause in her statement was one of the few times her verbal cadence slowed, and I got the impression she wanted me to react differently. Adding that butter was delicious was a strategy to make her seem less bizarre, consistent with data showing that love for food is sometimes used to justify restrictive diets (Scott 2017).

Men, however, did not perceive these worries about relationships as a potential problem, and when I asked if he thought dating might be a challenge, Thomas said, “[diet] is just like any common interest you need to have [in] common.” Connor, 20, was even less concerned about his presentation of self as a vegetarian. When I asked if anyone had ever negatively commented on his diet he said,

No, I mean, no, definitely not. This is who I am. If someone else doesn’t like that, or doesn’t like vegetarians, that’s them. I’m not trying to be one of the vegetarians who has to talk about it all the time…. I don’t see how it would come up…. it’s just like, let me live my life, man.

Though other vegetarian and vegan men report experiencing and needing to manage criticism from others (Greenbaum 2012; Mycek 2018), Connor claimed he had not had this experience.

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38 I consider this “relatively common” as a variety of local and national chains now offer bunless burgers or lettuce-wrapped burgers as permanent menu items.
His age, race (white) and relative newness to the diet (less than 6 months) could have protected him from the anxiety and awkwardness that the women I interviewed described. As a single man living away from family, he did not typically share daily meals with others, reducing opportunities for criticism. But, he also perceived different categorical kinds of vegetarians and distanced himself from the ones he described as “annoying and in your face.” His presentation of self was more related to the type of vegetarian he wanted to be than a concern for how other perceived him.

Inner conflicts related to how individuals believed that others perceived them are not the only negative feelings that participants have to manage. They also manage internal frustrations and private pain related to feelings of exclusion and difference. Melissa described her first trip to the store after her chiropractor’s recommendations:

It was extremely hard at first, I would go to the grocery store and I had my list of things that I could have, and it was actually an emotional experience for me. Just walking around the grocery store and becoming upset, almost to the point of tears: I can’t have any of this. And just this empty cart; it was definitely a change in perspective for me in thinking, and it became something that – it was important enough to me, that I’d been wanting to make a difference for a long time, and this goes way, way back.

Though Melissa’s trip to the grocery store did not involve an interaction that made her new diet feel strange or out of place, it was still emotional. Her empty cart connoted—to her—a lack of options. She saw herself and her future as newly defined by her dietary restriction. Melissa gave accounts of several incidences like this one that she called “traumatic.” She said she “had to learn how to deal with that type of thing,” as if the trauma she described was inherent to the experience of a restrictive diet. She described several practices that helped her cope:
I had to emotionally prepare myself to shop. Like, psych myself out. I would sit with my list of all the things I could eat and meditate on feeling better. I bought a bunch of cookbooks hoping I could get some inspiration… That didn’t work; there were too many things to substitute and change and it ended up stressing me out more…. I started doing other stuff, besides eating, for fun. I never saw so many movies in my life those first few months.

Melissa’s example was extreme because of how restrictive her diet it. She showed me the list of foods she was allowed to eat. She called it her “prescription” and there were twelve foods—categories of food—she was allowed to eat, according to her chiropractor. I found the practice of finding substitute ways to deal with negative emotions related to a restrictive diet was typical.

**Legitimate Knowledge: Knowing the Self, Knowing about Health**

Melissa said that she trusted her chiropractor’s advice and expertise more than that of medical doctors for two reasons. First, her chiropractor was able to relieve her “constant and debilitating” back pain, where conventional medical doctors had been unsuccessful. Second, her chiropractor “actually listened” to her concerns and thus validated that “[her] pain was real and a real problem.” She described chiropractic medicine as “real” medicine—because it was the practice that offered her relief—called her chiropractor a “doctor,” described his dietary advice as a “prescription,” and called her dietary practice a “medical necessity.” These experiences made Melissa feel confident that (1) her doctor had valid, legitimate knowledge: and (2) that he was genuinely concerned for her well-being.

Melissa also described herself as having been a “sick child,” adding that she “thought it was normal to be in and out of the hospital all the time.” Her physical symptoms long included

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39 The twelve foods were: chicken, beef, pork, eggs (but only one per week), spinach, olive oil, coconut oil, blackberries, raspberries, banana, (however, fruit was only allowed in moderation), asparagus, and chard.
severe back pain, stomach pain, gastrointestinal distress, rashes, allergies, and lethargy—all of which were understandably accompanied by psychological pain. She said,

I was desperate for relief [from both physical and emotional pain]. And I didn’t want to be that sick child anymore. I didn’t want to be a sick person. I was willing to do whatever it took.

As a child, Melissa said she felt like being sick defined her. She said that her doctors and parents reaffirmed this part of her identity by “acting like it was normal that she was in the hospital all the time.” For Melissa, now, her diet—restrictive and emotionally fraught as it may have been—provided her the opportunity to shed the association with being “sick.” Medicalizing her language about her diet was one way to legitimate it to others. For Melissa, if her diet was a legitimate cure, it meant that there was something curable about her illnesses, as opposed to simply indicating that being sick was an immoveable part of her identity.

Knowledge acquisition was a critical aspect of restrictive diets, as restricting the right foods or food groups required participants to know and understand specific information about health, healthy bodies, and their own bodies. I found that participants emphasized knowing the right things in two categories: scientific knowing and bodily knowing. Each way of knowing provided participants with “truths” that helped them maintain their eating practices as a form of self-care, as well as engender moral connotations about their character. Scientific knowing broke down into smaller categories: personal research/information-seeking and personal tracking. In the broadest sense, information-seeking was typically referenced when I asked about the genesis of certain practices. For example, Ruby said:

I’ve always been interested in health, good health, and good nutrition. Optimal health, if you will. That’s been my approach to life, if you will [her emphasis]. My mom was
always interested in health, and I always was, and we were always reading the latest in health and nutrition.

Here, Ruby emphasized the accumulation of knowledge over a lifetime. She added that she actively pursued new health practices starting “back as long as [she could] remember.” For Ruby, who is 71 years old, that means that she has likely spent 60+ years with an enthusiasm for gaining knowledge that would, to her mind, create optimal health. Her response was typical for people who had experienced mostly good health. These participants described dynamic learning that helped them adapt to cultural shifts related to what is, or is not, healthy. They believed that there would always be more to know about how to be healthier, and they intended to pursue new practices.

This knowledge can be fraught. Sam described a tense relationship with his parents, who continued to express frustration that he did not participate in family events due to his refusal to eat meat or dairy. In order to manage this situation, he relied on ideas about science to position himself as acting responsibly and thoughtfully about his health. When talking about visiting for Christmas, he told me:

“I’m going armed this year. I have a few things I can print for them. If we get into it, I’ll have those ready. I have articles from PubMed and a bunch more from Huffington Post and the Atlantic. I know they’re not going to read the articles, but I’m going to have them anyway, so they can’t fight me. Because they can’t [fight] if they refuse to read the data if it’s right there.

Sam added that his relationship with his parents was “not great” regardless of his diet, but he refused to comment beyond saying, “Suffice it to say, there’s usually a screaming match.” His use of the word “armed” indicated conflict. His articles were weapons that he could use to protect himself. If his family did fight with him, he did not feel obligated to entertain criticism if
his parents chose to remain uninformed. In this case, knowledge helps Sam manage his self-concept and perform emotion work around family disputes.

**Personal Tracking as Self-Knowledge**

By tracking various facets of their food intake, dieters believed that they are demonstrating their commitment to better health outcomes. People have long tracked weight loss, and self-tracking technology related to food has been around at least since diabetics began using glucose meters to monitor their blood sugar. What is new in the last decade is the rise of consumer health informatics that use computers and/or smartphones to perform and share personal metrics on social media platforms. While other scholars have theorized personal tracking as emblematic of the neoliberal “quantified self” (Lupton 2014a), I theorize it as a performance—both for others as well as for self-concept—of perceived deservedness of health. Typically, tracking consisted of recording the types and quantities of foods eaten, and timing of meals, usually in an app or other electronic format. Some of my interviewees also journaled or kept diaries about bodily functions and feelings, while others said they tried to notice “patterns” between how they felt and what they ate. Tracking is a defining practice of contemporary restrictive diets, because it transforms the mundane experience of eating into something that requires not only knowing what information is pertinent to their desired outcomes or how to get that information, but how to digitize, aggregate, and analyze it, and then how to translate that into a gamified practice of bodily discipline. For example, Patrick counted macronutrients—a more extreme form of tracking where people weigh their food, to the gram, and calculate the total grams of fat, carbohydrate, and protein per meal⁴⁰—as part of what he (perhaps ironically) called “flexible dieting.” He said,

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⁴⁰ Generally speaking, counting macronutrients requires some type of database, like those offered in tracking apps or those from the USDA, where a food—chicken breast for example—is broken down into macronutrients. A 4-ounce
Currently I’m eating a high-calorie diet to try to facilitate lean muscle growth. So, 4200 calories [is] my current intake. I eat my body weight in protein, sometimes higher. Sometimes 1.5 times that. Currently, I’d say about 300 grams of protein. So about 1.5 times body weight. My fat intake is around half of my body weight, but I have been raising it depending on just kind of how I’ve seen not necessarily my workouts change. I guess overall, I’ve noticed I’m benefitting from boosting my fat. So, I have up to 150 grams per day. And carbohydrates fill the rest…. if I’m not training, or if I’m doing something less strenuous, I’ll eat something closer to my body weight in carbs. If I am, I’ll go very heavy on my carbohydrates, even double my body weight.

Patrick also described flexible dieting as a “scientific approach” to manipulating body shape and size. For him, “scientific” referred to an emphasis on nutritional sciences and manifested through talk of food as macronutrients—carbohydrates, protein, and fat—versus talk of the food itself (e.g., potatoes, chicken breast, and butter, perhaps). He assessed his physique through vascularity, the visibility of his veins, which he told me was made possible by very low body fat percentages, and a more accurate measure than “scale weight.” Though he said that others may not know the extent of his dietary restrictions, he believed that others “realize [he] follows a strict plan,” citing an account of a server at Chipotle who laughed in surprise at his big order and exclaimed, “Look at him! This guy knows about protein!” For Patrick, tracking was part of “knowing about protein,” and thus represents the self-concept he wanted to communicate to others.

As ketogenic dieters, Valeria, Jeff, and Ruby all monitored the ketone levels of their urine, blood, and/or breath at various intervals throughout the day. Each method requires a special device, all of which were purchased online and without guidance from medical

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chicken breast has 130 calories, but its macro breakdown is 26 grams of protein, 3 grams of fat, 0 grams of carbohydrate.
professionals. When I asked Jeff if testing his blood was difficult, he told me, “If I am going to do something, I am going to do it right, I’m going to do it on full, on high blast.” For him, living a ketogenic lifestyle meant that he needed to make sure he was staying in ketosis (meaning the physical state where the body uses ketones for energy instead of carbohydrates). “Otherwise, it’s a lie,” he said. Jeff wanted to give off the impression that he had the right knowledge just as much as he insisted that his practices match that impression. He was worried about maintaining a certain self-concept and a certain presentation of self. This became clearer to me as he continued to describe what he meant by “it’s a lie.” He said,

Well, I guess it’s two [lies]. I’d be lying to myself. But I’d be lying to everyone else, too.

I try really hard to walk the walk and I think people respect that…. [Coworkers] take keto more seriously when I have my little kit. Then they stop offering the donuts and the brownies and the other shit. It is easier [easier for whom?]. For me, because I don’t have to say no, no all the time. But also, for them because it helps them get that this has a purpose. It isn’t just me and my weirdo food habits.

Tracking—with technological equipment—allowed Jeff to show others that his diet was serious, scientific, and important. Jeff felt as if tracking gave him credibility among his co-workers, which validated his self-concept and made his life easier in practical ways. Jeff wanted to give off the impression that he had the right knowledge just as much as he insisted that his practices match that impression. Tracking made both possible.

**Bodies as Data**

In seeking health through self-discipline about personal consumption choices (Lupton 1995), participants often treated their bodies as data sources to be analyzed. As Gina put it, finding the right diet (Paleo) meant “becoming an expert on [her] own body.” Later she rephrased this and
said she “became an expert on herself” (emphasis mine). These statements were separated by over an hour of conversation and were not intentionally related. Still, her words reflect that participants commonly conflated their self-concept with their physical bodies: they believed their bodies accurately represented their dietary practices and knowledge.

This was also evident with Debra and Eric, two participants who said they previously experimented with other diets before switching to keto and flexible dieting, respectively. Previously, Debra ate a raw vegan diet and Eric ate a vegetarian diet. Both said their decisions to start—and stop—their first diets were motivated by larger commitments to pursuing health.

Debra, age 53, told me:

I thought, all things, you know. Give [raw veganism] a shake…. And I don’t think I thrived on that diet. I gave it a good shake, but my thinking felt very cloudy, my focus and attention just wasn’t where it was supposed to be, and I always run a little cold, but I was freezing cold (emphasis hers). So, I said, “Ok, no, not for me.”

Similarly, Eric said:

It became obvious really fast that it wasn’t going to work… I was lethargic, hungry, and weak… My performance [in the gym] suffered, I couldn’t get through workouts I used to crank out like nothing. I failed a couple tests because I couldn’t stay awake or focus on anything. I couldn’t study, and I couldn’t in class. It wasn’t healthy, so I went out and got a burger and bought groceries for home and I was better….in a couple days.

Both Debra and Eric used their bodies as ways to know what diets were healthy and not healthy. They purposely called the knowledge they got from their bodies “data,” though Eric called it “nonscientific” and Debra said her “data collection was casual” throughout her vegan year. Other participants said that practices like “listening to [their] body” and “knowing [their] body” were key in making dietary choices. This language is not exclusive to diet; instead, it is typical of
healthy lifestyles rhetoric, making it a clear example of how a piece of culture can be used
variably in different (albeit similar) contexts.41

When she first started the Paleo diet, Valeria, 41, tracked her food intake on a popular
app called “MyFitnessPal.” She did not count macronutrients, but rather described her meals in
great detail. She also kept track of her weight and the circumference of her thigh, waist, arm, and
neck, which she measured weekly. She also listed “yes” or “no” for acne, bloating, and good
sleep. The app provided spaces to do so, and she had the option to generate a variety of graphs
and charts related to her symptoms and habits. She said that tracking meant she could “get the
best data possible”:

Keeping track means I get the best data possible about my body. The body is going to
give you subtle signs about what it needs, but you have to pay attention to them [can you
give an example?] Yeah absolutely, like eggs. I break out every time I eat eggs. I get a
big zit right here [points to chin]. I’m allergic; it’s a reaction. But I never would have
known if I hadn’t paid attention [have you had allergy tests?]. No, I mean, I don’t need
one. I already know. My body told me. I don’t need a blood test to tell me because my
body did.

She went on to tell me that she no longer tracks because she’s now “an expert on her own body”:

When you’re learning [math], like long division, you show your work. You show it all.
You write it, so you can see mistakes. But then you learn the basics, and you can make
shortcuts because you aren’t going to mess up basic math. You know you got that. [so,

footnote 41: Practitioners advise people to “listen to their body,” to assess a range of problems ranging from serious—like
eating disorders and other psychological concerns (Psychology Today 2018; NEDA 2018)—to more general
approaches to overall wellness (Chopra 2009; Taylor 2017). While this advice is not problematic in itself, when
coupled with a more holistic view of healthist rhetoric—and the ways people apply related wisdom to their lives—it
is one example of the many messages people get from a range of sources imploring them to use personal data (and
their bodies) to assess and manage their health.
tracking food is like showing your work?] Exactly. If I break out, I know it's either eggs or sugar, and I don’t need to track to figure that out now.

In this example, developing a feeling of expertise led to freedom from daily tracking. But here, freedom was rooted not in the reduction of self-tracking, but in the routinization of monitoring one’s habits so closely. The “data” originally gained by tracking was still there, but was now memorized and mundane, a type of milestone in her efforts to pursue health enthusiastically. It shows she feels she has invested the time and work into training her body toward her definition of health, which epitomizes Bourdieu’s (1986) definition of “embodied” cultural capital.

**Personal Character: Health as an Identity Marker**

Adam, a 27-year-old vegan, connected his knowledge about food, nutrition, and health to his body in addition to personal character, namely developing confidence about himself. Before starting a vegan diet, he had painful cystic acne that covered most of his face. He said,

I never left the house. I didn’t have a girlfriend—I didn’t talk to girls, because I was fucking terrified, because I knew. But really, as much as like, my confidence now doesn’t come just from the fact that my face looks better. It comes from knowing in my gut that the stuff I’m putting into my body isn’t having such a terrible effect on me that my face is literally erupting. My confidence comes from knowing that I know how to fix that issue, and be better, and better for myself and the people around me. So, I know I’m healthy because I feel good, but also because I did the work, I did the research, I am healthy but I also know why. I struggled, you know. I had the bad times. But now I know why—so I know how to fix that and I know I did, and that’s really what it means.

In this example, Adam said his confidence comes from knowing. He mentioned research, but he interpreted the information he collected through the lens of his body. In other words, he knew he
was healthy when his acne healed. Adam believed that knowledge and the process of obtaining knowledge made him a better person: more confident and able to demonstrate a personal value of self-improvement. Swidler and Arditi (1994) argue that introductions of new media have, historically, had profound effects on the structure of knowledge; they also argue that informal knowledge is often more important for understanding practice than formal knowledge. Adam’s statements represent the intersection of the two, as his “research” was facilitated by the preponderance of health information on the internet, which, in turn allowed him to develop strategies to deal with everyday life.

Self-improvement and personal responsibility were often mentioned topics that participants felt marked their character via their practices and the knowledge signified to others. Even Gina, who had more severe health issues, framed her health as such. She said,

I refuse to play the blame game…I refuse to adopt a victim mentality. [My health is] my job. It is [the doctor’s] job to help get me better, but it is my job, too…. I should have been double checking, advocating. I should have been looking into it more myself, doing the research and the work. It was my responsibility to find a solution for my pain [she touched her heart as she said “my,” and drew out the word] …. ultimately, this is God’s body… I am its steward, and it is my job to care for it.

Gina said this toward the end of a two-hour interview, and it surprised me given some of her earlier comments. She had been vocal about the mistakes her doctors made, and said they neglected to run comprehensive tests and instead diagnosed her pain quickly as “psychosomatic,” prescribing anti-depressants. Experiences like hers—medical professionals minimizing and sometimes dismissing pain, particularly that of women of color—is well-documented by researchers (Werner and Malterud 2003; Schäfer et al., 2016; Walker Taylor et al. 2018). But, because of her belief that she is a “steward” of her body, which does not belong
to her, there are no clear distinctions among health, morality, and the body. Though her language reflects victim-blaming discourses reinforced by healthism (Korp 2010), diet was how she maintained her self-concept as a moral and religious person. Her comments are also consistent with literature on “embodied neoliberalism,” where Cairns and Johnston (2015) argue that discourses of individual self-discipline in talk of health are indicative of modern healthism—and especially so for women.

Three women, including Gina, used religious metaphors to describe their practices and diets. Melissa and Gina used the common metaphor of the “temple” to describe their bodies, whereas Jeni said her body was a “sacred space” that she needed to “treat [as such] for healing.” Beyond this, Melissa specifically identified faith as a key component of her motivation for following a restrictive diet:

Me: So, religion played a part in your decision to follow your diet? [nods] Does it still?
Melissa: It does. Faith is a huge piece of my life. I believe that because now I am making much better decisions. I am actually honoring God. Because he created me, and it’s that temple, and I’m given one, one shot at it. I need to put my all into it, and I believe I’m here for a purpose. In order to fill that purpose before I’m no longer here, I need to be healthy.

Me: What’s your purpose?
Melissa: [long pause, purses lips and breaks eye contact] I don’t know. I may not ever know in an earthly way. But if I’m not healthy, I’m not fulfilling it because… I’m not doing anything besides being sick.

Melissa said that religion was the guiding force in all her decisions. Maintaining good health was the foundation for other experiences because fulfilling her purpose required good health. This meant that, like others, health was a personal responsibility in addition to a moral responsibility.
to her higher power. Religion raised the stakes of personal practices. Douglas (1972) makes a
similar argument about the role of Jewish dietary law: diet and religion converge as coded
information about what is pure and holy, and what is defiled and sinful—a marked escalation
from the typical moralization evident in health rhetoric.

Vegans and vegetarians also conflated health and morality by framing their practices
through knowledge about the unethical treatment of animals in the food system. When I asked
Rachel about why she ate a vegan diet, she told me,

I watched a documentary, and that sparked a year of deep learning about food and how it
is made. It changed me… It was immediate. I suddenly couldn’t stomach meat anymore.

It was like I didn’t have a choice.

Rachel described her year of “deep learning” as “reading and watching everything [she] could
get her hands on” related to food production and the meat industry. She visited a local farm to
talk to people who “claimed to raise animals ethically,” but she shook her head as she said this
and scowled. She also attended a vegan retreat at a commune in Tennessee called “The Farm[42].”
But this year of deep learning followed what she called an immediate change, and the sources
she mentioned were all from a meatless perspective on health and diet. Her learning was an
exercise in validation as much as it was education. Later, she explicitly connected this to
morality:

But if you think about it, how can you be healthy if someone else is dying for your food?
If your meal is about death, that is going to show up in you, too…. Eating meat is eating
death, in this literal way, and it has ramifications on the body.

[42] The Farm is a cooperative community, built on a series of agreements including (but not limited to) non-violence
and compassion. They support vegetarian lifestyles and do not allow livestock, fish or fowl to be raised for slaughter
on their property, though they do not condemn meat-eaters (Gaskin 1978).
As Rachel learned about meat production, she described an immediate change: she could no longer stomach meat because of the ethical and moral implications, which she also tied to being healthy. She said she believed that eating meat was so unethical it would make her sick. Knowing that meat production meant animal death meant acknowledging an ethical dilemma; being vegan was the practice that aligned her knowledge with her beliefs and values. Here, Rachel performs what Greenbaum (2012) describes as a “a public declaration of one’s identity, morals and lifestyle” (129). Greenbaum finds such declarations to be typical of ethical vegans—not those who avoid meat for health reasons. Rachel, however, combined both ethical vegan and healthist ideologies to form a culturally hybrid approach that she used to justify restriction.

**Gender and Body Talk: Losing Weight, Gaining Muscle, and Maintaining Sexuality**

Despite many similarities in how men and women talk about food, restriction, and diet, gender differences emerged in patterned ways as my interviewees talked about their bodies. reinforcing Moore’s (2008) argument that healthy bodies are frequently gendered. Almost all of the women in my sample—and all of the women over age 30—mentioned losing weight as a benefit of their diet. Two men mentioned fat loss but acknowledged “muscle gain” first. Though weight and body size were never the first thing they discussed, women were visibly excited to report instances of weight loss, even when that was not the primary goal of the diet. For example, Debra, 53, a keto dieter:

Oh! Well, I lost a couple pounds, which is always good. Never mind that, though. I don’t know if I completely believe in the BMI thing, but I think it is good to look at yourself and say, well I seem to have more [fat]—especially my tummy, and how that area is often correlated with other disease processes. So, I’m like, well, I am still too squishy [she shrugs, and laughs].
Here, Debra clarified what she called an “extra strict protocol” that she follows when she needs to “flush out toxins.” As she spoke, her words dismissed the weight loss: “never mind that,” but this was by far the most animated she was in the entire interview. She started talking slightly faster, and gestured wider, and used words like “tummy” before returning to her more serious demeanor and language. Ruby, 71, expressed similar feelings, with a similar change in tone and presentation, when she talked about her body and fat:

“Oh! And that’s the other thing that changed—I had, from all those years of eating regular, I had this fatty clunky thighs and hips, and I lost the weight before I went on this, and those stayed. And it took about a year, but my body readjusted the way it carried itself—the weight stayed the same, because it was already low, but the body composition changed, my hips slimmed down, my legs! Slimmed down, it was like “oh!” (giggles). I was really tickled.

Both women started their comments about weight loss with surprise—“Oh!”—as if they would have otherwise forgotten. Their laughter suggested a casualness that, Debra especially, did not have in other parts of the interview; her language transitioned from medical, scientific, and formal, to childish words like “tummy” and “squishy.” In these cases, the women expressed enthusiasm for weight loss, despite the fact that both distanced themselves from the idea that their health was necessarily better at a lower weight, as well as from the idea that they actively sought weight loss. These scripts reflect the pattern that Cairns and Johnston (2015) note in post-feminist food discourse, which they call “calibration.” Calibration denotes material and rhetorical strategies that allow women to maintain smaller, thinner bodies while distancing themselves from socially undesirable qualities like vanity, self-obsession, and over-interest in body size. In these examples, language and demeanor helped women give off certain characteristics while minimizing others.
Similarly, men’s accounts of diet suggested that their diets help them maintain masculine bodies and thus masculine selves. Eric, Greg, and David talked about having goals related to muscle building or “cutting fat,” adding that the macronutrient-based diet allowed them to “manipulate” or “tweak” their diets as their goals changed. Marc said that keto kept him “from getting soft in old age,” and Sam flexed while he said it was a “myth” that vegan men “don’t have muscles.” Finally, when I asked Greg how counting macronutrients helped him maintain his physical appearance:\(^{43}\):

Flexible dieting is something that I can see myself sticking with forever because I don’t have a concrete goal in mind, so I can’t fail…. I’m hard on myself. And that doesn’t lead down a positive path for how I view my body and how I view myself….If I don’t reach a certain number, I get upset, I don’t want to continue, don’t see a point in continuing, and so I don’t want to eat healthy, be healthy…. [Macronutrient counting] helped a lot because I don’t scrutinize myself in certain areas of my body like I did. It’s more about being healthy, strong and seeing I can persevere…. And it’s funny, my body does look better, too.

In this case, Greg linked the appeal of a flexible “forever” diet—or lifestyle—to the ability to maintain a lean and muscular body. But, he also connected ideas about failure and success to his dietary flexibility. He explained that it might be possible to “fail” a crash diet by giving up or cheating but added that you “can’t fail at flexible dieting” because “there’s always tomorrow.” In other words, a flexible diet allows him to maintain an identity related to feeling successful by distancing himself from failure. Gill, Henwood, and McLane (2005) argue that when men talk about their bodies, they often talk about “their own selves located within particular social,

\(^{43}\) This question was a follow-up to Greg’s statement that flexible dieting was “the best way for me to stay lean” and “maintain a significant amount of muscle mass, which is the look I go for.”
cultural and moral universes.” In each case, the social, cultural and moral universes that men hoped to situate themselves within were, in part, influenced by healthist ideologies.

Performances of gender extended beyond appearance. Traditional gender expressions of normative sexuality were also a recurrent theme in my data. For women, this typically meant feeling “sexy” or “sexual,” something that Chelsie, 26, said she noticed as she read about veganism:

C: I read Kris Carr’s book, *Crazy Sexy Diet*. I read *Sexy Fit Vegan*—uh, I guess that’s a lot of sexy. I never realized that; that’s embarrassing.

M: Did you notice it at the time?

C: Um, I guess not! [laughs, a little uncomfortably] I mean, I did, but in the like, “Oh, this will probably be a fun read, and not boring or over the top” way. Not like I did a specific search for how to be a sexy vegan [laughs again, but comfortably]. But I guess it can’t hurt, right?

M: Is being vegan sexy?

C: Oh totally, it’s totally sexy! [laughs, playfully, comfortably]

Chelsie went on to tell me that being vegan was “sexy” because it made her feel good, which she characterized by feeling energetic and alive. She added that, as a vegan, she liked the way her body felt and looked. She attributed feelings of self-confidence and positive self-image to her diet, saying that “[since starting a vegan diet I feel] better about myself and my body, and that’s sexy.”

Gina expressed similar connections between sexuality and diet. She told me that her husband “knew she finally felt better when she started initiating sex again,” adding that she had been “bad about [initiating sex]” when she was sick and depressed. The ability to performing as a sexual being was important—Gina even juxtaposed it against the alternative, which she
described as “bad.” For Chelsie, a diet facilitated a “sexy” appearance, and for Gina, sexual practice. Both women credited their diet with helping them be sexy or sexual. Without their diets, women described situations where they were not able to perform femininity up to certain standards, which they all recognized as a “bad” thing, whereas being sexy and sexual is good. In effect, when women sexualize their diets, they also sexualize health.¹ Though sexualization of health (and healthy bodies) is more typically observed in sport and fitness communities (see George 2005; Ezzell 2009; Andreasson and Johansson 2014c), women and food are commonly sexualized in media and advertising (Jhally 2010). Further, Segal (2012) argues that medical communities sexualize health by treating sexual performance as an indicator of good health. The sexualization of good health through restrictive diet combines elements of each.

Men also sexualized their diets through accounts of the effect that becoming healthier had on sex and dating. At the time of his interview, Thomas had recently finalized a divorce. He told me that he “adopted” the ketogenic diet as a part of “feeling better” about dating again. Like Adam’s comments about confidence, health, and “getting a girlfriend,” dating was a way for Thomas to measure the efficacy of his diet. He said,

Getting back out there, it isn’t easy. You forget—you forget how [to date]. Once I started keto, I started feeling like myself again, like the 20-year-old kid, the one that was a dating machine [laughs]. Keto…got me that back.

Here, Thomas identifies how important keto is to his self-concept: he feels “like himself again,” despite the fact that, at 20, he had never heard of “keto⁴⁴” and did not make efforts to pursue health through a diet regimen. Instead, he related the keto diet to a type of feeling he associated with youth, culminating in the ability to be a “dating machine.” In this case, he conceptualized

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⁴⁴ Keto diets were prescribed to epileptic patients as early as 1921 (Mandal 2014). They did not gain popularity until the 90s, especially through exposure from a Dateline episode and a made-for-tv-movie called First Do No Harm about ketogenic diets as treatment for epilepsy.
his health through “energy,” measured by dating in a dual quantifiable sense: the number of dates and the number of unique women he dated. Health meant feeling good and feeling good was measured by perceived virility and the stamina to act on it.

Eric made similar associations between virility and diet when he talked about quitting vegetarianism for the Paleo diet. He said,

E: It killed my sex drive. I didn’t even realize it until I started eating meat again and it came back. If I had noticed that sooner, it would have been a deal-breaker.

M: Why a deal breaker?

E: Because that’s basic, primal. Having no sex drive happens when you’re sick. I was a young guy. I was healthy otherwise, but my drive was gone. That’s… scary [he laughed]

It takes away a big part of your life.

For Eric, having a low sex drive indicated that he was not optimally healthy and compromised “a big part” of his life. He added that sex was not “the most important thing, but it [was] important,” so not having sex, while wanting to have sex, was a deal-breaker. He also defined health, in part, through virility and stamina.

**Familial Relationships: Feeding Others and Food Fights**

Participants also discussed the roles they had as members of families. One way that individuals demonstrate that they are a good spouse, parent, grandparent, or child is through diet, health, and eating—an important denotation of the roles that significant others play in identity formation (Turner 1978). Literature on pregnancy—and the formation of the identity of “mother” through performative acts—suggests that some women begin this process when self-monitoring their pregnancies (Lupton and Thomas 2015). One woman I spoke with, Jessica, described how
thinking about and monitoring food was, for her, a similar part of becoming a mother that began during pregnancy. She said:

J: [Pregnancy] really snaps everything into focus. Suddenly, you’re thinking about how what you eat affects you, but not in an abstract way, in a really specific way. Like, there’s this life I’m in charge of and directly affecting! It is so cool, but also really scary.

M: Did you change how you ate?

J: I didn’t change much about how I was eating, ultimately. I guess the difference was [pause] about how I was thinking about it, if that makes sense. It suddenly became a lot scarier to think about eating the processed foods, and things like that, that I don’t eat anyway. So, in a good way, it was scarier to think about [eating certain foods] because it was attached to something that felt really real.

Before pregnancy, Jessica described health as “abstract,” but being pregnant made it feel more real—and risky. She connected her dietary practice to knowledge, but she also saw her impending motherhood through the lens of what she consumed. Jessica realized her desire to be and become a good mother, in part through deliberate attention to health and diet. While pregnant, her idea of being and becoming a good mother was mostly about eating, and she said that “[eating healthy is] most of what I can do right now, that and just be healthy in general.” She saw her new identity primarily through the lens of a healthy diet.

Others, however, changed their practices in order to execute their familial roles. This is particularly well-documented for women, whose foodwork for others, as well as the self, is often characterized as a part of performing gendered familial roles (DeVault 1991). But, foodwork is also described as “invisible labor,” because providing “good” food—and thus performing a role well—involves planning, preparation, and care that often go unnoticed, especially because of the cultural stereotype that care work comes “naturally” to women (Cairns, Johnston and
MacKendrick 2013). Examples included: sharing information, cooking or preparing healthy food for others, and absorbing other types of work created by restrictions. Ruby talked about this extensively, describing how food shaped her relationship with her adult children:

None of [my kids] are doing this. I don’t think they really get it particularly. I don’t want to proselytize about it. My daughter gets it a little more so than the others…. But the ones in Maine, they just don’t get it at all. They’re still having OJ for breakfast, and the sweetened yogurt and the bagel and the peanut butter or whatever. And by the time the kid is off to school, they’re stoked with about 150 grams of carbs. And it’s just... (her voice catches; her eyes start to glisten, and she looks away, shakes her head and pauses before turning back to me) it is just really hard to watch.

Ruby described her grandkids’ carb-heavy diets as “emotionally painful” for her, but also said she was “careful not to overstep” and instead focused on “helping them develop a taste for good foods” when she visited. She also mentioned teaching her grandchildren how to make a cheese-based microwaveable snack and hoping they would make it themselves when she was not with them. Food helped her do identity work that balanced the characteristics of a good grandmother from her perspective, the perspective of her children, and the perspective of the grandchildren. In this account, the grandkids are happy because they like the cheese snack; their parents are happy because Ruby did not lecture them about food; and Ruby is happy because she believes her grandchildren are eating better.

Other participants—especially those who had started their diet within the last 12 months—reported being eager to share information and food with their families. I interviewed Connor in July, yet he talked about how excited he was for his first Thanksgiving, months away, as a vegetarian. He said it would be a chance to show his family that it “isn’t that hard.”
I’m not making my mom do or make anything special. I’m just going to load up on everything without meat in it, as high as possible [gestures to how high off the plate his food will be] so they can see how much [food] there is [that you can eat as a vegetarian].

I’ve been sharing articles and stuff with her over the last few months, and I think she’s into it, but she’s worried about like, not being able to eat anything. So, if I can literally show her the food, that’ll help maybe push her over the edge.

Connor was aware that, because his mother does the cooking for Thanksgiving, he would seem difficult if he made a lot of demands. To him, this would not demonstrate being a good son. But, wants to share what he knows about diet because he wants “everyone to live a long time.”

Connor elicits what Bourdieu (1984) called “ease:” a sense of self-assurance, casualness, and indifference. In Connor’s case, ease allowed him to manage his identity as a good—not difficult or demanding—son while simultaneously attempting to influence the habits of others. Ease had potential to make vegetarianism more attractive to his mother, but it also helped Connor evangelize his diet without seeming pushy, rude, or demanding.

Participants also managed their identities by absorbing the work created by their self-imposed restrictions. One way they accomplished this was cooking meals that were easily modified to accommodate others. For example, Lindsay, a vegan, said her husband is “a total carnivore” and it is “easy” to add chicken to whatever she makes for dinner. She explained,

I started eating vegan after we were married. So, like, he didn’t sign up for this. It didn’t seem fair to force him into something he didn’t sign up for and I’ve never tried to push it. I still want to be a good wife and cook for him, so I found ways to make that work without being a short-order cook and so he doesn’t feel bad that I’m cooking two separate meals.
Lindsay bought pre-cooked chicken so both she and her husband could eat what they want, also allowing her to maintain the identity of good wife in his eyes and for herself. She believed, like many other women, that feeding is an important part of her role as a wife (DeVault 1991). Because they are an upper-middle-class family, their financial means provide them the flexibility to plan multiple meals in addition to buying higher-priced convenience foods like pre-cooked meat. Lindsay managed her identity by preparing food for him, but her diet adds a step to this process: hiding the effort it takes to manage two different diets within one meal preparation, to make it appear easy, downplaying the conspicuous effort needed to plan for different meals (Cairns and Johnston 2015).

In other relationships, being a good family member was consistently discussed as avoiding others’ discomfort. Melissa explained this in an account of a visit with her brother and sister-in-law, as she “tried to make it as easy as possible” on them as not to have her diet “be a huge burden.” She said,

My sister in law [was] frantic about “what can you eat?” And I just said, “Please cook as you normally would and just someone take me to the grocery. I can buy what I know I can eat. And if you make chicken, just make it plain. And I can eat vegetables. I’ll just pick whatever I can eat, in addition to whatever you cook.” Because I don’t want to feel like an imposition on someone, and them have to do all that extra.

Again, diet reflected the individual’s character by offering the opportunity to act as a good (or bad) family member. People took on more work for themselves, so they could avoid feeling—and being perceived—as a burden or nuisance. This allowed them to maintain parts of their identity related to both diet and relationships.

However, not all participants described good relationships with, or receiving sympathy from, family members. These participants explained that diet was not the cause of tension, but
instead contributed to already difficult relationships. As one participant said, for example, “If [an argument] hadn’t been about food, it would have been about something else.” In describing the difficulty of becoming a vegetarian as a teenager while living with her father and step-mother, Ellen, now a 21-year-old vegan, said:

I went to my parents and said, “I’m a vegetarian now.” and my step-mom said, “This won’t last a week.” So, I was like, “bitch, it’ll last a month [laughs].” I stuck to that out of defiance, and by that point it was easy, and I kept with it.

Ellen described her relationship with her step-mother as generally “difficult” and “tense” from “day one.” She felt her stepmother was stricter than her father, and when they married there were “new” and “stupid” rules about things like curfews and dating, in addition to harsher punishments for breaking those rules. For Ellen, being a vegetarian was one way for her to exert a sense of agency in a situation where she felt she had lost control. But, because she claimed it as an identity (“I’m a vegetarian now”), she believed it would be harder for her parents to challenge. She also noted that she started preparing her own food because “if it isn’t affecting [her parents], [they] can’t tell me what to do.” Preparing her own food became a way to avoid objections or criticism and allowed her a sense of power in her new family structure.

In generally positive relationships, food practices reflected a desire to maintain the status quo; care work through food accomplished this. DeVault (1991) describes foodwork as “doing” for others to show an understanding of (and investment in) that person’s needs, desires, and preferences. Because care work is often perceived as a public good, it makes an easy paring with the social impetus to be healthy, as found in healthist ideology (England 2005). When people share tasty food, they often do so to show they care about someone (Cairns, Johnston and Baumann 2010). To this, I add that people share ostensibly healthy food to show they care about the physical well-being of others. Dieters combined these two categories—tasty food and healthy
food—when they shared food and information about food with others. They were thus able to communicate their affection for others while reiterating the ideology of healthism in an interpersonal manner.

Care work through food is a form of identity work. Women were more likely to report care work, which DeVault (1991) argues is because women are socialized to do so as a way to maintain identities related to being a good mother, wife, and woman. Men who performed care work also did it on behalf of families, namely parents and children; being a good father or son could also be achieved through foodwork. Lavis, Abbots, and Attala (2015) argue that “discourses and practices of care (look to) shape particular forms of eating and food preferences.” At the intersection of healthist ideology, discourses of care, and the identities culturally associated with care work, I find that people showed their care for others by caring about their dietary practices.

Care work was also an embodiment of the knowledge people had about food, diet and health. Cairns, Johnston and MacKendrick (2013) make similar arguments about mothers who feed their children organic food. Lavis, Abbots, and Attala (2015) argue that “it is often in the bodies of individual consumers that eating and caring encounter one another.” Because care work through food necessitates acts of consumption, consumptive patterns signal what people care about while the evangelism of these practices to others helps them signal who they care about. Analyzing consumption patterns provides insight into cultural contexts that shape care and discourse on care; in this case, healthism influences the extent to which people believe that care—generally—can be signaled by care for another’s health practices.

In sum, in the context of family, people use food to help them perform roles related to their family dynamics. Overall, they are aware that their identities are informed partly by how others perceive them. In relationships perceived as good, participants share both information and
food as a way to facilitate dialogue and closeness, similar to Kaplan’s (2000) observations on how middle school children described cooking and eating with family. In relationships where participants felt conflict was inevitable, they felt less need to mitigate conflict around their diets. Ultimately, participants recognized that food choices can more generally be a way to push people apart as well as bring them together. The work they did (or did not do) to maintain boundaries was indicative of how they saw their role within their family.

**Professionalization and Evangelizing: Personal Brand around Diet**

The ultimate culmination of identity around extreme diet regimens happened through recognition or desire for the professionalization of dietary evangelism. Though many participants expressed the desire to share knowledge or endear others to their practices, a few took this a step further, formalizing and monetizing their attempts to convert others, attempting to mimic those who have been successful at doing so through blogs, Instagram channels, and other social media platforms. Practices that most participants reported doing at some point—like sharing information and food—were done for the pursuit of pay.

Diet, here, becomes a part of what is popularly referred to as a “personal brand,” a phrase that summarizes how and why people can indicate (and, in some instances, prove) self-worth (Peters 1997) by adding a profit model to identity work. Broadly, personal branding is a part of modern consumer culture and cultures of individualism (Khamis, Ang and Welling 2017); as the name suggests, it merges one’s personal and professional identities. More specifically, it is the culmination of in-person and online self-presentation which people believe indicate their value and values to others (Khamis, Ang, and Welling 2017; Pruchniewska 2018; Kucharska 2018). As a part of contemporary culture, personal branding has been touted by Huffington Post, Forbes, and the Harvard Business Review (Josepah 2018; Cohen 2017; Clark 2011), is taught in
universities\textsuperscript{45}, and a search for the term returns over 200,000 results on Amazon.com. In the context of diet and healthy lifestyle, I argue that personal branding is also an instantiation of modern-day healthism in action. When one’s diet, and healthism more broadly, is a part of a personal brand, it becomes the context through which other information is given off and potentially interpreted as valuable (in a monetary sense) by others.

Thus, the professionalization of dietary evangelism (through both successful and unsuccessful ventures) was an extension of the identity work these restrictive dieters already did. Through self-publishing (print and online), health coaching, and starting up cooking and/or meal preparation services, dieters attached profit models to the practices that already defined their versions of healthy lifestyle. Gina, for example, self-described as a “health coach, published author,\textsuperscript{46} and motivational speaker.” She said that her “main job is to share what I know, what I’ve learned, so others can benefit,” adding that “if others are willing to pay, I must be doing something right.” Similarly, Valeria ran a keto-specific blog—earning revenue through ads and corporate sponsored-posts— and said, “I realized I was onto something with this diet when I realized I could make money, too [in addition to becoming healthy].” By charging others for access to their knowledge and skill, both women validated their own beliefs about diet and health; they shared what they know in the hopes of motivating others to follow similar diets; and they gauged their success and qualification by their ability to make money in the process.

Professionalization of dietary evangelism was also attenuated through formal training and certification, often facilitated by online programs. Gina, for example, earned a master’s degree in functional nutrition and an online certification as a “health coach” from the Institute for

\textsuperscript{45} See the University of Michigan, Purdue University, Northeastern University, and University of Maryland, among others, as examples.
\textsuperscript{46} Gina self-published a short book about her experiences with poor health and later recovery, attributing her recovery entirely to her diet.
Integrated Nutrition (IIN)\textsuperscript{47}. Laney was also a graduate of IIN and had an additional certification as a weight management specialist who started several unsuccessful businesses, including blogging, health coaching services, and a food preparation/delivery service. When I asked about her profession, she told me,

I’m a radiology tech right now but want to get back into [coaching] someday, or something similar. I want to be able to help people live healthy lives they actually love…. I haven’t found my niche yet, I guess, but I guess I want my brand to be about supporting people however I can, whether it’s through food prep or other kinds of education or information support.

For Laney, professional identity is more attached to an aspirational career than a current job, which she described as “temporary.” This identity was tied up with her brand—even though her previous business attempts had failed—which she described as spreading what she knows (or believes) to be true about health to help others live better lives. Though she had struggled to successfully professionalize, her belief that it was still possible and her desire to do so is still indicative of how dietary evangelism, as a cultural phenomenon, pulls from ideologies of consumerism and healthism. It clearly represents the enthusiastic pursuit of health.

Chelsie earned money from a vegan-themed YouTube channel\textsuperscript{48} and had no formal certification, but she described herself as a “healthy lifestyle coach, entrepreneur, and expert by way of experience.” She used her personal experience of a vegan diet—and her health—as her main credential, which she described as “expertise.” George (2013) found such claims to be replete in the professionalization of life coaching: people use personal experience and anecdotes as a type of expert knowledge, which comes to shape personal and professional identity. Similar

\textsuperscript{47} IIN claims to be “the largest nutrition school in the world,” with its classes hosted on an online platform. It was founded in 1992 by Joshua Rosenthal, who has an MS in education.  
\textsuperscript{48} Though it is rapidly changing, people can earn money through ad revenue on YouTube, in addition to corporate sponsorships and similar affiliations with large brands.
practices—with similar purposes—are used by Weight Watchers (Moisio and Beruchashvili 2009). Overall, by earning (or, in Chelsie’s case, claiming) titles such as health coach, lifestyle coach, expert or specialist, people created professional identities that legitimated their health ideologies.

Further, health coaching as a profession is an example of how health has become a commodified object of consumption in markets inside and outside of the healthcare industry. Increasingly, health is a source of income for non-experts. Health coaches do not diagnose or treat illness. Instead, they provide information and support intended to empower people to make choices that reflect personal responsibility for health as a consumer, and perform emotional labor associated with these culturally-resonant, alternative definitions of health. Health coaching implies that the pursuit of health is one that necessitates a trained guide: not a doctor to diagnose and treat illness, but support regarding the daily practices that comprise a healthy lifestyle. Getting health coaching is marketed as one way that people can take responsibility for their health as consumers.

These entrepreneurs are a personification of neoliberal discourse on health, combining market-based solutions to the perceived problem of poor health with efforts to brand and market themselves as part of the solution (Powers and Greenwell 2016; Wee and Brooks 2010). Those whose attitudes best reflect popular cultural norms about health and success are able to financially profit from others who are suffering or believe they are suffering—especially those who do not fit within those norms. In the above examples, it appears that the appearance of having achieved good health through dietary practice is often enough to convince others to pay for services provided they, too, are middle-class individuals who internalize some combination of healthism, individualism, and a neoliberal perspective on health as an “investment.”
Conclusion

One unexpected finding from this study is that most participants, even those who lived with other people, did not know anyone else who followed the same diet. I began this study assuming that dieters would have social networks—or at least in-person contacts—who shared and discussed their restrictions with others in their lives on a somewhat-regular basis. My assumption was based in large part on Cherry’s (2006) argument that social networks provide emotional and practical support to vegans as they attempt to articulate the benefits of veganism. In fact, I interviewed only three people (out of 26) with close ties to others who followed the same diets: Chelsie and Adam, a vegan couple, and Henry, a macrobiotic vegetarian married to another vegetarian (who I did not interview). Some, like Greg, Laney, and Whitney, had partners who ate similarly or, as Greg put it, “share a more general interest in eating healthy.” For others, like Gina and Robbin, family members ate “whatever they cook,” but did not follow a specific diet outside the home or identify it as part of their “lifestyle” in the same way.

Importantly, I found that, without the support of networks, restrictive dieters rely on healthist rhetoric to support, reinforce, rationalize and justify restrictive practices. Typically, they found this rhetoric online, and engaged passively and actively with articles, blogs, message boards, and a variety of social media platforms. The absence of an in-person group was integral to how people defined and interpreted cultural definitions of health, and how those definitions influenced their identities. People were deliberate in their attempts to find sources that confirmed their beliefs about food, diet, and health. They frequently integrated this rhetoric into their in-person explanations, justifications, and interactions regarding dietary practices.

49 The vegans Cherry (2006) analyzed were more ethically oriented, where the dieters in this study were health oriented. This enabled them to use healthism as an effective rhetorical strategy. Cherry noted that the cultural dialogue associated with ethical veganism is not pervasive outside vegan circles. Healthism, however, is culturally pervasive (Crawford 1980).
Ultimately, diet proved a lens through which my interviewees filtered and interpreted their other identities. When participants talked about the food they consume and reject, they talked about being better versions of themselves in addition to being better in their intimate relationships. In other words, food helped people act as a good person, parent, spouse, or child. Food studies scholars find similar relationships between food and identity across categories including place (Ferris 2014), culture (Mintz 1996; Long 2012; DeSoucey 2016), religion (Harris-Shapiro 2006; Rotkovitz 2004), race (Bower 2007; Latshaw 2009), gender (Ruby and Heine 2011; Cairns and Johnston 2015; Cairns, Johnston, Baumann 2010), and family (DeVault 1991; Sobal 2005; Cairns and Johnston 2013; Szabo 2013). In each case, food helps people perform, maintain, and assert various personal identities. I found that people did the identity work of foodwork—procuring, planning for, and cooking meals—by claiming that they understood and deployed the right knowledge, practices, character, and consumption—even if those practices were not at all the same.

Indeed, the foods that these participants chose were less important than the act of restriction. Whether dieters avoided grain, gluten, dairy, or meat, their practice is what indicated information about themselves to others. What matters more is how people use and valorize food, and how people use cultural definitions of health to shape dietary practice. Because healthism typically frames restriction as evidence of positive characteristics like self-control, restrictive diets show how people use culture in their everyday lives and in turn, how those routine choices shape various identities. In other words, what matters is how people use food: as a strategic way to signify character and negotiate relationships.

Scholars often use the term “identity work” to describe how people attempt to create meaning for themselves, in the minds of others (Schwalbe and Mason-Schrock 1996). In other words, people want others to associate certain characteristics, values, and identities with them.
As such, they take deliberate actions to ensure that others’ perceptions match how they see themselves—an example of “impression formation” in the presentation of self (Goffman 1959; 1967). Dieters hoped to be healthy for themselves, but it was also important that others saw them as good people. Health itself is not the only important characteristic. People also hope to give off traits that are culturally associated with health: morality, intelligence, and the strength of will needed to apply the former to health as a lifestyle.

Restrictive dieting offers an empirical and theoretically-informed case of how healthism informs the identity work associated with food consumption by middle-class people in the current era. This work encompasses showing that knowledge, practices, character, and material consumption ostensibly reflect the ideology that health should be enthusiastically pursued. Like foodies who use food to embody a variety of personal and political affiliations (Johnston and Baumann 2009), restrictive dieters use food to create meaning for themselves that normalizes what others might easily considered extreme (such as cutting out whole food groups or testing one’s blood for ketones multiple times a day), as they make deliberate choices about what to eat or not to eat and what or what not to share with others about food. People become the types of people they hope to be, in part, through the larger world of dietary choice. Thus, the identity work that participants did through food was to build self-concepts that coincided with their values and their desires. In this way, restrictive dieting reflects how people used cultural definitions of health to shape who they were and who they hoped to be.

Typically, participants established agency by emphasizing the rightness of the knowledge that informs their (also superior) practices. Still, participants typically did not try to influence others’ perception of the diet. Instead, they worked to establish others’ perception of themselves. Bringing an article to show a family member was less about convincing them to go keto, or vegan, than about signifying health as a value. In fraught relationships, food practices were more
likely to create conflict, and thus created opportunities for dieters to challenge family members they saw as controlling, overly critical, or harsh. In these cases, people established personal agency by maintaining their dietary practice in the face of conflict. In other words, the relationships did not change because of food. Instead, food practices reflected the tone of the relationship and established patterns of behavior, whether it was support and care or tension and conflict.

This identity work also indicates how culture is used by people in interactions. In the case of healthism, the idea is that health is a worthy and important pursuit. Ultimately, dieters’ practices helped them maintain what Cooley (1902) long ago termed “the looking glass self”: their perception of how others perceived them. For those who hoped to maintain good relationships with others, dieters tried to show—through food and food work—that they were appropriate performing social roles. In less amicable relationships, dieters used the “consistent act” (Yeung and Martin 2003) of their practices to maintain distance from people. Though they did not aim to incite conflict about food, they also did not shy away from it. In other words, dietary practice did not change people, interactions, or relationships; it reflected them and the identities embedded within and among them.

These examples—good and bad relationships—also illustrated the dynamic and complex nature of consumption and health identities, particularly related to the role of the looking glass self. People were invested in how others perceived them and worked to maintain favorable perceptions in the minds of others. They also, however, were aware and accepting of people who do not interpret their actions as they intend. In cases where practice was connected to ideology, the practice often wins over the looking-glass self and people chose to maintain a self-concept that aligns with those ideologies over a looking-glass self that would cause them to compromise. This example reinforces Gecas and Schwalbe’s (1983) finding—albeit within a very different
context—that, while others have an impact on self-concept, agency and self-efficacy also have critical influence.

In sum, restrictive diets are indubitably a case of contemporary healthism in practice. These diets bridge health seeking with identity work, such that people use food—what they eat, and what they do not eat—to communicate information about themselves to others. This is evident in how people make dietary choices, even if they eat alone, and in how they talk about food with others. Because people believe that food choice gives off important information about themselves, they also act based on how they believe others to interpret their practices. While people certainly intend that these practices cultivate good health, they also intend for health-seeking to shape who they are as people. In turn, they expect that visible practices will help others better understand them as good and moral people.
CHAPTER 5: CONCLUSION: MODERN HEALTHISM AND INFORMING IDENTITY:

BECOMING A GOOD PERSON

With this larger project, I sought to situate, refine, and expand the concept of healthism within a modern cultural context. This project began with questions of how interactions manifest when people assume health is a personal, cultural, and moral obligation. It also asks: What might modern healthism reflect about 21st century consumer and health cultures, writ large? What ideas (and ideals) does modern-day healthism challenge? And, as the project developed, I began new considerations of healthism’s implications for personal identities when the pursuit of health becomes a state of being that people embrace enthusiastically.

The answers to these questions are complicated and complex, as evident in the range of experiences participants had and reported with diet and fitness regimens that others might consider extreme. However, a common thread existed across this sensemaking: health practices were indubitably perceived of as a way to strengthen personal identities, roles, and desires. Some people used CrossFit as a way enhance their romantic partnerships; others believed that specific dietary practices helped them be a better parent. As people worked to express these different relational identities, they also sought to improve themselves in a variety of physical, emotional, and social capacities. People believe that pursuing health enthusiastically helped them becoming better at performing multiple identities. The constellation of these identities reflects the diverse implications of living in a consumption-driven culture; it also shows that modern healthism is necessarily relational.

Feelings of self-efficacy underwrote many of the experiences I observed or discussed in this study. The subjectivity of the enthusiastic pursuit is evident, here; for some, self-efficacy was directly related to feeling healthy or healthier and, for others, it was related to more general feelings of personal accomplishment or simply feeling special or distinctive (Vignoles et al.
For example, success at the CrossFit box yielded feelings of personal accomplishment that other members of the group reinforced, both in person and via digital media. These good feelings bonded group members, made participation “fun” instead of grueling, and reinforced group membership vis-à-vis the group’s beliefs that CrossFit was, in fact, a superior form of fitness. In other words, the space of the box played an indirect role in ascribing identity.

People also reported feeling efficacious when adhering to restrictive diets. In some cases, these feelings were highly individualized and based on personal perceptions of one’s own health through bodily experiences like managing pain and feeling energetic. In other cases, people felt personally effective when they were able to share food and information about food with others; this was particularly important in the minds of the dieters in this study, as most of them did not share in-person interactions with similar dieters.

People sought self-efficacy because it felt good, which is perhaps an unsurprising finding. More importantly, however, was that people tightly associated feeling efficacious with health-seeking activities. Feeling in control of one’s health allowed people to feel in control of other aspects of their lives, too. This association highlights the extent to which people may feel out of control, or even anomic, regarding their future selves. As the prevalence of anxiety and anxiety-related disorders increase (Bandelow and Michaelis 2015), especially, it makes sense that people find or personalize ways to cope.

Thus, a cultural perspective helps us to better understand the forces informing behavior and identity at both individual and small group levels. I identify several themes drawn from contemporary academic and non-academic conversations about health that were not a part of Crawford’s original analysis of healthism in 1980 but that help us refine the concept for the 21st century. In what follows, I discuss: (1) Consumption and Identity, (2) Problems with Traditional Health Care, (3) Emerging Technologies, and (4) The Gig Economy as important contexts for
contemporary and future work on how people talk about and choose to enthusiastically pursue health.

**Consumption and Identity**

The privileging of consumption as marking identity in contemporary American culture is well-documented by social scientists. One of the key themes in this literature is that people increasingly attach various personal identities to their consumption habits. Often, these identities are related to social problems or anxieties that people hope to relieve via their purchases: people buy organic, local food because of concerns about the ways food is produced or fair-trade products because they hope to mitigate exploitative conditions for workers. Scholars who study the alternative food movement indeed find that identity work conducted around purchasing and eating decisions helps people feel efficacious and community-oriented (Johnston 2008; Paddock 2016) (even if, as others argue, effects on the problems they aim to address are minimal at best). When people want to align their desired identities with their actions, consumption is (and is prescribed as) one way to do so. It reflects an American cultural logic, for better or worse, that privileges the idea that individual actions and choices might actually matter for social, ethical, or environmental goals (DeSoucey 2016).

Because consumption is something people understand how to do and are socialized to do, these practices feel manageable. However, perhaps because of the ubiquity of this “myth of individualism” (Callero 2009), many people also have trouble thinking about solutions to social problems outside of the joint frameworks of consumption and self-responsibility. Thus, it follows that, when people want to feel in control of their health, they frame health practices in terms of the goods and services that may make them look and feel healthy, even—or perhaps especially—if those practices are somehow viewed as extreme or outside the realm of more typical health-
seeking. Failure in this domain, then, comes to be viewed as the result of individual shortcomings, rather than as a result of policies or class-based inequalities.

Importantly, consumption benefits from being visible; it is a way people can appear good and healthy to others because it is often easy to display through actions and with bodies. This visibility is critical to enthusiastic pursuits of health, as healthism includes the moralization of health outcomes. However, people reap limited benefits if they are unable to show others that they are healthy, which could explain why self-tracking devices are typically linked to online platforms where people share results. In other words, when people want to do good, be good, and appear good to others, they often alter consumption habits accordingly. Goodness itself is a slippery concept, and defined differently across class groups, but a common thread exists: good choices, beliefs, and practices necessitate the existence of bad choices, beliefs, and practices (Johnston, Szabo, and Rodney 2011). Thus, expressing goodness through certain consumption patterns reinforces the notion that other patterns are inferior and indicate inferior morality. This dichotomy explains one way that poor choices become linked to poor health.

Problems with Traditional Health Care

But, why must people in the modern era act on their own accord in order to feel healthy? The need to feel efficacious about personal health is likely related, at least in part, to an increase in precarity regarding health care. Navigating the system, as many of my respondents indicated, is increasingly difficult and expensive. Since Crawford first wrote about healthism in 1980, the cost of doctor’s visits, hospital stays, prescription medication, and health insurance have all increased exponentially (Moses et al. 2013; Sutherland 2009). The high cost of care for individuals, even for those who are insured, makes it increasingly difficult to suggest that good health is a product of good choices: people without access to care, or regular care, are less able to
find disease early or seek the preventative care that is often marks the difference between positive and negative outcomes. People are increasingly charged with managing their own health because health care is treated as a commodity, and not as a right (Gabe, Harley and Calnan 2015; Lupton 2016).

Doctors are also spending less time, and thus are less likely to develop rapport and trust, with patients (Moses et al. 2013). This may leave many patients feeling a lack of personalized efficacy or care following appointments, which decreases the likelihood of compliance and is associated with negative health outcomes for a variety of diagnoses (Kelm et al. 2014; Zachariae et al. 2003). Medical research has well-established the connection between self-efficacy and good health (Holden 1991; Náfrádi et al. 2017). Thus, it makes sense that people seeking good health are looking to regain a sense of control over their personal well-being and will look to alternative routes especially if traditional channels no longer provide it. Healthy lifestyles include the actionable ways that people find feelings of self-efficacy.

Even further, people’s trust in medical professionals has been decreasing (Richmond et al. 2017; Stevenson and Scambler 2006). For better or worse, people are increasingly seek alternatives where they feel effective and empowered (Moses et al. 2013; Bradshaw 2016). I see healthy lifestyles as one iteration of this trend, alongside the popular rise in chiropractic care, massage therapy, alternative medicine, and other spiritual modalities of healing (Su and Li 2011; NIH 2017). These trends towards non-mainstream versions of health care—and away from traditional models—indicate that people are actively seeking care that makes them feel better emotionally as well as physically.

In some crucial ways, however, these inequalities underwrite the argument for why lifestyles rhetoric is problematic when treated as a primary source of health care—it is not health care, despite how good the advice to eat more vegetables, exercise more, and quit smoking may
be. However, problems with access to care, and to quality care, also offer insight into why people buy in to lifestyles rhetoric and ideas in extreme ways. These discourses offer a sense of self-efficacy and continuity about health that may be more difficult to achieve when access to care is so limited or when the care received feels inappropriate or is not trusted by patients. People feel in control of their bodies, their lives, and their futures when they believe that certain practices will ensure their good health.

**Emerging Technologies**

Another facet of modern-day healthism that differentiates it from its 1980s counterpart is the role that new technology plays. Beyond simply weighing one’s self on a bathroom scale, people can now sync the scale to a weight tracking app on their phone, which will sync to apps on their phones or Fitbits that count their steps, track their heart rate, analyze their diet, and then predict potential weight fluctuations. People can create a variety of charts and graphs with their body’s data, and, if they wish, use this information in conversations with medical professionals. In real time, these kinds of technological practices provide evidence that people possess the sense that self-monitoring has positive impacts on health. Alternatively, critics argue that too much personal data can be overwhelming, as some people report becoming “obsessed” with hitting a step goal, calorie goal, or ketosis goal. This is especially problematic given evidence that these devices are not always accurate (Dusheck 2017). Feelings of self-efficacy, then, may be false, incomplete, or otherwise misleading.

Additionally, new technologies and the devices that support them can be expensive to purchase. Still, as of 2019, a significant majority of Americans own smartphones\(^50\), these devices are—in many cases—less expensive than prescription drugs or other health care expenditures, 

\(^50\) See the Pew Research Mobile Fact Sheet for more information: http://www.pewinternet.org/fact-sheet/mobile.
and do not require the time, energy, and other resources associated with a doctor’s visit. So, if people believe that tracking biodata will help them (or, in some cases, their children) be healthier, it makes sense to spend the money. The issue of personal tracking one that favors middle class habits, perspectives, and means.

Because these technologies are typically accessed via portable or wearable devices like watches or through cell phones, people have almost constant access to the information as well as to the ability to track their activities. It also takes relatively little effort to track something like steps: you just wear or carry the device. However, the effort required to understand and use the information is more significant and can be consuming: some people report becoming “obsessed” with hitting a step goal or calorie goal, despite there being evidence that these counts are less accurate than people believe (Duscheck 2017). Lupton (2016) argues that these devices commodify bodies, as the personal data collected is sellable (and sold) to a variety of interested parties, all of whom may use the data to sell additional products and/or to surveille their customers. Further, health insurance companies are expressing interest in this data as a way to raise and lower premiums for customers (Ingraham 2018). In other words, consumers of these devices become willing—if often unknowing—participants in how health-centric goods and services are innovated, marketed, and sold back to consumers as ways to improve their personal health metrics.

Wearable health-data trackers also highlight how markets for health-related goods and services are shifting and expanding via the “prosumption,” named for the blurring of acts of production and consumption (Humphreys and Greyson 2008), of consumers. Consumers are now creating additional value—and types of value—for goods and services alongside producers. For example, people give value and meaning to tracking devices by wearing them and monitoring the device’s outputs, which creates opportunities for that data to be monetized by syncing those
outputs to digital and online platforms, as well as generating new ways for advertising to reach consumers’ eyes.

The Gig Economy

Alongside shifts in identities related to consumption are broader changes in the social longevity of many people’s career paths and related professional identities. Despite low national unemployment rates, many people remain underemployed, as wages have not kept pace with costs of living. Some observers use the term “gig economy” to describe the current job market, where people “hustle” between freelance and contract opportunities in order to piece together a living. Some of these ventures include social media businesses where people work for themselves online, including bloggers, YouTube personalities, and other self-generated internet celebrities, who have found (or are looking for) ways to monetize routine aspects of their lives—like cooking, interior design, exercise, cosmetics, video games, fashion, and other aspects of “lifestyle.” In fact, the highest grossing YouTube channels are those where people upload videos of themselves playing video games, critiquing popular culture, applying makeup, and even the channel of a 7-year-old boy who reviews toys for other kids (‘Ryan ToysReview,’ whose channel earned $22 million in 2018 and whose most-watched video has over 1.6 billion views). In a gig economy, leisure time denotes a potential opportunity for more work. Moreover, rising costs of living in many places around the country require people to work more (multiple jobs, or longer hours at one job) where they have little control, or to adopt a “gig” that promises increased flexibility and control like setting one’s own hours and the feelings of self-efficacy and meaningfulness that accompany getting to choose one’s work.

A culture that is increasingly obsessed with good health, combined with the knowledge that there are people earning money for monetizing their own experiences, offers opportunities
for people to think they can do the same with living a “healthy lifestyle.” I found that even if they did not themselves seek to monetize their practices, both CrossFitters and restrictive dieters in my study noted and admired others who did. Sharing one’s personal experiences—as opposed to getting a medical degree or something similarly institutionalized—has a much lower barrier to participation. Everyone has experiences (both good and bad) with health; those who are able to show to others that they have been “successful” in pursuing health are now potentially able to manufacture their own experience—and enthusiasm—as expertise. Coupled with the growing distrust in medical professionals and the institution of medicine as operating in the best interest of patients (as opposed to, say, the pharmaceutical industry (Richmond et al. 2017; Stevenson and Scambler 2006), even if these new ventures are not actually profitable, this may be more powerful that it seems at first glance.

Thus, the gig economy, as it relates to health, presents a paradox incorporating elements of the above categories. While people are able to create careers based on their personal interests, experiences, and talents, such contract and freelance work demands longer hours, and is often performed for ultimately lower pay and without benefits. People feel efficacious because they are able to choose when they work, how much they work, and what that work entails. However, creating a finally sustainable life limits the flexibility within those choices.
Conclusion

As I was writing this conclusion, an acquaintance, who I will call Leslie, inquired about my dissertation. As I explained my work, and specifically mentioned “healthy lifestyles,” Leslie sipped a Diet Coke and nodded. She laughed nervously and said,

Oh! I don’t know anything about that, I’m bad. I drink four or five of these [she gestured to her drink] a day. My doctor says I’m healthy, but I don’t exercise or eat well. So obviously, I’m not the picture of health.”

I responded that I was not attempting to—or qualified to—draw conclusions about what is, or is not, healthy. But I started to wonder about the effects of healthism on those who choose not to participate in the enthusiastic pursuit of health. How might their identities shift or change if they believe health is a moral good while simultaneously making choices they believe are at odds with healthiness? Does this change if, like Leslie, they still define health through lifestyle over the assessment of their doctors? Answers to these questions in future research would supplement my analysis and expand understandings of healthism in the modern era.

As I explained to Leslie, my theoretical contribution with this dissertation is not to delineate what is, or is not, healthy in terms of diet, exercise, or approach to health practices. Rather, I demonstrate that people’s explanations of their own health practices are similar even when variance exists in the practices themselves. Yes, people want to be healthy at least in part because it is better than being sick. They also want to be healthy because they believe that good health indicates specific information about their personal value, worth, and moral standing. Pursuing health makes people feel better about themselves; feeling good further encourages the behavior. Because these behaviors are often visible or made manifest to others, pursuing health—especially enthusiastically—creates opportunities for others to validate good, smart, and
worthy choices. Ultimately, people pursue health because it feels good in ways that supersede the physical and biological.

This dissertation also offers an additional lesson in how people give meaning to otherwise mundane practices through layering them with ideological beliefs, cultural context, and interpersonal interaction. While health has some generalizable physiological and biological realities—smoking is bad for you, while vegetables are typically good—the meanings people attach to healthiness and health practices are necessarily socially constructed. In turn, these meanings, practices, and the beliefs that underwrite them become identity markers: how people show others who they are and who they want to be.

Because this project uses data from two relatively extreme cases, future work could consider differences in the role of less extreme health practices for identity, and especially feelings of self-efficacy. Do less intense or more difficult approaches to health yield the same emotional results? Or, does the reduced personal investment also reduce feelings of self-efficacy, morality, and overall well-being? Further, the questions arising from my conversation with Leslie are worth exploring in the future: what are the identity implications for people who subscribe to healthist ideologies without aligning practices? How are meanings about physical well-being constructed by those who do not engage the enthusiastic pursuit of health? Many of these questions are answerable, or at least addressable, with future research, as well as the necessary understanding that future iterations of healthism will reflect specific moments in time.
REFERENCES


Atkinson, Paul. 2015. *For Ethnography*. SAGE.


Gieryn, Thomas F. 1983. “Boundary-Work and the Demarcation of Science from Non-Science:
Strains and Interests in Professional Ideologies of Scientists.” American Sociological

Gieryn, Thomas. 1999. Cultural Boundaries of Science: Credibility on the Line. Chicago:
Chicago University Press.


Giordano, Peggy C, Stephen A Cernkovich, and Jennifer L Rudolph. 2002. “Gender, Crime, and
Desistance: Toward a Theory of Cognitive Transformation.” American Journal of Sociology


772–800.


Publication.

Green, Alexander, Dana Carney, Daniel Pallin, Long Ngo, Kristal Raymond, Lisa Iezzoni, and
Mahzarin Banaji. 2007. “Implicit Bias among Physicians and Its Prediction of
Thrombolysis Decisions for Black and White Patients.” Journal of General Internal
Medicine 22(9): 1231-1238.


Madliger, Cheryl. 2015. “Bulky but Still Beautiful: Representations of Healthy Femininity in the CrossFit Narrative Representations of Healthy Femininity in the CrossFit TM Narrative.” University of Western Ontario.


Mazzo, Lauren. 2016. “Paralympic Snowboarder Amy Purdy Has Rhabdo.” *Shape*, October 27.


Retrieved Nov 11, 2017 (https://www.cnbc.com/2016/05/05/millennials-are-prioritizing-experiences-over-stuff.html).


Schouten, John W, and James H McAlexander. 1995. “Subcultures of Consumption: An


113–147 in *Advances in Group Processes*, edited by B. Markovsky, M. Lovaglia, and R.

Schwalbe, Michael, Sandra Godwin, Daphne Holden, Douglas Schrock, Shealy Thompson, and
Interactionist Analysis.” *Social Forces* 79(2): 419–452.

Disabilities.” Pp. 233-272 in *Work Experience and Psychological Development Through the


Scott, Shane, & Austin, D. Mark. 2016. “Edgework, Fun, and Identification in a Recreational

Seale, Clive, Sue Ziebland, and Jonathan Charteris-Black. 2006. “Gender, Cancer Experience
and Internet Use: A Comparative Keyword Analysis of Interviews and Online Cancer


Throsby, Karen. 2015. “‘You Can’t Be Too Vain to Gain If You Want to Swim the Channel’: Marathon Swimming and the Construction of Heroic Fatness.” *International Review for the Sociology of Sport* 50(7): 769–784.


APPENDICES
Appendix A: CrossFit Terms

AMRAP— acronym for “as many rounds (or reps) as possible;” used to “score” WODs, where the number of reps in a prescribed amount of time is the score

box—a CrossFit gym

burpee—a conditioning movement where an individual jumps from standing, to a high pushup position, through a push up, back to standing, and jumps vertically; sometimes, outside of CrossFit, the pushup is excluded and this version is called a “competition burpee.”

clean—an Olympic-style lift that involves moving a barbell from the ground to the shoulders in a complex but fluid movement, using momentum and explosive force

power clean—a version of the clean that includes moving through a full squat in the middle of the movement, with the intention of creating more force (and lifting heavier weight)

deadlift—a weightlifting movement where a barbell is lifted off the ground in a straight path; not an explosive movement

double under—a jump rope technique where the rope makes two full revolutions under the feet per jump

kettlebell—a piece of equipment made from solid iron, consisting of a round “bell” with a handle; comes in a variety of weights, usually in 5-pound increments

kipping pull-up—swinging the body in a very specific way to create momentum, in order to perform pull-ups faster and more efficiently

butterfly pull up—an advanced variation of the “kip,” where the entire movement is fluid and continuous/unbroken

muscle-ups—an advanced movement that combines the pull-up and ring dip movements; involves moving the body from hanging (from a bar or set of rings), to a locked-arm position above the bar or rings; rings are far more difficult as they are less stable

rep—short for “repetition,” usually of a specific exercise or movement; also used by bodybuilders and other weightlifters

Rx—read “R-X,” defined as, “as prescribed,” and indicates the “full” expression of a workout, though advanced members and novice members may make modifications; includes specification for weight used, and often reps, time limit(s), etc.

snatch—an Olympic-style lift that involves moving a barbell from the ground to overhead in a complex but fluid movement, using momentum and explosive force

punch—the part of the movement where the bar transitions from in front of the body to overhead
WOD—acronym for “workout of the day”
Appendix B: Diet Terms

vegetarian – excludes meats from diet, often excludes by-products of animal slaughter, like gelatin, lard, or other animal fats

vegan—excludes all animal by-products, including the above, but also dairy, eggs. Some vegans also exclude honey and beeswax; others still avoid foods like wine and sugar that are processed using animal products

raw vegan—vegan diet that excludes all foods cooked over 115 degrees Fahrenheit; raw vegans typically believe that cooking and heat-processing “strips” foods of nutrients or are otherwise harmful to consume

macrobiotic vegetarian—vegetarian diet focused primarily on “whole” or “unprocessed” foods like whole grains and vegetables. Focus on digestion and digestibility of food (e.g. high fiber foods, sometimes fermented foods. “Low glycemic” carbohydrates are recommended as are a balance of “acidic” and “alkaline” foods (sometimes referred to as “yin and yang”).

paleo—Excludes grains, legumes, dairy. Emphasizes meat, seafood, and vegetables often organic, grass-fed/grass-finished, free-range varieties, wild-caught. Sometimes excludes white sugar in favor of sweeteners like honey, coconut sugar, maple syrup, etc.

AIP Paleo auto-immune protocol paleo)—Excludes all of the above, but also nightshades (like tomatoes and peppers), eggs, nuts, seeds, and alcohol. Emphasis on organ meat, seafood, and vegetables. Aimed at reducing “inflammation” and the symptoms of 100+ autoimmune disorders. Sometimes claims to cure or reverse autoimmune disease(s).

ketogenic (keto)—a very low carb, moderate protein, and high fat diet. Based on keeping the body in a state of “ketosis,” or a state where the body burns fat instead of carbohydrates for energy. Ketosis can be tested for and is evident by the presence of ketones in the blood, saliva, or urine.

macro-counting/flexible dieting—a diet that requires tracking the macronutrient breakdown of foods and staying within guidelines or ratios. Typically, these ratios are expressed in grams (of fat, protein, carbohydrates). Often, followers of this diet weigh their food in order to track in this manner.