



COVID-19, Exercise and bodily self-control

Covid-19, ejercicio y autocontrol corporal

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The impact of the emergence of a novel coronavirus in Wuhan, China in November 2019 (Covid-19), is yet to be fully understood. However, to provide a preliminary sociological perspective we can locate Covid-19 as 'just' the most recent of a series of 21st-century global epidemics/pandemics (the difference being a matter of scale). These include the outbreaks of Severe Acute Respiratory Syndrome (SARS) (2003), Swine flu (2009) and Ebola (2014-16 and 2018-2020). The primary way in which such public health crises have impacted on sport is through suspending sporting fixtures to limit the spread of infection. For instance, the timing and geography of the 2016 Zika virus briefly threatened cancellation of the Summer Olympics when a group of scientists alerted the World Health Organisation to concerns about how the anticipated 500,000 visitors to Rio might subsequently transmit the virus across the globe (Besnier and Brownell 2016).

Covid-19, due to a combination of global reach, number of deaths, and impact on more globally-interconnected, powerful, Western nations, will have a bigger impact on sport than any of the previous health crises of this century, or indeed before. For example, all UK sports fixtures were postponed from 23 March and then only gradually reintroduced from 1 June. Many argued that large events were postponed too late. Allowing both the Cheltenham horse racing

festival (10-13 March) and the Liverpool-Athletic Madrid European Champions League fixture (11 March) to take place has come to symbolise key mistakes in managing the pandemic. While the postponement of the 2020 UEFA European Football Championship and Tokyo Olympic Games are perhaps the most totemic of the many sports-related consequences of the spread of Covid-19, in this article we focus on what the pandemic reveals about the social significance of sport, health and embodiment. Specifically we argue that changes to bodily self-control will be amongst the most significant and enduring outcomes of this public health crisis.

Pandemics and Civilising Processes

While viruses have novel anatomical forms (which in turn have implications for human contagion and mortality rates), a comparison of public health crises shows that social responses exhibit a relatively stable pattern. Writing in response to the development of HIV-AIDS, Peter Strong (1990) provided what remains a seminal analysis. He argued that the typical socio-psychological response to health epidemics is to set populations against each other and launch three further social epidemics; fear, explanation, and action. Fear of illness, fuelled by uncertainty over causation,

heightens our suspicion of 'strangers'. The search for explanations identifies populations that can be 'blamed', and fosters the stigmatisation of both those afflicted and those perceived to be responsible for the spread of disease. The call for action is characterised by a sense of urgency, with the need to do something overriding more detached reflections of what will be effective.

Goudsblom's (1986) 'Public Health and Civilizing Processes', published just a few years earlier, bears both similarities to and differences from Strong's (1990) account. Goudsblom drew on the sociological theories of Norbert Elias in comparing four public health crises spanning the fourteenth to nineteenth centuries. This analysis alludes to Strong's three epidemics, arguing that: a) the victims of illness tend to be socially ostracized; and b) links are frequently drawn between ill-health and a lack of cleanliness; and c) the history of public health crises shows that interventions are first driven by social concerns for which scientific research subsequently provides evidential support (rather than vice-versa). Distinctively, however, Goudsblom identifies the central role of individualization and democratization in these responses, as these two social processes lead humans to be increasingly compelled to internally regulate their behaviour in more controlled, predictable, and socially prescribed ways. Goudsblom thus demonstrates that the typical social response to epidemics accelerates civilizing processes (Elias 2000); that public health crises tend to increase the speed with which the internalization of external social controls comes to dominate habitus.

The response to Covid-19 exhibits many of the features that one would logically extrapolate from these sociological works. Examples include the focus on hygiene issues that followed the identification of Wuhan live meat markets as the source of the initial virus mutation, the increase in anti-Chinese xenophobic rhetoric and hate crimes in the West, and the abandonment in the West of a history of resistance to East Asian traditions of wearing masks in public spaces. More distinctive to this pandemic, however, was the implementation of a 'lockdown' in many nations, based on the belief that the only way to effectively limit the spread of Covid-19 was through restricting human physical contact. There were, of course, different forms of lockdown and different degrees of compliance but, universally, lockdown entailed a balance of externally imposed and internalized or self-regulated behaviour. Thus, while less visible than the suspension of domestic sports leagues and global sports mega-events, changes related to the internalization of externally imposed expectations for bodily self-con-

trol were fundamental to the social response to Covid-19. While UK data illustrate four distinct aspects of this process, we anticipate that these developments are more cross-culturally evident.

Covid-19 and bodily self-regulation **'Stay at Home' ... unless you are exercising**

The UK Prime Minister combined the announcement of the country's lockdown (22 March) with the launch of the slogan, 'Stay Home: Protect the NHS: Save Lives'. While lockdown entailed restrictions on daily movement and freedoms that were unprecedented in peace time, exercising outside - once a day 'on your own or with members of your household' - was cited as a valid but exceptional reason for leaving one's home. The only other reasons cited were to buy essential items (food or medication), care for others, and attend work (although employers were encouraged to facilitate home working where possible). Exercise was given this exceptional status due to beliefs about physical and mental health benefits, but other popular places to exercise, such as gyms, leisure centres, swimming pools, and sport clubs, were forced to close. The decision to allow exercise outside of the house reflects the elevation of physical activity in contemporary western societies, particularly the success of campaigns to position exercise as a form of medicine (Malcolm 2017), but equally it illustrated how over the last 30 years governments have sought to individualize health self-management and enable people to take active roles in their own treatment (Pinell 1996). The positioning of exercise alongside food and medication was rarely if ever questioned (in the UK), underscoring the democratization of these ideas.

'Staying as physically active as possible is more important than ever'

Granting exercise an exceptional status at this time of adversity fundamentally also constrained the population through expectations of socially approved behaviour. Sport England, the body responsible for recreational sport and exercise in much of the UK, responded quickly to lockdown by announcing two key priorities, one of which was 'keeping the nation moving: doing everything we can to encourage people to stay active' (Sport England, 2020a). Sport England launched the 'Join the Movement' #StayinWorkout campaign to encourage people to share their home exercise regimes and tips, fitness videos, as well as

reiterating that, 'staying as physically active as possible is more important than ever'. Home fitness was seen to supplement exercising outside within people's attempts to be physically active, but the overarching effect (if not motivation) was the emphasis on bodily self-management.

Articles such as 'Should I worry about my lockdown eating' (BBC 25th April), 'How to lose weight during lockdown' (Express, Monday 18th May) 'How to beat lockdown weight gain from your living room' (The Daily Telegraph, 9th May) proliferated. People were presented with two diametrically opposed embodied outcomes of lockdown – extreme fatness or fitness. As Stuij (2011) has argued, debates around obesity implicate the increasingly complex and differentiated forms of self-control which develop in environments characterized by calorific abundance. The implicit fear driving this narrative was that the population needed guidance to control calorific consumption whilst effectively imprisoned. The explicit solution lay in the promotion of exercise.

What impact did these messages have? Sport England commissioned a weekly survey of 2000 adults during lockdown (starting 3rd April), weighted the data to be representative of adults by age, gender, social status and region (Sport England, 2020b), and published their *Covid-19 Insight Briefings*. In the first week of data collection (3-6 April), 62% of adults illustrated how these external policy messages had been internally accepted, stating that staying active was more important during the lockdown than in previous times. Perhaps reflecting the status of exercise as one of the reasons you are allowed to leave your house, 53% of adults responding to the *Insight* survey agreed with the statement, 'I have been encouraged to exercise by the Government's guidance'.

In response to concerns about people not doing 'enough' exercise during the 'Stay at Home' period, commercial fitness experts quickly sought to promote an exercise at home message. The most prominent UK example was Joe Wicks, a personal trainer who announced he would become the nation's 'PE Teacher'. His 30-minute morning workout was streamed live from his living room at 9.00 am Monday-Friday on his *YouTube* channel, 'The Body Coach'. While this evoked a debate in which many claimed that Joe Wicks' live-stream was not equivalent to 'Physical Education', the popular success of the Joe Wicks' approach was evident. For his first 'Virtual PE with Joe' class on 23 March, 790,000 households tuned in live. Since then it has had over 6 million views. The success continued, with Joe Wicks noting that while it took nine years for him to get 800k subscribers to his 'The Body Coach' *YouTube* channel, within one week

of the lockdown he had 1.2 million new subscribers. 26% of people surveyed by Sport England said they were influenced to exercise by Joe Wicks. The need, in Wicks' terms, to literally coach one's body thus became a major theme of lockdown society.

Physical Activity Attitudes: 'do you feel guilty when you don't exercise?'

While exercise joined social-distancing and staying at home in a spectrum of bodily self-management expectations, it constituted an additional moral dimension through an open-ended narrative of how lockdown could and should be 'productive'. Sport England data on attitudes to exercise paint a picture of how the message of exercise is internalised by adults as a form of bodily control, as 56% agreed with the statement that they felt guilty when they didn't exercise. Across a 6 week period this percentage remained relatively stable. Thus, while lockdown justified the suspension of many social 'duties' – such as going to work, to church, or visiting family – it was accompanied by increasing social pressure to regulate one's body.

As Porter (1999) has previously argued, commercial interests (like Joe Wicks) emphasise the interaction between preventative medicine and lifestyle choices which fuels introspection, fetishization and missionary health evangelism. However, exercise plays a distinct and distinguished role in this process. Specifically, the exercising body has an elevated status because, unlike access to other body modification techniques which depend on economic resources (e.g. cosmetic surgery), 'the designer body ... is also a moral achievement because you have to purchase it with your own labour' (Porter 1999, 312). A consequence of medical campaigns that have explicitly cited exercise as the one health risk factor 'almost entirely under our control' (Sallis 2009: 3), this place a burden to expectation on people to control their physical activity and bodily appearance. The social response to Covid-19 included the intensification of shame and embarrassment as affective-mechanisms of social control.

'We're all in this together' ... but some more than others

Widespread compliance was required for lockdown to significantly reduce the spread of the virus. Political messages sought to influence what Elias (1978) called the 'we-I' balance stressing both

that individual actions had broader social benefit, and the virus did not discriminate between people. Consequently the deaths of younger people without underlying health conditions, and of healthcare workers who contracted the illness due to hazardous working environments, were featured particularly heavily. The high rates of deaths amongst Black and Minority Ethnic communities were also widely reported.

But in line with the epidemics of fear and explanation commonly observed in public health crises (Strong 1990), a process of blame, stigmatization and social distancing from affected and infected populations was evident. These blame narratives aligned with the focus on body weight and the juxtaposition of fatness or fitness outcomes discussed above, specifically the widespread reporting of high BMI (overweight or obese) being a risk factor. Obesity was linked with higher rates of both hospitalization and death due to Covid-19. Concerns were heightened because other associated 'underlying' health conditions (e.g. BBC News, 8th May) such as coronary conditions (e.g. high blood pressure), respiratory illness, poor kidney function (especially Type 2 Diabetes) or weakened immune systems were also identified as key risks factors.

In a social context where stereotypes about obesity and over-eating are taken to signify a lack of bodily control and physical *in*activity (Stuij 2011), the link between illness prevalence and BMI finds fertile ground. These were at best 'working hypotheses', but as Goudsblom (1986) argues, scientific interventions in health crises are first driven by social concerns rather than empirical evidence. However, populations that see a 'moral duty' to exhibit bodily self-control through weight management and exercise (conspicuously displaying fitness regimes on social media), are particularly receptive audiences for these messages. The 'protect the NHS' message of the UK's lockdown is particularly relevant as the impetus of staying healthy (and visibly thin) connected to a moral messages about the duty to help protect this cherished British institution. The implication was that those who

failed to self-regulate their bodies had become ill and placed a disproportionate demand on scarce resources at this time of particular hardship. The social response to Covid-19 replicated and extended the stigmatization in established-outsider relations (Elias and Scotson 1994) previously described in relation to contemporary body weight issues (Barlosius and Philipps 2015).

Conclusion

The exceptional and elevated status assigned to exercise, and the emotional levers of shame, embarrassment and stigmatization used to encourage the internalization of external behavioural regulations, are important features of the social response to the Covid-19 pandemic. The continuity with previous health crises gives us confidence that these trends are neither selectively drawn nor likely to be transitory. While it is very early to make such a claim, one of the more enduring impacts of Covid-19 is likely to be the acceleration of civilizing processes (what Elias called a civilizing spurt) as evident in the intensification of social pressures to self-manage one's body through exercise.

But in conclusion it is important to note the somewhat paradoxical impact on sport – or at least some sports – that might result. It was notable in the UK context that highly physical contact sports such as rugby union would likely be the last to resume after lockdown. While the historic codification of modern sport has been interpreted as a civilizing spurt, the pandemic-accelerated social processes described above, may lead the popularity of activities which provide what Elias and Dunning (1986) call a controlled de-controlling of emotional controls, to be superseded by physical activities that more instrumentally regulate body weight and appearance. The internalization of messages about bodily self control may be accompanied by a re-evaluation of relatively high degrees of physical contact with other bodies as fundamentally risky and thus barbaric.

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