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Exploring *parkrun* as a social context for collective health practices: Running with and against the moral imperatives of health responsibilisation.

Sociology of Health and Illness

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Abstract

Critiques of public health policies to reduce physical inactivity have led to calls for practice-led research and the need to reduce the individualising effects of health promotion discourse. This paper examines how *parkrun* – an increasingly popular, regular, community-based 5km running event – comes to be understood as a 'health practice' that allows individuals to enact contemporary desires for better health in a collective social context. Taking a reflexive analytical approach, we use interview data from a geographically diverse sample of previously inactive *parkrun* participants (N=19) to explore two themes. First, we argue that *parkrun* offers a space

for ‘collective bodywork’ whereby participants simultaneously enact personal body projects while also experience a sense of being “all in this together” which works to ameliorate certain individualising effects of health responsibilisation. Second, we examine how *parkrun* figures as a health practice that makes available the subject position of the ‘parkrunner’. In doing so, *parkrun* enables newly active participants to negotiate discourses of embodied risk to reconcile the otherwise paradoxical experience of being an ‘unfit-runner’. Findings contribute to sociological understandings of health and illness through new insights into the relation between health practices and emerging physical cultures, such as *parkrun*.

Introduction

Despite gradual and sustained improvements in population life-expectancy in developed societies, the issues of sedentary lifestyles and physical inactivity persist as health challenges that are bound up with social inequality (Baum and Fisher, 2014; Marmot and Bell, 2012). The fields of public health, health promotion and preventative medicine have identified physical activity as a healthy behaviour with the potential to change patterns of non-communicable diseases such as obesity, diabetes, heart disease and cancer (Warburton et al., 2006). However, while physical activity promotion interventions have shown some success in controlled conditions (Müller-Riemenschneider et al., 2008), their inability to translate into real-world settings has led to calls for more contextualised practice-led research (Ries et al., 2016). Public health advocates have also argued for broader changes to the environments in which people move (transport, parks, active living opportunities), yet there has been little exploration into the sociocultural context of embodied

experiences of physical (in)activity (Baum and Fisher, 2014). We approach this issue by exploring the embodied experiences of *parkrun* – a free, regular, citizen-led, community-based, 5km running event in local parks.

The rise of *parkrun*

Starting in a single location in 2004 in the UK, *parkrun* events have rapidly grown in number and now take place in 980 locations across 14 different countries (parkrun, 2017). Impressively, a total of 2,084,567 participants have engaged so far. These free timed 5km runs (distinct from 'races') take place every Saturday morning in public parks and are open to individuals of all ages and abilities. While our claims about the public health impact of *parkrun* ought to be modest at this stage, we suggest that it's sustained growth and tendency to appeal to groups with traditionally lower levels of physical activity – such as women, 'overweight' and older populations – (Stevinson and Hickson, 2013) are cause for optimism.

A number of studies have investigated how mass-running, community running and women's running networks can assist public health goals of reducing physical inactivity (Barnfield, 2016; Bauman et al., 2009; Lane et al., 2015; Shipway and Holloway, 2010). However, we consider the social context of *parkrun* to be uniquely different to other mass running events, leisure services and sports clubs that rely on paid membership as well as volunteer and professional labour. While *parkrun* has a small core of paid staff to oversee national operations and growth, the weekly events are managed through micro-economies of co-operativism underpinned by the volunteer labour of participants themselves who, occasionally, marshal instead of taking part in the spirit of reciprocity. Early research has already illustrated that *parkrun* participants value the accessibility and reciprocity associated with the

opportunity to exercise with spouses, children and even dogs (Stevinson et al., 2015). As such, the event culture invites a different set of transactions and interactions between participants and organisers that is often described as 'supportive' and like a 'family' (Stevinson et al., 2015). Indeed, various published testimonials have also articulated the value of participating with friends and family as well as making exercise less isolating and more enjoyable (Pringle and Pickering, 2015; Masters, 2014). Anecdotally, McCartney, a UK based General Practitioner (2015, p.1) declares, "I love *parkrun*. You might, too... The Olympics were never going to get the nation doing a decent amount of exercise. But community running—inclusive, interactive, and regular runs for ordinary people—is something that might actually make a difference". It is with a focus on the social context of *parkrun* that we seek to contribute to a sociological understanding the embodied experience of physical activity promotion. As such, our focus in this paper explores the experiences of previously inactive *parkrun* participants who pursue contemporary desires for better health.

Situating *parkrun* as a 'health practice'

Drawing on recent debates in this journal and in public health more broadly (Barnfield, 2016; Blue et al, 2016; Cohn, 2014; Delormier et al., 2009; Guell et al, 2016) there is growing interest in the notion of 'health practices' as a critical conceptual alternative to the individualising notion of 'health behaviours'. This shift speaks to the growing body of critical social science research that calls for interventions that do not predominantly frame change in terms of individual responsibility for health (Bunn et al, 2016). It also addresses concerns that behaviouralist and population focused research has ignored the significance of the

social practice contexts of embodied activity or (im)mobility (Nettleton and Green, 2014). As Cohn (2014, p.160) asserts; “everyday practices are always locally situated and composite. They are not a direct result or outcome of mental processes but emerge out of the actions and interactions of individuals in a specific context.” The growing body of literature on health as a social practice articulates different theoretical orientations, drawing on ideas such as Bourdieu’s class habitus (Baum and Fisher, 2014; Nettleton and Green, 2014) and the foregrounding of how elements (objects, embodied competencies, know-how, resources etc.) are organized relationally in particular social contexts (Blue et al., 2016; Shove et al., 2012). In developing our sociological analysis of physical activity participation, we situate our research within this recent scholarship and seek to articulate a way through the polarised individual-environment debate “to think of physical activity not as a form of health behaviour but as a mode of social practice” (Nettleton and Green, 2014, p.240). However, in following this scholarship there is need to understand how different contexts meaningfully impact the experience of physical activity in relation to critical perspectives in the sociology of health and illness. Specifically, we are interested in understanding how physical (in)activity is bound up with experiences of embodied risk and processes of health responsibilisation. These concepts useful serve to position individual physical activity practices within a more critical and contextual understanding.

Grounded in aggregate population probabilities, the idea of risk has been central to lay-understanding of health for some time (Nettleton, 2013). However, physical inactivity has been a relatively recent addition to the range of possible ways through which individuals can define themselves as at risk. In 2012 *The Lancet* declared physical inactivity as a global pandemic (Das and Horton, 2012), physical

activity is now prescribed by physicians in the treatment and management of various conditions (Kahn et al., 2011). Most recently in the UK, *The Royal College of General Practitioners* have announced physical activity and lifestyle as a 'clinical priority' between 2016-19 (RCGP, 2016). In line with these calls from preventative medicine, a number of public health campaigns have been implemented around the world (such as *Change4life* in the UK, *Get set 4 life* in Australia, *Eat Move Live* in New Zealand, and *Designed to Move* in the US) calling for changes in citizen behaviour and positioning inactive bodies as at risk.

This movement towards an understanding of 'exercise as medicine' has invited a new wave of critical scholarship (Fullagar, 2017; Neville, 2013a). Indeed, Lupton (2012) suggests that new individual and collective identities are produced through knowledge practices that are implicated in the production of individual risk profiling of health and fitness data. Further, as Ayo (2012, p.103) notes, the imperative to reduce one's embodied risk and maximise health has no limit or end point;

> It is the imminence of such harm, the potentiality for life threatening chronic diseases that legitimizes health promotion strategies. As such, the particular strength and effectiveness of deploying risks as a neoliberal tool, a technology of government indeed, is the impending harm that it implies, thus stimulating a sense of panic, a sense of urgency, and a sense that action must be taken now. Not only is it expected that prudent and responsible individuals will embrace the goods and services offered by the flourishing health industry as part of their reasonable service to themselves, but as well, as part of their duty of citizenship to the state.

As such, the redefinition of exercise as medicine contributes to the conditions of possibility through which citizens govern their embodied selves as risky, (un)healthy and active. In developing our understanding of health practices we draw from and contribute to this literature by asking how *parkrun*, as a citizen-led,

community-based practice (outside of the health system) articulates with the moral imperative to reduce health risk.

Contingent upon the notion of risk is the argument that citizens are increasingly conscious of their own embodied health and are positioned as responsible for it (Burgess and Horii, 2012; Crawshaw, 2012). Thinking with the notion of health responsibilisation – the individual will to health (Rose, 2007) – Foucault's work (1997; 1991) has been useful for analyzing the rationalities of health (ways of thinking and acting) that shape certain kinds of health practices, and hence subjectivities (Fullagar, 2002; Fullagar and Harrington, 2009; Neville 2013b). Our interest in the experiences of previously inactive participants leads us to explore how parkrunners relate to and 'manage' their body practices through a range of desires to be active and healthy. While many health promotion activities predominantly urge citizens to forgo unhealthy pleasures (reducing smoking, consumption of unhealthy food or alcohol), becoming active primarily involves the creation of new embodied practices that mobilise the self through different habits and everyday social relations. Moreover, for those who have been inactive for some time, the prospect of moving more for 'health reasons' is bound up with often conflicting moral imperatives about the healthy body. This critical concern is related to the long standing critiques of 'healthism' that identify the ways in which bodies are constituted as socially valued or pathologised in accordance with size, shape and ability (Gard and Wright, 2001; Kirk and Colquhoun, 1989). Inactive citizens are commonly positioned at lazy and morally wanting (Lee and MacDonald, 2010). Yet, healthism can produce over-generalised analyses when the challenge lies in exploring the nuances, the contradictory experiences and diverse practices through which (un)healthiness is negotiated via particular fitness oriented cultures (Wiest et al., 2015). If people do buy into health

improvement discourses are they simply dupes of neoliberalism, or are they negotiating a complex set of meanings that 'make up' different kinds of (un)healthy subjects? Our purpose is to consider how this particular health practice enables participants to speak *with and against* the moral imperative to pursue better health in order to offer a more nuanced understanding of embodiment within collectively oriented practices. Indeed, we consider it pertinent to consider how healthism and health responsibilisation manifest in a community-based health practice such as *parkrun* that explicitly invites participants with a range of body shapes and competences.

Moreover, for those who have been inactive for some time, the prospect of moving more for 'health reasons' is bound up with often conflicting moral imperatives about the healthy body, social stresses of care and work, as well as the materiality of pain, discomfort and shame as they are mediated by social differences (Fullagar, 2002). We conceptualise the 'experience' of health practices via Foucault's (1988) understanding of the interrelationship between knowledge, 'types of normativity' and subjectivity that are constituted materially and discursively within the conditions of advanced liberalism (Rose, 2007). In order to articulate our focus on the labour of active embodiment, we also draw on Thualagant's (2016) notion of 'bodywork' in the contemporary moment (p.193). Where *parkrun* resonates with Thualagant's study is in positioning health as performative (Kickbusch, 2007) whereby bodywork becomes the corporeal means through which the process of subjectification plays out as 'the way a human being turns him – or herself – into a subject' (Foucault, 1991, p.11). Moreover, bodywork involves "not only the will to act for a healthy body but also as the will to act for a *more* healthy body" [emphasis added] (p.200).

Exploring the corporeality of *parkrun* in this way invites a deeper understanding of how citizens enact body projects in the pursuit of healthier lifestyles. However, while we draw much inspiration from this approach there are limitations in how bodywork is primarily theorised as an individual body project that subjects work on to pursue better health. Given the extent to which previous research has noted the importance of 'community' and 'family' in the experience of *parkrun* (Stevinson et al., 2015) we are interested in the social relations of bodywork within its collective oriented culture.

The study

This study draws on data from a larger research project on *parkrun* lifestyle and exercise involving 7,308 participants (Stevinson and Hickson, 2013; Stevinson et al., 2015). Framed within public health objectives, one of the aims of the project was to better understand why previously inactive people were taking part in *parkrun* over other opportunities. This particular paper follows this line of enquiry but asks questions of the data through a health practice approach. In doing so we seek to understand how parkrun figures as a health practice at a time where health is a key concern, the body is central, and self-care is expected.

All participants provided informed consent to a recorded interview by telephone and were informed that all data would be anonymised in accordance with the Loughborough University Ethics Approvals (Human Participants) Sub-Committee. From the pool of 7,308 participants surveyed as part of the wider project, 19 participants were recruited to take part in a qualitative phase of data collection. In order to explore the experiences of previously inactive parkrunners, participants were purposefully recruited based on a short statement provided on their survey responses.

Statements that suggested *parkrun* represented a transition from being physically inactive to being active – such as "life before *parkrun* was utterly sedentary" (Zara) and "parkrun has given me greater opportunities to engage in exercise" (Kayleigh) – were considered sufficient inclusion criteria. Selected individuals were invited by email and, if happy to take part, interviewed by telephone. The decision to use telephone interviews was informed by the need to remove geographic limitations in keeping with our aim to understand the broader *parkrun* initiative. The sample overall included 11 women and 8 men from 16 different UK *parkrun* locations, aged between 27 and 63 years, with the number of runs completed ranging from 10 to 274.

Interviews were conducted by one researcher (first author) following a semi-structured interview guide but participants were encouraged to elaborate on points that were particularly meaningful to their experiences. In line with the focus on participant experiences within the research aims, questions were framed in a way that elicited reflection on their understanding of health and their personal embodiment, while also providing an opportunity to talk freely about *parkrun* as they experienced it.

All interviews were digitally recorded and transcribed verbatim, with names and locations replaced with pseudonyms to protect anonymity. Taking a reflexive approach to data analysis, we drew on Alvesson and Skoldberg's (2000) notion of a tripartite relationship between the corpus of data, the interpreting researcher and the research community. This approach stresses the importance of reflexivity in ensuring that research findings avoid the problematic domination of any one of these three:

> The process of construction demands something to construct (out there, so long as we are not talking about pure objects of fantasy), a constructing subject (the researcher) and a social context that constructs the researcher (society, language, paradigms, the local research community). To put it simply: reflexivity in the research context, means paying attention to these aspects without letting any one of them

> dominate. In other words, it is a question of avoiding empiricism, narcissism and different varieties of social and linguistic reductionism (Alvesson and Skoldberg, 2000, p.246)

From this approach, the lead researcher (first author) engaged in an iterative coding process common to thematic analysis (Sparkes and Smith, 2013) which involved reading the transcripts for familiarisation before coding pertinent interview content and then later consolidating similar annotations to form themes. Coding was carried out by the interviewer which enabled greater familiarisation and immersion in the analysis process which helped the recall of affective 'hot spots' in the data (Ringrose and Renold, 2014). The lead researcher then shared interpretations with both co-authors who provided critical comments and offered alternative readings. This process often led to revisiting the data and thus represented a hybrid inductive-deductive process (Feraday and Muir-Cochrane, 2006). Our theoretical interest in the material and discursive practices of health also informed our analytic focus on 'how' meaning was produced by participants and ourselves as researchers (Alvesson and Skoldberg, 2009). Therefore, through reflecting in the space between the corpus of data, the interpreting researcher and the research community, two central themes were identified: (1) health responsibility in the context of collective bodywork, and (2) negotiating risk through the paradox of the unfit runner.

Health responsibility in the context of collective bodywork

While pleasure and enjoyment were described as part of the experience for many, it was also evident that a sense of 'need' and 'responsibility' played a significant role in participants' rationalisation for taking part. For example, Kylie explained,

> I don't think I enjoyed it for a very long time to start with. It was literally "I need to exercise. I'm going out. I'm doing it, okay," and then I kind of started to enjoy

> it and recognised the benefits of it in terms of, you know, just feeling better that I'd even gone out and had a run.

The sense of 'need' was articulated through rationalities that emphasised how *parkrun* was positioned as a purposeful and instrumental practice. As Elinor said; "I'm doing it to try and get myself healthy and there's a reason I'm doing it. I've got to say at this point I wasn't doing it because I enjoyed it because I find it really, really hard." From this point of view, *parkrun* was about "getting out and about and *making* you do something" (Emily) [emphasis added] invoking a calculative rationality through which the body could be worked on for health rather than enjoyment (see also, Fullagar, 2002). *Parkun* can also be seen as a practice that calls subjects to action and 'carries' participant desires to be active, in contrast to behavioural theories that privilege inner motivation (Blue, et al., 2014, p.38). Here, there are similarities with Thualagant's (2016, p.193) "bodywork" as a "will to more, or better health" in the connection of active embodiment with the individualisation of responsibility – embodied practices simultaneously produce anxieties and risk reducing benefits.

In a similar way, the experience of *parkrun* was framed in terms of avoiding a sense of failure and guilt. Henry noted, "I feel quite guilty if I don't go purely because of my own sort of wish for self-achievement or whatever by thinking if I can't do that, you know, then I'm just in danger of slipping out and doing nothing." For another participant, engaging in the health practice of *parkrun* relieved the feelings of guilt that otherwise may have prevailed through habitual sedentariness; "I don't have to feel guilty about being lazy now sat on the sofa" (Kylie).

Commensurate with the findings from previous scholarship, most participants worked through responsibilisation discourses to engage in bodywork focused on personalised individual goals. This was quite typical; "I got a PB [personal best] a couple of years ago of 22.43 and I can't get anywhere near it, so my goal is to try and

beat that PB. I keep trying every week, but I just can't seem to manage it, but that doesn't put me off" (Robert). In a similar example of positioning the individual at the centre of the body project, Bonnie said;

> Every time I go I am aiming to, you know, get a PB, but it's just personal goals that I have in mind. You know, everybody's there for their own reasons and yeah, I just think you turn up and I'll do my best and that's my only real reason for running. You know, running is just to work towards what I want and my own goals really.

Such is the importance of the pursuit of personal achievements, one participant explained that he would run outside of *parkrun* and use *parkrun* as a measure of the progress made; "I try and run 2 or 3 times a week and then the *parkrun* is like a measurement of how much fitter I'm getting. Because I think if you go every week you don't really notice much difference, but if you go every 4 weeks you really notice and most times I do a personal best." The imperative of self-improvement within health and wellness projects was also evident in the way that participants sought further challenges and goals. Completing a 5km run was the first achievement for some, but new pathways quickly emerged revealing new attainable possibilities. This included, 10km races, half-marathons, marathons and iron-man races. Patesh said;

> I am going to enter a mass participation event. I'm running the [anonymised] half marathon in October and I'll probably do a full marathon in 2013 at some stage. So those are the goals I've set myself because I believe with the progress I'm making that I should be able to do them.

Similarly, Matt explained;

> It's completely changed my life in a lot of ways over the last year and a half. I've now taken up triathlon and I've competed in about, I don't know, 10 triathlons now and I'm hoping to do an ironman next year.

It is in these particular examples that we see most clearly the way in which physical activity can come to be understood as an on-going sequence of ever more impressive accomplishments – a narrative of self improvement where there is both a

vividly clear final destination (higher order practices of completing and ironman) and a less-clear on going journey of 'being' fit and healthy through everyday practices. These data are telling examples of how the responsibility of being physically active can be experienced as burdensome and/or as a source of engagement in continuing self-improvement. Perhaps it is not surprising that previous work has suggested that self-improvement practices can also generate a range of conflicting emotions (pleasure, fear, anxiety) that can undermine the individual 'will to health' (Fullagar and Harrington, 2009).

While we share these critical concerns about individualised responsibility our data suggest that the health practice of *parkrun* also works to mediate this moral imperative through the opportunity to perform bodywork in a collective context – what we term 'collective bodywork'. For example, Zara described her feelings about the collective context of the practice;

> I don't know. It's just like when you go to the start line and you turn round and see how many people there are there and everybody sets off together, that's quite… yeah, it's quite exciting I guess, you know, and you feel part of a group.

Indeed, as Hazel claimed, "I suppose there's that bit about 'we're all in it together.'" In this way, the community of *parkrun* allowed participants to experience a collective sense of responsibility towards their otherwise individual efforts. Similarly, as a health practice with multiple possibilities of meaning, *parkrun* enabled Harry to engage socially with family and friends;

> I mean the social aspect of doing something together with my son and my wife is… I mean we all run different times so we don't run the parkrun together but, you know, you turn up, you do the race and you sit around and drink coffee and do whatever afterwards and get to meet a whole bunch of other runners and, you know, some you know to nod to and a few of them you know reasonably well and some acquaintances that you've known over the years kind of congregate together.

In a very practical sense, the tacit understanding of the collective aspect of *parkrun* manifested in a preference for running in a group and diminished the likelihood of exercising individually; "I still prefer to do it with either *parkrun* or in a race or with a running group. I don't particularly like running on my own" (Julia). As a result, we argue that the experience of collective bodywork seemed work against the singularity of responsibilising of individuals. As Bonnie explained;

> When people come through the finish line, you know, there's people there and they're all cheering you on and, you know, it just gives a real boost really; and like that first experience I had of that woman, you know, supporting me through the last little bit when I was struggling. That happens all the time.

Our argument is not that this collective context removes individualised notions of responsibility, rather it accommodates both individual and collective subject positions and, in doing so, goes some way to ameliorate the harmful impact of health responsibilisation that critical scholarship warns us of. This seems to be accomplished in mundane ways such as through another interaction that Bonnie described;

> the social side's quite important, but that also helps motivate you as well because you can kind of support somebody who's a little bit heavier and go "Right, I'm going to catch up with them and have a wee chat,"

Our data captures the 'emergent and contingent' (Cohn, 2014) social relations shaping physical cultures that remind us of the value of the health practice approach. By trying to 'catch up' to a participant who is 'a little bit heavier' in order to provide support, this participant demonstrates that collective bodywork may disrupt the individualised ethos within their narrative of self-improvement. That is, *parkrun* appears to not merely exploit the individualised desires to be physically active, but rather to nourish participants' desires to enact relationships with family and friends, to provide and receive support and to strive towards goals as part of a group. Thinking in health practice terms allows us to conceptualise these aspects of *parkrun* that move

beyond individualistic assumptions of physical activity 'behaviours'. In this sense, parkrun appears to 'carry' (Blue et al., 2014) a range of participant desires to be active within a collective will to health that recognises sociality and mutual support as key elements.

Negotiating risk and the unfit-runner paradox

Although weight loss was never cited as the sole purpose for participating in *parkrun*, several participants included weight loss as part of their wider goals. Again, this was unsurprising given the plethora of research that has explored the ways in which discourse in public health promotion positions obese bodies and unfit/inactive bodies as objects of disease and risk (Fullagar, 2002, Fullagar and Harrington, 2009; Rich and Evans, 2005) and exercise as a remedy where energy 'expenditure' can balance out 'intake'. For example, one participant – who lost 2 stone 9 pounds over the last year – simply said; "it's been a wider goal of weight loss as well as fitness." Participants clearly articulated the normative idea that being overweight was pathogenic. The use of the metaphor "catch it" here was telling; "I didn't notice it, but I sort of noticed that my weight varied and suddenly I managed to put on a vast quantity of weight, you know, so I managed to actually catch it before it got too bad, you know" (Ben). Similarly, the complications of being overweight contributed to a sense of risk and an urgent desire to activate one's body. Patesh explained; "Well, what happened was around this time last year I was quite heavy. I was obese. I was 18 stone and I wanted to lose weight. I did lose weight." He continued,

> I was very heavy and I just didn't like the way that I looked. We had a reunion of friends from college and I didn't like the remarks people were making even though they were deserved, you know. Mind you, they weren't in much better

> shape than me. But I resolved then that I needed to get rid of the weight. (Patesh)

Participants' understanding of their own embodied risk is likely to materially and symbolically distance them from dominant discourses around what it means to be healthy, fit and active. As the critical scholarship on healthism articulates, obese people are assumed to be unhealthy, lazy and even morally wanting (Lee and MacDonald, 2010). As such, it comes as no surprise that many participants did not consider themselves to be particularly able runners. Hazel described herself as, "a person who runs. I'm definitely not a runner because I'm not very good at it." Similarly, when asked if he would describe himself as a runner, Ben said;

> No, I wouldn't. I don't look at myself as a runner even though I've run 5 times this week already since Monday and I've been out every day. I don't think of myself as a runner, but I probably am.

A similar response was given by Emily who said: "a jogger. A jogger. I'm too slow to be a runner. Yeah, I'm too slow to be a runner". These participants articulated a split between their own embodied subjectivities (health desiring, feeling old or overweight) and the subject position of being a runner, despite regularly engaging in the activity of running itself. These responses are likely to reflect not only the long history of running as a 'sport' and thus the preserve of the privileged few, but also the prevalence of healthism which tends towards binaries of healthy/unhealthy, slim/obese, fit/unfit (Crawford, 1980; Kirk and Colquhoun, 1989).

Our data point to the ways in which *parkrun* is complicit with problematic discourses of healthism through producing anxieties in relation to losing weight and implicitly privileging certain bodies to the exclusion of others. However, our data suggest that previously inactive subjects move from feeling excluded from sport and physical activity, to being included within the *parkrun* culture because it opens up a

diverse range of running practices (walk-running, jogging, competitive) and subject positions. As one participant said,

> I think when you go and you see the runners it's a whole range of abilities and that's probably one of the things that encourages people to come back. You know, they're not going to be miles behind or if they are, you know, they'll think "I can probably catch that person in front because they didn't look that fast." So they then come the next week, rather than it being "Oh god, I'm miles behind. I'm embarrassing myself." (Matt)

As such, we suggest that the complex relationships between sport and healthism were evident in that the participants in this study were not comfortable describing themselves as runners, but did identify with *parkrun* as a collective that accommodated different bodily capacities. For example, one participant said:

> I still wouldn't ever have the courage to join a running club unless it was completely, blatantly geared at the non-runner type of thing, whereas the parkrun - yes. It just seems to be equally encouraging of the last ones as the speedies at the front. (Diane)

Furthermore, for Julia; "[prior to *parkrun*] I would never have gone to a 10k run because I'd have thought "Oh, those are proper runners. I'm not," you know. But you see a lot of people there from *parkrun* and you feel just like it's normal." As we develop our analysis of *parkrun* as a health practice, we suggest that participation is contingent upon a relational understanding of physical activity with multiple rationalities/desires and the availability of new subject positions (i.e. the 'parkrunner'). Hazel for example, said: "You do sort of think, 'I'm a parkrunner.' There is a bit of an identity to it". In this way, our analysis illustrates that the social context of *parkrun* allows participants to tentatively reconcile the paradox of being an 'unfit-runner' through their participation. In one case, as a result of the *parkrun* events Kayleigh explained that she now undertakes additional runs on a Sunday and on a Tuesday evening. By enacting the practice outside of the events themselves Kaleigh staked her new identity claim, "So I'm now a runner." While this data clearly reminds

us that large numbers of people are likely to consider themselves symbolically and materially excluded from physical activity practices, we argue there is also a need to move beyond the generalisations of healthism in order to recognise how binaries of healthy/unhealthy, thin/overweight and fit/unfit are *troubled* for people through practices that carry multiple meanings. Indeed, by exploring the data set through questions of subjectification we can consider how *parkrun* invokes multiple practices through which embodied subjects become active (disciplined, responsibilised, pleasurable, social, sporty). The participants in this study highlighted that this process might be difficult given some long-term biographies of sedentariness and perceiving the practice of running as something engaged in by others ("proper runners"). However, for the participants here, it is clear that these tensions were negotiated through the practices and cultural context that *parkrun* affords new runners.

A similar process of negotiating exclusion and subsequent reconciliation was evident in participants' experience of illness in the context of *parkrun*. Previously inactive participants overwhelmingly spoke of their desire to participate in *parkrun* when recognising that their bodies were somehow 'at risk' and hence, in need of lifestyle intervention. Being 'at risk' was seen in terms of a self-reflexive response to a sense of embodied vulnerability, crisis, uncertainty or threat of mortality. Running was invoked as a remedy to the pathologies of the body, such as being overweight, having been diagnosed with a medical condition, ageing and an inability to move with ease. As Robert explained;

> It's really when I got the kick up the backside with being diagnosed with sleep apnea and they gave me this machine to go to bed with to make sure that you're not going to stop breathing during the night and that was the kick up the backside I needed really.

In line with this rationality, many participants drew upon narratives of redemption, metaphors of turning points and discourses of life sustaining bodywork (see also, Griffith and Phoenix, 2014). For Ben,

> I genuinely think when I realised… I mean luckily I had one of these moments about… I mean it was January last year when I … just looked at myself in the mirror and I didn't really recognise myself, you know, and I'm still relatively young, you know, 38. When I looked at my father and my mother and the lives that they lead and I was looking at myself and I looked at what possibly they were doing… I had to do something.

In several cases where participants had experienced serious medical problems *parkrun* was positioned as a transformative health practice within individual and family narratives;

> 2 years ago I was diagnosed with breast cancer and that sort of altered very much more how I felt about my diet and my exercise, and although I've never been particularly overweight I've always had a tendency in my latter years to put on a bit of weight if I overeat or I don't exercise very much. So I think that was also part of this and my daughter also saying to me, you know, "Come on mum, let's do something and let's try and enjoy it." So that was the motivation as well, having been ill. (Elinor)

It was interesting to note that, in this case, exercise was seen as a 'social' health practice for the self-management of illness in relation to others (her daughter). Disease-informed motivations like this were not common in the data, but these occasional comments offer insight into the strength of the 'exercise as medicine' discourse whereby *parkrun* can be seen as a legitimate risk reducing practice.

For some of the participants, their participation was framed in terms of their embodied experience of ageing where *parkrun* could reduce their risk of facing a future body crisis of immobility and frailty. Older participants said things like; "I think at my age now, I'm 56, it's a bonus getting round without injury" (Robert). Another participant explained; "I think it was sort of suddenly realising I'm hitting late 40s and I know if I don't do anything now I never will do and I need to try and be more healthy" (Diane). Similarly, "I'm in my mid 40s now and this is the time when

conditions are going to manifest themselves, like diabetes and heart disease, all those things. You know, the mid 40s is a bad time for men's health" (Patesh). This is a clear example of how an existential-corporeal manifestation of risk was produced through the intersection of health practices and calculative rationalities (informing aggregated population risk) to govern the self (Fullagar, 2002). Running as a new health practice was taken up as a prudential relation to the ageing self – keeping at bay and simultaneously fuelling fears and anxieties about mortality and morbidity.

Where our data extends the current understanding of risk is through participants' articulations of *parkrun* as a health practice within multiple discourses and embodied experiences. That is, as participants became active they invoked exercise as a resistance to clinical remedies and a reluctance to accept medicalized definitions of the self. For Emma, *parkrun* was valued as part of diabetes self-management; "My goal is quite selfish. My goal is to not have to go on medication for my diabetes. I don't want to go on medication because, stubbornly, I don't think I need to. So by doing this I'm hoping that I can stay off medication for longer." Similarly, Elinor explained; "I suppose it's been quite a powerful thing and so it's made me realise… I mean the statistics show that if you eat sensibly and do an amount of exercise, a good amount of exercise, you know, it's good for you and you can keep cancer at bay." These examples may also reveal the complexities surrounding health risk as subjects simultaneously comply with biomedical discourses – by virtue of engaging in risk (mortality-morbidity) reducing activities – and reject traditional biomedicine – by virtue of refusing to accept pharmaceutical solutions. We argue that for participants seeking better health, *parkrun* offers a different health practice that produces embodied agency that is not necessarily oriented around consuming medication as a patient.

Conclusion

In this article we have aimed to contribute to a sociological perspective that usefully informs public health debates about promoting physical activity by exploring the corporeal and discursive processes that shape how active embodiment is experienced as a health practice. One of our starting points was in sharing the concerns of Cohn (2014, p.160) that the current public health focus on 'behaviour' "unavoidably presents a particular moral explanation, as issues of responsibility and agency are distributed in specific ways along causal pathways that inevitably converge on the individual." In contrast to these individualising concerns, we have argued that the global rise of *parkrun* – an apparently thriving physical activity initiative – *carries* the embodied desires of previously inactive participants to improve health in ways that also re-positions individuals within a collective context. Taking this approach, our analysis has departed from discussions about how individuals can change their physical activity 'behaviours' through new 'attitudes' and 'motivations' and towards a sociological understanding of how *parkrun* is practiced through multiple relations to health and illness.

Thus, from a health practices approach, we claim that participants' bodywork is enacted relationally and collectively and, as such, participants are afforded the opportunity to re-contextualise discourses of risk and health responsibilisation. For example, through a sense of being "all in this together", this particular context goes some way to ameliorate the individualising effects of health responsibilisation. Indeed, we have highlighted how *parkrun* is complicit in discourses of risk which help produce citizens who are astutely aware of their own bodies, their own mortality, and are willing to enact health in line with available public health knowledge. Yet, we

have also illustrated how participants negotiate these discourses in complex ways. For example, while the normative discourses of healthism were still prevalent, participants were able to reconcile the healthy/unhealthy, thin/overweight, fit/unfit binaries that were previously inimical to physical activity participation by adopting a new subject position of being a 'parkrunner'. Indeed, a number of participants simultaneously complied with biomedical discourses – by virtue of engaging in risk (mortality-morbidity) reducing activities – and also rejected traditional biomedicine – by virtue of refusing to accept pharmacological solutions.

This paper calls for health promotors to consider how physical activity opportunities could recognise the value of collective contexts and understand how bodywork is performed and shaped through different social practices. Indeed, our data reveal that becoming active is a necessarily complex process that involved not only invoking an individual will to health through mobilising discoursed of discipline, guilt and rationality, but also through making available subject positions that individuals may have previously been excluded from. However, given the embodied and socio-cultural aspect of health practices, future research might fruitfully move beyond our empirical reliance on interview data to document the interrelated material, discursive and affective meanings in different contexts. Moreover, further work is required to explore if and how our findings might have implications in contexts beyond *parkrun.*

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