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Maintaining physical exercise as a matter of synchronising practices: Experiences and observations from training in Mixed Martial Arts

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ABSTRACT

This paper is concerned with the establishment, maintenance, and decline of physical exercise practices. Drawing on experiences and observations taken from a carnal ethnography and rhythmanalysis of the practices involved in training in Mixed Martial Arts (MMA), I argue that maintaining this physical exercise practice is not straightforwardly an outcome of individual commitment, access to facilities, or the availability of free time. It rather depends on the synchronisation of practices: those of MMA, those that support MMA, and those that more broadly make up everyday life. This research suggests that increasing rates of physical activity might be better fostered through facilitating the integration of combinations of healthy activities into everyday life.

1. Introduction

Physical exercise is promoted in the UK as an essential part of maintaining good health (see for example Department of Health, 2011b; NHS Choices, 2015; NICE Pathways, 2016) and as an effective measure to tackle non-communicable disease (see for example Lee et al., 2012). Despite this kind of health promotion and attempts at intervention, rates of physical activity remain low. In England only 66% of men and 56% of women claim to meet the Chief Medical Officers' recommendations for physical activity (Department of Health, 2011a) and these self-reported figures are considered to be radically overestimated (Prince et al., 2008). The effectiveness of health promotion interventions has, so far, been limited. This is in part because the problem tends to be addressed as one of enabling and constraining the healthy or otherwise behaviour of individuals. On the one hand, government-led health initiatives seek to provide more information to people to encourage them to do more physical exercise. On the other, public health guidelines advise investment in the design of the built environment and new facilities to increase access to, and availability of, places in which to exercise. By focusing on either the choices of individuals or the constitution of the built environment, such approaches envision that healthy behaviours would be adopted should citizens have access to sufficient information and opportunity. Both methods fail to capture more detailed accounts of how physical exercise practices are made, maintained, and broken, and of how the organisation of everyday life shapes rates of physical activity.

Drawing on a carnal ethnography and rhythmanalysis of participating in the physical exercise practice and combat sport of Mixed Martial Arts (MMA), I extend conceptual resources from theories of practice and rhythmanalysis to argue that the maintenance of physical exercise practices does not depend straightforwardly on individual motivation or commitment, on access to facilities or places in which to exercise, or on the availability of 'free' time in which to perform exercise. Instead, the forging of such places, times, and commitments, should be recast as the outcome of the reproduction of a given physical exercise practice, such as MMA. I argue here that the maintenance of physical exercise practices depends on the synchronisation of supporting practices (in this case dieting and strength and conditioning) and with broader practices that make up everyday life.

I begin with a brief discussion of selected, contemporary public health approaches designed to encourage levels of exercise and curb sedentarism so that I can, secondly, outline an emerging and significantly alternative approach to public health based on practices and rhythms that I argue could be developed to advance strategies designed to increase rates of physical activity. Thirdly, I give a methodological account of the study, which builds on previous research on combat sports and that aims to capture the embodied experience of maintaining this physical exercise practice, extending it through a rhythmanalysis to consider the temporal dynamics of everyday life involved. I conclude that those who would seek to intervene in and shape physical exercise practices should pay attention to the integration of physical exercise practices, and supporting practices, within broader patterns of activity that make up everyday life.

2. Contemporary public health approaches to physical activity

Rates of non-communicable disease are rising fast (Beaglehole

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et al., 2011). Although new evidence shows that when it comes to obesity and weight loss 'you cannot outrun a bad diet', research suggests that "[r]egular physical activity reduces the risk of developing cardiovascular disease, type 2 diabetes, dementia and some cancers by at least 30%." (Malhotra et al., 2015, p, 1). The implication is that rising levels of obesity are better attributed to significant changes in the production and consumption of food, while sedentarism is a core contributor to growth in non-communicable disease more generally. Getting people moving more, quite rightly, remains at the forefront of UK health promotion strategies.

While health promotion strategies and interventions fall under a broad spectrum; two distinct approaches can be discerned. The first approach explains health as a result of individual choice that can be influenced by providing information and incentives to shape attitudes and values. One current example of this approach in the UK is the Change for Life Campaign.[1] This government-led initiative provides information, advice, and 'lifestyle tips' to help people make healthy choices such as moving more, eating well, and drinking less alcohol. Its ambition is to influence and motivate individuals to adopt and commit to a healthy lifestyle. Such approaches have been well critiqued within the literature on public health for ignoring the social circumstances that shape who is able to adopt and choose particular lifestyles, and for misrepresenting health inequalities as the outcome of individual choice (e.g. Frohlich et al., 2001; Thompson and Kumar, 2011).

In response to such critiques, health promotion has sought to address better what it calls the 'social determinants' of health and health inequalities (e.g. Baum, 2008; Marmot et al., 2010). Part of the approach has been to influence and affect the 'social context' of health behaviours by increasing access to, and the availability of, various health resources, including public places in which to exercise. An example of this kind of health promotion and type of intervention can be seen in the National Institute for Health and Care Excellence (NICE) 2008 guidelines on physical activity and the environment.[2] These guidelines endorse investment in the built environment and the provision of facilities, amongst other recommendations, as a way of encouraging increased rates of physical activity. Approaches that seek to capture the 'social determinants' reveal significant variations in population health that correlate with place. However, contemporary approaches to public health could do more to examine how the dynamics of everyday life shape the use of facilities and the built environment, that is, to understand how exercise practices are made and maintained in a given place.

In recasting understandings of physical activity as more straightforwardly the result of individual commitments, access to facilities, and the availability of free time, public health could develop new approaches to investigate the ways in which exercise practices are combined with potentially supporting practices such as eating and possibly conflicting practices such as family and social life; it could develop new accounts of how healthy and unhealthy practices emerge in social life; and it could take further steps to understand how such practices and combinations might be fostered and disrupted.

3. Practices and rhythms

One way of achieving this is to turn to an exploration of the rhythms involved in maintaining a physical exercise practice to reveal new opportunities for shaping rates of physical activity. In social theory, authors such as Bourdieu (1977) and Giddens (1984) have developed practical accounts of social action which complicate questions about the limits of individual agency and the determinacy of social structure. From such accounts, what has been called a 'practice turn' in social thought (Schatzki et al., 2001) has challenged analyses which have separated out agency from structure and which have separated micro and macro levels of social action. Instead, authors following this approach advocate taking practices, social phenomena in their own right, as the central unit of conceptualisation and enquiry. This unit of a practice is sometimes described as a routinised activity which includes various forms of mental and bodily actions, sayings and doings, knowledges and objects. Reckwitz summarises:

> "A practice is thus a routinized way in which bodies are moved, objects are handled, subjects are treated, things are described and the world is understood." (Reckwitz, 2002, p, 250)

Rather than belonging to an individual, practices are shared and repeated by people. Indeed in this formulation people become the 'carriers' of practices as entities (see Shove and Pantzar, 2007) which, significantly, have their own histories, geographies, and trajectories. Examples of practices are showering (Hand et al., 2005), eating (Warde, 2013), and driving (Shove et al., 2015). Accounts of social action that have adopted such an approach have reframed understandings of changing patterns of consumption (Warde, 2005), and particularly those that significantly impact on environmental sustainability (see Shove and Spurling, 2013).

Recently this approach has been taken up with public health concerns in mind. For example, Cohn (2014) has argued for a reconceptualisation of health behaviours in terms of health practices to capture the emergent and contingent properties of people's activities. In the same special issue, Nettleton and Green (2014) have developed a social practice account of how mobility practices change. Maller (2015) has drawn attention to the opportunities a practice approach presents for understanding health regarding both its empirical application and its emphasis on the critical role of materiality. Hitchings and Latham (2016) have investigated how exercise practices become attached to certain environments how running has become an activity that takes place indoors. And Blue et al. (2016) have described the history and trajectory of smoking as a practice to illustrate potential new possibilities for public health intervention in the development of (un)healthy practices.

What each of these approaches has in common is that they argue for reframing the conceptual and analytical focus of public health away from questions about what enables and constrains more and less healthy behaviours, in favour of an examination of the dynamics of practices (Shove et al., 2012). They seek to explain how changes in population health are an outcome of changes in the order and organisation of everyday life. More than an analytical category, everyday life is the methodological site which permits an investigation of how practices emerge, persist, and decline, connect in sequence and combination, and affect and shape each other.

The concept of rhythms as developed by Lefebvre (1992), I argue, is a useful bedfellow for practical accounts of social action that seek to understand the establishment, maintenance and decline of practices. Both approaches emphasise and deal with the reproduction of activities that constitutes the everyday and how it changes. While the concept of practice allows us to identify a given phenomenon or activity and trace its histories and geographies over time and across different places, an analysis of rhythms provides us with further conceptual leverage for understanding the effect that the reproduction of a given practice has on other practices.

Rhythmanalysis has been explored in relation to nature, place, mobilities, and bodies in a collection edited by Edensor on Geographies of Rhythm (2010) and in relation to the city in an edition on Urban Rhythms by Smith and Hetherington (2013). As of yet, these ideas have not been developed within the field of public health. Health initiatives designed to increase the uptake of physical activity have, to some extent, attended to issues of timing, so-called 'time poverty', and the organisation of daily life. For example, sports centres schedule exercise classes to fit around standard 'office hours', and offer flexible gym memberships. However, what such initiatives are unable to account for

[1] See http://www.nhs.uk/change4life/Pages/change-for-life.aspx

[2] See https://www.nice.org.uk/guidance/PH8/chapter/1-Recommendations