

Project ReVisioning Fitness: From educating "fitness" to celebrating difference



Supplementary Learning Resource

Context about the film:

This film explores a project that took place during the COVID-19 pandemic where a group of people met several times from the months of January-July 2021 on Zoom to question notions of fitness and its connection to eugenics. They came together across their complex relationships to difference and have been exploring ways to re-imagine notions of fitness to refuse oppressive eugenic legacies that continue to exclude and oppress bodies of difference.

In June 2021, the team completed a digital storytelling workshop where they created first-person videos about their experiences with, implicatedness (for some) within, and inventiveness of, “fitness.” The ReVisioning Fitness minidocumentary is a culmination of our virtual meetings and digital stories.

Project goals:

Goals of the project include surfacing the racist, ableist, ageist, sexist, cis-sexist, classist, sanist, fatphobic, hetero-sexist, heteronormative, colonial, neoliberal, and capitalist systems that dominate the fitness industry today. We do this by centring the insights of people who are racialized, queer, trans, nonbinary, gender nonconforming, fat/thick/curvy/plus sized, and/or disabled. This process was done through story sharing of our lived experiences and our collective imagining of the future of fitness that is inclusive and accessible (while thinking critically of the use, overuse, and misuse of those words, Ahmed, 2019).

Our re-imagination of fitness includes:

- **Access guides** becoming common practice within facilities earmarked for physical activity, fitness, recreation, or leisure.
 - We imagine an access guide as multisensorial/multimodal, including visual, audio, and textual components that describe “what to expect” within a facility. This information would include where to find gender neutral washrooms, the height of desks and general equipment, and where to locate accessible entrances and elevators.
- The idea of a **fitness doula (or fitness facilitator)**

- A ‘doula’ is traditionally known as a (woman-identified) professional trained in childbirth who provides emotional, physical, and educational support to a mother who is expecting, is experiencing labor, or has recently given birth. Their purpose was to help people have a safe, memorable, and empowering birthing experience.
- The concept of a doula has been applied to other experiences (e.g., adoption, miscarriage, grief, disability).
 - We want to extend this idea to the area of fitness, and re-name it to ‘facilitator’ as a non-gendered option of the term.
 - The relationship between a fitness facilitator and client would have no knowledge hierarchy about bodies but instead a mutual exploration of movement, exercise, and leisure that honours people’s own sense of their bodies.
- Creation of **videos (i.e., modules)** that share knowledge on identities, cultures, and activism about difference (e.g., fat, disabled, and queer cultures) and are circulated within for-profit and not-for-profit fitness organizations.
 - Could also be used as an informative tool for the fitness facilitator described above.
- **Infusing joy, pleasure, fun, autonomy/choice, and practical movements**, into fitness and movement practices and resisting common fitness-related ideas such as “no pain, no gain” or “mind over matter” or not honouring when your body says “no.”

Our meaning of terms:

Please note that the following terms can be understood in different ways from different theoretical and disciplinary positions. The following is an explanation of our understanding of these terms.

Ableist/Ableism: discrimination and prejudice against people with disabilities and/or people who are thought to be disabled. When disability is considered to be inferior (or lacking) compared to the dominant able-bodied person, making able-bodiedness compulsory in society (Kafer, 2003). For example, refusing to make a gym physically accessible or not hiring people with disabilities to teach

fitness classes. Ableism is the perpetuation of equating disabled bodies and minds with lack and deficit (Hamraie, 2016) rather than vitality and vibrancy.

Racism: Racism is different from racial prejudice, hatred, or discrimination. Racism involves one group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices. It is reflected in disparities in, but not limited to, health, wealth, income, justice, and voting. It also unfairly advantages individuals belonging to socially and politically dominant racial groups (e.g., only hiring white or white passing people at a fitness centre). More information about Critical Race Theory [here](#); Delgado & Stefancic, 2017).

Ageist/Ageism: Prejudice or discrimination based solely on the grounds of someone's age. Usually in the form of discriminating against older adults or a tendency to privilege people who are young.

Compulsory youthfulness is produced through systems of beliefs, values, and practices that create and reinforce youthfulness as ideal, thereby casting old age as devalued states of being (Butler, 1989).

For example, only hiring fitness instructors who are younger than 35 years of age or using advertisements that represent only young people.

Sexist/Sexism: prejudice, stereotyping, or discrimination against people who wholly or partially identify as woman, based on sex or gender assigned at birth. This is associated with stereotypes and assumed gender roles and the belief that people who are assigned male at birth are naturally superior to women. For example, paying male personal trainers more money, giving them more clients, or giving only female clients to a female trainer (Taylor et al., 2018).

Cis-sexist/Cis-sexism: discrimination or prejudice against transgender, nonbinary, and gender nonconforming people. The idea that cisgendered people (people who identify with the sex and gender assigned to them at birth) are superior to trans, non-binary, and gender nonconforming people (Nordmarken, 2014). For example, not

having gender neutral washrooms at the facility or using binary or gendered fitness cues when teaching a class.

Classist/Classism: Includes individual attitudes, behaviors, systems of policies and practices that are set up to benefit the middle-upper class at the expense of the lower class. This also includes discrimination based on a person's income or socio-economic-status, or prejudice on the basis of person's social class. For example, having high membership fees at a fitness facility (rather than a sliding scale system), or publicly available recreation facilities created in higher income neighbourhoods but not lower income neighbourhoods.

Sanist/Sanism: discrimination against people with lived experience in mental healthcare systems or institutions (Gorman & LeFrançois, 2017). For example, expecting clients to remove negative emotions or mindsets, advertising a space as, "good vibes only" or using phrases such as, "you're crazy" or "crazy workout."

Fatphobic/fatphobia: the fear and hatred of fatness and fat people (Cooper, 2010). Also note the term **fatmisia**—the misia derived from the Greek misos, meaning hatred, dislike, or contempt—refers to hatred of fat, fatness, and fat people (Rinaldi et al., 2020). For example, the belief that someone should exercise to lose weight or lack of access to fitness apparel in larger sizes.

Heterosexist/heterosexism: a system of attitudes, biases, and discrimination in favour of female–male sexuality and relationships which becomes compulsory in society (Kafer, 2003). This includes the presumption that other people are heterosexual or that female–male attractions and relationships are the only norm and therefore superior to queer attraction. **Heteronormativity** assumes a gender binary and that sexual and marital relations are between people of opposite sex (i.e., male-female assigned at birth) which is promoted as the preferred (and mandatory) sexual orientation in society.

Colonial/Colonialism: A system of preferences and privilege for white Anglo European people and settlers. Colonialism is a practice or policy of control by power over other people or areas, often by establishing colonies and generally with the aim of economic

dominance. In the process of colonization, colonizers imposed (and continue to impose) their religion, language, economics, and other cultural practices. Colonialism is not just a historic event but a still-existing structure of settler dominance and its powerful effects on Indigenous peoples and settlers (Arvin, Tuck, & Morrill, 2013).

Neoliberal/Neoliberalism: a political ideology based on competition, individualism, and consumerism (e.g., Harvey, 2007). It is also based under the belief that privilege and success is from hard work, ignoring social inequities, or casting oppression as the person's fault or wrongdoing (e.g., a person is unhealthy because they make bad life choices or did not work hard enough). For example, someone being perceived as unfit or unhealthy because they do not spend "enough" hours engaging in physical activity (pathologizing and individualizing inactivity, suggesting sedentary behaviour is immoral and a choice).

Capitalist/Capitalism: Capitalism is a system in which a society's means of production of goods for profit are owned by individuals or companies (not the government). Central characteristics of capitalism include capital accumulation, competition, a price system and profit margins, private property and the recognition of property rights, voluntary exchange, and wage labor (Harvey, 2007). For example, the prioritization of profit over anything else (e.g., safety).

What is meant by "anthropometrics" and "fitness tests"?

The word anthropometrics comes from the Greek meaning of 'human' and 'measure' and refers to the measurement of an individual. The history of anthropometrics is complex (Cryle & Stephens, 2017; Ulijaszek & Komlos, 2010). It has been used to understand human physical variation and historically attempted to demonstrate links between physical attributes, race, psychological traits, and even criminality. Today, anthropometry is used in industrial design, clothing, and ergonomics.

At various times in history, the use of anthropometrics has ranged considerably. During the late 19th and early 20th centuries (the explicit eugenics era), eugenicists were very interested in anthropometrics and measuring bodies to support eugenic claims. This included measuring height, weight, and head (and brain) size (Cryle & Stephens, 2017; Holt,

2005). This type of work was deeply racist and (believed to be) discredited after World War II.

Measuring bodies

Regardless, anthropometrics is a common feature of fitness tests today. During a typical fitness test, an individual's height, weight, waist-to-hip ratio, and skinfold measurements (using calipers) are recorded. Note: many of the tools used to measure bodies in a current day fitness test mirror tools that were used during the explicit era of eugenics (see figure 1).

One of the most common features of a fitness test and anthropometrics is **Body Mass Index** (BMI) assessment. BMI is calculated using the formula: weight in kilograms divided by height in meters squared. The history of the BMI can be traced back to eugenics founder Francis Galton. Adolphe Quetelet was one of the first statisticians to graph height and weight in the 19th century. Quetelet's statistics were used as support for eugenic claims through the illustration of a normal curve (i.e., the bell-shaped curve; Davies, 2016) and measure for classifying people's weights relative to an ideal for their height, now known as the BMI (Davies, 2016; Eknoyan, 2006).

While Quetelet was no eugenicist, his work influenced eugenics founder Francis Galton, who used Quetelet's bell-shaped curve not to define the norm but rather to determine the abnormal, in the process aiming to eliminate bodies seen as 'unfit' for the (white) Nation (Holt, 2005). Entire populations came to be compared with certain white, masculinist, conventionally embodied (thin, able-bodied) and normatively minded (no mental illness or disability) ideals of the human, and those labelled as disabled, fat, queer or racialized to be dismissed as less than fully human (Saxton, 2018).

In the mid-20th century, insurance companies took up the use of height and weight tables to fabricate logic about who should receive health insurance, mainly to prevent fat policy holders from receiving funds. These tables were based on white cis-male data and were even taken up by doctors. Ancel Keys was a famous researcher in the 1970s who took it upon himself to standardize ways to measure fat. He believed fat people and fat in diets were a crisis and he was overtly fatphobic. He endorsed the BMI as the

best of various indices of obesity, seemingly without much scientific evidence for this claim (Hobbes & Gordon, 2021).

Some history about fitness tests

During a similar point in time, in the 1940s and 1950s, Kraus-Weber and Bonnie Prudden (well-known exercise authorities at the time) administered fitness tests (known as the presidential fitness test) to thousands of US kids (ages 6-16). This test comprised of a series of militaristic-style physical activities such as curl-ups, pull-ups, push-ups, and a shuttle run. Later, they travelled to Europe to test 3000 kids in Italy, Austria, and Switzerland. After those fitness assessments, they found that 58% of American kids failed the fitness test but only 8% of the European kids failed. This stirred up a lot of intense national-level competition about fitness especially since this was post-war time when the US was trying to assert themselves as a super-power dominating nation (Hobbes & Gordon, 2021).

Interestingly, it was later found that the test had measurement flaws. Instead of measuring the so-called “fitness” levels of people, it was measuring practice of the movement activities. The style of the test mirrored more closely with European gym classes which were known to be more militaristic than American gym classes. Therefore, the European kids had much more practice for the test itself than the American kids. Regardless, the test results led to intense moral panic about the “fitness” of kids, and ultimately, the fitness of the nation (Hobbes & Gordon, 2021).

Fitness tests today

Fitness tests have been standardized and normalized, they take place in physical education in elementary and high schools, at fire fighter testing centres, and in kinesiology and dietetic curriculums (and others) to this day. Some gyms will offer fitness tests to clients as a way to assess a base level of fitness and help clients create fitness goals. Fitness tests tend to be used as a teaching tool, to inform students or clients about the state of their bodies, motivate improvement, increase physical activity levels, and decrease sedentary behaviour.

Some scholars warn that fitness tests may contribute to or underpin diminishing interest in physical education in particular and physical activity in general (e.g., Rice, 2007). Fitness tests have been found to undermine

children's confidence, self-esteem, and sense of self as physical activity participants (Cale & Harris 2005; Rice, 2007). Those who perform well (the minority of participants) tend to enjoy fitness tests. Those who do not (the majority of participants) are publicly viewed as unfit and tend to feel strong emotions and anxiety about their bodies, which may lead to avoiding future physical activity, if/whenever possible.

Common fitness test activities

Activities of a fitness test today are performed to assess strength, flexibility, endurance, and sometimes balance. Common activities include a VO_2 max test (completing an activity until the maximum amount of oxygen the body can utilize is indicated on a computer during a specified period of usually intense cardio exercise; e.g., treadmill running), leg-stretch (hamstring flexibility), sit-ups (core muscle strength), push-ups (arm and chest strength), grip strength (forearm strength; a common measure for overall body strength), bicep curls (arm strength), one leg stance (balance) and more (Hobbes & Gordon, 2021).

These scores are compared to normative values (average scores based on the population – usually white, able-bodied, and lean people) based on pre-determined (and arbitrary) age categories and a binary system of gender (men/women). Most individuals who are trained to deliver fitness tests are not informed of the problematic history of anthropometrics or fitness tests and its links to eugenics (and as an example of new eugenics that continues today). Fitness tests are sometimes mandatory in kinesiology and dietetic curriculums where student participation is compulsory and graded.

Fitness Testing & Anthropometrics

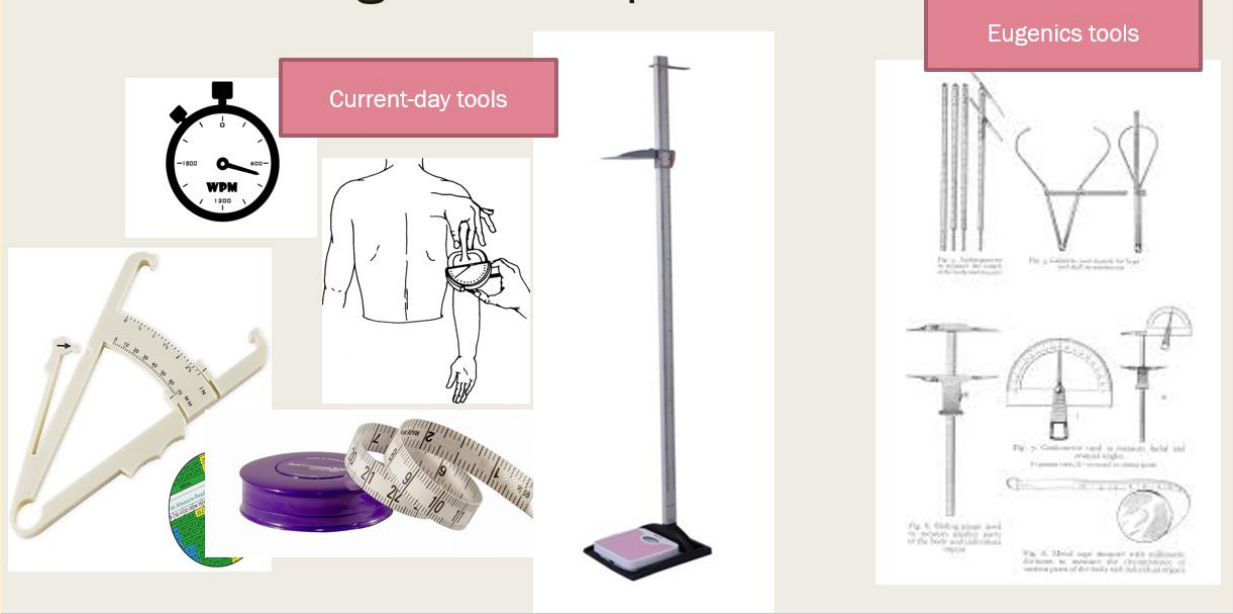


Figure 1. Tools used during a current-day fitness test versus tools used to measure bodies during the explicit era of eugenics.

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