



Research paper

'Social health', 'physical health', and well-being: Analysing with bourdieusian concepts the interplay between the practices of heavy drinking and exercise among young people



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ABSTRACT

Background: The article examines the interplay between the practices of heavy drinking and exercise among young people. The comparison helps to clarify why young people are currently drinking less than earlier and how the health-related discourses and activities are modifying young people's heavy drinking practices.

Methods: The data is based on interviews ($n = 56$) in Sweden among 15–17-year-olds and 18–19-year-olds. By drawing on Pierre Bourdieu's concepts of habitus, field, and capital, we examine what kinds of resources young people accumulate in the fields of heavy drinking and exercise, how these resources carry symbolic value for distinction, and what kind of health-related habitus they imply.

Results: The analysis shows that young people's practices in the social spaces of intoxication and exercise are patterned around the 'social health' and 'physical health' approaches and shaped by gendered binaries of masculine dominance. The 'physical health' approach values capable, high-performative, and attractive bodies, whereas the 'social health' approach is oriented towards accumulating social capital. The analysis demonstrates that these approaches affect the interviewees' everyday life practices so that the 'physical health' approach has more power over the 'social health' approach in transforming them.

Conclusion: As the 'physical health' approach appears to modify young people's practices of drinking to be less oriented to intoxication or away from drinking, this may partly explain why young people are drinking less today than earlier. Compared to drinking, the physical health-related social spaces also seem to provide more powerful arenas within which to bolster one's masculine and feminine habitus. This further suggests that intoxication may have lost its symbolic power among young people as a cool activity signalling autonomy, maturity, and transgression of norms.

Introduction

Recent changes to young people's drinking practices provide an important opportunity to study their understanding of at-risk and healthy behaviour. In Scandinavia up to the beginning of the 2000s, heavy drinking used to be a major rite of passage among adolescent boys and girls (Järvinen & Gundelach, 2007; Törrönen, Roumeliotis, Samuelsson, Kraus & Room, 2019; Englund, 2019). The majority of teenagers attached more symbolic value to partying and drunkenness than to

moderate drinking, and considered themselves superior to the cautious drinkers or non-drinkers (Järvinen & Gundelach, 2007).

Since the beginning of the 2000s, heavy drinking has lost some of its attraction among young people and has been challenged by competing activities. In Sweden, between 2000 and 2012, consumption among 15–16-year-olds fell by more than 50% (Norström & Svensson, 2014), and abstention rates increased from about 30% to more than 50% (Henriksson & Leifman, 2011). Moreover, heavy drinking decreased from 34% to 18% among boys and from 23% to 17% among

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girls (ibid.). This trend of low alcohol consumption among adolescents has continued to this day (A. Englund, 2019), indicating a new kind of understanding of at-risk behaviour among adolescents. Similar declining trends of substance use and at-risk behaviour among young people have been identified in other European countries, Australia, and North America (De Looze, 2015; Kraus et al., 2018).

The decline of adolescent drinking may partly be related to a health and fitness trend (Törrönen et al., 2019). It is widely noticed that in comparison to previous generations, young people are now more health-focused (Kraus et al., 2019). Studies show that 'fitness hype' is common among young people (Tiggemann & Zaccardo, 2016; Wiklund, Jonsen, Coe, & Wiklund, 2019), as is an increased interest in a healthy diet (The Nielsen Company, 2015). This manifests itself as a dominance of a healthism discourse among young people (Wiklund et al., 2019), emphasizing the importance of a healthy diet, physical activity, and exercise as an individual duty (Kirk & Colquhoun, 1989). As this discourse encourages young people to monitor their well-being by investing in choices and practices that are health-enhancing and make your body fit, it aligns with neoliberal ideals (Crawford, 2006). However, according to research, the rise of health consciousness does not necessarily lead to young people losing weight (Ahluwalia et al., 2015) or to increasing their physical exercise (Kalman et al., 2015). As young people translate a healthism discourse as part of their everyday life practices, they may emphasize some aspects and downplay others. For instance, they may think that it is important to decrease their sugar and fat consumption (Slining & Popkin, 2013), increase their fruit and vegetable consumption (Vereecken et al., 2015), and avoid heavy alcohol consumption (Pennay, Livingston & MacLean, 2015). They may also understand healthiness from the viewpoints of looking good, being energetic, and socially successful, rather than being worried about the long-term functioning of their biological bodies. Therefore, even though in general they might align with a healthism discourse, in certain situations they may choose to engage in at-risk behaviour and have fun, for instance by binge drinking (Rail, 2009; Van Amsterdam & Knoppers, 2017).

Indeed, studies show that while the decline in adolescent drinking has challenged the symbolic value of partying and drunkenness among young people by making room for competing activities, it has not done away with the tradition of heavy drinking. Drinking to intoxication is still an activity in which many teenagers choose to engage (e.g., MacArthur, Jacob, Pound, Hickman & Campbell, 2017). For example, in Sweden around 40% of teenagers still binge drink (Zetterqvist, 2018). For binge drinking adolescents, drunkenness seems still to carry high symbolic value (Lunnay, Ward & Borlagdan, 2011), representing a way to accumulate social, cultural, and symbolic resources in the struggle for recognition (MacArthur et al., 2017) and signifying a transition to adulthood (Ander, Abrahamsson & Bergnehr, 2017).

In this article, we aim to shed light on how young people's reduced drinking and their health-related activities are interconnected. Although studies propose that there is a link between the decline in drinking and health orientation, we still lack knowledge on their relation (Kraus et al., 2019). In what follows, by examining the interplay between the practices of drinking and exercise, we seek to clarify how health-related activities may explain young people's current low alcohol consumption.

Approach

We employ qualitative interviews conducted with 56 adolescents from different backgrounds and draw on Pierre Bourdieu's concepts of field (social space), capital (resource), and habitus (action-related embodied mental and corporeal categories and schemata) (Bourdieu, 1984).

Habitus consists of the system of mental and corporeal categories and schemata we have internalized through our past interaction with others and the environment (Bourdieu, 1990). These categories and schemata enable us to perceive the world in a specific way, evaluate it, and act in it

(Bourdieu & Wacquant, 1992). As an embodied system of 'disposition' and 'inclination', habitus helps us to cope with unforeseen and ever-changing situations by making them meaningful in relation to our past relations and actions (Bourdieu, 1990).

Habitus develops and is modified in relation to fields which are sites of struggle, structured systems of social positions through which actors gather certain types of capital that is beneficial for their action in these social arenas. The boundaries of a field are somewhat vague and in motion, because they are themselves at stake in the struggle for legitimate social positions within that social arena (Bourdieu & Wacquant, 1992). Besides being formed as social and physical spaces (Bourdieu, 1991), fields also have symbolic dimensions (Shammas & Sandberg, 2016). For example, the boundaries of heavy drinking are determined not only by the act of getting intoxicated in a certain social and physical space. The drinking stories that afterwards are told at school and the representations of intoxication through social media also participate in defining what kind of social space heavy drinking is and where its boundaries lie among young people.

When comparing the social spaces of heavy drinking and exercise, it is important to note that their relations to the mainstream culture differ. As media, authorities, and the healthism discourse regard adolescents' heavy drinking as something negative, as an unhealthy practice (Kirk & Colquhoun, 1989), they contribute to the construction of it as an alternative field for young people to oppose the governing values of adult society. In contrast, young people's social spaces of exercise, such as doing sports, fitness, and bodybuilding are typically constructed as fields in which the accumulation of capital commonly follows mainstream values and norms for a healthy lifestyle, as conveyed by the healthism discourse.

Usually, different forms of capital become combined with each other and form field- and social practice-related configurations. Bourdieu himself highlighted relations between four forms of capital: economic, social, cultural, and symbolic. Later, physical and emotional capital have been added to the picture (Cottingham, 2016; Shilling, 2004). *Economic capital* consists of income, wealth, financial inheritances, and monetary assets. As our adolescent interviewees do not yet work full time, their parents' economic resources condition what kinds of risk-taking and health-increasing practices are economically feasible for them. *Social capital* is about social relationships and networks, about solidarity towards particular groups, and about engagement in social practices through which other forms of capital can flow and through which young people may seek ongoing acknowledgement for their identity (Bourdieu, 1986). *Cultural capital* refers to young people's knowledge of one kind or another, to their practical skills, and to their cultures of taste (Skeggs, 1997). *Physical capital* stands as a resource related to appearance and bodily capacity (Shilling, 2004). *Emotional capital* consists of emotion-based knowledge, emotion management skills, and feeling capacities young people have developed to deal with the expectations and pressures in diverse social situations (Cottingham, 2016). When a particular form of capital is perceived as legitimate and socially respected, it is transformed into *symbolic capital* (Skeggs, 1997). Thereafter, it carries power in the ongoing struggle for recognition and distinction.

Bourdieu (1984) strongly relates the accumulation of capital to distinction. By distinction, he refers to an embodied 'taste' that stems from habitus and determines persons' cultural interests, identifications, likes, oppositions, and dislikes. He further emphasizes the importance of socioeconomic distinctions over other forms of distinctions, such as gendered distinctions (Shilling, 2004). In our analysis, we approach taste in a more flexible way than Bourdieu. We consider it an open question and a matter of empirical examination. Thus, what categories of identification and opposition our interviewees practise to accumulate capital and locate themselves in the fields of heavy drinking and exercise is seen as an indication of what kind of taste-indicating distinctions are the most relevant driving forces for them in these social spaces (Jenkins, 1992; Törrönen & Simonen, 2015).

Table 1
Overview of the participants, $n = 56$.

	Non-drinkers	Moderate drinkers	Binge drinkers	Total
Gender				
Girls	16	10	6	32
Boys	12	5	7	24
Age groups				
15–17	18	7	1	26
18–19	10	8	12	30
Native or foreign background				
Born in Sweden	16	8	12	36
Foreign-born parent(s)	10	4	0	15
Foreign-born	2	3	0	5
Social class ^a				
Lower	9	7	1	17
Middle	16	2	5	23
Higher	3	6	7	16
Area ^b				
Large city	2	2	4	8
Middle town	15	3	4	22
Small town	11	10	5	26
Socioeconomic status of area ^c				
Low status	12	3	4	19
Middle	14	8	4	26
High status	2	4	5	11

^a Based on categorization of parents' occupations.

^b Based on number of inhabitants in the municipality of residence. Large city $\geq 500,000$, Middle town 50,000–499,999, Small town $< 50,000$.

^c Based on categorization of share of adult population with longstanding social welfare, average income of population, and ill-health rate of the municipality of residence.

Data and methods

Ethical approval to conduct the study was obtained from the Regional Ethical Review Board in Stockholm, Sweden (ref. 2016/2404–31/5). Interviewees were recruited in 2017 mainly from various secondary (9th grade) and upper secondary schools (12th grade) in the Stockholm region and from other towns in central Sweden. Interviews were conducted with 56 adolescents from different socioeconomic, ethnic, and geographical backgrounds. The interviewees could choose whether they would like to be interviewed alone or with a friend. As a result, ten participants were interviewed as friends in pairs, whereas 46 participants were interviewed individually. To be able to explore possible age differences, as well as to follow their development, both 15–17-year-olds ($n = 25$) and 18–19-year-olds ($n = 31$) were recruited (cf., Lintonen, Härkönen & Raitasalo, 2016).

In the first interview (see Table 1), all participants were categorized based on their consumption as abstinent/non-drinkers ($n = 28$, 50%), moderate drinkers ($n = 15$, 27%), and binge drinkers ($n = 13$, 23%), defined by drinking to intoxication at least once a month, over six units per occasion for boys and over five for girls. Binge drinking was more common among the older than the younger cohort. Moreover, binge drinking was more common among those born in Sweden with Sweden-born parents. Of the 20 interviewees with foreign background, 12 were born in or had one or two parents born in a Middle Eastern country (Iran, Iraq, Turkey, or Afghanistan). Abstinence was more common among interviewees with a foreign background.

As the data collection was part of a longitudinal study, the majority of participants were interviewed three times: 28 participants were interviewed three times, 18 were interviewed twice, and 10 were interviewed once, resulting in a total of 130 interviews. In the first wave (year 2017), most of the interviews were conducted face-to-face. In the second (2018) and third wave (S. 2019), most of the interviews took place over telephone or Skype. The interviews lasted between 20 and 90 min (mean 54, median 52). They were fully transcribed and then coded by NVivo software by two independent researchers from the perspective of thematic coding. Comparing the codes from individual interviews with those from interviews in pairs, we found that the results were similar and comparable for the purposes of this article.

In the first wave, the interviews were based on semi-structured open questions covering themes such as how the interviewees understand health and well-being, improve and maintain their health and well-being, understand the relation between drinking and health, explain the reasons to drink or not to drink, and describe their most common drinking or having-fun situations. Through the coding process of the main themes, we noticed that our interviewees approach health and well-being from two perspectives, which we call the 'social health' and 'physical health' approaches. The 'social health' approach differed from the 'physical health' approach by emphasizing partying and intoxication as important elements in the practices of a healthy lifestyle, while the 'physical health' approach underlined the importance of practices related to sport, fitness, and bodybuilding. Based on these observations, in the second wave of interviews we decided to get more information on what kinds of categories, schemata, interests, resources, habits, and fields young people relate to intoxication and exercise. For covering all the important aspects and contexts in these issues, we used pictures as vignettes that represented young people drinking heavily or exercising in different kinds of situations (Törrönen, 2018). Together with the vignettes we posed questions such as: is this situation familiar to you or among your friends? Can you identify with the characters? What is going on in the situation? How do the events in it continue? In the third wave of interviews, we mapped in what way our interviewees' practices of drinking and exercise had stayed the same or changed from the time of the earlier interviews.

Analysis

In the interplay between the practices of heavy drinking and exercise, we focus on the 'social health' and 'physical health' approaches, which our thematic reading of the material identified as two perspectives on healthy lifestyle and well-being among our interviewees. Specifically, we draw on Pierre Bourdieu's concepts of habitus, field, and capital as explained above and pay attention to what kinds of categories and distinctions our interviewees use to make sense of their heavy drinking and exercise-related practices, and in what kinds of spaces these taxonomies construct partying (intoxication) and exercise. We also analyse what forms of capital our interviewees' categorizations and distinctions of

their practices highlight, and how these forms of capital carry symbolic value for recognition and well-being. Moreover, we look at what kinds of gendered, socioeconomic, or ethnic viewpoints our interviewees' distinctions and configurations of capital imply. In addition, while doing the analysis, we pay attention to how the 'social health' and 'physical health' approaches are contested. We start our analysis with a 'social health' approach and then move on to analysing the 'physical health' approach.

Results

'Social health': fun-having, drinking, and social capital are at the centre

Our interviewees connect heavy drinking practices to situations of partying in which friends get together and move from their own individual time into the social time of the group by doing things together that are not utilitarian but symbolic, revitalizing the social bonds between drinkers (Järvinen & Gundelach, 2007; Törrönen & Maunu, 2007).

JULIA: I have a girl gang that I'm with most often (when we drink). We are four girls. Most often, we tend to be with some friends we've met ... most often we just party with them. At home maybe about 20 persons is what it usually is. We usually play drinking games, dance, talk quite a lot, and listen to music (F [= female], 18–19 [years], socioeconomic status of area [=high]).

Heavy drinking practices are not only related to accumulating social capital with your friends by drinking and doing things together. Drinking also puts you into a mood in which it is easier to acquire new friends and expand your social networks:

MIA: I think it's easier to get new friends at a party when you drink. Then it's easier to meet others and just start talking (F, 15–17, middle).

KHALIL: I've found a lot of friends from different parties. I've been in parties where I've not known everyone. So, after we've started drinking ... we've begun to talk to each other, and then we've had the courage to do things. So, for me, parties have been an important thing to get to know new people (M [=male], 15–17, middle).

Besides emphasizing how practices of heavy drinking are important for the maintenance and accumulation of social capital, our interviewees highlight their significance for emotional capital as well. They describe how in drinking parties, by transgressing everyday life routines and by feeling togetherness with others, you can experience ecstatic moments (Lupton, 1999) and produce long-lasting collective emotional energy (Collins, 2004). This they express by characterizing their experiences of partying as 'hilarious', 'very funny', and 'super rewarding'.

Our interviewees relate the social spaces of partying and intoxication to the times and places that lie outside the duties and routines of everyday life. These social spaces take place on Friday or Saturday evenings; during holidays, foreign trips or calendrical festivities; at home, in a bar/club, or in an outdoor place.

However, the analysis of the kinds of categories, classifications, and viewpoints our interviewees use to describe the social space of intoxication shows that it is not the same universe for boys and girls. By participating in the practices and fields of partying, boys and girls have internalized different kinds of positions and viewpoints on intoxication that are linked with corresponding differences in cultural capital. In the following excerpt, Oliver describes how male and female positions and viewpoints in heavy drinking differ:

OLIVER: The girls are more [controlled in drinking]. As my girlfriend said, she feels she can't really let go as I can at the pub, because she must always be aware of what's going on behind her. This made me realize ... it's actually true: I've always been able to drink and be inside my own world while she's always been on the alert for her surroundings. ... I think it's to do with the fact that girls more than

boys are exposed on a night out. Even though guys are at risk of violence, the guy must still have done something to earn it. The girl can just sit down and then someone comes and does something scary to them (M, 18–19, middle).

In the citation above, Oliver relates the masculine habitus to freedom, independence, and active agency in contrast to the female habitus that he categorizes as relational and problematic by connecting it to control, passivity, and vulnerability. Our interviewees draw a line between masculine and feminine positions in the social space of intoxication by multiple classifications that have a binary character. In Oliver's quote above, the difference between masculine and feminine habitus gets its meaning in relation to the opposition between freedom and control. In Adina's citation below, in turn, it is articulated as an opposition between safe and dangerous.

ADINA: I think girls think more 'am I safe here? Do I have friends who will take care of me if I get drunk?' before they start to drink. So, I think girls look around at the situation first (F, 18–19, low).

In the social game of drinking, girls need to estimate not just whether the situation is safe or dangerous for them. They also need to imagine what happens after the drinking situation is over, as they 'need to be able to get home safely' (Peter, M, 18–19, low). For boys, in contrast, the dangers of drinking give a chance to accumulate symbolic value to their masculine habitus as tough and fearless risk-takers who are able to face great trials.

ARIN: Yes, guys are like this ... trying to impress everyone else by showing 'this is how much I drink', and then by drinking a lot they feel that they become really powerful. Because in some way this is their way of expressing being so masculine. Then they let go more. Girls are usually more in control because they're afraid that something bad will happen to them (F, 18–19, low).

Whilst the boys experience the field of intoxication as a social space in which they can let themselves go free and break boundaries, for girls uncontrolled intoxication is linked to shame:

AILA: I think it's more shameful for a girl to get drunk, there are many who talk about this girl afterwards – it's usually like that – and tell us what she did and how embarrassing it was (F, 15–17, middle).

Behind the oppositions that our interviewees characterize as 'dispositions' of the masculine and feminine habitus in intoxication lurks sexuality. In the binary oppositions between freedom and control, safe and dangerous, honourable and shameful, girls' sexuality is linked to vulnerability and boys' sexuality to conquering and aggression by positioning girls as victims and boys as possible aggressors and rapists:

SOPHIE: I think that as a girl, you're more afraid to drink larger amounts because it's so easy to be exploited, and rape at a party is a much greater fear for girls than for boys. So, I think that as a guy you can feel comfortable losing control more than a girl can (F, 18–19, high).

Furthermore, boys' drunken sexuality is naturalized as a biological drive that they are not able or do not need to control, which is further exemplified by the following citation from Maya's interview:

MAYA: For example, if I dance with a guy who's intoxicated, there's a much greater chance that he starts to approach me, that he tries to move around my waist or maybe touch my butt, or somehow tries to approach me in a sexual way (F, 18–19, middle).

'Physical health': exercise and physical capital are at the centre

In contrast to the 'social health' approach, which emphasizes the importance of friends and social networks for well-being, the 'physical

health' approach highlights the significance of physical capital for well-being:

AMELIA: When I run, then I get this high, and after that I feel extra well (F, 18–19, low).

ERIN: If you stop training, you lose your interest in everything (F, 15–17, middle).

MAX: I think that what I'm talking about is 90% physical health, but it's also about mental health. You feed your body in a healthy way. You're kind to yourself. You exercise (M, 18–19, middle).

As Amelia's, Erin's and Max's quotations above show, the accumulation of physical capital by exercise also increases your emotional capital and provides a key to psychological health and well-being. Moreover, if the 'social health' approach highlights the importance of social capital, its importance is also acknowledged in the 'physical health' approach, but rather from an individualized perspective. In the 'physical health' approach, people around are treated as an audience one needs to have to get recognition of one's gendered bodily look and performances. While in the social spaces of intoxication sharing, sociability, and collective emotions are celebrated, in the social spaces of exercise (sports, fitness, and bodybuilding), it is the individual projects of capable, high-performative, and attractive bodies that get emphasized. In this sense, the social spaces of exercise provide fields for individual projects of 'self-actualization' (Lamont, 1992), in line with the healthism discourse and neoliberal ideology.

By doing sports, pursuing the ideals of fitness, or by practising bodybuilding, our interviewees accumulate physical capital for a high-performance and attractive body. For this kind of body, alcohol appears as a destructive force. It weakens your mental and bodily capacities, deteriorates your performance, and disturbs your exercise routines:

CAROLINE: My boyfriend doesn't drink ... because he's investing in football (F, 15–17, low).

ESTHER: There are those who are very health-oriented. For example, my (male) friend is building muscles and wants to have a perfect body [and therefore reduces drinking] (F, 18–19, middle).

EMILY: Alcohol contains a high amount of calories. ... The next day your head is hurting and you appear a bit muddy. Then it may take another day before you're back on track; and then you haven't been able to exercise. ... Therefore, I don't consume a lot of alcohol (F, 18–19, high).

However, as with the case of intoxication, our interviewees' classifications and viewpoints in describing the social space of exercise show that it is not the same world for boys and girls. In the accumulation of physical capital by exercise, our interviewees link masculine habitus to a strong and muscular body and feminine habitus to a thin and well-trained body (Grah, 2014).

HENRY: The societal norm is that girls need to be thin and boys muscular. Here health plays an important role, if you want to achieve and maintain this (M, 15–17, middle).

SOPHIE: There is a norm of what is beautiful, and normally people who exercise a lot achieve this ideal; [... for girls it's that] you should be slim and well-trained (F, 18–19, high).

ARIN: Guys ... really have to be big. ADINA: Muscles and all this. ARIN: Yes, and I admit that ... I want that (F, 18–19, low).

Being able to achieve and maintain a muscular or slender body means that you are disciplined and successful in gathering highly appreciated symbolic capital:

ELLEN: If you're thin, well-trained, it symbolizes that you exercise and you're healthy (F, 15–17, middle).

Furthermore, the gender binaries in which our interviewees distinguish between masculine and feminine habitus reflect the norms of hegemonic masculinity and its normative and hierarchic gender orders (Grah, 2014). In fitness and bodybuilding, for example, the male power over female is accentuated by reference to physical strength (Scott, 2015). The superiority of the masculine body is made visible by highlighting the importance of a muscular body for masculinity and downplaying its relevance for femininity, where aesthetic aspects are accentuated (Rich, 2018).

The interaction between the 'social health' and 'physical health' approaches

We have thus far discussed the 'social health' and 'physical health' approaches as separate and opposing fields of pursuing well-being. However, in our data they strongly interact. In terms of how they affect each other, we found that the physical health approach has more power over the social health approach in repositioning and transforming its practices.

With categories, capital, and positions related to a physical health approach, young people may oppose heavy drinking. For boys it seems to be more typical than for girls to justify their choice of non-drinking or moderate drinking by arguing that they are more interested in accumulating capital in the fields of hard physical training or competitive sports (Frank, Herold, Schröder, Bjonness & Hunt, 2020):

SAM: When I say, 'tomorrow I have a competition', people understand very well why I don't drink (M, 18–19, high).

CAROLINE: My boyfriend doesn't drink ... because he's investing in football (F, 15–17, low).

For girls, in turn, it is more common to oppose heavy drinking by arguing that they are interested in taking care of themselves and therefore they favour the accumulation of the health-related physical capital over the drinking-related social capital. They further link the accumulation of physical capital to taking care of others by acknowledging that heavy drinking may cause harms to people around them:

MAYA: I want to take care of my body and I think alcohol is bad for the body in many different ways, and I've also read a number of research reports that say so (F, 18–19, middle).

JULIA: To me it's very attractive when someone actually takes care of their body, when you try to eat healthy and reduce alcohol and so on. ... Smoking is really what is the worst, it's really something that damages the body (F, 18–19, high).

ARIN: Many drink less now ... You know that smoking is not cool, drinking is not cool, it's the other way around. If you don't smoke and drink, you're accepted more. Because you know, it's harmful to me and it's harmful to the environment (F, 18–19, low).

These excerpts show that in their opposition to drinking and intoxication – as in their identification with the 'social health' and the 'physical health' approaches – our interviewees reproduce masculine dominance by associating masculine habitus with action and competition, and feminine habitus with appearance and caretaking.

The accumulation of physical capital with health reasons have a bearing not only on the non-drinkers' and moderate drinkers' relation to alcohol. The importance of accumulating physical capital also affects the heavy drinkers in our data. The binge drinkers are well aware of the fact that 'alcohol may damage your organs inside your body' (Khalil, M, 15–17, middle), and this knowledge affects their heavy drinking practices. Our interviewees who drink to intoxication have developed different practices to counterbalance the facts of the healthism discourse. They may, for example, believe that when heavy drinking is done only a few times a month and you counterweight it by exercising and eating well before, during, or after it, drinking to intoxication is less damaging.

STELLA: If you drink once in a while, and you train and eat well, [heavy drinking] is not so damaging (F, 15–17, middle).

ALICE: If you're out [in a disco] and dance a lot, then [heavy drinking] is at the same time a workout (F, 18–19, high).

THOMAS: This month I'm going to party a lot, so I started to exercise more and more so that I wouldn't feel so bad (M, 18–19, high).

Stella's, Alice's and Thomas' quotations above exemplify how the physical health concerns and issues related to intoxication affect each other. Consciousness of the negative effects of drinking to your health seems to reposition drinkers' practices so that they less often drink to intoxication (Stella), drink less during the drinking occasion (Alice), or have a period of abstinence filled with exercise before a period of heavy drinking (Thomas).

Contesting the 'social health' and 'physical health' approaches

The 'social health' approach is challenged in our data not only by the 'physical health' approach, but also by arguing that there are better ways of celebrating togetherness, group-belonging, and friendships than heavy drinking:

SAM: ... no one becomes friends just because of drinking. I would say that today you become friends because of other common interests (M, 18–19, high).

The interviewees who contest the power of heavy drinking in the accumulation of social capital claim that by drinking you get only temporary friends, with the relationship lasting only for the duration of the drinking session, or for a few days or weeks (e.g., Lydia, Abdul, and Ali, aged 18–19, and Stella and Jasmine, aged 15–17). For these interviewees, other common interests such as playing online video games, scouting, doing team sport, going to the movies, or having different kinds of shared hobbies provide more productive ways to build and maintain friendships and to get recognition for their identity.

The symbolic capital one gathers in the 'physical health' approach is also contested in our data. It is criticized as being based too much on exterior appearance and looks (Sam [M, 18–19, high]):

JULIA: I think ... you shouldn't exercise just to look good. Then it gets almost the opposite effect (F, 18–19, high).

ESTHER: It's trendy to be so healthy, but you can question what really is healthy. There are no good reasons to think that it'd be healthy to have a six-pack [well-trained abdominal muscles]. Rather, it's probably healthier to have more fat ... I think it's a lot about seeking confirmation and showing that you've succeeded (F, 18–19, middle).

The prioritization of physical capital in the pursuance of well-being is also criticized as encouraging the development of narcissistic features among those who participate in the game:

ELLIOT: It's become a big deal to be well-trained and healthy, but at the same time it's very destructive because you're dependent on the confirmation of others ... Narcissism precisely, that you want to show ... that you're ... strong (M, 18–19, middle).

Moreover, the 'physical health' approach is judged as promoting kinds of self-actualization projects in which everything starts to revolve around the aim to achieve and maintain a perfect, best-performing, or best-looking masculine or feminine body. Then the social spaces and practices of exercise begin to impoverish other practices in life. Your life is transformed into a prison-like state in which all you can do is reflect on your exercise scheme and monitor your diet:

OLIVER: I have a friend who's exercising a lot. He doesn't even put salt in his food. He can eat yellow peas just like that, because it has so much nutrition, but he doesn't feel good in his head because

his training is motivated by some kind of health anxiety (M, 18–19, middle).

LUCY: My friend does some cycling and she exercises an extreme amount, she can't stay out late in the evenings, she has to be home before nine every day. It's very strict what she can do. She can't have her mobile on in the evenings, because she has to sleep properly; she can't eat sweets and drink soda. She exercises every day... (F, 15–17, middle).

The norms to have a perfect body are seen as problematic to both masculine and feminine habitus, but especially harsh on the feminine look (William, M, 15–17, middle):

SOPHIE: I'm fully aware that there are a lot of young girls who have anorexia and bulimia, and are mentally ill because of it [body ideals] (F, 18–19, high).

LEO: For example, my ex always looked at pictures of pretty girls who had perfect bodies. Then she was always jealous and said, 'I want this kind of body.' She was exercising a lot – it went too far (M, 18–19, high).

The significance of social background in the 'social health' and 'physical health' approaches

When looking at how our interviewees' categories and distinctions in making sense of intoxication and exercise are related to their socioeconomic background, we found that regardless of it, they produce similar kinds of gendered divisions and taxonomies, both within these two perspectives and in relation to them. Their preferences in the accumulation of capital do not vary by their parents' socioeconomic background.

It is interesting that while our interviewees' practices of heavy drinking and exercise are linked with clusters of resources, economic capital does not figure in these configurations. Our interviewees do not refer to economic capital as an important factor in the struggles to get recognition in the social spaces of intoxication and exercise.

However, the interviewees with a parental background from Middle East countries differ from other interviewees by not binge drinking. This is not a surprise, for in the Middle East cultures alcohol is a prohibited substance (Michalak & Trocki, 2006). However, also these interviewees are familiar with party situations and characterize and categorize them by producing similar kinds of distinctions as the other interviewees.

Discussion

Our analysis shows that with respect to the practices of heavy drinking and exercise, our interviewees underline the importance of accumulating social and physical capital. In the social spaces of intoxication and exercise, they have the most value as symbolic capital in the struggle for distinction and respect among peers and in relation to surrounding society. Other forms of capital get their meaning in relation to them. Their legitimacy, however, is contested among our interviewees.

In contrast to Bourdieu (1984), who emphasized that habitus is rooted and reducible to class-based identities, our analysis rather illustrates how our interviewees' habitus-related positions in the fields of intoxication and exercise are related to gender differences (Shilling, 2004) and ethnoreligious background (Michalak & Trocki, 2006; Rogne, Pedersen & Bakken, 2019). The categories, binary oppositions, and viewpoints our interviewees use to describe their practices in heavy drinking and exercise embody 'dispositions' and 'inclinations', which are gendered to the extent that we can speak of a masculine and feminine habitus (Bourdieu, 2001; Cockerham, 2018; Wacquant, 2016). This result is in line with the earlier studies that propose that young people's practices of heavy drinking and doing health are still structured and regulated by gendered binaries (Charles & Walters, 2008; Hutton, Wright, Lyons, Niland & McCreanor, 2016; Lindsay & Supski, 2017; MacLean et al., S. 2019).

Why in our data gendered distinctions override the socioeconomic distinctions may be due to the fact, first, that Sweden is an affluent welfare state, in which the majority of families have access to education, work, day care, healthcare, and social benefits and in which the equality-oriented school system mitigates socioeconomic disparities (Jakobsson, Lundvall & Redelius, 2012). This contributes to downplaying the socioeconomic differences among adolescents and makes room for gender to take more power in the game for distinction. A previous study from Sweden provides similar kinds of results. It shows that parents' educational level and economic capital do not play a decisive role in young people's engagement in organized sport (Jakobsson et al., 2012). The authors explain this by arguing that the increased societal wealth has made the middle class so large and consequently the high and low socioeconomic groups so small in Sweden that the majority of young people come from an environment that is dominated by middle-class values, and are thereby subjected to common cultural trends. Secondly, the lessening importance of class can be interpreted also by an 'individualization' process (Chan & Goldthorpe, 2010). Rising standards of living, greater geographical and social mobility, and alternative bases for identity have freed individuals from class constraints and made more room for personal choice in matters of lifestyle (see also Gemar, 2018).

Thirdly, the Swedish intoxication-oriented drinking culture has traditionally been based on homogeneous, unifying activity. In the rise of youth cultures in the 1960s and after, drinking first united boys regardless of their social background around the same activity, and then girls followed. In this process, the socioeconomic differences in drinking habits lessened (Boman, Engdahl, Gustafsson, Hradilova-Selin & Ramstedt, 2006). However, as discussed above, the gender differences in drinking have persisted (e.g., Bergmark, 2004; Rolando, Törrönen & Beccaria, 2020).

Our analysis further suggests some explanations of why young people are currently drinking less than earlier. The comparison of our interviewees' 'social health' and 'physical health' approaches to well-being demonstrates that being sober, healthy, and capable of having fun with peers without drinking or using drugs has gained recognition and legitimacy among young people. The emergence of competing activities as legitimate alternatives to drinking further suggests that, since drinking is no longer able to take uncontested priority over the other activities, there now seems to be less peer pressure to drink and more room for individual choices among young people. That the practices of binge drinking and exercise are contested among our interviewees also underlines that there is room for individual differences in these matters.

We propose that the two approaches to health we have identified here have existed in earlier cohorts of young people as well, but there has been a shift in their mutual relations. As the relative value of using drinking to accumulate symbolic capital has declined, the relative value of accumulating symbolic capital by abstinence, moderate drinking, and physical activities has risen. This shift in their mutual relations would partly explain why young people today drink less than earlier cohorts.

Our analysis supports this interpretation by showing how the healthism discourse and the 'physical health' approach reposition and modify young people's risk-taking practices of heavy drinking both from the inside and from the outside. Both ways may contribute to reinforce practices that reduce young people's drinking. Because the healthism discourse is strongly present also in the 'social health' approach, this may promote among binge drinkers periods of situational abstinence during which exercise temporarily marginalizes drinking (Frank et al., 2020). As a balancing act, this may reduce their overall alcohol consumption. The knowledge of the negative effects of intoxication to their health may also persuade them to drink less often or to reduce the amount of drinking during a drinking occasion. For our interviewees who prioritize the accumulation of capital by identifying solely with the 'physical health' approach, in turn, the healthism discourse provides guidelines for organizing one's everyday life practices so that they support efforts to achieve a high-performing, attractive, or healthier body – a lifestyle which opposes heavy drinking practices from the outside.

We may further think that the individualization process, as a set of neoliberal forces, has favoured the 'physical health' approach over the 'social health' approach and contributed to increasing the symbolic value of healthism discourse among young people. Studies show that neoliberal forces encourage young people to become 'competitive units' and to emphasize individual responsibilities in their lives (Brown, 2015). To be successful in various fields and in view of their precarious employment futures, young people need early on to become concerned about their body images, bodily performances, and individual choices in health. In this kind of context, getting recognition by health-related distinctions may appear as a more powerful way to bolster one's superiority than doing it through intoxication-related distinctions.

In concert with previous studies, our interviewees underline in the 'physical health' approach more social liabilities than physical vulnerabilities (Rail, 2009; Van Amsterdam & Knoppers, 2017). Our interviewees widely agree that the accumulation of capital by exercise is driven by putting emphasis on exterior appearance as a sign of social status. On the other hand, because of this narrow understanding of health as a pursuit of the well-performing and attractive looking body, some of our interviewees oppose it by arguing that its quest may urge young people to engage in developing a habitus that is too disciplining – which, instead of increasing their well-being, will degrade their quality of life.

In addition, our analysis proposes that young people's low alcohol consumption may be partly explained by their gendered ways of accumulation of capital through drinking and exercise. For boys there seems to be more room to get recognition for their masculinity through non-drinking-based social arenas, such as in sports and bodybuilding. Since in the fields of exercise, as in heavy drinking, our interviewees produce a masculine domination by their categories of muscular bodies for boys and aesthetic bodies for girls, young boys' move from heavy drinking to exercise in performing their masculinity does not undermine their gendered power. Girls, in turn, seem to be limiting their drinking by identifying with the feminine habitus of respectable actors who should not challenge traditional feminine boundaries and images by intoxication. For girls, then, other fields provide better and more productive social spaces to gather capital and to develop practices through which they may contest the limitations that conservative gendered norms impose on their lives. These gendered features in young people's current practices of drinking and exercise also suggest that drinking may have lost its symbolic power as a cool activity signalling autonomy, maturity, and transgression of norms.

Our data was collected in an interview situation where young people tell an adult interviewer about their views and practices. This may have affected the results so that young people, for example, overemphasize the meaning of health-related practices and downplay the importance of binge drinking practices for their everyday life. As our data, furthermore, is not representative, we cannot say how established the 'social health' and 'physical health' approaches are among young people in Sweden. Further studies are needed to identify at the population level how prevalent these approaches to health and well-being are among young people, not only in Sweden but also in other countries experiencing the decline of drinking among adolescents. Further studies are also needed to examine how the two approaches to health identified in this study function across different youth drinking cultures and geographical contexts.

Conclusion

In the interplay between the 'physical health' and the 'social health' approaches, the 'physical health' approach seems to have more power in transforming young people's everyday life practices. It appears to modify young people's drinking to be less oriented to intoxication or away from drinking. This may partly explain why young people are drinking less today than earlier. Compared to drinking, the physical health-related social spaces also seem to provide more powerful arenas within which to bolster one's masculine and feminine habitus. This further sug-

gests that among young people intoxication may have lost its symbolic power as a cool activity signalling autonomy, maturity, and transgression of norms.

Declarations of Interest

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