

## Promotion of Physical Activities among Underprivileged Populations: Researcher's Discomforts during the Fieldwork

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*Promotion of Physical Activities among Underprivileged Populations: Researcher's Discomforts during the Fieldwork*

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**Abstract**

In 2010, the WHO announced that a sedentary lifestyle, through its impact on health and association with non-communicable chronic diseases, is the fourth global risk factor of mortality. As a result of this alert, France established its first national plan for encouraging physical activity (PA) in 2012. People in precarious social positions are known for being physically inactive and also having unhealthy eating habits, which further increases the risk of chronic diseases.

Rooted in this context, this interventional research in health promotion is based on a program of interventions, also known as a “complex system of actions” coordinated by the IREPS Bretagne. The program targets two territories (urban and rural) in the

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French department of Ille-et-Vilaine and aims to promote the practice of PA among people in precarious situations who also have a sedentary lifestyle.

The researchers were highly involved in the fieldwork. They welcomed the progress of the program with enthusiasm, while emphasizing the points of vigilance. This article is the meeting point of two mutually-enriching reflections: the eventual contribution of the sociologists to a normalization of behaviour like moral entrepreneurs, and the way in which this particular emotion, discomfort, participated in the data-production process during the fieldwork.

Keywords: physical activity, moralization, field emotions.

## 1. Introduction

In 2010, the WHO announced that physical inactivity, through its negative impact on health and association with non-communicable chronic diseases such as type 2 diabetes, cardiovascular disease, certain types of cancer and high blood pressure, is the fourth global risk factor of mortality. As a result of this announcement and alert, France established its first national plan for encouraging physical activity (henceforth PA) in 2012 (Illivi, Honta, 2019). Those living in precarious social positions are identified as physically inactive populations, which also tend to have unhealthy eating habits, thus explaining the high prevalence of diet and lifestyle-related chronic diseases among them (Poulain, Tibère, 2008).

*Sport Santé* (Sport and Health frame), implying a physically active lifestyle to achieve better health and well-being, has thus become a new national slogan. This government policy for PA is promoted by the Ministry of Sports and Health, as well as other institutions such as the Regional Health Agency (*Agence Régionale de Santé* or ARS), municipalities and business. It entails training sessions for PA instructors and the new trend for PA to be included in medical prescriptions<sup>1</sup>, PAs are thus presented as therapeutic methods<sup>2</sup> or as non-medical treatments<sup>3</sup> (*Haute autorité de la santé*, 2011<sup>4</sup>; Dupay et al., 2018). In

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1 Which continued even during the COVID-19 lockdown.

2 Plan National Bien Vieillir du Ministère de la Santé et des Solidarités, Ministère délégué à la Sécurité sociale, aux Personnes âgées, aux Personnes handicapées et à la Famille, Ministère de la Jeunesse, des Sports et de la Vie associative, 2007, Plan national Bien vieillir 2007-2009 (PNBV 2) [en ligne], 2007, travail-emploi.gouv.fr/IMG/pdf/presentation\_plan-3.pdf.

3 Types of PA for therapeutic ends have actually existed for a long time but were widely considered as being “alternative” or “parallel” (Perrin, 1984 ; Héas, 2004).

4 [https://www.has-sante.fr/portail/jcms/c\\_1060771/fr/changer-le-regard-sur-les-therapeutiques-non-medicamenteuses](https://www.has-sante.fr/portail/jcms/c_1060771/fr/changer-le-regard-sur-les-therapeutiques-non-medicamenteuses). Accessed 19/10/19.

addition, a national observatory for PA and sedentariness (ONAPS) was created in 2015. This collects and publicizes information about the health benefits of regular PA practice, for both healthy and unwell individuals.

Although primarily focused on the competitive form of sport until 2012, the Ministry of Sports and sports federations diversified their action and created new partnerships when the first national plan promoting PA appeared<sup>5</sup> (Gatel, Cormier-Bouligeon, 2019). This plan contributed to redefining national and regional policies and entailed a diversification, even modification, of practices (taking part in the development of physical leisure activities, taking account of the pleasure of practicing, etc.), the emergence of new missions (coordinating and organizing the local or regional implementation of the plan), and the redirection of public financing. Changes also occurred within sport associations which found themselves having to redirect their association projects, diversify their human resources, and widen their membership. The lack of explicit national guidelines, however, meant that the sports offer corresponding to the “Sport, Health, Well-Being” Plan was defined gradually and case by case depending on the actors involved and the territorial stakes. In 2016, the regulations governing PA prescription for therapeutic purposes particularly specified the prerequisites and skills required to be able to provide this offer and, in doing so, increased the importance of the Ministry of Health over that of Sports. The later emergence of the label “Sport-Health” enabled sport associations and sport instructors to position themselves in relation to this health approach and sports offer, going as far as to legitimize their place in it. It also made it possible to guide the PA choices of the general public and the physicians prescribing it (Ungureanu et al., 2018). Aiming to encourage the PA of all sedentary people, including those in precarious situations, with chronic diseases, suffering from disabilities, etc, and to create a favourable environment for such practice, the “Sport, Health, Well-Being” Plan was at the intersection of several national plans for public health, equality, social well-being, and the prevention of social problems (Marsault, 2017; Vieille Marchiset, 2015).

The interventional research project in health promotion “PRECAPSS” (Precariousness, PA, Health and Sedentariness), which provided the data presented in this article, was set up against this particular background. It was a joint project run by the VIPS<sup>2</sup> Research Laboratory of Université Rennes 2 (Department of Sports Sciences), and the IREPS Bretagne (*Instance Régionale*

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<sup>5</sup> The French Athletics Federation (FFA) and French Federation for Physical Training in the Modern World (FFEPMM) are examples of federations committed to “Sport and Health” through the development of pedagogical tools or the creation of programs dedicated to non-competitive practice, such as the FFA’s “athletics and health” programme.

*d'Éducation et de Promotion de la Santé*, i.e. the Regional Authority for the Promotion of Education and Health). The aim of the project was to encourage PA among populations in precarious social positions through the co-design and implementation of an intervention programme in collaboration with local stakeholders. The two intervention sites (one urban and one rural) were in the Department of Ille-Et-Vilaine (region of Brittany, France) and were chosen for the high prevalence of cancer among their inhabitants (ARS, 2010) and the precariousness shown by their social indicators. The general aim of the intervention research was to develop knowledge on the process of transformation taking place in the intervention, as well as the interaction between this process and the context of its implementation (Potvin, Di Ruggiero, Shoveller, 2013). The intervention was multidimensional and organic. It resulted, in particular, in the creation of four different PA workshops that were open to individuals considered sedentary (by the social workers). These workshops had about 30 participants in total, on both sites.

This research is thus part of an applied sociology that is underdeveloped in the field of sport because researchers fear that political and commercial imperatives will weaken its analytical and critical dimension (Chalip, 2015). Yet Chalip argues that it is necessary to, among other things, question the status and operation of privilege and power in sport. While there is research that is part of a reflection on inclusion in sport (Farias, Hastie, Mesquita, 2017), it is in the field of sport for health (smoking cessation, cancer prevention, obesity prevention, diabetes ...) that this research is most systematic (Taylor, Everson-Hock, Ussher, 2010; Miller, McCarthy, Hudson, 2018; Iscoe, 2010).

In the field of health promotion, the focus is not only on the individual but also on their living conditions and environment. Unhealthy behaviours are not considered to be the consequence of solely psychological or personal factors, but mainly the result of “health determinants” such as lifestyle and health behaviours, income and social status, education, employment, working conditions, living environments, political and social contexts, and the health system. These factors can have a direct or indirect influence on a person's health. The unequal distribution of these factors within the population is therefore believed responsible for social inequalities in health. Actions that seek to induce changes in individual behaviours (diet, physical activity, substance use, regular screening tests, etc.) thus target diverse health determinants, especially environmental factors.

On the other hand, in the domain of public health, individual behaviours are considered the result of individual factors such as motivation and responsibility, thus minimizing the impact of the social environment, the political system (in particular the health system), and relations of domination. The health promotion approach does not exclude the impact of these individual

factors but rather emphasizes the establishment of conditions that are favourable to healthy behaviours.

The IREPS strongly defends the health promotion approach by setting up concrete projects in the regions where it operates through local branches. For example, in the intervention programme set up by the PRECAPSS project, the actions aimed to create favourable conditions for the practice of PA by people in precarious situations. In intention and approach, it sought to avoid the primary concentration on individual responsibility. It suggested actions targeting the specific context and environment, and explored partnerships with institutions and professionals from healthcare, social work and sports, also inviting the contribution and even participation of the target populations, as far as possible. They attempted to provide individuals with the means and opportunities to enable them to realize their full health potential, thus favouring their well-being. Well-being is sought here through the practice of PA adapted to each participant's health status, physical capacities, emotional state, etc., as well as by consulting them and including them in the decision-making process.

Besides taking part in the intervention programme by observing the project meetings, regularly discussing matters with IREPS project managers and interviewing the stakeholders, the researchers participated in the weekly physical activity workshops for more than a year, thus getting closer to the target populations. Their high commitment resulted from the data collection methodology, focusing on participant observation. The researchers participated in the workshops, observing and analysing them, and also congratulated themselves and the health promotion professionals on the progress of the programme, while highlighting any pitfalls and points of vigilance. They unwittingly contributed to a normalization of behaviour in their promotion of PA for better health. They were torn between their profession of sociologist, which is necessarily critical, and their possible contribution to the promotion of PA for vulnerable populations by experiencing and highlighting the health benefits of PA.

This article is the meeting point of two mutually-enriching reflections. On one hand, there is the contribution of the sociologists, albeit tinged with discomfort, to a normalization of behaviour. On the other is the way in which this particular emotion, discomfort, participates in the data-production process during the fieldwork. In other words, the article is a methodological reflection on the place of the emotions of the researchers involved in research which aims to promote and implement a normative programme favouring the health of populations.

The "emotional work" (Hochschild, 2003) conducted by the researchers will therefore be discussed first in order to find the right distance from their peers during fieldwork, as well as the happy medium between detachment and

fusion with the object of study. The article will then examine the relation between emotions and objectivity, and the ambiguous relationship between the researchers, project managers and different participants in the project, most of whom were in precarious situations. Finally, we will explore the possible connections between methods in qualitative and immersive sociology, and a project methodology centred on the empathic approach.

## **2. Research**

### ***2.1 The right distance and the sociologists' emotions in the field***

In social science, a researcher's emotions have long been kept apart from the surveys. Neutrality towards the object of study was desired and considered essential to the success of the survey and the reliability of its outcomes. Thus, a researcher's presence and commitment during fieldwork had to be strictly physical and exclude any subjectivity, emotion, manifestation of empathy or affection, or reactions such as surprise, happiness, pleasure or disgust. This position was perceived as ideal and suitable for conducting a survey (Loubet del Bayle, 2000). It is however difficult, or even impossible, to imagine a researcher without preferences or opinions on the object of their studies, or a researcher who remains emotionally unaffected before the people they survey (Gotman, 1989), especially when emotions felt and shared can build and guide the scientific perspective (Jablonka, 2012; Héas, Zanna, 2021).

With the recent expansion of ethnographic surveys and participant observations, the involvement of the researcher has become an added value, the desired position being one that combines rigour and distance with empathy and sympathy. Beyond the correct ethnographic or sociological distance that should be found in the field, it is now a question of seeing how visible emotions can benefit the research (Wacquant, 2015). Not only is their concealment not necessarily proof of greater objectivity (Bernard, 2015), but they can even become a tool that enriches rigorous methodology. They can guide the choice of going further or stopping the exploration of something that could be fascinating and promising, while also allowing for a better understanding of the object studied (Riffaud, 2018).

The field experience is first and foremost a sharing of emotions and affect (Laplantine, 2005). In the case of the present study, the PA workshops have been the scene of multiple verbal and non-verbal exchanges between the researchers, professionals and participants. The researchers' and IREPS professionals' immersion in the field has been accompanied not only by conviviality, good relations and closeness, but also by mutual annoyance. These active participant observations were accompanied by semi-structured interviews



carried out at different phases of the project with various individuals (participants in the PA workshops, physical educators (PE), social workers, stakeholders, local representatives).

Ten of the participants in the PA workshops were interviewed. The objective was to review how they were experiencing the PA sessions, their personal and social motivations, the possible impact of an explicit or implicit obligation on their participation, as well as the reasons behind their corporal (re)activation. The researchers questioned constantly; they observed and analyzed the effects of the intervention and also participated in decision-making. If axiological neutrality was not strictly tested, it nevertheless remained a horizon. The researchers withdrew from the field during the last year of the research intervention in order to objectively analyze their observation notes, the meeting reports and the transcribed interviews.

Generally speaking, emotions are associated with the effects of context that influence the two sides of an interaction. In the surveys in question, emotions affected interactions while the sociologists observed the various phases of the project (meetings, PA sessions, etc.), and also determined whether or not the interviews were well conducted. However, any social situation is full of emotions, especially an unusual situation such as a research interview. Furthermore, in a long-term survey such as this one, the research interview is not the first and principal method of data collection. Here, the interviews were performed about a year after the beginning of the PA sessions, in which the researchers participated alongside the surveyed participants. This long phase of immersive research was included as a methodological must, with full, "body and soul" participation. It aimed, on the one hand, to identify the participants' emotions by experiencing them in person and, on the other, to create a closeness so that the surveyed individuals would agree to share their life story and relationship to sport and body with the sociologists, a disclosure that seems to be very intimate. This further justifies why the interviews were conducted with individuals with whom the researchers had socialized and to some extent sympathized for weeks and months during the fieldwork. Some interviews even occurred in the presence of members of the interviewee's family.

## ***2.2 "Emotional work" to cope with the discomfort during the fieldwork***

Emotions are socialized states of the body and mind that acquire meaning only within a specific cultural setting (Bernard, 2008). In this case, they are expressed in the context or situation of the field survey. The "emotional work" is the act by which a person tries to change the degree or the type of a feeling or an emotion (Hochschild, 2003). This work depends on the context, as well as the challenges of relationships during the PA sessions and meetings over the

weeks. Fieldwork, especially participant surveys or face-to-face interviews, implies emotional work in order to put the participants at ease and gain their confidence. This involves an identification and interpretation of others' emotions in order to empathize with them and react accordingly. However, the emotional work of a researcher consists above all of dealing with the anxiety caused by the feeling of being lost in the field (Avanza, Hochschild, 2018). The emotional work of a researcher is, in many ways, akin to a balancing act that aims to find "the right distance with his fellows" and a "happy medium" between, on the one hand, an analytical observation without any personal involvement or taking into account other people's point of view and, on the other hand, a fusional understanding, without any distancing (Bernard, 2008).

In this context, the narrow application of Weber's principle of axiological neutrality can turn out to be counterproductive. It implies, for example, that during an investigation or an interview the interviewer should express neither emotions nor agreement with the words of the interlocutor, so that an absence of concurrence is not interpreted as disapproval. In other words, the interviewer should either give an opinion all the time or not give one at all, to avoid influencing the interviewee. Nevertheless, according to the "rules of feelings" (Hochschild, 2003), such neutrality is not accepted in some social situations and the emotional work turns out to be unclear. Therefore, expressing few or no emotions when hearing the story of a life marked by physical and moral sufferings, recurrent economic difficulties, a lack of recognition or even stigmatization could be interpreted as indifference or even a lack of sensitivity or empathy towards the other's pain. Such indifference could interfere with the interviewee's storytelling or even stop them. Moreover, beyond the challenges of health promotion (fighting a sedentary lifestyle and illnesses), one of the objectives of these PA workshops was to create social connections and induce openness toward others, even social reintegration. This further highlights the need for "emotional work".

In the field, listening, caring and empathy mark active emotional work. Empathy consists both of putting oneself in the other's shoes and remembering that the latter is not oneself (Rogers, 1996). It does not imply pity or affection but rather the capacity to think like the other, to put oneself in their place, to co-feel (Jablonka, 2012). While accessing the others' representations and practices may seem difficult, empathy allows us to listen while suspending personal judgment (Avanza, Hochschild, 2018). Furthermore, as Hochschild stresses, emotional work is the effort, the act of trying and not the result, which may or may not be successful. Failures in emotional management guide us towards ideal formulations for successful emotional work. For this reason, failures can be as interesting as successful or effective emotional management (Hochschild, 2003).

The situation described here could be considered a failure in emotional management in the field. At the beginning of the fieldwork, the first contacts with the workshop participants might have been tentative or even awkward. The presence and participation of the researchers was not negotiable and was presented as a part of the participation “package”. Thus, the researchers had to legitimize their presence. This is how one researcher, while trying to cope with the feeling of discomfort caused by her own participation, tried to initiate a conversation with Tatiana, a new participant. She asked Tatiana, in front of everyone “*And you, how did you hear about the workshops?*”, a seemingly inconsequential question. However, we learned later that Tatiana made a particular effort to take the initiative of coming to her first PA session, during which she tried to stay low-key and avoid attracting attention. By asking this question, which seemed neutral, the researcher somehow “forced” Tatiana to reveal, from the beginning and to those who did not already know it, that she had been referred by the social services as part of her follow-up.

Tatiana soon forgot this discomfort, which incidentally no-one had noticed, and soon got on well with the researcher. This is when Tatiana told the latter that she had been very embarrassed by the question and had given a vague answer in order to cover her invisible stigma (since her dress code revealed a certain social ease). The researcher acknowledged her gaffe and the case seemed closed. However, later on, during a meeting organized by the project managers, where the objective was to involve a group of participants in the statement of points of vigilance for sports associations which would like to offer PA workshops to non-athletic individuals, Tatiana told the researchers that they had not been “very delicate”, taking this indiscretion “in front of everyone” as an example of “don’ts”. The concerned researcher felt uncomfortable but did not respond at the time. She went to see Tatiana at the end of the meeting to mention, in turn, the embarrassment that she felt while asking this question, and also to re-apologize. Tatiana seemed to enjoy the researcher’s embarrassment while the latter was trying to “make up for it”. She explained to Tatiana that the latter gave the impression of being socially at ease, if not the most comfortable in the group. This was an indirect way of telling her that she did not have any bad intentions by asking her the question, but that she had asked it because Tatiana did not seem to be followed up by a social worker. The invisibility of this stigma is Tatiana’s pride. During an interview carried out much later, she proudly told the researcher that the city’s Sports Director once came to watch a PA session and that he “*spoke directly to me as if I were part of...* (meaning the organizers)”.

This “failure”, which also expresses the researcher’s own representations of the stigma of poverty and precariousness, marked the relationship between her and Tatiana, and not necessarily in a bad way. Detecting that a feeling of

discomfort is a powerful determinant of Tatiana's personality, the researcher directed her emotional work towards expressing her own embarrassment to which Tatiana seemed to be sensitive. This adjustment was not purely strategic but also represents one of the researcher's personality traits, as she herself regularly feels awkward when arriving in a new research field. The reported incident put the researcher and Tatiana on equal terms (at least during the PA workshops) and in a relational mode of closeness and joking, thus creating a climate of trust and mutual respect since "*We said things to each other*". A field researcher's emotional work is constant and demanding. When the researcher's stance towards the study participants turns out to be awkward or inadequate, emotional work should correct it as far as possible.

### ***2.3 Discomfort, the centre of the asymmetric relationship between researchers and participants?***

The asymmetric relationship resulting from the fieldwork and the research created a strong feeling of discomfort or even guilt among the researchers. For instance, one of the first questions that the researchers "informally" asked the participants during the workshops was their place of residence (neighbourhood or municipality). In many cases, participants asked the same question back to the researchers, who came from the larger town located 35 or 70 kilometres away from the site of the sessions. This answer often triggered reactions like "Oh! They're people from the big city! or "You need money to be able to live there". This often prompted a further question: "And how did you come here?" One of the researchers was embarrassed mentioning that she came by train, since many participants had reactions such as "Do they have money at the university to pay for your tickets?" or "By train? Why don't you carpool?" or even "How lucky! I've never been on a train". These reactions may have embarrassed the researchers in their relationship with the participants and distracted them from their objective of being as close as possible to them and showing that they are "like them".

As for the second researcher, who did not drive either, the participants' comments targeted her use of a bicycle. In fact, she either got a lift with the project manager or took the train, bringing her bike with her to quickly cycle from the station to the PA room, located a few kilometres away. At first, the participants were surprised to see her arriving by bike but, after her explanations, they considered it "good and practical", without pointing out the high cost of rail transport. By revealing (without going into details) that she did not drive and that taking the train and then cycling was not really a choice, the researcher led them to accept her means of transport, although others may have qualified it as behaviour typical of the well-off. Furthermore, riding a bike to a

PA session seemed ordinary for everyone, especially since two young men also came to the workshops by bike. However, a jokey tone prevailed here too. To reach the sports hall there is a wonderful downhill stretch, and therefore an uphill slog when leaving it. Annoying and sometimes coarse encouragement accompanied the researcher in her efforts. Although, as a point of honour, she refused to get off when there were people around, she did not mind doing so when she was alone. All in all, in this case, her cycling was the subject of jokes that brought her closer to the participants.

This researcher's experiences and emotions were, however, quite different for the few PA sessions in which she participated at the rural site. The sports hall was five kilometres from the train station so here too she took the train then rode her bike. The problem of mobility, especially the lack of public transportation, is one of the major obstacles preventing rural populations in a precarious social position from participating in PA sessions. The obstacle is a strong social marker, like the practice of cycling, which is an indicator of health and physical fitness. These workshop participants were generally less fit and had more physical limitations than those in the urban area. They therefore considered this "bike trip" a feat which, in this case, particularly embarrassed the researcher.

During the sessions' coffee breaks, the subject of organizing carpooling often came up. The researcher once took the opportunity to ask Isabelle, the participant who seemed to be the most comfortable during the exercises despite being overweight, if she ever used a bike since she did not drive. The answer "I had a big fall the last time I did, so I quit ..." closed the discussion and made the researcher reflect. Even if her professional or family trips were sometimes complicated without a car, the researcher felt that this never stopped her. In addition, what is called "soft mobility" is now valued and reflects both a rewarding image of oneself and positive "life choices". In return, Isabelle's strong dependence on her husband for her daily trips was among the causes of her unemployment and an obstacle in her job search. The contrast is striking: what seems to provide one person with social recognition seems to put another down, undoubtedly affecting her self-esteem.

When the researchers did not arrive by train, by bike or on foot, they carpooled with the project managers who drove to the workshops in company cars, which were changed at the start of the second "season" of workshops. This time, the cars were newer and more spacious, and both were different, unlike the previous year when they had been identical. This change did not go unnoticed and aroused the curiosity of Tatiana, who took advantage of being a little distanced from "the others" to ask the researcher if the project manager had "once again changed her car". On the other hand, proud of the beautiful new cars, one project manager felt the urge to share her joy with Isabelle while

dropping her off at her home. She said, “Isabelle, have you seen the new beautiful car I’m driving?”, not paying attention to the reaction of the participant, who was constantly bothered by the fact that she could not drive and depended on her husband for routine transport. The researcher who witnessed the scene felt embarrassed. She immediately clarified that this was a company car, not the project manager’s personal vehicle.

An intervention that acts on the various obstacles preventing the practice of PA by precarious populations (environmental, socio-economic, self-esteem and relation to one’s health, and the representations and practices of the professionals) is in itself a source of inequality. Beyond the intervention, health promotion professionals and researchers set standards through their comfort in social relationships and the ease with which they seem to live and work. These standards that were transmitted by the project leaders had a moralizing effect on the target audiences.

#### ***2.4 Research ethics and moralization towards “commoners”***

The promotion of PA for physically inactive people in precarious situations and the terms of the intervention programme were in many respects relevant and in line with the public health issues. During the phase of observing workshop participants, the researchers merged (literally and figuratively) with the object of study, sometimes getting very close to the participants and project managers.

For example, during the PA sessions, one of the researchers got very close to a participant, Delphine. The latter’s voice and physique reminded her of a dear friend that she had not seen for a long time. They got on well and chatted a lot during, before and after the sessions. Delphine even spoke of her sons, especially one of them who had significant psychological problems restricting his autonomy. This, as well as her health status (her recognition as a “disabled worker” after a serious scooter accident) slowed her down in her job hunting. The accident had abruptly ended her freshly started career in the hotel industry and, as a result she did not work for almost 20 years, during which she raised her two sons. Her plan to undergo a sleeve gastrectomy, conditional to regular PA, is what motivated her the most to participate in the PA workshops. Delphine had the operation about eight months after the start of the workshops and it took her a few months before she started to eat normally and regain her strength. The other participants were amazed by her determination and rapid weight loss. She was back only two weeks after her operation, although the PA instructor followed her very closely and adapted the instructions to her reduced physical capacities.

Delphine gave the impression of a strong woman who would not let herself be defeated. For example, she once injured her ankle during a basketball session. Yet she came to the next session saying that we should not listen to ourselves too much, that “If we listen too much, we end up doing nothing!”. This personality trait bolstered the researcher’s affection for her. Throughout the observation phase, they enjoyed talking and playing, and even facing each other during matches. Despite this, when the researcher offered to do a more formal interview, Delphine was curiously reluctant at first, believing that she had “nothing to say”, that her experience was “not interesting”. However, she was quickly persuaded and the interview went very well. She talked about both her experiences and her representations with ease and pleasure.

This example demonstrates the researcher’s involuntary contribution to a sort of behavioural normalization and her endorsement of the morality of effort. Her visible empathy towards Delphine, their closeness on the sports field and during informal discussions tended to send an implicit message to the other participants: Delphine’s behaviour is exemplary, it inspires sympathy and compels admiration. The effect on others of this visible empathy could be an intention to agree with what Delphine says or to deal with things as she does; or to stay apart during the PAs and the discussions, trying to avoid comparison with her; or even refusing to be interviewed. All three cases are problematic. Even if the researcher had limited her contact with Delphine, her tacit, unwitting approval of her courage could have influenced the words of other participants during the interviews, or even made them feel uncomfortable with this implicit morality of effort.

The concept of moralization is highly significant. It focuses on the axiology induced by political or medical authorities to explicitly defend “good” behaviour or values, or to reject undesirable ones. Here, practising a regular PA and controlling dietary intake were valued without any explicit intervention, but only by the bodies of interveners (not only professionals of the medical and social fields, but also sociologists and project managers). In fact, the latter are active and mobile (they sometimes come from far away to take part in meetings and workshops), alert and in good shape. Real and symbolic messages are thus constantly transmitted. This method of moralization might surreptitiously be accompanied by normalization or even disciplinarization (a type of psycho-corporal education close to “dressage”); the PA instructor’s weekly interventions were particularly useful moments to observe these multiple risks of moralization as moral entrepreneurs (Gillick, 1984; Bacouël, Bacouël-Jentjens, 2015). Ideally, one should avoid any risk of moralization by acting on people’s own environment. However, PA interventions seldom interfere to this point with their daily lives.

## ***2.5 The two sides of the coin: the risks of the research partnership and sociologists' emotional discomfort set against the normative objectives of a health promotion intervention***

### *2.5.1 Sociology against health promotion?*

In their purposes and work ethics, the health promotion professionals seemed to take to the sociological approach, which questioned the impacts of life's social conditions on people's behaviours, likes and dislikes, as well as inequalities and their permanence. Although health professionals were on the side of the action (social transformation) and the researchers were trying to understand the phenomena, they remained quite compatible; each presupposed that an in-depth knowledge of the context of implementation (local or national, but also more broadly societal) made it possible to achieve the defined objectives (of action or understanding). Furthermore, identifying the internal and external obstacles to the practice of a PA was a common concern. However, this complementarity had its limits: the sociological approach differed from health promotion principally by its critical dimension, as well as its methodological and theoretical independence.

The search for knowledge co-construction, as in the various forms of intervention research, can sometimes be frustrating and unsettling. One of the divergences between the two PRECAPSS partners concerned their relationship with the people involved in the programme, especially the highly-committed professionals and the PA workshop participants, not forgetting those who contributed, through their experience and opinion, to consolidating the local PA programme. The success of such an initiative lies in the involvement of as many people as possible across the territory, as well as their commitment. The health professionals attached particular importance to the mobilization of stakeholders. They scrupulously studied their professional positioning and strived to respect their professional and social issues, as well as their dignity. However, an intervention programme that targets the promotion of PAs for vulnerable populations also aims to “change the practices and the representations of actors”. In other words, it also seeks to transform the participants' intimate relationship with their body and health. This procedure is an example of what Fassin and Memmi call “soft body governmentality”, which is a form of intrusion from the public authorities into individuals' private relationship with their physique and body. It requires the establishment of processes and facilities that are diffuse but permanent, often humdrum, familiar and less easily perceived or expressed in terms of policy (Fassin, Memmi, 2004). Yet they are at the heart of what makes today's policies a way of normalizing and monitoring the physical body and its behaviour.



The research was subject to the explicit and implicit framework of the intervention. This constraint led to the choice of participant observation, as the only methodology suitable for the observation of a situation created from scratch (here the PA workshops and related meetings). This dependence on the objectives of the intervention (challenging the sedentary lifestyle of inactive populations; creating adhesion to the programme; developing the capacity to act of both participants and partners, etc.) carries emotions and might even present risks for researchers. In fact, these must find a balance between, on the one hand, criticizing (in its sociological sense) a standardization of behaviour and, on the other hand, evaluating, for the ends of an intervention programme seeking to improve the health of the most vulnerable populations. Achieving this positioning required an intense emotional balancing act by the researchers. Thus, both sides gradually became inadvertently involved in an unconscious game: annoyance, incomprehension, impatience even going as far as contempt, or strong empathy, affection and even adherence to the other's point of view. What the researchers experienced as a frustration was the health promotion professionals' censorship of the field research that they wished to conduct. On the contrary, they felt satisfaction at the professionals' expression of recognition for their contributions to the intervention process. In both cases, the researchers' emotions were brought into play.

#### *2.5.2 Intervention in health promotion versus sociological survey?*

When the PA workshops were launched, the research team's trainee, a student in her first year of a Master's in Adapted Physical Activities, wished to give a questionnaire to the participants in order to assess their state of physical and emotional health, and to ask them about the different benefits of the PA sessions. The IREPS project managers, who were carefully monitoring the implementation of the intervention, strongly opposed this initiative. They felt that this survey method was not suited to the situation and that it risked slowing down the group's participation. They also considered that "throwing in a questionnaire like that is a brutal way of considering the participants as objects of investigation or guinea pigs when, on the contrary, the intention is to associate them with the project as much as possible" (said during a meeting between researchers and project managers, July 2018). The project managers also blamed the research team for not informing them or asking for their opinion. Even if this method of investigation was perhaps not the most appropriate, the fact of being prevented in their research created discomfort among the researchers which, despite progressive attenuation, permanently weakened mutual trust. Here again, the stakes of the intervention outweighed those of the researchers, perhaps more certain, but towards which the project

managers were more than suspicious (manifested by their vocabulary “guinea pigs”, “objects”).

At the end of the PRECAPSS project, the researchers and project managers jointly wrote a document reflecting the details of their experience of the intervention research. As mentioned in its introduction, the document “covers the various observations, questionings and instructions on the development, effects and results of the programme”. It aims to “inform the partners and the participants about the main results, and also to guide the future practices of professionals, volunteers and local representatives who are engaged in the promotion of health, social interventions and PA”. The idea of jointly writing this report initially went down well. However, the researchers soon noticed that some of the critical passages that they had written were “censored” in favour of smoother and hyper-descriptive paragraphs. The project managers justified their decision by the fact that those who contributed to the implementation and development of the project had invested a great amount of time and that, by reading those passages, they might put an end to their engagement. On the contrary, the researchers considered that pointing out, with good intentions, the inevitable limits and contradictions, as well as the “failures” of certain interventions or decisions could make people think and adopt more appropriate professional positions in the future. This positioning was referred by the framework of the intervention and imposed on the sociologists, who did not even have the opportunity to defend what is at the centre of their practice: the reliability and interpretation of the data. The frustration of not being able to reliably reproduce or analyse what is at stake in the implementation of a hybrid project at the crossroads of social concerns, sport and health, gradually gave way to discomfort and the embarrassment of being reduced to “little hands”, appreciated for their technicality and know-how as field researchers at the service of the project and its promoters.

Beyond the frustration felt, these three situations show to what extent the health promotion process, as implemented here, “sacralises” the participants (professionals or people concerned) who agree to become involved in the process: respect for their commitment and words seems to be confused with the idea that their experiences and points of view are absolute truth. In its extreme, such confusion can lead to serious misunderstanding where research and action become incompatible. Fortunately, this was not the case with PRECAPSS. In addition, even if the trainee’s request to administer a questionnaire was awkward and the communication between researchers and project managers was insufficient, it should be noted that some of the participants had started to complete the questionnaire without noticing any inappropriate intrusion into their privacy, since they had made the decision to become involved in the programme in one way or another.

### *2.5.3 The willingness to "do well" in the context of a strict partnership*

The researchers felt relieved on many occasions. For instance, when they realized that the intervention programme resonated with the targeted individuals, when the participants accepted their presence in the field, and also when the health promotion professionals expressed their satisfaction with this collaboration, despite the criticisms of one of them, who regularly questioned their involvement in the field and more generally in PRECAPSS. Blaming the researchers for "not doing enough" might be due to the assumed imbalance of their commitment and contracts; the researchers are civil servants, whereas the position health promotion professionals is sustained only by the funds, projects and contracts that they secure. This was not the case with PRECAPSS, where the two project engineers were recruited on fixed-term contracts whose long duration (3 years) offered certain security. These real or supposed structural and professional settings affected the working relationships between the researchers and the health promotion professionals. In addition, INCa's (French National Cancer Institute) call for projects imposed that this intervention research be carried out by a research structure. Thus, to win the contract, IREPS Bretagne had to find an academic partner among the research teams in the region, capable of hosting such a project and taking charge of the research component. Yet at least one of the health promotion professionals believed, rightly or wrongly, that IREPS Bretagne could have provided both intervention and research if the funders had given them the opportunity to do so. This contractual stipulation somehow subjugated IREPS to Université Rennes 2 and caused inevitable frustration since, as defined in the agreement between the two entities, the health promotion professionals "only" set up and coordinated the intervention.

This background explains why one researcher felt relieved when she told one of the project managers, with some embarrassment, about a situation in which she felt very uncomfortable. For the interviews with the participants, the researcher had asked Hadrien, a participant in his twenties, if he wished to discuss the workshops, what he thought about them, what he did or did not like, etc. His reaction was described as such in her observation notes: "When it was the turn of Hadrien, white and a bit overweight, he was embarrassed and mumbled something like 'no, no, no'. Caught off guard, I advised him to think about it. But seeing him very embarrassed and uncomfortable, I told him right away that there was no obligation. I could feel his discomfort, I hated myself for putting him in this state ... He calmed down pretty quickly but I think that I shook him. I don't think I will ask him again, I am afraid that he will give up the workshops because of this request. I even have the impression that he avoids my gaze, he avoids me during the whole session" (extract from field notes). A few weeks later, the researcher told a project manager about the

incident, albeit trivial, during the field research and ended up by saying: “There, I saw what a request linked to the research can provoke, it is not without risk. I did not think it would happen like that, I thought that Hadrien was especially isolated but didn’t imagine that this request was going to shock him like that”. The project manager first expressed her surprise; she had not expected Hadrien’s reaction either. Then she concluded: “It’s also a risk to be taken: you don’t tell them everything that the research brings to the intervention, but I can see that”. The researchers deduced with relief and satisfaction, that, despite the tense relations with these professionals, their contributions (their sustained presence in the field, participation in PA sessions and meetings, regular reports, interviews and informal exchanges with participants, etc.) were appreciated and considered useful for the intervention. In fact, when asked if the researchers’ presence and participation in the PA workshops raised questions or even embarrassed her, Tatiana, a participant, answered “No, not at all, on the contrary. The last time, when you said that you were going to withdraw from the field, it somehow made me sad. I told myself that it’s going to be different. Ever since I’ve been here, there’s always been one of you practising with us and now we ask ourselves why they’re leaving. Well, I believe it’s because they saw that the workshops are going well – isn’t it?” “Yes, more or less”. During the interview, another participant, Isabelle, talked about the period when the researchers and project manager still participated in the PA workshops and said, “For me you were participants. There was no ... for me, there was no research, maybe you do that outside but you play sports with us, you were like us ... on the sports field. If the three of you had been different (she laughs) it would have been something else, but there was no distinction”. Then she added, “When there was also your colleague (the trainee), you were both there, we felt... it was good... we laughed a lot, (the project manager) too, with you all... it was good, yes”. (When these the interviews were conducted, the fieldwork was already in its final phase and the researchers were informing the participants that their participation in the PA sessions would end soon and that they would not be participating regularly anymore).

#### *2.5.4 According to participants in PA workshops: sociologists and project managers, the same fight!*

During the interviews, the researchers found that participants were confused between what is specific to sociological observation and the intervention of project managers. This confusion was somehow expected, given that the two entities intervened in the field in almost identical ways: participation in the PA workshops and informal discussions, preparing the snacks, installing and storing the sports equipment, etc. The only exception was the regular speeches given by the project managers, explaining the project

approach to the participants and asking them to get involved in the overall project. Yet this observation shook the researchers who, despite being familiar with interventional research, frequently found themselves, more or less voluntarily, obliged to join the project managers' "cause" and defend the interests of the project, putting aside the interests of the research.

At the end of an intervention research in health promotion, there is always uncertainty about the future of the actions that were implemented during the intervention. This project aimed to set up a long-term PA programme for non-athletes and/or sedentary individuals (in a precarious situation or not). Unlike classic observations where results are not important, during surveys like the one in hand, researchers are concerned with the progress of the project, its success or failure, what works and what does not. For researchers, failures matter just as much as successes, and even more. However, the emotional impact on researchers is particularly strong when, through a long presence in the field, they have been able to witness and measure the positive effects of PA practice and other components of the programme on the participants (conviviality, sociability, joy and pleasure, renewed energy, overcoming fears, etc.).

### ***2.6 Do emotions help remove obstacles to the practice of PA by people in precarious situations?***

Emotional register is an important lever for the mobilization of participants, as well as sports clubs and associations. Emotional empathy, which is characterized by reacting to the emotional states of others, passes through our bodies in a face-to-face situation. To understand the other's actions, we must place ourselves in "a comparable body state" (Damasio, 2010) and enter emotional resonance through our bodies. This approach was put into practice in the field by the researchers, and also by the project managers while setting up the interventions, but without full awareness or willingness. However, over time, it became almost systematic, as one of them noticed its benefits on the intervention.

The choice to conduct a participant survey and take part in the PA workshops was not criticized by the project managers. However, one of them stated, right at the beginning of the programme, "You can do whatever you want, but I will not go and do sports!". No one objected at the time, considering that intervention and research are two very different things and that their methods and implications can also be different. The PA workshops began almost a year after this position was taken. Caught in the flow and confronted with the question, "If I don't participate, what am I doing to do?", the project manager finally decided to "play along". Considering herself sedentary, rightly or wrongly, (which was not the case for the researchers), she quickly realized

that she was doing quite well and that she was having a lot of fun. She even gave her own example and her ability to perform the PAs on offer as an argument to invite potential participants. Thus, on the occasion of the “forum des associations” (a kind of fair for clubs and societies), during which IREPS held a stand designed to guide individuals interested in doing PA to sports clubs in the area, this professional gave her own example to people who thought that “multisports” activities are difficult and require a certain degree of physical form. Her argument went along the lines of: “If I managed to do it, it means that anyone can do it ... at first I didn't believe it either”.

Her physical involvement and empathy towards the participants were constant and she referred to her own experience and capacity to guide potential participants: “It's always complicated when you mix the personal with the professional, but that's also what helped me the most. It served as an insight ... I had this experience like any other participant, with all the concerns and anxieties (...) I know that during the last workshop in which I participated, I told myself that I would no longer participate, that I would no longer have the level ... yes, yes, very clearly. And this is also what made me tell the PA instructor that he could not ask people who have recently arrived to participate in such intense sessions. I am very clear. I am very sensitive to it, that is what allows me to have insights ...”. She mentioned that her insights are not necessarily the same as those of the others, but that she considered herself a good example of a sedentary person who dithered a lot before accepting to practise within a group, and that if she felt comfortable, then there's a good chance that the rest of the group would feel that way too. She also stressed the fact that her physical involvement did not prevent her from keeping a good distance from the other participants: “I found quite a good balance. I wasn't a participant like any other, I didn't tell anyone about my personal life, neither was I like other professionals who they ask for advice. I was there for the action, only for the action. I was only interested in the PA workshops”.

Her colleague is a former nurse and practised PA in her spare time despite joint problems. From the beginning, she was very motivated to participate in the PA sessions. With her comfortable, tight-fitting sportswear, she drew the attention of the participants, most of whom suffered from weight problems, to her juvenile body, well preserved despite her being over 50. Her determination to do well, or even to win the little games suggested by the PA instructor particularly characterized her participation. However, she felt challenged when the youngest of the researchers and the intern (24 and 27 years old respectively and former competitive athletes) participated energetically, along with a participant who was also there to exercise. She blamed them for “making movements of high-performance athletes”, thus “putting the participants in a difficult situation”. She kindly expressed her embarrassment to the participants

by saying, “Don’t try to do what they do, you’ll hurt yourselves. They are still young, but we no longer have our youthful bodies”. Her main argument when recruiting participants was that, “If you can’t do something, you don’t have to force yourself; the instructor will adapt to your abilities”. Unlike her colleague, she never mentioned her ability to participate and practise despite her joint problems. Distance and proximity were both at the heart of her relationship with the group of participants. She fostered the empathy of the participants, especially those who had survived a road accident, by telling them about the serious motorcycle accident that she had when she was 16. But, on the other hand, she kept a clear distance from them by showing off her physical abilities, “competing” with the younger researcher, or flaunting her fit, youthful body by wearing a tight T-shirt and leggings. Her contrasting attitude and contradictory messages may well have affected the participants' motivation to continue practising.

### **3. Conclusion**

Finally, despite the difficulties in cooperating, whether linked to the form of the partnership between the university and IREPS, the researchers' embarrassment by the behavioural normalization, or the varied but ambiguous professional postures, the common points between researchers and project managers have been their physical commitment to the project and the “actions”, their emotional empathy and their desire to strike the right distance from the field and the participants. This common approach appears to be “enactive” (Hert, 2014; Wacquant, 2015) as it aims to encompass what engages the body of researchers, the project managers and the people concerned by the action, under all possible data, including observations and interviews, as well as the empathic sharing and emotional outbursts, experienced in particular by the researchers.

The emotions of sport instructors and peers, as well as imitating and observing them, are a very present factor in learning sports gestures, whether for competition or “well-being”, during childhood or as an adult. The vicarious experience, i.e. the possibility of observing a peer performing a given action, fully contributes to learning (Zanna, 2015). Over and above acquiring the technical gestures, the PA sessions referred to here are aimed at the gentle and realistic incorporation of the bodily movement norm. Their collective nature is an integral part of this objective: by observing others (who nonetheless resemble us) having fun, enjoying physical activity, performing an accurate gesture, sweating, sometimes also suffering, each person is able to reproduce the exercise as well as adhering to what they are conveying. From this point of

view, bodily engagement and everyone's participation – in particular new partners from the sports sector (social, health) – contribute to reducing the asymmetric relationship between PA promoters – “moral entrepreneurs” (Gillick, 1984; Bacouël, Bacouël-Jentjens, 2015) of “sport, health, well-being” – and the people concerned. Beyond the effectiveness in terms of learning and adherence to the movement norm, the bodily engagement of actors in preventive health and partners from the social sector plays its part in the ethical negotiation with the people concerned. Indeed, these professionals may somehow feel the encroachment on a person's private life, the reduced freedom of choice and the lower autonomy that the sports imperative can represent and thus be able knowingly to address them with the people targeted by the programmes.

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