



Shaping the healthy subject in gentrified spaces: Two case studies in Barcelona (Spain)

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ABSTRACT

Several studies have analysed the impact of gentrification on health. However, a more in-depth examination of the constitutive role of health discourses in shaping spaces is required. This article explores the links between the gentrification process and the subjectification of healthy subjects through a critical discourse analysis of 35 walking interviews and a visual semiotic analysis of 140 shopfronts. Health is put forth as a super value to justify market interference in the configuration of urban space and class privilege based on the health products and healthy practices that have undergone a process of elitisation.

1. Introduction: the spatial production of healthy subjects

Gentrification refers to the demographic, political and social process of urban transformation driven by market interests; it gives rise to changes in the composition of the local population due to an influx of residents with greater purchasing power (Glass, 1964; Bryson, 2013; Schnake-Mahl et al., 2020). Research in this field demonstrates how capital appropriates urban space, thereby pushing up the prices of homes and consumer goods and forcing those who cannot afford them to leave (Easton et al., 2020). According to Janoschka et al. (2014), gentrification also modifies the urban landscape by co-opting artistic expression, social diversity and alternative lifestyles to appeal to the market.

Gentrification is classist and racist in nature (Versey, 2022). The city space is rearranged, controlled and managed to make it safer for capital and privileged groups, thereby displacing vulnerable groups and preventing other possible uses and purposes of public space outside the interests of capital. This trend towards the end of public space (Mitchell, 2017) intensifies social control and limits public space's multiple uses and enjoyment by the entire population, perpetuating and exacerbating social inequalities whose impact on health is indisputable.

In this regard, numerous studies highlight the consequences of gentrification for the at-risk population, highlighting spatial exclusion (Schroeder K et al., 2019; Twigge-Molecey, 2014; Winifred and Hamilton, 2012; Hill et al., 2021) and precarious housing and territorial conditions (Swope and Hernández, 2019; Rauh et al., 2008; Boucher

et al., 2022). More specifically, while gentrification tends to create and promote health-oriented infrastructures, products' supplies and urban lifestyles (e.g. physical exercise, healthy food, etc.), these alleged positive impacts on health are enjoyed only by certain privileged groups (Schnake-Mahl, et al., 2020), ironically increasing health inequalities by producing direct or indirect displacement of vulnerable groups and those with lower incomes (Marcuse, 1985; Pons-Vigués et al., 2014).

For example, although there is rich evidence that the presence of green spaces (e.g. parks, gardens) and blue spaces (e.g. sea and lakes) promotes healthy environments, societies and lifestyles (Van Den Bosch and Sang, 2017; Queenan et al., 2017; Smith et al., 2021; Völker and Kistemann, 2013; White et al., 2013; Ashbullby et al., 2013; Völker et al., 2013), the distribution of natural spaces is uneven across the territory. People with greater economic resources tend to live in spaces with better infrastructure and natural spaces, to the detriment of people with fewer resources, who have a poorer provision of these spaces (Beck, 2016). At the same time, the development of natural spaces without welfare policies can foster gentrification (i.e. "green gentrification", Anguelovski et al., 2022) which, produces inequities in the use and enjoyment of these spaces (Jelks, et al., 2021; Oscilowicz et al., 2020; Palardy et al., 2018; Harris et al., 2019).

Relatedly, we highlight two major elements that impact on residents' health and well-being in gentrified spaces: changes in the material life conditions and psychosocial damages. Regarding the former, the increase in the cost of urban living caused by gentrification has a direct impact on access, quality and residential stability (Atkinson, et al. 2011;

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Swope & Hernandez, 2019; Benassi et al., 2021), especially for middle and low income people. In addition, material constraints impact on the ability to access and consume essential service products that are increasingly expensive, such as healthy food (Anguelovski, 2015), triggering a re-organisation of economic priorities that are detrimental for health (e.g. buying less healthy food in order to cover housing costs).

Regarding psychosocial damages, gentrification negatively affects the personal, emotional and collective bonds that local residents had historically formed with “their” neighbourhood spaces. Elliott-Cooper et al. (2020) refer to displacement as a violent process of un-homing that produces an affective, material and symbolic rupture of ties between people and space that corrodes the right to dwell, with negative effects on well-being. Thus, in addition to material displacement, there is symbolic displacement (Atkinson, 2015), which is defined in recent psychosocial research as *“a process of subjective dislocation, associated with the weakening, rupture or loss of links with the referents of the social and physical environment of the neighbourhood in which a subjective sense of well-being is sustained”* (Di Masso et al., 2022, p.99). This takes the form of a rupture of identity continuity, community alienation, affective estrangement, place-person ideological incongruency and aesthetic disgust towards the place. For instance, elder people in gentrified areas in Barcelona insistently report feeling foreigners in their own neighbourhood (see López et al., 2022). Relatedly, socio-cultural displacement (Anguelovski et al., 2021; Davidson, 2009) features as a form of symbolic displacement caused by changes in community norms, which takes the form of processes of segregation and social exclusion and loss of social cohesion.

As a result of symbolic displacement, there are inequalities in the access and enjoyment of space, loss of community ties and less sense of place-belonging (Pearsall and Anguelovski, 2016; Di Masso et al., 2021), which negatively affect psychosocial health and limit the possibility of cooperation, compassion and community mobilisation (Versey, 2022). Thus, the market’s interference on people’s meaningful life-spaces produced by gentrification, changes the structure of space, commercial life and the use of public space. This negatively affects health through processes of material, socio-cultural and general symbolic displacement, and at the same time undermines the social fabric that can act as a protective factor against health risks (López et al., 2022).

However, the link between space and health is not merely a relationship in which the former impacts upon the latter. It is equally important to consider how the representation of health actually affect the way spaces are shaped and promotes specific spatial practices (Gesler, 1999; Fitzpatrick and LaGory, 2003).

The contemporary creation of health-providing urban spaces makes sense within the framework of capitalism and neoliberal societies, on the one hand, and the development of ‘healthism’, on the other hand. Following Harvey (2014, p. 22), capitalism is any social system in which the circulation and accumulation of capital is the axis through which social, material and intellectual foundations of the community are articulated. Capitalism continually seeks to increase capital beyond exploitation in the working arena, extending its voracity to all domains of life, including the ‘creative destruction’ of cities and other ways of spatial dispossession (e.g. housing, public space, natural areas, etc.; Harvey 2001, 2003). In this frame, the capitalist drive of accumulation implies the constant search for spatial strategies to valorise capital, including the rearrangement of city spaces in the name of “urban upscaling” that end up operating as spatially induced forms of class-cleansing (see Hubbard, 2019).

Relatedly, neoliberalism is a political and economic rationality which is attuned to and empowers capitalism, strengthening the machinery of accumulation and restoring class power (Harvey, 2007). This involves escalating market deregulation (Chwioroth, 2007) and a decline of the welfare state, coupled with the ideological construction of a model of subject that concentrates individual responsibility for one’s own personal and community life (Rose and Miller, 1992; Santoro Lamelas, 2017), and who is ontologically re-shaped as a rational,

individual decision-maker abstracted from his/her broader life conditions (Gill, 2008; Gurrieri et al., 2014). Neoliberalism becomes spatialized in many ways. As Walks and Soederberg (2021) point out, it inscribes itself in local politics, culture and economy, leading to the construction of unequal spaces that reproduce class conflicts and privileges. In the same vein, Mitchell (2017) notes that capitalism takes space in the pursuit of spatial abstraction, eliminating all its diversity and making it interchangeable with any other spaces to ensure its control and regulation. This abstract space is in turn a space of privilege, where only certain ways of being and doing (mediated by the market and consumption) are acceptable. The tendency to abstraction of capitalist space is the tendency towards the end of public space, since it must be “absorbed in exchange”. Thus, gentrification is a spatial form of materialisation of current accumulation strategies in neoliberal capitalism (Walks and Soederberg, 2021).

In the framework of neoliberal societies, Crawford (1980) considered the emergence of a new health ideology. By ‘ideology’ he meant *“a socially and culturally constructed way of seeing, interpreting, and evaluating some aspect of the physical and social world and the relation of self to those worlds”* (p. 367). Ideology must be understood within the framework of analysis of power relations, since it contributes to the reproduction or questioning of certain social interests. Although ideology refers to *“any kind of intersection between belief systems and political power [that] challenges or confirms a particular social order”* (Eagleton, 1997, p. 25), hegemonic discourses become more prominent, since they are used to naturalise versions of reality *“to make them visible and apparently inevitable, by denigrating ideas that can challenge them and excluding opposing ways of thinking”* (Eagleton, 1997, p. 24). Indeed, healthism focuses on behaviours, attitudes, emotions and personal spirits as key symptoms that must be taken into account for the production of health and well-being, and although it may recognise that health problems can originate outside the person, the focus of the solution or prevention lies in personal choice. It is assumed that the individual has the responsibility to make good decisions beyond environmental and business pressures and conditions: *“solution rests within the individual’s determination to resist culture, advertising, institutional and environmental constraints, disease agents, or, simply, lazy or poor personal habits”* (Crawford, 1980, p. 368).

In this framework, well-being is seen as the ultimate aim of individuals, a virtue that everyone can and should seek out (Taylor, 2011; Edwards and Imrie, 2008). This notion of well-being shapes the subjectivity of individuals as their own endeavour of self-realisation (Greco and Stenner, 2013) according to certain hegemonic discourses on the ideal practices of being (healthy, hard-working, fit, engaged in civil society, etc.) that should produce positive emotional states (Edwards and Imrie, 2008; Taylor, 2011).

The concept of biopower takes on special relevance in health studies, since it offers an insight into how each individual’s body and life become the object of population governance (Greco, 2009) based on the deployment of knowledge and interventions that provide for *desirable, legitimate and efficacious* ways of life (Rabinow and Rose, 2003, p.3). The exercise of biopower unfolds in two ways. On the one hand, the anatomo-politics of the human body entails the government of particular bodies through discipline. On the other hand, the biopolitics of the population involves the government of the people through surveillance, control and management of life, illness and death (Rabinow and Rose, 2003, Frias Urrea, 2013). In other words, anatomo-politics and biopolitics are two sides of the same coin of the exercise of power at *“the micro-level of the body and macro-level of the population”* (Lemke et al., 2011 pp 38), that allow us to understand life as a resource that needs to be invested in and managed (Greco, 2019).

The scope of biopower permeates all stages of the life process and every space, practice and condition that impact life and health; it is involved in all social relationships (Foucault, 1978–1979; Rabinow and Rose, 2003), and individuals are expected to *govern themselves* based on a rational, careful analysis of the situation and the monitoring of potential

risks (Petersen and Lupton, 1996). Individual freedom becomes an instrument that must be regulated (Rose, 1999) in line with hegemonic discourses on maximising life and health in accordance with the logic of production, consumption and accumulation of capitalist societies. (Salgues, 2016).

According to this logic, space takes on a key role in the health production process, since the individual becomes governable as the environment provides material resources and legitimate discourses on being. Thus, the systematic modification of the environment becomes the objective of policies that govern free subjects (Mayes, 2014). Mayes (2014) illustrates this point by referring to 'choice architects' (p. 380), who design environments in such a way that individuals make choices that are hegemonically considered 'right', with the least amount of resistance.

A comprehensive understanding of processes of subjectivation and their relationship with space echoes Lefebvre's proposal (1974) on the production of space. Lefebvre developed his concept of trialectics based on conceived space (the space conceived by technocrats, scientists, architects, urban planners, etc., who represent it in an abstract way in technical documents, plans and discourses that analyse and conceive its deployment); represented space (the space experienced by the people who live and travel in it, based on the social meaning it acquires); and practiced space (the space of everyday life, based on the specific practices of the inhabitants and users within it). Thus, 'choice architects' can propose options for being healthy based on their representation of the conceived space, but individuals reshape the space based on socially shared representations and the practices that actually unfold within it. Therefore, the regulated freedom (Rose, 1999) that promotes healthism is possible and arises from the framework of possibility that is inherent in specific social spaces. Caroline Fusco (2006, 2007) referred to the creation of these spaces as 'healthified urban spaces', understood as the result of institutional and individual efforts to produce spaces that emphasise the production of healthy subjects and environments. The production of healthified spaces requires the development of healthification processes that use multiple technologies and techniques on the bodies, practices and materialities that shape health spaces and subjectivities (Fusco, 2007). These specific technologies and techniques are consistent with the neoliberal model of the subject and make it possible to maintain 'health imperatives' (Fusco, 2006). As Fusco (2007, p. 44) states, *[Healthification] prescribes new kinds of civic citizenship and consumerist subjectivities in urban spaces*.

The concept of healthification and healthified spaces enables us to incorporate the intersection between the three processes of space production proposed by Lefebvre (1974), since it not only involves the technocratic intentions of producing healthy spaces, but also integrates the representations and practices that allow health proposals to be reproduced or challenged. In this article, we explore *how health discourses are embodied in subjects living in gentrified environments and are materialised in gentrified urban spaces*. In other words, we examine how the neoliberal construction of gentrified and healthified urban spaces is carried out, with a special focus on the meanings and practices that unfold within them. We explore how the new consumption discourses present in gentrified and healthified spaces form specific subjects and legitimise (or contest) certain practices and places that reproduce or challenge the prevailing health and consumption model.

2. Context and methodology

2.1. Context

The fieldwork was carried out in two neighbourhoods of Barcelona (Spain): Vila de Gràcia and Poble Nou. Both are undergoing major gentrification processes and are characterised by an influx of young people and adults with higher education levels and a significant presence of European nationals (Lopez-Gay and Cocola-Gant, 2016).

Vila de Gràcia is a neighbourhood with around 50,000 inhabitants, a

long-standing, strong collaborative network and a lively cultural and artistic scene (Ajuntament de Barcelona, 2023). Over the last decade, it has undergone a gentrification process based on its image as a modern, alternative neighbourhood, a process that has resulted in higher housing prices (Mansilla and Milano, 2019).

Poble Nou, meanwhile, has an industrial past but has gradually developed into a middle- and upper-middle-class neighbourhood based on urban planning measures such as the construction of the Olympic Village for the 1992 Olympics and the resulting access to the beach, which had previously been limited by the prioritisation of manufacturing. Also, the 22@ plan was used in the 2000s as a strategy aimed at attracting technology companies and highly skilled professionals, primarily in the field of information and communication technologies (Mansilla and Milano, 2019). Regarding the Olympics, multiple studies show that international sporting events are catalysts for the advance of capitalism in cities, since they involve a reorganisation of space with a view to presenting it internationally as safe and attractive for the flow of capital (Gaffney, 2010; De Lisio and Fusco, 2019; De Lisio, Yerashotis, Fusco, 2019). The investment in infrastructure that such a presentation entails has impacts in terms of gentrification, displacing groups with few economic resources and repopulating such spaces with the wealthy classes and the increased influx of tourism. (Coaffee, 2015).

2.2. Methodology

Between 2018 and 2022, we carried out 35 walking interviews in the neighbourhoods of Vila de Gràcia and Poble Nou according to the subjects' relationship with the neighbourhoods (residents for more than 10 years, residents for five to 10 years, residents for less than five years, former residents, non-residents and local anti-gentrification activists) and gender [Table]. The fieldwork was interrupted at the time of total confinement (March, 13th) and was reactivated during the first phase of the de-escalation of the confinement (June 14th), when people were allowed to walk around the public space in small groups and commercial activity was reactivated following sanitary control measures (capacity control, interpersonal distance, use of masks, etc.).

In walking interviews, the dialogue that takes place between the interviewee and researcher is shaped by the evocative capacity of the places they pass through, describe and point out, thus adding an emplaced layer of sense-making to the interviewee's experience of the place (Evans and Jones, 2011; Emmel and Clark, 2009). In our research, the meeting and starting points of the interview route were chosen by the interviewees, who guided the tour thereafter. During the tours, the interviewee described their experience of the place, their feelings concerning changes in the environment and significant places.

We used a purposeful sampling (Barbour, 2001; Flick, 2006) according to the subjects' relationship with the neighbourhoods: a) Residing in the neighbourhood for more than 10 years and continuing to reside in the neighbourhood at the time of the interview; (b) Residing in the neighbourhood between 5 and 10 years and still residing in the neighbourhood at the time of the interview; (c) Residing in the neighbourhood for less than 5 years; (d) No longer residing in the neighbourhood at the time of the interview, having lived in it for more than five years; (e) Being part of movements critical of the gentrification process. These profiles try to respond to the criterion of maximum variation (Patton, 2002), aimed at covering the entire possible repertoire of experiences and differentiated positions in relation to the topic explored. Likewise, we ensured gender representativity in each profile.

For the selection of participants, the snowball strategy was used, so residents of the neighbourhood informed the research team about other informants who, according to the sampling criteria, are contacted and interviewed. The language of the interviews was Catalan or Spanish, depending on the participant's preference.

We produced a literal transcription of the interviews and conducted a critical discourse analysis (CDA) in line with Fairclough (2001), who proposed CDA as a theoretical perspective and a method that questions

Table 1
Interviewees profiles.

Pseudonym	neighbourhood	Residential category	Gender attributed
Cecilia	Gràcia	former resident (he/she have left)	Woman
Leví	Gràcia	former resident (he/she have left)	Man
Pere	Gràcia	5–10 years in the neighbourhood	Man
Mariona	Gràcia	5–10 years in the neighbourhood	Woman
Rosa (WI done with Carlos)	Gràcia	5–10 years in the neighbourhood	Woman
Miguel	Gràcia	5–10 years in the neighbourhood	Man
Didac	Gràcia	More than 10 years in the neighbourhood	Man
Alejandro	Gràcia	More than 10 years in the neighbourhood	Man
Alba	Gràcia	More than 10 years in the neighbourhood	Woman
Carlos Rosa (WI done with Rosa)	Gràcia	More than 10 years in the neighbourhood	Man
Georgina	Gràcia	More than 10 years in the neighbourhood	Woman
Herman	Gràcia	More than 10 years in the neighbourhood	Man
Raquel	Gràcia	She/he does not live in the neighbourhood	Woman
Toni	Gràcia	unknown (anti-gentrification movement)	Man
Emiliano	Gràcia	unknown (anti-gentrification movement)	Man
Xanti	Poblenou	former resident (he/she have left)	Man
Montse	Poblenou	former resident (he/she have left)	Woman
Alina	Poblenou	0–5 years in the neighbourhood	Woman
Julio	Poblenou	0–5 years in the neighbourhood	Man
Micaela	Poblenou	0–5 years in the neighbourhood	Woman
Munsa	Poblenou	0–5 years in the neighbourhood	Woman
Valeria	Poblenou	0–5 years in the neighbourhood	Woman
June	Poblenou	0–5 years in the neighbourhood	Woman
Teresa	Poblenou	5–10 years in the neighbourhood	Woman
Xose	Poblenou	5–10 years in the neighbourhood	Man
Gloria	Poblenou	5–10 years in the neighbourhood	Woman
Carmen	Poblenou	5–10 years in the neighbourhood	Woman
Esperanza	Poblenou	More than 10 years in the neighbourhood	Woman
Josep	Poblenou	More than 10 years in the neighbourhood	Woman
Umma	Poblenou	More than 10 years in the neighbourhood	Woman
Paola	Poblenou	More than 10 years in the neighbourhood	Woman
Elias	Poblenou	More than 10 years in the neighbourhood	Man
Ismael	Poblenou	More than 10 years in the neighbourhood	Man
Alba	Poblenou	More than 10 years in the neighbourhood	Woman
joan	Poblenou	More than 10 years in the neighbourhood	Man

Table 1 (continued)

Pseudonym	neighbourhood	Residential category	Gender attributed
Núria (WI Done with Dario)	Poblenou	More than 10 years in the neighbourhood	Woman
Dario (WI Done with Núria)	Poblenou	More than 10 years in the neighbourhood	Man

the understanding and analytical strategies of language and semiosis in a broad sense (including not only words, but also visual language, among others). This semiotic vision of CDA considers non-linguistic practices involved in the creation of meaning in spaces, which, in our case, allowed us including images of shopfronts and the public space under study. In addition, Fairclough's view of social practice (2001) makes it possible to combine structural and performative analysis: 'A practice is on the one hand a relatively permanent way of acting socially which is defined by its position within a structured network of practices, and a domain of social action and interaction that both reproduces structures and has the potential to transform them' (Fairclough, 2001, p. 180). Thus, for example, it can be used to explore the link between neoliberal ideology, space and the construction of healthy subjectivities that appear as 'healthy lifestyles' in everyday life, but not from a deterministic perspective, since, in each practice, the link between subject, health and space can be challenged, reproduced or transformed.

Likewise, we highlight the relevance acquired by the 'order of discourse' in semiotic analysis, since this makes it possible to analyse the discursive varieties that are structured in a network of power relations, where some acquire hegemony and others a minority or alternative response (Fairclough, 2001). In this regard, it can be used to determine which hegemonic discourses link health to gentrification, and to reveal gaps where answers, questions and/or alternatives emerge to build other links between space and health. The CDA presented follows the 'hermeneutic cycle' (Rennie, 2012), in which theories and arguments are brought into dialogue with the text. Thus, the analysis involves an educative process in which we identify relevant units of meaning from the text and images, which are "represented by a string of words" (Rennie, 2012, p. 389). We then articulate these findings with the theory through an abductive process in which the theory allows us to problematise and give robustness to the plausible interpretations of the text (theoretical deduction). Subsequently, we interrogate the possible interpretations returning to the text in search of arguments that may question or enrich the proposed analysis.

When analysing the interviews, and considering that social practices include a dialectical relationship between subjects, objects, values, discourses, time and place (Chiapello and Fairclough, 2002), we first identified the subjects and objects that play a relevant role in the definition of health in gentrification processes. Specifically, we looked at the lexicon (the pronouns, verbs, adjectives and adverbs used) (Janks, 2006) and the use of metonymy, which involves the substitution of one entity for another based on its semantic link within the framework of a shared cultural background (e.g. the part for the whole, the object for the product/user, the place for the institution/event) (Lakoff and Johnson, 1986), to characterise how health is constructed and the link established by people with space as a producer/limiter of health and well-being. Specifically, we looked for terms and concepts related to:

- Health in relation to the gentrified space [i.e. healthy, sustainable, ecological, healthy food, stress, insecurity].
- The subjects present in the narratives [i.e. defining "us": The neighbourhood, bohemians, expats, anti-speciesists, vegans, non-hippie-hipsters; hipster, the essence of grace, liberals, freelance, militant, entrepreneur, superblocs' mothers, families... /i.e. defining "them": hipsters, poor people, guiris, migrants, alternative movements, punks, squatters, tenants' trade union, greedy landlords, disgruntled neighbours, tourists, ...].

- (c) Places: Beaches, sea, hard squares, superblocs, pacified areas, forests, luxury villa, normal bars, crappy bars, comfortable and walkable neighbourhood, global and proximity neighbourhood, snob neighbourhood, our neighbourhood vs awful others, public medical centres, cosmopolitan, pavement, hostile constructions ...].
- (d) Shops: [i.e. with design logos, normal and trashy bars, bio-market, biogarden-fanci, bulk trade, ecological shops, vegan, luxury shops, refined shops, technology].
- (e) Policies: tourism policies, city policies, real estate project, housing movement ...
- (f) Objects: Apple, wood, handmade, super eco-bio-everything-expensive ice-cream, lights, money.

Likewise, given the need to capture the ‘assemblage’ between the material characteristics of the place and the discourses constructed within it (Di Masso and Dixon, 2015), we also conducted a visual semiotic analysis (Nöth, 2011; Trinch and Snajdr, 2016) of 140 shopfronts, with a special focus on graphics, the material used for signs (wood, metal, etc.), the colours used, iconic objects, the language or languages used, direct and indirect references to health, the products sold, and associated phrases, images, drawings and complementary items. We interpreted their underlying meanings, considering the importance of intertextuality and the semantic interconnection of signs in the interpretative exercise (Rose, 2023). Thus, in order to capture the meanings of the shopfronts, we linked the elements analysed in them with the interviewees’ accounts and theoretical resources on healthism, capitalism and public space.

Second, we set our findings in dialogue with critical theories of health, public space, capitalism and gentrification, and we discussed the construction of such subjects and objects within specific argumentation systems, problematising the dominant discourses and considering the existence of alternative discourses. To that end, we paid special attention to the discursive varieties present in the interviewees’ discourses and their reproduction or confrontation with the images of the place. We selected extracts and images that represented the main arguments, the lexicon deployed in such arguments and the metonymies associated with health.

Finally, we reflected on the role of health and gentrification discourses in reproducing or challenging certain logics of representation of reality and social order.

2.3. Ethical issues

Confidentiality and anonymity of the data were ensured in compliance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons concerning the processing of personal data and on the free movement of such data and the Spanish Organic Law 3/2018, of December 5, of personal data protection and guarantee of digital rights.

The participants were informed about the research objectives and data management. All of them signed the written informed consent form. The names that appear in the extracts are fictitious to guarantee the participants’ anonymity.

The interviews conducted after the lockdown by covid-19 were carried out in accordance with the University of Barcelona’s health protection standards. The interviewees were informed about the existing health measures and we also provided them protective material. An information clause on the covid-19 safety measures was also included in the informed consent form.

3. Analysis

To describe the interplay between gentrified spaces, subjectivities and health, we divided the analysis into three key areas: (1) *Health as a promise of life: logic of consumption in the maximisation of life*; (2)

Legitimation of privilege: healthy lifestyles as an indicator of class; and (3) The ambivalent character of health as a super value: between elitisation and resistance. Taken together, these three topics reveal the construction of health as a central argument in gentrification processes that, on the one hand, legitimises certain market subjectivities and logics and, on the other, opens up tentative possibilities to challenge them.

3.1. Health as a promise of life: logic of consumption in the maximisation of life

The interviewees described the presence of health environments and discourses in line with those associated with gentrification of the neighbourhood, a ‘high-quality neighbourhood’ (V. Gràcia: Alba), where the range of services and products associated with health is a crucial step in the gentrification process. Within this framework, the presence of stores associated with health is a cornerstone that gives people a sense of well-being associated to the neoliberal fiction of choosing options to be healthy through consumption.

‘Organic, eco-friendly business ... It is also a neighbourhood that has been greatly enhanced. So Asturias street is full of shops, where each one is more expensive than the next one and also give people a sense of satisfaction that they are making healthier, more conscious purchases’ (V. Gràcia: Pere)

To this end, a metonymic chain of signifiers is established that links naturalness, organicness and sustainability with health. Thus, we highlight shopfronts and accounts of urban transformation that refer explicitly to health and well-being through organic, natural and sustainable practices and products, while others refer only to other elements in the chain of signifiers [Fig. 1].



Fig. 1. Metonymic relations: naturalness, organicness, sustainability and health.

This chain of signifiers not only translates to the linguistic space, but is also reflected in the material elements that shape spaces. Stores that advertise products or services related to health, including healthy food, physical exercise and holistic therapies, are usually aesthetically presented based on their link to the earth and nature through images, drawings and objects. Clear examples of this include the use of pallets, wicker baskets, wooden boxes and plants, as well as drawings and images of hearts, flowers, vegetables and stylised bodies [Figs. 2 and 3].

And I think it's very representative of the fact that before it was a meeting place and now what we have here is a shop called "Granel", which has products that are eco-guay, they stick to the dominant aesthetic in the neighbourhood, this concept of wood. I have any kind of problem with wood, but ... All this type of aesthetics generates a whole series of market logics and raises the ... if you make a comparison in the standard of living between before and after, you can see that the standard of living has risen, and that comes with this type of aesthetics.' (V. Gràcia: Miguel)

There are businesses like this ice-cream shop [Fig. 4], which claims to be organic and healthy. As shown in the photographs, the shop uses simple, minimalist calligraphy, in pastel green and white. The floor is made of wood and it has a Catalan vaulted ceiling, which suggest austerity and authenticity (Di Masso et al., 2021). Likewise, its sign features a hand emerging from plants with two balls of ice cream and the words 'bo de vici' ('addictively good'), thereby linking naturalness with goodness.

Although the aesthetic of the shop promises austerity, this is not the case for the blackboards and signs, which painstakingly describe the products on offer and their relationship with health. Fig. 5 illustrates how the austerity of businesses is juxtaposed with blackboards and posters that feature images of nuts that are transformed into *horchata* (a drink made from tiger nuts) and claims that the products are vegan and organic, with official organic production symbols. All the shop's virtues are presented: organic, natural, high quality, honest and zero waste.

Another example is represented in Figs. 6 and 7, which show a business that sells workout supplements and food products. The photos reveal an open-plan space with strategically placed products on wooden shelves and white walls with images that highlight the product features (vegan, gluten-free, sugar-free, low-carbs). Likewise, the exterior features a blackboard that states 'regálale VIDA a tu VIDA' ('give your LIFE the gift of LIFE'), which explicitly suggests that improving one's life is part of the decision-making related to personal consumption.

'Wood is the perfect material to convey organicness and eco-friendliness ...' (V. Gràcia: Mariona) Indeed, the frequent use of the word 'life' to denote health is worth highlighting. Phrases such as 'shops full of life' [Fig. 8], 'give your life the gift of life' and 'improve your quality of life through movement' create metonymic associations between health and



Fig. 2. Healthy space aesthetics: wood and nature I.



Fig. 3. Healthy space aesthetics: wood and nature II.

life, and transform the promotion of healthy products into promises of life and/or of fulfilling one's maximum potential.

This view of health as synonymous with life makes it possible to understand the development of what Kickbusch (2007) called the 'health society', a societal model in which health transcends disease prevention or cure and extends to all places and moments in everyday life. Based on this broad perspective of health, the interviewees reported the growing presence of health food ranges and physical exercise options, at the same time as non-conventional therapies are joining the urban landscape [Fig. 9]. Thus, the market offers an endless range of services and products associated with taking care of oneself: healthiness has become an object of consumption that promises a better life.

This is consistent with Crawford's (1980) proposal, who referred to 'healthism' as a form of medicalisation that places the onus of health on individuals and their decisions. Thus, we observed that adverts appeal to a certain profile of 'health customer' who actively seeks out options to live healthily based on introversion, thus turning health into a matter of personal responsibility.

This focus on individuals as a 'citizen-consumers' (Brookes, 2021 p. 2213) was reflected in the interviews through the use of the active voice and the first person, and references to 'choosing', 'buying' and 'consuming' health products.

'the type of site we are looking for, is normally ... For example, I don't eat meat, and he eats very little, so places that have healthy food (...) For example, I'm a big tea or matcha drinker, so places where I find this. My husband likes good coffee, so here he has good barista coffee, you know?



Fig. 4. Austere aesthetics: simplicity and minimalism.

*We don't drink a lot of it, BUT we **choose to consume** good-quality food, and in places we know' (Poblenou: Teresa)*

*'This is fair trade, organic, the lot. I feel **better shopping** in small shops' (V. Gràcia: Pere)*

At the same time, a semiotic analysis of the shopfronts revealed that subjects are invited to make individual decisions on what products to consume based on health promises: 'Give **your life** the gift of life', 'Want to lose weight? El Racó will help **you** get there', '**Your** organic super-market' [Fig. 2], and 'Eat well, drink delicious coffee' [Fig. 10]; others explicitly refer to maximising one's health or personal life: 'MY LIFE' [Fig. 11], '**Your** strength, **your** balance', with a humanised, muscular bull [Fig. 12], '**Tools for you** workshop'. and images of (solitary) bodies engaging in exercise [Fig. 3].

However, the biggest critics of urban transformation present arguments that highlight the fact that the focus on individuals' non-transferable responsibility in the reproduction of their own well-being suppresses other potential options to produce health and well-being, based on a more collective, socially responsible perspective. '... a metaphor for all that is good in life, healthism reinforces the privatization of the struggle for generalized well-being' (Crawford, 1980 p. 365).

*'The neighbourhood of Gràcia ... it makes you ... **it encourages you to individuality**, you know? (...) I think that you don't really need someone else, you know? I mean, **anyone can "succeed" in this city without needing anyone else.**' (V. Gràcia: Pere)*

*'So many things are geared towards consumption itself and not towards the reproduction of life. So, in this sense, a thousand ice-cream parlours, a thousand T-shirt shops that cost 70€, a thousand hairdressers. And the hardware stores, the shoemakers ... the things that are useful, or that make more sense, like bars, cafés at affordable prices ... **the neighbourhood stops being our neighbourhood and starts to be a thing of consumption and not for life.**' (V. Gràcia: Alba)*



Fig. 5. Juxtaposing minimalism with information-laden blackboards.

Understood from the perspective of personal consumption and in a context of gentrification, health obeys the neoliberal promises of regulated freedom. In other words, it evokes autonomy and responsibility to choose options of being in a useful and rational manner, with the aim of maximising life (Rose, 1999; Greco and Stenner, 2013), in which people must develop 'techniques of the self' (Foucault, 1978–1979) by internalising the healthism model, thereby becoming aware of themselves and seeking to engage in healthy lifestyles through the consumption of organic products, physical exercise, emotional balance, etc. This freedom is contested as soon as products and services are only accessible to the economic elite, thus disguising class privilege (Sorensen, 2000) as a virtuous and personal action.

'There's an organic garden (...) the things are so fancy ... but it's just window dressing, look how great we are ... but someone who has lived in Gràcia their whole life doesn't have the resources for these things ... for example, I can't afford to shop in these stores, and I don't really like them anyway, because they're not places that ... that generate life' (V. Gràcia: Miguel)

In short, the healthism imperatives require knowledge of what it means to be healthy and how to carry out practices to be healthy, the desire to perform as such (Santoro Lamelas, 2017) and, at the same time, the economic means to do so. The combination of all these elements leads to class distinction (Bourdieu, 1984). Indeed, the presence of gentrifying stores underpinned by health discourses is no accident; on the contrary, they establish a face-off between health as a super (and therefore indisputable) value and the elitisation of access to health. A conflict arises between the 'healthy' product, regarded as intrinsically good, and the market that limits access to it as a luxury good.



Fig. 6. Open-plan interiors, blackboards highlighting the benefits of its products.

*I consumed for the first time in Travesía de Gracia where there was the “Casal Tres Liris” [cultural association], now there is one of these bulk rice, bulk sugar and I went in out of curiosity and it’s very good, **It’s very well located but it’s extremely pretty and expensive (...)** I mean, it’s fine, but I’m not judging, **I’m not judging ecological, natural, local products, and I’m sure that they are and that but I also don’t buy anything because of the prices, which is important**’ (V. Gràcia: Levi)*

3.2. Legitimisation of privilege: healthy lifestyles as an indicator of class

Shaping healthy subjects requires the visualisation and structuring of spaces that promote techniques of the self (Ingham, 1985; Fusco, 2007). Indeed, in Gràcia and Poblenou, the squares and natural spaces (such as parks) are presented as places that make the neighbourhood more attractive. As shown in the previous section, this attractiveness is linked to their potential to produce well-being and health. Thus, public spaces can be understood as *healthified spaces* (Fusco, 2006, 2007), that is, spaces that gives substance to health discourses through spatial arrangement and that evoke specific health practices and healthy subjects.

Based on this analytical framework, we observed that the interviewees in Poblenou highlighted the presence of large parks and the sea as distinguishing factors that make the neighbourhood appealing and are used on a daily basis for physical exercise, recreation and the production of well-being.

*“The beach, always the protagonist (...) **Juan is a big runner**, and he always runs on the beach and I tell him you’re very close, in no time*



Fig. 7. Personal consumption as a tool to improve one’s own life.

you’re there, so I was also delighted and I also liked it ... ’ (Poblenou: Micaela)

The beach in particular was highlighted as a place that had been expropriated from the community when production was focused on industry and that was, to some extent, given back to the residents during the gentrification process. But this ‘giving back’ is contradictory at best, since it has ended up displacing the community itself (or a large part of it, i.e. those without sufficient economic resources) and has contributed to the elitisation of the neighbourhood. A similar process has occurred with green spaces (parks), which are depicted as attractive features that increase the value of the land and create situations of displacement for those who do not own housing.

*“The beach (...) was closed because of ... the train line. (...) then they opened it for the Olympics. Of course, **they had to** (...) And you live in Barcelona but you **have the beach right there**. And obviously it **pushed up the prices of flats and rents** (...) How’s that even possible?” (Poblenou: Paola)*

The people in Gràcia argued that the lack of natural spaces is ‘offset’ by ‘hard’ (i.e. cement and stone) squares, where the residents meet and engage in recreational activities. *“The squares are a bit hard (...) **You can see the trees, but you can’t see the soil they grow out of**” (V. Gràcia: Alejandro)*

They referred to the fact that public use of the squares conflicts with private property (such as outdoor seating owned by bars) and with regulations concerning their use. In this regard, squares have become places where the community’s appropriation of the space for (rarely capitalised) recreation and sporting activities (children’s games,



Fig. 8. The link between consumption, health and life.



Fig. 9. Services and products, self-care and non-conventional therapies.



Fig. 10. Personal decisions as consumer demand.



Fig. 11. Focus on personal life.

football, gatherings, music) clashes with the growth of private businesses and regulations that limit community-based practices.

'The bars (...) are taking over public spaces (...) before, there was a sense of tranquillity in the squares ... The children could play with balls without any problems ... but now they can't play with balls because it annoys the people in the bar' (V. Gràcia: Didac)

This conflict between contested uses of public space shows the link between the construction of healthy subjectivities and the definitions of good use and coexistence in spaces. To that end, public spaces are designed with amenities, images and rules that define what practices are

acceptable and what subjects are welcome. An example lies in the account of a resident of Vila de Gràcia who was enraged by the displacement of young people due to spatial arrangement strategies and police presence. The argument regarding the misuse of space is linked to unhealthy practices and a lack of safety (drunkenness, fights, etc.), but alcohol consumption itself is not a source of conflict, since those who can afford the prices set by businesses can consume it without issue. The conflict lies in the lack of alignment between the represented space and the practised space in relation to the conceived space (Lefebvre, 1974), where certain groups such as young people and children give meaning to



Fig. 12. Emphasis on the person's self-improvement.

and use the space in ways that counter the prevailing view of consumption and the hegemonic imperatives of health and, in doing so, challenge the design, rules and dominant uses. Thus, uses that could generate forms of interacting with the space and that produce well-being are banished, since they are incompatible with the hegemonic model of health and consumption.

'I understand that it's complicated at four in the morning, when there are people who want to sleep and people who have to go to work, but also people who want to stay there, chatting away (...) they've put plants there as a way to, I don't know [speaks more slowly], I guess to discourage people from staying here. People used to gather in circles in the middle of the square, but now they've built these children's playgrounds there' (V. Gràcia: Leví)

Likewise, although public spaces are abstractly accessible to the entire population, they are imbued with normative meanings and power relations that draw actual lines of symbolic exclusion (Vertinsky, 2004). Health as a super value not only requires people to practise such care individually and privately; it is also designed to be flaunted, since it conveys a socially valued lifestyle, marked by class and virtue: *Being healthy is not only performed; it is displayed*. Thus, those with a higher socioeconomic status establish a clear distinction between 'us' (bohemians who take care of their bodies and the environment, moderate, etc.) and 'outsiders' who do not engage in practices of self-care or portray the well-being of the affluent middle classes in public places.

Therefore, the use of techniques in line with the hegemonic model of health becomes a moral imperative, which places those who incorporate

them into their daily lives and embody them in their image in a superior position with respect to those who fail to follow the imperatives of self-care inherent in modern society. As a counterpoint, the rhetorical devices that connote healthy lifestyles (sustainable, responsible, balanced, etc.) make it possible to reject those who do not belong to the wealthy 'elite' of gentrifying neighbourhoods, by establishing a moral contrast with 'bad practices' in relation to environmental protection and composure. Thus, just as metonymic mechanisms serve to displace xenoracism rejection from discourses about security to discourses of environmental protection, as suggested by Di Masso et al. (2014) and Dixon et al. (1994), rhetorical devices related to health can serve as a strategy to displace rejection of the lower social classes, based on their denial of the virtue of 'moderation' as a form of health and environmental care.

'This area, the super block, is packed. And they're not from the neighbourhood (...) It's really obvious ... you can tell just by looking at them (...) T: Yes, yes. For example, you suddenly see them with a children's entertainer and that kind of thing ... it's dreadful. (...) People from this neighbourhood don't do that (...) It's just not us ... (...) [about the people she considers to be from the neighbourhood] The food is usually pretty healthy, its hummus, olives, that kind of thing. There isn't a lot of crap, and the people are more, a bit more bohemian I guess. Not exactly hippie, but more bohemian, a bit more modern. But not too much, you know? (...) Not very Pinterest. And pretty eco-friendly' (Poblenou: Teresa)

3.3. The ambivalent character of health as a super value: between elitisation and resistance

The view of health as a super value (Crawford, 1980) reveals some laxity in criticisms directed at shops and public spaces that incorporate health discourses, since they emerge as good elements *per se* and therefore serve as strategies to enter the market following gentrification trends.

'This is where the old Bank was [referring to the "expropriated bank", previously squatted by a local anticapitalist movement]. Now it is a "Bio Market" ... It is a shame that they use "Bio" like a way of saying, we're not so bad' (V. Gràcia: Miguel)

The interviewees explained that the benefits of healthy, organic, natural and sustainable products are presented as a standard that legitimises certain gentrifying movements and reveals the co-opting of the capitalist market to the extent that certain alternative spaces have a limited scope and/or duration.

'There was a store that was more neighbourhood orientated (...) it sold organic fruit and vegetables (...) a tourist was not going to come and buy there, because you have to come on Wednesdays, It was an important bet, because to be in a street like Verdi, paying what they were probably paying, it lasted for a few years and then it couldn't survive any longer' (V. Gràcia: Alejandro)

Thus, organic, natural and sustainable products are elitised, not only because of their prices, which prevent certain groups from accessing them, but also due to their image. By reproducing the aesthetic of gentrified premises and the promises of excellence that people can achieve through consumption, the products are presented as 'perfect', 'lovely' (V. Gràcia: Didac), 'extremely beautiful' (V. Gràcia: Leví) and 'fancy' (V. Gràcia: Miguel).

The styling of gentrified stores is especially relevant: if the benefits of healthy products could stand alone (e.g. consumption of an apple for its nutritional value), products would not have to be ornamented with embellishing elements. Thus, both the linguistic corpus and the visual corpus of the study show that the elitisation of healthiness occurs through multiple strategies in which being organic, natural or healthy is associated with an image that implies exclusivity. This aesthetic and discursive display invites those who acquire these products to

symbolically consume experiences of social distinction (Di Masso et al., 2021): clean, minimalist, bright spaces, light-hearted images, pastel colours on wood (to suggest well-being) and ‘healthy life’ hashtags all evoke the practice of self-care in people through the mere act of consuming in these places. At the same time, they denote cosmopolitanism through the use of English as a universal language expressed in buzzwords such as ‘friendly’, ‘tech, organic, healthy’ [Fig. 13] and ‘healthy lifestyle’, and promises of well-being: ‘good vibes’ (Poblenou: Txell), just by consuming there.

They combine the industrial aesthetics that leave the structure and the installations visible. They're like the lofts of New York (V. Gràcia: Mariona)

‘Everything needs to be modern these days. And it seems like that, I don't know, it gives me the feeling that there is someone, a team of designers who now design all the shops and well, “I'm going to put the lettering like this on you, I'm going to put the red on you ...”’ (V. Gràcia: Alejandro)

On the other hand, it is this very conception of health as a super value (Crawford, 1980) and its link with naturalness that, despite being co-opted by neoliberal discourses, can give rise to critical voices concerning the neoliberal reappraisal of space. In this regard, the interviews revealed the participants’ tension over the ambivalence of the ‘New Class gentrifiers’ (Mills, 1988), which is critical of the values of modernity (characterised by the anti-bourgeois movement and the counterculture) but, at the same time, establishes social differentiation based on practices and consumption habits that denote social status. This tension was reflected in the interview excerpts that highlighted individual consumption practices as examples of healthy lifestyles but, at the same time, recognised the class privilege inherent in these practices and their gentrifying potential.

‘But like so many ideologies, if veganism is seen through the lens of class, it can have a very powerful content, but if capital appropriates it, it's crap’ (V. Gràcia: Mariona)

Class ambivalence was not resolved unequivocally. Some people emphasised the distinctive character of belonging to the neighbourhood, of ‘being part of an inner circle (...) freer professions’ (V. Gràcia: Alejandro), whilst those most contrary to gentrification highlighted the ethical component of health and well-being, presented arguments to demonstrate market growth as a process that undermines public health, and invoked collective responsibility to guarantee healthy spaces and new ways of producing them.

Children played ball or run and the neighbours complained (...) Leave them alone, let them play whatever they want! If they hit you with a ball and you drop your coke, bad luck (...) they're 5, 7, 8 years old. (...) Children here in Gràcia who play videogames or who end up playing on



Fig. 13. Cosmopolitan style.

the computer or on screens at home, and it's like “why don't you go for a walk with your friends in the square?” If we have a lot of places, the problem is that they aren't allowed (...) or it's full of people, and, in the end, logically they get bored and (...) they end up playing video games, and I understand that. (...) I feel sorry for them (V. Gràcia: Levi)

The tension between the end and the ends of public space is evident (Mitchell, 2017). The spatial healthification promoted by healthism clashes with the practised and represented space of some people who live in it, use it and question the commodified conception of space. The conflicting nature of space and the constant struggle between the forces of capital to co-opt the meanings of health and to use space as a value of/for capital, is evident here.

However, capital is not free from contestation. The very idea of health as a super value allows rethinking public spaces as a collective right and, in this frame, it is used as an argument to limit private encroachments in public spaces. Without overlooking the paralysis that is generated by the thought of neoliberal progress towards shaping space as a consumer good, voices against gentrification reclaim natural spaces, squares and pacified areas reshaped as territories of resistance. In these arguments, space becomes a collective battlefield between recognition of the collective sense of health, neighbourhood organisation and complaints about public powers to undermine the advance of the forces of capital.

‘Everyone should have a right to decent housing ... there should be no exploitation in the workplace, people should have time in their lives to enjoy and be with their family and friends, to read and have a full life’ (V. Gràcia: Alba)

To this end, public policies tend to counter the productive and androcentric vision of public space by setting up so-called ‘pacified’ areas. These refer to the possibility of inhabiting spaces in a way that contrasts with the everyday mobilities generated by public policies aimed at productivity, consumption and private transport. In this regard, pacified areas restore liveability for the residents in spaces that have previously been expropriated by cars. This is not free of controversies, since the growing market and the limits of government regulation usually captivated improvements made to urban areas to increase the value of the land. The pacification of neighbourhoods was reflected in the experiences of the interviewees in different ways; while those in Gràcia linked pacification to pedestrianisation, those in Poblenou based their views on the road traffic restrictions in entire blocks (‘superblocks’). The former results in people’s use of the space for movement (walking, cycling), while superblocks turn spaces that were previously used for traffic into ‘pseudo’ squares by promoting them as meeting places and areas for physical exercise (with table-tennis tables, paint on the ground, urban furniture, etc.) [Figs. a, b].

‘Here everything is convenient, walkable, effortless (...) everything is pacified in Gràcia. You know that you don't have to be aware of the typical carelessness of lowering the wax and, oops, I've fallen, I love that. And then in the last few years, especially when you have children, it's really appreciated because you go, with a peace of mind, with a child that is walking calmly and so on.’ (V. Gràcia: Alejandro)

‘In the superblock, people took tables and food outside, celebrated birthday parties, watched movies outside ... It was like a way of connecting with the neighbours’ (Poblenou: Teresa)

4. Conclusions

Gentrification links place and health mirroring the ways neoliberalism constructs subjectivity. It turns urban space into a commodity (Goodwin, 1993; Giroux and Giroux, 2006) in which the material-economic development of the place and its renewed cultural representation allow those who live in gentrified spaces to perform their identity through the consumption and use of space. In this frame,



Fig. 14a. Superblocks: reconfiguration of places for meeting, leisure and physical exercise I.



Fig. 14b. Superblocks: reconfiguration of places for meeting, leisure and physical exercise II.

individual freedom is an essential part of governance and encourages individuals to *spatially* choose useful options that benefit them in their quest to maximise their health and well-being.

Indeed, gentrification in the neighbourhoods studied in Barcelona foregrounds 'healthism' (Crawford, 1980) as a critical concept to discern the relationship between people, space and power. Here, holistic consumption practices expand health beyond the limits of disease prevention and treatment towards vague, fuzzy concepts of well-being, happiness and self-realisation (Crawford, 1980). In this frame, health becomes synonymous with fulfilled life. Thus, healthism acts as a framework of possibility for the creation of subjects with a desire to be healthy. This (individual) subject engages in *total self-involvement* (Laval and Dardot, 2013, p. 331), thereby suppressing the feeling of alienation since techniques of the self (consistent with the reproduction of the neoliberal system of production and consumption) obey the desire to

maximise one's life.

Equating health to a promise of life attaches to health a superior status, making its benefits indisputable: Who would want to resist the opportunity to improve their life? Gentrification capitalises on the benefits of health discourses turning spaces for consumption and recreation into healthified spaces (Fusco, 2007). Hence, healthification in gentrified places becomes another source of capital production and accumulation typical of neoliberal societies, given its symbolic potential to commodify the increasing attractiveness of the place. Healthified spaces tend to seduce the 'new middle classes' (Ley, 1997), who can find in gentrified spaces an optimal environment to enact healthy lifestyles via consumption practices.

However, the benefits of healthiness are not enough to sustain the practices and consumption habits shaping gentrified environments. In a more sophisticated way, the products and spaces that claim to produce

health undergo a process of stylisation and elitisation, thus presenting themselves as exclusive to the well-off social classes.

The intersection between the discourse of health benefits and the elitisation of products and practices associated with it positions those who present themselves as healthy in gentrified spaces as privileged subjects, since they have the knowledge, desire and resources to maximise themselves. As we have seen, this privilege carries a major moral burden, since the logic of healthism turns the individual who is capable of taking care of herself and her community into a good citizen, '*an active agent in the provision of security*' (Rose, 1994, p.166, in Mayes, 2014, p. 380). Accordingly, this process turns class privilege into a personal virtue that rebuffs other possible forms of interacting with places beyond the hegemonic imperatives of care, health and moderation and uses it to reject those who are not in socioeconomic positions of privilege. Relatedly, the healthified space in gentrified neighbourhoods is a mirror of a healthy subject who thinks of himself as morally superior for knowing how to choose what enhances his life, and contrasts with the Other "non-neighbours" represented by the socio-economically disadvantaged in the neighbourhood. So those who cannot or do not want to respond to the imperatives of use and enjoyment of the gentrified space (Collins, et al., 2022) are seen as belonging less to the place because their uses do not fit the healthifying imperative (Silk and Andrews, 2006).

Therefore, the territorial and symbolic displacement generated by gentrification processes (Di Masso et al., 2022; Versey 2022) is compounded by a 'moral displacement', which justifies rejection of the Other (poor or different) based on discourses of moderation and knowing how to care (Sibley, 1995). The configuration of public space based on the neoliberal logic of gentrification and healthism favours the increase of social inequalities and deteriorates the community milieu (Silk, 2004). At the same time, the "new class gentrifiers" (Mills, 1988) create "new community gentrifiers", who, full of ambivalence and irony, collectively seek individual self-realisation and class distinction through symbolic and material practices of health consumption.

As a counterpart, gentrification creates uncertainty about the future and the identity of the neighbourhood, making the daily lives of many residents more precarious due to the rise of housing prices. This in turn leads to survival strategies to deal with precarious housing, subletting and an uncertain residential future in the neighbourhood in light of a market that neglects social needs. In addition, elitist healthified places trigger the socio-spatial exclusion of certain groups from places that were once of their own. In this sense, results are consistent with Anguelovski et al. (2021) and Versey (2022), who refer to the loss of health linked to the limitation in the capacity to use public amenities as a result of gentrification. In Gràcia some interviewees highlighted the appropriation of public space by the market in the form of bar terraces, added to police control and environmental management strategies that limit other non-commercialised uses of space. As a counterpoint, the deployment of pacified spaces and the improvement of green and blue spaces in Gràcia and Poblenou, enters into a dispute between the right to the city (Mitchell, 2003) and its capitalisation by the market in order to promote the lucrative potential of the place.

Health as a supra-value is an instrument that catalyses a neoliberal logic of subject production connected to spatial practices and identities. However, we have shown that the recognition of health as a supra-value captures a contradiction that arises in the neoliberal logic, which promotes a view of health as personal self-efficiency while eroding the essential pillars that generate the material and social conditions for the production of health. However, the power of neoliberal discourses makes it difficult to imagine health outside their margins. There are few alternative discourses that recognise health as a part of the right to the city and a form of collective action, and some strategies that attempt to resist the capitalist encroachment through neighbourhood organisations, sustainable food cooperatives and the use of non-consumerist space despite the increasingly evident constrictions.

If "*public space* [is a] *a struggle worth engaging*" (Mitchell, 2017 p. 5),

the re-appropriation of urban space and the re-signification of its link with health from a collective perspective becomes an imperative. Against the spatial politics of health in gentrification, new imaginaries of health outside the logic of consumption and individualism need to materially take place and focus on community ties, social equity and environmental justice (Masuda et al., 2010).

It is precisely within counter-hegemonic imaginaries of health as a super-value that public space can be revised to generate ways of producing health other than those anchored in an individualistic and capitalist perspective. Relational and communitarian perspectives can become a tool to promote health beyond the dictates of economic profit and individual virtue. These are consistent with political positions geared towards equity and reconstructing health leaving behind the cult to personal privilege and choice that ground the gentrification of everyday life-spaces.

4.1. Limitations

Although the study presents a multiplicity of social positions that provide a broad overview of health discourses and their articulation in the processes of gentrification, the cases analysed do not present situations of extreme vulnerability. It would be pertinent to incorporate the experiences of historically oppressed groups (by race, undocumented migrants, etc.) precisely in order to delve into the processes of invisibilisation and material and symbolic expulsion inherent to gentrification processes.

Also, it would be necessary to critically analyse the inscription of patriarchal discourses in the practices of self-care that people deploy in gentrified spaces. Some women's accounts seem to elucidate that gender is inscribed in the way in which this healthy neoliberal subject is performed. In the same direction, the shopfronts linked to childrearing question women (pregnant women or mothers) as agents in fashioning their children. There seems to be a crack in the neoliberal discourse of health (which follows the logic of self-sufficiency and self-efficacy), given that both gender and mothering mandates are already saturated with health-producing norms that connect femininity and 'good mothering' to taking care of others (not oneself). Hence, the neoliberal production of health in the case of women locates the virtue and ostentation of class in knowing how to choose for others: the search for the health of the family is erected as an element that denotes virtue. We believe that more theoretical and empirical work is needed to make these initial insights on gender and the production of health in gentrified spaces more robust.

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Declaration of competing interest

None.

Data availability

Data will be made available on request.

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