



CHAPTER 9

The Socially Constructed Body

Insights From Feminist Theory

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Victims, Gender, and Emotions in Organizations and Communities (2005), *exploring how police, medical personnel, prosecutors, and rape crisis centers are influenced by their organizations to treat victims unresponsively*. She co-edited *Feminist Organizations: Harvest of the New Women's Movement* (1995, with Myra Marx Ferree). Her recent work focuses on rape crisis centers, aesthetics of bodies in residential organizations, "practicing" of gender at work, the fear standard in crimes of stalking, adolescent girls' "body project" issues relative to race and ethnicity, and "emotion work" by professionals who deal with rape victims. She received the American Sociological Association's Jessie Bernard Award in 2007, a CIES Fulbright Fellowship to Sweden in 2007, and the Distinguished Feminist Activism Award from Sociologists for Women in Society (SWS) in 2006.

Body-reflexive practices . . . are not internal to the individual. They involve social relations and symbolism; they may well involve large-scale institutions. Particular versions of masculinity [and femininity] are constituted in their circuits as meaningful bodies and embodied meanings. Through body-reflexive practices, more than individual lives are formed: A social world is formed.

Connell (1995, p. 64)

In an undergraduate course on the sociology of gender, one of us invited some young bodybuilders to speak to the class. Two speakers were a married couple who did "customized" coaching of people who wanted to "improve" their bodies in various ways. The husband coached young fat or skinny boys whose parents wanted them to be thinner or heavier, and the wife coached women who wanted to be "more defined," meaning they wanted muscles that were visible when their bodies were at rest. The third bodybuilder was a tall, muscular 20-year-old man.

All three speakers had been given questions in advance to think about for addressing the class. The 20-year-old had written his comments, and when his turn came to speak, he held the paper in front of him with both hands, looked down at it instead of at the students and in a voice choked with emotion, said:

When I was 12 years old, my dad walked out on my mother and brother and me. I knew from that day I was now the "man of the house." So I had to do something. I started working out. I tried to get big so I could fill his shoes. I've never stopped working out. I have a kid today and I know I have to be there for her, be strong, be a man.

The class of 230 students sat in silence, touched by this unexpected confession. The speaker had, as a boy, decided that having muscles and being "big" made him into the man of the house he was required to be because of his father's departure. To be a man, he felt he had to "get big."

The equation of big size, strong muscles, and “true masculinity” is a pervasive theme in U.S. culture. It is so ingrained that many celebrity athletes secretly use body-building steroids, and up to 1 million adolescent athletes do too to attain muscular bulk. Young people using steroids can suffer premature stunting of bone growth and height loss, and there have been reports of depression leading to suicide. The long-term effects can be infertility, liver damage, high blood pressure, and other physiological problems, including impotence in men. But the desire to look “masculine” and be able to perform well as an athlete often outweighs regard for physical health (Klein, 1993).¹

The young man’s story illustrates a theme of this chapter: Members of a society construct their bodies in ways that comply with accepted views of gender—that, is norms of masculinity and femininity. They try to shape and use their bodies to conform to their culture’s or racial ethnic group’s expectations of how a woman’s body, a man’s body, a girl’s body, or a boy’s body should look. This point does not deny the distinctiveness of material bodies, with varying physical shapes, sizes, strengths, and weaknesses. It does emphasize, however, that members of a society, not genes or biology, determine the “proper” shape and usage of women’s, men’s, boys’, and girls’ bodies.

Genes only partially determine physiological development, while environmental factors such as nutrition, health regimens, prevention and treatment of illnesses, exercise, air, water, and general living conditions are the other part. Beyond physiology are cultural and social factors that are the focus of this chapter—the attitudes and values attached to gendered body practices. Such practices produce bodies that one’s social group considers properly “masculine” or “feminine” and for which one is regularly rewarded or criticized.

The search for better-looking bodies fuels the popularity of cosmetic surgery, growth hormones, anabolic steroids, bodybuilding, and fitness regimens for men and women. For example, men are the targeted market of plastic surgeons for gynecomastia, or enlarged breasts. One ad said that “as many as one of three males are affected by this embarrassing problem” and that breast reduction surgery can remove the “undesirable contour . . . restoring the normal male breast shape.” For women, the “normal female breast shape” is large, but not too large, firm and lifted, so they get targeted with ads for “breast augmentation” and “breast reduction/lift” as well as reshaping faces, noses, lips, tummies, and buttocks. The ads for body and facial surgery encourage men and women to judge their appearance against images that are culturally admired but that many, if not most, people find difficult to meet (Pitts-Taylor, 2007).²

According to the American Society of Plastic Surgeons, 12.5 million cosmetic procedures were performed in the United States in 2009, down 1% from the previous year but up 69% from 2000. Most 2009 procedures were minimally invasive (e.g., botulism injections, chemical peels, or laser hair removal), but 1.5 million were surgical. In 2009, the top five surgical procedures were breast augmentation, nose reshaping, eyelid surgery, liposuction, and tummy tucks. Of the total procedures, women had 91%, men 9%. Only women had breast augmentation surgery, but women predominated in other categories, too—74% for nose reshaping,

85% for eyelid surgery, 89% for liposuction, and 98% for tummy tucks. Face lifts were the top cosmetic surgery between 2000 and 2004; in 2005, tummy tucks became number one as “more people turned toward body contouring and minimally invasive treatments for facial rejuvenation.”³

Given their tendency to cause health problems, it seems unfortunate that fully one half of all breast augmentation surgeries in 2009 (there were 289,328 nationwide) involved silicone implants. The top surgical procedures for men in 2009 were nose reshaping (66,334, or 36% of the total), hair implants (12,973, or 63% of the total), and chin implants (6,272, or 48% of the total). Whites had almost two thirds of the procedures, followed by Asian Americans (17%), Hispanics (12%), and African Americans (5%). Somewhat amazingly, a 2010 survey of more than 2,000 U.S. residents who were asked about their interest in undergoing cosmetic surgery or related treatments showed a high level of enthusiasm.⁴

According to the American Society of Plastic Surgeons, cosmetic breast surgery rates fell about 6% between 2008 and 2009. Feminists may hope that this decrease signals changing attitudes toward surgically altering women’s bodies in general and breasts in particular, but it more likely reflects our current economic crisis. In fact, when we look at trends over the past decade, breast augmentation (i.e., inserting breast implants) and breast lift (i.e., surgically altering the shape of the breasts) rates have increased 36% and 65%, respectively, since 2000. Thus, even though recent statistics show declines in cosmetic breast surgery, it is too early to know if the trend is due to changing attitudes about body modification or a reflection of a decrease in women’s disposable income.

Given its high cost, cosmetic surgery appears to be a method used mostly by affluent white women in their quest for the “perfect” shape, size, or look. But the popularity of expensive exercise clubs and home exercise equipment indicates that men and women of all racial and ethnic groups are preoccupied with the search for the “perfect body” (Boyd, Reynolds, Tillman, & Martin, 2010). This preoccupation is not just about good looks but also success.

How Bodies Matter: Appearance and Success

We may say that intelligence and competence count for much more than physical appearance, but only a few presidents of the United States have been shorter than 6 feet tall, and research on corporations has shown that approximately 10% of a man’s earnings can be accounted for by his height (Collins & Zebrowitz, 1995; Hall, 2006; Hensley & Cooper, 1987).

When one of the authors was doing interviews in the headquarters of a large, multinational corporation, she noticed that the men she interviewed were tall. As one interview with a man who was 6½ feet tall was about to begin, she asked, as a joke, “Are all the men at [the company] tall?” He smiled and said, “Well, a lot of us are,” and he proceeded to explain that he has a bias toward tall people—men and women. He stated, “The last two women I’ve hired have been over 6 feet tall.” He described his department’s “winning” volleyball team and its “need [for] tall people to win.” His comments may indeed reflect a preference for tall volleyball players by

his department, but they may also reflect society's general preference for tall men. He may see tall men as superior, given society's valorization of height in men. Then his concern to avoid gender bias leads him to favor tall women as well.

When it comes to filling positions of authority, the male sports hero, astronaut, and combat soldier—symbols of the “right stuff”—are often the first choices. Their physical strength, coolness under fire, motivation to succeed, and combination of self-promotion and team support are thought to make them the exemplars of leadership. Their exemplary characteristics are displayed, we believe, on their faces and bodies.

A very large oil portrait, 50 feet wide by 30 feet high, of World War I British military officers in the National Portrait Gallery in London shows approximately 50 men in their military uniform finery. With the exception of two somewhat shorter, rotund men, all are tall and thin in physique. Furthermore, all have square jaws, strong chins, similar hair styles (short cropped and no beards), and conventional “good” looks. The idea may seem fantastical that military officers are chosen on the basis of height, weight, race, and jaw shape, given ideological claims in Western societies that ability, knowledge, and a track record of competence form the basis for such decisions. Recent research, however, shows that the shape of a man's jaw—for example, whether he has a receding or perpendicular chin—is a determinative factor in being chosen for high-ranking military office (Mueller & Mazur, 1996). “Weak-faced” men are rarely advanced to the highest ranks.

West Point's curriculum is devised to produce military leaders, and physical competence is used as a significant measure of leadership ability. When women were first accepted as cadets, it became clear that the tests of physical competence, such as the ability to scale an 8-foot wall rapidly, had been constructed for male physiques—pulling oneself up and over and using upper-body strength. Rather than devise tests of physical competence for women, West Point provided boosters that mostly women used but that lost them test points (in the case of the wall, West Point added a platform). Finally, the women figured out how to use their bodies successfully. Janice Yoder (1989) describes this situation as follows:

I was observing this obstacle one day, when a woman approached the wall in the old prescribed way, got her fingertips grip, and did an unusual thing: She walked her dangling legs up the wall until she was in a position where both her hands and feet were atop the wall. She then simply pulled up her sagging bottom and went over. She solved the problem by capitalizing on one of women's physical assets: lower-body strength. (p. 530)

Thus, if West Point is going to measure leadership capability by physical strength, women's thighs and pelvises will do just as well as men's arms and shoulders.

The Social Construction of Gendered Bodies

Social construction feminism singles out gender as one of the most significant factors in the transformation of physical bodies to fit cultural ideals of feminine

beauty and masculine strength. This feminist view argues that bodies are socially constructed in material and cultural worlds, which means they are physical and symbolic at one and the same time. To say that bodies are socially constructed is not to deny their material reality or universality. Bodies are born, and bodies die. Female breasts are usually able to produce milk for nursing infants, whereas male breasts usually cannot. Female mammals gestate and give birth; male mammals do not. Male bodies usually have less fat and more muscle than female bodies. But when we ask which women's and men's bodies are beautiful, or what the physical capacities are of human men and women in physical labor and sports, we are asking questions about social practices and judgments that vary by culture and ethnicity, time and place, and that differ for the rich and the poor.

Social practices exaggerate and minimize differences and similarities among people, creating, through physical labor, exercise, sports, and surgery, the various masculine and feminine bodies that social groups admire. Cultural views about the body are more than aesthetic; they are moral judgments, too. When a person's body contradicts social conventions regarding weight, height, and shape, that person may be viewed as lacking in self-control and self-respect. Conversely, people whose bodies comply with valued conventions are admired, praised, and held up to others as ideals to be emulated. In short, by judging, rewarding, and punishing people of different body sizes, shapes, weights, and musculature, members of a social group persuade and coerce each other to construct socially acceptable (and similar-looking) bodies.

Gender is one of the most significant factors in the transformation, via social construction dynamics, of physical bodies into social bodies (Fausto-Sterling, 2000). In Western culture, dieting, breast enhancement, and facelifts are ways that women have changed their appearance to fit ideals of feminine beauty, whereas men lift weights, get hair transplants, and undergo cosmetic surgery to mold their bodies and faces to a masculine ideal. These practices may lead to illnesses, such as eating disorders, infections, and systemic damage from leaking silicone implants, but by themselves they are not considered abnormal because they are responses to culturally idealized views of how women's and men's bodies should look (Blum, 2003; Bordo, 2005; Davis, 1995; Gilman, 1999; Gullette, 1993; Hesse-Biber, 1996; Pope, Phillips, & Olivardia, 2000).

Because bodies are socially constructed in deeply gendered societies, they will, of necessity, be gendered because a gender-neutral or androgynous or "unisexual" body is anathema in a world in which people must know quickly and precisely where to place others they encounter for the first time or in brief, face-to-face interactions. How you look to the other person (masculine or feminine) is tied to who you are (woman or man). Your social identity is a gendered identity, and your identity papers and bureaucratic records document your gender over and over again. Who you are is therefore gendered. We will never know how much of this gendering is biology and how much is social construction unless we have a degendered society that does not produce or exaggerate differences through markedly different treatment and expectations of boys and girls.

Thus, although you may think the natural physiology and anatomy of female and male bodies dictates the ways women's and men's bodies look and are used,

social constructionist feminist theory argues that the “ideal types” of bodies that we are encouraged to emulate are the product of society’s gender ideology, practices, and stratification system. Western societies expect men to be aggressive initiators of action and protectors of women and children; therefore, men’s bodies should be muscular and strong. Women are expected to be nurturant and emotionally giving, willing to subordinate their desires to please men and their interests to take care of children. Therefore, women’s bodies should be yielding and sexually appealing to men when they are young, and plumply maternal when they are older.

Of course, many perfectly acceptable variations of women’s and men’s bodies exist, including well-muscled female athletes and graceful male ballet dancers. The underlying norms seep through, however. Male ballet dancers, such as Nijinsky, Nureyev, and Baryshnikov, awed audiences with their phenomenal leaps and turns, the specialty of male dancers. Accomplished women athletes pose provocatively for magazine covers in sexy clothes.

Gendered Bodies and Social Power

Feminist research has increased awareness of the social construction of *gendered bodies* by making visible cultural and social dynamics that generally are invisible to members of a society. Using these data, feminists have called into question many accepted “truths” about gender and bodies and have challenged the evidence on which dubious claims about men’s physical superiority are based. In addition, feminists’ political activism seeks to improve the status and treatment of women and girls by valuing women’s bodies as much as men’s bodies (Butler, 1993; Lorber & Moore, 2011; Price & Shildrick, 1999; Weitz, 2009).

Claims about gender, which include bodies, fit into the social arrangements and cultural beliefs that constitute gender as a social institution (Lorber, 1994; Martin, 2004). As a social institution, gender produces two categories of people, “men” and “women,” with different characteristics, skills, personalities, and body types. These gendered attributes, which we call “manliness” or “masculinity” and “womanliness” or “femininity,” are designed to fit people into adult social roles, such as “mother,” “father,” “nurse,” or “construction worker.”

The institution of gender has many facets, from the societal patterns that put men into most of the positions of power in government and corporations to intimate relationships in which men have more power over women than women have over men. There are racial, ethnic, and class differences among women and among men, but gender similarities still exist. These similarities are socially produced, but their pervasiveness makes it seem as if they are biologically linked. Thus, women’s learned emotional sensitiveness will be considered as evidence that they are naturally maternal, and men’s learned coolness and objectivity will be considered as evidence that they are naturally logical and scientific. Yet recent events have shown that men do cry, and women can be heroes, warriors, or terrorists (Lorber, 2002).

Another common pattern is that men’s characteristics are, for the most part, considered superior to women’s, thus justifying men’s social dominance. Cockburn (1985)

notes that men's supposed greater strength rationalizes the gendered division of labor, even when it is machinery that does the actual physical labor:

Two qualities are combined in men's work: physical competence and technical competence. The men bind these two together and appropriate both qualities for masculinity. Each affords a little power. Not much, just a modicum of power that is enough to enable men to leverage more pay, less supervision, and more freedom out of management. (p. 100)

Cockburn (1983; also Martin, 2001) further notes that men's greater strength is socially constructed, and it builds into gender stratification at work and in society in general:

Females are born a little smaller than males. This difference is exaggerated by upbringing, so that women grow into adults who are less physically strong and competent than they could be. They are then excluded from a range of manual occupations and, by extension, from the control of technology. The effect spills over into everyday life: Ultimately women have become dependent on men to change the wheel of a car, reglaze a broken window, or replace a smashed roof slate. Worse, women are physically harassed and violated by men: Women are first rendered relatively weak; the weakness is transformed to vulnerability; and vulnerability opens the way to intimidation and exploitation. It is difficult to exaggerate the scale and longevity of the oppression that has resulted. (p. 204)

Feminists argue that a system of domination requires difference. Thus, claims that women and men are different become fodder for the development and perpetuation of a gender hierarchy or a dominance system favoring men over women.

On Telling Men From Women

Imagery, ideology, and practice are the social processes by which supposedly natural bodies are socially constructed. One of the most crucial aspects of the social construction of gendered bodies is that women and men should be easy to tell apart. You may say that anyone can tell a female from a male. Physical differences between male and female bodies certainly exist—a roomful of naked people or a walk on the beach would tell us at least that. However, when dressed in unisex clothing, their differences are not as obvious as one may assume.

When four female students were admitted to the formerly all-male military academy, The Citadel, they were warned that they would have to have “nob” haircuts (shaved heads). Soon thereafter, however, they were told that they would have only very short haircuts in a “feminine” style. Unhappy with this distinction, three of the four women cadets shaved each other's heads and were disciplined for it (Allen, 1996). Although the commander insisted it was so that the women would not be humiliated, a picture of a woman Citadel cadet with her regulation hat showed

how difficult it would be to tell the boys from the girls unless they had a visible gender marker such as longer hair. Christine Williams (1989) found that the U.S. Marines required women to wear skirts and make-up for similar reasons—to differentiate them from men.

In most situations involving bodies, women and men are physically marked and physically separated, and overlaps between female and male bodies are ignored. Separating women from men is not such a simple matter. In the past, chromosomal testing was thought to be an infallible sex detector. But an anomaly common enough to be found in several feminine-looking women competing at every major international sports event is the existence of XY chromosomes that have not produced male anatomy or physiology because of other genetic input. Even with evidence of overlapping physiology and physical capabilities, sports authorities continue to uphold the principle of separate competitions for women and men. Part of the reason is that men's sports have higher prestige, more extensive media coverage, and greater economic rewards.

The furor in 2009, when Caster Semenya, an 18-year-old South African woman, won the 800-meter race at the World Championships in Athletics in Berlin, and her womanhood was challenged by one of her competitors, is an example of the difficulties and persistence in trying to find a perfect gender verification test (Clarey & Kolata, 2009). Semenya won with a time of 1 minute 55.45 seconds, the best in the world in 2009, beating the defending champion by 2.45 seconds. Her time was not the all-time fastest, yet no other champions had to prove they were women. Semenya was described in one news report as having “an unusually developed muscular frame and a deep voice” (Kessel, 2009), hardly accurate criteria for gender verification. After extensive testing, Semenya was allowed to keep her medal, but the results of the tests were not made public (Longman, 2009). She won again a year later, amid persistent complaints about her gender (Clarey, 2010).

Trying to develop “simple rules for complex gender realities” presents a challenge to gender segregation, wrote Alice Dreger (2009), professor of clinical medical humanities and bioethics at Northwestern University. Genes don't tell you how a body functions physically. Measuring testosterone levels might give an indication of muscle mass, but testosterone levels aren't criteria for gender division. Men with low testosterone levels don't compete with women who have similar levels; rather, men are allowed to boost their levels. Dreger says the variation in biological sex challenges the belief that sex is clearly binary, with clearly distinguishable markers of female and male.

Sports is a prime cultural arena for the social construction of men's and women's bodies. In sports, men's bodies have an extremely high value, paying off in prestige and income. Women's sports do not pay off as well, even though the bodies of women athletes have physical capabilities most ordinary men and women could not emulate (McDonagh & Pappano, 2008). Another area in which gender norms affect bodies is health and illness. Here, men are more disadvantaged. Young men put themselves at risk for accidents, homicides, and drug and alcohol abuse, which reduce their life span. Young women with eating disorders also put themselves at risk, but the death rates are not as high. Regarding risk of HIV/AIDS, young women are becoming even more vulnerable than young men. Both women and men are

disadvantaged by physical disability, but gender norms affect them in somewhat different ways. In the following sections, we detail the gendered aspects of sports, risk behavior, weight and eating problems, and able-bodiedness.

Gender and Sports

Sports competitions are almost always gendered, and different kinds of sports construct different kinds of women's and men's bodies. In the process, they also construct masculinity and femininity and men's superior status (Hargreaves, 1994; Heywood & Dworkin, 2003; McDonagh & Pappano, 2008; Messner, 2002; Messner & Sabo, 1994). Exactly how women and men are segregated in sports is easy to list: Many sports are gender-typed—few women in the United States play football, and few men are synchronized swimmers. Where women and men play the same popular sports, such as tennis, golf, and gymnastics, the rules and events are different. The women front-runners in marathons, who have beaten the times of a couple of hundred men, are compared only to the men front-runners, who run faster, although women are quickly catching up to them (McDonagh & Pappano, 2008, pp. 71–74). Talent for sports seems to show itself early, but it is carefully encouraged in the United States—and it is carefully gendered.

Many gendered body characteristics we think of as inborn are the result of social practices. The phenomena of boys' boisterousness and girls' physical awkwardness in Western societies are examples. When little boys run around noisily, we say, "Boys will be boys," meaning that their physical assertiveness has to be in the Y chromosome because it is manifest so early and so commonly in boys. Boys the world over, however, are not boldly physical—just those who are encouraged to use their bodies freely, cover space, take risks, and play outdoors at all kinds of games and sports. Conversely, what do we mean when we say, "She throws like a girl"? We usually mean that she throws like a female child, a carrier of XX chromosomes. After all, she is only 4 or 5 years old, so how could she have learned to be so awkward? In fact, as Young (1990) notes, she throws like a person who has already been taught to restrict her movements, to protect her body, and to use her body in ways that are approved of as feminine:

Not only is there a typical style of throwing like a girl, but there is a more or less typical style of running like a girl, climbing like a girl, swinging like a girl, hitting like a girl. They have in common first that the whole body is not put into fluid and directed motion, but rather . . . the motion is concentrated in one body part; and . . . tends not to reach, extend, lean, stretch, and follow through in the direction of her intention. (p. 146)

The girl who experiences her body in such a limited way at an early age is a product of her culture and time. As she learns to restrict her moves, she simultaneously closes opportunities to develop the fluid, whole-bodied, unconstrained moves that are associated with outstanding achievement in sports. As social practices change,

and girls are encouraged to use their bodies the way boys do, they become formidable sports competitors.

What has particularly changed women's bodies are the norms and expectations of their capabilities. For example, before Fanny Blankers-Koen, two-time mother, won four gold medals in sprinting in the 1948 Olympics, it was thought that childbirth ruined the female athlete's body. In 1952, June Irwin won a bronze medal in diving while she was 3.5 months pregnant (Wallechinsky, 1996). The rules governing women's competitions, however, have not always recognized their strength. In the Grand Slam tennis contests, men must win three of five games, whereas women must win two of three. In response to Martina Navratilova's call for the same rules for women as men (and the same prize money), journalist and tennis reporter Bud Collins stated in a letter to the *New York Times* that approximately 100 years ago, women played three-out-of-five-set matches (and in much more clothing). Their ability to match men's endurance "alarmed" the U.S. Tennis Association officials (all of whom were men), and they downgraded women's abilities by reducing the number of games they had to play to win a match (Collins, 1996).

An important part of the changed view of women athletes is that they are no longer seen as masculinized oddballs (Cahn, 1994). Muscles on women are now viewed as sexy. Holly Brubach (1996), in "The Athletic Esthetic," the "style" piece in a special issue of the *New York Times*, stated the following:

Muscles bestow on a woman a grace in motion that is absent from fashion photographs and other images in which the impact resides in a carefully orchestrated, static pose. Muscles also impart a sense of self-possession, a quality that is unfailingly attractive. (p. 51)

Television broadcasts of the Olympics, news and magazine photos, product endorsements, and other popular media depictions make new images of women's bodies routine and everyday. No one would think of organizing an all-male Olympics anymore. Not only would it be unthinkable, but also it would be unprofitable. Olympic women athletes are good business; they attract audiences, men as well as women, and they sell products. But the prestige and financial rewards of sports for women are far less than for men, even though women—like men—sustain many injuries, play through pain, and undergo orthopedic surgery and other such procedures (Sokolove, 2008). For women, pain and injuries are the price of high-level competition. For men, they are marks of manhood. If male sports stars fail to ignore injuries and pain and refuse to use their bodies aggressively on the field, their masculinity is impugned by coaches and fellow players (Messner, 1992).

Sports is a path to upward mobility for poor and working-class boys, even though few become professional athletes. Those who break into professional teams have only a few years to make it, and they cannot afford to be sidelined by injuries. Alcoholism, drug abuse, obesity, and heart disease also take their toll. The life expectancy of professional football players in the United States is approximately 15 years less than that of other men (Messner, 1992), and repeated head traumas result in early dementia (Schwarz, 2009). Their payoff, and that of all successful

athletes in men's sports, is very high income and fame, but they come at a physical and mental cost (Prior, 2006). Successful women athletes do not get the same amount of income, media coverage, or prestige.

Messner, Duncan, and Jensen (1993) found that in 1989 in the United States, men's sports received 92% of the television coverage and women's sports 5%, with the remaining 3% mixed or gender-neutral. In 1990, in four of the top-selling newspapers in the United States, stories on men's sports outnumbered those on women's sports 23 to 1. There is an implicit hierarchy in naming, with female athletes most likely to be called by first names, followed by African American male athletes, with only white male athletes routinely referred to by their last names.⁵ Similarly, women's collegiate sports teams are named or marked in ways that symbolically feminize and trivialize them—for example, the men's team is called Tigers, whereas the women's team is called Kittens or Lady Tigers, with all the gendered meanings of the term *lady* (Eitzen & Zinn, 1989).

The ideological subtext in Western culture is that physical strength, as demonstrated in sports, the military, and bodybuilding, is men's prerogative and justifies men's physical and sexual domination of women (Hargreaves, 1986; Izraeli, 1997; Messner, 2002; Theberge, 1987). Women's physical capabilities challenge these assumptions. As MacKinnon (1987) says,

It's threatening to one's takeability, one's rapeability, one's femininity, to be strong and physically self-possessed. To be able to resist rape, not to communicate rapeability with one's body, to hold one's body for uses and meanings other than that can transform what being a woman means. (p. 122)

Resistance to that transformation was evident in the policies of American women physical education professionals throughout most of the 20th century. They minimized exertion, maximized a feminine appearance and manner, and left organized sports competition to men for a long time (Mangan & Park, 1987).

Today, when girls and women are professional and amateur players in all kinds of sports, women and men are not allowed to compete against each other, so actual comparisons of men's and women's and boys' and girls' physical prowess are rarely made (McDonagh & Pappano, 2008). One student in one of our introductory sociology classes noted that he and the other boys were glad that they did not have to play against the best athlete in their elementary school—a girl. Sex segregation of sports by school officials kept her from playing with the boys and probably from showing them up. Another young man, who had played Little League baseball with girls, believed that most girls were “no good”—even though three or four girls were very good. The girls who played well were ignored by the boys. He said,

About this time I participated in Little League baseball. This was a boy-dominated organization where a team was “unlucky” to have a girl teammate. Approximately 1 out of every 12 kids in Little League at that time [was a girl]. I remember them quite well. Most were really not that good at baseball. They would usually play at the end of the game and bat last in the lineup. Then there

were the three or four girls who stuck out in the league. They competed with the best of us. They could outwit just about any boy and played aggressively. Although they were good, they were also outcasts. Everyone considered them “tomboys” because they would dive for a fly ball or slide headfirst into home plate. Their teammates loved them on the field but once the game was over, so was the friendship. Girls just didn’t fit into the norms of Little League. I have always wondered what it was like for those girls to play a boy-dominated sport.

The girls’ willingness and ability to “play like boys” were valued and celebrated on the field, but the same boys who praised them on the field viewed these girls as “freaks” off the field.

If gender ideology about girls’ and boys’ bodies says girls are not athletically skilled, at least in sports defined as appropriate for boys, girls who do well in these sports are viewed as deviant. If teachers and principals forbid gender-mixed teams in schools, and if boys will not recognize girls’ abilities when they play on teams outside of school, there is little opportunity to challenge the stereotypes of girls’ versus boys’ physical prowess (Fine, 1987; Grasmuck, 2005; Messner, 2002).

The belief that only men are “true athletes” plays out in media representation of women’s and men’s sports and in unequal distribution of financial rewards and prizes. Media images of modern male athletes glorify their strength and power, even their violence. Media images of modern female athletes tend to focus on their feminine beauty and grace (so they are not really athletes) or on their thin, small, wiry androgynous bodies (so they are not really women). As Lorber notes, “believing is seeing” (Lorber, 1993). If members of society are told repeatedly that women’s bodily limitations prevent them from doing sports as well as men, they come to believe it and the belief is reinforced by the media. One result is that even women’s championship teams often falter and fail (Longman, 2003; Vecsey, 2003).

Risk Behavior

The masculine code of physical strength valorized in men’s sports is part of the body imagery of men generally. Men in the working class prove their masculinity by being tough, making fun of danger or hardship on the job, and lording it over women and weaker men. For the middle-class man, power over resources and people is a primary route to proving oneself a man (Martin, 2001). To get that power, a man may have to push himself so hard on the job that he ends up with a heart attack. Even more vulnerable than the “Type A” executive is the working-class African American, the “John Henry” who pits himself against impossible obstacles to try to make a decent living (Riska, 2004).⁶

Because of multiple risk factors, young African American men living in disadvantaged environments are the most likely group to die before reaching adulthood. In 2006, the leading cause of death for U.S. residents in the 5- to 44-year-old age range was accidents, largely due to motor vehicles (accidents of all kinds was fifth among the 10 most prevalent causes of death). However, the leading cause of death for young African American men ages 15 to 34 was homicide, and homicide was

second in prevalence for African American boys aged 10 to 14 (Heron, 2010). Because of a high level of deaths due to homicides, accidents, and suicides, young African American men have been called an endangered species (Gibbs, 1988; Staples, 1995).

Young men's "taste for risk" has been attributed to sociobiological factors, but more plausible explanations are the seductiveness of danger; displays of masculinity; and, for African American men, despair about restricted opportunities and the future. If a man cannot honorably walk away from a fight, he may end up as a homicide statistic. One research study analyzed 80 cases in which a man killed a total stranger (another man) after what the assailant perceived as an insult or challenge to him made in front of his peers (Polk, 1994). Apparently, the attacker—often either working class or unemployed—attacked the insulter in order to "protect his honor."

Unsafe sex practices and shared needles in illegal drug use place both women and men at risk for AIDS. In the United States, the estimated number of people with HIV/AIDS as of 2007 was 1.1 million, 25% of whom were women (Centers for Disease Control and Prevention, 2010a, 2010b). Heterosexual contact accounted for 31% of the new cases in that year; 53% were the result of men having sex with men; 12% due to injection drug use; 4% from multiple forms of transmission. Officials had formerly said the United States has 40,000 new HIV cases per year, but recent data show considerably more—56,300 in 2006, almost half of whom were African American.

African Americans are only 12% of the U.S. population, yet according to the Centers for Disease Control and Prevention, 41% of U.S. men and 64% of U.S. women who have AIDS are African American (Centers for Disease Control and Prevention, n.d.). Many African American women with AIDS live in the rural southern United States, where joblessness, substance abuse, teenage pregnancy, sexually transmitted diseases, inadequate schools, minimal access to health care, and entrenched poverty add up to their high-risk status. Furthermore, both men and women who live in such conditions have less access to health care and are more apt to die sooner from AIDS than more privileged people.

Two recent trends are particularly alarming: the increase in the number of cases of HIV due to heterosexual contact and the growing numbers of young women and men with reported cases of full-blown AIDS. There is increasingly little difference in the number of reported HIV cases by sex. There is a possible second wave of infection among young homosexual men who, believing that AIDS is now treatable, are less vigilant about safe sex practices. A similar denial of vulnerability may be occurring among young heterosexual men and women as well. Transmission of HIV/AIDS is embedded in relationships, and whether heterosexual or homosexual, the closer the relationship, the less likely partners are to practice safe sex (Browne & Minichiello, 1996; Lear, 1995). More than 16,000 Americans die of AIDS each year, the majority of whom are men who have (or have had) sex with men. Although only 1% of the population is estimated to have HIV/AIDS, more than 546,000 Americans have died already, and the United States has the highest annual rate of new cases of any developed nation (Centers for Disease Control and Prevention, 2010b).

Health-threatening behaviors, such as smoking, drinking, illegal drug use, and unsafe sex, are influenced by social norms expressed in peer group pressures on young men and women of all racial and ethnic groups. According to a report of the National Institute on Alcohol Abuse and Alcoholism's Task Force on College Drinking, college students and other 18- to 24-year-olds are indulging in binge drinking and driving while intoxicated at a higher rate since 1998. The number of alcohol-related deaths has also increased. In 2001, there were an estimated 1,700 alcohol-related unintentional injury deaths among students 18–24, an increase of 6% among college students since 1998. Other adverse effects are assaults (more than 696,000 students per year) and alcohol-related sexual assault or date rape (more than 97,000 students per year) (“What Colleges Need to Know Now,” 2007).

Young women tend to adopt a somewhat healthier lifestyle than young men on such measures as using seat belts, getting adequate amounts of sleep and exercise, eating a healthy diet, taking care of their teeth, and managing stress. Young middle-class women, however, are vulnerable to eating disorders, such as anorexia nervosa and bulimia, especially in the college years, and they are doing more binge drinking than previously. Although eating disorders are usually direct reflections of gender norms (Lovejoy, 2001; Markey, 2004; Miller & Pumariega, 2001), young women's greater indulgence in binge drinking appears to reflect an effort to “keep up with the boys,” perhaps to the detriment of their health, both physical and emotional.

Weight and Eating Disorders

If a young woman's boyfriend sees a photo of her in a majorette uniform, in which she had thought she looked both pretty and important, and says, “You look like a whale,” she may stop eating to control her weight and thus, in time, develop a medically recognized eating disorder, as well as depression and low self-esteem.

Many students are surprised at how body norms change. The average weight of Miss America contestants has declined by more than 20 pounds since the 1970s. The average adult in the United States, however, weighs 10 pounds more than he or she weighed a decade ago. Therefore, if women are fatter, but Miss Americas are thinner, there is going to be much dissatisfaction with bodies. When Rubens painted naked women in the 17th century, fleshy women with large stomachs, butts, and breasts had ideal bodies. Many current cultures want the most marriageable women to be full-breasted and full-hipped; their weight shows that they are fertile and healthy and that their families are prosperous. In other times, thinness in women showed religiosity. Sometimes, it is men who starve themselves for beauty; other times, it is women (Miller & Pumariega, 2001; Thompson, 1994). Obesity is a major health problem in the United States, but the stigma of “fatness” is equally problematic (Kirkland, 2008; Rothman & Solovay, 2009).

Anorexia (self-starvation) and bulimia (binge eating and induced vomiting) are extreme ways to lose weight to meet Western cultural standards of beauty and to maintain control over one's body. Eating disorders are extremely difficult to reverse and can lead to hospitalizations and even death. Otherwise well-protected against health risks, young, white, middle-class college women who are dissatisfied with

their body image are vulnerable to eating disorders (Ben-Tovim, Walker, Gilchrist, et al., 2001; Bordo, 2005; Brumberg, 1988; Cooley & Toray, 2001; Gremillion, 2002; Hesse-Biber, 1996). A study of teenagers found that more than 50% of girls in a national sample were trying to alter their weight by dieting, exercising, or using more extreme measures (pills, vomiting, etc.)—a pattern that was most pronounced among girls who made good grades, were more involved in school activities, and had more friends (Boyd et al., 2010). These findings suggest that pressure to have a “conforming” body begins early in life, at least for girls.

The significance of society’s views of compulsory heterosexuality and femininity is highlighted by research comparing heterosexual women, who are subject to pressure from the media and the significant men in their lives to stay thin to be sexually attractive, and lesbians, whose views of beauty are not influenced by men’s opinions. Lesbians are heavier than comparable heterosexual women, more satisfied with their bodies, and less likely to have eating disorders (Herzog, Newman, Yeh, & Warshaw, 1992). Men’s idealized body image may also encourage anorexia and bulimia, especially those who have sexual conflicts or identify as homosexual (Herzog, Bradburn, & Newman, 1990; Herzog, Norman, Gordon, & PePOSE, 1984; Kearney-Cooke & Steichen-Asch, 1990).

Women and men college athletes are prone to anorexia and bulimia when they must diet to stay in a weight class (Black, 1991). A study of 695 athletes in 15 college sports found that 1.6% of the men and 4.2% of the women met the American Psychiatric Association’s criteria for anorexia, and 14.2% of men and 39.2% of women met the criteria for bulimia (Burckes-Miller & Black, 1991). The reasons for strict weight control are not standards of beauty but the pressures of competition, to meet weight category requirements, to increase speed and height, and to be able to be lifted and carried easily in performances. Eating disorders here are an occupational risk taken not only by young athletes but also by dancers, models, jockeys, and fitness instructors, as well as professional gymnasts, figure skaters, runners, swimmers, and wrestlers.

The norms about weight and thinness as markers of beauty and strength are part of a larger issue in the social construction of gendered bodies: What is a “good body”? What is an “able body”?

What Is an Able Body?

Able-bodiedness is a relative concept, dependent on the physical environment and social supports. When the physical environment is adapted to a range of needs, and technological devices that enhance hearing, speech, sight, and dexterity are available on a widespread basis, people with all kinds of bodies and physical capabilities can work, travel, and socialize. John Hockenberry (1995), a paraplegic due to an automobile accident, has gone around the world as a reporter in his wheelchair, openly flaunting his physical state and constructing an image of masculine strength. “Murderball” is a documentary of paraplegic athletes playing wheelchair rugby, in which the players “perform remarkable feats of wheeling and spinning, executing artful feints and lobbing courtwide passes to one another” (McGrath, 2005, p. B7).

Women, too, can enhance their self-image by overcoming adversity. Nancy Mairs (1986), who has multiple sclerosis, says she prefers to consider herself a cripple rather than disabled or handicapped:

People—crippled or not—wince at the word “cripple,” as they do not at “handicapped” or “disabled.” Perhaps I want them to wince. I want them to see me as a tough customer, one to whom the fates/gods/viruses have not been kind, but who can face the brutal truth of her existence squarely. As a cripple, I swagger. (p. 9)

Unlike Hockenberry, who wants to present a strong, masculine image, Mairs’s presentation of self is “tough”—a stance for women or men who want to confront the world on their own terms. One who did was Diana Golden Brosnihan, who died of cancer at 38. A skier from the age of 5, she developed bone cancer when she was 12 and resumed skiing 6 months after her right leg was amputated above the knee. Skiing on one leg with regular ski poles, she competed against two-legged skiers and won a gold medal in the giant slalom in the 1988 Winter Olympics, as well as 10 world and 19 U.S. championships from 1986 to 1990, skiing against others with disabilities. In recognition of her fight for equal status, her citation when she was inducted into the Women’s Sports Foundation International Hall of Fame in 1997 read, “She persuaded the ski world to treat all athletes the same, regardless of ability or, in her case, disability” (Litsky, 2001, p. D7).

The conventional norms of femininity lock women with disabilities into a paradoxical situation: As women, it is all right for them to be helpless and dependent, but because they are disabled, they are unlikely to have a man to take care of them. Feminists have argued that norms of independence and economic self-support provide a better model for all women, and that giving women with disabilities the means to accomplish these goals would go a long way toward enhancing their self-esteem and quality of life (Asch & Fine, 1988).

For men with disabilities, change must come in challenges to conventional masculinity. Examining the problem of masculinity and physical disability in the lives of 10 men, one study discovered three strategies: reliance on conventional norms and expectations of manhood, reformulation of these norms, and creation of new norms (Gerschick & Miller, 1994). The men who relied on the predominant ideals of masculinity believed they had to demonstrate physical strength, athleticism, sexual prowess, and independence. Their self-image was tied to heroics and risk taking, but they often felt inadequate and incomplete because they could not do what they wanted or go where they wanted. The men who reformulated these norms defined their ways of coping with their physical limitations as demonstrations of strength and independence. For example, two quadriplegics who needed round-the-clock personal care assistants did not believe they were dependent on others but, rather, had hired helpers whom they directed and controlled. The men who rejected the standard version of masculinity put more emphasis on relationships than on individual accomplishments.

To erase the status dilemmas of women and men with physical disabilities, conventional norms about bodies, functions, and beauty need to be reexamined.

A woman without arms or legs claimed the statue of Venus de Milo as her model of beauty (Frank, 2000; Wendell, 1996). At the opening ceremony of the 1996 Olympics in Atlanta, the torch was lit by Muhammad Ali, the famous heavyweight champion and 1960 gold medalist. Weakened by Parkinson's disease, his left arm shook, his face was immobilized, and he could hardly walk. Why was he chosen to represent the spirit of athleticism when he seemed its very contradiction? As a man who was overcoming the limits of his body, he was celebrated once more as a hero (Vecsey, 1996).

Able-bodiedness is an impermanent state because illness, traumas, pregnancy, and old age render all of us disabled at one time or another. At the 1996 Academy Awards ceremony in Hollywood, the appearance on stage of two men, one young and one old, dramatized the body's fragility. Kirk Douglas, receiving a lifetime career award, was clearly counteracting the effects of a stroke in his walk and thank-you speech. Later, the curtain went up on Christopher Reeve, paralyzed from the effects of a fall from a horse. He was completely propped up and spoke with the aid of a breathing tube. When the mostly young audience members, gorgeous in body and face, rose to applaud these men, each must have had a sinking feeling in the pits of their stomachs and a whisper on their lips asking whatever higher being they believed in to spare them these fates, at least for a long while.

Degendering Social Bodies

Feminists do not deny that bodily differences between women and men exist; rather, they claim that many, if not most, of the uses of these differences are ideological. They oppose the use of bodily differences to benefit men and exclude or oppress women.

Changing the social construction of gendered bodies is difficult because identities are tied up with how bodies look and act or perform. Self-identity as a woman or man and self-esteem are translated into bodily markers. Sometimes, self-pride is exaggerated—we talk of strutting, swaggering, preening, and flaunting it. The playing field is not level for women and men, however: “For men, as for women, the world formed by the body-reflexive practices of gender is a domain of politics—the struggle of interests in a context of inequality. Gender politics is an embodied-social politics” (Connell, 1995, p. 66).

Men have the advantage because all men's bodies are stereotyped as bigger, stronger, and physically more capable than any woman's body. Realistically, we know that a well-trained woman, a tall and muscular woman, a woman who has learned the arts of self-defense, a woman soldier, or a woman astronaut is a match for most men. If women and men of the same size and training are matched, men may not necessarily be physically superior because women have greater endurance, balance, and flexibility. The type of competition makes a difference; most sports are made for men—that is, they are organized around men's bodily capacities.

Although feminists have different views regarding how much and in what ways men's and women's bodies differ, all object to claims that bodily differences between

the sexes confirm men's superiority. Feminists who believe that women's and men's bodies are different tend to view women as superior in some ways and men as superior in others. They challenge assertions that differences between women and men require them to occupy different social positions or have different opportunities in society. They view claims about bodily differences between women and men as social rather than biological in character, meaning that, like the clothing that individuals put on to cover their bodies, cultural beliefs about bodies are put on or imposed by society onto the bodies of women and men, through gendered beliefs and practices, as part of the society's gender order (Davis, 1997).

A second theme of feminist analysis of the body is dominance with regard to questions of power, gender hierarchy, privilege, and oppression. Who says men's or women's bodies are one way or another? How many women MTV producers and Hollywood film directors decide how bodies are depicted in videos and movies? Who benefits when the media depict women's bodies as sexy and fragile, but strong enough to lift children, clean houses, and carry home the groceries (and work to pay for them, too)? Feminists assert that most of the naming, depicting, and promoting of the images of women are done by powerful, privileged men. Although only some men—white, economically privileged, powerful, middle-aged, and ostensibly heterosexual—create cultural images of women, all men benefit if the images influence most women to seek men's approval; cling to one man to receive protection from the rest; doubt their physical abilities because of their “feminine limitations”; or quit trying to get high-paying jobs in construction, mining, and truck driving.

A third aspect of feminist analysis of the body concerns subversion and relates to feminism's political agenda. Subversion refers to resistance to and undermining of cultural ideals and practices. Women may be depicted as less talented sports figures than men, but nevertheless, outstanding women athletes are “girls” who “play like boys,” developing their bodies and skills to the maximum. Some women refuse to shave their legs or wear makeup, much less submit to liposuction or breast implant surgery. Some men refuse to worry about balding, height, and body shape, and many support women who compete in athletic events and apply for combat roles in the military. People who dress as “punks” resist mainstream society's views about tattooing and body piercing (Thomson, 1996). Resisting cultural pressures to adorn, shape, and judge bodies according to conventional standards, especially in relation to gender, is a subversive act.

Conclusion

What is beautiful, admired, rejected, or unattractive about women's and men's bodies? What is normal? What are the body's capacities?

Feminists raise these questions in an attempt to unveil the social processes that produce and maintain the invisible gender-related assumptions and beliefs that undergird so many claims about women's and men's bodies. The most important process is the maintenance of power differences. When we ask, “Who says? Who decides? Who benefits? Who is harmed?” we are asking who has the power.

Currently, men's greater power in society allows them to represent women's bodies in ways that are often untrue and harmful to girls and women. In questioning power in gender relations, feminists also ask questions about racial and ethnic hierarchies, social class, sexual orientation, age, and able-bodiedness, in addition to gender. When the "woman question" exposes women's exclusion or representation as inferior, awareness of the situation raises questions about who else is excluded. By questioning accepted norms and challenging the prerogatives of the powerful to set standards, feminists make room for differences in bodies and in behavior but do not allow these differences to result in hierarchies of power or prestige.

Notes

1. For a detailed account of drug use in sports and predictions of genetic manipulation of bodies to produce superathletes, see Sokolove (2004). For accounts of steroid and other banned substance use, see recent revelations by men and women athletes in many sports.
2. The ad for men appeared in *New York Times Magazine* (1997, January 5), p. 56. For comments on breast surgery for women, see Goodman (2003) and Kolata (2003).
3. American Society for Aesthetic Plastic Surgery: <http://www.plasticsurgery.org/Documents/Media/statistics/2009-cosmetic-reconstructive-plastic-surgery-minimally-invasive-statistics.pdf>
4. RealSelf.com at <http://www.plasticsurgery.org/Media/Press/8/23/2010>.
5. For an update, see Duncan, M. C., & Messner, M. (2005). *Gender in televised sports: News and highlights shows, 1989–2004*. Retrieved from <http://www.la84foundation.org/9arr/ResearchReports/tv2004.pdf>
6. John Henry is an African American folk hero, an early 20th-century laborer who raced against the newly invented mechanical steam shovel, won, and died.

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DISCUSSION QUESTIONS

1. What does your culture or racial or ethnic group think is the ideal body for a man and a woman? Address such features as the ideal weight, height, musculature, and so on. What attributes about the person are those ideal body norms supposed to show others?
2. Imagine that tomorrow you wake up in a body that is the opposite of yours in gender and of a different skin color. What would be the same about your daily life? What would be different?

3. How do men in feminized sports, such as figure skating, physically demonstrate masculinity? How do women in male-identified sports, such as basketball, physically demonstrate femininity?
4. List all the businesses and professions you can think of that profit from the social construction of idealized bodies in the United States.
5. In a typical day, how much time do you spend grooming your body, including washing, dressing, putting on makeup, combing your hair, exercising, and other body practices? How much time and money do you spend in a month on professional hair and body care, exercise, weight control, and similar body-related activities?