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CHAPTER 4

INSCRIBING GENDER ON THE BODY

Human bodies illustrate the most obvious expressions of gender. Indeed, this inscription of gender onto bodies is the key to gender identities as we recognize bodies as "masculine" or "feminine." Bodies that are not easily and immediately recognizable as fitting within this binary often cause anxiety and consternation when we cannot place them neatly into either masculine/male or feminine/female boxes. This binary aspect of bodies as "either this or that" is so thoroughly taken for granted that we rarely question it. If you have ever attended a drag show or parade where bodies act outside of gender expectations, you might have noted these exaggerated gender performances. They are especially instructional because drag performances accentuate traditional gendered bodies through the clothes people wear and the ways they walk and talk. They help illustrate how gender is normalized and usually experienced as "natural." When gender is performed in these ways, it can be entertaining, in part because it emphasizes this "taken-for-grantedness" of most individuals' experiences of gender. As emphasized in the previous chapter, there is nothing "natural" about gender at all. Instead, it is constructed and repeated over and over again every minute of the day. However, as also explained in Chapter 3, "performativity" must not be reduced to a voluntary act or something that is totally willful. Rather, performativity is constrained by social norms.

Actions performed by our bodies provide a sense of agency (the "me" that separates me from "you") and are shaped by social forces that give them meaning. Gender performances are not only what we "do"; they are also who we "are" or "become." This implies that we are what we do, and what we do is shaped by cultural ideas, social practices, and structured institutions that give those everyday actions meaning. In addition, remember that all bodies are racialized. "White" is a racialized concept too. The mythical norm serves to assume race is just about people of color, but white is a diverse category also constructed through history, culture, and politics. In terms of bodies, however, the stereotype of the hypersexualized black male body, for example, has been used to control communities of color, just as the expectation that certain bodies are "naturally" good at sports or science and so forth has functioned to reinscribe racialized discourses on human bodies. As

already mentioned, there are also discourses or regimes of truth about the aging body that regulate behaviors, just as there are many discourses in contemporary societies about ability and disability that provide meaning about the body. As discussed in Chapter 2, these include the very notions of disability or differently abled as bodily "impairment" that implies a lack or pathology rather than a different set of attributes. "Impaired" has meaning only against something that is defined as "normal." In this way, bodies, and the ways bodies are interpreted, are contextualized in cultural meanings informed by our ideas about gender and other identities. Many of these cultural ideas, for example, come from contemporary media, the focus of the next chapter. Indeed, bodies are foundational for many issues discussed in this book: sexuality, reproductive justice, health, and violence, to name just a few.

In this chapter we focus on this social construction of the body and go on to explore "beauty": one of the most powerful discourses associated with gendered bodies that regulates our lives, affecting what we do and how we think. Everyone knows what a beautiful person, and especially a beautiful woman, looks like, even though this notion is constantly in flux and varies across time and culture. We close the chapter with a discussion of eating disorders and methods for negotiating "beauty" ideals.

LEARNING ACTIVITY

CONSIDERING BODY SIZE, SHAPE, AND MOVEMENT

Take a tour examining the public facilities of your campus, which may include:

- Drinking fountains
- Bleachers
- Sinks and stalls in public restrooms
- Curbs, ramps, and railings
- Chairs and tables
- Turnstiles
- Elevators and escalators
- Stairs and staircases
- Vending machines
- Doors and doorways
- Fire alarm boxes

Answer the following questions:

- What assumptions about the size and shape of the users (height, weight, proportionate length of arms and legs, width of hips and shoulders, hand preference, mobility, etc.) are incorporated into the designs?
- How do these design assumptions affect the ability of you and people you know to use the facilities satisfactorily?
- How would they affect you if you were significantly:
  - Wider or narrower than you are?
  - Shorter or taller?
  - Heavier or lighter?
  - Rounder or more angular?
  - More or less mobile/ambulatory?

Identify any access or usage barriers to people with physical disabilities. Answer the following questions:

- Are classrooms accessible to people who can't walk up or down stairs? Are emergency exit routes usable by people with limited mobility?
- Are amplification devices or sign language interpreters available for people with hearing impairments?
- Are fire alarms low enough to be reached by people who are seated in wheelchairs or who are below average height?

Identify one assumption incorporated into the design of one of the facilities (drinking fountain, conference room, lab, etc.). Gather formal or informal data about the number of people on campus that might not be able to use the facility satisfactorily based on the design assumption. Suggest one or two ways to make the facility more useful for all people.

Choose one of the access or usage barriers you have identified and suggest a way to remove the barrier. Research the cost involved. Identify one or two ways of funding the access strategy you have suggested.

Source: Janet Lockhart and Susan M. Shaw, *Writing for Change: Raising Awareness of Difference, Power, and Discrimination*, www.teachingtolerance.org.

THE SOCIAL CONSTRUCTION OF THE BODY

A social constructivist approach to understanding the body recognizes attributes as arising out of cultures in which the body is given meaning. For example, in some communities large-bodied women are considered more beautiful than slim women, illustrating that there is no fixed idea of "beauty." Contrary to this is the concept of biological determinism, where a person's biology or genetic makeup, rather than culture or society, determines destiny. This approach sees people in terms of their reproductive and biological bodies and allows men to avoid the constraints of biological determinism through a construction of the male body as less grounded in, and able to transcend, nature (as evident in mythology, art, and philosophy). This association of women with the body, earth, nature, and the domestic is almost universal and represents one of the most basic ways that bodies are gendered. Males, because of historical and mythological associations with the spirit and sky, have been associated with culture and the mind rather than the body, and with abstract reason rather than with earthly mundane matters.

In addition, many societies have incorporated not only a distinction between nature and culture, but often a domination of culture and mind over nature and body. In particular, imperialist notions of "progress" have involved the taming and conquering of nature in favor of "civilization." As a result, the female/nature side of this dichotomy is valued less and often denigrated and/or controlled.

A prime example of this association and denigration of women with the body is the way menstruation has often been seen as smelly, taboo, and distasteful. Menstruation has often been regarded negatively and described with a multitude of derogatory euphemisms like "the curse" and "on the rag," and girls are still taught to conceal menstrual practices from others (and men in particular). As Gloria Steinem suggests in the classic essay "If Men Could Menstruate," the experience would be something entirely different if men menstruated. Advertisements abound in magazines and on television about tampons, pads, douches, feminine hygiene sprays, and yeast infection medicines that give the message that women's bodies are constantly in need of hygienic attention. Notice we tend not to get ads for jock itch during prime-time television like we do ads for feminine "ailments." In this way, there is a strange, very public aspect to feminine bodily processes at the same time that they are coded as very private. This is an example of the discourses or regimes of truth that shape bodies in contemporary culture.

In this way, although the body is an incredibly sophisticated jumble of physiological events, our understanding of it cannot exist outside of the society that gives it meaning. Take, for example, the ways we recognize "the heart," not just as a physiological organ, but also as symbolic of cultural meaning: in this case, love and care. "Head" is sometimes opposed to "heart." In this way, even though bodies are biophysical entities, what our bodies mean and how they are experienced is intimately connected to the meanings and practices of the society in which we reside. And, while meanings about the body are always contextualized in local communities, ideas about bodies are transported around the globe, and their commercialization supports imperialism and global capitalism alongside sexism and misogyny.

The favoring of certain looks (including size, shape, and color, as well as certain clothes or fashion) associated with the global north is an example of how imperialism and

globalization frame meanings about the body, as well as shape bodies in a more literal sense. As we emphasize in this chapter and others in the book, this is about power and control over women through practices associated with the body. An example is female genital cutting (FGC), practiced in some parts of North Africa and the Middle East, as well as other regions, that ensures a girl's marriageability. The cutting varies from ritually "nicking" the clitoris to full infibulation in which external genitalia are removed and the labia stitched together. Advocates against FGC argue that its health consequences are detrimental and decry the inability of girls to give consent. It is important for feminists of the global north to understand the cultural and economic contexts in which FGC occurs. In addition, we must recognize the surgical modifications of genitalia that occur in the global north, such as labia remodeling and vaginoplasty (discussed later in this chapter), as well as the surgical assignment of "sex" that may occur with intersex children.

Bodies are thus cultural artifacts; culture becomes embodied and is literally inscribed or represented through the body. Gender and other identity performances are scripted, for example, by the ways more women (and particularly white women) want to shrink their bodies compared to men, who are more likely to want bigger bodies, especially in terms of height and muscle mass. The fact that many more women than men would willingly want to be characterized as "petite" is an example of gender norms associated with the body. Indeed, scholars suggest that women's decisions for cosmetic surgery reflect their desire to attain normative standards of "beauty," whereas men are more likely to want cosmetic changes in order to be more competitive in the marketplace. Again, remember that these discussions of "men" and "women" assume intersection with other identities. They also assume a symmetry between identification as a man or woman and a masculine or feminine body, respectively. Transgender individuals identify with identities that may not match the bodily assignment given at birth, or they may portray an androgynous mixture in the same body. Trans bodies illustrate the ways bodies may subvert taken-for-granted social norms and practices.

Trans bodies also act as a site for power struggles against dominant norms as trans people decide how to embody their genders. In "Understanding Transgender and Medically Assisted Gender Transition," Jamie Lindemann Nelson explores the ways issues of gender and power play out in the medical community's role in assisting in gender transition for people who desire medical intervention.

An essential aspect of the gendering of bodies is objectification (seeing the body as an object and separate from its context) as supported by media and entertainment industries as well as by fashion. Both female- and male-identified bodies are objectified, although the context for objectification of female-identified bodies is different. This means that the turning of women into objects is contextualized in what Andrea Smith calls a racist heteropatriarchy. In other words, there is broad institutional support for the objectification of multifaceted femininities in our culture. This does not mean that men cannot be objectified, but rather that the contexts for, and thus the consequences of, such objectification are different. Kimberly Springer writes, "Know that our bodies are our own—our bodies do not belong to the church, the state, our parents, our lovers, our husbands, and certainly not Black Entertainment Television (BET)."

TRANS BODIES ARE NOT "WRONG" BODIES

Andrés López

"Born in the 'Wrong' Body"

I'm told I was born in the "wrong" body,
because somehow the physicality of my
spirit
tells you more about me than the soul
within it.
I look in the mirror wanting to see myself
and all I find are borders raised upon my
person (Anzaldúa 2012).
Borders mapped onto my body,
and the "wrongness" of a body that
betrays me.
A body that does not really tell you anything about me.
And yet, you go on believing that my
"wrong" body
Is the source of all my problems.
That because you think I'm in the
"wrong" body
I will automatically want to change it.
My body is not "wrong"
My body is more complex than that.
My body is the physical manifestation of
my being,
It is the conglomeration of the changes
that occur within me
It is the vessel that holds my history,
my thoughts, and my spirit together.
My body is NOT "wrong"!
Even if you choose to believe it is.

When I was first starting to come out as trans, I kept getting questions directed at me that focused on my body. "When are you having the surgery?" "When are you starting hormones?" "When will you get a penis?" were some of the ones I heard over and over again. While at the time I couldn't quite put my finger on why these sorts of questions made me uncomfortable, I very quickly realized that the reasons folks around me kept misgendering me or using the wrong pronouns and name for me was because of how my body looked. It was the way that other people saw my body that made them gender me.

This form of gendering bodies is not something that is new, or that has just emerged as more and more trans people start to share our stories. Making gender seem like it is somehow biological or natural is something that started off in the late eighteenth century when scientists were starting to categorize bodies in order to find the root causes of differences between people of different races (Stryker 2017). This particular story of how bodies can tell you something about a person's gender has been taken on by trans folks ourselves as a way to gain access to services, rights, and resources. You can see this whenever you read, watch, or hear about a trans narrative that focuses on being "born in the 'wrong' body." Now, some trans folks actually feel like this is their experience of being trans, others like myself feel like this notion of a "wrong" body gets put on us by societal pressures, and others still have different types of relationships with their bodies.

There really are no "right" or "wrong" bodies—just ideas of what bodies that get labeled as female or male should look like, and this gets more complicated when race, ability, class, and other systems of power are included. Most of us learn these ideas at a very young age and are told by parents, teachers, peers, media, and a lot of other sources how to make sure other people can see our bodies the way they should; that is as matching what our genitals got labeled as. But in reality bodies come in a variety of shapes, anatomies, and sizes that we might see as more masculine or feminine or somewhere in between. Some of us like these categories, some of us don't really care much for them, and many more of us want to get away from these expectations of what bodies should look like to match gender because it winds up putting us all into boxes we might or might not feel speak to our own experiences.

Have you ever been questioned about your body's gender? What it looks like? How it doesn't fit ideals of femininity or masculinity? How did that make you feel?

Who gets erased when we only think of trans bodies within a binary gender structure?

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In this way, the assertion "Our bodies are our own" reminds us that alongside objectification is the opportunity for the body to serve as a site of identity and self-expression. When Muslim women, for example, choose to wear the hijab or headscarf, they are responding to personal desires that may include identity and self-reliance, piety, and safety.

When transwomen don feminine attire, they are presenting themselves to the world as women: This is their identity and their sense of agency. This concept of agency is discussed by Minh-Ha T. Pham. She claims the politically conscious understanding of fashion as a source of empowerment, and also cites feminist fashion blogs as ways to celebrate non-normatively raced, gendered, sexed, and sized bodies.

As our lives become more complex and we have less power over the way we live them, we are encouraged to focus more on the body as something we can control and as something we can use to express our identity. As a result, the body becomes something to be fashioned and controlled; at the same time, this control over body—and the ability to shape, clothe, and express it—becomes synonymous with personal freedom. We might question whether the ability to change and adorn the body in new ways is really "freedom," as is political or economic freedom. Indeed, scholars discussing backlash (organized resistance) have emphasized that the contemporary preoccupation with the body illustrates the ways society encourages us (members of marginalized groups in particular) to focus on the body and its management as a "distraction" from real economic and political concerns. In the reading "'I Click and Post and Breathe, Waiting for Others to See What I See," Minh-Ha T. Pham offers an analysis of the complex ways the #feministselfie campaign both displayed "network vanity" and offered alternative notions of beauty and selfhood, particularly by minoritized people.

Tattoos and piercing among young women are examples of a trend toward self-expression in the context of mass-market consumerism. Having a tattoo or multiple tattoos— traditionally a masculine or an outlaw, rebellious act—is a form of self-expression for many. Similarly, multiple piercing of many body parts, including erogenous and sexually charged

ACTIVIST PROFILE

MAGGIE KUHN

Most people are getting ready to retire at 65. Maggie Kuhn began the most important work of her life at that age. In 1970 Kuhn was forced to retire from her career with the Presbyterian Church. In August of that year, she convened a group of five friends, all of whom were retiring, to talk about the problems faced by retirees—loss of income, loss of social role, pension rights, age discrimination. Finding new freedom and strength in their voices, they also concerned themselves with other social issues, such as the Vietnam War.

The group gathered in Philadelphia with college students opposed to the war at the Consultation of Older and Younger Adults for Social Change. A year later, more than 100 people joined the Consultation. As this new group began to meet, a New York television producer nicknamed the group the Gray Panthers, and the name stuck.

In 1972 Kuhn was asked at the last minute to fill in for someone unable to speak during the 181st General Assembly of the United Presbyterian Church. Her stirring speech launched the Gray Panthers into national prominence, and calls began to flood the organization's headquarters. Increased media attention came as the Gray Panthers became activists. They co-sponsored the Black House Conference on Aging to call attention to the lack of African Americans at the first White House Conference on Aging, and they performed street theater at the American Medical Association's 1974 conference, calling for health care as a human right. At the core of Panther activities was the belief that older people should seize control of their lives and actively campaign for causes in which they believe.

The Gray Panthers have been instrumental in bringing about nursing home reform, ending forced retirement provisions, and combating fraud against the elderly in healthcare. Kuhn, who was active with the Panthers until her death at age 89, offered this advice to other activists: "Leave safety behind. Put your body on the line. Stand before the people you fear and speak your mind—even if your voice shakes. When you least expect it, someone may actually listen to what you have to say. Well-aimed slingshots can topple giants."

BODY ART

Across practically all times and cultures, humans have practiced various forms of body modification for such differing reasons as warding off or invoking spirits, attracting sexual partners, indicating social or marital status, identifying with a particular age or gender group, and marking a rite of passage. People all over the world have pierced, painted, tattooed, reshaped, and adorned their bodies, turning the body itself into an artistic canvas.

The earliest records of tattoos were found in Egypt around the time of the building of the pyramids. Later, the practice was adopted in Crete, Greece, Persia, Arabia, and China. The English word tattoo comes from the Polynesian *tatau*, a practice observed by James Cook when he visited Tahiti on his first voyage around the world. In the Marquesas, Cook noted that the men had their entire bodies tattooed, but women tattooed only their hands, lips, shoulders, ankles, and the area behind the ears.

Today, many of the Maori men of New Zealand are returning to the practice of wearing the elaborate tattoos of their ancestors. In Morocco, henna designs on the hands and feet are an integral part of significant celebrations, such as weddings and religious holidays. In Ethiopia, Hamar men earn raised scars made by cutting with a razor and then rubbing ash into the wounds for killing a dangerous animal or enemy. Surma girls have their earlobes stretched by clay plates and paint their faces during courtship season.

As you may have noted, body art is a gendered practice. Tattooing, piercing, painting, and reshaping the body also serve the purpose of marking gender. What are common body modification practices in the United States? How do these practices express and reinforce gender? How do they challenge gender?

Sources: Monica Desai, "Body Art: A History," *Student BMJ* 10 (2002): 196–197; Michael Lemonick et al., "Body Art," *Time South Pacific* (December 13, 1999), 66–68; Pravina Shukla, "The Human Canvas," *Natural History* 108 (1999): 80.

LEARNING ACTIVITY

ON THE RAG

Collect a wide variety of women's magazines such as *Cosmopolitan*, *Glamour*, *Vogue*, *Elle*, and so on. Identify advertisements for "feminine hygiene products"— such as tampons, pads, douches, feminine hygiene sprays, and yeast infection medicines. What do the visual images in the ads suggest? What do the words tell readers? What messages do these advertisements send about bodies with vaginas? Now collect a variety of men's magazines such as *GQ*, *Maxim*, *Men's Journal*, and so on. Identify advertisements for "masculine hygiene products." What do you find? What do these differences imply about various bodies? How does this implication reinforce structures of gender subordination?

areas of the body, can be seen as a form of rebellion against the constraints of gender and sexuality. This expression is certainly less rebellious from society's point of view than activities for real social and political justice, especially when trends involve the purchase of products and services that support the capitalist economy. Indeed, both tattooing and piercing can also be interpreted as reactionary trends and as examples of the many ways women are encouraged to mutilate and change parts of their bodies. Note that these "rebellious" behaviors have now been appropriated as relatively ordinary fashion practices. You can buy nose and belly-button rings, for example, that clip on without ever having to pierce anything, just as you can buy temporary tattoos. In fact, the self-consciousness involved in the parody of the real thing is now a form of self-expression all its own. This issue of body image and its consequences for women's lives is a central issue for contemporary feminism, mobilizing many young people.

THE "BEAUTY" IDEAL

In contemporary U.S. society we are surrounded by images of "beautiful," thin (although fit, sculpted, and large-breasted), young, abled, smiling women. Most of these bodies are white, and when women of color are depicted, they tend to show models with more typically white features or hair. Obviously, real women come in all shapes and sizes. Our diversity is part of our beauty! Nonetheless, these images set standards for appearance and "beauty" that are internalized—standards that affect how we feel about our own bodies. Such internalization is mediated though multifaceted identities arising out of diverse community memberships. Although different communities have different standards and expectations associated with how bodies should look, the permanence of some standard means that most of us grow up disliking our bodies or some parts of them. Many of us are especially troubled by parts of our bodies perceived as larger than societal ideals or, in the case of breasts and perhaps bottoms, we might be troubled because these parts are not big enough.

As men are increasingly tapped as a market for beauty and body management products, they are also increasingly confronted with idealized images. Anxiety over the presence of back hair or baldness is a case in point, as is the anxiety among some men that they are not muscled enough. Penis size, of course, while a source of amusement in popular culture, is a sensitive issue that is supported by extensive industries catering to penis enlargements as advertised on TV and in your email inbox. In addition, the metrosexual market is one marketing niche for men's consumption. 'Metrosexual' is derived from "metropolitan" and "heterosexual" and alludes to men who are meticulous about grooming and have disposable income to spend on clothes and other products. Again, all these standards of how bodies should look are mediated through communities that interpret for people who identify as men what a masculine body should look like. However, because women's worth is more tied to bodily appearances than men's worth, portrayals of female "beauty" are more significant in women's lives. This is called the double standard associated with "beauty" or normative bodily standards. What this means is that despite the increasing focus on male bodies in society and popular culture, women are particularly vulnerable to the cultural preoccupation with, and the measuring of their worth against, the body. Physical appearance is more important in terms of the way women are perceived and treated. This is especially true in terms of the aging body; there is a much stronger mandate for women than for men to keep their bodies looking young. In U.S. society, men's beer bellies, for example, provoke less aversion than women's tummy fat (either by traditional cultural definitions or by individuals themselves). Again, while we attempt to trouble these binary categories of "women" and "men" with a discussion of gender and the ways gender is inscribed onto bodies, the reality that most people in the world identify as women and as men, and experience the consequences of that identification in terms of privilege and limitations or discriminations, means that these categories are experienced as relatively fixed.

In this section we discuss four points associated with the "beauty" ideal: (1) the changeable, fluid notion of beauty; (2) the ways beauty ideals illustrate power in society; (3) the ways beauty standards are enforced in complex ways; and (4) the relationship between contemporary beauty standards and consumerism and the growth of global capitalist expansion. First, contemporary images of female beauty are changeable. What is considered beautiful in one society is different from standards in others: Practices in one society might ostracize you—or might certainly prevent you getting a date—in another. Some societies encourage the insertion of objects into earlobes or jawline or other mechanics to increase neck length or head shape. Others consider large women especially attractive and see their fat as evidence of prosperity; again, in most contemporary societies of the global north, thin is closer to standards of ideal beauty, although there are differences within specific communities within the United States. In other words, what is considered beautiful is culturally produced and changes across different cultures. In addition, as already discussed, standards of body appearance are exported along with fashion and other makeup products. A poignant example of this is the trend in limb-lengthening surgeries where bones are broken and then stretched. In some cultures the painful and expensive procedure is seen as an investment in the future, especially for men. Minimum heights, for example, are often quoted in personal and job advertisements in China, and to join the foreign service men are required to be at least 5'7" tall. Although this controversial operation was banned in China in 2006, surgeries are still performed in many countries, including the United States. Such procedures reinscribe certain ideals of beauty and body standards.

What is considered "beautiful" also varies across historical periods. Most adult women can clearly see these changes in feminine "beauty" even within their own lifetimes. Fashion trends are particularly implicated in these practices. Minh-Ha Pham explains that fashion industries shape how we're perceived by others, especially in terms of gender, class, race, and sexual identity across different time periods. "That most ordinary and intimate of acts, getting dressed, has very real political and economic consequences," writes Pham in *Ms.*

For example, a focus on standards of "Western" female beauty over time reveals that in the nineteenth century white, privileged women were encouraged to adopt a delicate, thin, and fragile appearance and wear bone-crushing (literally) corsets that not only gave them the hourglass figure but also cramped and ruptured vital organs. Such practices made women faint and appear frail, delicate, dependent, and passive—responses to notions of middle-class femininity. Victorian furniture styles accommodated this ideal with special

swooning chairs. Standards for weight and body shape changed again in the early twentieth century when a sleek, boyish look was adopted by the flappers of the 1920s. Women bound their breasts to hide their curves. Although more curvaceous and slightly heavier bodies were encouraged through the next decades, body maintenance came to dominate many women's lives. Fueled by the fashion industry, the 1960s gave us a return to a more emaciated, long-legged look, but with very short skirts and long hair. At the beginning of this new century, we see a more eclectic look and a focus on health and fitness, but norms associated with ideal female beauty still construct the thin, large-breasted and full bottomed, white (tanned, but not too brown) body as the most beautiful. Note this curvaceous yet slender body type is quite rare and represents a very small minority. Most large-breasted women also have larger hips and waists for instance. Nonetheless this body type is still the standard of beauty to which most women aspire, reflected in the increasing numbers of cosmetic surgeries involving augmentation among fashion models, celebrities, and the general population.

A second point concerning beauty ideals is that such ideals reflect various relations of power in society. Culture is constructed in complex ways, and groups with more power and influence tend to set the trends, create the options, and enforce the standards. As Susie Orbach explains in the reading *"Fat Is Still a Feminist Issue,"* about 40 years since she published her groundbreaking work, sizeism has remained a consistent problem, even as the ways sizeism is expressed in society have changed. Nonetheless, the adverse impacts, especially on girls and women, remain. As explained in Chapter 2, these deleterious outcomes as a result of weight bias have a significant impact on health, quality of life, and socioeconomic outcomes.

In U.S. culture, beauty standards are very much connected to the production and consumption of various products, and the beauty product and fashion industries are multibillion-dollar enterprises. As the reading excerpted from Joan Jacobs Brumberg's *The Body Project* explains, garment industries in the United States helped sexualize women's breasts through their development of the bra. Corporate powers, advertising, and the fashion, cosmetics, and entertainment industries all help create standards for us and reinforce gender relations. Even the "natural look" is sold to us as something to be tried on, when obviously the real natural look is devoid of marketing illusions in the first place. Most of these industries are controlled by white males or by other individuals who have accepted what many scholars call ruling-class politics. The main point is that most of us get offered beauty and fashion options constructed by other people. Although we have choices and can reject them, lots of resources are involved in encouraging us to adopt the standards created by various industries.

In this way, beauty ideals reflect white, abled, and middle-class standards. Such standards of beauty can humiliate fat or nonwhite women as well as the poor, the aged, and the disabled. These norms help enforce racism, classism, ableism, ageism, and fat oppression, as well as sexism generally. Many communities, however, have alternative notions of feminine beauty and actively resist such normalizing standards of Anglo culture. Research suggests Latinas and African American women are less likely to rely on others' approval, less likely to idealize (white, thin) cultural norms about "beauty," and less likely to experience body dissatisfaction than white women. Other sources of discrimination, however, might overshadow those attributable to body size. Still, this "resilience" to traditional beauty norms seems to occur as women of color experience a decreased self-relevance associated with these norms. In other words, Latinas and African American women are less likely to indulge in social comparisons with typical (white, thin) media images precisely because they do not see themselves in such images. However, when they do indulge in comparisons, they are just as susceptible as white women to body dissatisfaction.

Physically challenged individuals are also claiming the right to redefine beauty and the body. Aimee Mullins, a spokeswoman for high-tech prosthetics and an activist for disability rights, illustrates this goal. Although she was born without fibular bones and both her legs were amputated when she was an infant, she learned to use prosthetics and

HISTORICAL MOMENT

THE DISABILITY RIGHTS MOVEMENT

Much like the other civil rights movements of the late twentieth century, the disability rights movement sought to provide equal access and equal opportunity for people living with disabilities. This movement had its roots in earlier actions directed toward improving the lives of people with disabilities. In 1817, the American School of the Deaf in Hartford, Connecticut, opened as the first educational institution to use sign language. The New England Asylum for the Blind opened in 1829, and Braille was introduced in 1832. In 1911, the U.S. government approved compensation for disabled workers and in 1946 passed the Hill-Burton Act that provided assistance for rehabilitation. Social Security disability insurance was created in 1950.

Unfortunately, the progression of disability rights was not smooth. In the 1880s, eugenics, a pseudoscience with the goal of "improving" the genetic composition of humanity, discouraged reproduction by people considered "undesirable," including people with disabilities (as well as people of color, immigrants, and the poor). Many disabled people underwent forced sterilization as a result, and in 1927 the U.S. Supreme Court upheld the constitutionality of forced sterilization. By the 1970s, tens of thousands of people with disabilities had been sterilized without their consent.

Throughout the twentieth century, disability rights advocates continued to organize. The Blinded Veterans Association, the Cerebral Palsy Society of New York City (which became the United Cerebral Palsy Associations), the National Mental Health Foundation, Paralyzed Veterans of America, the National Wheelchair Basketball Association, Little People of America, the National Association of the Physically Handicapped, and the American Council of the Blind are just a few of the organizations founded in the 1940s through 1960s. In 1963 President John F. Kennedy called for the deinstitutionalization of the mentally ill and increased community services for them.

More radical disability rights groups formed in the 1970s and pushed for greater legislation and accommodation. In 1972, the first independent living center opened and sparked the independent living movement. In 1973, Congress passed the Rehabilitation Act that for the first time addressed discrimination against people with disabilities, and the litigation coming from the act gave rise to concepts such as "reasonable modification," "reasonable accommodation," and "undue burden." In 1990, the most comprehensive legislation about disabilities became law—the Americans with Disabilities Act. The act mandates accessibility and reasonable accommodations in government and public areas.

While such legislation has improved conditions for people with disabilities, disability rights activists continue to advocate for access and change. Cultural groups such as the National Theater of the Deaf and sports events such as the Paralympics provide opportunities for people with disabilities to participate in social activities, and these events also function as consciousness-raisers about disabilities. Universal access to buildings continues to be an issue, even on college campuses, as many old buildings do not provide easy access for people in wheelchairs or people with visual impairment who need Braille signage. Individuals with mental disabilities still face stigma, and, as the population ages, the need for greater attention to disabilities in the elderly grows.

The successes of the disability rights movement are many, but, as in other civil rights movements, work remains to be done. For more information, visit the website of the National Disability Rights Network at ndrn.org.

competed as a champion sprinter in college. She explains that a prosthetic limb "doesn't represent the need to replace loss anymore. It can stand as a symbol that wearers have the power to create whatever it is that they want to create in that space. So people once considered disabled can now become the architects of their own identities and indeed continue to change those identities by designing their bodies from a place of empowerment."[1] It is also important to point out that Mullins is a fashion model and actress and very closely fits the normative standard of feminine beauty in the global north. These characteristics do not detract from her important message, but they are important features in terms of understanding how her message is received.

The third point concerning beauty practices is that standards are enforced in complex ways. Of course, "enforcement" does not mean, as feminist scholar Sandra Bartky has said, that someone marches you off to electrolysis at gunpoint. Instead, we adopt various standards and integrate them as "choices" we make for ourselves. Self-objectification, seeing ourselves through others' eyes, impairs women's body image. At the same time that young girls are sexualized and objectified by contemporary media, they also learn that their body is a project that must be altered before they can attract others. It is estimated that the average woman is exposed to hundreds of advertisements a day, in part as a result of the Internet and especially advertising on social networking sites. At the same time that girls and women "police" themselves, they also learn to regulate one another in a general sense. The surveillance of women by other women around body issues (such as imposing standards and sanctions like negative talk, withdrawing friendship, or exclusion from a group or party) is an example of horizontal hostility (see Chapter 2). The reading "Asian American Women's Body Image Experiences" by Jennifer L. Brady and others explores how race intersects with gender to facilitate body dissatisfaction among Asian American women. Norms (cultural expectations) of female beauty are produced by all forms of contemporary media and by a wide array of products. For example, Victoria's Secret, a lingerie company, sells more than underwear. Models are displayed in soft-porn poses, and the company's advertisements shape ideas about gender, sexuality, and the body. Other companies have emphasized body acceptance, paralleling a surge in the acceptance of "plus size" models. It is interesting to note that these models, although called "plus size," more closely mirror average U.S. women's bodies than do traditional fashion models.

Beauty norms are internalized, and we receive various positive and negative responses for complying with or resisting them. This is especially true when it comes to hair, which plays significant roles in women's intimate relationships. It is interesting to think about these everyday behaviors that maintain the body: the seemingly trivial routines, rules, and practices. Some scholars call these disciplinary body practices. They are "practices" because they involve taken-for-granted, routinized behaviors such as shaving legs, applying makeup, or curling/straightening/coloring hair; they are "disciplinary" because they involve social control in the sense that we spend time, money, and effort, and imbue meaning in these practices that regulate our lives. Again, disciplinary beauty practices are connected to the production and consumption of various products. Of particular concern is the connection between practices associated with weight control and smoking. A recent study from the National Institutes of Health reported that weight concerns and a "drive for thinness" among both black and white girls at ages 11 to 12 years were the most important factors leading to subsequent daily smoking.

You can probably think of many disciplinary beauty practices in which you or your friends take part. Men's practices tend to be simpler and involve a narrower range of (usually less expensive) products. Alongside fashion and various forms of cosmetics and body sculpting, women are more likely to get facelifts, eye tucks, rhinoplasties (nose reshaping), collagen injections to plump up lips, Botox injections, liposuction, tummy tucks, stomach bands and stapling, and, of course, breast augmentation (implants) as well as breast reductions. The American Society of Plastic Surgeons reports twice as many women electing to have breast augmentation than a decade ago, even though the U.S. FDA (Food and Drug Administration) has been concerned about the safety of both silicone-gel-filled and saline-filled breast implants and banned the widespread use of silicone-gel-filled implants some years ago. Known risks involve leakage and rupture, loss of sensation in the nipples, permanent scarring, problems with breastfeeding, potential interference with mammography that may delay cancer diagnoses, and fibrositis, or pain and stiffness of muscles, ligaments, and tendons.

Breast implants require ongoing maintenance and often need periodic operations to replace or remove the devices. In 2006 the FDA again approved the marketing of silicone-gel-filled implants by two companies for breast reconstruction in women of all ages and breast augmentation in women aged 22 years and older. The companies are required to conduct postapproval studies of potential health risks.

Another increasingly popular surgery is vaginal cosmetic surgery, which includes labiaplasty (a procedure to change the shape and size of the labia minora [inner lips of the vagina] and/or labia majora [outer lips], although most often it involves making the labia minora smaller), vaginoplasty (creating, reshaping, or tightening the vagina; the latter procedure is often called "vaginal rejuvenation"), and clitoral unhooding (exposing the clitoris in an attempt to increase sexual stimulation). There is no agreement, for example, on what is the "normal" size for labia and no reliable studies on the impact of labia size on sexual functioning and sexual pleasure. The most recent data from the American Society for Aesthetic Plastic Surgery reports a 64 percent increase in vaginal cosmetic surgeries from 2,142 performed in 2011 to 3,521 in 2012). Although these surgeries are sometimes performed for medical reasons, their increase is related to what has been called "aesthetic" motivations. It is important to understand that the aesthetics of the pelvic area is related to norms about gender, the body, and sexuality, and especially norms created by media and contemporary pornography.

A 2018 report from the American Society of Plastic Surgeons notes nearly 1.8 million plastic surgeries were performed in 2017, with breast augmentation the number one procedure, closely followed by liposuction. In particular, the number of African American women electing cosmetic surgery has increased (with the most favored procedures being rhinoplasty, liposuction, and breast reduction), reflecting the imposition of white standards of beauty as well as increases in disposable income and acceptance of cosmetic surgery among some groups in the African American community. More than 15 million "cosmetic minimally invasive procedures" were also performed, with Botox injections leading the

1 Aimee Mullins, "Prosthetic Power," TED 2009, https://www.utne.com/science-and-technology/prosthetic-power-aimee-mullins-disability

way with over 7 million procedures. Women account for 90 percent of all individuals undergoing procedures, although rates of men electing cosmetic procedures have increased by more than 100 percent since the late 1990s. In order to understand all these trends, it is necessary to recognize the crucial role of the media. Celebrities, for example, often set trends that "ordinary" people try and emulate. It is known that Jennifer Lopez, for instance, had three cosmetic surgery procedures when she was just 15 years old that included liposuction, breast implants, and buttock fillers.

The enormous popularity of "reality" television shows like *Fit to Fat to Fit* and *I Used to Be Fat*, plus the increased number of websites encouraging young girls to change the way they look, has fueled these changes. These shows take people (especially women) out of communities, isolate them, and then transform their bodies through surgery, cosmetics, and other technologies of body management, before reintroducing them into their communities as radically transformed people (implying that their lives will now be better, more successful, happier, etc.). Such shows encourage people to pass for a younger age and to consider cosmetic surgery (especially breast implants and argumentation) as something women of all ages should seek and want. Though they are often entertaining and seductive in their voyeuristic appeal, it is important to recognize the role they play in the social construction of "beauty," the advertising of products and body management technologies, and the social relations of power in society. In considering these practices—from following fashion and buying clothes, accessories, and makeup to breast enhancement and all the practices in between—we need to keep in mind how much they cost, how they channel women's energies away from other (perhaps more productive) pursuits, and how they may affect the health and well-being of people and the planet.

These technologies of the body have global impact and appeal. Desire to script the body in accordance with cultural notions of attractiveness is worldwide. As discussed earlier, standards of "beauty" that vary across cultures are maintained by diverse practices that are both traditional to specific cultures as well as shaped by global media. Developments in Iran illustrate such practices: This country now has the world's highest number of rhinoplasties per capita (as well as a problematic number of botched surgeries).

The body and the various practices associated with maintaining the female body are probably the most salient aspects of what we understand as femininity, and they are crucial in social expressions of sexuality. Note how many bodily practices of contemporary femininity encourage women to stay small, not take up space, and stay young. Maturity in the form of body hair is unacceptable; we are encouraged to keep our bodies sleek, soft, and hairless—traits that some scholars identify with youth and powerlessness. The trend to shave and remove pubic hair so that the genitalia appear prepubertal is an example of this. Such hair removal, mimicking the display of female genitalia in pornography, may send the message that the mature female body is "gross" or should be altered. It also sexualizes children's bodies.

The fourth and final point regarding the "beauty" ideal is that while beauty standards and practices shape our bodies and lives, they are a huge aspect of consumerism and global capitalism that support imperialist cultural practices worldwide. Although enormous profits accrue to the fashion, cosmetics, beauty, and entertainment industries yearly, they sell not only products, but also ideas and values and transform communities. The underlying message for all of us, however, is that we are not good enough the way we are but need certain products to improve our looks and relationships. This does not help the development of positive self-esteem. We are bombarded with messages to buy products to fix these kinds of "flaws." As will be discussed in Chapter 5, advertising messages teach unattainable and unrealistic notions of body perfection that leave us thinking we are never quite good enough. Images present flawless young bodies that give the illusion of absolute perfection. In reality these images tend to be airbrushed and computer enhanced or

MY 600-POUND LIFE

My 600-Pound Life is a popular reality TV show that follows an individual who weighs at least 600 pounds for a year while that person prepares for and undergoes weight loss surgery (either gastric bypass or a sleeve to reduce both stomach size and the amount of food a person can eat at a time). Watch a few episodes of this show with a critical feminist eye. What do you see?

1. How does gender play out in the show? What about intersections with disability, race, and social class?
2. How are the people seeking weight loss surgery depicted? How are they situated in relation to the power of the medical community? The power of the director and camera? The power of the viewer?
3. How are we as viewers implicated in the judgments on large people offered by the show?
4. How does the show pursue individual rather than structural solutions?
5. How much agency does the show grant to the people seeking weight loss surgery?
6. What role does sexual violence play in the show? Does the show address sexual violence in its solutions?
7. What does the show suggest about the control of bodies? By individuals? By families? By medicine? By the state? By corporations? By viewers?
8. How does the show reinforce hegemonic notions of ideal bodies? How does it contribute to sizeism, sexism, ableism, and classism?
9. Could a show like this ever be disruptive or resistant to dominant views of bodies, size, disabilities, and sexuality?

EXPANDING ON BODY IMAGE

Jennifer Venable

1. What comes to mind when you think about an "ideal" body? Using a blank silhouette of a person, add details to the image to represent the specific attributes of a culturally attractive person.
   - What do they look like?
   - What is their gender? Does their gender fall into the gender binary?
   - What is the color of their skin?
   - What does their hair look like?
   - How old are they?
   - Are they able-bodied?
   - What is the shape of their body?

   What social pressures reinforce these bodily expectations? How do these body standards represent social norms in terms of race, class, ability, and gender? How are messages about these social norms circulated?
2. Contemplate how an "ideal" body represents what (and who) is culturally attractive in the United States today. Reimagine a more inclusive vision of body image and beauty. How would you draw your ideal person differently to represent a more positive body image? How might your renewed body image promote acceptance and celebration of diverse bodies and their changes over time? Decorate a new silhouette to represent an expansion of acceptance of varying bodies as beautiful and culturally acceptable. How does your person:
   - Challenge beauty standards?
   - Subvert societal expectations that limit our individual expressions?
   - Represent the uniqueness of individuality?
   - Celebrate bodies that represent various ages, shapes, colors, and movements?

Source: Loosely adapted from © One Circle Foundation, Body Image Program (Revised 2009).

THE COMMODIFICATION OF BEAUTY

Liddy Detar

The social construction of female beauty has resulted in a multimillion-dollar cosmetic surgery industry that shapes, tucks, pinches, lightens, and cuts away women's bodies, "sculpting" them with knives, lasers, and needles into ideal shapes and forms. Even as notions of beauty have changed over time, this industry continues to find a market in the insecurities and social norms that construct our relationships to our bodies. The industry capitalizes on dominant social constructions of gender, gender normativity, and heteronormative sexual scripts. It reproduces and perpetuates Western ideals and cultural values, capitalizing on internalized racisms and other forms of self-loathing and promising to lighten skin, lift eyelids, and otherwise "erase" features that mark difference. It has even succeeded in a postfeminist era in packaging its violent interventions on the body in feminist frameworks, selling "new bodies" for personal happiness and empowerment. Media plays a powerful role in how beauty is defined in American culture, and this extends to create global standards of beauty. In the early 2000s, television shows such as *The Swan*, *Extreme Makeover*, and *Nip/Tuck* popularized the notion of creating a new self through surgery. Even as the ad and media industries have increasingly begun to incorporate a greater range of body types, identities, ethnicities, abilities, and races, our media continues to construct the conventions of beauty against which all female-presenting bodies are measured—and then made to conform.

TRY THIS: Look at the commodification of beauty in magazines, commercials, ads, and even music videos. Include in your search all kinds of bodies along the gender spectrum, both conforming and deviant. Which bodies are represented, and which are not? What dominant stories of gender, sexuality, beauty, race, ability, class, and ethnicity do these bodies and ads tell? How are the constructions of these narratives of identity related to what products they are supposed to sell? Try to find ads that conform to normative social constructions of beauty and gender, as well as those that challenge and resist these norms. Try selecting a single company and review its media campaigns over time. How have they changed? How are the conventions of beauty and gender norms maintained through the marketing of products? How is resistance articulated and "marketed" as well?

completely computer generated. These digital representations integrate all of the "positive" features associated with contemporary North American "beauty" in one image. Such images of perfect bodies are fabricated by a male-dominated culture and are reinforced by multibillion-dollar industries organized around corporate profit making.

One of these industries concerns weight loss. Millions of dollars are spent every year by people who seek to cram their bodies into smaller-size clothing. Of course, many individuals want to shrink their bodies out of a concern for better health and mobility, and the weight and exercise industries help them attain these goals. But we often do not recognize that you can be both fit and fat. We fail to acknowledge the ways we have been taught to both despise fat and participate in consumerism out of a desire to more closely fit certain cultural standards. Again, there is a double standard here whereby fat women have a harder time than fat men in our culture. This is not to say that fat men have an easy time; certainly, as already mentioned, prejudice against large-size people of all genders is one of the last bulwarks of oppression in U.S. society. Many people have no qualms about blatantly expressing their dislike and disgust for fat people even when they might keep sexist or racist attitudes hidden. However, fat women have an especially difficult time because of the interaction between sexism and fat phobia. In this way the beauty ideal supports the weight loss industry and encourages looksism and fat oppression.

At the very same time that we are bombarded with messages about being thin, the food industry in the United States (the third largest industry nationally) has considerable clout. Never before have North Americans (and, increasingly, people in developing countries)

HOW COMFORTABLE ARE YOU IN YOUR OWN BODY?

Beauty ideals and social pressures to look a certain way have adverse impacts on our feeling about our bodies. At least 80 percent of women are unhappy with their bodies, and research shows that unhappiness begins in childhood. Men too feel pressure to conform to certain kinds of bodies, and trans folks also struggle with body image. An important form of feminist resistance is learning to be comfortable in and happy with our own bodies. While consumerist culture would have us always feeling ill at ease with the way we look to encourage us to buy products to change our appearance, we can resist by paying attention to our feelings about our bodies and working to reject the culture's messages about body size, shape, abilities, and image.

Place yourself in front of a mirror. Now look at yourself and try not to evaluate or criticize how you look. It's hard, isn't it?

Besides judging yourself in front of a mirror, what other practices do you do that may contribute to discomfort in your own body?

Do you compare the way you look to the ways others look? Do you seek sexual partners to make you feel attractive? Are you preoccupied with what you eat, counting calories or grams of fat? Do you eat less when you're with other people?

Certainly there are individual things you can do to feel better about your body. There's a whole-body positivity movement that focuses on helping people improve their body images.

And while the work of having a better body image is important, it doesn't address the actual structural problems that create the social context that reproduces body dissatisfaction. Corporations that want to sell you products so you can achieve a beauty ideal, media that reinforce a narrow range of ideal bodies, pharmaceutical companies and medical practitioners that pathologize bodies—all of these and other institutions conspire to maintain a system of sizeism that is also marked by gender, race, class, ability, age, and sexual identity. Perhaps the best thing we can do to feel better about our bodies is to challenge the system that makes us uncomfortable in our own bodies to begin with.

Brainstorm ways you can challenge institutions that reinforce the system of sizeism.

been bombarded with advertising for cheap and often toxic (high in sugar, fat, salt, or preservatives) food to such a degree. Many of these agricultural products are subsidized by the U.S. government. In addition, children watch more than 10,000 food ads per year on television, 90 percent of which are for four types of "food": sugarcoated cereals, soft drinks, fast food, and candy. A study from the United Kingdom found that the more overweight a child was, the more she or he would eat when exposed to advertisements following a television show. Obese children increased food intake by 134 percent and normal-weight children by 84 percent. Chocolate was the food source of choice. The need for healthy nutrition is underscored by a study at Brigham and Women's Hospital in which researchers found that although as many as one in four children under the age of 14 years diet, these behaviors not only were ineffective but often tended to lead ultimately to weight gain.

EATING DISORDERS

Today, models weigh about 23 percent less than the average woman, and this fact alone sends many women into despair as they compare themselves against these mostly unattainable images. It is distressing that people often experience their bodies as sources of anxiety rather than joy and celebration. Such images encourage body loathing and can precipitate eating disorders and other unhealthy disordered thinking. In the reading "Race, Online Space and the Feminine," Nicole Danielle Schott notes the ways pro–eating disorder, or "thinspiration," websites encourage young black women to reject fuller bodies and

embrace dominant racialized and gendered notions of attractiveness through detrimental practices of dieting, purging, using laxatives, and other forms of control.

Contemporary eating disorders are compulsive disorders that include a variety of behaviors. Among these are anorexia nervosa (self-starvation), bulimia nervosa (binge eating with self-induced vomiting and/or laxative use), compulsive eating (uncontrolled eating or binge eating), and muscle dysmorphia (fear of being inadequately muscled). Alongside these diagnostic categories are general eating-disordered behaviors that may include occasional binge eating and fasting and overly compulsive food habits such as eating only certain foods, not being able to eat in public, and general problems associated with compulsive dieting and/or compulsive overexercising (sometimes called anorexia athletica, although at this time this is not recognized as a formal diagnosis). The latter catchall category of generalized disordered eating/exercising seems to be widespread among North American women.

These disorders are culturally mediated in that they are related to environmental conditions associated with the politics of gender and sexuality. It appears that the number of eating-disordered women in any given community is proportional to the number of individuals who are dieting to control weight. Dieting seems to trigger the onset of an eating disorder in vulnerable individuals. According to a British study, teenage girls who dieted even "modestly" were five times more likely to become anorexic or bulimic than those who did not diet. Those on strict diets were 18 times more likely to develop an eating disorder. The extent of this problem is illustrated by a 2015 study that found that 80 percent of girls have dieted by age 10, one quarter by age 7. About 50 percent of all elementary school girls (ages 6 to 12) are concerned about their weight or about becoming too fat. These fears and concerns are foundational in understanding eating disorders.

Anorexics become very thin and weak by refusing to maintain a healthy body weight, have intense fears of gaining weight, and tend to strive for perfection. Bulimics also display intense body dissatisfaction. They eat large amounts of food in a short time (binge) and then purge by making themselves vomit or taking laxatives, diuretics, and/or amphetamines, or overexercising. Bulimics are more likely to be of normal weight than anorexics, although they both share emotions and thoughts associated with self-punishment, or feelings of being overwhelmed because they feel fat, or feelings of frustration and/or anger with other factors in their lives. Compulsive eating (which may involve bingeing) is understood as an addiction to food and often involves using food as comfort and includes eating to fill a void in life, hide emotions, or cope with problems. Compulsive eaters often have low self-esteem and feel shame about their weight. Individuals with muscle dysmorphia believe that their physiques are too small and unmuscular rather than too large. They participate in maladaptive exercise and dietary practices, and many use performance-enhancing substances. Although early studies focused on male bodybuilders, recent scholarship suggests that such symptoms can appear in the general population and that women are increasingly demonstrating this disorder. Similarly, while boys and men tend to use steroids more than women to increase athletic performance, new scholarship has shown that girls and women are also using steroids. Steroid use among women is more likely to be used to improve body image and muscle tone and control weight than for purely athletic reasons.

Eating disorders (with the exception of muscle dysmorphia) affect women primarily; the ratio of women to men among anorexia nervosa and bulimia sufferers is 10:1, and the figure is 3:1 for binge eating. In North America, these disorders primarily affect young (aged 15 to 25 years) women. Current statistics suggest that about 1 percent of female adolescents have anorexia, 4 percent have bulimia (with about half of the former also developing bulimic patterns), and approximately 3.5 percent experience binge eating in any six-month period. Accurate numbers associated with generalized eating problems are unknown, although it is assumed that the number of women who indulge in disordered eating patterns of some kind is quite substantial. Recent research also suggests that transgender youth may be even more susceptible to eating disorders than cisgender youth.

While these disorders occur in all populations in the United States, white women and those with higher socioeconomic status are somewhat more likely to suffer from these problems. Women of color are not immune from body dissatisfaction and potential eating disorders. This is corroborated by new data showing the prevalence of eating disorders as similar among white women and women of color, with the exception that anorexia nervosa is more common among white women. However, it is also important to understand reporting bias whereby reports tend to reflect the ways "incidence" is tied to resource availability for treatment in various communities. We do not know the incidence of unacknowledged or untreated eating disorders that occur in communities where treatment resources are scarce or unavailable. Finally, while eating disorders are associated with the developed global north and usually not manifested in countries with food scarcity, Asian countries have recently experienced a surge in the incidence of eating disorders as a result of increased development, especially urbanization. There are often serious physical and emotional complications with these disorders, and up to 20 percent of people with serious eating disorders die from the disorder, usually of complications associated with heart problems and chemical imbalances, as well as suicide. With treatment, mortality rates fall to 2–3 percent, about 60 percent recover and maintain healthy weight and social relationships, 20 percent make only partial recoveries and remain compulsively focused on food and weight, and approximately 20 percent do not improve. The latter often live lives controlled by weight—and body—management issues, and they often experience depression, hopelessness, and loneliness. Chronic obesity that may follow compulsive eating also has important consequences for health and illness.

Many students who live in dorms and sororities report a high incidence of eating disorders; perhaps you have struggled with an eating disorder yourself or have had a close friend or sister similarly diagnosed. If the huge number of women who have various issues with food—always on a diet, overly concerned with weight issues, compulsive about what they do or do not eat—are also included in the figures on eating disorders, then the number of women with these problems increases exponentially. Indeed, although teenage boys are actually more likely to be overweight than girls, they are less likely to diet. A study published in the *American Journal of Health Promotion* found that 21 percent of the teenage girls in the study were overweight, 55 percent said they were dieters, and 35 percent were consistent dieters. Although more teenage boys in the study were overweight, only a quarter said they were dieters and only 12 percent were consistent dieters. Because food and

IDEAS FOR ACTIVISM

- Organize an eating disorders awareness event. Provide information about eating disorders and resources for help. Invite a therapist who specializes in treating eating disorders to speak. Create awareness posters to hang around your campus.
- Organize a letter-writing campaign to protest the representation of such a small range of women's shapes and sizes in a particular women's magazine.
- Organize a speak-out about beauty ideals.
- Organize a tattoo and piercing panel to discuss the politics of tattooing and piercing. Have a tattoo and piercing fashion show, and discuss the meaning of the various tattoos/piercings.

bodies are central preoccupations in so many women's lives, we might ask, Why women and why food?

First, women have long been associated with food and domestic pursuits; food preparation and focus on food are a socially accepted part of female cultural training. Given that women have been relegated to the private sphere of the home more than the public world, food consumption is easily accessible and unquestioned. Second, food is something that nourishes and gives pleasure. In our culture, food has been associated with comfort and celebration, and it is easy to see how eating can be a way of dealing with the anxieties and unhappiness of life. Put these two together, and we get food as the object of compulsion; when we add the third factor, the "beauty" ideal, with all the anxieties associated with closely monitoring the size and shape of women's bodies, the result can be eating disorders.

Scholars also emphasize that eating disorders reflect the ways women desire self-control in the context of limited power and autonomy. In other words, young women turn to controlling their bodies and attempt to sculpt them to perfection because they are denied power and control in other areas of their lives. Central in understanding eating disorders, however, is the pressure in our society for women to measure up to cultural standards of beauty and attractiveness, what is often called the "culture of thinness." These standards, discussed throughout this chapter, infringe on all of our lives whether we choose to comply with them or to resist them. Messages abound telling women that they are not good enough or beautiful enough, encouraging us to constantly change ourselves, often through the use of various products and practices. The result is that girls learn early on that they must aspire to some often-unattainable standard of physical perfection. Such bombardment distracts girls and women from other issues, "disciplining" them to focus energy on the body, affecting their self-esteem, and constantly assaulting the psyche as the body ages. In this way, eating disorders can be read as cultural statements about gender.

NEGOTIATING "BEAUTY" IDEALS

Although many women strive to attain the "beauty" ideal on an ongoing, daily basis, some actively resist such cultural norms. These women are choosing to not participate in the beauty rituals, to not support the industries that produce both images and products, and to create other definitions of beauty. Some women are actively appropriating these standards by highlighting and/or exaggerating the very norms and standards themselves. They are carving out their own notions of beauty through their use of fashion and cosmetics. For them, empowerment involves playing with existing cultural standards. Most women comply with some standards associated with the beauty ideal and resist others. We find a place that suits us, criticizing some standards and practices and conforming to others, usually learning to live with the various contradictions that this implies and hopefully appreciating the bodies we have.

A question that might be raised in response to ideas about resisting beauty ideals and practices is, What's wrong with being beautiful? Feminists answer that it is not beauty that is a problem but, rather, the way that beauty has been constructed by the dominant culture. This construction excludes many "beautiful" women and helps maintain particular (and very restricted) notions of femininity. Another common question is, Can you wear makeup and enjoy the adornments associated with femininity and still call yourself a feminist? Most feminists (especially those who identify as third-wave) answer with a resounding yes. In fact, you can reclaim these trappings and go ultra-femme in celebration of your femininity and your right to self-expression. What is important from a feminist perspective is that these practices are conscious. In other words, when women take part in various reproductions of femininity, it is important to understand the bigger picture and be aware of the ways "beauty" ideals work to limit and objectify women, encourage competitiveness (Is she better looking than me? Who is the cutest woman here? How do I measure up?), and ultimately lower women's self-worth. Understand also how many beauty products are tested on animals, how the packaging of cosmetics and other beauty products encourages the use of resources that end up polluting the environment, and how many fashion items are made by child and/or sweatshop labor and then exported overseas as examples of cultural imperialism. The point is for us to make conscious and informed choices about our relationships to the "beauty" ideal and to respect, love, and take care of our bodies.

THE BLOG

WHAT IS IT ABOUT BATHROOMS?

Susan M. Shaw (2016)

In 2015 the citizens of Houston voted on an equal rights ordinance that among other things would have given protections to transgender people. Opponents were worried about bathrooms. They printed up signs that said: "NO Men in Women's Bathrooms." They worried that predatory men would use the ordinance as a way to enter public bathrooms and assault girls and women.

This reminds me of the campaign against the ERA. I remember as a child in a conservative church being warned that if the ERA passed, women would have to use the same restrooms as men. And so we needed to oppose the ERA to protect the sanctity of women's bathrooms.

What is it about civil rights that gets some people so worked up about bathrooms?

Of course, we know bathrooms are important. In Beverly Cleary's children's book *Ramona the Pest*, on the first day of kindergarten the teacher reads the class the story of Mike Mulligan and his steam shovel that had to dig the basement for the town hall in a single day. At the end of the story, Ramona's hand goes up so she can ask her burning question: "How did Mike Mulligan go to the bathroom when he was digging the basement of the town hall?" Miss Binney tells the class she doesn't know and that it's not important. But the class is not convinced. They know the bathroom is important. After all, the first thing Miss Binney had shown them was the bathroom.

(*continued*)