Reconstructing Normal: Women and the 'Problem' Body

Kristen Oliver

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ABSTRACT

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Women are popularly portrayed in the media and in academic literature as being dissatisfied with their bodies (Garner, 1997). This prompted me to ask, given the dominance of the discourse of the 'problem' body, how 'problematic' is this dissatisfaction in the daily life of the average woman? I conducted life-history interviews with 20 women between the ages of 22 and 59. They revealed three ideal types of women, which I present as three groups. First, the "butterflies" focused their life stories on what they identified as a significant positive change in their overall perception of their bodies. Second, the "yo-yos" focused their narratives on their overall body dissatisfaction. Finally, the "holistics" shared narratives of overall body satisfaction and appreciation. Health, the 'problem' body, and aging were the dominant topics in the narratives of all the women, regardless of age or group. The interviews revealed that while some of the women were critical and dissatisfied with aspects of their bodies, all of the women reported at least minimal body satisfaction. What this means is that while the 'problem' body is real and present in the lives of these women, they are not spending their lives focused on their bodies, and in most cases body concerns take up little of their time.

ACKNOWLEDGEMENTS

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INTRODUCTION

Women and the 'Problem' Body

Women's body image is a popular research area for many reasons, an obvious one being that North American culture is arguably 'obsessed' with appearances and women's bodies in particular. Both men and women in North American culture are exposed on a daily basis to massive amounts of information pertaining to how their bodies should look. This information comes from the media, doctors, teachers, friends, parents, siblings, neighbors, and co-workers, to name a few. Paradoxically, while both men and women in North America are getting bigger in size, the pressure to be thin is stronger than ever (Tjepkema, 2005; McGlynn, 2000). While this contradiction is interesting in itself, it is only one aspect of the complex social reality that has created an environment in which bodies, particularly women's bodies, have been classified as a 'problem'.

The 'problem' body is a construct that I will use to refer to a body that has been 'problematized'. The 'problem' body is a body that is in need of being changed and hence has been deemed a 'problem' in its current form. The body is a 'problem' because, according to most surveys and research on body image and body satisfaction, the majority of women are dissatisfied with their bodies. Within prominent body discourses, such as that on body image, this body dissatisfaction is pathologized (Blood, 2005). This framework of pathology or disease frames the dominant discourses and behaviors pertaining to the female body as 'problematic' and in need of being 'fixed'. Given that it is generally accepted that most women are at least somewhat dissatisfied with their bodies, is this 'problematic' relationship a 'problem' in itself? (Garner, 1997). How

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'problematic' is this dissatisfaction in the daily life of the average woman?

Since writing my undergraduate honors thesis, "Disordered Eating and Negative Body Image in Adolescent Girls: why have negative relationships with their bodies become the 'norm'?", on disordered eating behaviors young women who would not be classified as eating-disordered display, there has been a steady increase in attention on the topic of body image in the popular media. The current media attention on women's bodies appears to be less focused on eating disorders and more on issues pertaining to body image, particularly negative body image in women of all sizes and shapes. This led me to question how and if the attention given to body image affects the individual and, more specifically, if this attention to negative body image is representative of what the 'average' woman experiences from day to day, over the course of her life. Michel Foucault's concepts of discourse, management, and 'docile bodies', specifically as he articulates them in *Discipline and Punish*, are useful in thinking about the body as something to be disciplined, controlled, and made docile. I will use the works of Foucault, Judith Butler, Susan Bordo, and Sylvia Blood to theoretically analyze women's perceptions of their bodies.

The research problem

This thesis focuses on women as a point of attention, which is not to suggest that body issues do not affect men. However, I have chosen to focus on women to build on my previous research on young women and, also, to address any issues that may be related to sex, particularly gendered issues and life changes such as pregnancy and menopause. While there is an abundance of research concentrated on the female body and

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body image in particular, an area lacking research and in need of being explored is the experiences and feelings behind the behaviors women display. My aim is to take a life-history approach to examine the perceptions women have of their bodies and the changes or lack thereof in perceptions that take place during their lifetime. In this thesis I will examine the process by which, and the degree to which, women construct their bodies as 'problems' and the cultural symbols they employ to construct the 'problematic' self. In looking at how women construct their bodies as 'problems' and utilize the framework of the 'problem' body, we obtain a clearer picture of how women in their everyday lives come to perceive their bodies in reference to the prominent discourses that are available to them.

My research makes a contribution to the study of women's body perceptions in two ways: in using a life-history method and combining this method with the inclusion of women between the ages of 20 and 60. In this thesis I will explore questions pertaining to body perceptions over the life-course. Specifically, how do women perceive their bodies in reference to the discourses about women and their bodies, particularly the dominant discourse that this relationship is or should be 'problematic'? How do women work up their bodies as 'problematic' (or do they?)? What are the ways they demarcate the 'problem' body, discipline the 'problem' body, and control the 'problem' body?

In speaking with the twenty women I interviewed for this project, it became clear that without mentioning the word 'problem' or focusing on body dislikes or body dissatisfaction, it was in most cases assumed that we were discussing something that was at least in some ways a 'problem'. There were a range of themes that emerged from the interviews, which included the impact of biological events or "natural" events such as

adolescence, pregnancy, and ageing. While the women shared commonalities, three typologies emerged from the data in reference to the overall focus of the interviews. In the first typology, the "butterflies", the women focused their life stories on what they identified as a significant positive change in their overall perception of their bodies. In the second typology, the "yo-yos", the women focused their narratives on their overall body dissatisfaction and identifying areas or aspects of their bodies of which they were critical. In the third and last group, the "holistics", the narratives were of overall body satisfaction and appreciation. A theme throughout each of the three typologies was how a woman's overall perception of her body is related to how she has perceived her body over the course of her life and how this has or has not changed over time.

The women in some ways resisted and in other ways conformed to the discourse of the 'problem' body. It is this complexity of lived experience that is the most interesting finding, and it is not surprising given the culture of "mixed messages", with which women are faced daily. Regardless of whether the women represented themselves as conforming or resisting, the majority of the women were overall at least somewhat satisfied with their bodies.

The results of this research are encouraging in that they clearly show that women are not 'doomed' to life-long body dissatisfaction and negative body image. What the research finds is that although most of the women paid lip service to the discourse of the 'problem' body, it has, in most of the cases, little effect on their daily lives and interactions. What the interviewees deemed important was ageing, regardless of the participants' chronological age, health, and appearances or bodily changes. This thesis will explore these themes, as well as topics ranging from childhood to body image in the

workplace, within the three typologies, with emphasis on the individuals' life experiences and how these experiences have guided their interpretations of the discourse of the 'problem' body.

CHAPTER ONE

The 'Problem' Body: A Review of Selected Literature

The literature on body perception is immense, but it is body image that is arguably the most popular research area in reference to women's bodies (Abrams and Stormer, 2002; Ackard et al., 2002; Blood, 2005; Cash, 1995; Cusumano and Thompson, 1997; Fabian and Thompson, 1989; Halliwell and Dittmar, 2003; Haworth-Hoeppner, Susan. 2000; Markey and Markey, 2005). The topic of body image has gained popularity in the last several decades and most recently has been a 'hot topic' in the media. A review of the research shows that a large percentage of the literature that exists on women's body image and body perception is quantitative, survey-based, and focused primarily on young women (Halliwell and Dittmar, 2003). While there have been trends towards studying older populations and using qualitative measures, quantitative studies still dominate in the area of body image and body-related research.

In this chapter I will review several quantitative studies that look at variables related to body perceptions. Following the quantitative studies will be a summary of the relevant qualitative studies. Finally, I will provide an overview of three critical constructs or categories related to body perception; the 'thin ideal', the media, and obesity. These articles and books, which consist of only a small sample of the vast number of projects on the topic, combined with these three constructs, will form a basis for understanding the complexity of the topic of women's perceptions of their bodies.

Quantitative Findings

In their 2005 study of dieting behaviors in 280 men and women, Markey and Markey measured body perceptions and body satisfaction using the Contour Drawing Rating Scale to assess gender differences in the relationship between body image and dieting behaviors. The Contour Drawing Rating Scale consists of showing each participant 9 pictures of individuals ranging from very thin to very overweight and then asking the participant to indicate which picture looks the most like them and which picture they would like to look like. Using measures of Body Mass Index (BMI), a measure of an individual's weight and height, and the Weight Control Behavior Scale, a measure of various weight loss behaviors, Markey and Markey found that BMI was not associated with participation in unhealthy dieting behaviors and that participation in the use of diet pills, fasting, and purging was unrelated to weight (526). They concluded that dieting behavior was not related to being overweight and attributed these behaviors to unrealistic body standards. According to Markey and Markey, unrealistic body standards are related to the use of unhealthy dieting behaviors to achieve said standards (528). These findings demonstrate that many women who are not classified as overweight struggle with their weight and take part in unhealthy dieting behavior.

Ogle et al. looked at perceptions of body malleability in 598 undergraduate men and women, specifically looking at the relationship between perceptions of body malleability, body attitude, subjective norms, and BMI in predicting attempts and desires to change the body (2005). Body malleability refers to desires or attempts to change the body and could be measured as an individual's perceived ability to change his/her body. Using questionnaires to look at variables of body

malleability, Ogle et al. concluded that BMI was not a predictor of perceptions of body malleability, desire to change the body or attempts to change the body (2005:34). This finding supports previous research, suggesting that BMI is not related to body satisfaction or attempts to change the body (51). Ogle et al.'s results support Markey and Markey's conclusion that attempts to change the body through behaviors such as dieting are not related to weight; hence, many women who try to lose weight are what could be considered a 'normal' weight or underweight.

Greenleaf surveyed 394 women between the ages of 18 and 64 using Objectification Theory as her guide to examine body shame and self-objectification using a survey method. Objectification Theory "is feminist sociocultural model used to conceptualize experiences unique to girls and women and related mental health issues that result from self-objectification" (2005:51). The survey included measures of physical activity, body shame, self-objectification, and disordered eating (53-54). Using an age range similar to that of my research, Greenleaf found that the younger women reported higher levels of body shame, self-objectification, and dieting than the older women in the study, which confirms past research that has suggested that as women age, they become increasingly comfortable with their bodies and are less likely to engage in disordered eating practices (59). Greenleaf proposes that the difference in self-objectification according to age may be related to the fact that as women age, they are better able to cope with life events that may have the potential to increase self-objectification in other ways that focus on factors such as enjoyment and accomplishment in contrast to body and appearance (61). Two other possibilities the article posits are generational differences and differing sources of self-esteem. Whereas older women may focus on their

accomplishments, younger women, in contrast, are more focused on their appearances (59). These possible explanations are interesting in themselves, for they play on typical conceptions of ageing and the fact that women are 'supposed' to change their expectations and understanding of their bodies as they age.

In a study somewhat similar to Greenleaf's, Forbes et al. studied body dissatisfaction in 75 college women and their mothers using the Figure Rating Scale and the Body Esteem Scale. The Figure Rating Scale is quite similar to the Contour Drawing Rating Scale which Markey and Markey use, and consists of presenting participants with drawings of female bodies ranging in size and asking participants to choose the body type that matches their own, choose the body type that they would like to have, choose the body type most women their age would like to have, and finally, choose the body type most men their age would like best. The Body Esteem Scale included measures of perceived sexual attractiveness, weight concern, and physical condition (2004:286). The major findings were that both mothers and daughters experienced body dissatisfaction and that when body size was statistically controlled for (the mothers had higher body weights), either no difference was found or daughters were found to have greater body dissatisfaction than their mothers (281). These findings demonstrate the difference in experience between generations and demonstrate one way of 'measuring' these perceived differences.

These four studies are just a sample of the wide range of quantitative research projects on body image and body perception that have been conducted to date. While these studies provide a wealth of information, what is striking in the quantitative research is the relative silence of the participants in the study. There

are large numbers of participants, yet there is little information on the complexities involved in surveying women and men on such a multifaceted topic. While Ogle et al.'s finding that BMI is not correlated to body malleability is valid, they do not begin to demonstrate the complexities involved (2005). What is missing is the voice and experience of the participants. How do these women perceive their own bodies, and how do these perceptions manifest themselves and potentially change over the life-course? Why do these individuals perceive their bodies the way they do? Have these perceptions been constant or have they changed over the life-course? In general, the findings of the quantitative research are very specific and their usefulness in understanding the processes behind observable behaviors is extremely limited and is one reason why a deeper, qualitative approach is necessary to understand the complex and dynamic topics of body image and body perceptions.

Qualitative Findings

The qualitative research on women's bodies fills many of the above-mentioned gaps in quantitative research; most importantly, it includes the voices of the participants. A common statement in the qualitative research was that body image is a sensitive and subjective topic and, as such, is difficult to quantify with traditional quantitative methodology (Spurgas, 2005). The research reviewed covers an immense range of concepts and areas, all of which are critical to this current project.

Ogle and Damhorst conducted in-depth interviews with 20 women they described as transitioning into their middle-aged years, between the ages of 37 and 47. Their study

was framed as an interpretive study exploring how women in mid-life transition think about their changing bodies and the related discourse. Using constant comparison analysis, Ogle and Damhorst found that while the participants accepted their bodies mid-life, they also expressed ambivalence about their overall appearances and the related social discourses. Two ideological adjustments in the participants' thinking were identified as contributing to the participants' acceptance of their bodies at mid-life, one being a shift from emphasis on external to internal aspects of the self and the second being an increased questioning of the dominant social discourses about the female body. This questioning refers to what Ogle and Damhorst call a "midlife phenomenon", whereby people redefine and call into question the schemes and meanings that have previously structured their lives. They found that their participants often spoke of their intentional prioritization of their own meaning and value systems over those of society (2005:7). By transforming and challenging body ideologies that did not fit with their appearance, participants came to view mainstream ideologies, not their bodies, as problematic (14).

Ogle and Damhorst conducted two studies on mothers and daughters using in-depth interviews. In their 2003 study, they conducted in-depth interviews with 20 mothers and their teenage daughters, concentrating on how mothers and daughters interact about dieting and the body. The researchers used constant comparison analysis to find four patterns of behavior between mothers and daughters concerning the body and dieting, including the direct verbal approach, the avoidance-guardedness approach, the modeling approach, and the laissez-faire approach. The mothers' and daughters' thoughts about themselves and others shaped each of these interactions, which they used to plan

future interactions with each other and which served as a guideline in respect to dieting, particularly for daughters (448).

In their 2004 study, Ogle and Damhorst explored how mothers and daughters respond and react to the cultural discourses that present thinness as the 'norm' and promote the body as changeable, what they term "the body malleable". Within body malleable ideology, the body is viewed as a malleable/changeable object. The participants in the study expressed an overall ambivalence towards the ideology of the body malleable and related cultural discourses. These results are similar to those of a 2003 study in which Ogle and Damhorst found that mother-daughter interactions formed the basis for mothers' and daughters' own personal beliefs and their future interactions (204).

In their article, "Sociocultural context of women's body image", Paquette and Raine used a naturalistic paradigm to explore how a woman's sociocultural and personal context influences her body image. They employ the term naturalistic inquiry/paradigm to demonstrate their aim of "...understanding women's perspectives by listening to their personal experiences" (2004:1048). The researchers interviewed forty-four non-eating-disordered women between the ages of 21 to 61 twice using a semi-structured interview guide. They found that the narratives revealed that body image is not a static construct but that it fluctuates as women re-interpret old experiences and encounter new ones. Paquette and Raine focused on mediating relationships, external context (media), and internal context (self-concept). Self-concept was divided into self-critical and self-confident categories. The self-critical category included women who had more body issues and held body standards that they could not achieve, while the self-confident

category included women who resisted pressures to conform to social norms (1054-1055). Overall, Paquette and Raine found that the unconscious and powerful impact of the media was mediated by women's internal context (self-critical and self-confident) and their relationships with others such as family members and partners. While relationships with others were a mediating factor, the findings showed that body image was influenced not by the nature of others' comments but by the interpretation of their meaning (1047).

Burns and Leonard used a narrative approach to explore how 20 Australian mothers between the ages of 60 and 65 perceive their "later years" in life (2005). They conducted life-review interviews in which participants were asked to consider their life as a book and to divide their 'book' into chapters and title each chapter. The division of the participants' life-stories into chapters was done by having them give a written time line of major life changes and key events along with their interview. These time lines helped the authors form chapters that covered a range of topics, such as childhood and adolescence (2005: 272). Four themes emerged from these narratives. The two most common themes or stories were those of breakout, which were described as gains that were a result of a woman's own actions, and those of stress relief, described as gains from the passage of time and role changes. The two less prominent story frames referred to continued contentment in the women's lives and to narratives of loss (269). Burns and Leonard's framing of life-stories as books with chapters is one way to clearly present an individual's story and include them in the process.

For "'Bumps and Boobs': Fatness and Women's Experience of Pregnancy", Earle conducted two in-depth interviews, at different stages of their pregnancy, with 19 pregnant women. Topics explored included perceptions of weight, fatness, and body

shape during pregnancy. Earle noted the lack of research on women's experience of fatness during pregnancy stating that perhaps researchers have assumed that weight gain is of little consequence for pregnant women (2003:250). It has been presumed that since it is natural to give birth there should be a natural acceptance of gaining weight. Earle highlights in her article that fatness and weight remain concerns for women during pregnancy (245). Earle found that the women studied adopted a pragmatic approach with selective compliance with the pressure to be slim, noting that pregnant women are concerned with body image and fatness throughout their pregnancy (245, 250). Earle found three main areas of concern for pregnant women in reference to their size and shape, when they will begin to look pregnant, what areas of their body will change, and how easy or not it will be to return to their pre-pregnancy weight (245). Earle's article explores the range of ways women interpret their changing bodies during this critical time and emphasizes the importance of studying body perceptions in pregnant women.

Ballard et al. conducted interviews with 32 women between the ages of 51 and 57, concentrating on age resistance. They identified two specific aspects of ageing, public and private ageing. Public ageing refers to the visible, age-related changes in appearance, which can be concealed through age-resisting activities. Private ageing refers to less visible, age-related physiological changes in the body that are experienced independent of wider social relations. They found that public and private ageing were inextricably linked and that the inevitable limitations of the body in private ageing bring forth acceptance as ageing and growing 'old' become a reality (2005:183). The physiological changes through which their bodies were going led the majority of the women in the study to perceive themselves as ageing and were a factor in them not partaking in age-resisting

activities such as cosmetic surgery. Overall, Ballard et al. found that women in their 50s wanted to project what they term a "socially acceptable" image that reflected a subjective sense of ageing and growing old (169).

Pelican et al. obtained narratives focused on body image and physical activity from 103 women and men via interviews and focus groups (2005). The aim of the project was to study the link between these factors and the influence of others. Pelican et al. found that other people could have both a strengthening influence in some cases and an extremely damaging influence in others. The study divided the influences into positive and negative ones, concentrating on the role others can have in identity formation. Overall, Pelican et al. emphasized the important role of others, such as family, friends, community members, and even strangers, in supporting and helping other individuals' overall competence and self-worth (75).

In her book, *The Obsession: Reflections on the Tyranny of Slenderness*, Kim Chernin addresses her personal obsession with food and weight and explores the commonality of these feelings of "obsession" among women who are of average weight or underweight (1981). Chernin discusses the complex line between exercise and dieting for health and exercise and dieting as a potentially harmful obsession. Addressing the line or differences between the two is critical in that many of the body 'management' behaviors that literature on body image and body dissatisfaction has recently 'problematized', such as dieting and exercising, are, according to most common and scientific knowledge, 'healthy' and, when practiced properly, are extremely beneficial to the individual, both physically and mentally. Chernin addresses the often-stated "a healthy mind is a healthy body" and examines the point where she perceives that the

"love" of one's body turns into potential body "hatred". In exploring extremes, she questions, in reference to a woman who professed to love her body and strived for perfection, "Was it love or hatred of the flesh that inspired her to now awaken even before it was light, and to go out on the coldest morning, running with bare arms and bare legs, busily fantasizing what she would make of her body? Love or hatred?" (24). This identifies the problem inherent in giving voice to women in reference to a topic that is so vast, at times fluid, and so pervasive and intertwined with our thoughts and culture. The theme of love versus hatred, healthy versus unhealthy, will be prominent throughout this thesis and will be revisited in several of the upcoming chapters.

These qualitative works are only a small sample of the almost infinite number of topics and areas of interest that are being explored in reference to women's bodily perceptions. These studies demonstrate the ways in which individuals' voices have been recorded and interpreted in a wide variety of ways. They provide an example of how varied the research is and the importance of variables such as body satisfaction and body dissatisfaction. Now that I have reviewed some of the critical work on body image and body perception, I will review three constructs that are important to the analysis of bodily perceptions. The 'thin ideal', the media, and obesity are three themes that are critical in presenting the social environment in which women live.

Themes and Areas of Interest

The 'thin ideal'

A recurring theme in the literature on body image and body perception is the 'thin ideal'. What is critical to note is that while there is no singular definition of the 'thin

ideal' in the literature, there is a consensus that it is a harmful or negative construct (Sypeck et al., 2003; Dittmar and Howard, 2004; Klacynski, 2004). Ogle and Damhorst refer to the 'thin ideal' and state in their article that the thin self is now perceived as the most desirable and thus the healthiest, most valued, and moral self (2003:456). The 'thin ideal' refers to the 'ideal' or 'perfect' body. Alan Petersen states "...that 'perfection' is a dangerous illusion: an unrealizable ideal whose pursuit can predispose to extreme forms of body modification and personal harm, and reinforce inequalities" (2007:47). Therefore, constructs such as the 'thin ideal' demarcate all that does not fit within the ideal. According to Reaves and Bush Hitchon, a 'thin ideal' is a cultural construct that leaves the majority of North American women feeling "too fat" and that part of being a woman in today's society is feeling "too fat" (2004:41). Similarly, Brown and Jasper found that most women are afraid of becoming fat and overestimate their body size (1993:58). Murray found that as many as 75% of women consider themselves "too fat" (2003:276).

Brownell states that there are two widespread assumptions regarding body shape and weight in North American culture. The first is that the body is malleable and that with the right techniques, such as exercise, a woman can reach the ideal. The second assumption is that great rewards, such as happiness and popularity, await the individual who attains this ideal (1991:1). A possible result of not meeting the 'thin ideal' is body dissatisfaction. A meta-analysis of 222 body image studies reveals a continual increase in women's body dissatisfaction (Cash and Roy, 1999:210). Psychology Today's 1997 Body Image Survey of 4,000 readers found that 67% of women over the age of 30 said

that they were unhappy with their weight and 98% said that they wanted to lose weight (Garner, 1997:35).

Studies on body satisfaction have identified a link between a higher level of internalization of sociocultural norms and a greater level of body dissatisfaction (Paquette and Raine, 2004:1055). Therefore, women who are more concerned with how others perceive them and who compare themselves to the images they see in the media and internalize these images are more likely to report higher levels of body dissatisfaction. According to Psychology Today's 1997 body image survey, body dissatisfaction has different implications for individuals depending on their weight. While body dissatisfaction in someone who is considered overweight can be seen as understandable given the societies stigma of fat, in contrast, many thin women distort reality by seeing themselves as fat. This distortion has become the 'norm' according to the survey and brings forth the issue of 'disordered' versus 'normal' (1997:36). Murray found that most women struggle with some form of disordered eating in their lifetime, including purging, extreme dieting or binging (2003:276). Given the inherent difficulty in classifying dieting behaviors, Sigall and Pabst group together body image problems, sub-clinical eating disorders, and destructive dieting and state that the three occur with such frequency that they affect the majority of North American females (2005:85).

The concept of 'disordered eating' comes from the classification of eating disorder. Whether or not one adopts the model of eating disorders as a continuum or as a disease that has specific criteria that are to be met before classification, individuals both with and without eating disorders can take part in behaviors that are considered symptoms of an eating disorder. According to Turner, anorexia belongs to a continuum of

body practices which includes jogging, keeping fit, and dieting (1996:194). What is critical to note is that body 'management' behaviors such as dieting and jogging are, according to those who prescribe to the continuum model of eating disorders, a part of a continuum of eating-disordered behaviors. This refers to what I mentioned above as the socially-prescribed line between 'healthy' and 'unhealthy' behaviors, and this will be further explored in the Findings and Analysis section.

Dieting is the most common way women attempt to attain the 'thin ideal'. Dieting can include a range of behaviors that range from watching caloric intake to more 'unhealthy' dieting behaviors, which include binge eating, fasting, and purging (Markey and Markey, 2005:519). According to Markey and Markey, a large proportion of dieters are of normal weight or underweight by medical standard and do not need to lose weight (2005). According to Brewis, women are often inaccurate in their estimates of their current size and, on average, imagine themselves to be distant from the ideal and larger than they are (1999:549). Research has found that dieting often leads to weight gain rather than weight loss, which can lead to more extreme and unhealthy weight loss methods, disordered eating, and obesity (Markey and Markey, 2005:520). Researchers have found that dieting only works long term for approximately 5% of non-obese dieters, leaving 95% of dieters feeling as though they have failed (Rogan 1999:20-22). Along with dieting, exercise is another popular method of weight loss or body 'management'. In conjunction with the 'thin ideal', the growth of the fitness industry has added another dimension to the pursuit of the 'perfect' thin body; not only must women be thin, they must also appear toned and perfectly proportioned (Guendouzi, 2004:1636).

Studies on body dissatisfaction have theorized that body dissatisfaction stems from the fact that a woman's identity is viewed as being inextricably linked with appearing and looking beautiful and with complying with the dominant social norms regarding femininity (Petersen, 2007:67). Gender 'norms' are an often-cited factor; another is a contradictory cultural message about food and eating. According to Mukai, the high rates of body dissatisfaction among women have been theorized to be related to a fear of gaining weight due to a high prevalence of obesity and strong pressures to be thin (1998:1). Cultural theorists have argued that eating too little and eating too much represent two inseparable ways of coping with a "culturally pervasive slenderness imperative" (Burns, 2004: 270). According to Paquette and Raine, increasing rates of body dissatisfaction and obesity are both products of an unfavorable sociocultural environment in reference to weight and food (2004:1047). According to Fallon, there is often a sense of guilt and shame brought on by eating in current North American culture, particularly in women (1994:411). This sense of guilt is predominantly found in affluent societies, such as North America, where appetite is misused in the service of non-nutritional needs (Brumberg, 1988). Within North America there is a particularly sharp contrast between the availability of cheap, high-calorie, and good-tasting foods and the excessive value put on slimness and dieting (Schmidt 2003:30). To summarize, combine a misuse of appetite with the infinite availability of good-tasting foods, and you create confusion. Add in the fact that this is contrasted with an emphasis on thinness and dieting, and the picture is only further complicated. In this social environment, food and eating are seen in terms of indulgence or restriction instead of as a means of sustaining and nourishing a healthy body.

It has been argued that the 'thin ideal' reflects the fragmented and contradictory expectations women experience in Western societies when they have achieved greater equality yet continue to be oppressed in certain contexts (Brown and Jasper 1993:17). According to Friedman, women and girls receive mixed messages about what to value and know to be true of themselves and what society expects from them (1997:33). Females within Western society are rewarded in some contexts for being passive, exhibiting self-control, and 'feminine' qualities and putting others' needs ahead of their own, while at the same time, they must nurture so-called 'male' qualities, such as being competitive, independent, and goal-oriented, to succeed in the world (33-34). These mixed and contradictory messages about female identity have led some theorists to conclude that while women are in many ways moving ahead, their 'complex' or 'problematic' relationship with their bodies and food are holding them back. Polivy and Herman state that by refocusing their attention onto weight, shape, and eating, women enter a domain in which they can gain some emotional control of their life (2002).

According to Ogle and Damhorst, the current expected norm for women and girls is to be interested in and to attend to their appearance (2003:451). It is at least partially through this norm that Brown and Jasper posit that women learn that they can change their lives by changing their bodies (1993:19). This brings us to the marketing of the 'thin ideal' and the consumption of body 'management' techniques and products.

The Media and Consumer Culture

The media is one of the most researched areas in reference to women's and girls' body image and weight preoccupation. The media has traditionally been seen as 'the bad

guy', being at least a partial cause of eating disorders and body dissatisfaction. Advertising has recently become an over-$130 billion-a-year industry, with consumers today being exposed to more media images than at any other time in history (Murray 2003:278; Lokken et al., 2004). Women's magazines in particular have been found to be the most influential medium that promotes unrealistic expectations of thinness and attractiveness (Reaves and Bush Hitchon, 2004). According to Polivy and Herman, images of ultra-slim models, actresses, and other media figures are unavoidable, and the almost complete absence of heavier women sends a clear message to Western women that to be attractive, desirable, and successful, they must be thin (2004).

According to Dittmar and Howard, a range of social influences reinforces the 'thin ideal' for women, but they describe the mass media as the most aggressive and strongest purveyors of narratives and images of the 'thin ideal' (2004:478). According to Sypeck et al., women are theorized "...to internalize the thin ideal portrayed in the media through repeated exposure to such depictions, leading to increased body dissatisfaction and often, ultimately, to eating pathology..." (2003:1).

It has been suggested that consumers internalize cultural meanings about beauty and attractiveness and invoke these meanings as a way to evaluate their own bodies and the bodies of those around them (Ogle and Damhorst, 2005). A product of the 'thin ideal' and the fact that the majority of women cannot meet this ideal is the marketing of a range of products and technologies aimed at 'de-problematizing' the body that deviates from the 'thin ideal' (Ogle and Damhorst 2003:455). According to Paquette and Raine, advertisers in the beauty, fashion, and cosmetics industries stand to gain from women's body dissatisfaction (2004:1048), with the presumption that the more dissatisfied a

woman is, the more likely she is to consume products in order to 'fix' or 'manage' her 'problem' body.

Within a consumer culture, it has been suggested that individuals develop an interest in maintaining a sexually-attractive and youthful body (Ballard et al., 2005:172). Research has found that women and girls are negatively impacted by the cultural messages being sent to them that imply that the female body is an object open to consumption and constant evaluation (Greenleaf, 2005:51). Contemporary consumer culture is saturated with discourses that promote slender, young, and physically fit bodies as the most valued and encourages consumers to strive towards "better" bodies through what can be referred to as 'body work' activities such as exercising and dieting (Ogle et al., 2005:34).

The role of consumption in the complex web of women's perceptions about their bodies cannot be ignored, nor can the construction of discourses surrounding consumption as a necessary and unavoidable means of attaining a better body. According to Ogle et al., "Consumer discourses promote the use of varied products, ranging from diet foods, programs, and books to exercise equipment and health club memberships, as a veritable panacea to righting the imperfect body" (2005:34).

In 2004, the European and American personal care market was worth 86 billion dollars US and was quickly growing (Petersen, 2007:70). According to Petersen, the beauty industry "...offers the promise of transforming lives through a vast array of cosmetics, skin treatments, and potions and lotions of various kinds to enhance one's appearance" (2007:68). There appears to always be something that one can purchase that will add to one's beauty and 'de-problematize' the 'problem' body. The act of buying

beauty expands to a wide range of consumer purchases such as clothing, accessories, makeup, appearance maintenance, such as hair cuts, manicures, skin treatments, teeth whitening, and the list goes on.

Increasingly in Western societies, there has been an emphasis on what could be referred to as the "re-shaping" and perfecting of bodies. There are an increasing number of magazine articles, television programs, and internet sites that focus on various forms of body modification, such as plastic surgery. According to Petersen, these TV shows, articles, and websites have made knowledge of such technologies widely available and have helped promote the view, especially in the case of reality television, that anyone and everyone can benefit said technologies (2007:47). Petersen points particularly to shows such as *Ten Years Younger* and *Extreme Makeover*, which he argues normalize the use of what he refers to as "extreme practices", such as plastic surgery (75).

Within the literature on the media, it is emphasized that the images of "perfect" models have been digitally retouched and tampered with. Technologies such as digital editing have made it quick and easy to digitally perfect and modify images. In a matter of seconds, body torsos can be elongated and stomachs can be flattened and made to look leaner or more muscular, depending on the desired effect (Reaves and Bush Hitchon, 2004:144). What this means is that the images that have been found to strongly impact women are not even real representations of the female body; they have been manipulated or generated using a computer.

Feminist scholars such as Milkie have argued that the media's singular portrayal of one beauty norm creates a gap for millions of girls and women between the reality of their own appearance and the idealized images to which they are exposed (2002:841).

The media sets up a narrow beauty ideal and normalizes an unnatural, extremely thin look. The difference in size between the average North American woman and the average North American model is currently 23%, whereas in the 1950s this difference was 8%. Therefore, as women are getting larger the portrayals of the 'ideal' body are getting smaller (Tjepkema, 2005; McGlynn 2000:13). The media has been accused of distorting reality in that the models and celebrities portrayed in the media are either at the tail end of the standard distribution of body weight and naturally thin, and thus unrepresentative of the norm, or are the products of extreme behaviors to achieve and maintain thinness (Polivy and Herman 2002:193). A good example of the skewed view of weight in the media is the how the latter have picked on the weight and body shape of actress/singer Jennifer Lopez. Jennifer Lopez is considered "full-figured" according to Hollywood's standards yet weighs less than 120 pounds and stands 5'6". This is a good example of the unattainable ideal of thinness. Beautiful women, such as Lopez, are scrutinized for their size when, according to medical charts, they are nearing being classified as underweight (Ko, 2001:38).

Contradictory images are the 'norm' in the media. Images of fast food and indulgence, such as advertisements for triple-chocolate ice cream, are followed by advertisements for diet products, such as calorie-free drinks (Bordo 2003:199). According to Nitcher, these messages underline the importance of thinness and control and are contrasted with messages to indulge and eat (2000:60). Bordo states, "Between the media images of self-containment and self-mastery and the reality of constant, everyday stress and anxiety about one's appearance lies the chasm that produces bodies habituated to self-monitoring and self- normalization" (1993:203).

The contradictory messages inherent in current media and the 'thin ideal' bring forth the topic of obesity. Obesity has been commonly framed as epidemic or pandemic and this framework is intertwined with powerful social meanings, particularly the 'thin ideal' and the 'problem' body. Weight, and particularly being overweight, becomes a measure of disvalue in a culture that promotes thinness as the ultimate ideal.

Obesity and Health: "Fat is Bad"

The 2004 Canadian Community Health Survey found that 23.1% of Canadians over the age of 18 are obese and another 36.1% are overweight. According to these statistics, approximately 60% of Canadians are overweight or obese. In contrast, the 1978/79 Canada Health Survey found that the obesity rate was 13.8%, far below the 2004 rate of 23.1% (Tjepkema, 2005). What is perplexing to anyone studying these changes is that the increase in the overall weight of the Canadian population comes at a time when the social pressure to be thin and fit is higher than ever. It is this contradictory framework that one could argue is at the center or heart of the discourse on the 'problem' body and associated discourses such as the 'thin ideal'.

Many of the health risks of being overweight or obese are widely known, the most common being an increased risk of cardiovascular disease, asthma, arthritis, hypertension, diabetes, several cancers, and psychological complications (Burtyn and Wadden 2005:285; Pelican et al. 2005:57). Due to the associated health risks, obesity is classified as a medical condition and is included in the International Classification of Diseases (Cogan 1999:230). It is within this context that obesity has come to be the subject of a growing number of programs and policies, and the focus of increasing media

coverage in many developed nations such as Canada, the US, and the UK (Petersen, 2007:53).

Obesity in North America has been referred to as a pandemic or epidemic (Petersen, 2007:54). The pandemic framework is one of the many negative discourses surrounding obesity. The word pandemic frames obesity as being contagious, as if you could catch it by sitting beside someone who was 'infected' with the 'disease'. Petersen refers to the contagion model, which is now being used in reference to obesity and was and still is used in relation to a range of infectious diseases such as HIV/AIDS and SARS (2007:60). Epidemic and pandemic are merely words but they represent how we as a society view obesity and overweight and obese individuals. Instead of admitting that there is a problem with the way we as a society live, we focus on the individuals and what is wrong with them. Within popular medical and social discourses, "It is the offending body that must be changed; not the culture that is offended by it" (Joanisse and Synnott, 1999:50).

According to Petersen, fat has been grouped with other 'conditions' such as short stature and large noses as being classified as 'ugly', and this classification of 'ugly' means that it can be classified as a disease that is treatable (2007:61). Classifying these 'conditions' as diseases comes at a time where there is an expanding market of products, treatments and procedures available to 'cure' the 'problem'. This means a marketing of medical procedures, medications, and products that 'manage' the 'problem' or 'ugly' body.

Sobal and Maurer note that attaining an "ideal weight" is a social achievement and that, without cultural sanctions, expectations, and pressures from family, friends, and

acquaintances, it would be simply an issue of health (1999:vii). Ideal weight is therefore a construction that is created and re-created through social interaction. One of the ways obesity is constructed or understood is as a self-induced and voluntary condition that can be controlled through exercise and restrained eating (Cogan 1999:230). According to Klacynski et al., emphasis on the individual leads to the understanding that one's own weight and the weight of others is a direct outcome of these persons' personal effort to achieve the 'thin ideal' (2004). Therefore, someone who is thin is considered a success, and someone who is overweight is a failure in reference to the ideal.

Chernin focused her book on the large number of women who think they are overweight when they are not and spend, according to her, a majority of their time worrying about the "pseudo-obesity" they suffer from (1981:35). Brown and Jasper have noted that women's investment in attaining thinness is rational when you examine the fat prejudice present in our society (1993:66). In Western cultures thinness is associated with health and attractiveness whereas obesity is associated with lacks of self-control, will power, health, and attractiveness (Walcott et al., 2003:231). According to Hayes and Ross, being overweight may carry a stigma that discounts and taints the individuals, leading others to negatively evaluate these individuals, hate, reject or even ridicule them. Hayes and Ross found that not only are overweight individuals disliked, both children and adults also believe them to be sloppy, mean, lazy, and stupid (1986:388). In reference to a 'thin ideal' that emphasizes that control and virtue can be found in the process of becoming thin and slender, obesity becomes a representation of non-control (Evans et al., 2004:202).

Concluding Remarks

In this chapter, I have demonstrated, through the presentation of a large range of topics and areas of interest and a number of studies, how vast a research topic women's bodily perceptions is. Past research identifies many categories and variables that are key to understanding body image and bodily perceptions. A survey of past research on women's bodies identifies a gap in past research in understanding how women perceive their bodies over time. This gap includes qualitative research exploring how women perceive their bodies and how their perceptions change or stay the same over the life-course. Exploring three specific variables, the 'thin ideal', the media, and obesity, and their role within body perceptions, we come to understand how these variables and others intertwine and come to reinforce and reify one another. These variables make up an important part of the complex web that is the environment in which the 'problem' body is situated.

In the next chapter, I will summarize the theoretical basis of the project. I will explore the works of Michel Foucault, Judith Butler, Susan Bordo, and Cynthia Blood, with particular emphasis on Foucault's concept of discourse. Authors such as Bordo and Blood have made use of the works of Foucault and Butler to specifically address the topic of women's bodies, looking at the role of social norms and discourses in particular. The writings of Foucault, Butler, Bordo, and Blood intersect, and I will merge and contrast their theories and ideas to form the theoretical basis for my thesis.

CHAPTER TWO

Theorizing the 'Problem' Body

The works of Michel Foucault, Judith Butler, Susan Bordo, and Cynthia Blood are the main theoretical basis for this thesis. Blood and Bordo have been heavily influenced by both Butler and Foucault and interpret their work specifically in reference to body image and the female body (in that order). This chapter will integrate concepts from each theorist to analyze and explore the perceptions the participants have of their bodies over the life-course. I will utilize Foucault's concept of discourse to examine the dominant discourses pertaining to women's bodies, particularly the 'problem' body. Many of Foucault's concepts prominent in *Discipline and Punish,* such as 'management', 'discipline', 'control', and 'docile bodies', will be guiding concepts throughout this project.

Foucault

Foucault's conception of the body as a site of social control is the starting point for my analysis of women's perceptions of their bodies. Looking at the social context of women's bodies is key in taking a comprehensive look at women's perceptions of their bodies over the life-course. In order to analyze how women perceive their bodies and the dominant discourses surrounding women's bodies (specifically those that refer to the 'problem' body), it is critical to theorize how women's bodies are 'controlled', 'disciplined', and 'normalized' within North American culture. How does preoccupation with the body 'normalize', 'discipline', and 'control' the body itself? Also, how do individual women struggle with or resist these discourses of 'problem', thinness, and

body 'control'?

Discourse: The 'Problem' Body

Discourse moves beyond mere words to systems of thought, texts, symbols, and bodies of knowledge. While statements can be produced through and within range of texts, thoughts, and institutions, they are connected by a regularity of their content. Discourses "systematically form the objects of which they speak" (Foucault, 1972:49). They offer competing, multiple, and potentially contradictory ways of understanding the world. It is within discourse that power and knowledge are joined together (Foucault, 1990:100). Language or discourse in its broadest sense, "transmits and produces power; it reinforces it, but also undermines it and exposes it, renders it fragile...", according to Foucault (101). Therefore, "we must not imagine a world of discourse divided between accepted discourse and excluded discourse, or between the dominant and the dominated one; but as a multiplicity of discursive elements that can come into play in various strategies" (100).

At any given time in history, a variety of discourses will be in circulation; those that are used and re-used most frequently become the dominant way of understanding the given issue or related issues. Foucault refers to the fact that knowledge and/or ways of understanding are only one of the roles of discourses. Discourses play a role in the circulation of power through society and they are one of the modes by which power is made manifest. For Foucault power is not a repressive force but inherent in all social relationships and enacted and re-enacted in everyday social practices. Therefore, a discursive analysis will aid in identifying not only the dominant discourses and their role

in everyday social life but also how these given discourses produce and manage social relations of power, not only between individuals, but between an individual and his/her body.

Inherent in the creation of dominant discourses is knowledge, and, as Foucault states, power creates knowledge:

> Power produces knowledge (and not simply by encouraging it because it severs power or by applying it because it is useful);...power and knowledge directly imply one another ...there is no power relation without the correlative constitution of a field of knowledge, not any knowledge that does not presuppose and constitute at the same time power relations

(Foucault 1995:48)

The 'reality' of bodies and the dominant discourses pertaining to women's bodies and how they should be managed and maintained has in many ways been created by a select few. Medical discourse for example, originally theorized and put into practice by primarily white males, has had a mediating influence on our culture's common conceptions of the body. Body image discourse is a good example of how the discourse surrounding a 'medical' concept can become mainstreamed and integrated into the dominant discourse on bodies. Cynthia Blood explores this relationship in her book on body image discourse, on which I will elaborate later in this chapter, and identifies the ways in which body image discourse is incorporated by individual women into their overall perception of their body (2005).

According to Blood, discourses differ in their authority, with dominant discourses appearing natural or commonsensical while reproducing existing power relations (2005:49).

Discourses can be seen as site of production and site of struggle over meanings between dominant and marginalized discourses (135). Within this context, the 'problem' body can be seen as a dominant discourse that influences and interacts with similar discourses, such as body image discourse and dieting discourse. These interrelated areas come together to form an environment in which the dominant discourse or language surrounding the female form is framed as a 'problem'. Within this discourse we are then given a variety of ways we can 'manage', 'control', and 'discipline' the 'problem' body.

'Docile Bodies': The Management and Discipline of the Female Body

In *Discipline and Punish,* Foucault refers to the creation of bodily 'norms'. These bodily 'norms' are produced and maintained through power relations. Foucault's discussion of the disciplined body intertwines with the creation of 'norms' and how certain behaviors and bodies become normalized (1995:184). Discipline, according to Foucault, "produces subjected and practiced bodies, 'docile' bodies" (138). Foucault's concept of bodily 'norms' can be translated to the present context of the relationship between women and their bodies in North American culture, with discourses such as the 'thin ideal' frame, what could be referred to as the 'problem' body, a body that is in constant need of improvement, 'management', and 'control'. This framework allows for an understanding of the mechanisms or practices women use, such as dieting and exercise, to 'control', 'discipline', and 'normalize' the 'problem' body. It is with the framework of the 'problem' body that we can explore not only 'control' and 'management' but also ways in which women resist conforming to the discourse of the 'problem' body. By examining the dominant discourse of the 'problem' body and the

related view of diet and exercise as ways to 'discipline' and 'normalize' the body, we can explore alternative ways of viewing these behaviors. These possible alternative views, which I will explore in Chapter 4, include theorizing body 'management' behaviors such as 'healthy' eating and daily exercise as a positive means of 'management' and 'control'.

Perceiving the body as something that is 'managed' allows for an analysis of the myriad of strategies used in managing the body and how we, as a society, frame this 'management' at different periods of time as either 'healthy' or 'unhealthy', 'good' or 'bad', which varies cross-culturally. As mentioned above, body 'management' and 'control' have been framed as presumably negative forces. For example, the 'thin ideal' or 'perfect' body can be 'achieved', 'disciplined', and 'maintained' through diet and exercise. Diet and exercise are currently understood as fitting into the framework of 'health', and thus being 'health'-conscious is the best way to manage to 'problem' body. I will explore this circularit, with an emphasis on the discourse of how the individual interprets and understands the 'problem' body. I will explore body 'management', focusing on the meanings and associations between different methods of body 'management' and 'control' and how these methods have been framed as either 'good' or 'bad', depending on the context and the dominant discourse of the time. How does the individual understand the dominant discourses of the 'problem' body and related constructs, such as health and dieting, and how do these change over the life-course?

Susan Bordo

> Through the pursuit of an ever-changing, homogenizing elusive ideal of femininity - a pursuit without a terminus, requiring that women constantly attend to minute and often whimsical changes in fashion - female bodies become docile bodies - bodies whose forces and energies are habituated to external regulation, subjection, transformation, "improvement". Through the exacting and normalizing principles of diet, makeup and dress - central organizing principles of time and space in the day of many women - we are rendered less socially oriented and more centripetally focused on self-modification.

(Bordo 1993:166).

Bordo demonstrates the ways in which 'docile' bodies are transformed, disciplined, demarcated, and normalized. Bordo's feminist politics of the body is a critique informed by Foucault's writings. Bordo focuses her analysis on discourses and the resulting normalization of specific behaviors and body management techniques.

Bordo views the body as a metaphor for culture, meaning we can evaluate and understand our culture by observing and studying bodies. While a metaphor for culture, the body is also a direct locus of social control, as it is for Foucault (1989:13). Bordo refers to pathways of modern social control and states that, historically, the normalization and discipline of the female body has to be acknowledged as an amazingly flexible and durable strategy of social control (1989:15, 1993:166). A preoccupation with diet, fat, and slenderness is normal, and such a preoccupation may function as an immensely powerful normalizing mechanism that insures the self-monitoring and self-disciplining of bodily behaviors. These self-monitoring, self-disciplining behaviors produce 'docile bodies' that are sensitive to any departure from social norms and strive towards self-improvement and betterment in the service of these norms (1993: 186). In what ways are women subscribing to the definition of the 'docile body' and in what ways are they

resisting it? What is the role of resistance for the individual?

In "The Body and the Reproduction of Femininity: A Feminist Appropriation of Foucault", Bordo explores what she refers to as the link between female disorder and "normal" feminine practice. Bordo looks at hysteria, agoraphobia, and anorexia and states that in all three "...the sufferer is deeply inscribed with an ideological construction of femininity that is emblematic of the periods in question" (1989:16). Bordo examines how in all three disorders the construction of femininity is an exaggerated and often caricatured presentation of the feminine mystique of the time. What her analysis of the these disorders, particularly her analysis of bulimia and anorexia nervosa, displays is the ways in which disordered bodies are understood in contrast to the 'normal' body and how women's bodies have traditionally been problematized. The 'disordered' body is represented as an extreme response to the social pressures imposed upon women in today's culture. While eating disorders are not the focus of the present project, they are a critical part of the social environment in which the 'problem' body exists.

Bordo also addresses the ideological construction of femininity, the homogenizing and normalizing nature of the construction, insisting that all women aspire to one standardized ideal (1989:16). This ideal, or construction, is in other words the 'norm' of femininity. Bordo is also heavily influenced by Judith Butler and elaborates on Butler's performative approach, stating, "...the performative approach is enormously insightful as a framework for exploring the ongoing, interactive, imitative processes by means of which the self, gender and their illusions of authenticity are constructed" (1993:290). Butler's approach to gender, and in particular her notion of 'performativity', theoretically demonstrates the constructions of 'norms' that appear to create a concrete gender and

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similarly concrete gender 'norms'.

Judith Butler

The concept 'performativity' can be used as a tool for understanding the gendered nature of women's perceptions of their bodies and the ways the 'norms' pertaining to bodies are constructed for women and men. I will use 'performativity' to explore how gender is 'performed' in reference to and through the available and prominent discourses surrounding the body. While Butler applies her theory of 'performativity' to the performance of gender, this concept can be lent to the performance of the dominant gendered body 'norms'.

Gender, according to Butler, is not a stable identity; it is an identity that is constituted in time through a stylized repetition of acts (1999:191). Butler states, "...a sedimentation of gender norms produces the peculiar phenomenon of a 'natural' sex or 'real woman'..." (1999:191). Given popular accounts and the current dominant literature on women's bodies, one could argue that to 'perform' femininity would require one to acquire to certain methods of bodily 'restraint' and 'management'. This leads to questioning to what extent is the 'problem' body an integral part of the performance of gender? Are women shaping their gendered performance and their bodies to fit this dominant 'norm'? And how is the discourse of the 'problem' body influencing these 'performances'?

According to Butler, the fact that "...the gendered body is performative suggests that it has no ontological status apart from various acts which constitutes its reality" (1999: 185). This refers to the illusion of gender and the illusion of one 'norm'. The

illusory nature of gender is what is to be explored. While the existence of truth in reference to gender can be understood as an illusion, this reference to an illusion translates well to the concept of bodily 'norms'. No matter how concrete the 'norms' pertaining to women's bodies appear, they are simply 'norms' that have come to be understood as a reality or truth. By deconstructing the presumed existence of these 'norms' we leave open the possibility of alternative understandings and of the dominance of alternative 'norms'. By questioning the dominance of gendered 'norms', we begin to see how such a shift in understanding could change social relations and behaviors that are presumed to be 'natural' or 'normal'. What is 'natural' and what is constructed and the difference between the two begins to get blurred.

In reference to the production of truths and 'norms', Butler states, " If the inner truth of gender is a fabrication and if true gender is a fantasy instituted and inscribed on the surface of bodies, then it seems that genders can be neither true nor false, but are only produced as the truth effects of a discourse of primary and stable identity" (1999:186). This brings forth construction and the meanings of discourse. Through their very construction we reproduce the dominant discourses. In understanding gender as a possible fabrication, we tear apart our understanding of all the dominant discourses that are centered on gender and specific gendered performances.

Butler states in *Bodies that Matter,* that bodies tend to indicate a world beyond themselves, and this movement beyond their own boundaries and boundary itself are central to what bodies are (1993:*ix).* In questioning our central understanding of the body, Butler questions the construction of the body itself. Butler states, "thinking the body as constructed demands a rethinking of the meaning of construction itself" (1993:*xi).*

Therefore, understanding construction as constitutive does not mean we cannot question how these constraints produce bodies. This emphasizes the importance of questioning the dominant 'norms' and discourses, how imbedded they are in our understanding of the subject itself, the body.

The concept of 'performativity' highlights the role of gender within dominant discourses such as the 'problem' body. The 'problem' body arguably is understood as a decidedly 'female' trait. It is predominantly women who are characterized as forever dissatisfied with their body shape and appearance (Bordo, 1989). The dominance of the discourse surrounding the 'problem' body, particularly the female 'problem' body, therefore reaffirms the gendered nature of the concept. The 'performance' of body dissatisfaction is one way of re-enforcing one's femininity and 'performing' gender. A 'real' woman, diets, exercises, criticizes her body, and strives to attain the 'thin ideal'. While this is a simplification, the concept of 'performance' lends itself to the analysis of gender norms and the prescribed bodily 'norms' that are intertwined with gender norms.

Sylvia Blood: Body Image

Sylvia Blood analyses the power of body image discourse in her book *Body Work: The Construction of Women's Body Image* (2005). Body image discourse, according to Blood's analysis, provides a model with which to analyze the range of discourses that relate the 'problematization' of the female body, and it also provides a framework with which to examine the dominant role of body image discourse in women's individual body perceptions.

According to Blood, body image discourse supplies a troubling narrative and vocabulary by which women understand themselves and other women as having a psychological problem of body image dissatisfaction. Blood refers to the fact that experimental psychology's theories about body image provide a scientific explanation for women's bodily distress and concern,and this explanation has become accepted as 'truth' (2005:1). Blood exposes many of the fallacies about women's bodies that form the basis of experimental psychology's body image research (3). Blood is critical of the general concept of body image, stating that within experimental psychology's body image research, "...a woman's body is viewed as a biological object separate from the individual who perceives her body" (2). The researchers assume that a woman should be able to perceive her own body in the same way she may perceive an inanimate object, such as a table. According to Blood, body image researchers assert that women's body dissatisfaction and unhappiness about their bodies is caused by either a perceptual problem (women do not see their bodies 'as they really are') or flaws in the way women feel and think (women have distorted beliefs or unrealistic expectations of how their bodies should look) (2). Either way, it is the women's fault they are unhappy and dissatisfied with their bodies. There is no analysis of the cultural environment in which these feelings and perceptions take place.

In her analysis, Blood employs Foucault's concept of discourses to explore how that of body image has become the dominant discourse in reference to women's bodies and the effect this has on women and how they view their own bodies.

Body image discourse is only one of the range of systems of meaning, representation and power relations in which women's bodies are enmeshed. However the notion of 'body image' and explanation of 'body image dissatisfaction/disturbance' is becoming one of the central discursive resources currently available to women and girls for making sense of their complex experiences of their bodies. Body image discourse/knowledge now mediates many women's self-understandings, actively constructing the cultural meanings we give to food, eating and body size/shape.

(Blood, 2005:51).

Blood states, "Through daily practices, bodies become 'docile' bodies subject to external regulation, to modes of transformation, self-surveillance and improvement". According to Blood, 'modern power' normalizes and produces bodies in ways that serve the current social relations of subordination and dominance (2005:50). Therefore, body image discourse is understood as a form of 'modern' power that normalizes or produces 'docile' bodies. Body image discourse in this context not only produces body 'management' behaviors, but it provides a discourse that creates an environment in which the individual is encouraged to control and discipline his/her body, while at the same time being aware of the fact that within the same discourse these behaviors are deemed 'problematic'.

Blood refers specifically to experimental psychology and the medicalization of body image discourse. Body image is presented to women as something all women have that can be identified and measured scientifically and as something that they should be thinking about (2005:2). Without concentrating on the potential flaws or complexities of the 'scientific' measures of body image, what Blood's analysis bring to light is how powerful and influential the discourse of body image currently is and the potential harmful effects of this discourse. In including a range of women's voices, Blood explores

the ways women interpret body image and particularly body image discourse.

Concluding Remarks

Foucault's concept of discourse provides a guiding theoretical tool to examine women's perceptions of their bodies over the life-course. Susan Bordo's use of Foucault's concepts of 'discipline' and 'control' provide an example of how Foucault's work can be applied to women's body perceptions. Judith Butler's concept of 'performativity' is critical in analyzing the ways in which femininity and gender can be 'performed' through the use of body 'management' behaviors such as diet and exercise. Finally, Sylvia Blood's critical account of body image discourse provides an analysis of one the most influential discourses related to body perception.

In surveying the work of Foucault, Bordo, Butler, and Blood, what emerges as being most critical in their analyses is the importance of questioning, examining, and re-thinking 'norms' and dominant ways of thinking. Each of these four authors is separately useful to the present project, but together they form a framework for analyzing a range of narratives and concepts. Many of the theories presented appear to be quite circular, which is quite suitable for the project of exploring women's perceptions of their bodies over the life-course using life-history interviews. The circularity and complexity of the theoretical arguments help capture the complexity and richness of the wide-ranging narratives. The 'problem' body will be the main theoretical focus in the analysis, with particular emphasis on how the individual perceives and relates to the discourses surrounding and related to the 'problem' body.

In the following chapter I will provide a detailed account of my methodology, including a summary of my sample, procedure, coding and analysis, life-history methodology, and methodological boundaries.

CHAPTER THREE

Methodology

There is a commonly held belief that women often share critical comments about their bodies such as, 'I'm so fat', 'No, I'm fatter'. There is the stereotype of women getting together over lunch and discussing their diets or lack of diet and subsequent weight gain. When it came to recruiting participants, most of the women were quite excited to talk about their bodies, with only a couple stating that they were uncomfortable with the topic. While body perceptions are something that many women are comfortable talking about and talk about with their friends or family on a daily basis, it remains a personal and 'touchy' subject at the same time. While women often talk about their bodies, it is commonly understood that when talking about weight and appearance, in particular, one has to be careful about what ones says and how one says it. It is with this sensitivity in mind that I approached the interviews.

In this chapter I will provide a methodological overview of my research project. I will begin by providing a summary of my sample. This will be followed by an overview of my procedure. I will then provide a section on coding and analysis, including an overview of the issue of objectivity and the obstacles faced in tackling the topic of body perceptions. This will be followed by a summary of the life-history methodology and, finally, a section on the methodological boundaries of this project.

Sample

For the current project, I interviewed twenty women between the ages of 22 and 59. The age range was rather arbitrary; I wanted to include a wide range of experiences

and ages while still having a cluster of women in each age group. The participants were contacted through a snowball sampling technique with help from acquaintances, family, and friends. Women that I knew and the women that I interviewed were asked if they knew women who would be interested in taking part in an interview. There were no specifications that the participants needed to meet other than that they approximately fit into the age range of being between 20 and 60 years of age and felt comfortable discussing their perceptions of their bodies.

The sample included approximately five women in each of the four age categories, twenties, thirties, forties, and fifties. No measures were taken of the participants' weight nor were any related body measures, such as BMI, taken. All of the participants lived in and around the Montreal area, with several of the women living off island and commuting daily into the city center. The women were predominantly Caucasian, only a few of the participants would not fit this description, and came from a variety of social backgrounds and held a variety of employments. Several of the women worked in elementary schools in jobs such as lunch monitor, teacher, cafeteria worker, and integration aid. Other employments included interior designer, secretary, receptionist, manager, social worker, sales representative, shoe designer, client care representative, dental assistant, student, and retiree. All of the women in their twenties and one in her thirties were single. Half the participants were married, with three participants being divorced and one widowed. Eleven of the women had children.

While I did not specifically recruit women with eating disorders, I had planned to include women with self-diagnosed or medically diagnosed eating disorders if the situation presented itself. None of the participants reported having been diagnosed with

an eating disorder, and one shared her experiences with battling a self-diagnosed eating disorder.

Procedure

I chose a life-history interview method, using a semi-structured interview guide format (sample included in Appendix A). I chose the open-ended nature of the interviews to allow participants to determine the direction of the interview and to identify key concepts. The questions were focused on body perceptions over the life-course, including questions about periods ranging from childhood to the present time.

I conducted the interviews between May and September 2007. Before each interview began, the objectives and nature of the interview was re-explained (I had initially explained over the phone the topic and approximate length of the interview when arranging the meeting). I informed the respondents of their complete confidentiality and assured them that their names would be changed along with any identifying characteristics.

The majority of the interviews took place in the homes of the participants. Most of the participants chose this option because it meant that they did not have to go out of their way and that they were in a comfortable environment for the interview. One of the interviews was conducted at my apartment and several at the workplaces of the participants. The women I interviewed at their workplace chose this option because it was convenient, since they commuted quite a distance to work. I met two of the women in public, near their places of work. What was critical was that regardless of where the interview took place, that the participant felt comfortable talking openly.

I conducted all of the interviews and made notes of the physical descriptions of the participants at the time of the interviews. The interviews lasted between 25 and 60 minutes and on average lasted approximately 40 minutes. I tape recorded the interview, which were each conducted during one session.

All of the interviews took place in the spring/summer, and the majority took place in July, when we have our warmest weather in Montreal. Many of the women expressed some distress about wearing bathing suits in public and wearing summer clothes, such as tank tops. There was a dialogue of needing to 'drop a few' before going on vacation and wearing a bathing suit on the beach, while for others there was a complete avoidance of wearing a bathing suit. Therefore, while this does not really emerge in the Findings and Analysis section, this demonstrates the influence of the season on body perceptions.

Coding and Analysis

I transcribed the interviews after conducting them. I coded them looking for recurring themes, patterns, and categories. I grouped the data according to themes and reanalyzed and reviewed grouping relevant terms and voices together. For example, I grouped together all of the references to childhood. These groupings allowed me to review all of the relevant categories and life events that emerged from the interviews. I chose this approach of looking at the transcriptions, coding the transcriptions, and seeing patterns emerge because it allowed me to give voice to individual women while at the same time think about the broader patterns among them.

What emerged in transcribing, coding, and reviewing the interviews were three ideal types of women, what I refer to as composites. These typologies or composites

represent three groups, the "butterflies", the "yo-yos", and the "holistics". The three groups emerged in reference to the overall themes of the interviews. In the first typology, the "butterflies", the women focused their life stories on what they identified as a significant positive change in their overall perception of their bodies. In the second typology, the "yo-yos", the women focused their narratives on their overall body dissatisfaction and identifying areas or aspects of their bodies of which they were critical. In the third and last group, the "holistics", the narratives were of overall body satisfaction and appreciation. This approach of creating three typologies, allows for an analysis at the individual level as well as analytical comparison with the groups and between the groups.

In analyzing and interpreting the interviews, I struggled with the language of the 'problem' body and the assumptions and preconceived notions I held about women's bodies. How do I represent these women and analyze their voices objectively when I am part of the cycle that produces and reproduces societal norms about bodies? Is this possible when one is completely immersed in the topic one is addressing?

Societal perceptions and notions about the body are so inherent in everyday life, they are often invisible and go unnoticed. Judgment and encouragement about weight, eating or appearance are exchanged on a daily basis in the home, at work, and when out with friends. In writing this thesis and conducting these interviews, I tried to be as objective and open as possible. While striving for objectivity I recognize the impossibility of this goal. Being so immersed in the cultural meanings of bodies I can only aim to present the voices of these women and provide context and analysis with the aid of theory. Therefore, in my quest for objectivity, I have come to question the concept of objectivity in all research, particularly in research such as my own that is personal and

relies on concepts and constructs that are immersed in value judgments and norms.

According to Cole and Knowles, a researcher's objectivity will always be in question: "any research project is an expression of elements of a researcher's life" (2001:10). Ellingson's article on the inclusion of the researcher's voice in qualitative health research articles is a good example of how critical the inclusion of the researcher's voice can be. As a cancer survivor interviewing cancer patients, Ellingson believes the separation of her personal experience from her research would limit the understanding for herself, the research participants, and the reader (2006). She discusses the significance of incorporating her own body into her research as a site of knowledge production.

It is important for me to note the potential role I as a researcher play in the interviews and the direction that they take. I began my interest on the topic of women's bodies and body perceptions during my undergraduate studies and wrote my honors thesis on disordered eating behaviors in adolescent girls. At the time, there was a strong focus on eating disorders in the media and in the literature on young women. I decided to focus on 'disordered' eating behaviors due to a lack of focus on the range of such behaviors that young women commonly displayed. I saw a need to explore the everyday 'disordered' behaviors in which young women took part and the related range of societal and social influences. While researching disordered eating, I became increasingly interested in women who are not 'disordered' and how the social context of the 'problem' body and body dissatisfaction affected them as individuals. What was interesting to note was that, as I made this change in my research direction, there was an apparent change in the media with increasing focus in the last two years in popular media on body image and 'disordered' eating in women of all shapes and size.

With my knowledge of the topics of body image, body satisfaction, and eating disorders, I continued, and to this day continue, to at times be critical of my own body. As someone who studies the topic, I often feel as though I should 'know better' than to be critical of my body. It is at these times that I am reminded that it is a strength that I understand just how complex a woman's relationship to her body is. How is it that one day I can wake up and feel great, while the next day I feel down? How is it that little comments or criticism can make or break my day? These everyday experiences, no matter how big or small, make up the fabric that is a woman's perception of her body, and many of the participants reflected on similar feelings and experiences in their discussion of their bodies.

In relation to the participants in this study, one point I wanted to note was the role I played as a researcher. As a woman in her mid-twenties with a slender body frame, I think it is important to note the potential role of the appearance of the researcher. Several of the women in their 40s and 50s commented specifically on my body. One woman who had injured her leg the night before the interview playing softball made reference to the fact that her body was no longer like mine and that she had to learn new limits for her changing body. Another woman who was in her 50s made several references to how young and beautiful I was and that she used to have a body like mine. My body was used as a reference point for many of the women, with several of them stating that they either used to have a body similar to mine or never had a body similar to mine. Susan Bordo addresses a similar issue in her book, stating that as female professor teaching body image she initially felt guilty when she lost a significant amount of weight for what she described as health reasons. Some criticized her actions were criticized as being

inconsistent with and hypocritical to the messages she conveys as a critical feminist. Bordo responded to this by stating, "Feminist cultural criticism is not a blueprint for the conduct of personal life (or political action, for that matter) and does not empower (or require) individuals to 'rise above' their culture or to become martyrs to feminist ideals" (1993:30). It is necessary to think about our role and influence in the research process, but this can be done without being critical of one's own self and actions. I, like Susan Bordo and many of the individuals interested in women's body issues, have to expect and allow for such interactions. It is a reality and to be expected that how one looks as a researcher will come to be noticed and included in the data when conducting open-ended interviews, especially when discussing appearances and bodies with women.

In recognizing the importance of my voice in this project, I must also recognize the struggle inherent in taking on a research topic in which I and everyone is so immersed. As stated above, while I have made significant attempts to not reify bodily norms, it was extremely difficult and may have in some instances been unavoidable.

Life-History Interviews

It is with the aim of giving voice to a range of life experiences that this research took a life-history approach. I chose life-history interviews to further explore the experiences and life events that make the complex web that is a woman's perception of her body. As previously mentioned, there is a lack of research on the experiences of women over the life-course as well as a lack of qualitative research on women's bodily perception.

I saw it as essential to include women of varying ages and to use a method that

would allow for the inclusion of the richness of their many experiences and life events. Including women between the ages of 20 and 60 provides a range of experiences over different time frames, which allows for a comparison of experiences, such as adolescence, over a period of 40 years. It also allows for comparison of similarities and differences between women of varying ages in present time.

I chose the method I was to employ in the proposed project, life-history interviews, for a variety of reasons. Body perceptions over the life-course, as previously mentioned, is a broad topic and life-history interviews allow for the stories and experiences of the participants to be told with all of their complexity and detail. Given that body perceptions, body image, and associated concepts are decidedly 'fluid' and change from day to day and year to year, a life-history approach seemed most appropriate to capture the range of experiences and perceptions.

Engel and Munger state that "individual life stories weave in and out of the fabric of public events and social history" (1996:8). The individual is part of this social fabric and his/her stories and experiences are contexualized within this fabric. A life-history approach is concerned with honoring the complexity and uniqueness of individuals' experiences while placing the narrative account and the interpretation within a broader context (Cole and Knowles, 2001:20). While interested in individual experiences, I am also interested in how these behaviors are part of our culture and experience as a group. According to Cole and Knowles, life-histories have the ability to go beyond the individual and place an individual's story within a broader context and create contextual meaning. The individual is seen as a window into broader societal and social conditions. As Cole and Knowles state, "to understand some of the complexities, complications, and

confusions within the life of just one member of a community is to gain insights into the collective" (2001:11). The aim is to further understanding by not only including voices, which is becoming increasingly common in literature on women's bodies, but to include voices that represent a range of experiences and stories.

Thompson conducted life-history interviews with 18 white, Latina, and African American women focusing on eating problems such as anorexia, bulimia, and bingeing. Thompson utilized life-history interviews in combination with questionnaires to explore how eating problems begin as a way of coping with specific life traumas. The life-history approach in this case was the best tool to explore eating problems and the life-experiences that both preceded and followed the onset of eating problems (1992).

In her research on Mormon women, Beaman states, "...the life history approach encourages the participant to identify the continuum of events in her life" (2001). This is an important point in relation to a woman's perception of her body. The concept of a continuum of life events emphasizes an ongoing process. While a woman's relationship to and perceptions of her body may change drastically over the course of her life, all her experiences are related on what could be seen as the continuum of her life experiences. Such an approach allows us to see how a woman's perception of her body and her behaviors have changed or remained the same throughout her life. For example, while a woman may currently have a relatively healthy perception of her body, this may not have always been the case. A life-history approach can identify whether there were any specific events in a woman's past that she identifies as particularly important in the development of her current perceptions of her body. Flexibility is a critical component in life-history research, and Beaman identifies a need for flexibility within categories of

analysis. This flexibility allows for the inclusion of shifts in practices and beliefs in the case of Mormon women and similarly a shift or change in body management techniques in the present project (2001:71).

According to Cole and Knowles, life-history is not about reducing lived experience in order to portray one specific meaning or truth; it is an interpretive process, which is a representation of human experiences. The readers are included in such a text in that they are allowed to interpret the text and give the text meaning through their reading (2001). The interpretive, open, and descriptive nature of life-history interviews allows for the inclusion of a range of narratives and experiences. This includes a range in individuals, but also a range of experiences over the course of one individual's life. Life-history allows not only for the voices of the participants to be heard, but for their voices to placed within a broader social context. This broader social context can then be further understood through the interpretation of these voices. The inclusion a wide range of voices gives us a deeper understanding of the social environment in which these voices are immersed.

Methodological Boundaries

Given the snowball sampling method, there were no specifications that the participants had to meet other than being between the approximate ages of 20 and 60. I asked no questions pertaining to race, ethnicity, sexual preferences, or income, and any references to these were made by the participants themselves in the interview. I omitted these questions for a number of reasons, including the fact that this project is exploratory and is not aimed at finding differences based on measures such as income and race and

also because the life-history method allows for the participants to mention these factors if they deem it necessary.

Two factors that stood out within the group of women in reference to appearance was that the women interviewed were predominantly 'average'-sized or thin, and the majority reported high rates of physical activity. While there were no questions pertaining to the weight or the body size of the participants, the twenty women interviewed for this project were fitter and thinner than the average, given that approximately two-thirds of the Canadian population is overweight or obese (Tjepkema, 2005). The majority of the women put a high value on exercise and physical activity and a number of them took part in weekly sports activities and groups. The difference between the sample's body size and the statistics could have several possible explanations. One is that the women all lived in or around the city of Montreal, known as the fashion capital of Canada, and this could have an influence on the standard of beauty for women in the study. More likely though, is the fact that the women who took part in this study were informed of the topic of the interview beforehand, and, therefore, there may have been a tendency for women who were at the time 'battling' with a weight problem and or an eating disorder or who were overweight to not volunteer to take part in the study. Given the voluntary nature of the study I can assume that the sample represents women who are at least minimally comfortable talking about their bodies.

The sample is not representative of women between the ages of 20 and 60. Given the method, this was clearly not the aim of the project. The aim was to represent a variety of voices and experiences in reference to bodily perceptions. This project is exploratory and presents a number of specific areas, such as ageing, that should be further explored

using a similar method, including a large age range.

Concluding Remarks

As stated above, life-history interviews allow for a greater understanding of the individual, as well as the society in which he/she lives. In conducting the interviews with women of varying ages, what emerged as a critical variable was the question of objectivity. In recognizing and including my voice in this project, I am avoiding a position or argument of objectivity due to the contested issue of objectivity in any research project.

In the following chapter, I will communicate my findings and analysis. I will present three ideological types or women in three sections, the "butterflies", the "yo-yos", and the "holistics". These groups are based on the focus of the narratives of the women. Three core themes that I will explore within these groups are the 'problem' body, ageing, and health.

CHAPTER FOUR

Findings and Analysis: "Butterflies", "Yo-yos", and "Holistics"

Women today are bombarded with messages about who they should be, how they should act, and how they should look. Among those messages are the 'thin ideal', the 'problem' body, and an emphasis on health and the 'healthy' body. How these messages are understood and interpreted depends greatly on the individual. There is an interesting layering of discourses and messages women take on as being important, and they are incorporated into their lives in a variety of ways. There is an intricate web of life experiences and overall life-approach that plays an important part in this layering. In observing this layering, three ideal typical women emerged, the "butterflies", the "yo-yos", and the "holistics". These three typologies are composites, and I will follow these composites with three sections, one pertaining to each typology, with each of the sections consisting of quotations from the women who resemble these typologies. Within each of these sections I will analyze and explore the life-stories of the participants, linking their experiences together and identifying critical differences in how the women perceive and understand their bodies, with specific reference to the 'problem' body.

Typologies

The composites below are generalizations of the three typologies, the "butterflies", the "yo-yos", and the "holistics" (presented in that order) and do not represent any one woman. These composites offer an analytical strategy for making sense of the life experiences of the participants.

Hillary is a 52-year-old mother of 3 teenagers who lives in suburban house with her children. She is single, having divorced 5 years ago. Her house is alive with her kids coming in and out, asking to borrow the car or running for the phone. Hillary immediately began telling a narrative of change. She described her current relationship with her body as comfortable and great and contrasted this with how she felt 5 years before. She credits her divorce and becoming a single mom as being a catalyst to change everything that was "wrong" in her life. After hitting what she referred to as "rock bottom", she realized that for the sake of her kids she had to make herself a priority. At the time of her divorce, she was, in her own words, overweight, insecure, and powerless. Her failing marriage and the resulting insecurities had led to emotional eating and diminished self-esteem. It was at this time Hillary decided to change. She started running, going to the gym, and she started to prepare healthy, well-balanced meals for herself and her children. Hillary, now a beaming woman who is proud and enthusiastic, describes herself as finally at a place where she can be happy about her body and happy about her life.

Justine is 45, has one daughter, and lives with her husband in a warm semi-detached home. The day of the interview she was in the process of renovating her kitchen and was wearing painting clothes and still had dust in her hair. Justine is quite slender and looks like she is quite thin, even in her oversized painting clothes. Justine immediately described her relationship with her body as a struggle. As a girl she had been overweight, and she still remembers the teasing from the kids at school and comments that had been made by relatives and neighbors. She has been a 'yo-yo' dieter since she was in her early teens, starting her first diet after being teased by one of her male cousins.

Justine's weight has fluctuated up and down her whole life, depending on whether she is dieting or in between diets, and she finds this difficult. Having tried almost every diet, Justine remains unsure of whether or not they really work, but she is planning to start a new diet plan soon because she feels as though she needs to lose some more weight. She thinks she is too fat at the moment and needs to lose some weight from her waist in particular. She is also struggling with getting wrinkles and dislikes many of the changes her body has gone through since she was teenager.

Nicole is 27, lives at home with her parents, and works as a sales clerk. I met Nicole in her home on a warm summer day. As soon as the interview starts, Nicole refers to the fact that her body means everything to her and that she appreciates her body everyday. Nicole credits being raised by parents who encouraged self-confidence and were never critical of her weight or size as a major factor in her being a confident woman. Nicole stated that while she is surrounded by a culture that is incredibly critical of the female body and at times sees herself falling into a critical mindset, she is able to remind herself of the importance of being confident and not being controlled by what she sees in magazines or on TV. Nicole loves exercising and taking part in sports and loves the feeling of having accomplished something using her physical abilities such as playing a game of basketball. Overall, she says she loves her body, and she would not have it any other way. While she may not be the thinnest or prettiest, she says, she is comfortable in her own skin and thinks confidence is the key in feeling and looking your best. She does not like to focus on the negative, because it is easy in our culture to do so, and she hopes she can continue to be active and maintain a balanced lifestyle.

Butterflies

It has just taken me years to accept that this is the body that I have and to be comfortable with it and happy with it. To like what I see in the mirror. –Pamela, 51

"Hillary" represents a group of women who focused their interviews on a specific change in their approach to their body. I have named this group the "butterflies" due to the metamorphosis its members have undergone at one point in their life in reference to their bodily approach. Each of the "butterflies" identified her current perception of her body as being preferable and "healthier" than her previous approach, whether it be that she was overweight, partaking in unhealthy dieting behaviors, and/or simply struggling with negative body image. It is this recognition in these women of having achieved what they deem to be a more positive overall body perception that represents the term "butterfly". In making this metamorphosis and change in their overall body perception, they have emerged in their own eyes as a more confident and satisfied woman.

What the women in this group have in common is that they each identified a critical moment or period of time in their life in which they transformed their negative or unhealthy approach to their body and made a change for what they perceive to be the better. These changes range from losing weight to overcoming disordered eating behavior. The themes that emerged from the interviews with the "butterflies" were the 'problematization' of their bodies and the resulting change in approach and body acceptance.

Like "Hillary", the "butterflies" have made a switch and stated in one way or another that they have reached a place of relative body acceptance or satisfaction.

(On being satisfied with her body) ...*it took me a long time to get there, a lot of work. I guess when you hear a lot of negative it just makes you believe the bad; they are saying it because it is true. So when you hear the reverse, you are like, 'no'. From negative to positive is a big change. So for me to sit here now and tell you I am satisfied that is really, really big. But to this day, I still have that fear of being overweight. I think I will always have that fear, but to look at myself in a mirror or whatever, I am finally happy with where I am.*

-Marian, 35

It has just taken me years to accept that this is the body that I have and to be comfortable with it and happy with it. To like what I see in the mirror. It has taken a long time to get there, but I am not going to be a little model or size 6, you know. You stop beating yourself up and say, no matter how hard I try I am just not going to be that person and to be happy with that, and it has been a big weight to be lifted off pounds wise and like, 'oh', you know what, looking around, 'not bad'.

-Pamela, 51

I would say in my mid- to late-twenties and my 30s I started to get an acceptance of it and not looking at it as a struggle that I am going to fight with my body to get it to what I want it to look like, or whatever, and I try to look at the positive...

-Rachel, 34

The words "finally happy" and "acceptance" were the theme for this group. There was a dialogue of body acceptance, love, and comfort. This dialogue was contrasted with the experiences that led to this body acceptance. For the "butterflies", it was a long road to self-acceptance, one paved with disordered eating, parental teasing, weight gain, and low self-esteem. Before the "butterflies" were able to change, they had to recognize that there was a 'problem' with their approach to and perception of their body.

The 'Problem' Body

If you feel lousy you look lousy. –Pamela, 51

Within the dialogue of the "butterflies", there was an underlying discourse of the 'problem' body. The discourse of the 'problem' body was evident in their past

experiences that led to them making a change. There was a dialogue of unhappiness, dissatisfaction, and frustration.

I was 28 when I had my first, and my youngest is 13, so I was 37 or 38 when I had her, which I thought was old. Not now obviously, but back then, and that was hard. That was really hard. The other 2 were a bit better, but after I had my last child, oohh, I found that really rough, and then we divorced when she was 3, so I was already starting, it was starting to slide. Before that and I probably didn't, I recognized it but I didn't want to recognize it when I was married. Like it just, like one day it turned into the next, turned into a month, turns into a year but then when everything fell apart it really started to like, 'oh man, I hate this', but I didn't want to do anything about it... Mostly my weight, and my face, just everything just felt so gray. There was no color, there was no spark anymore, which was from the inside, but it was definitely affecting the outside. If you feel lousy you look lousy; sorry, they do go together. So that was definitely, for sure, oh, wow. It is so hard to put myself back in those times and go really, I cannot recognize that person! You have no idea! It is like a whole other person, wow, creepy.
-Pamela, 51

As a child, I guess I was considered chunky or whatever; I was probably not that overweight, but it was always an issue. And as I hit puberty I guess that's when everyone is looking at you, 'oh you have such a pretty face but too bad you are, you know, chubby or whatever it is'. And then it became by the mid-teens it was 'oh you have to do something'. So I was constantly being put on a diet. By the time I was 15 years old I had this doctor put me on 500 calories a day for I think a week or 2 at a time, and then the next week or 2 I had only liquids, and at the same time I was put on amphetamines. So this was doctor-sanctioned. I was being followed by a doctor... After that I was always being sent to Weight Watchers with my mom's older friends and whatever, and I was still a teenager, and then I would come back and gain it all back, and it was back and forth and back and forth, and it was a disaster.
-Charlotte, 54

The "butterflies" shared narratives of pain and framed their current selves as a contradiction to their former selves. Pamela stated, "I cannot recognize that person; you have no idea". There was a distance between the women I was interviewing and their selves from before; there was a sense of disbelief that they had once had such low self-esteem, been overweight or been on such restrictive diets. For Pamela, it was a disbelief that she had ever felt that low and let her body go. For Charlotte, it was a disbelief of

what others and she had put her body through. This distance was powerful and displayed the switch that had been made, that those experiences were part of their life-story, but part of their past. These experiences were reminders of how they once felt about their bodies and how others had made them feel.

For the "butterflies", the body was a 'problem' for a range of reasons. For some, how they were treating or 'managing' their 'problem' body was a problem in itself. Their body 'management' techniques could be classified as a problem due to their own recognition of a need to transform and change these techniques or behaviors. It was these 'management' behaviors and/or a complete lack of body 'management' that led these women reach what Charlotte referred to as a "breaking point".

I think after my second child, this is where I started exercising like crazy. So this is where I think I got my eating disorder. Because I consider myself as a teenager a compulsive overeater, which I only realized as an adult, at this point I am talking about now. But you know, it came back after the children when I started exercising like crazy. I would come home, and I would eat half a container of ice cream, and so that was my bingeing and purging. I didn't throw up; I exercised, and I was exercising everyday at the gym even though I had 2 young children, and I was walking and walking. I walked all the time, all the time, all the time, on top of going to the gym everyday. But then that's where I became a compulsive overeater again. Like it was just, you know, bingeing and purging with the exercise, and that's what I did for a while, and then I had terrible mood swings and everything, and it was all to do with food... I had a breaking point where I realized I really had an issue because here the kids need my attention, and here I am stuffing my face with cookies and getting cranky and being irrational. And I heard about Overeaters Anonymous at this time, and I went for 5 years, and I feel like, since then, I don't continue to go, but I do feel I had to learn to accept the way I am, and I don't feel like I am a compulsive overeater anymore. But I probably gained weight after because, as I said, now I am going to eat like a normal person. If I feel like having dessert and its good as long as I don't over do it, and I think I have a much healthier relationship with food.
                                                    -Charlotte, 54

I would say over the last few years I have not spent any time taking care of myself. I gained weight over a 3-year period of time and then I guess to some degree my sister passing away and having been very obese. Although that wasn't in of itself the only reason. But I guess my mother being placed into long-term care. I have been her care

giver, I have been my brother's care giver, and I have been doing that for consecutive years. So there wasn't really any time that was left for me. It was kind of me care giving. So when my mother was institutionalized at the end of November. After my sister had passed away. After I was exhausted and I wanted to regain my strength, and so it was really mostly to have more to give because the well was dry and I had no energy... I think now is the time, and I was turning 45, so it was multiple kind of causes. And at 45 I went on the treadmill for the first time in my life, and I haven't looked back. I am just looking forward. So I think it was a cumulative effect. It was just before the holidays because I figured if there was ever a time to challenge yourself it was now, and that is what I did.
-Sandra, 45

I think a lot of it was the fact that I got divorced 10 years ago. That was huge. That was also the extra weight I lost. Feeling absolutely miserable and thinking I can't go on like this. A big force for me was the kids. I cannot have them see me like this, I just can't. So walking around with big sweatpants with the elastics waist, I thought I can't do this anymore. So getting back in the job market, all those things that have changed. Living on my own. Taking care of stuff. It was like yeah, now you got to go. It was like, you left the body for the very end, eh. You will do all the rest, and we will get to the body later. Finally, about 5 years later, okay, alright, now it is time to focus the energy on me, and I am putting myself first, which is UN-BELI-VA-BLE for me!
-Pamela, 51

These "breaking points" and "turning points" are critical because they illuminate the fact that each of the women in this group felt that something was wrong with how she was treating and 'managing' her body. These narratives identify knowledge of the 'problem' and an ability to change 'unhealthy' or 'problematic' bodily behaviors. While the narratives above of Charlotte, Sandra, and Marian are very different, they each refer to a 'problem' that needed to be changed. There was an awareness of the fact that these behaviors and feelings were not 'healthy', both physically and mentally. They became aware of the fact that after years or even a lifetime taking care of others, they also had to take care of themselves, and that includes their body. This process of "metamorphosis" and major life change did not happen overnight, but the recognition that what they felt was a 'problem' was a turning point in this metamorphosis towards body satisfaction.

The "butterflies" each identified in their own way how the discourse of the

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'problem' body and their 'problematic' relationship with their body was inhibiting their lives and that in order to improve them they would have to make a change in their approach to their body. Making this change after reaching a breaking point meant for many of the women coming to terms with how significant others in their lives had treated them.

It is something that is always going to play on my mind. Not because I want to change myself as a person. It is just as I said. When you hear so much negative for so long, when you do look in the mirror, even now even though I am satisfied with what I am, there are days where the negative will overtake you, it will bring me back.
-Marian, 35

...I was meeting a therapist. He absolutely hit it on the head; boy did he hit it on the head. He said it's like the carrot for the horse. They are going to dangle it in front of you. They are going to constantly dangle it. People will because they want the old Pamela back, and she is not coming back, and people have a hard time. 'Oh, you are different'. So you have to kind of 'no, that's not me anymore; I don't want to talk about what happened twelve years ago, twenty; it is over!!,' and they say, 'oh'. Like my ex-husband constantly wants to drag me back, and my dad constantly, every time I go there, 'you know Pamela you got to dye your hair; you look 10 years younger'. That's the conversation we have every time I go, and I'm like, 'oh, dad!, I like this look now. This fits me I don't want to do that', 'but you look 10 years younger!', 'I don't want to look 10 years younger!', 'yeah, yeah, yeah', 'no!', 'You lost a lot of weight but the hair you have got to change your hair'. Why? It is a vicious cycle. Once I start that I am dying every two weeks. I did that years ago. I don't want to do that anymore. I started going gray when I was like 15, but this is what I like. I keep it short, I love it!! And more people than not say, 'Wow, that looks really good. You know you can really wear that'. I am like it's just me; there it is. But yeah, people will try to definitely draw you back to how you once were, and I am like it is their issue, and they can keep trying, 'yeah, yeah, keep trying'. But I am not going back there...
-Pamela, 51

I remember going through puberty and my sister... she called me fat at that point, and I kind of felt, kind of, very embarrassed. And I remember going in for an audition at this prestigious school in Toronto for dance, and obviously they didn't accept me, but I didn't feel like I was quite ready. Whereas, when I was a child I was always quite thin, so I think I struggled with it sometimes... I just looked at it as kind of not a nice comment, and, you know, and I think over time you kind of realize, well, children can be mean sometimes, and so I sort of took it for what it was and tried not make a big thing out of it.
-Rachel, 34

I would say definitely my parents. Like I could even remember feeling good about myself at age seven, having a new coat on and just thinking I looked great and came home and you know my dad called me a cow or whatever. The story is actually worse than that, but I don't want to get into that, I will just say cow. Anyway, he wasn't around a lot after that. So, but I always felt like that. My nickname was big whatever, cow. It was always like, you know, and that was from back when I was like 7. I can remember as far back as that. And then, as I reached puberty, with my mother I always felt like, I think it was my twelfth birthday, she bought me this dress, and I never tried it on and never would. It was made for somebody that was 5 foot 10 and was a 36 24 36 like, you know... I was 5 foot 3 and had no breasts whatsoever, you know, it was just totally ridiculous. And I just think there was always this image of what I was supposed to be and this is even at like, like I said I was 12 years old and I didn't look anything like that dress. And then later on I was always being sent to doctors and put on diets. But my mother never came with me to any of these doctors appointments or Weight Watchers meetings. I was always sent off. She never supported me or took me in that way, you know.
-Charlotte, 54

These were narratives of women who had been in some way hurt by the words and treatment of significant others. According to Thompson et al., "a common misconception of teasing is that it is a harmless light-hearted means of interacting with others... (it) can often evolve into ridiculing or exploiting another's presumed weakness" (1991:513). According to Paquette and Raine, women's social networks, family, friends, and partners help perpetuate the sociocultural messages of thinness and dissatisfaction by in many cases supporting the media's representation of social norms of beauty and body shape. "By amplifying social pressure for women's bodies to look a certain way, women's relationship with others and also with themselves reproduce a form of social control that enforces and reinforces an unrealistic and unhealthy social norm" (2004:1056). Comments as harmless-sounding as, 'you should dye your hair' or as cruel as calling a child a cow each reinforce the fact that the individuals are not okay or beautiful the way they are.

A change in approach: Body Acceptance, Body Management

I think people see, and I notice with friends family, coworkers, they definitely see a different level of confidence, definitely; they say it is written all over your face.
–Pamela, 51

What these women all share is a critical moment or series of moments that have led to what I refer to a critical change that has allowed for them to re-frame their perceptions of their bodies. The "butterflies" have formulated their own personal discourse of the female body, picking and choosing between the dominant and less mainstream discourses available to them. Each individual credits something different for her change in approach.

I just think you have to accept it and, you know, the ageing process and try to eat healthy and try to, as I say it is very easy for me to gain weight so I need to, I do try. I don't get on a scale. Just because I am trying to lose 5 pounds I am getting on the scale once a week right now but normally I do not get on the scale at all unless I feel that my clothes have changed. But besides that, I just don't go. I won't go on because I am afraid that would trigger compulsive overeating. The same reason why I don't like to diet because I feel that will trigger compulsive overeating, and I know it does. So I hope I have come to terms with my body. It hasn't been easy.
-Charlotte, 54, attended Overeaters Anonymous meetings and established what she considers to be a healthier approach to her body

I approach ageing now that I am in better shape at 45 probably than I can last remember. So to me ageing now I definitely am on the track of reversing the ageing process for me or at least resting it at some stage. I want to hike at 55; I want to cycle at 55; I want to go camping. That is when life, essentially another stage of life, begins, and I want to be in the physical shape to be able to do it which is a big incentive to want to lose the weight and wanting to gain muscle and building muscle. That is the whole point. It is just building on that for years to come. I don't see it including disability and illness. My mission is to get in shape, be able to enjoy the later stage of my life doing things as opposed to watching people do things, and so ageing is all positive. It is all optimistic. I see only potential. I only see myself getting stronger.
-Sandra, 45, used physical fitness as a catalyst to change her life and body

... I lost about in the last 4 years, I lost about 40 pounds. It was a big thing for me. It was like a turning point, and I said I can't go on like this. I am so sick of the clothes not fitting, and the only person who is going to change this is me. So I joined the gym,

started going, started really looking at the foods I eat and, yeah, a big difference, huge...
-Pamela, 51, saw a therapist, changed the way she ate and started exercising

...I have had people in the past who have made me feel that I wasn't good enough because I wasn't a certain size or because I wasn't a certain weight. I was also raised that it doesn't matter what you look like on the outside, it is what is on the inside that counts. So in that respect, yeah, I think it has taken a long time for me to say you know that I am happy with myself as a whole.
-Marian, 35, had to distance herself from 'negative' influences and people to begin to take a healthier approach to her body

There is a discourse of control, gaining some control as a way to 'manage' the body that has been 'problematized'. By seeing a therapist, changing their eating habits, and/or exercising these women were able to take back 'control' of their bodies in the sense that they felt empowered. Management and control takes on a new meaning in the context of change. Management and control do not have to be negative; the women have gained control of their bodies in a way that they perceive to be healthier and more positive than before. While the women potentially 'mismanaged', 'overly-disciplined' or 'overly-managed' or 'controlled' their bodies before, they have made use of available resources to manage the 'problem' body in a way they are comfortable with. For example, after what she described as 'binge eating', Charlotte would discipline her body by over-exercising. For Charlotte, it was imperative to change this cycle, and this meant an alternate form of body 'management', which meant initially seeking help in the form of group counseling in order to manage her self-diagnosed eating disorder. While Overeaters Anonymous helped Charlotte, and therapy was a useful tool for Pamela, precipitating factors such as divorce, a breakup, and the death of a loved one were equally critical in inciting a change in the "butterflies". For example, for Sandra the death of her sister was a catalyst that provoked her to change her approach to her body.

The 'management' framework allows for a better understanding of how body 'management' techniques run from 'harmful' to 'healthy' and back to 'harmful' again. The 'management' framework also allows for an understanding of how arbitrary and socially-controlled this framework is, how something can be considered 'healthy' one day and not 'socially acceptable' the next. Regardless of how arbitrary the social meanings of certain body management techniques are, the "butterflies" each felt as if something had to change. They were motivated in their own way to make a switch; they each made a choice to change for what they perceived to be the better.

While the perceived levels of self-esteem vary from woman to woman, all the women in this group expressed what could be assumed to be an increase in overall self-esteem and self-confidence as a result of a change in their perception of their body.

I think people see, and I notice with friends, family, coworkers, they definitely see a different level of confidence, definitely. They say it is written all over your face. I feel like I am smiling a whole lot more than I ever probably smiled in my whole life, and it feels good. And you have lousy days, don't we all, but there is a lot more better days than bad days related to how I look and stuff.
-Pamela, 51

According to Stets and Burke, "self-esteem has two interrelated aspects: it entails a sense of personal efficacy and a sense of personal worth. It is the integrated sum of self-confidence and self-respect. It is the conviction that one is competent and worthy of living" (2003:130). The "butterflies" in this sense changed a lot more than their perceptions of their bodies; they increased their self-esteem and self-worth. An increase in self-esteem and self-worth then increases one's ability to make further life changes and find alternative body ideals that fit one's new approach to one's body. The

metamorphosis the "butterflies" made not only changed how they perceived their own body, it led to profound changes in the lives of many of the women. The increase in self-esteem and self-worth not only presented itself in increased body satisfaction, it was visible in the work place and in interactions with family and friends, as seen by Pamela in the quote above.

What is dominant within the narratives of the "butterflies" is that each of the women took a life event or a series of life events and used it/them as a catalyst to change how she perceives their body, and in the process changed how others now perceive her. For some of the women, that meant losing weight, and for others it meant a change in their overall approach to their body. Whether the women lost weight, stopped thinking about their weight, or started exercising, what was common in the process each individual took was an increase in overall self-confidence. It is this confidence that led these women away from the prominent discourse of the 'problem' body and towards alternative discourses pertaining to the female form, such as physical fitness and a healthy lifestyle. While these alternative discourses are not completely detached from the discourse of the 'problem' body and the associated 'thin ideal', they are platforms that these particular women used to understand and change their bodily perceptions.

Most of the women interviewed focused on health and healthy eating in particular. The "butterflies" used the discourse of health as a motivator and a guide to make healthy changes in their life, such as starting to exercise and eating more vegetables and less frozen and pre-packaged foods. Chapman found in her study of seventeen women on the topic of weight control that most of the women interviewed differentiated in some way between their old beliefs about "dieting" as a weight control method and

their current belief in "healthy eating" as a more appropriate approach to weight control (1999:73). Similarly, many of the women interviewed perceived "healthy eating" to be a healthy and preferable alternative to dieting.

I guess it is basically that if you want to be around longer you just have to take better care of yourself. Eat better things, don't allow yourself to get run down, because once you are down it takes a lot. I don't know how to explain it, I really don't. I guess you have to have something really unexplainable or traumatic happen for you to realize you can't do things the way they have done them. So you might have been raised one way but you kind of have to change it and find what works for you. I don't know how to explain that... I have a lot of relatives who have passed for unknown reasons. When you have certain things that run in your family, like high blood pressure, diabetes, heart, and cancers, things like that. When you see all those different things, alcoholism and things like that. When you see them all your life and you see that maybe they could have taken better precaution, it makes you as a person want to change the way they have done it. So that plays a lot on my mind.
-Marian, 35

I look at body fat, yeah, this is what I have learned in the last 6 months. Because essentially, what is going to cause you ill health is an excess of body fat. It contributes to hypertension, it contributes to heart conditions, diabetes, etc., etc., etc., and the list goes on. So, for me, I am not even focused on weight. I wouldn't use weight as a determining factor... I see my body a little more sculpted. I see less body fat on my legs. I can be very specific now. I can because I can see, but all I see is more strength, more stamina, and an excellent quality of life. Hopefully disease-free, illness-free. There is an obvious connection between mind and body, and if you take care of your body your mind falls in place. Likewise, if you do things that are healthy, hiking, biking, keeping active, your body benefits...
-Sandra, 45

I can't eat those massive portions. We will go places, and they will be like, 'that's all you are going to eat?'. I am not starving myself but that's kind of the way it is now. It's much, much smaller portions and I don't feel terrible after or lethargic, 'oh, I can't move, I ate too much whatever it was'. So it really was just cutting back on portions and watching what you are eating. A lot more fresh produce, nothing frozen anymore. It is more work preparing these items because it is awfully easy to just grab that frozen pizza, that's pretty easy, and throw it in the oven; isn't it fast, 20 minutes and you are eating. I got rid of all that stuff, so that has made a big, big difference, and, again, it takes time. But that is fine, eating more fish and things like that. I did seek help. I am very interested in food in general, finding out, oh, blueberries high in antioxidants, cranberries or if I find some research or something I go, 'oh, I have to eat more of those!'. So I am always looking, 'oh, is that a good thing to eat?, well I am going to eat more of those.' I definitely know

what is bad to eat, believe it, but if they are finding more, oh, you have got to eat so many of such and such oh yeah I am in, I will add it to my diet, I will try, right. I am very interested in things like that that they are coming out with all the time, yeah, yeah, that is totally. So cooking that way, using them, and getting, I buy so many fruits and vegetables in the week, holy smokes! I can barely carry them! Bags full, it is all gone in a week, everything!

-Pamela, 51

Ronald Dworkin discusses the healthy lifestyle movement and its influence on the current North American understanding of illness, health, and the individual's role in maintaining a healthy body (2000). The healthy lifestyle movement is focused on the knowledge we as a society have about ill health effects of behaviors such as overeating, smoking, drinking, and not exercising. The premise of the healthy lifestyle movement is that individuals have the knowledge of what behaviors can negatively affect their health and are hence ultimately responsible for illness. Dworkin is critical of the overall concept of the healthy lifestyle movement and compares the healthy lifestyle movement to a religion, stating that by giving the patient a reason for their illness they are given 'the power' to regain control of the problem (2000:78). Dworkin's criticism picks up on Foucault's discussion of self-regulation and self-governance. The obligation to be healthy, to monitor one's health, and to chastise oneself through self-discipline is part of the shift to a disciplinary society Foucault identifies.

For Sandra, Marian, and Pamela, the healthy lifestyle framework can be seen as a motivator for them to eat healthy and stay active, which they see as being a positive bodily approach. The healthy lifestyle movement is a lifestyle and therefore is appealing because it does not just present a way to eat or a specific diet, it presents an entire lifestyle. This approach would be particularly appealing for women such as Sandra and Marian who have a history of serious illness and obesity in their family, because it

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presents a "cure" or a "safety net" against disease. If you do this, that and this, and avoid this, that and this, you will remain healthy and avoid the illnesses that run in your family.

Dworkin is critical of the healthy lifestyle movement for a number of reasons, but a primary concern is its extreme emphasis on the individuals' behaviors and actions as being the sole cause of disease. What stood out to me in reading this article and in the analysis of the voices of these women is that the healthy lifestyle movement could incite an extreme fear of illness in the individual. It also implies that the individual is the primary and sole cause their own illness; if they do something wrong, if they are not fit enough or eat the wrong thing, illness may be just around the corner. It is, therefore, important to contextualize the discourses associated with the healthy lifestyle movement, such as a focus on the individual and a discourse of illness. While focusing on health, rather than body size or weight, appears to be a great alternative, it can be simply replacing one fear with another. While individuals are given the tools to 'control' and 'manage' their bodies with the healthy lifestyle movement, it is important to note the role of balance. When one is 'controlling' and 'managing' one's body, there is always space for that 'control' and 'management' to become as 'problematic' as excessive dieting or over-exercising. Therefore, when replacing one body 'management' technique with another, there remains an invisible line of caution, the line between 'healthy' and 'unhealthy' body 'management'. For Sandra and Marian, two women who have for some time feared disease and obesity, the discourse of health is a useful tool and a welcome alternative to disordered eating behaviors, as long as they do not cross this invisible line between 'healthy' and 'unhealthy' behaviors.

The concept of an invisible line merely presents the socially and physically

prescribed line between 'healthy' and 'unhealthy' behaviors. Extremes have to be taken

into account. Healthy behaviors, such as exercising, can become unhealthy when taken to

the extreme, in which case exercise becomes classified as over-exercising. Over-

exercising, as one example, can cross the invisible line from 'healthy' to 'unhealthy' by

societal standards and by the body's physical limits. While there is a societal judgment in

indicating the line between 'healthy' and 'unhealthy', the body's limits are less

malleable.

The alternative discourses the "butterflies" adopted were, for some, simply a

rejection of the dominant discourses they once followed.

I think at this stage of my life, I hope, that it is probably as good as it is going to get. I just hope it doesn't fall backwards again. I just think you have to accept it and, you know, the ageing process and try to eat healthy...
-Charlotte, 54

When I was in university, and I was, I remember at one point I went to 128 and my doctor was like okay Rachel you got to go down, although right now I would be quite happy to be 128, not that I am 200 pounds, but all this to say that now I have got a different set of criteria, I guess, and I don't kind of put that much pressure on myself.
-Rachel, 34

Totally acceptance, this is the way it is and that's it, to be happy with what you see, inside as well, but the outside really this is what is it. It has taken time; it is a long process.
-Pamela, 51

Charlotte, Rachel, and Pamela emphasize adopting what could be referred to as an

alternative to the dominant discourses surrounding how they should look and into what

size they should fit. Their acceptance of their bodies and themselves came in part from

denying the dominant discourse of the 'problem' body to which they had for so many

years prescribed. In their own individual way, they were able to come to terms with the

discourse of the 'problem' body and remove themselves from the cycle that was making them, as Pamela said, "miserable". For Charlotte, this alternative discourse was one where the body was no longer 'problematized', and for her this meant no scales and no focusing on weight. For Rachel, this meant adopting a different set of criteria in reference to her body shape, one that is much less restrictive and much more accepting of what she perceives to be her natural shape and weight. Rachel no longer struggles to maintain a weight that requires her to follow a restrictive diet and exercise plan.

Dominant with the "butterflies" was a dialogue of change. This group of women stood out with their emphasis on one major shift and focused their interviews around this change and contrast in their bodily perception and, in some cases, overall identity between who they are now and who they were then, both physically and mentally. This group identifies the fact that one's overall disposition or body perception can drastically change over the life-course and that this change depends completely on the individual and his/her drive to change.

Yo-Yos

I will nit pick on something different all the time, but usually weight, but it could be something else, like depending on the way my hair is going that day. –Samantha, 33

"Justine", introduced at the beginning of this chapter, represents the women who were, overall, quite critical of their bodies and focused their interviews on the 'problems' they had with their bodies. Each of the women in this group framed their bodies as 'problematic', as something in need of change. There was a large range of life experiences in this group, yet what these women had in common was a discourse of

criticism towards their bodies and a life long struggle with their bodies, which included

many ups and downs in self-confidence, perceived physical appearance, and weight. The

term "yo-yo" represents both these ups and downs in body perceptions and the fact that

several of the women in this group described dieting behaviors that could be classified as

yo-yo dieting. Yo-yo dieting, also called weight cycling, refers to dieting behaviors that

are inconsistent, such as switching from one diet to another and losing and gaining

weight, and often unhealthy (Rogan, 1999). The major themes that emerged in the

interviews of the "yo-yos" were overall body dissatisfaction and an emphasis on the

ageing body.

The "yo-yos" differ from the "butterflies" in the focus of their interviews. As seen

in the previous section, the "butterflies" focused their discussion of their bodies on what

they perceived to be a metamorphosis or major change in their perception of their body.

In contrast, the "yo-yos" focused much of their discussions about their bodies on what

they disliked about their bodies. There was an emphasis on the 'negative' changes their

bodies had gone through, particularly the effects of ageing. This emphasis on ageing can

be contrasted with the "butterflies", who reported increased self-confidence and self-

acceptance with age.

Body Dissatisfaction

I won't lose sleep over it, but I will avoid wearing certain things and like my skirts, for
example my legs, I am very complexed about my legs. I just don't like my legs; my skirts
will always be under my knees for example. I have a little belly; I won't wear tight shirts,
or short shirts.
                                        -Bianca, 26

I see more flesh than I would like, to be honest. I look at myself, and I am usually pretty
happy with the way that I look. I am like, okay, you are good looking person, you are

above average in terms of physical appearance. That is how I usually feel, but like I definitely feel like the issues that I have with myself, with my body, is that like I am very pale, so white and somewhat flabby and definitely more, I definitely have more fat on my body than I would like and that is definitely for whatever reason every time I look in the mirror immediately, like instantaneously, the thing that I focus on first, the first thing that comes to mind when I look in the mirror, I will concentrate on those areas of my body. It is almost like my observational skills or like my consciousness or my attention is drawn directly to those areas of my body where I feel I look fat. So when I look in the mirror, I don't jump in front of the mirror and then "oh, my hair looks great today" it is "oh, look at those thighs" or like my stomach, you know, or cellulite. So, really like, for sure the things that like pop out first are those things that I guess I interpret negatively or as being negative.
<div align="center">-Michelle, 24</div>

The "yo-yos" focused much of their discussion about their bodies on the 'problems' they had with their bodies, their complexes, and what they were unhappy with. While discussing specific areas and/or aspects of their bodies they were critical of or dissatisfied with, there was reference to the ways in which the women would attempt to 'control', 'change' or 'manage' their 'problem' body.

I think sometimes I engage in erratic eating behaviors; like I definitely don't think I have an eating disorder in terms of like abstaining from food but my patterns of eating, the times and the amounts in which I will engage in eating will vary depending on how I am feeling. I will always eat but I might try to abstain from eating for longer periods of time, and I might try to abstain from eating as much, like I guess, I can engage in kind of dieting behavior...
<div align="center">-Michelle, 24</div>

For me, in my case, I lost a lot of weight like about 8 years ago. I lost 35 pounds so I really felt good, but I was too skinny; I was really too skinny, and I was starving myself. I was always hungry. I would wake up hungry go to bed hungry, wake up at 2 o'clock in the morning starving. Iit was a bit too much and everyone said I looked terrible. I was too skinny. Because when you get old your face sags. A young girl skinny is different than a 40-year old. But it actually felt good being skinny because I could buy anything I want, wear anything I want; like maybe my face didn't look good, but I felt really good.
<div align="center">-Faye, 48</div>

I tried the 3-day diet once and nearly passed out. It was a bad thing. I tried that with a couple of girls from work, and I was really surprised because the amount of food was

incredible, there was lot of food but there must have been something in the chemical balance, and I was pale and dizzy...
-Samantha, 33

I will say I will try and be "good" and that's all I say, good, and I will try and like, like now last night I tried not to snack late at night, you know. So I feel I want to lose a couple of pounds, walk a bit more, because I have to put on a bathing suit in two weeks, oh my god!
-Tania, 48

Erratic eating and dieting are one way, and arguably the most popular and most often-cited way, to 'manage' and 'control' the 'problem' body. 'Managing' their food intake is one way women can feel directly in 'control' of their bodies. Similarly, a lack of 'control' in reference to food can have an opposite effect and can lead to feelings of guilt and even sadness. Samantha and Faye, in particular, exhibited behaviors that exemplify yo-yo dieting. Yo-yo dieting can lead to an increase in overall weight due to a decrease in metabolic rate and less efficient use of calories (Rogan, 1999).

There was a dialogue amongst the "yo-yos" of feeling best when they were thinner than they currently were. Faye exemplifies this by stating that she felt the best when she was very thin even though people were telling her she looked terrible, and she was unable to sleep. Faye demonstrates that for many of the "yo-yos" there was a constant pressure to be thin, whether this pressure was self-imposed or imposed by others.

I think women are supposed to look thin. I am serious. I think for the most part women who aren't thin are perceived to be unattractive.
-Michelle, 24

Michelle's statement could be interpreted as an internalization of the 'thin ideal'.

Tania stated at the end of her interview that she believed men did not like fat women and that overweight women should take better care of themselves. Similarly, Faye mentioned in her interview that her husband didn't like 'fat' people and encouraged her to be thin. Michelle, Tania, and Faye's 'fear of fat' or insistence on meeting the 'thin ideal' is undoubtedly complicated. The question that arises is why is the ideal concrete for them? Why have they internalized this ideal?

What is important to note about the 'thin ideal' is that it is arguably never attainable. The word 'ideal' denotes something 'perfect' or the achievement of being the 'best'. The 'thin ideal' presented in the media is unattainable in that it is indefinable; therefore, one is never quite sure if one has reached this 'ideal'. In the media, we are shown approximations of what the 'ideal' is, thin, beautiful, and attractive, yet the definition is in constant flux. The fact that the societal discourses surrounding the 'ideal' are equally complex, with differing messages coming from individuals and the media, only strengthens the unattainable nature of the 'ideal'. That the 'ideal' is unattainable is the primary reason this 'ideal' has been blamed for body dissatisfaction in numerous research projects.

Women such as Michelle, Tania, and Faye, quoted above, are striving for an 'ideal' that may not be achievable for varying reasons, the primary reason being the fact that it is indefinable, the second being the natural constraints of one's body. The majority of women cannot fit the approximate body frame that exemplifies the 'thin ideal' because, according to the indefinable standard, they are too curvy, too fat, too small, and/or too tall to fit the 'ideal'. The "yo-yos" are struggling with, interpreting, and re-interpreting this 'ideal' of thinness in their everyday lives. Their inability to attain this

'ideal' 'problematizes' their bodies and their body 'management' techniques. Their and others' judgments about fat may also be increasingly 'problematizing' their bodies. For example, for Faye, her husband's teasing of overweight individuals communicates to her the importance of the 'thin ideal'.

As previously mentioned, the increase in the overall weight of the population comes at a time where the pressure to be thin and fit is higher than ever, and it is this pressure or dyadic framework that one could argue is at the center or heart of the discourse on the 'problem' body and associated discourses such as the 'thin ideal'. A number of studies on body satisfaction and body image have found that weight measures such as BMI have not been found to be related to overall body satisfaction; therefore, women with 'healthy' or 'low' BMIs may be just as likely or more likely than someone with a high BMI to report body dissatisfaction (Markey and Markey, 2005; Ogle et al., 2005). Considering these findings, the 'thin ideal' is just as or perhaps even more problematic for women who are arguably closer to achieving this ideal. The "yo-yos" represent this finding well, considering that on average they would be considered normal-sized, slim or even quite slim. This would lead to the argument that it is not their actual appearance that is the issue but their overall approach or perception.

Kim Chernin focused her book on the large number of women who think they are overweight when they are not and spend, according to her, the majority of their time worrying about the "pseudo-obesity" they suffer from (1981:35). For women such as Faye this fear is real, particularly because she described herself as struggling with her weight throughout her life and as being an overweight child. Therefore, despite the fact that she is now quite petite, she appears to be unable to perceive herself this way; she is

always big. She exemplifies this "pseudo-obesity" in that she classifies herself as a large individual who must lose weight despite the fact that she is actually slim.

In designating the 'thin ideal' important, the "yo-yos" were quite critical of their lifestyle choices, such as how much they ate and how much they exercised.

...I would like to think that exercise is really important, but if it was all that important to me I feel that I would actually be exercising, which I am not right now. I definitely like the idea of being able to say that I exercise. I like the idea of being physically fit. Health is definitely a value for me, and I realize that exercise is a means to health. However, I haven't really adopted that, you know. I haven't adopted the practice of exercising on a regular basis in order to promote health even though health is a huge value for me, and I eat healthy; I eat very, very healthy, but I haven't really been able to integrate regular exercise into my regimen. I used to be very, very physically active, and I definitely kick myself in the ass a lot, like give myself a very hard time for not being physically active over the last years, because I think that in combination with the fact that I have been, that obviously I am growing up and I am ageing a bit, so it is natural that I am not going to look like a perky 17-year old. I think definitely ageing in combination with the fact that I have stopped exercising is really kind of the cause for my low body image right now.
-Michelle, 24

I have a good relationship with food. I don't stop myself from eating anything; I eat badly in the sense that I will eat what I want, when I want, and I don't really watch what I eat even though I should but I won't... I will eat poutine, fried things, desserts... Everyone knows you shouldn't eat a meal 2 hours before you go to bed because it will sit in your stomach, and it is just not good for you, fat will accumulate, whatever, I just don't care; I will eat anyway.
-Bianca, 26

Michelle mentions her "low body image", and this is representative of the ways in which women interpret and understand their bodies through the discourse of body image. According to Blood, body image discourse supplies a troubling narrative and vocabulary by which women understand themselves and other women as having a psychological problem of body image dissatisfaction (2005). Blood does identify the problem inherent in the discourse of body image, particularly its emphasis on the individual. Despite its

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origin in experimental psychology, body image is currently a dominant term, which many of the women in the present study used. For Michelle, it is a term that helps express her current perception of her body.

There was mention of eating and dietary behaviors, as stated above, but many of the women stated that they did not diet, or were not motivated to, which potentially could make them more critical of themselves and their perceived inability to stick with a diet or exercise plan. Bianca stated that she did not care about what she ate or the fact that she does not exercise but then stated that she felt bad because she knows if she continues eating and not exercising she is going to end up fat, unhealthy, and out of shape. She stated that she knew she should eat better and exercise but that she just was not going to make it a priority until it was probably too late. In this sense, she would seem to be accepting of her body, but she was quite critical of what she saw for her body in the future, stating that all she sees for the future is *"big thighs, big stomach, and sagging African breasts"*.

Similarly, Samantha, 33, felt 'bad' about many of her food choices and referred to the fact that she was not raised with the best eating habits. While she attributes these bad habits to her upbringing, she is also critical of her day-to-day eating habits.

I could be at work and down the street, well Subways is not so bad, but there is a McDonald's, and there is the fast food that you can just go and grab, and I go there too often, I think. There are things like that, and then I will say, okay, well I have been doing that too much.
-Samantha, 33

In addressing their body dissatisfaction, the "yo-yos" made strong reference to social influences, particularly the media and societal influence.

In every magazine and even my mom buys The Enquirer *and that kind of thing, and they will show someone who is very thin and they will say, oh, she went up 4 pounds and my god, and I think it is a very sad image that they are putting out. Even I see kids in school who are in elementary, and they are concerned about their weight.*
-Samantha, 33

I think we as a society will have to change, and you know we talk about anorexic people and all this, but where do they get this, the poor kids? Everybody wants to be skinny because it is what they see, so it is a whole mindset. I don't know if it is ever going to get there, but I think if I had a daughter I would have loved to instill accepting herself into her rather than maybe we would change your nose, maybe we should, but that being said if I had a daughter that had a very big nose that is one thing I would change, that I think, it depends what, I wouldn't like, I think a nose and if your ears are really, really big those are two things maybe I would because also because I have a really small nose. So if I had a daughter who had a really big nose, because her father had a big nose, so if she was like him, I would say as soon as she can get it done and if she wants to, that is one thing I would invest in.
-Isabelle, 59

I think obviously the media has a huge role to play, and I know that is usually what everyone says, that the media is the number one catalyst, and like in this whole rage against our bodies and what not because obviously in magazines and television shows these people are kind of set up to idolize growing up are usually very good looking and wealthy and can afford to be fashionable and like can afford to be thin because they have personal trainers and what not, and obviously also sometimes it is fake. Like you know what you see in magazines and what not is airbrushed, and I mean people internalize that as the way they are supposed to look, and then there is enormous pressure obviously to live up to those standards of what the guys your age find attractive. But I think it also comes from a huge part for me, other than the media because I don't tend to really set myself up against it. I guess you could say celebrity figures as much as other people, I think for myself it is more my friends. Like if ever my friends have become super preoccupied with their health or their physical appearance that has in turn had an effect on me and the way that I treat my body and the relationship that I have with my body, and I think that for the most part because my friends are thin there is a larger pressure for me.
-Michelle, 24

Michelle, Isabelle, and Samantha mentioned three of the many societal influences this group encountered on a day-to-day basis. While the media was mentioned, none of the "yo-yos" really expressed how or if the media really influenced them. The focus was put upon having more realistic images available to them. Psychology Today's 1997 Body

Image Survey found that a common comment made by the women surveyed was that "...they are dying to see models that are representative of the natural range of body types" (1997:34). Wanting to see more realistic images is a recognition of the unease the women feel towards the lack of 'real' women presented in the media.

Studies on body dissatisfaction have associated a greater internalization of sociocultural norms with higher levels of body dissatisfaction (Paquette and Raine, 2004:1055). The "yo-yos" exemplify this finding in their dissatisfaction, particularly in comparison to the "butterflies" and the "holistics" (who will be introduced in the upcoming section). By voicing their body dissatisfaction, the "yo-yos" express their internalization of the 'problem' body and the sociocultural norms that maintain it.

In her interview, Tania hit on a common theme, which was that her critical feelings towards her body were 'normal', that most women felt this way, and she stated further, *"I have to say, honestly, I think I am very critical, but I think nowadays a lot of women are"*.

I just think women our age, my age, are probably not that happy with their bodies because of what is around them. Yeah, I mean I notice, we should not have to work on accepting ourselves. There should be things out there to make us happy with what we have, and if they are out there I don't know where they are because they are not very public or people don't know about them.
                                                    - Isabelle, 59

I definitely like to perceive myself as a very healthy person, and I like to perceive that health is a huge value for me but in practice other than my diet. I don't know. I guess it is a lot easier because health is a fad, and I think it is something that everyone wants. Everyone wants health, and everyone wants to think that they have a healthy diet or that they are healthy because, especially nowadays, because it has become such an important societal value. But I don't feel that, like in practice, that I or many people who perceive themselves as healthy have really put very many healthy practices into effect. Because, while I am saying all of this, I am about to light up a cigarette, and I also, as I said, don't exercise. So really, not exercising in combination with smoking has to be two of the least

healthy conscious choices an individual can make. So let my value on health speak for itself, as I light up my cigarette.
                                                                    - Michelle, 24

        Most of the women in this group expressed that their experience was common and

'normal'. This is interesting because in the current literature on body image these feelings

of body dissatisfaction are the average and are 'normal' (Garner, 1997). Whether these

women feel their body dissatisfaction is common because they are the 'norm' or because

they surround themselves with similar people is not the important question. What is

important is how discourse of the 'problem' body has become perceived as the 'norm'.

How does this discourse maintain and reconstruct itself through the everyday behaviors

and actions of women? How do women themselves reproduce the 'problem' body?

        Given that the discourse of the 'problem' body has existed for some time and that

it is the dominant discourse available in reference to how a woman should feel about her

body, it then would be expected that this dominant discourse would reproduce itself as

dominant discourses do, through the social interactions and social 'norms' of a society.

The "yo-yos" themselves acknowledge that they are being critical but see their feelings as

being a normal part of being a woman. It is arguably this acceptance that plays a large

part in the cycle of the 'problem' body.

        The 'problem' body itself as a concept can be theorized as a form of bodily

discipline. Foucault's discussion of the disciplined body intertwines with the creation of

'norms' and how certain behaviors and bodies become normalized (1995). Discipline,

according to Foucault, "produces subjected and practiced bodies, 'docile' bodies" (138).

Susan Bordo interprets what could be referred to as forms of body 'management', such as

dieting and exercise, as methods of bodily discipline and identifies these methods as a

means by which women's bodies are 'disciplined' and 'controlled'. According to Bordo, self-monitoring and self-disciplining behaviors produce 'docile' bodies that are sensitive to any departure from social norms and strive towards self-improvement and betterment in the service of these norms (1993:186). The "yo-yos" could be interpreted as representing the 'docile' female body, but upon deeper analysis, while critical of their bodies, they remain in control of their lives and hence bodies. The "yo-yos" as a group are quite varied, yet they each provided narratives of fulfilled lives with children and family they loved and jobs they enjoyed. By deeming their bodies 'docile', we erase the complexity and reality of their experiences. Therefore, while the "yo-yos" are the most representative of the theoretical concept of the 'docile' body out of the three types, including the "butterflies" and "holistics", the narratives of the "yo-yos" cannot be made to fit into this theoretical category of 'docility'. In interpreting their voices, there is more than body dissatisfaction and criticism; there is a questioning of the dominant 'norms' surrounding women's bodies, which the following section will explore.

The 'Problem' with Ageing

Ageing is doing a number, and it is not the body I have known. It is not the body I like.
–Isabelle, 59

One topic that seemed to preoccupy many of the participants and arose spontaneously in most of the interviews without prompting was ageing. Ageing was on the mind of most of the women interviewed, regardless of age, and was a particular site of criticism for the "yo-yos". While none of the participants expressed joy or happiness in ageing, the "yo-yos" as a group were particularly negative about the changes their bodies

had and would go through.

De Beauvoir has suggested that it is difficult for women to age in certain cultures, such as North America, that place a high value on youth (1989). Ageing is a process that is unavoidable for all women and at least somewhat "feared" by most. The population is ageing, and as the baby boomers enter their 50s and 60s, the number of North Americans in middle age has increased dramatically (Ogle and Damhorst, 2005:1). According to Petersen, in Western culture, ageing is viewed in a negative light and associated with the deterioration of physical and mental abilities (2007:50). Ballard et al. found that most of the women in their study did not welcome the ageing process, but it was something that they were resigned to because it was considered to be uncontrollable and natural (2005:183). The women interviewed took a similar approach. The "yo-yos" were particularly focused on changes in their body due to ageing and were dissatisfied with these changes, but at the same time they expressed an acceptance of these changes.

How do I feel about my body as I aged? Well the fact is that I gained weight and the wrinkles, I am not too happy with that, wrinkles are the worst thing. I buy creams, moisturizers for my wrinkles, but I wouldn't do any drastic operation or anything. I don't feel too good about it, but I know it is a fact of life, and I have to accept it. But I try to do things to stop the process of ageing, like I try to eat fruits and vegetables, and I eat more healthy foods, have green tea. So it bothers me, but not like to be depressed or you know, but it does bother me a bit, yeah. I see little girls; I want to be young. I think everyone feels that way a bit but not a drastic thing. I am not focused all the time on that.
-Faye, 48

Ageing is doing a number, and it is not the body I have known. It is not the body I like, and because I had no children it happened later. So, it was probably basically the same up until at least 35 and then all of a sudden my waist is like no more there, and there is no waist and that kind of thing.
-Isabelle, 59

It is just, sometimes, I notice my body, the only thing I notice is sometimes I look in the mirror and say oh my god I am starting to look like my mom because she was a bit chubby, and I look at myself, 'oh my god', I am seeing more as I am getting older, and

then I say I will be good for the next few days, try and lose a couple of pounds. But like I said, I guess it is the society we live in too, and I guess some people they never feel great too.

You know what, I turned 30; I always tell my husband it didn't bother me. I turned 40, it didn't bother me, but I am going to turn 50 next summer, and it bothers me. I said to my husband, it's funny 50, it's like 50 oh my god, I am having a hard time. It's like old, it's like 50, so that bothers me. I have to be honest...
<div align="center">-Tania, 48</div>

I am just sort of all going into my pot and my hips and losing the elasticity of my skin and I am starting to get frumpy looking. That's okay though, but I am being very honest.

...Menopause was a bitch. I really hated it. It was this whole hormonal thing, I think with the pregnancies, I get hormonal and I get really agitated, so those are most probably the two things. I didn't like going though menopause. I didn't sleep; I had hot flashes; my body changed so much I mean I went from having, well I never had a small waist, but having a waist line to having none. Like just straight completely. Your whole body shifts. Your bones open up at the hip, your whole shape. So, that means you have to buy all new clothes. So, I really, I think that year or two, those two years where I was really going through all the physical changes, that's when I didn't like my body... menopause was awful going through that. You have a shape, and you are wearing a size 7, and all of a sudden you have to wear a size 12, and you haven't gained any weight. That is a big thing to get through, anyway.
<div align="center">-Barbara, 53</div>

It was not only women in their "middle-years" who mentioned ageing, it was an issue for all of the "yo-yos", regardless of age.

I am already starting to think that all these minor changes that have gone on with my body that I am displeased with have to do with age, and I am already feeling like I am ageing, that my body is slowing down. It has to do with varicose veins and like cellulite and poor circulation and wrinkles around my eyes, and like I am becoming flabbier, and I am wondering if the reason why I was so happy between 16 and 17 and maybe like 22 or something was because that was when I was, you know, just transitioning to becoming a woman, and I was at the peak of my health and rigor and beauty in terms of my physical appearance and in terms of my body functioning. And now that since I am approaching 25 years of age maybe my body and my metabolism is slowing down a little and my age is beginning to show and maybe that is why I am unhappy a little bit with my body. It has to do with definitely changes that are related to the fact that I am ageing and I am feeling that I cant recapture my youth, which is so sad because I am 25, and I am already talking about recapturing my youth. I am thinking of like those Oil of Olay

commercials with 40 year old women who are worrying about wrinkles and that makes
sense, but I am 25 and already feeling like my body is slowing down.
-Michelle, 24

Michelle, arguably, represents North American cultures' extreme emphasis on youth. While at 24, she would be considered the epitome of youth by most, Michelle simply does not feel that way. While she realizes it is "so sad", she cannot help but feel this way. Michelle is interesting in that she refers to television commercials in reference to her feeling like she has already lost her youth, particularly Oil of Olay whose commercials show 'older' women who appear to be ageless. Michelle's conception of ageing is one of change; she has chosen to frame the changes her body has gone through since she was 15 as ageing. While she has technically "aged" in the ten years since she was 15, these years are not ones usually framed as "ageing" in terms of wrinkles and loss of youth. Michelle brings forth the question of whether or not she will continue to feel worse about her ageing body as she continues to age. And how common is this 'fear' of ageing among women in their 20s and 30s?

Middle age has been viewed as a point of 'no return' to the former youthful self and as the 'entrance' to old age (Ballard et al., 2005:170). According to Cunningham and Backett-Milburn, the middle years of the life span are often pathologized, with a focus on loss, change, and ill-health (1998: 142). While there is a conception of women as being discontented with their bodies as they grow older, a number of studies have found the opposite. For example, Oberg and Tornstam found in their survey of over 2,000 Swedish men and women that there was an increase in body satisfaction with age (1999:641).

The "yo-yos" did not experience an increase in body satisfaction with age, but an overall decrease. They framed the ageing process as a 'problem' that was unavoidable

and dreaded. In many of the articles on ageing, there is mention of the mask of ageing, which is the view of ageing that assumes that old age is a mask that conceals the identity of the person beneath (Bytheway and Johnson, 1998:244). While the women expressed discomfort and frustration with ageing, none of the women expressed losing their identity due to their ageing body. The dialogue on ageing focused mostly on bodily changes such as weight gain and a decrease in overall health.

Ogle and Damhorst state that popular culture constructs the physical signs of ageing, such as graying hair and wrinkled skin as negative processes that can and should be controlled through the use of various consumer products and practices such as diet and exercise (2005:1). Ballard et al. found that although there is a great amount of literature that suggests that we live in a age-resistant culture within which individuals aspire to have an eternally youthful body, their participants displayed a more relaxed approach, with women not over-exerting themselves to resist their ageing bodies (2005:185). Similarly, among the "yo-yos", while there were various ways they attempted to 'manage' their ageing bodies, most of the 'management' techniques mentioned were neither invasive nor terribly time-consuming.

...I think maybe I look at other people who are close to my age and some people look a bit older, and I try to look and do things that make me a bit younger, because I don't obviously want to be the age that I am... I guess it helps too to have a younger daughter so she kind of helps me with what I shouldn't wear and things like that... yeah. Think even hairstyles, that could help a woman look a bit younger and feel younger.
-Miranda, 48

I will do what I can. I take care of my skin. You can't tell right now, but I always wash, and I always put creams on my face. I don't want to look older than my age, either, but I don't need to look 21 years old either.
-Barbara, 53

While several of the women mentioned cosmetic surgery, only one of the women expressed a realistic desire to possibly have a procedure done in the near future.

I see it as, you know, well, if it is going to make me feel better, why not. That is how I see it. I am not saying to go extreme. I have a neighbor who is in her 30s and has done Botox, and she doesn't even need it. I say you don't need it. I need it more than her, and I haven't done it yet, but at some point, yeah, I would see myself doing it (getting Botox).
-Tania, 48

When other women mentioned cosmetic surgery, such as Botox, as a possible means of 'managing' their ageing body, they put it in a non-realistic context.

I would love to if I had the guts and the money. Plastic surgery for ageing, not because I don't like what I see; I like my features. I would just kind of lift a bit. But I am too chicken. I am too chicken, and I don't have the money to spend on it, and I am too afraid. But even just wanting to have it, I think is wrong. I think we should just learn to accept who you are. I mean, I think I am again okay. I think for a 59-year old I am not bad at all. But, if I compare myself to a 30-year old, well, no I am not that great, no. But that is a little bit me, but a lot of society, and I think that is the bad thing... I guess I would like to be able to have the money to, not surgery, because I think I would really have to think about it, but to go for just for a little facial treatments like they have, but they are all like $200 and $300; I just don't have that kind of money. If I had the money, I would like to have a budget like $300 a week just on my face and body. To me, a face is more important than a body because I think that is, your eyes are your soul. People talk to you, they look at your face and the body, too, but to me body is something different.
-Isabelle, 59

Isabelle's emphasis on the cost and risk of surgery was most common. She refers to the fact that surgery is an option, but for her it is not a realistic path to take. She mentions that even "wanting to have it, I think is wrong". Her approach was similar to that of one of the "butterflies" who recognized the allure of plastic surgery, but presented it as an unrealistic option.

While Isabelle was critical of her "ageing" body, she is most critical of the culture

that she feels does not accept her the way she is. Isabelle knows she is "not bad at all" but cannot help but compare herself to what she sees in the media. Forbes et al. found that as a woman ages there is an increase in discrepancy between the 'ideal' presented in the media and her body size (2005:282). Isabelle credits her feelings about ageing to this discrepancy. As a woman who likes to shop, dress up, and take care of herself she finds these things increasingly difficult as she ages and sees that her body is no longer being accommodated in regards to fashion and the media.

The problem, well the problem is me and society. I don't think there is very many, see if you want to buy for your body shape, maybe there are stores out there but then they are matronly-looking. If you want buy like a younger version, it is still nice on your mother and I, but they are not made for our body type. They are made for our body type 20 years ago, 10 years ago where it is not going to fit the same way.
-Isabelle, 59

Isabelle expresses the line between not being or wanting to look matronly and not being or wanting to look young. She is caught between the dichotomy of youth vs. old age and finds she does not fit into either category. Isabelle, as part of the baby boomers, is not alone in her quest for more positive images for women her age.

As stated in the literature review, advertisers stand to profit from women's body dissatisfaction. Most of the women mentioned using creams to maintain their skin. Tania was the only woman who openly discussed the possibility of having Botox procedures in the near future. Ballard et al. found that the age-resisting activities the participants in their study took was limited to what they referred to as "...passive acts of consumption such as occasional hair coloring and use of anti-wrinkle creams" (2005:184). Maintenance techniques such as hair dye and cream are easily-available options that are socially-

accepted as the 'norm', and they provide the consumers with the feeling that they can 'manage' their changing body.

When asked about the future, particularly what they expected for their bodies in the future, many of the women were quite bleak in their expectation of their bodies as they age.

I expect to get a lot more wrinkles, and I expect to get a lot more gray hairs, and I expect to get a big saggy belly and butt. That is what I am expecting. It is going to happen. I mean it is going to happen!! Yeah. What am I supposed to expect, to look 30 again, really! So, I am expecting my body to look a lot worse than it does now and to just embrace it when I get there, you know.
-Barbara, 53

Well, I just see it (my body) disintegrating a bit more... I am starting to get cellulite on my arms; I never had it anywhere, and all of a sudden I have got it on my arms!
-Isabelle, 59

Big thighs, big stomach, and sagging African breasts!
-Bianca, 26

I am already starting to worry a little bit about age; I hope that I age well. I am just like starting to foresee all these problems. Like, I am foreseeing the minor problems that I am already experiencing becoming larger. I am seeing them progress, and I am hoping that somehow that they halt. But I mean everyone wants to be that hot 35-year old. Everyone wants to age well and look good. You want to be a hot mom or like a hot 35-year old. I am just hoping that I still look good and that I am one of those women that I look like those older women who are in their 30s or 40s and have still got it. They are still like fit and good looking and still perceived as being attractive by the opposite sex or even by other women.
-Michelle, 24

The future looks quite bleak according to these narratives, with body disintegration, many wrinkles, and sagging breasts, but it must be put into context. All of the above was said with a smile and laughter. While the women were being serious, they were also openly laughing at themselves and the fact that they framed ageing so bleakly.

This lightheartedness about their negativity towards their bodies raises the issue of the 'problem' body and whether this discourse is a 'problem' in itself. The "yo-yos" did identify a need for change. Isabelle wants to see more positive images for women of all ages, and Michelle wants to accept her body the way it is but cannot help but be critical of what she sees in the mirror. These women are working within the available discourses to 'manage' and 'control' their bodies as best as they can. For the "yo-yos", this means, for the moment, being dissatisfied with aspects of their bodies and their appearance. While being dissatisfied and looking for change or improvement in their 'body image' and or appearance, there was not an overall theme of these feelings being the focus of their life. The "yo-yos" were negotiating their way between the discourse of the 'problem' body and one of comfort with their bodies. This negotiation was apparent in the fact that, while the "yo-yos" focused much of their discussion on their overall body dissatisfaction, this does not necessarily mean that they are necessarily more dissatisfied with their bodies than the "butterflies" and the "holistics", who will be introduced in the next section. The fact that the "yo-yos" focused their interviews on this dissatisfaction and criticism is critical. In using the rhetoric of the 'problem' body in their narratives, they were able to situate themselves and their approach to their body.

The Holistics

We are united, well I am my body, my body is me. –Eleanor, 22

"Nicole", introduced at the beginning of the chapter, is a confident young woman who loves her body. "Nicole" represents the women who were the most accepting of their bodies. These women mentioned many of the same life issues and experiences as the "yo-

yos" and the "butterflies", only their narratives were ones of life long body appreciation and acceptance. The "holistics" get their name from the group's emphasis on complete health, both physical and psychological. There was a strong and critical connection made between the body and the individual. While there are many similarities between the "butterflies" and the "holistics", the main difference between the two is the struggle or metamorphosis the "butterflies" reported. While the "butterflies" focused on their struggle to change their bodily perceptions, the "holistics" reported a life-long 'positive' relationship with their bodies. The two major themes that emerged in the narratives of the "holistics" were body acceptance (satisfaction) and outside influences such as the media and the influence of significant others.

Body Acceptance

A common theme for the "holistic" group was that of viewing the body as an integrated whole, something that will treat you well if you do the same back.

I take care of myself, I eat well, and I exercise, and I think that after having 4 kids and being my age, I am still in pretty good shape. I want to live a long and healthy life, and so that's it. I just take care of myself, and I appreciate myself.
-Dominique, 51

I haven't been on a diet. I honestly believe if you are exercising enough you can eat what you want within a certain limit. Like, I mean, I would love to eat chocolate cake all day, but obviously no matter what kind of exercising I am doing, it is not going to help me. But I do think that you can eat what you want in certain quantities like, you know, if I am working out a lot I am still going to eat normally, I am still going to have dessert, that is my favorite part of the meal, and I don't really believe in the diet. Like, you don't technically need to diet, just make sure you have enough of stuff and your body is going to tell you if you are not eating enough of something, you start craving it...
-Eleanor, 22

Eleanor emphasized balance, which was a common theme, especially in relation

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to body acceptance. The "holistics" accepted their bodies as they were and also felt empowered to maintain this satisfaction by exhibiting a sense of control over their bodies. This sense of 'control' was not associated with conventional dieting and extreme exercise but with control in the sense that they had reached a balance in their life. While they did not feel that their bodies were 'perfect', they did not focus on their 'imperfections' and did not see them as being of critical importance.

These women adapted to their bodies as they changed and chose to accept their bodies as they changed over time.

...You know it makes me sad that I am getting older. Because I was a very active person, and I want to continue doing that, but I find I am a little tired, like, I do a lot of things, and I get more tired faster than before. But, I approach ageing as a kind of something nice. If you maintain your good health and if you are in good health, and I find I am approaching in a good way I find, you know, I am not depressed or anything about it, no, no, no, no. I find I am handling it pretty good again; of course, I would like to be younger, but you know what can you do. It is a fact of life. But, if I do have to age, I want to age gracefully, in good health, and I hope so.
-Carla, 57

How have I approached ageing? I think we are all a little conscious of the lines that we get and the little, you know, extra sagging and gravity and stuff but, no, I don't think I am traumatized by the ageing. I think, as long as I feel good and feel healthy, then that is fine and, like, when I was turning 40 it was more like an exciting time. Like maybe it was the mindset, and I forced myself to have that mindset because I have seen so many people saying "oh god, I am so depressed", and so if you feel good, and if you have your health and then why concentrate so much on age.
-Laura, 46

I just feel that as you get older you get more and more comfortable with your body. Obviously, as a kid, you don't really think about that. Then, as a teenager, it's a huge deal and then as you get older you realize it's my body, and this is something you should feel comfortable with. So, it is something you improve upon.
-Nyla, 24

The women chose to approach milestone birthdays and ageing as something natural that they strived to accept. Carla mentioned ageing gracefully and this, could be

seen as the theme for the "holistics"; the women were set on acceptance and appreciation.

Carla exemplifies a balance between being unhappy with her changing body and accepting the changes that were associated with age.

The "holistics" identified many of the changes their bodies went through and focused on how they approached these changes. Their approaches to pregnancy stood out, as represent how they adapted their bodily expectations as their bodies changed.

I loved it (being pregnant), I really, really did, yeah, I did. I felt great, and I looked more proportioned, but I really enjoyed my pregnancies, all 3 of them, the way I looked, and yeah, yeah, unfortunately I can't say I am pregnant anymore... I got a lot of stretch marks and stuff like that so that kind of stays with you, you know so that I am not too, you see some people they have their babies and then poof their bodies go back, and it is incredible, but that wasn't my case. So, in a way it is a bit of a drag but it was for a good reason.
-Wendy, 36, mother of three

The most wonderful thing of life was being pregnant with my kids. When I gained a lot of weight, because I ate everything, and I had heartburn, but my only thing was that I had heartburn because the babies were very big. My son was 9 pounds and 2 ounces and he was very huge. I was huge. I ate, ate, everything, nothing stopped me from eating. I went camping, I did hiking, I did everything, everything, so I really enjoyed my pregnancies, very much. I had no swollen feet, no swollen legs, arms, especially in the summer. So, I had them in November, so, I was kind of big in the summer, no problem whatsoever... After my second baby, 25 years ago, that is when I started to put on the weight, because after my son, after my pregnancy, I gained a lot of weight, but I lost it; I became skinny. Then with my second baby then I retained, I kept my weight I found...
-Carla, 57, mother of two

... I had a child at 26, and that changes you. Children make us a little wider around the hips. I didn't have any, after I had Ashley, I went back to pretty much my normal weight not too long after... I felt great during my pregnancy. I had a great pregnancy, no really morning sickness. I didn't actually know I was pregnant until I think month 2, 2 and a half because I was never regular with my periods, and it was just when I was talking with one of my colleagues, and she announced she was pregnant, and I said, oh my god when was the last time I had my period, and next thing you know I went to the gynecologist and 'oh ya, you are pregnant', and yeah, so I mean I think it was, I may have gained more than the average woman. I think I gained close to about 45 pounds; I don't know, but I think that is probably on the higher side; they would probably like you to gain a little less than that.
-Laura, 46, mother of one

I enjoyed being pregnant; it didn't bother me to gain weight, and I didn't have too much difficulty getting it off, and I just lived healthy... I loved being pregnant.
-Dominique, 51, mother of four

Each of the women experienced pregnancy differently, but it was framed similarly in that there was an acceptance of the bodily changes associated with pregnancy. In her 2003 study, Earle analyzed perceived weight and body shape in pregnant women and found that the women studied adopted a pragmatic approach with selective compliance with the pressure to be slim, noting that pregnant women are concerned with body image and fatness throughout their pregnancy (245, 250). Earle emphasizes in her article the importance of recognizing the complexity of weight-related feelings that are associated with pregnancy and the fact that just because a woman is pregnant does not automatically mean she should be ecstatic that she has gained 40-some pounds. Wendy, Carla, and Laura express similar feelings, in that they expressed criticism of their bodies post-pregnancy and some difficulty in losing the extra weight. Wendy stated that she loved being pregnant but that her weight gain during pregnancy was "a bit of a drag". She then followed this by stating that her weight gain, in each of her 3 pregnancies, was for a good reason. There is an interesting relationship visible between the 'natural' process of bearing children and societal pressures to be thin. Wendy, someone who stated that she was always quite tiny, now has bodily reminders of her three pregnancies such as stretch marks and an overall 'heavier' body. Wendy referred to women she knew whose bodies immediately went back to the way they were after pregnancy and noted that her body did not, in contrast, "bounce back". This highlights the fact that most women's bodies do not miraculously reform into their pre-baby shape, yet there is a societal expectation for

women to look the way they did before they had children. The 'thin ideal' and pressure to be thin does not disappear once one has children; these pressures remain and in most cases become increasingly unattainable post-pregnancy. The pregnant body is an area that should be further explored with reference to body image and dominant bodily discourses such as the 'thin ideal'.

The "holistics" presented 'healthy' approaches to eating and made a clear association between health, proper eating, and exercise.

My relationship with food? We are in love. That is pretty much it. Chocolate especially, we are like in a serious relationship, and I don't think it is going to end anytime soon!... I think, that it is I know not to eat the whole cake, but I do always have a craving for chocolate, and I seriously eat it on a daily basis, you know, at least a bit of it; it makes me feel better. I mean dark chocolate has been proven to be good for you, the same as red wine, you know;, you can have that daily, and it's something about your heart; I am not sure exactly. If you just choose the right stuff; I mean, I don't go and sit at McDonald's and eat 5 McFlurries in a row. Like, that is gross to me. But to have like a few pieces of good dark chocolate or something or even like a Caramilk bar once in a while, I don't see the problem in that as long as I am active and I am eating the other things that I need. I make sure that I am eating fruits and vegetables and then chocolate, why not have a bit of that also. If you are exercising, you are burning off fat, that is calories anyway; it is all in balance; just keep everything in balance.
-Eleanor, 22

I think about eating because I enjoy food, and if I feel like eating something that is fattening or sweet or whatever, I just go for it. I am not obsessed with just eating salads. If I feel like a piece of chocolate, I will go and have one. But I am also not compulsive, I don't eat half a box of cookies.
-Dominique, 51

Everything in moderation. I have a sweet tooth and you know, but I won't sit down with the whole box of cookies. We eat well-balanced, and we like to have our desserts and stuff, yeah, but everything in moderation, yeah.
-Wendy, 36

For many of these women, it is about balance and this includes proper eating, exercise, and a healthy approach to both. It is about moderation and the enjoyment of

food. Eleanor mentioned her love of chocolate as being in a serious relationship with chocolate. In voicing her love affair with chocolate, she is responding to the fact that chocolate typically represents something bad and forbidden, and that, regardless, she loves it and is not going to stop eating it. She has chosen to enjoy chocolate and incorporate her appreciation for it into what she feels is a balanced diet. Eleanor, like all of the women in the "holistics" group, did not fear food, and her approach to food did not include conventional dieting. None of the women in this group had ever been on a conventional "diet", meaning they all stated that they never dieted or specifically followed an eating plan to loose weight.

The idea of dieting, I don't believe in it. I just believe in a healthy lifestyle.
                                        -Dominique, 51

Never, well if you consider it a diet because of my kidney stones, well kind of yeah, cutting the salt, the chips, the chocolate and drinking lots of water. Like you have to drink lots of water when you have kidney stones, for that reason, for the kidney stones, but for weight or appearance wise, never, never, never, no.
                                        -Carla, 57

I have absolutely no discipline, no discipline to diet. I mean, if I think about dieting I eat twice as much. It is almost like I want to store (laughs). Yeah, no, I have no discipline. I will think about it, but no, I have to, probably when I do think about it I will maybe tend to eat a little bit less or be a little bit more conscious, but I can't follow; I can't even follow really a specific physical regimen either. I mean, I will do all different kinds of things, I like variety.
                                        -Laura, 46

Along with eating healthy and avoiding "dieting", all the women in this group enjoyed exercising and tried to make it a part of their routine.

I think it's that the best times I have ever felt about myself is when I felt me toned. I guess I was just like 5 pounds, 7 pounds lighter, and like that was great. I just felt like, I felt

healthier. It wasn't like I was changing my eating habits, so, I just felt like this is ideally the size I should be because I am working out. I am active, I am eating well, I feel good. This is what I should be like, and when I am not like that I'm like I should be doing that. But, it is easier said than done when you are tired and busy to always be working out.

-Nyla, 24

I have never felt better, definitely just knowing that you finished it, that is crazy, because at first I was like I don't know how I am ever going to do this, and I trained, and I put in a lot of time and effort and holding that medal is an amazing feeling.

-Eleanor, 22, on running a marathon

The times I feel good about my body? When I am doing something that, if I have accomplished something in a physical activity, and I have done it well, then I will feel good about my body because I feel it is strong. Yeah, I think probably that is when I feel, when I have accomplished a physical activity if I have just learned something or learned a new sport, and I have done it well then you know it is the body that carries you through that, that can get you through that, so I guess that is when I feel the best.

-Laura, 46

When you have young kids you want to be in shape to go cycling with them, to do all sort of stuff and so yeah, and it is important too; I mean they are looking at me for an example, so you want to stay healthy and give them the right tools for them to do that as well. If you are not healthy, then your kids aren't; I don't think they would be anyway...

-Wendy, 36

I have less time now that I am working full time. I am managing to squeeze in a couple of different sports which can be tiring, but I think it is a little bit of a distraction and a change of pace compared to what I do at work all day which is somewhat superficial and so I don't know; I find the girls that I always play sport with they never really had any body issues. They were always pretty satisfied with how they looked. I mean, from an outside perspective.

-Mandy, 26

The "holistics" saw exercise as a healthy way to feel good about themselves and their bodies. All the women in this group stated that they felt best about their bodies when they were consistently exercising. Each of the women highlighted different aspects of physical fitness that they enjoyed; Mandy emphasized the importance of spending time playing sports with strong women, Wendy emphasized the importance of keeping active with her children, and Eleanor emphasized the high she feels when she accomplished

something using her physical abilities. Exercise can be seen as a form of body 'management' for these women that keeps them in physical and mental shape. By exercising, they are not only keeping their bodies in shape, but they are receiving the benefits of feeling as though they are taking steps to properly manage and care for their bodies.

I do not see it as a coincidence that the women who expressed the most satisfaction towards their bodies were the ones who integrated exercise into their routine and rejected "dieting" and adopted overall healthy eating habits. They were not struggling with their bodies because they had chosen not to frame their relationship with their bodies this way. They did not frame their 'body management' techniques, such as exercising and healthy eating, as dieting or as a way to 'manage' a 'problem'; eating right and exercising were a part of keeping a balance in their lives.

Laura stated that she does not have the discipline to diet and that if she attempted to diet, she would probably eat twice as much. The women in this group have created a balance in their lives, a balance that has allowed them to acknowledge the dominant discourses of the 'problem' body and the 'thin ideal', to at times feel like they could lose a few pounds or should get a new haircut, but this overall 'balance' enables them to focus on their other features and strengths other than their appearance.

Dominique said, "I don't believe in dieting", and this emphasizes a rejection of the prominent discourse of dieting and eating as a struggle. In rejecting the dominant discourse of the 'problem' body, these women have chosen to create and make use of a range of alternative discourses that emphasize self-acceptance, health, and body satisfaction. While they address the 'problem' body and at times may attend to the

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discourse of the problem body, they have found ways to integrate alternate discourses pertaining to the way a woman should look and feel about her body. For Mandy, this meant taking part in physical activity with women who were not critical of their bodies and surrounding herself with an alternate to the discourse of dieting and thinness associated with working in the fashion industry. This alternative discourse provided a way for Mandy to balance the body-image-related pressures she felt at work. For Eleanor, finding an alternate 'norm' meant removing herself from the "am I pretty enough?" discussions with her friends and focusing on her abilities and strengths and not the way she looks or how much she eats.

Bordo states, "I view our bodies as a site of struggle, where we must work to keep our daily practices in the service of resistance to gender domination, not in the service of 'docility' and gender normalization" (1989:28). Bordo identifies a need to situate and theorize body 'management' techniques that are beneficial, such as eating a 'proper' diet and exercising, within a frame of resistance. It is conceptually difficult to place these behaviors outside of the discourse of the 'problem' body. Dieting and exercising are "bad" and potentially harmful in reference to body dissatisfaction and the 'problem' body, but, regardless, there is no denying that balanced eating and exercise are important for a healthy mind and body. The "holistics" demonstrate that women can keep their daily practices; they can exercise and eat healthy, balanced meals while being satisfied with their bodies and avoiding the dominant discourses of dissatisfaction and 'problem'.

Outside influences

The women who focused on overall body satisfaction made reference to the influence of others and the media. It was the younger women in the "holistics" group that focused quite a bit on the media and societal body norms.

It's just that when I am seeing that on TV or reading a magazine or going to buy lingerie at La Senza, you see the model, and you are like, man, I wish I could look like that, but then you think about it, and a lot of these people, I mean, like, there is so much airbrushing, and I mean, if you put on something like that and there was so much hours of makeup on you and then computer images, you would probably look quite similar. You have to remind yourself of that as well.
-Nyla, 24

This is interesting because I am working in the fashion industry and certainly the way it is portrayed in contemporary media and stuff like that I would say there is a definite norm. Do I agree with the norm? No, I think it is terrible, but do I sometimes fall victim to that pattern of thinking? Yeah, and every once and a while I have to take a step back, and I have to really question kind of my own perception of what a beautiful body looks like because I am surrounded all day long by these idealized bodies which are kind of far from average, and so I don't believe there is an ideal form really, but sometimes it is hard to judge what is acceptable and what is normal.
-Mandy, 26

I don't know; I guess most of high school was just about that like, "oh, am I pretty enough?"; you know what I mean, and not that I thought about that all the time but those are just questions that young girls have, and then as you grow up and you start to find yourself and you realize, like, wow I am an individual in a whole world full of individuals, and it is like yeah there is a couple of people who are models and the media tries to make you look up to them and tries to make everyone like that. But you look around, and you realize you can be happy without looking like that. Like, chances are that the people who look like that aren't very happy with themselves. Like, how can you be if you are not eating, you know what I mean? I don't know; you just start to get educated like, you start taking classes about the media and who is behind the media and what they are producing and you start realizing like, wow, this isn't, there are other things to life, like you don't have to just sit with your girlfriends and try to figure out ways that you could look hungry. You realize that beauty is also within and, you know, you have to be happy with yourself, and then people will see that you are happy, and it doesn't matter so much what the magazine is saying beauty is, like, you know, you have to find your own beauty.
-Eleanor, 22

In this group it was only the women in their 20s who mentioned the media. Eleanor, Mandy, and Nyla represent a generation that was taught to talk about and question the media. Each of these three women were either currently attending university or were recently graduated and expressed critical views of the media, often taught in post-secondary level courses. All of the women in this project, and especially the youngest women in the sample, have been exposed to more media than any group in history (Lokken et al., 2004). Given this fact, there are new issues that arise. Eleanor, Mandy, and Nyla represent young women that openly question the media before digesting the images they are being sold. They are aware of alternative discourses, discourses that question the 'thin ideal' and the quest for the unattainable perfect body. Mandy's insights were particularly interesting due to the fact that she is a young woman working in the fashion industry.

...I think that the industry that I am working in has made me a little bit more self-conscious, and I am hoping that that is kind of not going to be a trend and that I won't have to be defensive about being the weight I am, which sounds so preposterous because usually it is the other way in the industry, where if you are a normal weight or even over weight you feel really self-conscious, but I guess it happens in the other direction as well.
-Mandy, 26

Mandy, a confident young woman, felt pressure in her workplace to gain weight due to her naturally slender body frame and voiced surprise in the fact that her co-workers often watch or monitor what she eats and how she looks. Mandy's experience highlights a difficulty that many women face and fear, which is the perceptions and whispers of other women. Mandy stated that she hoped that her increasing self-consciousness was not going to be a trend, and this highlights her awareness of the fact

that her levels of body confidence may be changing. Mandy exemplifies that women may be more vulnerable in certain environments or at certain periods of their lives to report higher levels of body dissatisfaction during times of change, such as during a divorce or when starting a new job.

As a group, none of these women reported having any eating issues or body complexes at any time in their lives. They reported being generally supported by others in their lives.

I would say my brother definitely influences how I feel about my body just because he is vegan, and he eats super healthy, and he is pretty forward with his preaching. You know, if he sees you eating something that he doesn't think is right like white bread, he makes sure to say it, and I guess that made me more aware of what I should be eating and just watching him cook certain things. He will just put vegetables together with a certain sauce, and it is absolutely delicious, and you realize that you don't need to have a microwave dinner, you know what I mean, you realize like wow all these natural things are so good, and you don't need all those things that the people who sell them in stores like jam into the food. There is so much extra stuff that our bodies don't need at all. I don't know; it just shows you that you can have a delicious meal with really good things.
-Eleanor, 22

I think that probably the relationship I had with my family, I guess. You see kids that have a lot of self-esteem issues which plays into their appearance or their weight. For example, coming from a mother who is overly-concerned about her weight and pushing that. I mean, that being said, I was never overweight, so I guess my parents never really had a reason to have that concern, but I think I probably come from a place that you can be yourself, and you don't have that as a worry. That definitely played into me having a stronger self esteem, which probably helped out in high school when everyone around you is having like eating disorders or getting hospitalized.
-Nyla, 24

Overall, the main focuses in this group was balance, acceptance, moderation, and appreciation. There was a connection and awareness between the individual and her body.

Sometimes, when I am walking to the bus stop, and I am walking, and I think to myself 'wait a sec! What am I doing?', and I kind of start to walk slower and like look around, and I try to breathe a bit and realize like wow this is actually enjoyable when you are not in a rush. I feel like those times my body feels good too, just doing something; like we are not supposed to be just driving everywhere; we are supposed to be using our legs, and we are lucky that we have our legs. Some people are handicapped and can't get around or have to wheel themselves around or are paralyzed. So, it is good to let the body go for a nice walk; that feels good too, even though it is not vigorous exercise, it is still, or even just breathing fresh air; my body likes that too.

- Eleanor, 22

I think the primary time was when I had major, well no actually there was 2 times when I had a collapsed lung, when I had a medical crisis. I had collapsed lungs, and then I had you know a long time in between, and then I had hip surgery, and so then I didn't walk for like a total of on my own for about 8 months over a 2-, 2-and-half-year period. So that, I think, that trauma kind of forces you or makes you look and reflect on your physical state of health and mental and what is important in life, I think trauma usually does that.

- Laura, 46

The body was not "problematic" for these women. The women in this group referred to the fact that they had to appreciate what they had, particularly in contrast to those that were less fortunate. The "holistics", such as Eleanor and Laura, appreciated and enjoyed their bodies' abilities and tended to focus much more on their bodies' abilities than their overall appearance. This appreciation and the resulting body acceptance are particularly important for Laura who has experienced major health challenges. The "holistics" generally chose to frame bodily changes that are typically seen as "problematic", such as ageing and weight gain from pregnancy, as non-problematic and tended to focus on the benefits of the resulting change, such as enjoying the time they have with their children. It is arguably their body appreciation and confidence that has led them towards a positive approach focusing on the benefits and strengths of these changes. As a group, the "holistics", demonstrate the range of ways

women are rejecting the dominant discourse of the "problem" body and are creating and making use of a range of alternative discourses.

Concluding Remarks

The three groups presented are typologies. The women were grouped according to the focus of their interviews. While each of the women was placed in one of the three groups, none of the women belonged solely in one group. I used the categories as a tool to analyze the range of voices and experiences, bringing forth themes and areas of interest. Within the three groups, "butterflies", "yo-yos", and "holistics", three themes stood apart as being dominant within the narratives of the majority of the women. Ageing, in particular, was something I had planned to mention in the interviews with the women in their 40s and 50s, and, in most cases, the participant brought it up before I mentioned it, regardless of age. The second dominant theme was health. Health was on the minds of a majority of the participants regardless of whether they had adopted what they perceived to be a healthy lifestyle. The final theme was body dissatisfaction or what I have been referring to as the 'problem' body and the varying levels of importance the participants attributed to appearance and aesthetics.

What is interesting to note about the 3 typologies is the role of a woman's overall disposition or personality in their perception and approach to their body. In their qualitative study of women between the ages of 21 and 61, Paquette and Raine identified two types of self-concept that influenced body image, self-confident and self-critical. While these two self-concepts are not mutually exclusive, women who were predominantly self-critical were more likely to hold body standards that they had not and

could not achieve and reported more body-image-related issues. In contrast, they found that the predominantly self-confident women were more reflective of external contexts and appeared to be less vulnerable to unattainable images and standards (2004:1054). These two categories are quite similar to the division between the "butterflies", the "yo-yos", and the "holistics". As previously stated, the "yo-yos" present a greater internalization of the 'thin ideal' and the 'problem' body, and this is contrasted with the "butterflies" and "holistics" who utilized alternative discourses in reference to how they should 'manage' and perceive their bodies.

What does age have to do with it?

While according to Forbes et al., the last two generations of mothers and daughters have grown up in extremely different sociocultural contexts, especially in reference to ideal women's roles and ideal body size, in the current sample there was no clear division according to age (2005:282). While the women presented an array of similarities and differences, their age was in most cases only apparent when, for example, they discussed having grown children or if they were still living with their parents. If I were to take away the women's ages and age-related clues I believe chronological age would be less prominent than you would expect in reference to bodily perception. Different women approach life events such as ageing, pregnancy, and marriage in a range of ways, and I propose that age is not as critical in one's bodily perceptions as past research may have us think. In the research there is often reference to the "mask" of ageing and "public" and "private" ageing, and while these theoretical tools are helpful in our attempt to understand ageing, they are not realistic in capturing the fact that none of

the participants could be defined by their age and that some of the 'youngest' women in the study were more concerned with age than the some of the 'oldest' women interviewed.

Using an age range similar to that of the present study, Greenleaf found that the younger women in her study reported higher levels of body shame, self-objectification, and dieting than the older women, which confirms past research that has suggested that as women age they become increasingly comfortable with their bodies and are less likely to engage in disordered eating practices (2005:59). Given the current sample, I would argue that the picture is much more complex than this, and it would depend completely on the individual. There were some women, particularly in the "yo-yos" group, that appeared to experience an increase in their overall level of body dissatisfaction as they entered menopause and underwent bodily changes such as weight gain and graying hair. In contrast, the women in the "butterflies" group were clearly less critical of their bodies now, as they are ageing, than they were in their 'youth' or as younger women. Therefore, there is always room for a change in bodily perception, whether it be a positive or negative increase or decrease, regardless of age.

Health

Turn on any TV, scan the cover of any women's magazine or walk into any fitness club, and you will find reference to health. While the term health is vague, it was on the minds of the majority of the women interviewed. It seemed that whether or not the participant was maintaining a 'healthy' lifestyle, such as not smoking, partaking in at

least minimal exercise, and eating balanced meals, it was something she thought she should be doing.

What stood out in analysis was the difference between this popular conception of the 'healthy' and 'thin' body and just overall healthy living that many of us were raised to follow or taught in school. The two seem indivisible, with one perhaps being a fad and the other being common knowledge. The women in the study wanted to be healthy because they knew it was good for their health, but many of the women 'admitted' that they were more concerned with their appearance. This complexity is visible in the range of prominent social discourses available pertaining to health. North Americans receive a large sum of their information pertaining to health from the media and many of the dominant body management behaviors classified as 'healthy' such as dieting and exercising can be anything but when done in excess.

This is where the invisible line between 'healthy' and 'unhealthy' body 'management' behaviors emerges. These classifications are socially-constructed yet have strong impacts on the women in the present study. While most of the women mentioned health, it took on a variety of meanings, which is a major theme in itself. Women's bodies and the related discourses are rampant with conflicting messages about health, weight, and beauty. The emphasis on health underlines the importance our culture appoints to a healthy appearance, regardless of whether the processes taken to achieve that 'healthy' look are healthy or not.

The 'Problem' Body

I began with the question of whether the dominant discourse of the 'problem' body was a problem in itself. In analyzing the voices of the women in the study, the answer to this question depends on the definition of 'problem'. While most of the women would like for the media to show women that are representative of the 'norm' and would like to experience less pressure to look a certain way and be less critical of their bodies, most of these same women neither perceive themselves as having a 'problem' nor want to change the way they perceive themselves.

While the discourse of the 'problem' body exists and, as previously stated, many of the participants assumed the 'problem' body or body dissatisfaction to be a major theme of the interviews, this does not imply that there is something wrong that must be immediately changed. I am not stating in any way that behaviors such excessive dieting and extreme body dissatisfaction should be ignored or that they are inconsequential. I am arguing that the discourse of 'problem' or 'dissatisfaction' has been so dominant in recent years that the immediate reaction is for researchers and scholars to declare any, and in some cases all, body 'management' behaviors, such as dieting, 'problematic'.

There was no reference to a need for major change in overall body perception present in the narratives of the women. Some may argue that this is because these women are too involved in the processes of body 'management' to recognize its existence. Beyond the theoretical explanations, there is the reality that these women, while at times struggling with their bodies, are overall at least minimally satisfied with the way they are. Therefore, I would argue that while the dominant discourses pertaining to the body such as the 'thin ideal' and the 'problem' body are potentially harmful and negative, we should

keep an open mind regarding the impact of such discourses and how the individual

understands them.

CONCLUSION

Body image and body perceptions are currently a 'hot topic' in the media and in academic literature. In exploring past literature on body image and body perceptions, and variables such as the 'thin ideal', the media and obesity, there were gaps in the research that needed to be filled. This thesis aimed at filling in many of the gaps, using a life-history methodology to explore women's perceptions of their bodies over the life-course. This thesis examined the discourse of the 'problem' body and the ways in which women come to interpret and understand this discourse over the course of their lives. I also explored how their understanding of the discourse of the 'problem' body changes over time or when experiencing major life changes. Finally, I have reflected on the ways women 'manage', 'control', and 'discipline' the 'problem' body (if at all).

Summary of findings

In studying women's perceptions of their bodies over the life-course, what emerged as important was the overall approach the individual took. The three typologies, the "butterflies", the "yo-yos", and "holistics", that emerged from the twenty life-history interviews present three overall approaches. These three typologies are a way to simplify the data, and they help demonstrate how concepts such as health and ageing can be understood in a multitude of ways and are not primarily influenced by any one factor, such as biological age or upbringing. In studying women's body perceptions, what emerges as critical is not how the 'problem' body has been theorized, but how the twenty

women interviewed have understood and internalized this concept and discourse themselves.

In exploring 'norms', we can get caught up in exploring what is normal in reference to women's bodies. While I aimed to avoid a presentation of the 'normal' body, we are constantly exposed to and told what is 'normal' and hence what is 'not' normal. I hope to have furthered the understanding of women's bodily perceptions and provided narratives that help illuminate the complexity and intricacies of individuals' perception of their body. The aim was not to simplify in creating three typologies but to give a presentation of the range of ways women understand and perceive their bodies.

Through my discussions with women, it became apparent that the 'problem' body exists, but it exists in different forms for every woman. For one woman the 'problem' body may be embodied by her friend who skipped dinner last night because she felt she was "too fat"; for another it may be represented by her own body and what she sees when she looks in the mirror. However it is understood, the dialogue of the 'problem' body and the 'thin ideal' exists and is real for all women despite their indefinable character.

While the dialogue of 'problem' is real, it is not necessarily a 'problem' in itself. I began with the question, is the 'problem' body problematic for your average woman? Given the ways in which the participants in this study made sense of their bodies in their journeys through life, I would conclude that the 'problem' body is not problematic for this group of women. Despite the dominance of the discourse on the 'problem' body, all of the women were at least minimally satisfied with their bodies, and while there was a variance in level of self-confidence and an obvious variance in experiences, all of the women interviewed had incorporated their bodily perceptions into their everyday lives.

None of the women in the present study stated that they were outright dissatisfied with their body and none of them rated themselves as less than a 6 out of 10 in overall body satisfaction. While there may have been things they did not like about their bodies that may stem from not fitting the 'thin ideal', they are not spending their lives focused on these 'problems', and these 'problems' are in most cases concerns that take little of their time. The "butterflies" are the perfect example of the complexity of the individual. Given that all of the women interviewed agreed in advance to talk about their bodies, it is possible that the "butterflies" would not have felt comfortable doing so before they had undergone their change in overall body perception. Therefore, without minimizing the crippling and serious nature of eating disorders and severe body dissatisfaction, this group presents a picture of the 'problem' body as not terribly problematic for these particular women.

While the 'problem' body may not be "terribly problematic" for the women in this project, this does not mean that I do not agree with the general consensus in the literature on body image and body perception that there is a need for change. While body perception was not a daily struggle in the lives of the majority of the women in my project, this does not mean that there is not room for great changes in the way women perceive their bodies. Unfortunately, many of the changes and ideas as to how this would be possible seem quite idealized and difficult to apply in the 'real' world.

The reality is that in order to ask if women spending 'x' number of hours of their lives thinking, tending to, and worrying about their appearance is harmful or 'problematic' means asking if our culture is problematic, which is a much bigger question. Are we as a population focused on the wrong things? Do we watch too much

TV and spend too much time thinking about the media? Have we lost a connection with our bodies in that we can no longer decipher what is healthy and what is not? These are simple questions that are infinitely complex in their answers. The 'problem' body cannot be disassociated from the societal environment that has created it. Therefore, the only way to change the dominant discourse of the 'problem' body is to address the social environment in which it was created, which is another issue in itself.

Future directions

The dominant themes of the interviews were ageing, health, and the 'problem' body. Ageing was a critical topic, with women of all ages mentioning it as an issue that they thought about at least occasionally, if not on a daily basis. There is a need to further explore the social meanings and pressures that have led to ageing being a topic that is on the minds of all women regardless of age. What has ageing come to represent for the individual? What changes have taken place that have created a social environment in which ageing is on the minds of women in their 20s and 30s?

As this thesis has explored, the context and social meaning associated with different concepts are critical to how the individual interprets and understands them. Health and the range of associated meanings and understandings constitute an area that was important to the majority of the women interviewed, for a variety of different reasons. There is a need for more research, specifically qualitative research, on health and the ways in which it is incorporated into women's lived experience. Particularly, there is a need to further to explore how societal meanings of 'health' influence women and how women adapt their lifestyle in reference to it. While health is of critical importance to

women for the obvious reason of wanting to be healthy and live a long life, in what ways has the discourse of health come to represent what would traditionally not be considered healthy? And what is the impact of these discourses on women and girls?

Throughout this project, there has been an emphasis on the 'problem' body. There is a great need for projects that do not begin by framing bodily perceptions as 'problematic'. There is a need for more qualitative research that is not primarily focused on the discourse of the 'problem' body. The more research there is that is open to alternative discourses, the more we can develop new understandings that include voices that may not represent a 'problematic' discourse.

Overall, there is a need for more qualitative projects, specifically life-history research, that further explore the complexity that makes up women's bodily perceptions. As the current project shows, there are an endless number of possible categories and areas to be explored such as adolescence, pregnancy, menopause, illness, and divorce.

The fact that none of the women in this study would be classified as obese only furthers the questions I had about obesity and the impact of the discourses surrounding women's weight. Despite the fact that none of the participants would be clearly classified as obese, there was a fear of weight apparent in several of the narratives. There is a need for further research on obesity given the fact that, statistically, the majority of Canadians are overweight and or obese (Tjepkema, 2005). Specifically, there is a need to explore how we as a society have come to stigmatize a group that comprises the majority of our country's population. How do these negative discourses influence all Canadians, whether they are classified as overweight or not? What does 'fat' mean to individuals and how have these meanings been constructed?

Paquette and Raine state that in order to improve upon women's body image, focus has to extend beyond the power of the media and include transforming the practices, conventions, and social ties in everyday life (2004:1047). As the women in the present study made clear, the media is not always the primary source of body concern. While it may be the media that instills the importance of body ideals such as the 'thin ideal', it is social interaction, friends, parents, and siblings, to name a few, that are the primary influences, whether these influences be deemed positive or negative. Assuming something has to change, there is a need to focus on the ways each individual produces and reproduces body 'norms'. In recognizing the role of the individual, we recognize one of the processes by which the discourse of the 'problem' is produced and maintained.

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APPENDIX

I: Could you tell me your age, place of residence, marital status, if you have children, and your profession?

I: If you could describe your relationship to your body in one word, what would it be?

I: Why that word?

I: Is there a specific meaning attached to that word?

I: Do you think there is a specific way a woman should look?

I: Do you think this affects how you think about your body?

I: Are there behaviors you engage in that you think are as a result of this "specific way a woman should look"?

I: What do you see when you look in the mirror?

I: If you could rate your level of body satisfaction would it be high, low? (could use 1 to 10)

I: Do you think about your body a lot?

I: How has this changed over your lifetime so far?

I: Was there a particular time in your life that you remember as having a strong impact on how you perceive your body right now? (Like a critical moment)

I: How did you feel about your body as a child?

I: Did your perception of your body change during adolescence?

I: Did your perception of your body change when entering the workforce?

I: Did getting married change your perception of your body?

I: How did you perceive your body when pregnant?

I: Did having children change your perception of your body?

I: How have you raised your children in relation to weight and body image?

I: Has ageing changed your perception of your body?

I: How have you approached ageing?

I: Have you ever been on diet?

I: If so, which ones? How did they make you feel?

I: How would you describe your relationship with food?

I: Does exercise or has exercise played a part in how you perceive your body?

I: What role does health play in how you perceive your body?

I: Have significant others in your life such as parents, siblings, friends, romantic partners, and co-workers influenced how you feel about your body?

I: When are the times when you are most likely to feel good about your body?

I: Is there a woman you know that you admire how she perceives her body, or if not someone in the media? Why?

I: How do you see your body in future years? What are your expectations?