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CHAPTER 8

The Socially Constructed Body

Insights From Feminist Theory¹

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

—Connell, 1995, p. 64

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

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

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

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

The equation of big size, strong muscles, and "true masculinity" is a pervasive theme in U.S. culture. It is so ingrained that a number of popular athletes have been secretly using body-building steroids, and up to 1 million adolescent athletes do, too, to attain the same muscular bulk. Young people using steroids can suffer premature stunting of bone growth and height loss, and there have been reports of depression leading to suicide. The long-term effects can be infertility, liver damage, high blood pressure, and other physiological problems. But the desire to look "masculine" and be able to perform well as an athlete often outweighs regard for physical health (Klein, 1993).²

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

Genes only partially determine physiological development; environmental factors such as nutrition, health regimens, prevention and treatment of illnesses, exercise, air, water, and general living conditions are the other part. Beyond physiology are the cultural and social factors that are the focus of this paper—the attitudes and values attached to gendered body practices. These practices produce bodies that one's social group considers properly "masculine" or "feminine."

The search for better-looking bodies fuels the popularity of cosmetic surgery, growth hormones, anabolic steroids, bodybuilding, and fitness regimens for men and women. For example, men are the targeted market of plastic surgeons for gynecomastia, or enlarged breasts. One ad said that "as many as one of three males are affected by this embarrassing problem" and that breast-reduction surgery can remove the "undesirable contour . . . restoring the normal male breast shape." For women, the "normal female breast shape" is large, but not too large, firm and lifted, so they get targeted with ads for "breast augmentation" and "breast reduction/lift" as well as reshaping faces, noses, lips, tummies, and buttocks. The ads for body and facial surgery encourage men and women to judge their appearance against images that are culturally admired but that many, if not most, people find difficult to meet.³

It is not surprising that 6.9 million Americans had cosmetic surgery in 2002, an increase of 228% from 1997. Of these, 88% were women or girls, and 12% were men or boys. Among the top five surgical procedures for women and men were liposuction, eyelid surgery, and nose reshaping. The other top procedures for women were breast augmentation and breast reduction; for men, they were hair transplantation and ear reshaping. Regarding age and racial ethnic group, 44% were between 34 and 50 years old, with 3% being 18 or younger; 81% of the surgeries were performed on whites and 19% on racial or ethnic minorities.⁴

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

How Bodies Matter: Appearance and Success

We may say that intelligence and competence count for much more than physical appearance, but only a few presidents of the United States have been shorter than 6 feet tall, and research on corporations has shown that approximately 10% of a

man's earnings can be accounted for by his height (Collins & Zebrowitz, 1995; Hensey & Cooper, 1987).

When one of the authors was doing interviews in the headquarters of a large, multinational corporation, she noticed that the men she was interviewing were very tall. As one interview with a man who was more than 6½ feet tall was about to begin, she asked, as a joke, "Are all the men at [the company] tall?" He smiled and said, "Well, a lot of us are," and he proceeded to explain that he has a bias toward tall people—men and women. He stated, "The last two women I've hired have been over 6 feet tall." He described his department's "winning" volleyball team and its "need [for] tall people to win." His comments may indeed reflect a preference for tall volleyball players by his department, but they may also reflect society's general preference for tall men. He may see tall men as superior, given society's valorization of height in men. Then his concern to avoid "gender bias" leads him to favor tall women as well.

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

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

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

I was observing this obstacle one day, when a woman approached the wall in the old prescribed way, got her fingertips grip, and did an unusual thing: She walked her dangling legs up the wall until she was in a position where both her hands and feet were atop the wall. She then simply pulled up her sagging bottom and went over. She solved the problem by capitalizing on one of women's physical assets: lower-body strength. (Yoder, 1989, p. 530)

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

The Social Construction of Gendered Bodies

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

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

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

Because our bodies are socially constructed in deeply gendered societies, they will of necessity be gendered because a gender-neutral or androgynous or "unisex" body is anathema in a world in which people must know quickly and precisely where to place others they encounter for the first time or in brief, face-to-face interactions. How you look to the other person (masculine or feminine) is tied to who you are (woman or man). Your social identity is a gendered identity, and all your identity papers and bureaucratic records document your gender over and over again. Who

you are is therefore gendered. We will never know how much of this gendering is biology and how much is social construction unless we have a degendered society, one that does not produce or exaggerate differences through markedly different treatment and expectations of boys and girls.

Thus, although you may think the natural physiology and anatomy of female and male bodies dictates the ways women's and men's bodies look and are used, social constructionist feminist theory argues that the "ideal types" of bodies that all are encouraged to emulate are the product of society's gender ideology, practices, and stratification system. Western societies expect men to be aggressive initiators of action and protectors of women and children; therefore, their bodies should be muscular and physically strong. Women are expected to be nurturant and emotionally giving, willing to subordinate their own desires to please men and their own interests to take care of children. Therefore, women's bodies should be yielding and sexually appealing to men when they are young, and plumply maternal when they are older.

Of course, many perfectly acceptable variations of women's and men's bodies exist, including well-muscled female bodybuilders and graceful male ballet dancers. The underlying norms seep through, however. Male ballet dancers, such as Nijinsky, Nureyev, and Baryshnikov, awed audiences with their phenomenal leaps and turns, the specialty of male dancers. Competitive female bodybuilders downplay their size, use makeup, wear their hair long and blond, and emphasize femininity in posing by using "dance, grace, and creativity." Otherwise they do not win competitions or are called "butch" or "lesbian" and treated as an oddity or embarrassment to the other contestants, women and men alike (Mansfield & McGinn, 1993).

Gendered Bodies and Social Power

Feminist research has increased awareness of the social construction of "gendered bodies" by making visible cultural and social dynamics that generally are invisible to members of a society. Using these data, feminists have called into question many accepted "truths" about gender and bodies and have challenged the evidence on which dubious claims about men's physical superiority are based. In addition, feminists' political activism seeks to improve the status and treatment of women and girls by valuing women's bodies as much as men's bodies (Butler, 1993; Jacobus, Fox Keller, & Shuttleworth, 1990; Lorber & Moore, 2007; Price & Shildrick, 1999; Weitz, 1998).

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

The institution of gender has many facets, from the societal patterns that put men into most of the positions of power in government and corporations to intimate relationships in which men have more power over women than women have

over men. There are racial, ethnic, and class differences among women and among men, but gender similarities still exist. These similarities are socially produced, but their pervasiveness makes it seem as if they are biologically linked. Thus, women's learned emotional sensitivity will be considered as evidence that they are naturally maternal, and men's learned coolness and objectivity will be considered as evidence that they are naturally logical and scientific. Yet recent events have shown that men do cry, and women can be heroes, warriors, or terrorists (Lorber, 2002).

Another common pattern is that men's characteristics are, for the most part, considered superior to women's, thus justifying men's social dominance. Cockburn (1985) notes that men's supposed greater strength rationalizes the gendered division of labor, even when it is machinery that does the actual physical labor:

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

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

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

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

On Telling Men From Women

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

When four female students were admitted to the formerly all-male military academy, The Citadel, they were warned that they would have to have "nob" haircuts (shaved heads). Soon thereafter, however, they were told that they would have only very short haircuts—in a "feminine" style. Unhappy with this distinction, three of the four women cadets shaved each other's heads and were disciplined for it (Allen, 1996). Although the commander insisted it was so that the women would not be humiliated, a picture of a woman Citadel cadet with her regulation hat showed how difficult it would be to tell the boys from the girls—unless they had a visible gender marker such as longer hair.

In most situations involving bodies, women and men are physically marked and physically separated, and overlaps between female and male bodies are ignored.

Separating women from men is not such a simple matter. In the past, chromosomal testing was thought to be an infallible sex detector. But an anomaly common enough to be found in several feminine-looking women competing at every major international sports event is the existence of XY chromosomes that have not produced male anatomy or physiology because of other genetic input. Even with evidence of overlapping physiology and physical capabilities, sports authorities continue to uphold the principle of separate competitions for women and men (Grady, 1992; Purcell, 1996). Part of the reason is that men's sports have higher prestige, more extensive media coverage, and greater economic rewards.

Feminists have studied areas in which bodies are crucial and found that the social construction of masculine and feminine characteristics represents men as superior. Ideas about bodies and physical capacities produce social practices that result in gendered bodies. These ideas and practices, and their bodily outcomes, do not just produce visible differences between women and men; they also reproduce a hierarchy, or gender stratification system, in which men's bodies are viewed as superior to women's bodies.

Sports is a prime cultural arena for the social construction of men's and women's bodies. In sports, men's bodies have an extremely high value, paying off in prestige and income. Women's sports do not pay off as well, even though the bodies of women athletes have physical capabilities most ordinary men and women could not emulate. Another area in which gender norms affect bodies is health and illness. Here, men are more disadvantaged. Young men put themselves at risk for accidents, homicides, and drug and alcohol abuse, which reduce their life span. Young women with eating disorders also put themselves at risk, but the death rates are not as high. Regarding risk of HIV/AIDS, young women are becoming even more vulnerable than young men. Both women and men are disadvantaged by physical disability, but gender norms affect them in somewhat different ways. In the following sections, we detail the gendered aspects of sports, risk behavior, weight and eating problems, and able-bodiedness.

Gender and Sports

Sports competitions are almost always gendered, and different kinds of sports construct different kinds of women's and men's bodies. In the process, they also construct masculinity and femininity and men's superior status (Hargreaves, 1994; Heywood & Dworkin, 2003; Messner, 2002; Messner & Sabo, 1994).

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

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

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

On June 23, 1996, the *New York Times* devoted its Sunday magazine to the forthcoming Olympics. What was startling was that the athletes featured in the special issue were all women. These women athletes, who were from all over the world, were champions in basketball, running, jumping, swimming, diving, sculling, kayaking, judo, gymnastics, heptathlon, shot put, mountain biking, and softball. They competed in Atlanta in 95 women-only sports as well as in 11 mixed-teams sports, including badminton doubles, yachting, and equestrian. There were 3,800 women competitors in Atlanta, two-fifths of the total number of competitors. The featured final event, followed by the closing ceremony on television, was women's basketball.

One hundred years ago, the first modern Olympics was all-male—female bodies were supposedly not made for serious athletics. Have female bodies changed in 100 years? Yes, they have. Women did not run in marathons until approximately 20 years ago. In 20 years of marathon competition, women have reduced their finish times by more than 1.5 hours. They are expected to run as fast as men in the 26-mile marathon in the near future, and they might catch up with men's running times in races of other lengths within the next 50 years because they are increasing their speeds more rapidly than are men (Fausto-Sterling, 1985).

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

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

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

This new image of women was visually evident in the photos of the special issue.

All but 2 of the 28 photos showed the women in action or in power poses, with muscles bulging and arms akimbo. In contrast, in 1 of the 2 feminized photos, a Belorussian gymnast was shown lolling on her bed in a black satin jumpsuit, like an odalisque in a painting. In the other, which was from 1926, a woman tennis player looked like a ballet dancer doing a leap, with skirt flying.

Television broadcasts of the Olympics, news and magazine photos, product endorsements, and other popular media depictions make new images of women's bodies routine and everyday. No one would think of organizing an all-male Olympics anymore.⁵ Not only would it be unthinkable but also it would be unprofitable. Olympic women athletes are good business; they attract audiences, men as well as women, and they sell products. But the prestige and financial rewards of sports for women are far less than for men, even though women—just like men—sustain many injuries, play through pain, and undergo orthopedic surgery and other such procedures. For women, pain and injuries are the price of high-level competition. For men, they are marks of manhood. If male sports stars fail to ignore injuries and pain and refuse to use their bodies aggressively on the field, their masculinity is impugned by coaches and fellow players (Messner, 1992).

Sports is a path to upward mobility for poor and working-class boys, even though few become successful professional athletes. Those who break into professional teams have only a few years to make it, and they cannot afford to be sidelined by injuries. Alcoholism, drug abuse, obesity, and heart disease also take their toll.

The life expectancy of professional football players in the United States is approximately 15 years less than that of other men (Messner, 1992). Their pay-off, and that of all the successful athletes in men's sports, is very high income and fame. Successful women athletes do not get the same amount of income, media coverage, or prestige.

Messner, Duncan, and Jensen (1993) found that in 1989 in the United States, men's sports received 92% of the television coverage and women's sports 5%, with the remaining 3% mixed or gender neutral. In 1990, in four of the top-selling newspapers in the United States, stories on men's sports outnumbered those on women's sports 23 to 1. There is also an implicit hierarchy in naming, with female athletes most likely to be called by first names, followed by African American male athletes; only white male athletes were routinely referred to by their last names.⁶ Similarly, women's collegiate sports teams are named or marked in ways that symbolically feminize and trivialize them—for example, the men's team is called Tigers, whereas the women's team is called Kittens or Lady Tigers, with all the gendered meanings of the term lady (Eitzen & Zinn, 1989).

Given the association of sports with masculinity in the United States, many women athletes manage their contradictory status through a postgame ritual of dressing and fixing their hair. One study of women college basketball players found that although they "did athlete" on the court—"pushing, shoving, fouling, hard running, fast breaks, defense, obscenities, and sweat"—they "did woman" off the court, using the locker room as their staging area:

While it typically took 15 minutes to prepare for the game, it took approximately 15 minutes after the game to shower and remove the sweat of an athlete, and it took another 30 minutes to dress, apply makeup, and style hair. It did not seem to matter whether the players were going out into the public or getting on a van for a long ride home. Average dressing time and rituals did not change. (Watson, 1987)

Another way these status dilemmas are managed is by redefining the activity or its result as feminine or womanly. Thus, women bodybuilders claim that "flex appeal is sex appeal" (Duff & Hong, 1984, p. 378).

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

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

Resistance to that transformation was evident in the policies of American women physical education professionals throughout most of the 20th century. They minimized

exertion, maximized a feminine appearance and manner, and left organized sports competition to men for a long time (Mangan & Park, 1987).

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

About this time I participated in Little League baseball. This was a boy-dominated organization where a team was "unlucky" to have a girl teammate. Approximately 1 out of every 12 kids in Little League at that time [was a girl]. I remember them quite well. Most were really not that good at baseball. They would usually play at the end of the game and bat last in the lineup. Then there were the three or four girls who stuck out in the league. They competed with the best of us. They could out-hit just about any boy and played aggressively. Although they were good, they were also outcasts. Everyone considered them "tomboys" because they would dive for a fly ball or slide headfirst into home plate. Their teammates loved them on the field but once the game was over, so was the friendship. Girls just didn't fit into the norms of Little League. I have always wondered what it was like for those girls to play a boy-dominated sport.

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

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

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

Risk Behavior

The masculine code of demonstrable physical strength valorized in men's sports is part of the body imagery of men in general. Men in the working class prove their masculinity by being tough, making fun of danger or hardship on the job, and lord-ing it over women and weaker men. For the middle-class man, power over resources and people seems to be the primary route of proving oneself a man. To get that power, a man may have to push himself so hard on the job that he ends up with a heart attack. Even more vulnerable than the "Type A" executive is the working-class African American, the "John Henry" who pits himself against impossible obstacles to try to make a decent living (Riska, 2004).⁷

Because of multiple risk factors, young African American men living in disadvantaged environments are the most likely to die before they reach adulthood. In 1998, in the United States, the leading cause of death for all individuals in the 5- to 44-year-old age range was accidents, largely motor vehicle. However, the leading cause of death for young African American men aged 15 to 24 in 1998 was homicide (Centers for Disease Control and Prevention, 2000). Because of the 1990s trend of early death rates due to homicides, suicides, and accidents, young African American men have been called an endangered species (Gibbs, 1988; Staples, 1995).

Young men's "taste for risk" has been attributed to sociobiological factors, but more plausible explanations are the seductiveness of danger; displays of masculinity; and, for African American men, despair about restricted opportunities and the future. If a man cannot honorably walk away from a fight, he may end up a homicide statistic. One research study analyzed 80 cases in which men who were strangers killed each other and found that the homicide frequently occurred in encounters in which one insulted the other and the dares escalated (Polk, 1994).⁸

Unsafe sex practices and shared needles in illegal drug use put both women and men at risk for AIDS. In the United States, the estimated number of people with HIV/AIDS as of 2004 was 1.6 million, 27% of whom are women. Heterosexual contact now accounts for 31% of the new cases, with 42% the result of men having sex with men, and 22% from injection drug use; 5% are due to the latter two forms of transmission combined. There have been about 40,000 new cases per year for the past 15 years, half of whom are African American women and men. African American women represent only 13% of the U.S. female population, but they accounted for 67% of new AIDS cases among women in 2004 (Kaiser Family Foundation, 2006b). Many African American women with AIDS live in the rural southern United States, where joblessness, substance abuse, teenage pregnancy, sexually transmitted diseases, inadequate schools, minimal access to health care, and entrenched poverty add up to their high-risk status.

Two recent trends are particularly alarming: the increase in the number of cases of HIV due to heterosexual contact, and the growing numbers of young women and men with reported cases of full-blown AIDS. There is increasingly little difference in the number of reported HIV cases by sex. As of 2003, teenagers (ages 13-19) were evenly divided by sex, and among those 20-24, a total of 37% were women. According to data from 25 states, the rate of HIV infection from heterosexual sex among teenage girls

increased by approximately 117% between 1994 and 1998, and there was a 90% increase due to injection drug use (Kaiser Family Foundation, 2006a). There is a possible "second wave" of infection among young homosexual men who believe that AIDS is now treatable, so they are less vigilant about safer sex practices. A similar denial of vulnerability may be occurring among young men and women as well. Transmission of HIV/AIDS is embedded in relationships, and whether heterosexual or homosexual, the closer the relationship, the less likely the partners are to practice safer sex (Browne & Minichiello, 1996; Lear, 1995).

Health-threatening behaviors, such as smoking, drinking, illegal drug use, and unsafe sex, are also influenced by social norms expressed in peer group pressures on young men and women of all racial and ethnic groups. Women and men who drink heavily are likely to hurt themselves physically and others emotionally and to do poorly in school. College men drink more often and more heavily than college women and are much more likely to get into fights, hurt others, drive while drunk, and cause damage to property (Johnson, 1988; Perkins, 1992; Van Roosmalen & McDaniel, 1992).

Young women tend to adopt a somewhat healthier lifestyle than young men on such measures as using seat belts, getting adequate amounts of sleep and exercise, eating a healthy diet, taking care of their teeth, and managing stress. Young middle-class women, however, are vulnerable to eating disorders, such as anorexia nervosa and bulimia, especially in the college years (Oleckno & Blaconiere, 1990). Often, these eating disorders are direct reflections of gender norms.

Weight and Eating Disorders

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

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

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

body image are vulnerable to eating disorders (Ben-Tovim, Walker, Gilchrist, et al., 2001; Bordo, 2005; Brumberg, 1988; Cooley & Toray, 2001; Gremillion, 2002; Hesse-Biber, 1996). A study of teenagers found that more than 50% of girls in a national sample were trying to alter their weight by dieting, exercising, or using more extreme measures (pills, vomiting, etc.), a pattern that was most pronounced among girls who made good grades, were more involved in school activities, and had more friends (Boyd, Reynolds, Tillman, & Martin, 2006). These findings suggest that the pressure to have a "conforming" body begins early in life, at least for girls.

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

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

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

What Is an Able Body?

Able-bodiedness is a relative concept, dependent on the physical environment and social supports. When the physical environment is adapted to a range of needs, and technological devices that enhance hearing, speech, sight, and dexterity are available on a widespread basis, people with all kinds of bodies and physical capabilities can work, travel, and socialize. John Hockenberry (1995), a paraplegic due to an automobile accident, has gone around the world as a reporter in his wheelchair, openly flaunting his physical state and constructing an image of masculine strength.

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

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

Unlike Hockenberry, who wants to present a strong, masculine image, Mairs's presentation of self is "tough"—a stance for women or men who want to confront the world on their own terms.

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

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

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

Able-bodiedness is an impermanent state because illness, traumas, pregnancy, and old age render all of us disabled at one time or another. At the 1996 Academy Awards ceremony in Hollywood, the appearance on stage of two men, one young and one old, dramatized the body's fragility. Kirk Douglas, receiving a lifetime career award, was clearly counteracting the effects of a stroke in his walk and his thank-you speech. Later, the curtain went up on Christopher Reeve, paralyzed from the effects of a fall from a horse. He was completely propped up and spoke with the

aid of a breathing tube. When the mostly young audience members, gorgeous in body and face, rose to applaud these men, each must have had a sinking feeling in the pits of their stomachs and a whisper on their lips asking whatever higher being they believed in to spare them these fates, at least for a long while.

Degendering Social Bodies

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

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

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

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

A second theme of feminist analysis of the body is dominance with regard to questions of power, gender hierarchy, privilege, and oppression. Who says men's or women's bodies are one way or another? How many women MTV producers and Hollywood film directors decide how bodies are depicted in videos and movies? Who benefits when the media depict women's bodies as sexy and fragile but strong enough to lift children, clean houses, and carry home the groceries (and work to pay for them, too)? Feminists assert that most of the naming, depicting, and promoting

of the images of women are done by powerful, privileged men. Although only some men—white, economically privileged, powerful, middle-aged, and ostensibly heterosexual—create cultural images of women, all men benefit if the images influence most women to seek men's approval, cling to one man to receive protection from the rest, doubt their physical abilities because of their "feminine limitations," or quit trying to get high-paying jobs in construction, mining, and truck driving.

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

Conclusion

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

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

Currently, men's greater power in society allows them to represent women's bodies in ways that are often untrue and harmful to girls and women. In questioning power in gender relations, feminists also ask questions about racial and ethnic hierarchies, social class, sexual orientation, age, and able-bodiedness, in addition to gender. When the "woman question" exposes women's exclusion or representation as inferior, awareness of the situation raises questions about who else is excluded. By questioning accepted norms and challenging the prerogatives of the powerful to set standards, feminists make room for differences—in bodies and in behavior. Affirmation of differences and resistance to stereotyping foster the rejection of restrictive gender images, standards, and practices, increasing the odds that all can realize their full potential.

Notes

1. Some of the material in this chapter was adapted from Lorber, J. (2001). *Gender inequality: Feminist theories and politics*. Los Angeles: Roxbury; Lorber, J., & Moore, L. J. (2002).

- Gender and the social construction of illness*. Walnut Creek, CA: AltaMira; Lorber, J. (1994). *Paradoxes of gender*. New Haven, CT: Yale University Press.
2. Klein, A. M. (1993). *Little big men: Bodybuilding subculture and gender construction*. Albany: State University of New York Press. For a detailed account of drug use in sports and predilections of genetic manipulation of bodies to produce superathletes, see Sokolove, M. (2004, January 18). The lab animal: In pursuit of doped excellence. *New York Times Magazine*, pp. 28-33, 54, 58. For accounts of steroid use, see Longman, J. (2003, November 13). Drugs in sports creating games of illusion. *New York Times*, pp. D1-D2; Longman, J. (2003, November 26). An athlete's dangerous experiment. *New York Times*, pp. D1, D4.
 3. The ad for men appeared in *New York Times Magazine*. (1997, January 5), p. 56. For comments on breast surgery for women, see Goodman, E. (2003, November 2). Beauty and the breast. *Boston Globe*, p. G11; Kolata, G. (2003, October 19). A sexual subtext to the debate over breast implants. *New York Times*, p. 4.
 4. The top five nonsurgical procedures were botox and collagen injections, skin abrasion and chemical peel, and laser hair removal. Statistics provided by the American Society for Aesthetic Plastic Surgery Web page (2002).
 5. In ancient Greece, women ran races in their own Olympics, as depicted on the vase in the Vatican. Their athletic events were in honor of Hera for women spectators. See Pomeroy, S. B. (1975). *Goddesses, whores, wives, and slaves: Women in classical antiquity* (p. 137). New York: Schocken.
 6. For an update, see Duncan, M. C., & Messner, M. with Willms, N. (2005). *Gender in televised sports: News and highlights shows, 1989-2004*. Amateur Athletic Foundation of Los Angeles Web site.
 7. John Henry is an African American folk hero, an early 20th-century laborer who raced against the newly invented mechanical steam shovel, won, and died.
 8. On controlled violence through boxing, see Wacquant, L. (2004). *Body and soul: Notebooks of an apprentice boxer*. New York: Oxford University Press.

References

- Allen, M. (1996, November 9). Women at The Citadel get shorter hair, and in trouble. *New York Times*, Section 1, p. 9.
- Asch, A., & Fine, M. (1988). Introduction: Beyond pedestals. In M. Fine & A. Asch (Eds.), *Women with disabilities: Essays in psychology, culture, and politics* (pp. 1-37). Philadelphia: Temple University Press.
- Ben-Tovim, D. I., Walker, K., Gilchrist, P., et al. (2001, April 21). Outcome in patients with eating disorders: A 5-year study. *Lancet*, 357, 1254-1257.
- Black, D. R. (Ed.). (1991). *Eating disorders among athletes*. Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- Blum, V. (2003). *Flesh wounds: The culture of cosmetic surgery*. Berkeley: University of California Press.
- Bordo, S. R. (2005). *Unbearable weight: Feminism, Western culture, and the body*. Berkeley: University of California Press.
- Boyd, E., Reynolds, J., Tillman, K., & Martin, P. Y. (2006). *Adolescent girls' race/ethnic status, identities, and drive for thinness*. Unpublished manuscript, Department of Sociology, Florida State University, Tallahassee.
- Browne, J., & Minichiello, V. (1996). Condoms: Dilemmas of caring and autonomy in heterosexual safe sex practices. *Venerology: Interdisciplinary International Journal of Sexual Health* 9, 2433.

- Brubach, H. (1996, June 23). The athletic esthetic. *New York Times Magazine*, p. 51.
- Brumberg, J. J. (1988). *Fasting girls: The emergence of anorexia nervosa as a modern disease*. Cambridge, MA: Harvard University Press.
- Burckes-Miller, M. E., & Black, D. R. (1991). College athletes and eating disorders: A theoretical context. In D. R. Black (Ed.), *Eating disorders among athletes* (pp. 11-26). Reston, VA: American Alliance for Health, Physical Education, Recreation and Dance.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of "sex"*. New York: Routledge.
- Cahn, S. K. (1994). *Coming on strong: Gender and sexuality in twentieth-century women's sport*. New York: Free Press.
- Centers for Disease Control and Prevention. (2000). *National vital health statistics reports*. Available at <http://www.cdc.gov>
- Cockburn, C. (1983). *Brothers: Male dominance and technological change*. London: Pluto Press.
- Cockburn, C. (1985). *Machinery of dominance: Women, men, and technical know-how*. London: Pluto Press.
- Collins, B. (1996, September 2). Navratilova against history: Love-15 [Letter to the Editor]. *New York Times*, Section 1, p. 27.
- Collins, M. A., & Zebrowitz, L. A. (1995). The contributions of appearance to occupational outcomes in civilian and military settings. *Journal of Applied Social Psychology*, 25, 129-163.
- Connell, R. W. (1995). *Masculinities*. Berkeley: University of California Press.
- Cooley, E., & Toray, T. (2001). Body image and personality predictors of eating disorder symptoms during the college years. *International Journal of Eating Disorders*, 30, 28-36.
- Davis, K. (1995). *Reshaping the female body: The dilemma of cosmetic surgery*. New York: Routledge.
- Davis, K. (1997). Embodiment theory: Beyond modernist and postmodernist readings of the body. In K. Davis (Ed.), *Embodied practices*. London: Sage.
- Duff, R. W., & Hong, L. K. (1984). Self-images of women bodybuilders. *Sociology of Sport Journal*, 2, 378.
- Eitzen, S. D., & Zinn, M. B. (1989). The de-athleticization of women: The naming and gender marking of collegiate sport teams. *Sociology of Sport Journal*, 6, 362-370.
- Fausto-Sterling, A. (1985). *Myths of gender: Biological theories about women and men* (pp. 213-218). New York: Basic Books.
- Fine, G. A. (1987). *With the boys: Little League baseball and preadolescent culture*. Chicago: Chicago University Press.
- Frank, G. (2000). *Venus on wheels: Two decades of dialogue on disability, biography, and being female in America*. Berkeley: University of California Press.
- Gerschick, T. J., & Miller, A. S. (1994). Gender identities at the crossroads of masculinity and physical disability. *Masculinities*, 2, 34-55.
- Gibbs, J. T. (Ed.). (1988). *Young, black, and male in America: An endangered species*. Dover, MA: Auburn House.
- Gilman, S. (1999). *Making the body beautiful: A cultural history of aesthetic surgery*. Princeton, NJ: Princeton University Press.
- Grady, D. (1992, June). Sex test of champions: Olympic officials struggle to define what should be obvious: Just who is a female athlete. *Discover*, 13, 78-82.
- Grasmuck, S. (2005). *Protecting home: Class, race, and masculinity in boys' baseball*. New Brunswick, NJ: Rutgers University Press.
- Gremillion, H. (2002). In fitness and in health: Crafting bodies in the treatment of anorexia nervosa. *Signs*, 27, 381-414.
- Gullette, M. M. (1993). All together now: The new sexual politics of midlife bodies. *Michigan Quarterly Review*, 32, 669-695.

- Hargreaves, J. A. (1986). Where's the virtue? Where's the grace? A discussion of the social production of gender relations in and through sport. *Theory, Culture, and Society*, 3, 109-121.
- Hargreaves, J. A. (1994). *Sporting females: Critical issues in the history and sociology of women's sports*. New York: Routledge.
- Hensley, W. E., & Cooper, R. (1987). Height and occupational success: A review and a critique. *Psychological Reports*, 60, 843-849.
- Herzog, D. B., Bradburn, I., & Newman, K. (1990). Sexuality in males with eating disorders. In A. E. Andersen (Ed.), *Males with eating disorders* (pp. 40-53). New York: Brunner/Mazel.
- Herzog, D. B., Newman, K. L., Yeh, C. J., & Warshaw, M. (1992). Body image satisfaction in homosexual and heterosexual women. *International Journal of Eating Disorders*, 11, 391-396.
- Herzog, D. B., Norman, D. K., Gordon, C., & PePOSE, M. (1984). Sexual conflict and eating disorders in 27 males. *American Journal of Psychiatry*, 141, 989-990.
- Hesse-Biber, S. (1996). *Am I thin enough yet? The cult of thinness and the commercialization of identity*. New York: Oxford University Press.
- Heywood, L., & Dworkin, S. (2003). *Built to win: The female athlete as cultural icon*. Minneapolis: University of Minnesota Press.
- Hockenberry, J. (1995). *Moving violations: War zones, wheelchairs, and declarations of independence*. New York: Hyperion.
- Izraeli, D. (1997). Gendering military service in the Israeli Defense Forces. *Israel Social Science Research*, 12.
- Jacobus, M., Fox Keller, E., & Shuttleworth, S. (Eds.). (1990). *Body/politics: Women and the discourses of science*. New York: Routledge.
- Johnson, V. (1988). Adolescent alcohol and marijuana use: A longitudinal assessment of a social learning perspective. *American Journal of Drug and Alcohol Abuse*, 14, 419-439.
- Kaiser Family Foundation. (2006a). *AIDS at 25: An overview of major trends in the U.S. epidemic*. Available at <http://www.kff.org>
- Kaiser Family Foundation. (2006b). *Women and HIV/AIDS fact sheet*. Available at <http://www.kff.org>
- Kearney-Cooke, A., & Steichen-Asch, P. (1990). Men, body image, and eating disorders. In A. E. Andersen (Ed.), *Males with eating disorders* (pp. 54-74). New York: Brunner/Mazel.
- Lear, D. (1995). Sexual communication in the age of AIDS: The construction of risk and trust among young adults. *Social Science and Medicine*, 41, 1311-1323.
- Lee, L. M., & Fleming, P. L. (2001). Trends in human immunodeficiency virus diagnoses among women in the United States, 1994-1998. *Journal of the American Medical Women's Association*, 56, 94-99.
- Longman, J. (2003, September 16). Women's soccer league folds on World Cup eve. *New York Times*, pp. A1, D6.
- Lorber, J. (1993). Believing is seeing: Biology as ideology. *Gender & Society*, 7, 568-581.
- Lorber, J. (1994). *Paradoxes of gender*. New Haven, CT: Yale University Press.
- Lorber, J. (2002). Heroes, warriors, and burqas: A feminist sociologist's reflections on September 11. *Sociological Forum*, 17, 377-396.
- Lorber, J., & Moore, L. J. (2007). *Gendered bodies: Feminist perspectives*. Los Angeles: Roxbury.
- MacKinnon, C. A. (1987). *Feminism unmodified* (p. 122). Cambridge, MA: Harvard University Press.
- Mairs, N. (1986). *Plaintext*. Tucson: University of Arizona Press.
- Mangan, J. A., & Park, R. J. (1987). *From fair sex to feminism: Sport and the socialization of women in the industrial and post-industrial eras*. London: Cass.
- Mansfield, A., & McGinn, B. (1993). Pumping irony: The muscular and the feminine. In S. Scott & D. Morgan (Eds.), *Body matters: Essays on the sociology of the body* (pp. 143-167). London: Falmer.

- Messner, M. A. (1992). *Power at play: Sports and the problem of masculinity*. Boston: Beacon.
- Messner, M. A. (2002). *Taking the field: Women, men, and sports*. Minneapolis: University of Minnesota Press.
- Messner, M. A., Duncan, M. C., & Jensen, K. (1993). Separating the men from the girls: The gendered language of televised sports. *Gender & Society*, 7, 121-137.
- Messner, M. A., & Sabo, D. F. (1994). *Sex, violence, and power in sports: Rethinking masculinity*. Freedom, CA: Crossing Press.
- Miller, M. N., & Pumariega, A. J. (2001). Culture and eating disorders: A historical and cross-cultural review. *Psychiatry*, 64, 93-110.
- Mueller, U., & Mazur, A. (1996). Facial dominance of West Point cadets as a predictor of later military rank. *Social Forces*, 74, 823-850.
- Oleckno, W. A., & Blaconiere, M. J. (1990). Wellness of college students and differences by gender, race, and class standing. *College Student Journal*, 24, 421-429.
- Perkins, H. W. (1992). Gender patterns in consequences of collegiate alcohol abuse: A 10-year study of trends in an undergraduate population. *Journal of Studies on Alcohol*, 53, 458-462.
- Polk, K. (1994). Masculinity, honor, and confrontational homicide. In T. Newburn & E. Stanko (Eds.), *Just boys doing business: Men, masculinities, and crime*. New York: Routledge.
- Pope, H. G. Jr., Phillips, K. A., & Olivardia, R. (2000). *The Adonis complex: The secret crisis of male body obsession*. New York: Free Press.
- Price, J., & Shildrick, M. (Eds.). (1999). *Feminist theory and the body*. New York: Routledge.
- Purcell, K. (1996). In a league of their own: Mental leveling and the creation of social comparability in sport. *Sociological Forum*, 11, 435-456.
- Riska, E. (2004). *Masculinity and men's health: Coronary heart disease in medical and public discourse*. Lanham: Rowman & Littlefield.
- Staples, R. (1995). Health among Afro-American males. In D. Sabo & D. F. Gordon (Eds.), *Men's health and illness: Gender, power and the body* (pp. 121-138). Newbury Park, CA: Sage.
- Theberge, N. (1987). Sport and women's empowerment. *Women's Studies International Forum*, 10, 387-393.
- Thompson, B. W. (1994). *A hunger so wide and so deep: American women speak out on eating problems*. Minneapolis: University of Minnesota Press.
- Thomson, R. G. (Ed.). (1996). *Freakery: Cultural spectacles of the extraordinary body*. New York: New York University Press.
- Van Roosmalen, E. H., & McDaniel, S. A. (1997). Adolescent smoking intentions: Gender differences in peer context. *Adolescence*, 27, 87-105.
- Vecsey, G. (1996, July 21). Choosing Ali elevated these games. *New York Times*, Sports section, p. 1.
- Vecsey, G. (2003, November 16). Great sport had bad bottom line. *New York Times*, pp. D1, D6.
- Wallechinsky, D. (1996, June 23). Vaults, leaps, and dashes. *New York Times Magazine*, pp. 46-47.
- Watson, T. (1987). Women athletes and athletic women: The dilemmas and contradictions of managing incongruent identities. *Sociological Inquiry*, 57, 441, 443.
- Weitz, R. (Ed.). (1998). *The politics of women's bodies: Sexuality, appearance, and behavior*. New York: Oxford University Press.
- Wendell, S. (1996). *The rejected body: Feminist philosophical reflections on disability*. New York: Routledge.
- Yoder, J. D. (1989). Women at West Point: Lessons for token women in male-dominated occupations. In J. Freeman (Ed.), *Women: A feminist perspective* (4th ed., p. 530). Mountain View, CA: Mayfield.
- Young, I. M. (1990). *Throwing like a girl and other essays in feminist philosophy and social theory*. Bloomington: Indiana University Press.

Discussion Questions

1. What does your culture or racial or ethnic group think is the ideal body for a man and a woman? Address such features as the ideal weight, height, musculature, and so on. What attributes about the person are those ideal body norms supposed to show others?
2. Imagine that tomorrow you wake up in a body that is the opposite of yours in gender and of a different skin color. What would be the same about your daily life? What would be different?
3. How do men in feminized sports, such as figure skating, physically demonstrate masculinity? How do women in male-identified sports, such as basketball, physically demonstrate femininity?
4. List all the businesses and professions you can think of that profit from the social construction of idealized bodies in the United States.
5. In a typical day, how much time do you spend grooming your body, including washing, dressing, putting on makeup, combing your hair, exercising, and other body practices? How much time and money do you spend in a month on professional hair and body care, exercise, weight control, and similar body-related activities?