

Describe the role of different types of body projects in people's lives.

Each one of us engages in a variety of efforts that alter the physical appearance of our bodies. Shilling (1993) refers to these efforts as **body projects** (see Figure 1). Some of those efforts target characteristics we have limited—or no—control over, such as poor eyesight or challenges in mobility. Other efforts target characteristics that are easily amenable to manipulation, such as hairstyle.



Figure 1. Types of body projects.

Patterns of Body Modification

As a redesigning body project, body modification includes a range of practices—tattoos, body piercings, scarification, branding, implantation, tongue splitting, and more. Body modification has a history that extends back thousands of years, and you will learn more about this in the assigned reading. Of particular note is the normalization of body modification over the past several decades. In contrast to its association with only certain social groups in the past (for example, prisoners, men in the military), today many forms of body modification have become mainstream, especially among younger cohorts. For instance, one study of more than 400 undergraduate students in sociology classes found that 43 percent had one or more tattoos (Dickson, Dukes, Smith, & Strapko, 2015). In the latter half of the 20th century, tattoos were associated with male subcultures, but today females are just as likely (or even more likely) to obtain tattoos.

Studying Body Modification

On the surface, the prevalence of tattooing or other forms of body modification is merely an indicator of choice. A growing number of people (especially young adults) choose to undertake various forms of body modification. But a sociological lens requires that we look beneath the surface. From a sociological perspective, what do we see when we look at body modification? The answer depends on one's position along the objective-subjective continuum (Bereska, 2018).

Objectivist Views of Body Modification

Looking at body modification from the objective end of the continuum, we learn about the characteristics of individuals who have modified bodies. In this context, researchers have primarily focused their attention on questions of risk. Are people with various forms of body modification more likely to engage in high-risk behaviours (for example, substance use) or experience challenges in mental health (for example, depression)? As body modification has become more mainstream, the research on these kinds of modifications becomes increasingly contradictory. Some research that targets youth practitioners (such as physicians) continues to emphasize body modification as a potential indicator of risk or mental health issues. Other research finds that tattoos and body piercings are not indicative of risk or mental health issues, except perhaps in cases of individuals at a very young age or individuals with extensive modification. You will learn more about this research in the assigned reading.

Subjectivist Views of Body Modification

In contemporary academia, sociological research on body modification is more likely to stem from the subjective end of the objective-subjective continuum. In this context, researchers focus their attention on larger social structures and processes. Body modification is part of a self-narrative—the “stories” of our lives. Our personal identities, the social groups we belong to, our interpersonal relationships, life experiences and events, and our understandings of societal norms are all integrated into that story (see Figure 2). That story is written within the larger structure of society, and is interpreted by other people.



Contrast definitions of the “ideal” body, according to scientific standards and social standards, and describe how many people are “too fat” and “too thin” according to those standards.

When we consider other aspects of physical appearance—those of body size, weight, and shape—we can identify examples of several types of body projects. If you consider yourself to be too thin, you might wear bulky clothes to disguise it; if you view yourself as being overweight, you might wear high heels to make your legs look longer or Spanx shapewear to make your waist look smaller. These are *camouflaging* body projects. Perhaps you are lifting weights to build muscle, or dieting to lose weight; these are *adapting* body projects. You might even choose to undergo liposuction surgery to remove fat from around your waist; this is a *redesigning* body

project. These body projects represent forms of social control that are directed at bodies that are perceived as currently being deficient in some way—whether your goal is to look different, or to live longer, or to be capable of running a marathon. Which body sizes, weights, and shapes are considered deviant, and which are viewed as normal? The answer to these questions vary, depending on whether scientific standards or social standards are being used (Bereska, 2018).

Scientific Standards

Medical standards define deviant and normal body sizes, weights, and shapes on the basis of harm. That is, some bodies are at greater risk of health problems than others. Being overweight increases the risk of high blood pressure, heart disease, Type 2 diabetes, and some cancers. Being underweight increases the risk of infections (because of a weakened immune system), osteoporosis, nutritional deficiencies, and some cancers. The level of risk is evaluated by a variety of measures, such as Body Mass Index (BMI), waist circumference, waist-to-hip ratio, and body fat percentage. Regardless of the scientific measure used, the majority of adults in Canada are overweight or obese. In contrast, very few are underweight, and the proportion decreases with age.

Social Standards

In everyday life, when we judge someone else's body weight (or when someone judges ours), health risks are unlikely to be the first factor that pops into people's minds (e.g. "Look at that person who is at greater risk of health problems!"); rather, it is sheer physical appearance that we tend to react to (e.g. "Look at how skinny he is!"). This brings our focus to the social standards that determine deviant and normal body sizes, weights, and shapes, which are considerably different from those identified by medical

standards. Thus, perceptions of deviant and normal body sizes are socially constructed, and they are predominantly shaped by the media.

What types of bodies do we see promoted in media? Female bodies are usually very thin and have large breasts; according to scientific standards, most of these bodies are underweight. Male bodies also tend to be thin (in terms of having a very low percentage of body fat), but they are also extremely muscular, with broad shoulders and sculpted abdominals. You will learn more in the assigned reading about the ways that the bodies portrayed by the media have changed over time, and the implications of those portrayals.

Describe how people who are “too fat” are perceived and socially controlled.

On the basis of scientific and social standards, many people’s bodies are labelled as “too fat” or “too thin.” This is the first step in the social typing process. In the second step of the social typing process, those who are labelled as “too fat” then confront a wide range of judgments. They are perceived negatively by people of all ages—regardless of their profession (including school teachers and medical professionals)—as, for example, unintelligent, lonely, and incompetent (Bereska, 2018). This prompts the imposition of a variety of measures of social control, the third step of the social typing process (see Table 1). You will read about additional measures of control in the assigned reading.

Describe how people who are “too thin” are perceived and socially controlled.

Because thinness is idealized by the social standards represented in the media, thinness is not subject to social control to the same extent that being overweight is. Typically, thinness must be extreme (such as that associated with some eating disorders) before it is subjected to measures of social control; you will learn more about eating disorders in the assigned reading. Table 2 identifies examples some measures of social control that are directed at bodies considered to be “too thin.”

Table 2. Formal and Informal Measures of Social Control Directed at “Too Thin” Bodies

Examples of Formal Measures of Social Control	Examples of Informal Measures of Social Control
Educational programs used in schools or community agencies that educate youth about eating disorders or distorted media images	Staring, teasing, laughing, derogatory comments
Psychological counselling for individuals diagnosed with anorexia	“Thin shaming” messages in online forums or on social media like Facebook or Twitter
Hospital-based treatment for individuals diagnosed with anorexia	Encouraging a friend or family member to eat another helping of food at meal time
Self-help groups for people who have experienced eating disorders	Spending less time with a friend or family member who has an eating disorder

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Examples of Formal Measures of Social Control	Examples of Informal Measures of Social Control
Magazine articles, websites, books, or videos that promote diet or exercise programs	Staring, teasing, laughing, derogatory comments
ParticipACTION programs (http://www.participaction.com/)	"Fat shaming" messages in online forums or on social media like Facebook or Twitter
Weight loss pills or powders	Encouraging a friend or family member to lose weight
Images of thin celebrities and models in the media	Starting a diet or exercise regimen
Surgery (for example, gastric bypass, liposuction)	Weighing oneself every morning
Unwillingness to hire an overweight job applicant	Joining a weight loss support group
"Fat taxes" on certain food products, or tax deductions for children's fitness	Not dating someone who is overweight

Discuss the ways that people who have been labelled as "too fat" or "too thin" may resist being stigmatized.

Although certain body sizes are deviantized and subjected to measures of social control, some individuals and groups resist being stigmatized. For

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example, fat acceptance groups have organized to fight against discriminatory policies and legislation directed at people who are overweight or obese. Additionally, many individuals who are considered to be overweight or obese—by scientific or social standards—post fashion shots or erotic photos of themselves on social media (often with a “fat pride” tag) to demonstrate that sexual attractiveness appears in all shapes and sizes. Conversely, pro-anorexia websites and social media feeds resist the stigmatization of extreme thinness by posting inspirational photos (of people with anorexia) and tips about how to continue to lose weight (even when hospitalized for anorexia). You will learn more about these forms of resistance in the assigned reading.