HEALTH, APPEARANCE AND FITNESS PRACTICES:
HOW CLASS AND GENDER ARE REPRESENTED IN FOUR YOUNG WOMEN’S UNDERSTANDINGS OF THEIR FITNESS PRACTICES

By

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Abstract

This thesis presents results from a qualitative study of how young women make sense of their fitness practices. Fitness practices related to diet and exercise are culturally linked to both appearance and health and tend to focus more on changing or maintaining the outside of body (appearance) rather than the inside (health) (Carlisle Duncan, 1994; Dworkin & Wachs, 2009; Smith Maguire, 2008). Young Canadian women are inundated with messages from both the public and private sectors about the imperative to be healthy. Many of these messages suggest that getting healthy will change our lives for the better. Four university-educated, middle class, white women; the demographic which is most marketed to by the fitness industry (Rhode, 2010; Smith Maguire, 2008) were recruited to take part in a study about how they understand their fitness practices. My research involved a focus group and individual follow-up interviews with each of the four participants. Discussion topics included participants’ perceptions of the ideal body that applies to them and what participants saw their motivations and influences for their fitness practices to be. The data arising from the group shifted the project’s focus from “fitness” toward broader questions about what it means to be “healthy” in today’s culture. In the context of pervasive neoliberal notions of health, my analysis explores some lines of intersection between social class and fitness/health as they relate to discourses of physical capital (Bourdieu, 1978, 1996; Shilling, 2003, 2004) and healthism in today’s society (Crawford, 1980, 2006). My analysis reveals that many young women are negotiating a paradox in that they engage in fitness practices, despite their knowledge of feminist body image critiques. The desire to build and convert physical capital and the intense pressure to appear “healthy” in the midst of a supposed “obesity epidemic” are
strong motivators for the women’s fitness practice routines. The young women in my study are reifying a socially constructed hierarchy of bodies which favours thin bodies over fat bodies.
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Chapter 1

Introduction

Greater health, self-esteem and general positive well-being are just some of the important benefits of physical activity for women (Pfaeffli, 2009; United Nations, 2007; Women’s Sports Foundation, 2009). *Run Like a Girl: How Strong Women Make Happy Lives* (2011), by Mina Samuels, is a book about how sport and physical activity has improved the author’s life and the lives of other “real” women (non-professional athletes). The women in her book are economically privileged, as demonstrated by their stories about their jobs and the high costs associated with the types of physical activities they engage in like marathon running, mountain climbing and other extreme/adventure sports. The way physical activity is represented in Samuel’s book reveals how popular notions about exercise today reflect larger social discourses of gender, class-privilege, empowerment and health.

Samuels’ book shows the potential for sport and physical activity to empower (some) women. What is lost in Samuel’s book and in much of the popular discourse surrounding sport and physical activity today, is the class-privilege that is required to participate in sport, and thus become “strong”, “happy”, “healthy” and empowered individuals. Samuels addresses some of the gender discourses that affected and continue to affect women’s ability to fully enjoy physical activity, but fails to address the class discourses that also affect women’s ability to enjoy the benefits of physical activity. She describes sport and physical activity as “equal opportunity endeavours” which clearly
ignores the privilege that is required to participate in sports and physical activity and implies that anyone can participate in sport and physical activity (p. 259).

*Run Like a Girl* is a perfect example of how physical activity and health discourses are framed through neoliberal ideologies which produces a type of discrimination based on health called healthism (Crawford, 1980). Healthism, that is neoliberal ideologies of health, reflect conservative politics like minimizing the role of the government and favouring free market economics like the privatization of health care and promotion of personal lifestyle choices as a means of controlling/managing the health of the population (Crawford, 1980; 2004; 2006). Healthism has effects on the individual, in terms of how enacting personal lifestyle choices are related to class and access, and effects structurally, in terms of how governments choose to deal with population health (Crawford, 1980; Howell & Ingham, 2001; White, Young & Gillett, 1995). Neoliberal health discourses encourage the idea that *everyone* can and should be managing their health through practices like diet and exercise.

Promoting the benefits of physical activity while ignoring the fact that participation in mainstream fitness practices is related to class status, reflects the current neoliberal political climate in which we are living. Being physically active and thus “healthy” has become an important part of many people’s identities today, including the participants in my study. In today’s social context, fitness practices are an important part of many people’s identities because of the way the physical body has come to symbolize health, a social aesthetic and moral worth.
In this thesis, I show how fitness practices are framed through powerful neoliberal ideologies and how the current widespread promotion of health is influencing young women’s perceptions of the ideal female body. Health and the ideal female body are discursively linked through common practices such as dieting and exercising. Fitness practices are embedded in and can be motivated by discourses of health and discourses of appearance. This project looks at how four university-educated, middle class, white, heterosexual young women understand their motivations for engaging in fitness practices, in the context of pervasive neoliberal ideas of health. The sample size is small, however, each woman participated in two different forms of data collection: a focus group discussion and an individual follow-up interview, in order to ensure that there would be a substantial amount of data to complete a master’s thesis. The sample is intended to be homogeneous because I wanted to explore with my peers how we as young privileged women are making sense of our fitness practices today. I used the feminist research method of recruiting from the researcher’s peer group so that participants came from similar social backgrounds (Browne, 2003).

In contemporary consumer society, fitness practices are promoted by both public and private agencies. Fitness practices are aggressively promoted by private commercial interests. The health and fitness field has developed into a multi-billion dollar industry, offering a plethora of products and services for improving one’s health (Blood, 2005; Bordo, 1993; McIrvin Abu-Laban & McDaniel, 1995; Shilling, 2003; Smith Maguire, 2008). Governments at all levels also encourage individuals to improve their health through diet and exercise because of the high cost of health care (Howell & Ingham, 2001; Pronger, 2002). Physical activity and nutritional guidelines, as well as other reports
produced by government institutions, suggest that Canadians are not doing enough for their health. The documents also show how Canadians can make changes to improve their health by offering exercise prescriptions and healthy eating guidelines\(^1\).

Current health promotion strategies encourage individuals to take control of their health specifically by making personal lifestyle changes (Crawford, 1980; Fisk, 2000; Pronger, 2002; White, Young & Gillett, 1995). For example, in the 1992 the US Federal Government released the Healthy People 2000: National Health Promotion and Disease Prevention Objectives report. In talking about the disparity of health between “those of lower socio-economic status”, the “disadvantaged”, and the “poor of society” the report states:

If we are to extend the benefits of good health to all of our people, it is crucial that we build in our most vulnerable populations what I have called a ‘culture of character’, which is to say a culture, or way of thinking and being, that actively promotes responsible behavior and the adoption of lifestyles that are maximally conducive to good health. This is ‘prevention’ in the broadest sense. (US Department of Health and Human Services, 1992, p.v cited in White, Young & Gillett, 1995, p.327)

This kind of neoliberal health promotion strategy, one that emphasizes individual lifestyle changes instead of social and environmental changes (which greatly affect health and are also “preventative”) is an example of how healthism affects policy decisions. Individual lifestyle choices do have impacts on our health but not as much as social determinants of health do (Marmot, 2005; White, Young & Gillett, 1995). The World Health Organization (WHO) describes social determinants of health as:

…the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves

\(^1\) http://www.healthycanadians.gc.ca
influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.\(^2\)

In this chapter I make explicit how fitness practices have been framed through neoliberal ideologies. Individual approaches to improving health, like diet and exercise, instead of social approaches (improving social and economic conditions like health care, poverty and environmental pollution) have become the favoured approach to dealing with health. Individual-based approaches directly benefit the individual by improving his or her health, and indirectly benefit society by reducing the cost of health care. In a 1980 paper, political economist Robert Crawford coined the term *healthism* to denote the shift toward placing the responsibility of health on the individual rather than on the state (Crawford, 1980). The concept of healthism is integral to my analysis of how young women understand their motivations for engaging in fitness practices.

Also integral to my analysis is the relationship between fitness practices and empowerment. Women’s fitness practices are associated with multiple discourses of empowerment and disempowerment (Carlisle Duncan, 1994; Dworkin & Wachs, 2009; Markula, 1995). Some feminist researchers have found that fitness practices can empower women. Women can experience empowerment physically by building strength, (re)claiming public and private spaces and challenging traditional ideas about gender (Deveaux, 1994; Heywood & Dworkin, 2003; Dworkin & Wachs; Lenskyj, 1986). Other feminists argue that the current body ideal popularized by the health and fitness boom is disempowering for women because it is biologically impossible for most women to achieve the combination of muscles and thinness that it requires (Bartky, 1998; Chernin,

\(^2\) [http://www.who.int/social_determinants/en](http://www.who.int/social_determinants/en)
Markula (2001) argues that the demands of the current ideal, in a society that over-emphasizes physical appearance for women, has created an inordinate amount of body dissatisfaction among women. The image of the ideal healthy and fit body that is portrayed by the fitness industry is also associated with disempowerment because of its exclusivity. In a longitudinal study of women’s fitness magazines, Dworkin and Wachs found that white, young, slender, able-bodied women, who appear to be heterosexual, dominated the covers and featured articles of women’s fitness magazines. A body ideal that only represents a small fraction of society and that is futile for most women provides evidence for the claim that fitness practices can be disempowering.

This project is about how young women are making sense of their fitness practices given the various health and fitness discourses they confront every day. My motivation for this project stems from my own experience of not clearly understanding my fitness practices and my interest in questions of physical empowerment and of women’s relationships with appearance. In my own life fitness presents a conundrum. I read extensively about body image and the oppressiveness of female body ideals, yet I still find myself concentrating on my weight and appearance. I treat my body like a “do it yourself” project. My experience reflects the influence of neoliberal healthism discourses. My generation of women have grown up with feminism and knowledge of body image critique (Fidlen, 1995; Richards & Baumgardner, 2000), however, we continue disproportionately to consume the products and services of the health and fitness industry (Rhode, 2010). The pressures to be seen as healthy are greatly influencing my generation’s choices to engage in fitness practices despite having mainstream knowledge
of body image critique. My project uses healthism and other theoretical frameworks to try to understand why this dissonance is happening.

**Research Question and Design**

This study is a feminist-driven qualitative research project about how class and gender intersect with ideas about health and fitness today (see Methodology chapter for more detail). The central research question for the project is: how do young women understand their fitness practices? To answer this question I recruited four participants from my peer group to take part in an in-depth focus group and in individual follow-up interviews. A small group of women who already knew each other was intended to make the focus group discussion intimate and to gain depth more easily (Browne, 2003). Due to the fact that participants were from my peer group, the focus group and interviews were more like relaxed discussions than a formal research process. Therefore, you will find that I have written myself into the thesis as a quasi-participant in this study because the research topic is semi-autoethnographic and the data collection process was like a regular conversation my friends and I would have. In both sets of discussions, the issues we focused on were: perceptions of the ideal body, fitness practices and routines and notions of health, class and privilege. The reading I have done on the politics of women’s bodies, women’s fitness practices and notions of health have provided me with some ways of understanding how young women are making sense of their health and fitness practices. The interviews and focus groups revealed how neoliberal healthist ideologies are influencing participants’ conflation of health and the ideal body (beauty).
In addition to gender, ideologies of healthism and notions of empowerment are among the dominant influences on women’s fitness practices today (Carlisle Duncan, 2008; Dworkin & Wachs, 2009). By healthism I mean the shift toward neoliberal policies that place the responsibility of one’s health on the individual (Crawford, 1980; 2006). By empowerment I mean the way health and fitness practices are framed as a way to “feel better” about one’s self (Dworkin & Wachs). The healthism and empowerment literatures help me to analyze the themes that emerged in my data and to explore some of the ways the young women’s perceptions about their health and fitness practices reflect ideas about gender and class.

Social Context

Today, the term “fitness” is often assumed to refer to the specific categories of muscular fitness and/or cardiovascular fitness. It has also come to denote the shape and size of the body, or more specifically appearance (Smith Maguire, 2008). The term fitness has become ubiquitous in North American culture; it appears in discourses about sport, body image, fashion and health (Petersen, 2007). The increased commercialization of athletes (Heywood & Dworkin, 2003) and the moral panic surrounding the “obesity epidemic” (Carlisle Duncan, 2008; Zanker & Gard, 2008) have both contributed to interest in and public concern about “fitness”.

Fitness practices have played a key role in social construction of the gendered body. In their book titled Body Panic: Gender, Health and the Selling of Fitness, Dworkin and Wachs (2009) write that historically, femininity has been typically associated with the lower body, cardiovascular endurance and stretching exercises, while
masculinity has been typically associated with the upper body, weightlifting and competition-based sports. In other words, stereotypically men like to build their upper bodies and women like to minimize their lower bodies. The definition of fitness also differs based on gender (Kane & Lenskyj, 1998; Leeds Craig & Liberti, 2007; Scott-Dixon, 2008). Dworkin and Wachs and Carlisle Duncan (1994) both found that women’s fitness magazines focused more on improving appearance and losing weight than men’s fitness magazines. The ideal body for women was described in women’s fitness magazines as “toned and firm”, while in men’s fitness magazines the ideal body was described as “hard and cut” (Dworkin and Wachs, p. 49). In mainstream discourse, fitness is framed differently for women than it is for men which is why is important to look at the gendered aspects of fitness practices.

Since the 1990s, academics and the media have sometimes used the term “body beautiful”, to describe the feminine body ideal that encompasses toned feminine muscles and thinness (Bartky, 1998; Bordo, 1993; Maguire & Mansfield, 1998; Markula, 1995). Although the participants in my study did not use the term “body beautiful”, the ideal they felt applied to them embodied the same components as the body beautiful. For example, the participants described the ideal that influenced them as “feminine”, “toned”, “athletic”, “proportional” and “healthy (looking)”. The focus on toned muscles symbolizes an interesting shift from weight to shape in the social aesthetic. The current ideal extends the demand on the female body to not only be thin (like the Twiggy ideal of the 60s and the heroin chic ideal of the 90s), but toned as well (like the Jane Fonda ideal of the 70s & 80s and now the omnipresent healthy/fit body ideal). An emphasis on physical control over fat and flab is now part of the mandate, which means that to meet
the ideal women need, for instance, to possess toned abdominal muscles, whereas in previous generations they were just supposed to be skinny or to wear undergarments that might help them appear so.

The thin-and-toned female body ideal is full of paradoxes which contribute to the argument that fitness practices are disempowering. For example, in her study of women in an aerobics class Markula (1995) described the ideal body for women as being “firm but shapely, fit but sexy, [and] strong but thin”. In 1988 Sandra Bartky wrote that the body beautiful ideal looks more like an adolescent boy’s body than a woman’s body. Soaring rates of eating disorders among women have sparked the opinion that women are better off with an ideal that includes elements related to health, such as exercise, than a thin-only ideal (which still dominates the fashion industry today). Yet, Blood (2005), Markula (2001) and Thompson (1990) have all found that there has actually been an increase in disordered eating and in women’s dissatisfaction with their bodies with the widespread promotion of the fit and healthy body ideal over the past two decades.

**The conflation of health and beauty.**

Part of what makes fitness practices and the pursuit of the ideal female body so popular today is the conflation of health and beauty. Beauty has become equated with fitness and fitness with health; the lines between beauty, sexiness and health are, increasingly, blurred (Eskes, Carlisle Duncan & Miller, 1998). The health and fitness sector promotes and motivates individuals to work on the appearance of their bodies for both health *and* appearance by buying health and fitness products and services. The conflation of health and beauty complicate women’s participation and experience of
“getting fit” and propagates the notion that women’s bodies need constant improvement (Carlisle Duncan, 1994). In *The Beauty Myth*, Naomi Wolf (1990) states that the larger the beauty industry get— the sicker women become (p. 82).

Appearance ideals have also become conflated with health ideals in the context of a so-called obesity crisis (Carlisle Duncan, 2008; Markula & Pringle, 2006). In North America, we are inundated with messages that conflate health with beauty by equating looking good with feeling good (Carlisle Duncan, 1994; Dworkin & Wachs, 2009; Featherstone, 1982). In contemporary consumer culture, “to look good, is to feel good, is to be good” (Hughes, 2000, p. 21). This perspective is then underscored by medical advice to watch our weight in order to avoid illness. For example, contemporary obesity research is concerned with measuring waist circumference (as a proxy for visceral or stomach fat) as an indicator of health (Janssen, Katzmarzyk & Ross, 2004). In North America, a flat stomach is also desirable in terms of appearance. MacNevin (2003) found that women frequently identified their stomachs as the body part they would most like to change. The overlap between health advice and beauty ideals supports the notion that looking good (attaining the ideal body) is synonymous with feeling good (attaining a healthy body) and has led to the presumption that one’s health can be judged based on visual body characteristics such as weight and shape. It also implies that looking good (attaining the ideal “healthy body”) will also make you feel good in terms of increasing self-esteem in addition to feeling good physiologically.

Lupton (1995) writes that “good health has become a visible sign, demonstrated by the lean, taut, exercising body” (p.71). Although a person’s appearance can sometimes indicate the presence of ill-health or disease, weight is generally a poor reflection of
health (Zanker & Gard, 2008). The “looking good is feeling good” equation is actively constructed in contemporary consumer culture and is represented by our participation in the health and fitness industry when we purchase products that promise to make us look and feel better (Featherstone, 1982). Socially we tend to afford positive connotations to bodies that “look good” and negative connotations to bodies that do not “look good”, which motivates many of us to buy products that promise to make us look and feel better (like a gym membership or a magazine advertising the latest diet trend). In North America, fatness has become culturally opposed to fitness (Scott-Dixon, 2008). Fatness is associated with laziness, lack of control, wantonness and mental stupor (Bordo, 1993; Petersen, 2007). The equation implies that if you don’t look good you can’t feel good because you aren’t good, which keeps people buying fitness knowledge and products, and fuelling the billion dollar industry.

**The politics of health (care) in Canada.**

Contributing to the pressures to want to look and be healthy are pressures due to the fact that health care in Canada is funded publically, by taxpayers. Universal health care, a model of health care in which all citizens receive the same health care for free, has become a defining feature of Canadian society. The government pays for health care through income tax. This means that Canadians themselves are funding the health care system, but to varying degrees because of Canada’s progressive taxation system. The higher the income the higher the percentage of tax one pays on that income, which leads to the perception that the burden of paying for health care is more so on the wealthy citizens (those who also on average have higher levels of health). This is part of why neoliberal ideologies are the basis of conservative politics in Canada which favour the
privatization of health care and other policies that benefit the upper classes such as corporate tax breaks and cutting social spending. Canada’s health care landscape contributes to some of the class dimensions of health and fitness practices today.

Universal health care became a nation-wide program in the early 1960s (Evans & Law, 1995, p. 83). Tommy Douglas, the social democrat Premier of Saskatchewan, launched “the first comprehensive public hospital insurance program” in North America in 1946 (Evans & Law, p. 81). The movement towards a collective responsibility for health that was reflected by the shift towards a socialized model of health care was largely a response to the experiences of World War II (1939-1945) and of the Great Depression (1929-1939). However, it was only a decade later in the 1970s when the high cost of providing universal health care motivated the Canadian government to start looking for ways to save money (Pronger, 2002).

In 1974, the growing cost of health care around the world prompted the WHO to start campaigns to encourage citizens to maintain good health and well-being. The WHO introduced the term “health promotion” to denote practices that focus on the promotion of health instead of on the treatment of illness (Richmond, 1999, p. 158). This way, governments could encourage individuals to be proactive about their health and reduce the need for reactive treatments thus saving health care dollars. Health promotion also reduces the role governments play in individual’s health demonstrating a shift away from a social responsibility for health and towards an individual responsibility for health (neoliberal) (Crawford, 1980; Hughes, 2004; Pronger, 2002). The original focus of health promotion was on educating people about health and on mobilizing communities to improve health through environmental change (Richmond, 1999). However, today, health
promotion is more focused on individual lifestyle changes instead of environmental or social factors (Fisk, 2000).

Individualist approaches to health are largely focused on lifestyle choices and ignore significant social and cultural conditions that shape health, like socio-economic status (White, Young & Gillett, 1995). According to healthism discourses, individuals are responsible for their health and thus the health of the state overall (Dworkin & Wachs, 2009; Crawford, 2006). Using healthism in my analysis to explore participants’ perceptions about health links my project to efforts to understand the larger ideological move towards neoliberalism in Canada. The health conscious middle class that has grown since the 1970s lends itself to neoliberal policies like privatization and commercialization of health care (Crawford, Greenhalgh & Wessley, 2004). Privatizing health care means attaching a price tag which not only disadvantages those with less money, but also systemically denies social determinants of health like gender, race and class which are not in the control of the individual. An unfit-looking body is assumed to be unhealthy and a “problem” which is the responsibility of the individual to fix. The ideology of healthism has generated a consumer culture where health has become a market commodity (Richmond, 1999, p.161). Individuals buy health through products and services that are aimed at improving our health and/or symbolize health.

Healthism discourses have also helped to frame fitness as a way of achieving a sense of control in an increasingly out of control world (Bordo, 1993; Maguire & Mansfield, 1998). Harnessing fat and flab through fitness practices is about controlling the body’s shape. A fit looking body symbolizes control over one’s life and health. One’s physical appearance has become symbolic of one’s moral state (Bordo; Featherstone,
Smith Maguire notes that “improving one’s health and appearance has become an obligation, linked to an ideology of individual responsibility as well as a logic of status display in promotional culture” (p.52). Body projects (projects of the self), have largely replaced the “projects of the soul” that dominated in earlier eras, partly because of the way one’s character and morality is now assumed to be displayed through one’s physical appearance (Baudrillard, 1998 in Dworkin & Wachs, 2009, p. 69).

This project explores the perceptions of a group of young women about diet and exercise, revealing how health promoting activities are linked to class-privilege and gender. The conflation of health and beauty and looking good with feeling good and the over emphasis society places on women’s appearance are themes from the data that I will be exploring in more depth throughout this project. In the next chapter, the literature review, I look at more of the specific arguments made by feminist fitness scholars regarding women’s fitness practices, women’s appearance and the ideas of empowerment/disempowerment that have influenced this project. Chapter three, the theoretical overview, discusses how abstract theories of the body, class and power in society, put forth by social theorists Michel Foucault and Pierre Bourdieu, can be used as frameworks in conjunction with feminism to understand women’s health and fitness practices. An overview of the qualitative research paradigm and a justification for my specific methodological choices will be covered in the fourth chapter. The results of my study will be presented and analysed in the fifth chapter. I will discuss how the main findings and themes from the data represent ideologies and discourses of gender and class and how these are shaped by discourses of healthism. Lastly, in my concluding chapter, I
discuss the current state of neoliberal politics in Canada, some limitations of my study and after-thoughts regarding how my research could be used for future projects.
Chapter 2

Literature Review

In this chapter, I discuss literature on the politics of women’s bodies and fitness practices. Many researchers have found that women’s identities are greatly influenced by their appearance (Blood, 2005; Bordo, 1993; Maguire & Mansfield, 1998; McIrvin Abu-Laban & McDaniel, 1995; Petersen, 2007; Shilling, 2003). Girls as young as nine are being socialized to link their identities with their bodies (Blood, 2005; Bordo, 1993; Orbach, 2010; Rhode, 2010; Shilling, 2003). Historically, women’s bodies have been far more scrutinized than men’s bodies and women have been encouraged to work on their bodies more than men have (Jagger, 2000). Women are also aggressively targeted by marketers for and continue to be the prime consumers of the billion-dollar fitness industry (Leeds Craig & Liberti, 2007; Rhode, 2010; Smith Maguire, 2008). The cultural spotlight on women’s bodies makes women and girls especially vulnerable to body manipulation and body ideals (Bordo, 1993).

Women’s fitness discourses are greatly influenced by broader gender discourses and norms. Fitness practices have long been associated with femininity and the ideal female body (Bartky, 1988; Bordo, 1993; Cahn, 1994; Hargreaves, 1994, 2001; Lenskyj, 1986; Lupton, 1995; Markula, 1995). Many feminists have studied women’s fitness practices and their relationships to body ideals and to media discourses because of the connection between fitness practices, gender and appearance norms. Feminist fitness researchers who have focused on the role of gender in women’s fitness practices, like Bartky, Bordo, Carlisle Duncan (1994), Dworkin and Wachs (2009), Markula (1995,
2001) and Smith Maguire (2008), provide the scholarly backdrop for this project. The multiple ways in which feminist fitness researchers have made sense of women’s fitness practices inspired me to ask the research question: how do young women understand their fitness practices? Before discussing some of the specific feminist arguments about women’s fitness practices, I will first clarify how feminism relates to women’s fitness practices and how it informs my research and analysis.

This study is primarily a feminist project. Feminism provides a critique of the ways fitness practices are sold to women and of the complex power relations between women that form and are formed by women’s involvement in the fitness industry. Commonly expressed by the popular second-wave feminist slogan “the personal is the political”, feminism provides a way of understanding how cultural and social pressures shape women’s private decisions and how our private decisions collectively shape our society and culture (Carlisle Duncan, 2008; Friedman, 2010). Fitness practices can have real implications for our lives and how we feel about ourselves. Taking a feminist perspective for my project means analyzing how gender discourses are represented in our ideas about fitness practices. Feminism allows me to be critical of fitness practices while still acknowledging the many benefits and pleasure women derive from them. For example, in her 2008 article called *Big Girls Don’t Cry: Fitness, Fatness and the Production of Feminist Knowledge*, Krista Scott-Dixon showed some of these benefits, by arguing that fitness practices could help to dismantle oppressive gender ideologies by providing a greater presence of strong women who “do things” (lift weight) rather than just “be things” (fit/attractive). Scott-Dixon’s perspective contrasts with that of Carlisle Duncan (1994) who sees women’s involvement with fitness practices as potentially
problematic because, she writes, women’s energies could be spent on more politically meaningful activities than on diet and exercise. The fact that many feminist fitness critics, like Margaret Carlisle Duncan, Pirrko Markula, Shari Dworkin and Faye Linda Wachs engage in body work themselves, despite their critiques, demonstrates how complex women’s relationships with fitness practices can be.

Third-wave feminists recognize that experiences and identities can be complicated and contradictory (Dworkin & Wachs, 2009). Many third-wave feminist writers understand women as wielding power and agency in choosing fitness discourses. This means that women are not simply being duped by the industry into engaging in fitness practices but that they are consciously choosing to participate in health and fitness practices for a variety of reasons. Understanding identity as fluid, intersectional and sometimes contradictory, helps me make sense of women’s participation in fitness practices—including my own—while being critical of them at the same time. I will explain this perspective more in Chapter 3.

**Feminist Fitness Literature**

**Body ideals.**

Body ideals are socially constructed (Orbach, 2010; Shilling, 2003). Which bodies get privileged or idealized in society is not constant or fixed, no matter how “hardwired” the social aesthetic might seem. The spectrum of body types, skin colours and facial features differs around the world, yet more women around the globe are taking up Western ideals (Orbach, 2010). Western body ideals are being exported to other parts of the world through globalization and the expansion of media and the consumer market.
Some researchers, like Nancy Etcoff (1999) argue that there is a biological basis to what we find attractive in society, pointing to principles of mate-selection and “survival” as evidence. However, the increase in the number of Western inspired cosmetic surgeries, such as eye lid reconstruction in Asia and skin whitening techniques in India, is evidence that beauty and body ideals are not simply biologically driven (Orbach).

Understanding that body ideals are not natural or inevitable is a central part of my analysis, as my research is about how fitness practices have come to be viewed as normative. Some feminists have argued that women’s body ideals reflect a heterosexual male notion of the ideal female body (Carlisle Duncan, 1994; Maguire & Mansfield, 1998; McIrvin Abu-Laban & McDaniel, 1995; Pauly Morgan, 1998; Shilling, 2003). In her article about cosmetic surgery Kathryn Pauly Morgan describes the heteronormative beauty culture as:

any culture that defines femininity in terms of submission to men, that makes the achievement of femininity (however culturally specific) in appearance, gesture, movement, voice, bodily contours, aspirations, values, and political behaviour obligatory of any woman who will be allowed to be loved or hired or promoted or elected or simply allowed to live, and in any culture that increasingly requires women to purchase femininity through submission to cosmetic surgeons and their magic knives, refusal and revolt exact a high price. I live in such a culture. (p. 163)

The gaze over the female body forms gender relations, not only between men and women but also between women (Blood, 2005). However, the claim that women’s fitness practices are influenced by a heteronormative male gaze is too simplistic because straight or gay, women and men both pursue mainstream body ideals. My participants said that they felt more influenced by their female peers than by their male peers. My analysis expands on the idea that there are many gazes over the female body.
Body ideals change historically. Whether fatness is prized or punished fluctuates. For example, during the Renaissance period (1400s-1600s) fatness symbolized positive social status (Rhode, 2010). In 1890, the most photographed woman in the world was Lillian Russell who weighed 200 lbs at the height of her career (Bordo, 1993, p.104). Fatness is still the desired social aesthetic in some countries despite the exportation of Western body ideals discussed by Orbach (2010). Today, in Mauritania, a West African country, women are expected to eat 15,000 calories a day and stretch marks are considered attractive (Howarth, 2009). In her 1990 book The Beauty Myth, Naomi Wolf found that the most popular diets in the West for women consisted of only 600-1,600 calories a day, which would put women in a state of semi-starvation (p.195). My point here is to demonstrate that how we as a society view “fatness” or “thinness” is not natural. Body ideals are socially constructed.

Our bodies are not just about gender but also symbolize our class status (Bourdieu, 1978; 1996; Shilling, 2003). The symbolic relationship between class and fatness has changed over time too and thus is also socially constructed. Today, in the West, most women have plenty of access to food, yet many women are choosing to severely restrict their food intake through dieting (Wolf, 1990). Thinness and fitness have come to symbolize wealth and access to resources such as gyms and healthy food (Dworkin & Wachs, 2009; Abu-Laban & McDaniel, 1995; Smith Maguire, 2008), while being overweight, something that used to symbolize access to food and thus good class standing, is now seen to symbolize lower socioeconomic status (Bordo, 1993). Research also shows that lower socioeconomic status is, in fact, correlated to being overweight (Ferreira et al., 2006; Cummins & McIntyre, 2006; Gearhart Jr., Gruber & Vanata, 2008).
Socioeconomic status is a social determinant of health which contributes to the massive health inequalities seen internationally but also in the local context (Marmot, 2005). The type of bodies that are socially privileged (the ideal body) reflect larger cultural, social and political moments in time (Featherstone, 1982).

Fitness discourses aimed at women promote the idea that the female body is a project in need of constant improvement (Blood, 2005; Carlisle Duncan, 1994; Chernin, 1985; Maguire & Mansfield, 1998; Petersen, 2007; Shilling, 2003). Not surprisingly, more women are on diets than not and feeling bad about our bodies has become so commonplace that it seems ‘natural’ (Markula, 2001; Polivy & Herman, 1987). The message that our bodies need constant improvement creates distorted body images for many women (Marklua, 2001).

**Empowerment?**

There has been a considerable amount of academic work done on women’s participation in fitness practices and the potential these practices hold for empowerment (Carlisle Duncan, 1994; Dworkin & Wachs, 2009; Eskes et al., 1998; Heywood & Dworkin, 2003; Leeds Craig & Liberti, 2007; MacNevin, 2003; Maguire & Mansfield, 1998; Markula, 1995; Scott-Dixon, 2008). Bartky (1998) connects women’s body ideals with disempowerment and the issue of violence against women. She says that the strict requirements for the management of muscle and preservation of heterosexual femininity discourage women from getting too strong. There is a demarcation for women between being fit and toned and being too muscular (a sentiment that was echoed by one of my participants). Bartky sees the acceptable feminine parameters that govern women’s bodies...
as helping to keep women physically weaker (then men). She says that when we celebrate the strong and muscular male body but not the strong and muscular female body, we are contributing to the conditions that give men physical dominance over women. Bartky’s argument is that the discourses that negatively frame female strength contribute to the potential for male violence against women and thus the disempowerment of women.

However, other feminists stress that participating in fitness practices needs to be understood as a privileged experience even if there are disempowering aspects to those experiences (Dworkin & Wachs, 2009, p. 32). For instance, the ways that some women work to acquire privilege (a “good” body) can be part of a system that oppresses others. The supposed empowerment of one set of women (First World) through fitness practices, can be at the expense of other women (Third World) who produce designer workout gear in sweatshops (Cole & Hribar, 1995). But the issue of empowerment is not just a question of political economy.

Dworkin and Wach’s (2009) longitudinal study of women’s fitness magazines adds to the discussion of how participation in mainstream fitness practices is a privileged experience. Fitness discourses are influenced by class discourses. Working class women are not talked to, or talked about in fitness magazines (Dworkin & Wachs, 2009; Jette, 2006). Working class women are also not exempt from pressures to be “fit” because of healthism, but the fitness industry tends to target only those people who have the economic resources that come with class privilege and thus can participate in the commodification of health and fitness.
Women’s fitness magazines also contribute to the exercise as empowerment discourses. Female body ideals are often critiqued in women’s magazines that, at the same time, present images of the oppressive body ideals they critique (Eskes et al., 1998). Eskes and colleagues describe these inconsistencies or hypocrisies as talking out of both ends of their mouths or “doubletalk”. Fitness magazines often talk out of both ends of their mouths by featuring articles on how to love your body on one page and then, on the next page, giving instructions on how to change it (Eskes et al., 1998). The double-talk present in many women’s fitness texts contributes to the discourses that question whether fitness practices are a site of empowerment for women.

Women’s empowerment and liberation is the paramount goal of feminism (Deveaux, 1994). Although the concept has gained more currency in the last 50 years, Dworkin and Wachs (2009) point out how the bicycle was sold as a symbol of female empowerment at the turn of the twentieth century, indicating the long history linking physical activity and empowerment. Fitness is often touted as being empowering and liberating for women by the various players in the fitness industry; the diet and exercise makers, magazines and governments/health officials. Women who grew up in North America and are presently in their mid-twenties have been exposed to more “feminism” than previous generations, despite this fact the number of young women who identify themselves as feminists is extremely low (Fidlen, 1995; Richards & Baumgardner, 2000). However, empowerment discourses remain prominent as companies have been selling products using marketing strategies based on feminist principles of empowerment, but without calling it feminism.
The concept of female empowerment is frequently co-opted and used as a marketing strategy to sell fitness products to women (Dworkin & Wachs, 2009). Commodity feminism is a term used to describe the process of using empowerment and feminist language to sell products, without actually mentioning feminism. Commodity feminism is accomplished by “Just do it” slogans and feminist ideologies of freedom through an individualized fit body politic (Cole & Hribar, 1995 cited in Dworkin & Wachs, 2009). Almost twenty years ago Cole and Hribar wrote, “Fitness campaigns have successfully sold anxieties about ‘body lack’ to women through the commodification of ideologies of feminist empowerment (e.g. choice, control, winning, having it all) in a larger climate of declining social activism and dissipating social movements” (Cole and Hribar, 1995; Dworkin & Messner, 1999 in Dworkin and Wachs, p. 109).

I believe that “body lack” discourses, coupled with “self mastery” discourses appeal to women because of gender constraints that limit how and where women can be successful. The concept of empowerment continues to appeal to women because of the existing gender biases that still negatively affect women in North American society today such as the persistent wage gap between men and women (Almey et al., 2000). Dworkin and Wachs (2009) say that “focusing only on the empowering aspects of consumer culture literally erases the negative effects of healthism…” (p. 21). In other words, focusing on how fitness practices can make you feel better erases the fact that access to that empowerment is influenced by class-privilege.

Although fitness practices are sold as “empowering”, getting and staying fit commonly require forms of self-surveillance like weighing and measuring the body and counting calories which Carlisle Duncan (1994) argues is part of the hidden
disempowerment of fitness practices for women. By measuring their bodies, women show they are responding to an external gaze which removes the authority and power of the individual (Carlisle Duncan, 1994). The concept of how individuals police themselves (and their bodies) has been written about by Michel Foucault in his discussions about how power in modern society is enacted on the body and under the influence of the social gaze.

In the next chapter, I will expand on the feminist and healthism literature by looking at how the work of Michel Foucault (1977,1978, 1979) and Pierre Bourdieu (1978,1996) informs these discourses. Foucauldian theory underpins much of the feminist fitness literature and the healthism literature. His notions of power, docile bodies and self-policing apply to fitness culture and thus to my project and analysis. Bourdieu’s work has influenced the literature on healthism and neoliberalism (Crawford 1986, 2004, 2006; Howell & Ingham, 2001; White, Young & Gillett, 1995) especially with regards to class. Bourdieu’s work relates to the cultural symbolism of physical appearance and how our class status can influence our ability to use our appearance for economic and/or social gains.
Chapter 3

Theoretical Framework

The overarching theoretical influence for this project is feminism. However, Michel Foucault and Pierre Bourdieu offer theoretical concepts that contribute to my analysis for this project. My study is primarily based on a feminist understanding of women’s experiences of fitness practices, gender, health and class-privilege. The work of Foucault and Bourdieu both deal with how our relationships with our bodies are structured and restructured through social practices. They both offer valuable theoretical frameworks that help me to understand the questions about the body in culture that I am asking with my study. Foucault offers insights into how power is enacted through bodies in contemporary societies, suggesting how governments today are using the promotion of health and fitness for their advantage. Bourdieu looks at the symbolic value of the body and how one’s choices to engage in fitness practices are influenced by one’s class status. First I will discuss Foucault’s concepts of power, resistance and the panopticon, and how they are relevant to my analysis. I will then discuss Bourdieu’s concepts of physical capital and the habitus to further demonstrate the relationship between class, the body and fitness practices. The objective of this chapter is to demonstrate the theoretical concepts behind my analysis.

Foucault

Foucault is known for his genealogical approach to studying how citizens are regulated through subtle networks of power relations surrounding the body. The relationship between power, knowledge and the body unite his work. Many feminist
fitness scholars have used Foucault’s theories on power and resistance, in conjunction with feminism, to study the politics of women’s bodies (Bartky, 1998; Bordo, 1999; Carlisle Duncan, 1994; Eskes, et al., 1998; Markula, 2001; Markula & Pringle, 2006; Rail & Harvey, 1995). Foucault’s work can be applied specifically to body politics as he was interested in “…the mechanisms of power that underpin complex processes” of how “certain bodies, certain gestures, certain desires” come to be normalized (Foucault, 1980 cited in Markula & Pringle, p. 15). Mainstream body ideals and the fitness practices that go along with such ideals, reflect normalized desires about the body. However, in order to use Foucault’s work to help understand dimensions of gender in the politics of women’s bodies and women’s body ideals, his theories need to be paired with feminism, as he did not account for gender in his work (Bartky, 1998). There has been a lot of feminist debate and critique over using Foucauldian theories for feminist projects (see Fraser, 1989 and Hartsock, 1990). However, many feminist fitness scholars have engaged with Foucault’s work on the notion of normalizing-disciplining powers to shed light on the social control of women in contemporary society (Armstrong, 2010).

Foucault’s research into how power operates in society included a variety of sites such as government institutions like the army, prison, and school as well as the institutions of medicine and the church. He had specific interests in how governments controlled citizens through regulating the body, in order to ultimately benefit the state. Foucault coined a number of terms to describe the modern power relations centred on the body. Biopower is the term Foucault used to describe the new subtler forms of power that concentrate on regulating the body. Biopowers are disciplinary powers over others’ bodies, “an explosion of numerous and diverse techniques for achieving the subjugations
of bodies and the control of populations” (Foucault, 1978, p.140). In disciplinary power the body is treated individually and meticulously controlled through movements, gestures, attitudes, and degrees of rapidity (Foucault, 1979, p. 136-137 cited in Pauly Morgan, 1998, p. 154). Disciplinary powers like biopower which are used by governments to create “docile bodies” were first used in institutional settings (i.e. to create armies for defence purposes) but have “gradually been applied more broadly as techniques of social regulation and control” (Armstrong, 2010, p.2).

Foucault distinguished between two main kinds of power that function as controls in society: coercion or physical force, and non-coercive power, that is power that does not require force. It is this modern, non-coercive power that Foucault was most interested in (Foucault, 1978). This is also the kind of power that is relevant to my project about how young women understand their fitness practices and how healthist discourses benefit the government. In his book Discipline and Punish, Foucault traces how governments used physical force and displays of violence to control pre-seventeenth century society, and then, as a result of growing populations, governments increasingly became concerned with population control. They focused on the management of life as opposed to control via the threat of death (Armstrong, 2010). Foucault’s notions about how power operates in society provided new ways of thinking about how individuals are governed and self-govern today and how these types of power are politically productive.

Foucault discusses the subjective aspects of power, that is, how we are implicated in our own power relations. For Foucault, power is relational; it is not top-down, nor is it concentrated in the hands of a select few such as political or class elites (Foucault, 1978). Foucault’s notion of power differs vastly from popular notions of power as being
something that is held by certain groups, individuals or institutions and that is used to oppress other groups, individuals and institutions (with less power). Foucault sees power as productive rather than restrictive. He prefers to talk about power as something that operates through individuals rather than as something that is possessed by individuals. Foucault’s ideas about power provide insights into the transactions of power that shape women’s experiences of the fitness industry. By using a Foucauldian model of power-as-relational, I am agreeing with the argument that women are exercising power in their interactions with fitness discourses; we are not powerless victims of oppressive body ideals and may be involved in our own subjugation (Dworkin & Wachs, 2009; Haug, 1999).

One of the ways Foucault fleshed out his ideas about non-coercive power, disciplinary practices and docile bodies is by using the panopticon as a metaphor for how the power of a perceived gaze can motivate us to self-police and self-govern ourselves. The panopticon was a prison design created by Jeremy Bentham in the late sixteenth century. What is unique about a panopticon-style prison is that the prison guard is strategically positioned in the centre of the structure with an illuminated view of all the inmates’ cells. The position of the guard makes it impossible for the inmates in the surrounding cells to know whether the guard is in fact watching. The non-verifiable gaze created by the panoptic design would instil self-surveillance in the inmates as they did not know when they were being watched (Foucault, 1979). This is symbolic of how governments are able to control citizens (create docile bodies) through complex power relations that involve the idea that someone is watching. This concept is part of how healthism operates today. Pressures to adopt healthy lifestyles are powerful in part
because of how we perceive, for instance, that our doctors, peers or bosses judge our health based on our appearance.

Foucault’s concept of the panopticon is useful for analyzing how non-coercive powers influence women’s choices to engage in fitness practices as well as the general pressures felt by individuals to be “healthy” in today’s society. There is no single identifiable figurehead or power coercing women into working on their bodies. Instead there are multiple forces at work that convince us that we need to exercise and watch what we eat. Women’s magazines undoubtedly contribute to the negative relationships many women have with their bodies through their promotion of unrealistic and oppressive body expectations (Eskes et al., 1998; Markula, 2001). However, they cannot take all the blame because many women who feel bad about their bodies do not read such magazines. In my study, participants actively avoided media sources such as women’s magazines.

The fact that no one is forcing women to work on their bodies is an interesting dynamic of women’s engagement in fitness practices. Studying and asking questions about bodies is evidence of a gaze over bodies and our interaction/participation with it (Blood, 2005, p. 37). Many fitness practices directly require self-surveillance, like weighing and measuring the body and counting calories. The metaphor of the panopticon, that is, how a perceived gaze can influence individual behaviour has been applied specifically to women’s body politics. Carlisle Duncan (1994) used the idea of the panopticon to describe the disembodied forces that compel women to work on their bodies. Women internalize body ideals, self-monitor and self-police their bodies despite acknowledging the social construction of such ideals. Women are influenced and pressured by the media’s fixation on appearance; however, it is individual women who
are choosing to take up the ideal (and regimes of body work). Since there is no centralized power that women can blame their dissatisfaction with their bodies on, many women feel that the body standards they apply to themselves are private and personal and they blame themselves instead of social institutions and public practices (Carlisle Duncan, p. 43). Armstrong (2010) further explains the power behind disciplinary powers over the body. She writes that:

…in *Discipline and Punish* he [Foucault] describes the way in which the central technique of disciplinary power – constant surveillance – which is initially directed toward disciplining the body, takes hold of the mind as well to induce a psychological state of ‘conscious and permanent visibility’ (Foucault, 1977, p. 201). In other words, perpetual surveillance is internalized by individuals to produce the kind of self-awareness that defines the modern subject (p.2).

In his 1979 book, *Discipline and Punish* Foucault discusses how fitness and exercise (a disciplinary power) originated as a training tool for developing soldiers and what he calls, “docile bodies”. He states, that through the introduction of control of time, space and movement, the military produced a new “discipline” in which individuals could become “masters” of their bodies, which would then benefit the state (through the creation of armies of soldiers). Fitness practices today still fit the criteria for a discipline in which individuals attempt to master their bodies through specifically designed exercises. Mainstream exercise discourses today are still rooted in controlling time, space and movement. Fitness practices are typically about spending a certain amount of time doing certain body movements; like an exercise class or video, a run or jog (measured by time and/or distance) or simply the common exercise prescription of 30-minutes a day, three times a week. In the current social context, achieving the fit body ideal is very much self mastery. The fit/healthy body ideal is about producing a physically disciplined looking body by harnessing fat and flab through the creation of toned muscles (Bordo,
Messages and discourses that promote health and fitness are productive for both the government, in terms of saving health care dollars, and for the health and fitness industry which profits from the sale of products and services.

Foucault’s notions about the subjective aspects of power have interesting implications for opportunities for resistance which are also pertinent to my study. He developed a more robust account of docile bodies, subjectivity and resistance in his later works on self-ethics (Armstrong, 2010). Foucault states that resistances are an inevitable part of discourse. Opportunities for resistance emerge from within pre-existing discourses and power relations (Foucault, 1978). For example, women cannot resist health and fitness discourses without the presence of health and fitness discourses. This means that the discourse produces resistances to itself and that there are ways of resisting the discourse from within the discourse. This is extremely relevant to my study because of my personal conundrum of being critical of body ideals yet caught up in them at the same time. Foucault’s understandings of power and resistance are favourable for many feminists who understand identities as being complicated and sometimes contradictory.

Foucault writes that it is internal forms of resistance that are the most common and effective forms of resistance, as opposed to “radical ruptures” or discursive revolutions. “…more often one is dealing with mobile and transitory points of resistance, producing cleavages in a society…” (Foucault, 1978, p. 96). Women could benefit, for example, from small shifts in their interaction with fitness discourses; we need not abandon fitness practices all together. My project is a perfect example of creating resistance from within the discourse. Women who engage in fitness practices, yet are critical of them at the same time, can find meaningful ways to express resistance from within the fitness culture.
Foucault’s ideas about power and resistance allow for an analysis of how women might resist proscriptive femininity through their fitness practice choices (Dworkin & Wachs, 2009; Scott-Dixon, 2008).

Foucault has provided useful theories of the social mechanisms that result in the normalization of self-monitoring and activities that enhance the self, what he calls “technologies of the self”, like fitness practices (Rail & Harvey, 1995). Fitness discourses help normalize certain bodies and prescribe mechanisms for achieving what is said to be normal (healthy weight/Body Mass Index). For Foucault, a key defining feature of modernity is “the replacement of the law by the norm as the primary instrument of social control” (Armstrong, 2010, p. 2). Today there are many norms based on the body; normal body weights, BMIs, waist circumferences, amounts of exercise and diets.

Foucauldian frameworks for understanding power and resistance inform my analysis of how young women understand their fitness practices by getting me to think about ways in which women are influenced by forms of power and resistance through their engagement with fitness discourses. The Foucauldian account of power has been criticized for reducing social agents to docile bodies (Armstrong, 2010); this is where the work of Pierre Bourdieu on structure, agency and class can be useful. In the next section, I will expand on the class dimensions of health and fitness practices by discussing the work of Pierre Bourdieu to show how our class-status directly affects our relationship with our bodies.

**Bourdieu**

The work of French sociologist, Pierre Bourdieu emphasizes social practices more
than social structures (Harvey & Sparks, 1991, p. 171). Among his central concerns are the symbolic value of the body, the commodification of the body and the relationship between the body and social inequalities (Shilling, 2003). Bourdieu has examined how our tastes for sport and physical activity are part of broader lifestyle choices that are influenced by our class standing (Bourdieu, 1978; 1996; Laberge & Kay, 2002, Shilling, 2003; 2004). His work highlights “the role that the body plays in the construction of gender, the embodiment of culture and class and the reproduction of social inequality” (Light, 2005, p.1). Bourdieu’s theories on the relationship between cultural practices and class embodiment are useful for analyzing how new health imperatives that are a result of neoliberal ideologies of health, are linked to class discourses and the reproduction of social inequalities.

The body for Bourdieu is a source of what he calls physical capital. Physical capital can be converted into other forms of capital such as social, cultural or economic capital (Bourdieu, 1978, 1996; Light, 2005; Petersen, 2007; Shilling, 2003, 2004).

The term, physical capital, is used to refer to cultural capital that is embodied through social practice and any form of physical attribute such as athletic skill, beauty, deportment or physical strength which can be converted into other forms of capital. The shape, size, use and adornment of the body carry particular meanings just as ways of walking, sitting, gesturing and taking part in social life are saturated with social and cultural meaning (Light, p. 9).

To help us understand the concept of physical capital, Shilling suggests that we think about the ways in which professional athletes, models or even prostitutes use their bodies for material and economic gain (2003). Cultural capital is also embodied in the everyday use of the body, it involves “the messages that everyday actions communicate and the ways in which uses of the body can provide social advantage or disadvantage”
The process of converting physical capital into social and cultural capital can also be understood as “cashing in on one’s looks”, for example, getting a job or partner based on one’s appearance (McIrvin Abu-Laban & McDaniel, 1995). However, the opportunities for people to create and convert physical capital are related to one’s class status (Shilling, 2003). For example, one may have the physical potential to be a supermodel or a professional athlete, but unless one is exposed to the right people and contexts to develop one’s skills, one is not likely to be able to convert one’s physical capital into economic or social capital. I can relate to this concept as my gymnastics career was cut short because of class and economic reasons, not because of a lack of skill. Our class status—in terms of resources—affects the opportunities we have for building and converting capital.

Bourdieu’s theory of physical capital and attention to class are useful for understanding how young women’s engagement with fitness discourses reflects their class backgrounds as well as their understandings of the benefits of their fitness practices. Physical capital is an outcome of fitness practices. Women who participate in fitness are creating/increasing the social value of their bodies by making them more like the ideal which is culturally promoted, rewarded and celebrated. The possibility of converting physical capital into social gain is part of what fuels the billion-dollar fitness industry.

Bourdieu’s work illuminates how class can be read on the body (Bourdieu, 1978; 1996). For Bourdieu, “class refers to a group of social agents who share the same social conditions of existence, interests, social experiences, and value systems, and who tend to
define themselves in relation to other groups of agents” (Laberge & Kay, 2002, p. 241).

Bourdieu describes how our class greatly shapes our appetite and imagination for cultural practices using his concept of a class-based “habitus” (Bourdieu, 1978, 1996; Light, 2005). Habitus provides a system of classification which enabled Bourdieu to identify specific aesthetic “lifestyle” choices or tastes with specific classes (Brooker, 1999). A person’s habitus involves practices, systems and rules picked up by “habit”, at first in the family home, which are literally inscribed on the body through things like our posture, accent and tastes. Bourdieu does acknowledge that one’s habitus is not fixed, however, he states that one’s fundamental relationship to one’s body is based on the habitus and thus on class:

It is the relation to one’s own body, a fundamental aspect of the habitus, which distinguishes the working classes from the privileged classes, just as, within the latter, it distinguishes fractions that are separated by the whole universe of a lifestyle. On the one side, there is the instrumental relationship to the body which the working classes express in all the practices centred on the body, whether in dieting or beauty care, relationship to illness or medication, and which is also manifested in the choice of sports… On the other side, there is the tendency of the privileged classes to treat the body as end in itself… which leads to the macrobiotic cult of health, or on the appearance of the body as a perceptible configuration, the ‘physique’, i.e., the body-for-others (Bourdieu, 1978, p. 838 emphasis in original, cited in Laberage and Kay, 2002, p. 250).

The link between class and the body can be seen in the results of Bourdieu’s 1976 study on the variations in value Frenchwomen place on the body, beauty and beauty care. He found that:

The interest the different classes have in self-presentation, the attention they devote to it, their awareness of the profits it gives and the investment of time, effort, sacrifice, and care which they actually put into it are proportionate to the chances of material or symbolic profit they can reasonably expect from it. (Bourdieu, 1996, p.202).

Bourdieu’s work has been criticized by Shilling (2004) for being too
deterministic, that is, concentrating too much on how our lives are determined by the context in which we were born. However, Bourdieu (1996) does describe the habitus as “a structured and structuring structure” (p.171) which definitely acknowledges that the habitus involves some agency (that it can change). For my study, it is most relevant that our ability and even our desire to be and look healthy reflects class privilege like leisure time and the economic capital to purchase healthy food, services and the latest health knowledge trends. Not to say that in the current neoliberal social context, individuals from lower classes do not desire to be and look healthy, but Bourdieu (1996), Crawford (2006), Featherstone (1982) and Shilling (2003, 2004) have all found that the healthy lifestyle movement is primarily a middle class movement, mostly because of the way the middle class people can view the body as a means to an end and because they have the privilege to engage in commodified practices related to their body and health.

In the current social context, our bodies symbolize character and social and cultural capital. Laberge and Kay (2002) write:

Because sport and physical activity practices offer the possibility of shaping the body, they express the ‘body for others’, that is the bodily incorporation of social relations. In this regard, sport and physical activity practices are the visible manifestation of the impression one wants to give oneself, of one’s ethic of moral virtues… or social value… (p. 250).

My project is about how gender and class help shape and are reflected in cultural practices like diet and exercise. Bourdieu’s work helps make sense of the new middle class health consciousness that came out of the health promotion movements of the 1970s by examining the strength of the cultural currency of the healthy and fit body ideal among the middle class (Crawford, 1980, 2004, 2006). Bourdieu found that fitness practices that are geared towards health and anti-aging (versus sport and competition oriented practices)
are most popular in social groups with high levels of cultural capital and that the middle and upper classes have the power to “define their bodies and lifestyle as superior” (Shilling, 2003, p. 122). Bourdieu helps me understand how class status affects our ability to convert physical capital and how our relationships with our bodies can also reflect our class.

Together, the work of Foucault and Bourdieu provide a theoretical framework that helps me to analyze and interpret my participants’ motivations for engaging in fitness practices. Foucault’s work has made me aware of the importance of understanding how women may be unconsciously exercising power and resistance in their interactions with fitness discourses. Bourdieu’s work is integral to understanding the role of class in fitness discourses and the relationship between class and physical embodiment. In the next chapter I will look at my methodological choices for this study and discuss in more detail how feminism informs my data collection and analysis for this project.
Chapter 4

Methodology

This section provides a description of and rationale for the method I used to obtain my data and the process I used to analyze it. In choosing a research question a researcher is forced to think about the variety of ways she or he might answer the research question. Which method would best suit the goals of the project? To answer my own research question – how do young women understand their fitness practices? – I chose to host a focus group with four to six young women, transcribe the discussion, circulate the transcripts and then conduct a follow-up interview with each participant.

First I will discuss my motivation for doing the project this way and then I will provide a rationale for my choice to do a qualitative study. I will discuss the qualitative research paradigm in more detail and contrast qualitative research methods with quantitative research methods. In the second section of this chapter I will report on how I actually carried out the project. Throughout my description I will reflect on issues that came up during the research process. Lastly, I will evaluate my choice of methods and research design.

My choice to host a focus group and conduct interviews and the idea for my research question and analysis were motivated by two recent books about fitness. *Built to Win: The Female Athlete as Cultural Icon* by Shari L. Dworkin and Leslie Heywood (2003) is based on a series of focus groups in which youths were asked to discuss how they perceived different images of female athletes. The group atmosphere of the focus groups helped to produce unexpected data from the youths and thus suggested to me that
focus groups might be favourable for answering open-ended research questions like mine. I chose to add follow-up interviews because Dworkin and Heywood suggested that interviews allow for more depth than focus groups (which is an important objective of qualitative research). The second book, *Fit for Consumption: Sociology and the Business of Fitness* by Jennifer Smith Maguire (2008) is a recent analysis of the fitness boom. In her book, Smith Maguire suggests possible future research initiatives for the sociological study of fitness. It was here that I found the idea of interviewing women about the role of gender and class in shaping their ideas about health and fitness. My research question – how do young women understand their fitness practices – and my plan to analyse the intersections of gender and class, were directly inspired by Dworkin and Wachs and Smith Maguire’s books.

Focus groups and interviews are data collection methods that fall under the umbrella of the qualitative research paradigm. I will discuss focus groups in more detail later in this section; here I will outline the basis of qualitative research methods and how they differ fundamentally from quantitative research methods. Quantitative research and qualitative research differ epistemologically and ontologically, meaning they have different understandings of what we are able to know and how it is we know what we know. The overarching principal of qualitative research is that it does not try to quantify human experience. This is fundamentally different than in quantitative research, which as its name suggests produces quantified data/results. Qualitative research projects aim to understand the meaning of social or human phenomena as they are experienced or constructed by people (e.g. through an interview or focus group versus a questionnaire).
Focus Groups

In 1970, David L. Morgan wrote a book called *Focus Groups as Qualitative Research*. Before this publication, focus groups had mainly been used in the advertising industry to conduct product and market research. Focus groups are now used sometimes to help answer research questions. Palys (2003) suggests that focus groups are like interactive group interviews. They can be very structured, with a comprehensive agenda, or semi-structured, with a list of proposed topics to cover. A semi-structured focus group allows the researcher to take advantage of the group dynamic and it is the approach I’ve taken for this project. The researcher can act as the facilitator of the group or someone can be hired to run the group. In a semi-structured group, the facilitator makes up a focus group guide which is used as a prompt and tool to keep the conversation on topic and to ensure the researcher’s questions get addressed. However, in a semi-structured focus group there is also room for the group to guide the discussion around the topics.

A focus group provides an environment where participants can challenge each other, ask questions, and probe for details (Kitzinger, 1994; Morgan, 1997; Palys, 2003). In a focus group there are multiple participants contributing to the discussion which lessens the researcher’s presence, as opposed to an interview, where there is only the researcher and the participant and where it is up to the researcher to guide the conversation. Thus focus groups tend to produce data that is more participant driven.

A key element of qualitative research methods that differs from quantitative research methods is that the researcher has an explicitly subjective role in the collection and analysis of data in qualitative research (Lincoln & Guba, 1994). The subjectivity of
the researcher is naturally imposed on any research process from start to finish; the researcher brings her or his subjectivity to the qualitative research process because he or she is the main instrument in collecting and analysing the data. In a focus group and in an interview setting, the researcher/facilitator collects the data. The researcher asks questions and guides the focus group. The data is not being collected by a survey, test or machine. The researcher is also the one responsible for conducting the analysis as opposed to a formula, equation or model. For example, in my project, the interpretation of the data is controlled by me, the researcher (i.e. the data guides the researcher in her or his analysis and development of theories but it is the researcher who negotiates the decisions).

Qualitative research does not necessarily try to prove or test an equation or hypothesis but rather seeks to understand, describe and explore our understanding of social phenomena as constructed by participants. There are no clear rules about what counts and what data leads to a particular analysis in qualitative research. Researchers have to report on what they make of the data, and equally as important, explain how they came to those conclusions. Researchers also need to detail what data does and doesn’t get analysed and reported on in the write-up.

Qualitative researchers believe that examining the role of the researcher’s subjectivity on the research process is important and should be recognized as part of the research process. In quantitative research objectivity is valued, not subjectivity. In quantitative research, there isn’t the focus on the role of the researcher that there is in qualitative research because the studies are intended to be replicable and uninfluenced by any personal bias or subjectivity. Quantitative researchers generally try to write their presence out of their research, while qualitative researchers actively write themselves into
their research in a practice called “reflexivity”.

**Reflexivity**

“Reflexivity” is the process of examining the role of the researcher’s subjectivity (i.e. their lived experience) on the research process (Daly, 2007) and is one of the challenges of doing good qualitative research.

Reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining 'outside of' one's subject matter while conducting research. Reflexivity then, urges us to explore the ways in which a researcher's involvement with a particular study influences, acts upon and informs such research (Nightingale and Cromby, 1999, p. 228).

Reflexivity (or being reflexive) is especially important in a project like mine, because I am personally and professionally invested in the research. My personal experiences as a young woman entrenched in and navigating body image discourses and my professional experience as a promoter of sport and physical activity for girls and women, has unquestionably influenced the project I’ve chosen to do and how I have chosen to do it. My personal investment requires me to be reflexive because I am trying to understand myself and my own position within the fitness discourses I have been exposed to. The fact that my participants are also my friends requires analysis because the entire research process has had an effect on my friendships and on the research. I will discuss how I tried to incorporate reflexivity throughout the research process and the challenges I faced as a result of my investment in the project and my choice of participants.

Reflexivity as a qualitative research practice has broader philosophical roots in feminist research. Doing research that is personally driven is a large part of feminist
research strategies in the academy (Daly, 2007). Valuing the personal lived experience of women is key to feminist scholarship. The emphasis on reflexivity was brought about by feminist critiques of traditional science’s objective standpoint that the role of the researcher can be (and should be) separated from the research process. Instead of disregarding the personal feelings and experiences of the researcher, as in quantitative research, feminists recommended that female researchers start with their own experiences. This was important to feminist researchers because it could legitimate women’s often private and invisible subjective experiences of being a woman (Daly, 189). The feminist understanding that our personal experiences and subjectivities influence the entire research endeavour means that how we as researchers understand other women’s subjectivities requires attention.

Qualitative research methods like focus groups and interviews are intended to produce—however there is no guarantee that they will—rich and highly descriptive data. Rich and descriptive data is not possible with quantitative research methods. The qualitative research process is emergent and inductive which suits answering open-ended research questions. Inductive research methods are data-driven and require the researcher to think about new ideas as they arise. Quantitative social research, as its name suggests, seeks to quantify human experience. Quantitative research methods like surveys and questionnaires are often used in the social sciences and can be very useful for dealing with large sample sizes (like collecting census data), when for instance it would be impossible to talk to everyone or to observe them. In quantitative research, research findings are often legitimized by their ability to be conducted by different researchers with similar results (i.e. reproducibility).
According to Lincoln and Guba (1994), qualitative research can address some of the shortcomings of quantitative research. Quantitative research is said to strip data of its context. Not enough attention is placed on how various social conditions might affect the research and findings. Therefore there can be disjunctions between the theories developed in quantitative research and the local context. The findings of quantitative research are often generalized although they are not actually applicable to the individual (for example, the common statistic that the average family has 2.4 children). As stated earlier, quantitative research can produce useful and specific macro and micro information but lacks the ability to capture the nuances and depth of personal experience that qualitative research methods encourage.

To reiterate, my research question suits a qualitative research design as I am interested in the cultural phenomenon of engaging in fitness practices as understood by a particular group of individuals: young, white, middle class, heterosexual women. My research design assumes that I do not know the answer to this question. I am not trying to prove or test a particular theory about how women understand their fitness practices. Instead I am creating new knowledge about the subject by having a conversation with people who are deeply implicated in it. Through reviewing the literature and my personal experiences and interactions, I know how complex it is to understand one’s fitness practices today. A small, manageable and intimate sample has allowed me to talk to women in depth to catch the nuances and details that a quantitative method like a survey might have missed. For my research question— how do young women understand their fitness practices— it does not make sense for me to do a quantitative research project where I would decide the various ways women could understand their fitness practices
and list them as options on a Likert scale for participants to rank. I am interested in the answers that I do not already know. There has been significant work already done on exploring the struggles women have with their bodies. I want to talk to women how they are making sense of these often competing discourses today. Instead of fitting women’s possible understandings of their fitness practices into pre-existing boxes I wanted to explore and expand those boxes. In other words, I wanted to complicate the popular discourses that equate “looking good with feeling good” and thus “health with beauty”. By using a qualitative research approach, I think I have been able to get more depth in my understanding of the various fitness discourses that are circulating around me and other young women who are similarly socially positioned and how these discourses affect how we feel about and what we do with our bodies.

Data Collection

Before the focus group I compiled a semi-structured focus group guide which included: materials that served as prompts to elicit discussion; the objectives of the project; and, a loose plan for the focus group discussion (see Appendix A). The discussion questions listed in the guide were: 1) what do participants think the ideal body is for women our age: 2) does the ideal have any influence in the participants’ lives: 3) what kind of fitness practices do participants engage in and: 4) what motivates or influences participants’ fitness routines.

As a prompt, I used recent statistics regarding women’s fitness and women’s body image as presented by two popular women’s magazines, Flare (Fitness Factors, 2008) and Glamour (Dreisbach, 2009). The statistics described some of the fitness discourses
that are circulating today. Therefore the participants in the group could reflect and expand on how they made sense of the discourses illuminated by the statistics. I chose the statistics as prompts because they present evidence of the contemporary discourses around fitness that young women are negotiating every day. I am aware that the statistics may not “accurately” represent the feelings of women towards their fitness practices but nonetheless they provide a framework or template for the reader on how other women (“like” them) understand their fitness practices. Reading about how other women understand their fitness practices helps shape our own understandings of our fitness practices (Carlisle Duncan, 1994). Articles, statistics and televisions shows about “real women” (versus celebrity women) can have tremendous normalizing and internalizing powers (Carlisle Duncan, 1994). The women reading the statistics may view them as “normal” or typical views on fitness by other women like themselves and thus the statistics may influence their behaviour and understandings of it. Also the quantitative nature of the statistics provides an “in” for discussing the context behind the statistics.

The first set of statistics were the results of an online poll published in 2008 in Flare, a Canadian fashion magazine’s “Body Beautiful” special (p.118-120). As a side note, the fact that the poll was done by a fashion magazine suggests that “fit” is in fashion (literally)\(^3\). The poll reported on some of my discussion questions like the reasons why women engage in fitness practices, the types of fitness practices women are engaging in and the body ideal for young women. The answers suggest that there is a focus on weight when talking about fitness and that the desire to be thin/fit is important to women. The focus on attaining or maintaining a fit body was paramount for women: 71% of

\(^3\) Lou Lou, a Canadian Fashion Magazine also featured an “athletic chic trend watch” in the beauty section of the September 2010 Issue.
respondents “would give up mascara forever to maintain the perfect weight” (p.120). The poll also illuminated the widespread dissatisfaction women tend to have with their bodies with the statistic that only “19% of respondents were happy with their bodies” (p.118). Other statistics from Flare illuminated some of the fitness conundrums women face like dreading diet and exercise and “falling off the bandwagon” despite reporting how good it makes them feel (p.120). Although we often say and are told we feel great when we exercise, many of us (as demonstrated by the statistics) acknowledge that those “feelings” are often not enough to sustain our fitness regimes. The second set of statistics were from the American women’s magazine called Glamour. The magazine’s online body image survey (2009) was a follow-up to their 1984 body image survey. In 2009 they polled 16,000 women on their “body confidence secrets” (Dreisbach, 2009, p.1). These statistics, although not necessarily “scientifically sound” were provocative because they suggested how preoccupied women continue to be with their bodies indicating that not much progress has been made since 1984 in terms of women’s body acceptance/satisfaction. For example, more than 40% of respondents said they were unhappy with their bodies, which is a number virtually unchanged from 1984 (Dreisbach, p.2).

The statistics also pointed out how our female peers are influencing our feelings about our bodies. This was a theme that came up in the focus groups and interviews as well. Female peers influencing women’s fitness practices conflicts with the popular “male gaze” argument in which the ideal body for women which is a result of male standards of female beauty is internalized by women (see results chapter for more on the female peer influence).

After I submitted and obtained ethics approval from the General Research Ethics
Board (GREB) (see Appendix B), I tested the focus group guide on September 8th 2009 with four of my colleagues from the School of Kinesiology and Health Studies at Queen’s University. I wanted to make sure that the guide would be able to generate a minimum ninety-minute group discussion. The pilot group showed me that I wasn’t alone in my interest in understanding women’s fitness practices and body ideals. I did not have to rely on the statistics to prompt discussion as all of the women had a lot to say about the topics. The pilot group reaffirmed my belief that many young women, even young women who are interested in feminism and who study socio-cultural aspects of fitness in university, are unclear about how they understand their fitness practices.

After the pilot group I began recruitment for the focus group. The only requirements for my sample were gender, age and a willingness to discuss fitness practices. Using purposive sampling, I found four female participants who are around my age. Purposeful sampling occurs when the researcher selects a specific set of individuals “because they purposefully inform an understanding of the research problem and central phenomenon in the study” (Creswell, 2007, p. 125). All the participants were 24 years old and came from Toronto (a large city). Each of them was university educated. The four participants and myself have, in a general sense, been exposed to the same general social context and fitness discourses. Part of what intrigues me about my topic is the fact that my generation has been exposed to mainstream critiques of body image (such as the use of airbrushing in the media and prevalence of cosmetic surgery among celebrities etc.) and there continues to be a growing critique of body image even from proponents of body ideals themselves and, yet, many women continue to pursue mainstream body ideals (Eskes et al., 1998).
My decision to recruit participants directly from my peer group was motivated by feminist researcher Ann Oakley who suggests that the best way to find out about people is through developing relationships between the participants and the researcher (Oakley, 1981). Through my recruitment strategy I intended to take advantage of the pre-existing relationships I had with my friends and recruited them as participants for my study. The feminist fitness literature suggested to me that the difficulty I was experiencing in trying to make sense of my own fitness practices was something that my peers might be experiencing as well (Carlisle Duncan, 1994). In her 2003 article *Negotiations and Fieldworkings: Friendship and Feminist Research*, Kath Browne suggests that working with peers can produce data that is more like every day interactions and dialogue in formal research settings such as focus groups and interviews, and can reduce the power differential between researcher and participant (p.137). I recruited participants from my peer group because my research question was about a common social phenomenon that young women my age were likely experiencing.

The young women were recruited via a blind carbon copy email that I sent to the email contacts I had who fit my sample criteria (approximately 12). Women who were interested in the project were asked to call me back to discuss it further. I selected the first four respondents who were available to meet on the selected date and time. In the end, the members of the focus group were all good friends of mine. They were all 24 years old, identified as white and heterosexual and they came from middle class or upper middle class families (they all came from affluent two-parent families). All four women were university educated in relevant fields as was the case with the pilot group participants. Brenna has a degree in women’s studies, Carolyn has multiple degrees in advertising and
media, Rebecca has a degree in kinesiology and Renata has multiple degrees in the area of geography and health. The fact that participants had relevant educations suggested to me that we might be able to get some interesting perspectives and depth in our discussions. All of the women also have rich and diverse sport and physical activity backgrounds. Carolyn grew up playing soccer and went on to coach and referee. Renata spent her childhood playing on boys’ baseball teams and playing basketball. Rebecca was an accomplished figure skater and coach. And Brenna has been playing baseball since she was a young girl. I will discuss participants’ physical activities in more detail in the next chapter. All of the participants also engaged in fitness activities in addition to playing organized sports.

My sample was intended to be small and homogenous so I could try to draw some conclusions about how health and fitness discourses are affecting a specific group of women targeted by the fitness industry (Rhode, 2010; Smith Maguire, 2008)—young, white, heterosexual and from middle class backgrounds. I chose this target group because I see myself as part of that demographic and my research question—how do young women understand their fitness practices?—is motivated by my desire to better understand my own fitness practices. The methodological choice to keep the sample small was mainly because I chose to use two data collection methods: a focus group and interviews, therefore I would have a sufficient amount of data for a master’s thesis project. However, previous literature has demonstrated that different groups of women have different relationships to fitness discourse. White, heteronormative images of women dominate representations of the fit body in today’s visual culture. However, women from across the globe are taking up Western ideals of beauty (Orbach, 2010).
Therefore I would suggest that future research focus on mapping different groups of women’s relationships to dominant body image discourse, and, where possible, include more participants so that any claims or conclusions that arise from the data are stronger.

With this method of sampling I knew all of the women, and to varying degrees they knew each other. In my recruitment planning, I thought this could save time and help to gain depth because we wouldn’t have to spend time breaking the ice. I thought the women would, hopefully, feel more comfortable talking with people they already knew, as was suggested by Browne (2003). I also anticipated that the women might be more accountable for their comments and would be willing to challenge one another if they were already generally aware of one another’s fitness practices. The limitation of this was that the women might alternatively feel uncomfortable challenging people they know or admitting the conflicts they experience with understanding their fitness practices. Also, I did not take into account the impact the focus group and interviews would have on my personal relationships with the women. I learned things about my friends that affected my views of them – and theirs of me. There was, for instance, a moment in the focus group when one participant told me I was “unhealthy”, a point I will return to later in my analysis of the theme of judgement.

Smithson (2000) notes that a common issue that arises in focus groups is that dominating participants may silence others with opposing viewpoints. In order to address this concern I adopted a strategy outlined by Leeds Craig and Liberti (2007). They suggested stating at the beginning of the focus group that not everyone would have the same opinion and that controversial and contradictory statements are important to the project. There was a lot of challenging one another going on during the group, mostly
initiated by myself. I feel that my challenging participants to think more about their statements set the tone demonstrating that I wanted to think seriously about the questions and topics and that it was ok to disagree.

Going into the focus group I was worried about whether I would be able to push the conversation beyond the taken for granted discourses that equate looking good with feeling good. I was afraid that the women would say that they feel better when they engage in fitness practices simply because they are told so often (e.g. in advertisements, by the media and by the government) that the experience will make them “feel better/empowered”. This is where I think the focus group atmosphere really helped. Everybody could challenge the statements that were being made and encourage the members of the group to think about the topics on a deeper level. For example, when Rebecca was 30 lbs heavier she said she was happy with her body and did not think she was fat; then she later said that the reason she works out is to feel better about her body. I pointed out that her previous statement did not totally align with the reason she stated because she had already told us she was happy and felt good in her heavier body. Something changed for Rebecca. I was able to follow-up on this statement with her in the interview as well. I felt that I was both the facilitator and a participant in the study, because we were all friends the discussions felt natural and less like a formal data collection sessions, as was suggested as one of the benefits of recruiting friends as participants by Browne (2003).

One of the ways I tried to encourage an in-depth discussion was by expressing some of my own personal conundrums, like participating and even working in the field of fitness and physical activity, and yet at the same time, being very critical of that industry.
I told the group how I have spent the last few years reading about women’s body politics and critically looking at fitness practices, while at the same time spending $225 a month on a bootcamp and obtaining memberships to two different gyms. I spoke about feeling very silly at bootcamp as we were running down the street with our exercise balls above our heads but at the same time I was having fun and I felt really good about myself after working out. The new job that I was offered part way through my master’s degree has me promoting health and physical activity to girls through school-based sport and physical activity programs. I am setting up clubs where girls can run up and down the street with their own exercise balls. I am constantly caught between my thoughts about health and fitness discourse as a social stratification system, my own feelings of enjoyment that I get from working on my body and what it means to be part of the promotion of healthy lifestyles. I hoped that by outlining some of my own contradictory behaviours and my difficulty in reconciling my own fitness practices with my sociological and feminist analysis, I could create a focus group atmosphere where the participants felt comfortable challenging one another, asking for clarification and thinking critically about fitness practices.

In preparation for the focus group I also reflected on my past experience with qualitative research. In a previous interview for another project I conducted I was made aware of the importance of not asking leading questions and of not asking questions in a leading voice. I’ve heard a recording of myself conducting an interview and I am conscious of how the tone of my voice can portray my opinion about the questions I am asking. Before conducting the focus group I thought a lot about how my knowledge and views and my position as facilitator of the group could influence what the participants
might say. I ended up sharing a lot of the theories developed by feminist fitness scholars with the women in the group so they could respond to them. In order to keep the discussion going and to gain depth I shared the insights I had developed from my reading to help stimulate thoughts and new directions in our conversation.

The focus group took place on October 22nd 2009. I digitally recorded the focus group using a Panasonic RR-US550 audio recorder (1 hour and 50 minutes of data was recorded). I originally planned to host the focus group in a meeting room at Richview Library in Toronto. However, because of booking issues, I ended up having the focus group in my home office. The women all met at my house, I made tea and we proceeded to my office. I think the casual and familiar setting of my home office helped to make the focus group seem less like a formal research space or process (Browne, 2003). I handed out a copy of the letter of information and the consent form to each participant. I went over these and asked if there were any questions (see Appendix C and D). (The participants had also received the letter of information and consent form in the recruitment email). I gave each participant a copy of the focus group guide and explained that we would go through the questions/topics in order and we would all get to answer/discuss them. I stated, as suggested by Leeds Craig and Liberti (2007), that I was interested in divergent and alternative viewpoints and that the purpose of the focus group was to find out what they thought about the topics. This proved to be effective as there were times where the participants felt comfortable saying they disagreed with someone else’s statement.

Overall, the focus group went well. I got 42 pages of very interesting data that shifted the focus of the project from fitness to more of an emphasis on health. All of the
women had a lot to say although some did contribute more than others. I think that this could not have been avoided because some participants are simply more shy or more talkative (I know this because I see them in other social situations). I think the strategy of going around the group and allowing all participants to share on the topic if they wished worked well because the more talkative participants could share their answers first and the shyer participants could share after them. They did not have to interject, I (the facilitator) asked each participant if she had anything (else) she wanted to say before we moved on officially to the next topic.

Not all of the data collected was on topic (sociological). Sometimes it was very difficult to stay on topic as we would get sidetracked. At the time, I struggled, trying to decide whether to stay on topic or let the group guide the discussion. I think the semi-structured focus group guide helped me find a nice balance. I allowed the conversation to flow and asked questions that were generated from the tangents that were relevant to my topics. I let the group continue on a topic until they exhausted it before I introduced a new topic from the guide. I was grateful that the focus group went for almost 2 hours because it did take some time to get into things despite the fact that we all knew each other. I imagine it would have taken longer if we had not already known one another.

My analysis is focused on where the majority of the data led me. However, I also considered contradictory data as it could be quite telling. By focusing on what the women in the group had to say in common, I was able to draw some conclusions about how this particular group of privileged young women understood their fitness practices. The fact that I had lots of data also reaffirmed my initial motivation for this project which was the notion that how women understand their fitness practices is complex and nuanced.
After the focus group, I played the digital recording back using Window’s Media Player and transcribed the recording into Microsoft Word 2007. I emailed the transcripts to the participants on November 1st 2009. I then read the transcript to make a rough guide for each of the individual follow-up interviews. I also made use of a free online tool called Wordle (www.wordle.net) which creates a collage or “word cloud” of the most common words or phrases in a text. The collage created by Wordle gave me a perspective of what some of the major themes from the focus group were. After the focus group I also came across a newly published report from the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) called, In Her Voice: An Exploration of Young Women’s Sport and Physical Activity Experiences (Pfaeffli, 2009). This project was very similar to mine except it was bigger and dealt with younger girls, aged 13-17, perceptions of and experiences with sport and physical activity. I drew on some of the material from the report in my interview guide to ensure I had a contingency plan if the conversation was not progressing naturally.

After participants approved the focus group transcript, I scheduled a follow-up interview with each of the participants. An interview can be described as “a conversation with a purpose” (Dexter, 1970, p. 136). The purpose of conducting follow-up interviews in this case was to have a personal conversation with each of the participants about the focus group and to follow-up on some of the specific statements the women had made. Renata, asked for multiple changes to her part of the focus group transcript. The follow-up interviews gave me a chance to clarify and probe statements made by the women, and to ask about Renata’s changes. The interviews also gave me a chance to “double check” my interpretation of the focus group and to see what kind of an impact the focus group
had on how participants now understand their fitness practices. The interviews let me pursue in more depth some of the new and important ideas that had come up in the group discussion.

The individual follow-up interviews took place between November 13th 2009 to December 22nd 2009. They ranged in length from 37 minutes to 50 minutes. Transcribing the digital recordings from the interviews resulted in an additional 50 pages of single-spaced text creating a grand total of 92 single-spaced pages of transcripts/data to analyze. I found the follow-up interviews slightly harder to facilitate than the focus group because there was only myself and the one participant to keep the conversation going. For some interviews this was harder to do than for others as some of the participants were more talkative than others. The fact that some participants talked more than others in both the focus group and the interviews makes me wish I had incorporated another form of data collection like a journal entry or collage, something that would have picked up on some of the ideas that may not have been shared verbally in the focus group/interview atmosphere.

One of the challenges with the follow-up interviews was that each one ended up being unique. They also generated a lot of “extra” data that wasn’t necessarily pertinent to the study. During the interviews it was important for me as the researcher to remember the central research question and to not get too caught up in anecdotes or stories that were tangential to the project. The semi-structured interview guides helped keep the focus on the research questions.

After the interviews were transcribed I reviewed them multiple times in order to
acquire a thorough understanding of the data (Braun & Clarke, 2006). I entered the text into a program called NUDIST Vivo 1.1 (NVivo). NVivo is a software program specifically for analysing qualitative data. Qualitative research methods have been criticized for lacking the structure therefore “legitimacy” that quantitative research methods have. I can relate to this criticism, as when I was faced with my 92 pages of data, I thought: And now what? NVivo provides some observable structure around the analysis process (Dean & Sharpe, 2006). NVivo allowed me to code all the text on my computer although I did first code the data by hand with highlighters and a pen.

Thematic analysis is used for encoding qualitative information based on codes or themes (Boyatzis, 1998; Schwandt, 2007). A theme is “a pattern found in the information that at minimum describes and organizes the possible observations and at maximum interprets aspects of the phenomenon” (Boyatzis, p. 4). NVivo allowed me to place more than one code on any one piece of data, a process which would have become extremely complicated to organize if I had done it by hand. I could print reports off from NVivo with all the pieces of data that were labelled under each code. This provided me with a system for analysing my data. I read through the data and put labels on the different ideas. The label was like a keyword for what that piece of data was about. I ended up using 44 codes: aging, appearance, personal contradiction, arbitrariness of health, attention, body acceptance, identity, class, constant dissatisfaction, doing good, doing it for yourself, empowerment, personal challenge, privilege, enjoyment, feminism, fit body ideal, fitness practices, fitness practices outdoors, health, looking good, healthism, taking care of yourself, healthy eating, reasons for engaging in fitness practices, outcomes, ideal body, judging health, life's not fair, looking good feeling good, media, new media, obstacles,
personal challenge, personal contradictions, physical capital, pressure from peers, healthism pressures, gender, sexuality, competition among women, feeling better, social, restriction, results, enjoyment.

After printing the reports of the different codes I then started to see which codes were similar and put them into groups to find the overall themes that were emerging from the data. I was able to place most codes under three main themes: health(ism), privilege and physical capital. I then began to look at the themes through the lens of the literature I had previously read. The healthism theme inspired me to read new literature on the emergent theme of “healthy lifestyles”. I analyzed how the themes and data from my project fit into the existing health and fitness discourses. Through my analysis I developed ideas about how this group of young women understood their fitness and health practices and how those understandings might have been shaped by gender, class and racial discourses around health and the body.

**Conclusion**

I wanted to use my master’s thesis research as an opportunity to explore with other young women the complicated terrain of fitness today. After settling on an open-ended research question, it was clear that qualitative research methods best suit my project. More specifically, I am pleased with my choice to do a focus group and interviews, not just one or the other. Circulating the transcripts from the focus group and then having each participant come in for a follow-up interview gave me important insight into the impact the focus group discussion had on the women’s understandings of their fitness practices. I think adding the follow-up interviews also gave my analysis more
strength because I was able to double check and clarify the focus group data in the follow-up interviews. I suggest that future research take into account the limited nature of focus groups and interviews where participants engage in discussion. Having a group of participants who all identify as “out-going” or talkative might be one solution. Or perhaps as suggested earlier, focus groups and interviews as methods could be combined with other forms of qualitative data collection methods that include expression through creative forms like writing, art or photography.
Chapter 5

Results/Analysis

This chapter presents the main themes from the data and analyzes how they relate to larger social discourses of gender, class, health and empowerment. Focus group and interview discussions reflected three main discourses: the pressures to be healthy in the current Canadian context, the salience of the connection between looking good and feeling good, and the importance of building physical capital. My analysis in this chapter will focus on how the themes about fitness and health in the participants’ responses intersect with the social categories of gender and class. I will suggest how my data fits in with the empowerment and healthism theories I covered in my literature review. The feminist literature on fitness and the literature on healthism have been very useful to me as I have explored how the young women in my study are part of a middle class healthy lifestyle movement. My analysis illustrates how the pursuit of the healthy body is producing and reproducing ideas about gender, health and class in our society. I argue that neoliberal discourses are blurring young women’s perceptions of health and the ideal feminine body. As a result, the young women who participated in the study perceive their outer appearance as symbolic of their health. The pressures to be and look healthy are trumping the participants’ knowledge of body image critique.

Here is a brief outline of the chapter: I will begin by reporting and discussing the main findings/results of the study based on topics covered in the focus group, then I will provide an analysis of how the young women understand their fitness practices. I begin with the first topic covered in the focus group, that is, what was participants’ perceptions
of the ideal body that applies to them. Throughout the chapter I will use direct quotes from the participants to illustrate the themes. I use direct quotes to discuss their perceptions of the ideal body: what it looked like and what it represented. Next, I will explore two points of contradiction that came up in the discussions about the ideal body. First, despite the fact that participants understand that body ideals are not realistic, they still try to achieve them. Second, even though participants say that they try to avoid discourses that promote body ideals for women, they still feel pressure to work on their bodies.

In the next section I will look at the specific fitness practices participants engage in and how their understandings of their fitness practices are complicated by the judgements they make about the fitness practices of other women. The main themes for this section came from the discussions concerning what participants said their motivations and influences were for their fitness practices. Peer pressure, feeling good (health) and maintaining or producing the identity of a healthy person are the main themes that came out of the data. In the last part of the chapter I will talk about connections between fitness practices, healthism and notions of empowerment (doing it for me) by discussing the importance of physical capital.

The “Healthy-Looking” Body Ideal

Overall the participants’ descriptions of the ideal body reflected the toned, thin, “body beautiful” ideal discussed by Bartky (1998), Bordo (1993) and Markula (1995) but with the addition of “health” as one of the major descriptors of the ideal. For example, Brenna described the ideal as “someone that looks healthy, they’re not starving, but
they’re not over fed, and they’re just kind of athletic. In their body, the way they are. So
toned, and not like whoa, look at that huge ass. Just kind of perfect.” (Focus Group
Transcript, p. 2). Rebecca described the ideal she felt applied to her by saying “You’re
skinny, you’re fit, you’re active. You look good!” (Focus Group Transcript, p. 11).
Renata said “I think being fit, just like talking, like being fit, being athletic, at least having
some knowledge of athleticism. Probably on the skinny side or at least a proportional
size.” (Focus Group Transcripts, p.1). Carolyn provided the following description:
“You’re lean, there is not a lot of fat, you’re kind of toned in the right places, and as
Renata was saying, you’re in proportion, so everything, you know you have a nice chest,
a flat stomach, you have that kind of space in between the legs.” (Focus Group Transcript,
p. 1).

The proportional, toned body ideal described by participants represented a healthy
active lifestyle. The ideal body was described as “healthy”. The two aspects of looking
“healthy” for the participants were looking “athletic” and possessing a healthy body
weight. A healthy body weight was defined by participants as not being overweight or
underweight. There was no specific discussion of what would be considered overweight
or underweight, instead they described the over/under weight balance using the concept
of having a body that is in proportion. They described a healthy ideal body that is athletic
as a body with feminine, toned muscles. For example Rebecca said “I wouldn’t say the
perfect body is to just to be skinny, you need to be able to add some athleticism to that as
well” (Rebecca, Focus Group Transcript, p. 2).

Part of why I initially wanted to find out how women my age described the ideal
body was to see if the recent celebration of certain female athletes’ bodies was
influencing my generation’s perceptions of the ideal body. “Athleticism” did turn out to be a central part of the healthy body ideal. However, in the participants’ descriptions, athleticism seemed simply to be synonymous with being toned rather than having physical skills, being good at sports or looking like specific female athletes.

One reason why the participants did not discuss specific athletes but did discuss wanting to be athletic could be due to how female athletes are (and are not) represented in the mainstream media. Dworkin and Wachs (2009) found that women’s fitness magazines use “fitness models”, not female athletes, on their covers and feature articles (p.158). The female athletes who are featured in mainstream women’s magazines are usually photographed with no sport markers and in non-athletic poses (Carlisle Duncan, 1990; Carlisle Duncan & Messner, 2000; Dworkin & Wachs, 2009). Female athletes who are stereotypically “good looking” rather than being the best in their sport, are more desirable for advertising campaigns and for magazines covers. For example, during Wimbledon 2000, Anna Kournikova, the blonde model-like beauty, received twenty times the photo-coverage in British newspapers than tournament finalist Lindsay Davenport did (MacKay, 1999 in Bernstein, 2002, p. 423). The way female athletes are being represented in the media may be contributing to the disconnect between participants wanting to look athletic but not identifying any female athletes as possessing an ideal body. The promotion of a feminine athleticism through women’s health and fitness magazines may be responsible for why participants talk about athleticism as being about toned feminine musculature rather than skill.

Incorporating a desire for toned muscles does extend the oppressive thin-only ideal that has been promoted by the fashion industry and most women’s magazines but
there are limits to how much muscle is aesthetically acceptable. Brenna distinguishes between being toned and being too toned in her comment about actress Hillary Swank’s body type: “She’s kind of got a weird body, it’s really toned and fit but she also plays boys in movies. It’s not like I want to look like that, I want to have a nice toned Pilates body” (Interview Transcript, p. 3). Brenna confirms the association between musculature and masculinity as well as the kind of musculature that she views as feminine and desirable— the Pilates body. Developed in the early twentieth century by physical culturalist Joseph Pilates, Pilates exercises today promote long, lean muscles and they are often associated with stereotypically feminine bodies like ballet dancers’ bodies. Susan Bordo (1993) argues that desire to have a slender body that is also toned reflects the cultural mandate to demonstrate control over one’s life. For Bordo, women symbolize their control over their bodies by eliminating flab.

“Health” and the ideal body.

Well you’re right, like what you were asking us for a specific image that you see when you think about the ideal body type which could have nothing to do with health because it’s just something you see. But I think why we kept referring to health is because we think that they’re interrelated. That to have the ideal body type you need also to be healthy (Rebecca, Interview Transcript, p. 1).

A body ideal refers to the culturally preferred size, shape and “type” of body. When participants talked about what they thought the ideal body for women our age was, I was surprised by the way they used health to define the ideal body. “Health(y)” is an unusual way to describe a body ideal because there is no single body type or image that accurately represents “health”. The participants nevertheless still saw a strong link between health and appearance. First, I will provide some quotes from the participants that show the connections they make between health and appearance and then I will
analyze what the link between health and appearance means given our current neoliberal context.

The connection between health and appearance is made clear by the following quotes. In the focus group Rebecca said “Well I would say if you’re overweight then you’re not healthy…” (p. 2). In her follow-up interview Carolyn said “I mean being healthy and looking good that to me is all one and the same” (p. 1). When asked what healthy looked like, Renata said “Hmmm, like, probably on the skinny side….or at least a proportional size…” (Focus Group Transcript, p. 1).

Rebecca shows how she links health with weight and how the healthy ideal is tied to fitness practices and not just to looking a certain way: “Healthy to me would mean not being overweight and being able to not extreme exercise but like regularly exercise comfortably without your body being in shock because it’s not used to that kind of…” (Rebecca, Interview Transcript, p. 1). Healthy is perceived as a certain looking body (“not over-weight”), but also as a body that is active (“exercise”). It’s not enough to “look healthy”, to fully possess the healthy ideal one must take it beyond aesthetics and physically affirm one’s health by engaging in fitness practices.

Although participants did acknowledge that being thin alone did not make one healthy, being thin was still seen as an important criterion for the healthy-looking body ideal. For example, Renata described the ideal body as “probably on the skinny side”. The following quote from Rebecca shows how the healthy body tends to be visualized as a thin body. “I think it would be really weird though that someone, even if they, like, are a bigger person, who ate well, I think it would be rare that they would be given that label of
healthy” (Rebecca, Focus Group Transcript, p. 10).

**Exteriorizing health.**

Giving a visual description of the healthy ideal is impossible to do if one subscribes to the definition that health is based on what is going on inside the body not outside. Health is sometimes visual—people can look sick—but as an overall indicator of health, weight is not usually a good predictor. Obesity, however, is a visual disease that has become extremely political. Brenna shows the negative associations with the “obese body” by saying that “you don’t want to look like a fat slob” (Brenna, Focus Group Transcript, p. 28). Obesity discourses that operate on the assumption that fat is not healthy and that promote the doctrine that skinny is healthy, such as in the television show *The Biggest Loser*, are being taken up by young women alongside their knowledge that health cannot be read on the body.

The desire to be healthy may seem universal, however, I would argue that the healthy body ideal illustrates how, in the context of healthism, health is being taken up as a particular body aesthetic and body project that ultimately defines us as ideal citizens. The healthy body ideal discourses afford privilege to those who exude a healthy lifestyle. The fact that health is being conflated with appearance is problematic because of the discrimination that those who do not look healthy, or who are overweight receive. Body ideals have existed for hundreds of years; however the current healthy body ideal carries so much social currency, a point echoed by my participants, because of its connection to health, health care, taxes and to one’s character. The healthy body ideal is interesting historically because it represents part of the class struggle and the move toward a more
neoliberal model of health in Canada. I will discuss this more later.

Overall, the healthy ideal described by the participants seems to embody the paradoxical “body beautiful” ideal that feminist fitness scholars first discussed in the 1990s and that is still used as a term in present day women’s magazines (e.g. Flare’s 2008 Body Beautiful Special used in the focus group guide). The healthy body ideal, as described by the participants, fits in line with Markula’s (1995) description of the ideal body in her article titled Firm But Shapely, Fit But Sexy, Strong But Thin: The Postmodern Aerobicizing Female Body. The participants used the word “healthy” to describe a recognized female ideal that is about weight and toned feminine muscles. I am arguing that while the healthy ideal is not new, the strong political connection to “health” is, which is making it easier to adopt by and popular with young women who have grown up with the most feminism and body image critique to date (Fidlen, 1995; Richards & Baumgardner, 2000).

The healthy body ideal as a democratic ideal.

The women perceived the “healthy” body ideal as an ideal that is democratic and accessible. How participants’ perceived proportionality as an aspect of the healthy ideal opened it up and made it possible for more people to take it up. For the women in my study, proportionality means that all the parts of the body have to be in proportion, not a certain size/shape, in order to fit the ideal which makes this version of the ideal body more inclusive of different body types. For example, Renata states that “[if] you are a big girl and that’s where your proportion size is, then your ideal could be Whitney [plus-size model, winner of cycle ten of the television show America’s Next Top Model]” (Focus
Group, p. 6). Carolyn agreed that “proportion” was part of the ideal (Focus Group, p. 1). By stipulating that one’s body needs only to be in proportion does seem to make “looking good” more accessible than saying that the ideal body for women was about certain physical characteristics (as “tall” is a general requisite for the female fashion ideal). The women in my study did not comment about having to be between certain heights, weights or having to possess a certain waist circumference or bust size, therefore making the circle of ideal bodies much more inclusive. The participants felt that the healthy body ideal was an ideal that any woman could work towards regardless of her genetics. Although the overall equation of being proportional, toned and having a healthy body weight, does rule out most larger body types and people who don’t “work” on their bodies.

The way the healthy ideal is framed as democratic by the participants is the essence of neoliberal health discourses. The healthy body ideal embodies neoliberal discourses of health that position individuals as capable of and responsible for achieving their own health (Crawford, 2006). The “healthy” body ideal is a body ideal brand that is being sold to young women through the private and public sector. It appeals to both our desires to attain physical capital and to want to be regarded as “healthy”/good people. The framing of the ideal body as democratic draws on the discourse that everyone can and should engage in fitness practices as part of a healthy lifestyle to manage health. The appearance of engaging in fitness practices that are represented by the healthy-looking body ideal is socially desirable because of its assumed physiological benefits but also because the healthy-looking body ideal has also become the social aesthetic. The next section will look at how the group feels the healthy ideal enters and influences their lives.
Conceptual Tensions Surrounding the Healthy Body Ideal

How participants viewed body ideals more generally brought up an interesting tension between how participants negotiate their knowledge of body image critique and their fitness practices. The participants stated that for them, body ideals are inherently unrealistic in nature, hence the word “ideal”. For example, Carolyn said “…I know the retouching that goes on behind that and I mean, most people do…” (Interview Transcript, p.8). Brenna described the ideal as looking “Just kind of… perfect” (Focus Group Transcript, p. 1) and also acknowledged the level of body image critique our generation has been exposed to by saying: “You have to realize that when you look at a magazine a lot of these people don’t really look like that in real life” (Interview Transcript, p. 9).

Participants said that the media’s portrayal of the ideal body for women was unrealistic and unattainable but they still wanted to and actively tried to embody those images. “Back to what you were saying about how we know it’s not achievable, and we know that it’s airbrushed and all this stuff. Just because we know, that doesn’t make you not want to look like that any less, even though you know that it’s not real” (Rebecca, Focus Group Transcript, p. 4).

The contradiction of the “body ideals are not realistic” discourse and the “we still want to look like that” discourse, did not seem to pose too much of a conundrum for the participants. The way the healthy body ideal is promoted on so many levels makes it an ideal that seems possible; with the right amount of work and dedication to a healthy lifestyle we are told that we can achieve the healthy body ideal and all of the happiness that is afforded by it. The fact that participants seemed not to be frustrated by the contradiction between ideal and reality is evidence of how powerful and influential
neoliberal pressures to look and be healthy are, and how these pressures link to physical attractiveness.

The second tension is also related to pressure from the media. It is about how participants said that despite trying to avoid them they are inundated by healthy body discourses. They felt bombarded by health and beauty messaging, even though they were not actively pursuing information on diet and exercise. Carolyn said: “We’re constantly bombarded with these images every single day. You know, it’s tough being a female and having to see, ok I have, well you don’t have to look like that, but when it is in your face constantly, and then you’re constantly comparing yourself to something else, and you know, that’s tough.” (Carolyn, Focus Group, p. 2).

Rebecca and Brenna also talked about the ways healthy body discourses affects them. Rebecca said:

We’re bombarded with stuff like that everyday even if you don’t choose to look at something you’re not putting yourself in that situation, but it is coming to you somehow, whether it’s your email or the person you’re sitting beside, you know… Something comes up, someone says something and it makes you question, even if you have, you know even if you’re happy with your self-image it makes you maybe question that and reevaluate that and yeah maybe, maybe I do have 10 lbs stuck in my colon. I don’t know! Maybe I should try acai berry. So there’s just so much coming at you, you question even if you do have a healthy, or you know you’re happy with your image that you have (Focus Group, p. 34).

Rebecca’s quote shows how hard it is to escape body image discourses and how they can disrupt people’s feelings about their bodies. Brenna talked about how she tries to avoid images of the ideal body, and how she is affected by the discourse:

Well I think it’s really hard to say where it exactly stems from, because we’re surrounded by all of these images all these different things, like magazines and the internet, and even the pop-ups that are on the side of, like, Facebook. It all kind of inadvertently affects the way you live your life and the way you make decisions
on a day to day basis. So yeah I wouldn’t pick up a fitness magazine but if, I don’t know, I saw an article in a magazine or a newspaper of like, how to tone up your stomach, I’d read it and then maybe I’d go and like at home I’d do those little like steps to kind of help myself, like work out a little bit. But I don’t know. (Interview Transcript, p. 1).

A recent study from Harvard Medical School’s Department of Global Health and Social Medicine found that second-hand media consumption that came through peers, influenced teenagers’ level of risk for eating disorder symptoms more than first-hand media consumption (Becker et al., 2011). The finding that social network media exposure was associated with eating pathology, independent of direct media exposure and other cultural exposure, might help explain how participants are being affected by the discourses that they are actively trying to avoid. The influence of second-hand media exposure supports the finding that participants are greatly influenced by their peers, more so than by direct media exposure, a finding that I will discuss more in the motivations and influences part of this chapter. Next, I will discuss the participants’ fitness practices routines.

The types of fitness practices participants reported engaging in, and how they talked about them, illustrates the different meanings associated with different fitness practices. I am not suggesting that the types and frequency of the participants’ fitness routines directly reflects their relationship to healthy body ideals or fitness practice discourses, but rather that it is evidence of a certain aspect of their relationship to the discourse. For example, one may not engage in fitness practices but may still be affected by the discourse. I am not consistent in my fitness practices; I go through spurts where I’ll exercise regularly for a few weeks or months (usually when I am trying to lose weight for some kind of event—Bourdieu’s “body for others”). However, when I am not engaging
in fitness practices regularly, I am hyper-aware that I am not. The discourses are still influencing me whether I am choosing to engage in fitness practices or not. I believe omnipresent healthy body ideal discourses affect individuals whether they are actively engaging in fitness practices or not. Many of these discourses come from the billion-dollar weight-loss industry which reflects neoliberal healthism by trying to recruit individuals who are not active to change their current lifestyle into a healthier lifestyle.

All of the participants engaged in some form of fitness practice, as that was one of the criteria for participating in the study. However, the types, frequency and degree of commitment varied. Carolyn, Rebecca and Renata said that they worked out more than three times a week, while Brenna and myself were more sporadic with our fitness practices. Fitness practices varied from going to the gym, attending a private fitness bootcamp, going for walks/hikes with friends, family and dogs, playing recreational sports to walking up flights of stairs at work with colleagues. Only Carolyn and Rebecca had active memberships to gyms at the time.

Rebecca actively went to the gym, went to a private bootcamp in addition to her gym workouts and ran and did circuit training in her backyard. She said the following about her fitness practices:

I’ve always been active, I used to figure skate in high school about 5 times a week and in university I would go to the gym at least 3 or 4 times a week… I was on the football team, soccer intramurals; so both like going to the gym and doing other activities that I considered enjoyable and fun because to me that’s like killing two birds with one stone, and it’s not painful if you’re having a good time. I joined the gym when I came back from university. You have to pay for that as well and I went like at least 4 or 5 times every week for a year and I didn’t lose a single pound. So obliviously I wasn’t doing the right thing, which is why when I started bootcamp, it was really great for me because you get to do all types of different things, stuff you’ve never probably done with your body before and what she
explained to me one time is that they try to get you to level five which is like the level where you actually burn fat. Whereas, if you go to the gym and you do your same routine that you’ve done for a year, you’re not doing anything to your body, you’re just maintaining that level. Right? So you need to put your body in that high demand level if you want to see any changes. So now, as I said earlier I do the bootcamp three times a week but I just stopped due to the financial cost because it is very expensive—$225 for three times for four weeks. So I don’t know it’s warm out still, so I’m trying to do, like, the same kind of stuff in my backyard and like around my block. I look kind of like a lunatic when I’m doing lunges on my street and stuff, but I mean to me now I find that more motivating and exciting than just going to the gym and running on the treadmill. So I try to do some bootcamp stuff and I go for runs, so that’s what I’m doing now. I’d say I try to do it four times a week. But we’ll see because now it will be harder because I am not going to bootcamp I don’t have to be there, I’m not paying so it’s more up to me to make sure I do what I need to do (Focus Group Transcript, p. 22-23).

In addition to outlining her fitness practice routines, Rebecca showed how fitness practices for her are about losing weight and fat and that money does play a factor in her fitness practice choices.

For Renata, being outdoors with her dog, playing recreational team sports like softball and basketball and yoga classes were part of her fitness practice routines. She described her current fitness routines by saying:

Speaking of sports I am on my way to go play a sport… My dad wanted boys but he had girls, so he signed us up for all sports. I did everything. I was always the only girl on boys’ teams. Um, baseball, football, like really everything, as well as individual sports. So, that carried on through high school... When I was in elementary school, individual sports such as track and field and cross country actually caused me so much anxiety it came to the point where my parents actually made me pull out. It was unhealthy participating. So university I played three intramural sports at the same time. Then I played rep. basketball, baseball this summer, then I joined a gym and I got a personal trainer. I’m not sure the reason or what the motivation for it was. He’s like ‘this is what we’re going to have to do and like we’re going to do this routine’ and I would follow the routine and I also didn’t lose a single pound. I liked the challenge of constantly going but then I started hating that I had to pay. I didn’t once walk into the gym in London in my two years there, and I haven’t been part of a gym in like 3 or 4 years. Because what you were saying, with the paying the money and going into the
place, I can’t overcome that feeling, so I found other ways to be active. But don’t get me wrong, the guilt to is continually still there. Now, I do hot yoga, I could do it every day. Yesterday I went for a 75 minute hot yoga, the hardest class. I just came back from hot yoga, the second hardest class. I’m about to go and play an hour and half of basketball and I went for a hike today. In the winter I bought snowshoes and I snowboard, and I joined like rec. leagues for sports… (Focus Group Transcript, p.24-25).

Renata has an issue with the cost of gyms, but does not have an issue with paying for hot yoga, snowshoes or recreational sport league memberships. I believe this is related to how different fitness practices are judged differently, a point I go into in the next section.

Carolyn went to the gym on a regular basis, jogged and walked a lot with her mother, sister and dog. She said the following about her fitness routine:

I’ve been a member at Goodlife for, Jesus six years now. So I’ve been going to the gym for a long time. I was going at one point probably seven days a week but my workouts would vary, so I would maybe do a body combat class or spin class and then the rest of the days I would just run. Now that I’ve graduated and I started working, when I’m commuting downtown it just got to be too much like I was too tired at the end of the day to even want to go to the gym. I was mentally exhausted so I felt like my exercise regime changed in that I was doing more walking during my commute and walking downtown and whatnot. Now that I’m not downtown anymore and I’m just freelancing from home right now, I’m back in the gym. I try to do something active every day. I am trying to go to the gym probably at least four days a week. I’d like to be at five. When I go I’m either on the bike spinning or running for about half an hour. Then weights, abs, so… I just like to be doing something active, like physically active every day, whether it’s going for a walk or going to the gym and doing something. I like the feeling of knowing that, ok, I’m maintaining my body how it is and that I’m working towards toning it and all that stuff. Now I’m going to start doing soccer again. I’m entering this whole new life where it’s a bit more mature and adult and I have to manage my time and realize like, ‘ok I can’t go to the gym every single day’, that’s not realistic. I’ve had to compensate and find other ways to be active so I think the soccer will be good. (Focus Group Transcript, p.28).

Brenna did not have a gym membership and had the least frequent and structured fitness routines.
I used to go to the gym but then I wouldn’t go as much as when I had, like, someone to go with to the gym, like when I was in Peterborough, like when I was in university. So I do sports outside. The interaction with other people is what I like, because then it makes me, I don’t know, it makes my mind a little healthier. Because you’re not just going home and sitting at home or like running on a treadmill at home by yourself. For me I need to interact with other people. And that’s like at work we run the stairs. Like I don’t do it because I want to get healthy, I just do it because for a half an hour of my day I’m actually out just talking to my friend, running up and down stairs. (Focus Group Transcript, p. 31-32)

Brenna later discussed in her follow-up interview how her fitness practices are not consistent. She said: “I’ll get on these spurts of like a week and a half; I'll be so good, I'll get up in the morning and then in two weeks I'll be like, pfft” (Interview Transcript, p.5).

Different fitness practices had different meanings for the participants. In my literature review I discussed how different fitness practices have different meanings in terms of their ability to be empowering from a feminist perspective. I use the example of feminist fitness scholars, Scott-Dixon (2008) and Dworkin and Wachs (2009) who argue that power sports and non-gender normative sports like martial arts, lifting or contact sports are potential ways women can physically empower themselves. However, I don’t think I was really able to get at what the participants thoughts about different fitness practices in the focus group because their practices were diverse. Perhaps the women felt they could have been seen as criticizing someone else’s choices if they had commented negatively on each other’s specific fitness practices. For example, it was clear participants had different perspectives on the gym setting but these were not elaborated

Participants did share some judgements regarding fitness practices. They were critical of individuals who restrict themselves too much in terms of their diet, or for being
too regimented in their fitness practices. Participants did not use the word dieting, but they did describe how they pay attention to their diets by referring to how healthy eating was an important part of achieving the healthy body ideal. For example, Brenna said one of the ways she tries to manage her diet is through portion control, which ironically is a form of restriction and dieting. She says by “cutting it down. Like smaller portions. Like don’t eat a huge bag of chips but maybe have a bowl” is how she tries to practice “healthier eating” (Focus Group Transcript, p. 9). Brenna also talked about people around her who restrict themselves too much and how it can negatively affect her:

Yeah I think health to me is just maybe balancing everything. Like not having cheat days. I think that's the most ridiculous thing in the world, starving yourself, or forcing yourself to eat these foods that you don't like and then one day you can just binge and just eat anything you want. Like that's not healthy. You should just maybe have a balance. Just kind of have a small bag of chips or eat some chips and dip or whatever, but still keep your base as healthy things like eating right and exercising. But then you can add in all these other things, like sprinkle it on. Eat cookies, have three spoons of sugar in your tea, but maybe go out for a walk and just kind of balance everything. That's what I think healthy eating is (Interview Transcript, p. 11).

Criticizing those who restrict their diets too much is an interesting judgement for the participants to make because everyone in the group restricted themselves to an extent. By consciously choosing healthier food options one is being restrictive about what one is eating. By using the terms “healthy” and “unhealthy” to categorize food options one can infer that one would seek to restrict “unhealthy” options in an effort to consume more “healthy” options. Yet Carolyn and Brenna definitely saw a point when one’s fitness practices become too restrictive or too forced.

Well I guess it goes back to having the balance of like… I just went away to Italy and I was eating all these gourmet foods and it was a lot of rich cheeses, and sauces, but in my mind, like I’ve heard a lot of women say like, ‘oh I’ve gained so much weight already, I wouldn’t dare touch that’. And I’m like you’re only in
Italy for a week, it’s not like you can go home and make this delicious food yourself. So I was eating everything, and they’re all small portions but I did kind of gain some pounds, but I was just like, I’m enjoying myself, and that makes me not enjoy myself, hearing people say… like one girl didn’t touch a single thing, all she ate was her salad (Brenna, Interview Transcript, p. 11).

Carolyn said:

It’s just like so restricting right? Like I was at the gym, oh good god, maybe this was a month ago, these women were probably in their 40s and they were talking about how, oh I’m not eating any carbs, and I have to watch the alcohol and they were just talking about their diet and exercise regime and I’m just kind of like doing my own thing, weights, and just listening to them, and I really couldn’t. I have to just like put my headphones in, cause it got to the point, where it’s like you’re restricting yourself from so much and it doesn’t even seem like it, I think a healthy fit an active lifestyle should be something that is almost effortless, you know and it, you know and in some way it just isn’t, it’s making you happy and it’s something that you can do every day without it being mentally exhausting and just even listening to these people I was like oh my god, you know, it’s like, oh my god, just listening to, ok I can’t have white carbs and I can’t have… (Focus Group Transcript, p. 8).

“Effortlessness” does and does not agree with the way healthy lifestyles are commonly framed as requiring the individual to take some sort of action. It does agree in the sense that healthy living is supposed to become a routine part of your everyday life. Effortlessness doesn’t really agree if you think about how taking steps to become healthier (getting more sleep, exercising, watching what you eat) generally requires you to change your current lifestyle. Promoting lifestyle changes in the name of health is clearly not effortless. However, I think the participants in my study used the concept of “effortlessness” to help rationalize their efforts as different than those of other people who have tried harder to achieve the benefits of looking healthy. I suppose this could be interpreted as a healthy concept because over-restricting oneself is generally not a healthy practice. However; this view is also reflective of neoliberal healthism discourses in which lifestyle changes are positioned as “easy” and therefore should be taken up by everyone.

The theme of judgement is also evident in Renata’s statement about how she
assesses her peers’ health status based on their diets. In the focus group she said, “I often… when I start talking about sports or athletics in my day to day life, I tend to be a little bit of snob. When I talk to people about food and what they eat and people tell me…. um, what they eat, I often make my own assessments on whether or not I think they’re healthy” (Focus Group Transcript, p. 7). Renata clearly has ideas about what is healthy eating and what is not and admits to making judgements about someone’s health based on what they eat. This was further illustrated when Renata called me “unhealthy” for eating McDonalds often. She thought the same of Michael Phelps, the US Olympic swimmer, referring to a magazine article that published his diet for a week. I believe that this is further evidence of how neoliberal ideas about health, that is about lifestyle choices like diets, are judged as healthy or unhealthy. The person seen eating at McDonalds is viewed as unhealthy.

Participants’ Motivations and Influences for Their Fitness Routines

The participants’ responses about their motivations for engaging in fitness practices resulted in three main themes: competition among women, building physical capital and the pressure to be healthy and to be seen as healthy. The first theme reveals how the participants are engaging in a mutual female gaze with their peers and how it influences their fitness practices. The other theme regarding participants’ motivation was their desire to build physical capital in an effort to get a partner of the opposite sex and better overall treatment in society. In this section I will analyze the presence of the female gaze and the male gaze that participants identified. First, I want to discuss how women are judging one another’s bodies and contributing to the propagation of the discourse that women should be preoccupied with their bodies. Later I will look at the how healthism
influences the women’s fitness routines.

Participants identified their peer group as having more influence than direct media sources, which they tried to avoid. Rebecca states that “as well as external forces like the media, expectations that you might feel other people have of you to look a certain way…” influences how she feels about her body (Interview Transcript, p. 3). Carolyn talks about how her female peers motivate her to be conscious of her body’s appearance and her fitness practices:

Well I think that the media’s where it starts, right? And then it’s like a pyramid. So, like, it like filters down and it’s like you know and your friends you see all the time and then I think it gets back to that whole conversation we were having where it’s a competition among other women. Like Renata’s been a close friend of mine for a long time but it’s like, there’s always some kind of, I’m looking at her, she’s looking at me and there’s always something like if she’s losing weight, well I’m going to be like ‘oh shit, like fuck well maybe I need to lose a few pounds’ (Focus Group Transcript, p. 17). If you have to see one of your girlfriends who has maybe toned her body up or just totally revamped herself, I think there’s a bit more pressure because it’s in your own circle. (Interview Transcript, p.9).

Carolyn’s quotes show how she feels she needs to keep up and respond to her peers. In the follow-up interview, Brenna expressed the same idea that her peers influence her thoughts about her fitness practices and also that she didn’t approve of those who restrict themselves too much. She discusses how hearing her friends talk about fitness practices makes her question her own practice:

I don’t know, and I hear a lot of people talking, oh I can’t eat that or I’m not eating carbs this week, or this month, or whatever. I don’t know I just, I don’t understand it, maybe that’s why and I don’t let it affect me. But slowly as I’m getting older I’m feeling like I’m losing my kind of, well, I’m just doing it for fun because I guess maybe when I was growing up we were always so active. Like my brothers played hockey, I was in baseball and hockey for like half a season. But anyways, so it’s always been like just go and have fun. We were never forced to, kind of, like, weight was never an issue. And I guess now just hearing my friends talk about it, I’m like oh maybe I should start being more conscious of, you know, going out and getting exercise and eating right and… I don’t know, maybe it’s, I
don’t know what it is… (Interview Transcript, p. 2).

The female-to-female gaze that exists between participants and their peers expands the standard “male gaze” argument put forth by Carlisle Duncan (1994), Maguire & Mansfield (1998), McIrvin Abu-Laban and McDaniel (1995) and Pauly Morgan (1998). A disembodied heterosexual male gaze may influence the politics of women’s body ideals, but so does a perceived heterosexual female gaze. The women in the group admittedly are monitoring, policing and reacting to one another’s bodies. They described a mutual gaze in which they watch other women and judge themselves against them, which in turn affects how they feel about their bodies and their fitness practices. Although the female-to-female gaze definitely influences the women in my study, a sense of a male gaze was also present. I think that the popularity of the social networking site Facebook in Canada\(^4\) contributes to perception of a gaze and the feeling that we are being judged. Sharing photos and commenting on other people’s photos is one of the major functions of Facebook. The site also embodies many of the panoptic principals of surveillance and non-verifiable gazes because people can be looking at your photos without your knowledge. You do not know when your profile is being watched or by whom; by female or male peers.

**Colonization of women’s bodies and the male gaze.**

The colonization of women’s bodies is part of the broader concept of a figurative male gaze which influences the politics of women’s bodies. The colonization of women’s bodies refers to how the body is broken down into parts. We can see links to this in the

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plastic surgery industry in which individuals change parts of their bodies that they are not happy with. For example, women’s breasts have long been sexualized and many women have been getting breast implants and augmentations in droves. Popular culture icons like Jennifer Lopez (J.Lo), Beyonce and Nicki Minaj and parts of the music industry have created a climate where women’s buttocks are now also completely sexualized. As a response there are now cosmetic procedures that re-shape and mould the buttock using injections and implants (Orbach, 2010).

Fitness practices are related to the colonization of women’s bodies’ argument because of the way many fitness practices target certain body parts. Dworkin and Wachs (2009) and MacNevin (2003) both found that women’s fitness practices are focused on legs versus arms (lower body versus upper body) and on the abdominals. Also the work-outs many people engage in are designed to develop certain muscle groups, and/or losing weight from the areas of their bodies they’re not happy with while leaving other areas alone. This is reflected in Carolyn’s initial description of the ideal body for women when she described the ideal as “toned in the right places… you have a nice chest, a flat stomach… space in between the legs” (Focus Group Transcript, p. 1).

The way women’s body parts are sexualized is culturally framed in visual culture as a stereotypical heterosexual male gaze. What men are stereotypically thought to be attracted to in society is how many women want their bodies to appear. Rebecca’s description of the ideal body as “toned, proportioned, you have some boobs, you have some ass, but you’re not too skinny” (Focus Group Transcript, p. 10) shows how the ideal can be broken and embodies the idea of a male gaze. Both Carolyn and Rebecca mention breasts in their descriptions of the ideal body. Nice breasts are not typically achievable
through fitness practices or related to being healthy; however the women did say nice breasts were part of the ideal, suggesting how women’s body ideals are reflect the stereotypical desires of heterosexual men.

For participants part of wanting to build physical capital through fitness practices was about using that capital to attract a partner of the opposite sex. For example, Renata said she physically works on her body “because you care what people think, like you’re trying to pull in some partner that’s going to find you first physically attractive” (Focus Group Transcript, p. 14). In the next section I will discuss how physical capital and the privilege that it affords is a large motivation and influence on the women’s choice to take up fitness practices and pursue the healthy body ideal.

Physical capital.

The concept of acquiring physical capital (“looking good”) was a major reason given for engaging in fitness practices. Physical capital was acknowledged as a ticket to better treatment in our society. “Well, like the better you look, the better you get treated in most situations. People are much more, uh, friendly and go out of their way for people that are attractive, as opposed to people that are not attractive” (Rebecca, Focus Group Transcript, p. 5). Carolyn assumes her physical appearance is a large part how others perceive her: “It’s almost like you get kind of, kind of scared, it’s like ok, what if I’m not, if I’m not in this range anymore, then what am I going to do, or like how, how are things going to be, like how is my life going to change. So that’s how I’m influenced” (Focus Group Transcript, p. 14). The belief that attractive people are treated better is supported by the positive connotations of being fit in our society and the negative connotations of
being fat. Rebecca says bigger people are not afforded the same kind of treatment as thinner people: “Again going back to people that aren’t attractive or are maybe bigger don’t get the same kind of treatment” (Focus Group Transcript, p. 28). Brenna said that “you don’t want to look like a fat slob” demonstrating one of the common stereotypes about overweight people (Focus Group Transcript, p. 28).

Sarwer, Magee and Clark (2003) summarize the plethora of literature concerning the positive relationship between a person’s physical appearance and how they are treated throughout their lives. The participants in my study adopt the discourse that more attractive people are treated better and talked about how “life’s not fair”. Rebecca said: “I think you’re more likely to do better and go places if people find you attractive as opposed to not attractive” (Interview Transcript, p. 3). Carolyn said:

I think the unfortunate part in the world we live in is that it’s a natural occurrence. It’s just that there’s always going to be somebody that is at the bottom of the totem pole and there’s always somebody who’s going to be at the very top and then you have everyone else who’s in the middle and that’s the hierarchy of life. And I don’t think that you can ever escape that because it’s just the way the world works. It’s about survival; it’s about just living with what you have and making the most of it. So you’re totally right in saying that it isn’t fair, but life isn’t fair… (Interview Transcript, p.3).

In her book *Survival of the Prettiest: The Science of Beauty* (1999), Nancy Etcoff argues that notions of beauty are hardwired. She argues that:

…beauty is a universal part of human experience, and that it provokes pleasure, rivets attention, and impels actions that help ensure the survival of our genes. Our extreme sensitivity to beauty is hard-wired, that is, governed by circuits in the brain shaped by natural selection. We love to look at smooth skin, thick shiny hair, curved waists, and symmetrical bodies because in the course of evolution the people who notices these signals and desired their possessors had more reproductive success. We are their descendants (Etcoff, 1999, p.26)

Etcoff’s argument doesn’t do much for those who have poor self-esteem related to
body image. Etcoff’s argument indirectly supports a commodified approach to beauty, suggesting that those who are stereotypically unattractive should, in a neoliberal sense, try to look more physically attractive by purchasing products that promise “smoother skin, thicker and shinier hair a curvier waist” because they are “biologically desired by human beings”. What is considered beautiful or the ideal is clearly a social construct, not biologically determined. The women in my study talked about wanting to be attractive and healthy because they were aware of how physical capital relates how we get treated in social situations (e.g. “Well, like the better you look, the better you get treated in most situations...” Rebecca, Focus Group Transcript, p. 5). The fact that Western beauty ideals are being taking up all over the world is evidence that what is considered beautiful is being exported to women around the world (Orbach, 2010). It is not natural for Asian women to want to look like white women. Heywood and Dworkin (2003) talk about how part of the third wave feminism of today is dealing with points of contradiction within the discourse of appearance and body work. They say that “these questions, this ideological climate, and our own relationship to cultural images and biological arguments is precisely what third wave feminists have to negotiate today” (p. 45). It is clear that the women in my study are aware of the social construction of body ideals yet they are enticed by discourses that rationalize their choices to engage in body work like better social treatment and health benefits.

“Health” as Motivation for Fitness Practices

The connection between being healthy and not being overweight that participants identified shows how one’s appearance is valued highly because it is thought to be telling of one’s health and/or one’s commitment to health. The motivations for participants’
fitness practices are difficult to make sense of because the women identify both appearance and health as reasons for engaging in fitness practices. Physiological health may not have initially been a motivator for participants’ fitness routines but now seems to play a large role in sustaining their interest in fitness practices and their rationalization for engaging in fitness practices. The evidence that health is a motivating factor in their fitness routines is obvious in their conceptualization of the connection between health and the ideal body. Here is a quote I’ve chosen from Rebecca to show how discourses around health have become more of an influence in young women’s lives and how the overlap between feeling good and looking good is part of the complicated discourse of health:

I would say it absolutely affects my life more so now than before [wanting to be healthy]. Like when I was in university I was more easy going, I was like, whatever, I’m going to go out, I’m going to have a good time, I don’t care at all how many drinks I have. I didn’t even know how many drinks were in a bottle of wine which I used to drink all the time not even worrying… I’m not sure if that was just because of the situation I was in, but I didn’t place any restrictions on myself. I did what I wanted and from high school to the end of university I probably gained about 30 lbs and as I said at the time, I didn’t really seem to mind. I didn’t think I was overweight. I wouldn’t have called myself unhealthy. I went to the gym, I exercised, but I was not eating healthy. And recently I joined something called “Bodybusters” bootcamp and I lost 10 lbs in my first month there. Just by exercising with them 3 times a week and eating differently. And from my highest weight I’ve lost about 30 lbs all together, so I was definitely overweight if I can just lose thirty pounds. So Karima asked me, why are you doing this, because you want to be healthy? And I said, no, I want to look better. And I do think I look better and I feel a lot better. And I think it’s made a huge difference in my everyday life and just things that you go through, encounters that you have with other people (Focus Group Transcript, p.12).

The young women in my group are subscribing to both discourses of health and discourses of appearance by taking up the healthy-looking body ideal. Healthy eating and exercise reflect the desire to want to be healthy and to look good, however participants also engage in behaviours that are generally typified as unhealthy like binge drinking, as mentioned by Rebecca above, and “smoking pot” mentioned by Renata in her follow-up
The way certain so-called unhealthy behaviors are tolerated while others, like not eating well, are demonized shows the complexity of claims that health is a primary motive. I argue that such complexity shows how health is being taken up as a kind of identity that represents the current aesthetic and symbolizes responsible citizenship.

**Healthism.**

Healthism is the concept that denotes the ideological movement towards a sense of individual responsibility for one’s health (Crawford, 1980). The powerful neoliberal politics that promote public health through individual lifestyle choices is strongly influencing how participants understand their fitness practices. By mentioning how they want to be healthy and want to “look healthy”, the women suggest how the healthy body ideal and a neoliberal sense of responsibility for one’s health is being internalized by women their age. Participants felt strongly about producing and maintaining their identities as healthy individuals. There was a consensus that we are bombarded with messages about health and that these messages influence the participants’ choices about fitness practices.

Participants said that their fitness practices were specifically related to aging. “Quality of life” and disease prevention were also mentioned by participants as motivation for engaging in fitness practices. “Yeah I don't think about living longer, I think the idea would be live, like, better well being, like quality, yeah. Better quality of life. I don't know if I've ever thought of the idea of living longer because I'm only 24” (Renata, Interview Transcript, p. 12). Brenna expressed how her fear about obesity-
related diseases like diabetes influences her fitness choices: “The fear of like, adult diabetes, I'm afraid of that” (Interview Transcript, p. 12). The pressure of taking care of their personal health is clearly influencing the young women’s leisure choices.

The pressure to take care of one’s health is particularly interesting given the social model of health care we have in Canada. For instance, in Canada you don’t need to mortgage your house or go into debt if you need treatment; the pressure people often feel is more about not wanting to be a “burden” on society and taxpayers. Brenna said:

I do try to eat right but I know I don’t as much as I should. I don’t know if it’s because I am being told I should eat healthy, but I want to live long, at 90 I want to still be… I don’t want to be a burden on society because I’ve eaten McDonalds every day. Maybe that’s the end result, I just don’t want to have poor health because, like poor bones, because I didn’t drink enough milk. I am so fortunate that I can go to the store and buy milk like whenever I want and I don’t have to worry about ‘ok, do I want milk or do I want shelter’? Like I am lucky in that sense, so like why wouldn’t I take care of myself? I guess that’s going back to the privilege because I am privileged right now. I can so why wouldn’t I take advantage, and take advantage of the knowledge that the government’s been giving me and the world I guess (Interview Transcript, p. 11).

Carolyn also discussed the pressures she feels to not be “obese”:

I mean there's the science of health and how the body functions biologically and through biology and stuff like that. So I think that there's that health aspect. And I think there is definitely a fear of obesity, and how you were saying the government has these programs because people aren't leading very healthy lifestyles. I just I don't know. I feel that there's a lot of pressure to kind of, not become obese. You know, you have to kind of stay within a kind of particular range, because it's just not as accepted as just being in this other category. So I think that it's just society’s pressure on how, you know, they're creating, it's almost like they're instilling fear on everybody who is living because they throw something out, you know, being this weight or it's just not quote un quote healthy. Or it's not fit, but being this weight or kind of body type is… And so I just think that when people or the media or whoever it is throwing ideas at us there's this constant pressure and it's like you're in, walls are closing. It's like how am I going to get to this point where I'm going to be seen as normal? (Interview Transcript, p.2).

Canada’s social model of health coupled with powerful local and international
neoliberal discourses creates a unique civic sense of individual responsibility for one’s health. The young women in my study make it clear that they do not want to be seen as unhealthy individuals perhaps because of the Canadian context in which the cost of obesity and other diseases is felt by taxpayers. Rebecca commented that when she is engaging in fitness practices she feels she’s “doing good” (Interview Transcript, p. 11). Her statement suggests that if you are not engaging in fitness practices you might be “bad”. The various judgements that a neoliberal political climate fosters is one way class issues are represented in the data.

Privilege/judging and the class influence.

I’ve already discussed how participants judge one another based on their diet practices and how participants make judgements about health based on appearance/weight. I think that making judgements about people is related to healthism in two ways. People can be judged negatively, as unhealthy and thus bad citizens or they can be judged positively, as healthy and productive citizens. In this section I will further the discussion about privilege and judgements by focusing more specifically on some of the intersections between discourses of healthism and social class. Rebecca echoes the Bourdieusian concept of the habitus through her words about the influence of family upbringing. She says, “Well I think it’s your family, right, as well as class. Like if you’re born into a family that is active and how your parents bring you up, you’re more likely to follow that same type of lifestyle as opposed to a different family (Interview Transcript, p.5).

One’s class is critical to one’s ability to portray a healthy lifestyle or to embody
the healthy-looking body ideal. The amount of economic capital and leisure time one has affects one’s ability to participate in the healthy lifestyle culture (Howell & Ingham, 2001; White, Young & Gillett, 1995). When asked about how they felt they were judged as young, fit, white women, the participants acknowledged their privilege but all said they had never thought of themselves or their bodies as privileged before. When I asked Brenna about where she saw the word privilege fitting into her discussion about her fitness practices, she responded “Privilege?” (Interview Transcript, p.6). Carolyn said the following about privilege, “I think it’s because the word privilege isn’t used today, you don’t think of somebody saying ‘I’m privileged’…” (Interview Transcript, p.12).

Meanwhile, my participants and myself are some of the most educated and privileged women in the world.

Economic resources, health literacy and the desire to pursue the latest health knowledge are also related to class and are linked to fitness practices like diet and exercise (Howell & Ingham, 2001; White, Young & Gillett, 1995). For example Carolyn commented on the difference between whole wheat and whole grain: “Really, like the calorie count is the same, whole wheat is, yeah, maybe you’re getting a bit more fibre but it’s whole grain bread that’s going to be giving you more nutrients. So people think oh ok I’m going to have whole wheat because it’s healthier. But people think, you know making that transition is healthier and really it’s not” (Focus Group Interview, p. 9). Brenna describes how she understands the way privilege plays a role in one’s ability to be healthy. She said “…So I guess maybe that’s another thing about privilege, some people who are more educated have the resources to be more fit and they have maybe a little bit more time to set aside for physical activity.” (Interview Transcript, p. 7).
Carolyn describes how she sees privilege as part of the healthy body ideal, but also how it is democratic and accessible at the same time. “I mean it's a privilege to have a gym membership so I mean— and that's in my fitness practice— so there's a link there. But on the flip side if I'm just walking around or going for a run around the block, I don't feel privileged doing that. That's something I'm doing in my own time” (Interview Transcript, p.4). In this quote Carolyn is not acknowledging that leisure time is related to one’s class. Crawford (2006) describes health consciousness as a middle class movement, acknowledging the role that one’s class has in creating a healthy lifestyle.

**Empowerment.**

One of the reasons participants cited for engaging in fitness practices was the idea of empowerment. Engaging in fitness practices made the participants feel better physically and increased their self-esteem. They said that they felt better physically, about what they could do with their bodies (physical empowerment) after working on their fitness.

Honestly I love running. I love like the, setting a goal, and saying ok I'm going to run around Markland today and then being like oh I only ran around a quarter or a half, and oh I'll get better. And I like challenging yourself, like the internal challenge, and also, it's just kind of the laziness, once I get over that, I'm ok, I'm going out there and having fun. Maybe I build it up so much in my head that it's hard to get past that but once I do pull myself out and do it I'm, like, I'm really enjoying this (Brenna, Interview Transcript, p. 6).

The women also stated that they feel better about themselves when they are working out. I think privilege and class are reflected in the discussion of empowerment because of the question of who gets to feel empowered in our society. Our health is determined by social determinants like class more than it is by individual lifestyle choices (White, Young & Gillett, 1995). Yet individuals can participate in the healthy lifestyle
movement by enacting their class privilege by buying healthy lifestyle products and committing leisure time to the healthy body ideal (Crawford, 2006; Featherstone, 1982; Richmond, 1999). I think it is important to talk about the privilege of being able to do the things that you enjoy and make you feel good.

**Feeling good inside and out.**

The data coded under theme of feeling good was separated into two linked categories: 1) feeling good about oneself and 2) feeling good physically. Carolyn discusses feeling good physically and how that makes her feel good about her choice to engage in fitness practices: “Physically I feel good cause I know that I'm doing something if I'm breaking a sweat whatever, so at the end of the day if I've gone for a walk or I've gone for a run, or if I'm at the gym, I do feel good that I've done that for the day.” (Interview Transcript, p. 8). Rebecca also expressed that she felt good both internally and externally as a result of engaging in fitness practices: “Like feeling better and being able to, well all the things that come along with feeling better. Your self esteem, your physical body and what you can do, and, as we've gone over, the type of life that you're going to be able to live given that state” (Interview Transcripts, p. 11). The theme of feeling good is key to the healthism discourse as healthism suggests to individuals that health and fitness practices will empower them and make them feel better. For example, Health Canada’s *Eat Well and Be Active* activity plan “encourages individuals to take action to maintain and improve their health… to improve physical and mental health and vitality”.

Since access to health is influenced by class, who gets to “look good and feel good” about their bodies and citizenship is more based on class than on individual willpower or

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dedication as it is framed in healthism and neoliberalism (Featherstone, 1982; White, Young & Gillett, 1995).

Feeling good about oneself is related to empowerment and to the conversion of physical capital into economic and social capital (Howell & Ingham, 2001; White, Young & Gillett, 1995). Feeling good on the inside (physically) is also empowering. What we need to examine is who has the means to become empowered— to make a difference in how their body feels and how they feel about their body (self-esteem)? The ability to engage in fitness practices is a privilege that is largely determined by one’s socioeconomic status, which means that access to these important forms of empowerment is not open to all individuals (Howell & Ingham, 2001; White, Young & Gillett, 1995).

Carolyn conflates looking good with feeling good: “I mean being healthy and looking good that to me is all one and the same” (Interview Transcript, p. 1). The fact that fitness practices can actually can make individuals feel good physically and mentally reproduces the idea that “looking good is feeling good” which makes the healthy body ideal desirable and fitness practices easier to take up.

I think there’s an external force as well as internal. So for myself, I would prefer to look better which goes along with feeling better. Not just from other people’s reactions [from my changed body] but from what you can do with your own body if you’re in better shape, the things you can do as opposed to if you weren’t in better shape (Rebecca, Interview Transcript, p.2).

The participants identified feeling good internally as both a result of and motivation for their fitness practices. With respect to feeling good about eating well Rebecca noted: “I personally feel if [I] eat better I feel better and my body feels better and I have more energy and I can do more with that energy” (Interview Transcript, p.7). Brenna also said that she experiences “a general feeling of feeling good. Like feeling, I
don't know, having energy and not being as tired. Like I know that when I eat a lot of fast food or greasy food I just don't feel good” (Interview Transcript, p.5). As Brenna stated earlier, eating well is more expensive than eating less healthy options like pre-made frozen meals or fast food. Part of the privilege one’s class status affords one is more of the resources needed to engage in fitness practices that can benefit one’s health and self esteem. Also, because the body ideal for young women is heavily influenced by health discourses, individuals who are able to participate in fitness practices also get to feel good about their appearance.

Feeling good about fitness practices in a more general sense of being a good person also came up in the data. Rebecca described feeling “that you’re doing good” when engaging in fitness practices (Interview Transcript, p.11). Carolyn described how good she feels when she works out, implying sense a of virtuousness felt as a result of engaging in fitness practices. She said the following about how her fitness practices make her feel: “There's such gratification that comes out of it. My sister and I, sometimes if she's had a really great work out she's like, oh my god I feel so great. And she, it's like this glowing thing that we do. And I mean it's a funny thing because it's amazing that doing something like that can make you feel so high up sometimes, on cloud nine” (Interview Transcript, p.7).

Feeling good/better is perhaps a result of doing the right things given the neoliberal prescription of taking care of your health via things like diet and exercise. Carolyn also said:

I feel good when I’m working out… Physically I feel good because I know that I’m doing something good if I’m breaking a sweat… so at the end of the day if
I’ve gone for a walk or run, or if I’m at the gym, I do feel good (Interview Transcript, p.8).

Participants also talked about how other people’s reactions to their bodies makes them feel good. Rebecca talked about how her recent weight-loss garners a lot of positive attention from her peers. She said: “It’s rewarding, right. You walk into a room— it even happened tonight. Renata said, ‘oh you look great’. So it’s not just, oh, I feel great, people tell you as well, like, ‘Wow. You look good’. So you're being reinforced.” (Focus Group Transcript, p. 13).

Despite the heavy emphasis on appearance and health, these are not the only reasons why women engage in fitness practices. Renata suggests how there are multiple discourses influencing young women’s relationships to fitness practices:

I came up with multiple reasons: one, obviously for my own physical appearance and to aid in my own self confidence. Two, to gain attention, positive attention from others. So Rebecca mentioned that in the focus group, that when you look good people acknowledge you. So I definitely would say for that reason. Thirdly, for my physical well being, physiologically I have lots of digestion issues and when I keep myself active I have less digestion issues. And then fourth, socially and for a hobby and for the adrenalin and for the activity, the sport itself” (Interview Transcript, p. 1).

The way women in my study are making sense of health and fitness discourses is complex and full of contradictions. Many of the contradictions are caused by the conflation of health and appearance. The conflation of health and beauty motivates women to work out. The healthy body ideal is highly prized in our society because of healthism yet access to the ideal is greatly influenced by one’s class status therefore making it more accessible to those from high classes. The healthy body ideal is in fact discriminatory although the women in my study articulated the popular discourse that the healthy body ideal is accessible and democratic.
Chapter 6

Conclusion

The purpose of my analysis was to investigate how class and gender are represented in the participants’ perceptions about their fitness practices. Therefore my conclusions about the results of the focus group and interviews are a critical interpretation of participants’ responses. I have found that for the four young women in my study, the neoliberal political context in which the healthy-looking body ideal is being promoted is making it difficult for them to negotiate and make sense of their fitness practices. Because participants identified both health and appearance as motivators, fitness practices clearly have meaningful benefits for them. Although they did acknowledge the futility of body ideals as a concept and how the ideal is manufactured by the media through the use of retouching and airbrushing, it did not seem to sway them from seeing the benefits they could derive from their fitness practices like physical capital, greater self-esteem and health outcomes. Therefore fitness practices do have empowering effects for the four young women in my study.

The complexity of understanding our fitness practices is part of a third wave feminist conundrum in which young women are trying to reconcile competing discourses about body image, empowerment, gender and health. My results and analysis show how for the young women in my study, neoliberal discourses of health are helping to trump any body image critique or feminism they may have been exposed to through their education and through the mainstream media.

The conclusions I have drawn are only based on the four participants’
perspectives. The small sample size is the biggest limitation of my study. Although I did have more than enough data to work with for a master’s thesis (92 pages of transcripts), I do not feel confident making any generalizations based on my results because the sample was so small. This thesis presents how four young women from similar social positions understand their own fitness practices and how discourses of healthism, empowerment, physical capital and gender are represented in their understandings. I would recommend including more participants in future studies, so that one could get a better understanding of how health and fitness discourses are affecting various groups of individuals. I see the growing number of individuals who are buying into fitness practices as a way to improve one’s life on all fronts as a result of the conflation of health and beauty, the intense pressures to look and be healthy and the increased commodification of health in our growing neoliberal society. Future studies need to look at marginalized women and girls like immigrant, racialized and economically disadvantaged women and girls in order to further trace the relationship between health and fitness discourses and race, gender and class.

I believe that neoliberal politics of health, and thus healthism, will continue to grow because of capitalism and the growing success of the billion dollar health and fitness industry. The fact that all governments are looking for ways to save money because of deficits also suggests that discourses which position the individual as in charge of their health will continue to dominate. The choice to develop public health campaigns— for instance, aimed at decreasing “obesity”— that focus on individual behaviours instead of tackling wider social issues that would have a larger and more meaningful impact on social health, reflect the neoliberal trend our government is taking.
Health continues to be viewed as an individual responsibility which overshadows the fact that health is largely determined by social factors like class status (Marmot, 2005). Neoliberal discourses of health coupled with the conflation of health and appearance creates a climate in which those with larger bodies are judged as “unhealthy” and in a negative light. The young women in my study appear to be complacent with neoliberal health discourses because of the conflation of health and appearance, the socially constructed value that has been attached to the healthy-looking body ideal and their ability to invest in it through fitness practices.

Cole and Hribar (1995) discussed the move towards an “individualized fit body politic” that satisfies women’s desire for control over aspects of their lives like their bodies. Fitness discourses that espouse “empowerment” are based on individual body projects. In their 2009 book Body Panic, Dworkin and Wachs also discussed the shift toward an individual based body politic. Their study of women’s fitness texts showed that in 2000, Women’s Sports & Fitness, a magazine which focused on “the fight against structural inequality for women in sport” was replaced by Self magazine, a magazine about fitness which features mainstream actresses and fitness models on its covers (p.16). I agree with Margaret Carlisle Duncan’s argument that women need to consider more politically meaningful activities than individual appearance-based body projects (1994). As First world privileged women, I feel that we ought to use our educations to help our sisters in the Third world and seek deeper feminist empowerment than simply working on our bodies, even if we claim it makes us feel better.

Neoliberal political ideologies are prominent and growing in Canada. Neoliberal political ideologies reflect current conservative right-winged politics in Canada that
promote limiting the role and size of government, reducing spending and favouring free market economics (privatization). Federally, we recently re-elected Stephen Harper to form the first conservative majority government since 1988. In Ontario, our health care and education systems are still suffering from the social cuts of conservative Premier, Mike Harris in the 1990s. Now we facing a provincial election in which the conservative candidate Tim Hudak (former Harris parliamentary secretary) is talking about “giving families more control” over health care; based on his conservative platform, this could mean more choice through the privatization of health care services. In Toronto, Rob Ford was elected mayor largely based on his “stop the gravy train” campaign message and other conservative political messages about cutting government spending and running government like a business (private sector). Ford’s politics have been compared to the growing Tea Party movement in the United States. These conservative approaches to government result in cuts to social programs which ultimately affect the poor the most. During this international “economic crisis” in which governments are proposing and implementing austerity measures as a solution to debts, it is the poor who are suffering the most (cuts to social programs, privatization of services). The “economic crisis” (which was in part due to conservative policies like the de-regulation of financial markets) coupled with the “obesity crisis” creates a climate in which working class people have an even harder time acquiring physical capital that is a result of “healthy lifestyles” which include fitness practices.

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6 http://rodgerjames.ca/feature/health-spending-under-hudak-to-increase-by-6-1-billion/
As mentioned in my introduction chapter, many organizations exist specifically to create opportunities for individuals to engage in healthy lifestyle behaviours. Because ideas about gender influence participation rates, many of these organizations are geared specifically towards increasing girls and women’s participation. Despite the positive social attention placed on fitness and on health and the supposed “obesity epidemic”, the number of women and girls suffering from eating disorders like anorexia and bulimia are on the rise and the age range of individuals suffering from these diseases is also increasing (Blood, 2005; Maine & Kelly, 2005; Rhode, 2010; Thompson, 1990). I believe that this is an example of how pressures to look and be healthy can and are having negative effects for girls and women. The pressures to be healthy, which are also pressures to be thin, are not only negatively affecting more and more girls and women, but also more boys and men too (Rhode, 2010).

The social, physical and psychological benefits derived from sport and physical activity cannot be denied. I am passionate about bringing opportunities to girls who face the most barriers to sport and physical activity: newcomer and immigrant girls and girls from low socioeconomic backgrounds (Ifedi, 2008). I understand that there are positive aspects that result from girls and women’s participation in sport and physical activity and am fully emerged in the industry of increasing girls and women’s participation rates. During my two contracts running the Ontario division of a non-profit girl’s sports organization, I coordinated programming that reached over 10,000 girls across Ontario. Recently I was selected to be part of a provincial team of On the Move (OTM) workshop facilitators. On the Move is a national initiative designed by the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) to increase
opportunities for inactive girls and young women to participate in sport and physical activity. I am also an active member of an OTM Newcomer Girls Healthy Living Club advisory board in Brampton. I have taught multiple body image and media awareness sessions in an effort to promote being physically active for the fun and physical benefits and not for weight loss purposes only. I have also conducted formal CAAWS OTM formal evaluations including focus groups and surveys which have illuminated how increasing girls and women’s physical activity is nuanced because of the way different groups of women relate to fitness and health discourses differently.

The policy implications that have come out of my research are centered on two main concepts: individual-based approaches to health promotion need to strongly consider the capacities of individuals to take charge of their health (economic, cultural barriers etc.) and that health and fitness promotion needs to detach itself from appearance related discourses. Educating girls and young women about the conflation of health and beauty is especially important because girls and women are often viewed as (sex) objects rather than active subjects (Haug, 1999). I believe strongly that those with more barriers to accessing physical activity need to be provided with more social remedies like the creation of active community spaces and other built-environmental solutions. In addition to health promotion, governments need to step up to the plate and deal with persistent health inequalities among groups of Canadians by providing more and better health care where it is needed and the resources and spaces necessary to engage in mainstream health and fitness practices. Health matters and individual-based approaches do have a place in the diversity of tactics governments should employ, not to combat obesity, but to increase the well-being of citizens. There needs to be more of an understanding in public discourse
that healthy lifestyle choices are not as democratic as they are framed to be by neoliberal ideologies of health seen in the public and private sectors. The privileged and educated young women in my study made strong connections between health and appearance and health and their fitness practices. They did not however, challenge these discourses which I have argued, sheds light on the hold neoliberal ideologies of health have over privileged young Canadian women today.
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Appendix A

Focus Group Guide

Agenda

1) Go over Letter of Information and Consent Form
2) Talk about issues of confidentiality
3) Pass around prompts
4) Have a discussion about what participants think about the prompt

Topics to be covered in discussion include:

1) What do participants think the ideal body is for women our age?
2) Does this ideal have any influence in the participants’ lives?
3) Do participants engage in fitness practices? Types? Frequency?
4) What motivates or influences participants’ fitness routines?

Statistics to Prompt Discussion

Excerpts from Glamour Magazine’s “Exclusive Body Image Survey”, 2009
www.glamour.com

Self Esteem/ Body Image

- 96% of women said exercise makes them like their bodies more.
- 97% of women said eating healthy boosts their body image.
- 95% of women said getting compliments from other women helps them like their shape.
- What makes you feel good in your skin? Some women who took our survey said “Knowing that every woman has something she doesn’t like about herself”.
- 75% of women felt they were too fat.
- 60% said they were dissatisfied with or ashamed of their stomachs, hips, and thighs.

Current Social Context

- More than 40% of women are unhappy with their bodies (number is virtually unchanged from initial 1984 Body Image Survey).
Women under 30 are 22% more likely to say they are happy about their shape than older women are (historically younger women have struggled most with insecurity).

16% of women say they’ve taken diet pills to lose weight (versus 50% in 1984).
Number of women who’ve starved themselves, down by 24%.
Number of women who’ve purged down by 20%.


Reasons for Engaging in Fitness Practices/Body Image

- 48% of respondents “exercise to get fit”.
- 32% of respondents “work out to solely lose weight”.
- 42% of respondents said “they could stand to lose a few pounds”.
- 19% of respondents reported “they are happy with their bodies as they are”.

Results from the question: what body part you’d most like to improve?
- 55% want a flat stomach
- 20% change hips
- 19% butt

Types of Fitness Practices

- 59% of respondents are doing both strength training and cardio.
- 20% of respondents only do cardio (warns you may be loosing muscle).
- 15% of respondents consider shopping good exercise.
- 35% of respondents get active after work or school.
- 22% prefer the morning.
- 26% of respondents said they “would do just about anything else than exercise”.
- 27% of respondents said they “would skip [their] workouts to rest”.
- 20% of respondents admit they would “ditch their gym bag and reach for a martini if their BFF called”.
- 71% of respondents “would give up mascara forever to maintain the perfect weight”.

Body Ideals/Fit Body Ideal

- 36% of respondents said “Jessica Beil’s super-fit, slender physique is the bod worth working for in the gym”.
- 16% of respondents voted for Beyonce “for her curves”.
- 13% of respondents voted for “Madonna’s lean muscle”.
- 13% of respondents voted for “Kate Moss’s waifish figure”.

Types/Choices of Fitness Practices

- 24% of respondents “prefer the gym”.
- 17% of respondents “like dance and other creative pursuits”.
- 17% of respondents “work up a sweat with high-energy sports such as spinning”.
- 16% of respondents “choose to stretch and work the core by doing yoga or pilates”.
- 9% of respondents “team up with a personal trainer”.
- 9% of respondents “play team sports to stay fit”.
- 8% of respondents “opt to work toward a goal such as a triathlon”.
Appendix B

Ethics Approval

October 13, 2009

Ms. Karina Dorney
Master's Student
School of Kinesiology and Health Studies
Queen’s University

GREB Ref #: GPHE-075-09
Title: "Understanding Young Women’s Fitness Practices"

Dear Ms. Dorney,

The General Research Ethics Board (GREB), by means of a delegated board review, has cleared your proposal entitled “Understanding Young Women’s Fitness Practices” for ethical compliance with the Tri-Council Guidelines (TCPS) and Queen’s ethics policies. In accordance with the Tri-Council Guidelines (article D.1.6) and Senate Terms of Reference (article G), your project has been cleared for one year. At the end of each year, the GREB will ask if your project has been completed and if not, what changes have occurred or will occur in the next year.

You are reminded of your obligation to advise the GREB, with a copy to your unit REB, of any adverse event(s) that occur during this one year period (details available on webpage www.queensu.ca/vpr/greb/addforms.htm#Adverse). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participants or situation that requires a substantial change in approach to a participant(s). You are also advised that any adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example you must report changes in study procedures or implementations of new aspects into the study procedures on the Ethics Change Form that can be found at http://www.queensu.ca/vpr/greb/addforms.htm#Change. These changes must be sent to Linda Frid at the Office of Research Services or FRIDL@queensu.ca prior to implementation. Ms. Frid will forward your request for protocol changes to the appropriate GREB reviewers and / or the GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Yours sincerely,

Joan Stevenson, PhD
Professor and Chair
General Research Ethics Board

cc: Dr. Mary Louise Adams, Faculty Supervisor
    Dr. Mary Louise Adams, Chair, Unit REB
    Josie Birchall, Dept. Admin.

JS/gi

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www.queensu.ca/vpr/
December 6, 2010

Ms. Karina Dorney
Master’s Student
School of Kinesiology and Health Studies
Queen’s University

GREB ref. #: GPHE-075-09
Title: “Understanding Young Women’s Fitness Practices”

Dear Ms. Dorney:

The General Research Ethics Board (GREB) has reviewed and approved your request for renewal of ethics clearance for the above-named study. This renewal is valid for one year from October 13, 2010. Prior to the next renewal date you will be sent a reminder memo and form to reapply.

You are reminded of your obligation to advise the GREB, with a copy to your unit REB if applicable, of any adverse event(s) that occur during this one year period (details available on the website http://www.queensu.ca/or/ethics/resources/AdverseEventReportForm.pdf - Adverse Event Report Form). An adverse event includes, but is not limited to, a complaint, a change or an unexpected event that alters the level of risk for the researcher or participant or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that may affect human participants must be cleared through the GREB. For example, you must report changes in study procedures or implementations of new aspects into the study procedures on the Ethics Change Form that can be found at http://www.queensu.ca/or/ethics/resources/EthicsChangeForm.pdf - Research Ethics Change Form. These changes must be sent to the Ethics Coordinator, Gail Irving, at the Office of Research Services or irvingg@queensu.ca prior to implementation. Mrs. Irving will forward your request for protocol changes to the appropriate GREB reviewers and/or the GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Yours sincerely,

Joan Stevenson, Ph.D.
Professor and Chair
General Research Ethics Board

c.c.: Dr. Mary Louise Adams, Supervisor
Dr. Spencer Moore, Chair, Unit REB
Josie Birchall, Dept. Admin.

JS/20

think Research
Shipped Dec 9 2010
Appendix C

Letter of Information

“UNDERSTANDING YOUNG WOMEN’S FITNESS PRACTICES”

This research is being conducted by Karima Dorney under the supervision of Dr. Mary Louise Adams, in the School of Kinesiology at Queen’s University in Kingston, Ontario.

What is this study about? The purpose of this research is to understand how young women comprehend their fitness practices, and how body ideals affect young women’s lives. The study will require you to attend one focus group (approximately 90 minutes), and one follow-up interview (approximately 45 minutes) which will both be digitally recorded. There are no known physical, psychological, economic, or social risks associated with this study. There are also no direct benefits to participating in this study.

Where and when will the study take place? If you are interested in participating in this study please respond to me by email with your telephone number so I may call you to discuss the project. The focus group meeting and follow-up interview will take place at Richview Library in Toronto, Ontario. Richview Library is near the intersection of Islington Avenue and Eglinton Avenue and is accessible by TTC (public transit). The focus group meeting will take place on Wednesday October 13th at 6:30 pm. The focus group meeting will last approximately 90 minutes and will be digitally recorded.

Shortly after the focus group, you will receive a copy of the focus group transcript to clarify and approve what you have said. At your request, any data that you have contributed will be deleted from the transcript. Please contact Karima Dorney by email for any clarifications or revisions to your part of the focus group transcript. Once you have approved the transcript, you will then be asked to participate in an individual interview which will last approximately 45 minutes. The interview will also be digitally recorded, and the transcript will be given to you for your approval.

Is my participation voluntary? Yes. You may choose not to answer any of the questions you are asked. You may withdraw from the study at any time. If you would like to withdraw, please let Karima Dorney know by email 7kjd1@queensu.ca or phone 416-556-0740. Should you withdraw, any data that you have contributed to the study will be deleted from the transcripts.

What will happen to my responses? Your responses in the focus group and interview will be digitally recorded and transcribed. Once the transcripts are made, the digital recordings will be destroyed. On the transcripts, participants will be referred to by pseudonyms (fake names) to protect their privacy. These pseudonyms will be used when
transcribing, analyzing and writing up the data (see consent form). This means that your real name will not be associated with the recordings, the transcripts or the findings.

Participants in the focus group will be asked not to reveal what other participants have said. However no guarantee can be made that your responses will remain confidential. A discussion of confidentiality and the importance of anonymity are on the agenda for the focus group. All contact information provided to me by the participants will be kept in a file in a locked cabinet in my home office in Toronto, Ontario. Only my supervisor and myself will have access to the data. All the data that I obtain, including digital recordings and transcripts, will be locked in a cabinet in my office. I will erase all the digital recordings of the focus group and interviews once the transcripts are made. I will delete all electronic files (i.e., emails, transcripts, notes from initial telephone interview) at the completion of the research (March, 2010). I will conserve hard copies of the transcripts for a period of 1 year after which time they too will be destroyed.

As a participant in this study you will receive a copy of the focus group transcripts and your interview transcript for your approval. The data from this project may be published in professional journals or presented at academic conferences, but any such presentations will be of general findings and will never breach your confidentiality. Should you be interested, you are entitled to a copy of the findings.

**Will I be compensated for my participation?** No financial compensation will be provided.

**What if I have concerns?** In the event that you have any complaints, concerns, or questions about this research, please feel free to contact Karima Dorney; 7kjd1@queensu.ca; project supervisor, Dr. Mary Louise Adams (533-6000 x74723), mla1@queensu.ca; Director of School of Kinesiology and Health Studies, Dr. Jean Coté (613-533-3054); or, the Chair of the Queen’s University General Research Ethics Board, Dr. Joan Stevenson (613-533-6288).

Thank you. Your interest in participating in this research study is greatly appreciated.

* Version 2, September 22, 2009
Appendix D

Consent Form

UNDERSTANDING YOUNG WOMEN’S FITNESS PRACTICES

Name (please print clearly): ___________________________________________________________

1. I have read the Letter of Information and have had any questions answered to my satisfaction.

2. I understand that I will be participating in the study called “Understanding Young Women’s Fitness Practices”. I understand that this means that I will be asked to talk about my fitness practices in one focus group with 4-6 other women (approximately 90 minutes), read over and approve the transcripts from the focus group, and then attend one individual interview (approximately 45 minutes).

3. I understand that both the focus group and the follow-up interview will be recorded using a digital voice recorder.

4. I understand that my participation in this study is voluntary and I may choose not to answer any of the questions I am asked. I may withdraw at any time with no adverse effects. I understand that every effort will be made to maintain the confidentiality of the data now and in the future. Only my pseudonym will be used in the transcripts and write up. The data may also be published in professional journals or presented at academic conferences, but any such presentations will be of general findings and will never breach individual confidentiality. Should I be interested, I am entitled to a copy of the findings.

5. I am aware that if I have any questions, concerns, or complaints, I may contact Karima Dorney (416-556-0740); 7kid1@queensu.ca; project supervisor, Dr. Mary Louise Adams (613-533-6000 x74723); mla1@queensu.ca; Director of School of Kinesiology and Health Studies, Dr. Jean Coté (613-533-3054), or the Chair of the General Research Ethics Board, Dr. Joan Stevenson (613-533-6288) at Queen’s University.

I have read the above statements and freely consent to participate in this research:

The pseudonym I would like to use is:

__________________________________________________________________________________

Signature: _______________________________ Date: ___________________