Young women, health, beauty and bodies: A post-structuralist and educator perspective

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Abstract
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Keywords
young women, self-identity, post-structuralist, physical education, beauty, self-concept, media depiction

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Young women, health, beauty and bodies: A post-structuralist and educator perspective

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This paper will examine three young women’s perceptions on the body, health, physical activity, beauty and media. These ideas will be explored through a post-structuralist and educator perspective, where media, healthism and fitness discourses will be discussed. Participants engaged in a semi-structured interview, where questions were focused on media, health, beauty, their own body perception and their perceptions on ‘non-traditional’ female bodies. The young women still used the healthism and fitness discourses to describe how bodies should and should not look, and these discourses exerted pressures on the young women to conform to a fit, toned and slender body shape. They also confirmed that the media does not portray healthy body shapes and that a physical identity can be formed through a personal attachment to physical activity.

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Introduction

This paper aims to explore three young women’s perceptions on the body and physical activity, what it means to be healthy and beautiful, and how health is portrayed in the media. These points of exploration will use a post-structuralist perspective to investigate the media, and discourses of health and fitness. A post-structuralist perspective views the social world as having deep underlying structures that are not directly visible. These structures influence the way people think and behave within a social setting (Scott & Morrison, 2005). This perspective is utilised to explain why these young women have certain perceptions of health and beauty and to highlight some of the consequences of these.

Literature review

It is important to understand what is meant by healthism and fitness discourses before exploring how the young women in this study negotiated these discourses in their lives. A healthism discourse is characterised by the belief that a slim body can be achieved through exercise and eating healthy foods. A fitness discourse conflates health with the embodied capacity to do physical work (Wright, O’Flynn & Macdonald, 2006). Wright, O’Flynn and Macdonald (2006) used a post-structuralist perspective to highlight how health and fitness discourses are played out in the lives
of young women and men. They mention how quantitative research fails to explain how discourses inform how people live their lives and play a part in shaping their identities. Furthermore, they use qualitative research to understand how these discourses can lead to body dissatisfaction and eating disorders.

Garrett (2004) applied a feminist post-structuralist method to explore how young women negotiate their physical identity. She contends that the development of a physical identity has the potential to support ongoing and enjoyable physical activity. Furthermore, having a sense of physicality allows for individuals and communities to develop a sense of self. These lived experiences shape how people feel about themselves, their body, health, relationships and other people in society.

Advertising and media disseminate dominant messages of femininity, beauty and health that work to create normalised notions of health, fitness and beauty (Oliver, 2001). Media can be used as a stimulus to engage young women about female bodies and critique the normalised ways that bodies are portrayed. Oliver (2001) utilised this concept within her study of adolescent girls by asking young women to explain how they experienced their bodies and to reflect on how bodies are commonly viewed through the media. She highlights how women are bombarded with images of how they should look and messages about what types of bodies are socially valued. Oliver’s contention is that young women are faced with images of perfection, where it is not okay to have wrinkles, bulges, curves or blemishes.

These ideas about bodies were evident in the ways in which my female friends talked about their bodies. My interest in conducting research was prompted by my reactions to what, from my perspective, was the extreme language they used when talking about their own and others’ bodies. I remember one particular conversation where they commented, with a great deal of certainty, that females who have muscular bodies were ‘disgusting’ and ‘unnatural’; female bodies that were muscular from their perspective were socially unacceptable and could not be beautiful. These comments prompted me to conduct research that would examine how these young women came to hold such views and what it was that had influenced their ‘unquestionable’ views. How did these young women negotiate their understanding of beauty, health and physical activity? Was it through the media, learned physical experiences or through their own self-perception that they came to understand beauty, health, physical activity and bodies? Having a narrow and constricting view of beauty can increase the chances of body dissatisfaction and does not allow for all females to be socially accepted into a society that is dominated by the idea of a ‘perfect’ disposition. If we wish for society to be more accepting, understanding and not take bodies at face value, there is a need to explore how and why young women take up certain discourses and how these discourses shape the way they live their lives. If societal and cultural norms limit females in how they see bodies and how bodies are experienced, we are ultimately restricting the real potential women have in life.

**Methodology**

Adopting a qualitative research method, this research explores why certain people take up particular health discourses and why other people may not. Qualitative data was collected through semi-structured interviews. Semi-structured interviews were used to help create a casual conversational style of interview and to investigate the
participants’ personal experiences, values, beliefs and perceptions. Kervin et al. (2006) highlight that interviews provide a richness of data, as responses can provide a broader understanding of the social phenomena being investigated. Semi-structured interviews were selected as they allow for open-ended questioning and depth of data.

All participants were purposely selected due to their previous known comments about beauty and health. The participants were friends of the researcher and were comfortable with giving responses to questions that could be viewed as sensitive. The participants selected the location of the interviews. This included their homes, coffee shops and on their university campuses. Allowing the participants to choose where they were interviewed enabled them to feel that they had some control over how the interview was to be conducted and allowed the interview to be less threatening.

The interviews were recorded on an iPhone and later transcribed. This created the opportunity to review responses and provide a physical means to code responses. Responses were coded into themes that related to the dominant discourses of healthism and fitness, the ways the young women engaged with media and the ways these discourses and ideas were challenged through their responses. Examples of interview questions include, ‘What is your definition of health?’, ‘Who is the healthiest person you know and why?’, ‘What are your thoughts about the body, beauty and health when you watch shows like Gossip Girl or when you flick through magazines such as Cosmo and Cleo?’, ‘What would you rate your body perception and why?’

Kervin et al. (2006) propose that ethical research ensures that participants are treated humanely, with respect and that their privacy is protected. They also point out that ethical research includes informed consent, where the participants are informed of the aims of the research, how the interview will take place and the potential risks and benefits that can occur throughout the data collection process. Within my research, data was ethically collected by providing the participants with an information sheet and consent form, all participants consented to participation and were provided with a brief outline of the questions. The young women did not have to answer questions they felt uncomfortable with and could terminate the interview if they wished to do so. It was explained that their identities would remain confidential and pseudonyms would replace their names.

**Results/discussion**

All participants were from a middle-class background and all attended the same high school. The participants had an average age of 21 and were all studying full time. Lauren was studying sociology, Katherine completing an education degree and Julie was in her final year of nursing. All of the participants were of Western Anglo-European background. Lauren and Julie identified themselves as having poor body perception, whilst Katherine considered herself as having a more positive body perception. The results and discussion will be broken into themes relating to the healthism discourse, the fitness discourse and engagement with media.
Meanings of health

When asked what health means, both Lauren and Julie referred to the ‘holistic’ nature of health, drawing on the contributing elements of mental and physical health, relationships, community beliefs and wellbeing.

Lauren: “Health is being free from illness both mentally and physically. I would expect a full healthy person to eat well, exercise regularly and have good relationships with other people.”

Julie: “I think health can be viewed and defined as being holistic. That is, for one to have good health, they must encompass good physical, like the absence of disease. Spiritual is related to the beliefs of a particular culture and community and mental is the wellbeing of one’s psyche, that is, without mental illness … and I guess general wellbeing.”

It seems that Lauren and Julie’s responses drew on discourses of health they had learnt from previous education; Lauren completed the Stage Six Personal Development, Health and Physical Education subject in 2008 and Julie was completing her nursing degree. There was also a sense that they wanted to answer the question in a way that they thought I wanted to hear. The next question, however, revealed that healthism discourses were also central to their understandings of health.

When I asked who is the healthiest person they knew and why, the participants identified a friend, Chloe, who was female and not included in this study. Both Lauren and Julie identified balancing energy intake and monitoring body weight as achievable and dependent on the individual’s motivation and self-determination:

Julie: “Chloe. She always eats right and counts her calories. She exercises every day. I wish I could be more like her. I wish I could eat the right things, like more vegetables … I try to balance my energy intake but it’s a lot of effort … I’m just too lazy for that. She has a gorgeous body and she deserves it. But because I eat badly, I deserve the body I have.”

Lauren: “Chloe. Because she is always eating vegetables and eggs for breakfast and knows how many calories are in foods and why certain foods are better than others. She runs almost every day. She is skinny and has long hair and my body doesn’t look like that at all. I like to watch what I am eating most of the time … not like Chloe … she is really dedicated and I am not.”

From these responses it seems as if these two young women feel guilty about not being like Chloe. It is as if they feel socially unacceptable because they do not count the calories in their foods as Chloe does and they associate these practices of the self with a slender body. Furthermore, their responses suggest they feel immoral because they eat badly and are not dedicated to a calorie-counting diet. This is implicit in Wright, O’Flynn and Macdonald (2006), who suggest the legitimatising power of energy balance disclosure and the moralising nature of food and bodies. They discuss how healthism discourses allow women to make judgements on what they will and will not eat and the reasons they have for this. By making judgements
on appearance, Wright, O’Flynn and Macdonald (2006) suggest that this invites society to assume certain eating and activity behaviours, thus leading society to blame the individual for not managing what they eat and how they expend their energy.

Interestingly, Katherine and Lauren challenged these notions when responding to the same question of who is the healthiest person you know and why. Katherine mentioned “Ryan is the healthiest person I know. Swimming is his passion … he likes to hang out with his swimming friends and seems to be happy all the time. He says he feels at peace when he is swimming.” Similarly, Lauren mentioned that “Chloe goes to the gym regularly and enjoys it”. This suggests that Katherine and Lauren challenge the healthism discourses by identifying movement as something more than balancing energy in and energy out. They identify the healthiest person they know as someone who loves physical activity, who is socio-emotionally, spiritually and mentally balanced and associate their physical activity as a part of their identity and life. This is supported by Oliver (2001), who considers that bodies can be empowered through enjoyable physical experiences, and Fernandez-Balboa’s (1997) explanation of human movement being a means to define who we are and what we do as a person. He suggests that human movement can be a medium that reveals to the world how we use, care and present our bodies. It is a cultural language that is a medium that creates and conveys our identity.

The ideas Katherine and Lauren present against the healthism discourse calls upon educators to focus on movement that can become a part of young women’s physical identity. It seems from these interviews that this is a possibility and those who have found a physical activity, that suits their identity, are more likely to be content within their life and have space to grow as a person.

**Fitness discourse**

In response to question two, who is the healthiest person participants know and why, the young women offered more detail that related to the fitness discourse, which conflates health with the embodied capacity to do physical work (Wright, O’Flynn & Macdonald, 2006):

Rebecca: Tell me more about how skinny Chloe is. Why do you think she is skinny?

Lauren: “Chloe is skinny because she exercises all the time … but doesn’t look too muscular … I don’t know. I mean she can run for a long time without getting tired, so that means she must have good aerobic fitness. I mean I go for a walk and I feel like I am in my anaerobic zone … ha ha like over 180 bpm. But she would work in her aerobic zone to stay skinny … like the fat burning zone that is about 60 to 70% of your heart rate. Well that is what she has told me. She knows a heap about health and physical fitness … like when to eat, what to eat at these times and when to exercise for certain results. She tells me this stuff and I listen … and I know, but I am just too lazy do to anything about it.”
Julie responded in a similar way when I questioned her about how Chloe stays skinny and does not develop a more curvaceous figure:

Julie: “Chloe continuously participates in physical activity and does at a high intensity … like at 90% of her heart rate. She exceeds lazy people’s fitness, like my fitness levels. She runs all the time and runs rings around most people. She wakes up early for runs because that’s the best time to fat burn and she has like a healthy BMI, like 18 or something. She knows all this stuff too … so I think having that knowledge would help her stay skinny.”

These responses are concerning, as these young women are identifying health as being fitness as calculated through statistics and numbers. Furthermore, they mention how Chloe has the knowledge of BMIs, times to exercise, times to eat, what to eat and how this knowledge allows Chloe to keep her thin physique. This is suggested by Garrett’s (2004) investigation of the construction of a physical identity in adolescent girls. She found that there was participant talk around self-surveillance and how this affects a good-looking body. Participants suggested that in order to have an attractive body, you had to be aware of how many times you exercised, your body shape and how to engage in ongoing body maintenance. This knowledge can work to assign blame to the individual. This was apparent in the ways Lauren and Julie feel guilty about the ‘laziness’ of their exercise and food practices and monitoring.

**Media**

Although some of these young women identified healthism and fitness discourses being played out within their own lives, they were all very good at critiquing these notions within the media. I asked the participants about their thoughts about the body, beauty and health when they watched shows like *Gossip Girl* or when they flick through magazines such as *Cosmopolitan* and *Cleo*, they all responded in a ‘critical’ manner:

Julie: “I think that the majority of the population view beauty as whole physical looks. Those TV shows and magazines portray people with physical beauty alone … like they are toned and have great smiles. There has been a push for more natural women in magazines, however, these people only make up a minority of the people featured in those particular magazines.”

Lauren: “Those shows only represent one type of female body, the beautiful, thin one … I’ve never seen than once do any physical activity, yet they all look super fit. This does not send a realistic message.”

Katherine: “The images in that show and in those magazines portray unrealistic and unobtainable images. People don’t look like those people. They portray beauty through a very narrow lens. What they portray does not represent good health.”
The responses these young women gave in relation to media suggest that they are critical consumers of health and beauty. They made reference to the unrealistic nature of the bodies portrayed in the media. However, the young women involved in the study contradicted this by referring to themselves as ‘lazy’ because they do not exercise and eat right. It seems that if the thin, toned and fit body type is portrayed in the media, young women believe that it is almost impossible to achieve, as it is too far removed from reality. Yet, when Lauren and Julie compare themselves to someone that is contextually real, for example Chloe, they revert to the dominant messages promulgated by the media when talking about themselves. Oliver’s (2004) suggestion that educators need to consider the major factors that hinder how girls connect with their bodies is important here. She suggests we should aim to engage young women in critical inquiry in regard to media, as media plays a major role in how young women perceive health and beauty.

Conclusion

It is evident from this investigation that young women still have pressures to conform to a ‘normal’ and ‘attractive’ body shape. It seems that this ideal body cannot be too muscular, too thin or too fat and, above all, female bodies must be toned and thin. This research also suggests that there is still significant body dissatisfaction within young females. These particular females mentioned how health is determined by the individual and not by external factors, circumstances and experiences. This can lead to a narrow perception of health, whereby the physical body is seen as a ‘true’ representation of how healthy an individual is. This has direct implications for society as this perception does not acknowledge those individuals who do not fit the thin and toned look which, in turn, limits the experiences they can have in society and relationships with self.

Further research and education should be conducted with young women to help them identify physical activities that can be a part of and define their identity. This could lead to positive experiences when moving and could allow for women to develop positive body image, greater self-perception and an acceptance of all different types of bodies. Educators should consider using other mediums and sites for young women to critique bodily discourse to complement the use of the media. This could include workplaces, gymnasiums and family structures. Finally, educators and researchers should be continually looking at new ways in which they can support young women to develop a positive self-concept and how to accept all kinds of body shapes by challenging dominant notions of health and fitness.

References


