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WOMAN'S EMBODIED SELF: AN INTRODUCTION

To men a man is but a mind. Who cares what face he carries or what form he wears? But woman's body is the woman.

—Ambrose Bierce (1911/1935, p. 15)

Ask any scholar about Descartes's notion of mind–body dualism and you will be told it is passé. The increasing acceptance of the biopsychosocial model of health and illness and the growing literature in philosophy and sociology on embodied experience are evidence that experts across many fields understand that body and mind are intertwined. *Embodiment* is defined by the *Oxford English Dictionary* (n.d.) as “a tangible or visible form of an idea, quality, or feeling,” and the concept of sense of self is an example of an idea—the idea of who each of us is as an individual. People learn about the world and about themselves through their bodies; thus, the body is the basis of subjectivity and self-expression. Embodiment can be experienced positively or negatively, as empowering or disempowering.

In this book we consider how the female, and particularly the feminine, body influences a woman's sense of self, especially her image and identity. The cultural tendency to define a woman as her body (Bierce, 1911/1935;

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Greenspan, 1983) or as her face (Sontag, 1979) means that women may be more likely than men to engage in body-related self-improvement projects (e.g., the pursuit of beauty, attempts to combat aging, suppression of menstruation) in an attempt to manage their body image and self-identity. This book is for anyone who has ever wondered why women engage in endless body projects and what effects that body work, and the sociocultural pressures that support it, have on the psychology of women.

THE BODY AND THE SELF

Without a body, there is no self. In the most basic sense, a living body provides a home for the self, and the brain creates the mind, which produces the sense of self. Experimental psychologists (e.g., Ferrè, Lopez, & Haggard, 2014) consider *sense of self* to mean spatial unity between the self and its physical body, which is essential to producing a first-person perspective. An out-of-body experience, which people find to be bizarre and anxiety provoking, represents a failure of the unity of self and body, a shift from a first- to a third-person perspective (Brugger, Regard, & Landis, 1997).

The body is “the most familiar object people encounter” (Longo & Haggard, 2012, p. 140), yet even the basic understanding of body ownership (i.e., “This body is mine, or part of me.”) is not a simple one; it requires complex cognitive interpretations of “synchronous multisensory inputs from different modalities” (Longo & Haggard, 2012, p. 140) to produce a sense of the embodied self, and errors in the system have been demonstrated in both laboratory settings (e.g., the rubber hand illusion, in which participants perceive stimulation as coming from a hand that is not their own) and clinical settings (e.g., the phantom limb phenomenon, in which people perceive pain and other sensations as coming from amputated limbs; vestibular disorders, in which inaccurate sensations of the body’s spatial orientation impair balance; strokes and traumatic brain injuries that produce neglect [lack of recognition] of one side of the body). Thus, people can misunderstand the self in dramatic ways, such as by recognizing aspects that are not actually part of their bodies (e.g., a rubber hand, a phantom limb) or by not recognizing aspects that are part of their bodies (e.g., neglect of the left or right arm and leg). Other clinical examples of misunderstanding of the body or disruption in body–self unity might include a person with anorexia nervosa who perceives her ultra-thin body as fat, or state-induced self-objectification, which causes a woman to shift from a first- to a third-person perspective of her body.

The body is an important part of everyone’s self-identity (Calasanti & Slevin, 2001), and others’ reaction to our bodies (and hence to ourselves) is a key component of self-worth. A glance at a person’s body reveals information

about sex and gender, age, race and ethnicity, and perhaps even sexual orientation, social class, and religion, based on physical appearance, gait, style of dress, choice of activities, and body postures. Although feminists have been critical of Freud's (1924/1961) famous dictum that "anatomy is destiny," in some ways it is hard to argue with his point. Stereotypes are activated in observers of people's bodies, and those stereotypes can result in approval or disapproval, approach or avoidance. People are evaluated differently on the basis of information gleaned from observations of their bodies, treated differently (e.g., racism, ageism, lookism, sizeism) as a result, and expected to assume, or refrain from, particular duties and activities.

Given the growth of consumerism, the current cultural focus on beauty and fitness, and the increase in leisure time to pursue hobbies and interests of all kinds, the body has become a central part of self-image (Öberg & Tornstam, 1999), and people are encouraged to develop the body's attractiveness, health, and fitness to enhance their self-image. Brumberg (1998) suggested that the body has become a proxy for the self, and she described self-improvement attempts, in particular those made by girls and women, as "the body project." In her classic study, Brumberg examined diaries written by American girls between 1830 and 1990, and she found self-improvement was a recurring theme. Girls in earlier times were focused on the internal; they wanted to improve the moral aspects of the self, especially those that demonstrated their femininity and religiosity. Those girls wanted to be better people: more patient, kinder, gentler, more loving, more devoutly faithful, more trustworthy. Around the midpoint of the 20th century, however, self-improvement efforts changed and became focused on the external, on the body. Those girls wanted to become more attractive people, prettier and thinner; today, girls want to be sexier as well. They have internalized the view that "what is beautiful is good" (Dion, Berscheid, & Walster, 1972, p. 285). They are marshaling their self-discipline, not in the service of kindness and faith but in the service of beauty work and dieting and exercise regimens. The soul seems to have been replaced by the body as "the object of salvation" (Öberg & Tornstam, 1999, p. 631). Given the harsh judgments of girls and women (online and in person) who do not measure up to beauty standards, we should not be surprised by this turn of events, which continues today.

Consumerism (including the pursuit of beauty and the health and fitness craze) has also promoted the view that the body is "a vehicle for conspicuously demonstrating social class differences" (Calasanti & Slevin, 2001, p. 64). Those who can afford cosmetic surgery, personal trainers, and the latest fashions look younger, are thinner, and more closely approach the beauty ideal than those who cannot. Bourdieu (1984) reported that members of higher socioeconomic strata focus more on the body's appearance, whereas those from lower socioeconomic strata focus more on its functionality. As a

result, affluent people choose activities that improve appearance (e.g., spin classes, jogging) or demonstrate their ability to afford travel and expensive equipment (e.g., golf, skiing), whereas others choose activities that provide opportunities for sociability and fun (e.g., bowling, shooting hoops). All of these activities, of course, depend on the body's functionality (there is no behavior without the body), and all sports develop skills, but appearance-related results of some activities seem to be more important to some people than to others. Affluent women can also delay childbearing and use various infertility treatments to become mothers at a convenient time, and they can afford expensive cosmetic procedures to approximate a narrow, sexualized body ideal after childbirth.

The body clearly affects the self in many ways, which makes a comprehensive consideration of the self-body unity important. The many ways by which the body influences the self (Leary & Tangney, 2012) have long been of interest to personality, clinical, and social psychologists; these include self-identity ("Who am I?"), self-esteem ("Do I approve of myself?"), self-worth ("Am I valuable and respectable?"), self-consciousness ("How do I appear to others?"), self-regulation ("Can I control myself?"), self-image and self-monitoring ("How should I present myself to others?"), self-efficacy ("Can I do what I want to do?"), and self-confidence ("Can I succeed at what I do?"). Here we use the term *self* to mean the total person (i.e., self-body unity) and consider the effects of women's beliefs about and attitudes toward their bodies in terms of the body's impact on personality (i.e., traits that should and should not be exhibited by people like me, for example, a girl, a mother, a premenstrual woman, an old woman), the way the world is experienced (i.e., how others react to me based on my body, such as in regard to weight, reproductive and sexual functioning, disability), and personal agency (e.g., goals, preferred activities, the ability to carry out actions).

Many of the ways the body affects the self are gendered. Although we mention men occasionally and consider people in general from time to time, in this book we focus on the impact the body has on a woman's self. Given that women are more closely associated with nature than men are (e.g., de Beauvoir, 1952), and that women's social status has traditionally depended more on their beauty than on their actions (Freedman, 1986), the body-self interaction is a very important topic to the psychology of women.

All women have an embodied self, but all bodies are not the same, nor are all bodily experiences reflected in the self in the same way. Although we use the phrases "the body" and "the self" frequently, we are aware, and ask our readers to be aware, of intersectionality. In many instances in this book there were insufficient data to address diverse women's experiences as thoroughly as we would have liked. Readers are encouraged to think critically about the data that exist and whether they point to generalizable phenomena.

FEMINIST PERSPECTIVES ON WOMEN'S EMBODIMENT

Despite the importance of the body to the psychology of women, feminist psychologists have come late to the serious consideration of this interaction. The first generation of women psychologists dedicated themselves to marshaling evidence against the widespread beliefs that a woman's reproductive body prevented her from engaging in certain activities (e.g., higher education, rational thinking; Bullough & Voght, 1973) and required her to engage in other activities (i.e., become a wife and mother; Deutsch, 1945/1970). Even as the reproductive body was extolled as producing motherhood, femininity, and women's greatest happiness, it was blamed for driving women crazy. Hysteria, madness, neurasthenia, and general weakness and vulnerability were all thought to be related to women's abject, unruly, reproductive body (Bayer & Malone, 1996; Ussher, 2006). Many Western philosophers denigrated the body as "animal, as appetite, as deceiver, as prisoner of the soul and confounder of its projects" (Bordo, 1993, p. 3), and they saw it as something to rise above and separate from, a challenge at which men were more likely than women to succeed (Nettleton & Watson, 1998). Alternatively, as Bierce (1911/1935) might put it, men *have* a body; women *are* a body. There were a lot of myths about women's capabilities for feminists to push back against, including a desire to avoid thinking about ways that the body can affect a woman's self (Bayer & Malone, 1996; Chrisler, 2011a).

Several things happened in the late 1970s and early 1980s that brought the need for feminist study of the body and self to the fore. First, the extent of eating disorders among young American women was documented by researchers (Boskind-Lodahl, 1976; Boskind-White & White, 1983), and research and clinical psychologists became concerned about women's weight as a "normative discontent" that detracted from women's mental health and well-being and caused them to engage in risky behaviors to lose weight (Orbach, 1979; Rodin, Silberstein, & Striegel-Moore, 1984). Second, the backlash against the women's liberation movement, which had decried time-consuming beauty rituals and painful fashions (e.g., girdles, pointy-toed and high-heeled shoes), fueled media messages that "having it all" means being beautiful as well as successful (Faludi, 1991). The first feminist books were published about the pressures women experience to take up the body project and beautify themselves (e.g., Chapkis, 1986; Freedman, 1986), and these books sparked interest in how beauty (and lack of it) affects the psychology of women. Third, Foucault's (1977) work on social constructionism and the body politic greatly influenced feminist psychology. His description of how power and oppression operate in many levels of society, including institutional (e.g., the media, the fashion and dieting industries), interpersonal (e.g., the male gaze), and personal (e.g., self-surveillance, self-discipline) levels has

obvious connections to women's appearance concerns and the pressure they feel to engage in beauty work and other disciplinary practices to tame their unruly bodies and appetites. The theories of self-objectification (Fredrickson & Roberts, 1997) and objectified body consciousness (N. K. McKinley & Hyde, 1996) were influenced by Foucault's ideas, and those theories have generated a great deal of feminist research on body image, eating disorders, sexual satisfaction, mental and physical health, and other topics.

Perhaps feminist psychologists delayed their study and theorizing of women's body-self unity because they feared that their work would support earlier, outmoded ideas about the limits reproductive bodies place on women's lives (Fredrickson, Hendler, Nilsen, O'Barr, & Roberts, 2011). Today, however, girls and women are surrounded by contemporary and historical images of bodies in the mass media and social media, including images of "the maternal body, the vulnerable body, the victimized body, the hysterical body, the body with no desire of its own, the regulated body, the rebellious body, the thin body" (Bayer & Malone, 1996, p. 114); some of those bodies are idealized, some are powerless, and others are denigrated. The trendiness of revealing clothing and the ubiquity of cell phone cameras mean that girls' and women's bodies are nearly always in view and subject to the judgments of others. Taking up the body project means "doing" the body (Nettleton & Watson, 1998), subjecting it to constant discipline to fit an idealized image that determines self-worth. There is no mistaking the fact that a woman's self is embodied.

EMBODIMENT

Psychologists have come late to the use of the term *embodiment*, which is used often in the fields of philosophy, sociology, and women's studies. Cognitive psychologists (e.g., Gibbs, 2006) have used the term to refer to the effect the body has on shaping the mind. Niva Piran and her colleagues (e.g., Piran, 2016; Piran & Teall, 2012) have been studying the effect of embodiment on the development of eating disorders, body image concerns, and positive aging. These uses of the term are consonant with our interest in the effect of the body on the self.

The term *embodiment* originates in the work of Merleau-Ponty (1962), a philosopher who contributed significantly to phenomenology. Merleau-Ponty wrote about the *lived body* as a social agent. All perception—indeed, all of our experience—of the world is embodied. We cannot understand the world we live in, nor can we interact with each other or act on the environment around us, without our bodies. Everything we know, everything we do, and everything we are is mediated by the body.

Although Western cultures frame the body as private and allocate different amounts of personal space around it to form boundaries between individuals and others, Merleau-Ponty (1962) insisted that the body is never isolated from the world but instead is always engaged in it, observed and touched by others. Furthermore, the body is a social entity, given that it mediates all of our interactions with others. Foucault (1977) shared this view, and he emphasized the fact that the body is seen, evaluated, and reacted to by others, and those others influence individuals' evaluations of their bodies and their selves. Evaluations of bodies are invariably "marked by assumptions made about their gender, their race, their ethnicity, their class, and their 'natural' abilities" (Weiss, 1999, p. 2), as well as their age and their attractiveness. Thus, people's embodiment is continually mediated by interactions with others (Weiss, 1999). Individual interactions can affect women's sense of self (e.g., state self-esteem, state self-objectification), and those interactions accumulate over time to shape the self (e.g., trait self-esteem, trait self-objectification). Women's bodies are perceived by many as sex objects or as objects of beauty and are subject to constant evaluation and judgment. These judgments are considered normative and need not be hidden or kept private (e.g., street harassment, slut bashing, the fashion police). Most girls and women are aware that they are constantly subject to evaluation, which makes it difficult for them to attain a comfortable embodiment.

Piran and Teall (2012) posited a developmental theory of embodiment. Beginning in early childhood, social experiences shape people's embodiment through three paths: (a) "experiences in the physical domain," (b) "experiences in the mental domain involving exposure to dominant social labels and expectations," and (c) "experiences related to social power" (p. 171). The physical domain provides opportunities to develop the body's functionality and to experience competence; it also may result in experiences of interpersonal violence. A preponderance of positive experiences in this domain yields a sense of physical freedom, whereas negative experiences lead to what Piran and her colleagues called *physical corseting*, the experience of being forced into an uncomfortable mode of being and doing. The mental domain concerns the impact of sociocultural expectations on embodied experience, such as stereotypes of different types of girls (e.g., girly-girl vs. tomboy, bitch vs. sweetie, prude vs. slut) and worries about the discrepancy between one's own body and the beauty ideal. Positive experiences in this domain yield a sense of mental freedom, whereas a preponderance of negative experiences results in *mental corseting*: the experience of being tightly bound into a negative and self-critical mind-set. The social power domain refers to treatment based on identity characteristics (e.g., gender, race, class, sexual orientation, ability status) and experiences of marginalization, discrimination, and harassment. Positive experiences lead to social empowerment, whereas negative

ones lead to disempowerment. The more physically and mentally free and socially empowered a woman feels, the more likely she is to experience a *positive embodiment*, defined as encompassing agency, self-care, and joyfulness. The more physically and mentally corseted and disempowered a woman is, the more likely the development of embodiment is to be disrupted and yield a negative body–self relation.

Neisser's (1988) theory of self includes five types of self-knowledge or understanding: (a) the ecological self, (b) the interpersonal self, (c) the extended self, (d) the private self, and (e) the conceptual self. The first two types of knowledge are compatible with Merleau-Ponty's (1962) view of embodiment because they refer to actions in and experiences of the environment and communication and interactions with others. The *extended self* refers to memories of, and anticipations of, such interactions. The *private self* refers to self-consciousness and understanding of one's experience as unique. The *conceptual self* draws all of the other types of knowledge together; it includes self-image and self-identity. Body image, a topic that has been much studied by psychologists, is part of the conceptual self but influenced by the other forms of self-knowledge.

BODY IMAGE

The term *body image* is ubiquitous in both professional and popular discourse, yet there seems to be little agreement about its meaning. Our students often think it means images of bodies that they see in the media, especially the beauty ideal: the "perfect body image." Perhaps because of its frequent connection to research and theory about eating disorders, we have often seen it discussed as though it referred to body or weight satisfaction or dissatisfaction. Body satisfaction is certainly part of body image, but it is not all there is.

We agree with Pruzinsky and Cash's (1990) conceptualization of body image as multidimensional; it refers to people's appraisals of and feelings about their bodies and bodily functions. As such, body image includes internal, subjective representations of physical appearance, sensations, health or illness, internal processes (e.g., menstruation, hunger, energy level), and functionality (e.g., athleticism, sexuality, balance). Thus, body image includes the information postulated by Merleau-Ponty (1962) to form embodiment, as well as satisfaction or dissatisfaction with the body's appearance or with particular parts of the body (e.g., breasts, muscularity); weight consciousness; understanding of one's skills and abilities; and adaptation to changes in the body that result from injury, illness, and maturation/aging. Body image is an important part of self-concept, including self-esteem, self-confidence, and self-identity. It influences how people think of themselves in a global way as well as how

they judge their ability to perform various activities and what goals they set for themselves in the future. Body image is not static. Although it does not alter from day to day, it does develop throughout life as a result of maturation, sensory and behavioral experience, changes in physical appearance and abilities, social and cultural norms, and the reactions of other people. Thus, body image is a key part of embodiment as we understand it.

WOMEN AND THEIR BODIES

Women have a complex relationship to their bodies. The body should be a source of pleasure, the enabler of agency, and the mediator between the world and the self. However, for most women, at least some of the time, the body is a disappointment, a source of anxiety, and a site of labor. The body is a self-improvement project for girls and women.

Every day women receive instructions about how their bodies should look, should function (or not function), and should behave. Instructions come from advertising and other media, from religious texts and leaders, from medicine, from government, and from other women. Women learn that their bodies should be feminine, beautiful (but not look like they tried too hard to achieve their beauty), sexy (but not slutty), pure (but not prudish), slender (but curvy in the right places), youthful (if they are adults), mature (if they are adolescents), fashionably dressed, controlled (in their posture, bearing, and appetites), healthy, fit, and able-bodied. Women should be warm, approachable, giving, yielding, and cater to others' needs before their own. Women should look, do, and be what is impossible.

The body project is lifelong. It begins in early girlhood and continues into old age. Women set their standards for their bodies on the basis of norms (what they believe other women do and how other women want to look) and ideals (what the culture tells us women should do and how they should look). Both norms and ideals vary by culture and subculture and by historical time period; different norms can exist in the same society at the same time. For example, some groups in the United States believe that a fat woman can be sexy, but others do not. Some groups believe that a beautiful woman should have toned muscles, but others believe that evidence of muscularity is unfeminine. A problem with norms is that it is difficult to know exactly what types of beauty work other women do and how long it takes them to do it, so women may worry that they are not doing enough or that it takes them much longer than it takes other women to look their best (Chapkis, 1986).

Ideals are aspirational, and no one should be expected to achieve them; the attempt to strive for them should be enough (Chrisler, 2008). Yet today, it seems that many girls and women have adopted the beauty ideal as their

standard. They work hard to control and discipline their bodies by diet, exercise, foundation garments, makeup, cosmetic surgeries and other procedures, and strategic fashion choices. They do this to try to match the ideal, to avoid stigma, to adhere to gender and cultural norms, to find and preserve a romantic and/or sexual relationship, and to acquire social status. Yet ideals, including the beauty, health, youth, maternal, and sexual ideals, are by definition elusive. Few can achieve even one; striving for a body that is perfect in every way is a doomed project that will lead to a disrupted or negative embodiment.

OVERVIEW OF THIS BOOK

Too great a focus on the body project—or, as Piran and Teall (2012) would say—physical and mental corseting, is disempowering. It leads to disappointment in, even hatred of, the body. It encourages self-objectification, a form of disconnection of body from self. It takes a toll on women's mental and physical health, general well-being, and social and political empowerment. How and why negative embodiment happens, and what can be done to reverse and prevent it, is the topic of this book.

In Chapter 2, "Theorizing the Body," we describe and discuss the main theories and models that guide our analyses in subsequent chapters. These are objectification theory, terror management theory, stigma theory, post-modernism, evolutionary psychology, stereotype embodiment theory, social comparison theory, doing gender, medicalization, ambivalent sexism, social identity theory, and the tripartite influence model. Although all of the theories and models do not appear in every chapter, they all shed light on women's experience of the embodied self.

Chapter 3, "The (Un)Attractive Body," concerns the influence of the beauty ideal and sociocultural norms for beauty work on women's embodied self. We discuss how women learn about the importance of the beauty ideal, why they pursue it so assiduously, and what implications that hopeless pursuit has on women's well-being. We discuss ways that society punishes women who are considered not "attractive enough" or who are perceived as not "trying" to be more attractive. In this chapter we show why the relentless pressure to take up the body project to increase attractiveness is so hard to resist, even for women who are not seeking approval from the male gaze.

We examine in Chapter 4, "The Sexual Body," women's sexual subjectivity as central to their embodied selves, despite many factors that constrain women's sexual agency and interfere with their sexual satisfaction. We discuss women's social location as it shapes their sexual identities (e.g., sexual orientation, age, ability status), contextual factors that influence their lived

experiences of their sexuality (e.g., compulsory heterosexuality, gender roles, insecurities about the body, reproductive events), and the medicalization of women's sexuality. We also explore the sexualization of women and girls in visual culture and consider the extent to which this influences their sexual agency and shapes new social norms for their performance and sex appeal.

In Chapter 5, "The Reproductive Body," we address how the female body's reproductive functions affect a woman's embodied self. We discuss puberty, menstruation, infertility, pregnancy, childbirth, breastfeeding, and postpartum bodily changes. The ability to produce life is the most valued function of the female body, yet most people are ambivalent, at the very least, about the reproductive processes that make it possible. Too many women experience reproductive shame rather than pride in their body's capacity to produce life, and we show how and why this is the case.

Chapter 6, "The (Un)Healthy Body," begins with a discussion of *healthism*: the sociocultural pressure to strive to achieve perfect health and fitness. Healthism is another body project often taken up by women, especially those of higher socioeconomic classes, and it is another form of body discipline. Because health and fitness are often confounded with beauty, healthism provides cover for beauty work (e.g., "I'm exercising not for vanity but for my health."), but it also provides an opportunity to blame and shame ill people who are perceived as not having "worked hard" enough to be healthy. Chronic illness and acquired disability affect the embodied self through changes in both the appearance and the function of the body. Women live longer than men in Western countries, so they are more likely than men to have to adapt to one or more chronic illnesses and/or acquired disabilities as they age.

We address in Chapter 7, "The Aging Body," the double standard of aging, in which women are judged more harshly than men are as they get older. Evidence of aging is writ on the body, and midlife and older women feel sociocultural pressure to engage in an antiaging body project—to pass as younger than they are. Aging changes both the appearance and functionality of the body in ways that affect the embodied self. We discuss invisibility, menopause, frailty, fitness, and senescence in this chapter.

In the final chapter, Chapter 8, "Managing and Resisting Negative Embodiment," we discuss prevention and intervention strategies to promote a more positive experience of women's embodied self. Mindful that the personal is political, we suggest changes to culture and society to send more positive messages to girls and women about the body and the self and ways to engage in activism toward that end. We suggest activities that girls and women can undertake by themselves, with each other, and with the support and guidance of a psychotherapist. Also, in Table 8.1 we provide a list of websites that encourage women to fight back against the near-impossible standards

set for them by society and the mass media and offer them resources to resist negative embodiment.

We hope that women who read this book will think about their own embodied experiences and those of their friends, family members, students, and clients and how those experiences have influenced the self in both positive and negative ways. We also hope that the negative embodiment described herein will inspire researchers to learn more about these experiences, especially among understudied groups of women and about understudied topics, and that psychology practitioners will be inspired to design new interventions targeted toward underserved groups of women. A positive embodiment is important for everyone.