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### **The Lies We Buy: Defining Health at Women's Expense**

Numbers of diagnosed eating disorders have soared to new highs in the past 25 years, with the incidence of bulimia in U.S. women tripling between 1988 and 1993. Approximately 10 million women are diagnosable as anorexic or bulimic, with at least 25 million more struggling with a binge eating disorder (National Eating Disorders Association, 2010). While scholarly research has consistently linked this serious women's health issue to media's pervasive and unrealistic beauty ideals, I argue this dangerous connection needs to be viewed as not only a problem with perceptions of beauty, but with dangerously distorted perceptions of health. I attribute this rampant misunderstanding of what defines health to dominant beauty ideology that equates health and fitness with mediated ideals characterized most prominently by thinness (Markula, 2001; Urbanksa, 1994; Duncan & Miller, 1998).

Through this essay, I will provide a critical qualitative analysis of the strategies by which this beauty ideology has embedded itself in public perceptions of women's health, particularly focusing on healthy body weight. Using a critical feminist framework, I will first offer a brief genealogy of what I'll argue is one of the foremost teachers of distorted health ideas: the body mass index (BMI), which is the national standard for judging a healthy weight. Next, I'll provide a critical qualitative analysis of mass media's evolving representation of women's healthy bodies in the popular genre of women's health and fitness magazines from 1980 until 2011.

It is my aim to contribute to a better understanding of the means by which health and fitness have come to be defined most prominently by thinness, and how that definition has

embedded itself in dominant discourse and public perceptions of women’s healthy weight. Beyond demonstrating the dangerously distorted perceptions of women’s health perpetuated by profit-driven ideals and their impact on real women’s lives, I hope this critical research will shed light on implications for women’s health and tactics to reveal and destabilize beauty ideology through emancipatory alternatives (Fraser & Gordon, 1994).

### ***Beauty Ideology in Force***

The constant reinforcement of thinness as the defining indicator of female fitness has reached ideological force in today’s society (Eskes et al., 1998; Urbanska, 1994), as demonstrated by current discourse, or the languages and practices that construct and represent our view of women’s bodies and health (Hall, 1997). Aligning with a Marxist conception of ideology, my genealogical analysis will include a critique of the capitalist interests at stake in upholding a beauty ideology that defines women’s health in decidedly unhealthy terms. Just as Foucault’s focus on the relationship of discourse, knowledge and power (1977) led him to Marxism, with its emphasis on the class positions and interests concealed within particular forms of knowledge (Hall, 1997, p.75), I believe this ideology can be destabilized by acknowledging the economic interests at stake in maintaining the ubiquity of beauty ideals in health perceptions.

Marx argued that commonly held ideas reflect the economic basis of society, which means the “ruling ideas” are those of “the ruling class that governs a capitalist economy, and correspond to its dominant interests” (Hall, 1997, p. 75). In the case of beauty ideology, the “ruling ideas” are represented by discourse that equates physical appearance with health and fitness, and the “ruling class” is represented by those who profit from the ideology remaining unquestioned and invisible. In other words, the power-holders are those who purport to offer solutions or strategies to help women achieve (unattainable) ideals, namely: the flourishing

industries behind beauty products, weight loss supplements and plans, cosmetic plastic surgery and women’s media titles such as “*Shape*,” “*Self*” and many more that claim to hold the keys to health and fitness.

Accepted definitions and indications of physical health should have remained relatively stable throughout the past several decades, since the same basic vital signs and measures of efficient bodily function have continued to be used by medical professionals since the 1930s, including blood pressure, body fat percentage, presence of disease, cardiovascular fitness, etc. (Bailey et al., 2008; Devlin, 2009). However, dominant discourse and public perceptions regarding female health and fitness have shifted dramatically toward a focus on thinness over the past century, and most noticeably the past 25 years, as evidenced by mass media’s almost exclusive textual and visual depiction of healthy bodies as extremely thin, toned and free of any unsightly “blemishes” like cellulite (Spitzer, 1999; Krcmar et. al, 2008; Harrison & Cantor, 2005).

As further evidence of this shift, the vast majority of health content in women’s magazines began to focus on weight loss by the early ‘90s, framed specifically as a means to improve appearance (Guillen & Barr, 1994; Hinnant, 2007; Botta, 2003). Furthermore, while the magazine industry in general has suffered sharp drops in profits and circulation, women’s magazines such as *Shape* and *Self* that claim a health and fitness focus (and actually just reinforce beauty ideology, but more on that later) have seen notable gains since 1998, with *Shape* up 47 percent in circulation and *Self* up about 30 percent (Consumer Marketing Trends, 2010).

An ideology of beauty’s central role in women’s lives and health is cultivated by the pervasive and repetitive nature of mediated ideals that portray only women who fit – or are digitally made to fit – a narrowly defined form of beauty across genres and programming, from

TV sitcoms to fitness magazines (Krcmar, 2002; Harrison, 2000; Wiseman et al., 2006).

Aligning with George Gerbner’s (1998) notion of cultivation, which predicts that over time, heavy viewers of media will develop worldviews similar to what they see in media, the controlling ideology of beauty has been constructed and reinforced by media that unwaveringly represent consistent, coherent representations of idealized female bodies.

Furthermore, the notion of “heavy viewers of media” has taken on new meaning in the decades since the theory’s development, as technology has evolved to make media all but unavoidable. Though it has long been challenged and refuted for its limited predictive power in examples such as TV violence and fear of victimization (Doob & McDonald, 1979), I believe cultivation theory can contribute to a framework for understanding the mechanisms by which beauty ideology remains simultaneously invisible and widely accepted. Its basic tenets can help to account for such widespread indications that women believe the pervasive media-perpetuated message that health and fitness is equal to thinness and attractiveness.

Many body image scholars have utilized the cultivation hypothesis to predict and explain the measurable connections between media exposure and distorted body perceptions, low body esteem and drive for thinness, among other negative influences (Krcmar et al., 2008; Gerbner et al., 2002; Nabi & Sullivan, 2001; Harrison, 2005). It is the cumulative result of these ideological depictions of the world that Raymond Williams named a newly created “sense of reality” (1977, p. 110) for most people. Indeed, I would argue that constantly idealized media portrayals of female bodies cultivate a sense of reality that teaches women and men what normal, healthy women’s bodies should look like. When media consumers are taught this same message over and over again, with each glance at a magazine and every click of the TV remote, the result is a powerful ideology about the inseparability of female beauty and health.

Though extensive empirical evidence can tell us that current beauty ideals of extreme thinness and tall, shapely perfection have little to no correlation with actual indicators of physical health and wellness (Women’s Health Information Center, 2009; Eskes et al., 1998; Bordo, 1993), we still see convincing evidence or “truth effects” demonstrating that people believe this ideology to be true (McKerrow, 1989). Numerous studies demonstrate that the vast majority of girls and women now perceive underweight bodies and extremely low body weights as being ideally healthy (Kantrowitz & Wingert, 2007; American Academy of Pediatrics, 2010; Wiseman et al., 2006); and even underweight and average-weight females are striving for weight loss using dangerous and unhealthy means (Grabe et. al, 2008; Posavac, 1998; Eskes et al., 1998). According to studies done in the last five years, 66 percent of adolescent girls wish they were thinner, though only 16 are actually overweight, and 35 percent of 6 to 12-year-old girls have been on at least one diet (American Academy of Pediatrics, 2010).

Through pervasive appearance-focused media, Americans are delivered an invisible and unquestioned set of beliefs that tell us idealized beauty and health is attainable for any woman willing to devote enough time, money and effort – whether in the gym, at the mall or on the operating table. In case we need a harder push toward beauty ideology, we’re constantly reminded that the sacrifice is well worth it, based on ever-present media narratives telling women how to fix their physical flaws in order to find love, happiness, success and – perhaps most the most dangerous lie of all – that beauty also equals health (Markula, 2001; Fouts & Burggraf, 2007; Botta, 2003).

### ***The Lies We Buy: The Rise of the BMI***

Before discussing mass media sources, I will offer a critical genealogy of medical findings, private research and government-funded reports from 1980 to today. I will utilize these

sources in an attempt to provide context in terms of the available knowledge or beliefs regarding women’s health, including trends in body weight and related issues, which may or may not have been reflected in the media messages I analyzed. These important sources provide a measuring stick by which to gauge the relative accuracy of representations of health in magazines of the corresponding time period, or at least the perceived accuracy by medical practitioners of the time.

From the early 1900s through the '70s, life insurance weight tables were commonly used by physicians to diagnose individuals as being either underweight, ideal weight or overweight. Despite common allegations that actuarial tables were unscientific, life insurance companies kept reliable records to construct mortality tables (Zelizer, 1979), and medical directors were in need of those methods of selection and evaluation of risks in order to conduct specialized investigations of mortality risks (Rogers, 1907). Though weight tables used by the actuary industry and physicians before 1942 allowed for increasing weight with age, a new table of ideal weights developed by the Metropolitan Life Insurance Company was the first to deem an increase in weight after age 25 as undesirable and unhealthy. Perhaps most notably, the empirically documented health benefits from “a moderate degree of overweight” in young adults (Weigley, 1984) had been surpassed by the life insurance industry’s fear of the threat of future obesity and its potentially expensive treatment. By creating guidelines that reflected ideal weights based on mortality studies, rather than the actual population averages, these life insurance-sponsored tables served as instruments of power by “establish[ing] a system of classification, differentiating those who fit the ideal from those deemed unfit, and became part of the medical literature for years to come” (Czerniawski, 2007).

Though it was well established that ailments such as diabetes, hypertension and heart disease that people most feared were the result of having too much adipose tissue, particularly around the midsection, the studies simply used functions of height and weight for determining how much body fat people had (Singer-Vine, 2009). Though it would have been much more accurate to compare mortality data with actual assessments of body fat, such as caliper-measured skinfold thickness, hydrostatic weighing or even simple waist circumference measures, these data were much more difficult and expensive for both the medical and life insurance industries to obtain than basic information on height, weight and sex.

Government reports, including the Surgeon General’s reports and “Healthy People” from the ‘70s and ‘80s show no mention of overweight or obesity on its list of national health concerns. Alternatively, the U.S. Department of Health and Human Services launched a national effort in the '70s to educate Americans about the cardiovascular benefits of vigorous activity, such as running and playing basketball, and released new findings in the '80s about the health benefits of moderate-intensity activities such as walking, gardening and dancing (Surgeon General, 1996). No mention of weight loss, obesity or body weight in general can be found in these reports. Overweight and obesity had still not shown up on the radar of federal health agencies as problems of national concern, based on a review of reports released by the U.S. Department of Health and Human Services from 1950 through 1970.

After debate over how exactly to combine weight and height into a single number that could potentially predict body fat percentage, medical studies from the 1970s found the best predictor came from a scientist named Quetelet: weight divided by height squared, which was renamed the Body Mass Index (BMI) (Devlin, 2009). This easy and inexpensive measure allowed epidemiologists to mine historical data to determine past rates of obesity and to

undertake ambitious new studies involving thousands of participants, but its popularity quickly spread from broad research on population health to doctors seeking a quick way to measure body fat in individual patients (Singer-Vine, 2009). By 1985, the National Institutes of Health began defining obesity according to BMI, which defined the 85th percentile for each sex as the official cutoff for what constitutes "obese," under the theory that this guideline would be simply used by doctors to warn patients who were at especially high risk for obesity-related problems (Devlin, 2009; Singer-Vine, 2009).

The new national standards for what constituted underweight, average and obese were defined by the “desirable body weight” found in the 1983 Metropolitan Life Insurance Company mortality tables (Williamson, 1993). It is important to note that these standards did not take into account body frame, build or gender, which were included in the previously used 1942 mortality tables after outcry from physicians who demanded “small,” “medium” or “large frame” be factored in to avoid serious miscalculations of body fat (Czerniawski, 2007).

In the first mention I could find of overweight as a national issue, it was reported at a 1993 conference for the National Institutes of Health that 24% of men and 27% of women were overweight, according to the BMI cutoffs for desirable body weight, which were noted as being defined by the 1983 Metropolitan Life Insurance Company mortality tables (Williamson, 1993). This federal report listed the prevalence of overweight increasing with age, particularly in women, as a significant finding (p. 646). Considering the pre-1942 medical and actuary standards that allowed for the natural phenomenon of gaining weight with age, it is imperative to note that the new standard deemed an increase in weight after age 25 unhealthy simply by using a calculation that didn’t take age into account – not because of any finding that gaining weight with age was detrimental to health (Czerniawski, 2007). It is likely that a number of the

participants in this study considered “overweight” after aging might still have been considered an ideal weight if the previous age-relative standard had been maintained.

By June 1998, millions more Americans considered to be of ideal weight according to the national BMI standard were suddenly categorized as “overweight” without gaining a pound when the National Institutes of Health changed the rules (Singer-Vine, 2009). The standards for men and women were consolidated, despite the relationship between BMI and body fat being different for both genders, and threshold for what is considered “overweight” was lowered, based on the NIH’s claim that studies linking extra weight to health problems warranted the changes (Cohen & McDermott, 1998). On June 16, 1998, the “average” woman was 5 feet, 4 inches tall and weighed 155 pounds. On June 17, a woman of that same height and weight was considered “overweight.” The requirement for “average” dropped 10 pounds to 145, and a person of the same height who weighed 175 pounds was considered “obese.” These standards are still in effect today, and individuals are encouraged to easily diagnose their own BMI status through the NIH website-hosted BMI calculator.

Dr. David Haslam, the clinical director of Britain’s National Obesity Forum, told the Daily Telegraph newspaper: “It is now widely accepted that the BMI is useless for assessing the healthy weight of individuals” (Devlin, 2009). Despite extensive evidence proving the BMI lacks accuracy for calculating an individual’s body fat (Bailey et al., 2008; Czerniawski, 2007), government health agencies defend it as the national standard due to the fact that it is “inexpensive and easy for clinicians and for the general public” (Centers for Disease Control and Prevention, 2010). Thus, the economic interests of the ruling class (who diagnose, define and profit from the discourse of health in this country) were prioritized over individuals’ accurate understandings of their own health statuses. By upholding and enforcing a “crude tool” for

judging the health of our bodies that “fears of an obesity epidemic even as it fails as a reliable measure of an individual’s health” (Heimpel, 2009), the insurance industry, medical industry and federal health agencies save a significant amount of money that would otherwise be spent on diagnostic tools and procedures that are shown to be reliable indicators of health.

To further illuminate the discrepancy between the BMI and actual mortality and wellness, the National Cancer Institute and Centers for Disease Control and Prevention reported that individuals who are overweight but not obese have a lower risk of death than those of the BMI’s “normal weight” category (Czerniawski, 2007). Accordingly, a report from the International Journal of Obesity states: “BMI may lead to misclassification of persons with normal levels of fat as being overweight, a fact that could cause unnecessary distress and prompt unnecessary and costly interventions” (Bailey et al., 2008). Media discourse of both beauty and health reflected this heightened focus on weight loss throughout the last decade of the 20th century.

### ***Women’s Fitness Magazines: Defining Health at Women’s Expense***

As perhaps the most prominent purveyor of health information over the past century, women’s magazines have played a major role in depicting and defining health and ideal body weight for women. Women’s magazines are shown to be second only to physicians as sources of health information for women (Barnett, 2007) and adolescent girls report media as their main source for health information (National Eating Disorder Association, 2010). Studies suggest that women’s magazines are an important site of research because they serve as an intermediary between readers and the medical community by reporting and interpreting medical findings (Barnett, 2007; Bunton, 1997).

Despite the industry-wide decrease in sales in recent years, magazines targeted toward women’s health and fitness have actually increased in sales, circulation and advertising profits

(Consumer Marketing Trends, 2010). Magazines' reach among 15- to 17-year-old girls remains close to a whopping 80 percent and penetration for 18- to 24-year-olds is higher than any other age group, at 92 percent, which remained essentially unchanged from 2002-2007 (Ives, 2007). In all women’s magazines, the health-related content accounts for about 12 percent of all editorial pages, and the most common type of content is in the form of weight-loss, nutrition and fitness stories (Hinnant, 2007, p. 9). Health and fitness magazines, in particular, are one of the fastest-growing categories of women’s publications (Barnett, 2007; Kelly, 1996), with *Shape* up 47% in circulation from 1998 to 2005 and *Self* up about 30% in the same time period (Consumer Marketing Trends, 2010).

Through a brief critical genealogy of the rise of specifically fitness-oriented women’s magazines from 1980 through 2011, I will discuss the mechanisms and strategies by which beauty ideology has been directly applied to these prominent and wide-reaching displays of supposed female health and fitness. I’ll offer a critical textual analysis and description of text, images and trends that communicate both explicit and implicit messages regarding the meanings of beauty and health (Duncan, 1994; Eskes et al., 1998). By doing this, I hope to contribute to an understanding of the means by which these magazines have contributed to a dangerously distorted public perception of what women’s health entails. Similar to Fraser & Gordon (1994), I do not present a causal analysis. Instead, I “aim to defamiliarize taken-for-granted beliefs” about women’s bodies in order to render them susceptible to critique and to illuminate the serious issues at the forefront of women’s health today, which will make up my conclusion.

In analyzing the rise of the women’s magazine health and fitness niche since the mid-‘80s, *Women’s Sports & Fitness (WS&F)* looked unlike anything that could be found on newsstands today. I was pleasantly surprised to see covers depicting average-looking women

with muscles, curves, sweat and cellulite engaged in real fitness activities – from cycling and swimming to rock climbing and volleyball. With text that was dominated by sporting successes and practical tips for improving medically sound fitness and well-being, including headlines like “Strengthen Upper Body for a Performance Edge” and “Eating for Energy: Rediscover the Power of Protein” stand in stark contrast to the “Lose 10 Pounds by Friday” and “Lose Belly Flab Fast” headlines that dominate women’s fitness magazines today. Though the advertisements represented mostly beauty products, weight loss supplements and clothing designed to make buyers look sexier and slimmer, the editorial content and images did not reflect the same focus on physical appearance.

Unfortunately, *WS&F* did not keep this unique, empowering style throughout the rest of its existence. In mid-1998, *WS&F* underwent a dramatic makeover when Conde Nast Publications acquired the magazine and declared a focus on “fitness,” rather than a previous emphasis on sports and athletics. Based on the dramatic difference between the look of the cover models, cover headlines, editorial articles and images in April 1998 and after the makeover in June 1998, this new “fitness” focus actually meant a physical appearance and beauty focus from that point forward. The sudden difference was striking from the April 1998 to the May 1998 cover – from a woman intensely mountain biking and headlines like “Doing it for Yourself: Why the Source of Your Motivation Makes a Difference” and “Eating: An Endangered Indulgence?” to the May 1998 cover with a posed torso shot of smiling Anna Kournikova and triple the number of cover headlines that advertised articles on “Why your Diet is Making you Fat” and “Summer Body 911.”

In a letter from the new editor, Lucy Danziger (the current editor of *Self*), she explained to readers the changing focus of the magazine: “Now your new magazine brings together the best

of both worlds,” (fitness and sports) since she knows many readers enjoy sports, but “we all want to shed winter fat NOW.” With the new fitness emphasis, Danziger said, “The goal is to look and feel better than we all did before.” Never before had looks been part of the discussion, let alone the foremost goal.

With the growing success of magazines like *Shape* and *Self*, *WS&F* seems to have rethought its marketing strategy to align more with its competitors during its publisher takeover in 1998. That new goal to “look better” dominated the covers and pages of *WS&F* from that point forward until the magazine closed in 2000. The images inside the magazine followed suit, with airbrushed, thin, passively posed and made-up models making up the vast majority of images in every issue. Michelle Kwan, standing in a midriff-bearing tanktop and heavy makeup, was featured on the April 1999 cover, with the headline “Skating Pretty.” Inside the issue, a very thin woman with large breasts and long, flowing hair was posed for “Spring’s Best: Gear, Classes, Beauty, Clothes and Bikes” and an equally thin, made up woman with a small weight in one hand and one thumb pulling down the front of her pants in a provocative manner was pictured along with an article titled “Get Lean FAST!”

Though *WS&F* closed in 2000, its competitors flourished and continue to do so today. *Self* claims a total average paid circulation of 1.5 million each month (*Self* Media Kit, 2010) and *Shape* ranks third in sales of all women’s magazines at 1.73 million in paid circulation. In terms of total audience, each title claims more than 6 million readers each month (*Shape* and *Self* Media Kits, 2009). From 1998-’99, both magazines achieved significant spikes in paid circulation (Consumer Marketing Trends, 1999), but unlike *WS&F*’s change in publisher and obvious change in look and content in 1998, I have been unable to find a cause for the increase in these magazines’ sales.

However, I find it interesting to note that 1998 also marked the change in BMI health standards to reflect a smaller ideal body size. The fact that this change was widely publicized in mass media features (*Newsweek, Time, New York Times, Today Show, Slate.com, etc.*) may demonstrate that public awareness of this national health standard and individuals’ perceptions of their own health status was heightened. When millions of Americans went from “average” to “overweight” overnight in July 1998, it seems likely that public perception of the necessity of weight loss could lead people toward media sources claiming to offer strategies or information on how to achieve those goals, i.e. fitness magazines like *Shape* and *Self*.

With consistent, coherent content focusing on fast weight loss and the easiest way to get looking hot, *Shape* and *Self* are challenging what “fitness” really means. Beyond the continued cultivation of beauty ideals, these magazines are creating a new definition of health for women. Claiming to be “the ‘how to look and feel amazing’ resource of young, confident women everywhere” (*Shape* Media Kit, 2010) *Shape* markets itself as a “premiere health and fitness magazine” that targets the “fit and fit and health conscious female consumer” (*Shape* Media Kit, 2010). I argue these magazines have re-packaged health and fitness in terms of thinness and sex appeal. Through the following descriptive analysis, I argue that this dangerous re-packaging is accomplished in three distinct ways:

1. “Look Wow Now:” By representing fitness in terms of appearance rather than ability and well-being
2. “Strong and Sexy:” By verbally combining terms that represent traditional fitness with terms that represent sex appeal
3. “Weigh Less, Smile More:” Through an overriding emphasis on weight loss for everyone in editorial content and images

***“Look Wow Now”***

Through the idealized bodies and appearance-focused covers, headlines, articles and images in every issue of these magazines, *Shape* and *Self* are equating health with “attractiveness.” In doing so, these magazines are normalizing an objectified concept of health by portraying it in terms of appearance rather than ability or well-being. Even before analyzing the articles inside the three magazines, a clear appearance-focused agenda becomes apparent when simply looking at the teasers printed across the front covers. Headlines such as, “You can Enhance Your Breasts by Strengthening Muscles” (*Shape*, April 1990), “Look Great from Any Angle!” (*Self*, April 2000), “Get a Sexy Butt, Abs and Thighs” (*Shape*, April 2006), “10 Great-Butt Shortcuts: Look Amazing in Jeans” (*Self*, April 2004) are continuously plastered across the covers along with bikini-clad models and passively posed, heavily made-up women.

*Self* and *Shape*’s clear, consistent emphasis on beauty and sexual attractiveness on their covers also outweighed any focus on health or fitness within their pages. In the few feature articles representing fitness activities or health information, the narratives were nearly always perpetuating a view of the body as an object rather than as an instrument. Nearly every fitness or physical health-oriented article in both *Shape* and *Self* throughout this time period could be classified as “re-packaged” health. For example, a story on how to join the *Self* Fitness Challenge includes a main photo of a woman who is actually engaged in physical activity, but is unfortunately posed in such a way that the reader has a direct view down her sports bra of exposed breasts. In one of countless examples, *Shape*’s April 1992 cover featured the bold headline “Fast Firmers” with a posed model in barely there mesh clothing arching her back and sticking her derriere and breasts out. Passive, sexualized and body-part-centric images are common throughout every issue of these two magazines, from *Shape*’s April 1994 busty, bikini-

clad cover model with “Your Best Body Ever: Part 1 of the Ultimate Diet and Fitness Series” to *Shape*’s April 1995 highly sexualized full-page image of a thin, posed model in only underwear for an “Art of Movement” fitness story.

### **“Strong and Sexy”**

The bold headlines describing *Self*’s annual fitness challenge reflect one major strategy by which these magazines equate health and fitness with thinness and sexual attractiveness: the verbal confusion of physical fitness and sex appeal. When language that represents aerobic ability or medically proven health indicators is paired with language representing beauty ideals or appearance, a hegemonic beauty ideology is exerting its influence on women’s fitness (Markula, 2001; Eskes et al., 1994). These magazines prominently feature the headlines “Be strong and sexy” and “A slimmer, sexier you in one month.” *Self* claims any woman can “Get Exponentially Fitter (and Slimmer and Sexier)” (April 2006 cover). “Sexier, slimmer,” “strong, sexy,” “healthy, gorgeous” and “stronger, slimmer” are just a few the seemingly infinite number of examples inside these magazines of words representing physical health being confused and combined with words representing “attractiveness” and sex appeal. This is traditional health being verbally re-packaged in terms that reflect a dangerous idea that sex appeal and thinness are central to a woman’s “fitness.” When women’s health and strength is framed and advertised as “sexy” and “gorgeous,” it privileges a patriarchal ideology of women’s subordination and male pleasure, which does a disservice to all people.

A similar power dynamic is reinforced when thinness is equated with sexiness – as demonstrated by the *Self* Challenge feature and throughout the magazines. By equating weight loss with increased sex appeal, male pleasure is once again privileged as the dominant power.

Simultaneously, objectification comes into play when fitness is defined in terms of appearance rather than ability, such as the *Shape* April ’08 cover story detailing how one workout keeps cover model/actress Jennifer Esposito in “close-up shape.” When women are encouraged to perceive their own bodies and health goals from the perspective of another’s gaze, as these magazines train women to do through the images and content of every issue, beauty ideology is upheld and dangerously intertwined with women’s main source for health and fitness information aside from their own doctors (Barnett, 2007).

***“Weigh Less, Smile More”***

An overriding emphasis on weight loss rules the magazines, which is key to normalizing the definition of health as equating to thinness. *Self*’s prominently displayed and promoted fitness challenge carries the bold advertisement “Lose Weight Every Day!” with the sub-text, “It’s never too late to achieve your best body ever!” As subjective concepts like “your best body ever” and “your better-body goals” are combined with straight-forward messages advocating daily weight loss, *Self* continues to equate thinness with self-improvement and fitness achievement – for every reader, regardless of size or weight. *Self*’s April 2006 cover advertised “A slimmer, Sexier You in 1 Month” with a shot of perfectly styled pop star Carrie Underwood. Interestingly, the same music icon is featured two years later on the 1998 cover of *Shape*, but this time carrying the teaser, “I Lost 20 Pounds! Her 3 slim-down secrets inside.” When she posed as cover girl for *Self* in 2006, there was no mention of her needing or wanting to lose weight. This phenomenon pervades these two magazines throughout the last decade. The April 2000 issue of *Self* advertises the “Cindy Crawford Shape Up: How She Did It,” as if supermodel Cindy Crawford ever needed to slim down.

Despite a blatant emphasis on appearance and becoming slimmer and sexier with nearly every article, *Shape* highlighted this ironic quote from a reader on an opening page: “I was trying to fit a mold of how I should look, rather than working out to take care of myself” (April 2006). Though sometimes discreet, the underlying narrative of thin-ideal media is consistently perpetuated throughout women’s fitness magazines: “Being thin means being happier, sexier and more loveable” (Pompper & Koenig, 2004, p. 92). Or, in *Self*’s own words, “Weigh less, smile more.” Whether it’s tips for becoming a “foxy, sexy, strong, lean lady” or getting a “strong, sexy body,” *Self* and *Shape* consistently demonstrate text-based strategies for re-packaging traditional health and fitness in objectified, power-laden terms.

Perhaps the most obvious notion represented by both of the magazines through their images and text is the thin ideal. *Self*’s “The workouts, diets and styles for every shape” featured only thin models – even runway-thin models for some. A nine-page spread in *Shape*, titled “Your perfect weight: Get there, stay there,” featured four models as the representatives of a range of body shapes and sizes. Each of them was shown from the front and back walking on the beach, and each of them wore a bikini, with no sign of any cellulite, rolls, bulges, stretch marks or other supposed signifiers of flaws found on many healthy women’s bodies. With so little variation in bodies represented as healthy or fit, a skewed notion of reality is being constructed and perpetuated by these magazines.

### ***Women’s Health Losses and Ruling Class Gains***

From lost self-esteem, lost money and time spent fixing “flaws” and a well-documented preoccupation with losing weight (National Eating Disorders Association, 2010), the “truth effects” of beauty ideology involve serious loss for women, while the ruling class sees only economic gains. From financial savings for medical experts using the highly inaccurate BMI

standard to diagnose the majority of the population with the nation’s foremost health concern: overweight and obesity (CDC, 2009), to the life insurance industry collecting higher premiums for those they deem “overweight” based on a standard they set themselves, to the diet and weight loss industry raking in an estimated \$61 billion on Americans’ quest for thinness in 2010 (Marketdata Enterprises, 2009), those with capitalist interests at stake in the discourse surrounding women’s bodies are thriving unlike ever before.

Women’s mass media, such as the prospering niche of health and fitness magazines, are capitalizing on female body anxieties that are incited by the beauty ideology they unwaveringly uphold through their glossy pages. “Just as children are sold to the toy industry and junk food industry by [TV] programs, women are sold to the diet industry by the magazines we read and the TV programs we watch – almost all of which make us feel anxious about our weight,” explained feminist media critic Jean Kilbourne (1999). Media outlets are dependent on advertisers for funding support, while advertisers are dependent on media to uphold their profit-driven beauty ideals by representing them as natural and achievable.

While representations of women’s bodies across all media have shrunk dramatically in the last 30 years, rates of eating disorders have skyrocketed – tripling for college-age women from the late ‘80s to 1993 and rising since then to 4% suffering with bulimia (NEDA, 2010). Maybe even scarier is the 119% increase from ’99-’06 in the number of children under 12 hospitalized due to an eating disorder, the vast majority of whom were girls (American Academy of Pediatricians, 2010). Though the Department of Health reports that “no exact cause of eating disorders have yet been found,” they do admit some characteristics have been linked to their development, such low self-esteem, fear of becoming fat and being in an environment where

weight and thinness are emphasized – all of which are shown to be related to media exposure of idealized bodies, which is all but inescapable.

Since the early 1900s, medical experts have agreed on the health dangers of extremes in body weight – both underweight may be extreme obesity. I argue that the anxieties incited by unrealistic thinness ideals perpetuated by mass media are manifesting themselves in the form of two dangerous extremes in body weight: women turning to disordered eating as an attempt to fit the ideal on one end of the spectrum, and on the other end, women surrendering to unhealthy overeating and sedentary lifestyles in response to their perception that they are too far from the ideal to ever achieve an average or healthy weight as presented by mass media.

The latter group of women may be comprised of the 50 percent of women who say their bodies “disgust” them (Dove International, 2004) or the whopping 90 percent of women who are dissatisfied with their appearances (Women’s Health Network, 2004). This rampant self-loathing, which can accompany women’s self-comparisons to unrealistic and unattainable body ideals in mass media (Harrison & Cantor, 2005; Markula, 2001), may very well encourage women to give up on achieving healthy body weights altogether due to the perception that “healthy” or “average” is unreachable. Perhaps most supportive of my argument that misrepresentations of women’s bodies in mass media are contributing to extremes in women’s health is a study on a group of teen girls (Van den Berg & Neumark-Sztainer, 2007). This study found that girls who were more comfortable with their bodies — *regardless of their weight or size* — were less likely to gain weight in the future and more likely to be physically active and pay more attention to what they ate. Though they didn’t lose much weight, the girls made healthy lifestyle changes that at least prevented them from gaining more weight in the future.

Meanwhile, the researchers found that the girls who were the most dissatisfied with their size tended to become more sedentary over time and paid less attention to maintaining a healthy diet. Those who were unhappy with their bodies were, in fact, more likely to gain more weight (Van den Berg & Neumark-Sztainer, 2007). These findings prove promising for the fight against unhealthy extremes in body weight that may be influenced by girls’ and women’s negative self-perceptions and poor body image in relation to media ideals. This link between the way girls feel about their bodies and the way they actually treat their bodies is a call for further research into strategies for improving female self-image and the continued work of educators, counselors, parents and leaders who strive to encourage positive perceptions of female bodies of any size.

Health educators and medical experts have begun a push toward a “health at any size” movement that encourages women to switch their focus away from weight loss and toward healthy behaviors that can increase physical and emotional health at any weight – even at weights considered medically compromising (Calvert Finn, 2001; Macias Aguayo et al., 2005). This shift in health objectives is founded upon a rich body of research that shows health and fitness often has very little correlation to body weight or even an individual’s BMI, as evidenced by a meta-analysis of medical studies since the 1970s that concluded overweight and active people may be healthier than those who are thin and sedentary (Macias Aguayo et al., 2005; Heimpel, 2009).

Understanding that activity level – rather than body weight – is a reliable indicator of a person’s health, is a key to dismantling a beauty ideology that defines health according to appearance. It is imperative to keep in mind that the much-publicized U.S. obesity crisis (Heimpel, 2009) has risen to the forefront of national attention only since the late ‘90s, after the NIH changed the standard for what constitutes overweight and obesity. Using data gathered from

1976-1980 and comparing it to data from 1999-2002, the CDC reported that obesity doubled from 15 to 31 percent between 1980 and 2002 (Centers for Disease Control and Prevention, 2007). I have been unable to determine whether the data was compared using the same standard for determining “obesity,” since the criteria for fitting into this category changed in 1998 to include many more people that were previously considered merely “overweight.” Though obesity remains at the forefront of national health concerns and media discourse of Americans’ health, the rate of obesity plateaued since this most recent CDC report, with no change between 2003 and 2006, when the most recent data was gathered (Heimpel, 2009; CDC, 2007).

### ***A Critical Call to Action***

Because obesity is associated with increased risk of diabetes, high blood pressure, cancers and heart problems (CDC) and eating disorders are the deadliest of all mental health disorders (Fouts & Vaughn, 2002), there is so much at stake in turning this women’s health crisis around. The current discourse about women’s bodies, from the obesity crisis to unattainable appearance-focused fitness ideals, can be viewed as a reflection of the economic interests of the ruling class, which implicates many: the insurance industry, the diet and weight loss industry, federal health agencies, medical practitioners, the beauty product industry and mass media that uphold the beauty ideals their paying advertisers depend on, among others. With so many power holders with serious capitalist interests at stake in maintaining the force of beauty ideology in women’s beliefs about their bodies, it is unlikely that the dominant discourse regarding women’s health will change anytime soon.

Therefore, dismantling and revealing beauty ideology must become the responsibility of everyone who recognizes its existence: health educators and practitioners who know the difference between thin ideals and indicators of physical fitness; parents, teachers, friends and

other influential individuals who see signs of low self-esteem, distorted body perceptions and disordered eating in girls; media consumers who recognize negative feelings about their own or others’ bodies after reading or viewing media that represents ideals as normal or “healthy;” media decision makers who can disrupt the steady stream of idealized bodies with positive representations of more normative shapes and sizes; and activists who are willing to visibly resist messages that repackage women’s health in power-laden terms in any way possible, whether through volunteering to speak out against harmful ideals for any audience who will listen, or by attracting media attention toward the dangerous link between beauty ideals, low self-esteem and serious health consequences.

Revealing the unrealistic nature of the ideology and its influence on the way girls and women view and treat their bodies is a promising step toward diminishing its power over us. This can be done in simple ways, such as by pointing out the difference between media representations of women’s bodies and real-life women’s bodies while watching TV or flipping through a magazine with friends or family; gaining better understanding of realistic and healthy standards of body weight and physical fitness for ourselves and others over whom we have influence; posting links or starting discussions on blogs and social networking sites to continuously stimulate conversation about problematic thin ideals and those who profit from our allegiance to them; reminding ourselves and encouraging others to engage in physical activity as a means for improving physical and mental health, rather than a strategy for achieving unattainable beauty ideals, among other practical options.

Further critical work must be done to promote media literacy within families and school settings, along with investigation into the tactics we all can employ to combat this ideological influence on women’s perceptions of themselves and what “healthy” really means. The evidence

against the BMI as an accurate means for diagnosing healthy weight must be acknowledged, both by individuals and by health and medical communities. Financially feasible alternatives to this faulty standard for measuring health are imperative, both for a better understanding of how body weight relates to overall health and how the nation’s No. 1 health concern can be more accurately measured and combated.

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