Bearing the Weight of Healthism:

A Critical Discourse Analysis of

Women's Health, Fitness, and Body Image in the Gym

by

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ABSTRACT

Dominant discourses of health and fitness perpetuate particular ideologies of what it means to be "healthy" and "fit," often conflating the two terms through conceptualizing the appearance of physical fitness as health. The discourse of healthism, a concept rooted in the economic concept of neoliberalism, fosters health as an individual and moral imperative to perform responsible citizenship, making the appearance of the "fit" body a valued representation of both health and self-discipline. This perspective neglects the social determinants of health and ignores the natural variation of the human body in shape, size, and ability, assuming that health can be seen visually on the body. Through a case study of one particular location of a popular commercial gym chain in an urban city of the Southwestern United States, this study employs a critical discourse analysis of the gym space itself including a collection of advertisements, photographs, and signs, in addition to participant observation and semi-structured interviews conducted with diverse women who exercise at this gym to explore how women resist and/or (re)produce discourses of healthism related to health, fitness, and body image. Ultimately, critical analysis shows that the gym itself produces and reifies the discourse of healthism through narratives of simultaneous empowerment and obligation. Though women in the gym reproduced this dominant narrative throughout their interviews, internal contradictions and nuggets of resistance emerged. These nuggets of resistance create fractures in the dominant discourse, shining light into areas that can be explored further for resistance practices through sense-making, necessitating a language of resistance.

DEDICATION

To every woman who has ever felt that her body was not good enough, not healthy enough, not fit enough—you are.

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Serendipity: the art of finding the unusual, or the pleasantly unexpected by chance or sagacity.

—Horace Walpole

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CHAPTER 1

INTRODUCTION

I finish up another workout at my gym. Sweat is pouring down my face, and I am feeling good about my "healthy" choice to exercise today. This feeling is much more welcome than the feelings of guilt that come with skipping a day. Before leaving the gym, I go to the locker room under the guise of washing my hands and cleaning up, but really, I will be using the scale in the back corner of the locker room. I did this same thing yesterday and the day before, and I have a sneaking suspicion that I will continue tomorrow. Despite my own recognition that I would be considered "thin" by most, and supposedly thin is "healthy," I still become preoccupied with this arbitrary number at my feet. What is even more disturbing to me is that I study this stuff. I consider myself to be a critical health communication scholar. I have deconstructed the discourses of normalized bodies communicated through the images on the walls of this very gym. I have spent hours and hours poring over literature that resists neoliberal healthism ideologies, and I have spent hours and hours writing about it. Yet, I find myself here—back on the scale. I have come to realize that this dominant discourse of health is far more insidious than I could have imagined. I have come to realize that rather than fitness and health, the discourse has become fitness as health. I have come to realize that I have internalized it, and made it my own narrative—and I know I am not the only one.

The experience of health is far more than a preoccupation for those facing health issues. There is a constant stream of health information emanating from nearly every

direction, providing clear evidence that the topic of "health' itself has become ubiquitous and central in our everyday lives. For example, local news programs often feature segments reserved for covering the "health beat" (Hallin & Briggs, 2015) and online news sources focus extensively on the "obesity epidemic as a central societal health crisis (Heuer, McClure, & Puhl, 2011). Myriad reality television shows follow people's weight loss journeys, packaging "inspirational" health narratives within demeaning dialogue and stereotypical images of body transformations that imply the "before" is bad, and the "after" is good (Inthorn & Boyce, 2010). Social media platforms are saturated with articles and lists that tout the latest health tips and trends, along with targeted advertisements that intend to sell health-related goods and services to improve consumer's well-being (Jutel & Buetow, 2007; Schott, 2015). In retail stores, buzz words associated with "health" like "reduced fat" and "skinny girl" are used to market products by making people feel good about purchases that claim to intend to improve their health (Schott, 2015). Healthcare reform and debate in the public sphere are becoming increasingly more prevalent and heated, along with employers' concerns with reducing health insurance costs (McGregor, 2001). This continuous flow of health information is not limited to mass communication, but has also become central in conversations between families and friends (Anderson, Bresnahan, & DeAngelis, 2014; Dorrance Hall, Ruth-McSwain, & Ferrara, 2016), making health an issue that has become an interwoven feature of modern identity at both the macro and micro levels of communication. The scope and reach of "health" are now so widespread that health information operates as part of a dominant discourse that contributes to the ideology of health, or "healthism," in which health has reached the status of "super value" (Crawford, 1980). One of the major

features of this discourse is its hegemonic hold, maintaining the power of its own narrative through its deeply embedded tendrils, seeking to reify itself as "natural" and "normal," even though the socially constructed nature of "health" can be traced throughout history.

Background

This fragmented and hegemonic web of health information and discourse has made it challenging for people to pin down what "health" actually *means*. Although recurring elements of health discourse confirm that eating nutritious foods and regular physical exercise work hand in hand to foster good health (Pate et al., 1995), countless interpretations of how to embody health in practice exist. Between medicine and media, culture and consumerism, lifestyle and livelihood—health becomes what we each make it, but it is continually at the forefront of our collective minds. This preoccupation with health is characterized by a never-ending project for some, an unattainable goal for others, and an oppressive invisible force for many (Johansson, 1996). According to Crawford (2006), "In a health-valuing culture, people come to define themselves in part by how well they succeed or fail in adopting healthy practices and by the qualities of character or personality believed to support healthy behaviors" (p. 402). Through socially constructed meanings in this malaise of health, the term "healthiness" has become synonymous with "goodness," transforming health from a simply preoccupation to a serious obligation and responsibility for the individual as part of citizenship—a phenomenon that has been labeled as "healthism" (Crawford, 2006).

One of the symptoms of this discourse of health as a serious obligation is an extreme body consciousness, conceptualized by Johansson (1996) as the "*ideology of the*

dissatisfied" [emphasis added]. Though body dissatisfaction (the feeling of being unhappy about the appearance of one's body) and extreme body consciousness (a keen awareness of one's own body) are present for both men and women, women have historically dealt with more issues pertaining to body image and appearance (Berry & Shields, 2014). Past research suggests that women are less satisfied with their bodies than their male counterparts are (Rysst, 2010), though it can be theorized that one of the main reasons behind this difference may not be the level of body satisfaction itself, but rather the social pressures of performing masculinity by masking physical insecurities rather than talking about them. For women, talk about insecurities is expected, and body dissatisfaction has become so common that it is often now perceived as "normal" to dislike one's body, or parts of one's body, as a woman. Rodin, Silberstein, and Striegel-Moore (1984) articulated this type of widespread body dissatisfaction as "normative discontent," citing multiple studies that found women of all ages believed they *needed* to lose weight. Historically, women were assigned social value based on their physical appearance alone (Tiggemann, 2004), centralizing how a woman looked as the single most important feature reflecting her own character and identity; for example, "beautiful" women were also seen as kind and feminine (Jutel & Buetow, 2007).

Today, the discourse of healthism maintains the role of physical appearance as an important measure of personal character. However, these hegemonic messages now arrive under the auspices of getting "healthy" and "fit." Our societal acceptance and reification of healthism make "health" the outcome of individual choice, responsibility, and hard work. The ambiguous labels of "health" and "fitness" are often conflated with the *appearance* of health, which has become synonymous with particular body ideals.

According to Rysst (2010), "Through the conflation of health and consumerism, or by health being commercialized, men and women are both subjected to the mechanisms of advanced capitalism that are embedded in the discourses of health, fitness and looking good" (p. 80). Cultural "health" narratives and messages encourage a woman to improve, alter, and change her own body and claim that these changes can be accomplished by hard work and enough dedication to herself. Simply looking at the myriad examples of before-and-after photos for whichever diet, exercise plan, weight loss pill, etc., the message is clear: *You*, as an individual, have the responsibility to change your own body for your own *health*. One of the places that has been most heavily marketed as a space where people can enact and embody their "healthy" practice is at the gym.

The gym is a space designed for people to focus solely on their own bodies and physical fitness through exercise (Sassatelli, 1999). Although the majority of gyms are open to both men and women, gendered expectations about what types of exercises are reserved for and ostensibly preferred by men and women still permeate this environment (Dworkin & Wachs, 2009; Johansson, 1996). One simply has to count the number of men and women in the weightlifting area and cardiovascular area of their own gym to confirm these expectations (Sassatelli, 1999). These gendered expectations of practice in the gym environment are not a result of biological differences in men and women's bodies or abilities, but rather, are deeply embedded in the socially constructed and problematic representations of the "ideal body" (Duncan & Klos, 2014). These body expectations are developed according to a strict gender binary (male or female) that ignores the diverse and fluid features of modern gender identity, reifying the ideal male body as "masculine" and the ideal female body as "feminine." Culturally, the "ideal masculine body" is

muscular above all else, centralizing broad shoulders and a strong, toned upper body to be achieved by heavy weightlifting and building muscle mass.

Contrary to bulk and muscle mass that characterize the ideal male body taking up physical space, the "ideal feminine body" is characterized as trim and toned, to be achieved by cardiovascular exercise (e.g., running, elliptical, biking) and light weightlifting. Women are encouraged to build muscle tone in the "right" areas (fostering "feminine" curves) but are warned not to become "too muscular," which would be considered masculine. Though these gendered body expectations are quite different from one another, dictating the ways in which ideal masculine and feminine bodies should occupy space and the methods to attain such a body in practice, a common denominator for the "fit," and thus "ideal," body is the absence of fat. In the pervasive discourse of healthism that permeates gym spaces and beyond, "fatness" is characterized as a malleable state that stands in opposition to being healthy, implying that people in larger bodies are inherently "unhealthy" and *could* become healthy by altering their bodies through individual choice and practice.

Clearly, conceptualizations of the healthy "fit body" versus the unhealthy "fat body" are deeply flawed and problematic (Dworkin & Wachs, 2009). Without a clear distinction between the *substance* of health and the *appearance* of health in the constant barrage of messages surrounding health and fitness, many people set unattainable body goals (e.g., get down to a particular weight, fit into a certain pair of jeans) for themselves situated within reassuring narratives of "achieving health" (Rysst, 2010). Research has shown that only about 5% of women are born with body types that naturally adhere to the Western cultural feminine body ideal, condemning the other 95% of women's bodies as

conversely “not ideal” (Andreasson & Johansson, 2013; Clark, 2017; Duncan & Klos, 2014). Within the societal expectations brought forth by the dominant discourse of healthism, this means that 95% of women have the individual responsibility to work harder to achieve this arbitrary physical representation of “health” through disciplining and transforming their own bodies (Duncan & Klos, 2014; Foucault, 1977). When unable to achieve the “health” goals they set out for themselves, women often have feelings of shame and guilt associated with this perceived failure, consequently fostering *negative* mental health effects such as depression and anxiety (Berry, 2004; Satinsky & Ingraham, 2014). Others adopt “health” practices that are actually quite *unhealthy* to achieve the appearance of health such as dieting, weight-cycling (a reciprocal cycle of weight-loss and regain that places undue stress on the body itself), and some even develop disordered eating behaviors resulting in conditions such as anorexia nervosa or bulimia (Berry, 2004; Cahill & Mussap, 2005; Markula, 2001; Rodin et al., 1984). In the discourse of healthism, the unhealthy practices employed to transform one’s body into a “healthy” body are rarely considered, making the end (achieving the ideal body) justify the means (practices to get to the ideal body). Since the discourse of healthism is so embedded in the health-related messages we receive, a cyclical pattern of communication with no clear beginning or end exists. Women then internalize these health and fitness messages for themselves, reproduce them with others, and unwittingly co-construct a social reality that both requires and judges one’s health based on body appearance (Rysst, 2010). The cost of the discourse of healthism may be health and wellness itself.

The Study Context

Though gender in the gym has been studied from various perspectives and fields including sociology (Dworkin & Wachs, 2009; Sassatelli, 1999), cultural studies (Wiest, Andrews, & Giardina, 2015), sport and exercise science (Clark, 2017) and public health (Fusco, 2006), there remains a paucity of communication-based research on this topic area and even fewer programs of communication research that utilize healthism as a theoretical framework in the context of the gym. This dissertation project emerged from my questions about social reality born from my personal experiences as a woman in the gym. As the opening vignette shows, though I make no secret of my critical perspective of the gym as a space that fosters healthism, and I work actively to criticize and resist the dominant discourse of health *as* fitness in my research, I still find that I succumb to my own internalization of the dominant discourse in my practice as an exercising woman in the gym. This realization and continued self-reflection have propelled the generation of this dissertation project.

This project will employ a critical discourse analysis (CDA) of a case study focusing on women's motivations and meanings of health, exercise, and the body in the context of the gym. The case study will be framed and bound by narrowing in on one particular location of a popular national commercial gym chain in an urban city located in the Southwestern United States, which will be referred to throughout this study under the pseudonym *Be Fit Gym*. By using a pseudonym, I argue that the gym chain itself is not the topic of focus, but rather serves as a backdrop where the dominant discourse of healthism is embodied through messages in the gym and the discourse of motivations and meanings of female gym members. As a member of *Be Fit Gym* for over three years, I

have immersed myself as both a participant in the space, exercising and using the space as others do, and as the instrument of data collection and analysis, making observations of the space itself and how people function in it. Thus, data for this study include ethnographic observations of the space itself (e.g., equipment, layout, images, advertisements, fliers) and interactions with others in this space, both informally as a fellow woman in the gym and more formally, through conducting semi-structured interviews with diverse women in the gym. In using CDA, I am driven to find out how women make sense of their experiences in the gym related to health, exercise, and the body, and explore how the dominant discourse of healthism is (re)produced and/or resisted. My goal as a critical researcher is not to create the conditions for objectivity, but rather, to co-construct meaning with participants employing a continually self-reflexive stance throughout the process. Thus, I find it important to address my positionality before proceeding to a review of relevant literature.

My Story

At this moment, I am a 27-year-old, middle-class, White, female graduate student, and avid exerciser. I must state upfront that I recognize that I am a person who is privileged in many ways. One of these forms of privilege comes from the thin and toned appearance of my own body. As I mentioned in the opening vignette, I think many would consider me to be a "healthy" woman based on perceptions of my "thin" body and my exercise practice. I say this because friends, family members, acquaintances, and even strangers have told me so. Reproducing the discourse of fitness *as* health, I am often presumed by others to be "healthy" based on the physical appearance of my body alone. My biological predispositions, social well-being, mental well-being, and other various

contributing factors to my overall health cannot be evaluated solely by visual means (Jutel & Buetow, 2007); yet, I have often been praised for my "healthy" physical appearance as a symbolic marker of presumed "effort" and "work." For example, after a recent visit with my extended family that I had not seen in several years, I remember being told things like: "Wow, you look so healthy. Have you lost weight?" and "You look great. What have you been doing?". Rather than interpreting these comments as compliments, which is how I believe they were intended to come across, instead, I felt immense pressure to maintain this "healthy" appearance. I also felt the sting of irony and guilt as I considered my "health." If they could actually *see* my health, they would see that being in graduate school has brought on extreme anxiety and stress, putting a strain on both my mental health and social relationships. They would see how irregular my sleep patterns are because of this. They would see that I start off almost every day with a frozen, processed breakfast burrito since I do not feel like I have the time to regularly eat nutritious food. Other times, I feel so busy and so stressed that I forget to eat at all. They would see that my hydration comes in the form of the water used to make coffee. They would see that although I have been running regularly for years (half marathons mostly, and a full marathon last year), my weight loss came primarily from a change in medication as opposed to something I was *doing*. These comments implied responsibility and individual agency, a core tenet of healthism, that I, as an individual, did something to make myself healthier. Here, I see my body privilege—if I felt pressure and guilt after receiving "compliments" for my supposed hard work on my body and "health," I could only imagine how people might feel who do not "size up" to neoliberal sociocultural

expectations of the body, and receive messages implying a lack of responsibility or discipline.

Thinking back over my experiences, I reflect on how this assumption of "health" based only on physical appearance was a driving factor for my own decisions to exercise even back in high school as a young teenage girl. As I had been socialized to do, I connected the practice of exercising to achieving a thin body, thus, a "healthy" body. Though the seeds of these ideas related to exercise, health, and appearance were planted early on through my experiences and practices, my interest in *why* I rationalized health, fitness, and appearance in this way sprouted when I was a brand new first-generation student in my first year of college.

I vividly remember being told by people around me (i.e., family, friends, and family of my friends) about the "freshman 15," a cautionary tale that warns first-year college students of the propensity to gain around 15 pounds when students first go off to college. The idea is that newfound freedom from parental influence combined with individual responsibility that comes with being away from one's family at college can influence students' practices negatively. This concept has been studied empirically, and results show that when students can make their own choices about what to eat and when or how to exercise, they often make poor choices (e.g., snacking, larger portion sizes, inactivity) resulting in weight gain of around 15 pounds (Mihalopoulos, Auinger, & Klein, 2008). This tale worried me. I had spent my afternoons in high school exercising as part of the track team and my summers running loops around my neighborhood. What did the "freshman 15" mean for me and my body? Now that I was an independent young woman, I was inclined to gain weight because of my presumed lack of self-control or will

power? I became determined to make sure I did not become another character in the tale of the "freshman 15," so I turned instead to an extreme focus on exercise. Since I was no longer part of an athletic team and I was unfamiliar with the area outside of campus, I decided to begin a regular workout routine at my campus gym. I figured that I could develop a sort of "lifestyle" or habit including a regular exercise routine as I entered into young adulthood.

Rather than taking on a role in the "freshman 15" story, I became a character at the campus gym. I could be found there at least four or five times a week. Though I knew that diet would play an important role in helping me stave off the "freshman 15," I operated under the logic that I could eat whatever I wanted, then just work out extra hard at the gym that day to counter-balance my unhealthy food choices. I recall moments in my life; whether in personal conversations, observations of others, or in the media; when people would talk about "working off" the poor food choices, saying things like, "I need to go on an extra-long run tomorrow to work off that cake!". I find that even today after years of research on how diet and exercise are related, I still succumb to the flawed logic of "working off" unhealthy food. Thus, I made a choice to focus more on exercise than diet when I started working out at the campus gym.

When I first began going to the campus gym in 2009, I had no idea what to do. Most of the gym equipment had small visual diagrams on the machines themselves that showed the user how to perform that particular exercise. Many of the diagrams were gendered, although they only showed silhouettes. Male bodies with short hair and large upper bodies were shown doing things like shoulder presses and bicep curls while female bodies; denoted through long hair, ponytails, and clear curves of breasts; were shown on

the hip abduction and adduction machines. I began noticing how I would opt to use machines that showed female bodies or I would stick to cardiovascular exercise, doing things like running on the treadmill, using the elliptical, or the stair climber machine. I remember being preoccupied with cardio since it is commonly understood that cardiovascular exercise leads to weight loss. Sometimes, I would use the weight machines to lift light weights for the specific purpose of toning my muscles rather than growing them, but I would never go into the free weight area (a space filled with weight benches and dumbbells on racks) in the corner of the gym. The campus gym was designed as an open concept, meaning there was little to no separation of the free-weights area from the rest of the gym. However, there appeared to be an implied sort of barrier separating this space from the rest of the gym. Though I observed that both women and men used the cardio machines and weight machines, I rarely saw a woman enter the free weight area, especially if she was alone.

After observing and pondering this invisible yet clear gender barrier for a few months, I made what I considered to be a "bold" choice and entered the free-weights area during my workout one day. I walked in with a sort of indignation fueling me, frustrated by my observations of such a gender disparity in this space. This indignation helped somewhat to quell my fears of being judged for my ability, appearance, and gender. However, the entire time I was in the weight room I remember feeling highly scrutinized. This may have been due, in part, to the mirror-lined walls reflecting gazes and glances at every angle, or it could have been my own self-scrutiny as a self-perceived outsider, now on the inside. This experience was really powerful for me, and each time I saw another woman in the weight room, I felt a sense of kinship. I began to critically unpack what

was happening in my experiences at the gym and came to realize that the barrier I felt was a result of social expectations of the gendered body in the gym. After this experience, I made it a regular practice of mine to exercise in the weight room even if I did not feel comfortable. To me, going into this area and physically staking claim to my weights and a weight bench felt like a stand I could take to resist the invisible forces that had kept me (and seemingly others) from using this space.

My observations of the gym as a socially constructed and gendered space ignited my curiosity to investigate further. Not only did I become interested in the social nature of the gym itself, but more importantly, I became interested in the motivations and meanings people had for using this space. Were these other people in the gym like me? Were they worried about gaining weight in college, here fighting off the "freshman 15" through exercise? Were they athletes exercising to maintain their physical strength and abilities? Were they simply in the gym because of social pressures to exercise? Were they there for the "health" benefit of physical activity? What did these people think of "health" anyway? What drove people to exercise in the *way* they exercised? Ostensibly every reason I listed could plausibly explain people's presence in the gym, plus many more reasons I did not and could not determine. One thing was certain, I left my undergraduate years with nearly no clear answers and a slew of new questions.

When I went on to my master's program in communication at the same university, I used this time as an opportunity to academically explore the questions I left with from my undergraduate years of experience at the campus gym. I wanted to understand what college students understood about the word "health" by conducting a phenomenological analysis of semi-structured interviews with male and female undergraduate and graduate

students. I asked participants for their personal definitions of "health," how someone could know whether another person was "healthy" or not, whether they perceived themselves as healthy, and if this perception differed from their perceptions of others' opinions of their own health, and whether they thought there were different "health" expectations for women and men. One participant stands out clearly in my mind. She told me that she was a cancer survivor, and told me the story of her leukemia diagnosis as a senior in high school. She told me that this part of her life was the unhealthiest she had ever been. This made clear sense to me, as she had cancer, a disease that was attacking the healthy cells in her body and negatively impacting her overall health in all sorts of ways. Mental health became a major issue with her diagnosis, causing her to experience depression during this time in her life. This also made sense to me. I can only imagine the multifarious ways in which having a life-threatening diagnosis during the last stages of high school would contribute to feeling depressed. She also recalled herself being the thinnest she had ever been in her life during her illness. This made sense as well. With all of the intense cancer treatment she was undergoing and lifestyle changes she had to make, it is not surprising that she would lose weight, a common symptom of illness. Then she told me something I will *never* forget. She seemed to simultaneously laugh and wince as she made a comment about her current weight, and what she would not give to get back to that time in her life when she was sick with cancer and depressed every day, but at *least she was skinny*. In our interview, she recognized how contradictory and antithetical that may seem, but still said she felt this about herself. Health itself was displaced by a desire to alter her body to become thin, even if that meant being unhealthy internally, both physically and mentally.

Again, I left my master's program with more questions than answers. Why were people willing to become unhealthy just to *appear* healthy? I realized that I was doing this, too. An extreme focus on exercise for weight loss was also not "healthy" or balanced; yet, I persisted for the sake of appearing so. This contradiction and conflation of health and appearance jumpstarted my engagement with critical theories of health, particularly looking at the idea of healthism, which centralized an individual's responsibility and obligation to maintain their own health (Crawford, 1980). I became fascinated with the complex web of health information we receive and how we make sense of it and integrate it (or not) into our own daily lives and practices. My previous beliefs about fatness and fitness were shattered—no longer did I see obesity as an "epidemic" as it has been depicted in the media for nearly two decades, but rather another social construction that had very little to do with *actual* health. Though engaging with these critical theories and frameworks began to help me understand the questions I was asking in more nuanced ways, and provided me with a clearer contextual picture of the historicization of these issues, my investigations and findings still did not stop me from being preoccupied with my own weight and body, and I continued to feel the *need* to exercise to feel better about myself. It seemed that being made aware of how dominant discourses of health, fitness, and the body were socially constructed was not enough to undo the damage that had been done internally when I look at my own body. I felt, at this point, that I had internalized the discourse.

Summary

All of these experiences culminate in me feeling compelled to do this dissertation project and continue investigating. In this dissertation project, I continue the work I

began thinking about as a curious and young undergraduate student. First, in Chapter 2, I begin with a synthesis of extant literature on neoliberalism, "healthism," the "obesity epidemic," body image, and the gendered social construction of the gym, focusing on how each of these concepts plays into an internalization of an unattainable body ideal resulting in negative health practices and consequences. Chapter 3 details the method, grounding the study ontologically and epistemologically within critical interpretive methods, outlining the context of this case study and CDA. The analysis of this case study proceeds in two phases divided into two separate chapters. Chapter 4, part one of analysis, focuses on *Be Fit Gym* itself, analyzing the space and the images and texts within through the lens of participant observation. Then, in Chapter 5, the analysis and discussion turn to focus on the semi-structured interviews with 15 women who exercise in the gym. Finally, Chapter 6 wraps up by synthesizing the study implications, future directions for research, a return to my story, and concluding remarks.

CHAPTER 2

LITERATURE REVIEW

In this literature review, I synthesize relevant concepts and theoretical frameworks to provide deeper context to the questions being explored in this study. First, I contextualize the theoretical concept of neoliberalism as a precursor to the development of the concept of healthism. Healthism then will be traced throughout the literature, exploring the dominant narratives produced, reproduced, and circulated by this ideology with attention to the social determinants of health that get silenced and ignored in this framework. Then, in an extended example of the impact of healthism, I outline the "obesity epidemic" discourse, giving context to how it originated and the material consequences created by this narrative, which claims to be a crusade in the interest of "health." Next, I attend to the literature on body image, with a specific highlighting of research on body image for women of color and women and aging. Finally, I delve into the social construction of the gym and explore how gender has become a prominent feature of the modern-day gym, impacting, through the "health" practice of exercise, how women internalize images of the "ideal female body." Each of these sections, drawn together, provides a contextual background for the concepts that will be explored using CDA of this case study.

Neoliberalism

To understand the concept of healthism better, one must first understand the neoliberal context in which this term emerged. Neoliberalism is an economic philosophy that posits minimizing the role of government impact is essential to promoting freedom and economic growth (Crawford, 1980; Davidson, 2015; Harvey, 2007; Peck, 2010). The term "neoliberal" traces back to European liberal economic philosophies promoting

minimal involvement from the state, relating more closely with modern-day conservativism. Thus, neoliberalism was born (Peck, 2010). Neoliberalism came into being as a conservative response to the globally widespread ripple effect following several wars (e.g., the Israeli-Arab war, the Vietnam war, the Cold War) imbricated with economic issues, including problems such as rising unemployment rates, rising interest rates, and the rising cost of producing goods (Davidson, 2015). Around 1980, Western governments, notably under the leadership of Reagan in the United States and Thatcher in the United Kingdom, began cutting certain government-funded programs and services by implementing a severe reduction in taxation, which had previously fueled these programs. Davidson (2015) notes that, in practice, cutting taxes was much simpler than cutting government spending on programs, as many programs were tied politically with powerful lobbies and entities. As a result, the government began "cherry-picking programs serving minorities, the poor, and other politically insignificant social groups" (Davidson, 2015, p. 191), in a move that only worked to further disadvantage populations, which had relatively little economic influence or power due to widespread systemic oppression.

Neoliberalism assumes that the forces that guide human action include rationality, individuality, and self-interest, and that the individual must be a competent agent (Dutta, 2016). According to Dutta (2016), "Under the narrative of the free market, human potential is maximized when the limits imposed by the state are minimized, thus enabling catalytic climate for growth, productivity, and efficiency" (p. 11). On the surface, it may seem as though the neoliberal narrative encourages agency, which has positive connotations, especially in individualistic Western cultures, which value a sense of

independence and individual control and empowerment. However, in reality, neoliberal practice and policy "wrongly devalues government impact on lower- and middle-income earners" (Davidson, 2015, p. 91) and has led to a global track record that Harvey (2007) notes is "nothing short of dismal" (p. 154). Neoliberal ideologies and practice have led to the creation of economic bubbles and rampant inequality, ignoring issues of fairness, justice, social equality, and the health of people in society (Dutta, 2016; Giroux, 2005; Harvey, 2007). Within a neoliberal framework, the structural issues at the societal level are minimized while the individual issues of personal responsibility are magnified, reifying systemic conditions that (re)produce the "unhealthy" subject to begin with (Davidson, 2015; Dutta, 2010; Dutta, 2016; Sastry & Dutta, 2013). This sort of displacement of responsibility from the state onto the individual has numerous ramifications, especially when applied to such a completely ubiquitous and deeply personal issue—health.

Healthism

The central focus of health in society simultaneously produces, and is a product of, the dominant neoliberal discourses of health. In their 1948 preamble, the World Health Organization (WHO) defined health as "a complete state of physical, mental, and social well-being and not merely the absence of disease or infirmity," conjuring up an image of both holistic health and the absence of disease. By defining health this way, disease and infirmity come to represent unhealthiness while the implied continuum of physical, mental, and social well-being represents levels of achievable healthiness. Constructed in this broad sense, the meanings of health have become imbued with notions of personal responsibility as dominant discourses offer pathways for individuals

to work toward achieving this “completeness” of health and well-being by exercising, eating well, and engaging in other practices leading to better health outcomes. These health practices have become tied up in consumer practices of purchasing products and goods that advertise the use of such products will lead to better health (Dutta, 2016) and help to avoid illness and disease. The WHO’s holistic definition of health entrenches the importance of having and achieving “health” in each area of one’s life and livelihood (i.e., physical, mental, and social spheres of being), which simultaneously acknowledges that health is multifaceted while also elevating “health” to a coveted state and value. This completeness of health has taken on new meanings as a sort of “super value” (Crawford, 2006) integrated into practice as more than just extending life and preventing disease. According to Cheek (2008):

> It is no longer enough to be without or actively working to prevent, physical disease to be considered healthy. Health has become the new foundation of youth, the promise of “potential perfection,” a new version of the eternal quest for immortality, and a new form of a badge of honor by which we can claim to be responsible and worthy both as citizens and individuals. Thus, in many Western contemporary societies, health approaches sacred status: Healthism is the to the fore. (p. 974)

Health is no longer an aspect of a person’s life and livelihood, but a feature of personal identity. By rising to such a status and connecting directly with identity and personal responsibility, health is not simply something one has or not but has become something one *should* have, and if one does not, it is one’s own fault, likely as a result of “poor choices” one made.

Echoing the sentiments of Cheek, Crawford notes "today, the common assumption is that health must be achieved" (2006, p. 402). For one to "have health," one must *achieve* physical, mental, and social health—integrating health into nearly every aspect of one's life: body, mind, and relationships. If one does not achieve health, not only is one considered to be "unhealthy," but within the narrative of healthism, one is now morally implicated through one's own responsibility and lifestyle choices. This narrative ignores any sort of systemic societal conditions that have been proven as critical factors in determining health (Davidson, 2015). Although the WHO also claims that health is a human right (WHO, 1948), and ostensibly should be available and possessed by all people, paradoxically, health in the neoliberal sense is reserved for those who have the resources to attain it using their own capital, condemning "unhealthy" people as morally flawed and irresponsible, deserving of their own poor health outcomes as a result of individual choice and responsibility. The term "healthism" was coined to refer to this phenomenon (Crawford, 1980).

Healthism is defined as "the preoccupation with health as a primary—often *the* primary—focus for the definition and achievement of well-being; a goal which is to be attained primarily through the modification of lifestyles" (Crawford, 1980, p. 368). Healthism has assumed a central role in health discourse, displacing health as a human right and replacing health as the definition of the good life itself, to be achieved by individual action and lifestyle choices rather than through political or social means (Zola, 1977). The pressures to achieve good health are very high, and the consequences for those who cannot or will not conform are intense and deeply problematic.

According to Ayo (2012):

> The consequences for those who fail to conform to the prescribed mandate as to what constitutes a healthy lifestyle are real. Such include among other things, public disdain and reproach for being a part of societal problems rather than a part of the solution, gazes of repulsion due to one's failure to manifest the symbolic metaphors of neoliberal citizenship, such as the self-governing individual or the capitalistic hard work ethic, embodied in the taut, refined and fit body, and admonitions from both health experts and loved ones alike. (p. 104)

In this way, the body is seen as the symbolic metaphor of healthism—one can visually assess whether one is a hardworking and disciplined individual based on the appearance (or not) of a fit body. Thus, we live in a state of heightened awareness of the appearance of our own bodies, which is referred to as "body consciousness." This body consciousness results in continually comparing ourselves to unattainable body ideals, compelled by the persuasive narrative of "health" to do so. In this way, "Our desire for health is insatiable, a desire that is fueled by notions of both health as an ideal and also ideal health" (Cheek, 2008, p. 976).

When health is conceptualized as an ideal, a valuable and coveted state to be achieved by individual means, the human rights aspect of health is not only ignored, but the contextual and social determinants that contribute to poor health outcomes in the first place are completely minimized, silenced, and ignored (Crawford, 2006; Davidson, 2015; Dutta, 2016; Lupton, 1994). The social determinants of health include the many social contextual factors that impact health outcomes for people such as income level, education, housing conditions and neighborhoods, social support, stress, and working conditions (Blaxter, 1997; Davidson, 2015; Davis, Bean & McBride, 2013). Tracing back

to the longitudinal British Whitehall studies of government workers across the spectrum of socioeconomic status, there has been significant evidence that proves that social determinants of health factors, such as where someone lives and their income level, have a far greater bearing on health outcomes and lifespan than individual lifestyles and personal choices related to health (Davidson, 2015; Dutta & Basu, 2008; Niederdeppe, Bu, Borah, Kindig, & Robert, 2008). In this study, higher wages and more prestigious ("white collar") government jobs were directly related to better health outcomes while those in lower wage-earning positions ("blue collar") had significantly more health problems resulting in shorter overall lifespans (Davidson, 2015). Ignoring the findings of this germinal study in public health that has been supported by multiple other research findings (Dutta & Basu, 2008; Niederdeppe et al., 2008), the discourse of healthism undermines the social determinants of health, and has become ingrained in the very fabric of social life, embedded in "the features of modern identity" (Crawford, 2006, p. 402). The powerful hegemonic tendency of this dominant discourse makes healthism appear "natural" thus, making it normalized. As a result, it has been found that the general public commonly perceives the factors that contribute to the social determinants of health to be less influential on health outcomes than personal health behaviors (Niederdeppe et al., 2008). This finding was also found by Blaxter (1997) and traced extensively in a comprehensive literature review of laypeople's attitudes toward causes of health inequalities. Blaxter notes that among laypeople, social inequality in health is not a prominent topic, "paradoxically this is especially true among those who are most likely to be exposed to disadvantaging environments" (1997, p. 747). This finding is deeply

complicated, as the healthism discourse connects so closely with morality and identity in the social world.

> Taking responsibility for “health” in these terms—even taking responsibility, perhaps to some extent equivocally, for one’s own health-related behavior—is accounting for one’s social identity. If one cannot deny the reality of one’s own disease, one can at least respond “healthily” to it. (Blaxter, 1997, p. 756)

When health is perceived as a key component to one’s social identity, there is also an element of individualism and control that contributes to people seeing themselves as having a central role in constructing their own realities and identity. With this neoliberal perception firmly in place, the façade of personal empowerment and agency in health makes minimizing the role of individual responsibility (a move toward the social determinants of health framework) seem tantamount to eliminating control over one’s social identity. Clearly, the rise of healthism and the subsequent minimization of the social determinants of health are deeply complicated and nuanced.

In this way, conforming to a normative health-based social identity is deeply imbricated within the dominant discourse of healthism. According to Turrini (2014), “Though based on individual independence, the health awareness discourse conveys strong normativity” (p. 22). As it relates to health, one’s identity is constructed in relation to normalized ideals of health, fostering a continually self-evaluative state of mind. In this preoccupation with health, “medicine has assumed a pivotal role in normalizing social life, defining as healthy or unhealthy behaviors or conditions that fall on one side or the other of the boundaries of the constructed norm” (Crawford, 2006, p. 404). If one does not conform to normalized standards of health, not only does this become a health

issue, but an identity issue of personal character. Perceptions of deviation from health norms condemn individuals for something they are perceived to be lacking (e.g., self-control, determination, knowledge, will-power, commitment, all of which are features of one's personal character), neglecting to account for diverse subjectivities and myriad contextual factors that comprise personhood and one's overall well-being.

One clear example of the social determinants of health is the concept of a *food desert.* Deserts are often perceived as empty and expansive; thus, the metaphor of food desert represents an area that lacks healthy food options within an accessible radius for the local neighborhood (Davidson, 2015). Research shows that food deserts are most commonly found in neighborhoods characterized by poverty and lower socioeconomic status, and in the place of healthy and affordable food options such as grocery stores and farmer's markets, there are numerous fast food chains and convenience stores that primarily sell nutrient-lacking processed and packaged foods (Davidson, 2015). Food deserts do not exist based on people's food preferences for fast food over fresh, but rather are tied to economic factors that influence the kind of consumption available to people based on their income. The cost of unhealthy food is much cheaper than the cost of nutrient-rich foods such as fruits and vegetables, marking an economic issue of access one of the main reasons communities faced by poverty deal with higher rates of obesity (Davidson, 2015; Niederdeppe et al., 2008). The terrible irony here lies in the dominant perception fueled by the narrative of healthism that people can *choose* whether to be healthy. One does not *choose* a life of poverty and thereby does not *choose* to what one has access. When someone is trying to feed their family and self, the choice comes down

to either buying an expensive and small amount of healthy food or buying a cheaper, and thus larger, amount of unhealthy food. There really is no "choice" in this decision at all.

By ignoring the social determinants of health and reifying the dominant discourse of healthism, we are "putting people at risk of risks" (Niederdeppe et al., 2008, p. 1) and paradoxically blaming them for the outcome of those risks. The "framing of issues as health issues to be solved technically rather than politically or socially ends up emphasizing individual responsibility, which in turn, can strengthen the stigmatization of the less healthy" (Turrini, 2014, p. 16). Although healthism has operated under the guise of empowering people through a sense of autonomy and agency associated with responsibility, the material consequences of healthism are made apparent through negative attitudes and behaviors toward those who do not fit into the norm and, thus, are considered to be "unhealthy." These consequences are taken further in the self-internalization of the ideology of healthism, reinforcing hegemonic tendencies in the consumption and communication of health (Blaxter, 1997; Niederdeppe et al., 2008). According to Turrini (2014), "The tension between autonomy and discipline, contestation and homologation, expressivity and normativity, pervades many facets of the self-construction of the body" (p. 22), thus, fostered among these tensions, the internalization of the dominant discourse of healthism itself presents insidious dangers to physical, mental, and social health, and the overall well-being of society and the individuals who comprise it.

The "Obesity Epidemic" and Fear of Fatness

In an extended example of how healthism has influenced people's perceptions of health and the body through particular ideological discourses, one needs to look no

further than the fear-inducing discourse of obesity as an "epidemic." As defined by Canoy and Buchan (2007), "obesity is an excess of body fat leading to ill health" (p. 2). This definition is commonly reflected and utilized in the rhetoric surrounding the "obesity epidemic," as it links obesity directly to poor health outcomes. By articulating obesity as a cause of poor health, fatness is preserved as one of the last acceptable means of discrimination and causes people to *fear* becoming fat (Brewis, 2011; Chrisler & Barney, 2017). The "obesity epidemic" refers to the rise in the rates of overweight and obese individuals globally, which has been connected to serious health issues, making this a topic that has broached the public sphere in policy, popular culture, and public health. I have witnessed many debates about the "obesity epidemic" that stake the evidence of their claims in "health," using the term as a shield to deflect from any negative backlash of their use of fat shaming or making people in larger bodies feel bad about themselves because of their weight. If people who see obesity as an epidemic are worried about *health* outcomes, is that not an admirable cause? Though health care organizations and the media have promulgated the overwhelming message that obesity is connected to higher rates of disease and death, many researchers "have failed to find a link between obesity and increased mortality" (Brewis, 2011, p. 23), raising serious questions about causation and correlation when it comes to weight on the body. Chrisler and Barney (2017), researchers based in psychology, assert "no research has been able to show how much weight is too much, and studies that show heavyweight as a predictor of chronic illness typically confound weight with other variables that affect health status (e.g., genetics, dieting, discrimination, stress, poverty)" (p. 38). Thus, it is critical for research to contextualize their findings and focus on how obesity has been socially

constructed as a health issue, diving deeper into the nuances of how weight on the body actually impacts health, paying close attention to the myriad factors that are often confounded with weight.

In fact, it has been argued that several of the systems that are used to classify obesity are particularly arbitrary (Brewis, 2011), making obesity a health topic with many scientific and social implications worth examining more closely. One of the most common measures of obesity is the body mass index (BMI), wherein a person's height and weight are compared using a formula to determine one's classification in terms of fatness (Brewis, 2011). Categorizing obesity levels was never the initial intention of the development of BMI, but this tool *was* developed to normalize ideal body size. The BMI measure "was conceived in the mid-1800s by the Belgian statistician, astronomer, and social scientist Adolphe Quetelet, who was searching for a standard measure that could help estimate people's current weight in relation to the ideal weight for their height" (Brewis, 2011, p. 12). Since its creation, BMI has been adopted by health care professionals and laypeople alike as a tool for defining and categorizing weight in terms of an ideal, not because of its accuracy, but because of its simplicity in using a basic calculation, cutoff points, and people's self-reported height and weight (Burkhauser & Cawley, 2008). BMI is calculated by dividing one's weight by height squared, resulting in a single number to determine categorically whether someone is "underweight" (below 18.5), "normal weight" (between 18.5 and 25), "overweight" (between 25 and 29.9), or "obese" (30 and above; WHO, 1998). Even the labels themselves are ideological in nature, characterizing the one "healthy" weight range as "normal," categorically placing everyone who falls outside this range as *abnormal,* deviant, or "other" (Chrisler &

Barney, 2017). It should be noted that cut off points for BMI are not universal, and different ranges and labels have been used in different contexts across the globe, further reducing its utility as a measure (Burkhauser & Cawley, 2008).

Additionally, BMI has been criticized as a system of measurement and classification because it inherently neglects other important contributing factors such as gender, ethnicity, culture, age, muscularity, and actual body fat (Burkhauser & Cawley, 2008). As noted by Satinsky and Ingraham (2014), "BMI has been widely critiqued due to its lack of specificity as a simple height-to-weight ratio, being undifferentiated across genders, lack of explanatory value for body shape, poor predictive value as a measure of actual health, and standardization based on a White male body" (p. 147). As a result of these issues, "the use of BMI as a measure of obesity can introduce misclassification problems that may result in important bias in estimating the effects related to obesity" (Rothman, 2008, p. S56). People's health cannot be predicted from two pieces of information alone, and the continued use of BMI in academic studies examining obesity proves this issue to be deeply embedded in knowledge production and research, perpetuated through reliance on the measure in the medical offices and the healthcare industry as a whole. When historically credible health sources (e.g., doctors, scientists, other health care providers) utilize this measure in the name of science, dangerously negative effects result from spreading misinformation about the relationship between weight and health outcomes.

Scientifically speaking, distribution of fat is a very important factor in predicting disease risk and mortality rates. As reported by Brewis (2011), "One can have a normal weight but have the health profile normally associated with someone larger, or one can be

obese but have a healthy biomarker profile" depending on the amount of abdominal fat, amount of exercise, and age (p. 25). What this means is there is a strong argument for the health at every size (HAES) paradigm, which has gained traction in some sectors of critical public health studies and laypeople's resistance to dominant narratives of weight, obesity, and health. In this view, weight is not a health issue, but a social one, steeped in ideological meanings. The HAES movement argues that "the essential nature of fatness as natural physiological body diversity and in the claim that individuals can be both fit and fat" (Brady, Gingras & Aphramor, 2013, p. 348). In fact, much of a person's body shape and size is determined by genetic predisposition, entirely outside of one's control. The HAES approach promotes the ability to be "healthy" at any body size, negating weight as one of the primary factors in determining one's health. Further contradicting the narrative that fatness equates to poor health, in an article published by the Johns Hopkins University Press. Jutel and Buetow (2007) assert that "overweight individuals who have healthy diets and regular exercise patterns have less morbidity and mortality than thin individuals who don't, and that the risk of weight loss in overweight people may be greater than the risk of the excess weight" (p. 427). Although the HAES paradigm asserts weight as a social issue rather than a medical one, these messages of resistance face a much more pervasive and widespread viewpoint of obesity as a health "problem" perpetuated by the norms of healthism.

One way of explaining how obesity has become so deeply imbricated with health issues stems from the medicalization of everyday life (Crawford, 1980). Brewis (2011) notes that medicalization is "the idea that a condition is defined as a disease or requires surveillance but that the definition is more reflective of social context than of biological

reality" (p. 28). Critical scholars from social science disciplines have chastised the field of medical science for their contribution to the media's portrayal of fatness causing poor health. Mass-mediated messages about this issue circulated widely, securing the title of obesity as an "epidemic," a move that worked to solidify the connection of these two words in people's minds across the globe. As reported by Moffat (2010), "In the late 1990s health professionals actively publicized and created a public–political issue of childhood obesity, and their main conduit was the print media" (p. 3). According to Boero (2007), the *New York Times* published over 750 articles about the obesity epidemic between 1990 and 2001, far exceeding the number of articles published on other important health issues such as AIDS, smoking, and pollution. Moffat argues that the use of the word "epidemic" has misleading connotations for researchers, health professionals, and laypeople as "the specter of an epidemic evokes a sense of helplessness, a state of being out of control, contagion running wild" (2010, p. 11).

In terms of intervention, framing obesity as an epidemic does not adequately compare with other outbreaks characterized as epidemics (e.g., Ebola, cholera, avian influenza). Each of these epidemics required swift action on behalf of public health sectors in developing strategic plans to stem the outbreaks quickly. This notion is seemingly contradictory to the narrative of healthism and personal control, as the term "epidemic" implies individual helplessness or a lack of agency, which requires help on behalf of the state to "stem the outbreak." Though this characterization of obesity is more closely related to the social determinants of health framework, associating the term "epidemic" with "obesity" ultimately causes fear and panic surrounding weight and health, something that has been clearly illustrated in the unfortunate discrimination of

people in larger bodies (LeBesco, 2011). The superseding ideology is that fatness is inherently negative.

Those who are considered obese are often stigmatized as lazy and unwilling to change (Brewis, 2011). People in large bodies face discrimination in various ways, including health care, education, employment, and even policy issues. Airlines can force those in larger bodies to purchase two airplane tickets to accommodate their "largeness" so as not to impede on the space of other passengers, larger clothing often costs more money, and taxes have been levied on sweets, and soft drinks to persuade or perhaps coerce, people into thinness (Boero, 2007; Kwan, 2009; Moffat, 2010). Additionally, "research demonstrates that the news media disproportionately frames obesity in terms of personal responsibility, focusing on individual-level causes and solutions while ignoring important societal and environmental contributors" (Heuer et al., 2011, p. 2) further demonstrating how healthism in this context serves to ignore the social determinants of health, even when obesity is framed as an "epidemic." Heuer et al. (2011) set out to do a visual content analysis of news sources portrayal of "obesity," and found that:

> overweight and obese individuals were more likely to have their heads cut out of photos, to be shown from the side or the rear, to be portrayed with only their abdomens or lower bodies are shown, and to be partially clothed (e.g., bare stomachs showing) than non-overweight individuals (p. 8).

This study shows how those in larger bodies are degraded and dehumanized visually, stereotyped as unhealthy and immoral because of their weight. Obese individuals were also less likely to be shown wearing professional clothing or depicted as exercising,

drawing broad-based assumptions about the personal practices and lives of people in larger bodies.

Although fatness is societally denigrated for both men and women, research shows that women have a higher propensity for having larger bodies since females are biologically predisposed to have more body fat than males are (Brewis, 2011). Additionally, women have historically faced more public and self-stigma regarding weight (Inthorn & Boyce, 2010; LeBesco, 2011; Satinsky & Ingraham, 2014), and in many ways, fatness has become feminized. As noted by Dorrance Hall et al. (2016), "While weight-related issues are salient to both men and women, research suggests that weight is a greater issue for women as they more frequently feel overweight, diet, express body consciousness, and report weight as a social interference than men" (p. 248). This is not to discredit the stigma faced by men in larger bodies, but the feminized nature of fatness is made clear even through the use of stigmatizing and harmful language to describe fat male bodies as having "man boobs," further pathologizing feminine body characteristics. Inthorn and Boyce (2010) report, "It is precisely because body fat is associated with femininity that it can challenge the gender identity of the obese man and threaten his successful performance of masculinity" (p. 92). Additionally, overeating is often considered a root cause of being overweight or obese, and overeating is constructed as an emotional endeavor tied to stereotypical associations of femininity. For example, a movie featuring a breakup might stereotypically depict a woman crying and eating out of an ice cream carton as she states "I'm eating my feelings," imbricating notions of being a woman with emotions, food, and control. According to Inthorn and Boyce (2010), "The potential ideological implications of such discourses are serious as women may

internalize these discourses and regard themselves as deviant and feel shame" (p. 91), which serves to reify further the hegemonic narrative and continues to objectify women and their bodies.

The hegemonic narrative of the "obesity epidemic" gains much of its legitimacy through healthcare providers, which becomes problematic because "most people, including health care professionals, get most of their 'medical news' through the mass media" (Chrisler & Barney, 2017, p. 39). Healthcare providers are not immune to seeing and believing the stereotypical representations of obesity, and this specialized sector plays an important role in continuing the cycle of stereotypes based on their legitimized authority in the field. Throughout the literature, it has been shown that medical professionals often stigmatize their patients in larger bodies. One study showed that physicians believed their fat patients to be noncompliant (Foster et al., 2003), implying that these patients were lazy or unwilling to follow doctors' orders. Another study showed how health professionals tended to have shorter appointments with obese individuals, often dismissing their health concerns solely as a result of their large size (Brown & Flint, 2013). In a 2018 Huffington Post article titled *Everything You Know About Obesity is Wrong,* the author integrates academic articles and personal stories, establishing credibility both in the peer-reviewed sense and the experiential sense. The stories from people who have directly experienced weight bias from their health care providers detail how traumatic these experiences were and, in most cases, deterred them from going back to the doctor for any future health issues.

According to Hobbes (2018):

> Emily, a counselor in Eastern Washington, went to a gynecological surgeon to have an ovarian cyst removed. The physician pointed out her body fat on the MRI, then said, “Look at that skinny woman in there trying to get out.” “I was worried I had cancer,” Emily says, “and she was turning it into a teachable moment about my weight.” (para. 20)

Though it could be argued that comments like these from health care professionals come from a place of real concern for their patients’ health, their effects on the patient should be centralized and further explored as deeply powerful and potentially harmful, especially because many patients do not want to come back after experiences like this. “Reluctance to return can mean incomplete follow up care, missed cancer (and other) screenings, and delay in seeking care for new symptoms” (Chrisler & Barney, 2017, p. 43), which can have obvious negative impacts on health, further exacerbating the issue of “health” for those in larger bodies. Alarmingly, in a 2013 study, a bioethicist named Daniel Callahan argued *for* stigmatizing obese people to do anything possible to motivate them to change. Callahan (2013) goes through a series of what he calls “stigma lite” statements one could use to address an obese person, for example stating “Fair or not, do you know that many people look down upon those excessively overweight or obese, often, in fact, discriminating against them and making fun of them or calling them lazy and lacking in self-control?” (p. 39). Patronizing messages like this only promulgate health issues rather than ameliorating the problem, placing the blame on the victim of healthism rather than calling out healthism itself.

Not only is this practice of stigmatizing obese individuals wrong, but it also comes with dangerous health effects, producing through stigma some of the very health issues that are claimed to be associated with "obesity."

According to Heuer et al. (2011):

> Scientific evidence suggests that weight stigma is not a beneficial tool for motivating weight loss. Weight stigma is counterproductive for public health and increases the likelihood for unhealthy eating behaviors, avoidance of physical activity, impaired weight loss efforts, and decreased use of preventative health services. (p. 9)

In this way, it is important to clarify that yes, there are health issues associated with obesity. However, many critical public health scholars believe it is weight *stigma*, not weight itself, causing these health issues (Chrisler & Barney, 2017; Hatzenbuehler, Phelan, & Link, 2013; Heuer et al., 2011). Internalization of negative stereotypes and the "thin ideal" increase stress and anxiety associated with weight stigma, particularly for women. According to Chrisler and Barney (2017), "People, especially women, may blame themselves for their weight and believe that they deserve unfair treatment" (p. 42). This begets the unfortunate reciprocal cycle, wherein the dominant narrative spreads, gains power and authority through the media and medical professionals, becomes highly visible, then is internalized by people causing a negative self-concept and fostering a fear of fatness. When guilt and shame are internalized, coupled with constant evaluations of one's own body, the fear of becoming fat turns into a powerful driving force that influences people's desire to "control" weight on their bodies, whether through diet, exercise, or purchasing other products meant to reduce fat. Yet again, what results is not

the desire for health itself, but rather a healthy-*looking* body, which has been characterized as a trim, toned, and fatless body.

As articulated throughout this extended example, healthism is the cornerstone upon which the "obesity epidemic" was crafted. As noted by Brady, Gingras, and Aphramor, (2013), "A feature of today's regime in healthism is a nearly singular focus on body weight as the litmus test for health" (p. 346). By viewing weight *as* health, the narrative becomes tied to health "choices" and individual lifestyle. Brewis (2011) records, "One way that culture influences our thinking about obesity is the core belief that obesity needs to be addressed through personal responsibility, which is actually far more reflective of culture than of the biology of obesity" (p. 7). Those who do not "measure up" to an ideal body shape and size are chastised for their immoral choices in lifestyle, rather than looking to outside contributing factors that limit peoples' access to healthy lifestyle options, making it an issue of society and culture rather than the pathology of the individual body. This widespread healthist view of obesity can be seen in a study published in the *Journal of Health Communication.* In this study, an analysis of 10 years of news media reporting about obesity was used to understand the propensity to use language that pointed to either individual or societal causes for obesity, essentially looking for whether the language of healthism was used or the language of the social determinants of health was used. Researchers discovered that "personal causes and solutions significantly outnumbered societal attributions of responsibility" (Kim & Anne Willis, 2007, p. 359). Even though this finding reflects the dominant presence of healthism, over time, the mention of personal causes has continued to decrease, pointing toward the possibility of a shift toward resistance to the dominant narrative. Counter-

narrative collectives such as those who subscribe to the HAES paradigm and the Body Positive movement promote feeling positive about one's body, embracing the functionality and beauty of each body no matter the size or shape. These examples of resistance have taken root in virtual spaces such as social media and inspire people to accept themselves.

Clearly, obesity is a complicated topic that cannot be easily explained or resolved by simply becoming "healthy." To do this implies that weight is directly linked to health and quality of life. Though health and weight are linked, the more likely case is that weight *stigma*, not weight itself, causes the propensity for developing severe health issues. Stigmatizing people in larger bodies (people who currently make up a high percentage of the population) results in internalizing and further perpetuating the ideology of healthism, placing the responsibility on the individual. This kind of pressure causes people to avoid medical care, try myriad diets (which have been proven ineffective), and to exercise heavily regardless of the physical or mental toll. Though exercise itself offers many positive benefits for both physical and mental health, the meanings we attach to our bodies appearance and our health may be detrimental to perhaps both physical and mental health as well. The next section explores the literature on body image, exploring how our perceptions of our own bodies can influence our identities and social realities.

Body Image

Plato (as cited in Cash, 2004) once said, "we are bound to our bodies like an oyster is to its shell." Indeed, our life experiences are integrally influenced by the body we happen to live in" (p. 1). This opening editorial statement of the inaugural issue of the

journal *Body Image: An International Journal of Research,* cuts to the core of body image itself and certainly is reflected in the previous section outlining the "obesity epidemic" and the experiences of people in large bodies. Our experiences are tied to the bodies we "happen" to inhabit, and there is no control over which form we will take during our lives and ultimately "embody." Embodiment has been conceptualized as the experience of the lived body. Turner (1984) defines embodiment in this way; "There is an obvious and prominent fact about human beings: They have bodies, and they are bodies. More lucidly, human beings are embodied, just as they are enselved" (p. 1). Thus, the body is both subject and object.

As one could infer from the relatively recent (within the last 15 years) inception of an academic journal solely dedicated to studying body image, this topic has become increasingly more prevalent and central to our understandings of people's self-perception (Anton, Perri, & Riley, 2000; Furnham, Badmin, & Sneade, 2002; Markula, 2001; Rauscher, Kauer, & Wilson, 2013). In this editorial statement, Cash (2004) reflects on his long academic career spent studying how the importance of people's physical appearance influences various aspects of life in complicated and nuanced ways, stating "I also learned that individuals' own subjective experiences of their appearance were often even more psychosocially powerful than the objective or social 'reality' of their appearance" (p. 1). This subjectivity of self-perception permeates the questions driving this research, and relates back to the opening vignette of this dissertation project; though others may view my physical appearance in a particular way, my own perception is what pulls me to the gym locker room scale repeatedly. Regardless of what Cash refers to as the "social reality" of one's appearance, one's own self-perception typically prevails, a concept that

lies at the root of body image, which “encompasses one’s body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviors” (Cash, 2004, p. 1-2).

Research on body image has typically focused on women because “Women are more likely than men to describe themselves as fat, to weigh themselves often, and to diet frequently” (Furnham et al., 2002, p. 582). The most common body dissatisfaction among women is related to weight and fatness. Women often misperceive their weight when comparing themselves to others, fostering and further perpetuating negative self-perceptions of body image creating body dissatisfaction (Anderson & Bresnahan, 2013). Furnham et al. (2002) state, “When perceived ideal discrepancies exist concerning bodily aspects that are perceived as malleable (e.g., weight), dissatisfaction often provokes efforts to close the perceived ideal gap. In Western society, dieting and exercise are the primary strategies for altering one’s body” (p. 583). The dominant perception that weight is “malleable” and can be altered and individually managed reinforces the ideology of healthism, neglecting to consider the myriad factors that contribute to a person’s weight (e.g., genetic predisposition, socioeconomic status, natural body shape variation). Tiggemann (2004), an Australian psychologist, echoes this dominant perception by comparing aspects of body image, “People are held responsible for their body shape and weight in a way that they are not held responsible for their height, eye color, or size of their feet” (p. 29). Thus, people are driven to take individual action (i.e., dieting and exercise) as a result of feeling dissatisfied with one’s own body, marking motivations for health-related practices as rooted in negative perceptions of one’s own body (Wagner, 2017). Though people certainly have varying motivations for dieting or exercise, such as

receiving a diagnosis like diabetes, physical appearance and “looking better” are often framed as key benefits to “sell” dieting and exercise (Dworkin & Wachs, 2009).

Marketing and consumption are driving forces in fostering body dissatisfaction. Companies market their products and goods as strategies to resolve discrepancies between one’s perceived and ideal body, literally capitalizing on women’s insecurities (Schott, 2015). Today, a constant barrage of advertising messages uses words such as “health” and “beauty” to sell their products, conflating the two distinctly unrelated concepts of physical appearance with health (Jutel & Buetow, 2007), fostering through representations of ideal bodies in advertising and media the very insecurities that drive profits. According to Jutel and Buetow (2007):

> Appearance is a powerful tool in social control, and understanding the role of appearance is fundamental to our understanding of the relationships between appearance, morality, and contemporary angst. Seeing, being seen, or simply being at risk of being seen creates an internalized form of constraint that makes people adhere to social rules. (p. 426)

Though appearance is indeed a powerful tool in social control due to its socially constructed value, when combined with health and well-being, the “appearance of health” displaces health as the primary motivation of consumption and practice (Anderson & Bresnahan, 2013). Women scrutinize and evaluate themselves visually, using the appearance of their own bodies as a litmus test for health. Jutel and Buetow (2007) report, “Self-scrutiny involves vigilant monitoring of those visual signs of poor health that are believed to be due to negligent self-maintenance: for example, inadequate exercise, poor eating habits, insufficient hydration, lack of discipline” (p. 427). In a

negative reciprocal cycle, women are often convinced that any self-perceived discrepancies or shortcoming in the physical body are a direct result of their own negligence, and can be resolved through choice, action, products, and practices.

Women of Color

Women of color have historically had to face legacies of marginalization and oppression in a multitude of contexts; health and fitness are no exception. Patricia Hill Collins (1990) termed the "matrix of domination" to demonstrate the ways in which people's social location embeds them in a web of intersecting identities lending to multiple axes of oppression at once (e.g., race, gender, sexuality, age). This matrix of domination is similar to Crenshaw's (1990) concept of intersectionality, which developed out of the multiple axes of oppression faced specifically by women of color. Thus, representations of the ideal feminine body are steeped in a "complicated array of historical and current relations of power and privilege" (Dworkin & Wachs, 2009, p. 52), which perpetuate colonial power through consumer culture and global market forces. In a longitudinal study (over 25 years) of health and fitness magazines, Dworkin and Wachs (2009) found a disturbing lack of women of color on the covers and feature articles in women's fitness and health magazines. Indeed, representations of women of color were left for the advertisements, "usually appearing to enjoy cavorting with their White friends. . . . A range of happy women of different ethnic backgrounds would bond over birth control, yogurt, or low-fat beverages" (Dworkin & Wachs, 2009, p. 55). This form of representation seems to intend to make White target consumers believe they are progressive, purchasing products that come with a positive antiracist message, all the while neglecting the blatant choice of the magazine not to feature women of color in

ways that represent their accomplishments and achievements (covers and feature articles). bell hooks (1992) articulates that the dominant group often uses images of people of color in ways that create the illusion of racism being a thing of the past, something that is made clear through advertising representations in fitness and health magazines. Dworkin and Wachs (2009) state, "The almost total omission of race, except as a consumer issue (makeup for every skin tone), leads one to believe that race has little bearing on health and fitness, or at least on the individual's ability to attain the ideal" (p. 55), a completely unfounded belief.

As articulated in previous sections, the social determinants of health weigh heavily on a person's individual health outcomes. Social location is deeply important, not only to one's health outcomes but also to one's ability to alter or change those outcomes. Essentially ignoring social location, identity, and historical relations of power, the ideology of healthism reproduces and reifies narratives of health oppression contributing to health disparities. Health disparities "are defined as the inequitable differences in the quality of health care treatment and overall health status" (Davis et al., 2013, p. 1), and are closely related to the social determinants of health. Researchers have found and replicated the findings that racial and ethnic minorities often receive worse treatment from health care professionals and have worse overall health outcomes than their White counterparts, even when controlling for income and education levels (Davis et al., 2013). Scott, Gilliam, and Braxton (2005) note that 79% of reported cases of AIDS in the United States were women of color (i.e., Latina, African American, Asian, and Pacific Islander American, and Native American) though women of color made up a quarter of the

population. Clearly, the playing field is anything but equal when it comes to the ability to control individual-level health and fitness, especially for women of color.

Mixed findings in research have shown that more in-depth understandings into the experiences of women of color are needed in the context of body image, health, and fitness (Cotter, Kelly, Mitchell, & Mazzeo, 2015; Grabe & Hyde, 2006). In their meta-analysis, Grabe and Hyde (2006) find there to be small differences between body image satisfaction between women of color and White women, stating that while it appears that women of color are generally more satisfied with their bodies, there may be other underlying factors contributing to negative health outcomes such as eating disorders among these communities. It has been found that Latina adolescents "frequently describe an ideal body type that is comparable to the White norm and report an interest in weight loss at rates similar to those reported by White peers" (Schooler, 2008, p. 133), and even when Latina girls report higher levels of body satisfaction when compared to White girls, the rates of disordered eating are either comparable or even higher than their White peers. Other studies have found that Black women tend to have higher levels of positive body image, less of a desire for thinness, and prefer larger frames as a rejection of normalized beauty standards, which have traditionally focused on the White body (Cotter et al., 2015; Gluck & Geliebter, 2002; Kronenfeld, Reba-Harrelson, Van Holle, Reyes, & Bulik, 2010). Even for Latina adolescents, watching Black-oriented television programming positively influences perceptions of body image (Schooler, 2008). Additionally, body image has often been studied relative to size and shape alone, whereas appearance-related concerns often differ for women of color, such as hair, skin color, and facial features. Cotter et al. (2015) deftly point out the need for cultural factors (acculturative stress,

experiences of racism and oppression, and ethnic identity) to be included in the investigation of body image experiences of women of color, rather than continuing to use measures that directly compare White women and women of color. Multiple studies have found that a stronger sense of ethnic identity may have a protective effect against the internalization of societal beauty and body standards for women of color (Hesse-Biber, Livingstone, Ramirez, Barko, & Johnson, 2010; Rogers Wood & Petrie, 2010). According to Cotter et al. (2015):

> Using this sociocultural perspective, ethnic identity might protect individuals from the development of body image concerns by weakening identification with the majority culture's thin-ideal. Specifically, a connection to a Black ethnic group that is more accepting and appreciative of larger body shapes might serve to inhibit internalization of a thin-ideal and therefore reduce body image concerns and eating pathology. (pp. 5-6)

Though this finding is both hopeful and positive for Black women, "emerging evidence exists that African American women do experience eating, weight, and health concerns perhaps in ways that were more complex than originally thought" (Talleyrand, Gordon, Daquin, & Johnson, 2017). For example, in an in-depth qualitative study of Black women over the age of 25, several participants commented on the powerful influence of ideal Black female bodies in the media such as Beyoncé and Michelle Obama. Talleyrand et al. (2017) point out, "Both of these women may not be traditionally thin as defined by White women's standards; however, they have lower BMIs on average than African American women and appear to be fit" (p. 487). Thus, although different standards of ideal beauty may exist for women of color, body ideals do exist related to

fitness or the appearance of health. Rather than the "thin ideal," there is more pressure for women of color to have curves in the right places (i.e., hips, buttocks, and chest). Talleyrand et al. (2017) relate, "African American female cultural norms regarding body ideals and weight appear to be changing such that having a "fit" body ideal may be a more acceptable cultural norm within this community" (p. 477). Thus, research that intends to understand the ideal "fit" body in relation to appearance and health is an important step in more fully exploring women's complex experiences with their bodies.

Aging Women

Although body image itself has become a popular topic of research, most of what we know comes from samples of college students and a younger population in general (Clarke & Korotchenko, 2011; Tiggemann, 2004). Body image and related issues (e.g., self-esteem, body satisfaction/dissatisfaction, eating disorders) have been primarily conceptualized as adolescent issues (Chrisler & Ghiz, 1993). While it is true that, during the adolescent stage of life, we may be keenly aware of our changing bodies as we grow into adulthood, it would be a fallacy to think that issues related to body image are reserved only for young women. Our bodies are continuously changing. As people age, they "typically put on weight through the life span, about 10 lb. (4.6 kg) per decade of life until their 50s, which is actually associated with lower mortality. They also change shape, lose skin elasticity, and develop wrinkles, and their hair goes grey or thins" (Tiggemann, 2004). This is part of the natural cycle of life and aging. However, in the context of a Western focus on youth and idealized beauty, aging bodies, especially women, face scrutiny (both from others and internalized self-scrutiny) regarding their aging bodies. Related to gender politics, women often report a "double standard of

aging," whereby women face stricter judgments and expectations about aging (Clarke, 2018). Women are expected to "age well," which really means aging in the least visible way. Chrisler and Ghiz (1993) relate, "We're told that we're only as old as we feel, and the media drive home the message that women should grow old gracefully by hiding the signs of aging" (p. 68). The longer a woman can maintain the appearance of youth, the better. In these ways, aging is an important part of body image and, in turn, "body image is an important part of our self-concept and, as such, provides a basis for our identity" (Chrisler & Ghiz, 1993, p. 67).

Tiggemann (2004) notes that some of the earliest research on aging women and body image, specifically body satisfaction, comes from magazine surveys in the 1970s and 1980s. Results indicate that over half of the women surveyed report dissatisfaction with their appearance, particularly with their weight, and nearly 90% of women surveyed report wanting to lose weight. This supports the phenomenon of "normative discontent," a term coined by Rodin et al. (1984) to indicate that it is "normal" for women to dislike their bodies since the feeling is so widespread. Researchers have conducted comparison studies of college-aged women and older participants and have found that body image dissatisfaction is relatively stable across the lifespan of women (Bedford & Johnson, 2006; Tiggemann, 2004). Bedford and Johnson (2006) note that in their study comparing younger and older women's self-perceptions of body image and satisfaction:

> a relationship was observed between [body image dissatisfaction], and the number of weight control practices utilized suggesting that even women of normal weight may employ various weight control practices in response to [body image

> dissatisfaction], particularly dieting, exercise, and herbal/health food store supplement usage. (p. 50)

This finding supports the body image literature, which highlights the important role of subjective self-perception and extends it by showing that women of all ages often change their behavior (e.g., dieting, exercise) in attempt to "control" their bodies, relating directly to some of the research questions in this study.

In a more recent study, Tiggemann and McCourt (2013) dug deeper into the complexity of aging women's self-perceptions of their body image, distinguishing body dissatisfaction from body appreciation. Body appreciation refers to respecting, attending to, and appreciating one's own body while body dissatisfaction refers to the level someone feels satisfied or dissatisfied with one's own body image and appearance. After surveying a large group of women from a wide variety of ages (18 to 75 years old), their data showed that older women reported feeling higher levels of appreciation for their body's functionality and ability while younger women showed less body appreciation. Tiggemann and McCourt (2013) stated, "This confirms our reasoning that women become more appreciative of their health and functionality and increasingly able to accept their body's physical imperfections with increasing age" (p. 626). Additionally, although there was a positive relationship between body appreciation and body satisfaction (such that when one increased, so did the other) across all age groups, the strength of the relationship between these two concepts decreased with age. This means that older women who reported high levels of body appreciation and reported feeling somewhat dissatisfied with their body image placed less importance in their feelings of

dissatisfaction. Tiggemann (2004) confirmed, “In simple terms, with age women’s bodies deteriorate, they remain equally dissatisfied, but it matters less to them” (p. 35).

This emergent area of focus on aging women and body image has shown that, like for women of color, the story behind the data is complicated, layered, and nuanced. There are elements of hope and resistance in the stories and experiences of these women (i.e., less body dissatisfaction among women of color, less importance placed on dissatisfaction as women age). Yet, the stark lack of realistic and representative portrayals relative to the socially constructed “ideal feminine body” often portrayed in the media, on covers of magazines, in advertisements, on television and social media renders women who do not fit the arbitrary “ideal” as invisible or supplementary, rather than central and important. We live in an era of progress and backtracking, where diverse women are continuing to gain traction in political spheres and positions of power; yet, oppression continues under powerful authority, especially for bodies of women who have been historically marginalized. This oppression comes in the form of lack of representation and misrepresentation, which impact the material realities and lived realities of women and girls in various ways. It becomes increasingly important to investigate how women experience issues related to body image and “embodiment” in the context of spaces such as gyms, where the messaging seems to promote healthism at every turn.

The Gym: (Re)Producing the “Healthy,” Gendered Body

The ubiquitous nature of “health” and the framework of healthism have shaped the ways in which people conceptualize their own health. In a simplified recipe for health, one must eat well (foods considered nutritious) and exercise regularly. The

Centers for Disease Control and Prevention legitimize this understanding of health with their own dietary and fitness recommendations for adults to lead healthier lives. According to the CDC, adults should get about 150 minutes per week of regular exercise in addition to eating a healthy diet to maintain health. Exercise has been shown to lessen the likelihood of getting heart disease, lower blood pressure (which can prevent heart disease, kidney disease, and risk of stroke), prevent diabetes by lowering blood sugar levels, reduce the risk for developing colon and breast cancer, increase bone strength, protect joints from swelling and pain, boost mood by releasing endorphins and reducing stress, and finally prolong one's life (Warburton, Nicol, & Bredin, 2006). Each of these benefits of exercise is directly linked to physical and mental health benefits having nothing to do with the "appearance" of health, though exercise is often framed as a method to achieve "fitness" or "get in shape," falsely implying the body's physical form as an outcome inherently tied to health. According to Dworkin and Wachs (2009):

> The ways in which signifiers of "health" and "fitness" come together to mark moralities, privilege certain lifestyles, and exclude others in a given contemporary moment are even more meaningful given that the messages attached to images and ideals are often conflated with a state of health in the name of science. (p. 21)

Thus, a rampant misconception persists linking body image to exercise to health, reproducing a narrative that can have quite damaging effects. Though the practice of exercise can take multiple forms (e.g., walking, running, hiking, rafting, yoga), the gym offers a space specifically dedicated to physical fitness and exercise. Thus, to exercise, one does not necessarily need access to a gym. However, gyms do afford people more options, variety, and ease of exercise in one location.

Gyms have not always been directly related to achieving health outcomes. Historically, exercise was not a leisure activity available to all segments of the population; rather, it was reserved as a specialized activity for male athletes training for some type of sport as evinced in ancient Greek and Egyptian societies (Malley, 2014). In fact, the label "gym" commonly used to mark exercise spaces emerged from the Greek lexicon, as "a contraction of 'gymnasium,' derived from the ancient Greek word 'gymnasion'" (Malley, 2014, p. 26). In the early 19th century, gyms became important sites for the emerging sport of bodybuilding, again denoted as space to train for competition. Andreasson and Johansson (2014) trace the bodybuilding industry as the root of the modern health and fitness industry, citing the popular depiction of Gold's Gym in the film *Pumping Iron* as a key site in producing the athletic body. The athletic bodybuilder physique was actually seen as grotesque and unhealthy by many at the time, especially when stories about steroid use in this sport became commonplace in the 1990s. Eventually, bodybuilding became more of a subculture and was distanced from the articulation of modern gyms as the fitness industry continued to develop and change. Rather than solely serving a narrow niche of the population, the fitness industry opened up to more of the population increasing the potential profit, which worked hand in hand with the rise of healthism and the expectation that individuals take responsibility for their own "health" practices and outcomes.

The modern gym industry as we know it today is often traced back to the 1970s, shortly after the 1968 release of Kenneth Cooper's book titled *Aerobics*. During this time, self-help and individualism were celebrated and promoted, reflecting an era in which people focused on their own bodies and ways to achieve health and well-being for

themselves. As noted previously in this review, this period also marked the spread of neoliberal economic and social thinking and the rise of "healthism" (Crawford, 1980; Zola, 1977). Discourse and language surrounding exercise and fitness blossomed as different types of exercise became popularized and connected to ideas of "health." What is now commonly called the "gym" was often referred to as a "health club" in the 1970s. During this time, health clubs were on the rise as a growing population of urban, White singles took up working out as part of their lifestyle (Andreasson & Johansson, 2014). The term "health club" is just one of the early signifiers that began to tie the term "health" with the practice of exercise, imbricating the idea of exercising the physical body with the outcome health. The connotation of gyms as health "clubs" indicated a level of exclusivity associated with this space, embodied by those who could afford the membership and had "fit" bodies to begin with.

Women in the Gym

When women began entering gym spaces in greater numbers during the rise of fitness culture during the 1980s (Andreasson & Johansson, 2013), certain expectations of femininity constrained acceptable and preferred modes of being a woman who "works out." According to Andreasson and Johansson (2013), "In the 1980s, fitness and workout were still connected to an emphasized femininity and to a dutiful housewife" p. 102). Nothing exemplifies this concept more than Jane Fonda's workout videos and books, which prioritized fitness in the context of child-rearing and domestic labor during this period, adding fitness as an additional responsibility for women. Fonda is often credited with bringing popularity to working out for women, but her ideology of fitness was still couched in traditional expectations of femininity and womanhood. Fonda herself wrote in

one of her books that she wanted to be "in control" of her body's appearance, tying the entrance of women into the world of fitness and exercise with concepts of "control" perpetuated by healthism (Andreasson & Johansson, 2013).

In what Andreasson and Johansson (2014) term "the fitness revolution," although more diverse people began to occupy gym spaces, it is critical to make clear that this notion of increased inclusivity with the rise of health clubs in the United States was primarily characterized by "a growing urban population of singles," reserving this fitness revolution as "first and foremost a preoccupation for the white middle-class" (Andreasson & Johansson, 2014, p. 102). Echoing the implied whiteness that pervaded the fitness revolution, Lau (2011) centralizes the fact that in the late 1980s, Black women were still largely absent from fitness classes. As noted earlier, the stark absence of bodies of color was not reserved for fitness spaces alone but stretched to many other arenas including health- and fitness-themed magazines. Sociologists Dworkin and Wachs lament the lack of representations of people of color featured on the covers of health- and fitness-themed magazines in longitudinal content analysis, especially taking issues of the social determinants of health into consideration. Dworkin and Wachs (2009) note, "Given the critically important role that race and socioeconomic status play in the actual health of bodies, risk factors, medical propensities, and a myriad of other things that affect health, its obfuscation is problematic" (p. 56). The lack of representation of bodies of color on the covers of magazines and in fitness spaces exacerbates the structural barriers to exercise and further perpetuates health disparities. Although Andreasson and Johansson (2014) note some important changes in the 1990s when "workout and fitness became a

business for larger parts of the population" (p. 102), there remains a troubling dearth of research on women of color in this context.

Though the rise of "health clubs" began in the 1970s, in recent years, the fitness industry has undergone massive expansion. The International Health, Racquet & Sports Club Association report that this "global "movement" generated an estimated $75.7 billion in revenue in 2012" (Andreasson & Johansson, 2014, p. 92). No doubt, this number has continued to climb as the global preoccupation with health grows. One of the most prominent impacts of the fitness revolution has been a focus on creating the ideal body (Johansson, 1996; Sassatelli, 1999). Embedded in the core narrative of fitness and achieving the ideal body is healthism. Our societal acceptance and reification of healthism make "health" the outcome of individual choice and hard work. Health is conflated with the *appearance* of health, which has been imbricated with the fitness industry as a whole (Rysst, 2010). Under this ideology, exercise practice itself becomes a central component to achieving or controlling "health." Cheek (2008) argues that healthism has changed the very way people understand being "healthy" concerning particular practices:

> Thus we find, for example, that working out at a gym, or undergoing cosmetic surgery to feel good about ourselves and to perfect our imperfect bodies, or taking drugs to enhance our sex drive, are as much a part of health and the culture that has developed around such health care practices as vaccinations, prescriptions for medicines, and taking our temperature. (p. 975)

In this way, going to the gym as an act of health promotion has been complicated and displaced by the omnipresent ideal of the perfect body as conjured up in advertising and

other forms of popular media, perpetuated through healthism (Berry, 2004; Rysst, 2010; Wright, O'Flynn, & Macdonald, 2006). Cardinal, Whitney, Narimatsu, Hubert, and Souza (2014) denounce the practice of Photoshopping, writing that "there is a distorted view of what the human body should look like, as well as a failure to acknowledge human diversity in all of its forms" (p. 3). Johansson argues that "this way of looking at the body obviously creates a constant urge to develop and change; "it's the ideology of the dissatisfied'" (1996, p. 1). The ideology of the dissatisfied situates the body as a constant project, something in need of improvement, necessarily placing the body in some sort of negative state initially. The arbitrary end goal of a "better body" is to be achieved through altering the physical body through individual hard work and technical means, rather than addressing upstream issues of health and wellness, which would be more successfully addressed as socio-political issues.

When the "fit" body and the "healthy" body are so narrowly prescribed as to conflate the two, negative health consequences emerge for those who quite literally do not "size up." Echoing what was articulated above in the section about the "obesity epidemic," Cardinal et al. (2014) articulate obesity bias as an "under-recognized and often overlooked social justice, diversity, and inclusivity issue" that happens when people judge overweight or obese individuals by attributing their weight to personality flaws "such as being lazy or stupid" (p. 3). Obesity bias has dangerously negative effects because it "increases a person's vulnerability to depression, low self-esteem, poor body image, disordered eating, and exercise avoidance" (2014, p. 3). People who are overweight or obese often feel like their bodies do not belong in the gym, ironically placing the requirement of a "fit" body as a prerequisite to exercise in the gym as "an act

of health promotion." Obesity bias even extends to the communication patterns of personal trainers in gyms, as it was discovered "that personal trainers treated their 'obese' clients differently than their 'average weight' clients (e.g., expected them to have a lower work ethic, expected lower success from them)," similar to the discoveries about health care professionals and their obese patients (Cardinal et al., 2014, p. 3). Conversely, "studies reveal that those with 'active' bodies or those who are presumed to engage in exercise (despite frequency) have been rated higher in independence, friendliness, kindness, and physical attractiveness" (Wagner, 2017, p. 581), further tying appearance of the physical body to the ideals of healthism and "goodness" itself. Thus, the gym becomes a prominent space where messages fueled by healthism indicate that certain shapes and sizes of bodies are valued more than others (Johansson, 1996).

The highly valued body in the gym is also gendered according to a strict binary. Differing "fitness" expectations exist for the male and female body, which are often rooted in narratives of gendered "ability levels" implying that gender itself predisposes the body to look distinctly different when physically "fit." According to Dworkin and Wachs (2009):

> there is a range of performances among women and men and not simply between them, but current media mechanisms present imagery and events as if there is one muscle gap between (all) women and (all) men. The strongest man may be stronger than the strongest woman, but there are numerous strong women who are stronger than many men, and there are many men whose strength does not approach the strongest women or men. Treating average difference as categorical difference for viewers allows the public to create an erroneous consciousness

about the remaining women and men who likely overlap a good deal in strength. (p. 5)

This erroneous consciousness is reproduced through strictly gendered ideal body representations. Feminine bodies are encouraged to become smaller and toned, though taking care not to become too muscular, which would be considered masculine, and thus, “deviant” from the prescribed norm (Andreasson & Johansson, 2014; Craig & Liberti, 2007; Dworkin, 2003; Markula, 2001; Pienaar & Bekker, 2007; Salvatore & Marecek, 2010). Muscular women are seen as “transgressors” of this arbitrary ideal feminine form “marking strong women as deviant (e.g., sex testing powerful women or calling strong women lesbians) or marking strong women as “like a man” (e.g., erasing them as women in the public eye altogether; Dworkin & Wachs, 2009, p. 5) Masculine bodies are encouraged to take up more space through strength and muscularity, focusing extensively on upper body strength of the arms, chest, and back often accompanied with an ideal of “six-pack abs” and a “V” shape of the upper body (Brown & Graham, 2008; Cahill & Mussap, 2005; Hensley, 2011; Leit, Gray, & Pope, 2002; White & Gillett, 1994).

The notion of the gendered ideal body has greatly impacted the social construction of the gym space and how it is used. Craig and Liberti write “while both men and women join contemporary gyms, gender segregation nonetheless continues within their walls” (2007, p. 678). Dworkin’s (2003) observations of the number of women in each part of the gym reveal some alarming reasons why women engage in particular types of exercise. The authors note, “With their emphasis on size reduction and reshaping the body into limited muscularity, aerobics classes and related cardiovascular activities have become feminized practices within gym” (Craig & Liberti, 2007, p. 678).

Brown and Graham (2008) studied gay and straight gym-active males discovering that gay males were more dissatisfied with their bodies. This finding likely results from gendered expectations of physical bodies and the practices that ostensibly lead to the creation of the ideal gendered gym body. In the gym, "the gender order is materialized in clothes, body techniques, magazines, facilities and pictures on the walls" (Johansson, 1996, p. 1), implicating the space, bodies within the space, and the practices of bodies within the space as critical factors that contribute to the gendered conflation of the appearance of physical fitness *as* health. In this way, it is essential for communication scholars to investigate how the dominant discourse and ideology of healthism impact women's discourse about their experiences, motivations, and meanings of health, exercise, and their body, especially in the context of a historically male-dominated space with a constant contestation of gendered expectations. Although gender in the gym has been a topic of study in sociology, public health, and women's studies, a communicative lens and CDA will be utilized to explore and analyze this case study in unpacking how discourses operate ideologically in this space.

Summary and Research Questions

Overall, the literature suggests that healthism is a powerful concept that has become integrated into people's self-perceptions and health practices. For women, the pressure to conform and continually maintain practice toward an unattainable ideal through the narrative of "health" is present and dangerous, with the potential to *negatively* impact health. The ideal female body in the current moment is fit above all else. While thinness, or rather, a lack of fatness, still characterizes what "fit" looks like, that "fitness" is a product of supposedly healthy practices (e.g., exercise, eating healthy

foods) that protect its status of value in our society. Practices that are linked to "health" are applauded as practices that now come to represent more than just health, and have come to indicate whether someone is committed, disciplined, and capable. A place where health practice is made visible is at the gym, making this an important site to study the motivations for exercise, to see whether the ideology of healthism is taken up in this context. Thus, the research questions for this study are:

RQ 1: How does the discourse of healthism get taken up (or not) in the discourse of women who exercise at *Be Fit Gym?*

RQ 2: How do women who exercise at *Be Fit Gym* tell the story of *why* they exercise?

RQ 3: How do women who exercise at *Be Fit Gym* make meaning of their experiences at the gym?

RQ 4: How do women who exercise at *Be Fit Gym* articulate their experiences with the weight scale relative to exercise and body image?

CHAPTER 3

METHODS

To answer the research questions that emerged as a culmination of my experiences at the gym and engagement with the literature, I used critical and interpretive data collection procedures within the bound context of a case study at one particular branch of a popular gym chain. This enabled me to explore how particular health discourses might be (re)produced and/or resisted by fellow women who exercise in this gym. Data for this study include an accumulation of participant observations as a member of this gym for over three years (e.g., fliers, advertisements, and field notes) in addition to semi-structured interviews with fellow women who exercise at this gym. Employing CDA, the analysis proceeds in two parts; first, by analyzing the gym space itself, and second, through analysis of the interviews to answer my research questions. By focusing on one particular location of a franchise-based chain of national gyms in an urban city center of the Southwestern United States, the discourses around health, fitness, and body image are explored in the shared space where these discourses are produced, reproduced, and embodied through communication, practice and membership. Ultimately, in this study, I will unpack the ways in which women reproduce and/or resist dominant discourses of health, fitness, and body image in the context of this gym. In this method chapter, I will lay out the context and design of this study, along with my orientation toward critical interpretive health communication, and finally, a section describing CDA.

Case Study Context

The process of building this dissertation study has been exactly that—a process. Both in using interpretive data collection procedures and discourse analysis as a method

to analyze data, Jørgensen and Phillips state "there is no fixed procedure for the production of material for analysis: the research design should be tailored to match the special characteristics of the project" (2002, p. 76). The process of matching the research design with the unique characteristics of this project was iterative, and emerged over time through conversations with my committee, engagement with the literature, spending time in the gym, and moving between my research questions and the data. Additionally, as a critical interpretive researcher, I am ultimately the instrument of data collection and analysis. As such, I have had to make decisions about what data to include in this study to ensure that I am painting a rich contextual picture for the reader without exceeding the scope of the research questions and the task of producing a coherent argument about the discourses at play (Fairclough, 2013). Thus, to narrow in on specific discourses related to health, fitness, and the body, the case study emerged as a useful framing tool to bind the research context.

Case studies are often used to either highlight that which is unique about a certain phenomenon or that which is so widespread that it becomes nearly banal in its implied normativity (Zanin, 2018). The gym used as the context for this case is not particularly unique, rather in its mundane and common qualities of being part of a popular national gym chain, also referred to as a "prototype" gym. It becomes an example of the contextual backdrop that pervades many commercial gyms across the globe in this particular historical moment (Sassatelli, 2015). Additionally, as a member of this gym, I decided that it would be best to engage with potential participants interpersonally rather than requesting special permission from gym gatekeepers to post fliers or make announcements in classes. This decision helped me move through this space more

authentically as a fellow gym member, rather than being perceived as an outsider conducting research *on* participants. For these reasons, the gym in this study is referred to using the pseudonym *Be Fit Gym*. This pseudonym was constructed with my committee, as we discussed how the simplicity of this name (*Be Fit Gym)* captures the essence of commercial gym chains in their focus on advertising the concept of "fitness" without being too specific. The use of a pseudonym will allow this gym to take on a nebulous quality for readers, perhaps enabling them to imagine themselves in a space like this one.

Creswell (2007) argues for the utility of case study and the researcher's ability to explore "a bounded system . . . over time, through detailed, in-depth data collection involving multiple sources of information (e.g., observations, interviews, audiovisual material, and documents and reports)" (p. 73). Through binding this case study to a particular location of this gym chain, I can use data gathered at this gym through years of participant observation, field notes, and a collection of visual materials (e.g., fliers, photos, advertisements) in addition to semi-structured interviews to unpack discourses from multiple directions. This use of multiple sources of data "ensures that the issue is not explored through one lens, but rather a variety of lenses which allows for multiple facets of the phenomenon to be revealed and understood" (Baxter & Jack, 2008, p. 544), encouraging a complex and nuanced understanding to emerge in the analysis and contributing to data credibility (Zanin, 2018). The next section contextualizes this particular location, *Be Fit Gym,* as the context.

Be Fit Gym

Be Fit Gym is a part of a popular national chain of commercial gyms the locations of which adhere to a "prototype" model. This "prototype" model ensures that the gym

will look and feel similar when compared to other locations, regardless of where the gym is located across the country. The convenience that comes with knowing what to expect in the gym regardless of the location becomes a major selling point of gyms like *Be Fit Gym*. This gym is not unique, and it does not claim to be. This chain advertises its gyms according to location convenience, low cost, and no contracts, which are available to members across the country, making this gym very accessible to people in neighborhoods where they live and work. *Be Fit Gym* offers various amenities such as free childcare, lap pools, saunas, steam rooms, racquetball courts, basketball courts, free group fitness classes, personal training options, and a juice bar. There are no additional costs to access different areas of this gym (aside from the personal training area, which requires additional payment), for example, all group fitness classes that are offered daily are open to any *Be Fit Gym* member who wishes to join the class.

To become a member of *Be Fit Gym*, there are several options available. Each option includes a one-time initiation fee along with a monthly membership fee, with the ability for members to cancel at any time without being penalized by contractual obligations. *Be Fit Gym* falls in about the mid-range in terms of gym affordability. There are some gyms that offer cheaper memberships, and many that offer much more expensive memberships. As noted previously, I have been a member of *Be Fit Gym* for over three years. My membership costs $20/month, and this access as a member grants me the ability to enter and use any location within my state. The hours of operation vary by location, but at *Be Fit Gym,* the hours of operation are Monday through Thursday 5am-11pm, Friday 5am-10pm, and Saturday and Sunday 8am-8pm.

Although *Be Fit Gym* follows the "prototype" model, and thus, the gym itself is not necessarily unique, its membership base is quite diverse, as the gym is located in a diverse neighborhood. Located in an urban city center in the southwest, I have seen bodies of all shapes, sizes, ages, races, and sexualities exercising in this space alongside one another. Indeed, the surrounding local neighborhood is often characterized as a lesbian, gay, bisexual, transgender, queer community, which contributes to the diverse makeup of this gym. The diversity of members makes *Be Fit Gym* a fitting context to explore the discourse of health, fitness, and the body through a critical lens, uncovering how discourses might legitimize some bodies over others. Thus, in both the "prototype" qualities of the gym and diversity of its members, *Be Fit Gym* serves as the bound context of this case study.

Participants

I focused specifically on women's experiences at *Be Fit Gym* for several reasons. First, the gendered expectations in the gym that have been outlined by numerous scholars in various disciplines (Dworkin, 2003; Dworkin & Wachs, 2009; Johansson, 1996; Lau, 2011; Pienaar & Bekker, 2007; Sassatelli, 1999) appear to be more rigid for women than men. What I mean by this is that men can more easily traverse arbitrarily-assigned gendered boundaries and often report feeling more comfortable in any area of the gym (Dworkin, 2003; Wright et al., 2006). Women often report feeling intimidated to occupy certain areas of the gym (Johansson, 1996; Dworkin & Wachs, 2009), a feeling that has been reflected in my own personal experiences and conversations with female friends and acquaintances who exercise in the gym. There has been a documented difference in how men and women experience the gym (Dworkin & Wachs, 2009; Johansson, 1996), and

although it is important to acknowledge that men often experience body image issues and social pressures as a result of gendered expectations of masculinity, I argue that the gym offers a unique context to study women's meaning-making in the gym related to health, fitness, and body image discourse, especially given the historical context of gender exclusivity in the gym.

Thus, in this study, I aimed to gather perspectives from a diverse population of women who exercise at *Be Fit Gym*. The intersections of age, race, ethnicity, socioeconomic status, sexuality, and body diversity offer unique context into how discourses of health, fitness, and the body are experienced by women in different bodies in the same space. The impact of healthism is not unique to a particular type of woman (Blaxter, 1997), and I assert that privileging women's voices and women's stories will help us continue to work to undo what has been solidified and reified as natural over time. I do not wish to bind my participants according to how often they exercise because I believe that each of their experiences at the gym is valid, regardless of how often they exercise. To place a particular expectation on minimum days per week spent at the gym or months of continued participation felt like I would be limiting the voices of women based on their frequency of attendance—something that I believe would reinforce the discourse of healthism and the personal obligation to exercise. For the reasons outlined above, my potential participants included any woman who exercised at this location of *Be Fit Gym.*

As part of an informal inquiry prior to conducting interviews, I solicited responses on social media using Instagram to see whether women would say they feel comfortable answering questions candidly about their experiences as a woman in the gym, about

health, about body image, and about motivations for exercise. I posted two pictures, one of myself after a day at the gym and another of a whiteboard sign at the gym with the message "Body Fat Analysis: How much fat do you need to lose?". The caption I wrote was "Calling all gym women! I saw this sign at my gym tonight, and it sparked a question. If you were interviewed about your experiences as a woman in the gym by someone like me, about exercise, health, and your body, would you be candid? Or is it too personal?". I received overwhelming responses in the form of comments and private messages from women in my social media network who exercise in a gym (not necessarily, but still including this one particular location of *Be Fit Gym*) saying that they *would* be willing to be interviewed and would be candid and open with me as an interviewer and researcher. Some comments noted that they would feel comfortable talking about health and body image in the gym with me, since I am also a woman, whereas if they were approached by a man, they might feel intimidated and not be so candid. One person wrote "I would be honest if it was someone like you asking. If I had to interview with some dude who had arms the size of my head, I am sure I wouldn't even agree to sit down and chat about it." Another commented, "Oh, I would be hella candid!! Especially if I knew it was for research and not necessarily done just by the gym." This particular comment reinforced my decision to approach women interpersonally and introduce myself, rather than attempting to recruit participants through fliers or announcements at the gym, which may have deterred some participants.

Through this inquiry, I was able to get several people within my own social media network to share the questions with people in their social media networks, enabling me to get feedback from people I do not have any affiliation with, simulating more closely the

data collection process of interviewing women I do not personally know at my gym. The results of these inquiries yielded very similar responses of women stating they would be open and more than willing to talk about these issues, strengthening this positive response overall and reaffirming that women would open up about the topic of health and fitness in the context of women's experiences at the gym. Through using CDA, the interview itself becomes an interaction where meaning is co-constructed and culturally embedded in the context, rather than reflective of an objective reality, as "research data do not describe reality, they are specimens of interpretative practices" (Talja, 1999, p. 13). Thus, even the ways in which women emphatically claimed they would be candid in an interview situation can provide valuable insight into the discourses at play. How women articulate their perspectives by employing the language of particular discourses surrounding exercise, body image, health, and "healthism" enables me to analyze how they are (re)producing and/or resisting the dominant order in this space.

Institutional Review Board Approval

After conducting the informal inquiry and shortly following my prospectus defense meeting, I submitted my study application to the Institutional Review Board (IRB). This application included the rationale and protocol for my study including compensation for participants in the form of a $20 gift card to Target, a consent form to give to participants, a recruitment script identifying my purpose and role as the researcher, and a list of semi-structured interview prompts. I did not solicit demographic data aside from age, as I wanted to ensure that salience of various parts of women's identities was left for them to bring up. After obtaining IRB exemption for my study, I proceeded to participant recruitment and interviewing.

Participant Recruitment

In recruiting participants to interview for this study, I spent a lot of hours at the gym observing. I must admit that the length of time I spent at the gym was due in part to my apprehension in approaching women at the gym. Many people use the gym as an "escape" from their daily responsibilities and realities, and often embody this escape by wearing headphones to facilitate their own invisible bubble of private space. Although I am usually among those who drown out the sounds of the gym with my own steady stream of Podcasts and music, throughout the time I was gathering participants for this study, I made the decision not to wear headphones. I exercised on various machines in different parts of the gym, and instead of tuning into my workout, I paid close attention to the people exercising around me. I would make note of the women who were exercising in the gym at any given moment, and look for "windows of opportunity" to solicit participation in my study. I did feel a bit awkward intentionally observing women exercising, and it was an interesting experience to shift my role from being a participant to a participant-observer. The "windows of opportunity" I was searching for were characterized in various ways, for example: an in-between time for where I could tell she was taking a break from one exercise before moving on to the next, just arriving at the gym prior to the start of a workout, before or after a group fitness class I also participated in, or in the locker room, either preparing for, taking a break from, or leaving after their exercise practice at the gym. I was very conscious about not interrupting women during their workout, as I anticipated that interruption would be potentially irritating and deter women from participating in an interview.

Throughout the study, I became increasingly comfortable and confident in approaching women and asking them to participate. I simply walked up to them and introduced myself. Although over time I became more comfortable, I found that each time I approached someone, I quickly poured out the summary of introducing myself, my role as a co-participant in the space (i.e. “I have been a member of this gym for a while”), and my purpose (i.e. “I am a graduate student interested in studying women’s experiences at the gym”) so that I could ask the question (i.e., “Would you be willing to answer some questions about your thoughts and experiences?”). I felt the need to quickly get to the point when I approached women since I wanted to distinguish myself from a personal trainer (I did not want them to think I was attempting to sell them something). I also anticipated that people would have busy schedules, and I wanted to respect their time by identifying my role and question quickly. I used both the short anticipated duration of the interview (5-20 minutes) and the compensation of participants ($20 gift card to Target) to try to secure participation.

I believe the combination of my sincerity and earnestness in addition to the short anticipated time of interviews served me well in securing participants, and I only had a handful of maybe five women who declined participation due to their busy schedules and not enough time. I always offered the option to interview at their convenience, whether it was in that moment, 20 minutes later after their workout was over, or on another day they planned to come to the gym. For the women who wished to meet on another day, I asked for their cell-phone number and then texted them immediately to remind them of who I was and to set up the interview. The bulk of my recruited participants were willing and able to make time for the interview right after I asked them (eight participants) while two

women interviewed later that same day (following the completion of their workout). For the four women who were unable to interview on the same day, I texted them and set up a time that was most convenient for them to meet at the gym and interview. I would say something like "If you have some extra time the next time you come to the gym, I can meet you here," and I was able to set up the interviews within the same week I recruited them. At the end of each interview, I asked whether she knew any other women who exercise at this *Be Fit Gym* who would be potentially interested in participating, employing snowball sampling in addition to approaching women in the gym. This approach was only somewhat successful, and I was able to get one additional participant as a result. I texted her and set up a time to meet and interview.

Interviews

Semi-structured interviews were conducted during January and February, and were recorded on my phone and transcribed immediately following the interview. There was only one instance where the recording device shut off prior to the end of the interview, so I made sure to immediately record my recollections of the interview when I got into my car after leaving the gym. The timing of interviews during this month considered the cultural meanings associated with the new year and the common new year's resolutions that often include a health and exercise component. In fact, this year a commercial gym chain sponsored the annual televised New Year's Eve activities in New York City, further reinforcing this narrative of "new year, new you" and associating that "new you" with the gym, and exercising one's own physical body. As a researcher, I made the conscious choice to interview women during the early months of the year, as it has also become part of the dominant discourse that people tend not to "keep up" this

“healthy habit” throughout the year. I have heard many jokes around the idea that the gym becomes crowded with the influx of people exercising for their resolutions, and then quickly dissipates as the year goes on and people discontinue their exercise practice at the gym. Thus, I reasoned that during the early part of the year, I would likely come into contact with more women in the gym who have a variety of motivations and understandings of exercise and their bodies relative to the gym.

The prompts I created were grounded in the research questions for this study, and asked participants to respond to the following:

1. When you think about the gym, what stands out in your mind?
2. If you had to tell someone the story of why you exercise, what would you say?
3. How does health play a role in your decision to exercise? What is your definition of health?
4. How has your experience at the gym impacted your body image? How has your body image impacted your experience at the gym?
5. When you walk into the gym, do you notice the scale by the front desk? What stands out to you about it? Do you weigh yourself?
6. Have you ever noticed the pictures on the walls at the gym? What stands out about them?
7. Do you say anything to yourself, about yourself, when you are deciding to go to the gym?

By engaging in semi-structured interviews, I was able to maintain flexibility to adjust to each interview and participant. I wanted to keep the questions and probes as open-ended as possible to allow discourses related to the questions to emerge naturally. Because of

this, I did not explicitly ask participants about socioeconomic status, race, ethnicity, sexuality, etc. because I wanted to see whether any of these identity components would be made present or absent through women's engagement with the various discourses. Probing questions and further prompts depended very much on the context of what was being discussed. After conducting the first three interviews and meeting with my committee, I adjusted the order of prompts to enable participants to more organically bring up health in early questions. So, initially I asked participants to first tell their story of why they exercise, and the last question was about what stands out about the gym. By moving this question to be the first prompt, I was able to see how participants' responses might naturally bring up some of the areas of focus for the interview (e.g., health in the gym). This process reflected the iterative nature of conducting CDA, using interpretive and critical methods of data collection.

From the perspective of discourse analysis, Talja (1999) argues that because the end goal of this research is to produce macro-sociological interpretations, the data set does not need to be particularly large, and "even one interview may suffice to indicate what kinds of interpretations are possible" (p. 13). Additionally, the interviews and interactions surrounding them are not the only sources of data for this study, as my years of experience as a participant in this space combined with observations and analysis of the gym itself also contribute to the pallet that paints the macro-sociological picture.
In sum, I interviewed 15 women who were members of, and exercise at, *Be Fit Gym.* I determined this number of interviews to reach saturation by attending to the interpretive and critical frameworks, the methodological assumptions of CDA, and the particular

research questions that guided this study. According to Glaser and Strauss' original conceptualization in grounded theory:

> Saturation means that no additional data are being found whereby the sociologist can develop properties of the category. As [s]he sees similar instances over and over again, the researcher becomes empirically confident that a category is saturated. [S]he goes out of [her] way to look for groups that stretch diversity of data as far as possible, just to make certain that saturation is based on the widest possible range of data on the category. (1967, p. 61)

In this sense, I engaged in an iterative practice of analyzing interviews for themes and categories throughout the research process to be able to best determine whether new themes were emerging. Throughout the interview process, I engaged in the "going out of my way" concept of stretching the diversity of data to be purposive in sampling, ensuring that the interviews I collected represented a diverse range of perspectives from diverse women (e.g., age, race, body shape, size). For example, I noticed after the first few interviews, I was interviewing women who appeared to be around my same age group. So, I made the conscious effort to go out of my way to approach women who I assessed to be either older than or younger than me. The following section breaks down the makeup of my participants and the interview time.

As mentioned above, the 15 participants I interviewed in this study were diverse. Throughout our interactions, I learned that my participants came from a wide range of professional settings, (e.g., a personal trainer, a nurse, former military women, an exotic dancer, physical therapists, a model/pageant queen, a writer, a psychologist) making their perspectives and positionalities quite broad and unique. Ages for participants ranged from

18-67 years old, with the average participant age of 35.86 years. One-third of participants were over the age of 40, while the remaining two-thirds of participants were between 18 and 39. The racial makeup of participants was also diverse, with about seven women of color (who either self-identified as a particular race or who I visually identified as a person of color), and eight women who I perceived not to be women of color. These identifications of diversity must also be grounded in my positionality related to participants as a 27-year-old White woman, as my evaluations of others are grounded through my own eyes, something I attend to throughout the analysis section.

Though the semi-structured interviews were not particularly long (approximately 5.5 minutes to 28 minutes, with the average lasting around 11 minutes), I decided that for this particular context, brief interviews made the most sense logistically for participants in this space. The practice of going to the gym is often characterized as an escape from busy daily realities and is typically constrained by time. For example, people often cite time as a barrier to regular exercise practice (Crossley, 2006). People usually fit the gym into their schedules for a certain allotted time (e.g., before work, after work, during breaks), and I did not want to deter participants from engaging in interviews because of an extended time commitment. The length of the interviews I conducted aligned with my anticipated interview length of 5-20 minutes as outlined in the recruitment materials, as I felt this would be a reasonable amount of time to request from participants.

Even though the interviews were not particularly lengthy, they certainly did not lack depth. Participants opened up about very personal things throughout the interviews, and the conversations typically did not end with me shutting off the recorder on my phone. Conversations and interactions, both before and after the interview process, are

also important pieces of data that contribute to the richness of discourse and enable me to reflect on the interview itself as an interaction that produces particular discourses. Thus, interview data are not only limited to the time indicated on the recording device, but the surrounding interactions also emerge as important pieces of this study. The following section grounds this study in critical and interpretive approaches to health communication with a specific emphasis on self-reflexivity.

Critical and Interpretive Approaches to Health Communication

As a researcher, I identify as a critical health communication scholar who uses both critical and interpretive approaches to data collection and analysis. By rooting my research questions in an ideological investigation, my orientation as a critical health communication researcher equips me with a disposition to interrogate dominant health discourses, deconstruct them, and re-contextualize them within particular contexts (Lupton, 1992). Ontologically speaking, I view there to be multiple subjective realities, as our social world is constructed through symbolic interaction and discourse. I align myself with health scholars who embrace both critical and interpretive approaches, that "start with the most basic ontological assumption that our perceptions of reality are constituted as subjects attach meaning to phenomena and that these meanings arise through interaction" (Zoller & Kline, 2008, p. 93). From this perspective, meaning in our social world is produced and crafted *through* language and interaction of social actors, as opposed to existing independently of the social actors and perceived as a direct reflection of some objective "reality." In terms of epistemology, I view there to be no single *Truth*, but rather many *truths* that gain their legitimacy as knowledge through lived experience and social interaction. Localized knowledge is privileged, and lived experience is a

valuable component in coming to *know* (Burck, 2005; Starks & Brown Trinidad, 2007; Dutta & de Souza, 2008; Lupton, 1992). Guba and Lincoln (1994) emphasize that all research is guided by these fundamental ontological and epistemological questions of *what can be known about* and the *relationship between the knower and what can be known*, thus, making it integral to keep these assumptions and orientations at the core of each step in the research process.

I am rooted in the critical tradition in that my intention as a researcher is to deconstruct and challenge dominant discourses of health, seeking to unpack the power and ideology in taken-for-granted health understandings and practices. From a critical perspective, the nebulous concept of health is viewed through the political, economic, and social systems, which shape how different elements of health and health practice are interpreted and understood in that particular moment. According to Lupton (1994):

> The critical approach sees health and ill-health states as being products of social systems and ideological processes; the identification of sickness as a form of social control; and biomedical treatment as an artifact of late capitalism in its view of the body as a mechanized commodity, which is the responsibility of the individual to maintain. (p. 58)

Lupton links this critical approach to the study of health communication directly to some of the core tenets of healthism, such as the neoliberal role of capitalism in facilitating the body as a commodity to be maintained through individual responsibility, as opposed to the responsibility of the state in creating the conditions that produce the (un)healthy body. By focusing on the interrogation of the ideology of healthism in this critical research, I attend to the ways in which social actors understand, (re)produce, and/or resist the

discourse of healthism relative to their own experiences with health, exercise, and their bodies in the context of the gym. As such, although the goal of this study is not to produce results that are generalizable in the quantitative sense of the word, through using CDA "the research results are not generalizable as descriptions of how things are, but as how a phenomenon can be seen and interpreted" (Talja, 1999, p. 13).

Self-reflexivity

Self-reflexivity in research involves critical interrogation of one's own subjective assumptions and values and making clear to the reader how those assumptions and values have shaped the researcher's particular perspectives about social reality. This is a crucially important element, not only to both interpretive (Tracy, 2010) and critical (Lupton, 1992) traditions in research but also to employing a CDA (Fairclough, 2013). Fairclough details how self-reflexivity looks in CDA, writing that the researcher "attempt[s] to make their own positions and interests explicit while retaining their respective scientific methodologies and while remaining self-reflective of their own research process" (2013, pp. 303). Thus, in this dissertation project, self-reflexivity is embedded throughout each phase of research. First, in the generation of research questions that guided this study, I made my own story explicit in the introduction chapter to give the reader some background to how I came to be interested in these questions about women and the gym and what they mean to me personally. Then, throughout the literature review, my position on the ideology of healthism and the hegemonic discourse of the ideal female body as a "fit" body was made explicit through the synthesis of particular relevant discourses and their contexts. Now, in this method chapter, I aim to contextualize my methodology and research process, attending to the ways in which I

occupy my social world in dual roles (i.e., critical health communication researcher and female participant in the gym) and how those roles influence the choices I made throughout the research process. Throughout the upcoming analysis chapter, my reflexivity will be integrated as the instrument of analysis.

These multiple roles I occupy are not mutually exclusive. For example, as a woman working out in the gym, I cannot simply *turn off* my disposition to analyze everything, a gut-reaction that has been shaped both by the time I have spent as a graduate student interested in health and fitness discourses and by the time I have spent exercising in my own skin. Conversely, when I engage in research practices like interviewing, analyzing, and writing, I cannot simply *turn off* my own experiences and positionality, so I must reflect on how I am interpreting something and what I may be neglecting based on my own subjectivity. Throughout the method and analysis chapters, I include reflections on the juxtaposition of my own position, context, and experiences to those of my participants to make explicit how this plays a role in the research, a crucial part of reporting discourse analysis (Fairclough, 2013). Burck (2005) emphasizes that self-reflexivity, especially in CDA, should attend to "the ways in which the researcher is positioned as similar and different to the research participants, in relation to culture, class, 'race,' ethnicity, gender, age, sexual orientation, and ability" (p. 242). In the spirit of taking inventory of my current identity and social location and reporting it to the reader, at this moment in time, I am a middle-class, 27-year-old, White, heterosexual, female graduate student who is both hyper-critical of the ideological functions of health messages and who reinforces that which I critique through my own practice and thoughts (my internalization of the discourse and ideology of healthism). I cannot separate my

identity from the research process and the study itself, so instead I embrace my complexities and contradictions as part of the rich and nuanced nature of engaging in this type of research.

In addition to examining my own identity relative to that of my participants, I also reflect on how we come to know what we know in relation to one another through social interaction in particular spaces. Burck (2005) argues that in discourse analysis, we must understand "the idea that our ways of knowing are negotiated through social interactions over time and in relation to social structures, contexts, and resources which support or indeed suppress these ways of knowing" (p. 242). The gym serves as both a socializing structure and the context that influences knowledge production and consumption, ultimately ways of knowing. In this study, it became very important to recognize the interview itself as an interaction that produces knowledge through the interactions between me as the interviewer and my participants as interviewees. Through the interview process; both before, during, and after; we co-construct a dialogue through the language of existing discourses, rather than reflecting to one another an "objective" reflection of our perceived realities as they have occurred. Indeed, the relationship between me as the researcher and my participants, not exclusive from my role as a co-participant who is also a woman in the gym, influences the outcome of the interaction, essentially the research data (Burck, 2005; Lupton, 1992; Fairclough, 2001). Since my role as a researcher is constitutive and embedded in the interaction rather than objective and removed, it is essential that I make my perspective clear. Lupton (1992) writes "discourse analysis theory openly acknowledges the inevitability of a theoretical position

being context- and observer-specific; indeed, the role of discourse analysis as a critical tool requires that the commentator's particular perspective be made explicit" (p. 148).

Further, as the researcher, I am acutely aware that I am the instrument of analysis (Starks & Brown Trinidad, 2007). As the instrument, "the researcher makes all the judgments about coding, categorizing, decontextualizing, and recontextualizing the data" (2007, p. 1376). Since the very analysis of this data will be produced through my own interpretation of the data, I will lay bare my own perspective and viewpoints to paint for the reader a deeply contextual understanding of the positionality of my analysis and argument. As a person who is not only entrenched as a participant in the context of my research at the gym, but also as a participant in academic discourse, I must remain cognizant of how this participation influences and shapes my thinking and relays that to the reader. This idea of transparent self-reflexivity, especially in discourse analysis, is supported and expanded upon by Starks and Brown Trinidad (2007), who write:

> In so doing, she uses her knowledge to situate the analysis so that the reader can weigh the evidence with an understanding of the analyst's perspective in mind. Analytic credibility depends on the coherence of the argument: Readers will judge the trustworthiness of the process by how the analyst uses evidence from the interviews to support the main points and whether the building tasks of language converge toward a convincing explanation. (p. 1376)

In working toward building a convincing explanation from the evidence and in writing the following chapters of this dissertation project, I do so with the understanding that my credibility, and as an extension of me, the credibility of my research findings, will be derived from a variety of benchmark practices that work together to show transparency

and authenticity, ultimately comprising self-reflexivity. By engaging in these practices, my study aligns with the goals of critical health research, which "seeks to provide in-depth understanding of lived experience or a unique, well-argued and defended interpretation of a discourse to impart some insight into the multiple ways in which communication fosters particular meanings" (Zoller & Kline, 2008, p. 93). The next section outlines CDA as a method for data analysis.

Critical Discourse Analysis

CDA is commonly characterized as problem-oriented and interdisciplinary (Fairclough, 2013; Talja, 1999). CDA has been utilized as a theoretical construct and method of analysis in many different disciplines to study the political and social dimensions of dominant patterned ways of thinking and communicating, otherwise called discourses (Lupton, 1992). The critical element implies an interrogation of the ideological dimensions of discourse, unearthing the power structures that perpetuate particular discourses in the interests of some and detriment of others. In an argument for the utility of discourse analysis in studying issues related to public health and health communication, critical health scholar Lupton writes that "discourse analysis has the potential to reveal valuable insights into the social and political contexts in which varied discourses about health take place" (1992, p. 146). Though discourse itself takes on a different meaning depending on the context in which the term is used, for the purposes of this project, discourse is understood as the use of language in health settings and contexts to perpetuate particular interests of some groups over others. Lupton (1994) states, "*Discourse,* in this usage, can be described as a pattern of words, figures of speech, concepts, values, and symbols that are organized around a particular object or issue and

that can be located in wider historical, political, and social processes and practices" (p. 61). I argue that the gym is an important cultural location and context where discourses about health are produced, reinforced, and embodied through particular practices that have evolved historically over time. In this exploratory study about the ways in which women in the gym reproduce or resist dominant discourses about health, fitness, and the body, CDA will enable me to analyze semi-structured interviews, interactions, observations, and other forms of visual discourse at the gym (e.g., fliers, posters, advertisements) to see how discourses are produced, reproduced, and/or resisted.

Burck (2005) argues that "a basic tenet of discourse analysis is that people use language to construct versions of the social world; that language is not a neutral and transparent medium through which people are able to express themselves, but is constitutive" (p. 218). This is especially important to understanding the interviews in this study, as "interview talk is by nature a cultural and collective phenomenon" (Talja, 1999, p. 3). Thus, the interview itself becomes a constitutive interaction that produces particular meanings. *How* social reality is spoken about, literally the communicative choices used by social actors, is presumed to be ideologically patterned, not random. Talja (1999) noted, "Participants' accounts, or verbal expressions, are not treated as descriptions of actual processes, behavior, or mental events" (p. 3), but rather each utterance is embedded in a broader structure of social meaning. Indeed, CDA aims to elucidate ideological connections between language, power, and ideology that may be hidden from the social actors, and the potential hidden impacts these discourses have on social systems and social actors themselves (Fairclough, 2013). Using CDA to frame and analyze both the interactions surrounding the interviews and the interviews themselves

will provide insight into these processes, and the co-constructed meaning produced. In this way, discourse analysis "approaches language as both reflecting and perpetuating power structures and dominant ideologies in society" (Lupton, 1992, p. 147).

Fairclough writes that discourse "is constitutive both in the sense that it helps to sustain and reproduce the social status quo and in the sense that it contributes to transforming it" (2013, p. 303). Transforming the status quo is part of the problem-orientation embedded in CDA research, making the process of deconstructing and decontextualizing discourse one in which both reproduction and resistance can be illuminated. This falls in line with critical health theorizing, which "proceeds by examining how communication in health contexts creates, reproduces, or challenges dominant power relations" (Zoller & Kline, 2008, p. 94). In this study, the use of CDA will ensure attention to the inconsistencies in dialogue and language patterns that produce, reinforce, or challenge particular health, fitness, and body discourses, unpacking the complexities and nuances that emerge from diverse women's accounts of their experiences and understandings.

The nature of discourse analysis "systematizes different ways of talking in order to make visible the perspectives and starting points on the basis of which knowledge and meanings are produced in a particular historical moment" (Talja, 1999, p. 2). Talja argues that the outcome of a discourse analysis of interviews is to uncover interpretive repertoires, essentially the discourses that guide a particular way of thinking and knowing. The process of analysis includes three phases:

> The first phase consists of the analysis of inconsistencies and internal contradictions in the answers of one participant. The second phase consists of the

identification of *regular patterns in the variability of accounts:* repeatedly occurring descriptions, explanations, and arguments, in different participants' talk. The third phase consists of identifying the basic assumptions and starting points which underlie a particular way of talking about a phenomenon. (Talja, 1999, p. 8)

Thus, in the upcoming analysis chapters, I will proceed in part one (Chapter 4) by identifying and analyzing the discourses produced and perpetuated at this particular gym (focusing specifically on personal observations, visual analysis of space and texts), and then in part two (Chapter 5) of the analysis, I will unpack the participants' interpretative repertoires in semi-structured interviews, organized systematically to respond to my research questions and tie back to the analysis in Chapter 4.

CHAPTER 4

ANALYSIS PART ONE

The analysis of this case study will take place in two parts. This first part focuses on the discourses produced in *Be Fit Gym,* and the second part (Chapter 5) focuses on how women in *Be Fit Gym* experience the gym and engage in discourses of health, exercise, and the body. In this chapter, I employ a CDA of *Be Fit Gym* itself as both the context for this case study and an organizing structure that produces particular discourses embedded in ideologies of health, exercise, and the body. The chapter proceeds through the lens of taking the reader on a tour of *Be Fit Gym* as it is experienced through my eyes, in my body. The chapter is organized by location in the gym, proceeding in a clockwise path starting from walking through the front doors and proceeding around the outer edges of the gym, describing, and analyzing simultaneously as outlined in CDA. By organizing the analysis by location, I intend to paint a rich contextual picture of the space itself and the discourses that are operating in relation to one another in this space. Ultimately, I argue through this analysis that *Be Fit Gym*; as a commercial, prototype gym; operates through the macro-level discourse of healthism by producing and capitalizing on the ideology of the dissatisfied. The gym uses healthism to position members' bodies as dysfunctional, therefore, obligated to *transform,* and frames the gym as a site where expert knowledge as a form of biocapital produces the valued body in the gym.

Locating Be Fit Gym

Occupying a large stand-alone building in the corner of a strip-mall parking lot, *Be Fit Gym* operates as a small branch that is part of a larger tree of the gym franchise. In their mission statement, this franchise emphasizes that their company focus is centered

around the value of good health, a value they claim to be universal and shared by all. Claiming health as the central, guiding value of this gym roots their discourse in healthism, reinforcing health as a "super value" (Cheek, 2008; Crawford, 1980; Turrini, 2014). By embedding the gym space itself within the "universal" value of "health," "health and healthiness are evermore entangled with discourses surrounding (and glorifying) *fit*ness, as well as the growing acceptance (and, in fact, commercializing) of corporeal practices required to achieve this condition" (Wiest et al., 2015, p. 22), speaking further to the context of the gym as an important site where healthism becomes embodied.

Be Fit Gym shares the parking lot with several other businesses that also operate as part of large chains and franchises, including a grocery store, a few fast food restaurants such as McDonalds and Starbucks, a nutrition supplement shop, and an urgent care medical facility. The entire geographic context of these businesses in relation to one another echoes the neoliberal impact on health through consumerism, fostering both the conditions that produce the unhealthy subject to begin with (Crawford, 2006) and interpelate individuals into the ideology of individual choice and agency in producing health for oneself (Cheek, 2008; Turrini, 2014). In just one parking lot, I could purchase healthy food at the grocery store, buy nutrition supplements to improve my energy during workouts, see a doctor if I needed to, or buy myself a latte or a burger that ultimately guilt me back into the cycle of *needing* to go to the gym to counteract my unhealthy choices. In this way, I remain part of the perpetuation of the system, buying products that cause me to be unhealthy (lattes and burgers), to which the resolution is buying a different product (gym membership and supplements). I notice through my own self-talk

over the past few years, and even when I would vocalize my intentions to others, I tend to say things like "I *need* to go to the gym" or "I *have* to go to the gym today," framing the act of going to the gym as a task I am obligated to perform in the name of health, continually evaluating my body as a site of and state of "health." The socially constructed nature of this cycle must be recognized, as "the relationship conjoining health and fitness is not given, but is a product of the historical and contextual forces that make fitness a necessary constituent of healthiness, and thereby a corroborating agent of biopolitical surveillance under neoliberalism" (Wiest et al., 2015, p. 22). In this way, *Be Fit Gym becomes* an agent of biopolitical surveillance. In the next section, I contextualize the interior design of *Be Fit Gym* before embarking on the tour of the gym.

Contextualizing Gym Design

Like many gyms, *Be Fit Gym* uses motivational words and images of people posing and exercising to adorn the walls, evoking a certain aesthetic of what it looks like to be a person who exercises in this gym. *Be Fit Gym* reuses the same stock images that exist in other franchise locations, superimposing them upon differently colored backgrounds or creating collages out of individual images that exist separately at different locations, maintaining the "prototype" model of the gym. The words and people are featured in the foreground of a faded pastiche of symbols and images in the background that represent "the gym" (e.g., dumbbells, stopwatches, racquetballs, boxing gloves). Some of the people featured in the images are shown alone on giant walls, approximately 12-15 feet tall, stretching from the floor to ceiling. Other people are shown as individuals exercising alone but grouped near other people exercising in a banner collage. These images vary in size and placement around *Be Fit Gym,* making it

necessary to contextualize them as a whole before specifically describing images in different locations of the gym as we come to them through the tour. Through employing a CDA of these images and text in the spaces they are located, several dominant discourses emerge, including the discourse of the young, fit body as the ideal, the discourse of gendered body ideals (both what they *look* like and *how to achieve* them), and that exercise is ultimately individual (healthism). Now that I have contextualized the interior design and aesthetics of *Be Fit Gym,* we can now enter the space.

Gym Entrance

When I exercise at *Be Fit Gym*, which happens to be just down the street from where I live, I know exactly what to expect. When I enter the gym, just beyond the threshold of the front doors, I will be greeted by a front desk employee at the ovular-shaped free-standing counter. I know that I will need to scan my keycard on the small device placed on the desk. After the device beeps and flashes green, I am implicitly granted access to use the space as a paying member of *Be Fit Gym*. Once I have scanned in at the front desk, the options and combinations available for exercising are seemingly endless. Members are invited to use whatever equipment they desire, and there is freedom to use machines and weights in creative ways, for example, walking with free weights while on the treadmill or moving a bench under the power rack to perform bench press without a spotter (i.e., someone who assists in making sure a person can safely lift the weight). Additionally, almost all of the gym equipment necessary to use the basketball courts or racquetball courts is provided by *Be Fit Gym* or can be rented from them (e.g., racquetballs, racquets).

Staff Desks, Child Care, and Smoothie Café

After scanning in, I can either walk to the right or the left of the front desk. I decide to turn left to walk around the outer edge of the gym in a clockwise pattern. I pass by a small area resembling an office space filled with desks between half-wall dividers for the employees of the gym. This space is clustered together toward the front of the gym and is pushed up against the building's front windows. In this space, gym staff members work to sign up new members, cancel memberships, and deal with any other customer service matters that may arise. As long as I have been a member, I have never had any need to approach this area. Near the office area in the front left corner of the gym, a glass door separates out a room for free childcare for any gym members with young children. Ostensibly, offering child care serves to reduce barriers faced by some members who want to exercise but must care for their children.

Directly next to the child care center is *Be Fit Gym's* smoothie bar, a small café-style area with tables and chairs that offer snacks and drinks available for purchase listed in a large menu hanging above the counter. Featured on the menu, the café's tag line, "for the health of it," makes a play on words that reinforces this space as one that fosters health practice, not only through exercise but also through diet (Schott, 2015). Most of the time, I have observed that this area remains pretty empty, though occasionally I have seen personal trainers meeting with clients in the seating area. I decided that this area would also make a good location for me to conduct some of the interviews with women since it remains relatively quiet and private, even for an open area. Directly behind the café counter is a large clear refrigerator emblazoned with a popular energy drink logo filled with cans of the beverage. It is so central in the layout of the café that I cannot look

at the counter without seeing its glow. Counter to the value of health asserted in the mission of *Be Fit Gym* and tagline of their smoothie café, energy drinks have been directly linked to poor health outcomes (Higgins, Babu, Deuster, & Shearer, 2018). The bold presence of these energy drinks, especially when juxtaposed with other food and beverages that are inherently marketed as "healthy," is contradictory to the purported ideology of the gym as space to foster "healthy" practices. One potential explanation for their presence is simply the high demand for energy drinks. It has been shown that even though the consumption of energy drinks can lead to negative health effects, they are still very popular, especially among athletes and college students who wish to boost their performance (Higgins et al., 2018). Thus, the central placement of this energy drink refrigerator is representative of consumption demands and reinforces that the gym is a capitalist enterprise that is ultimately driven by profits. The discourse and marketing surrounding energy drinks encourage that the end (gaining more energy to do what one wants/needs/has to do) justifies the means of getting there (introducing potentially unhealthy and harmful ingredients to the body). This type of discourse, displacing internal health for the outcome of the appearance of health, will emerge in other areas of this analysis as well.

Personal Training Zone

Adjacent to the café and sharing a dividing wall, I walk by the personal training zone. This narrow but deep rectangular space is lined with mirrors on three sides, and the open entrance is partitioned off from the rest of the gym space by a crowd control stanchion (a retractable rope divider that is commonly used to direct crowds through lines in places such as airports and movie theaters). In addition to this stanchion, there is a

large four-foot-tall sign denoting that this space is reserved for members who *pay* for personal training services in addition to their gym membership. Both the stanchion and sign work to produce this space as distinct from the rest of the gym. Essentially, the personal training zone mimics the larger gym space that is filled with equipment and surrounded by reflective surfaces but condenses it into a space where the bodies of personal trainers function as a source of biocapital (Wiest et al., 2015) positioning them as knowledgeable experts on fitness and exercise. Although I have never entered this space or paid for personal training services, I have observed that there is almost always a trainer occupying this space, either working with a client or awaiting potential clients. I have also noticed that personal trainers will sometimes walk around the gym and approach people as they are exercising to see if they would be interested in personal training services. The following personal anecdote comes from my field notes (2018, June):

> Today I was approached by a personal trainer while I was on the stair climber machine with headphones in. I noticed him in my peripheral vision and ended up making eye contact with him, so I took out my headphones. I noticed his personal trainer name tag, and he began the interaction by asking me "what are your goals?" and then asked if I thought my workout plan was helping me to achieve my goals. I don't think I will ever forget the uncomfortable feeling I had when he approached me. I thought to myself, does he think I'm doing something wrong? Do I *look* like I am not "fit" enough? When I told him no, that I didn't have any certain goals, he told me that I really needed to have specific goals to direct my workouts and that he could help me craft those goals. In my mind, his questions

implied that if I wasn't working toward something specific, some sort of result or goal, then what was the point of me being in this space? I quickly attempted to end the interaction, and I left the gym shortly after I got off of the machine.

The fact that he was a male personal trainer approaching me as a female gym member made me feel very aware of the power dynamic relating his body as an expert male to my body as an implied non-expert female, reinforcing the gym as a space with a gender divide. A similar story emerged in one of my interviews with women in the gym, marking my experience as within the norm. Since then, I have observed trainers approach other people at the gym during their workouts like I was approached, but this is not the only way the personal trainers solicit clients at *Be Fit Gym*.

Personal training fliers. Throughout the gym, personal training services are advertised as educational tools designed to help you make the most of your exercise practice, giving you the knowledge needed to achieve your desired results and accomplish personal goals. I argue that personal training fliers operate under the discourse of healthism, especially because "personal training is commodified as a technology of the body and, thereby, moralized as a biotechnology that responsible citizens can consume to care for their own health" (Wiest et al., 2015, p. 26). Members who sign up for personal training are encouraged by this moral imperative to control their own "health" through preferred and prescribed corporeal practices. Personal training is advertised through fliers that are hung up around the gym walls with scotch tape, stacks at the front desk for members to take, and through more permanent signs like one in the locker room, which I will describe when I go into that space.

Below, I analyze 4 different 8.5 by 11-inch black and white fliers that I collected over eight months, starting in the summer of 2018, from a table near the front desk of the gym. The fliers advertise a trainer demonstration on a BOSU ball, an exercise clinic focusing on the abdominal muscles, an exercise seminar focused on using only your own body weight to exercise, and a body composition assessment. Stamped somewhere on each flier is the unique personal training logo for the trainers at *Be Fit Gym,* as the trainers operate as a sub-contractor to the gym who are still beholden to the parent company. Each of the fliers ensures the use of the word "complementary" to clarify for members that although each event is put on by the trainers, and personal training costs extra money, the events are of no additional cost. The word choice here seems very intentional, as they could have said "free," but instead went with a word that holds fewer connotations toward marketing and more connotations toward a courtesy, as is common in the hospitality industry. Though the fliers appear somewhat informational (each containing a lot of textual information with a few images), I perceive them to be more like advertisements designed to gain more business and generate revenue for the personal training services for the gym as a whole. Through monetizing expert knowledge, Wiest et al. assert that, "Such neoliberal logic—in which everyday life is positioned, if not increasingly defined, by a free market orientation—is manifested by, among other things, the commercial co-optation of "healthiness," the responsibilization of health, and the marginalization of collective interests" (2015, p. 22). Although the events are seemingly intended to gather people together to learn something, the objective is ultimately individual, as the gathering works to create a unique opportunity for personal trainers to solicit new clients to work with *individually*. Throughout the personal training fliers,

discourses of healthism operate to produce the fit body as the knowledgeable and powerful body, the body as a project, and the outcome of exercise as both looking good and feeling good.

BOSU balance trainer demo. The first flier I collected advertises a “BOSU Balance Trainer Demo.” A BOSU is a piece of workout equipment that essentially looks like a large stability ball that has been cut in half so that a sort of dome shape is formed. When you step onto the inflated rubber dome, your stability and balance are challenged, making it a unique type of workout equipment. From my experience, BOSUs are a pretty common piece of equipment in gyms, and I have not been to a gym that does not have one. Though not explicit in the language, it is clearly implied that the personal trainers are knowledgeable because of the “fitness” of their bodies (Wiest et al., 2015). On the flier, there are two images, one that is very clear and draws the eye, and another that is so subtle that it can be missed at first glance. The main image in the bottom left corner features the full body of a White male with dark hair who appears to be performing an exercise with one foot atop the BOSU and the other lunged off to the side. His arms are posed in an active running stance, and he is facing directly forward with a serious look on his face and lips slightly parted. From the title of the flier, it is implied that this man is a personal trainer, demonstrating how to exercise on a BOSU. In the top left corner, faded almost into opacity, there are two smaller images of a woman performing two different exercises on the BOSU, one where she is standing on top of the BOSU, and a second where the BOSU is flipped upside down with her hands gripping the edges in a pushup position. The entire image is grayed out, so that the woman appears almost to be a silhouette, though if you look closely, you can make out more specific features,

illustrating that the producer of the flier intentionally faded out the image when designing it (Kress & Van Leeuwen, 1996). The direct contrast of how the gendered bodies are depicted in the image defers power to the male body (Dworkin & Wachs, 2009). The male trainer's large image positions him as the fit body with specific expert knowledge, and his body is visually privileged over the female body.

The flier invites you to "Come and Participate" to "Improve balance, coordination, and flexibility while increasing your muscular strength, endurance, and core, as well as cardiovascular and aerobic fitness." Though the title of the flier indicates that the event is a demonstration, ostensibly by a trainer since the event is sponsored by the personal training team, the flier also indicates that there is some level of participation, as opposed to strictly observing the demonstration. The goals of attending the event are framed as well-rounded and fitness-centric, impacting multiple elements of one's physical fitness (e.g., balance, endurance, aerobic fitness). The language of progress is employed using words such as "improve" and "increase," which, when juxtaposed with elements of fitness and health, function as a "biomedicalized imperative of individual progress" (Wiest et al., 2015, p. 26). Below this message in bold font reads "Attend our complimentary demonstration and then get scheduled for your one-on-one BOSU balance trainer workout." Thus, the ultimate goal of the flier is revealed. The demonstration is not intended for members to learn how to integrate BOSU training on their own, but rather, it is implied that to perform this fitness activity to achieve the mentioned benefits, one must schedule an *individual* session, one that is *not* complimentary. Fitness becomes reinforced as a purchasable commodity.

In italics below the first statement, the flier exclaims: “You’ll look better, feel better, and move better in sports and fitness training as well as your daily activities!”. Taken together, the flier invokes the discourse of the body as a project, something to continually work on, improve, increase, and make “better” through exercise practice. Not only are the benefits framed in terms of the context of sports, fitness, and the gym, but they are also extrapolated to impact one’s daily activities outside this space. In this way, the flier invokes the discourse of healthism, making strong claims about connecting the healthy life to the good life itself, tapping into a broader discourse of overall wellness and happiness. Crawford (2006) states, “Health is conceived as the condition of possibility for the good life or even the good life itself” (p. 404). Additionally, the discourse of look good, feel good is employed here, relating the “healthy” practice of exercise to achieving a sort of well-rounded external and internal happiness. The order of phrasing (e.g., Look better, feel better, and move better) creates a hierarchy of importance. Physical appearance and looking better become the primary benefits of this BOSU exercise. Feeling better is secondary, and it is left to interpretation whether “feeling better” represents an emotional feeling or a physical feeling, though perhaps the ambiguity leaves room for both. The use of the word “better” implies a worse feeling, reinforcing again that the body is a project to be worked on and altered. Finally, at the bottom of the flier, acting as a sort of mantra that appears again on another flier, four words are featured between dividing lines that read from left to right in all caps, “FREQUENCY | INTENSITY | DURATION | RESISTANCE.” These words connote being active in particular and preferred ways that are characterized by dedication, commitment, and hard work, invoking again the spirit of healthism (Cheek, 2008). The word “frequency”

indicates how often one exercises; “intensity” implies the level of energy put into the practice, “duration” refers to the amount of time spent exercising, and “resistance” connotes the idea that effective exercise is difficult. Thus, *Be Fit Gym* is communicating to its members that to achieve the fit body, exercise practice should be performed in certain ways that may be unknown to the member (e.g., the BOSU balance ball). The emergent discourses in this first flier, both explicit and implicit, can be found throughout the other three fliers as well.

Complimentary abs clinic. The second flier invites members to an abdominals clinic to learn more about how to perform effective abdominal exercises. From my understanding, the use of the word “clinic” indicates that this event is participatory, like a fitness class, as opposed to the previous flier advertising a demonstration. In high school, I remember attending strength and conditioning clinics for track and field that essentially functioned as guided workouts. Although the word “clinic” functions in a particular way in this context, it does not easily shed the medical connotation of the clinic as a space where the body is medicalized (Lupton, 1994; Zola, 1977), strengthening the credibility of the gym through engaging with this discourse more broadly.

At the top of the flier is the specific logo for personal training at *Be Fit Gym*, indicating that the clinic will be led by a personal trainer. The flier reads “Are you doing the same old abs routine over and over? Join us at our Complimentary Abs Clinic and learn how to effectively tighten all the areas of your midsection.” The initial question assumes that the gym member’s current ab routine (assuming that the gym member *has* an ab routine) is currently insufficient, and ineffective, implying the need to learn from an expert (personal trainer) to transform the body. By framing the clinic as a *learning*

opportunity to "effectively tighten all the areas of your midsection," body knowledge becomes a pedagogical tool and is firmly situated in the tight body of the trainer as opposed to the fleshy body of the gym member. Sassatelli (2015) reported, "The various forms of fitness training are presented by trainers and expert discourse as the most 'rational' instrument to keep fit, take care of the body, get slim, toned, healthy, and so on" (p. 241). Distinct from the previous flier, this flier does not mention other elements of fitness that will be improved (e.g., strength, balance, endurance) by attending the clinic; rather, the tightening of all areas of the midsection is framed as the central benefit of attending the clinic. This focus on "tightening" specific parts of the body not only fragments the body into body *parts* rather than the whole body but also reinforces the importance of the physical appearance of the "fit" body (Mansfield & Rich, 2013).

As argued throughout the literature review, the dominant discourse of healthism produces the "fit" body as the "healthy" body, and the "fit" body conforms to particular gendered body ideals (Dworkin & Wachs, 2009; Johansson, 1996). Reproducing the gendered feminine body ideal, this flier features only one large image in the center of the flier, underneath the main text and above the call to action. The image depicts a White, blond-haired, young-appearing woman lying on the ground with her long hair down, posed performing an abdominal crunch with her knees raised and her head and neck lifted as she gazes forward. She is wearing black skin-tight shorts and a matching black sports bra and is barefoot. Her body can be described as conforming to the prescribed ideal—her body appears thin and her midsection, situated in the very center of the flier, draws the viewer's attention (Kress & Van Leeuwen, 1996). Ultimately, through the combination of text and image, the discourse of the ideal, "fit," feminine body is

produced as a body with a tight stomach (Sassatelli, 2015). Although it the flier does not explicitly target women, the choice to feature a woman on the flier implies that the midsection is a problem area for females, something that has emerged as a common thread in conversations with women about their bodies. At the bottom of the flier is a prompt to "Sign up at the Front Desk today!" with a note below stating that space is limited, requiring pre-registration for the event, further framing the event as valued. Again, the discourses of the "fit" body as the knowledgeable and powerful body, the body as a project, and the value of looking good are invoked in this flier.

Complimentary full body weight seminar. The third flier I collected advertised another opportunity for gym members to gather and learn, using the terminology of a "seminar," distinct from a demonstration or clinic. The use of the word seminar seems to indicate that the event will operate more as a class instead of a participatory event, again positioning the personal trainer as the implied teacher or expert on the body. The flier reads: "Not seeing results in the area you want to target? Break through your plateau by attending our Complimentary Full-Body Weight Seminar. Learn a variety of exercises to shake up your old routine, using only your own body weight!" Like with the abdominals clinic flier, the opening question invokes the discourse of the body as a project to be altered, changed, and transformed. "Results" are measured visually (e.g., not *seeing* the results), reproducing the conflation of fitness with the *appearance* of fitness (Jutel & Buetow, 2007). Additionally, the body is contradictorily framed as both fragmented and whole. The body is fragmented (e.g. "the area you want to target") by implying a specific focus on certain parts of the body, but is also conceived of as whole, using the "full body" as the tool to work on changing the fragmented body by "using only your own

body weight." The body itself becomes the instrument of change, as "fitness fuses bodies and exercise together and its instrumental vision of the body *becomes* the natural body" (Sassatelli, 2015, p. 242).

The body as a project is further reified by implying that the gym member's current body is stagnant, and thus, not engaged in the valued process of both changing and becoming (Sassatelli, 2015; Wiest et al., 2015). Using the word "plateau" invokes a sort of metaphor of exercise as climbing a mountain. By climbing upward, one is progressing higher and higher. However, reaching a plateau would imply staying at the same altitude or making no upward progress. Through encouraging that members will "break through" their stagnation by attending the seminar, the body in the gym is positioned as one that needs constant work and progress toward something specific (e.g., the ideal body). Maintenance of the status quo is implicitly frowned upon, and again the idea of "shaking up your routine" or changing things implies that there is something more you can be doing in the gym to achieve the ideal body, which is presumed to be a universal aspiration for the exercising body (Wiest et al., 2015). The only image on this flier is a silhouette of a thin, androgynous-appearing body with short hair posed in plank position with forearms outstretched on the floor and the body lifted off the ground, connected to the ground only by forearms and toes. The use of the trim silhouette further reinforces the fit body as the powerful body in the gym. The figure is featured in the lower-middle of the flier, below the main text but above the "sign up today" call to action and note about limited space, requiring pre-registration like the abdominals clinic flier.

Body composition assessment. The final, personal training flier I collected differed from the first three fliers, which advertised specific events using both text and

images, and instead invited individual gym members to “Get Your Complimentary Body Composition Assessment.” This flier only uses text for advertising, and again employs the use of the *Be Fit Gym* personal training logo to indicate *who* will be conducting the individualized body assessment. Further reinforcing the “fit” trainer body as the knowledgeable body, the member body is conceptualized as something requiring assessment or evaluation *by* the knowledgeable, and thus, more powerful body of the trainer (Wiest et al., 2015). The idea of the “fit” body as the “non-fat” body emerges both through implying that the trainers’ bodies are “fit” and that gym member bodies are not fit, which clearly emerges in the following discourse passage.

The text-heavy flier reads “Body Composition Assessment, What will it tell you? A scale measures everything including muscle, fat, bones, and what you ate or drank that day. It doesn’t tell you what you really need to know: How much fat do you have?”. This ending question in bold letters stands out from the rest of the flier, drawing the viewer’s attention directly to the central placement of this question about fat, centralizing its importance as something “you really need to know,” especially in the context of exercise and fitness in the gym. This statement engages the discourse of the healthism yet again, implying that people cannot be both “fit” and “fat,” that there is an ideal type of body that is most valued, especially in the gym. “Physical activity is directly implicated in weight control and body composition in such statements in terms of the varying and questionable extent to which exercise can affect total body mass, fat mass, and fat-free mass” (Mansfield & Rich, 2013, p. 358). The opening statement acknowledges that the scale only measures the body holistically, neglecting to factor in other important elements to weight such as muscle (which weighs more than fat), bone density, and day to day diet.

Reading this statement without the question about fat tacked on at the end seems to de-legitimize the scale as a measure of body health and fitness, a practice of resistance to take power away from the dominant discourse that conflates body weight with health status (i.e., BMI). However, in the same moment that the scale is de-legitimized as a measure of fitness, the message shifts toward isolating "fat" as the *most important* indicator of one's body fitness, re-invoking the anti-fat discourse of healthism (LeBesco, 2011; Mansfield & Rich, 2013).

The flier continues to describe the purpose of such an assessment, stating "A personalized body composition assessment can help recognize what's missing from your workout routine," then switches to italics "*See how quickly you can accomplish your goal!".* Yet again, the gym member's workout is implied to be ineffective or somehow lacking (i.e., "what's missing from your workout routine"). The discourse of the body as a project is reinforced, and the individual as lacking the inherent knowledge (i.e., "help recognize") to change their body also emerges here. Goal-oriented exercise is implied, assuming again that gym members desire to alter and change their bodies as the end result of their exercise practice (Sassatelli, 2015; Wiest et al., 2015). The concept of "time" reemerges as an important factor at the gym, indicating that "quick" results are preferred and desired, reifying the notion of efficiency inherent in modern-day capitalism (Crawford, 2006). Repeating the same four words that were featured in the BOSU balance trainer demonstration, the bottom of the flier reads "FREQUENCY | INTENSITY | DURATION | RESISTANCE," again invoking the connotations of healthism in the commitment and work ethic implied to achieve the ideal body (Sassatelli, 2015).

Immediately below the four-word mantra, the next line reads “The right workout formula makes a difference in how you look and feel.” This statement is ideologically loaded. First, the statement indicates not only that there is a “right” workout formula that is preferred and desired, but that the personal trainers are the people with the “right” knowledge, and that members who are interested in the assessment are not doing something right if they are not achieving a particular body goal. Again, the idea of looking and feeling good emerges again, intentionally placing “look” before “feel,” implying that the primary importance is in appearance (Jutel & Buetow, 2007; Mansfield & Rich, 2013). Not just working out, but the correct way to work out is articulated as the key to making a difference in “how you look and feel,” further embedding, entangling, and conflating exercise practice with health and the “fit” body. Finally, the last piece of text exclaims a call to action “See us today to learn more about fitness!”, serving as one final reification of the personal trainers in the gym as body experts, who can teach you about fitness.

In sum, these four personal training fliers work individually and as a collection to produce particular knowledge and assumptions about exercise practice and the body in the gym through employing the language of dominant discourses laced with healthism. “Personal training is, thus, a biotechnology and biopedagogical imperative in moralizing consumption of fitness and responsibilizing the pursuit of healthiness as a source of vitality—a process that reinforces healthism” (Wiest et al., 2015, p. 32). Specifically, the emergent discourses include the body as a project influenced by the ideology of the dissatisfied, the discourse of look good, feel good, and the “fit” body as the knowledgeable and powerful body. For the body as a project, each flier targets the

individual gym member's body as a site for transforming the current body and becoming another body, ideally the "fit" body. The gym member's body is characterized as lacking or missing something, not reaching their goals and results, and therefore, it is implied that gym members must be dissatisfied with their own bodies. This characterization is then leveraged to provoke the gym member to feel the need and *responsibility* to change or alter their workout to change their body effectively (Sassatelli, 2015). The "fit" and ideal body in the gym is conceptualized narrowly as gendered, young, trim, and muscular, and whiteness is implied in all of the images presented. The personal trainers use their own biocapital as a source of knowledge, in that they can teach, show, demonstrate, evaluate, and measure, fostering a power imbalance in the dynamic between their own bodies and gym members' bodies. Personal trainers' bodies are framed as the "goal" while gym members' bodies are framed as "needing to change." Glaringly absent in the fliers are representations of people of color, people in larger bodies, and people who appear older than their 20s or 30s—something that is common throughout the other images of people in *Be Fit Gym* as a whole and serves to reify the core material impact of neoliberal healthism (Dutta & Basu, 2008; Lupton, 1994).

Racquetball Courts

Continuing the tour of the gym space past the personal training zone, I pass several racquetball courts that mimic the long and rectangular shape of the personal training area, with narrow entrances to deep rooms. Although the personal training space is open to the gym area (no wall across the entrance, just the stanchion divider), the racquetball courts are all encased behind floor-to-ceiling glass, with a small glass door in the center of the glass wall for each respective court. Above the continuous glass walls

housing the racquetball courts, I notice the wallpaper banner that is a collage of three people doing particular exercises with words meant to be inspirational and motivational placed between or around the people.

From left to right, the first female figure is doing a yoga pose and the second and third male figures are shown playing racquetball. Juxtaposed to the left of the first image is the word “excel,” and in this first image, I see a White, blond-haired, young-appearing, female figure dressed in tight black leggings and a tight purple tank top that shows a small part of her midsection. She is shown from the mid-thigh of her standing leg to the top of her head, with her leg lifted up and back into her hand, with the other hand reaching forward to counter-balance this yoga pose. Her hair is pulled up in a bun, and her body resembles the type of body shown on the personal training flier for the abdominals clinic. In this way, her entire appearance serves to reinforce discourses of the ideal feminine figure in the gym as thin, toned, and not too muscular (Dworkin & Wachs, 2009; Johansson, 1996). Her attire is tight and fitted to show the features of her fit, feminine body and the color of her clothing (i.e., bright purple shirt) also contributes to a stark gender binary in the images throughout *Be Fit Gym*, as nearly every female featured throughout the gym is wearing a shade of red, pink, or purple, historically perceived as “feminine” colors (Dworkin & Wachs, 2009). The word “excel” can be defined as being exceptionally good or proficient at some activity, and in this case, the textual appearance of the word adjacent to this particular image reinforces the discourse of the ideal feminine body as also *good* and *proficient,* echoing the ideology of healthism in both individual control and the neoliberal morality component (Crawford, 2006; Jutel & Buetow, 2007). This type of repeating and reinforcing cyclical discourse not only gains power through

the explicit message but also what is not said. If you are in the gym, *this* is the type of body that excels—and if you do not have a body that looks like this one, you might feel *bad* and *non-proficient,* and need to work hard to change your body to become like the body that *excels*. That she is doing a yoga pose also serves as a representation of *how* the ideal female body in the gym should perform. Although in India, where the practice of yoga originated, yoga is largely a male-dominated practice, Humberstone and Cutler-Riddick (2015) distinguish that "in the West, yoga as a physical activity is taken up mostly by women, as it is often represented as a female activity in various media" (p. 6). Thus, the discourses at play encourage female bodies in the gym to perform in particular, preferred, feminine ways to accomplish the ideal form (Dworkin & Wachs, 2009; Johansson, 1996).

The next word appearing between the woman doing yoga and the first male playing racquetball is "achievement." Achievement means that a thing has been done successfully, and implies that it comes as a result of effort or hard work, in and of itself evoking the moral imperative of hard work in the discourse of healthism (Cheek, 2008; Turrini, 2014). This word is placed near a White, brown-haired, young-appearing, male figure who is playing racquetball, leaning forward as his racquet swings. He is shown from the mid-waist up, wearing a white sleeveless workout shirt and racquetball goggles. One thing that stands out to me again is his workout attire—all the male figures featured throughout the gym are wearing neutral black or white clothing in stark contrast to the emphasized femininity in the color of the female's workout attire (Dworkin & Wachs, 2009). The final word, "action" is superimposed over the outstretched arm of the last White male figure in this banner above the racquetball courts. "Action" implies a process

of doing something, usually to achieve an objective, reproducing the discourse of the body as a project that requires an end goal or some type of result. He is only partially visible, as his figure is in the upper right corner of the end of the racquetball wall, which cuts off half of his face and the top of his head. He is also featured from mid-waist up, wearing a black sleeveless workout shirt, with his muscular arm holding the racquet featured as the most central element of this image (Kress & Van Leeuwen, 1996). That both of the figures shown participating in racquetball are males reinforces the gender-laden ideology present in performing particular exercise practices. Their arms and upper body become the physical focal point that draws the viewer, emphasizing the type of body that "fits" with the type of exercise practice they are performing (Crossley, 2006). Interestingly, although there are two figures shown playing racquetball, and racquetball is a team sport, one might infer that the two figures are visually connected to one another playing together—however, it is made clear by the distance between them that these figures are two separate images, unnaturally representing this team sport as an individual endeavor. The individualization present in all the images in the gym, created by the fact that no groups of people are shown exercising together, even when they are clearly participating in a team or group activity, serves as both an overarching and underlying theme, which emphasizes exercise practice as ultimately the responsibility of the individual, which is the main claim of healthism (Turrini, 2015).

These three figures taken together, reinforce and reproduce the discourses employed in the personal training fliers, again reifying the ideal gym body as gendered, young, White, and athletic. I feel the gaping absences of the richness of the human condition again, as the diverse bodies who I see occupying *Be Fit Gym* are not

represented in these discourses, implying that their bodies do not “fit,” literally and metaphorically. I am keenly aware, too, that my body is represented everywhere. The whiteness, the youngness, the thinness present in these images reflect back at me my own privilege in this space. My own appearance safeguards me against the presumption of insecurity, although in my skin I feel an enormous sense of obligation and pressure to maintain my body. As I ruminate and reflect, I continue to walk underneath these images and past the benches placed outside each of these racquetball courts that span the length of the left wall of the gym (always orienting from the front entrance doors of the gym), and end up in the back-left corner of the gym where the multi-function group fitness classroom is located.

Group Fitness Classroom

As I approach the group fitness classroom, I see to the left of the entrance a giant floor-to-ceiling image of a young-looking White female in hot pink, form-fitting workout attire, jumping in the air with her hands extended above her while her legs are lifted behind her. The overall tone of the image conveys a happy, carefree, and hyper-feminine presence of a woman in a gym (Dworkin, 2003; Dworkin & Wachs, 2009). Contrary to all of the other images in the gym, this female figure is not interacting with any workout equipment, nor does she seem to be performing any exercise. Her long blonde hair is not pulled back into a ponytail, which is atypical of my experience as a woman with long hair who exercises. The word “elevate” is superimposed vertically over the left side of her body, a word that means to raise something to a higher position, or to a more important or impressive level. This word overlaying her body literally represents the aspirational discourse that is implied in her “ideal” body, positioning any *body* that does not fit the

"ideal" as non-elevated. The "higher level" indicates that her body as a representation of the ideal feminine form in the gym has power in this space, especially in the sheer size of the image (Kress & Van Leeuwen, 1996), but her facial expression (i.e., wide toothy grin) and activity (i.e., playfully jumping in the air) restrict the ways in which the female body can be powerful through practice. The fact that she is shown jumping in the air with a carefree disposition, not doing a particular exercise, prioritizes the appearance of fitness over the practice of fitness, further reifying discourse of look good, feel good, essentially displacing health and prioritizing the appearance of health (Jutel & Buetow, 2007).

Directly next to this image on the wall are the glass windows and entry doors to the group fitness classroom. Free group fitness classes such as Zumba, kickboxing, body boot camp, and yoga (to name a few) are scheduled every day of the week, and any member can join these classes at any time without needing to sign up or register. Although classes are scheduled throughout the day, there are often large gaps of time between classes, making this classroom a dimly lit expansive empty space with shiny wood floors and mirror-lined walls, save for times when group fitness classes are scheduled. During group fitness classes, the room transforms filling the space with bright light, energetic bodies, any necessary equipment for the classes, and the instructors' voices leading the group in synchronized activity. When classes are in session, people come and go during any time of the class, joining into the group practice after they have located a space for their body. I have noticed that when the class session approaches the scheduled end time, people start to file out early, leaving the class during the cool down stretching time or last few minutes of class (depending on the class type). I have always stayed until the end, at which time the class clears out within minutes as people hurry to

put away their equipment and move on to their next task. Sometimes, when people leave, they leave in groups, fostering some conversation among the class participants. When I finished a particularly difficult class called “total body sculpt,” I remember commiserating with some of the women in my class over the difficulty of some of the moves, having a laugh at our instructor’s expense. This built a sort of camaraderie among us after having participated together.

During times when there are no classes scheduled, the room reverts back to its dimly lit state, free to be used by gym members as they each see fit. I have observed that there are typically a few people occupying this room at any given time as an additional, more private exercise space. I have seen people doing walking lunges across the room or spreading out a yoga mat in the corner to stretch and practice alone among various other activities. In the group fitness classroom, there is only one person featured, another White woman in a tight red tank top doing a yoga pose. Her presence in the group fitness class reifies yoga as a feminine practice and feminizes the group fitness classroom as a whole (Johansson, 1996). Although these group fitness classes are open to any gym member, throughout my field notes, I documented that every class that I have either been to or observed as I pass by the windows has been dominated by women, with a few males, reinforcing group fitness as a gendered practice (Johansson, 1996). That the lone figure in this room is depicted as an individual, even in a space that is named after the collective nature of the practices that emerge in this room (i.e., *group* fitness) further individualizes exercise in the gym (Wiest et al., 2015). Even in a group, the focus and responsibility fall on each sole individual.

The glass entrance doors to the classroom are surrounded by a few feet of floor-to-ceiling glass windows, giving some limited visual access into the space, but more visibility to the space as a whole can be found by looking from the gym area through the windows near the doors, and into the mirror-lined walls reflecting various angles of the classroom space. The placement of the mirrors and overall visibility make this space one where the bodies are reflected during exercise practice, centralizing the physical appearance of the body performing the exercise and the gaze of the "other" (Foucault, 1977). When I have participated in group fitness classes, I have observed that people look at the instructor or at themselves in the mirror—though I have been told by some people that they intend to stand in the back of the class or behind people to *avoid* seeing themselves in the mirror. Just outside the doors, continuing along the outer edges of the gym space, I pass a water fountain station with a hand sanitizer pump on the wall as I head into the free-weights area of the gym.

Free-weights Area

Along the entire back wall of the gym and extending out into the open gym space is the free-weights area filled with labeled dumbbells of increasing size neatly lined in front of a mirrored wall. Immediately, my eye is drawn above the top of the mirrors, as I see that there is a large, wallpaper banner featuring five people exercising that stretches from the left back corner of the free-weights area all the way to the right back corner. There are two women in the banner and three men.

Starting from the left, the first figure is a White, brown-haired, young-appearing woman wearing a rose-red tight tank top with her midsection showing from the waist up. She is performing another yoga pose, the warrior pose, with one arm stretched straight

out in front of her, and her other arm stretched directly behind her as she gazes over her front fingertips. Moving visually to the right, between the female doing yoga and the next figure is the word "intensity." The word "intensity," literally meaning a measurable amount of a property with synonyms like strength and power, was also used in the mantra on two of the personal training fliers, making the repetition of its use powerful in addition to the meaning attached by placing it between representations of the powerful and fit body in the gym (Sassatelli, 2015).

Appearing to the right of the word "intensity" is an image of a White, brown-haired, young-looking man dressed in a black sleeveless workout shirt, posed from the waist up wearing big, black boxing gloves in an active, pre-strike stance. Boxing has been historically conceptualized as a male sport, making this representation another reinforcement of the gender divide in the gym through particular and preferred exercise practices for the gendered body (Crossley, 2006; Johansson, 1996). The next featured word is "energize," meaning to give vitality and enthusiasm to, connoting that exercise is related to positive feelings that enliven and vitalize the body (Wiest et al., 2015). Following this word, I see an image of a White, brown-haired, young-appearing woman featured in profile, from mid-waist up, wearing a tight hot pink tank top. She is curling a black 10-pound dumbbell that is clearly labeled on the side, casting her gaze downward. Although I make no secret through this analysis that I feel critical of all the images in this space in some way or another, for some reason, *this particular* image is the most meaningful and poignant to me, stirring within me that indignant fire I felt when I entered the weight room in my campus gym years ago. Touching briefly upon some aforementioned features of other images that are also present here, she is clad in a hot

pink top further feminizing her body (Dworkin & Wachs, 2009; Johansson, 1996). Although she is shown curling a dumbbell, performing an exercise that is typically associated with the male body in this space, as I have previously established that the weight room is typically dominated by males (Johansson, 1996; Crossley, 2006), her weight is *clearly* labeled as 10-pounds in bold white font. This is one of the lightest weights in the gym, as only the 5-pound and 7.5-pound weights are lighter. Although I do not perceive those who lift light weights to be weak, the discourse here seems to clearly reinforce that the ideal female body should be toned, but not "too muscular," and that lifting *light* weights leads to the particular desired corporeal results (Johansson, 1996). Additionally, standing in direct contrast to this representation, two images further to the right, I see a male body performing the identical exercise practice of curling a dumbbell; yet, his weight has *no* label and appears to be larger. This glaring distinction between these two figures reinforces the gender order in the gym, specifically prescribing the preferred practice and body potentiality as a gendered pursuit (Dworkin & Wachs, 2009; Johansson, 1996).

Moving past this image appears the word "achievement," yet again, reinforcing the implied body as a project to alter, change, and achieve particular results. The next figure and a White, brown-haired, young-appearing male wearing a white, tight, sleeveless workout shirt and lifting two dumbbells. He is featured from below the hips to the top of his head and is facing directly forward as opposed to the two figures on either side of him who are shown from their profile. The angle in which the weights are positioned inhibits the view of any label, but the muscularity and size of his arms combined with the thickness of the dumbbell work together to imply that he is lifting

heavy weights. Then, the final word "inspire" appears between this figure and the last male figure. The word "inspire" means to fill someone with the urge or ability to do something, which, when placed in the context of the surrounding images and the space itself produces the *fit* body as the *aspirational* body. The direct placement of this banner above the mirrors enables members in this space literally to look up to these images, then look at their own bodies reflected in the mirror, implying a sort of social comparison that reinforces body dissatisfaction. Ostensibly, the repetitive representation of the ideally fit body in these images serves to "inspire" members to perform exercises like the people in the images, working through exercise to become *like* them.

The final person featured in the banner collage is also the first appearance of a person of color in the images. He has light-brown skin and short, brown hair, and like the woman lifting a dumbbell, he is featured from his profile, curling an unlabeled dumbbell. He is wearing a black sleeveless workout shirt that emphasizes the size of his muscular arms and is gazing down at his arm. Although the lack of a label on his weight stands in direct contrast to the female's weight, he is similarly shown from his profile. Looking at the last three people featured in the banner, the White woman and man of color lifting weights are shown from the side with their gaze angled down and away from the viewer while the White man between them is looking directly forward, commanding the gaze of the viewer (Goffman, 1978; Kress & Van Leeuwen, 1996). In fact, looking at the banner as a whole, it is only the two White men who are shown facing forward, producing a social hierarchy of how bodies in this space are valued and who is considered to be powerful (Kress & van Leeuwen, 1996). Even though all the bodies featured in the banner adhere to the produced status quo of *Be Fit Gym* images; in that, they appear to be

young, athletic, and fit; the placement and posturing of these particular images reinforce the powerful subject position of the White male body, essentially reinforcing patriarchy in the gym. The two White women and man of color are positioned as objects, rather than subjects, gaze averted toward their bodies, directing the gaze of the viewer toward their bodies as well. Though their bodies are rendered less visible than the White male bodies, left completely invisible are any women of color in *Be Fit Gym* as a whole. The intersectional nature of prejudice emerges here, as historically women of color have faced and continue to face multiple axes of discrimination, as a result of their intersectional identities of being both a woman and with being a person of color, which meet to compound the legacies of marginalization faced by women of color specifically (Crenshaw, 1990).

As I redirect my gaze away from the images and back down to the mirrors, I see all types of equipment in the reflection, including adjustable weight benches, weight stations (e.g., for pull-ups, various upper body exercises) and bar weights. A myriad of equipment resides in the free-weights area, all maintaining a monochromatic color scheme of worn silver metal, black rubber, and dark gray cushions of the equipment, floor mats, and machines. In the mirror, my gaze comes back to my own body in this male-dominated space. Though I am occupying the weight area, I do not feel comfortable. I am highly aware of my reflection in this space, as the mirrors operate as a sort of panopticon, redirecting gazes all around at others in the gym, seeing myself through my perceptions of their gazes. Foucault (1977) writes:

> there is no need for arms, physical violence, material constraints. Just a gaze. An inspecting gaze, a gaze which each individual under its weight will end by

> interiorizing to the point that he is his own overseer, each individual thus exercising this surveillance over, and against himself. (p. 155)

The internalization of this gaze operates as a powerful form of self-surveillance in the gym, something that is reinforced throughout the visibility and layout of the gym in combination with the glass and mirrors as reflective surfaces. Reflecting on how I have internalized this gaze, and then looking at my body in this space, I am reminded of why I initially became interested in the gym. Over the years that I have been coming to the gym in general, and *Be Fit Gym* specifically, I have made it a habit to count the number of men and women in this space, documenting through field notes on my phone. In my observations, the number of men in this space *always* outnumber the women, and I do not use this absolute term lightly. I have *never* personally observed an equal distribution of women and men in this space, an observation that works together with these images to reinforce the male domination of the free-weights area, and erects invisible barriers of access and comfortability (Crossley, 2006; Johansson, 1996). Across this free-weights area on the opposite wall from the group fitness classroom, I see a small area with large black mats on the ground for stretching or floor exercises, complete with supplementary equipment like kettlebells, medicine balls, and balance balls along the mirrored wall to offer maximum options for exercise practice. Looking over this space, I continue walking toward the basketball courts.

Basketball Courts

Directly next to this multifunctional space in the back-right corner of the gym are the basketball courts. Like the group fitness classroom in the opposite corner, the courts are encased behind glass doors surrounded by a narrow section of floor-to-ceiling

windows enabling limited visual access into the space. The courts have shiny wood floors and basketball hoops on the walls and are open for any members who want to start a pick-up game of basketball. I have never observed this space being used for any other exercise or sport aside from basketball. On the walls, like the rest of the gym space, there are images of people. There are three people featured, two males and one female, each in a framed image of its own as opposed to a banner collage, each of the same size (approximately 6 feet tall by 4 feet wide). The images are all on the wall visible from the entry doors and are all aligned and spaced evenly from one another.

The first image features a young-looking male of color with dark-brown skin, wearing a sleeveless workout shirt. He is depicted in mid-jump, cupping the basketball in one hand with his arm extended upward. His face is upturned looking at the ball, and the image is framed to make visible only his profile, though his face is slightly angled forward. His eyes and mouth are wide open as he focuses on this active movement, and his facial expression is one of intensity unlike any of the other images. There are two words in this image; The word “teamwork” is horizontally positioned toward the top of the image while the word “attitude” is positioned vertically on the right side of the image. Each element of this image works to reify stereotypical representations of athletic Black male bodies, especially when compared with the representation of the White male body in this space. The image of a young-looking White male depicts him wearing a white sleeveless workout shirt and crouched in a low and active position, dribbling a basketball while smiling and looking off into the distance. Though no other images of White males in the gym show them smiling, the smile on this man’s face seems to provide stark contrast to the intensity of the Black male’s facial expression, which is concerning

because of the space itself and the racialized connotations that come with basketball as a sport (Hylton, 2008). The two words on the image of the White male are “champion,” connoting victory over someone else’s defeat, and “excel,” which means being exceptionally good at something. These words rhetorically evoke patriarchal White supremacist language (hooks, 1992), which reifies racist notions of building White success from the labor of bodies of color, especially when taken together with the words featured in the other image and the visual structure of presence and power in this space.

Although there is a clear disparity of Black bodies in the rest of the gym space, the basketball court offers a conspicuously token representation, which draws upon racialized assumptions about Black males in sports, especially in basketball (Wilson, 1997). In a book about sports and critical race theory, Hylton (2008) writes, “structural- or societal-level racism reinforces the pervasive embedded nature of racism in the major arenas of our social lives” (p. 3). Not only is this embedded racism made present in the image of this Black male and its strategic location in the basketball court, but the use of the word “attitude” plays on racist tropes of “the bad Black guy” as prone to social pathologies (Wilson, 1997). “Attitude” in this context seems to imply truculent or uncooperative behavior, which seems to contradict the use of the word “teamwork” which evokes cooperation. However, the word “teamwork” frames the representation of his athletic Black male body in a particular context, as one of the only historically socially acceptable forms of “attitude” from a Black male is on the athletic court or field as part of a larger team (Wilson, 1997).

The final image is of a White, blond-haired, young-appearing female, who is crouched holding the basketball and smiling, much like the White male image. Though

her female presence in this male-dominated space works to resist dominant discourses that reserve basketball as a male-dominated activity, her presence here as *White* female further erases the representation of women of color from the gym. The intentional choice of placing an image of a female in this space seems designed to communicate, “Hey, look who we are representing in the basketball courts!” However, again, intersectionality is made present through the powerful absence of women of color (Crenshaw, 1990). Again, the racial and gender order of *Be Fit Gym* are produced in this space in very particular ways.

Women’s Locker Room

Walking past the basketball court entry doors, passing another water fountain and hand sanitizer station, and continuing the tour of the gym space along the outer edges of the walls, I enter a long hallway that branches off to the left. The hallway houses two entryways into the gym locker rooms on the right-side wall. I pass the men’s locker room first, denoted with the large letter “M,” then come to the women’s locker room a few feet further down the hall, labeled “W.” The first area I enter in the women’s locker room contains a row of sinks and mirrors on the right wall, lockers, and benches around a dividing wall toward the left side, water fountains, and a manual weight scale. The manual weight scale, also referred to as a physician beam scale, is commonly seen in doctors’ offices, and requires the user to move the counterweight to center the needle on the beam. When I was researching the formal name for this scale, I found that this type of scale is used in medical offices because it is known for its accuracy in determining weight. In my field notes (2018, February), I wrote about an encounter I had in the locker room regarding the accuracy of this scale, which I recount below.

> Today, when I was weighing myself after my workout, a woman in a larger body approached me and asked if I thought the scale was accurate. In fact, I had just been asking myself the same question, as each time I used the scale, I seemed to have radical changes, making me question both my own body and then the accuracy of the scale. She told me that she wanted to ask me for my opinion before she decided to use the scale located out by the front desk to check its reading since she felt very uncomfortable weighing herself in front of the whole gym. She had used this scale in the locker room before and was shocked by the reading. I told her that I related to that feeling and that I did not think the scale was very accurate, and that I, too, felt uncomfortable weighing myself by the front desk. This moment of connection enabled us to bond over the scale's inaccuracy and our desire for privacy by weighing ourselves in the locker room, which we laughed about before walking out of the gym together.

Around the dividing wall, where the lockers and benches are located, there are more counters with mirrors lining the back side of the dividing wall. On the countertop are hair dryers and tissues, and I would describe this space as a "getting ready area." Although the images featured in the rest of the gym are not present in the locker room, on the counter, next to a hair dryer, there is an 8.5 by 11-inch foam board advertisement sign for the gym's personal training services, the more permanent advertisement I mentioned when contextualizing the personal training fliers.

Personal training sign. I see this sign every time I walk into the locker room. It has become part of the fixed landscape of this space for me, even though it could be easily picked up and moved anywhere. That this advertisement is placed in the women's

locker room, a semi-private in-between space characterized by women coming to the gym and changing for their workout or cleaning up following the completion of a workout, reinforces that the gym as a whole is a space to evaluate one's gendered body (Johansson, 1996). The top of the advertisement reads "Team up with a certified personal trainer and maximize your time working out!", drumming up notions of efficiency (time) and effectiveness (maximize) that can be learned from personal trainers who are *certified,* and therefore, presumed to be credible and knowledgeable. Below the caption are two images of the same woman (she appears to be White with dark-brown hair), ostensibly representing "before" and "after" photos, since the image on the left is labeled "January 2016," depicting her from the waist up in a casual t-shirt, and the right image is labeled "February 2017," depicting her full body, wearing workout pants and a sports bra, as she poses in a traditional flexing position with both her arms raised. I find it difficult to find the words to describe the transformation of her body in the images, as I am committed to not reproducing the very discourses I intend to critique and interrogate. Essentially, I see the major difference between the two pictures in the muscle tone of her body. By placing these two images next to one another, the same woman's body is valued differently in each image, reflecting "dominant physical activity discourse, [in which] the fat body tends to be afforded stigmatized status, positioned as the deviant or abnormal 'other' against which the socially esteemed lean body defines itself" (Mansfield & Rich, 2013, p. 358). The timing of these images (the months of January and February) invokes the popular Western discourse of "new year, new me" that encourages the physical transformation of the self as a resolution for the new year. The transformative notion of exercise reproduces both the ideology of the dissatisfied (framing the "before" body as

negative and lacking confidence) and the body as a project (framing the “after” body as positive and confident). Below the pictures is a quote from the woman featured in the images that reads:

> My journey began when I realized if I didn’t change my lifestyle, I would spend the rest of my life unhappy, uncomfortable, and with preventable health problems. I knew nothing about working out, though, and I was terrified of the gym! When I joined [*Be Fit Gym*], the staff was amazing and understood my goals—to get happy, comfortable and healthy. Now my goal is to compete in a fitness competition and to inspire those who once felt like me!

Her testimonial statement is steeped in an ideology that reflects the dominant discourse of healthism. Her account begins by recounting *why* she made the decision to work out with a personal trainer, specifically citing that she felt unhappy, uncomfortable, and would have preventable health issues for the rest of her life. She takes responsibility for her decision to *change her lifestyle,* implying that her unhappiness, uncomfortableness, and unhealthiness were the result of her individual choices as well. Taken together, the three components she listed not only perpetuate the ideology of the dissatisfied, but also relate fitness and health to the good life itself, implying that her overall life would improve as a result of her “good” decision to exercise. Reproducing the hierarchy of importance utilized in the personal training fliers that mentioned looking and feeling good, she lists happiness and comfort before health. The unspoken discourse is that the *source* of her unhappiness was the condition of her physical body, which ostensibly also caused her discomfort.

She then cites her lack of knowledge about working out as a barrier she faced in making the decision to exercise, reinforcing the discourse of the fit body as a knowledgeable body through implying that the non-fit body is unknowledgeable, framing personal trainers as the experts who understood her goals. She also refers to being "terrified" of the gym, ostensibly emerging from a combination of not knowing anything about working out and feeling uncomfortable in her body. This gives power to the gym as a space where body capital influences who feels comfortable in the gym. Finally, her account reproduces the body as a project. Though this type of body transformation is implied with the before-and-after photos, the body as a *continual* project emerges again toward the end of her statement when she mentions her new goal of competing in a fitness competition since she accomplished her initial goals. Fitness competitions are judged based on the appearance of the "fit" and toned body, further conflating the "healthy" body with the appearance of the "fit" body. The ongoing nature of the body as a project enables gyms to capitalize on people's insecurities (often fostered by the very discourse reproduced in the gym itself), bringing them back in repeatedly (gym membership) and finding new ways to drive revenue (personal training). As Dworkin (1974) so poignantly articulates:

> In our culture, not one part of a woman's body is left untouched, unaltered. . . . This alteration is an ongoing, repetitive process. It is vital to the economy, the major substance of male-female differentiation, the most immediate physical and psychological reality of being a woman. (p. 114)

This statement from nearly half a century ago still holds weight, even as the methods of altering the female body have changed over time.

Below her testimonial quote appears an equation in bold letters that states "KNOWLEDGE + MOTIVATION + ACCOUNTABILITY = RESULTS." This phrase implicates each of the major discourses discussed throughout this analysis, including the fit body as the knowledgeable body in the gym (knowledge), the ideology of the dissatisfied in having a body that motivates you to want to change it (motivation), and health practice as an individual obligation and responsibility (accountability). Each of these combined discourses fosters *change* in the body in the form of "results." The continual repetition of the words "results" and "goals" throughout all of the personal training materials imply an end to the body as a project, that there is some sort of completion of the body. However, in reality, fitness is the constant accumulation of practice over time, with any result or goal marking progression rather than an accomplished and fixed "state." Crawford (2006) reports, "Today, the common assumption is that health must be achieved" (p. 402).

After I critically examine this personal training sign by the hair dryers, I continue walking toward a glass door in the back of the locker room. I walk through the door into another hallway that branches off to the left for restrooms, to the right for the steam room and sauna, and directly at the end of the hallway is another door to enter the lap pool area. I assume the men's locker room is designed similarly and reflects the same type of layout, though I have never entered that area of *Be Fit Gym*.

Stationary Bike Group Fitness Classroom

As I exit the locker room and walk back down the long hallway into the gym area once again and turn slightly to my left, just outside the mouth of the hallway, I pass by two vending machines that sell protein bars, snacks, and sports drinks (e.g., protein

shakes, Gatorade). Just on the other side of these vending machines is another glass door surrounded by floor-to-ceiling windows encasing a multi-level room equipped with stationary bikes. This room houses spinning classes during some scheduled times (like the group fitness classroom in the back-left corner), but during all other times, it can be accessed by members who want to use the bikes for their exercise. This room is multi-level so that all participants on bikes can easily see the instructor in the front of the classroom during scheduled classes. This classroom also has a long stretch of windows that allow visual access to see nearly the entire space from the walkway outside the class.

Central Gym Space with Equipment

As I stand near the entry doors of the stationary bike classroom and look out into the open and expansive area in the center of the gym, I see rows and rows of equipment that form parallel walkways throughout the main area of the gym. Cardio machines (e.g., rowing machines, treadmills, elliptical machines, stationary bikes, stair steppers) are aligned in neat rows, all facing one direction toward the front doors of the gym. Continuing these parallel rows behind the cardio equipment toward the back of the gym, there are weight machines that target a particular muscle or part of the body organized by their function (i.e., leg machines are grouped together in a row, just as arm, abdominal, or back machines cluster near one another), inviting gym members to hone in on particular parts of their bodies, reinforcing the "target area" language from the personal training fliers that fragment the body. These rows of cardio equipment and weight machines fill the space directly behind the front desk all the way to the free-weights area at the back of the gym, and there is visual access from nearly every part of the gym to see this space, reinforcing the effect of the panopticon and gaze (Foucault, 1977). As mentioned in the

method chapter, when I began the process of approaching women to interview for this study, I decided not to wear headphones to be more present in my observations of the space. One thing I noticed, specifically while I was using the weight machines, is that the gym not only plays music over the loudspeakers, but there are also intermittent audio advertisements for different things at the gym, like personal training or advertising, themed series on their social media, using hashtags that refer to improving the body, further reinforcing healthism and particular body ideals through a mutual reinforcement of discourses in *Be Fit Gym*.

Walkway by Front Desk

As I continue my journey through *Be Fit Gym* past the entry doors to the stationary bike group fitness classroom and turn left along the walkway, I approach the back side of the front desk once again, nearly full circle around the gym. Directly across from the front desk is another physician beam scale (like the one that is in the women's locker room) placed on the left side of the walkway. This scale is located right next to a folding table that sometimes has a whiteboard propped on an easel that features hand-written messages that are changed by gym staff. It is important to note that *Be Fit Gym* staff control and produce the messages on this whiteboard; thus, the messages here ostensibly represent the mission of the gym itself. Additionally, as I mentioned early, there are only two ways to enter the gym, either passing around the left side of the front desk or the right side, making this space highly visible, though arguably the entire gym is made highly visible. The upfront placement of the scale and changing whiteboard reinforce their importance in the gym itself. Although the whiteboard is not always up, I

did take two photos on separate occasions of the types of messages written here, which I analyze below.

Body fat analysis. The first message read "Body Fat Analysis" in large letters centered on the board. Below in smaller print was the question, "How much fat do you need to lose?" (this was the sign I mentioned in the method chapter that I used on Instagram to solicit informal responses from women who exercise). I will admit that my first reaction to this sign was quite visceral, and I had to stop and take the photo. The implication was that fat is inherently negative and that I *needed* to lose it. As I pulled out my phone to snap a quick picture, I noticed two members of the gym staff at the desk who saw me taking the photo. When I returned the next day to exercise, I noticed that the message had been erased, though I have no way of knowing why. This sign reinforces the dominant assumption that everyone should desire to have a body with less fat; It is not simply a question of *do* you have fat to lose but becomes *how much* do you *need* to lose. The use of a question interpellates members' bodies into the discourse, imploring them to examine their own bodies specifically related to weight and fat. In this way, "fatness seems to equate instantaneously with unhealthiness, and thinness with healthiness, based on a false presumption about the transparency of these bodies in terms of the actions they undertake" (LeBesco, 2011, p. 155). The use of the word "analysis" here implies self-scrutiny, an evaluation of one's body in the gym based on fat. Not only does this message evoke the ideology of the dissatisfied through a *need* to lose fat, but the placement of this message next to the physician beam scale invites gym members to weigh themselves to measure their bodies. The scale itself is reminiscent of doctors' offices, connecting this medicalized space to the gym, implicating "health" in gym discourse as powerful and

laden with ideology. Ultimately, the scale placement and message on the whiteboard together reify healthism and the individual responsibility to maintain one's own health, which in this space, means losing weight and fat.

The best project you will ever work on is you. A few months later, I took a photo of the same whiteboard with a new message that read "The best project you'll ever work on is you." Again, placing this sign next to the physician beam scale implicates that weighing oneself is the preferred method to measure the results of your body as a project and that this project is tied to health (LeBesco, 2011). The body as a project is a highly valued discourse in the gym. In this message, and the discourse more broadly, the idea of improving oneself through commitment and discipline is seen as both responsible and characterized positively (i.e., the *best*). Having a particular objective or goal is implied in the language of "project," perpetuating the idea that to be an effective and *good* body in the gym, one must continually strive for something specific, which usually (though not always) is related to a physical outcome (Wiest et al., 2015). Health itself, as a state, is transformed into an end, the end result of the "project." Framing health and exercise in this way implies some end to the project, which as articulated previously, is counterintuitive to the ideology of healthy practice as a lifestyle, with no beginning or end but life and death itself. Finally, this message very clearly reproduces the language of healthism, implicating the individual as both the project and the project manager, responsibilized as the individual to *work* on oneself, connoting ideas of the individual as the rational and moral agent.

Exit and Summary

Finally exiting the gym, the last thing I see on the left before I walk back through the entry doors are the floor-to-ceiling windows that allow visual access to the lap pool area, making visibility a key characteristic of *Be Fit Gym* as a whole. Only the hours of operation ostensibly bind how members are able to choose to spend their time at the gym; however, upon critical examination of the taken-for-granted assumptions in this space, agency becomes complicated with the obligation and responsibilization of health (Crawford, 2006; Sassatelli, 2015; Turrini, 2014; Wiest et al., 2015). The overarching macro-discourse of healthism is embedded in the meso-level discourses of the body as a project, the ideology of the dissatisfied, and the "fit" body as knowledgeable and powerful in the gym. The representation of bodies in *Be Fit Gym* reproduces the dominant order, disproportionately representing a very narrow prescription of the valued and "ideal" fit body in the gym. The erasure of large bodies, aging bodies, and bodies of color reinforces for *whom* the discourse operates to legitimize. Exercise practice itself becomes ideological, as preferred exercise practices targeting the fragmented and gendered body are made visible through images on the walls, personal training fliers and advertisements, and the practices of members in the space. Now that I have worked to unpack, contextualize, and analyze the ideological dimensions of the macro- and meso-discourses present in *Be Fit Gym,* in the next chapter, I intend to see how fellow women who exercise at *Be Fit Gym* engage in particular micro-discourses in the space that work to reproduce and/or resist dominant order through semi-structured interviews and participant observation.

CHAPTER 5

ANALYSIS PART TWO

> To be means to communicate . . . To be means to be for another, and through the other, for oneself. A person has no internal, sovereign territory, [s]he is wholly and always on the boundary; looking inside [her]self, [s]he looks into the eyes of another or with the eyes of another.
>
> —Bakhtin, 1984, p. 287

This chapter opens with a quote from the renowned Russian philosopher Mikhail Bakhtin about his dialogic perspective of constructing social reality and being. Taking this perspective centralizes the communicative function of being human—that meaning is never fixed, but rather exists in concert with other sounds competing for human attention. Baxter (2007) elucidates that Bakhtin's conceptualization of dialogue refers to "the ongoing tensionality of multiple, often competing, voices (to be understood more generally as discourses, ideologies, perspectives, or themes)" (p. 118). It is within this tension, the struggle of different meaning systems (i.e., discourses), that emergent meanings can *challenge* the dominant order. Cracks in the seams of tightly woven discourses start to rupture, shining light in the dark places that sometimes *seem* unmalleable but are indeed unfinalizable (Baxter, 2007). It is within this dialogic tension that interviews with women who exercise at *Be Fit Gym* emerge as evidence of a discursive struggle, simultaneously reproducing dominant order while also producing small moments of rupture that work to resist the hegemonic hold. Thus, this chapter works as a continuation of the CDA of *Be Fit Gym,* looking now to explore how women who occupy this space engage in discourses of health, exercise, and the body through semi-structured interviews. Participants are named with pseudonyms that are in alphabetical order according to the chronology of interviews (e.g., participant 1 is Alex,

participant 2 is Brandi). This part two of analysis is organized through answering the four research questions I laid out at the conclusion of my literature review in Chapter 2, focusing on the emergent discursive themes.

RQ 1: How Does the Discourse of Healthism get Taken up (or not) in the Discourse of Women who Exercise at *Be Fit Gym?*

Throughout the interviews I conducted with 15 diverse women at *Be Fit Gym,* the terms "health" and "fitness" became nearly interchangeable. These enmeshed meanings gain power through the discourse of healthism, "because health is most generally understood through aesthetics and performances, the ability to embody fitness is valorized as a source of biocapital and an indicator of (human) vitality" (Wiest et al., 2015, p. 26). This biocapital is a unifying thread throughout the interviews, positioning the body who performs fitness as the moral, disciplined, and valued body. Throughout each semi-structured interview, I intended to determine how health or fitness was conceptualized, using these conceptualizations as starting points to ground the meaning-making process. After conducting multiple phases of analysis, analyzing interviews both within themselves as an interaction of meaning-making, and across the interviews to elucidate patterns and contradictions, three major ideological themes emerged to answer this question about how women take up the discourse of healthism, including health as an individual balance, health is what you do, and the use of neoliberal exercise metaphors.

Health is an Individual Balance

Many participants conceptualized health as a multifaceted balance, unique to each individual. In this way, participants' definitions of health seemed to be heavily influenced by their own individual backgrounds, tapping into discourses relevant in their own social

realities. Ellen, a 32-year-old personal trainer, summarized her definition of health by saying "Umm yeah I just believe health to me, the general statement I would say is feeling good and being in, being in shape-whatever that means to each individual." She combines the elements of feeling good and being in shape, conceptualizing health as both multifaceted and individual. When I asked Brandi, a 27-year-old physical therapist, what her definition of health would be if she had to tell someone, she responded, "It's a balance of umm, emotional, physical, um mental well-being, just all the components of it." She goes on further to describe that each component is just as valuable to her as the others, describing their relationship to one another as a "dynamic interplay" that plays out differently for everyone. Her reference to the triangle of health (mental, physical, and emotional/social) taps into the discourse of the WHO, rooting her orientation as a woman in the gym and a physical therapist toward health in a specific way. The WHO definition of health is conceptualized as "a complete state of physical, mental, and social well-being," and this particular perspective gains power and authority through the WHO as a prominent global institution that produces preferred discourses about health and healthiness. Within this definition, there is no mention of the locus of control, and the attainment process of such a state of health even more ambiguous. This tri-fold definition "fails to acknowledge the responsibilized/responsibilizing and individualized /individualizing processes concomitant with the active pursuance of this holistic condition" (Wiest et al., 2015, p. 23). Although the WHO definition emphasizes that health is *more* than only physical health or only mental health, it also essentially positions any body *not* embodying each element of health as conversely *un*healthy.

Kay, an 18-year-old whose mother previously was a bodybuilder, also frames health as dependent upon each person, simultaneously conceptualizing health through shaping the body and mental health. To start this interview, I asked Kay what stood out to her about the gym. She immediately brought up health, stating "Probably just like getting healthy, umm, I guess shaping your body to how you want it to be or how you want it to look, and probably really like working on yourself and helping yourself grow healthier." Within this statement, health is conflated with shaping one's body "how you want it," and both processes are framed as individual in nature and emerge as a result of "really working on yourself," lacing this statement with the responsibilization of health on the individual. I probed her further, asking, "What does healthy mean for you?" Kay responded by saying:

> Healthy to me depends on the person, it's kind of like ummm, so what you want your body to look like so if you want to be a bodybuilder then you can like work out and try to build muscle, if you want to like, just be healthy for your mind as well, because exercise helps with like cognitive—and how you, I don't know, like it helps with depression, anxiety, that type of stuff. Healthy can be—I don't know I think there's just a range of ways you can be healthy so it just kind of depends on how you want to look and just kind of shaping your body that way.

Kay's statement reifies health as an individual choice, further conflating healthiness with looking a particular way, displacing the *substance* of health for the *appearance* of health. In her articulation of health, she references the example of bodybuilding, ostensibly drawing upon her experiences with her mother, specifically emphasizing building muscle and shaping your body in the way you desire. Like Brandi and seven other participants,

Kay also explicitly mentioned mental health as a key indicator of healthiness, tapping into a current buzz word that holds a lot of ideological power in our current historical moment. When describing the mental aspect of health, she seems to have difficulty finding the words to say what she wants to say, pausing after partly describing something, then uses the phrase "I don't know" before she lists off various aspects of mental health exercise can help with. Though mental health makes an appearance in her definition, she returns at the end of her response to framing health as an individual's desired *corporeal* outcome, engaging in the discourse of the body as a project to shape and alter, reproducing the body as biocapital. In sum, the discourse of health as an individual balance reproduces dominant conceptualizations that locate health within each person. Under the auspices of balance, definitions of health often indicate a multifaceted approach while neglecting to consider the conditions that foster healthiness or unhealthiness.

Health is What You Do

A second major emergent discursive theme in the interviews with women in *Be Fit Gym* was that health is a result of *healthy practice;* that health is what you *do*. By default, the reverse of this also becomes true, making unhealthiness a result of unhealthy practice. By rooting health in practice, exercise and other health-promoting activities (such as eating healthily) emerge as *valued* activities, reproducing the discourse of healthism in which all "human activities are divided into approved and disapproved, healthy and unhealthy, prescribed and proscribed, responsible and irresponsible" (Skrabanek, 1994, p. 15). Ability to perform the "healthy" activity becomes a central

focus for participants, conversely labeling those who are *un*able or unwilling as *un*healthy.

Often, participants accounts were rife with internal contradictions about their own health activities, framing themselves as both unhealthy and healthy depending on the practice they were talking about. For example, Georgia, a 25-year-old woman with a military background articulates *how* health plays a role in her decision to exercise, saying:

> Well I hurt my shoulder on deployment working out, so uhh I didn't like that feeling of not being able to do whatever I wanted to do cause I had a setback, so I guess just my body being able to do everything that I can now, and hopefully into the future, so you know, I want to be healthy you know, in order to live a happy fulfilled life.

To begin, Georgia positions her body as both unable, and therefore, unhealthy as the result of an injury that was caused by working out. Ironically, she then frames the act of exercising as the solution to her setback *caused* by working out, reinstating her ability to do whatever she wants through this "healthy" activity. The ability to *do*, to embody health through healthy practices, becomes the tool to achieve the "good life itself" (Zola, 1977). For Georgia, the act of working out enables her to claim health and ability, which then connects to her ability to live a happy and fulfilled life, fully reproducing the discourse of healthism through individual responsibility. After Georgia responded to this question, I then asked how she would *define* health, and she went on to list various activities that a "healthy person" would do, saying "I guess what I think a healthy person is—it's not me. Umm eating clean, umm working out every day, I don't know, running

track or something." After her previous statement framing her ability to exercise and do what she wanted as healthy, I was curious why she specified that she did not see herself as this healthy person. So, I asked a follow-up question, "Why would you say it's not you?" to which she responded with laughter in her voice, "I like to eat food a lot. Chips are my weakness. I could eat a whole bag of chips in one sitting." Although Georgia previously conceptualized her ability to do what she wanted to do as healthy, in this statement, she paradoxically states that she does *not* see herself as healthy because of her dietary preferences and perceived "weakness." One thing that stands out to me is in the first part of her phrasing, that "she likes to eat food a lot." Eating food is literally a requirement to sustain human life, but, when conceptualized in relation to health, food takes on particular ideological meanings of value and responsibility. Weakness here implies a certain level of individual accountability and responsibility, and it invokes the moral imperative of *choice* that undergirds the discourse of healthism. Georgia's word choice in describing "a healthy person" as someone who eats *clean* further embeds the discourse of morality in health-promoting activities, as cleanliness represents a sort of purity. Conversely, it is implied that Georgia's own eating activities are *un*clean and impure, causing her to see herself as an *unhealthy person* as a whole, rather than a person who sometimes engages in unhealthy activities, reinforcing the value-laden language that reifies the discourse of healthism.

Similar to how Georgia articulated herself as unhealthy because of her diet, when I interviewed Frankie, a 30-year-old mother who also works at a strip club, I asked her the same question that I asked Georgia, "How does health play a role in your decision to exercise if it does?". Frankie responded by saying:

> I don’t really eat healthy or nothing at all. No, I can’t, I tried, and I noticed that if I eat too healthy and I work out I get too skinny, like I lose everything [gesturing up and down her body with her hands] like everything, all my body is gone so I don’t eat healthy, or I don’t take energy drinks either, I don’t take any pre-workouts, I don’t do none of that, to be honest with you, so I wouldn’t say I’m healthy, because like I said, I eat basically everything and anything I want.

Like Georgia, Frankie does not see herself as healthy because she does not perceive that she eats healthily, reinforcing that health is what you *do.* Interestingly, Frankie comments that she also does not consume energy drinks and pre-workout drinks, implying that these are healthy practices. In the previous chapter, I argued that energy drinks are unhealthy, but their placement in the gym seems to give them more credibility in the discourse of healthy practice at the gym. Not only does Frankie talk about “eating anything and everything” she wants, but she also takes it a step further by giving specific reasons why she chooses not to eat healthily. Contrary to the stories of many of the women I interviewed, Frankie recounts that her decision not to eat healthily was because she tried it before and actually became “too skinny” when she would exercise and eat healthily, something that negatively impacts her biocapital specifically in her workplace at the strip club. She describes her state of being too skinny as one in which she loses everything, even stating that when she would exercise *and* eat healthily, that “all my body is gone.” Here, her statement seems to indicate not that her literal body is gone, but that the feminine features of her body are lost when she becomes “too skinny.” Thus, Frankie makes no secret that her decision to exercise is embedded in her desire for her body to look a particular way. Her physical appearance becomes the end goal for exercise

practice, and because she perceives that eating healthy impacts her appearance negatively, she decides not to engage in this healthy practice. In sum, through women's production of health as a result of doing, the discourse and language of healthism as a product of individual action and choice are also taken up. Those who perform valued health activities (exercise and eating well) are considered healthy while those who do not are considered to be unhealthy. However, the individuals end goal (i.e., body appearance) may not be tied to these practices.

Neoliberal Exercise Metaphors

For many women who exercise at *Be Fit Gym,* exercise was characterized as something that they felt better after doing, but they often cited that they had difficulty getting themselves to the gym. The obligation to exercise in the gym reproduces physical activity as a healthist pursuit, and as Hayley put it, the gym is where "I overcome my want to be lazy." Brandi echoed this sentiment when talking about periods of hiatus from the gym, saying "So I always just have to like, force myself because I know I'll feel better, in the end, it's just, sometimes you just feel lazy!". Laziness is framed as the antithesis to motivation, and within the context of healthism, laziness is conceptualized as immoral and irresponsible, evoking powerful words such as "overcome" and "force myself" that reify it as such. In describing this exercise paradox, several participants employed neoliberal metaphors such as banking or going to work, framing motivation to exercise as a biocapital *obligation*, reproducing healthism through responsible citizenship.

For Dee, a 51-year-old writer who has a thyroid condition, it becomes important for her to distinguish and distance herself from others with her same health condition.

She articulates her choice to exercise through the language of healthism, comparing her practice to banking, a concept with connotations of capitalism and the idea of making smart investments with your money. She uses the concept of banking to articulate how she puts her time and energy into exercising as a sort of investment in the self, to benefit her future self and ostensibly bolster her health using her corporeal form as biocapital. In this metaphor, the body is literally commodified:

> So, people with my thyroid condition which is Hashimoto Thyroiditis are overweight and complain, if you go online you can go read all about it and it's like yeah, I get tired, but I actually will push myself and—and go workout. Because sometimes I feel just as shitty as I did before the workout, but I consider it banking, which is maybe a weird concept but I consider putting it in the bank so I may be tired that day I go, and workout and I'm still tired, but I know, I know it's bizarre but what I've learned through experience is that I'll feel better tomorrow.

Dee's statement not only reinforces health as an individual obligation, but she also wants to make clear that *despite* having her particular health condition, which is presumably out of her control, she *actually pushes herself* (i.e., controls her health condition) by working out *in spite* of whether she is feeling tired or "shitty." There is a sort of agentic determinism that emerges through her response, as she seems to strategically erase the biological component of her health condition through her sense of empowered agency and *choice* to work out. In an earlier interview question, Dee talks about how she views exercise as the "entire foundation of her health," further reinforcing her perceived agency in fostering her own health outcomes, and feeling proud of her smart investment. For

Dee, her body is not inhibited by her health condition *because* she makes the healthy decision to work out, in contrast to "others" with her same condition who she portrays as overweight because they *choose* not to work out. Her discourse works to praise her own healthy practice and shame others' unhealthy practice through bodily capital and individual choice.

Banking was not the only neoliberal comparison made by participants, as several women used the analogy of going to the gym as going to work. Ivy, 30 years old, said, "It's like when I don't want to go to work, I tell myself, just get there just get there." When I asked Ellen, the personal trainer, about her self-talk when she makes the decision to come to the gym, she said:

> Sometimes, I don't feel like going to the gym, but I've gotten to the point because I've been going to the gym on a regular basis probably for the last 10 years, so I don't even ask myself if I feel like going to the gym. It's gotten to that point, umm although I do enjoy coming here, I've explained this to almost like sort of my clients where I look at the gym almost like—if you don't go to work you don't get paid, right, so if you don't exercise your body, then you're not going to get the results you want. Okay so sometimes you don't feel like going to work, right, but of course, you have to go, and so that's how I've trained myself. Like I sometimes don't wanna go, but it is something that I have enveloped into my lifestyle—it's just, I have to do it, for various reasons, and I know that the benefits overall are gonna be more positive than negative.

Although her entire statement is rich with ideological meaning connoting healthism through implied work ethic and commitment, what sticks out to me is her analogy of "if

you don't go to work, you don't get paid." Although Ellen articulates throughout the interview that she does not have any body image issues, is confident in herself, and does not feel any pressure to look a particular way, there are moments when her discourse invokes this sort of corporeal obligation to exercise in order to achieve "results," which are implied to be physical (i.e., exercise your *body*). The sensation of the body or how the body might be feeling that day is silenced (i.e., I don't even ask myself if I feel like going), forcing her body into submission to create the particular desired outcome (i.e., I just *have* to do it). In the neoliberal sense, this privileging of the rational agent over the sensations of the body encourages the mind and "self-talk" to drown out the sounds of one's own physical form. Further, the physically active body is compared to the productive working body (i.e., of course, you have to go to work), again commodifying the body within the discourse of neoliberalism. The paycheck comes in the form of physical results, and Ellen perceives the positive benefits to far outweigh any negative, implying how much she values the "paycheck" so to speak, again echoing the valued body in the discourse of healthism.

RQ 2: How Do Women Who Exercise at *Be Fit Gym* Tell the Story of *Why* They Exercise?

Temporal Narration of the Self

I opened this dissertation project with a vignette that provided insight into my own story in the gym, a story that has been influenced by my life experiences and continues to shape not only how I view my social reality, but also my own practices. My own relationship with my past self is conflicting at times, as sometimes, I reminisce about a body I used to have, comparing my current body to a previous version of myself. Other

times, I look back over my experiences and feel like I have grown immensely, distancing who I *was* from who I am in *this* moment, and aligning myself with who I *want* to be in the future. The women I interviewed at *Be Fit Gym* each shared their own unique stories, threaded together through a temporal narration of the self. Although their stories did not emerge strictly according to one chronological pattern, the ease at which they interwove their own story throughout the interview speaks to this idea of viewing the self through time. Below, I include excerpts from one participant, Alex, exploring how she narrates herself through the lens of their past, present, and future self.

Past. When I asked Alex, a 27-year-old physical therapist (she worked with Brandi, the one participant I solicited through snowball sampling) about her body image and her experiences in the gym, she reflected upon her motivation to exercise through a poignant part of her childhood:

> Like I know when I was younger my mom always had like a . . . [long pause] she was always worrying about her body image, so I think that kind of translated to me and my sisters too. Which is kind of [long pause] it is what it is, maybe not the most ummm beneficial thing when you're a young girl, but it is what it is like it also helps me to stay healthy. I don't think it's something that she meant to do, but it influences you when you're little.

Alex looks back at her past experiences, pinpointing her mother's relationship with her own body as an influencing factor for how she and her sisters then perceived their bodies. Ostensibly, she and her sisters came to understand body image through their observational experiences with their mother. Although Alex acknowledges that this may not have been beneficial to her and her sisters as young girls, through her language she

attempts to minimize the effect through the use of qualifying statements such as "*maybe* not the most beneficial" and clarifying that she did not think her mother did it intentionally, and she repeats twice that "it is what it is." Worrying about one's own body image, especially as a woman, becomes normalized through this repeated phrase echoing the concept of *normative discontent* (Rodin et al., 1984), and reflecting the deeply embedded and hegemonic tendrils that reproduce the ideal female body in a particular way through social comparison and body dissatisfaction. Alex engages with the discourse of the ideology of the dissatisfied when immediately following the second repetition of "it is what it is," she goes on to say that it "helps her stay healthy," seeming to imply that worrying about body image can be good for you when it drives healthy exercise, which is a valued and responsible activity. Although Alex recognizes that negative effects can come from focusing on one's body image (i.e., not the most beneficial), the outcome of "health" transforms her view of the means to get there. This discourse of healthism is able to maintain power through the way in which it reproduces itself, keeping healthiness as a central value that is unquestioned and connected to positive connotations. The next section connects Alex's past to her present conceptualization of herself and her motivations and meanings in the gym.

Present. To begin the interview with Alex, I asked her to tell the story of why she exercises. Her initial response was quite brief, and again reproduced the idea of health as an individual balance. "Umm, I'd probably say it's like for my mental health, my physical health, umm and its just kind of something I grew up doing." She references that she grew up exercising and focuses on health being multifaceted, and more than just physical health, citing mental health first. Probing her further about how health influences

her motivations to exercise, she said, "Just maintaining like a good BMI, and umm, I was trying to build more muscle, less fat, ummm then like the cholesterol and blood pressure and all that stuff it helps with." Her background as a physical therapist and working in the healthcare field is made present in her discourse, as she engages dominant, widely-accepted, medicalizing language and discourse by talking about BMI and other elements of physical health, both external (building muscle, losing fat) and internal (cholesterol and blood pressure), which work together as sort of health buzzwords. Though her initial response leads off with mental health as a motivation, physical health takes over as she continues on detailing the various connections she made between health and why she exercises. Interestingly, later on in her interview when asked about the scale at the gym, Alex said that she no longer weighs herself because she does not want her "feelings of self-worth to come from a number on the scale," citing that her past self "struggled with weight for a long time." Thus, through her current and past self, Alex narrates her story that simultaneously reproduces dominant discourses and understandings of what it means to be healthy while also engaging in some practices of resistance, like not weighing herself on the scale.

Future. When Alex talks about her current exercise practice, she also taps into the dominant discourse of aging "healthily." After talking about BMI and the other elements of physical health, she narrates that part of the reason for exercising now is because it will influence her future self, stating that she is "setting it up for my future too, like I want to be healthy up into my 60s, 70s, 80s, so starting now." Her aspirational, future self is envisioned as a healthy self. Health as the key to living a good life becomes reproduced and valued through time and particular activities that foster and create

"health," connoting notions of ability for the individual to control their own health as they age. This perspective neglects to consider the many social determinants and biological determinants that influence overall health, essentially reproducing healthism.

Interpersonal Influence: Avoiding vs. Becoming

In addition to narrating their stories through the temporal self, women often attributed interpersonal influence as a guiding motivation for them to exercise, and thus, be "healthy." This interpersonal influence emerged in the form of both significant others in their lives, including family, friends, and even sometimes acquaintances. Women talked about interpersonal influence in two ways, avoiding and becoming, taking up the discourse of healthism in various ways.

Avoiding. When I asked Crystal, a 22-year-old model and beauty pageant winner, about how health played a role in her decision to exercise, she said, "Well, I know people that are unhealthy, not just physically but they have health problems because they don't take care of themselves, so I'm trying to avoid that and just stay healthy, stay consistent." Her evaluation takes up the language of healthism, implicating that the people she knows fostered their own negative health outcomes, that their poor health was their own fault. She wants to *avoid* unhealthiness, and her discourse implies that she avoids poor health by taking care of herself through exercise practice, again reinforcing exercise as responsible and valuable "health" activity. Throughout her interview, Crystal continually assured me that she is confident and loves her body, and sees herself as fit and toned, something that she mentions as a requirement for the swimsuit portion of pageants and her modeling career.

When I asked 30-year-old Ivy the same question about the role of health in her exercise decision, she echoed Crystal's desire to *avoid* the negative health outcomes that she has seen in someone she knows:

> Well, my sister is dealing right now with fatty liver, so that's a big concern for me like, I want to make sure to be healthy—as healthy as possible—like I know I have excess weight and I don't want to get like diabetes or fatter liver, or any of those health problems.

In her response, Ivy connects the practice of exercise to being "as healthy as possible," engaging the discourse of healthism through personal control over health outcomes through particular prescribed activities. Her discourse also seems to imply that there are particular limits to what might be *possible* (i.e., genetic predisposition), resisting to some extent the responsibilization of health. Unlike Crystal, who sees herself as fit and thus healthy, Ivy positions her body as having "excess weight," and therefore, views herself as prone to health problems such as diabetes or fatty liver. Her *choice* to exercise is framed as a "healthy" choice that will help her avoid becoming "unhealthy" like her sister.

Becoming. Jayne, a 48-year-old nurse, tells the story of why she exercises through a journey of becoming, as influenced by her daughter who competes in triathlons and Ironman exercise competitions:

> I was, about seven months ago, just kind of lazy, doing nothing, and my daughter challenged me to do a triathlon, and I was like there's no way I can do it, I'm almost 50, I can't do it, and she's like, yeah you can, Mom; you can do it.

Through an interpersonal challenge and encouragement from her daughter who is described as "amazing and super active," Jayne was inspired to start exercising to

become. Thus, Jayne now exercises because she is training for a half Ironman (13.1 miles running, 1.2 miles swimming, 56 miles biking). Through her response, Jayne implicates that when she was not exercising, she was doing "nothing" and was "lazy," implicating her inactivity as irresponsible through the use of those particular words. In this way, her journey of becoming exemplifies the transformative story of the moral and responsible citizen who was once lazy, but made a good choice and is now active. That she thought that her age precluded her ability to compete, yet, overcame that barrier through encouragement, illustrates how the aging body and ability are conceptualized in exercise practice. Further expanding on the idea of health and aging, later in the interview, Jayne talked about how she sees her parents and in-laws as they age unhealthily, bringing in the concept of avoiding once again. "They are overweight. They have diabetes, high blood pressure, high cholesterol, and have a hard time walking, so I see how easy it is to get that way, like I was before I started training." Aging in particular, and preferred ways generally, are conceptualized through action, and Jayne positions herself as both *avoiding* ending up like her parents and in-laws and *becoming* a person who ages healthily, by maintaining a healthy lifestyle through exercise. Healthism is exemplified through her discourse when she talks about herself *before* she started training. Her journey of becoming is one in which her hard work, commitment, and training characterize her as healthy, and thus responsible, and related to individual action and choice.

Look Good, Feel Good

Throughout the interviews women continually reproduced the discourse of look good, feel good, citing both external (physical appearance of the body) and internal (sense of accomplishment, confidence) motivations for exercising. The phrase "look

good, feel good" produces a discourse that normalizes inner confidence as a result of outer appearance, which, in the discourse of healthism can be controlled through individual choice to exercise and engage in "healthy" activity. Through the reproduction of this dominant narrative, looking good and feeling good are connected as women reify the ideology of *Be Fit Gym,* which is guided by healthism more broadly.

When I asked participants about how their body image impacted their experience in the gym and vice versa, women often framed the relationship as positive overall, feeling good about exercising because they noticed physical changes in their bodies. Jayne said, "I notice now that I started exercising and lost all the weight, I feel a lot more self-confidence, I feel strong, I feel good about myself and that I can do it." By embodying healthy activity, Jayne describes feeling empowered by her own results. She gains self-confidence and strength through exercise, and in the process, she proves to herself that she is *able.* Her discourse implies by default that her non-exercising body was weak and lacking, echoing the ideology of the dissatisfied in exercise motivation. In a similar vein, Georgia recalled that after she leaves the gym for the day, "I feel like I accomplished something, and like seeing how far I can push my body, I guess, what I can do physically, I mean like, I would have never known how strong I was until I went to the gym." Georgia's sense of accomplishment comes as a result of fulfilling the moral imperative of health practice. She frames her strength as an unknown quality before going to the gym *showed* her how strong she was. Although I see confidence and strength as positive qualities, especially for women as these are historically masculine constructs, these excerpts from the interviews show that underneath the positivity is a layer of obligation. The implication for these women seems to be that if they stop performing

health through exercise, then the opposite (e.g., self-consciousness and weakness) becomes their social realities.

In this way, participants talked about feeling bad when they did not exercise. When discussing periods of hiatus from the gym and exercise, Brandi exclaims, “Ohhh man, I just, I always, I just feel fluffy, like when I look in the mirror, I’m just like, man, I’m fluffy.” She goes on to say that when she feels that way, it turns into a negative reciprocal cycle where she starts to eat sweets, which then makes her feel worse about herself. For her to end the cycle and get back to the gym, she said, “I always just have to like, force myself because I know I’ll feel better in the end, it’s just, sometimes you just feel lazy.” Contradictorily, Brandi’s hiatus from the gym emerged from her being very busy in her life, and not having time to come to the gym, which to me seems to signify that she was not lazy at all, rather, that she was busy doing other things. This theme also reoccurred throughout the interviews, that getting busy was also seen as laziness in the context of exercise and health. Again, the language of healthism is reified, characterizing non-exercise as laziness, thus, a choice. This cycle was cited by participants time and time again; and from my own personal experiences, observations, and conversations with people throughout my network; I have found that exercise practice is often characterized by this cycle of feeling bad about oneself for not exercising, making the choice to exercise, feeling good and productive about exercising, then getting too busy to exercise, starting the cycle anew. The ideology of the dissatisfied is reproduced here by leveraging people’s body insecurities as persuasive factors to engage in the reciprocal cycle of health practice, producing the healthy and self-sufficient citizen who is seen as both a responsible and good person. To summarize why she thought people exercised in the

gym, Brandi ends by saying, "Yeah, so I think a lot of it is maybe just that you want to look and feel good."

An excerpt from Kay's interview speaks to the tension of this cycle, between feeling empowered through exercise and feeling obligated through exercise, in some ways resisting healthism. Throughout our interview, she was very open about her past struggles with mental health related to body image and eating, which she continues discussing below:

> Whenever I had my eating issues, I was like I have to work out. Otherwise, I can't eat as much and stuff like that, and now I'm better. Plus, for me as well I need to work out for my depression and stuff, like working out helps me feel like more accomplished, like I feel like I can do a lot, it gives me a passion and it gives me something that I know I can do and like, I don't know, kind of highers my self-esteem, but at the same time I've had those moments where I'm like I need to work out otherwise—[long pause] just like bad self-image. I used to be worse, I really used to beat myself up if I didn't go and I was like obsessed with having to go, and now I'm better. I try to work out—I'm better now, but I try to work out five times a week, but if I miss a day, it's okay.

Kay's self-reflexivity in this statement enables her to recognize her motivations to exercise as complex and nuanced. She does not simply reproduce the discourse of exercise making her feel good, confident, and able, but she also sees the ways in which the pressure of maintaining exercise practice negatively impacts her self-image if she does not adhere to exercise practice. Kay repeats over and over throughout her statement and her interview as a whole that she is "better now," referring to her mental health and

body struggles. I see this rhetorical strategy as a sort of distancing tactic that enabled her to talk about herself and her experiences honestly, but by placing them in the past, she was able to speak without feeling judgment from me as an interviewer in the moment.

Overall, women's stories were articulated through a temporal narration of the self, interpersonal influence characterized by avoiding and becoming, and an ideology of looking good connected to feeling good. These emergent discursive themes reproduced major elements of healthism including morality and individual responsibility through particular word choice, repetition, and articulations of the self.

RQ 3: How Do Women Who Exercise at *Be Fit Gym* Make Meaning of Their Experiences at the Gym?

Women who exercise at *Be Fit Gym* make meaning of their experiences through various tensions. These tensions emerged throughout the interviews and provided space for women to resist the dominant order through the sense-making process. The tensions that emerged include distancing the "self" from the "other," being in control versus being in community, and conflating versus separating health and body size.

Distancing Self From "Other"

Throughout the interview process, internal contradictions emerged most clearly through an intentional distancing of the self from the other, displacing ownership of the words and meanings depending on the context and connotations of the systems of meaning involved. Two subthemes emerged here, including the healthy self versus the unhealthy other, and the confident self versus the self-conscious other.

Healthy self vs. unhealthy other. Engaging dominant discourses of healthism, Crystal distances her perceived "healthy" self from "unhealthy" others, differentiating

herself from others through self-discipline and individual commitment to health by saying:

> Well, um, most of my friends are actually pretty overweight and they don't have the discipline to push themselves, because I've seen them try, but they always fall back out of it and start eating junk and umm get off of their workout routine, and I just think it's important to stay healthy, they have, you know, they are very young and they have arthritis problems already, they just have a bunch of health issues that I don't want to have, and I've tried to get my family, and I try to get my friends to work out, but it's very hard, it has to come from within.

By labeling her friends as both "overweight" and lacking "discipline," she reproduces the narrative of people in large bodies being lazy, which creates unhealthiness. She talks about how she has tried unsuccessfully to encourage them to engage in exercise but laments that "It has to come from within," further reifying the individualization and responsibilization of health. In this distancing, Crystal positions herself as the responsible and healthy agent while positioning her family and friends as irresponsible and unhealthy agents. Health is perceived to be a commodity that can be attained through individual action, rather than an amalgamation of biological, social, and individual-level determining factors. Seeming to contradict her previous statement that indicates a particular type of body (not overweight) and practice (exercise and eating well) as healthy, Crystal later talks about health as unique to each person, "It varies, because just like with clothing it's different sizes, different skin tones, different hair textures, so you just have to find what works for you." These internal contradictions work to align Crystal

with the dominant normalizing language of healthism and the competing discourses that work to resist dominant order by privileging and embracing difference.

Dee also distances her "healthy" self from "unhealthy" others, specifically citing weight as a determining factor, like Crystal did above:

> I'm friends with all these people from high school on Facebook, and I see some of them are like massively overweight, and these are people who were in shape in high school, and I just can't fathom just not being able to keep up with my kids or not being able to participate in like a bowling tournament because I'm so overweight or I—I get out of breath.

Dee's statement is thick with judgment, assuming that because of their body size, the people she knew from high school must not be able to "keep up" with their kids or participate in "bowling tournaments." She talks about how they used to be "in shape," but are now "massively overweight," presuming individual control of the body. Through her word choice, Dee distances herself from these people on Facebook by saying "I just can't fathom," implying that she is *not* like them and could not imagine ever becoming that way. Through her value statements, it is implied that she sees herself as moral and responsible while she views the others as lazy and irresponsible. Further reifying healthism, Dee makes grandiose interpretations of how being overweight impacts one's life, implying that because of their weight they must be unable to live a happy and fulfilled life, unable to do things with their families or engage in other activities (e.g., bowling). Contradiction arises many times throughout Dee's interview, but most poignantly when I asked her about how body image impacted her experience in the gym:

> It took me a long time to realize that what I thought was fat was just so clichéd and oppressive and reading women's magazines added to that, and so now I go to the gym and have just a really "fuck it" kind of attitude.

So, when talking about others, Dee condemns their fat bodies as unhealthy as a result of choice and lack of work ethic. However, when talking about her own body image related to weight and fatness, she engages language of resistance, stating that what she thought was fat was "clichéd" and "oppressive," and that through that realization she no longer worries about her body image. By engaging in both reproduction and resistance, Dee positions herself as both moral (locating healthism) and enlightened (locating oppression).

Confident self vs. self-conscious other. Another way women distanced themselves from others was through the confident self and the self-conscious other. To exemplify this subtheme within the discursive tension of distancing the self from the other, I focus on the body image section of my interview with Ellen, the personal trainer:

> I've never really suffered from a body image issue, and maybe because I-I've played sports and been pretty athletic, umm but I can tell you this, that when you work around other people it does sort of make you look at other people and like oh, do I look like that or . . . things like that, so you do compare yourself, in true transparency, there is a comparative notion when you work out at the gym. umm, but I believe it's helped me more in a positive way than a negative way. I've kind of pushed myself past certain limits or if I see, for instance, another woman doing an exercise I would probably never even think to do umm definitely it is something I would probably like—okay maybe I should try that or even if I see

> someone and I feel like they're in the shape that I, that I like I'll ask them, you know, like how long have you been working out or what's your programming like, or what's your meal plan like and things like that.

In this excerpt, Ellen denies having "body image issues," positioning herself as confident. This confidence does not only emerge from this section of my interview with her but throughout the interview as a whole. For example, in an earlier part of our interview she said, "I don't feel any social pressure to look a particular way, um, that's not my motivation to come to the gym," indicating that she has an awareness of the larger discourses that produce social pressures of appearance, but rejects them. However, as the above excerpt unfolds, Ellen talks about social comparison in the gym. Her statement "in true transparency" reveals that although she feels confident in herself, she does compare herself in the gym, and indicates that perhaps she was not truly transparent in other parts of the interview. She quickly frames this comparison as helping her in a "positive way," encouraging her to try new exercises that she did not think to do before. She then goes on to say "if I see someone, and I feel like they're in the shape that I like" that she would ask them what they did to achieve that particular "shape," implying that looking a particular way might indeed be part of her motivation to exercise, contradicting her earlier statement.

Further complicating Ellen's account, she goes on to describe observations of her personal training clients, distancing her confident self from the self-conscious client. She started by talking about how many of her clients do not want to work out alone because they feel intimidated (e.g., self-conscious). According to her estimation, "So some of it—most—a lot of it is body image." Her word choice evolved as she spoke, going from

"some" to "most" to "a lot" when evaluating why she thought her clients felt intimidated, increasing in intensity as she spoke. She brings up social comparison again but frames the impact for "others" as negative as opposed to the positive effect it had on her:

> I do feel like a lot of my clients—they probably do compare themselves to other people at the gym, or they feel like—I've heard people even say like I don't want to start working out on my own until I get into the shape I feel like I should be to work out on my own. Having the body that they feel like is good, like a good looking body, then they'll have the confidence to go out there and workout.

Ellen's observations locate the ideology of the dissatisfied in her clients. I then asked Ellen how she felt about this, and her response was "Umm, for me it's really sad, and I feel bad for-for people that feel that low of themselves." Her sympathy further distances herself from her clients, positioning them as "other" and different from her. These internal contradictions work to produce distance between her confident body and her client's self-conscious bodies, rationalizing social comparison in a positive way for her and a negative way for others. Her role as a personal trainer positions her body as one with particular biocapital that is valued in the gym, reproducing discourse present throughout *Be Fit Gym* as a whole (Wiest et al., 2015). To identify herself as self-conscious might delegitimize her body's biocapital power, so rather, she works to distance herself from the ideology of the dissatisfied while making sure that *I* knew that *she* knew what the dominant discourses were and that she did not buy into them.

Being in Control vs. Being in Community

An additional tension that emerged throughout the interviews was between women desiring either control in their workouts or being with others during workouts.

Being in control is embodied through women's preference to exercise alone, reproducing the individual locus of control present in healthism, and reproduced heavily in *Be Fit Gym*. Approximately four participants talked about preferring to exercise alone, something that emerged naturally in the interview, as it was not part of my interview prompts. Being in community is embodied through women's preference to exercise with others, engaging in fitness as a social practice, reflecting a collective locus of control, which works to resist the discourse of healthism. Being in community was more prominent in the interviews, as seven women talked about preferring to work out with a partner or group.

Being in control. Frankie describes her time at the gym as valuable, making it important for her to exercise solo. "When I'm in the gym, I don't even come with a friend because I want to do it like just myself." By going to the gym alone, she is able to exercise in whatever way she decides, making her in total control of her body in the space, without needing to worry about someone else talking too much and derailing her focus. She talked about being tight on time and wanting to get the most out of her workout. Control becomes the most important part of exercising alone. Ellen also prefers to exercise alone, although she sometimes works out with partners, saying "I will say that I do feel like I get more accomplished on my own," making the end goal of accomplishing a lot at the gym more important than working out with others. Both Frankie and Ellen want to be efficient with their time spent in the gym, reifying the personal training fliers that advertise making the most of your workout, and accomplishing results *fast.* This level of efficiency connotes work and productivity,

evoking the values of capitalism and individualism, which are valued qualities in the healthism producing space of the gym.

Being in community. One day, when I was exercising on the machines, I noticed a woman sitting on a workout bench by the group fitness classroom, and she appeared to be waiting for class to start. I decided to approach her and see if she had time to interview before her class started. When I told her I was interested in studying women's experiences in the gym, Liz, 67, initially questioned whether she would be helpful for me to interview, as she claimed she was not very experienced in the gym. Interestingly, for the women I interviewed who were over 50 years old, this became a common response, questioning whether their insights would add value to my study, which to me seemed to indicate that their bodies were not usually valued in the gym, something that I inferred from the lack of representation of older bodies in *Be Fit Gym* images. When I assured Liz that I wanted to know about her experiences, she went on to tell me that "I only come to the classes, and I use the treadmill when I come early enough. I always use the treadmill and the classes." She went on to describe how she did not exercise at all throughout her life, but that after she retired, she wanted to be active for her health and do something outside her house, so she started attending Zumba classes. Liz lit up when she was describing the classes, stating "I feel good that I have some place to go and I meet different people and I have different teachers and they all seem pretty friendly." Later on, she stated that after class ends "You always come out with a smile." Liz's account of being in community reflects the social dimension of the gym and the perceived benefits that come from being around other people in the space.

Brandi's account of being in community offers interesting insight into the tension between being in control versus being in community. Like Liz, Brandi talked about how much she loved the classes at the gym. When I asked her why she preferred classes, she talked about how being in community with people was motivating for her, saying "I don't even know them, but I can feel it. I can feel their energy. I know why they're here." There is a sort of camaraderie that emerges through Brandi's description of being in community, working to resist the individualized pressures present in the gym. Although she clearly indicated multiple times throughout the interview (and before and after) that she loved and preferred the group fitness classes, she also seemed to feel pressure to be in control. After I asked if she liked the classes more than individual exercise, she said:

> I do, but I know that I need to do more weights because I—I, I'm still the same, like I mean I'm not you know, I'm still fit, but I'm not like toned, so I need, like I was like I need to change, you know like do a little paradigm shift into the weight world but it's intimidating.

Brandi felt the need to communicate to me that she *knew* she needed to do something different than the classes. Her rationale was that she did not see changes in her body, that she was still "the same." She had trouble finding the words as indicated by her pauses and repetition, and her statement, along with the way she said it, seemed to indicate that she felt the dominant discourse of individualism, specifically the pressure to change or progress her body as a project. I could tell that she felt like she was not exercising in the preferred and promoted way in the gym, and wanted to let me know that she knew what she "needed" to do, even if she did not necessarily *want* to. Through this tension, being in community becomes a resistance practice the legitimacy of which in the gym is

constantly challenged through the reifying nature of healthism and the body as a project for the individual to control.

Conflating vs. Separating: Health and Body Size

The final tension that emerged through women's meaning-making in the gym was related to how women communicated about the healthy body. Throughout the interviews as sites of co-constructed knowledge production, many women reproduced the dominant narrative that equates and conflates the thin and toned body with the healthy body, reifying the particular production of the ideal feminine body in the gym. There were, however, moments of resistance to this dominant narrative wherein women described fitness and health as *distinct from* the perfectly prescribed ideal body. First, I highlight accounts that conflate and separate health and body size through reflections of participants' *own* practices, definitions, and motivations. Then, I focus specifically on the ways women describe what stands out to them about the images on the walls of *Be Fit Gym,* conflating and separating health and body size through their visual evaluations.

Personal experiences. Ophelia, who was 41-years-old and used to be in the Navy, recounted that the reason she exercises is:

> Because I'm trying to lose weight. Need to start eating healthy though. Just for health reasons, it makes me feel better, so I'm just gonna try and get back into it. I think it will be a good choice and a good place to be.

In her statement, Ophelia connects weight loss directly to health and frames her exercise practice as a good choice, and the gym in general as a good place to be to foster health, reifying the moral and individual components of healthism. Marie, 62, talked about how she and her aunt decided to exercise together because they both felt like they were getting

fat. When I asked her how she feels at the gym, she said "Positive, like it's a good thing I'm doing. It's gonna be beneficial. It's gonna help me. Losing fat and gaining muscle, basically, and not having to buy new clothes because I'm getting fatter." Marie's statement reifies the thin and fit body as a healthy and valued body to achieve in the gym. Her motivation is guided both by a desire to lose weight, and not to get fatter (a different take on avoiding and becoming). Although her language reflects the conflation of health and appearance, later on, she critiques the ideal body portrayed in the gym, saying "We all have a certain shape we're born with, and we can only control up to a point, even if we exercise a lot." Though the healthist notion of *control* is still embedded in this statement, Marie also devalues the ideal body in the gym as unrealistic, resisting the dominant order by attending to the natural variation in the human body as biologically predisposed from birth.

Hayley; who was 28 years old, married to Georgia, and was in the military; expressed that she wanted to lose weight to be healthy, but also did not see healthiness as related to weight, engaging in multiple conflicting discourses at once. On one level, she reproduces the language of healthism reflecting health as what you *do* and centralizing her desire to lose weight to be healthy. However, her definition of health seemed to push back against dominant healthist assumptions in some ways as well. At the end of one response about her motivations for exercising after she described how easily she gains weight, she summarizes "My story is like I wanna keep off my weight and make sure that I'm staying healthy, like for me," implying that weight gain is *un*healthy and that her motivations are individual (i.e., "for me"). I then ask her to further describe what health meant to her, and she responds:

> Umm, I don't know because I don't see like someone who's skinny as healthy, and I don't see someone who's fat as healthy, or not healthy I should say, uhh I just see it more like are you doing okay, like how is your health system.

Hayley both reproduces the discourse of healthism when talking about her own story, and then immediately after, works to resist the dominant order, distinguishing that she did not see the size of one's corporeal form as indicative of health. This type of dialogic exchange engages multiple competing discourses at once and enables a sort of starting point from which to build discourses that resist the dominant order, but the subsuming language of healthism seems to swallows the language of resistance.

Gym images. As I described throughout part one of analysis in *Be Fit Gym,* the images on the walls work to produce particular representations of fit, White, gendered, young bodies in the gym, positioning these "ideal" bodies as preferred and valued. When crafting my interview questions, I knew that I wanted to see if other women noticed these images, and if they did, how did they perceive them? Negatively, like me? Positively, as aspirational, ostensibly as they were intended? Indifferent to their existence? To find out, I asked each participant if they ever noticed the pictures on the walls at the gym. Every single woman said they had noticed them, so I probed further asking each participant, "What stands out to you about them?" The overwhelming response focused mainly on their physically fit appearances, that they were "in excellent shape." Only one person, Dee, who used to be in marketing, brought up that there was a complete lack of diversity in the images. Concerning the portrayal of the figures as young, Liz (67) said that she thought they were great and commented that it stood out that they were all young, much younger than she was. I asked her how she felt about this, and she said, "I think it's great!

Yeah, I don't want to look at old people, even though I don't feel that old." Although many women liked the images and found them to be inspirational and generally positive, like Liz, there were also several women who recognized the images as perpetuating a particular ideology ("That's kind of like the image of the gym. They all seem to be skinny") and others still who took it a step further and engaged in discourses that resisted the conflation of health and appearance.

Below, I highlight two examples of resistance through Kay and Ellen's responses to provide insight from someone who openly discussed her body image issues as the daughter of a bodybuilder (Kay) and someone who denied having any body image issues as a personal trainer (Ellen).

When I asked Kay what stood out to her about the images on the walls at *Be Fit Gym,* she responded:

> I guess the girls are fit and the guys are pretty athletic build, which is not necessarily like a good thing always, because you know like girls don't always look like that, you don't always have the curves that go in and all that, or like have curves at all, every woman's body is different.

Kay begins by distinguishing gender in the images by body type, using words such as "fit" and "athletic," centralizing the appearance of fitness as what stands out to her most, like many of the women I interviewed. However, unlike the women who claimed they felt either positively or indifferently toward them, Kay critiques the appearance of fitness in the images, specifically focusing on women, saying "every woman's body is different." Kay engages in discourse that embraces body difference rather than condemning it, resisting the pressures of the dominant discourse.

In Ellen's response to the same question, "What stands out about the images," she makes interesting use of distancing language, focusing more on the marketing intentions of the gym before engaging in the HAES discourse, aligning herself with systems of meaning that reject the conflation of health and appearance:

> I definitely can tell that the marketing here is that this is THE particular body type, umm that is—one would consider, in shape. And we know that there are all different types of body types that are in shape, umm but they definitely have driven the point home on which ones they believe are.

After she talks about THE particular body type, she stops herself from finishing her sentence, instead opting for distancing language (e.g., "one would consider"), rather than claiming the assessment as her own. She then aligns herself with the opposing discourse using the word "we" when she brings up that different body types can be in shape. I then ask her "tell me more about that, that there are different body types that can be in shape?" to which she says:

> Well, you know, for instance there's BMI you know, there's body fat percentages, umm you have to take into consideration lean mass instead of just you know um versus other things, so you know it's like just because—there's different muscles, umm, how can I word this, so people develop muscles differently, people store fat differently, umm and there's so many different shapes and body styles, ectomorph and endomorph, and those are called somatotypes, so umm people store fat in different places and they also metabolize differently. So, your body's gonna have a different look. So I feel like it's not a diversity of different body types that are in shape, you know, someone that may, you know be viewed as very in shape they

> might not be able to do a pull-up, then there's people who appear, you know, not so in shape and they can pull their body weight up, so who's in shape and who's not?

I include the entire excerpt from this part of her interview to demonstrate the meaning-making process as it unfolds through our dialogue. When Ellen is explaining how different body types can be in shape, she starts by listing off a few different ways to measure the body engaging health and fitness related technical terminology (BMI, body fat percentages) to root her rationale, ostensibly using language she learned through her career as a personal trainer. She struggles with finding the words to explain what she means when she is describing bodies (i.e., "just you know, umm, versus other things" and "umm, how can I word this"). Ellen is selective in her word choice, illustrating reflexivity toward what she is saying, wanting to make sure that she is able to express herself how she wants, ostensibly not to contradict her own statement by engaging dominant discourse.

In sum, these moments of resistance to the normalized discourse of ideal bodies offer insight into the sense-making processes of women in the gym. Hegemonic discourses can make it difficult to find the language to express resistance, as the normalization continually works to sediment and naturalize that which is socially constructed.

RQ 4: How Do Women Who Exercise at *Be Fit Gym* Articulate Their Experiences With the Weight Scale Relative to Exercise and Body Image?

"I guess like the trainers they brought me there one time, and they were kind of like weighing me and saying that I was almost to my potential like I had to keep losing weight or something, so I'm like okay, not really."

"How did you feel about that experience?"

"Not good. I don't think he meant it, in a way, I think he was trying to get me to personal train, I don't think he did it in the right way, and so he was saying like how my BMI was too high and I was like, I'm a healthy weight, and I knew I was healthy and so, kind of like, he was like oh you have a little farther to go, and I was like well, I'm happy with my weight, so I didn't really appreciate that, so."

"Did you continue with the personal training after that?"

"No, I wasn't planning on doing it anyways, so he was just trying to get me to do it, and so that really backtracked me, like not the right way to approach it, especially a woman because like it can create so many issues by saying that, so it's frustrating to me."

"What do you mean by that?"

"It was just kind of, it made it worse coming from a man, because especially to a woman—like not that men can't have eating issues, they still can have eating issues and all that, but it's that women are very—more prone to it, and so, it just angered me." (Kay)

As I opened this entire project with a vignette about my experiences with the gym locker room scale. It seemed only fitting to return to a vignette from one of the women I

interviewed about the scale. Kay's experience not only demonstrates the insidious power and presence the scale has in the gym but also illustrates how the meso-level discourses produced by *Be Fit Gym* impact women in the space. In Kay's story, she identifies specifically how gender (the male trainer) amplifies the exchange and angers her. I relate to Kay's story and based on my conversations with others, many women can also relate. In the interviews, I asked first if they ever noticed the scale out by the front desk or in the locker rooms, then I probed further asking questions like, "Do you weigh yourself?" if they said no, I asked if that was an intentional choice, and then I asked what stood out to them about the scale. Throughout the interviews, several themes emerged surrounding the discourse of the scale, including intentional avoidance of the scale, sometimes opting instead for visual assessment of weight, and routine weighing of the self in private with particular emphasis on the importance of accuracy.

Intentional Avoidance of the Scale: "That" Number

> Ophelia (41): "I stay off the scale until I've started to notice a change. The scale to me is an enemy."
>
> Alex (27): "I actually have not weighed myself here. I actually try to avoid weighing myself because I struggled with weight for a long time, like very focused on that number, so I really don't weigh myself anymore."
>
> Brandi (27): "I haven't weighed myself in forever."
>
> *"Is that an intentional choice? Tell me more about that."*
>
> "Yeah, yeah, because when I used to, I used to obsess about like not eating. In high school, oh my gosh, I had maybe like one-sometimes like one meal or like two a day, and eat so little portions because I would go on the scale but then I

would, you know like I would look at my tummy and I was like, so I'm a hundred and something and I still have this flab but I-and it was kind of, it was kind of negative reinforcement of like my bad habits of not eating, and then I'd feel light headed and I wouldn't have enough sleep during high school and so, then I was like, I just want to eat whatever I want and then workout and feel good. So, I just started doing that, and I had a scale, and every now and then I would weigh myself, but I'm like it's just a number."

These three excerpts illustrate some of the complex relationships these women had with the scale based on their past experiences with weighing themselves. Approximately half of the women I interviewed (7) characterized the scale as a mechanism that fosters negative feelings (i.e., "the scale to me is an enemy"). These negative feelings often emerged as a result of the number on the scale impacting women's perceptions of their own bodies and, by proxy, their own role in contributing to "that number" through particular practices and choices.

Ophelia, whose interview was very brief (only about five minutes) opened up far more after I had finished the formal recording. She talked about how she used to be a size 3 and weighed 110 pounds, and that she knew what she had to do to get back to that size again, implying those practices as exercise and eating well, based on the context of our conversation at that moment. Although she intentionally avoids the scale, she qualifies her avoidance as temporary and indicates that she will weigh herself again once she starts to notice changes in her body, ostensibly through visual assessment. Her specific reason for avoiding the scale is that she used to do "unhealthy things" if the number was too high, practices like "putting plastic around my body" to cut weight. In this way, Ophelia

takes power away from the scale's influence on her practices by not weighing herself until she gets to a point where she feels more confident in seeing the number and not affecting her health practices negatively.

Alex described her avoidance of the scale as directly related to her past struggles with weight, and if you recall, earlier in her interview, Alex talked about how her mother's focus on her body image influenced her sisters and her when she was younger. Her past focus on her weight impacted her perceptions of herself, and she emphasizes that through intentional avoidance of the scale, she makes sure that her self-worth does not come from "that number."

Brandi's account echoes some of the same feelings described by Ophelia and Alex about body dissatisfaction emerging from "that number." She specifies that when she did weigh herself, it caused her to obsess over not eating. The number served as a controlling mechanism that drove her to engage in unhealthy eating behaviors to get rid of what she describes as "flab" on her stomach. Although she does not use the term *eating disorder,* her description does evoke qualities of disordered eating behaviors. Through Brandi's intentional choice to avoid weighing herself, she is now able to "eat whatever I want and then workout and feel good." Through her practice of scale avoidance, Brandi takes the influencing power away from "that number." However, her final sentence instead gives the power to exercise practice in controlling her weight, enabling her to eat whatever she wants.

Replacing the Scale with Visual Assessment

Other women replaced the scale as a weight measure with visual assessment, simultaneously delegitimizing the authority of the scale by criticizing what the scale

actually *measures* and reproducing the conflation of appearance with fitness and health. Women discussed looking at themselves in the mirror and evaluating their bodies or fitting into particular clothes (i.e., goal pair of pants) as a more valid measure of their bodies, fitness, and shape. Though a rejection of the numerical mechanism designed to categorize weight can be seen as an act of resistance, that it is replaced with the internalized gaze seems to subsume any material changes. The goal of exercise and health practices are still inextricably bound to the physical form, perpetuating *change* in the body as a primary goal of exercise, reifying the body as a project (i.e., goal pants). Crystal's response clearly demonstrates this:

> I just—I think that weight doesn't have that much to do with your—when you're not trying to lose weight, it's not that big of a deal. I worry more about my body fat percentage or not worry, but just watch it. And umm I see my results in pictures, like before-and-after pictures. I don't weigh myself. Maybe like when I go to the doctor, which is not often, they weigh me, and I'm like oh cool I gained some weight, I lost some weight—and if I gained weight, it's usually muscle weight, muscle mass.

Crystal first critiques the scale as a measure of fitness and health *unless* you are trying to lose weight, taking power away from the scale, but only for *some* bodies (presumably those who already closely "fit' the ideal). She then brings up body fat percentage as a tool that provides more valuable information to her, and in her statement, she backtracks after she says that she "worries" more about that, not wanting to contradict her story of body confidence throughout the interview. She replaces the phrase "worry about" with "just watch it," implicating the gaze as a surveilling function, rather than a negative

preoccupation. Further drawing upon the gaze, she then goes on to legitimize before-and-after photos as a good tool for her to *see* her results, implying that the results she wants from exercising are corporeal, physical, and based on appearance. Finally, Crystal talks about being weighed at the doctor's office, making sure to communicate to me that "that number" doesn't impact her either way (i.e., "I'm like, oh cool, I gained some weight, I lost some weight"), and qualifies any weight gain as the *good* kind of weight (muscle mass).

Routine Weighing: Control and Accuracy

> Liz (67): "Yeah often, especially when I eat junk over the weekend [laughing], to see if I have to exercise more or not. Yes, quite often."
>
> Georgia (25): "I don't weigh myself at the gym because I don't know if they're calibrated. I weigh myself at home a lot though. I like to know where I'm at. I like to know if coming to the gym is actually making me lose weight. Like I know healthy food is an important part of that, and me not eating healthy is part of the reason I don't lose weight faster."
>
> Jayne (48): "Yes, I wake up and shower every day, then I weigh myself when I'm naked because I feel like that's a more true measure of it, and so by the time I get to the gym I know how much I weigh and I don't use it. So yes, I do weigh myself every single day, but at home."
>
> Ivy (30): "That's like a personal thing to me, and I'm like a Nazi about it at home. Like I'll weigh myself every morning and like it's just a reminder of like—it's kind of stupid because it should be like how I feel, but like I-I have a certain number that I don't want to get past that I see as a very personal thing. I guess that

reminds me of that first question like awkward, like defensive, you know, so I don't like scales at the gym. And any of the ticker ones versus like a digital, for some reason it always makes me think of like it moving further and then having to adjust and it moving further, and I'm like NOOO. It's almost like a doctor's office too, like that kind of aspect, just uncomfortable."

Though the tone of these women's responses varies from laughter to matter-of-fact, to impassioned, the underpinning message that threads these responses together lies in the connection of weight to exercise, and exercise to health. These women opted to weigh themselves at home, both for reasons of accuracy like Jayne exemplifies through her practice of weighing herself after she gets out of the shower when she is naked to get a more "true" measure, and privacy, as Ivy brings up when she talks about weighing yourself as a personal thing, and that she is a "Nazi" about it, implying strict regiments and control. Ivy also relates the gym scale to the one at the doctor, recognizing the medicalized connotations that come with the physician beam scale. Her explanation about the actual *movement* of the scale evokes an emotional response from her, as seeing the "ticker" move further and further creates a visceral, and negative reaction. In Ivy's response, she discredits the importance of the way she weighs herself, saying, "It's kind of stupid because it should be like how I feel." She simultaneously recognizes the dominant discourse surrounding weight and the scale; yet, throughout her response, it is clear that she, like me, is still interpellated into reproducing the hegemonic discourse.

In the unique ways women experienced the scale, through intentional avoidance, replacing the scale with visual assessment, and routine weighing with emphasis on privacy and accuracy resistance practices work to create small fissures and cracks in the

dominant discourse while ultimately these moments of resistance seem to be powerfully overtaken by the hegemonic nature of discourse that normalizes weight as an indicator of health status.

Summary

In this analysis chapter, I focused on analyzing and unpacking interviews with women who exercise at *Be Fit Gym,* looking to see how they reproduced and/or resisted the dominant discourses surrounding health, exercise, and the body. Through answering the research questions that emerged after spending time in the gym space and with the literature, I was able to identify emergent themes both within and across interviews that exemplify the complexities of women's experiences in this space and how they both engage with and reproduce dominant discourses, even when recognizing their socially constructed and oppressive nature. The next and final chapter of this dissertation synthesizes the contribution of this research and looks to the future, laying out potential directions to explore further these complex practices of reproduction and resistance of such powerful normative discourses about health, fitness, and the body.

CHAPTER 6

IMPLICATIONS AND FUTURE DIRECTIONS

I finish another workout at my gym. Sweat is pouring down my face, and I am feeling good. This feeling is markedly different than before—it is not about my "healthy" choice. It is about my body, my mind, my whole self, and that I am afforded the ability to be here. This feeling did not come naturally, but through conscious and active resistance to the narrative of healthism that I internalized. I try to attend to my feelings in a new way. My legs feel strong enough to carry me through the world. My lungs expand with a deep breath of life-giving air. My mind has taken a break from the constant internal chatter, and I feel refueled. I pass the locker room, resisting the itch to check in with the scale. The itch is strong. I wrestle back and forth with it in my own mind. "It will only take a second. What harm could it do to scratch it, just one last time?" "NO. That number will do nothing positive for any part of your being, and you know this." I walk out the front doors of the gym and into the sunshine. The dominant narrative has not gone anywhere. It is in the grocery store check-out line plastered on the covers of magazines stacked next to the rows of candy bars. It is on the reality show I watch to disengage from my own reality that offers a year's supply of low-calorie ice cream to a woman who was emotional throughout the show's season. It is in the unceasing conversation and comments from family and friends about my body and theirs. It permeates the very essence of nearly everywhere I go. At times, it is suffocating. However, I have also seen the cracks in this crushing narrative. I have seen these fissures of light in some of the same places I see the dominant discourse reproduced. There is hope in these cracks. After all, in the social construction of reality, WE are the social,

and cracking is the first step to breaking. Resistance is possible, and I know I am not the only one who sees the potential.

Throughout this dissertation project, I have explored how the dominant discourses born from healthism are produced, reproduced, and resisted in the context of one location of a popular national gym chain. Through participant observation in *Be Fit Gym*, critical analysis of the gym space and messages, and interviews with diverse women in the gym, I have been able to explore some of the complexities embedded in the social reality of healthism through engaging a CDA with a specific emphasis on self-reflexivity throughout. In this final chapter, I synthesize the implications of this project and how it might contribute to a growing body of critical health communication research and identify future directions of exploration that seem particularly fruitful, especially as the nature of discourse itself is continually in motion, evolving even in the moments as I write this concluding chapter. Finally, I end as I began this dissertation, with a reflection upon my own story before concluding.

Implications

Obligation vs. Empowerment

For the women I interviewed and in my own experiences, exercising at the gym is characterized as something we *need* to do, but also makes us feel good. Though specific motivations varied, the obligation to "just do it' reverberated throughout the conversations we had, taking shape through phrases that indicated guilt or laziness when women did not fulfill this exercise obligation, and a sense of self-pride and "feeling good" when they did. The gym as a space to foster "healthy" body practices both loomed as a place to perform an imperative task to change the body (i.e., "if you don't go to

work, you don't get paid" [Ellen]) and an empowering place tied to feeling good (i.e., "just knowing I'm doing something good for myself" [Ivy]).

This duality of the gym experience echoes the complex nature of healthism and speaks to its power to continually reproduce itself. Healthism produces the individual as the control-center for creating their own health outcomes, which have been inextricably linked to an amorphous sense of goodness and happiness (i.e., "happy and healthy"; Crawford, 1980; Zola, 1977). In Western culture, rooted in the values of individualism, the healthism discourse is often leveraged to *appear* empowering, thus, seeming to give power to the individual to influence their own outcomes (Cheek, 2008). The crux of the issue emerges through the way the *empowering supertext* shrouds the *obligatory subtext*. Underneath messages that appear encouraging such as "The best project you'll ever work on is you" or "Take charge of your own health" and even the use of before-and-after pictures, are the more insidious and powerful messages that are left unspoken, but instead, are *felt* and internalized. These silent messages encourage us to internally shout at ourselves, reproducing the discourse's power through self-talk. Hearing the language of healthism in our own voice normalizes it and de-centers societal pressures from being external and arbitrary. Instead, our own voice tells us that if we do not "possess health," it is *because* of our own personal failure. It does not matter what our bodies are, but rather what we *perceive* them to be, thus, making the impact of healthism something that can impact anyone, in any body.

The implications of this tension between obligation and empowerment serve to reward those who have the resources and ability to perform "health," and conversely punish those who do not. That health is so often conceptualized through the physical

appearance of particular body ideals (Jutel & Buetow, 2007; Rysst, 2010) and serves as another layer of healthism-based self-talk that becomes internalized. Women talked about both expecting to, and actually seeing, changes in their bodies as a result of coming to the gym while also expressing that they knew they needed to do *more*, fostering the body as a project requiring continual effort and work (Johansson, 1996). The sense of obligation to continue working to achieve the visual marker of "health" through "accomplishing" the toned and fit body perpetuates the feelings of inadequacy when self-perceptions of one's own body do not "fit" the perceived ideal (Crawford, 1980; Jutel & Buetow, 2007). Ultimately, this tension between obligation and empowerment solidifies the gym as a capitalist enterprise, able to drive profits through its ability to produce and reproduce the discourse of healthism. Further, the implications of this tension are not contained to commercial gym chains but reach the fitness industry as a whole, and beyond to the entire web of health-based discourse that is embedded in nearly everything we do. Positioning the individual as the rational agent operates to perpetuate discrimination, oppression, and exclusion. As Rose so poignantly points out, in this era of biopolitics, characterized by the ideological nature of the human body, there is a tendency to "generate a politics that *individualizes* human worth, *essentializes* variations in human capacities, *reduces* social phenomena to the aggregate of individual actions, and *discriminates against, constrains or excludes* those found biologically abnormal or defective" (Rose, 2001, p. 2). Thus, implications for this study are not limited to the gym context, but rather the exploration of empowered agency and coercive control can translate into myriad other arenas impacted by healthism.

Burden of Balance in Health Practice

Throughout the discourse produced by *Be Fit Gym* and the women who exercise here, the concept of "balance' became a prominent feature of the ultimate outcome of producing "health' for oneself. Definitions of health maintained their central orbit around balancing components of health, such as exercising, eating well, and an ambiguous third category that sometimes emerged as social health, mental health, emotional health, or spiritual health. In essence, these definitions reproduced the articulation of health as a state of complete physical, mental and social well-being by the WHO in 1948, a definition that has endured for over half a decade. Both in participants' definitions and the WHO's conceptualization of health, this "complete state' is never clearly defined, but rather left to each person to fill in their own meaning, often influenced by dominant discourses of health, fitness, and wellness. Likewise, "well-being" is also left to ambiguous interpretation. Rose critiques the ideological aspect of what he refers to as the biopolitical age asserting, "political authorities, in alliance with many others, have taken on the task of the management of life in the name of well-being of the population as a vital order and of each of its living subjects" (Rose, 2001, p. 1). Well-being itself becomes vital to life, and this ambiguous concept of well-being is drenched in ideology and power to be "managed" politically, yet, fostered individually. The word "balance" refers to the condition of an even or equal distribution, connoting a sense of uniformity and overall sameness. Though balance implies different elements in equal proportions, in the context of health, balance also becomes ideological, making those who achieve this sense of equal distribution through their "healthy" practices a *product* of their own balancing work. Those who are able to perform this "balancing act" are seen as

productive and accomplished within the discourse of healthism, and often the *appearance* of balance has more social capital than any sort of material reality of “balance.” This reflects my own experiences based on conversations with others who perceive my ability to balance my own health and other aspects of my life through my corporeal form alone, neglecting to account for any sort of “equal distribution.”

Healthism produces balance as a result of individual control. Thus, to accomplish balance, one needs to attend to their own physical, mental, and social well-being to be “healthy.” In this historical moment, balance has become a moral imperative, a sign of “doing life correctly.” When participants reflected upon their own health, whether or not they considered themselves “healthy,” they often cited various practices as indicative of their health status. In multiple interviews, women thought of themselves as unhealthy since they did not eat “clean,” thus, considering their health practices unbalanced. Others spoke to the struggle of maintaining a balanced lifestyle, which through their discourse was reified as the preferred and ideal way to live. In this way, “balance” became an additional imperative to achieve health and happiness, filling a word that has traditionally positive connotations with a responsibility to achieve it. In this way, a lack of balance indicates a lack of control (i.e., when life gets busy, and I cannot go to the gym, I feel unbalanced and unhealthy), and implies the desire to regain a sense of “control” through balancing various aspects of living.

In addition to the healthist undertones that permeate the ways in which balance was conceptualized by participants, balance as an imperative also has gendered connotations. Concepts such as “work-life balance” have become common phrases in our lexicon since women have entered the workforce, positioning the woman who can

balance the duties of maintaining the household (a historically feminine role) with also being an accomplished working breadwinner (a historically masculine role) as the ideal woman (Gregory & Milner, 2009). This sort of gendered ideology of balance also emerges in discourses that encourage women who have children to “get their body back” through balancing their own health practices with their duties of motherhood (Dworkin & Wachs, 2004). For example, in *Be Fit Gym* the child care center encourages women with children to come to the gym and exercise, to foster a sense of balance in their lives, which is also laden with notions of responsible motherhood (Dworkin & Wachs, 2004). In this current historical moment where the term “balance” has achieved a sort of buzzword power, it is critically important to continue to reflect on the ways in which balance may reproduce health as a moral obligation, both in the gym and in other arenas, specifically attending to the gendered imperative of “balancing.”

Sense-making as Resistance

Although women seemed to reproduce the discourse of healthism throughout their interviews, this is not to say that women were unaware of the dominant discourse. In fact, it seemed that very similar to my own experiences, many women recognized the existence of dominant discourses of health, fitness, and the body, but this identification alone was not enough to change their own practices relative to this understanding. Through the themes of distancing the self from other and internal contradictions, these nuggets of resistance pushed at the edges of the seams of healthism forming fissures and cracks. This was such a poignant finding for me, as it brought me back to my opening vignette in which I talk about going back to the scale repeatedly, despite my recognition of the arbitrary nature of the number at my feet. The itch was so powerful that I felt I

needed to scratch it, even if I knew the scratching would not help in the long run but would exacerbate the problem. Women provided a sort of meta-commentary of their own interview responses, talking about how they desired to lose weight by coming to the gym, then saying things like "I know it should be about how I feel, not how much I weigh" and "Healthy doesn't just mean size two" and "Fitness doesn't mean skinny." Internal contradictions throughout the interviews laid bare the internal battle waging between resisting and reproducing the dominant narrative of healthism, but women often seemed to lack the words to express how they felt and what they thought, characterized by backtracking and stumbling over wording something in a particular way. In my own resistance practice, I have found similar difficulties of expression because of my perceived lack of resistance vocabulary. For example, when I was describing the before-and-after pictures featured in the women's locker room at *Be Fit Gym,* it took a lot of time, reflection, and conversations with my peers to figure out how to articulate a description of the woman's body in both photos without inadvertently reproducing the very discourses I intended to critique and deconstruct. This implication echoes the essence of studying discourse that in the interviews themselves we as social actors are only able to create meaning from some sort of shared understanding, something that accompanies dominant discourses that seem so implied that they become naturalized and normalized. The language of resistance to healthism has yet to be fully articulated, though the fissures and cracks lend insight into some of the potential, for example using words and phrases from movements such as body positivity and HAES.

In many cases, the medicalization of health and fitness provided a sort of "credible rationality" for women to continue to engage in discourses that perpetuated

healthist criticism of one's own body image that motivated exercise practice. Even though many participants recognized the portrayal of ideally fit bodies on the walls of the gym or in social media feeds as "not normal," that the pictures were also seen as aspirational, and thus, operated to motivate people to exercise, resulted in "healthy" practice, even if for "unhealthy" reasons. One participant sticks out clearly in my mind, as I remember Alex talking about how her mother's obsession with her own weight greatly impacted her and her sisters growing up. She both recognized her mother's constant worrying about her weight as "not the most beneficial thing, especially for young girls" but surmised that in the end, it was okay because it encouraged her to be healthy (e.g., through exercise). The outcome of performing "healthy" practice seemed to outweigh the negative consequences of the dominant discourse. In this way, healthism is able to maintain its hold through its deeply embedded connections with exercise, fitness, and the body, grounding its hold in medicalized authority through "expert" bodies and ideologies. This implication is powerful, as it serves to reify the medicalization of health as outlined by Crawford (1980) and Zola (1977).

Future Directions

Much like I ended my master's program and thesis project with more questions about healthism than answers, so too does this dissertation project end with the opening of additional avenues that invite deeper exploration. As with any study, there were particular limitations to conducting this research such as time and my own body. However, I see this exploratory and critical health communication research endeavor as a launching point to investigate each of the emergent themes in future studies that aptly address the limitations found in this project. Though my recommendations for future

directions of investigation are not exhaustive by any means, I specifically want to highlight three particular areas of focus that emerged in this study that deserve further attention and exploration. Thus, future critical health communication research should continue to investigate and deconstruct the discourses of healthism related to race, age, and mental health.

Race

Although I engaged with racially diverse participants, as approximately half of my participants were women of color, I did not specifically ask participants about how race impacted their experiences with health, fitness, and the body. In the semi-structured nature of the interviews, I wanted to enable participants to bring up salient elements of their experiences when they told their stories, conceptualized their definitions of health, and acknowledged what stood out about the images in the gym. Additionally, I must also acknowledge that I did not feel completely comfortable asking women about their experiences with race. Part of this feeling uncomfortable emerged because of my own positionality as a White woman, and another part emerged from the lack of time I was able to spend with each participant. If I were able to build more rapport over time, I believe I would have felt more comfortable asking questions about race, and I believe participants would have felt more comfortable responding. For this reason, a longitudinal study could be a beneficial method for exploring the experience of race in the gym further. Only two participants brought up race in the interviews. The first was Dee, a woman who I perceived to be White and had a background in marketing. Dee noted that the gym images lacked racial diversity, as nearly all of the people in the pictures were White. The second was Hayley, who talked about her mixed-race heritage that her father

was tall, thin, Irish, and White while her mother was Native American and Mexican, both ethnicities she described as “gaining weight because that’s just the type of ethnicity, you know.” She went on to describe how she is predisposed to gain weight easily because of her mother’s side of the family, and said, “So, I’m trying to overcome one side of my ethnicity that’s inside of me so you know, in my head I could very easily gain weight.” Hayley’s statement was very jarring and unexpected to me, and I think her response serves as a powerful exemplar for the need to explore further how race and ethnicity are experienced in the context of neoliberal healthism discourse, and the potential for resistance among the hegemonic nature of such systems of meaning that often perpetuate implied whiteness of ideal and “healthy” bodies, something that emerged as a prominent feature of the visual discourse of representations in *Be Fit Gym*.

Age

Age emerged in unique ways throughout the interviews as an important element in women’s stories of why they exercise in addition the value of youth and vitality in health practice. The emergent theme of the temporal narration of the self; through the past, present, and future self; demonstrated that participants often exercised to age “healthily.” The undertone of these stories reflected a fear of “becoming a fat old lady” as Georgia so bluntly put it (though she also qualified her statement by saying that she did not intend to be mean), and an overall desire to avoid aging in an “unhealthy way,” which was characterized by sedentary lifestyles, overweight bodies, and diseases that impacted mobility and other body functions. In this way, health was tied to vitality, slimness, and youth, and those who were perceived as old and active were seen as the people who were aging in the “right” way. Liz, age 67, who was the oldest participant I interviewed, talked

about how she liked that the images at the gym were of young people, stating "I think it's great! Yeah, I don't want to look at old people, even though I don't feel that old." Another common theme that emerged with women I interviewed who were over the age of 50 is they often questioned whether their experiences could contribute to my study. Though this was not part of any of my formal interviewing, it stood out as something unexpected. I stated that I was interested in exploring women's experiences in the gym; yet, there seemed to be hesitation about whether their experiences qualified. The lack of diverse representations of aging bodies in the gym seemed to erase their experiences as valid in this space. This finding deserves much further exploration in future critical health communication studies as well, especially as the individual and moral obligation to stay "healthy" is often produced toward the objective of reducing the cost of health for the state, something that is of particular relevance in this historical moment where healthcare programs such as Medicare remain central in the ongoing healthcare debate.

Mental Health

Finally, mental health emerged as an additional area that requires future scholarly attention, especially from critical health communication scholars. In recent years, mental health has become more of a central focus in the discourse of total well-being and health. Echoing this emergence of mental health in health discourse, approximately two-thirds of participants explicitly brought up mental health as it related to exercise, often citing stress relief as a mental health benefit of exercise. Although in this respect mental health was referred to positively through the benefits of exercising, others talked about mental health indirectly when talking about body image and self-esteem. When I asked women about how their body image impacted their experience at the gym and vice versa, many women

talked about how going to the gym made them feel good about themselves. Conversely, many women also spoke about how when they did not go to the gym, they felt bad about themselves and would “get down on themselves” and have a “poor self-image.” This negative self-perception of the non-exercising self impacted their self-confidence and self-esteem, and in some cases, women even talked about developing eating disorders, though they never framed them as such, rather referring to them as eating issues (a language choice that affirms the presence of stigma associated with particular words). I see this area as ripe for researchers to explore healthism, especially as the internalization of the moral imperative and responsibility for health has been further tied to overall happiness. Reproducing the dominant narrative, that exercising will make you feel good about yourself, ignores the potential negative mental health impacts that can emerge from dominant discourses of healthism such as producing the ideology of the dissatisfied (Johansson, 1996). For example, if people are motivated to exercise because of negative perceptions of their own body and self-image, their happiness and changing their self-image rely entirely on the transformation of their physical body. If they do not perceive themselves achieving physical “results,” they may become further discouraged to exercise, or conversely become obsessed with exercise. Even if they do perceive that they are achieving physical “results,” there remains the constant pressure not only to maintain those results but continue to improve even more. The ideology of the dissatisfied reproduces negative perceptions of self, which impact mental health through our own thoughts of ourselves. Clearly, this is an area of exploration that deserves further attention, especially as the stigmatization of mental health disorders continues to be a cultural topic of focus in the media and interpersonal conversations.

In sum, though this exploratory study contributes unique theoretical insight into the operation of the discourse of healthism, future critical health communication research on discourses surrounding health, fitness, and the body have seemingly endless potential with much work remaining to be done. Thus, it becomes imperative to focus on the ways in which healthism influences and is experienced by particular marginalized bodies. Additionally, each of the three suggestions for future focus, race, age, and mental health could be explored in myriad ways, including investigations about how social media or other modern forms of communication technology offer venues where healthism is produced and/or resisted in regard to each of these three foci. In the following section, I return to my own story, attending one last time to self-reflexivity as a reflection of my own body throughout the research process before concluding.

My Story

My own perception of my health has paralleled this project in myriad ways, and I feel it has taken a toll. What I mean by this is that through the entire process of researching, designing, implementing, analyzing, and writing this critical project focused on health, fitness, and body image—my own body, mind, and soul have been deeply impacted. Attuning my scholarly senses to be able to identify and analyze the subsuming hegemonic discourse of healthism has made health an inescapable topic of self-analysis. For example, the fall prior to conducting interviews, while writing the literature review of this project, I got sick with the flu just a few short weeks after recovering from the common cold. I was sick for nearly three weeks with the flu, and I ended up having a lung infection. During the seemingly endless days, I spent flat on my back in my bed, which came to feel like I was trapped on an island. I could not help but feel guilty for all

that I could have been accomplishing. I thought I was doing nothing productive. I had a dissertation to write, after all, in addition to teaching, applying for jobs, exercising, and balancing my social relationships among other things. I realized as I was having those thoughts that they were essentially neoliberal in nature; how could I feel guilty for something outside of my control? I did not choose to get the flu; yet, I still felt like I was somehow failing. Ironically, I knew this sort of stress and anxiety were likely the cause of my compromised immune system, something that continued to exacerbate my critical self-analysis, keeping me up at night long after I had recovered from the flu.

Additionally, throughout graduate school, my physical body has changed. Specifically, in the last few semesters, I have lost more weight. As I stated in the introduction, I believe this to be in part to a change in medication, but since writing that section, my body has continued to change and seems to be related to the ways I have handled the stress of life during this time. I often forget to eat throughout the day and have continued to exercise as much as I have since I started school in my undergraduate years. My stress and anxiety have continued to increase as my clothes fall off and I can see my bones. My family, friends, advisors, and colleagues have all noticed and are worried about me, about my health. Comments like, “You look like a skeleton” and “Are you eating?” bounce around in my thoughts. Although I know it, I know that my overall health has taken a toll when I look in the mirror and see my body. It looks the same to me. I see no difference, but in the way, my clothes fit me. To me, this is the essence of what my research comes down to; our bodies, our health, our own selves are subjective. The consequences of being perceived and perceiving oneself as healthy or unhealthy are both individual and social in nature. We co-construct not only what are valued practices

and conditions of the body, but also what is normal and good, and by absence, we co-construct what is *not* valued, what is abnormal and, thus, *not good*.

Still, I see the light from the cracks and fissures in the dominant discourse. I see the potential for resistance, the potential for change. However, seeing the light is not enough. The next step for me is to bask in the light; to keep fighting the itch to weigh myself at the gym; to let my soul, mind, and body make choices together, not in an attempt to balance or to achieve health, but to live in each moment in active resistance attuning myself to feeling rather than looking at myself. This is not an easy task. Disentangling my own internalization of the dominant narrative from each fiber of my being is an excruciating and overwhelming task. It comes with an analysis of every feeling and thought I have, every comment I hear, and every moment I am in my body. This is the task of a lifetime, but it is one worth pursuing. So, I push on. I keep living in my body. I encourage those around me that they are good enough how they are, that improving oneself is not the marker of success and morality. Health is important, yes, but not in the ways it has become responsibilized. The appearance of health means nothing. The feeling of health is everything.

Conclusion

As I approach the end of this project, the word "conclusion: seems like such a definitive ending. Rather, the objective of this concluding section acts more like a beginning. Through focusing on a case study of women's experiences of health, fitness, and the body at one particular gym chain in the Southwestern United States, I found through employing a critical discourse analysis that the discourse of healthism is (re)produced by the gym itself and both reified and resisted by diverse women who

exercise at this gym. Through positioning the body as an ongoing project facilitated by the ideology of the dissatisfied, framing exercise practice through neoliberal metaphors, and by perpetuating the narrative of look good, feel good, healthism maintains its hegemonic hold in the gym, ostensibly stretching past the confines of its four walls as well. Some women recognized and critiqued the dominant discourse of healthism, yet, seemed to reproduce it in other parts of their interviews. Internal contradictions emerged, demonstrating the complexity with which women grappled with these issues in the co-construction of meaning. Distancing the healthy self from the unhealthy “other,” and the confident self from the self-conscious “other” became a strategy through which women could simultaneously engage and resist the dominant discourse of healthism, using particular word choice to resolve these contradictions. Finally, women’s articulations of their own experiences with the scale offered insight into the ways in which women actively resisted weight as a measure of health and fitness, replaced the scale with visual assessment, or assumed control over their weight and health practices through routine weigh-ins, working to resist while being interpellated back into the discourse that dictates health as a particular physical appearance or number.

Though the objective of critical interpretive research is not to generalize, the findings from this study have the potential to translate to other gyms and women’s experiences. The gym as a prototype model of a national chain makes the potential of this research translatable to other gyms across the nation and perhaps globally, as neoliberal gym spaces continue to spread internationally (Sassatelli, 2015). Ultimately, communication scholars have a great deal to contribute to critical health investigations. The social construction of reality and the intersubjective way in which dialogue produces

social reality require attention to the messages, language, words, and meaning that are shared, produced, reproduced, and resisted. To find the path to resistance, we must first build a *language* that enables us to resist.

REFERENCES

Anderson, J., & Bresnahan, M. (2013). Communicating stigma about body size. *Health Communication*, *28*(6), 603-615.

Anderson, J., Bresnahan, M. J., & DeAngelis, B. N. (2014). The impact of personal metaphors and memorable interpersonal communication on body satisfaction. *Qualitative Health Research*, *24*(6), 727-737.

Andreasson, J., & Johansson, T. (2013). Female fitness in the blogosphere: Gender, health, and the body. *Sage Open*, *3*(3).

Andreasson, J., & Johansson, T. (2014). The fitness revolution: Historical transformations in the global gym and fitness culture. *Sport Science Review*, *23*, 91-111.

Anton, S. D., Perri, M. G., & Riley, J. R. (2000). Discrepancy between actual and ideal body images impact on eating and exercise behaviors. *Eating Behaviors*, *1*(2), 153-160.

Ayo, N. (2012). Understanding health promotion in a neoliberal climate and the making of health-conscious citizens. *Critical Public Health*, *22*(1), 99-105.

Bakhtin, M. (1984). Problems of Dostoevsky's poetics. (C. Emerson, Trans., Ed.). *Theory and History of Literature*, *8*, 124.

Baxter, L. (2007). Problematizing the problem in communication: A dialogic perspective. *Communication Monographs*, *74*(1), 118-124.

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report*, *13*(4), 544-559.

Bedford, J. L., & Johnson, C. S. (2006). Societal influences on body image dissatisfaction in younger and older women. *Journal of Women & Aging*, *18*(1), 41-55.

Berry, T. R., & Shields, C. (2014). Source attribution and credibility of health and appearance exercise advertisements: relationship with implicit and explicit attitudes and intentions. *Journal of Health Psychology*, *19*(2), 242-252.

Berry, T. L. (2004). Effects of a health-based and appearance-based exercise advertising on exercise attitudes, social physique anxiety and self-presentational in an exercise setting. *Social Behavior & Personality: An International Journal*, *32*(1), 1-12.

Blaxter, M. (1997). Whose fault is it? People's own conceptions of the reasons for health inequalities. *Social Science & Medicine*, *44*(6), 747-756.

Boero, N. (2007). All the news that's fat to print: The American "obesity epidemic" and the media. *Qualitative Sociology*, *30*, 41-60.

Brady, J., Gingras, J., & Aphramor, L. (2013). Theorizing health at every size as a relational–cultural endeavor. *Critical Public Health*, *23*(3), 345-355.

Brewis, A. A. (2011). *Obesity: Cultural and biocultural perspectives.* New Brunswick, NJ: Rutgers University Press.

Brown, I., & Flint, S. W. (2013). Weight bias and the training of health professionals to better manage obesity: what do we know and what should we do? *Current Obesity Reports*, *2*(4), 333-340.

Brown, J., & Graham, D. (2008). Body satisfaction in gym-active males: An exploration of sexuality, gender, and narcissism. *Sex Roles, 59*(2), 94-106.

Burck, C. (2005). Comparing qualitative research methodologies for systemic research: The use of grounded theory, discourse analysis and narrative analysis. *Journal of Family Therapy*, *27*(3), 237-262.

Burkhauser, R. V., & Cawley, J. (2008). Beyond BMI: The value of more accurate measures of fatness and obesity in social science research. *Journal of Health Economics*, *27*, 519-529.

Callahan, D. (2013). Obesity: Chasing an elusive epidemic. *Hastings Center Report*, *43*(1), 34-40.

Cahill, S., & Mussap, A. (2005). Emotional reactions following exposure to idealized bodies predict unhealthy body change attitudes and behaviors in women and men. *Journal Psychosomatic Research,* 631-639.

Canoy, D., & Buchan, I. (2007). Challenges in obesity epidemiology. *Obesity Reviews, 8*, 1-11.

Cardinal, B. J., Whitney, A. R., Narimatsu, M., Hubert, N., & Souza, B. J. (2014). Obesity bias in the gym: An under-recognized social justice, diversity, and inclusivity issue. *Journal of Physical Education: Recreation and Dance*, *85*(6), 3-6.

Cash, T. F. (2004). Body image: Past, present, and future. *Body Image, 1,* 1-5.

Cheek, J. (2008). Healthism: a new conservatism? *Qualitative Health Research*, *18*(7), 974-982.

Chrisler, J. C., & Barney, A. (2017). Sizeism is a health hazard. *Fat Studies*, *6*(1), 38-53.

Chrisler, J. C., & Ghiz, L. (1993). Body image issues of older women. *Women & Therapy*, *14*(1-2), 67-75.

Clark, A. (2017). Exploring women's embodied experiences of "The Gaze" in a mix-gendered UK gym. *Societies*, *8*(1), 2.

Clarke, L. H. (2018). Women, aging, and beauty culture: Navigating the social perils of looking old. *Generations*, *41*(4), 104-108.

Clarke, L. H., & Korotchenko, A. (2011). Aging and the body: A review. *Canadian Journal on Aging/La Revue Canadienne du Vieillissement*, *30*(3), 495-510.

Collins, P. H. (1990). Toward an Afrocentric feminist epistemology. *Turning Points in Qualitative Research*, 47.

Cotter, E. W., Kelly, N. R., Mitchell, K. S., & Mazzeo, S. E. (2015). An investigation of body appreciation, ethnic identity, and eating disorder symptoms in Black women. *Journal of Black Psychology*, *41*(1), 3-25.

Craig, M. L., & Liberti, R. (2007). "Cause that's what girls do": The making of a feminized gym. *Gender & Society*, *21*(5), 676-699.

Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, *10*(3), 365-388.

Crawford, R. (2006). Health as a meaningful social practice. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*, *10*(4), 401-420.

Crenshaw, K. (1990). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, *43*, 1241.

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Crossley, N. (2006). In the gym: Motives, meaning, and moral careers. *Body & Society*, *12*(3), 23-50.

Davis, O. I., Bean, K., & McBride, D. (2013). Decreasing health disparities through technology: building a community health website. *The Journal of Community Informatics*, *9*(2).

Davidson, A. (2015). *Social determinants of health: A comparative approach*. Oxford, UK: Oxford University Press.

Dorrance Hall, E., Ruth-McSwain, A., & Ferrara, M. (2016). Models of health: Exploring memorable messages received from parents about diet and exercise. *Journal of Communication in Healthcare*, 9(4), 247-255.

Duncan, M. C., & Klos, L. A. (2014). Paradoxes of the flesh: Emotion and contradiction in fitness/beauty magazine discourse. *Journal of Sport and Social Issues*, *38*(3), 245-262.

Dutta, M. J. (2016). *Neoliberal health organizing: Communication, meaning, and politics*. Milton Park, UK: Routledge.

Dutta, M. J. (2010). The critical cultural turn in health communication: Reflexivity, solidarity, and praxis. *Health Communication*, *25*(6-7), 534-539.

Dutta, M. J., & de Souza, R. (2008). The past, present, and future of health development campaigns: Reflexivity and the critical-cultural approach. *Health Communication*, *23*(4), 326-339.

Dutta, M. J., & Basu, A. (2008). Meanings of health: Interrogating structure and culture. *Health Communication*, *23*(6), 560-572.

Dworkin, A. (1974). *Woman-hating* (p. 149). New York, NY: Dutton.

Dworkin, S. L., & Wachs, F. L. (2009). *Body panic: Gender, health, and the selling of fitness*. New York, NY: NYU Press.

Dworkin, S. L., & Wachs, F. L. (2004). "Getting your body back" postindustrial fit motherhood in shape fit pregnancy magazine. *Gender & Society*, *18*(5), 610-624.

Dworkin, S. L. (2003). A woman's place is in the . . . cardiovascular room?: Gender relations, the body, and the gym. *Athletic Intruders: Ethnographic Research on Women, Culture, and Exercise*, 131-158.

Fairclough, N. (2013). *Critical discourse analysis*. R. Wodak (Ed.). London, UK: Sage.

Fairclough, N. (2001). Critical discourse analysis as a method in social scientific research. *Methods of Critical Discourse Analysis*, *5*(11), 121-138.

Foster, G. D., Wadden, T. A., Makris, A. P., Davidson, D., Sanderson, R. S., Allison, D. B., & Kessler, A. (2003). Primary care physicians' attitudes about obesity and its treatment. *Obesity Research*, *11*(10), 1168-1177.

Foucault, M. (1977). *Discipline and punish*. (A. Sheridan, Trans.). New York, NY: Vintage.

Furnham, A., Badmin, N., & Sneade, I. (2002). Body image dissatisfaction: Gender differences in eating attitudes, self-esteem, and reasons for exercise. *The Journal of Psychology*, *136*(6), 581-596.

Fusco, C. (2006). Inscribing healthification: Governance, risk, surveillance and the subjects and spaces of fitness and health. *Health & Place*, *12*(1), 65-78.

Giroux, H. A. (2005). The terror of neoliberalism: Rethinking the significance of cultural politics. *College Literature*, 1-19.

Glaser, B. G., & Strauss, A. L. (1967). *Discovery of grounded theory*. Mill Valley. CA: Sociology.

Gluck, M. E., & Geliebter, A. (2002). Racial/ethnic differences in body image and eating behaviors. *Eating Behaviors*, 3, 143-151.

Goffman, E. (1978). *The presentation of self in everyday life*. London, UK: Harmondsworth.

Grabe, S., & Hyde, J. S. (2006). Ethnicity and body dissatisfaction among women in the United States: A meta-analysis. *Psychological Bulletin*, *132*(4), 622.

Gregory, A., & Milner, S. (2009). Work-life balance: A matter of choice? *Gender, Work & Organization*, *16*(1), 1-13.

Hallin, D. C., & Briggs, C. L. (2015). Transcending the medical/media opposition in research on news coverage of health and medicine. *Media, Culture & Society*, *37*(1), 85-100.

Harvey, D. (2007). Neoliberalism as creative destruction. *The Annals of the American Academy of Political and Social Science*, *610*(1), 21-44.

Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, *103*(5), 813-821.

Hensley, B. (2011). Performing heteronormativity, hegemonic masculinity, and constructing a body from bullying. *Florida Communication Journal*, *39*(1), 55-65.

Hesse-Biber, S., Livingstone, S., Ramirez, D., Barko, E. B., & Johnson, A. J. (2010). Racial identity and body image among black female college students attending predominately white colleges. *Sex Roles*, 63, 697-711.

Heuer, C. A., McClure, K. J., & Puhl, R. M. (2011). Obesity stigma in online news: A visual content analysis. *Journal of Health Communication*, *16*(9), 976-987.

Higgins, J. P., Babu, K., Deuster, P. A., & Shearer, J. (2018). Energy drinks: A contemporary issues paper. *Current Sports Medicine Reports*, *17*(2), 65-72.

Hobbes, M. (2018, September 18). Everything you know about obesity is wrong. *Huffington Post*. Retrieved October 12, 2018, from https://highline.huffingtonpost.com/articles/en/everything-you-know-about-obesity-is-wrong/

hooks, b. (1992). *Black looks: Race and representation*. Bosta, MM: South East Press.

Humberstone, B., & Cutler-Riddick, C. (2015). Older women, embodiment, and yoga practice. *Ageing & Society*, *35*(6), 1221-1241.

Hylton, K. (2008). *"Race" and sport: Critical race theory*. Milton Park, UK: Routledge.

Inthorn, S., & Boyce, T. (2010). "It's disgusting how much salt you eat!" Television discourses of obesity, health, and morality. *International Journal of Cultural Studies*, *13*(1), 83-100.

Johansson, T. (1996). Gendered spaces: The gym culture and the construction of gender. *Young-Uppsala*, *4*, 32-47.

Jørgensen, M. W., & Phillips, L. J. (2002). *Discourse analysis as theory and method*. Thousand Oaks, CA: Sage.

Jutel, A., & Buetow, S. (2007). A picture of health?: Unmasking the role of appearance in health. *Perspectives in Biology and Medicine*, *50*(3), 421-434.

Kim, S. H., & Anne Willis, L. (2007). Talking about obesity: News framing of who is responsible for causing and fixing the problem. *Journal of Health Communication*, *12*, 359-376.

Kress, G. R., & Van Leeuwen, T. (1996). *Reading images: The grammar of visual design*. London, UK: Psychology Press.

Kronenfeld, L. W., Reba-Harrelson, L., Van Holle, A., Reyes, M. L., & Bulik, C. M. (2010). Ethnic and racial differences in body size perception and satisfaction. *Body Image*, 7, 131-136.

Kwan, S. (2009). Framing the fat body: Contested meanings between government, activists, and industry. *Sociological Inquiry*, *79*, 25-50.

Lau, K. J. (2011). *Body language: Sisters in shape, black women's fitness, and feminist identity politics.* Philadelphia, PA: Temple University Press.

LeBesco, K. (2011). Neoliberalism, public health, and the moral perils of fatness. *Critical Public Health*, *21*(2), 153-164.

Leit, R., Gray, J., & Pope, H. (2002). The media's representation of the ideal male body: A cause for muscle dysmorphia? *International Journal of Eating Disorders*, *31*(3), 334-338.

Lupton, D. (1992). Discourse analysis: A new methodology for understanding the ideologies of health and illness. *Australian Journal of Public Health*, *16*(2), 145-150.

Lupton, D. (1994). Toward the development of critical health communication praxis. *Health Communication*, 6(1), 55-67.

Malley, L. (2014). *Health, fitness, neoliberalism, and niche markets: Does Planet Fitness deliver?* Retrieved from ProQuest Digital Dissertations.

Mansfield, L., & Rich, E. (2013). Public health pedagogy, border crossings and physical activity at every size. *Critical Public Health*, *23*(3), 356-370.

Markula, P. (2001). Beyond the perfect body: Women's body image distortion in fitness magazine discourse. *Journal of Sport & Social Issues*, *25*(2), 158-179.

McGregor, S. (2001). Neoliberalism and health care. *International Journal of Consumer Studies*, *25*(2), 82-89.

Mihalopoulos, N. L., Auinger, P., & Klein, J. D. (2008). The freshman 15: Is it real? *Journal of American College Health*, *56*(5), 531-534.

Moffat, T. (2010). The "childhood obesity epidemic." *Medical Anthropology Quarterly*, *24*, 1-21.

Niederdeppe, J., Bu, Q., Borah, P., Kindig, D. A., & Robert, S. A. (2008). Message design strategies to raise public awareness of social determinants of health and population health disparities. *The Milbank Quarterly*, *86*(3), 481-513.

Pate, R., Pratt, M., Blair, S., Haskell, W., Macera, C., Bouchard, C., & Wilmore, J. (1995). Physical activity and public health: A recommendation from the Centers for Disease Control and Prevention and the American College of Sports Medicine. *JAMA*, *273*(5), 402-407.

Peck, J. (2010). *Constructions of neoliberal reason*. Oxford University Press, New York.

Pienaar, K., & Bekker, I. (2007). The body as a site of struggle: Oppositional discourses of the disciplined female body. *Southern African Linguistics & Applied Language Studies*, *25*(4), 539-555.

Rauscher, L., Kauer, K., & Wilson, B. D. (2013). The healthy body paradox: Organizational and interactional influences on preadolescent girls' body image in Los Angeles. *Gender & Society*, *27*(2), 208-230.

Rodin, J., Silberstein, L., & Striegel-Moore, R. (1984). Women and weight: a normative discontent. In *Nebraska symposium on motivation*. Lincoln, NE: University of Nebraska Press.

Rogers Wood, N. A., & Petrie, T. A. (2010). Body dissatisfaction, ethnic identity, and disordered eating among African American women. *Journal of Counseling Psychology*, *57*, 141-153.

Rose, N. (2001). The politics of life itself. *Theory, Culture & Society*, *18*(6), 1-30.

Rothman, K. J. (2008). BMI-related errors in the measurement of obesity. *International Journal of Obesity*, *32*, S56-S59.

Rysst, M. (2010). "Healthism" and looking good: Body ideals and body practices in Norway. *Scandinavian Journal of Public Health*, *38*(5), 71-80.

Satinsky, S., & Ingraham, N. (2014). At the intersection of public health and fat studies: Critical perspectives on the measurement of body size. *Fat Studies*, *3*(2), 143-154.

Sassatelli, R. (2015). Consumer culture, sustainability, and a new vision of consumer sovereignty. *Sociologia Ruralis*, *55*(4), 483-496.

Sassatelli, R. (1999). Interaction order and beyond: A field analysis of body culture within fitness gyms. *Body & Society*, *5*(2-3), 227-248.

Salvatore, J., & Marecek, J. (2010). Gender in the gym: Evaluation concerns as barriers to women's weight lifting. *Sex Roles*, *63*(7-8), 556-567.

Schooler, D. (2008). Real women have curves: A longitudinal investigation of TV and the body image development of Latina adolescents. *Journal of Adolescent Research*, *23*(2), 132-153.

Schott, N. (2015). Food marketing as a pedagogical act: Teaching women to consume "skinny." *Journal of Social Justice*, *5*, 1-23.

Scott, K. D., Gilliam, A., & Braxton, K. (2005). Culturally competent HIV prevention strategies for women of color in the United States. *Health Care for Women International*, *26*(1), 17-45.

Skrabanek, P. (1994). *The death of humane medicine and the rise of coercive healthism*. Suffolk, UK: The Social Affairs Unit.

Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, *17*(10), 1372-1380.

Talja, S. (1999). Analyzing qualitative interview data: The discourse analytic method. *Library & Information Science Research*, *21*(4), 459-477.

Talleyrand, R. M., Gordon, A. D., Daquin, J. V., & Johnson, A. J. (2017). Expanding our understanding of eating practices, body image, and appearance in African American women: A qualitative study. *Journal of Black Psychology*, *43*(5), 464-492.

Tiggemann, M. (2004). Body image across the adult life span: Stability and change. *Body Image*, *1*(1), 29-41.

Tiggemann, M., & McCourt, A. (2013). Body appreciation in adult women: Relationships with age and body satisfaction. *Body Image*, *10*(4), 624-627.

Tracy, S. J. (2010). Qualitative quality: Eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry*, *16*(10), 837-851.

Turrini, M. (2014). A genealogy of "healthism." *Eä-Journal of Medical Humanities & Social Studies of Science and Technology*, *7*(1), 11-27.

Turner, B. S. (1984). *The body and society: Explorations in social theory*. London, UK: Basil Blackwell.

Wagner, P. E. (2017). Bulking up (identities): A communication framework for male fitness identity. *Communication Quarterly*, *65*(5), 580-602.

Warburton, D. E., Nicol, C. W., & Bredin, S. S. (2006). Health benefits of physical activity: The evidence. *Canadian Medical Association Journal*, *174*(6), 801-809.

Wiest, A. L., Andrews, D. L., & Giardina, M. D. (2015). Training the body for healthism: reifying vitality in and through the clinical gaze of the neoliberal fitness club. *Review of Education, Pedagogy, and Cultural Studies, 37*(1), 21-40.

Wilson, B. (1997). 'GOOD BLACKS' AND 'BAD BLACKS': Media constructions of African-American athletes in Canadian basketball. *International Review for the Sociology of Sport*, *32*(2), 177-189.

White, P. G., & Gillett, J. (1994). Reading the muscular body: A critical decoding of advertisements in Flex magazine. *Sociology of Sport Journal*, *11*(1).

Wright, J., O'Flynn, G., & Macdonald, D. (2006). Being fit and looking healthy: Young women's and men's constructions of health and fitness. *Sex Roles*, *54*(9-10), 707-716.

World Health Organization. (1998). *Obesity: Preventing and managing the global epidemic: Report of a WHO consultation on obesity.* Geneva, CH: World Health Organization.

World Health Organization. (1948, April 7). Preamble to the Constitution of the World Health Organization. *Official Records of the World Health Organization, 2*, 100. http://www.who.int/governance/eb/who_constitution_en. pdf.

Zanin, A. C. (2018). Structuring bodywork: Control and agency in athlete injury discourse. *Journal of Applied Communication Research*, *46*(3), 267-290.

Zola, I. K. (1977). Healthism and disabling medicalization. *Disabling Professions*, 41-67.

Zoller, H. M., & Kline, K. N. (2008). Theoretical contributions of interpretive and critical research in health communication. *Annals of the International Communication Association*, *32*(1), 89-135.

APPENDIX A

HUMAN SUBJECTS APPROVAL

Linda Lederman
Human Communication, Hugh Downs School of
480/965-5095
Linda.Lederman@asu.edu

Dear Linda Lederman:

On 11/21/2018 the ASU IRB reviewed the following protocol:

Type of Review:	**Initial Study**
Title:	A Case Study Exploring Women's Experiences in the Gym with Exercise, Body Image, Health, and "Healthism"
Investigator:	Linda Lederman
IRB ID:	STUDY00009261
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Recruitment Script-Dissertation.pdf, Category: Recruitment Materials; • Consent Form-Dissertation.pdf, Category: Consent Form; • IRB Protocol-Dissertation.docx, Category: IRB Protocol; • Conversation Prompts-Dissertation.pdf, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions);

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (2) Tests, surveys, interviews, or observation on 11/21/2018.

In conducting this protocol, you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc: Summer Preston
Linda Lederman