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Deconstructing Disordered Eating: A Feminist Psychological Approach to the Body, Food, and Exercise Relationship in Female Athletes

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The relationship between the body, food and exercise is complex and remains poorly understood within the athletic population. Much of what is currently known stems from disordered eating literature grounded in objectivist perspectives. In turn, athletes' eating and body experiences have primarily been conceptualized as pathological and/or linked to individual deficiencies (e.g., low self-esteem, body image distortion). The ways in which food and exercise are negotiated and experienced by athletes in the context of taken-for-granted gendered discourses have not been considered. The current paper highlights how a feminist psychological framework grounded in social constructionism and feminist cultural studies can be used to deconstruct the concept of disordered eating and extend our understanding of female athletes' body experiences beyond objectivist forms of theorizing. Such deconstruction allows for further insight into the social, cultural and historical construction of these experiences.

The body, food and exercise are inextricably linked in Western culture, as issues of weight, size and body management have become important topics in both medical and popular cultural discourse (Markula, Burns, & Riley, 2008). Every day we are inundated with messages telling us how our bodies should look to achieve both beauty and health ideals. Simultaneously, we are saturated with taken-for-granted messages conveying the ways in which we should eat and exercise to attain those ideals (Bordo, 1993; Kilbourne, 1999). Hence, it is difficult for us to think about our bodies in a way that is separate from food and exercise.

Research has shown that both gender and the athletic arena add layers of complexity to the convoluted relationship between the body, food and exercise, with many female athletes demonstrating high amounts of anxiety and distress surrounding their bodies and weight that often get tied to eating and exercise practices (George, 2005; Krane, Waldron, Michalenok & Stiles-Shipley, 2001; Krane, Choi, Baird, Aimar, & Kauer, 2004; Markula, 1995; Zanker & Gard, 2008). The distress and anxiety surrounding body management practices has been increasingly labeled as disordered eating, which is conceptualized as "a continuum of pathogenic eating and weight control behaviors encompassing a full spectrum of clinical and

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subclinical classifications” (Bonci et al., 2008, p. 91). Female athletes have been consistently identified as either having a higher prevalence of disordered eating than males (Sanford-Martens et al., 2005; Sundgot-Borgen & Torstveit, 2004) and/or being at a higher risk of developing disordered eating when compared with males (Engel et al., 2003; Guthrie, 1991; Hausenblas & McNally, 2004; Sanford-Martens et al., 2005). Research has shown that female athletes are at the highest risk for disordered eating development when competing in lean sports (i.e., light-weight rowing, distance running, gymnastics, diving, figure skating), where success is deemed weight-dependent or determined by subjective judging and/or aesthetic appearance, as well as at higher levels of competition (i.e., collegiate or national level) (Sundgot-Borgen & Torstveit, 2004).

Despite these findings, a limited amount of research has demonstrated that male athletes may also experience symptoms of disordered eating (i.e., body dissatisfaction, experimental weight-loss practices) (Engel et al., 2003; Petrie, Greenleaf, Reel, & Carter, 2008). However, male athletes’ body experiences are rarely represented in the research. While it is important for future research to gain a better understanding of male athletes’ eating and body experiences in addition to those of female athletes, these experiences remain beyond the scope of this paper.

Disordered eating in female athletes has been linked to psychological influences/concepts (i.e., low self-esteem, negative perfectionism, self-objectification, body image distortion) (Engel et al., 2003; Greenleaf & McGreer, 2006; Haase, Prapavessis & Owens, 2002; Prichard & Tiggemann, 2005); biological influences (i.e., hormones, genetic predispositions) (Burckes-Miller & Black, 1991; Johnson, 1994); social influences (i.e., teammates, coaches, peers) (Berry & Howe, 2000; Engel et al., 2003); and cultural influences (i.e., media, cultural aesthetic ideals, gender-role conflict, sexually objectified female body) (Grogan, 1999, 2008; Johnson, 1994; Krane, 2001; Krane et al., 2004; Tiggemann & Slater, 2001). Despite the abundance of literature in this area, the full complexity of the body, food and exercise relationship in female athletes remains poorly understood. While addressing all of the reasons for our limited understanding is beyond the scope of this paper, one potential reason may be that disordered eating has been conceptualized and studied using objectivist forms of theorizing. Thus, many inherent meanings tied to the term (e.g., disordered eating is a female disorder, disordered eating is an individual psychological problem residing within the mind) have been taken-for-granted and reproduced (Bordo, 1992; Malson & Swann, 1999; Markula, Burns, & Riley, 2008). Research within psychology, sociology, and anthropology employing feminist perspectives on the body and disordered eating in nonathletic populations supports these notions (Becker, 2007; Bordo, 1992, 1993; Malson & Swann, 1999; Markula, Burns, & Riley, 2008; Nichter, 2000; Piran & Cormier, 2005). A small body of research in sport psychology grounded in feminist cultural studies further underscores exploring the role of sociocultural influences on athletic women’s eating and exercise practices (Krane, 2001; Krane et al., 2001; Krane et al., 2004).

Consistent with scholars who advocate a diversity of research epistemologies in sport and exercise psychology (Giacobbi, Poczwadowski & Hager, 2005; Krane & Baird, 2005; McGannon & Mauws, 2000, 2002), the purpose of this paper is to extend the preceding research by proposing an alternative approach to understanding ‘disordered eating’ in female athletes. Drawing upon developments in feminist psychology (Davis & Gergen, 1997; Nicolson, 1995), we will problematize the

term ‘disordered eating’ and the inherent meanings tied to the term. Following this, we will demonstrate how feminist psychology is useful in reconceptualizing disordered eating and what that contributes toward further understanding female athletes’ eating and exercise experiences. To accomplish this purpose, we first outline the ways in which the literature within sport and exercise psychology tends to draw from objectivist forms of understanding to conceptualize and study disordered eating. The central principles of feminist psychology will then be outlined, along with two associated theoretical perspectives (i.e., social constructionism and feminist cultural studies), to demonstrate an additional way of conceptualizing the body, food and exercise relationship in female athletes. Finally, the implications of a feminist psychological perspective are discussed by drawing upon research outside of sport psychology and through a practical example grounded in feminist psychological principles.

Research on Disordered Eating in Sport and Exercise Psychology

Most of the research in sport and exercise psychology on disordered eating and athletes is grounded in the underlying epistemology of objectivism. From an objectivist perspective, concepts and things (e.g., disordered eating, self-esteem, self-objectification, gender) have meaning before, and independent of, any scientific awareness of them (Crotty, 1998). Researchers subscribing to theoretical perspectives grounded in objectivism try to discover realities about people and the social realm, using the correct theoretical perspectives and/or methods, while trying to maintain a value-free, objective stance (Baird & McGannon, 2009; McGannon & Johnson, 2009). Because much of sport psychology research adheres primarily to an objectivist epistemological stance, the goal of most sport psychology research has been “to produce a detached, valid, and generalizable research product” (Krane & Baird, 2005, p. 89). As a result, behavior tends to be reduced to, or explained primarily in terms of, concepts or structures residing within the mind (Gergen, 2001; McGannon & Spence, 2010). For example, in our introduction we noted that the relationships between gender and disordered eating in athletes have been explained by psychological influences/concepts such as low self-esteem, negative perfectionism, self-objectification, and body image distortion (Engel et al., 2003; Grogan, 1999, 2008; Greenleaf & McGreer, 2006; Haase, Prapavessis & Owens, 2002; Prichard & Tiggemann, 2005). As a result of focusing on the mind as the center of analysis, ‘disordered eating’ is conceptualized as a manifestation or result of particular characteristics within the individual. While this focus is important, the social, historical, cultural and/or political influences on human behavior have not been adequately addressed within the research (Gergen & Davis, 1997; Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984; Markula, Burns, & Riley, 2008). Even when social influences (i.e., teammates, coaches, peers) (Berry & Howe, 2000; Engel et al., 2003) or cultural influences (e.g., media messages) (Grogan, 1999, 2008) are noted as impacting disordered eating, they are described as objective, contributory or modulating factors (Bordo, 1992). The result is that social and cultural influences, while studied and acknowledged, are viewed as distinct and separate from the individual, and/or ultimately framed within a theoretical framework that

reverts back to the individual (Henriques et al., 1998; Striegel-Moore, 1994) and/or becomes reduced to interpersonal relations (Markula et al., 2008).

Research on disordered eating exploring biological influences (i.e., hormones, genetic predispositions) (Burckes-Miller & Black, 1991; Johnson, 1994) grounded in the medical model can also be seen as adhering to objectivist assumptions. As such, this research is also primarily concerned with the individual's biology and/or psychology as an objective and measurable focal point of inquiry, diagnosis and treatment (Markula, Burns, & Riley, 2008). The main objective in medical research is to define causes, symptoms and treatment for a given pathology (i.e., eating disorders, disordered eating, body image distortion) that can be identified with the correct methodological and/or diagnostic tools. The medical model further strives to distinguish *normal* (i.e., healthy or "correct" self-perceptions linked to eating "correctly") individuals from *pathological* (i.e., unhealthy, deficient or problematic self-perceptions linked to eating "incorrectly") individuals (Bordo, 1993).

Because sport and exercise psychology and the medical field are rooted in objectivism, athletes' body experiences tend to be pathologized and/or their behavioral practices (e.g., eating, exercise) become reduced to manifestations of things within the mind (e.g., emotions, attitudes, body image, social physique anxiety) (Berry & Howe, 2000; Haase & Praprevessis, 2001; Haase, Praprevessis, & Owens, 2002; Overdorf, 1991). Any distress that an athlete might experience or body management behaviors (e.g., food restriction, calorie counting) that an athlete might engage in are reduced to, or explained as, individual (i.e., biological and/or psychological) deficits and/or dysfunctions (Bordo, 1992; Malson & Swann, 1999). Consequently, research grounded in objectivism advocates that the "cure" for disordered eating lies in treating and/or changing individual attitudes and behaviors (Markula, Burns, & Riley, 2008) to enhance one's *internal* body image and/or to change one's *inner* body dissatisfaction (Bonci et al., 2008; Grogan, 1999, 2008; Thompson & Sherman, 1993).

The foregoing literature has taught us a great deal about bodily distress and the link to disordered eating in athletes. However, as a result of adhering primarily to objectivist traditions, knowledge within sport psychology of the ways in which athletes experience their bodies in relation to food and exercise outside of these traditional forms of research is limited. One of the reasons for our limited knowledge stems from the objectivist conceptualization of 'disordered eating'. By using the term disordered eating, many of the inherent meanings imbued within the term (i.e., female disorder, individual pathology) are reproduced as true and factual, potentially disempowering those upon whom the label is stamped and silencing those who the label does not fit (e.g., male athletes) (Bordo, 1993; Gergen, 1991). Conceptualizing disordered eating as a term inherently related to female deficit and/or pathology prevents the research from fully considering and/or capturing the ambiguity and complexity of *all* athletes' body experiences (Malson & Swann, 1999). Moreover, by conceptualizing and studying disordered eating mainly from objectivist perspectives, sport psychology research to date has not fully captured the meanings behind athletes' eating and exercise experiences. And while this literature has taught us that gender differences exist as real and factual with respect to disordered eating, objectivist assumptions do not allow us to question what is taken-for-granted about the term 'gender' and understand the impact of gender beyond the level of a categorical variable. As such, additional and/or alternative

perspectives are needed to extend our understanding of athletes' body experiences in the context of eating and exercise practices. One such perspective that is making inroads in psychology, but remains on the fringes of sport and exercise psychology is feminist psychology. Moving beyond objectivist forms of theorizing, feminist psychology has demonstrated utility in studying women's experiences with their bodies (Malson, 2008; Malson & Burns, 2009; Malson & Swann, 1999; Markula, Burns, & Riley, 2008).

Feminist Psychology

Feminist psychology evolved out of psychology as a critique of objectivist and/or empiricist aims and methods that had a tendency to decontextualize women's experiences, failed to recognize the relationship of power to knowledge, and demonstrated a bias toward pathologizing women (Davis & Gergen, 1997; Malson & Swann, 1999; Nicolson, 1995). Table 1 outlines the epistemological assumptions, theoretical frameworks and conceptualizations of feminist psychology contrasted with traditional objectivist frameworks.

Table 1 Contrasting Feminist Psychology With Traditional Psychology

	Traditional psychology	Feminist psychology
Epistemology	• Objectivism	• Constructionism
Theoretical perspectives	• Positivism • Postpositivism • Essentialism	• Feminism • Social constructionism • Postmodernism • Poststructuralism
Center of analysis	• Individual	• Historical and sociocultural factors that shape "reality" • Language and discourse
Goals of research	• Explain, predict and understand individual behaviors	• Deconstruct the relationship between language/ discourse, subjectivity & power (Nicolson, 1995)
Notions of self/identity	• Unique, essential self • "Pre-given psychological subject" (Henriques et al., 1998) • Individual as fixed or given entity	• No unique, essential self • Self/identity is constructed through various available discourses • Product of complex relationship between culture and psyche (Henriques et al., 1998)

(continued)

Table 1 *(continued)*

	Traditional psychology	Feminist psychology
Notions of gender	<ul style="list-style-type: none">• Sex differences viewed as fundamental to human nature (male traits as the norm)• Gender resides within individual• Categorical variable• Fundamental attributes which are internal, persistent, and separate from context (Bohan, 1997)	<ul style="list-style-type: none">• A construct that identifies particular behaviors as appropriate to one sex (Bohan, 1997)• Socially agreed upon behaviors that are reproduced by very process of engaging in these behaviors (Bohan, 1997)• Socially constructed notion of identity (Gergen, 2001)
Conceptualization of disordered eating	<ul style="list-style-type: none">• Individual pathology• DE behaviors are “natural” for women because women are supposed to worry about their bodies/weight• Social factors (i.e., media, peers, family) have an impact on DE development, as mediated through the individual• DE behaviors lie within the individual, thus prevention and treatment should focus on individual change (i.e., enhancing one’s internal body image)	<ul style="list-style-type: none">• A construct that was developed to describe characteristics/ behaviors that women engage in• DE behaviors occur as a result of reproducing socially agreed upon gendered discourses on the body, food & exercise• DE is a characteristic expression/reflection of Western culture (Bordo, 1997)• To enact change, focus must be on changing the discourses/ challenging these behaviors as “inherently feminine”

There are three main principles from feminist psychology that we see as central to the goals of this paper. The first of these is that in contrast to traditional psychology grounded in objectivism, feminist psychology is grounded in a constructionist epistemology that assumes there is no static knowledge that is discovered or proven, but instead proposes knowledge to be historically and culturally situated with meanings changing over time and context (Nicolson, 1995). Unlike objectivist goals of discovering a preexisting reality, constructionists believe “that all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context” (Crotty, 1998, p. 42).

Thus, feminist psychology shifts the focus away from the individual and calls into question taken-for-granted truths and facts by considering the ways in which language and discourse (re)produce socially constructed forms of knowledge and experience (Gergen, 2001). As the term is used here, discourse refers to a way of thinking about something that influences how we view it, think about it and experience it, as transmitted through both language/social interaction and behaviors (Markula, Burns, & Riley, 2008). For example, a dominant eating discourse in Western society constructs food as a body management tool (Kilbourne, 1999;

Markula et al., 2008), and therefore individuals who are exposed to this discourse through social interaction and observation of others' practices may also begin to think about food, and use food, in this narrow way. Therefore, historical (i.e., women's relationships with food), social (i.e., construction of gender, race/ethnicity, class) and cultural (i.e., discourses on the body, food and exercise) factors *simultaneously* become the focal point of investigative inquiry when exploring the relationship between gender and body management practices in athletes rather than individual psychological characteristics (Markula et al., 2008).

The second relevant principle is that feminist psychology as a research practice "demands the recognition that the production of knowledge is a discursive, dynamic and political process occurring through the interaction between the researcher, the respondent(s) and pre-existing discourses which are grounded in ideas attributed to science and popular culture" (Nicolson, 1995, p. 135). Feminist psychology challenges researchers to deconstruct and be reflexive about taken-for-granted assumptions about all forms of meaningful reality, uncovering the ways in which these assumptions frame and limit our ways of knowing the world and allowing for multiple realities to exist (Gergen, 2001).

Together, these first two principles suggest that feminist psychology can be used to call into question and deconstruct categories that are harmful and limiting to women's well-being (Gergen, 2001). As the terminology of individual deficit/dysfunction has rapidly expanded within the past century, people have begun to use such terminology and experience their lives through this terminology (Capps & Ochs, 1995; Gergen, 1991; Ussher, 2006). Because many of the emerging categories of dysfunction disproportionately impact women (i.e., low self-esteem, body dissatisfaction, disordered eating) (Gergen, 1991, Ussher, 2006), a feminist psychological perspective allows for the highlighting of the various ways in which the use of language and categories (i.e., disordered eating) simultaneously disempower women's experiences and silence men's experiences.

The third and final relevant principle is that feminist psychology does not imply a singular theoretical framework. Rather, feminist psychology is best understood in the plural, as a mode of research that encompasses multiple theoretical perspectives, including, but not limited to, feminism, social constructionism, postmodernism, and poststructuralism (Gergen, 2001; Markula, Burns, & Riley, 2008). Regardless of which theoretical frameworks are drawn upon to inform their work, all feminist psychologists are united by a commitment to eradicate gender stereotypes and biases or practices that oppress women (Davis & Gergen, 1997).

Each of the aforementioned associated theoretical perspectives have specific underlying assumptions with implications for how eating and body experiences are conceptualized and studied in the context of women's lives (Davis & Gergen, 1997). We will explore two of these theoretical perspectives (i.e., social constructionism and feminist cultural studies) that we see as useful toward understanding the ways in which athletes experience their bodies, in relation to eating and exercise.

Social Constructionism

Social constructionism is grounded in the underlying assumption that all knowledge is historically and culturally situated and is a product of social interchange (Gergen & Gergen, 2003). Unlike objectivism whereby knowledge is the result of underlying

facts and categories being discovered, social constructionists view knowledge as a product of what gets socially constructed and agreed upon as, rather than a reflection of, truth (Bohan, 1997). As a form of inquiry, social constructionism is primarily interested in the *processes*, as opposed to solely the outcomes, by which people come to describe, explain, or experience the world (Gergen, 2003). In their edited collection on feminist psychology, Mary Gergen and Sara Davis (1997) outline five main features of social constructionism. We will explore three that we see as valuable for understanding how athletes experience their bodies in relation to eating and exercise: 1) the idea that “facts” are dependent on language, which help us to make sense of our lives; 2) people generate meaningful reality based on the particular terminology made available to them; and 3) “reality” is dependent on one’s historical and cultural location and thus allows for multiple realities to exist.

As Davis and Gergen (1997) state, “once words gain usage in a culture, it is often difficult to imagine that they *create* rather than *reflect* a given reality in the world” (p. 8, emphasis added). The social constructionist framework provides a lens through which to challenge common cultural assumptions by constructing the terms that we use to make meaning as products of social exchanges between people that can change over time, rather than as “natural” facts (Gergen, 2003). In other words, “the stories women tell of their lives are ventriloquated through the narratives that the culture has made available to them” (Gergen, 2001, p. 39), rather than such stories simply reflecting some real or “true” deficit or dysfunction in women’s thinking that has resulted from their immersion in culture. The social constructionist position does not conceptualize disordered eating as a pathological condition that naturally exists *in* females more often than males. Instead, the framework allows for the conceptualization of disordered eating as a socially and culturally derived term used to describe a set of behaviors and attitudes that have developed over time as a result of socially agreed upon discourses of the body, food and exercise that relate to, and (re)produce, gender.

Social constructionists contend that individuals belong to multiple groups that provide varying discourses to assist in the meaning-making process, referred to as linguistic communities (Gergen, 2001). Meanings are not fixed and naturally given as facts, as with objectivism, but instead can be contested within each community depending upon the discursive resources made available (Harré & Gillett, 1994). For example, a collegiate cross-country runner simultaneously belongs to a sport, an individual sport team (including teammates and coaches), a university, a family, a community, a religion, a socioeconomic status, a race/ethnicity, and a sex/gender, all of which provide a range of simultaneously compatible and contradictory discourses and ways of making meaning and sense of one’s experiences. Therefore, to understand lived experiences, it is important to acknowledge and consider the complexity of how people negotiate meanings within each of these communities and make sense of their embodied experiences via seemingly numerous, though often limited, discursive resources through which to draw upon (Harré & Gillett, 1994).

In addition, social constructionists claim that the length of time a concept prevails or is understood in a particular way is not a direct result of that concept’s empirical validity or actual existence. Instead the degree to which a concept is prevalent is due to various social processes (e.g., communication, negotiation, conflict, rhetoric) that (re)produce this understanding across time (Gergen, 2003). In the context of disordered eating, it becomes important to ask not only why the

female body is positioned as inherently flawed and pathological but also how long this notion has existed and how such notions have prevailed and/or changed over time. There has been a long documented history of women as pathological, with historical diagnoses of “hysteria” in women, as linked to women’s reproduction (Ussher, 2006; Vertinsky, 1994), having many cultural parallels to today’s diagnosis of disordered eating (see Bordo, 1997). In addition, the deeply rooted notion that the female body is flawed and in need of fixing has been documented in the diaries of young girls and in media images in the United States since the 1830s (see Brumberg, 1997). The degree to which these ideas about women’s bodies have prevailed over time is not indicative of the *fact* that women are flawed and more prone to develop pathological conditions than men. Rather, such notions about women’s bodies have prevailed due to the various ways in which the idea has circulated over time and has been continuously reproduced within a dominant discourse of ideal femininity and people’s every day practices (e.g., calorie restriction, conversations about one’s body in relation to food with oneself and others). As Bordo (1993) argues, “culture not only has taught women to be insecure bodies, constantly monitoring themselves for signs of imperfection, constantly engaged in physical ‘improvement’; it also is constantly teaching women (and, let us not forget, men as well) how to *see* bodies” (p. 57).

As a result of social constructionists’ focus on the historical, social and discursive construction of gender (Bohan, 1997), we can begin to deconstruct the ways that disordered eating has been traditionally conceptualized for both male and female athletes. However, because social constructionism centers on language use and social interchange (Gergen & Gergen, 2003) and not on gender as a primary and productive category of experience (Birrell, 2000), this framework does not fully attend to the role of power in gender construction nor does it fully allow us to account for the advancement of women. As an extension of social constructionism, feminism is a useful theoretical framework that positions women’s experiences at the core and is grounded in a politics committed to social equality (Fallon, Katzman & Wooley, 1994; Weedon, 1997). In addition, feminism can be used to attend to the role of power in the (re)production of knowledge and experience, as a result of one’s social and historical location (Birrell, 2000). By combining social constructionism with tenets from feminist cultural studies, we can further theorize the ways in which power plays a role in knowledge (re)production and gendered experiences of athletes in relation to food, exercise and their bodies (Fallon et al., 1994). Such theorizing can lead researchers and practitioners to entertain new ways of understanding, and subsequently changing, dietary and exercise practices that may impact an athlete’s well-being.

Feminist Cultural Studies

Like feminist psychology, feminism does not imply a singular theoretical framework, but a multitude of perspectives (Birrell, 2000; Crotty, 1998; Krane, 1994). The feminism that we draw upon to extend our understanding of athletes’ eating and body experiences originally evolved out of the cultural studies of sport (see Birrell, 2000; Cole, 1993; Hall, 1993). In a shift away from gender as the only category of oppression, feminist cultural studies recognizes the *intersection* of gender, race, class, sexuality, religion, age and other categories of difference as “the interconnected matrix

of relations of power” (Birrell, 2000, p. 65). The main agenda of feminist cultural studies is to look for the ways in which power is (re)produced and resisted, often through an understated existing ideology (Birrell, 2000). Ideology refers to the set of ideas that privilege the dominant group yet are adopted as common sense by an entire society, including those who are disempowered by them (Theberge & Birrell, 1994). In addition to looking at the (re)production of ideologies, feminist cultural studies is also increasingly informed by Gramscian hegemony theory, with hegemony referring to ideologies that are so entrenched within a society they are no longer questioned and are assumed as the truth (Birrell, 2000).

As a site of ideological contestations and negotiations and powerful hegemonic discourses, sport has emerged as a crucial domain for critical feminist scholarship (Birrell, 2000). Birrell (1988) identified four themes inherent in critical feminist scholarship within the cultural studies of sport, all of which seem pertinent in the understanding of athletes’ embodied experiences: “1) the production of an ideology of masculinity and male power through sport, 2) the media practices through which dominant notions of women are reproduced, 3) physicality, sexuality and the body as sites for defining gender relations and 4) the resistance of women to dominant sport practices” (Birrell, 2000, p. 67).

The idea that the body is a site for defining gender and power relations has become a critical topic within feminist psychology. As a visible signifier of identity, the body is inscribed with meanings, depending on sex, color, shape, age and forms of display (Henriques et al., 1984). Feminist psychologists have recognized the way in which the body is constructed in discourse as a site for self-management, which “is exemplified in an obsession with techniques for shaping and honing the body, as in aerobics, jogging and all forms of keeping fit, tied to different regimes of dieting and medication” (Henriques, Hollway, Urwin, Venn, & Walkerdine, 1998, p. xiv). The meanings and values associated with body size and management are recognized as profoundly gendered (Markula, Burns, & Riley, 2008). As such, the body is seen as a site for self-definition, marking one’s gender an instrument of achievement rather than a biologically given category (Gergen, 2001), with the thin body representing more than just beauty but also symbolizing competence, intelligence and success (Bordo, 1993).

In addition, feminist psychologists have recognized the gendering of body narratives. Historically, masculinity has been associated with culture, mind, rationality and order, while femininity has been seen in opposition, as it is associated with nature, body, emotion and chaos (Gergen, 2001; Ussher, 2006; Wooley, 1994, Vertinsky, 1994). In examining the ways in which these historical narratives impact men’s and women’s current body narratives, Gergen (2001) found that women’s stories focus more on embodiment while men mostly disregard their physical beings except to remark on their physical prowess in sporting events. In addition, she found that men silenced bodily concerns. This was not due to the men’s lack of anxiety over physical appearance, but instead because expressing fear was not deemed an acceptable part of their life stories as constructed within particular discourses of masculinity (Gergen, 2001).

While on the margins of sport psychology, feminism has been noted as an important theoretical framework within sport psychology because it brings women’s experiences into the center of analysis, contextualizes sport and exercise experiences and challenges assumptions of traditional psychological research, allowing for new forms of knowledge to exist (Gill, 1994; Krane, 1994; McGannon & Busanich,

2010). Researchers within sport psychology have recently begun to use a feminist cultural studies approach to look at the ways in which hegemonic femininity is experienced and negotiated by female athletes (Krane, 2009; Krane, 2001; Krane et al., 2001; Krane et al., 2004). Hegemonic femininity refers to the ways in which women in Western society are expected to act, which is in opposition to masculine behaviors and includes being emotional, passive, dependent, maternal, compassionate and gentle (Krane, 2001). Krane (2001) proposed that muscular and physically assertive female athletes (i.e., rugby and ice hockey players, boxers), feminist sport participants and lesbian athletes all directly challenge notions of hegemonic femininity. Krane et al. (2004) found that in negotiating femininity with athleticism, female athletes developed two contrasting identities of woman and athlete. Other research has reported that female athletes' body (dis)satisfaction depends on internal negotiations that occur between contrasting discourses on the ideal cultural body (i.e., appearance body) and the ideal athletic body (i.e., performance body) (George, 2005; Krane et al., 2001).

While the above literature has taught us a great deal about how gender and power are experienced and negotiated by female athletes, this research has had the effect (even if perhaps unintended) of leaving male athletes' voices out of the discourse.¹ This is partially a result of the aforementioned taken-for-granted assumptions tied to the term disordered eating (i.e., that it is a woman's disorder). Furthermore, the limited amount of sport psychology research that has used feminist perspectives to highlight the impact of discourse on female athletes' body experiences subscribes to an essentialist view of the self, reducing these experiences to individual deficits/dysfunctions within the mind (e.g., body dissatisfaction, self-esteem) that result from varying social and cultural factors (McGannon & Busanich, 2010). A feminist psychological perspective that combines social constructionism with feminist cultural studies provides an additional lens through which to look beyond the individual mind and begin to problematize the concept of disordered eating and the associated meanings.

By combining social constructionism with feminist cultural studies to understand female athletes' eating and exercise practices and the associated effects/experiences, we can begin to ask: how is the term 'disordered eating' conceptualized and used by female athletes in the context of their everyday lives, and what are the effects? Is the term taken up and used by female athletes in relation to their eating and physical activity practices, or do they reject and resist the term? Who gains power by supporting the conceptualization of female athletes' bodily experiences as pathological and who is disempowered? What other ways of viewing athletes' experiences with their bodies, in relation to eating and exercise, become invisible/excluded as a result of using the term disordered eating?

Implications for Research on Athletes' Embodied Experiences

To illustrate how feminist psychology can be used more specifically to reconceptualize female athletes' eating and body experiences, it is useful to take a brief look at how related research from other areas (e.g., cultural studies, sociology, anthropology) have explored the role of discourse and power in the construction of body management practices.

As an example of this work, Saukko (2008) examined the ways in which two women's personal stories of Anorexia Nervosa and Bulimia Nervosa were similar to those that the media portrayed surrounding Karen Carpenter's and Princess Diana's experiences with these same "illnesses". From her findings, Saukko (2008) concluded that the public and media discourses on clinical eating disorders (as an aspect of disordered eating) may get contested by individuals but are often reproduced through personal stories and personal experiences. Therefore, her research demonstrates the ways in which individuals draw from public and/or dominant discourses in deriving meaning and making sense of their bodily experiences (Saukko, 2008).

As a way to challenge some of the deeply rooted assumptions in Western society (e.g., the body as an expression of the self, food as a body management tool), anthropological research has examined the notion of disordered eating cross-culturally. Anderson-Fye (2003) found that local discourses on the body and the self in Belize shaped a protective ethnopsychology, referred to by the phrase "Never Leave Yourself," which allowed Belizean girls to remain satisfied with their bodies despite the emergence of Western media messages into their society through tourism. This powerful concept, which takes on the meaning of "always take care of your self" within the Belizean culture, protected the girls from ever engaging in disordered eating behaviors because the potential harm would require them to "leave themselves" (Anderson-Fye, 2003). In addition, Anderson-Fye noted local discourses of the body that portrayed body shape as a natural condition over which one had no control, unlike the Western discourse of self-management and "disciplining the body" into shape (Bordo, 1993; Kilbourne, 1994, 1999). Therefore, instead of trying to reshape one's body through diet and exercise, Anderson-Fye (2003) described how beauty was personally enhanced in other ways (i.e., dressing in a way that emphasized their "Coca-Cola shape", styling their hair and applying makeup) with the Belizean culture. Consequently, food was not psychologically connected to the body as a form of weight control, but instead was viewed as a way in which to take care of themselves (i.e., for nutritional value). The combination of these unique ethnopsychological factors seemed to protect the girls in Belize from the powerful influence of Western ideologies and prevent the development of attitudes and behaviors that would be classified under the category of 'disordered eating'. Thus, Anderson-Fye (2003) demonstrated the ways in which the psychological foundation of disordered eating extends beyond the individual and is shaped by local cultural discourses.

In a cross-cultural ethnography comparing two eating disorder clinics (within the United States and Mexico), Rebecca Lester (2007) noticed a difference not in the way that clinical eating disorders presented, but in the way that they were *constructed* and hence treated, in these two separate cultural contexts. Lester termed this construction the "clinical realities" and found them to mold the lived experiences of clinicians and eating disorder clients in these two clinics. The Western biomedical approach to disordered eating, as seen in the "clinical reality" of the United States clinic, was based off of Western values and conceptualized disordered eating as an individual pathology that resulted from lack of control, a weak or misguided self, or as a delay in development. Therefore, the recovery focus in the U.S. eating disorder clinic was on helping the patient achieve an independent and autonomous self. In contrast, Lester (2007) noted the cultural ideal of healthy adulthood in Mexico to be much

more interdependent than individualized and based off of a socially embedded self. As a result, she found the recovery process in the Mexican clinic to focus on fixing interpersonal processes in addition to achieving personal responsibility. Ultimately, Lester (2007) concluded that disordered eating is categorized and experienced differently depending on varying cultural contexts and conceptions of the self, in ways that are not always consistent with Western cultural values.

Researchers within the cultural studies of sport have explored the role of discourse on exercisers' body experiences (see Chase, 2008; Markula, 1995; Zanker & Gard, 2008). As an example of this work, Wright, O'Flynn and Macdonald (2006) explored how young men and women talked about their bodies as a result of taking up, negotiating and/or resisting public health discourse, which equates health with the thin body attained through exercise. They discovered that women were able to talk at greater length about their bodies in comparison with men and positioned their bodies within an appearance discourse (i.e., exercising to maintain a thin body), whereas the men positioned their bodies within a utility discourse (i.e., ability to do physical work). These findings indicate that the discursive resources made available to men and women about the body and exercise, and the ways in which they are negotiated and used in managing their relationships with their bodies, may vary and have differential effects. In addition, it was noted that when women were able to reflect on how they were positioned within discourse and in turn have more agency in how they constructed their physical selves (including making sense of their body practices) through varying available discourses, they experienced enhanced subjective well-being.

The above research demonstrates the powerful ways in which discourses, both private and public, are shaped by larger historical and sociocultural factors and construct the ways in which individuals within a given cultural and historical moment experience their bodies in particular ways. These research findings differ from the traditional conceptualization of disordered eating as an individual pathology that develops separately from, or in response to, the sociocultural context. However, it is important to gain a better understanding of how athletes are using particular discourses to construct and make sense of their embodied experiences. Such knowledge could be useful in designing future interventions that aim to increase athletes' physical health and subjective well-being.

The following example was created to demonstrate the value of a feminist psychological approach for extending our knowledge of the body, food and exercise relationship in female athletes. For the purposes of this example, we chose to depict a white, heterosexual, middle-class, lean-sport female athlete because this has been the focus population within the disordered eating literature. The fictional character created represents a composite of athletes that Rebecca (the first author) has worked with as an athletic trainer across multiple sporting contexts.

Uncovering Athletes' Body Experiences: A Practical Example

Erin is an incoming freshman cross-country runner for a highly competitive NCAA Division I program. Erin wants to fit in with her teammates, please her coach and succeed within her sport, so she begins to adopt certain behaviors that she believes

will potentially lead to these desires. She begins to worry about her weight and is terrified that she may gain “the freshman fifteen (pounds)”, so she has conversations with herself in which she says she must lose some weight, or at least prevent any weight gain. She begins to obsess and think about food in particular ways (i.e., when she will eat, what she will eat, how she will prevent herself from eating too much), engage in daily rituals that help her to feel in control of her eating (i.e., counting calories, compartmentalizing her food into small portions, eliminating fat from her diet), and feel conscious and anxious about her body. All of the foregoing structures Erin’s exercise practices as well, as she begins to sneak in extra runs after practices and on the weekends.

An objectivist perspective would make sense of Erin’s experiences and health outcomes by assessing that she may be suffering from a pathological condition known as disordered eating. It would be taken-for-granted that Erin’s behaviors are evidence of this condition, which is further manifested in internalized pressures to lose weight. As a result of suffering from things *within herself*, such as negative body image (Berry & Howe, 2000), personality traits (i.e., perfectionism) (Haase, Prapavessis, & Owens, 2002) and mental disorders (i.e., depression or anxiety) (Berry & Howe, 2000), it would be concluded that Erin developed disordered eating in response to this pressure. Distinct social (e.g., family, coach, peers) and cultural influences (e.g., the media) would be further regarded as reinforcing Erin’s *internal deficits* and experiences of pressure that ultimately led to her disordered eating and exercise practices (Johnson, 1994). From an objectivist perspective, if Erin is to recover from disordered eating and become healthier, the individual characteristics leading to her disordered eating must be changed/fixed with the help of various professionals (e.g., nutritionist, psychologist).

Because feminist psychology calls into question and deconstructs categories that are harmful and limiting to women’s well-being (Gergen, 2001), a feminist psychological perspective expands our understanding of the above scenario beyond the individual and what is considered normal, factual and “the way things are”. More specifically, social constructionism and feminist cultural studies are useful theoretical perspectives because they are committed to eradicating gender stereotypes, biases or practices that oppress women (Davis & Gergen, 1997). Together, both perspectives can be used to draw attention to the powerful ways in which discourses, both private and public, are shaped by larger historical and sociocultural factors that construct the ways in which Erin may be experiencing her body.

Using social constructionism, attention would first be drawn to what has been taken-for-granted about the athletic female body as “truths” (e.g., thinness improves athletic performance, being thin means one is fit, being too muscular is not feminine), as instead the result of socially agreed upon meanings and ways of speaking about the female body. Attention would be further drawn to the discourses surrounding the female athlete’s body (i.e., flawed, an object to be sculpted) (Bordo, 1993; Marzano-Parisoli, 2001), eating (i.e., fear of fat, food as temptation, dieting as a means to salvation) (Kilbourne, 1994, 1999), and exercise (i.e., cure for society’s ills, way to control one’s body) (Zanker & Gard, 2008), including the way that these discourses are reproduced within social interaction and become experienced over time. Feminist cultural studies draws further attention to the role of gender and power within these discourses as they construct women’s embodied experiences in particular ways. Discourses on ideal femininity suggest that women should sup-

press their needs and silence their voices and construct women's bodies as objects of the male gaze, both of which have been linked to disrupted eating patterns and body anxiety in women (Piran & Cormier, 2005). Similarly, the phrase "female athlete" that Erin and others may use to describe her identity is loaded with taken-for-granted meanings (e.g., athletes work hard to achieve goals, strive for perfection by any means necessary, and maintain an athletic build that is "feminine"). These meanings may then influence Erin's eating and exercise practices as she strives to maintain this athletic identity.

A feminist cultural studies perspective would draw further attention to the ways in which Erin's embodied experience is socially and historically situated and embedded within power relations (McGannon & Busanich, 2010; McGannon & Spence, 2010). In addition to being an athlete, Erin's social location (i.e., white, female, middle-class, heterosexual) will impact the discourses made available to her and become negotiated, reproduced, resisted, and/or experienced through her embodiment. Moreover, historical factors impact the food and body discourses made available to Erin as a result of her social location as a female. Historically, there has been a deep connection between women and food, with women primarily carrying out the role of nurturer through food preparation, feeding, and the serving and satisfying of others (Counihan, 1999). In addition, females have long been taught to eat privately and discreetly (Brumberg, 2000) as a substitute for love and emotional needs (Bordo, 1993), and as a voice or form of control (Counihan, 1999). Historical accounts of fasting (i.e., depriving oneself of food) have shown that women have long used food as a symbol of the self, starving themselves literally to death to achieve the cultural and historical standards of female perfection (i.e., spirituality, moral superiority, and the pursuit of thinness) (Counihan, 1999). Thus, women have historically had a different relationship with food than men, which may be objectively interpreted as "pathological". This historical relationship has constructed gendered meanings surrounding food, which may then be drawn upon when female athletes like Erin experience their bodies in relation to food. As such, female athletes like Erin may also experience their relationship with food as "pathological".

Furthermore, the female body has long been defined as a site of self-expression, an overwhelming "project", or a way to visibly proclaim oneself to the world (Brumberg, 1997). As the ideal body has become increasingly thinner and objectified, the discrepancy that exists for most women between their actual body and ideal body has also increased. What was considered an ideal body in 1960 is currently defined as "full figured" (Bordo, 1993). Those females that cannot come close enough to the ideals (i.e., whose bodies are considered 'out of control') are positioned as devalued in society as a result of their devalued bodies (Marzano-Parisoli, 2001). As a female in Western society surrounded by ubiquitous media images that reinforce the normal and desirable female body as thin, firm and shapely (Markula, 1995) and maybe even teammates and coaches who reinforce these taken-for-granted ideals, Erin is likely well aware of this notion. She may even experience her athletic body as simultaneously flawed in relation to the ideals and at the same time be drawing upon, or at least be aware of, alternative discourses (e.g., sport and exercise as empowering) that have been provided through immersion in her sport.

As a result of discourses and social interactions, which are largely impacted by one's social and historical location and embedded within power relations, a

female athlete like Erin might therefore restrict her diet, worry about food, exercise to regulate her weight, feel concerned about her appearance, and engage in other body managing behaviors. From a feminist psychological perspective, this is not because she has developed a pathology or mental disorder (i.e., disordered eating), but rather a result of how language is being used in particular ways and tied to socially agreed upon discourses of femininity, athleticism, the body, eating and exercise that are accepted and experienced by Erin as *truth*.

Consequently, beyond seeking individual treatment or intervention, a feminist psychological perspective would draw attention to the larger social and cultural changes that need to take place if women are to have more healthful experiences in relation to food and exercise. To make it less likely that Erin experiences bodily distress and unhealthy body management behaviors, it is essential to change the discourses that she draws upon to construct her body and her experiences. In order for this change to occur, she must have the discursive resources available to her through social interaction (e.g., with teammates, coaches, family) that could allow her to shift her perspectives on femininity, athleticism, the body, food and exercise (McGannon & Mauws, 2000; McGannon & Spence, 2010). Research demonstrates that when varying and multiple discourses are made available to female athletes, they are able to negotiate and resist dominant discourses of ideal femininity in relation to their athletic bodies (George, 2005; Krane, 2001; Krane et al., 2004). In turn, the exercise practices and experiences associated with such discourses can also be used to empower women and enhance their psychological well-being. Examples of resistance include female athletes pushing their bodies to the limits in the weight room in a quest for a strong muscular build (George, 2005; Krane et al., 2004), taking pride in their muscular or larger physique (Chase, 2008; George, 2005; Krane et al., 2004), participating in more aggressive sports that challenge femininity (i.e., rugby, ice hockey) (Krane, 2001; Theberge, 2000), refusing to participate in body talk around their teammates, and/or engaging in more holistic/wellness discourses that reduce the importance of physical appearance (McGannon, in press; McGannon & Busanich, 2010). Ultimately if people around Erin, such as coaches, teammates, athletic trainers, and friends, begin to challenge some of the dominant discourses through their behaviors, language practices and daily interactions, Erin might be able to construct new meanings and/or at least entertain alternative discourses and dietary practices in relation to her body in ways that lead to better health and well-being.

Thus, in promoting positive health and wellness associated with eating and exercise practices, professionals in athletic and exercise settings should work with female athletes as well as their social support networks to recognize the dominant discourses that are drawn upon when making sense of their bodies and eating and exercise practices. Alternative and/or resistant discourses should also be provided, so that they may use these in developing more positive eating and exercising behaviors over time.

Conclusions

Despite an abundance of literature on body management practices in athletes (see Black, 1991; Bonci et al., 2008 for overview), a great deal remains unknown about the body, food and exercise relationship in female athletes. We argued that

one reason for these limitations is that most research stems from frameworks grounded in objectivism and the medical model that conceptualize the relationship in a particular way (i.e., as an individual pathology known as 'disordered eating') (Bordo, 1992; Malson & Swann, 1999). As such, the primary objective of this paper was to demonstrate how a feminist psychological perspective extends current knowledge by changing the lens through which we view athletes' eating and body experiences, deconstructing the category of disordered eating and allowing us to ask new and different questions about athletes' bodily experiences in relation to eating and exercise.

While we recognize that the feminist psychological perspective outlined is not the only approach that would be useful in extending our understanding of the body, food and exercise relationship in athletes, it has much to contribute toward this goal. A feminist psychological approach, drawing from both social constructionism and feminist cultural studies, can help illuminate the ways in which discourse and social interaction construct athletes' experiences with their bodies in relation to eating and exercising. This perspective allows us to highlight the ways in which discourses around the body, food and exercise are profoundly gendered and embedded within relations of power (Bordo, 1993; Davis & Gergen, 1997; Gergen, 2001; Markula, Burns, & Riley, 2008).

While our hypothetical example illustrated how this approach could be useful in discerning the impact of gender on athletes' body experiences, it is important to note that research has yet to fully explore these ideas within the athletic population. Furthermore, our example, along with most of the existing research, focuses on white, heterosexual, middle-class, lean-sport female athletes. It is important for future research to explore the eating and body experiences that include the full diversity of athletes, particularly those athletes who might be silenced and/or marginalized (e.g., gay and lesbian athletes, male athletes, athletes of different ethnicities).

Research in the sport and exercise psychology realm has not yet fully identified the discourses that athletes draw upon to construct their experiences with food, their bodies and exercise, and how these may differ depending on an athletes' historical, cultural and social location (i.e., race, class, gender, sexuality). A feminist psychological perspective allows insight beyond generalizable patterns of disordered eating, uncovering the meanings behind athletes' eating and body practices and the psychological effects that result. It is the meanings surrounding the body, food and exercise that need to be explored in future research. Such knowledge would allow for more effective intervention approaches, designed to enhance athletes' health and subjective well-being. Therefore, in addition to current perspectives, we recommend the use of a feminist psychological approach in future research examining athletes' eating and body experiences in the sport psychology context.

Notes

¹ While not being actively sought out, especially to the extent that female athletes have been, male athletes have been silenced within this body of literature. As a result, their voices have not been heard and their body, eating and exercise experiences are largely unknown, less understood, and/or undervalued. The few studies that have sought men's voices (e.g., Engel et al., 2003; Petrie et al., 2008), suggest that further research is needed to better understand the complex relationship

between men's body, eating and exercise experiences. The arguments in the current paper further underscore this point.

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