

## ABSTRACT

### The Weight of Womanhood: How Embodiment of Femininity Predisposes Women to Deficits in Nutrition and Mental Well-being

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American culture has shaped the standard for feminine ideals for decades, their main source of oppression therein being embodiment. By indoctrinating women from birth into identifying and functioning as bodies, they effectively subdue their minds and their agency. This state of mind is dangerous for women because it promotes restrictive eating, manic dieting, and other nutritional habits that create deficiencies in the body. This is compounded by the profound connections between the gut and mental processes. Thus, the effects of socially constructed femininity on diet subsequently affect mental health, poor diet promoting mood disorders and neurotransmitter malfunctions. With chapters leaning into existing literature on the gut microbiome as it affects mental processes, major works of feminist commentaries on embodiment and social construction of gender ideals, and descriptive data analysis on food-choice motivations as collected in the National Health and Nutrition Examination Survey (NHANES), I conclude that all of these components intertwine to entrap women in a biological cage. Wherein, they are disproportionately disadvantaged both psychologically, socially, and nutritionally. Because of the ways these components overlap and involve each other, women stuck in an embodied sense of self face long term and debilitating consequences.

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THE WEIGHT OF WOMANHOOD: HOW EMBODIMENT OF FEMININITY  
PREDISPOSES WOMEN TO DEFICITS IN NUTRITION AND MENTAL  
WELL-BEING

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Lastly, I would like to thank women. For enduring, for going before me, for making such a beautiful thing as womanhood out of the various crumbs and scraps we were given. Girlhood is a gift, and the innocent parts of it deserve to be protected. Girlhood has shaped me, shaped this project, and for it I am forever proud.

“Food is a gift of God given to all creatures for the purposes of life’s nurture, sharing, and celebration. When it is done in the name of God, *eating* is the earthly realization of God’s eternal communion-building love.”

— Norman Wirzba, *Food and Faith: A Theology of Eating*

## CHAPTER ONE

### Introduction to a Feminine Embodied Diet

Womanhood, a culture of feminine norms and paradoxical expectations, has long been society's cage of choice for the female sex. Women throughout history have spoken, written, and protested this violation of rights, but every day, a new mode of violation occurs. The thin ideal, all-consuming, impressed upon women for decades now, is unique in its ability to adapt and attack women in new ways, persistent despite all means of extermination. It does this through its remarkable ability to disguise itself as a woman's own nature, this desire to emaciate herself begins to appear intrinsic. This is truly a remarkable feat of survival adaptation. The human body relies on nutrients from our diet to function at full capacity. When this diet is truncated, the brain suffers severe impairments. Both cognitive function and mental health can suffer deficits. In this paper, I will argue that women are socialized into an embodied identity that necessitates disciplining the body. Their identity in their physical bodies strains their relationship with food, and thus women suffer disproportionately from poor diet and mental health.

The feminist notion of embodiment is no modern concept, it is in fact a longstanding truth of womanhood. The weight of womanhood is that the entity of a woman boils down to little more than her weight. In recent years, women have found empowerment in the political sphere, gaining major ground in terms of legal rights and professional prowess. Being a woman no longer inherently means any doors are closed for them (though they still may have to speak louder, stand taller, and work harder than male counterparts). Even so, the internal freedom of intellect, a sense of self extending

beyond the physical, is still a right women lack, even if they rarely recognize it. It's a fact of life that women will get plastic surgery, spend over a billion dollars a year on breast enlargements (Hesse-Biber, 212), diet regularly, suppress their appetite, pour over themselves in a mirror, spend more on cosmetics and skincare items, check food labels and nutritional facts more often than men. All this and still they will never find their bodies worthy of the unreasonable standards on feminine physique. What society fails to address is its own culpability in this abusive standard of living and, most worrisome, the dire implications on women's health and mental well-being.

Such a constant fixation appears almost disordered, pathological, thanks to its expert discretion and assimilation into a "normal" fact of womanhood. Entrapping women into this state of embodiment has become "the most potent political sedative in women's history" (Wolf p. 187). Even in 1992, women were being oppressed via diet, so effective in its lethal consequences because of the physiological implications of malnutrition and starvation that solidify the bad dieting habits and allow it to operate covertly as "healthy living." The state of women's health and body image today has only worsened. The Ozempic crisis would make most infamous feminist writers roll over in their graves. Psychological professionals specializing in eating-disorder treatment have commented that "Ozempic's widespread promotion reinforces the message that weight loss should always be a goal" (Ireland). In the first 9 months of 2023 alone, Ozempic and Wegovy brought in around 12 billion dollars in sales, an impressive 36% increase from the same period a year prior (Saul). These drugs have become social media "block-busters," toting their own hashtags and everything, all because they promise to solve the

long-standing moral crisis of curing fat bodies (Cottom). Not only the survival of such a drug, but its proliferation in our economy shows how this thin ideal has graduated long ago from an ideal to a demand, a survival necessity. Women instinctually show interest in products, even injections, off-label weight loss drugs like Ozempic without hesitation because the need to be thin, to deny the human right to be hungry, in search of true womanhood- of thinness. Risking their own health, happiness, and functionality just to fulfill their feminine purpose in this world, to be attractive and satisfy the male gaze.

American culture is loud about what women ought to look like, and loud about when they fail to do so. Appearance is a matter of survival, so it is no surprise that embodiment ideals are more easily instilled into the subconscious and acclimated into instinctive choices. Size is a matter of agency in society, and plus-sized women are “more likely to be unemployed” than the typically “attractive” or skinny woman (Cottom). Food then is not a response to hunger, but a tool with which women can handcraft their bodies into the unnatural feminine form. Each food ingested has the potential to shape her body and thus her future for better or for worse, and the constant weight of these choices is just an unfortunate fact of womanhood. With the gravity of food and weight in mind, it is clear that the perpetuation of these cultural views should be evaluated. How have women remained entangled in such an internally debilitating state of mind for the sake of mere social survival? I propose that because women are socialized into an embodied sense-of-self from birth, their view of food is that of a commodity, a tool. Food, as a major influence on brain and body processes, thus, serves to solidify this mindset in the body itself, by growing accustomed to a certain way of eating. With such underfeeding and

providing improper nutrition, women's mental health deteriorates, encasing them in a state of perceived inferiority and renewing their drive to change themselves, to perform.

## CHAPTER TWO

### Nutrition's Tie to Mental Well-Being

This section will address the gut micro biome, different crucial, nutrition-dependent cognitive functions, and the nutrients required therein. In this section I will explicate the underlying research which informs the interconnectedness of nutrition, both overall and individual nutrients, with cognitive health, mental well-being, and patterns of food-choices.

A machine such as the human body requires many intricate processes to accomplish the high functioning it is capable of; some of the most intricate and still to be explored are those processes that drive cognitive functions in the brain. Neuroscience has exploded as a discipline in recent decades, exploring the nature of of humanity's own consciousness and what leads to variation in cognition. Further, connections between the brain, such a condensed locus of biological processes, and the rest of the body have become a focus of current literature. As the determinant factor in how most other anatomical systems unfold, the brain holds answers and instructions for the body as a whole. With such power concentrated within one organ, it is crucial that researchers uncover influences that may alter these core processes and thus negatively expand across the body. These questions of connecting processes and what their ideal environment is are thus of the utmost importance for the sanctity of the body and mind's proper functioning. This includes what nutrients are necessary, that we must consciously be consumed for the sake of maintaining full function of the mind and its facilitation of other bodily functions. How we must serve the body so the body can serve us is, in short,

where interest in biology originates. With every discovery, we may better approach the care of our body for the sake of its health, our functionality. In this chapter, I will examine what current research has to say regarding the interconnectedness of cognitive well-being and nutrition, which will lead into my discussion on feminine norms and their intersection with well-being as well. I will explore the intersection of the gut micro biome and mood, dietary function within mental health, food-related decision making and its effect on the reward pathway, and nutrient-based causes of mood disorders. Mental health and diet display a symbiotic, cyclical relationship that can prove difficult to expunge, especially when ignorant of their mutual entanglement.

### *Basics of the Gut Microbiome*

The gut microbiome is an environment of bacteria in our gut that is unique to each person, but at large serves to process nutrients and interact with what is ingested. This means that with each unique thing ingested, various living bacteria within the gastrointestinal tract interact with it, producing different breakdowns of that food which provide different uses throughout the body. This environment is built from the first time one ingests and acclimates to the nuances of one's diet. This proves difficult with diet change, certain sneaky chemicals or GMOs, and overall hormone changes. Sometimes, these bacteria die once they are neglected and then a probiotic is necessary to revive the biome. Beyond this already intricate system of life within us lies a network in which our moods and emotions are altered by the interaction of foods with this micro biome. A major highway of communication occurs here between the brain and the gut, a tangible way in which we as humans can communicate with the implicit, uncontrolled parts of our

brains through what we ingest. As scientists of many disciplines continue to unravel the intricate methodology of these bacteria and their relationship to our brain, they have capitalized on this network's potential for emotional and mental regulation. Sarkar et al. provides a robust examination of the uses of psychobiotics, or bacteria that manipulate the signals between the gut and brain (763). There is evidence for injecting some inflammatory cytokines into the gut can directly produce depression. In a study on rats and anxiety-inducing activities, a probiotic proved to reduce levels of anxiety and increase memory within the maze activities (Sarkar et al. 767). The gut's sensitivity to these compounds opens it up to positive and negative mental affects. Not only does an additional probiotic contribute to positive mental effects, but the presence of an inflammatory agent has a directly poor effect on one's mental health. In another study, participants who scored low relative to others on a scale of baseline mood showed an uptick in ratings of happy as they were administered a probiotic (Sarkar et al. 768). Those predisposed to have a poorer mood but not necessarily a diagnosed psychological disorder even found improvement at increased health in their gut micro biome. Beyond the mental, they found that athletes experienced "reduced natural killer cell activity" after diet change, as well as reduced fatigue (Sarkar et al. 769). Here, small changes in diet are not just changing our mental experience, but our physical interactions with the world as well. This sort of change differs, however, from the typical rhetoric of physical changes with dieting. Dieting is target at women's bodies, their size, their fat, as well as serious cases of obesity and heart health. These changes I want to focus on are internal, not life-threatening, but enriching and a necessary factor in mental health. The gut creates a range

of neurotransmitter in the processing of indigestible fibers (Sarkar et al. 770), which very literally is altering the chemistry of the brain and what emotional sensations experienced at any given moment. Gut health needs to be looked at as a primary contributor to one's mental well-being, not just in the sense that a good diet is necessary for overall health, but specifically the nutritional upkeep of the gut micro biome is integrated with brain function.

### *The Brain and Encoding Foods*

Now I want to examine the reciprocal nature of this integration. The brain influences our food choices, both consciously with taste and social norms, but subconsciously. This implicit dietary impulse is important to acknowledge to we can learn to incorporate these less obvious bodily needs into our diet as well as keep it in check when our body may disregulate. In an interview with a top chef and a psychiatrist, both experts find that food choices, even down to how you prepare it, what setting you eat it in, etc, aides in “[maintaining] mental health or [reducing] the risk of mental illness” (Levin). The intricacies of eating are obvious major social markers, and this reflects an innate sensitivity and dependency on the wholistic experience of food in the brain. Seeking out nutritionally poor foods, unethically or unsafely sourced foods, or settings in which over or under eating can occur reflects a mental state seeking to perpetuate its own demise. In fact, researchers think the brain exerts influence over the gut “through neuronal and endocrine pathways as well as through health behaviors” (Järbrink-Sehgal & Andreasson 102). The state of the brain is evidently crucial for the functionality and health of the gut. Because the brain works as the implicit control center

of the body, looking at other health signifiers can inform one's understanding of underlying mental health needs. Further findings suggest that for participants with generalized anxiety disorder, their gut micro biome showed evidence of change with a probiotic, whereas their healthy counterparts used the same but showed no change (Järbrink-Sehgal & Andreasson 112). Gut and brain function are so intertwined as evidenced by this finding that the probiotic itself does not alone change the gut, but the underlying state of the brain combined with this probiotic is able to change the whole micro biome. Mental health consumes our own awareness of our mental well-being, so its interconnectedness with more tangible parts of the body with pain centers allows us to see just how our mental health may be in a deficit, in need of some boost via food intake.

### *Physiological Links Between Brain and Gut*

Beyond probiotics, all ingested foods and vitamins have profound effect on the state of the body at large. The gut microbiome is uniquely and directly tied to mental health, probiotics offering a remedy for when its harmony is disrupted. However, nutrition can affect mental health by taking a toll on energy levels and sleep schedules. In terms of diet at large, research suggests that eating more dark chocolate may decrease the chances one will struggle with depression, and women who eat large amounts of high glycemic foods will have trouble sleeping (Levin). This trouble sleeping is a symptom in many psychological disorders, as well as an indicator of future mental health deficits. Moreover, obesity is entangled in a positive feedback loop that can be initiated by “acetate generated by the gut bacteria in response to high-fat diets,” which in turn triggers “parasympathetic activity and promotes glucose-stimulated insulin,” thus producing a

major increase in food intake (Sarkar et al. 772). With obesity comes immense social prejudice, self-judgment coming from a socialized feminine ideal that is unable to reconcile with an obese figure, and many potential health declines. Such increases likelihood of developing a myriad of psychological disorders such as eating disorders, body dysmorphia, social anxiety, and depression as a result of this cyclical pattern of unattainable feminine typologies. These norms are limited in scope and intentionally unnatural so that the pursuit of them effectively takes women out of the competitive, successful, intellectual sphere, which many authors further dissect as I cover later on. Further, foods contain hormones that can contribute positively or negatively to one's endocrine system and overall mood. A new avenue of research has emerged following attempts to find more sustainable and less harsh methods of neurotransmitter compensation. Most often, treatment for psychological disorders is some sort of counseling paired with medication, but it has left many searching for options other than these drugs, which can be finicky, expensive, and often followed by several harsh side effects. Recent findings claim that of the major disorders that involve neurotransmitters, namely "schizophrenia, Parkinson's disease, depression," many foods such as "plant, vegetable, and animal foods, including dairy products" aide in adequate compensation of neurotransmitters (Gasmı et al. 1, 16). In this way, we can influence our psychological state by which foods we choose to eat. The foods we enjoy and eat more often likely play into our natural state and thus a major diet change has to potential to throw off the feelings we grow accustomed to.

### *Biopsychosocial Contributing Factors*

Food has long been a pillar of cultures, major differences between societal experiences resting on their culture's attitudes towards and unique food traditions. It is important, thus, to look at food and diet through a biopsychosocial lens, as its social relevance greatly impacts psychology as well. Food security is one major issue that often leads to both malnutrition and a deep sense of hopelessness, thus "associated with major depressive disorder is US women" (Rosa-Roccor et al. 14). Human bodies are programmed to need and prioritize food above all else, a tie so strong that social blockades to a well-rounded diet have the potential to trigger debilitating mental disorders. Though this study was looking primarily at food insecurity, this has implications for all sorts of social blockades, even implicit forces such as social norms, body image expectations, diet culture, and other forces that may inhibit someone from eating. This relationship is deeply biological, psychological, but clearly the social framework of food also has tension in the balance of food and the body. Some communities see "the ability to procure culturally-appropriate foods...as an issue of great extent," especially for groups with food traditions truncated by colonialism (Rosa-Roccor et al. 14). If one's sense of self and fulfillment is so wrapped up in the foods, they are raised eating and experiencing, suddenly children's nutrition and the culture of food we choose to promote becomes exponentially more crucial.

Food is a need, but perhaps a certain kind of food is just as necessary as access to nutrition itself. Well-being involves much more nuance than just that which is required to survive, thus the social facts of food have even grave biological implications. Choosing

what foods to eat has residual effects throughout the body. Thus, food-choices are indicative of underlying schemas concerning the meanings surrounding each food. These schemas are indicative of social cues, norms, and attitudes towards those foods that the brain acclimates to. Studying these food-choices and the equally meaningful motivations behind them allow researchers to have a tangible representation of cognitive processes that underlying overall food attitudes. In women, these can suggest a lot about how feminine norms, social roles, familial attitudes, and internalized insecurities contribute to tangible dietary and nutritional choices, which subsequently impact the body itself.

## CHAPTER THREE

### Bodily Awareness as it Influences Diet and Food-Choices

In this Chapter, I plan to lean into a body of research regarding self-reported perceptions of food and food choices and connect this to existing literature on what informs people's food choices. The CDC conducts an annual survey, the National Health and Nutrition Examination Survey (NHANES), an expansive report of nutritional food and vitamin intake. One section of this survey is a phone follow up with self-reported uses of nutritional information and perceptions of nutrition. This sections specifically investigates "how [participants's] behavior is related to their diet and health" (CDC). With two separate datasets for those over and under 16 years of age, extending to 80 years old, this study covers a wide breadth of ages which strengthens its claims and findings. They separate the ages in this way as a method to ensure more accurate self-report, having those under 16 reports through a parent or guardian. This study supports the disproportion of women with negative food habits and provides data about specific motivations therein. Alongside supportive existing literature and research on the psychological relevance of food choices, and cognitive processes behind motivation, this study will contribute to overall connections between feminine embodiment, food-choices, and the dire implications of the biological cage they create. With this data, we can map on social constructs and values to the motives most effecting women.

Existing literature supports my claim that increased bodily awareness influences diet in a restrictive way. I want to focus on manic diet hopping and obsession with nutritional labels as two primary methods of socially-necessitated restrictive habits and

the ways that they reinforce underlying maladaptive psychology. Diet has become its own cultural wave like never before, with first print media, movies, TV, and now social media perpetuating the thin ideal. The common rhetoric can so easily convey restriction as health. Dieting books, blogs, videos, and channels are some of the most lucrative (Hesse-Biber, 213). Diet culture is the social pressure to constantly alter one's body through intense, restrictive diets. These diets not only restrict, but they perpetuate false ideas of nutrition that often promote malnutrition and deficiencies. Manic dieting is more than eating habits, it's an all-consuming fixation on food, amplified by the preexisting embodied identity women are socialized into. Everyone knows everyone's diet, it has evolved into a deeply feminine word, and it's an identity label that women promote in a society where the harder the diet the more praise you receive. It's a badge of honor.

### *Social Encoding of Food and Digestion*

These diets are more than a cultural phenomenon, however, and they carry grave consequences on the mental health of individuals. One study by Mehta et al connects food choices to regions of the brain, providing a tangible link between food and mental health (989). Food is more than just sustenance, and the amygdala plays a large role in encoding food with "motivational and emotional value" (Mehta 996). Fear and response to threat are also main functions of the amygdala, so socialization and the way women often learn to think about food as a threat can be tied to negative motivations and responses to food stimuli. Further, once satiated, the brain tends to perceive food cues and "suppress food intake and alter food choice. (Mehta 997). So, as people train their bodies to be satiated by less and less food, this can engrain a system of perceived

satisfaction that makes this diet cycle hard to break. Conscious perception of food and acquired attitudes can begin to permeate to unconscious neurological reactions to food, often misconstrued as acclimation to a healthier lifestyle. Fad diet culture has leaned into these neurological processes to try and excuse and perpetuate underfeeding and nutrient reactive eating habits. Further, what is considered unhealthy, fatty foods typically avoided by all major diets are only more appealing as “fasting, hunger, and prolonged time after eating increase” (Mehta 996). So this perpetual, forced dissatisfaction and unmet desire builds and builds, taking a toll on the well-being and overall life-satisfaction of frequent dieters. This study identifies the physical paths by which food can strain mental health, which can in turn have negative influence on food choices and creating a cycle of poor nutrition and well-being. These attitudes become infinitely more concerning when we consider things beyond food that they impact, namely the explosion of Ozempic use recently. The ease with which the masses have resulted to using injected medications that are being used off-label for weight loss, with very under researched long-term effects, is a glaring red flag for the underlying toxic relationship society has created between women and their own bodies. The undeniable entanglement of food and mind have crucial implications for the ideologies we perpetuate and its physical and mental impact on the individual woman.

Beyond just neurological processes, body awareness and food choice have visceral effects on mood and attitude. Mental health disorders, especially mood disorders, have ties to the gut microbiome. As mentioned in previous chapters, much of mental health can be determined or at the very least influenced by diet and the health of the gut.

A bodily awareness along with these ties has the ability to change and influence mood disorders as well as overall diet choices. A study done by Eriksson et al looked at different subtypes of Irritable Bowel Syndrome (IBS) and their differing rates of mental health (4889). Subtypes of IBS include diarrhea, constipation, and alternating subtypes. IBS involves atypical bowel movements that lead to pain as well as nutritional deficits and usually a special diet to limit inflammation. I find this research pertinent, though on the periphery, because of its potential implications for disordered eating habits and underlying cultural attitudes that praise deficiency and restriction. Of these three subtypes, research found that participants with the diarrhea subtype had much lower rates of depression than the constipated and alternating subtypes (4894). This conclusion suggests that something about a diarrhetic state is more satisfactory, less distressing, more acceptable to an individual and their ability to interact with the world than any degree of constipation.

### *Bodily Awareness in Research and Theory*

Perhaps in the way our culture pushes an ideal physique that drives a disproportionate number of women to develop bulimia and purging habits, which often involves the use of laxatives, the diarrhetic subtype is more aligned with cultural ideals. It may be less distressing to face bodily consequences that fall in line with disordered thinking or eating habits, that purges food and calories. In this way, the diarrhea subtype of IBS may contribute as a reinforcement of embodiment ideals amongst women who receive this diagnosis. However, an important contribution this study has further than this mental health component is their evaluation of bodily awareness. Rates of bodily

awareness appeared to correlate to rates of depression, in that constipated participants were more aware of their body and more often depressed (Eriksson et al. 4894). This would suggest that though more in line with explicit disordered eating culture, the diarrhea subtype contributes less to an embodied self and creates a natural state of bulimic behaviors, taking that mental tax off of the individual facing those social pressures to purge. Without the negative affect associated with choosing these behaviors outright, perhaps those with this subtype experience a taste of freedom from the body consciousness that is stronger with a constipated, full feeling. It's alignment with pervasive attitudes may be enough to distract from the body, as it in an unconscious reality of suffering from IBS. The body and mind are united here, with the body not overwhelmingly taking focus in the mind (such as it would with the constant pain cues in a constipated subtype). Researchers conclude that those participants with the diarrhea subtype "were not aware of their dysfunctional body...thus coping with preserved quality of life" and thus suffering less psychological symptoms (Eriksson et al 4893). Effectively tying a sense of united self, mind and body now as one, to mental health deficits and the body's reaction to food, this study has deep implications for the effect of digestive health on one's food choices and how it may impact mental well-being. Suffering disproportionately from depression leads symptoms such as loss of appetite and lack of motivation or satisfaction (American Psychological Association 168). This could take the form of underfeeding oneself or becoming malnourished, or in the form of a desperate search for pleasure and development of overeating and craving high fat foods. Further, a lack of energy or motivation could lead to eating easy foods, those high in carbs and thus

not receiving necessary nutrients. Here a “cultural paradox” is created, both intrinsically and extrinsically, this co-demand for junk food and diet crazes, where Americans “become increasingly obese within a culture of thinness” (Hesse-Biber (in press)). The low self-esteem commonly found in patients with depression could further lead to a compounding eating disorder, or at the very least more critical, restrictive eating habits. This study opens the door to engage with how body awareness specifically is intertwined with mental health and digestion processes.

Body awareness is an essential part of mental health, and whereabouts it arises completes the picture of just how and why feminine embodiment arises in such a maladaptive way. Susan Wendell is infamous for her work in feminism and disability rights. In her article “Feminism, Disability, and Transcendence of the Body,” she explores the current models of disability and thoughts about mind body dualism. Her conception of body awareness centers on its synonymy with the “awareness of pain, discomfort, or physical disability” (Wendell 326). She quotes Drew Leder and other infamous thinkers who have delved into this ideology, expounding on pain as the source of awareness. I think this is an important consideration when thinking about mental pain and suffering and its influence on bodily awareness. Further, this conception contributes to the cyclical devolution of eating disordered and poor eating habits, the pain of hunger and purging just intensifies awareness of bodies and heightens their own misconceived flaws. Discomfort is a marker of the female experience, whether through constricting clothes, societally normative sitting positions, or just existing under the male gaze. Women are consistently normalized to accept discomfort, which by Wendell’s ideology

creates a disproportionate level of bodily awareness. Women then end up further and further on the disadvantageous end of the mind body dichotomy, a flawed ideology to begin with. Functioning in a world crafted for male pleasure and comfort leaves women searching for comfort of their own, quickly becoming hopeless and downtrodden by the mental health implications Wendell suggests are related to this constant state of unease. This bodily awareness means more recognition of all the ways one's body fails to meet the thin ideal, creating more tension between food and satisfaction with one's body. Food choices become more than preference or taste, with increased awareness of the body through constant pain or discomfort, women look to food as a tool with which they can regain social agency via their embodied self.

### *Nutritional Data Analysis*

Turning to data, the National Health and Nutrition Examination Survey (NHANES) is used annually to survey to assemble health and nutritional status data nation-wide. This survey has been employed since 1999, following 2-year data collection cycles based on a four-stage sample design and weighted so as to estimate the nutritional status of the non-institutionalized U.S. population (Akinbami et al. 1). The sample selection used in my paper includes the 2017 cycle as well as the addendum through march of 2020. NHANES collects many kinds of data, but the section of the survey of interest to this topic is the Consumer Behavior Phone survey. This follow-up questionnaire addresses motivations behind participants's food choices reflected in their previously reported dietary statuses. Looking at motivations, I hoped to find statistical support for a theorized connection between the socialized female mindset and tangible

food choices. Diet and nutrition are physical reflections of underlying mental processes and decisions, all of which are contributed to by a socialized understanding of the purpose of food. If women are taught that their bodies are who they are at an identity level, then their view of food is necessarily a delicate tool by which to survive. As the most attainable, basic tool with which a woman can control her body and thus her social identity, food and eating is a loaded subject. By looking at tangible reports of the motivations behind these choices, and how they differ across sexes, a greater concern can grow for the nutritional strains that women face.

As the existing literature suggests, whatever is input for the gut has direct effects on neural and hormonal processes, making the motivations behind choosing what is input of keen interest. Findings show that women's food choices are highly influenced by social conventions compared to men, grounds to suggest that women's treatment of their body is fueled by control and conformity. Table 1 represents a variable asking whether or not participants check food labels when deciding what to eat, following a "select all that apply" format offering subsequent motivations behind their checking of the label. Similarly, Table 2 represents a variable asking why individuals who do not check the label choose not to do so when making food choices. In each, the percent of men and women who responded to that option is listed as well as the degrees of freedom (*df*), the *p*-value, and most importantly the chi-squared statistic ( $\chi^2$ ). From the data in these tables, one can see meaningful differences in reported food-choice motivations between men and women.

To establish some descriptive statistics and evaluate these differences between gender, I calculated meaningful differences between men and women's responses to motivating factors. Looking at Table 1, we see meaningful difference between the number of women who check food labels compared to men. Further, the responses that were markedly more common amongst women than men tended to be ones related to body consciousness. Specifically, more women check labels because they want to lose weight, avoid certain ingredients, to find the "healthier" option, or to watch calories than men do (see Table 1). Women check food labels more overall and for more active and consequential reasons than men.

Each potential response for participants suggesting that they do check food labels to inform their eating choices is seeking the motivations behind their food choices. The most women (1,948) responded to "make better/healthier choices" for them and their families. The  $\chi^2$  value (see Table 1) tells us that a significant difference exists between genders, reflective of a socialized maternal or care-giver role (though not the socialized role this paper focuses on, this contributes to the theorized linkage between social norms and physiological-impactful choices). Contributing to that same idea, a significant difference was found in the number of women who said they checked food labels because of family members' health conditions, another example of more responsibility for familial well-being. The next two most commonly selected responses were to watch calories and to watch or lose weight. These items had significantly less men responding to them than women (see Table 1), suggesting an intensified body consciousness in women, reflected as a motivating factor for dietary choices. Other responses chosen

significantly more by women were to watch for food allergies, to avoid certain ingredients, to increase certain nutrients, and to compare which foods are better/healthier (see Table 1 for  $\chi^2$  values). Reporting such body-focused reasons for checking food labels is more common in women, supporting the idea that they are grounded in their body and it's at the forefront of their consciousness.

In addition to examining motivations for checking food labels, we can learn a lot from data on why people choose not to check food labels when deciding what to buy and eat. Specifically, we can see what the reverse motivations are underlying less meticulous food choices and how they reflect a lack of body consciousness in men. It is important to again note that overall, there is a statistically significant difference in the number of men opting to not check food labels over women. In fact, each response met the threshold of meaningful difference in men over women responding. The most men marked that they do not feel the need to check food labels because they are choosing “mostly familiar foods,” seemingly irrelevant to overt body consciousness, but is indicative of an explicit lack of motivation to edit and perfect a diet in order to manipulate a body into better shape. Other responses of interest were being “satisfied with their health” as is and “already having a good diet” (see Table 2). This sort of assurance and lack of self-criticism is marked of the male consciousness that is uniquely unbound to the body. These responses specifically are starkly contradictory from the previous ones that women overwhelmingly identified with. The underlying motivational differences contributing to such responses is important in understanding the psychological disadvantages women experienced, further discussed later. Not checking food labels because they are “not

important to them,” they “do not care about labels,” “do not know what to look for,” or “do not have time” were the other common responses from men (see Table 2 for  $\chi^2$  values). These types of motivations lack the body consciousness and self-criticism found of women’s responses to the previous variables. Men’s overwhelming response is of a disregard for the effects of their food choices on their physique. Their choices suggest support on the inverse of what is shown through the data of Table 1: that women exert control over their diet as a response to body consciousness disproportionately to men.

### *Data Conclusions*

For men, the matter of food is nothing but an afterthought, nothing more than a choice to dull their hunger. For women, creatures bound up in their bodies, feel an internalized urge to meticulously pour over every decision. These results help shed light on the meaningful differences between men and women’s nutritional motivations. In data form, embodiment ideals rear their head in simple, every day, unquestionable acts. Something as simple as checking a food label, which our data shows there are many reasons for, is still plagued by society’s indoctrination of women, that each food choice is a matter of identity. Hesse-Biber et al conceptualizes this tangible expression of this indoctrination as “culturally-induced eating— a pattern of behavioral eating...directly stemming from the cultural context” in which women find themselves embedded (211). Men enjoy the freedom of not instinctually checking labels, not debating in any instance if their hunger really warrants feeding themselves, and not degrading their own bodies to a mere lump of clay with a predestined mold it must adhere to. By looking at underlying motivations for something as simple as checking food labels and dietary decision making,

we find support for this significant difference between sexes. In the following chapter I expound more on exactly what this construct is, how it is pervasive and destructive, and why it permeates history, culture, and woman's individual self-image. If how we choose to eat, a basic animal act, can be penetrated by this social construct of the feminine ideal, then women's physiology is vulnerable to attack.

## CHAPTER FOUR

### Philosophical Commentary on the Roots of Embodiment

Throughout history, women's essence has been steadily diminished into mere bodily form. In recent times, their minds have taken more of the stage; however, the residual identification of women as bodies still informs the way women experience the world. In this chapter, I will explicate how the world has redefined women as bodies and how women redefine themselves in step with society, the idea of normative female embodiment.

#### *Women's Reduction to Bodies*

The 19<sup>th</sup> century finds wives and husbands had a vast amount of labor to divide up to take care of a household. This led to the physically stronger man taking charge of more manual jobs and being the external breadwinner of the home, while a wife would maintain the internal matters and the children. In this way, women became relegated to the home, and this position only made sense so long as she kept having babies. An age-old societal norm, though founded in a biological reality, led to a woman's reproductive choices being a matter of public opinion. Here feminist philosophy finds its roots: in the historical exile of women to the home. Though now a gross oversight as to the intersection of racial and socioeconomic identities, many early feminists and proto-feminists focused their work around the plight of the middle-class white woman. This meant early works of feminism were centered on this issue of female exclusion in the academic and public sphere, as well as the related defeat felt by women who lacked the

economic security of at least having a wealthy husband. Why were women stuck in the home? What had a history of wifely duties engrained into humanity's psyche that kept women in this subordinate role? As scholars began to look for theoretical underpinnings of women's tie to domesticity, they arrived at reproduction, their mandated biological destiny.

Women are society's battery, they replenish the earth with each new generation. This is a power, this is insurance that women must always be preserved. How, then, have they become so diminished? There is a natural tendency, in striving for survival, to fear. Men fear women's rejection, of them or child-bearing or partnership. Society began defining the body as less valuable economically and socially to ensure women's dependence on men, those with intellectual power. Thus, every part of a woman has been used to make her smaller and smaller, effectively subordinating her to the rule of man for the greater part of history. Embodied creatures serve a purpose, whereas rational beings serve their own intellectual curiosities. Women are situated in their bodies through a systematic desensitization to subjects of intellect and destined to perform and discipline their bodies to serve or please what men deem "feminine." Wollstonecraft, of the first to create focused works on theorizing about womanhood, posits that the female "art of pleasing" motivates their own complicity role in this oppressive notion of womanhood (34). Where their only agency comes from their ability to marry well, women take to these frivolities in order to take hold of the little power they are allotted. However, these superficial notions only lead women to "rest in the physical part," and with this Wollstonecraft grasps an early facet of embodiment ideology. Acting out of survival, with only the

feminine sphere they are born and socialized into, women turn to their bodies as a tool. Bodies become their only resource to navigate society, it is the only thing deemed valuable about being a woman.

As women continue to be left unsatisfied with their lot in life, they consider the deeper intricacies that entangle themselves in these inequitable power dynamics. Simone de Beauvoir fixates on these dynamics, coining the fundamental feminist principle of the subject-object dynamic that keeps women in the realm of the physical. Conceptually, the subject-object model mirrors a mind-body dualism. A man is a thinking being, the norm of objective perceptions of the world while a woman “thinks with her glands” and is clouded by the burden of her body (254). Descartes infamous foundational conceptions of the origins of thought, what makes us exist is thought itself (127). To women, who are socialized into their bodies and denied the rights to cultivate their minds, this is a denial of personhood itself. Descartes set a foundation for not only metaphysics, but overall perceptions that took over as academia began to flourish and the mind became the ultimate prize. This lent to amplify the foundation of women as bodies to the point of abject oppression.

### *Minds Taking the Stage*

Recently, tides have changed in favor of women; many of early feminisms (first and second waves) main political goals have been accomplished, namely women’s suffrage, rights to enter into academic spaces, and non-discriminatory legislations for workplace environments. Women have run with Wollstonecraft’s call to leave behind the frill and expand into the man’s world of higher education, intellect, and virtue. Women are found

at every level of corporate America, academia, medicine, government, etc. Though the proportions are wildly unrepresentative, feminism has made leaps and bounds. Multitudes of women have taken this Virginia Woolf-esque call to write, to read, to be educated and view these upward aims as a responsibility of women at large to pave the way for those to come. Even still, there is a defined “feminine” way for women to be professional, and their lady-like demeanor, appearances, and inferiority within these spheres are all still expected. Upwards mobility is still a fight by all means. Recognition of the mental prowess and potential of women is still forced, tokenized, feminized, and regulated rather than natural, expected, and celebrated.

#### *Residual Effects of Objectification*

Though the female mind has made expansive moves towards recognition and cultivation, the body creeps in with perpetual oppressive societal impacts. With the introduction and expansion of media, a new medium is born with which this body complex can be pushed upon women at large. Media of all kinds has been infused with images of the body ideal, a concept easily triggering these underlying unconscious associations with the body. As pervasive as media is, young women get socialized in “an empire of images [with] no protective borders” (Bordo 2). As much as women can cultivate their minds and have access like never before, they will always be met with a visceral physical judgement. The unique influence of media is that it is widely experienced by individuals, its danger comes from its potential to take affect on the isolated individual. Alone in her room, a young girl can scroll and scroll through body after body, fake, tanned, and edited. Women are not “fed on fantasies of re-arranging,

transforming, and correcting limitless improvement and change” which invalidates her “very materiality of her body” and elevates it to a malleable, definitional aspect of a woman’s personhood (Bordo 2). Not only does this publicity emphasize the pressure to conform to the beauty standard, but it puts it in women’s hands to do everything in their power to distort their body. New tools are invented every day that make these body transformations all the more accessible to the woman with the slightest inkling that “if my body only \_\_\_\_\_” (fill in the blank), she would be more successful, find love, have friends, gain followers, fit in, etc. In staggering fashion, the frequency of plastic surgeries have increased from 681,000 in 1989 to 8.5 million in 2001 (Bordo 2). This just shows that as much progress as has been made, women are still socialized to the point of a pseudo-innate identification with their bodies. Pouring their time, energy, money, and wellness into transforming their body gives them a sense of control in their social navigation. Latching onto this ideology, though, only perpetuates it. Profoundly amplified in the Ozempic craze, selling out diabetes medicinal injections in order to dull the most basic of human needs- food. Mutilating your body for the sake of gaining social standing and agency is still falling into society’s mutilation of women, only now to the extent where it’s so deep it’s self-inflicted.

Elevation of the women’s intellectual capabilities is no doubt in women’s best interest, but it also serves to disguise new ways in which the female body is still widely abused by social truths that do not just disappear with women’s increased agency. Some confounding consequences are the lovely lull of safety that the sweet song of the “boss woman,” a shiny new aim for women that distracts all of society from the rampant sexual

abuse that still lurks in the dark. This ignorance creates the ideal environment for abuse to grow and multiply until suddenly its all around, suffocating and seemingly irreversible. Andrea Dworkin takes an infamously jarring approach to shock society into viewing its current state for what it is: abusive. As much as female's conditions in economic, political, and academic senses may be improved, "and at the same time the status of women can remain impervious to change" (Dworkin 160). Women's reach is expanding but, perhaps, not moving forward as a part still lags behind. Women climb the ladder, make gains, and have infiltrated many sectors which historically excluded them and yet, they are still disproportionately abused, disrespected, used. In this way their success masks the underlying views of women as bodies. Continuation of this ideology in such a covert manner enables it to discretely rob women of any real choice in life; effectively, women become the bodies men view them as and begin to perform, dress, choose, and behave in order to "become an object of male sexual desire" (Dworkin 177). Being an object in this way.

### *Self-Inflicted Objectification*

Objectification not only perpetuates this less-than-human, just-a-body ideal, but robs women of choice in such a manner that they self-inflict this oppression. Such an "abject submission" at the hands of the male gaze ends up robbing the body of "its worth in and of itself because it is the human body of a human being" (Dworkin 177). No longer is a body valuable in its ability to sustain life, move, breath, think, or feel- but a woman's body is valuable in so far as it fits the purposes of men, namely sexual conquest and desirability. Thus, the priorities of health and wellness take the backseat to social

constructs of beauty. Women are “badgered” to look younger, skinnier, bustier (Bordo 6). The male gaze becomes a constant eye maintaining their every move, and no longer does it even need to be spoken aloud but the underlying expectations run so deep everyone knows how she is supposed to look. Such a judge mental gaze, of which women’s survival seems reliant, “gets women to take the initiative in her own degradations” (Dworkin 180). Not only is she looked at as a body first and foremost, but she relies on it to remain in the good graces of society. Restriction of intellect and mental exploration falls at the hands of this consuming awareness of one’s body and how it is being perceived. Women vastly understate their ambition and success when still searching for a partner, a sign that these accomplishments detract from their desirability (Bursztyn, Fujisawa, and Pallais 3292). Doors continue to be opened to women and they continue to push the bounds of their access and accolades, and yet women are still forced to bow to the social forces of male attraction. Performing for them, diluting their own mental stamina to promote their own bodies, “there is no need for arms...just a gaze...so each individual thus [exercises] surveillance over, and against himself” (Foucault 155). Female achievements, individual achievements, remain insufficient for a woman’s well-being in society. A double-edged sword, the social well-being of a woman comes only at the fall of her physical well-being, at the manipulation and transformation of her body into a preset preference.

Society’s bolstering of the thin ideal specifically grounds women into unhealthy size-consciousness and permits a social standard of fat-exclusion. These implementations shackle women to poor mental health, poor weight-regulation practices, and harmful self-

criticism. On the mental health front, being fat has negative internal and external implications. Fat women endure “street harassment,” high rates of agoraphobia, and “fatphobic attitudes” underlying most eating disorder treatments (Thompson 36). These social facts go beyond limiting women, they diminish them. They dig them into the ground mentally, so no matter how much ground they gain in the professional and academic spheres, in each she will be met with an iron fist of judgment. The greatest crime that misogyny and “the patriarchy enact on bodies [is] to tell them that they [do not] belong to [women]” (Thompson 37). As if women owe the world their sanity, health, weight, happiness, their bodies in return for acceptance, visibility, agency. Women are forced into their bodies, told they are wrong, and rung out over the years by stringent social ideals in order to fit better under men’s foot. America Ferrera draws every woman in during her all-too-relatable monologue in the *Barbie* movie:

[Women] have to never get old, never be rude, never show off, never be selfish, never fall down, never fail, never show fear, never get out of line. It's too hard! It's too contradictory and nobody gives you a medal or says thank you! And it turns out in fact that not only are you doing everything wrong, but also everything is your fault.  
I'm just so tired of watching myself and every single other woman tie herself into knots so that people will like us. (Ferrera).

In a food-culture that promotes obesity, women are expected to stay slim. She is entwined in an impossible life wherein she can never gain any ground. This dichotomy is advertised as healthier, and no one questions a thin woman’s health all the while she may be starving herself far worse than the size 30 woman next to her who is simply her size by appropriately fueling her body. Fat has been equivocated to all things unwomanly, as a woman should be all-knowing about health and wellness in order to remain a good

caretaker of her family. Thus fat phobia disproportionately affects women both due to its stereotyped characteristics and female embodiment. While her mind progresses, en suite follows rampant fat phobia and body-shaming.

## CHAPTER FIVE

### Disproportionate Effect of Bodily Awareness and Maladaptive Food Intake on Women, a Biological Cage

So far, I have covered the interconnectedness of the gut and the mind, the disproportionate views of food in men and women, and the history of normative female embodiment. Research on each of these subjects remains concretely grounded in separate fields of research, namely nutrition and medical fields, psychological studies, and philosophical research respectively. However, as they culminate holistically within individual women, they deserve to be evaluated cumulatively. All the ways in which they feed into each other deserve special attention because a singular disciplinary approach fails to address the myriad of ways in which women bear an embodied social identity. In my final chapter, I aim to provide a clear synthesis of how these components come together to form a biological cage for women.

#### *Gut Affecting the Brain*

I am first going to work backward in connecting my topics, starting with how embodiment's doctrine of self-criticism and physical grounding are the foundation for high rates of bodily awareness. This tangible result of an unseen social force is taxing on overall cognitive processes and a major motivator in food choices. As women become more aware of their bodies, they seek to gain back power and control in society by controlling the relative value of their bodies. So often this control is gained by carefully regulated food, through restriction. Restriction, even to a degree so subtle it is invisible to

the woman herself, will, over the course of her life, strain her mind's nutritional resources. A rocky nutritional journey this long-term leads to overall lower well-being, through mechanism I discuss more in depth in following paragraphs such as depressive moods, hormone imbalance, poor neurotransmitter operation, and negative feedback loops. An experience as universal as this so easily slips under the radar as an aspect of nature, not a socially constructed illness. Women themselves fall into this illusion because these nutritional deficits are, technically, self-inflicted. Learning that, above all else, their body is where their determinant value is found, prepares women to assimilate into whatever the prevailing beauty construct of the day is and use what they can, food and fitness, to establish a sense of agency. Relying on food for this control from a young age, women can become caught up in this biological cage, sealing them in this compliance femininity.

Revisiting the gut microbiome, recall that it is unique to each person. The environment of bacteria in the gut ebbs and flows with each food we ingest, a malleable but influential ecosystem. Our symbiotic relationship with these bacteria provides a means of influence over the less explicitly controlled parts of our brains. This ecosystem is wildly delicate, and its sensitivity can be harmful or beneficial to our bodies. When these bacteria break down food, they have unique chemicals they release into the body. These are the mechanism that then impacts our mood. Research finds an impact namely on depressive or anxious moods. When these bacteria begin to die off due to improper nutrition, they can no longer support positive hormones in the body and a probiotic is often the most efficient way to reinstate those healthy bacteria. Further, the hormones

they produce contribute to energy levels, and thus their mistreatment directly affects physical fatigue. Gut and nutritional health plays a major role in both the physical and mental well-being of the body.

### *Gut and Food Choices*

Relating the gut microbiome to what is known about food choices can help paint a fuller picture of how the physical is warped to align with the mental. Manic diet culture is a wildly successful market due to a pervasive obsession with appearance, in other words high bodily awareness. This bodily awareness is found to be highly correlated with high rates of depression. Since bodily awareness is correlated with restrictive dieting, which is known to kill the bacteria in the microbiome that promote increases in mood, restrictive dieting contributes to these correlated rates of depression. Suppressing the natural ecosystem in our gut, we contribute to a biological state that is disadvantageous to mental health. Our food attitudes, thus, are crucial components in evaluating sources of mental health. So often food attitudes are looked at as a symptom of poor mental health, but here there is clear reason to consider them a potential contributor. Through the mechanisms of the microbiome, poor and incomplete nutrition solidify a biological state through which depressive moods are poor gut health are perpetuated.

### *Social Affecting Physiology*

Understanding the routes by which women are socialized as embodied beings becomes especially urgent when looking at the physiological implications of such a psyche. Being grounded in her body, a woman is trained to view her body as the only mechanism with which she can interact with the world. This sounds like a striking

incidence, surely noticeable; however, a societal norm such as this is pervasive and subtle to the extent that the woman herself does not even know she relies on her body for power and security.

In a society saturated with thinness ideals, it is no surprise that women who are functioning under this use and abuse of their body find the need to limit food consumption, whether by diet, food group, or overall amount. Findings about obesity and the feedback loop created in the brain that serve as reinforcers of the behaviors that cause obesity have implications for the degree to which the brain adapts on a neuronal level according to our behaviors. In this case, where the obesity epidemic has been met with immense social shame and judgment, these physical adaptations entrap individuals in a negative social situation that diminishes their self-esteem. Such a biological oppression that is both internalized and externalized often leads women to seek desperate measures to overcome or avoid such an ingrained behavior associated with food. Food habits form a deep impression on the brain and cognitive functions, which plays out in cravings, attitudes, and overall choices (Avena 25). The affect of these food choices rebounds on the brain by influencing the brain's compensation of neurotransmitters. Since women function out of a social and psychological grounding in their bodies, then a major motivator of their food choices is appearance, namely fitting the thin ideal. Often this motivation cumulates into some form of restrictive dieting. Such a large scale form of malnutrition sets women up to suffer more adverse side effects of eating. As previously discussed, individuals who fail to uphold a proper gut ecosystem are more susceptible to depression and other mood disorders, inefficient neurotransmitter compensation, physical

instability, and insufficient food stores by which to provide energy to the brain and body. Social ideals set women up to suffer disproportionality from the psychological affects of long term poor nutrition.

### *Extenuating Factors*

Next, I am going to examine biopsychosocial factors and involved in food choice and other mechanisms by which women discipline the body to satisfy normative embodiment through poor nutrition, the outlying compounding factors. Biologically, our food patterns become more than just choice, but biologically motivated. Our body begins to crave certain things, to have uniquely strong ties to specific foods, amounts of food, and the foods that are “socially modeled” for us (Avena 23). Internalized social norms around eating have a drastic influence on our own “choices,” or rather externally motivated decisions regarding food. The nature of rising hedonism and an over abundance of food production in the US give individuals an overwhelming amount of choice and availability of food. This leads to often uninformed or misinformed choices, driven by pleasure. Whether that is the pleasure of control over your physique or the direct pleasure of food reward, when a world of food is presented, it is often whatever is most satisfactory that gets chosen. In this same vein, overwhelming choice and availability has enabled the obesity epidemic, which has only amplified fat shaming and reinforced fat as unhealthy. This trend has drawn the thinness ideal from a beauty standard to a misinformed health code, intensifying the fear and shame around weight gain.

On the other end of the social spectrum, it is important to address how socioeconomic status acts as a determinant of diet and food choices as well. Not everyone actually has access or means of obtaining these vast food choices. It is becoming increasingly common to endure life in a food desert, relying on fast food and convenient stores for quick, affordable meals. This not only deprives the body of necessary nutrients, which is detrimental in ways previously mentioned, but it also robs individuals and families of any reliable satiation. Without knowing where their next meal may come from, individuals suffer from an anxiety necessary for survival but detrimental to mental health (Rosa-Roccor et al. 14). If exposed to this for an extended period of time, it is easy to develop an almost animalistic relationship with food. No longer would these individuals have the luxury of choice or preference with food, just taking what they can get. Revisiting the research on food habit development, it starts early and is often deeply reflective of one's own cultural experience, compounding an already strenuous experience with food insecurity (Avena 24). Deprived of nutrients as well as one's own culturally appropriate diet only serves to intensify the physiological and subsequent cognitive implications of restrictive diets. Social pressures surrounding food, notably a diet heavy culture, alongside the additional pressures on women and mothers to feed their families and bear the responsibility of their overall nutrition and happiness in terms of food only intensifies the debilitating effects of food insecurity.

### *Brain Affecting the Gut and Body*

Just as the body and gut are capable of disrupting mental processes, certain mental conditions can become maladaptive to the gut and nutritional health. As the brain

exerts power over the processes of the gut, its predetermined goals and desires influence our bodies response to food. Unmet mental needs, thus, can be seen more explicitly through subsequent issues in the body. Many psychological diagnoses involve symptoms that are physiological, such as hair loss, weight gain, weight loss, decreased appetite, and more (American Psychological Association 19, 161, 168, etc). The brain takes a toll on the body. When the brain is already disadvantaged, strained, limited because of any mental health or physical discrepancies, the body suffers residual deficiencies. Mental status has serious implication for bodily function, potentially long lasting, and thus deserves a deeper and vaster consideration. Meaning, the long history of female socialization and objectification deserves attention in the ways it impacts womens's mental processes and her body itself. Also considering the major differences in the female hormone cycle versus a man's hormone cycle and the implications for such a cycle on the minds impact on the body. The world's impact on a woman's mind becomes, therefore, a tangible impact on her body and evaluating them together contributes to the breadth of discrepancies in men and womens mental and physical health.

Whereas a rational being may have the means and empowerment to be so cognizant of her mental faculties, an embodied creature is simply aware of her physical functionality (or at the very least, finds it of concern). So desensitized to the value of their mental health, women easily slip into an all-consuming bodily awareness. Even in this day and age as mental health is increasingly talked about, it still fails to serve women socially the way perfecting their bodies does. The power dynamics that entangle women leave them in a vulnerable state whereby manipulating their bodies becomes the most

viable option to regain power, control, and influence over their lives. No matter how subtle and engrained such a harsh system may be, it continues to overtly oppress women. Pushing her deeper into her body, women experience the social conditioning to find herself, her identity, within the confines of her physical sensations and appearance. When the body takes precedent, its affects on the mind become trivial and are overlooked and abused. As a longstanding social mechanism of control, normative feminine embodiment forces women to subliminally choose to abuse their mental and physical health in this way. An unconscious effort on the part of the woman, she succumbs to socialized norms and expectations which only serve to suppress her body and especially her mind. The physiological implications of embodied living only reinforces the identity that society ascribes to women and hides this oppression as nature.

### *Socialized Physiological Disadvantage*

Due to these overwhelming and covert social forces telling women to restrict, control, and manipulate their bodies through diet, they face not only unequal expectations, vast devaluation, and objectification, but a deeply disproportionate physiological disadvantage. The truths of dietary influence over the mind and mood is generalizable across genders, however the pressures influencing dietary restriction over a lifetime are intensified and far more pervasive in women. Around women has formed a culture that encourages and empowers this kind of control as misinformed health and wellness, an uneducated attempt to please both their bodies and the patriarchy. More modern trends lean towards “self-care” and educated wellness, which just rebrands the same old detrimental habits as independent cultivation of health. Women learn they are

bodies, they exert control through systemic mechanisms to restrict food, which limits the minds resources and constructs patterns of food attitudes that are maladaptive, leading to physiological declines which increase bodily awareness, reinforcing their identification in their bodies, which thus leads to more restriction. When this fails to sufficiently appease the need for social acceptance and agency, this attitude of exerting force and control over the body can morph into overt reconstruction, clear in the booming plastic surgery industry. This cycle starts early, and within itself contains primitive checks and balances to ensure its biological and cognitive security and permanence.

Satisfaction in life, a main marker of mental well-being, is unattainable when functioning on an overvaluation of one's appearance. Such an unattainable goal such as meeting a beauty standard sets women up for disappointment. Wherein a voluntary desire can be left behind once it proves unattainable, social factors prohibit women from giving up the fight for thinness. Stuck in this flawed survival ploy, women continue to find adaptive ways in which to devote themselves to this effort. Increasingly desperate and lost, turning to unhealthy methods, women are unable to accept defeat and merely embrace the unsatisfactory notion of their life. Nothing satisfies the female plight quite like achieving ultimate attraction, and without it women suffer mentally over the entire course of their life. An artificial pillar of their life remains unfulfilled, and without this satisfaction women struggle to ever feel fully adept to pursue other goals. Other modes of well-being remain truncated by such severe malnourished life-satisfaction, and literal malnourishment.

With the rise of the career woman, suffrage movements, equal pay initiatives, women owned businesses on the rise, one might think that women are sticking their foot in the door of becoming reasonable beings. But, merely inserting themselves as capable does not deconstruct the social narrative towards them as unworthy, unwanted, insufficient. Women as bodies runs deeper than the spheres they are allowed, it involves an elaborate mental manipulation, socialization, to view themselves and an inhabited physical form, capable and designed for physical things. Whereas a man lives and breathes for his intellectual contributions to the world, his greater impressive legacy, a woman lives for her ability to please others, to be appealing and satisfactory. Even though doors have been opened through decades of this feminist war being well-fought, society cannot shake its chokehold on women. They can be CEO's, but have to be trim, sleek, young, and attractive. Having gained some economic agency does not restore women's agency in themselves, they still suffer society's infringement on their bodies. For a woman to demand respect, she has to look respectable in the ways that a woman should. It is important to notice the discrepancies in women's rights in these institutions, but more-so to recognize the differences between these and society's infringement on women's physical and mental health, and that increased agency in the former is not determinant of greater freedom in the latter. Without leaving behind these oppressive values, a career and opportunities are insufficient to enable women to function as rational creatures and escape this biological cage they find themselves trapped in.

### *The Biological Cage*

By no means does this adhere to the argument of women's biological inferiority that has, for ages, been used as a primary oppressor of female rights and integrity. The biological cage that women succumb to is not one present at birth, such is implied in the cyclical nature of it. Archetypal feminine norms, present even in a woman's infancy, teaches her body how to endure and enforce control over her appearance. With the understanding of how food and diet affect mental processing, mood, hormones, neurotransmitters, and habitual choices on an anatomical level, exerting this level of control over the course of her life begins to look so natural it is confused for nature. So rare is it for a social norm to be so largely universal across women, to be so strictly adhered to, and to go so unnoticed. And yet, because of a malleable physiology, this ideology is able to solidify itself in the workings of the body. And its affects become invisible to the naked eye because of how pervasive it is across the population and within each woman's body. Women are struggling with more undue, long term health disadvantages and vulnerabilities because of a socially-based disordered diet and self-view.

Bodies are so malleable, and they map our conscious efforts and desires onto itself. So, what one craves, the body begins to physically crave, what we choose when we eat becomes what our body tell the minds that it wants; thus, women encode their socialized, embodied state of being into our physiological functions. The gravity of these social constructions is not just a matter of mental well-being, traditional values, or new age mumbo jumbo. But, these values run so deep, for so much of history, that they are

just as much physiologically reinforced as they are socially enforced. Taking advantage of the bodies circuitry and survival-oriented nature, such persistent social norms such as the feminine physique and objectification become a part of women's wiring, thus locking them in this biological cage.

## CHAPTER SIX

### Conclusion

Women face an internal attacker— feminine norms that have been through hundreds of years of evolution culminating in the current thinness ideal. So fluidly this idea manages to disguise itself as female nature itself. It has become so closely tied to the female experience, to every minute action, decision, and attitude that even women have to work to recognize the socially constructed origins of their tense relationship with their body. In a culture overflowing with subliminal messages about women’s worth, their bodies, their choices, and what they *should* do, women discipline, manipulate, and restrict their bodies to grasp at any semblance of agency. Piecing together how different physiological, biological, and mental factors compound, intensify, and ingrain these projected social norms is necessary for American culture, and even women as individuals, to readdress how female body ideals are discussed and handled. In this paper, I connected all these components to suggest a biological cage that perpetuates the uniquely long-standing gender norms. Perpetuation of such creates a vastly disproportionate disadvantage for women, who face mental health and nutritional deficits as a result. With the rise of Ozempic and other injections aimed at dulling hunger signals in the body, addressing feminine embodiment is more crucial than ever. Women are now pushing themselves to take risky, under researched measures to undermine their very humanity, just to become the “thing” society requires them to be. It’s no longer just an argument of restrictive dieting, but outright forgoing basic animal instincts in order to be thinner. Health, satisfaction, fundamental human functioning all take the back seat to

fitting into their socially predestined role of holding the male gaze effectively. Any semblance of progress made within this culture seems shattered by the craze over this weight loss drug. Women do not choose this for themselves, not really. They cannot. Via the links and connections described in this paper, women's need to be thin is no longer purely external, nor internal, but a hardly escapable loop wherein their physiological and biological realities acclimate and embrace these restrictive patterns, experiencing a reward signal unmatched by those primed by mere age-old survival cues.

Such an unprecedented event such as this Ozempic crisis deserves more focus in the feminine embodiment conversation, and if I had more time to double my thesis I would expand much more in this area. As well, plastic surgery, the fitness industry, photoshop and AI implications all hold stake in the social mirror-maze of feminine thinness ideals and the way we handle them in American culture specifically. I chose to focus on food and nutrition because I consider them more tangible to the individual, and food holds the most stake in terms of longevity, having been an active tool against women long before plastic surgery came around. More research and theorizing should be done surrounding the up and coming medication crisis, as well as AI and its potential implications on femininity and the pervasiveness of social norms possibly increasing even more. How does Ozempic amplify the objectification of women? Of their bodies? Even internally, how does a drug craze like this lead to women commodifying their own health and biology? Women face contradiction after contradiction, which leads to pursuing such shocking avenues to look "their best." Seemingly illogical even, but what can be expected when the goals are so illogical to begin with. Women should be thin,

emaciated, but have to bear children, and be functional. Future works, this included, should aim at laying out the barriers, the inconsistencies in messaging, that result in such a twisted internalization of self-resentment and mutilation in women. This culture values women only insofar as they can fit what has long been an unattainable, unfulfilling role.

Feminine embodiment has far too long been the entrapment of choice for women, the dehumanization of the body and its functional purpose contributing to obsessive, restrictive, maladaptive mental-health and nutritional status in women. Writing this paper has emphasized the importance of recognizing and peacefully extrapolating the internalized biases women hold against themselves. It is more than a battle to look pretty, it is not worth the drastic, lifelong casualties it carries with it. Nutrition and mental well-being are basic human rights, ones women have convinced themselves they are not interested in, not worthy of. Recognizing the myth behind the evaluation of women's bodies, that in their perfect, thin, flawless form are worth so much more than anything, but worth nothing in their own unique natural form, is the first step in healing and reconstructing the damage to women's bodies. By first letting go of the endless, pointless pursuit of physical perfection, one can seek a more realistic, satisfying goal in rerouting the maladaptive processes our body had developed to internally promote this feminine norm.

## APPENDIX

### *Methods*

The CDC conducts an annual survey, the National Health and Nutrition Examination Survey (NHANES), an expansive report of nutritional food and vitamin intake. One section of this survey is a phone follow up with self-reported uses of nutritional information and perceptions of nutrition. This sections specifically investigates “how [participants’s] behavior is related to their diet and health” (CDC). With an age range from 20 extending to 80 years old, this study covers a wide breadth of ages which strengthens its claims and findings. I first selected the variables of interest (see Table 1), each of which was in a “select all that apply” format. Once exporting the data, I cleaned it to get rid of any participant’s data that was incomplete, data like this may skew results. To establish some descriptive statistics and evaluate these differences between gender, I used SPSS to evaluate the chi-squared value for each response option, which is a statistic that determines whether a difference found in the data is due to chance or relationship. A chi-squared value, thus, shows if there is a meaningful link between men and women and the kinds of food decisions they make.

Looking at Table 1, the  $p$ -values of  $<0.05$  suggest a meaningful difference between the number of women who check food labels compared to men. Further, the responses that were markedly more common amongst women tended to be ones related to body consciousness. Specifically, more women check labels because they want to lose weight, avoid certain ingredients, to find the “healthier” option, or to watch calories than men do (Table 1).

The most women (1,948) responded to “make better/healthier choices” for them and their families,  $\chi^2(1, N=3366) = 62.48, p= 0$ . This  $\chi^2$  value tells us that a significant difference exists between genders, reflective of a socialized maternal or care-giver role (though not the socialized role this paper focuses on, this contributes to the theorized linkage between social norms and physiological-impactful choices). Contributing to that same idea, a significant difference was found in the number of women who said they checked food labels because of family members’ health conditions ( $\chi^2(1, N=1440)= 23.05, p= 0$ ), another example of more responsibility for familial well-being. The next two most commonly selected responses were to watch calories ( $\chi^2(1, N=3356) = 57.15, p= 0$ ) and to watch or lose weight ( $\chi^2(2, N=3071)) = 28.87, p= 0$ ).

Overall, Table 2 shows that more men responded to not checking labels than women. The most men marked that they do not feel the need to check food labels because they are choosing “mostly familiar foods,” ( $\chi^2(1, N= 233)= 38.2, p= 0$ ), but is indicative of an explicit lack of motivation to edit and perfect a diet in order to manipulate a body into better shape. Other responses of interest were being “satisfied with their health” as is and “already having a good diet ( $\chi^2(1, N=147) = 41.16, p= 0, \chi^2(1, N= 75)= 39.44, p= 0$ , respectively).

These results, fleshed out in Tables 1 and 2, support my claims of disproportionate negative or critical attitudes towards food in women over men. Future research may look at subsequent feelings that follow from making certain food choices, but this paper leans more of the effect of feminine embodiment of motivations prior to food choices.

Table 1. Check food labels variable (CBQ738a-k) responses

| Reason for not checking label                                    | Men  |        | Women |        | $\chi^2$ | df | p     |
|--|------|--------|-------|--------|----------|----|-------|
|  | N    | %      | N     | %      |          |    |       |
| Checks the label   | 2599 | 90.30% | 3151  | 95.90% | 78.08    | 1  | .000* |
| To watch your weight and/or lost weight                          | 1331 | 46.2%  | 1740  | 53.0%  | 28.87    | 2  | .000* |
| Family member is trying to watch and/or lose weight              | 527  | 18.30% | 548   | 16.70% | 2.81     | 1  | .094  |
| Watch for diabetes /high cholesterol/ or other health conditions | 1121 | 38.9%  | 1338  | 40.7%  | 2.06     | 1  | .150  |
| A family member has a health condition                           | 593  | 20.6%  | 847   | 25.8%  | 23.05    | 1  | .000* |
| For their food allergies   | 219  | 7.6%   | 375   | 11.4%  | 25.56    | 1  | .000* |
| A family member has a food allergy                               | 287  | 10.0%  | 344   | 10.5%  | 0.423    | 1  | .516  |
| To avoid certain ingredients                                     | 1085 | 37.7%  | 1454  | 44.3%  | 27.38    | 1  | .000* |
| To increase certain nutrients                                    | 677  | 23.5%  | 908   | 27.6%  | 13.67    | 1  | .000* |
| To compare which brand/food is better/healthier                  | 1181 | 41.0%  | 1464  | 44.6%  | 7.87     | 1  | .005* |
| To make better/healthier choices for them and their families     | 1418 | 49.3%  | 1948  | 59.3%  | 62.48    | 1  | .000* |
| To watch calorie content or certain nutrients                    | 1420 | 49.3%  | 1936  | 58.9%  | 57.15    | 1  | .000* |

\*significant at  $p < .05$

Table 2. Does not check food labels variable (CBQ698a-i) responses

| Reason for not checking label | Men |      | Women |      | $\chi^2$ | df | p     |
|-------------------------------|-----|------|-------|------|----------|----|-------|
|                               | N   | %    | N     | %    |          |    |       |
| Don't have time               | 56  | 1.9% | 29    | 0.9% | 12.75    | 2  | .002* |
| The print is too small        | 55  | 1.9% | 21    | 0.6% | 20.36    | 1  | .000* |
| Satisfied with their health   | 107 | 3.7% | 40    | 1.2% | 41.16    | 1  | .000* |
| Already have a good diet      | 62  | 2.2% | 13    | 0.4% | 39.44    | 1  | .000* |
| Mostly familiar foods         | 155 | 5.4% | 78    | 2.4% | 38.2     | 1  | .000* |
| Don't care about labels       | 142 | 4.9% | 72    | 2.2% | 34.39    | 1  | .000* |
| Not important to them         | 70  | 2.4% | 23    | 0.7% | 30.95    | 1  | .000* |
| Don't know what to look for   | 83  | 2.9% | 22    | 0.7% | 44.89    | 1  | .000* |
| Can't read English well       | 22  | 0.8% | 8     | 0.2% | 8.59     | 1  | .003* |

\*significant at  $p < .05$

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