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Katharine Hong MacShane
Do You Even Lift, Bro? A Feminist
Analysis of the Mental Health
Benefits of Weight Lifting for
Women

ABSTRACT

Lifting weights in order to increase physical strength is an activity from which women have been historically excluded. However, since the 1970s, women have increasingly begun to participate in recreational and competitive weight lifting. Many of these women weight lifters report receiving psychological benefits that include improved self-confidence and self-efficacy. This theoretical study describes the mental health benefits of weight lifting for women and uses social constructionist feminist theory and control-mastery theory to explain possible reasons for these positive mental outcomes. Recommendations are made for using weight lifting as a point of departure in clinical settings, and as an auxiliary intervention to psychotherapy.

This study attempted to address five central questions: 1) What kind of psychological benefits do women receive from weight lifting, and how might these be different from those experienced by men? 2) What is the sociocultural context of women's participation in weight lifting? 3) How does this sociocultural context impact the ways in which women benefit? 4) What does it mean for women to participate in an activity that is deeply associated with masculinity, and can this meaning be generalized to other activities? 5) What are the implications for clinical social work?

DO YOU EVEN LIFT, BRO?
A FEMINIST ANALYSIS OF THE MENTAL HEALTH BENEFITS OF WEIGHT
LIFTING FOR WOMEN

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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2014

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It takes a very special person to love a very strong woman. This work is dedicated to my incredible husband, Benjamin.

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CHAPTER I

Introduction

“One only needs to look at women powerlifters to get a glimpse [of] pre-patriarchal strength in action.” – Audrey Guarriello, *Lesbian Tide*, March/April 1978, p. 30

Women’s bodies have always been strong, but their access to strenuous, strength-building exercise has historically been discouraged and even restricted. In most cultures across history, women have routinely been responsible for tasks that involve hard physical labor, including but not limited to childbearing and childbirth, agricultural work, and the transport of food and water. However, these behaviors are conventionally framed as natural, incidental results of what it means to be women. Despite the expectations that women be able to perform strenuous activities, their acquisition of physical strength is not valued by most contemporary cultures. In fact, women’s physical strength, and the muscularity that sometimes accompanies it, is often characterized as deviant: masculinity where it does not belong.

Due to the incremental success of women’s rights movements and slowly-expanding definitions of acceptable behavior for women, over the past half-century, North American women have increasingly gained entry into spaces where they can work to increase their physical strength capacity through weight lifting. Women’s participation in many forms of weight lifting is a relatively new phenomenon, but it is growing. Aggregate data on the numbers of women participating in weight lifting of course does not exist: women, like men, lift weights in private fitness clubs, YMCAs, home gyms, and in their driveways, and their activities are not tracked or

reported to anyone. However, it is possible to observe the recent, dramatic increase in women's participation in weight lifting through the presence (or absence) of competitive strength events for women. In powerlifting, the first USA Powerlifting (USAPL) national championships were held in 1978 (International Powerlifting Federation, 2014). The following year, a women's division was added at the international level (International Powerlifting Federation, 2014). In the sport of Olympic weightlifting, a women's division debuted in the Sydney Games in 2000 (Olympic.org, 2014). The CrossFit Games, which incorporates barbell movements drawn from both Olympic weightlifting and powerlifting, has had a women's division since its inception in 2007 (CrossFit Games, 2014). Increasingly, women are participating in weight lifting and even competing in barbell sports at an international level.

Women are, it seems, getting stronger. In addition to the obvious physical benefits of weight lifting, people who participate in weight lifting receive significant psychological benefits as well, including increased self-esteem, improved self-efficacy, reduced stress, and alleviation of depression (Dionigi & Cannon, 2013; Holloway, Beuter, & Duda, 1988; Koplak, Shilling, & Harper, 2012; Stewart, Hays, Wells, Rogers, Spritzer, & Greenfield, 1994). While women and men may share some of the same reasons for the psychological benefits of weight lifting, I argue that women have a very specific subset of gender-specific benefits due to their experience of gender-based oppression. I argue that women have a set of very different reasons for the mental health benefits they receive from participation in sports that are culturally coded as masculine.

In this analysis, I seek to explore the reasons for the increased sense of personal power, confidence, and agency experienced by women who participate in weight lifting. There is a paucity of research available that describes this phenomenon, though several scholars have produced contemporary work that explores parallel themes. Notably, Susan Bordo's work

provides feminist critiques of the gendered body (Bordo, 1990, 1993), but she does not devote much critical space to women's acquisition of physical strength. Jan Brace-Govan's (2004) study includes qualitative analysis of the lived experiences of women strength athletes, as well as feminist critiques of other types of women's bodywork (Brace-Govan, 2002). This analysis takes a theoretical step beyond where Brace-Govan leaves off by seeking to explain some of the reasons for which women experience particular benefits from weight lifting. I will analyze this phenomenon through two theoretical lenses: social constructionist feminist theory and control-mastery theory.

Social constructionist feminist theory conceptualizes gender as a socially constructed means of enforcing binary ways of thinking about gender that perpetuate gender-based oppression. This theory lends itself to analysis of the phenomenon of the unique psychological benefits of weight lifting for women because it describes the pattern of cultural oppression that has historically limited women's access to physical strength-building activities. Social constructionist feminist theory can also be used to explain the benefits of transgressing those limitations, and to illustrate how women who participate in weight lifting are able to access increased physical power and personal agency. Control-mastery theory is a cognitive approach to psychodynamic therapy that, I will argue, can be used to describe the harmful effects of many different forms of social oppression, including the ways in which women's bodies are policed and denied access to strength.

The analysis I present here is of real salience to the field of clinical social work. Though therapists might wish to regard ourselves as open-minded, or even as having unconditional positive regard for the people we serve, there is no escaping that we participate in the same culture, and are subject to the same social pressures, as our clients. It is important to consider that

misogyny and homophobia are rampant in North American culture, and it is only with concerted effort that we can combat the ways in which these forms of gender-based oppression can unintentionally seep into our clinical practice. Commonly-held biases that dictate what constitutes acceptable, appropriate, and beneficial activity for men versus for women can have an unintended silencing or otherwise harmful effect on our clients if we do not examine them. My hope is that upon reading this analysis, both clinicians and lay public readers will have a deeper understanding of the potential reasons why participation in weight lifting and other “gender non-conforming” activities can be empowering for women. While I do not mean to suggest weight lifting as a stand-alone method of recovery from the impacts of gender-based oppression, I do hope that clinicians will consider weight lifting as an auxiliary intervention that may provide women clients with increased self-efficacy and self-esteem. Additionally, I hope that clinicians working with clients who choose to participate in activities not traditionally associated with their gender identity may acknowledge the subversive and potentially healing power these activities may hold for their clients.

In the following chapter, I will describe in detail the phenomenon of women who participate in weight lifting, define important terms, and justify some exclusions from the scope of my analysis. In Chapters III and IV, I will describe and explain social constructionist feminist theory and control-mastery theory, respectively. In the final chapter, I will apply these theories to the phenomenon that I have described in Chapter II, offering a theoretical explanation for the benefits women experience by participating in weight lifting and describing implications for clinical work.

CHAPTER II

Conceptualization & Methodology

In this chapter, I provide a theoretical framework for the chapters that follow. As previously discussed, this paper analyzes the phenomenon of women's gender-specific benefits from weight lifting from two complementary theoretical perspectives. My analysis is guided by five central questions: 1) What kind of psychological benefits do women receive from weight lifting, and how might these be different from those experienced by men? 2) What is the sociocultural context of women's participation in weight lifting? 3) How does this sociocultural context impact the ways in which women benefit? 4) What does it mean for women to participate in an activity that is deeply associated with masculinity, and can this meaning be generalized to other activities? 5) What are the implications for clinical social work? I will attempt to answer these questions using two contemporary social science theories, social constructionist feminist theory and control-mastery theory. In this chapter, I begin by defining some of the terms that I will use throughout the paper, followed by a brief introduction of the theories I will use to analyze the phenomenon. Finally, I will discuss my own sociocultural location and identify the biases that may impact my analysis.

Definition of Terms

Weight lifting

Weight lifting herein shall be broadly defined as the lifting and movement of loaded barbells in pursuit of increased personal strength. Weight lifting, for the purpose of this analysis,

will include the discrete sports of Olympic weightlifting and powerlifting, as well as the experience of athletes in those team and individual sports that require barbell weightlifting in their training regimens. This particularly includes sports for which physical power is paramount, such as rowing, rugby, swimming, and track and field. This type of exercise will include all types of barbell work done in the sport of CrossFit, which includes traditional powerlifts (deadlift, bench press, and squat); Olympic weightlifting (whose barbell movements include the snatch, clean, and jerk); and other dynamic barbell movements such as thrusters and sumo-deadlift-high-pulls. I have chosen to use this broad definition of weight lifting in order to capture some of the important ways in which women might become exposed to lifting heavy barbells. Lifting heavy barbells is the particular experience that I will argue has the potential to be transformative and healing for women. In no way do I mean to suggest that the sport of powerlifting is the same as the power lifts in CrossFit, or that the same precision is required for both rugby strength training and the Olympic snatch. However, I do argue that the technical distinctions between the sports are irrelevant when compared with the similarities between the physical, social, and emotional effects on women participants. It may be useful, however, to distinguish them here for the lay reader.

Powerlifting

Powerlifting is a competitive strength sport that involves moving maximally loaded barbells in three types of lifts: squat, bench press, and deadlift. The *squat* involves loading a weighted barbell onto the lifter's shoulders and bending the knees so that the hip crease descends below a parallel position, then ascending until the lifter stands erect. The *bench press* involves the lifter reclining flat on a bench and bringing a loaded barbell from arm's length straight down to the sternum and then pressing it back up. The *deadlift* requires the lifter to pull the barbell off

of the floor and assume an erect standing position. In most powerlifting competitions, lifters are categorized by age, gender, and weight class. In competitions called meets, lifters have three attempts to accomplish each lift, with judges and referees determining whether each attempt meets specific competition standards. To obtain a final score, or meet total, the heaviest successful attempts for each lift are added together. The lifter with the largest total achieved wins the meet for her gender, age, and weight class.

The sport of powerlifting has gained popularity since its formal inception in the 1960's, and is especially popular in North America, Western Europe, Scandinavia, and Eurasia. Powerlifters generally train independently in traditional or powerlifting-specific gyms, but they come together to compete in meets that involve finding competitors' personal maximums for each lift. Though not currently an Olympic event, the sport of powerlifting is internationally overseen and regulated by various governing bodies, the largest of which is the International Powerlifting Federation (International Powerlifting Federation, 2014).

Olympic weightlifting

Olympic weightlifting is also a competitive strength sport, but it is substantially different from powerlifting. It is sometimes referred to simply as “weightlifting” in certain contexts, but for clarity will be referred to as Olympic weightlifting in this study to differentiate it from other types of barbell sports and training.¹ Olympic weightlifting involves single maximal lifts of loaded barbells in two competition lifts: the *snatch*; and the *clean-and-jerk*. The snatch involves bringing a loaded barbell from the floor to an overhead position as rapidly as possible in one smooth movement. The clean-and-jerk is two separate movements executed in succession: the clean involves bringing a loaded barbell from the floor to the shoulders, and the jerk involves

¹ Additionally, I will use the phrase “weight lifting” (with a space between the words) as a general term throughout this analysis in order to avoid confusion with the compound word “weightlifting,” which refers only to Olympic weightlifting.

bringing the barbell from the shoulders to an overhead position. The snatch and the clean-and-jerk test *ballistic* (explosive strength) capacity as opposed to the raw power that is privileged in powerlifting, thus the proper execution of Olympic lifts is very rapid and quite graceful. The physique of Olympic weightlifters often differs substantially from that of powerlifters. Smaller, leaner people are often highly successful in the sport of Olympic weightlifting, while powerlifters tend to be larger, thicker-bodied people. In both sports, weight classes are used to compare lifters of similar stature to one another. Men and women always compete in separate divisions, regardless of weight class (i.e., a 75 kg woman does not compete against 75 kg men, but rather only against other 75 kg women). The technical precision of this discipline is perhaps unrivalled in barbell sports and training.

CrossFit

CrossFit is a discrete sport that incorporates the power lifts (particularly the squat and the deadlift), Olympic weightlifting (the clean, jerk, and snatch), gymnastics (e.g., pull-ups, handstands, ring muscle-ups), and traditional endurance activities (e.g., rowing, sprinting) with a goal of “forging elite fitness” (CrossFit, 2014b). Unlike powerlifting and Olympic weightlifting, which are centrally-organized by various federations but not trademarked, CrossFit itself is a brand. The fitness company, founded by Greg Glassman in 2007, prescribes an exercise methodology for over 7,000 worldwide affiliated gyms (CrossFit, 2014a). CrossFit defines its fitness program as “constantly varied functional movements executed at high intensity across broad modal and time domains” designed to increase personal fitness, which it defines as “work capacity across broad time and modal domains.” Hour-long group classes at CrossFit affiliates typically include a warm-up, a strength-focused movement or skill development session, a high-intensity workout of the day (WOD), and stretching/mobility work, all of which is guided by

CrossFit-certified instructors. Affiliated gyms, or “boxes,” generally do not have mirrors or any of the strength and conditioning machines (treadmills, ellipticals, stair-steppers) that one might find at a conventional gym. WODs change daily and are rarely repeated. Performance on these workouts are usually scored on the basis of either time needed to accomplish prescribed work or repetitions accomplished in a given time domain, and are thus competitive, with an emphasis on achieving one’s personal best in a community environment. All movements can be modified or “scaled” so that they are appropriate for a CrossFit athlete’s fitness level, accommodating most injuries or other movement restrictions.

CrossFit is a fitness methodology, and it is also a competitive sport. The annual CrossFit Games seeks to find the “fittest on earth,” beginning with local competitions open to everyone, followed by regional qualifying rounds and the culminating three-day fitness competition (CrossFit Games, 2014). There are no weight classes in CrossFit, but men and women compete separately. Due to its explosion in popularity in the past seven years, I include CrossFit in my definition of weight lifting because it is an important avenue through which women have begun to gain access to training with barbells.

Exclusions from the definition of weight lifting

Now that I have defined the types of activities I will include in my definition of weight lifting, it is also important to identify the activities that I choose to exclude. As I described above, the type of weight lifting I explore here uses loaded barbells as the primary implement for increased strength. Excluded are training modalities that include only dumbbells and/or stationary gym machines such as cable machines or leg press machines. While these forms of training are certainly not without value, I argue that they do not carry with them the same categorically masculine connotations that accompany barbell training. A simple Google image

search for the phrase “barbell training” elicits very few images of women, and most of these depict women lifting barbells that do not have any weight loaded onto them. A similar search for “dumbbell training” yields substantially more pictures of women, most of them lifting light dumbbells (under 10 pounds) and wearing very little clothing. This illustrates the slight but significant paradigm shift toward cultural acceptance of women’s participation in weight lifting with light dumbbells and weight machines in a gym setting. Currently, it is far more common and more acceptable for women to include implements such as light dumbbells and kettlebells in their exercise regimens than it is for women to use barbells to exercise: the barbell remains deeply rooted in the masculine realm. Therefore, at this point in time, a woman’s participation in dumbbell weight training is simply less subversive than a woman’s participation in barbell weight training and is thus excluded from this analysis.

Another important category of exclusion is weight lifting with the specific goal of figure competition or bodybuilding. While nearly all women who participate in these competitions use loaded barbells to accomplish their aesthetic goals, I exclude them from this analysis because their goals are just that: aesthetic. As Brace-Govan (2004) puts it,

Weightlifting’s difference to body building rests crucially on the orientation that this physical activity makes its purpose and to the body that performs it. While all bodies are gazed upon at some stage, the instrumental approach of weightlifters to the task of lifting as much weight as possible potentially resists the recuperative effect of being gazed upon (p. 504).

I exclude women’s figure competition and bodybuilding here because the fundamental purpose of this type of training (appearance) is so different from the purpose of the weight lifting (increased physical power). Though these are by no means mutually exclusive goals, they are

discrete, and the scope of this analysis does not include both. Despite their exclusion from this analysis, women's bodybuilding and figure competition are locations of fascinating and complex gender issues, making them ripe for further study.

Women

It is important to note that I am using an intentionally limited definition of the term “women” for the purposes of this discussion. Herein, I use the term *women* to refer to cisgender people who identify as women and/or female. The term cisgender describes people whose self-perceived gender matches the sex they were assigned at birth, while the term *transgender*, or *trans**, describes people whose gender identity and/or expression do not necessarily match their birth-assigned sex. (Trans* with an asterisk is an inclusive term that denotes the wide range of non-cisgender identities, including but not limited to people who identify as transsexual, non-gendered, trans men, trans women, two-spirit, and gender-fluid (Killermann, 2013). I acknowledge that my use of the term “women” in this discussion is limited only to cisgender, woman-identified people and therefore does not presume to represent or describe the experiences of women in general. I also acknowledge that the decision to exclude a population, particularly an oppressed group, is not without sociopolitical consequence and can itself be oppressive. I choose to do so here because the scope of this analysis cannot accommodate the complexities of gender-based oppression experienced by trans* people without oversimplification or generalization. The lived experience of trans* people in powerlifting is worthy of thorough qualitative study, and it is too important to address with only cursory inclusion in this analysis. Therefore, I will focus here only on the experiences of cisgender women who currently participate in weight lifting with the hope that continued research will explore the experience of the trans* population I exclude.

Self-efficacy

I define *self-efficacy* as the degree to which a person believes she is capable of accomplishing tasks, reaching goals, and generally having the power to affect her life and her environment. Self-efficacy is closely associated with self-esteem (Judge & Bono, 2001). A person with a well-developed sense of self-efficacy is likely to believe herself to be competent, and is thus more likely to in fact be competent at a given task. Self-efficacy is particularly linked to health-related behavior: those with higher self-efficacy are more likely to set higher health goals than those with lower self-efficacy (e.g., quitting smoking vs. reducing smoking) and are more likely to accomplish those goals (Conner & Norman, 2005).

Theories Employed in this Analysis

Social constructionist feminist theory

While feminist theory in general lends itself to analyses of women in sports, I have chosen a particular thread of third-wave feminist theory to apply to my discussion of women and weight lifting. Social constructionist feminist theory is useful for describing the ways in which a rigid gender binary is policed and enforced at the level of the body. This explains the historic and contemporary limitations on women's participation in strength sports, and illuminates some of the reasons for the specific experiences of women who choose to transgress the boundaries of binary gender expectations.

Control-mastery theory

In order to make thoroughly clear the applicability of this analysis to the mental health field, I have selected a cognitive theory of psychodynamic therapy to explore the reasons for which women receive unique benefits from weight lifting. This theory blends nicely with many other theoretical perspectives, particularly those that focus on environmental impact on mental

health (e.g., trauma and all forms of social oppression). I will employ control-mastery theory to discuss the ways in which women may gain control of their experience of gender-based oppression by experiencing increased agency (or mastery) in a space that is historically coded as masculine.

Plan for Analysis

In my discussion in Chapter VI, I will use both of these theories to analyze the phenomenon of the unique psychological benefits experienced by women who participate in weight lifting. I will begin by applying social constructionist feminist theory to explain the ways in which women are oppressed, and the ways in which women internalize this experience of oppression. Then, I will use this theory to describe the ways in which women who participate in weight lifting are transgressing and subverting gender expectations. Next, I will use control-mastery theory to explain the reasons for the empowerment and increased agency that weight lifting women may experience. Finally, I will describe the implications of my analysis for clinical work with women who may benefit from weight lifting.

Author's Sociocultural Location & Identification of Potential Biases

In assessing the validity of any empirical or theoretical work, it is important to consider the sociocultural location of the author and thus identify potential sources of bias. I will provide the reader with relevant personal information that might illuminate these biases. Additionally, I will disclose and describe my membership to the population studied here.

Disclosure of belonging in phenomenological population

It is important to note that I am a woman who participates in weight lifting, most recently competitive powerlifting. I am currently a Women's Raw Open Division state record-holder in the bench press, deadlift, and total for my weight class (Maryland State Powerlifting Association,

2014). Before beginning competitive powerlifting in early 2014, I participated and competed in the sport of CrossFit for approximately two years. Since I began weight lifting in 2012, I have experienced substantial psychological benefits that include increased self-esteem and self-efficacy. This experience, in combination with my observation of similar benefits experienced by my women weightlifting peers, inspired me to explore this phenomenon.

Sociocultural location: Acknowledgment of privilege & marginalization

I am a thirty-year-old, cisgender, able-bodied, heterosexual-legible, white-presenting biracial woman who was born and raised in rural North America in an intact upper-middle-class family that valued physical exercise. I live in a suburb of a large city with ample access to weight-lifting facilities, and my economic privilege grants me access to the coaching and lifting spaces that have facilitated my participation in strength sports. My economic privilege has also afforded me access to high-quality educational opportunities that led to a private undergraduate education at a women's college, which informed my feminist perspective. I possess a master's degree in education and am currently pursuing a degree in a field with a professional commitment to social justice. My physical ability is unrestricted, meaning that I have had access to training spaces without the discrimination that confronts people with physical disabilities that may require accommodations to access the same training facilities.

My non-dominant identities have also impacted this work, particularly my gender identity. My experience as a woman-identified person means that I have experienced gender-based oppression, including verbal harassment, consistent discrimination and microaggressions, and even violence. My lived experience of gender-based oppression has fundamentally inspired and informed this analysis.

Potential biases

My belonging to the population of women that I analyze in this paper gives me a window into their unique lived experience, but it may also cause me to generalize my experience to that of others. Because there is limited qualitative data available that describes the lived experience of women who weight train, I have relied partially on my own lived experience as well as the anecdotal data of those in my social community of weightlifting women peers to formulate my understanding of the phenomenon I describe here. While I have attempted to address this by holding myself to focusing on the literature as much as possible, it is a source of potential bias.

Another source of potential bias is my dimensions of social privilege, which have undeniably impacted my analysis of this phenomenon. I have chosen to focus the scope of my analysis on western, cisgender women who participate in weight lifting, which excludes gender variant people as well as people who live in countries outside of the Global North. I made this latter choice due to the paucity of available literature describing weightlifting populations outside of the Global North, but it may also be important that I am studying a population to which I myself belong, without attention to populations to which I do not belong. It is important to acknowledge the power of including versus excluding certain populations in research, and I do so here with full acknowledgment that my focus on the experience of a particular group may obscure the relevant lived experience of other groups, who may be oppressed.

In the following chapter, I will describe the particular psychological benefits received by women who participate in weight lifting.

CHAPTER 3

Weight Lifting for Women: Benefits, Barriers, and Consequences

The purpose of this study is to describe and make meaning of the experience of women who participate in weight lifting and experience increased sense of their own personal power, confidence, and agency. In Chapter VI, I will argue that the reason for these benefits to women who lift weights is largely due to the subversive, empowering effect of women participating in an activity that has been historically linked with masculinity. In this chapter, I will briefly describe some of the mental health benefits of exercise in general, and then review some of the literature that addresses mental health benefits of weight lifting for women. I will then discuss some of the barriers to women's participation in weight lifting, concluding with.

Mental Health Benefits of Exercise

There is a large body of research about the connection between exercise and mental health. Twenty years ago, Hughes (1984) estimated that there had been over 1,000 studies done in this area, with a particular emphasis on the impact of exercise on depression. Countless more have been conducted in the past two decades. While it is outside of the scope of this study to review the general literature on this topic here, it will suffice it to say that the popular understanding that exercise can improve mental health is supported by substantial previous research. The psychological benefits of exercise extend beyond alleviation of negative symptoms. Exercise is also associated with improved cognitive functioning, self-esteem, self-

efficacy, and well-being (Daley, Copeland, Wright, & Wales, 2008; MacAuley, 1994; Simona, Sorinel, & Andreea, 2010; Stewart et al., 1994).

Mental Health Benefits of Weight Lifting for Women

A subset of studies of the benefits of exercise describes the mental health benefits of weight lifting for women in particular. The available literature thoroughly supports the assertion that women receive substantial psychological benefits from weight lifting. While exercise in general has been shown to be beneficial, research supports the assertion that weight lifting affords more mental health than aerobic exercise. Trujillo (1983) evaluated three groups of college women before and after one semester of weight training, running, or inactivity. The control (inactive) group reported a loss in self-esteem, while both exercising groups reported increased self-esteem. The weight training group reported a much more significant increase in self-esteem than did the running group. In no way do I intend to suggest that women should be discouraged from aerobic exercise (quite the contrary); I merely hope to illustrate that weight lifting in particular can yield positive results for women.

Some of the relevant literature focuses on the effects of weight lifting (or, more broadly, strength or resistance training) on preexisting mental pathology in women. Depcik & Williams (2004) found that women who strength-train experience greater reduction in body-image-disturbance than women who do not lift weights. This study has particular relevance to my analysis, as body-image disturbance is linked with disordered eating and other mental health disorders that disproportionately affect women and are linked with binary gender-based expectations about ideal body shapes. In addition to reducing body-image disturbance, weight lifting has been shown to impact women's levels of perceived daily stress: Koplak et al. (2012)

found that older women following a 24-week resistance training program showed a significant decrease in perceived stress levels.

In their study of adolescent girls participating in a 12-week strength training program, Holloway et al. (1998) saw improvement in strength (+40%), accompanied by reported positive changes in perceived physical ability, physical self-presentation confidence, and self-efficacy, compared with no reported positive or negative changes in the control group. To track changes in perceived self-efficacy, Holloway and colleagues (1998) asked participants to rate their certainty from 0 to 100 percent about statements such as: “When I am a member of a crowded audience, I can ask a question of a public speaker,” “I can physically rearrange all the furniture in the house by myself,” and “When I discover the item I just bought is defective, I can get my money back from the store” (p. 704). This study illustrates that increasing their physical capacity helped participants to feel more capable and assertive in everyday activities, including but not limited to those that require physical strength.

Research on the related activities of self-defense and bodybuilding offers supporting evidence about the mental health benefits for women of becoming stronger and more physically capable. A study of participants in series of self-defense courses found that participants expressed an increased sense of agency in their own gendered existence, and the ability to redefine themselves on their own terms rather than identifying with sexist perceptions of women as vulnerable and weak (De Welde, 2003). A study of elite bodybuilding women who had survived sexual trauma made the following bold assertion: “All subjects reported that being bigger and stronger made them feel safer and replaced a sense of helplessness and vulnerability with a feeling of control” (Gruber & Pope, 1999, p. 273).

Barriers to Weight Lifting

Despite the considerable physical and mental benefits of weight lifting, women experience significant barriers to the activity. Salvatore & Maracek (2010) found, unsurprisingly, that women generally experience greater psychological and emotional barriers to weightlifting than their male peers. Duff, Hong, and Royce (1999) compared groups of male and female weight training athletes to one another, finding that female athletes are more committed to their weight-training regimens than men, but that those same female athletes are concerned that it will make them unattractive, while men are not.

It is proven that women are aware that weight lifting is good for them. Harne & Bixby (2005) found that college-age women who strength-train perceive the same level of physiological and psychological benefits to strength training as their non-strength-training counterparts. Rather, in the same study, Harne & Bixby found that non-strength-training women perceived significantly more barriers to strength training, with social barriers being the second-most frequent listed barrier, after time/effort. This finding illustrates that many women who do not already lift weights perceive weight lifting as difficult (too much time and effort) and socially undesirable.

Lack of Cultural Acceptance

Despite incrementally increasing acceptance for women's participation in strength-building activities, women weight lifters still face confusion, rejection, and disapproval from non-weight lifting people in their lives. This is largely due to how their strong bodies are perceived and interpreted. Increase in muscle size (especially in the shoulders, biceps, upper back, and quadriceps) is common among women weight lifters, but it is generally regarded as an inevitable and generally positive side effect of weight lifting, rather than the central aim. For

most weight lifting women, like their male counterparts, increasing physical capacity (i.e., lifting more weight) is the most important goal. And yet, because of the way that their bodies come to look as a result of an activity that gives them physiological and emotional benefits, women who lift weights fear social rejection for what literature has called “muscularity concerns” (Wojtowicz & von Ranson, 2006). In her 2004 article, *Artificial Ef-femination: Female Bodybuilding and Gender Disruption*, Morton-Brown writes of bodybuilders², “Hypermuscular male bodies remain socially acceptable even while individual taste may not find it aesthetically pleasing. For female bodybuilders the converse holds true—they are socially unacceptable even while individuals may find it pleasing or desirable” (p. 28).

Brace-Govan (2004) describes women weight lifters’ experiences of personal mastery and empowerment, but also notes the impacts of social control efforts by family members and male peers in the gym. She describes both subtle and overt efforts by well-intentioned family members to “protect their daughters from social disapproval by discouraging the activity or preventing them from attending” (p. 516). Ultimately, weight lifting can be a lonely pursuit for women. Of the women in her study, Brace-Govan (2004) observes,

... Weightlifting women were strong, dedicated, disciplined and committed to their sport, but the meanings that they attributed to their activities, activities that virtually determined their life style, were not widely held by other people with whom they came in contact (p. 514).

Because the activity is still so uncommon for women, it can be challenging for woman weight lifters to find female training partners, role models, and coaches who are experienced in working with women lifters. Outside the gym, women struggle to find encouragement or even acceptance

² See my discussion of bodybuilding versus weight lifting in Chapter II.

for their chosen activity, a challenge they would have been unlikely to encounter had they taken up running, yoga, or Zumba®.

In this study, I will use two theories to argue potential reasons for the mental health benefits of weight lifting I have described in this chapter. The first of theories is social constructionist feminist theory, which I describe in the following chapter.

CHAPTER IV

Social Constructionist Feminist Theory

Feminism is a broad, collective term used to encompass the theories and movements that seek to promote equal legal, economic, and social status for women, based upon the premise that women have historically been subordinated by men (McMillen, 2008). Under this umbrella term are many overlapping, contrasting, and diverse ideologies that have evolved and branched apart from one another for centuries. Though many early iterations of feminism may not have used or identified with the term “feminism,” they are commonly understood to be part of a global history of efforts to promote equality for women. In this chapter, I will provide a brief overview of the history of feminist theory. Then, I will present one of the major tenets of third-wave feminist theory: gender as social construction. Next, I will explain the ways in which the cultural enforcement of gender binary benefits dominant groups and harms subordinate ones. Finally, I will discuss the ways that the gender binary is enforced at the level of the physical body.

Western Feminist Theory: The Three Waves

Though movements toward equality for women exist, and have existed, all over the world, this brief history will focus on the feminisms of the Global North (Damerow, 2010).³ The history of western feminism consists of three distinct periods, or waves. First-wave feminism is the period during the late nineteenth and early twentieth centuries during which early feminist activists focused primarily on the political rights of women, primarily suffrage (the right to vote).

³ This reflects the scope of my analysis, which focuses on the experiences of North American women, as well as the available literature in the field. The paucity of literature about feminist movements in the Global South should be improved by increased scholarly attention to this topic, but does not fall within the scope of my analysis.

The women's rights movement in the western world was effectively launched at the Seneca Falls Convention of 1848 in Seneca Falls, New York. Organized by Elizabeth Cady Stanton in collaboration with local Quaker women, the gathering was billed as "A Convention to discuss the social, civil, and religious condition and rights of women" and was attended by over 300 people (McMillen, 2008, p. 29). The perspectives of this early feminism owed a great deal to abolitionist thinkers such as Frederick Douglass, who was present at the Seneca Falls Convention. The Declaration of Rights and Sentiments, signed at the Convention, demanded that women be acknowledged as right-bearing individuals who had hitherto been subjected to "a long train of abuses and usurpations" (Stanton, 1889, p. 12). The Convention received widespread attention and initiated a series of annual women's rights conventions, which continued until the outbreak of the Civil War in 1861 (McMillen, 2008, p. 287). By that time, women's suffrage had emerged as a central tenet of the women's rights movement. Slowly, women's suffrage became law in western countries. In the self-governing British colonies of New Zealand, South Australia, and Australia, women were granted the right to vote in 1893, 1895, and 1902, respectively (Walters, 2005). Britain followed in 1918 with the Representation of the People Act, and Canada granted women suffrage in the same year (Walters, 2005). The United States' passage of the Nineteenth Amendment in 1919 granted women the right to vote in every state (Walters, 2005). Over the next forty years, most western countries granted women suffrage and increased rights of property ownership, parenting and custody, and divorce.

Like first-wave feminism, second-wave feminism is characterized by its concern with issues of equality. However, the second wave of feminism expanded its focus to issues beyond the legal issues of suffrage and property ownership, concentrating on removing sociocultural as well as legal barriers to equality. Second-wave feminists were primarily concerned with

institutional discrimination. Beginning in the early 1960s and continuing through the 1980s, second-wave feminism took on many issues, including but not limited to: workplace sexual harassment prevention; the proposal of laws prohibiting marital rape; the establishment of services specifically for survivors of sexual and domestic violence (then known as “battered women’s shelters” and “rape crisis hotlines”); reproductive rights; and sexual empowerment. A particularly notable piece of legislation passed during feminism’s second wave is Title IX of the Education Amendments of 1972, which prohibited discrimination based on sex in any federally-funded educational institution (United States Department of Labor, 1972). Title IX had the effect of dramatically broadening women’s access to school-based sports and other extracurricular activities. Additionally, Title IX improved the quality of schools’ responses to sexual violence on college campuses.

Third-wave feminism emerged in the early 1990s as a response to the perceived failings of the second wave. Second-wave feminism was primarily concerned with the lived experiences of upper-middle-class, western white women, and not at all inclusive of the perspectives and experiences of poor women; disabled women; lesbian, bisexual, queer, or trans* women; women of color; or women in the Global South. In contrast, third-wave feminism incorporates the concepts of intersecting systems and patterns of oppression, or *intersectionality*, that impact individuals differently based upon their racial, ethnic, economic, geographic, ability/disability, sexual, and gender identities. Third-wave feminists acknowledge the oppression of marginalized, non-dominant identities, which includes but also goes beyond gender-based oppression. Third-wave feminist ideologies incorporate post-structuralist views of gender and sexuality, understanding binaries (e.g., man/woman, gay/straight) as artificial constructs that serve the purpose of maintaining the social dominance of certain groups.

Gender as Social Construction

A unifying theoretical thread in recent feminism is the resistance toward the essentialization, or naturalizing, of a binary way of perceiving gender. It is now commonly held that gender is not rooted in biological fact. Instead, gender is embedded in a set of context-dependent social constructs that have been divided into two arbitrary categories: man/woman, masculine/feminine, male/female. Lorber (1994) uses examples of people who transgress the gender binary (e.g., “transsexuals and transvestites,” “berdaches or hijirias or xaniths”) to illustrate the permeable, socially-constructed nature of gender. “Genders... are not attached to a biological substratum. Gender boundaries are breachable, and individual and socially organized shifts from one gender to another... show us what we ordinarily take for granted—that people have to learn to be women and men” (Lorber 1994, p. 57).

If gender is a social construction, rather than a natural category conveyed at birth, it follows that the knowledge of how to be a man or a woman is not innate. Instead, as they grow and develop, individuals must learn from one another how to live within the expectations and definitions of what it means (and does not mean) to be a man or woman.

The Enforcement of Gender Roles: Who Benefits?

In their seminal 1987 article *Doing Gender*, West & Zimmerman refute the classic distinction between “gender” (socially constructed identities) and “sex” (biologically-based). They argue that gender is instead an *accomplishment*, a set of interactional, highly-contextualized social actions and reactions that is unavoidable. One cannot help but do gender, even if one is doing the opposite of what is expected.

...The “doing” of gender is undertaken by women and men whose competence as members of society is hostage to its production. Doing gender involves a complex of

socially guided perceptual, interactional, and micropolitical activities that cast particular pursuits as expressions of masculine and feminine “natures”... Farther than as a property of individuals, we conceive of gender as an emergent feature of social situations: both as an outcome of and a rationale for various social arrangements and as a means of legitimating one of the most fundamental divisions of society” (West & Zimmerman, 1987, p. 128).

Indeed, the myth of the gender binary as *natural* and therefore *legitimate* is a tautology that serves a crucial function in society. Without the widespread belief (by men and women alike) that the gender binary is based in intractable biological fact, the dominance of one half of society over the other would crumble. The social construction of the gender binary remains largely invisible to those that participate in it, and non-binary options of behavior and other gender presentation are relatively impossible to imagine. Lorber (1994) asserts:

Gendered social arrangements are justified by religion and cultural productions and backed by law, but the most powerful means of sustaining the moral hegemony of the dominant gender ideology is that the process is made invisible: any possible alternatives are virtually unthinkable (p. 58).

Across the world, men systematically benefit economically, emotionally, and sexually from the gender-based oppression of women at the state, institutional, cultural, and individual levels. Yet, as individuals and as groups, most men and women are not conscious of this fact. It is as though the cogs of a great hegemonic machine have been set in motion ages ago, and we no longer hear the whirring of the machine, nor do we see our feet pushing its patriarchal pedals. Instead, we participate daily in the enforcement of normative gender expectations on ourselves and on each other. For example, certain behaviors in male children are encouraged

(rambunctious physical activity, assertive social behavior, playful aggression), while those same behaviors might be discouraged in children whose assigned gender is female. Conversely, behaviors that are coded as feminine (wearing certain clothing, expressing fear of getting dirty, crying from physical or emotional pain) are often met with shaming or punishment when performed by boy children. Kane (2006) argues that because greater value is assigned to “masculine” traits than to “feminine” ones, boy children displaying gender non-conforming behaviors experience harsher gender policing than girl children. The cultural value of “masculinity” over “femininity” ensures that individuals inhabit gender roles carefully, within the range of expected behaviors, to avoid facing the consequences of social, romantic, and/or familial rejection.⁴

Gender Roles are Enforced at the Level of the Body

The myth of the gender binary as two naturally-occurring, discrete categories of individuals requires the maintenance of hegemonic notions of what male and female bodies can and cannot do, what they should and should not look like, and which spaces those bodies are allowed to inhabit. Across cultures, men are generally encouraged to be larger, to occupy maximal space: height, shoulder width, and muscle diameter are positive markers of masculinity, of physical dominance and superiority. Physical strength, and the muscularity that can accompany it, is relatively discouraged in women. In fact, women are encouraged to take up as little space as possible with their bodies. While large breasts and buttocks are considered to be sexually desirable in the white western hegemonic definition of attractiveness, this is only permissible if women’s bodies are small in other places: waist, arms, wrists, thighs, ankles, neck,

⁴ It is important to note that women who possess multiple non-dominant identities (e.g., women of color, disabled women, trans* women, and women living in poverty) experience the effects of gender policing and gender discrimination more acutely than those who have fewer, or only one, non-dominant identity. The systems of racial, economic, heterosexist, ableist, and other oppression compound gender-based oppression.

shoulders, and even hands. Bordo (1990) describes “the slender body” as the embodiment of certain contemporary values of femininity: detachment, self-containment, self-mastery, and control. She notes that, “increasingly, the size and shape of the body has come to operate as a marker of personal, internal order (or disorder) – as a symbol for the state of the soul” (p. 94).

Gender policing of the body affects not only our conception of what bodies should look like, but also what they are allowed to do and be capable of. A common perjorative expression in some weight lifting circles is “Do you even lift, bro?” (i.e., do you even lift weights, brother?), which is applied specifically to disparage men who are judged to be physically weak. The implication is that men who are not physically strong—and/or those who do not participate in strength training in order to maintain and increase that strength—are inferior. It seems significant, too, that the word “bro” is a part of this expression: this insult is reserved particularly for men. It is important to acknowledge that gender policing affects men as well as women. In the schema of the gender binary, it is relatively inconceivable that women would experience the same pressure to be strong that men do. Not only do women not experience the expectation of physical strength, but they are subject to an opposite kind of policing: they are expected to be weak.

Brace-Govan (2002, 2004) describes the ways in which women’s interest and participation in weightlifting, which imparts physical strength that is intractably coded as masculine, is controlled and limited. Brace-Govan’s 2004 qualitative analysis of the lived experience of Australian women weightlifters elicited the following generalizations about the ways in which people in study participants’ lives responded to their weightlifting:

... Men’s reactions were often negative and controlling... Firstly, the reactions from men outside of the gym environment were somewhat hostile, even when the weightlifters

passed as normatively feminine. Then, when the physical appearance of the weightlifting woman becomes very large and visibly strong, these reactions intensify even further. Finally, going into the environment where women workout and arguably could find support for their physical pursuits reveals complex and mixed reactions (p. 517).

If gender is indeed a social construct, the policing of gender roles at the level of the physical body serves to restrict women to a limited range of acceptable possibilities for what their bodies might look like, and what they might be capable of doing.

In the chapter that follows, I will present a complementary theory that I will use in Chapter VI to analyze the phenomenon of women who lift weights.

CHAPTER 5

Control-Mastery Theory

Control-mastery theory is a cognitive relational approach to psychological functioning that can be readily used to explain the phenomenon of increased sense of personal power, confidence, and agency experienced by women who participate in weight lifting. Like social constructivist feminist theory, control-mastery theory emphasizes the person in the context of her social environment, aligning with contemporary social work values. In this chapter, I will describe the origins and major conceptual tenets of control-mastery theory. In the Discussion chapter that follows, I will explain how this theory (as well as social constructionist feminist theory) applies to the phenomenon described in Chapter 3.

Theory Origins

Control-mastery theory is a relatively recent approach to psychodynamic psychotherapy, first proposed in the early work of Joseph Weiss, MD (Weiss 1952, 1967, 1971). In the early 1980's, Weiss and colleague Harold Sampson, Ph.D. founded the San Francisco (formerly Mount Zion) Psychotherapy Research Group in order to deepen the research basis for the theory (Weiss, Sampson, & The Mount Zion Psychotherapy Research Group, 1986). The San Francisco Research Group continues to be a wellspring for control-mastery research and publication, and the theory has spread to broader clinical implementation and academic application in the past two decades (Nol, Shilkret, & Shilkret, 2008; Silberschatz, 2005).

Control-mastery theory is so named because of its two main tenets: 1) people have a great deal of *control* over both their conscious and unconscious lives and 2) they are generally motivated to *master* their unconscious conflicts. Likely due to Weiss's own background in psychoanalysis and ego psychology, the theory is grounded in an understanding of ego defenses developed in response to one's environment.

Unconscious Pathogenic Beliefs & Adaptations

Control-mastery theory holds that psychopathology is primarily rooted in unconscious pathogenic beliefs about oneself in relation to the world, acquired through formative interpersonal experiences. These experiences can be discrete and traumatic, such as a natural disaster or the death of a caregiver, or they can also be unhealthy, sustained patterns of relating. The pathogenic beliefs that result from these experiences are invalid and dysfunctional, constraining to normal emotional development, and are often painful. Pathogenic beliefs are usually accompanied by powerful negative affect. They often involve self-blame, guilt, or fear around attaining normal developmental goals or performing essential functions.

Though the beliefs are often generated through early interpersonal relationships (usually with primary caregivers), they become generalized to other relationships and settings, limiting one's ability to function optimally. For example, a child of a depressed father might observe that his father becomes anxious or sad when his son goes to school each day. As a result of this reciprocal emotional pattern, the child may develop the pathogenic belief that his father will be wounded if he becomes more independent, and so the child may unconsciously develop reasons for being financially dependent upon his father so that he does not have to face hurting him. Pathogenic beliefs can result from oppressive social norms as well. For example, a girl of color in a predominantly white community might find herself continually rejected by the white

children at her school, and she may develop the pathogenic belief that she deserves rejection, and thus avoid attempting to form intimate relationships as she gets older.

Rappaport (1996) conceives of pathogenic beliefs as *pathogenic adaptations* to unhealthy interpersonal environments, resulting from the child's attempts to maintain ties with caregivers by whatever means necessary. Rappaport points out that the development of dysfunctional interpersonal patterns and ideas is a necessary, even reasonable response to certain suboptimal relational environments. He writes,

Since the child's survival depends on how willing caregivers are to take care of them, anything that makes the caregivers less likely to care for them is threatening. Therefore, to the extent the child believes that certain behaviors make the caregivers feel less connected to them and less well intentioned towards them, they tend to relinquish those behaviors. This tendency to relinquish healthy behaviors and adopt unhealthy ones is balanced by the child's attempt to hold on to as much healthy functioning as possible. As a result there is a constant weighing of the advantages and disadvantages of each adaptation, each giving in or fighting back, with the person trying to do the best they can for themselves (Rappaport 1996, p. 2).

According to Rappaport (1996), pathogenic adaptations can be thoughts, feelings, and/or behaviors. In the form of thoughts, pathogenic adaptations may be distorted self-images (e.g., "I am an idiot" or "I am broken"), injunctions (e.g., "I have to..." or "I can never..."), moral judgments (e.g., "If I do _____, I will be a bad person"), or beliefs/expectations (e.g., "Things never go my way" or "No one likes me when I stand up for myself"). Pathogenic adaptations in the form of feelings can be any sort of rigid emotional state that feels inexorable, such as chronic sadness or anger.

Rappaport's emphasis on *adaptations* as opposed to beliefs illuminates control-mastery theory's generous understanding of the patient in the context of his or her environment. This stands in stark contrast to the Freudian psychoanalytic presumption of inherent conflicts. In a 2008 podcast interview, Rappaport describes Weiss's efforts to link control-mastery to Freud's later writings only as post facto attempts to "pitch" the theory to colleagues. Rappaport contends, "It looks similar [to analytic theory] because two people are sitting there in an office talking to each other and there's (sic) ideas about the unconscious and defenses... but it's not really very related at all to analytic thought" (Rappaport, 2008, podcast). Most importantly, in control-mastery theory, there are no *inherent* conflicts at the unconscious level. Instead, pathogenic beliefs are developed in response to trauma, to unhealthy patterns in formative relationships, or to oppressive social environments. The theory describes pathogenic beliefs (or adaptations) as results of a person's traumatic, early interpersonal experiences rather than as inevitabilities of being human, as Freud might describe them. In this way, control-mastery theory is patient-centered and deeply optimistic: it places the "blame" for the patient's suffering on the social environment, making space for the individual's own potential for recovery.

Innate Desire to Heal

An important tenet of control-mastery theory is that people want to be free of the unconscious pathogenic beliefs that have kept them from developing normally. Rappaport (1996) put it best: "Unconsciously, if not consciously, the person is always seeking a way to relinquish [pathogenic adaptations] since they are painful, take psychic energy, are maladaptive, and make it impossible to live fully" (p. 3). In this way, control-mastery theory is opposed to the Freudian contention that the patient will unconsciously resist analysis in order to preserve dearly held defenses. Control-mastery theory holds that a primary reason for entering psychotherapy is a

patient's desire to disconfirm, and thus dissolve, their pathogenic beliefs. While the theory does not insist that psychotherapy is the only way to disconfirm or resolve pathogenic beliefs and adaptations, it does deal primarily with the ways in which healing can be accomplished via traditional patient/therapist relationships. (This is one limitation of the theory, but by no means does it foreclose on the possibility that there are other means of disconfirming pathogenic beliefs outside of a therapist's office.)

Testing Toward Healing

Control-mastery theory holds that a primary method by which therapy patients seek to disconfirm their pathogenic beliefs is through unconscious testing of the therapist (Weiss, 1993). Through deliberate actions (though often unconsciously motivated), the patient seeks to determine whether the therapist requires the same pathogenic adaptation as did the people who caused the patient to originally develop the adaptation (Rappaport, 1996). In other words, through testing, the patient asks the therapist, *Will you confirm, or disconfirm, my previously-held ways of looking at the world and at myself?* As pathogenic beliefs are disconfirmed, patients often begin to engage in more authentic behavior that is less rooted in fear. In this way, the therapist's disconfirming of pathogenic beliefs (or, in other words, failure to require familiar pathogenic adaptations) clears the path for change.

There are two primary types of tests: *transference testing*, and *passive-into-active testing*. Transference testing is a traditionally understood method of testing pathogenic adaptations in which the patient assumes the role of the child, locating the therapist in the role of the parent. The patient then behaves in ways that might have been met with a particular response from their own parent during childhood, watching carefully (but perhaps not consciously) to determine whether the therapist will behave as their parent did (confirming the continued need for the

pathogenic adaptation), or whether she will behave differently (disconfirming the need for the pathogenic adaptation).

Depending on the pathogenic adaptation in question, transference behaviors can vary. For instance, if a patient has experienced a childhood in which caregivers were excessively critical, the patient may exhibit behaviors that might lend himself to criticism (e.g., arriving late to sessions or failing to pay on time). A therapist who fails to gratify this expectation of criticism would likely, over time, begin to disconfirm the patient's notion that he is deserving of criticism. However, if a patient has acquired the pathogenic adaptation of hyper-vigilant attunement to others' feelings, her form of transference testing might be to express excessive concern that the therapist is not feeling well, or is bored with her. If the patient observes that the therapist is gratified by this behavior, she will confirm her pathogenic belief that she must pay attention to others' feelings at her own expense. However, if the therapist does not collude with the patient's excessive concern, the patient may begin to relax and focus less on the therapist's feelings, and instead identify her own affective states.

The other primary form of testing identified by control-mastery theory is passive-into-active testing, which is similar to Anna Freud's *identification with the aggressor* or Klein's *projective identification*. In this kind of testing, the patient assumes the role of the traumatizing other (usually a parent or other caregiver) whose behavior created the need for the pathogenic adaptation. The patient may be verbally abusive, critical, guilt-inducing, distant, or rejecting of the therapist, depending on her childhood experience and the nature of her pathogenic adaptations. This type of testing is challenging for the therapist, who may experience the testing as traumatic. Control-mastery theory understands passive-into-active testing as the patient's way of observing whether and how the therapist is able to withstand, resist, and respond to such

treatment without becoming traumatized. By not becoming traumatized, the therapist serves to disconfirm the patient's pathogenic belief that there is only one possible way to respond to abusive, critical, or otherwise dysfunctional treatment. If we return to the idea that the patient has come to therapy because of her inherent desire to relinquish pathogenic adaptations, then we can understand the patient's use of passive-into-active testing to inquire about the possibility of other responses to such treatment.

Testing requires the therapist to work in the transferential and countertransferential space between therapist and patient. This is a central feature of many other theories of psychotherapy, including relational theory, attachment theory, and of course traditional psychoanalysis. In this and many other ways, control-mastery theory can coexist, dovetail, and overlap with other psychodynamic approaches to therapy. It is an approach that does not require the therapist to abandon any or all other theories; it can stand alone, or be incorporated into nearly any eclectic or blended style of contemporary psychotherapy.

In the following chapter, I will seek to explain the phenomenon of women who experience great emotional and psychological benefit from weight lifting by weaving together social constructionist feminist theory and control-mastery theory. I will conclude by making recommendations about the potential clinical applications of this analysis.

CHAPTER VI

Discussion

In this chapter, I will present a theoretical explanation of the mental health benefits of weight lifting for women. To do so, I will weave together the central tenets of social constructionist feminist theory and control-mastery theory, exploring 1) the ways in which gender-based oppression engenders pathogenic beliefs and 2) the ways in which weight lifting subverts the gender binary and disconfirms these pathogenic beliefs. Then, I will describe the implications of this analysis for clinical work between therapists and woman clients.

As I described in Chapter III, women who lift weights report that, in addition to receiving physiological benefits (such as increased strength), they receive significant mental health benefits, including increased self-esteem and self-efficacy. In addition to these positive consequences of weight lifting, women may confront social barriers to the activity, as well as confusion, discouragement, and even rejection from the people in their lives in response to their weight lifting. To explain some of these negative consequences, as well as some of the harmful beliefs that most women possess about their bodies and physical abilities, I will apply social constructionist feminist theory. As discussed in Chapter IV, this is a branch of third-wave feminism that conceptualizes gender as a constraining social construction and not a binary, biological category. In order to explain why women experience such substantial mental health benefits from participating in weight lifting, I will apply control-mastery theory, a cognitive

psychodynamic theory that describes the therapeutic process of disconfirming pathogenic beliefs developed in childhood.

Gender-Based Oppression Engenders Pathogenic Beliefs about the Body

From birth, patriarchal social structures work to shape girls' desires about who they want to be and to look like. These gender expectations have particular relevance to the physical body. Young women are taught to limit what they eat in order to conform to the ideals of slenderness and other heteronormative beauty criteria. Not only do girls learn to strive to achieve what they believe men want them to look like, but they learn to police each other's gendered bodies as well. Young women learn to complain to their friends about the aspects of their bodies that they do not like, reinforcing each other's insecurities. Young women also learn to criticize peers who do not (or cannot) meet those standards. Feminist theorist Bordo (1990) asserts that women's acquired preoccupation with dieting and slenderness may be:

... one of the most powerful 'normalizing' strategies of our century, ensuring the production of the self-monitoring and self-disciplining 'docile bodies,' sensitive to any departure from social norms and habituated to self-improvement and transformation in the service of those norms (pg. 85).

Bordo would likely agree that this "self-improvement" is not improvement at all, but rather the maintenance of physical conformity and weakness, in part by limiting physical size. In the name of "physical health," the patriarchal diet culture encourages women to be small and weak. Social constructionist feminist theory reminds us that this conception of femininity is socially-constructed, and thus can be deconstructed by transgressing the boundaries of binary thinking about gender.

Through the lens of control-mastery theory, women's internalization of binary gender expectations can be easily understood as a pathogenic belief. Understanding oneself as inherently weak and in need of self-discipline in order to meet impossible beauty standards has the effect of lowering self-esteem and self-efficacy. Noli and colleagues (2008) describe pathogenic beliefs as "grim, constricting, painful idea[s]" that "predict danger if the child pursues a normal developmental goal" (p. 265). In the case of women and physical strength, a normal developmental goal would be to "grow up big and strong" (as boys are encouraged to do), or to otherwise grow normally and engage in activities that increase one's physical abilities in order to become a fully capable adult. The pathogenic belief that constrains the acquisition of this normal developmental goal can be understood as believing one's female body to be naturally weak as a result of biology, which conveniently obscures the role of the social construction of gender.

Weight Lifting Subverts the Gender Binary & Disconfirms Women's Pathogenic Beliefs

Halberstam (1998), in *Female Masculinity*, explores the powerful link between male-bodied people and "masculine" behaviors and ways of being, illustrating how difficult it is for our collective imagination to conceive of women performing masculinity. Halberstam explains,

[F]emale-born people have been making convincing and powerful assaults on the coherence of male masculinity for well over a hundred years; what prevents these assaults from taking hold and accomplishing the diminution of the bonds between masculinity and men? Somehow, despite multiple images of strong women... of muscular and athletic women... there is still no general acceptance or even recognition of masculine women and boyish girls (p. 15).

While most weight lifting women would likely not describe themselves as "masculine women" or "boyish girls," Halberstam illustrates a broader point about the rigidity of binary ways of

thinking about gender. If masculinity (or activities coded as masculine in our gender binary schema) is solely the provenance of male-bodied people, women are shut out of a large set of behaviors that do not “belong” to them.

Here, control-mastery theory and social constructionist feminist theory intersect. By choosing to lift weights, women subvert harmful, constraining binary expectations of ways in which they should perform their gender. Motivated by an innate desire to heal (Rappaport 1996), some women seek (consciously or unconsciously) to find ways to shake off the proscriptive gender expectations—the pathogenic beliefs and adaptations—that limit them. Women who lift weights are contributing to the de-linking of masculinity with the male body, pushing against the imaginary boundaries of acceptable behavior for people with female bodies. In increasing their muscle size, women weight lifters take up more space—something that is both implicitly and explicitly discouraged for women in contemporary western culture (See Lyra-Wex, Pilar, & Garlick (1979) for a powerful photographic study of this phenomenon.). Weight lifting leaves little room for apologizing for taking up space. Women who lift weights actively pursue a goal that allows them to more confidently inhabit their bodies and to use them as tools to accomplish tasks. Rather than passive objects of the male gaze (Mulvey, 1975), women weight lifters feel more capable of action, of competent movement, and of agency in the world.

As they become physically stronger, women who lift weights may feel increasingly competent in the physical activities of daily life: opening vacuum-sealed jars (due to increased hand and forearm strength from gripping barbells), placing luggage in an overhead compartment (due to increased shoulder strength from overhead or bench pressing), or carrying their groceries in one trip instead of several (due to increased bicep and abdominal strength from all types of weight lifting activities). The melancholy truth is that most women, like most men, could

accomplish these tasks themselves even *before* beginning to train with barbells. (Of course, women who have resisted the internalization of a pathogenic belief that they are weak feel confident in these tasks without weight lifting.) But the increase in self-efficacy that accompanies weight lifting means that strong women *believe* in their own physical competence, thus disconfirming the pathogenic belief that they are weak, developed through their internalization of gender-based oppression.

Implications for Clinical Work with Women

The implications of this study for clinical work with women are twofold. First, I recommend that mental health clinicians understand the psychological benefits of weight lifting for women and, where appropriate, that they recommend or encourage it as an auxiliary intervention for women clients, particularly those who have internalized the effects of gender-based oppression most acutely. These clients may include (but are certainly not limited to) women who have experienced sexual abuse, intimate partner violence, or abusive caregiving resulting in low self-esteem and/or self-efficacy. It is important to acknowledge that women do not have to have experienced identifiable trauma in order to suffer deeply from the effects of gender-based oppression. One may simply have been raised in this culture, which is in many ways emotionally toxic for women, in order to feel affected or constrained by the gender binary.

Another way in which clinicians may apply this analysis to their therapeutic work is to be aware of their own responses (conscious and unconscious) to women clients who participate, or express an interest in participating, in weight lifting. In a study of the effects of strength training by adolescent girls (described in more detail in Chapter III), Holloway et al. (1998) suggest that their findings:

... support the development for a combination therapy of counseling with weight training for strength, perhaps especially for women who are under confident about their effectiveness in life. [...] Changes in levels of efficacy as a result of strength training could be used as a point of departure during the counseling process to help individuals become more aware of other opportunities to exercise control over their lives. Victims of physical abuse who feel damaged both in body and mind might especially benefit, as well as victims of eating disorders who experience feelings of ineffectiveness as the source of their disorder and who need a less dangerous substitute than starvation to obtain a sense of body control and empowerment” (p. 715-716).

This illustrates the possibility of weight training to be a source of important exploration in a therapeutic setting. However, if a clinician does not recognize weight lifting as an activity that holds substantial potential for emotional healing, it may be a missed opportunity to go deeper in the therapeutic work. Dismissing, ignoring, or simply missing this opportunity may be perceived by the client as a rupture in the relationship. As I described in Chapter III, women who lift weights confront various types of social resistance, policing, and rejection. It is important that the therapeutic relationship not replicate these negative responses and instead be a place for women to process their experiences without the criticism they may encounter in the outside world. Women are likely to bring their expectations of such responses into the therapeutic encounter, thereby testing their pathogenic beliefs in relationship with the therapist. It is important that clinicians not miss this important opportunity to disconfirm their client’s notion that their participation in weight lifting will be met with misunderstanding or disapproval.

I believe that therapists’ understanding of positive mental health results of weight lifting for women can be generalized to other activities that transgress binary gender norms, for female

clients of all ages. For example, a young girl using cars and trucks in a play therapy setting may benefit profoundly from her therapist's acceptance of gender non-conforming play: if she experiences gender policing in her home or school environments, she may find it freeing to know that in at least one setting, she is able to play with whatever she wishes. Or, consider the example of a woman retiree quietly admitting that in her spare time, she had taken up constructing model airplanes. If a therapist met this with a laugh even a subtly dismissive response, the client may come to understand that her new hobby is not an acceptable topic of discussion in therapy. However, if the therapist were to consider the importance of her client participating in an activity that her client had viewed as 'masculine' for her whole life, he or she might see the opportunity to explore other instances in which the client might have wanted to cross the gender binary, but had been afraid to try.

Conclusion

This study begins to address gaps in the existing literatures of mental health, feminism, and women's sports. A major strength of this combined approach to thinking clinically about women who lift weights is that the theories coexist well with others and do not require a rejection of other salient approaches. For example, trauma theory, attachment theory, and psychoanalytic theory could all be overlaid onto this conceptualization toward a fuller understanding of a client.

This analysis does not include in its scope a discussion of the substantial variation in the physical results of weight training for women. Specifically, some women become bigger (or "thicker," as it is referred to in weight lifting communities) than others as a result of genetics. Women who are predisposed to being smaller regardless of their diet or physical activities are likely to experience different physical consequences, and perhaps different resultant responses

from the people around them, than women who are predisposed to be (or become) larger. Further study into the variation of experiences of women of different sizes is warranted to explore questions about whether a woman's genetically-determined size contributes to her psychological experience of weight lifting.

Another acknowledged weakness of this analysis is that it does not address the ways in which binary gender expectations affect men. The impact of binary gender constraints are also harmful to men, but in ways that are somewhat different, particularly as they pertain to weight lifting. In order to maintain the manageability of the scope of this work, I chose not to include men in the population I analyze here. The effect of gendered body expectations on men's mental health is a rich topic that deserves further study.

Finally, missing from this analysis are the voices of the weight lifting women I describe. Because of my own membership in the population of women who lift weights, I sought to rely most on relevant literature rather than a qualitative analysis of my own experience (or that of my women weight lifting friends) in an effort to lend credibility to the arguments I present. However, study of this topic would benefit from increased qualitative study of the lived experiences of women who lift weights.

This study has endeavored to provide clinicians with a preliminary theoretical understanding of the mental health benefits of weight training for women. My hope is that clinicians who were previously unfamiliar with the potential for weight training as a healing and transformative activity will now be more comfortable exploring the topic as it comes up in therapy. I also encourage clinicians to suggest weight training as an auxiliary intervention for women clients who may benefit from additional methods of increasing their sense of agency and competence.

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