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ATHLETIC-IDEAL INTERNALISATION: LIVED EXPERIENCES OF FEMALE STUDENTS

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ABSTRACT

Research has shown a clear relationship between the thin-ideal internalisation, disturbed eating and body-related disturbances. With regard to athletic internalisation, the relationship with these outcomes appears to be less detrimental than was found with the thin-ideal. However, minimal research has been done on the lived experiences of individuals subscribing to the athletic-ideal. This qualitative study followed a phenomenological approach to explore the perceptions of nine participants of their athletic-ideal internalisation. Data from semi-structured interviews were analysed through Interpretative Phenomenological Analysis. Results indicated a prominent theme of balance with regard to eating and exercise. In this study, it was evident that pursuits of participants of the athletic-ideal body are more focused on health-related goals than on appearance-related ideals. Following the guidelines of a healthy lifestyle and a balanced exercise routine seems to act as protective factors against body image disturbances, maladaptive eating and compulsive exercise.

***Keywords*:** Athletic-ideal; Body dissatisfaction; Eating disturbances; Healthy lifestyle; Obligatory exercise; Thin-ideal

INTRODUCTION

Throughout history, evidence can be found that women strive to attain a culturally constructed ideal body (Grogan, 2016). A body that is thin with very little adiposity (thin-ideal) was seen as the cultural ideal for most westernised countries (Schaefer *et al*., 2015; Grogan 2016). However, in recent years, the notion of a toned or muscular appearance (in addition to being thin) started to gain popularity amongst women (Homan, 2010; Homan *et al*., 2012; Benton & Karazsia, 2015; Grogan, 2016; Uhlmann *et al.*, 2018). Since the thin-ideal dominated for years, several studies focused on the relationship between the thin-ideal and eating and body disturbances, while research on the athletic-ideal and these outcomes are relatively sparse (Thompson & Stice, 2001; Stice, 2002; Homan, 2010; Flament *et al*., 2012).

Research has reported a relationship between body dissatisfaction and athletic-ideal internalisation. This relationship, however, is regarded as significantly weaker when compared to the thin-ideal (Schaefer *et al*., 2015; Bell *et al.*, 2016; Ramme *et al*., 2016). Furthermore, exposure to a toned/fit body in addition to being thin, leads to negative body image when an element of thinness is also present (Homan *et al*., 2012; Robinson *et al*., 2017).

When considering the relationship between the athletic-ideal internalisation and disordered eating, studies indicate a relationship between dieting and symptoms of disordered eating (Pritchard *et al.*, 2011; Bell *et al*., 2016). The use of performance-enhancing supplements could be an additional dietary component associated with the athletic-ideal. Lack of knowledge of supplements may lead to the use of dosages that are unnecessary or even harmful to the user (Maughan *et al.*, 2011; Stohs & Kitchens, 2013).

Obligatory exercise can be described as a compulsive exercise routine that impedes functioning in other social or occupational activities (Dittmer *et al.*, 2018). Researchers seem to be harmonious in their findings, suggesting a strong association between the athletic-ideal internalisation and disordered exercise (Homan, 2010; Pritchard *et al*., 2011; Bell *et al*., 2016). Exercise to control weight or to achieve a toned body is a predictor for obligatory exercise and can be regarded as a risk factor for eating disturbances, body dissatisfaction and low self-esteem (LePage & Crowther, 2010; Pritchard & Beaver, 2012).

The tripartite influence model is based on sociocultural theories and has received robust empirical support as an etiological model for understanding the development of body image disturbance and disordered eating (Thompson *et al.*, 1999). According to this model, the media, family and peers play a significant role in the development of a culturally-sanctioned body ideal (Tiggemann, 2011; Keel & Forney, 2013; Schaefer *et al*., 2015). The athletic-ideal is gaining popularity across various media platforms. (Schaefer *et al*., 2015; Boepple *et al.*, 2016; Boepple & Thompson, 2016; Tiggemann & Zaccardo, 2016).

"Fitspiration" (a portmanteau of *fitness* and *inspiration*) is an online movement that aims to promote a healthy lifestyle in terms of exercising and healthy eating (Boepple & Thompson, 2016; Tiggemann & Zaccardo, 2016). Media, including social media, exposure to the athletic-ideal is associated with negative mood, body dissatisfaction and a decrease in self-esteem (Tiggemann & Zaccardo, 2015; Robinson *et al*., 2017). Family and peers contribute to body image, body dissatisfaction and disordered eating behaviours through appearance-focused conversations and modeling of appearance-related concerns (Jones, 2011).

PURPOSE OF RESEARCH

Since the athletic-ideal can be seen as a relatively new perspective of the ideal body, research on this ideal is quite sparse, quantitative in nature and yielding ambiguous findings. This research study focused on understanding of the athletic-ideal of the participants and how it influenced their daily lives.

METHODOLOGY

Design, sampling method, and participants

An exploratory qualitative approach with an interpretative phenomenological design was used. Criterion sampling was used since this research formed part of a larger study (N=476), exploring relationships between athletic-idealisation body-image and eating disturbances. Since the objective of the current study was to gain a better understanding of an athletic-ideal internalisation, the inclusion of participants with a clear athletic-ideal internalisation was paramount. The Sociocultural Attitudes Towards Appearance Questionnaire-4 (SATAQ-4) used in the larger study includes a subscale assessing Muscular/Athletic internalisation. Participants who achieved a score of 20/25 or more on this subscale were deemed appropriate to participate, as this was well above the mean ($\overline{X}$=15.14). Sixty-six participants met the criteria

and nine indicated a willingness to participate. The demographic information of the sample group is presented in Table 1.

Table 1. **PARTICIPANT DEMOGRAPHICS**

Name*	Age	Race	Year of study	Field of study
Abby	19	White	1st year	Human and Social Sciences or Arts
Beth	21	White	2nd year	Health Sciences
Carla	21	White	3rd year	Health Science
Debby	24	White	3rd year	Health Sciences
Elsa	19	White	1st year	Health Sciences
Faith	23	White	4th year	Economic and Management Sciences
Grace	25	White	7th year	Health Sciences
Helen	20	Black	2nd year	Theology
Ivy	20	White	2nd year	Health Sciences

* Pseudonyms were used to protect the identity of participants

Collection and analysis of data

Semi-structured interviews with open-ended questions were used to engage discussion on ideal internalisation, body satisfaction, eating patterns and exercise behaviour. Examples of the questions include: How would you describe the athletic-ideal? How do you currently feel about your body? What are your reasons for excising? Describe your diet (overall way of eating). How does your exercise routine influence your relationships? Data were analysed using the method of Interpretative Phenomenological Analysis (IPA).

The researcher's first encounter with the data was the interviewing process and transcription. This enabled the researcher to familiarise herself with the data by reading and rereading the text. Wide-ranging notes entailing a comprehensive account from the original data were made. As suggested by Smith and Osborn (2015), the researcher attempted to stay true to the words of the participants. Emergent themes that capture the important quality of the text were identified and themes with an identifiable relationship were clustered together to produce a sub-theme. IPA takes an idiographic approach by firstly analysing each case independently and subsequently integrating analyses from all cases to produce a list of master themes (Willig, 2013). To ensure theme consistency, the co-authors evaluated themes as they were identified.

Ethical considerations

Ethical approval was obtained from the Health Research Ethics Committee (HREC) of the North-West University (NWU-00026-16-S1). Informed consent information was provided and participant autonomy emphasised. To protect the emotional wellbeing of participants, their experience of the interview was explored, with an opportunity for further psychological consultation with an independent psychologist.

RESULTS

This section will explore the three themes: 'Perception of self', 'A balanced lifestyle' and 'Societal pressures'.

Theme 1: Perception of the ideal body

The athletic-ideal body was described as fit, toned and visibly muscular: *I imagine the ideal body of an Olympic athlete, so someone who is fit, toned, healthy and obviously, you can see muscle…* (Abby). This muscular appearance is in addition to being thin and warrants not being too thin and/or too muscular: *…like a model but not as thin, more muscles but feminine muscles not overdone* (Faith). Participants reported on the attainability and sustainability of a body-ideal, harmonious to their current lifestyle and build: *…you shouldn't have a goal that's unreachable. I have muscles that won't go away* (Grace).

From the responses, it became apparent that participants view the athletic-ideal to be synonymous with a healthy lifestyle. A prominent perception that emerged was the physical benefits that arise from following an active lifestyle. These benefits include being physically fit and strong, having sufficient energy and improved body systems (like cardiovascular).

With the exception of one, the majority of the participants reported not being entirely satisfied with their body or dissatisfaction with certain parts of their bodies. Most participants, however, held the belief that they have control over how their body looked, with body satisfaction increasing, if active efforts were made to improve their body: *I can't feel that bad about my body if I don't actually do something about it. So I am uncomfortable but I will get there* (Carla). Two participants reported palpable dissatisfaction with their current body and indicated being more satisfied with their bodies, when they were closer to the athletic-ideal in the past.

Participants' views of the ideal body were influenced by several expected roles. The most prominent role was that of being an athlete and participation in sports activities led to adopting an athletic-ideal body. Participants maintained that this ideal naturally emerged from participation in sport and was associated with enhanced performance in sport: *You are not an athlete because you want a nice body. You're an athlete because you want to perform* (Elsa). Six participants were students in the health sciences field and two completed personal training courses. Knowledge of healthy eating, exercise and supplements was evident throughout their responses. Looking the part also seemed to be related to competency in the relevant field: *It's a bit frowned upon if you are not athletically built, because how can you teach people to be physically active but you are not?* (Carla).

Theme 2: A balanced lifestyle

The concept of balance was often referred to by participants to describe a healthy lifestyle. Since the current sample included students, finding a balance between exercise, academics, socialising with friends and family time were reported: *When you don't get to your family, friends or academics, exercise consumes all of your time. You don't have a life, you only have you and your exercise, then I think that is too much* (Grace).

Participants maintained the view that the exclusion of certain food groups can be seen as unhealthy and not part of a balanced diet: *Be healthier and distribute your meals evenly in the different food groups but don't cut out a certain food group* (Carla). The occasional treat was seen as a paramount component of balanced eating: *You are allowed to have a treat, or ice-cream or enjoy red meat, as long as it's balanced. Why not?* (Faith). Most participants seemed opposed to the idea of calorie counting. They did, however, note that they were conscious of the amount and types of food they consumed. This view includes eating carbohydrates only

when needed, minimising unnecessary fats and sugars, and opting for a more 'healthier' option when eating out: *Healthy is when I need sugar, I will eat fruit or I'll have tea with honey* (Grace).

Participants maintained that their food intake is often influenced by their activity level and was regarded as the fuel the body needs to sustain energy. Participants expressed that an active lifestyle allows for more deviation from healthy eating due to the increase in energy burning: *I know its fine, I'm not gonna pick up 10kg's just from having one McDonalds meal. I'm gonna end up working it off anyway* (Abby). Participants maintained that the use of supplements can be beneficial if the body needs additional nutrients due to strenuous exercise. The unnecessary use of supplements and replacing meals were, however, regarded as unhealthy: *I've come across people on a shake diet, they don't eat food they just drink shakes and I don't think that's healthy* (Ivy). Participants unanimously agreed that the use of anabolic steroids is dangerous and unhealthy for the body: *I don't think it is necessary it's really, really unhealthy* (Elsa).

The participants' descriptions of their exercise routine showed evidence of planning and structure to their exercise routine with rules and guidelines for exercise. Participants reported the importance of combining cardio-type exercises with bodyweight or strength-based exercises. Participants agreed that exercise is unhealthy when it becomes excessive. Excessive exercise was often referred to as overtraining that can lead to injury: *Yes, I do think that some people take it too far. Like you get people that go to the gym 2-3 times a day and there is something like overtraining* (Ivy). Recovery from sickness or injury was viewed as paramount and training during this time was viewed as unhealthy behaviour: *If you feel that your body needs a rest day … It is important that you listen to your body* (Abby).

Participants reported on the stress-relieving benefits they experience from exercise and how they use exercise as a means of regulating negative emotions. Participants described exercise as a means of temporary escapism from current life stressors: *Training gives me relief from reality* (Beth). Participants maintained that following an active lifestyle contributed to emotional wellbeing. Although participants acknowledge that they exercise to improve their appearance, it was maintained that it also encompasses feeling good, feeling healthy and taking care of your body: *It's not about looks. It is more about how you feel inside* (Ivy). Although participants described frustration when they are unable to exercise, most participants reported an understanding stance: *Let's say I'm sick. I know I can't exercise then I understand it or let's say I've been away for a while I don't punish myself because I didn't* (Grace).

Participants maintained that the absence of balance can be regarded as maladaptive. Eating disorders, such as anorexia nervosa and bulimia nervosa were viewed as dangerous behaviour to control weight. Clinical behaviours, such as skipping meals, starving oneself, obsessive thoughts of restriction of calories, mental preoccupation, purging and excessive exercise were identified as unhealthy: *People who don't eat and exercise for a ridiculous amount of time but that's also a symptom of disorder* (Debby).

Theme 3: Societal pressures

Participants verbalised an awareness of societal pressure to conform to a stereotypical image and reported exposure to the athletic-ideal, especially on social media. Participants noted an aspect of deception in the flawless depiction of the female body in the media. This depiction includes the use of programmes (like Photoshop) and models posing in a specific way to create a more flattering angle. Participants maintained that this unreasonable expectation created by this deception can lead to body dissatisfaction: *You go on Instagram or Pinterest or whatever and you see all these perfect girls and then you're like 'that's what I need to look like to be*

attractive' and then you start hating your own body and none of that is true, the media really lie about it (Ivy).

Responses from participants indicated several positive aspects surrounding the pursuit of an athletic-ideal and relationships. Participants indicated that exercise can be viewed as a socialising opportunity and that they often train with significant others: *My friend and I used to gym together. It was our bonding time* (Grace). Participants indicated a preference to be surrounded by like-minded individuals that understand the importance of a healthy lifestyle. Participants also seem to play an advisory and motivational role among friends and family: *I can also help people exercise because it makes them feel good, it makes me feel good, it's just a good feeling about exercising and being healthy* (Grace). Participants also report significant others that do not follow the athletic-ideal, but this did not seem to influence their relationships with these individuals negatively. Although not as prominent, participants reported incidences where body-related comments from others contributed to feelings of body dissatisfaction.

DISCUSSION

The concept of a healthy lifestyle, specifically in terms of balance, appears to act as protective factors against body image disturbances, maladaptive eating and compulsive exercise. Most participants reported being mostly satisfied with their bodies, but indicated that there was room for improvement. The literature supports the pervasiveness of body dissatisfaction amongst women (Rodin *et al.*, 1984). However, current literature on the athletic-ideal indicates a weaker correlation with body dissatisfaction when compared to the thin-ideal (Homan, 2010; Schaefer *et al*., 2015; Bell *et al*., 2016).

In the present study, several factors could support this finding. Firstly, participants' perception of balance by reporting being too thin or too muscular is not seen as ideal. Secondly, participants maintained the importance to pursue a body-ideal that is attainable and sustainable based on their body type that also contributes to a healthier perception of their bodies. Thirdly, participants reported a sense of control over their appearance and subsequent satisfaction. Lastly, participants placed more emphasis on having a healthy body despite notions of weight loss and toning wishes.

This health perspective, as opposed to a perspective based on appearance, could be regarded as a protective factor against maladaptive eating and exercise behaviour. Participants emphasised the importance of a balanced, nutritious diet including all food groups, the occasional treat, portion control and adaptation of diets to activity level. Participants' perspectives subsequently seem to be in line with a total diet approach that is seen as a paramount focus of healthy eating (Freeland-Graves & Nitzke, 2013). Participants were also able to identify eating behaviour associated with eating disorders and viewed the behaviour as unhealthy due to the lack of balance. The participants' balanced view of diet can also be regarded as a protective factor against maladaptive use of supplements. Participants advocated using supplements only when dietary intake proves insufficient and unanimously warned against the use of anabolic steroids. As suggested by Freeland-Graves and Nitzke (2013), a diet that focuses on variety and moderation, and proportionality can assist in preventing unnecessary reliance on supplements.

Research has indicated a connection between athletic-ideal and compulsory exercise (Homan, 2010; Bell *et al*., 2016). Participants, however, showed awareness in maintaining balance in their exercise routines. Responses indicated that the participants do not allow exercise to interfere with important occupational, academic or social activities. This balanced perspective concerning exercise, eating and a general positive predisposition with regard to body-image, can be associated with the participants' reason for exercising. Research findings

have indicated that women who exercise for health-related reasons, mood regulation and enjoyment, reported higher levels of body satisfaction and self-esteem and a lower incidence of disordered eating (Vartanian *et al.*, 2012; Homan & Tylka, 2014; Tylka & Homan, 2015).

Although participants acknowledged that their motivation and reason to exercise has an appearance-related component, exercise was predominantly motivated by health-related reasons. Intense guilt, related to the postponement of exercise, can be associated with disordered eating and reduced levels of quality of life (Mond *et al.*, 2006; Mond & Calogero, 2009). Participants, however, conveyed insight and understanding when social or occupation responsibilities, recovery from exercise and illness prevented them from exercising.

In line with the tripartite influence model (Thompson *et al.*, 1999), participants indicated that the media, their families and peers played a significant role in the development of their body ideal (Tiggemann, 2011; Keel & Forney, 2013; Schaefer *et al*., 2015). Sociocultural influences (especially those that are significant in westernised contexts) appeared to be strongly implicated in participant experiences. Participants indicated experiencing societal pressure to conform to a stereotypical body-ideal. Exposure to the athletic-ideal on social networking sites can be associated with body image concerns and disordered eating (Mabe *et al*., 2014; Fardouly &Vartanian, 2015). Nevertheless, participants, showed awareness of the deceptive nature of the media portrayal of a flawless body and the impact it had on their body image. Regarding peer and family influences, participants mostly reported a family and peer environment that support, motivate and provide guidance to pursue a healthy lifestyle.

CONCLUSION

This research study aimed to explore participants' lived experiences of an athletic-ideal internalisation. Participants maintained a perspective of balance that seemed to act as protective factors against body dissatisfaction, maladaptive eating and obsessive exercise. This perspective entails a lifestyle that embraces healthy eating, balanced exercise and the quest of a body that is attainable and sustainable. Furthermore, a social environment that supports this healthy lifestyle serves as protection against social relationships being negatively influenced by an athletic-ideal internalisation. A major limitation of this study was that the sample had an over-representation of white participants and students from the health sciences. Recommendations are to explore the athletic-ideal in samples of males and females of other ethnicities and nonstudent populations.

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