

Krystyna Dzwonkowska-Godula
Emilia Garncarek
Julita Czernecka

The Body and Gender

1. Introduction

The aim of this chapter is to conduct a sociological analysis of the body and embodiment from the perspective of the sociology of gender, introducing gender analysis to sociology of the body. The main idea of the chapter is to assume that the body is perceived and functions socially as a gendered body – “a body with gender, filled with cultural gender content,” (Dzido 2006: 173). As Karolina Krasuska has noted, the use of the passive participle “gendered” suggests that “nothing ‘is’ as it seems, but has only just been made so,” (Krasuska 2008: 268). We can talk about gendered society, institutions, interactions, persons, and bodies, indicating the gendered nature and differentiation of society in addition to its various aspects (e.g., Hearn 2003; Kimmel 2004, 2015; Howson 2005; Wharton 2005; Bradley 2007; Lorber, Moore 2011; Mason 2018).

In this chapter, we will look at in what gendering of the body consists and how it manifests itself, what it means for the individual, and what social significance it has. Depending on the culture, the margin of freedom in disposing of one’s own body by individuals perceived as having a specific gender is narrower or wider and deviations from the norms of a gendered body are met with more or less severe sanctions. This management of one’s own body includes not only the possibilities of deciding about its appearance, (not) taking care of it, but also about (not) using it for various purposes assigned to it, which concerns, among others, the reproductive functions of the female and male bodies.

The introduction to the issue of body and gender – the gendered body and embodied gender – proposed here includes in the first part a discussion of the distinction between sex and gender, which (although treated by some contemporary researchers as anachronistic and simplistic) is useful to show the social subjugation of biological bodies, culturally labeled and controlled as female, male or non-binary. It is shown that in the perception of femininity and masculinity, as well as in explaining the differences between them, including differences in bodily practices,

naturalistic concepts, approaches analyzing the processes of gender socialization and social constructivism function side by side. Then changes in gender are discussed, which in the traditional, patriarchal model of society is based on gender binarism, androcentrism, and heteronormativity, but today it includes (or is only beginning to include) the “third gender,” non-binary, androgynous people, who go beyond traditionally understood heterosexual femininity and masculinity. Next, the authors address the issue of the significance of the gendered body for an individual’s gender identity, the social roles they play, the gender division of labor, and gender relations and inequalities; the intersectionality in embodiment and the concept of the body as aesthetic capital, which is measured, evaluated, and developed differently depending on the gender.

Most of the key concepts are defined in the subchapters, and the remaining ones in a separate glossary. The section devoted to selected research areas concerning various aspects of the body and gender discusses the stereotyping of gendered bodies, their subjection to disciplinary practices in the process of gender socialization, and the influence of various social characteristics of individuals on the perception and experience of their own bodies.

In discussing the above-mentioned issues, we refer primarily to the construct of gender and gender relations functioning in the culture of Western societies, European culture, including Polish society. Nevertheless, it should be noted that although the processes of gendering the body and its social control are universal in nature (they occur in every society), the concepts of femininity, masculinity, the “third gender,” and the forms of shaping and disciplining the gendered body, are culturally and historically conditioned. Another reservation that we must make at the outset concerns our arbitrary choice of the issues discussed here, as well as the concepts and studies to which we refer. They should not be treated as a full, exhaustive study discussing all aspects of the relationship between the body and gender and the entire, extensive range of scientific achievements in this field (this would be impossible due to the limited volume of this chapter). We signal certain threads here and provide specific examples in order to make the reader aware of the complexity of this relationship, in addition to its significance for the individual and their individual experiences, as well as for social order.

The references at the end of the chapter also constitute an open list of sample readings, including both titles considered key and other interesting studies that address the issues discussed in empirical research conducted, among others, in Polish society.

2. The most important theoretical concepts

2.1. Sex and gender

In the analysis of the relationship between gender and body, it is useful to refer to the distinction between sex and gender. It enables one not only to explain what is meant by the term “gender” but also to capture the significance of the body in defining an individual as a woman, a man, or a non-binary person (i.e., not defining oneself in terms of the femininity/masculinity dichotomy).

Sex refers to the anatomical and physiological differences between the bodies of women and men, such as: differences in chromosomes (XX in women and XY in men); differences in the sex glands (ovaries in women and testicles in men), and the levels of sex hormones (in males, the level of androgens is much higher than that of estrogens, and in females it is the other way around); differences in the internal and external genitalia and different secondary sexual characteristics such as: facial hair, breasts, voice tone, hip width (cf. Ziemińska 2018: 20). Based on “genital sex,” a newborn human is categorized as a female or male.

Sex is the starting point for the cultural concepts of femininity and masculinity, accepted in a given society, encompassing features, attributes, and behaviors, in addition to social roles considered typical and expected of women and men. We call them **gender**, emphasizing its social character. It is a “cultural ‘packaging’ of biological human sex,” (Pakszys 2000: 45), a “cultural superstructure,” (Titkow 2011: 38). We can say that the body is a “site of creating sexual differences,” (Jakubowska 2009: 46) as a basis, a starting point for assigning a gender to an individual – defining them as a woman, a man or a non-binary person, but above all as a tool for displaying differences between the sexes.

The desired shapes of the female and male bodies inform us about the tasks that are assigned to each sex by the society or culture in which they live. The disciplining of bodies and imposing appropriate shapes on them can, therefore, be seen as an expression of socially defined female and male roles (Jakubowska 2009: 46).

The fact that “it is not the body that determines gender, but gender shapes the body,” (Grabowska 2010: 4), is evidenced by the transformations of the body related to playing gender roles, meeting the requirements for female and male appearances (including plastic surgery).¹

Following Raewyn Connell, it should be emphasized that gender is not simply an “expression” of the biological differences between women and men (Connell 2009: 10). The differences between female and male bodies can be exaggerated,

1 As Barbara Grabowska has noted, drawing on the ideas of Germaine Greer, that even something seemingly as hard and durable as a skeleton is susceptible to deformation as a result of wearing corsets or performing work as a typist or secretary that requires constant bending (Grabowska 2010: 4–5).

questioned, mythologized, stereotyped, and complicated in a culture and through specific social practices (Connell 2009: 11).

[...] in all of these cases, society *addresses* bodies and *deals with* reproductive processes and differences among bodies. [...] bodies are brought into social processes, in which our social conduct *does something* with reproductive difference, (Connell 2009: 11).

2.2. Naturalist versus constructivist approaches to the gendered body

There are three general theories of gender in social sciences (Giddens 2009: 601; see also Leszczyńska, Dziuban 2012). The first position is referred to in the literature as **biological essentialism, the sociobiological approach, biologism, biocentrism or naturalism** (Bem 1993; Pakszys 2000; Arcimowicz 2003; Głazewska 2005). Different personality traits, dispositions, behaviors, and social roles of women and men are explained by natural, biological – anatomical and physiological – differences between the sexes. Within this approach, as R. Connell has noted, the body is treated as a “machine producing gender difference,” (Connell 2009: 53). It does not take into account the role of culture and social influence in shaping an individual’s personality and behaviors.

The second approach to gender issues is the theory of **socialization into gender roles (gender socialization)** (Giddens 2009: 602; Wharton 2005: 31; Renzetti, Curran 1995: 76). Their basis is the sex and gender distinction mentioned at the beginning. The subject of interest here is the process in which an individual learns the behaviors expected of them as a woman/man, acquiring specific features, aspirations, interests, and shaping their gender identity (Bardwick, Douvan 1977; Mandal 1995; Buczkowski 1997; Bem 1993; Brannon 1999; Lott, Maluso 1993; Pankowska 2005; Renzetti, Curran 1995). In this approach, differences between women and men, manifested in different characteristics, behaviors, as well as social roles, are explained by the existence of different social concepts of femininity and masculinity, and, consequently, different expectations and norms regarding each of the genders, acquired by the individual in the process of socialization. This also applies to the bodily dimension – specific ways of disciplining female and male bodies, their desired, expected forms, expressing femininity and masculinity through the body – its appearance, non-verbal communication, physical practices, and sexual behaviors.

The third perspective explaining gender differences and inequalities assumes that “neither gender nor sex have a biological basis, but are both entirely socially constructed,” (Giddens 2009: 601). Based on the analysis of the changes in the appearance, size, and shape of women’s and men’s bodies over the centuries, it has been stated that “a sharp distinction between nature and culture is not tenable, as the ‘natural,’ too, is in part socially constructed,” (Bradley 2007: 18). The very act of segregating individuals into women and men based on the biological, physical features of their bodies, considered feminine or masculine, has a cultural, social character. The biological differences between women and men, treated within the previously discussed theories as “natural” and remaining outside of social influence, began

to be treated as a **social construct** (Wharton 2005: 55). It is within a culture that significance is attributed to specific physical features of women and men, that they are exposed or hidden, etc. It was pointed out that the body and “natural” biological features of a human are subject to constant social influence, various procedures such as diet, physical activity, dressing and make-up, plastic surgery, and, finally, sex reassignment surgeries (Giddens 2009: 607–608). Ellyn Kaschak showed how women in Western societies “alter their bodies and restrict their movements” in order, as the author wrote, “to maintain the illusion of dichotomy” and prove their femininity (Kaschak 1992: 39). “With the use of razors, depilatories, tweezers, hairstyling, makeup, nail polish, nylons, high heels, bras that lift, augment or reduce, garments that tighten and reduce, women do not look anything like men,” (Kaschak 1992: 39). In **the constructivist approach to gender**, the distinction between sex and gender ceases to be significant because gender is treated not as the property of an individual but as a feature of a situation, a “product of interaction” (Brannon 1999: 16; Kimmel 2004: 107; Mandal 2005: 37). “Masculinity and femininity (as well as boyhood and girlhood) are not fixed unchanging data but fluid modifiable products of everyday interactions,” (Gawlicz 2009: 89). In the key work for this approach to gender, Candence West and Don Zimmerman (1987) have stated that people do not so much have gender as create it – they do gender rather than have gender. The significance of the social context in which the interaction takes place and in which individuals behave in a certain way is emphasized here. And as Ewa Hyży stated, “there is no social context that would be free from the gendered aspect,” (Hyży 2003: 62).

Judith Butler proposed that gender be treated as a form of public action, an act of performing being a man/woman in everyday interactions with others, a kind of performance that, through constant reproduction, perpetuates specific patterns of femininity and masculinity and the relations between them, considered as “given, natural, obvious” (Butler 2002; Glover, Kaplan 2007: 18; Bradley 2007: 19; Tokarczuk 2008: 8). As part of her theory of **gender performativity**, the author argued that “what we take to be an internal essence of gender is manufactured through sustained sets of acts, posited through the gendered stylization of the body” (Butler 2002: xv).

As Harriet Bradley has noted, the concepts of doing gender (“gendering”) are currently replacing the theories of gender socialization, which are accused of determinism and treating the individual as passive, subject to social influences and playing the role of a woman/man in the form imposed by society (Bradley 2007: 23). Moreover, such an approach to the process of becoming a person of a specific gender does not take into account changes in the scope of gender role scenarios and other possible ways of realizing gender than just being a woman or being a man with specific, opposing features, interests, and behaviors. Raewyn Connell, in turn, has emphasized that the body cannot be reduced either to a “machine producing gender differences” or to a “canvas on which culture paints images of womanhood

and manhood,” (Connell 2009: 53–56). Following Chris Shilling, who referred, among others, to Giddens’s theory of structuration, when looking at a gendered individual who embodies their assigned gender in a specific way, we should see a subject consciously shaping their body in relation to the applicable gender norms and structures, able to reproduce them, but also to change and transform them (Shilling 2003).

2.3. Gender binarism, androcentrism and heterosexism in body perception

The social constructions of gendered bodies in Western and European patriarchal societies are based on three assumptions: (1) the existence of two genders (binarism), (2) treating the male body as a point of reference (androcentrism), and (3) recognizing heterosexuality as the norm (heteronormativity). Referring to Sandra Bem’s concept, they can be called cultural “lenses” determining the way femininity and masculinity are perceived, also in the physical dimension (Bem 1993).

Gender binarism

The traditional perception of the world includes “universal gender binarism” and “gender dimorphism” (Pakszys 2000: 55). The literature on the subject speaks of gender asymmetry, binarism, dualism or polarization (Glennon 1982; Bem 1993; Arcimowicz 2003; Głażewska 2005; Pankowska 2005). Dichotomous, opposite-based social constructs of femininity and masculinity present women and men as people from two different worlds. “To be a man is to be ‘not-like-a-woman’, to be a woman is to be ‘not-like-a-man,’” (Bradley 2007: 48). Nevertheless, as biologist Anne Fausto-Sterling noted:

complete maleness and complete femaleness represent the extreme ends of a spectrum of possible body types. That these extreme ends are the most frequent has lent credence to the idea that they are not only natural (that is, produced by nature) but normal (that is, they represent both a statistical and a social ideal) (Fausto-Sterling 2000: 76).

Despite the data on the complexity and multi-layered nature of gender, also in the biological dimension, gender binary as a norm still functions in our culture, both in scientific and everyday thinking (Karkazis 2008: 31, after: Ziemińska 2018: 125; Costello 2019). Social beliefs about femininity and masculinity as opposites are popularized and perpetuated not only by scientists representing various fields but also by religion, the legal and educational systems, as well as the mass media (cf., among others, Glennon 1982; Bem 1993; Connell 2009).

Gender binarism causes problems and excludes people who do not fit into the categories of woman or man, both due to the ambiguous structure of the body (intersex people²) or identity (the inability and/or reluctance to self-define as

2 **Intersex** refers to people whose bodies do not fit into the binary division of humans into women and men, due to, among others, ambiguous genitalia (e.g., micropenis and vagina), ambiguous gonads (containing both ovarian and testicular tissue) or chromosomes that are neither male nor female. “Sometimes the external genitalia are typical, but inconsistent with the internal sex organs (e.g., penis on the outside and ovaries on the inside). There may also

a woman or a man). Only female and male bodies, corresponding to their desired and expected cultural images accepted in a society, are treated as legitimate. “Other” bodies, including intersex bodies, are perceived as “inadequate,” “homeless,” “insignificant” (Mizielińska 2006: 199). The effect of the cultural desire to maintain gender binary is the subjection of intersex newborns to surgical procedures “to give their genitals an unambiguous shape and to assign them a gender in the legal sense accordingly,” in order to adapt them to life in a society that allows only two genders (Ziemińska 2018: 38, 47). These actions, performed without the informed consent of the individual concerned, are today treated as a violation of human rights (including the right to bodily integrity and autonomy).

Androcentrism

The perception of femininity and masculinity as binary, oppositional, and asymmetrical categories is associated with a specific perception and evaluation of the female and male bodies, including the external genitalia, treated as the basic determinant of gender categorization. Anthropologists point out that many patriarchal cultures (based on male domination) share not only the distinction between femininity and masculinity, but also the evaluative nature of this division, in which the traits, behaviors, and social roles attributed to men are valued more highly. Again, the starting point is the differences in the bodies of women and men. In the literature on the subject, we can find various explanations for this gender asymmetry, starting with the considerations of ancient philosophers. For example, “Aristotle believed that a woman was a ‘damaged male’ [...]. According to Aristotle, the fact of ‘damage’ resulted in inferior – in comparison to men – properties of women’s psyche and nature,” (Hyży 2003: 28; Mandal 2005: 29). Plato, in turn, pointed out that women “were weaker than men in everything,” (Uliński 2001: 25; Hyży 2003: 27; Dybel 2006: 32, 42). This way of seeing femininity and masculinity can also be found in Sigmund Freud’s personality theory, presenting a woman as inferior to a man – “an amoral being, incapable of intellectual creativity,” “inferior in terms of ethics, focused on her appearance, with an inferiority complex and envying a man’s achievements (and also his penis),” (Dybel 2006: 289; cf. also Brannon 1999). According to Freud, this inequality was supposed to result from the anatomical differences between the sexes and the related differences in shaping the personality of women and men (Brannon 1999). “The decisive significance is the child’s interpretation of the girl’s lack of a penis as castration,” (Dybel 2006: 456). According to Freud’s concept, it leads to the belief in the “incompleteness” and a certain “defectiveness” of women, not only in the sphere of anatomy, and is of key importance in shaping the self-concept of women and men, as well as their attitudes and behaviors in adult life.

be a lack of consistency between the genitalia and chromosomes (e.g., male karyotype and female genitalia) or the genitalia and secondary characteristics (e.g., penis and developed breasts)” (Ziemińska 2017: 17).

Male centrism in relation to the human body is manifested, among others, in the discrimination of women in the field of medicine and healthcare (Ostrowska 2006; Renzetti, Curran 1995: 448 et seq.; McGregor 2020). The results of clinical trials conducted on men (or, in the case of research using animals, on males) are generalized for both genders, ignoring the specific properties of women's bodies and physiology or different lifestyles due to gender. As Alyson McGregor stated,

There was a general assumption [in the 20th century – authors' note] that men and women were alike in every way, apart from their reproductive organs and sex hormones. So it was decided: medical research was performed on men, and the results were later applied to women. What did this do to the notion of women's health? Women's health became synonymous with reproduction: breasts, ovaries, uterus, pregnancy. It's this term we now refer to as "bikini medicine". [McGregor 2014]

Heteronormativity and heterosexism

As Michael Flood noted, "certain forms of gender and sexuality are dominant (culturally celebrated and socially sanctioned) in any context, while others are stigmatized, silenced, or punished," (Flood 2008: 223). The cultural gender marking of individuals is accompanied by sexual marking. The traditional – patriarchal, androcentric, and binary concept of gender is based on recognizing heterosexuality as the "norm" and the obvious, assumed sexual orientation of a person, somehow assigned to them (taken for granted), treated as "natural" (cf., among others, Mizielińska 1996; Nowak 2014; Fausto-Sterling 2019). It is assumed that a "real" woman and a "real" man cannot be homosexual (Miluska 1996: 77; Mandal 2000: 18). This phenomenon can be interpreted through the lens of **heteronormativity**, which "can be understood as an ideological code promoting rigidly defined gender norms, heterosexuality and traditional family values. [...] rooted in social institutions, cultural patterns, language systems, and everyday practices," (Majka-Rostek 2014: 68). Drawing on Judith Butler's theoretical contributions (1990), the concepts of a gender norm matrix and a heterosexual matrix emerge, both interconnected and characterized by their oppressive and exclusionary nature (Bieńko 2020: 114).

The conviction of the naturalness and normality of heterosexuality internalized in the process of socialization can lead to the stigmatization of non-heterosexuals, treating them not only as "different" but also as inferior. Just as sexism is based on the perceived superiority of what is masculine, heterosexism privileges heterosexuality over other sexual orientations, pathologizing them, excluding them, and denying their legitimacy.

Heterosexism reinforces and perpetuates sexual marking through at least two mechanisms: first, by promoting the assumption of universal heterosexuality, which renders gay, lesbian, and bisexual individuals largely invisible in most social contexts; and second, by problematizing non-heterosexual identities when they are disclosed, framing them as abnormal, unnatural, and, therefore, inferior (Wycisk 2017: 418). It is associated with the privileging of heterosexuality, in addition to prejudices and discriminatory practices against sexual minorities.

2.4. Beyond the gender dichotomy, non-binary, androgynous, queer bodies

Historical and anthropological studies of gender roles, rituals, ceremonies, mythology, etc. show that the dominant concept of gender binarism in Western culture is not universal (cf., among others, Arcimowicz 2008; Kłonkowska 2012; Costello 2019; Ho, Li, Kam 2021). Plato in *Symposium* (4th century BC) already indicated the existence of three genders: male, female, and androgynous, which was a conglomeration of the first two. The motif of androgyny and androgynous deities can be found in many mythologies that (more or less directly) have influenced Western culture (Kłonkowska 2012: 15). Suspending the male-female opposition, cultural **transvestism** (wearing clothes of the opposite sex) were elements of holiday rituals and ceremonies (Kostuch 2003: 38, in: Kłonkowska 2012: 16).

In contemporary times, in relation to the body, **androgyny** is understood as the blurring of gender differences in external images, the resemblance of female and male bodies, the deconstruction of gender binarism and traditionally understood masculinity and femininity in appearance, clothing, and body language.³ The turn towards androgynous corporeality can be seen, for example, in advertising campaigns for clothing or cosmetic companies – “Sometimes photographs present figures of men and women so similar to each other that there is no gender at all,” (Arcimowicz 2015: 71). The image of an individual, how they present themselves in the physical dimension, does not allow unambiguous identification and classification as a woman or a man. This may be a manifestation of their non-binary identity, but also a challenge to a culture based on gender polarization, a play with gender conventions and codes, or even a commercial technique used by artists to stand out (cf. Arcimowicz 2015).

Researchers, citing examples of various cultures – ancient and contemporary – in which “alternative” patterns of femininity and masculinity function, argue that “the binarism of cultural gender is not universal and the concept of gender dimorphism dominant in Western culture is not the only possible concept. There are known societies that have developed a polymorphic system: three or even four cultural genders,” (Arcimowicz 2008: 198; see also, among others, Renzetti, Curran 1995: 71; Costello 2019: 3–5).⁴

The concept of **transgender** is used to describe various forms and manifestations of crossing gender boundaries, the entire spectrum of people who go beyond the dichotomously understood categories of gender identity, who do not identify (although to varying degrees and in various ways) with the biological sex assigned to them at birth and/or the cultural gender associated with it (Nagoshi, Brzuzy

3 In psychology, androgyny refers to an individual’s simultaneous display of feminine and masculine traits, i.e., stereotypically attributed to women and men. Sandra L. Bem in the Bem Sex-Role Inventory (BSRI), proposed using a set of such traits in the self-characteristics of subjects, treating femininity and masculinity not as opposite poles of one axis, but two separate scales (Bem 1993).

4 The classic example of the “third gender” is the hijra in India, people defined as “neither woman nor man” (Arcimowicz 2008: 77).

2010; Seidman 2012: 145; Kłonkowska, Dynarski 2017; Kłonkowska 2017: 18). It should be distinguished from the term **transsexuality**,⁵ which has traditionally been used to describe the incongruence between an individual's gender identity and their biological sex, often resulting in discomfort or distress related to their physical body and sex characteristics (Bieńkowska 2012, 2014; Kłonkowska 2017).⁶ The individual feels "trapped in a foreign body" (Bieńkowska 2012: 115); a woman is locked in a man's body, a man in a woman's body. Transsexuality is often associated with a desire – though not always acted upon – to modify one's body through hormone therapy and surgical interventions, most commonly including genital surgery. This is frequently accompanied by the pursuit of legal gender recognition (also referred to as gender affirmation or legal gender change) (Kłonkowska, Dynarski 2017). Both phenomena – transgenderism and transsexuality – prompt us to question the relationship between identity and the body, challenge conventional assumptions about the link between biological sex and culturally constructed gender, and highlight that biological traits and embodiment may be unreliable criteria for determining gender (Gergen 2009: 178).

The rejection of the essentialist approach to gender and sexual identity, as well as their binary and heteronormative categorization is postulated by **queer theory** (Kochanowski 2009; Nagoshi, Brzuzy 2010; Bieńkowska 2014). It argues that gender roles, gender identity and sexual orientations are social constructs and, therefore, can be questioned, undermined, and "self-constructed" (Nagoshi, Brzuzy 2010: 434). As Jacek Kochanowski stated, "there is no such thing as stable gender or stable sexuality: these are only normative categories of violence, the task of which is to limit radically diverse desires, possible body stylizations, biographical trajectories," (Kochanowski 2009: 38–39). This approach highlights the inadequacy of rigid, anatomically based categorizations of identities and gendered bodies in the face of the multiplicity and diversity of identifications, experiences, and bodily practices related to gender and sexuality.⁷

The modern gender model (in opposition to the traditional one, based on the dichotomy of gender, androcentrism and heterosexism) negates the necessity of being a "feminine woman" and a "masculine man," allowing one to be, among others,

- 5 In the literature on the subject, one can also encounter the term "transsexualism." Nonetheless, currently in social sciences, there is a move away from names related to gender and sexuality ending with "-ism", which occurs in medical terms and evokes negative associations related to disease or disorder (Kłonkowska, Dynarski 2017; Jakubczak 2021).
- 6 In reference to people identifying with the gender recognized at birth on the basis of biological or anatomical features, the terms "cisgender," "ciswoman," "cisman" are used (to distinguish them from transgender people) (Kłonkowska, Dynarski 2017).
- 7 An interesting attempt to capture this multiplicity and diversity of gender identity and expression is a kind of map "Gender Identity & Expression. Beyond the Binary", presented, among others, on the website of The IMPACT LGBT Health and Development Program (www.impactprogram.org/lgbtq-youth/gendermap/).

a “masculine woman,” “feminine man,” an androgynous or gender-neutral person, also in the physical dimension. It rejects the assumption that sexuality is connected with gender identity and questions heteronormativity. It frees the individual from the necessity of embedding their identity in a gendered body and sexuality, assumes the fluidity of gender identity and the diversity of its expression in the body.

Nonetheless, as Cary G. Costello has noted, today we are dealing with the development of a non-binary understanding of gender on the one hand, and with the persistence of dualism and polarization of gender perception on the other (Costello 2019: 5). In the social reality of Western culture, the functioning of individuals who do not fit with their bodies, sexuality or identities into the traditionally understood femininity and masculinity, thus breaking gender codes, is often associated with experiencing prejudice, discrimination, and exclusion. This is shown, among others, by research conducted among transsexual people, living under constant pressure to place themselves in a social reality in which they are recognized as either women or men. These people struggle with discomfort and hostility in relationships with other people if others cannot place them in socially accepted gender boxes (Bieńkowska 2012: 199; see also Kłonkowska 2013; Nitra 2018).

2.5. Gender identity, gender expression and the body

One of the elements of gender is **gender identity** – experienced gender, an individual's conviction about to which gender category they belong, whether they feel like a woman, a man or a non-binary person. Most children between the ages of 2 and 3 have no problem with gender self-concept (Bancroft 2009: 33, after: Ziemińska 2018: 18). As research results show, gender identity depends on biological factors – brain structures, genes and hormones acting in the prenatal period, in addition to cultural factors – socialization and the influence of the social environment (Ziemińska 2018: 18–19). The body is also key in the social formation of gender identity. The external genitalia are the basis for the social classification of a newborn as male or female, and further on, their gender is marked by a specific form of name, sometimes also surname, clothes, and objects associated with a girl or a boy. At later stages of life, the key to gender identification in social relations are easily noticeable, visible superficial sexual characteristics (called secondary) such as the shape of the hips, breasts, facial hair, and pitch and timbre of the voice (together with their genitalia, they are referred to as phenotypic gender) (Ziemińska 2018: 19–20). They, together with clothing, hairstyle, make-up, the so-called body language, and the forms of language used by an individual, serve to recognize and define their gender by others, as well as trigger specific associations (stereotypes), interactive behaviors, and social expectations regarding personality traits and the social roles performed (Ziemińska 2018: 22). What is perceived as a person's identity is, therefore, created on the surface of their body, is associated with the body – its appearance, gestures, and behaviors (Toporowska 2019: 6).

In a somatic society (Turner 1992), in a body-centric culture (Melosik 2006: 23; Bykowska 2008: 95; Szczepański, Gawron, Ślęzak-Tazbir 2008: 56), an individual's identity is built on the basis of the body image, located in the body or even reduced to the body (e.g., Melosik 1996; Shilling 2003; Jakubowska 2009: 154; Banaszak 2014). Work on the body – its modifications, transformations, dressing, and adornment – is, therefore, linked to work on identity, including gender identity (cf., e.g., Jakubowska 2009: 155–164). The body is not treated as something given, existing or permanent, but as requiring specific actions from the individual, as a project, realized through a specific lifestyle (Giddens 1991; Melosik 1996; Shilling 2003; Gill, Henwood, McLean 2005; Jakubowska 2009). In relation to the gendered body, this consists in expressing one's concept of femininity or masculinity, responding to their social images, gender norms functioning (accepted) in a given culture – reproducing them through one's body, modifying them or rejecting, crossing or denying them (non-binary bodies, androgynous bodies).

Perceiving and experiencing one's own gendered body “is an essential component of the Self” (Brytek-Matera 2008: 10). An individual creates it by adopting cultural gender codes (Dzido 2006), receiving signals informing them about how they are perceived and assessed by others, comparing themselves with them and with media images of women and men. As Shilling has noted, referring to Goffman's approach to the body, the body plays a very important role in the relations between personal and social identities. The social meanings assigned to particular body forms and their performances are internalized and have a strong impact on an individual's sense of self and self-esteem (Shilling 2003). For example, associating femininity with certain facial features, hairstyle, a suitably slim figure, and certain body measurements (wide hips, large breasts, and narrow waist) causes women to pay attention to these elements of their own bodies in their self-assessment of their image and femininity. As Sandra Lee Bartky noted, a “woman lives her body as seen by another, by an anonymous patriarchal Other,” (Bartky 1997: 34).

Gender expression and gender display are enacted through clothing, specific body styling and adornment, as well as various forms of non-verbal communication (cf. Goffman 1979). In this, an individual uses specific gender codes. Within these practices, individuals utilize specific gender codes that enable them to express and perform femininity or masculinity, or deny them, emphasizing their androgynous or non-binary identities.

2.6. Gender roles, gendered division of labor, and the body

As Bryan S. Turner stated, “any sociology of the body ultimately depends on the sexual and emotional division of labor. The sociology of the body turns out to be primarily a sociological study of the control of sexuality, especially female sexuality, by men exercising patriarchal power,” (Turner 1984: 114).

The issue of body and work, with regard to gender, is the subject of a separate chapter in this book (*The Body and Work* – D. Byczkowska-Owczarek). Here we will

look at the significance of the reproductive functions of the female and male organisms, which have consequences for the social structure and the lives of individuals.

The social division of labor based on gender – as well as the very concept of gender – originates in the biological differentiation between bodies categorized as female or male. The key differences between males and females of the human species lie in the reproductive system (“reproductive arena” – Connell 2009: 11), around which a system has been created that renders women dependent on and subordinate to men. According to Sherry B. Ortner, the belief in women’s inferiority stems from the symbolic association of femininity with nature and masculinity with culture, a dichotomy rooted in the physiology of the female body, which is more directly involved than the male body in the reproduction of the species (Ortner 1974).

In the traditional, patriarchal gender model, in the case of women, “anatomy is destiny”⁸: body structure and physiology determine their “proper” role and sphere of activity. They are bound by the “mandate of motherhood,” regarded as the central, inseparable and dominant element of femininity. “An adult woman is by definition one who has children, who is a mother,” (Russo 1976: 144, after: Budrowska 2000: 13). As Shilling pointed out, in the 19th century one of the arguments of opponents of women’s education was the claim that intellectual activity related to education was treated as negatively affecting their reproductive capabilities (Shilling 2003). Women’s appearance and health, reduced to fertility, are treated in a patriarchal society as the basic resources of their human capital (Malinowska 2011). Giving birth and raising children is considered to be the basic task, duty and purpose of women’s lives, regardless of their different appearance and personality traits, interests, talents, education, profession, socio-economic status, etc. (Budrowska 2003: 58). A woman’s identity and self-esteem are based on being a mother and, therefore, infertility and the resulting inability to meet social expectations lead to her feeling unfulfilled and inferior (Budrowska 2000; Bartosz 2002; Kalus 2002; Garncarek 2010, 2024). By contrast, the reluctance to have children is perceived as a deviation from socially accepted norms, a manifestation of an individual’s immaturity or even her “unfemininity.” Voluntary childlessness is met with social criticism and rejection, especially from neoconservative circles. However, contemporary young people, in their perception and realization of gender roles, deviate from the traditional gender model, create alternative forms of marital and family life, postpone parenthood, and give it up completely (Sikorska 2012, 2015; Garncarek 2017; CBOS 2019).

Although contemporary women follow various scenarios, projects of femininity, not necessarily including motherhood, their fertility and procreative decisions are still subject to social control and are a political issue (cf. Breczko 2013). Sylwia Breczko defined the **politicization of the body** as “processes that give the body a political character,” making the body attributed to the private sphere a political issue (as the slogan of second-wave feminism proclaimed: “the private is political”) (Breczko 2013: 14, 45–47). She referred to the position of Bryan Turner, the author

8 These words have been attributed to S. Freud.

of the concept of somatic society, organized around “regulating bodies,” in which “the state is no longer concerned with increasing production, but with controlling reproduction,” (Turner 1992: 12, after: Breczko 2013: 45–46; cf. also Goldberg 2009). These politics of control and restriction of the bodily and procreative autonomy of individuals primarily relate to women and concern issues such as abortion, access to contraception, and sterilization (Dzwonkowska-Godula 2019, 2024). One of the key slogans at demonstrations for the right and access to abortion in various countries is “My body, my choice”. As Breczko (2013: 51) reminded us, it was feminism – with its pursuit of gender equality and its fight against discrimination – that significantly contributed to raising awareness of body politics: the politics of managing bodies. Feminist thought argues that it is women’s bodies in particular that are subjected to various restrictions and limitations, which contributes to maintaining their subordinate social status. The reproductive role of women is emphasized in nationalist discourse, in which they are reduced to “reproducers of the nation,” both in the biological and social senses (in connection with the responsibility for the socialization of new members of the nation) (Yuval-Davis 1997). In this approach, motherhood is not a private matter of women but a public duty that not only can but must be subject to social control and supervision (Gawlicz 2005). This affects the functioning of women as citizens and social entities who, due to the responsibility assigned to them for reproducing the ethnic community, become “hostages” of the nation (Mrozik 2012: 112, in: Zamojska 2017: 367). Moreover, the lack of possibility to control their own fertility renders them “reproductive slaves”⁹ (Overall 1987: 167). “On the other hand, men’s sexuality is not controlled or limited. [...] The only requirement for male sexuality in nationalist discourse is its heterosexuality, which is of course related to its reproductive potential,” (Zamojska 2017: 367). An expression of treating women’s bodies as national property is mass rape during wars, which is a “symbolic disgrace and humiliation of the nation” (Jaskułowki, Parus-Jaskułowska 2004: 124).

2.7. Regimes of gendered bodies

The body, as both a “biological reality” and “gendered reality” (Bourdieu 2001), is socially constructed through the processes of control, subjugation, and regulation, which impose certain restrictions, as well as expectations on it, differentiated by gender.

The management of gendered bodies is often analyzed through the lens of Foucault’s concept of biopolitics (Foucault 1995; Breczko 2013: 45). Although Michel Foucault did not include the issue of gender in his theoretical work, as R. Connell pointed out, “his approach [...] is readily turned into a theory of gender by treating gendered bodies as the products of disciplinary practices,” (Connell 2009: 55). In the literature on the subject, the concept of **body regimes** is

9 As Overall has stated „(...) women are victims, through ‘biological destiny’, of a sort of reproductive slavery” (Overall 1987: 167).

used, understood as structured sets of practices and expectations through which individuals are encouraged – or compelled – to manage, discipline, and shape their bodies in ways that align with prevailing social norms, values, and ideals (Shilling 2003). Those behavioral programs aimed at the cultivation of specific body features become integrated into an individual's lifestyle. They are not gender neutral and can be treated as an element of a gender regime, a pattern of gender relations functioning in social institutions, which in turn constitute a part of the gender order of a society (Connell 2009: 72–73).

Bodies “inscribe the social order” (Bourdieu 2006, after: Breczko 2013: 70), they are involved in creating and maintaining social inequalities, including gender inequality (Breczko 2013: 58; Shilling 2003). Despite crossing gender binarism and heteronormativity in addition to realizing different gender patterns – different versions of masculinity, femininity and non-binary – they are not treated equally. Following Reawyn Connell, we can talk about a **gender hierarchy** and point to the dominant, most widespread pattern of being a man in a given culture, which she called **hegemonic masculinity** (Connell 1987, 1995; Connell, Messerschmidt 2005). In contemporary Western societies, it is a form of masculinity that we call “macho”: a tough, competitive, independent, self-possessed, aggressive, and decidedly heterosexual man (Bradley 2007: 47). According to Connell, hegemonic masculinity is always constructed in relation to various subordinate types of masculinity, as well as in relation to women (Connell 1987). These “subordinate” forms of masculinity include, for example, homosexual men, people of color, or men with a more empathetic and gentler disposition, similar to that defined as feminine (Bradley 2007: 47). She believes that in relation to women, it is impossible to indicate one dominant form of femininity in contemporary society, but it is possible to notice the existence of “emphasized femininity,” which is a counterpoint to hegemonic masculinity, a complement to it (Bradley 2007: 47, Giddens 2009: 611). It is characterized by features opposite to what is masculine; emphasized femininity is “soft, submissive, sexually coy, alluring or flirtatious, concerned with domesticity and preoccupied with bodily appearance,” (Bradley 2007: 48).

As can be seen from the characteristics of various femininities and masculinities, the starting point for their distinction and placement in the hierarchical order of gender is the body – the appearance of individual and physical behaviors/practices, such as body language and sexual behaviors.

Although historically normative commands and prohibitions concerning gendered bodies change over time, it can be observed that the female body has always been more restricted and subject to greater social control than the male body (Gibas 2014: 77). In subject literature we can find primarily examples of disciplinary practices to which women's bodies are subjected, in order to produce “a properly embodied femininity,” (Bartky 2007: 70).

The disciplinary techniques through which the ‘docile bodies’ of women are constructed aim at a regulation that is perpetual and exhaustive – a regulation of the

body's size and contours, its appetite, posture, gestures and general comportment in space, and the appearance of each of its visible parts (Bartky 1997: 41).

The subordinate, lower status of the female body is associated with its objectification. According to the **objectification theory**, the body is reduced to a physical object that is viewed, assessed, and admired (Fredrickson, Roberts 1997; Kwiatkowska 2008; Szymanski et al. 2011; Calogero 2012). The female body is also **sexualized**, treated as a sexual object (sexual objectification)¹⁰ (Calogero 2012; Heldman, Frankel, Holmes 2016; Waszyńska, Zielona-Jenek 2016). This is associated with, among others, its fragmentation, focusing attention (the eye of the camera in media coverage) on those parts of the female body to which sexual value is attributed (such as breasts, buttocks, legs, pubic area) (cf. Calogero 2012). In the process of socialization, women internalize this way of perceiving themselves, seeing their bodies through the evaluative, critical eye of a man; they discipline and control their own bodies in order to meet social expectations regarding the appearance, form and function of the female body (self-objectification/auto-objectification of women).

2.8. The body as aesthetic capital and gender

The importance attached to appearance has its evolutionary justification, as it was the primary and direct source of information about another person and largely determined (and still does) whether someone makes a good impression on us and evokes positive feelings or not. It also provides clues that enable us to identify the gender of an individual and their attitude to gender norms.

The human body – its health and appearance – is, alongside knowledge and skills, an element of human capital, which is a source of current and future income, but also of contentment, satisfaction, and self-acceptance (Rokicka 2012: 43, see also Malinowska et al. 2012). When we talk about **the body as aesthetic capital**, biogenic factors such as facial symmetry, beauty, skin, and hair quality, height, body build, as well as non-verbal signals such as the way of looking, smiling, moving, and body odor play a role here (Pawłowski 2018). Demographic and social characteristics such as age, gender, ethnicity, cultural factors including dressing style and colors, accessories, hairstyle, makeup, as well as the meaning we attribute to these aspects are also important (Adams, Galanes 2006; Klepacka-Gryz 2017).

On the one hand, the appearance of the body is largely inherited by the individual. This applies to, for example, genetically determined physical features such as eye

10 According to a 2007 report by the American Psychological Association, sexualization may manifest in various ways, which are not mutually exclusive. These include: (1) attributing a person's value primarily or exclusively to their sexual appeal or behavior, while disregarding other characteristics; (2) imposing narrowly defined standards of physical attractiveness that equate being attractive with being sexually desirable; (3) sexually objectifying individuals by treating them as instruments of others' sexual use, rather than as autonomous agents capable of independent thought and action; and (4) inappropriately imposing sexuality on a person (in: Waszyńska, Zielona-Jenek 2016: 357). This problem is most often noticed in relation to women, girls, and children (cf. Calogero 2012).

color, hair color, body shape, facial features, the body's response to the aging process (maintaining a youthful appearance despite age versus quickly visible signs of aging). On the other hand, the individual is socialized in how to deal with the capital that is appearance and this socialization is gendered.

As Agnieszka Maj has noted, attaching importance to appearance, treating the body as an "aesthetic project" that requires appropriate styling, beautifying procedures, is an element of the process of the aestheticization of everyday life, characteristic of postmodern societies and consumer culture (Maj 2013a). "The requirement of body stylization and keeping up with fashion canons applies today to both genders, representatives of all sexual orientations and age categories equally," (Maj 2013a: 88). Nevertheless, different social expectations regarding appearance are placed on individuals perceived as women and men. Body styling can serve to emphasize femininity or masculinity or to blur the gender difference (androgyny), express non-binary identity, show the conventionality of gender codes regarding appearance, and the possibility of questioning them.

An interesting approach to the body as capital, showing the significance of gender in the process of its formation, social perception and valuation, was proposed by Catherine Hakim (2010) in her concept of **erotic capital**.¹¹ She treats an individual's attractiveness as multidimensional – not only in the sexual sense. It consists not only of the body in the physical, material sense, the beauty of the face and its symmetry, but also the way an individual creates an external image through the style of dressing, make-up, hairstyle, and body adornment. In addition to these elements, she has also included certain personality traits and behaviors in the concept of erotic capital, emphasizing their importance in interpersonal interactions. Here, Hakim lists sexuality and sexual attractiveness (sex appeal), charm, grace, features that draw attention and evoke sympathy from others, along with vitality manifested in good humor, positive energy, and "being the life of the party." According to the researcher, all of this together (what is innate and what is culturally shaped) contributes to the perception of an individual as attractive, with the significance of individual components for the assessment of attractiveness differing for women and men, which also varies in different cultures and eras (Hakim 2010: 501). She has pointed out that in some societies, women's erotic capital also encompasses fertility and the ability to have beautiful and healthy children, which are seen as indicators of female potential, beauty, and femininity. She has indicated that women have more erotic capital due to the longer tradition of developing and using this capital, socialization to care about appearance, and the internalized belief that they are being assessed for their physicality, which affects their social functioning (Hakim 2010: 499; see also Malinowska 2011; Malinowska et al. 2017: 16–17).

An attractive body can also be a burden, causing other attributes of an individual to fade into the background; their competences, personality traits, and achievements

11 The concept of sexual capital also appears in the literature on the subject, treated as a synonym for erotic capital (see, e.g., Paprzycka, Orlik 2015; Syper-Jędrzejczak 2020).

may be perceived as unimportant. This applies primarily to women. For example, in jokes about blondes they are presented as attractive and desirable on the one hand, but stupid, thoughtless, and superficial on the other (Karwatowska, Szpyra-Kozłowska 2006). Moreover, attaching importance to appearance, following fashion, and a love of make-up are associated with intellectual shallowness as well as subordination to the patriarchal model of femininity (Szmigiero 2005).

3. Key concepts

In addition to the concepts highlighted in the previous subsections, the following terms are useful to better understand and analyze the relationship between the body and gender (discussed in alphabetical order):

Embodied gender – gender expressed in and through the body, not only in physical, anatomical features, but also in the way of shaping the body and giving it feminine or masculine form, or, in the case of crossing the gender binary, the form of a non-binary or androgynous body. On the one hand, the body is a tool for expressing the gender identity of an individual, and, on the other – a message to others signaling gender affiliation (determined on the basis of specific physical features accepted in a given culture, attributes associated with femininity or masculinity) and their attitudes towards codes, conventions, and gender norms (gender conformity versus gender nonconformity).

Gender norms – culturally accepted and recognized as binding rules of being a woman and a man. Within this framework, individuals classified as belonging to a specific, binary gender are expected to exhibit certain desirable personality traits, appropriate (and expected) behaviors, and to assume particular social roles. These prohibitions and commands also concern the body. They regulate the way the female and male bodies are treated, their appearance, non-verbal communication, and bodily practices, including sexual behaviors. They serve as a model for assessing the embodied femininity and masculinity realized by an individual and for defining non-normative gender expressions.

Gender socialization – in the process of socialization, as individuals learn to function in society and acquire essential social skills, they also internalize norms regarding the treatment of their own body. From birth, their physicality is culturally gendered. Based on biological characteristics, society assigns them a gender – female or male – beginning with the parents dressing newborns in clothes of specific colors and with particular images to signal whether the child is a girl or a boy. The socialization content relating to the bodies concerns not only their desired appearance, but also the gender-specific expectations regarding acceptable and unacceptable bodily practices, forms of non-verbal communication, and sexual behaviors and activities related to body care and health.

Gender stereotypes – simplified, generalized ideas about women and men, their appearance, features and roles; treating gender categories as homogeneous (people included in a category are perceived as the same). Researchers note that gender “as a visible, distinctive and universal feature is the basis of exceptionally strong stereotyping” (Miluska 1996: 75). Gender stereotypes are based on a dichotomy: men and women are assigned opposing features, e.g., strength-weakness, activity-passivity, rationality-emotionality, severity-sensitivity. As cognitive patterns acquired in the process of socialization and reinforced by the media, they serve as a frame of reference in the perception of others, as well as of oneself. We can distinguish between descriptive stereotypes, which define what a person categorized as a woman or a man is like – how they behave, what they think and feel – and normative stereotypes, which indicate how they should be, based on their gender affiliation. Gender stereotypes, therefore, encompass the gender norms accepted within a culture.

Gendered body – the attribution of a specific gender to physicality, based both on the body’s structure and its cultural stylization. The body is “entangled in gender” (cf. Butler 2008), it is never perceived as gender neutral. Even when an individual, through their appearance and bodily practices, disrupts gender codes and resists clear classification as either a woman or a man, the framework for their social perception remains rooted in gender binarism and culturally defined images of the male and female bodies. Their physicality is thus evaluated along a continuum: feminine–non-feminine, masculine–non-masculine or as non-binary or androgynous. Even the perception of a body as “gender-indeterminate” reveals that the body is always interpreted through the lens of gender and assessed in terms of whether and how it expresses gender.

4. The most important selected research areas

As the previous discussion has shown, the issue of corporeality from a gender perspective encompasses a wide range of themes. In this part of the chapter, we will explore selected research approaches that offer deeper insight into the phenomenon of gender embodiment and gendering of the body within specific social contexts.

4.1. Gender stereotypes and the body: Media representations of gendered bodies

In studies of gender stereotyping, which usually involve respondents assigning specific traits and attributes to women and men, bodily characteristics are also included (e.g., Deaux, Lewis 1984; Brannon 1999; Mandal 2000: 17–18; 2003: 39; Miluska 2008: 22). The aim is to determine what, according to social beliefs, distinguishes women and men in the physical dimension (beyond attributes related to biological sex), what significance is attributed to their appearance, and what attitudes they are expected to have towards their own bodies and how they should

treat them. In the studies presented by the authors cited above, the descriptions of stereotypical male appearance included the following terms: tall, strong, robust, muscular, broad-shouldered, handsome, in good physical condition, unconcerned with appearance, and unkempt. The characteristics of a woman in the physical dimension included such features as: delicate, pretty, possessing personal charm, grace/moving gracefully, a slim figure, soft movements, pleasant/delicate voice, neat, and absorbed in her appearance and attentive to it. They expressed the dichotomy of gender. However, systematically conducted studies on gender stereotypes show that the differences between femininity and masculinity are becoming less pronounced, including in terms of appearance (Diekmann, Eagly 2000, after: Wojciechowska 2002: 160). In one of the studies, the participants wrote down associations with appearance (as well as roles and professions) characterizing a Polish woman and a Polish man (Mandal, Gawor, Buczny 2012: 18, 20). They were then presented with lists of descriptions and asked to rate on a 7-point scale (1 meant “definitely does not look like that” and 7 meant “definitely looks like that”) to what extent these characteristics referred to the male and female images. The list of the most stereotypical aspects of female appearance included the following descriptions: graceful, attractive, well-groomed, neat, pretty, elegant, smiling, soft movements, shapely, fashionable, nice teeth, delicate voice, tasteful, and cheerful. The appearance characteristics most often attributed to the “typical Polish man” were: smells nice, clean, practical clothes, and handsome (Mandal, Gawor, Buczny 2012: 18, 20). These results indicate that embodied masculinity is no longer associated solely – or even primarily – with physical strength, musculature, and ignoring the external image. Nonetheless, it is worth noting that the list of features attributed to a woman’s appearance is much longer and is related to the expectation that women take care of their appearance and have an attractive image, whereas men are mainly expected to maintain personal hygiene.

An important trend in the study of gender stereotypes in the physical dimension (appearance, manner of presentation) is the analysis of media images of women and men, including their presentation in advertisements (cf. the chapter *The Body and the Media* in this monograph).

4.2. The gendered body, gender identity and expression, as well as the social perception of the individual

A broad stream of research on the relationship between the body and gender concerns the manifestation of gender identity through the body, the experience of the gendered body, and how it is perceived by others.

Gender attributes

The subject of the research is, among others, the significance of various bodily attributes for defining oneself in terms of belonging to a specific gender category.

A prominent symbol of the female body is breasts, which plays an important role in the assessment of a woman's physical and sexual attractiveness. What matters is not merely the presence of breasts, but their size, shape, and appearance. Breasts are also associated with motherhood, breastfeeding – roles and activities traditionally linked to femininity. As van Zweden (2020) has noted, it is assumed that a woman cannot simply not have breasts; they are important for her identity, and if one is removed, a new one must be created immediately. The results of research based on interviews with women after mastectomy show that, for some of them, losing a breast leads to a weakening of the perception of oneself as a fully-fledged woman (Charzyńska 2011: 151). Studies using psychological questionnaires to assess, among other things, self-esteem, well-being, and life satisfaction, indicate that the physical deformation of the chest affects women's self-esteem, may contribute to depression, anxiety, and a decline in quality of life (Machnik-Czerwik 2010). The widespread prevalence of breast augmentation surgery also confirms the importance of this attribute of the female body and women's desire to improve and enhance their appearance in this way (cf. Connell 2009: 56). Cultural myths about male sexuality include the belief that "the penis must be big" (Fanning, McKay 2003: 129). Michael Kimmel, describing penis enlargement procedures that some men undergo, has emphasized that this is driven not so much by the belief that it will make them "better" lovers, but by the perception that masculinity is "measured," among other things, by penis size (Kimmel 2015: 457; cf. also Connell 2009: 56). In the statements of men who underwent such procedures – letters sent to clinics, recommending this procedure and explaining their motivations – they admitted that men evaluate one another in this regard, for example in locker rooms or at swimming pools, expressing fear of being considered insufficiently masculine by other men (Kimmel 2015: 457). Erectile problems are also perceived as a threat to masculinity or even as a loss of it (Kluczyńska 2015: 100–101).

Body hair also carries distinct symbolic meanings related to cultural constructs of gender. Researchers – drawing on historical analyses of cultural texts, changing images of femininity and masculinity across different eras of Western culture, as well as contemporary media messages – highlight the following symbolic gendering of hair (Synnott 1987; Głazewska 2010; see also Barak-Brandes, Kama 2018). In the social perception and self-esteem of femininity, head hair plays a significant role – ideally long, styled, and dyed to conceal grey hair. Losing it, for example, due to chemotherapy or aging, is a painful experience for women and has a substantial impact on self-perception. The female body is expected to be depilated and smooth, in contrast to the male body. In the case of men, facial and chest hair are commonly perceived as markers of masculinity (Głazewska 2010: 45–46).

Gendered body language

Among the disciplinary practices that produce a gendered body, Bartky distinguished practices that “bring forth from this body a specific repertoire of gestures, postures and movement,” (Bartky 1997: 27). Based on observations of individuals’ behaviors during interactions – both between people of the same and different genders – as well as analyses of, among other things, photos published on social media, differences in the body language of women and men have been noted across its various dimensions. A review of research findings on this topic indicates the following differences in gendered body language¹² (Wood 2005: 129–147; Głażewska, Kusio 2012: 81–122; Hall, Gunnary 2013; LaFrance, Vial 2016).

1. **Proxemics** (behavior in space, spatial distances): among other things, there is greater social acceptance of violating women’s spatial boundaries, while men’s personal space tends to be more respected. Women are more likely to step aside or move when someone enters their space, whereas men often occupy more space – both when sitting and standing. This is manifested, among others, in the phenomenon of manspreading, which M. Wex called “the proffering position”: “the man sits with legs thrown wide apart, crotch visible, feet pointing outward, often with an arm and a casually dangling hand resting comfortably on an open, spread thigh,” (after: Bartky 1997: 30).
2. **Kinesics** (posture and body movements, gestures, facial expressions): among other things, men tend to use a handshake when greeting or saying goodbye, expressing their social status through its firmness and confidence, and they usually only use it with other men, often excluding women; they avoid hugs with other men (fearing associations with homosexuality). Women, when greeting other women they know, are usually more cordial and sensitive, and social norms allow them for hugs and kisses on the cheek. In heterosexual couples, posture and gestures during a walk often express the man’s strength and protectiveness, and the woman’s self-doubt or need for care – for example, the man may place his arm around the woman’s shoulders while she wraps her arms around his waist; he might keep one hand in his pocket while she walks arm in arm with him. A reversal of these roles often provokes social anxiety or surprise among observers. “Typical” female gestures include keeping elbows close to the body, placing hands on the hips, nodding more frequently during conversation (indicating attentiveness, interest, and active listening), and joining the knees while standing or sitting. Women also tend

12 It should be borne in mind that these are generalizing findings and that in social reality the indicated differences occur between “some women and some men” (Głażewska, Kusio 2012). Moreover, differences in non-verbal communication can be observed both among people classified as women and among those classified as men (cf. the subchapter on the body in the intersectional approach and the previous subchapter on crossing gender binarism and androgyny). Many studies still rely on a binary division between women and men, overlooking the complexity and multiplicity of gender identifications and practices.

to use “adapter” gestures to relieve stress, such as playing with their hair or jewelry, adjusting clothes or rubbing and squeezing their hands. Gestures such as “the steeple” (raised fingertips touching) to express self-confidence or stroking the chin or beard to signal contemplation or judgment are more commonly associated with masculinity. Women are also more expressive in their facial expressions and are socially permitted to show emotions such as fear and shame, but not anger, which men are allowed to express, albeit in specific ways (e.g., raised voice, clenched fists, sudden aggressive movements). More frequent smiling is associated with femininity and is linked to emotional work (see the chapter on *The Body and Work*) and the cultural association of a smiling face with physical attractiveness. The male face, by contrast, is often described as a “poker face” – expressionless or concealing emotions.

3. **Haptics** (communication through touch): women tend to use touch to express closeness in relationships, while men are more likely to use it to signal their status, dominance, or sexual interest. Male power over others is often expressed through physical aggression and violence (not only toward women). Researchers of gendered body language observe that men touch women more frequently and on more parts of the body than women touch men, yet they are generally reluctant to touch other men.

The non-binary body

The subject of research on gendered corporeality includes not only the ways in which femininity and masculinity are expressed and reproduced through the body, but also the representations of the androgynous, “non-stereotypical” body (Cusack, Morris, Galupo 2020). As shown by the results of one study involving cisgender and non-binary people, bodily androgyny may be socially perceived, among other things, as a sign of being guided by one’s own criteria of physical attractiveness, as well as an expression of authenticity and self-confidence that challenges accepted gendered beauty standards (Cusack, Morris, Galupo 2020). The androgynous body is associated with neutrality, a blank slate, fluidity between femininity and masculinity or gender indeterminacy. Among the practices that enable the creation and shaping such a body, are a specific clothing style or hairstyles that make gender identification difficult (e.g., wearing sports bras and loose clothes that conceal female shapes), decorating the body with makeup, tattoos, and jewelry, and modifying the silhouette by gaining or losing weight. Researchers emphasize that transgressing the sociocultural standards of gendered appearance is intentional and significant for queer women’s gender identity and expression (Hiestand, Levitt 2005; Levitt et al. 2012; Hayfield et al. 2013). It has been pointed out that they often adopt a masculine appearance (Rothblum 1994, cited in: Cusack, Morris, Galupo 2022: 9; Levitt et al. 2012; Henrichs-Beck, Szymanski 2017; Steele et al. 2019), which can be interpreted as a way of emphasizing their non-binary identity and/or rejecting the traditional image of femininity, perceived as oppressive and objectifying.

Studies have shown that individuals who break gender norms, go beyond the gender binary, and challenge heteronormativity through their bodily images and practices often face negative reactions, a lack of social acceptance, and exclusion. As Bartłomiej Lis noted, referring to the analysis of homosexual men's narratives: "Going beyond the role assigned to a given gender is a cultural and social scandal that, in the eyes of the normative majority, deserves appropriate sanctions," (Lis 2014: 47). Research also addresses, among other things, the issue of expected dress codes in the workplace and related limitations on gender identity expression of gender identity, particularly for non-binary and transgender people (e.g., Dellinger 2002; Brower 2013).

4.3. Shaping and disciplining gendered bodies

Another important research area within the scope of the analyzed issues is the shaping of the form and appearance of female and male bodies through the process of gender socialization. Research conducted among women and men of various ages regarding their attitudes towards their own appearances has shown that it is primarily women who are socialized to care about their looks. Women are taught that "girls must be neat and clean," "nicely dressed and groomed," "wear discreet makeup," and have "well-kept hands" (Malinowska et al. 2016, 2017; cf. Łaciak 2008).

Studies on the influence of various factors on the shaping of body image highlight the role of parents – significant others in the socialization process, teaching children about their own physicality (its evaluation and care), as well as standards for evaluating female and male bodies. According to a review of research on the subject, this includes, among other things, making critical comments about one's appearance, especially body shape (e.g., being too fat or too thin), more frequently directed at daughters than at sons (Głębocka, Kulbat 2005: 21). A disciplinary tool used is a comparison with peers, which fosters beliefs about the importance of appearance for social acceptance and being liked (Głębocka, Kulbat 2005: 22). Even very young children associate obesity with ugliness and negative traits (such as laziness, stupidity, negligence, a tendency to lie, and an inability to form social relationships) (cf. Głębocka, Wiśniewska 2005: 63–64). Media images, including those targeted at children, and the shapes of animated and toy characters (e.g., Barbie and Ken, action figures) promote idealized representations of gendered bodies. "From an early age, women are taught that they should be slim like Barbie, and men – that they should be muscular like G.I. Joe soldiers," (Głębocka, Wiśniewska 2005: 63). Research on body satisfaction confirms the internalization of these gender norms. One method used to study body perception involves presenting respondents with a range of body silhouettes and different figures and asking them to select the one that most closely resembles their own body and the one they consider ideal (Grogan 2022: 46–47).

According to a review of studies using this technique, women usually perceive themselves as heavier than the slim ideal they identify. In interviews, they often express the belief that they must be slim to be attractive to men, including their

partners (Grogan 2022). Studies also show that the “tyranny of slimness” regarding the female body leads women to engage in dieting more frequently – not for health reasons, but to lose weight and improve their appearance (Grogan 2022: 62). This motivation also underlies their physical activity, which they undertake less frequently than men. In contrast, the physical ideal identified by some men is larger than their current body, but not in terms of weight or size, but in terms of muscularity (Grogan 2022: 88). This pattern was not observed in studies involving women. According to the respondents, women preferred a much more muscular male body than their own. Based on an analysis of research on the image of gendered bodies, Grogan noted that most men in Western cultures strived to achieve a muscular mesomorphic figure characterized by an average build with well-developed muscles in the chest, arms and shoulders, along with a slim waist and hips (Grogan 2022: 86). Sports and military training are identified as two key areas for cultivating masculinity in the physical dimension and beyond (Mason 2018: 97). The media’s promotion of the ideal male body – proportionate, muscular, and free of visible fat – has been accompanied by the rise of gyms and fitness clubs (Arcimowicz 2015: 57, 63, 66). Physical activity is regarded by men as a fundamental means of improving both appearance and health (Malinowska et al. 2016, 2017; Wagner 2016). Boys are encouraged to engage in exercise and sports during their socialization process (Connell 2009: 56). The pursuit of an ideal male physique also has negative health consequences, including the use of various nutrients and supplements intended to accelerate muscle growth, as well as an inappropriate diet (Arcimowicz 2015: 67; Grogan 2022: 104). Valuable insights into the disciplining of the female body are provided by studies on pregnant women, whose bodies, on the one hand, undergo natural changes due to pregnancy, and, on the other, no longer conform to the standards of a slim, attractive physique (e.g., Gibas 2014; Jakubowska 2016; Randles 2019). Moreover, the pregnant body is no longer treated solely as a woman’s own – it becomes subject to new restrictions and forms of control (cf. Gibas 2014; Jakubowska 2016).

As Honorata Jakubowska has noted, based on the analysis of statements made by women in advanced stages of pregnancy regarding their perceptions of their own bodies and the practices they undertake to discipline them, there is currently no social permission for a future mother to “eat for two,” to disregard weight gain or to deviate from the beauty standards (Jakubowska 2016). Even during pregnancy, women are expected to make every effort to gain only as much weight as necessary, avoid stretch marks, remain attractive, and return to their “pre-pregnancy” bodies as quickly as possible after giving birth (Jakubowska 2016: 99; see also Kulbat, Erber, 2005).

4.4. The gendered body from an intersectional perspective

Gender is “**an intersectional category**, that is, it enters into structural relations with other categories encompassing experiences of collective life (race, class, ethnicity, etc.)” (Leszczyńska, Dziuban 2012: 29).

The concept of intersectionality, introduced by Kimberle Crenshaw, describes the intersection of various social characteristics such as gender, race, age, ethnicity, class, religious denomination, sexual orientation, and ability/disability. She has indicated that it is not about the separate impact of each of the social characteristics and identities on the individual status and life chances of individuals, but their overlap and interaction, which may result in multiple discrimination (experiencing multiple forms of unequal treatment, as opposed to discrimination based on a single premise) (Crenshaw 1989; Cieślukowska, Sarata 2012; Krasuska 2014). The basis for introducing the intersectional perspective into research and social practice were the experiences of black women discriminated against on the basis of gender and race.

The body contains “categories such as gender, ethnicity, nationality, race, and social position (and, at the same time, maintained by bodily dispositions in everyday practices) that are inscribed in it,” (Breczko 2013: 71). And the experience of gender is conditioned not only by the cultural and social context (status), but also by an individual’s body, age, ethnicity, sexuality, and ability/disability (Costello 2019: 3).

Studies of the social reception and disciplining of gendered bodies also take into account various socio-demographic characteristics of individuals that influence how their bodies are socially received and shaped. These include:

Age

Relatively often, studies on the perception and experience of the body take into account the intersection of gender and age (cf., e.g., Halliwell, Dittmar 2003; Twigg 2004; Malinowska et al. 2016, 2017; Pickard 2016; Anderson 2019; Hurd 2019; Pickard, Robinson 2020). One of the research areas is the influence of age on individuals’ attitudes towards their own bodies. Adopting a three-element concept of attitude allows examination of their beliefs about the importance of appearance, physical attractiveness or the way of understanding health in relation to the body (the cognitive component of attitude), self-esteem in relation to these aspects of the body (the affective/evaluative component) and the actions taken towards them, care/neglect for them (behavioral component) (Malinowska et al. 2016, 2017). An example can be a survey conducted among teenage girls, showing, among others, that appearance is very important for the vast majority of the respondents, but one in two did not consider themselves pretty, some of them declared that they hated their bodies, and over a third would like to undergo plastic surgery to become more attractive (Babicka-Wirkus 2011). Most of the respondents declared that they spend from a dozen or so minutes to an hour every day improving their appearance, and one in five – over an hour. As the researcher noted, one of the challenges of

adolescence (between the ages of 10–12 and 20) was accepting the dramatically changing body, made difficult by the constant confrontation with idealized images of women in the media. Although a large proportion of young girls stated that they accepted their bodies, they still used many procedures aimed at improving them.

Another example of the analysis of this issue could be qualitative research based on in-depth individual interviews and focused group interviews with women and men in three age categories: young, middle-aged, and older (Malinowska et al. 2016, 2017). The subject of interest was their attitudes towards two aspects of the gendered body: appearance and health, and gendered age as one of the factors shaping them.

The intersection of gender and age gives rise to the concept of “**gendered age**” — a phenomenon referring to the gendered ways in which youth, middle age, and old age are defined and interpreted. This intersection influences the changing perceptions of health and appearance across the course of life, as well as shifts in behavioral patterns and actions of women and men in relation to these resources (Malinowska et al. 2016, 2017). Cultural regulations regarding the female and male bodies change with the age of the individual, i.e., the bodies of women and men of different ages are socially valued, assessed, and perceived differently, and are subject to different norms regulating what these bodies should look like, what is “appropriate” for them in relation to gender and age, for what these bodies are to be used.

The results of the study showed the durability of the patriarchal concept of femininity, which was manifested, among others, in the great importance attached to one’s physical attractiveness by the interviewed women, regardless of age, in their sense of duty to take care of their appearance and to undertake more various activities in this area (which may also be a consequence of their more critical assessment of how they look) (Malinowska et al. 2016, 2017). A greater “health orientation” of women was also observed, especially in the middle-aged and elderly groups of respondents. The women in these age categories showed greater health awareness (manifested, among others, in specific knowledge about their own body, diseases and methods of their treatment) and greater concern for their own health, as well as the health of family members. Their male peers sought to fulfil the patriarchal ideal of masculinity, according to which a man should be (is) healthy and strong, and, therefore, avoids visiting the doctor because illness is a sign of weakness, while taking care of his health is reduced to taking care of physical fitness. In relation to the young people participating in the study, a process of androgynization could be observed. It was manifested in the increasing similarity between young women and men in how they valued and cared for physical attractiveness – treating it as a form of capital – as well as in their self-assessment of health and in both pro-health and anti-health behaviors.

Sexuality

Examples of research that take into account the importance of gender and sexuality for the social perception and experience of the body include studies on body image among non-heterosexual people (Morrison, McCutcheon 2012; Grogan 2022). They tried to answer the question of whether the way they perceived their own body was similar to the self-perception of heterosexual women and men, and, therefore, whether they were subjected to the same pressure from gender norms regarding appearance and physical beauty. According to a review of studies involving hetero- and non-heterosexual women, no significant differences were found in their satisfaction with their own bodies or motivation to exercise to be slimmer and more attractive, which may lead to the conclusion that the pressure to meet beauty standards applies to all women, regardless of their sexual orientation (Grogan 2022: 197–198). However, some studies have shown that the lesbian community places less emphasis on physical attractiveness and traditional (patriarchal) standards of appearance for women. Interviews with bisexual women have shown that they feel more pressure to conform to gendered beauty norms in relationships with men than with women (Grogan 2022: 200).

Studies of lesbians and gays take into account the diversity of their community and distinguish subgroups based on body image and dress (Morrison, McCutcheon 2012). In the lesbian community, three commonly mentioned groups are butch (lesbians with hairstyles and clothing stereotypically considered masculine), femme (lesbians with a stereotypically “feminine appearance”), and androgynous (i.e., with a gender-neutral appearance that cannot be clearly classified as feminine or masculine). Studies have shown that the appearances of individuals belonging to these groups may be assessed differently depending on the adopted cultural perspective – dominant heterosexual culture or lesbian community. It has been shown that lesbians identifying with the female gender and conforming to the norms of physical femininity (femme) were positively assessed by the former, but were less accepted by other lesbians, while butch-identified or androgynous lesbian women were less positively assessed within heterosexual culture, but were easily recognized and accepted by the lesbian community (Morrison, McCutcheon 2012: 105). In turn, with regard to the gay community, the following were distinguished: the category of “bears” – men with hairy, strongly built bodies who reject the hegemonic standard of a male body with a mesomorphic silhouette, but also deny the social image of a gay as effeminate, with a delicate, feminine appearance and behavior, but also the pop culture image of an “overly masculine” gay, dressed in leather clothing (cf. Morrison, McCutcheon 2012: 105; Hennen 2005). Wearing jeans, baseball caps, T-shirts and flannel shirts, and sporting beards and mustaches, they seem to strive for a “regular-guy” status (Hennen 2005: 26). The results of research on the experience and perception of one’s own body by non-heteronormative people and how it is perceived socially show that the point of reference for the respondents themselves and for the researchers interpreting their statements remain traditional, stereotypical images of femininity and masculinity.

Ability/disability

Some research also examined the impact of ability on the social perception and experience of the gendered body. Researchers have noted that bodies affected by disability are marginalized, treated as unattractive, asexual, and they exclude individuals from activities expected of them as women or men. An analysis of biographical interviews with women with hearing, vision, and movement disabilities (at least moderately) aged 20–60 showed that their decisions to have children were not socially accepted, that disability was considered to prevent or exclude the fulfillment of reproductive and caregiving functions (Ciaputa et al. 2014). This involved undermining their femininity, associated with motherhood, affecting their self-esteem, life decisions and facing many barriers if they would have become mothers (see also Król 2022).

Interesting results are provided in an ethnographic research by Kamil Pietrowiak (2019) conducted among individuals who have had been blind since birth or early childhood, concerning, among others, how they adapted to norms and dictates concerning appearance. The author noticed that it was primarily women who spoke about the importance of their appearance for themselves and for others, creating their own image and “maintaining greater visual control in the company of ‘sighted people,’” (Pietrowiak 2019: 269). Their experiences showed that from adolescence they have had to deal with contradictory expectations of the social environment, which, due to their disability, perceived them as asexual, unattractive, doomed to loneliness, but required them to take care of their appearance and “be like other women” in visual terms. They tried to reconcile their personal needs and aesthetic preferences with the tastes of “sighted people”, who provided them with tips on how they “should” look and what was currently fashionable. “Thus, the visibility of the (female) body becomes a field of constant decisions and struggles that bring a simultaneous sense of satisfaction and uncertainty, self-fulfillment and dependence, control and freedom,” (Pietrowiak 2019: 274).

Studies based on free-form interviews conducted among people with disabilities practicing sports have shown that their activity is perceived differently depending on their gender (Niedbalski 2016). The female body affected by disability diverges from the socially constructed canon of beauty and femininity in two distinct ways: first, due to its perceived physical imperfections, and second, as a result of being considered “unnaturally” or excessively athletic. In contrast, for men, participation in sports functions as a means of affirming and reinforcing traditional notions of masculinity (Niedbalski 2016: 157).

Studies on the gendered body also take into account other social characteristics of individuals. Researchers dealing with nonverbal communication have noted, among others, differences in the ways of moving, body posture, and spatial behaviors between people of the same gender but of different ages, ethnicity or social status (Wood 2005; Głazewska, Kusio 2012), e.g., “men in a subordinate position smile more often than those in a higher status, just as women smile more often than

men,” (Głazewska, Kusio 2012: 84). Studies on objectification, self-objectification, and sexualization have shown the influence of such overlapping, intersecting social characteristics as gender, age, race, and sexual orientation on the treatment of bodies and their presentation in the media, as well as on the self-assessment of individuals’ appearance (cf. Głębocka, Kulbat 2005; Calogero 2012). For example, African American women have been observed to be less dissatisfied with the size and shape of their own bodies than white women (Williamson et al. 1991, cited in: Caldwell, Brownell 1997; Rucker, Cash 1992; Grogan 2022: 179). Nevertheless, introducing a variable defining socioeconomic status in the survey study showed its stronger effect on satisfaction with one’s own body compared to race – regardless of skin color, women from the middle and upper classes felt similar dissatisfaction with their weight and figure (Caldwell, Brownell 1997). According to researchers, women of higher socioeconomic positions show a greater need to be thin, internalizing attractiveness norms more strongly than women from lower social classes (Głębocka, Kulbat 2005: 17). In an ethnographic study conducted in a hair salon, it was observed that heterosexual young men from the professional class actively engaged in self-presentation utilizing spaces and services traditionally associated with women – a practice that served to distinguish them from the “traditional” representatives of the older generation and the working class, who typically limit themselves to visiting a barber (Barber 2008). On the one hand, they transgressed conventional gender boundaries; on the other hand, their social status protected them from being perceived as effeminate. Instead, they have created an image of themselves as progressive, stylish and fashion-conscious men.

5. Summary

As the considerations in this chapter show, it seems impossible to look at the body of a person belonging to a specific culture without referring to their gender. The somewhat natural and necessary connection between sociology of the body and the sociology of gender is also evidenced by inclusion of the gender approach, differences in the experience of the body and the bodily practices of individuals belonging to different gender categories in other parts of this handbook. The human body is biologically and above all culturally gendered, “packaged” in gender, understood and categorized in a way specific to a specific society. It is socially located and perceived as a male or female body or a body of the “third gender,” non-binary, androgynous... The body is a tool, a form, a channel for expressing personal and social identity, with gender and sexuality being among its essential elements. The gendered body has a significant impact on the functioning of an individual in various dimensions of social life (cf., e.g., the chapters in this handbook on work, sports, health, nutrition, and beauty).

When analyzing gender stereotypes, norms, and regimes along with the related social practices used to discipline, tame, and control bodies, it is important to remember that an individual and their body are not merely docile, malleable, and

plastic material easily shaped according to specific gender patterns. The body in a somatic society, as Turner emphasized, is a source of coercion and resistance at the same time (Turner 1992). On the one hand, it limits the individual, their freedom, and liberty. On the other, it is their project and one of the fields of their activity, a channel for expressing their individuality and subjectivity. “Bodies cannot be understood as just the objects of social process, whether symbolic or disciplinary. They are active participants in social process. They participate through their capacities, development and needs, through the friction of their recalcitrance, and through the directions set by their pleasures and skills,” (Connell 2009: 57). Bartky, describing disciplinary practices that are supposed to shape appropriately embodied femininity, juxtaposes polite, submissive, subordinate women with “free” people who break the norms that limit their broadly understood freedom and liberty, including the freedom of movement and spatial behavior (Bartky 1997). Looking around us and having traditionally, patriarchally understood femininity and masculinity as a point of reference, we can see in the bodies of gendered individuals in our environment or in the media various manifestations of resistance and rebellion against the idealized images of women and men and gender regimes. Also, referring to our own image, self-concept, attitudes towards our body, appearance, and health, it is worth asking ourselves to what extent and in what way they are an expression of social constraints and restrictions aimed at our gendered body, as well as to what extent they are the effect of conscious choices, non-submission, rebellion, and nonconformism in embodying our (concept of) gender.

6. Review questions

1. Specify the differences between sex and gender.
2. What are the three assumptions underlying the social construction of gendered bodies in Western and European patriarchal societies?
3. What is the biological/naturalistic understanding of gender and the gendered body?
4. How does society construct and reinforce gender through the body? What social mechanisms cause the body to acquire gendered traits, and how is this manifested in everyday practices, cultural norms, and expectations placed on individuals?
5. What is the significance of the gendered body for:
 - the gender identity of the individual,
 - the social roles performed by the individual,
 - the gendered division of labor,
 - interpersonal relationships,
 - gender inequality?
6. Define aesthetic capital and explain the role it plays in the lives of women and men. Identify the similarities and differences.

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