Body Image Dissatisfaction and Disordered Eating in Lesbian College Students

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Lesbian subcultures have been described to downplay the importance of physical attractiveness and to challenge culturally prescribed beauty ideals. Within this context, one might argue that lesbians should be more accepting of their bodies and less likely to engage in disordered eating, than would heterosexual women. The relationship between sexual orientation and body esteem has not been examined empirically yet. This study compared 30 lesbian undergraduates and 52 heterosexual undergraduates on measures of body esteem, self-esteem, and disordered eating. Few group differences were found. Lesbian students reported lower self-esteem, more ineffectiveness, more interpersonal distrust, and more difficulties in identifying their own emotions, than did heterosexual students. Body esteem was found to be related more closely with self-esteem in lesbians, than in heterosexual students. These group differences may reflect the lesbian experience more than disturbances associated with disordered eating.

Weight dissatisfaction has become so common among women in western industrialized countries that it has been described as a “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1985). Women’s vulnerability to body image dissatisfaction has been attributed to the great importance beauty plays in women’s lives (Freeman, 1986), and to the current beauty ideal of extreme thinness that is impossible to achieve for most women. Poor body image and resulting dieting efforts have been implicated as risk factors for the development of anorexia nervosa and bulimia nervosa (Polivy & Herman, 1985; 1987). Several studies point to the importance of sociocultural factors in the etiology of eating disorders. For example, among subcultures that place great emphasis...
on weight and prescribe a very low body weight, prevalence rates for eating disorders are found to be particularly high (Brooks-Gunn, Burrow, & Warren, 1988). In fact, subcultural emphasis on physical attractiveness appears to be a risk factor not limited to the female population. For instance, the homosexual male subculture has been described to place an elevated importance on physical appearance (Kleinberg, 1980; Lakoff & Scherr, 1984), and initial evidence suggests that gay men may be more likely than are heterosexual men to experience body image dissatisfaction and to report disordered eating (Silberstein, Mishkind, Striegel-Moore, Timko, & Rodin, 1989; Yager, Kurtzman, Landsverk, & Weismeier, 1988).

In contrast to the male homosexual subculture, the lesbian subculture has been described to downplay the importance of physical attractiveness (Blumstein & Schwarz, 1983). As Brown (1987) notes, lesbian ideology challenges culturally prescribed beauty ideals and rejects the notion that women should not nurture themselves, thereby allowing women to overcome the guilt so often associated with eating. Furthermore, same sex attractions among women may lead to greater acceptance of one's own female body, and may reduce the concern of living up to the socially defined standards of female beauty. Hence, one might argue that lesbian women should be more accepting of their bodies, particularly of their weight, and should be less likely to engage in disordered eating (i.e., dieting, binge eating, or purging), than do heterosexual women.

Body esteem has been found to be related significantly to self-esteem (Rodin et al., 1985). For example, Franzoi and Shields (1984) have identified three dimensions of body esteem that relate in varying degrees to self-esteem. Given Brown's (1987) observation that lesbian ideology encourages women to feel good about themselves for who they are rather than for how they look, the question arises as to whether the relationships between self-esteem and various dimensions of body esteem differ from the heterosexual to the lesbian population.

In this study, we asked how lesbian women were similar/different from heterosexual women on measures of body esteem and disordered eating, and we examined the relationship between self-esteem and body esteem, using a multidimensional approach to body esteem. To explore these issues, a questionnaire study was conducted among female students of a private liberal arts college. On this campus, many students who openly acknowledge their lesbian identity also express strong feminist convictions. Two heterosexual comparison groups were included in this study to rule out the possibility that any difference found between lesbian and heterosexual women was due to differences in feminist attitudes and beliefs rather than due to sexual preference.

**METHOD**

**Subjects**

Thirty lesbian students (age: $\bar{x} = 20.10$, SD = .90) were recruited from a lesbian support group and at gay/lesbian social gatherings. Comparison group 1 included twenty-five heterosexual students (age: $\bar{x} = 20.00$, SD = 1.10) recruited from women's studies courses, which expose students to feminist
thinking and which tend to attract feminist and politically active students. Comparison group 2 was comprised of twenty-seven females (age: $\bar{x} = 19.60$, $SD = 1.47$) recruited from the Psychology Department's "subject pool".*

**Procedure**

All participants completed a questionnaire packet containing the measures described below (excluding the Sexual Orientation Scale for participants in comparison group 2).† Questionnaires were administered to each student individually and were returned in a sealed envelope to assure anonymity.

**Measures**

**Sexual Orientation Scale**

Based on their responses to a 7-point Sexual Orientation Scale (SOS) (Kinsey, Pomeroy, Martin, & Gebhard, 1953), participants were assigned to the lesbian group or the heterosexual comparison group 1.‡

**Body Esteem and Self Esteem**

To measure body image satisfaction, the Body Esteem Scale (BES) as described by Franzoi & Shields (1984), was included. On a 5-point scale, participants rated their satisfaction with each of 35 aspects of physical appearance (e.g., body build) and bodily functioning (e.g., physical coordination). Three subscale scores were obtained by summing responses to all items comprising each subscale, with higher scores indicating greater satisfaction. "Sexual Attractiveness" measures satisfaction with physical attractiveness and sexuality; "Weight Concern" measures satisfaction with fat-bearing body parts; and "Physical Condition" measures satisfaction with how well one's body performs, including agility, stamina, and strength (Franzoi & Shields, 1984). Self-esteem was assessed using Rosenberg's (1965) 10-item Self-Esteem scale. Participants rated each item on a 5-point scale, and higher scores indicated a more positive sense of self.

**Symptoms of Disorders Eating**

To obtain a measure of a wide range of attitudes, feelings, and behaviors commonly found among individuals with subclinical or clinical forms of eating disorders, the 64-item Eating Disorders Inventory (EDI) was administered. Participants rated each item on a 6-point scale, with higher scores reflecting more

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* A univariate analysis of variance found that the three groups did not differ significantly in age ($F(2.79) = 1.40$, NS).
† Hence, we cannot be certain that all 27 participants in comparison group 2 were heterosexual females, although we presume that the majority fit this description. To the extent that lesbians were included in this sample, this could render analysis of group differences more conservative.
‡ Participants in the heterosexual group reported that their sexual orientation was "exclusively heterosexual" or "primarily directed toward men with only incidental arousal and/or sexual contact with women." We applied less stringent criteria for the lesbian category, because we assumed that social desirability may prompt some lesbian students to acknowledge some heterosexual interest. The lesbian group included participants who rated their sexual orientation as "exclusively homosexual", or "primarily directed toward women with only incidental arousal and/or sexual contact with men", or "most sexual responses/actual experiences are with women."
pathological responses. Eight subscale scores were obtained by summing responses to all items comprising each subscale (Garner & Olmsted, 1984). In addition, participants rated, on a scale from 0 (Never) to 4 (Always), how often they engaged in the behavioral symptoms of binge eating, dieting, and purging. Scores on frequency of binge eating were recorded to 0 if participants' answers on the EDI suggested an absence of feeling out of control during the eating binges.

**RESULTS**

**Body Esteem and Symptoms of Disordered Eating**

To examine group differences between lesbian and heterosexual subjects three separate multivariate analyses of variance (MANOVA) were performed. In each of these analyses, two contrasts were calculated. The first compared lesbians to the two comparison groups, thus testing for an effect of sexual orientation. The residual contrast compared the two heterosexual samples to test whether comparison group 1, the presumably more feminist of the two comparison groups, differed from comparison group 2. The independent variables were organized into three sets of interrelated variables, and each set was then entered into a MANOVA. The results are displayed in Table 1.

MANOVA I found no significant overall group difference on measures of body image satisfaction (Wilks' Lambda $\Lambda = .88$, $F(2, 74) = 0.66$, NS). No overall group difference was obtained in MANOVA II comparing participants on

<table>
<thead>
<tr>
<th>Variables</th>
<th>Lesbian Group ($n = 30$)</th>
<th>Comparison Group 1 ($n = 25$)</th>
<th>Comparison Group 2 ($n = 27$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>SD</td>
<td>X</td>
</tr>
<tr>
<td>MANOVA I: Body esteem</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sexual attractiveness</td>
<td>42.45</td>
<td>7.30</td>
<td>41.13</td>
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<td>Weight concern</td>
<td>25.72</td>
<td>7.66</td>
<td>27.36</td>
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<tr>
<td>Physical condition</td>
<td>29.31</td>
<td>7.13</td>
<td>28.04</td>
</tr>
<tr>
<td>Drive for thinness</td>
<td>5.30</td>
<td>6.40</td>
<td>4.92</td>
</tr>
<tr>
<td>Body dissatisfaction</td>
<td>10.13</td>
<td>7.78</td>
<td>9.80</td>
</tr>
<tr>
<td>MANOVA II: Eating behavior</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Bulimia</td>
<td>3.10</td>
<td>4.51</td>
<td>1.40</td>
</tr>
<tr>
<td>Binge eating</td>
<td>0.97</td>
<td>1.45</td>
<td>0.40</td>
</tr>
<tr>
<td>Dieting</td>
<td>0.60</td>
<td>1.40</td>
<td>1.04</td>
</tr>
<tr>
<td>MANOVA III: General psychological distress</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inefficacy</td>
<td>4.93a</td>
<td>5.94</td>
<td>2.92</td>
</tr>
<tr>
<td>Perfectionism</td>
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<td>4.33</td>
<td>6.84</td>
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<tr>
<td>Interpersonal distrust</td>
<td>3.48b</td>
<td>4.70</td>
<td>0.79b</td>
</tr>
<tr>
<td>Interoceptive awareness</td>
<td>6.07b</td>
<td>5.99</td>
<td>2.92</td>
</tr>
<tr>
<td>Maturity fears</td>
<td>1.97</td>
<td>3.10</td>
<td>1.60</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>35.07a</td>
<td>6.82</td>
<td>38.40</td>
</tr>
</tbody>
</table>

Differences between group means marked with different letters (a, b) are statistically significant ($p < .05$).
indices of disordered eating (Wilks’-Lambda $L = .89$, $F(2,79) = 1.47$, NS).* MANOVA III, comparing the three groups on self-esteem and on the remaining EDI subscales, found a significant overall group difference (Wilks’-Lambda $L = .68$, $F(2,72) = 2.37$, $p < .01$). The contrast comparing lesbian and heterosexual participants was also significant ($F(1,72) = 3.31$, $p < .01$), whereas the residual contrast comparing the two groups of heterosexual participants was not significant ($F(1,49) = 1.54$, NS). Hence, the group differences were related to sexual orientation rather than degree of feminist ideology.

To examine further which of the variables contributed the most to the observed group differences, a discriminant analysis was calculated. This analysis, separating the lesbians from the two comparison groups, yielded an eigen value of 0.29 with a resulting canonical correlation of 0.47 ($F(1,73) = 3.31$, $p < .01$). The structure coefficients obtained for the variables were Interpersonal Distrust (.69), Interoceptive Awareness (.63), Ineffectiveness (.61), Perfectionism (.35), Self-esteem (-.34), and Maturity Fears (-.21). Hence, Interpersonal Distrust, Interoceptive Awareness, and Ineffectiveness were related most closely with sexual orientation.

The Relationship Between Body Esteem and Self-Esteem

Finally, we examined the relationships between measures of body esteem and self-esteem in our lesbian and heterosexual subjects. Two separate stepwise regressions were calculated, one for the lesbian group and one for the combined comparison samples. Weight Concern, Physical Condition, and Sexual Attractiveness (in this order) were entered as predictor variables of self-esteem.* The overall regression coefficients were significant for the lesbian group ($R^2 = .46$, $F = 10.47$, $p < .001$) and the comparison groups ($R^2 = .19$, $F = 11.29$, $p < .01$). Weight Concern ($b = .37$, $p < .05$) and Physical Condition ($b = .36$, $p < .05$) were related significantly to self-esteem for lesbian subjects, whereas Sexual Attractiveness ($b = .07$, NS) did not emerge as a significant predictor. For the comparison groups, Weight Concern ($b = .39$, $p < .01$) but not Physical Condition ($b = .21$, NS) or Sexual Attractiveness ($b = .25$, NS) was a predictor of self-esteem.

DISCUSSION

Our data suggest that lesbian and heterosexual college students do not differ on a multidimensional measure of body esteem. Our students’ BES scores were comparable to scores obtained in other student samples (Franzoi & Herzog, 1986; Franzoi & Shields, 1984; Silberstein, Striegel-Moore, Timko, & Rodin, *Because only one lesbian and one comparison-group-1-participant reported purging, frequency of purging was dropped as a variable.

Because the previous group comparisons did not find significant differences between the two heterosexual samples, data from the two comparison samples were combined for subsequent analyses. Drive for Thinness and Body Dissatisfaction were not used in this analysis. These variables were intercorrelated highly ($r = .80$, $p < .001$ for lesbians; $r = .67$, $p < .001$ for heterosexuals) and they were related inversely with Weight Concern (Drive for Thinness: $r_L = -.69$, $p < .001$, $r_H = -.62$, $p < .001$, Body Dissatisfaction: $r_L = -.91$, $p < .001$, $r_H = -.81$, $p < .001$, where $L = \text{lesbian}$ and $H = \text{heterosexual}$).
Although lesbian ideology rejects our culture’s narrowly defined ideal of female beauty and opposes the overemphasis placed on women’s physical attractiveness, such ideology may not be strong enough to enable lesbians to overcome already internalized cultural beliefs and values about female beauty. Unlike other cultural minorities, lesbians do not grow up with parental or peer models representing lesbian standards as an alternative to the majority culture’s norms (Boston Lesbian Psychologies Collective, 1987). Furthermore, even as the lesbian woman increasingly identifies with a lesbian community that ideologically professes self-acceptance, she is still a part of a greater cultural context that values beauty and thinness in women.

It remains to be tested whether a similar finding would have been observed among older lesbians. In recent years, the so-called “lifestyle lesbianism” has emerged among younger lesbians (Stein, 1989). This new lesbianism, defined against the “anti-style” of the 1970’s flannel-shirted lesbianism, places greater emphasis on appearance, image, clothing, and style. The standards of self-acceptance that often have been associated with lesbian culture may be, in fact, a product of the older generation of lesbians, especially those who pioneered the 1970’s radical feminist movement. In keeping with this presumed cohort difference, we would expect that young lesbians feel more pressure than older lesbians to attain a beauty ideal similar to the ideal upheld for heterosexual women.

Although lesbian students reported less dieting and more binge eating than do the heterosexual students, these differences did not reach statistical significance. The small sample size and the considerable variance render these results difficult to interpret. Dieting is socially unacceptable in the lesbian community because it is seen as cooptation by the heterosexual standards of traditional feminine beauty. Our finding of infrequent dieting and more common binge eating among lesbians is consistent with results from a national survey on health concerns among lesbians that found that respondents were three times more likely to be binge eaters than dieters (Bradford & Ryan, 1987).

For lesbian students, feeling good about oneself appears to encompass feeling good about one’s body, whereas the link between self-esteem and body esteem may be more tenuous among heterosexual women. Satisfaction with how well one’s body functions seems to be more closely related to self-esteem in lesbian than in heterosexual students, perhaps reflecting the great emphasis placed on physical strength in the lesbian subculture.

Significant group differences emerged on measures of interpersonal distrust, interoceptive awareness, and ineffectiveness, although it is important to note that, as a group, lesbians did not score in the clinical range on these measures. The group differences can be interpreted in light of lesbians’ experience of living in a homophobic society and all it entails: a lack of social acceptance, living a marginalized existence, and being compelled to “be in the closet.” Elevated interpersonal distrust may be the result of a social environment where family and friends cannot be relied upon for emotional support once a lesbian’s sexual identity is known. Lesbians’ greater difficulty in identifying their own emotions may be related also to the stigma connected to homosexual desires: Lesbians may have profound ambivalence or conflict over recognizing and responding to such censured emotions. Finally, the lesbian women’s greater sense of ineffectiveness and their more negative self-evaluation may be a result
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of identifying with the negative stereotypes associated with a lesbian identity and lifestyle. Hence, confusion over one’s feelings, reluctance to trust others, and lower self-esteem may reflect the lesbian experience more than a disturbance associated with disordered eating.

To avoid selection bias favoring students interested in body image, the study was announced as an investigation of “women’s self-image.” However, we cannot rule out the possibility that the study attracted a disproportionate number of lesbians whose body image concerns were not representative of lesbian college students, in general. Our conclusions are limited further by the small and homogenous samples involved in this study.

This study represents a first step toward a better understanding of body esteem and disordered eating among lesbians. Future studies are needed to examine these issues using lesbian samples, which are more heterogeneous in terms of demographic characteristics and the types of lifestyles chosen by the participants.

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REFERENCES


