

8-15-2013

Positive and Negative Body Image and Disordered Eating as a Function of Objectification and Lesbian and Feminist Identities

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POSITIVE AND NEGATIVE BODY IMAGE AND DISORDERED EATING AS A
FUNCTION OF OBJECTIFICATION AND LESBIAN AND FEMINIST IDENTITIES

A Dissertation

Submitted to the School of Graduate Studies and Research

in Partial Fulfillment of the

Requirements for the Degree

Doctor of Psychology

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August 2013

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Previous research has explored women's experiences of objectification, body image, and disordered eating and the connections between these variables. Most of this research was conducted on heterosexual, Caucasian women; therefore, results are not generalizable to a variety of women.

The present study compared non-heterosexual women's experiences of objectification, body image, and disordered eating to heterosexual women's experiences of these dimensions. This comparison occurred through the lens of the two conflicting theories proposed by Brown (1987) and Dworkin (1989) about whether lesbian women are impacted by objectification similarly to heterosexual women. Moreover, the current study explored whether feminist identity and gender expression would contribute to the connections between the aforementioned variables. Several measures were used, including measures used in previous studies as well as a feminist identity scale developed by the researchers.

Results provided evidence that non-heterosexual women do not experience objectification, body image disruptions, and disordered eating symptoms differently from heterosexual women; however, with one exception being body shame, in which the non-heterosexual experienced a greater level of shame about their bodies. Body image proved to be more complex than only considering appreciation for one's body. The non-heterosexual women reported the desire to weigh less than they currently do, a similar to the reports of the

heterosexual women. The non-heterosexual women also reported a preference for larger and more athletic bodies than their current bodies. Thereby supporting speculation that the non-heterosexual women hold a different body ideal than that of the mainstream culture. Because non-heterosexual women did not report experiences differently from that of heterosexual women, evidence of this study supports Dworkin's (1989) theory that lesbian women are not protected against the mainstream cultural messages about body appearances. Feminist identity was not found to be a significant buffer between objectification and body image nor between objectification and disordered eating, regardless of sexual orientation. Age was a significant moderator between objectification and disordered eating for the heterosexual group. Similar research findings, limitations and strengths of the current study, and future directions for research are also discussed.

ACKNOWLEDGEMENTS

I could not have accomplished this project on my own, without the support I received along the way. To my chair, Dr. McHugh, I cannot thank you enough. Your guidance, knowledge, and expertise on gender and sexuality never ceased to amaze me and have influenced me to want to learn and know more about diversity. Your encouragement, not only through this project, but through presentations at AWP as well, has helped me grow and accomplish things I never had imagined earlier on in my education and career as a new clinician. I also want to thank Dr. Roehrich for your intriguing and thought-provoking questions, both as applied to my clinical work and to my dissertation, which helped me to become more curious and interested in all of my work. Besides these influential professors, I also want to thank Dr. Long for her invaluable feedback on my project.

The support, love, and dedication to helping me achieve my goals also came from my friends and family who are beyond important to me. Firstly, I want to dedicate this dissertation to my grandmother, Joan L. Tilley, whose unfailing support as my number one fan throughout my education and hard work was there with me at all times, and although she did not make it to the end of my doctoral degree, I know her love and support are still with me. I could not have become the person and clinician I am today without the love, support, and dedication of an exceptional partner, Randy, and my amazing family. They have been there with me from the beginning of this long journey and have watched and cheered me on through triumphs and missteps. I could not have had better cheerleaders on my sidelines than my parents and Celeste, Cecilia, and Esra who just might be the greatest siblings in the world.

From memorable classmates, to unforgettable classes and professors, and wonderful evenings spent at Culpeppers with phenomenal friends, I do not think I would have survived this

program without all these moments that made the struggles along the way more worthwhile. I cannot thank these fellow “IUPers” and friends enough. Also, a special thanks to a great friend and peer, Tara Scheifly whose intellect, humor, and curiosity made me want to keep learning, as well as to Sarah Bell, a knight in shining armor out in Iowa. Finally, spending even more time in my office on internship working to complete this project would not have been so doable without a great colleague and friend, now Dr. Kelly Clougher, as she worked on her own dissertation.

Thank you all!!

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CHAPTER I

INTRODUCTION

“Of course everyone agrees that we shouldn’t diet and that eating disorders are a result of our oppressive society, but it’s not usually taken much further than that.”

- Nomy Lamm

Millions of American women are subjected to daily messages from society about standards of attractiveness, primarily with regard to being thin and beautiful. Wolf (1991) argues that diet pills and beauty products have been promoted as essential for a woman to be considered attractive and that this is achievable with hard work. Problems with body image and dissatisfaction have been shown to be negative consequences of the thin-ideal (Moradi, Dirks, & Matteson, 2005). Fredrickson and Roberts (1997) posited the objectification theory in reaction to the messages about beauty. This theory attempts to explain how the United States’ popular culture and media affect women’s experiences of their bodies and the resulting consequences. Additionally, McKinley and Hyde’s (1996) Objectified Body Consciousness Scale (OBCS) was designed to assess the connection between women’s negative body esteem experiences and disordered eating as a result of objectification. The majority of research on objectification has been conducted on heterosexual women. Therefore, women of minorities such as different ethnic and sexual orientations have not typically been participants in research on objectification, the thin-ideal, body image issues, and disordered eating as frequently as their heterosexual counterparts.

Some recent research has begun to focus on the effects of objectification in lesbian women. Theoretical models proposed about objectification and its consequences demonstrated an excellent fit for heterosexual women but a poor fit for lesbian women (Kozee & Tylka, 2006).

Kozee and Tylka's (2006) study examined a path model connecting objectification to disordered eating and compared a lesbian sample to a heterosexual sample. More specifically, their model explored the impact of interpersonal sexual objectification, body surveillance, and body shame on disordered eating. Researchers suspect that lesbian women may maintain a different body-ideal with more diverse body preferences than heterosexual women (Beren, Hayden, Wilfley, & Striegel-Moore, 1997; Herzog, Newman, Yeh, & Warshaw, 1992). If lesbian women accept a different body-ideal, it is possible that objectification and disordered eating are not connected for these women, or that there is another variable involved that has yet to be explored.

Two conflicting theories about lesbian women's experiences and body preferences have emerged, that of Brown (1987) and that of Dworkin (1989). Brown (1987) argued that lesbian women might be able to ignore societal messages that pressure women to be thin or unhappy with their bodies because they have already ignored other societal messages, such as heterosexuality. Dworkin (1989) reasoned that lesbian women are raised within the same culture as heterosexual women and are subjected to the same cultural messages around expected body-ideals to the extent that they have internalized these messages similarly to heterosexual women. After a careful review of the literature, it may be concluded that both theories have some truth to them. Consistent with Brown's (1987) theory, some research demonstrated that rates of eating disorders and disordered eating symptoms have been shown to be different between lesbian and heterosexual women (Striegel-Moore, Tucker, & Hsu, 1990), while other research indicated that both lesbians and heterosexual women share disordered eating issues (Share & Mintz, 2002).

Furthermore, differences in body dissatisfaction and disordered eating symptoms within lesbian subcultures may also exist between the two broad categories of butch and femme lesbians. Although there are no commonly accepted definitions of butch and femme,

argued that butch women have more masculine tendencies and femme women have more feminine tendencies (Singh, Vidaurri, Zambarano, & Dabbs, 1999). If this is the case, it might be concluded that women identifying as more femme would be more susceptible to mainstream cultural messages around women's bodies because they embody a more feminine aesthetic and butch women may not be as affected because this body-ideal does not relate to their image of themselves.

Along with butch and femme identities, maintaining a feminist identity may serve as a buffer that can help to reject or lessen the degree of internalization of societal norms and standards that women experience (Dionne, Davis, Fox, & Gurevich, 1995). Women who ascribe to feminist attitudes and beliefs may experience body dissatisfaction differently than non-feminist women. Besides a feminist identity, age appears to be a factor in the research due to differences in both lesbians and feminists that came of age in the 1970's and the women who came of age in the 1990's and 2000's (Striegel-Moore et al., 1990). The research attempting to understand these age differences is not definitive.

The current study examines the effect objectification and identity has on body image and disordered eating in lesbian women because there appeared to be a lack of or mixed results within the available research.

CHAPTER II

LITERATURE REVIEW

Body Image in Women

Body image is an important concept to explore because of its connections to body weight and shape, its interaction with the thin-ideal standard in American culture, and its consequences of negative body experiences and disordered eating. Tiggemann and Lynch (2001) described body image in terms of body shape, size, weight, and overall appearance. Body image in women is a complex concept that combines experiences and emotions related to how an individual perceives her or his body. Although the definition of body image varies across sources, for the purpose of this study, Tiggemann and Lynch's (2001) definition of body image and negative body image will be followed. Negative body image will be defined as a disturbance or unhappiness with one's body appearance or aspects of the parts of one's body (Tiggemann & Lynch, 2001). It has been estimated that 80 percent of women today experience dissatisfaction with their bodies (Ross, 2012).

Body image and satisfaction are important because of the consequences and implications they have for how women treat their bodies. Arroyo and Harwood (2012) conducted a study on "fat talk", or the conversations between individuals about internalizations of feeling and perceiving oneself to be fat and unhappy with his or her body when compared to the cultural norm. These researchers demonstrated that fat talk was a mediator between body weight issues and mental health problems (Arroyo & Harwood, 2012). In the American culture, body appearance is closely associated with weight and weight is often equated with a person's health. Pearl, Puhl, and Brownell (2012) discuss many instances in the media that portray obese individuals as unintelligent and unsophisticated, including movies and news reports.

Additionally, research has suggested that the public stigmatization of obese individuals results in obese individuals suffering added stress on top of the physical and mental health problems they may already be experiencing (Carpenter, Hasin, Allison, & Faith, 2000; Eisenberg, Neumark-Sztainer, & Story, 2003).

According to the Center for Disease Control (CDC), a body mass index (BMI) is a standard calculation using an individual's height and weight in order to estimate healthiness (2011). The categories for BMI's are as follows: below 18.5 is considered underweight; 18.5 to 24.9 are considered in the normal range; 25 to 29.9 are within the overweight range; 30 and above is considered to be in the obese range (CDC, 2011). It may be possible to speculate that the thin-ideal likely falls within the underweight to low normal BMI range, although little research has defined the thin-ideal specifically in terms of BMI. The thin-ideal may be defined as the ideal standards of attractiveness prescribed by a culture (Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999), with exceptionally thin being the standard, seemingly, in the present American culture.

The thin-ideal is conveyed through various methods such as television media, fashion magazines, beauty advertisements, and beauty pageants. A study that reviewed the average BMI's of Miss America pageant contestants from 1922 through 1999 revealed that the average BMI declined significantly over time (Rubinstein & Caballero, 2000). Miss America contestants possessed BMI's that ranged from 20 to 25 in the 1920's, which is considered in the normal range today. In more recent years, BMI's of pageant contestants have dropped into the underweight range, with some reaching a BMI as low as 16.9 (Rubinstein & Caballero, 2000). Another study observed weight trends in depictions of fashion models over a 50-year time span and discovered that models' weight decreased while the amount of exposure of these depictions

to the average American female increased (Sypeck, Gray, & Ahrens, 2004). One could easily assume that the combination of the size of thinner women in the media with the constant exposure to these images could be evidence that many women experience pressures to be thin. This pressure to meet the thin-ideal can affect a women's experience of her body with regard to weight and therefore affecting her body image.

Many women have deemed the thin-ideal important to achieve because the thin-ideal has become equated with popularity, lovability, happiness, and success (Hawkins, Richards, Granley, & Stein, 2004). Although media displays specific preferences of body types for both men and women, a plethora of research has demonstrated that women experience negative body esteem more than men (McKinley & Hyde, 1996). Women's body dissatisfaction may result from failed attempts to achieve the thin-ideal (Sinclair, 2006; Thompson et al., 1999). In addition, the degree to which women accept the cultural standards of thinness may directly influence the amount of body monitoring that occurs, potentially impacting psychological experiences (Sinclair, 2006; Tylka & Calogero, 2010). This may result in problematic subjective experiences of women's bodies based on cultural standards.

Another factor that has been shown to influence women's body monitoring and concern about appearance is the male gaze. Research has demonstrated that women may experience body shame and dissatisfaction from mere anticipation of the male gaze and the evaluation of how her body looks (Calogero, 2004). Considering the number of interactions women have with men daily, the male gaze may be impossible to escape. Thus, it is likely that there is a high prevalence of body dissatisfaction in women. Lesbian women are not attracted to men and might be less concerned in interactions with men and by the male gaze.

The problematic effects of negative body experiences deserve attention because a strong connection between body image and eating disorders has been identified within the literature. Moreover, body image perceptions or misperceptions are part of the criteria for both anorexia nervosa (i.e., anorexia) and bulimia nervosa (i.e., bulimia; DSM-IV-TR, 2000). Furthermore, there appears to be a regular co-occurrence of body image problems among individuals with eating disorders (Túry, Güleç, & Kohls, 2010).

Body image research has expanded beyond the focus of eating disorders because an overlap has been highlighted between what was considered behaviors of disordered eating and what was considered behaviors of normal eating (Bergeron & Senn, 1998; Hsu & Sobkiewicz, 1991). Therefore, it may be speculated that body image issues also occur in individuals who are experiencing sub-threshold symptoms of eating disorders, or in other words, experiencing symptoms of disordered eating that do not meet criteria for a DSM-IV-TR eating disorder diagnosis. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, the prevalence of anorexia and the prevalence of bulimia in the United States are 0.5% and 1% to 3%, respectively (DSM-IV-TR; American Psychiatric Association, 2000). These statistics refer only to the number of females with anorexia and bulimia and exclude the number of males who are experiencing eating disorders. Moreover, the DSM-IV-TR (2000) noted that there are more individuals who qualify for the diagnosis of Eating Disorder Not Otherwise Specified (NOS) than there are individuals diagnosed with anorexia or bulimia. Individuals who meet criteria for Eating Disorder NOS do so because they exhibit sub-threshold symptoms of an eating disorder.

Many studies on body image and disordered eating have focused on college-age individuals. One reason for the focus on the college population may be the increase in the

number of individuals presenting with eating disorders at college counseling centers. The National Survey of Counseling Center Directors has been tracking trends in university counseling since 1981 (Gallagher, 2010). From 2005 to 2010, directors from 320 college counseling centers in the United States and Canada have noted an average increase of 24.3% in the number of individuals presenting with eating disorders at their facilities (Gallagher, 2010). With the elevated rates of eating disorders, there has been an increase in theories and research attending to the messages society is sending to women about their bodies (Sinclair, 2006).

Objectification Theory

Fredrickson and Roberts (1997) developed objectification theory through a feminist lens and posits that girls and women in American society are oppressed through messages that their bodies are solely sexual objects for others to admire and critique, referred to as sexual objectification. As women repeatedly receive this message, they begin to internalize it and believe their bodies are objects separate from their identity and that their bodies only exist for others' pleasure. This internalization is referred to as self-objectification and a common result is that girls and women may begin to treat themselves as constructed of parts for others to observe. Furthermore, many women may begin to value themselves based on how they feel about the shape and size of their bodies (Fredrickson & Roberts, 1997). Male gaze is particularly important because awareness that men are evaluating a woman's body could result in her monitoring her body, feel bad that it does not match the cultural expectations, and then internalize these negative experiences. It is likely men can have this affect on heterosexual women because of the sexual attraction and that lesbian women are less impacted due to not being sexually or romantically interested in men.

Some research has connected exposure to media (beauty magazines) to increased internalization of cultural beauty norms, such as the thin-ideal, which ultimately resulted in self-objectification and disordered eating symptomatology (Morry & Staska, 2001). Additionally, being gazed upon by others, especially men, was noted as the primary cause of objectification experiences (Calogero, 2004; Fredrickson & Roberts, 1997). It may be plausible to assume that being gazed upon by males increases objectification because of the sense that one's body is being evaluated.

Objectification theory suggests that women who internalize the cultural thin-ideal develop negative emotions including shame, anxiety, and self-consciousness and related behaviors such as disordered eating (Fredrickson & Roberts, 1997). Shame occurs when a comparison of self to others is made and an individual decides that she or he is not achieving comparably, resulting in increased feelings of worthlessness. According to Fredrickson and Roberts, objectification influences women to apply shame to their bodies when they do not look like the culturally preferred body (i.e., the thin body) projected within society. An inability to detect exactly when or how others will evaluate one's body can increase anxiety related to body appearance (Fredrickson & Roberts, 1997). Additionally, flow, also referred to as peak motivational states, can be disrupted by the feeling of being observed and evaluated by others. Receiving comments and remarks from others about body appearance is another example of how flow can be interrupted. The last tenet of objectification theory is that a lack of awareness of internal states, such as hunger, appears to occur because women attempt to suppress their hunger in an effort to be thin, making them less able to accurately notice hunger cues. The failure to attend to internal cues is linked to disordered eating.

As women repeatedly experience objectification and the accompanying feelings of body dissatisfaction and shame, they pave the way for other mental health risks. Fredrickson and Roberts (1997) believe that body shame, body anxiety, interrupted flow, and lack of awareness of internal experiences result in the frequent monitoring of one's body. The most common psychological consequences of monitoring, and objectification in general, are suggested to be unhealthy eating behaviors, depressive symptoms, and sexual dysfunction (Fredrickson & Roberts, 1997). With regard to disordered eating, objectification theory describes a cycle in which women are constantly monitoring their bodies and making attempts to stay thin. However, maintaining a body size and shape preferred by society is difficult and many women do not achieve this body resulting in body shame and anxiety. This shame and anxiety may continue to push women to diet and take excessive measures to lose weight, with disordered eating behaviors and habits as a result (Fredrickson & Roberts, 1997).

Objectification Theory and the Objectified Body Consciousness Scale (OBCS)

In connection to objectification theory, McKinley and Hyde (1996) developed the Objectified Body Consciousness Scale (OBCS) to assess women's objectified body consciousness (OBC). Three primary components of Objectified Body Consciousness are incorporated into this scale: body surveillance, internalization of cultural body standards, and beliefs about appearance control. Body surveillance is equivalent to self-monitoring. A woman self-monitors her body as an object and compares her body to those bodies that represent the cultural standards (McKinley & Hyde, 1996). Internalization of cultural body standards is synonymous with the term body shame, in which a woman may feel shame about her body if she believes it does not meet the cultural body standards (McKinley & Hyde, 1996). Furthermore, a woman may judge her self-worth based on how closely her body size and shape resemble the

cultural body ideal (Muscat & Long, 2008). Body shame is particularly important in understanding women's body images and the negative impact it has on a woman's emotional health. Many of the cultural body standards women attempt to attain are impossible and unrealistic (i.e., the thin-ideal), yet women try and feel they have failed when their bodies do not match the cultural body images portrayed in the media and elsewhere in society (McKinley & Hyde, 1996).

Besides self-surveillance and body shame, beliefs about appearance control are also evaluated through the OBCS study. Not only does popular society emit messages on how a woman's body should look, but it also imposes the idea that women are in control of the size and shape of their bodies (McKinley & Hyde, 1996). Body weight may be the accumulation of genetics, environment, socioeconomic status, behavior, and culture, meaning that self-control is not the only factor involved in an individual's weight (CDC, 2011). Similar to body shame, the belief that women can control the size and shape of their bodies is not realistic and may only lead to more pressure and dissatisfaction for women.

A critique of the OBCS study by McKinley and Hyde (1996) is the absence of evidence for the speculated origins of OBC (Sinclair, 2006). Similarly, there is minimal or no empirical research supporting the relation between the experience of objectification and the OBC outcomes postulated by McKinley and Hyde (1996). Therefore, Sinclair (2006) closely examined the relationship between body objectification and sociocultural attitudes. In Sinclair's (2006) study, all 190 college-aged participants were Caucasian and heterosexual in order to rule out confounds associated with the differential impact of objectification on females of other ethnicities and sexual orientations. Findings revealed that the more women internalized the cultural standards, the more likely they were to monitor their bodies, providing evidence in support of the OBCS.

Objectification and Disordered Eating

Conclusions of the OBCS introduced evidence of a link between women's objectified body consciousness and disordered or restricted eating (McKinley & Hyde, 1996). Results from a study by Noll and Fredrickson (1998) confirmed this conclusion by revealing that self-objectification directly influenced eating disordered symptomatology. In addition, McKinley and Hyde (1996) stated that body surveillance might lead to low body esteem, which can increase disordered eating. The Control Beliefs scale of the OBCS indicated an increase in disordered eating as well. Additionally, it was revealed that body shame appeared to predict disordered eating (McKinley & Hyde).

Along with objectified body consciousness, the thin-ideal has been implicated in disordered eating symptomatology (Thompson et al., 1999). Thus, several studies have sought to provide empirical evidence of objectification theory and its negative consequence of disordered eating. Fredrickson, Roberts, Noll, Quinn, and Twenge (1998) attempted to find empirical support for the theorized paths connecting objectification theory, body shame, and disordered eating. Participants were evaluated for a baseline level of objectification and then were assigned to one of two groups, one in which the participants tried on a swimsuit and one in which the participants tried on a sweater. Trying on the different garments occurred in dressing rooms while the participants were alone with mirrors. During this phase of the study, participants answered questionnaires pertaining to body shame. Results revealed higher levels of body shame in participants who had tried on the swimsuit, suggesting that participants may have felt on display even though they were alone in the dressing rooms (Fredrickson et al., 1998). Therefore, a sense of being on display, or of being observed, appeared to result in feelings of objectification. Another phase of the study conducted by Fredrickson and colleagues (1998) required the

participants to engage in a cookie taste test that followed the garment phase. Results suggested that objectification and disordered eating were associated because participants who experienced the most body shame ate the least of the taste test cookie.

Research conducted by Noll and Fredrickson (1998) provided additional empirical evidence of a relation between objectification and disordered eating. The authors hypothesized that disordered eating would have both a direct and a mediated relationship to self-objectification. The direct path was considered to be a connection from objectification to disordered eating. Moreover, body shame was noted as the mediator through which self-objectification was associated with disordered eating (Noll & Fredrickson).

Noll and Fredrickson (1998) distributed self-report questionnaires to two groups of undergraduate female students, a total of 204 students from Duke University. Results supported the hypothesized model and showed that self-objectification directly influenced disordered eating. Additionally, findings supported the hypothesis that body shame is a mediating factor between self-objectification and disordered eating in female undergraduate samples. Overall, results of this study provided evidence for the connections between objectification, body shame, and disordered eating. Furthermore, negative consequences of objectification appeared to occur even when a woman was satisfied with her body as was demonstrated by the direct link between objectification and disordered eating (Fredrickson & Roberts, 1997; Noll & Fredrickson, 1998).

More recent research conducted by Tylka and Hill (2004) also demonstrated a connection between body objectification and disordered eating in female college students. When a woman experiences body shame because she believes that her body does not meet the standard of the ideal body shape and size, she may take drastic measures in an attempt to attain the ideal body (Tylka & Hill, 2004). However, this achievement is often impossible as the ideal is attainable in

only a small proportion of women. Tylka and Hill (2004) expanded on the model designed by Tiggemann and Slater (2001). The original model was credited for closely describing the relation between self-objectification and disordered eating. The expanded model included sexual objectification and hunger as opposed to body states in general. Using structural equation modeling (SEM), the results yielded a good model fit to the data. In other words, psychological and sociocultural variables such as body shame, body surveillance, pressure to be thin, and lack of interoceptive awareness to hunger and satiety appeared to contribute to eating disorders (Tylka & Hill, 2004). Their findings were in direct support of the tenets of objectification theory and other theories associating objectification with disordered eating.

Objectification theory was developed for and has primarily been studied in women who were presumed to resemble the “typical” female. Objectification theory did not examine the impact of intersecting identities of women in relation to objectification experiences and related outcomes. Objectification theory posits that most women experience a shared social experience (Fredrickson & Roberts, 1997). Failing to consider or assess sexual orientation, the model appears to assume heterosexuality for respondents. The theory appears to suggest that all women might be vulnerable to objectification albeit at varying degrees. Fredrickson and Roberts (1997) reflected that objectification does not affect all women equally and that individual differences and varying identities can greatly alter the influence and effects of objectification on an individual. Thus, the majority of research on objectification theory has primarily been conducted on middle-class, Caucasian, heterosexual females. Similarly, most of the research on body image and disordered eating has also focused on heterosexual, Caucasian women. More recently, objectification theory research has begun focusing on its application to populations other than heterosexual women with lesbian women as one of these groups.

Body Image in Lesbian Women

How lesbian women may or may not be impacted by objectification was addressed via two conflicting theories proposed by Brown (1987) and Dworkin (1989). The first theory argues that women who are lesbian are less concerned with finding approval by men, and are less concerned with the male gaze, and more likely to reject the cultural thin-ideal standards (Brown, 1987). This means that lesbian women may be less likely to allow sexual objectification by others to affect their beliefs about their bodies. Brown's (1987) theory outlines societal "rules" that lesbians might reject such women should be small and weak, are forbidden to self-nurture, are forbidden to appear powerful, and are only valued upon adherence to these rules (Brown, 1987). It was also indicated that lesbian women frequently encounter two oppressions that exist in society, homophobia and fat oppression. Brown (1987) contended that lesbian women face both oppressions and are more likely to overcome them than heterosexual women, meaning that lesbians may become more comfortable and accepting of heavier figures.

In contradiction to Brown (1987), Dworkin (1989) argued that having been exposed to the same socialization and media as heterosexual women, lesbian women have learned, similar to heterosexual women, that fitting their bodies into the cultural standard often can result in positive consequences for women, as thin and attractive are equated with power for women in society (Dworkin). Even though lesbian women have rejected males as intimate partners and have criticized the dominant culture for its oppressions against women, lesbian women continue to experience body image disturbances and strive for thinness (Dworkin).

Following the theoretical perspectives advanced by Brown (1987) and Dworkin (1989), researchers began to build upon these theories with empirical research and data. The resulting research studies appear to branch out into support for either Brown (1987) or Dworkin (1989).

Support for Dworkin's (1989) theory can be found in studies conducted by Striegel-Moore and colleagues (1990), Heffernan (1996), Beren and colleagues (1996), and Beren and colleagues (1997). Conversely, Herzog and colleagues (1992), Gettelman and Thompson (1993), Siever (1994), Strong and colleagues (2000), Cohen and Tannenbaum (2001), Moore and Keel (2002), and Swami and Tovée (2006) appear to demonstrate support for the theory postulated by Brown (1987). While there appears to be more support, and more recent support, for Brown's (1987) argument, it may be said that the studies by Brand and colleagues (1992), Bergeron and Senn (1998), and Kozee and Tylka (2006) support both theories.

Furthermore, many of these studies took different approaches in understanding and supporting the two theories by examining different aspects that correspond with the themes of interest in this current study, namely, objectification, body image, disordered eating, and sexual orientation and feminist identity. For that reason, these studies will be discussed and analyzed according to where they fit within these themes.

Objectification and Lesbian Women

Kozee and Tylka (2006) and Haines and colleagues (2008) conducted two important studies involving lesbian women and their experiences of objectification. Kozee and Tylka (2006) attempted to discover whether the current objectification theory of body shame, flow-disruption, interoceptive awareness, and appearance anxiety would apply to lesbian women similarly to its application to heterosexual women. In their quantitative study, 181 college lesbian identified women between the ages of 18 and 26 were recruited by contacting Lesbian, Gay, Bisexual, and Transgender (LGBT) school services directors across the United States via email. The directors were asked to advertise this study in their newsletters or on their Listserv. For a comparison sample, 196 heterosexual women were recruited through an advertisement on

the psychology website at Ohio State University. These women were current students in the introduction psychology course and were between 18 and 22 years of age. All participants received the same self-report survey questionnaires but the lesbian participants completed the survey on Survey Monkey online while the heterosexual participants completed the survey in a classroom with anywhere from five to 25 other participants. The surveys focused on body image, sexual objectification experiences, body surveillance, body shame, eating disorder symptomatology, and interoceptive awareness.

Kozee and Tylka (2006) concluded that the proposed model was a good fit for the heterosexual sample but was not a good fit for the lesbian sample. This model suggested that interpersonal sexual objectification, body surveillance, body shame, and interoceptive awareness would result in symptoms of eating disorders. Furthermore, a link between body shame and interoceptive awareness was added due to the hypothesis proposed by Tylka and Hill (2004) that stated women attempted to control their satiety and hunger states when they experienced shame about their bodies. In addition, findings of this study included a lower level of eating disordered symptoms but a higher level of body monitoring for the lesbian participants (Kozee & Tylka, 2006). It may be possible to state that given these results, lesbian participants presented with resistance to the thin-ideal, supporting Brown's (1987) theory. However, Kozee and Tylka (2006) also discovered evidence of Dworkin's theory such that lesbians and heterosexual women were similar in their level of endorsements of body shame, sexual objectification, and interoceptive awareness, thereby acknowledging that lesbians have internalized cultural beauty standards. Hence, this study provides support for both Brown (1987) and Dworkin (1989), signifying that they both may be right, meaning the lesbian identity may be a buffer against the

dominant cultural beauty standards, but not a strong enough buffer to protect them from experiencing objectification and body image issues.

Haines and colleagues (2008) also conducted a study on objectification theory with a lesbian sample. These authors discussed multiple hypotheses for how objectification might impact lesbian women. Firstly, Haines and colleagues (2008) believed that the male gaze may not have the same effect on the lesbian self-concept because lesbian women are not interested in men romantically. Other evidence supporting this idea demonstrated that anticipation of the female gaze, in situations in which the body was not a focus, resulted in less body dissatisfaction and shame than when anticipation of the male gaze occurred (Calogero, 2004).

Secondly, lesbian women may find it easier to disregard the societal beauty norms as they have already resisted the social norms of heterosexuality, which is in line with Brown's (1987) argument (Haines et al., 2008). Haines and colleagues (2008) channeled Cogan (1999) and stated a third hypothesis, that lesbian women may exercise for health reasons while heterosexual women may exercise for appearance reasons, signifying a difference in body image between the two types of women. Another hypothesis proposed was that disordered eating appeared to exist at a lower rate in lesbian women than in heterosexual women (Haines et al., 2008). Finally, lesbian women prefer a higher BMI than heterosexual women (Haines et al., 2008; Swami & Tovée, 2006). Haines and colleagues (2008) also added that lesbians who uphold the cultural standards would likely receive the same benefits as heterosexual women who adhere to the cultural codes of attractiveness.

Haines and colleagues (2008) administered an online survey to 150 self-identified lesbians with an average age of 35.12 years. These women were recruited through internet list serves and message boards. The majority of participants were Caucasian, middle- to upper-class,

and in possession of a bachelor's degree or higher. In addition, 67.4% self-identified as feminist. The path model proposed by Haines and colleagues (2008) described feminist self-identification and internalized heterosexism as predictive links for levels of body surveillance. Moreover, body surveillance would then predict body shame which would predict negative attitudes about eating as well as the presence of depression. Also, the path model contained a direct relationship from body surveillance to eating attitudes and a direct relationship from internalized heterosexism to depression (Haines et al. 2008).

Using this path model, the authors discovered similar findings to that of Kozee and Tylka (2006). The results demonstrated that body surveillance had a direct impact on attitudes about eating. Thus, Haines and colleagues (2008) demonstrated further empirical evidence that both Brown (1987) and Dworkin (1989) are correct to an extent, or that the lesbian identity is protective against cultural beauty standards, but not protective enough. Additionally, it was indicated that body shame and body monitoring had the effect of increasing disordered eating and depression in the respondents. Similar to Kozee and Tylka (2006), caution should be taken when reading these results due to problems of generalizability.

Kozee and Tylka (2006) and Haines and colleagues (2008) research clearly points to a combination of the theories proposed by Brown (1987) and Dworkin (1989) as opposed to supporting one theory over the other. Cogan (1999) considered what beauty represents within the dominant culture and lesbian subculture when studying lesbians and objectification.

According to Cogan (1999), some lesbian women have rejoiced in the ability to reject the dominant culture's beauty ideals upon coming out as a lesbian. However, other lesbians have noted frustrations with the beauty constrictions within the lesbian subculture. Cogan (1999) administered questionnaires to 181 women identifying as lesbian and bisexual and between the

ages of 17 to 58 years at a summer gay pride fair in California. Eighty-eight percent were lesbian and twelve percent identified as bisexual and seventy-three percent of the entire sample identified as white. Cogan's (1999) study produced results confirming that lesbians preferred an ideal body thinner than their current bodies and exhibited body dissatisfaction not unlike heterosexual women. Conversely, participants reported a thin-ideal that was larger than that imposed on heterosexual women. It was speculated that lesbians are taught within the lesbian subculture to be more accepting of varying body sizes and shapes but that lesbian women may have difficulty applying this acceptance to their own bodies (Cogan, 1999). With regard to confining beauty standards within the lesbian subculture, Cogan (1999) reflected that respondents indicated abiding by lesbian beauty standards in a functional manner (i.e., to be identifiable to other lesbians and to feel connected to the lesbian community). Furthermore, these findings supported the possibility that lesbian women experienced the mainstream cultural pressures to be thin yet not to the same degree as heterosexual women, making them complex and placing them somewhere in between the two theories proposed by Brown (1987) and Dworkin (1989). This study is also important because it provides further evidence that lesbians maintain a different body-ideal than heterosexual women.

In addition to the studies focused predominantly on objectification, a few other studies considered the role of social standards on other factors that affect women. In a quantitative study conducted by Striegel-Moore and colleagues (1990), a small university sample of 30 lesbian undergraduate students and 52 heterosexual undergraduate women completed questionnaires that measured sexual orientation, body and self-esteem, and disordered eating symptoms. Findings of this study stated that lesbians endorsed a similar level of body esteem as heterosexual women. The researchers discussed that even though lesbian women reject the cultural standards of female

beauty, they may not be able to overcome the cultural standards they have internalized as a result of being subjected to these messages over a long period of time, making these findings consistent with Dworkin's theory (Striegel-Moore et al., 1990).

In addition, Bergeron and Senn (1998) disseminated a questionnaire containing items measuring the influence of sociocultural norms on body image to 243 lesbian and heterosexual participants. Feminist identity was also assessed via a single item in the demographic questionnaire included. The results of Bergeron and Senn (1998) indicated that lesbian women had more positive attitudes towards their lower bodies than their heterosexual peers and also reported feeling stronger and more fit than did their heterosexual participants. However, the lesbian and heterosexual groups did not differ on other measures of body attitudes and images. Lesbian and heterosexual women also differed in their acknowledgement of societal norms. Thus, Bergeron and Senn's (1998) empirical findings appear to support both the theory proposed by Dworkin (1989) and the theory suggested by Brown (1987).

One final study worth mentioning is the qualitative study conducted by Beren, Hayden, Wilfley, and Striegel-Moore (1997). In this study, 26 lesbian respondents were interviewed about the impact on body image of various factors: lesbian beauty ideals, lesbian concerns about feminine identity, lesbian beauty conflicts, and vehicles through which beauty ideals are delivered. Findings included reports from the lesbian participants about experiencing pressures to follow the traditional beauty ideal to be thin in a manner similar to heterosexual women (Beren et al., 1997). Furthermore, participants noted a preference for thin and fit women over "frail" women (Beren et al., 1997). Therefore, it may be said that lesbian women are subjected to the same cultural messages that heterosexual women receive, demonstrating Dworkin's (1989) theory.

Lesbians and Attraction Preferences

As previously mentioned, objectification is considered to play a role in the body monitoring and resulting disordered eating that occurs when women are acutely aware of being evaluated and of their desire to meet the cultural standards, which in the U.S. means being very thin. The body-ideal expected of women becomes the hallmark of attractiveness within the culture and is relayed through cultural messages. Objectification is the process that is believed to occur as women strive to meet the expected body-ideal and be attractive. Thus, it is important to explore attraction preferences in the lesbian culture when considering the potential degree lesbian women are influenced by objectification. Original studies on lesbians and physical attraction purported that lesbians had a higher acceptance of varying body shapes and sizes than individuals outside of the lesbian community (Blumstein & Schwartz, 1983). Moreover, research indicated that lesbians, compared to heterosexual women, appeared to be less concerned with appearance, dieting practices, body image, weight, and with partner's appearance (Gettelman & Thompson, 1994; Herzog et al., 1992; Siever, 1994). Research also showed that lesbians have not demonstrated the same high amount of a drive for thinness as heterosexual women (Herzog et al., 1992; Moore & Keel, 2003).

According to Cohen and Tannenbaum (2001), studying the attraction preferences of lesbian women is complex because some preferences appear to overlap with heterosexual preferences while others seem to be unique to lesbians. These researchers conducted internet surveys with 209 women aged 17 to 57 and 141 women between the ages of 16 and 65, respectively, and all identifying as lesbian or bisexual. The questionnaire was constructed using eight figures of varying sizes and allowed participants to rate the figures based on attractiveness,

femininity, healthiness, kindness, and desirability for relationships. The second study also included a rating for a gender-conforming or –nonconforming factor of these figures.

Waist-to-hip ratio was a variable in the researchers' study because it is one of the most researched factors associated with attractiveness (Cohen & Tannenbaum, 2001). More specifically, a low waist-to-hip ratio of approximately 0.7 for women is preferred and considered attractive by most of the world (Cohen & Tannenbaum, 2001). In addition, evidence suggested that women have demonstrated preferences of female figures similar to that of preferences of men (i.e., large breasts, thin body, and low waist-to-hip ratio; Cohen & Tannenbaum, 2001). Results of this study revealed that lesbians also preferred a low waist-to-hip ratio in women. However, they preferred a heavier figure than the figure often desired by heterosexual individuals and Cohen and Tannenbaum (2001) concluded that this might be because of the comfort level with heavier physiques within the lesbian culture. Along with hip-to-waist ratios, attraction preferences may also be measured with regard to body weight and BMI.

Body Weight and BMI

Once again noting Brown's (1987) theory that lesbian women are more likely capable of eschewing objectification and the thin-ideal, it may be plausible to suggest that lesbians are more accepting of larger female body sizes. Cohen and Tannenbaum (2001) reported that lesbian women endorsed a preference for heavier women more so than their heterosexual counterparts. Two reasons were proposed in explanation of this preference. The first reason suggested that lesbian women tend to be heavier, are more comfortable with their weight, and reported higher ideal weights than the traditional thin-ideal. Therefore, lesbian women may find other women who are heavier to be more attractive than thinner women because the heavier women more closely resemble their own bodies. The second suggestion stated that lesbian women are more

reactive to the cultural thin-ideal and reject thinness as oppression similar to the oppression faced by lesbian women for their sexuality (Cohen & Tannenbaum, 2001).

Results of Swami and Tovée (2006) concurred with the Cohen and Tannenbaum (2001) findings that lesbians appeared to prefer a heavier weight and BMI in women. Two hundred eighteen college students from the Greater London area between the ages of 19 and 50 years rated black-and-white video images of real women's bodies. Participants also completed a demographic information questionnaire that included sexual orientation and feminist ascription questions (Swami & Tovée, 2006). There were significant differences in calculated BMI's between the lesbian and heterosexual participants in the study. The findings suggested that both lesbians and heterosexuals endorsed BMI as a significant factor in attraction preferences but the lesbians tended to rate heavier women as attractive more often than the heterosexual women did. BMI attractiveness ratings for heterosexual women and lesbian women were 21 kg/m^2 and 23 kg/m^2 , respectively (Swami & Tovée, 2006).

In addition, Herzog and colleagues (1992) conducted a study with 64 heterosexual women and 45 lesbian women, all between the ages of 18 and 35 years. The heterosexual women were from a university sample and the lesbian women were recruited from community meetings and organizations. A brief self-report questionnaire and 12 figural drawings comprised the survey administered to these participants. Findings of Herzog and colleagues (1992) suggested that heterosexual and lesbian women were concerned with appearance and weight for themselves and for potential partners, but that lesbian women had an ideal body that was heavier than the ideal body endorsed by the heterosexual participants.

In summary, weight issues appear to exist within the lesbian culture and lesbian women may strive to be thinner than their current weights. However, the lesbian body-ideal exists in a

larger size than the thin body-ideal of the heterosexual women. In addition, Smith and Stillman (2002) noted that lesbians appeared less concerned with weight than heterosexual and bisexual women. However, other interesting findings discussed that women, regardless of sexual orientation, appeared to believe that weight was important to other individuals.

In Smith and Stillman's (2002) research, 20 weekly "alternative" newspapers from cities across the United States were collected in order to examine personal advertisements placed by lesbian, bisexual, and heterosexual women (p. 339). The personal ads were evaluated by the number of descriptors offered and requested by the writers of the personal ads. Results indicated that lesbian women offered the fewest number of self-descriptors, including weight (Smith & Stillman, 2002). Interestingly, lesbian women did not differ from heterosexual and bisexual women in the number of requests for weight. Furthermore, weight was offered more frequently than requested across the three groups of women (Smith & Stillman, 2002). These results lend themselves to the speculation that women considered weight to be important to others. Given these findings, it may be possible to suggest that lesbian women consider weight important in regard to attractiveness preferences. However, the specific weight preferred may be heavier and more variable for lesbian women than for heterosexual women.

Lesbians and Thin and Fit Body Preferences

Findings of a study conducted by Striegel-Moore and colleagues (1990) demonstrated a link between body esteem and self-esteem in lesbians. Body esteem is a complex concept that includes three facets. The first is women's evaluations of their body parts that cannot be altered through diet and exercise, the second aspect includes emotions related to body parts that can be changed through diet and exercise, and the third facet of body esteem includes feelings about the functioning of one's body, such as agility and athleticism (Franzoi & Shields, 1984). Lesbians'

self-esteem appeared to be more associated with the body's abilities and functions than heterosexual's self-esteem, which supported the importance placed on strength and fitness by lesbians (Striegel-Moore et al., 1990).

According to a study performed by Bergeron and Senn (1998), it appeared that lesbians perceived physical fitness as indicative of positive self-image. In their study, lesbians reported feeling stronger and fitter than their heterosexual counterparts. Moreover, lesbians had a more accepting attitude about body size and shape demonstrated as their body-ideal was not as thin as heterosexual women in the sample (Bergeron & Senn). Cogan (1999) also demonstrated that lesbians appeared to exercise for the non-aesthetic reasons of fitness, mood, overall health, and enjoyment rather than for aesthetic purposes.

Furthermore, there have been suggestions that lesbians have thin and fit preferences for their partners as well as for themselves. Beren and colleagues (1997) interviewed lesbian college students about issues regarding their body in a hypothesis-generating study. The primary focus was to expand what is known about lesbians in reference to weight and appearance preferences and experiences. The sample was small with 26 lesbians, primarily Caucasian, from a small liberal-arts college. A set of questions asked during the interview focused on the lesbian beauty ideal and it was discovered that lesbians had a preference for themselves to be thin, physically strong, and fit (Beren et al., 1997). This value placed on being thin and physically fit was also endorsed by approximately half of the respondents as an attraction preference in potential partners. In addition, it has been noted that lesbians tended to rate potential partners' attractiveness in more functional than appearance associated terms (Heffernan, 1996).

Overall, results indicate that lesbians have an attraction preference for thin, but fit bodies. Therefore, lesbians may not be sheltered and protected from the mainstream pressures of the

traditional beauty ideals of thinness, which is in accordance with the belief of Dworkin (1989). Besides attraction preferences of body weight and build, the degree of body satisfaction among lesbian women appears to be different from that of heterosexual women.

Lesbians and Body Satisfaction

Herzog and colleagues (1992) demonstrated that lesbians appeared to be more satisfied with their weight and had less interest in losing weight than heterosexual participants. The salient aspect in this finding was that lesbian women considered the ideal body to be different from that of the heterosexual ideal body, and more specifically, that lesbian women appeared to maintain and to be satisfied with a heavier figure. The researchers suggested that the lower rates of body dissatisfaction among lesbian women may be a reason for the lower incidents of eating disorders among this group of women (Herzog et al.).

Bergeron and Senn (1998) attempted to confirm that social factors were the force behind the body dissatisfaction women have been experiencing in increasing amounts over time. To accomplish this goal, the researchers studied both heterosexual and lesbian women in order to decide if the degree to which an individual internalizes societal norms has an effect on the amount that the individual is dissatisfied with her body. Results were complex and demonstrated that lesbians appeared to reject societal norms while simultaneously endorsing “feeling fat” and contributing time to thoughts about their body weight and shape (Bergeron & Senn, 1998). This evidenced that lesbians attempt to reject societal norms, perhaps due to pressure from within the lesbian subculture to do so, but remain unable to apply these norm rejections to their own bodies.

Furthermore, other research has suggested that lesbians are similar to heterosexual women in terms of body satisfaction (Beren, Hayden et al., 1997; Brand et al., 1992; Striegel-Moore et al., 1990). Beren and colleagues (1997), discussed earlier, explored the effects of social

pressures on women's body satisfaction and concluded that women are socialized to develop body dissatisfaction, and this includes both heterosexual and lesbian women. Studying body dissatisfaction is of interest because of evidence that body dissatisfaction is one of several possible causes of disordered eating (Garner, Olmstead, Bohr, & Garfinkel, 1982).

To conclude the literature presented on lesbian women's body image, including the experience of objectification, attraction preferences, body weight and BMI, body preferences, and body satisfaction, there appears to be more evidence than not supporting the position that lesbians have a different body-ideal than heterosexual women. Much of the research denotes that lesbians are unique in appearance preferences with regard to preferring thin, muscular women and rejecting women who are too thin, too frail, and too feminine. Perhaps other studies about lesbians and weight preferences only focused on thin versus fat and have neglected the other variables of strength and muscularity (Beren et al., 1997). One observation made within the research was that lesbian women may adhere to a body-ideal that is different from the popular culture's thin-ideal (Gettelman & Thompson, 1993). Additionally, lesbians may maintain a preference for women whom are larger than that of the preference within the dominant culture of heterosexual women. Therefore, lesbians may prefer fit and muscular women who are not frail but are not fat either. To continue with this line of reasoning, there is also research on eating habits and patterns within the lesbian culture that are associated with body image. In addition, research regarding lesbians, body image, and disordered eating appeared to be mixed. A more thorough review of dieting and disordered eating habits among lesbians may be necessary in order to better understand the literature.

Lesbians and Disordered Eating

Striegel-Moore and colleagues (1990) were mentioned above as one of the studies demonstrating that lesbian and heterosexual women appear to experience body esteem similarly, meaning this study provided empirical support for Dworkin's (1989) theory that lesbian women are influenced by mainstream cultural standards of thinness. Striegel-Moore and her colleagues explored disordered eating in both heterosexual and lesbian women. They hypothesized that more acceptance of varying body types and less disordered eating practices would occur among lesbian women than would be observed in heterosexual women. These researchers did not find statistically different rates of reported bingeing and dieting behaviors between the lesbian and heterosexual samples in their study.

Bradford, Ryan, and Rothblum (1984) conducted and published The National Lesbian Health Care Survey because general information about lesbians and health care, in comparison to that of heterosexual women, was very sparse. The study was conducted on 1,925 lesbians between the ages of 25 and 44 years and focused on current stressors, depression and anxiety, suicide ideation and attempts, physical and sexual abuse, alcohol and drug abuse, and eating disorders (Bradford, Ryan, & Rothblum, 1994). Their findings indicated that overeating alone was endorsed more than undereating or the combination of overeating and vomiting (Bradford, Ryan, & Rothblum, 1994). These findings are evidence that lesbians may reject the traditional thin-ideal resulting in a reduction of negative feelings about one's body and ultimately may reduce the risk of disordered eating, which is congruent to Brown's (1987) theory. More specifically, lesbian women may be less likely to engage in disordered eating behaviors as a consequence of objectification. The review of the literature has provided evidence that identifying as lesbian may be protective against objectification and disordered eating to an

extent. Taking this conclusion a step further, it would be curious to observe if this protective factor varied in degrees associated with gender expression and identity beyond that of the general term “lesbian.”

Identity Issues and Body Image

Sexual Orientation and Identity

Being a lesbian may be a protective against society’s norms for various reasons, including Brown’s (1987) contention that lesbian women may more easily reject the thin-ideal because they have already rejected the norms of sexuality. Moreover, empirical evidence showed that the lesbian identity protected women from objectification and disordered eating symptoms (Noffsinger-Frazier, 2004). Similar to other subcultures, lesbian women vary greatly from one woman to the next. Additionally, within the lesbian community, there may be more systematic differences among lesbians related to their identities in relation to masculine and feminine roles. Some lesbians distinctions have been made between lesbian identities typically referred to as butch and femme. These identities are considered here, because it is possible that femme lesbians and butch lesbians may not be equally affected by objectification, and moreover, femme and butch lesbians may present with different disordered eating symptomatology.

Definitions of butch and femme lesbians vary across sources in the literature. Singh and colleagues (1999) discussed problems with defining femme and butch. These authors noted that butch and femme identities were typically defined using behaviors, mannerisms, and clothing. The use of these identification markers to define butch and femme has attracted both those in support of and those in opposition to such definitions (Singh et al., 1999). The literature remarked that the appearance of a woman, and especially a lesbian woman, has been used throughout history to signify whether she was heterosexual or a lesbian. “Stereotypical lesbians”

were traditionally considered to be women who were masculine in appearance, attitude, and behavior with cropped hair and manly clothes (Bailey, Kim, Hills, & Linsenmeier, 1997). Moreover, butch lesbians were frequently mistaken for men while femme lesbians typically “passed” as heterosexual women (Soares, 1995 as cited in Singh et al., 1999). Clearly, appearance has been used as a strong indicator of sexual orientation and identity yet there remain no commonly accepted definitions for butch and femme lesbians. Similar conclusions have been noted elsewhere in the literature.

Even though femme and butch are frequently used terms in society, including in the arenas of academia and popular culture, no unifying definitions have been agreed upon (Rosario, Schrimshaw, Hunter, & Levy-Warren, 2009). One reason for the lack of solid femme and butch definitions is that these identities are complex and vary greatly among the women who may be presumed to fall within these categories (Rosario et al., 2009). The prevalence of butch and femme lesbian identities was explored in a study conducted on youth between the ages of 14 and 21 years within New York City Lesbian/Gay/Bisexual (LGB) community and college centers (Rosario et al., 2009). The researchers constructed the definitions of femme and butch based on criteria within several categories such as personality, physical appearance, partner preferences, and active sex roles within relationships. Rating criteria utilized in the interview specific to butch and femme identification included one item asking the individual to self-identify as either, one item asking how the individual thought other lesbians would identify her, and a femme or butch rating provided by the interviewer. Results yielded that both femme and butch lesbians presented with hesitancy to self-identify and that this hesitancy was stronger among butch participants. Rosario and colleagues (2009) speculated that the areas used to assess femme and butch identity (i.e., partner preferences, appearance, personality characteristics, and sexual behavior roles) were

not as closely linked to defining these identities as once thought. Femme and butch identities may be more multidimensional than a continuum can permit.

Furthermore, results reflected differences between responses to the self-identifying and other-identifying items. Only 40 to 52 percent of respondents self-identified as butch or femme while 72 to 75 percent of respondents noted that others were likely to perceive them as one or the other (Rosario et al., 2009). Recommendations for future studies included using alternative methods of measuring butch and femme identities.

A 2002 study by Brown, Finn, Cooke, and Breedlove included a forced-choice item that asked participants: “If I had to describe myself as one of the two types below, I would consider my overall outlook to be (circle one): butch or femme” (p. 118). Of the 207 participants who identified as lesbian, 87 women stated they considered themselves to be butch and 89 considered themselves to be femme. This means that 31 lesbian participants refused to answer this item thereby supporting the difficulty of using a forced-choice question to categorize individuals who may not wish to be labeled.

Other research has attempted to assess butch and femme identities by utilizing a less rigid approach. For example, Singh and colleagues (1999) allowed participants to choose a degree of butch or femme that they felt characterized them in order for the researchers to create a continuous factor of lesbian identity, what they referred to as “degree of butchness”. Participants rated themselves on a 10-point Likert scale from *definitely not true* (0) to *definitely true* (9) in response to the questions: “I think of myself primarily as a butch” and “I think of myself primarily as a femme” (Singh et al., 1999). Results indicated a bimodal distribution via a difference score which evidenced the two separate lesbian identities of butch and femme.

Furthermore, femme lesbians tended to be more feminine and butch lesbians tended to be more masculine (Singh et al., 1999).

In opposition to the categorization of women by strictly using the terms butch and femme, the idea of sexual fluidity emerged. Research has demonstrated flexibility within sexuality such that individuals may not identify exclusively with one category of sexual orientation (i.e., heterosexual, lesbian, gay, and bisexual among others; Diamond, 2005). This flexibility has resulted in questions regarding the usefulness of categorizing research participants. Additionally, research has shown that some individuals have become romantically involved with a member of the same-sex with a focus on the individual and the relationship rather than on labeling oneself within a particular category of sexual orientation (Diamond, 2005).

Diamond (2005) conducted an eight-year longitudinal study with 79 sexual-minority women between the ages of 18 and 25 years. In-person interviews and three separate follow-up telephone interviews constructed the study. Participants were recruited through both university and community groups. Participants who maintained a lesbian label through adolescence and young adulthood were considered “stable lesbians”, women who oscillated between labeling self as lesbian and nonlesbian during the same developmental period were considered to be “fluid lesbians”, and participants who engaged in lesbian attractions and relationships but did not label themselves as lesbians were called “stable nonlesbians” (Diamond, 2005). Results were mixed in that there was no consistent data found across all variables assessed for each of the three groups. Fluid lesbians appeared similar to stable lesbians on some dimensions while they more closely resembled stable nonlesbians on others. It was concluded that extending assessment measures beyond categories and allowing for more fluidity in lesbian behaviors and activities

appeared effective but that this was not enough evidence to completely disregard all categorizational methods of defining lesbians.

The literature is mixed on whether categorization or more fluid methods of measuring femme and butch identities are superior. One important question that needs to be addressed is the importance for lesbians to identify as butch, femme, or another identity for research purposes. Asking research participants to identify as butch or femme is salient in research due to the fact that individuals may fit the stereotype of one of these identities (Rosario et al., 2009). Moreover, it is likely that the individuals are perceived by others as either femme or butch and may be treated in a particular manner as a result. The hesitancy to self-identify as either butch or femme is an implication that the prevalence of these lesbian identities is underestimated (Rosario et al., 2009). Another reason for assessment of femme and butch identities within research would be with regard to measuring eating disorders among lesbians.

Research suggested that, because butch lesbians have a tendency to align with more masculine-like gender roles, they may be less affected by body image dissatisfaction and disordered eating messages of mainstream culture (Singh et al., 1999). Additionally, research speculated that femme lesbians may experience pressure to adhere to the traditional thin-ideal and are therefore at a high risk of developing eating disorder symptoms (Strong, Williamson, Netemeyer, & Geer, 2000). Given the reported masculine tendencies of butch lesbians and the feminine characteristics of femme lesbians (Singh et al., 1999), it may be possible to speculate that butches are more successful than femmes in rejecting objectification and the thin-ideal. If this is the case, then it is also equally likely that butch lesbians would present with less disordered eating symptoms than femme lesbians. Besides lesbian identity, feminist identity may

also be a protective factor against objectification and thin-ideal because feminism is in opposition to the oppressions faced by women.

Feminist Identity

Feminism is an important factor to consider when discussing women and the thin-ideal because feminists have repeatedly critiqued the oppression faced by women in society. For the purpose of this paper, a basic definition of feminism is “advocacy of the rights of women (based on the theory of equality of the sexes)” (Oxford English’s online dictionary, 2011). Gloria Steinem, a known feminist, wrote an article about the advertisements in women’s magazines. Steinem (1990) commented, “Suppose archaeologists of the future dug up women’s magazines and used them to judge American women. What would they think of us- and what can we do about it?” (p. 170). Steinem criticized women’s magazines for including a large portion of ads, ads that were primarily cooking recipes and beauty products. Furthermore, Steinem (1990) described women’s magazines and other media as attempts to keep women in their place. In addition, Fredrickson and Roberts (1997) reflected on the socialization of boys and girls and the power differentials between men and women in society as a possible reason for the existence of objectification.

Criticizing oppression placed on women may help increase an individual’s capability of rejecting societal norms. Thus, women who do not include societal pressures on women’s appearance into their self worth would likely have a more positive self-image and perception of their bodies (Dionne et al., 1995). Dionne and colleagues (1995) discovered that feminist ideals appeared to be positively related to body satisfaction. Siever (1994) assumed feminist identity was relevant to findings that lesbians were less concerned with physical attractiveness than heterosexual women. However, one problem with Siever’s (1994) assumption was that a

measure of feminism was not used to provide empirical support that feminist identity was associated with the results. Feminism has been considered to be a buffer against the thin-ideal within some of the research while conflicting research has discovered that it may be a positive but weak protective factor against disordered eating or body dissatisfaction.

Most research concludes that feminist identity aids in rejection of societal norms, such as eschewing the thin-ideal and objectification, but not enough. Heffernan (1996) conducted a research study that focused on weight concerns and dieting habits in 203 lesbian participants recruited from a college campus, a music festival, and two lesbian and gay community centers in a metropolitan area. Included in the measures administered to participants were both the Attitudes Toward Attractiveness Scale (ATAS) and the Attitudes Toward Women Scale (AWS), with the latter used to reduce the potential effects of social desirability. The results of the ATAS and AWS were interesting. Scores on the AWS demonstrated that lesbians, compared to a heterosexual control group, were more rejecting of traditional attitudes towards women's rights and roles. However, scores on the ATAS suggested that these attitudes about rejecting societal norms did not extend to concerns about weight. To summarize, participants endorsed a rejection of society's oppressions against women except in regards to weight.

When exploring the results of their study, Bergeron and Senn (1998) considered the intersection of sexual orientation, feminist identity, and internalization of societal norms. Overall, these interactions were complex, but one particular finding suggested that both sexual orientation and feminist identity influenced attitudes about body strength and fitness but not concerns about shape and size of buttocks and thighs (Bergeron & Senn, 1998). Bergeron and Senn (1998) concluded that feminist attitudes and identity appeared to be helpful but not a particularly strong protective factor against the internalization of societal norms. One limitation

of this conclusion is that feminist identity was measured using a single item in the demographic questionnaire.

More recent research supported the findings of Heffernan (1996) and Bergeron and Senn (1998). Swami and Tovée (2006) noted no difference between feminist and non-feminist participants on preferences of physical attractiveness suggesting that feminist identity may not be a strong buffer against internalization of negative societal norms.

Most of this research demonstrated findings that feminist attitudes and identity may be a positive but weak protective factor against internalization of societal norms, body dissatisfaction, and disordered eating symptoms. However, several of these studies had the methodological limitation of using a single-item feminist identity question. For example, Swami and Tovée (2006) used a single item for feminist ascription and noted that this item may not have captured the variability within feminism and may not be a reliable method for measuring feminism. It is also salient to explore other problems inherent in researching feminists.

Attempts to describe feminist identity have taken the shape of developmental models such as Downing and Roush's (1985) model of feminist identity. However, developmental models can be problematic because development may not occur linearly with some individuals regressing back to previous stages or moving from one stage to another in a non-chronological pattern. In addition to feminist identity development, an individual may identify as a member of a variety of types of feminism such as socialist, radical, liberal, cultural, and womanist feminism. To encompass both a discussion about feminist identity development and feminism type is beyond the scope of this paper. The salience of mentioning feminist identity and feminism type is to acknowledge that these factors are difficult to define and measure. It is not the intent of this

study to focus on measuring feminism in all its complexities, only to measure a basic degree of feminism in an effort to control for feminism as a potential confound in the results.

Similar to labeling oneself as butch or femme, research has shown that young women today have demonstrated a hesitancy to self-identify as a feminist. Two reasons for the differences between feminists in the 1970's and young feminists today have been noted within the literature. Baumgardner and Richards (2003) discussed the premise of their book, *Manifesta: Young Women, Feminism, and the Future*. These authors stated that young women are afraid to identify as feminists because they do not feel as though they are active enough in the feminist movement. In addition, young women today appeared to be interested in maintaining feminist ideals while also maintaining a feminine appeal, which many young women find to be a distressing conflict (Baumgardner & Richards, 2003). These are not the only explanations for the hesitancy in young women to self-identify as a feminist.

Zucker (2004) stated that women frequently reject the feminist label, even when they endorsed feminist ideology. The media stereotypes and images of feminists have had a negative impact on individuals' self-identification as a feminist (Zucker, 2004). According to Rhode (1995), feminists have been depicted as extremists, demonic-like caricatures who burn bras and have hairy legs, which is still an image prominent in today's culture and media. Just as objectification and the thin-ideal have been emphasized in popular culture with the result of negative consequences, perhaps the negative stereotypes of feminists have left women rejecting the label even if they uphold feminist ideologies and beliefs.

Furthermore, little research has been conducted on the attraction preferences within the intersection of lesbian and feminist identity beyond that of Bergeron and Senn (1998). Some theorists remain firm in the idea that the rejection of traditional norms inherent in feminism's

philosophy would allow for less negative body image, negativity towards heavier figures, and less adherence to the traditional thin-ideal (Dionne, Davis, Fox, & Gurevich, 1995). It may be plausible that a combined identity of feminist and lesbian may prove more powerful against societal pressures.

Age

Age may not always be considered a part of an individual's identity; however, there are issues related to the intersection of age with feminism and lesbianism that may impact identity. Women who came of age in the 1970's during the Second Wave of the women's movement may present differently than young women today in reference to identifying or rejecting the label of feminism. Additionally, there appears to be an age effect within the lesbian community. The "new lesbian" is a reflection of the middle ground on which lesbians may stand between Brown (1987) and Dworkin (1988) (Striegel-Moore et al., 1990). Furthermore, Striegel-Moore and colleagues (1990) reported:

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 (p. 498).

Therefore, young lesbians today may internalize the cultural messages about the thin-ideal and may experience objectification to a greater degree than lesbians who came of age in the 1970's. Striegel-Moore and colleagues (1990) discussed that younger lesbians appear to emphasize appearance, image, and clothing more in line with current cultural standards than older lesbians who were more critical of the traditional standards. Thus, young lesbians, but not

older lesbians, may be compared to heterosexual women in their experience of pressure and attempts to uphold the cultural beauty ideal (Stiegel-Moore et al., 1990).

Although several studies have been conducted on lesbians with regard to objectification, the thin-ideal, and disordered eating, there is not much overlap across the studies in relation to the age of participants sampled. This issue may be the result of some studies using sampling from university settings (e.g., Beren et al., 1997; Gettelman & Thompson, 1993; Swami & Tovée, 2006) while other studies sampled from community settings (e.g., Bergeron & Senn, 1998; Moore & Keel, 2002). Yet other studies collected samples from a combination of both university and community settings (e.g., Beren, Hayden, Wilfley, & Grilo, 1996; Brand, Rothblum, & Solomon, 1992; Heffernan, 1996; Herzog et al., 1992; Siever, 1994; Striegel-Moore et al., 1990; Strong et al., 2000). This means that the ages of participants vary from study to study with university samples containing predominantly younger women between the ages of 18 and 30 and community samples containing women who are older, on average, in comparison.

The Current Study and Hypotheses

The review of the literature leaves us with the intriguing question of why the model connecting objectification and disordered eating works well for heterosexual women but not for lesbian women. The majority of research on objectification and disordered eating has been conducted on heterosexual women or the respondents were presumed to be heterosexual; other literature indicates that objectification may not have the same impact on the body image and affect on lesbian and bisexual women (Fredrickson & Roberts, 1997). The studies that have explored the effects of objectification on lesbian women have compared preferences only with regard to thin and fat body types and have failed to assess the muscular build preferred by at least some lesbians as demonstrated by Beren and colleagues (1997).

Moreover, certain identities (i.e., butch, femme, and feminist) that may act as protective factors against objectification and disordered eating have not been sufficiently and rigorously researched. For example, research on the effects of objectification as experienced by butch and femme lesbians is not reported. Literature on disordered eating does not appear to account for the different identities within the lesbian subculture. Speculations have been made that butch lesbians may be less affected by objectification than femme lesbians and thus may not experience disordered eating to the same extent (Singh et al., 1999; Strong et al., 2000). However, empirical studies on this suggestion appear to have not been conducted.

Identification with feminism, and/or the acceptance of a feminist position have been posited as disrupting the objectification of women in a heterosexist culture. However, this hypothesis has not been convincingly demonstrated. For example, Siever (1994) assumed rather than assessed the feminist attitudes of participants. Researchers have typically assessed feminist ascription using a single item (Bergeron & Senn, 1998; Swami & Tovée, 2006). A brief scale assessing feminist identification or attitudes is preferable to a single item categorization; however such a scale has not been located. Current feminism scales are not adequate for this purpose. The widely cited feminism scales differentially measure feminist identity development (FID) and/or types of feminism. A thorough discussion and critique of existing measures is beyond the scope of the current research, but the literature points to feminist identification as an important variable potentially impacting both lesbian and heterosexual women's sense of themselves as objects of male attention.

Given the limitations of the current literature, the goal of this dissertation was to explore the relationship of objectification and the experiences of (negative) body image and disordered eating among lesbian women. More specifically, this model was applied to both lesbians and

heterosexual women over the age of 18, who have self-identified along a both a masculine (butch) and feminine (femme) dimension. Participants were recruited from organizations and via email listservs and were asked to share the url link of the Qualtrics survey with female friends, co-workers, faculty, and students, prompting a snowball manner of participant recruitment. Multiple measures were compiled to develop the Qualtrics survey and contained the Athletic Image Scale (AIS), Objectified Body Consciousness Scale (OBCS), Body Appreciation Scale (BAS), the Eating Attitudes Test-26 (EAT-26), the Gender Expression Measure among Sexual Minority Women (GEM-SMW), and the Feminist Identity Scale (FIS). Descriptions and reasons for choosing these measures will be discussed below.

The first hypothesis was that lesbian women would report less objectification, more positive and less negative body images, and would report less problematic eating behaviors than heterosexual women.

The second hypothesis was that higher levels of feminist identity or attitudes would be positively related to positive body image and negatively related to negative body image and disordered eating. Feminists would report less objectified body consciousness than non-feminist respondents.

Additionally, the third hypothesis stated that within the lesbian respondents, individuals identifying as more butch/masculine would report less objectified body consciousness, a less negative body image, and fewer indications of disordered eating than lesbians who identify as more femme/feminine.

The fourth hypothesis speculated that women who were both lesbian and feminist would report the lowest levels of objectified body consciousness and the most positive and least negative body images.

The fifth hypothesis stated that the two forms of identification (i.e., butch/femme, and feminist) would moderate the relationship between objectification and body image.

Finally, age was explored as it was presumed there would be differences between older and younger lesbians with regard to objectification, disordered eating, and body image.

CHAPTER III

METHODS

The goal of the current study was to compare lesbian women's experiences of objectification, body image, and disordered eating to that of heterosexual women in order to better understand how these factors might affect lesbian women differently.

Participants

Participants included all women of diverse ethnicities and sexual orientations over the age of 18. Originally, 363 women accessed the online Qualtrics survey, but only 274 participants' responses were included in data analyses. Furthermore, although a variety of women completed the survey, only heterosexual, lesbian, and bisexual women were involved in data analysis. Lesbian and bisexual women were combined into a non-heterosexual group to be compared with the heterosexual group as will be discussed further in the Results section below.

Of the 363 participants, 76 participants' surveys were removed due to incompleteness of measures or missing too many items from a particular scale. Notable themes that emerged in missing data included multiple women only completing the first one to two items of the survey, which belonged to the Athletic Image Scale (AIS). Additionally, several women only completed through item nine or item 19 of the 24 items on the Objectified Body Consciousness Scale (OBCS). Item nine on the OBCS is "I rarely compare how I look with how other people look" and item 19 is "I think a person's weight is mostly determined by the genes they were born with." Moreover, a small group of participants did not complete the Feminist Identity Scale (FIS) or the Gender Expression Measure among Sexual Minority Women (GEM-SMW).

Finally, 13 more respondents were excluded from data analyses due to their reported sexual orientation falling within the "other" category that was available in the demographic

section of the survey. The other option also included a space for participants to write in their preferred term for how they identify their sexual orientation. Of these 13 women, nine women identified as Queer and were not included because queer does not always pertain specifically to lesbians or gay men, but is a term that more broadly encompasses individuals who do not identify as heterosexual (Jagose, 1996). The remaining women of these 13 participants identified their sexual orientation using alternate terms and were not included due to the consideration that these individuals may be different from lesbian and bisexual women. Refer to Appendix B for a table of these sexual orientation self-identified labels. Given those participants' surveys that were removed from the file, 274 participants remained for data analyses.

Heterosexual Women

The women who endorsed "heterosexual" on the sexual orientation demographic item were classified as in the heterosexual group. Three more women who responded to the "Other" option on the sexual orientation demographic item in a heterosexual manner were also included. Thus, the heterosexual female group included 191 female participants with a mean age of 32.53 years ($SD = 16.14$).

With regard to race and ethnicity of the heterosexual group, 162 women (84.8%) identified as White, 13 women (6.8%) identified as Black/African American, five women (2.6%) identified as Biracial, four women (2.1%) women identified as Asian, three women (1.6%) identified as Latina/Hispanic, two women (1.0%) identified as Other, one woman (0.5%) identified as American Indian or Native Alaskan, and one woman (0.5%) identified as Multiracial. Level of education achieved was also assessed and 51 women (26.7%) endorsed achieving some college education, 39 women (20.4%) had achieved a Master's Degree, 37 women (19.4%) held a Bachelor's Degree, 36 women (18.8%) had earned a Doctoral Degree, 23

women (12.0%) had attained a high school diploma, and 5 women (2.6%) had earned an Associate's Degree. Body mass index (BMI) was calculated using the height and weight reported by each participant ($M = 25.61$, $SD = 6.46$). This BMI falls within the overweight range (e.g., underweight = below 18.5; normal range = 18.5 – 24.9; overweight range = 25 – 29.9; 30 and above = obese range). Additionally, 155 women self-identified as feminist (66%) by choosing *maybe*, *somewhat agree*, and *agree* on the demographic item, meaning only 36 women did not identify as feminist.

Non-Heterosexual Women

The non-heterosexual women group was classified based on participants' responses on the sexual orientation demographic item and included women who identified as either lesbian or bisexual, including for the Other option in which respondents were given the opportunity to list how they identify (Appendix A). The lesbian participants included 12 women who identified as lesbian (butch-like), 20 women who identified as lesbian (femme-like), and eight women who identified as lesbian but as neither butch nor femme. The bisexual participants included 34 women who identified as bisexual, seven women who identified as pansexual, and one woman who identified as bicurious on the Other sexual orientation demographic item. The pansexual label might be said to apply to an individual who is sexually or romantically attracted to all genders and sexes (Gönel, 2011). While it might be argued that women who identify as bisexual and those identifying as pansexual may differ in various ways, the common factor of the potential to be attracted to both men and women is being considered as the reason for including pansexual participants with bisexual women in the non-heterosexual group in the current study.

Age, race/ethnicity, level of education, and BMI were also assessed for the non-heterosexual group. The average age of participants in the non-heterosexual group was 34.07

years ($SD = 14.56$). With regard to race and ethnicity in the non-heterosexual female group, 70 women (83.3%) identified as White, six women (7.1%) identified as Black/African American, three women (3.6%) identified as Biracial, two women (2.4%) identified as Latina/Hispanic, two women (2.4%) identified as Multiracial, and one woman (1.2%) identified as Other. No women in the non-heterosexual female group identified as American Indian, Native Alaskan, or Asian. Similarly to the heterosexual group, level of education achieved varied among the non-heterosexual group. Majority of women had some higher education: 23 women (27.4%) reported some college level education; 18 women (21.4%) endorsed receiving a Master's Degree; 17 women (20.2%) reportedly earned a Bachelor's Degree; 14 women (16.7%) noted that they had attained a Doctoral Degree; seven women (8.3%) had a high school diploma; and five women (6.0%) earned an Associate's Degree. Finally, the BMI was measured in the same manner as for the heterosexual group and demonstrated a mean BMI of 29.07 ($SD = 7.42$), placing this BMI within the overweight range. In addition, 80 women self-identified as feminist (34%) on the demographic item, leaving only three of the non-heterosexual women identifying as non-feminist.

Demographic Information

Means and standard deviations for the age and BMI as well as number of cases and percentages for race/ethnicity and education level information by sexual orientation (i.e., non-heterosexual and heterosexual groups) are available in Tables 1, 2, and 3.

Table 1

Means for Participants' Demographics, by Sexual Orientation

	Age, in years (SD)	BMI (SD)	Feminist Status ^a (n)
Heterosexual (n = 191)	32.53(16.14)	25.61(6.46)	155
Non-Heterosexual (n = 83)	34.07(14.56)	29.07(7.42)	80
Lesbian (n = 41)	35.95(16.89)	27.95(5.95)	39
Bisexual (n = 42)	32.63(11.90)	30.13(8.63)	41
Total (N = 274)	33.21(15.77)	26.67(6.95)	235

Note. BMI = Body Mass Index

^aNumber of women who self-identified as feminist

Table 2

Participants' Reported Race/Ethnicity, by Sexual Orientation

	Black/ African American	Latina/ Hispanic	Asian	American Indian/Native Alaskan	White	Biracial	Multiracial	Other
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Heterosexual	13(6.8)	3(1.6)	4(2.1)	1(.5)	162(84.8)	5(2.6)	1(.5)	2(1.0)
Non-Heterosexual	6(7.1)	2(2.4)	-	-	70(83.3)	3(3.6)	2(2.4)	1(1.2)
Lesbian	3(7.3)	-	-	-	34(82.9)	3(7.3)	1(2.4)	-
Bisexual	3(7.1)	2(4.8)	-	-	35(83.3)	-	1(2.4)	1(2.4)
Total	19(6.0)	5(1.8)	4(1.5)	1(.4)	231(84.3)	8(2.9)	3(1.1)	3(1.1)

Table 3

Participants' Reported Level of Education, by Sexual Orientation

	High School	Some College	Associates Degree	Bachelors Degree	Masters Degree	Doctoral Degree
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Heterosexual	23(12.0)	51(26.7)	5(2.6)	37(19.4)	39(20.4)	36(18.8)
Non-Heterosexual	7(8.3)	23(27.4)	5(6.0)	17(20.2)	18(21.4)	14(16.7)
Lesbian	6(14.6)	11(26.8)	1(2.4)	6(14.6)	8(19.5)	9(22.0)
Bisexual	1(2.4)	12(28.6)	3(7.1)	11(26.2)	10(23.8)	5(11.9)
Total	30(10.9)	74(27.0)	9(3.3)	54(19.7)	57(20.8)	50(18.2)

Measures

Multiple scales were combined into a large Qualtrics survey that was available to participants on the Internet. They are presented here in the order they appeared within the survey. Scales were presented in this order with the items pertaining to feminist attitudes and sexual orientation near the end in an effort to reduce the possibility of response effects on the other scales. The multiple measures included in the survey assessed objectification, body image, disordered eating, gender expression and sexual orientation identity, and feminist identity.

Athletic Image Scale (AIS)

The Athletic Image Scale (AIS) was included in this study for several reasons. The first reason was to assess the difference between current and ideal figures of participants because of the connection of the thin-ideal to objectification theory and disordered eating. Secondly, the AIS was one of the few scales that provided women the option to choose athletic and muscular physiques whereas most other available scales only measure the difference between thin and heavy physiques. The first figure drawing scale was the Stunkard Figure Rating Scale created by Stunkard, Sorenson, and Schulsinger (1983). The AIS was used rather than the Stunkard Figure Rating Scale because the Stunkard scale does not account for muscularity in physiques nor do the figures change in size from one figure to the next in a consistent pattern (Lenart, Goldberg, Bailey, Dallal, & Koff, 1995).

The literature speculates that lesbian women, more so than heterosexual women, appear to prefer athletic figures in both themselves and in their partners so it was important to include a figure drawing scale that allowed for this preference to be measured. Moreover, using the AIS permitted the researchers to assess whether differences exist between heterosexual and lesbian women's body figure preferences.

The AIS developed by Lenart, Goldberg, Bailey, Dallal, and Koff (1995), is a figural drawing scale that allows participants to indicate both their real and ideal body physiques with respect to shape, size, and muscularity. The AIS is constructed of 30 female, frontal-view silhouettes ranging from very thin to muscular and heavier and was adapted from the 15-figure Visual Image Rating Scale (Lenart et al., 1995). In the current study, the participants were presented with the 30 images twice, and on each occasion were asked to answer one question. The first question asked the participant to choose the number designating the figure that most closely resembled the participant's figure currently. The second question asked the participant to choose the number of the figure that most closely represented the individual's preferred figure. In other words, participants were asked to determine which images were most similar to their current and ideal physiques. Women who chose current and ideal figures that were far apart with regard to body shape and size were considered to be dissatisfied with their bodies (Lenart et al., 1995).

The method used to measure the distance between current and ideal figures in the original study by Lenart and colleagues (1995) was compared to testing results of the Body Dissatisfaction Scale of the EDI. Results of this comparison provided a positive correlation between the AIS and the Body Dissatisfaction scale ($r = .37$ and $.45$, $p < .001$; Lenart et al., 1995). Scores for the AIS were then separated into quintiles demonstrating a preference for more or less athletic physiques. Scores in the lower quintiles indicated a preference for less athletic bodies while scores in the higher quintiles represented preferences for a more athletic physique.

For this study, the distance between current and ideal figures was calculated by subtracting the score given for the current physique from the score given for the ideal physique. Scores were then recoded on a scale of one to 30 from the original scores' quintiles placements.

Higher scores indicated a preference for a more athletic physique. Moreover, Cronbach's α for the AIS in the current study is 0.72, indicating an acceptable level of internal consistency.

Objectified Body Consciousness Scale (OBCS)

To measure objectification, the Objectified Body Consciousness Scale (OBCS) developed by McKinley and Hyde (1996) was used. The OBCS contains subscales that measure body surveillance, body shame, and control beliefs about one's body. Another measure that has been used to measure objectification is the Self-Objectification Questionnaire (SOQ) developed by Noll and Fredrickson (1998). The SOQ asks participants to rank attributes that are offered for physical components of their body with regard to attractiveness and the impact this has on their self-concept. The SOQ is not being used because of this aspect, as this study does not want to further contribute to objectification-type procedures and plans to focus on positive attributes that women would apply to their bodies. Furthermore, body shame is not a component of the SOQ, but is a subscale of the OBCS. Body shame is important to measure in the current study because of the literature that proposes body shame to be the connection between objectification and disordered eating.

The Objectified Body Consciousness Scale (OBCS) is a self-report measure of objectified body consciousness (OBC) containing three subscales: Body Surveillance, Body Shame, and Control Beliefs. Each subscale includes eight items, with 24 items total. For each item, participants responded using a 7-point Likert scale anchored from *strongly disagree* (1) to *strongly agree* (7) with an option to circle NA for *not applicable*. The Body Surveillance subscale items are associated with body monitoring, for example "I rarely worry about how I look to other people" (McKinley & Hyde, 1996). The Body Shame subscale measures the degree of internalization of cultural body standards through items such as "I feel ashamed of myself

when I haven't made the effort to look my best" (McKinley & Hyde, 1996). An example of an item from the Control beliefs scale is "A large part of being in shape is having that kind of body in the first place" and this subscale assesses the beliefs an individual has about abilities to control her body weight and shape (McKinley & Hyde, 1996). For each subscale, high scores indicated a high degree of endorsing the factors related to that subscale. For example, a high score on the Body Surveillance Scale means the individual endorsed a high level of monitoring and evaluating her body based on appearance as opposed to her personal experience of how her body feels.

In McKinley and Hyde's (1996) study, the OBCS demonstrated moderate to high internal consistencies (α) of .89 for body surveillance, .75 for body shame, and .72 for control beliefs. The OBCS was originally used with young adult and middle-aged samples of women. It has been proven to be valid with regard to connecting body objectification to body esteem and eating behaviors, and to disordered eating behaviors specifically (McKinley & Hyde). The current study also consisted of young adult and middle-aged women participants and the Cronbach's α for the OBCS was 0.85. Additionally, Cronbach's α for body surveillance was 0.84, for body shame was 0.84, and for control beliefs was 0.75. Therefore, the current study demonstrated good internal consistency for the total scale and its subscales, similarly to the original OBCS study.

Body Appreciation Scale (BAS)

The Body Appreciation Scale (BAS) was used in this study to measure participants' body image. Other potential scales that were not used include the Sociocultural Attitudes towards Appearance Scale-3 (SATAQ-3; Heinberg, Thompson, & Stormer, 1995) updated to its current third edition by Thompson, van den Berg, Roehrig, Guarda, and Heinberg (2004) and the Body Esteem Scale (BES) developed by Franzoi and Shields (1984). The SATAQ-3 was not used

because it measures internalization of cultural body type ideals with regard to media influence, social and cultural pressures, and internalization of socially constructed body ideals and athletic builds. The OBCS measures the targeted internalization of objectification that is of interest in the current study. Including the SATAQ-3 appeared redundant. Along with the SATAQ-3, the BES was not used. The BES includes three subscales for women, sexual attractiveness, weight concern, and physical condition (Franzoi & Herzog, 1986). The sexual attractiveness and weight concern subscales involve women rating body parts for both sexual attractiveness and attitudes towards body parts that can be altered by controlled food intake, both of which appeared to reinforce women's attitudes and focus on their body parts in a potentially unhealthy manner.

A plethora of scales and assessments in the field of psychology have focused on pathology. With the frequent societal pressures that influence women's development of a negative body image, it was important to include a positive rather than a negative scale when discussing and examining body image. In addition, a measure that assesses body image was salient for measuring the connections between objectification, body image, and disordered eating that is a focus of this study. Hence, the BAS was chosen because it measures body image via positive attitudes towards a woman's body.

The Body Appreciation Scale (BAS) is a 13-item self-report questionnaire that measures body appreciation. Response options range from *never* (1) to *always* (5) in a Likert-type scale depending on how true the statement was for the participant. Items on the scale are positive in nature and some examples include: "I feel that my body has at least some good qualities", "I engage in healthy behaviors to take care of my body", and "Despite its imperfections, I still like my body" (Avalos, Tylka, & Wood-Barcalow, 2005). An overall total score is provided for each participant by adding up the tally for the items and then taking the average. High scores on the

BAS reflect high body appreciation. Across the four studies conducted in the original development of the BAS, it was discovered that the BAS appears to have good factor structure, is internally consistent, and showed evidence of construct and instrumental validity (Avalos et al., 2005). In the current study, Cronbach's α was 0.93, indicating an excellent level of internal consistency.

Eating Attitudes Test-26 (EAT-26)

While there is a broad variety of eating disorder measures available, including various self-report measures, two prominent scales often used in the literature relevant to the current study are the Eating Disorder Inventory, (EDI; Garner, 2004), now in its third edition, and the Eating Attitudes Test – 26 (EAT-26; Garner, 1982).

The EDI-3 was not used in this study for several reasons. It is lengthy with 91 items and its subscales measure variables not relevant to the current study, including interpersonal problems, affective problems, and risk ineffectiveness. Additionally, the EDI-3 is based on a clinical sample, whereas the EAT-26 can be used with both clinical and non-clinical populations (Eating Attitudes Test, 2011).

Furthermore, it has been acknowledged that the EAT-26 is a particularly useful tool for predicting the risk for eating disorders among high school and college-age individuals (Eating Attitudes Test, 2011). The subscales of the EAT-26 are related to factors being measured on the OBCS. The Eating Attitudes Test-26 (EAT-26) is a 26-item self-report questionnaire that assesses concerns and symptoms related to eating disorders. Participants answered items by choosing one of several options (e.g., *always, usually, often, sometimes, rarely, or never*). Additionally, participants were asked for information about their current height and weight, ideal weight, and highest and lowest weights. Finally, participants answer questions related to eating

behaviors such as “Ever used laxatives, diet pills or diuretics (water pills) to control or weight or shape?” with response options *of never, once a month, 2-3 times a month, once a week, 2-3 times a week, or once a day or more* (Eating Attitudes Test, 2011).

Three subscales are used to structure the EAT-26: dieting, bulimia and food preoccupation, and oral control. The Dieting Subscale measures an individual’s degree of preoccupation with body shape as well as tendencies to avoid foods with high-fat content (Garner et al., 1982). The Bulimia and Food Preoccupation subscale is related to body-image disturbance in regards to bulimia and heavier body weights. The third subscale, Oral Control, measures self-control associated with food and pressure from others about gaining weight. Scores for each of the subscales are obtained by summing up the items specific to that subscale. Scores above 20 on the EAT-26 indicate that the individual should seek further assessment for an eating disorder; however, scores below 20 do not necessarily mean that the participant does not have an eating disorder and so this individual may still benefit from further assessment. A referral index is yielded from the results and is based on three criteria: participant’s BMI, total score of all EAT-26 items, and responses of the behavioral questions about eating and weight loss (Eating Attitudes Test, 2011).

Research has demonstrated that the EAT-26 is valid and has internal consistencies in the range of .76 to .94 making it highly correlated with the original EAT-40 form ($r = 0.98$) as well as having a high correlation with another commonly used eating disorder assessment, the Eating Disorders Inventory (EDI; Garner, Olmsted, Bohr, & Garfinkel, 1982; Túry et al., 2010). Cronbach’s α in the current study was .86 for the total EAT-26, .84 for the dieting subscale, .75 for the bulimia and food preoccupation subscale, and .51 for the oral control subscale.

Due to the anonymity of the survey, it is not possible to make referrals for participants who score above the “cut-off” on any or all of the three criteria on the referral index. However, the end of the survey included information for help with concerns about disordered eating. For example, information about resources and hotlines will be offered through the National Eating Disorders Association (<http://www.edap.org/get-help-today/>).

Gender Expression Measure among Sexual Minority Women (GEM-SMW)

The majority of research that has assessed lesbian identity has done so by using a forced choice question, a rating scale, and/or the Kinsey scale. For this study, an item asking women to self-identify their sexual orientation was included in the demographic questionnaire at the end of the survey. Additionally, the Kinsey scale was not included because of its dichotomous nature between lesbian identity and heterosexuality. Moreover, Diamond (2005) noted that research has demonstrated that sexual orientation among women tends to be more a matter of degree than of type.

Because the focus was not just on whether women identify as lesbian, but as butch or femme specifically, a measure was needed that would assess these lesbian identities. Furthermore, most other measures that assess gender expression do not appear to match the gender roles, attitudes, and expressions that literature suggests exists among lesbian and bisexual women. Therefore, the Gender Expression Measure among Sexual-Minority Women (GEM-SMW; Levahot, King, & Simon, 2011) was used because measuring gender expression with regard to butch and femme lesbian identities was important in order to test differences of the impact of objectification on disordered eating among these women.

The Gender Expression Measure among Sexual Minority Women (GEM-SMW) is a 15-item self-report measure that allows for the exploration of individuals' gender expression.

Response options are presented in a 6-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (6). The GEM-SMW is composed of three subscales that assess appearance, gender roles, and emotional expression factors (Levahot, King, & Simoni, 2011). An example of an item for the appearance subscale is, “I keep my hair in a style that is spiky or buzzed.” Items on the gender roles subscale include statements such as “I enjoy activities that involve tools, such as car work or household repairs.” Additionally, an example of an item on the emotional expression subscale is, “I talk to my friends about how I feel.” There are a few reverse scored items on this measure.

Once the measure was completed, the total score was calculated via the addition of all of the likert scale scores given to each item by the participant. Total scores ranged between six and 90, with six indicating that the individual endorses more femme attributes and 90 indicating that the individual identifies as more butch in her gender expression.

The original study of the GEM-SMW provided evidence that this measure is both reliable and valid. Levahot and colleagues (2011), who developed the GEM-SMW, found this measure to have internal consistency for the three proposed factors (i.e., appearance, gender roles, and emotional expression). Moreover and with regard to validity, their correlational data analysis revealed that the GEM-SMW and its subscales are related to sexual orientation, gender identity, and gender expression (Levahot et al., 2011). For the present study, Cronbach’s α was .75 for the total score, .72 for the appearance subscale, .72 for the emotional expression subscale, and .52 for the gender roles subscale. All α ’s except the gender roles subscale were acceptable.

Feminist Identity Scale (FIS)

Three feminism instruments were considered in choosing a feminist scale for this study, the revised Feminist Identity Scale (FIS-R; Rickard, 1989), the Feminist Identity Development

Scale (FIDS; Bargad & Hyde, 1991), and the Feminist Identity Composite (FIC; Fischer et al., 2000). The FIC was developed in part because of concerns about reliability and validity on the FIS-R and the FIDS and uses items from each of the two measures (Moradi & Subich, 2002). The FIS-R and FIDS were created in an attempt to operationalize Downing and Roush's (1985) feminist identity development model that proposed five stages: passive acceptance, revelation, embeddedness-emanation, synthesis, and active commitment (Fischer, Tokar, Mergl, Good, Hill, & Blum, 2000). Regardless of psychometric property concerns, the FIS-R and FIDS were ruled out as appropriate for the current study because of the desire to measure a basic degree of feminist attitudes rather than where women fell within their feminist identity development. The FIC was a composite of the best items borrowed from the FIDS and FIS-R, meaning it was a another measure for feminist identity stage development albeit with better psychometric properties, and not appropriate for the purpose of the current study.

The necessity of assessing a participant's developmental identity or the type of feminism with which she identifies is beyond the scope of this study. Measuring feminism was intended only to allow the researchers to measure the number of participants who identify as a feminist or as a non-feminist in order to examine the relation of feminism to other variables in the study. Given the difficulty to find a basic feminist identity measure, the researchers developed their own feminist identity measure based on a dictionary definition of feminism and the knowledge and expertise among the research in the area of feminist research.

The Feminist Identity Scale (FIS) was developed by the researchers and consists of 10 items that closely match the definition of feminism, or attitudes in support of gender equality (Oxford English's online dictionary, 2011). Participants were presented with response options in a 6-point Likert-type format ranging from *strongly disagree* (0) to *strongly agree* (5). Scores

were summed across items with a resulting score in the range of zero to 50 with 50 representing a high degree of feminist attitude. The Cronbach's α for the FIS in this study was .86, which is a good level of internal consistency.

Demographic Questionnaire

The Demographic Questionnaire was constructed of six items that asked for gender (e.g., female, male, transgender, intersex, other), age, race/ethnicity, and highest level of education achieved. Additionally, women were asked to rank their self-identified feminist status along a 5-point likert scale between *agree* and *disagree* as well as choose a self-identified sexual orientation, including the ability to fill-in-the-blank on an other option.

Procedure

The previously mentioned measures constructed the survey and were presented in an online format using the Qualtrics Survey program. Providing the survey online allowed the participants to complete the questionnaire at any time convenient for them for as long as the study remained open, which was a 10 and a half month time period. Along with utilizing the online survey format, participants who were informed of the study were asked to share the *url* link with friends, creating a snowball effect. There was concern that recruiting lesbian participants would be difficult because of these particular individuals belonging to a small, selective group of women, thus the use of a national Internet survey and attempts to create a snowball effect.

To recruit participants, postcards with the *url* link to the Qualtrics internet survey were handed out at organizational events hosted by the Association for Women in Psychology (AWP) and at PrideFest that occurred in a large East Coast city. Additionally, emails that included the *url* link and requests for participation were sent to the Pride group on a medium sized, rural, East

Coast university, a service sorority (local and national chapters), as well as LGBT magazines and organizations in a large, East Coast city. Participants who responded to the invitation were assumed to be giving consent. Similar emails and requests were also sent to members of the National Women's Studies Association (NWSA) and to members of the American Association of University Women (AAUW) via the listservs of the respective associations. The informed consent form was provided at the beginning of the survey and a prompt for an electronic acceptance of informed consent was required in order to proceed.

Participants were informed that the purpose of this study was to explore diverse groups of women's experiences of their bodies and that they were free to exit the survey at any time without penalty should they wish to discontinue. In addition, all identifying information was not connected to participants' responses in order to maintain confidentiality. Participants were then directed to the survey containing multiple questionnaires. The Athletic Image Scale (AIS) was presented first with participants able to select their current and ideal body figures from 30 pictures of female physiques. The rest of the measures were then presented in order: Objectified Body Consciousness Scale, the Eating Attitudes Test-26, the Body Appreciation Scale, the Gender Expression Measure among Sexual Minority Women, and the Feminist Identity scale. These measures were presented in order due to the concern that particular items throughout these measures may give some women certain impressions about the survey causing them to quit the survey prematurely. For example, questions about sexual orientation could cause heterosexual women to quit the survey for various reasons (one concern is that they may become confused and believe that heterosexual women were not intended to take this survey).

Once participants completed the questionnaires, they were asked to answer the demographic items. Following the conclusion of the survey, women were directed to the

debriefing statement. This debriefing statement thanked participants and offered potentially helpful or interesting resources (e.g., *My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely* by Kate Bornstein). In addition, participants were once again provided with the researchers' contact information so that they would have the opportunity to contact the researchers with questions or to request the findings of this study. A copy of the survey, the informed consent, and the debriefing statement can be found in the appendices.

CHAPTER IV

RESULTS

Development of the Non-Heterosexual Group

Prior to proceeding with data analyses, the means for the lesbian ($n = 41$) and bisexual groups ($n = 42$) on the various measures and their subscales of the survey were calculated. Examination of the means indicated that the lesbian and bisexual groups were similar. Please refer to Figure 1 below for the graph presentation of mean trends for the lesbian and bisexual groups, and refer to Appendix C for the table of means. Mean scores (total) for the Feminist Identity Scale (FIS) are presented in a separate figure (Figure 2).

In addition, a one-way between-subjects analysis of variance (ANOVA) significance test was conducted in order to determine whether any differences existed between the heterosexual, lesbian, and bisexual groups with regard to the demographic variable of age. The one-way between-subjects ANOVA ($F(2, 270) = .708, p = .493$) with three levels (heterosexual, lesbian, and bisexual) demonstrated no statistically significant difference among the three groups with regard to age.

Because of the nominal nature of data such as ethnicity and education levels, chi-square tests were performed to test for between group differences of these variables. Even though there were nine categories of race and ethnicity from which participants could choose to identify, there were low frequencies for many of these categories resulting in the need to collapse race and ethnicity into two categories, "Caucasian" and "Non-Caucasian." The results for this chi-square test demonstrated no significant difference between the heterosexual, lesbian, and bisexual groups on race and ethnicity ($\chi^2(2, N = 274) = .127, p = .939$). Another chi-square test was conducted to explore any potential differences across the three groups on level of education. No

significant differences existed between the three groups with regard to education level ($\chi^2(10, N = 274) = 8.772, p = 0.554$).

To summarize, the lesbian and bisexual groups scored similarly on the measures of the study (i.e., objectification, disordered eating, body appreciation, gender expression, and feminist identity). In addition, there were no significant differences between heterosexual, lesbians and bisexuals on the demographic variables. Thus, there was consideration for combining the lesbian and bisexual women into one group, the non-heterosexual group. This new non-heterosexual group was comprised of 83 lesbian and bisexual women.

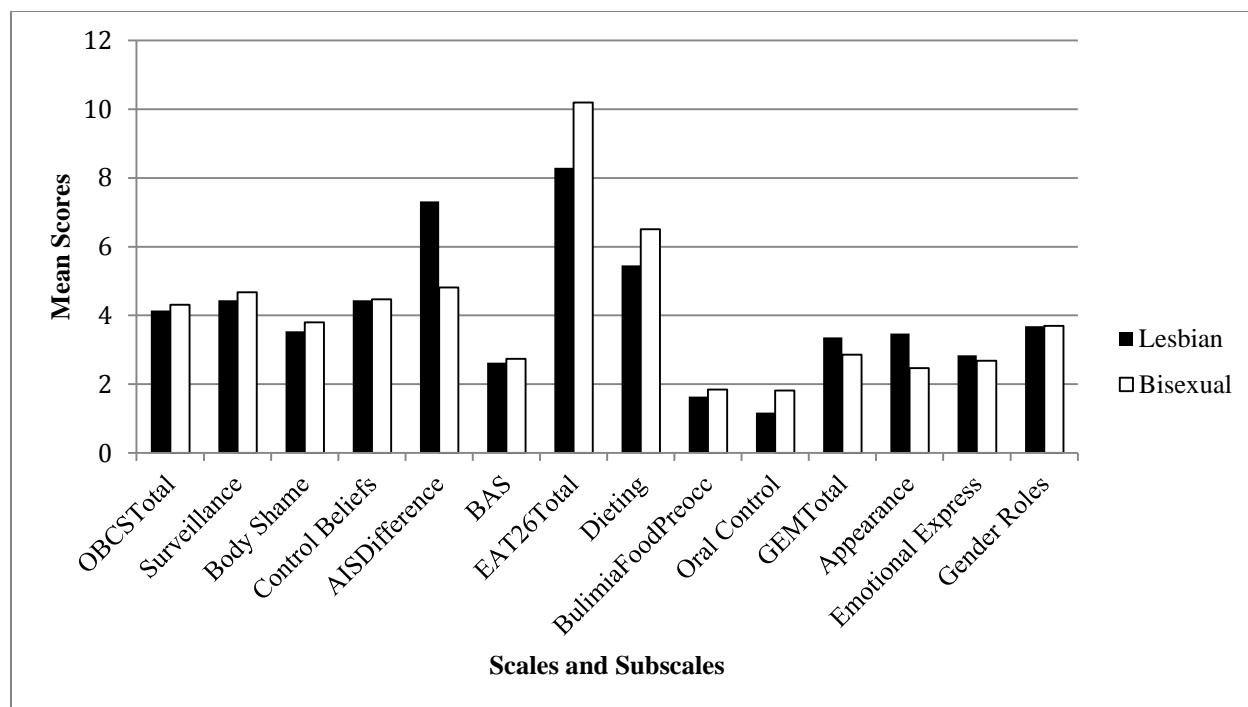


Figure 1. Trends of the survey measures mean total and subscale scores, by non-heterosexual status

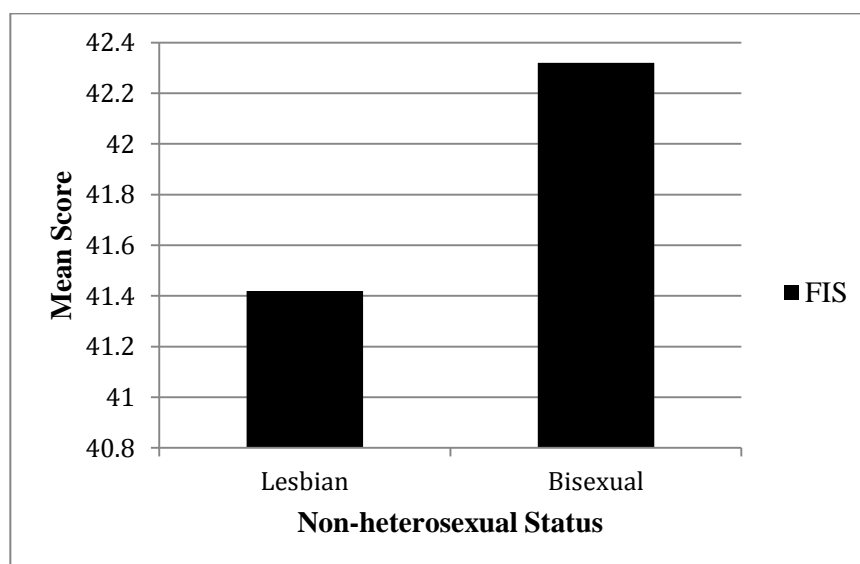


Figure 2. Mean total scores on Feminist Identity Scale (FIS), by non-heterosexual Status

Descriptive Information

Subsequent data analyses were conducted by comparing the heterosexual and non-heterosexual groups, and all participants identifying as queer or as other sexual orientations were excluded (13 participants). An independent t -test was used to determine whether any age differences existed between the two groups. No significant differences were found for age ($t(271) = -.715, p = 0.475, d = 0.094$) between the heterosexual and the non-heterosexual groups. A histogram depicting the frequencies of ages across the total sample is included in Appendix A.

Chi-square tests were then performed to determine whether any differences existed between the heterosexual and non-heterosexual groups on race/ethnicity and level of education. Similar to the chi-square tests conducted before combining the lesbian and bisexual groups, the low frequencies of some of the race/ethnicity categories resulted in these categories being collapsed into the Caucasian and Non-Caucasian categories. The results from this chi-square test indicated there was no significant difference between the heterosexual and non-heterosexual groups with regard to race and ethnicity ($\chi^2(1, N = 274) = .124, p = .725$). Furthermore, the chi-square test conducted to detect any differences between the two groups on level of education produced no statistically significant difference, ($\chi^2(5, N = 274) = 1.769, p = 0.880$).

Initial Analyses

An ANOVA was performed to compare the lesbian, bisexual, and heterosexual women on the body mass index (BMI) variable. The ANOVA results indicated a significant difference for BMI according to sexual orientation status ($F(2, 268) = 8.504, p < .0005, \text{partial } \eta^2 = .060$). An ANOVA only denotes that a significant difference exists; it does not inform where that difference exists. Post-hoc tests placed the significant difference ($p < .0005$) between the heterosexual group ($M = 25.614, SD = .493$) and the bisexual group ($M = 30.127, SD = 1.044$) on

BMI. No significant difference was found between the lesbian and bisexual groups for BMI, further indicating the possibility of combining the bisexual and lesbian women into the non-heterosexual group.

An ANOVA was conducted to examine potential differences between the three groups (i.e., lesbian, bisexual, and heterosexual) on feminist identity status. For this comparison, participants' responses on the demographic item that allowed women to self as a feminist was used. The ANOVA results revealed a significant difference between groups ($F(2, 271) = 9.284, p < .0005$, partial $\eta^2 = .064$). Post-hoc tests indicated that the heterosexual group ($M = 2.24, SD = .085$) reported significantly lower levels of feminist identity than both the lesbian ($M = 1.68, SD = .184$) and bisexual groups ($M = 1.48, SD = .182$); whereas, the lesbian and bisexual women did not differ significantly. Participant's feminist identity was scored based on responses to the feminist demographic item by endorsing *agree* (1), *somewhat agree* (2), *maybe* (3), *somewhat disagree* (4), and *disagree* (5), thus a lower score implies more feminist identity. However, Levene's Test for Equality of Variances indicated the variances were unequal (heterosexual group had less variance) violating this assumption of *t*-tests, therefore, this result should be considered with caution. Because the lesbian and bisexual group were not significantly different on demographic variables, on BMI, and on self-identified feminist identity, they were combined into the non-heterosexual group for the rest of the data analyses.

Partial Correlations

Partial correlations between the various measures and subscales in the survey were performed, in order to better understand the relations between objectification, body image, disordered eating, and identity. Partial correlations were used in order to control for BMI and self-identified feminist status, and age was included along with the measures. These correlations

by sexual orientation groups are included in Table 4. No significant correlations arose after controlling for BMI and self-identified feminist status. Several of the correlations were strong and patterns emerged as demonstrated within these correlation tables.

The OBCS and EAT-26 were the most prominent and strongly correlated measures with each other and with some of the other measures, producing moderate correlations. However, the Control Beliefs subscale of the OBCS was not strongly correlated with most of the other measures. Similarly, the Oral Control subscale of the EAT-26 demonstrated few strong correlations with the other scales and subscales. The BAS was one of the few measures that correlated with both the OBCS and EAT-26. Besides these patterns, the AIS difference score and the FIS were weakly correlated with the other measures. The GEM-SMW and its subscales demonstrated small to moderate strength correlations with the OBCS and its subscales, while presenting weak correlations with the EAT-26. Please refer to the tables for more specifics on actual correlations, including strengths.

Table 4

Partial Correlations between Objectification, Disordered Eating, Body Image, and Identity Scales and Subscales, by Sexual Orientation and Controlling for BMI and Self-Identified Feminist Status

Measure	OBCS	Surv	Shame	Control	EAT-26	Diet	B&FP	Oral
OBCS								
Surv								
Non-heterosexual	.796	-						
Heterosexual	.844	-						
Total	.828	-						
Shame								
Non-heterosexual	.815	.620	-					
Heterosexual	.827	.629	-					
Total	.816	.622	-					
Control								
Non-heterosexual	.384	-.058	-.063	-				
Heterosexual	.476	.137	.062	-				
Total	.437	.060	.000	-				
EAT-26								
Non-heterosexual	.530	.444	.522	.076	-			
Heterosexual	.517	.383	.488	.242	-			
Total	.521	.407	.491	.180	-			
Diet								
Non-heterosexual	.525	.432	.544	.052	.963	-		
Heterosexual	.547	.422	.491	.262	.955	-		
Total	.540	.431	.498	.186	.957	-		
B&FP								
Non-heterosexual	.401	.387	.349	.053	.718	.590	-	
Heterosexual	.375	.277	.424	.082	.794	.673	-	
Total	.387	.320	.400	.064	.773	.651	-	
Oral								
Non-heterosexual	.226	.145	.206	.105	.559	.457	.063	-
Heterosexual	.141	.052	.122	.159	.504	.314	.210	-
Total	.162	.075	.141	.143	.516	.349	.165	-

Note. OBCS = Objectified Body Consciousness Scale; Surv = Body Surveillance; Shame = Body Shame; Control = Control Beliefs; EAT-26 = Eating Attitudes Test-26; Diet = Dieting; B&FP = Bulimia and Food Preoccupation; Oral = Oral Control

** $p < 0.01$

* $p < 0.05$

Table 4 (cont.)

Partial Correlations between Objectification, Disordered Eating, Body Image, and Identity Scales and Subscales, by Sexual Orientation and Controlling for BMI and Self-Identified Feminist Status

	OBCS	Surv	Shame	Control	EAT-26	Diet	B&FP	Oral
BAS								
Non-heterosexual	-.542	-.587	-.651	.216	-.462	-.499	-.372	-.044
Heterosexual	-.614	-.592	-.705	.058	-.419	-.426	-.390	-.060
Total	-.582	-.580	-.688	.128	-.424	-.438	-.381	-.052
AIS Difference Score								
Non-heterosexual	.058	.023	.026	.026	.171	.160	.291	-.112
Heterosexual	.059	.071	.064	-.020	-.016	-.035	.019	.015
Total	.052	.044	.053	-.007	.027	.009	.092	-.020
FIS								
Non-heterosexual	.121	.147	.018	.086	-.028	-.081	.089	-.003
Heterosexual	-.107	-.077	-.066	-.104	-.083	-.084	-.078	-.012
Total	-.038	-.009	-.029	-.049	-.073	-.090	-.028	-.013
GEM-SMW								
Non-heterosexual	-.219	-.272	-.201	.049	-.162	-.118	-.280	.014
Heterosexual	.073	-.071	.268	-.072	.176	.141	.138	.174
Total	-.036	-.147	.100	-.036	.020	.013	-.029	.088
Apr								
Non-heterosexual	-.296	-.375	-.236	.028	-.174	-.135	-.189	-.111
Heterosexual	-.105	-.237	.048	-.044	.088	.056	.107	.086
Total	-.172	-.284	-.054	-.018	-.045	-.048	-.031	-.010
EE								
Non-heterosexual	-.026	-.001	-.031	-.021	-.017	.019	-.180	.109
Heterosexual	.256	.181	.335	.002	.164	.149	.122	.117
Total	.153	.108	.216	-.026	.096	.096	.018	.108
GR								
Non-heterosexual	-.003	-.020	-.074	.114	-.102	-.091	-.262	.171
Heterosexual	.040	-.048	.219	-.118	.128	.104	.057	.179
Total	.036	-.064	.139	-.040	.031	.016	-.044	.143
Age								
Non-heterosexual	-.331	-.450	-.238	.030	-.256	-.249	-.168	-.156
Heterosexual	-.172	-.186	-.181	.023	-.168	-.140	-.144	-.134
Total	-.266	-.285	-.200	.036	-.206	-.186	-.165	-.134

Note. BAS = Body Appreciation Scale; AIS = Athletic Image Scale; FIS = Feminist Identity Scale; GEM-SMW = Gender Expression Measure among Sexual Minority Women; Apr = Appearance; EE = Emotional Expression; GR = Gender Roles

Table 4 (cont.)

Partial Correlations between Objectification, Disordered Eating, Body Image, and Identity Scales and Subscales, by Sexual Orientation and Controlling for BMI and Self-Identified Feminist Status

	BAS	AISDiff	FIS	GEM-SMW	Apr	EE	GR
BAS							
Non-heterosexual	-						
Heterosexual	-						
Total	-						
AIS Difference Score							
Non-heterosexual	-.179	-					
Heterosexual	-.071	-					
Total	-.108	-					
FIS							
Non-heterosexual	-.046	.047	-				
Heterosexual	.017	-.002	-				
Total	-.012	.019	-				
GEM-SMW							
Non-heterosexual	-.082	.236	.010	-			
Heterosexual	-.265	.012	.007	-			
Total	-.191	.105	.046	-			
Apr							
Non-heterosexual	-.100	.241	.032	.858	-		
Heterosexual	-.103	.084	.110	.752	-		
Total	-.107	.153	.099	.826	-		
EE							
Non-heterosexual	-.042	.043	-.041	.596	.220	-	
Heterosexual	-.310	-.004	-.057	.675	.199	-	
Total	-.224	.020	-.035	.625	.227	-	
GR							
Non-heterosexual	.012	.158	.005	.579	.230	.279	-
Heterosexual	-.164	-.084	-.071	.667	.244	.272	-
Total	-.107	.005	-.006	.677	.322	.284	-
Age							
Non-heterosexual	.143	.185	-.020	.119	.275	-.131	-.094
Heterosexual	.192	.053	.122	.008	.178	-.196	-.009
Total	.172	.103	.086	.072	.223	-.157	-.019

After reviewing the means and correlations of the measures, comparisons were made between the heterosexual and non-heterosexual groups in order to explore potential differences between groups with regard to objectification, disordered eating, body image, and identity. The means for all total scores and the subscale scores for each measure were calculated by sexual orientation status and are presented in Table 5 below.

A multivariate analysis of variance (MANOVA) was completed in order to test for significant differences between the heterosexual and non-heterosexual groups with regard to objectification. The dependent variables used included body surveillance (OBCS Body Surveillance), body shame (OBCS Body Shame), and beliefs about controlling one's body size (OBCS Control Beliefs). This MANOVA produced a significant result for sexual orientation on the combined dependent variable of objectification, $F(3, 267) = 4.297, p = .006$; Wilk's Lambda = .954; partial $\eta^2 = .046$. This analysis means that 4.6% of the variance in objectification is accounted for by sexual orientation. A significant MANOVA demonstrates that there is a difference between groups; it does not however, state where the difference(s) exists. Analysis of each of the dependent variables revealed that the two groups differed on body shame, $F(1, 269) = 5.923, p = .016$, partial $\eta^2 = .022$. The non-heterosexual group ($M = 3.68, SD = 1.33$) reported significantly higher levels of body shame than the heterosexual group ($M = 3.26, SD = 1.24$). Conversely, the two groups did not differ on body surveillance ($F(1, 269) = .023, p = .879$, partial $\eta^2 = .000$), or on control beliefs ($F(1, 269) = 4.069, p = .045$, partial $\eta^2 = .015$). The two groups did not differ on control beliefs even though $p = .045$ because the alpha level for significant differences of the univariates was placed at .017 (a Bonferroni correction of alpha) in an effort to control for Type I error. This finding that the non-heterosexual group reported

significantly higher rates of body shame than the heterosexual group opposed the first hypothesis that lesbian women would report less objectification than heterosexual women.

In order to explore the second hypothesis, or whether feminist identity status would significantly contribute to participants' experience of objectification, a MANCOVA was conducted by including feminist identity (FIS) as a covariate. The MANCOVA results demonstrated that the effects of sexual orientation group membership remained significant after controlling for feminist identity, ($F(3, 263) = 4.082, p = .007$; Wilk's Lambda = .956; partial $\eta^2 = .044$), with 4.4% of the variance in objectification accounted for by sexual orientation. After reviewing the dependent variables (i.e., univariates) individually, a significant difference for sexual orientation on body shame remained, ($F(1, 265) = 6.991, p = .009$, partial $\eta^2 = .026$). To reiterate, the non-heterosexual group reported more body shame than the heterosexual group. The groups continued to not differ on body surveillance ($F(1, 265) = .017, p = .897$, partial $\eta^2 = .000$) or on control beliefs ($F(1, 265) = 2.859, p = .092$, partial $\eta^2 = .011$). This produced a similar pattern to the MANOVA performed; thereby indicating that it appears unlikely that feminist status might contribute in a significant manner to any differences between the groups on objectification. This result is in opposition to the second hypothesis that feminist status would protect against objectification.

An independent t -test was performed to determine whether differences would appear between the two groups with regard to body appreciation (BAS). There was no significant difference between the non-heterosexual and heterosexual groups on body appreciation ($t = 1.663, df = 271, p = .098$). A MANOVA was conducted in order to determine if any differences existed between the two groups on body image with regard to body physique preferences (i.e., AIS Current body, AIS Ideal body, and the AIS Difference between these two bodies). The

results of this MANOVA did not produced a significant difference between the two groups with regard to body figure preferences, $F(3, 363) = 1.559, p = .200$; Wilk's Lambda = .983; partial $\eta^2 = .017$. Therefore, the first hypothesis that lesbian women would exhibit more positive body images than heterosexual women was not supported.

A MANOVA was performed with regard to disordered eating, with the dependent variables of dieting behaviors (EAT-26 Dieting), bingeing and purging behaviors and food preoccupation (EAT-26 Bulimia and Food Preoccupation), and restricting behaviors (EAT-26 Oral Control). There was no difference between the two groups on the combined variable of disordered eating, $F(3, 270) = 1.283, p = .280$; Wilk's Lambda = .986; partial $\eta^2 = .014$. This means that 1.4% of the variance in disordered eating was accounted for by sexual orientation group membership. Again, the first hypothesis (i.e., lesbian women would report less disordered eating) was not supported.

Final comparisons were made for identity (i.e., feminist (FIS) and gender expression (GEM-SMW)). An independent t -test revealed a significant difference for sexual orientation on the FIS ($t = -2.903, df = 269, p = .004$). The non-heterosexual group ($M = 39.44, SD = 6.78$) demonstrated a significantly higher level of feminist attitudes than the heterosexual group ($M = 42.03, SD = 6.70$).

A MANOVA was then conducted for gender expression and identity (GEM-SMW). There was a significant effect of sexual orientation on gender expression, ($F(3, 267) = 24.362, p < .0005$; Wilk's Lambda = .785; partial $\eta^2 = .215$). Analysis of the independent variables signified that the groups differed on the total score of the GEM-SMW ($F(1, 269) = 47.477, p < .0005$, partial $\eta^2 = .150$), on appearance ($F(1, 269) = 35.660, p < .0005$, partial $\eta^2 = .117$), and on gender roles ($F(1, 269) = 52.705, p < .0005$, partial $\eta^2 = .164$). The groups did not differ on

emotional expression ($F(1, 269) = 1.128, p = .289, \text{partial } \eta^2 = .004$). These findings suggest that the non-heterosexual ($M = 3.10, SD = 0.84$) group presented as significantly more butch than the heterosexual group ($M = 2.40, SD = 0.58$). Additionally, the non-heterosexual group ($M = 2.95, SD = 1.26$) reported significantly higher levels of appearing more butch than femme than the heterosexual group ($M = 2.25, SD = 0.72$). Finally, the non-heterosexual group ($M = 3.70, SD = 1.00$) also reported significantly more butch-typed gender roles than the heterosexual group ($M = 2.79, SD = 0.89$). However, these measures presented as skewed, violating the MANOVA assumption of being distributed normally, so this interpretation should be considered with caution in the hopes of robustness. Again, refer to Table 5 for means of measures and subscales scores of the non-heterosexual and heterosexual groups.

Table 5

Means and Standard Deviation Measures of Objectification, Body Image, Disordered Eating, and Identity, by Sexual Orientation

	Non-Heterosexual Mean (SD)	Heterosexual Mean (SD)
Objectification		
OBCS	4.23(0.81)	4.21(0.80)
Surveillance	4.56(1.17)	4.59(1.14)
Body Shame	3.68(1.33)	3.26(1.24)
Control Beliefs	4.46(1.13)	4.77(0.94)
Body Image		
AIS		
Current Body	18.01(9.30)	15.49(9.66)
Ideal Body	13.56(7.49)	11.63(7.94)
AIS Difference Score	6.07(7.86)	4.29(8.62)
BAS	2.69(0.61)	2.83(0.57)
Disordered Eating		
EAT-26	9.28(8.87)	9.90(9.59)
Dieting	6.01(6.07)	6.57(6.71)
Bulimia & Food Preoccupation	1.75(2.75)	1.47(2.66)
Oral Control	1.52(2.02)	1.87(2.18)
Identity		
FIS	41.89(6.75)	39.44(6.86)
GEM-SMW	3.10(0.84)	2.40(0.58)
Appearance	2.95(1.26)	2.25(0.72)
Emotional Expression	2.76(1.11)	2.60(0.98)
Gender Roles	3.70(1.00)	2.79(0.89)

Note. OBCS = Objectified Body Consciousness Scale; AIS = Athletic Image Scale; BAS = Body Appreciation Scale; EAT-26 = Eating Attitudes Test-26; FIS = Feminist Identity Scale; GEM-SMW = Gender Expression Measure among Sexual Minority Women

Moderator Analyses

Multiple regression was performed to determine whether objectification would predict disordered eating and positive body image, as discovered in previous literature. Applying the EAT-26 as the criterion variable and the OBCS total score as the predictor variable, a significant model occurred, ($F(1, 272) = 101.288, p < .005$), with the model accounting for 26.9% of the variance in disordered eating for the total sample (Adjusted $r^2 = .269$). Furthermore, a significant model emerged, ($F(1, 81) = 32.568, p < .005$), for the non-heterosexual group. For this group, 27.8% of the variance in disordered eating was accounted for in the model (Adjusted $r^2 = .278$). Thirdly, another significant model appeared, ($F(1, 189) = 69.005, p < .005$), for the heterosexual group where the model accounted for 26.4% of the variance in disordered eating (Adjusted $r^2 = .264$). The fact that these models were significant was expected due to previous research discovering there is a connection between objectification and disordered eating.

In the next set of regression analyses, the Body Appreciation Scale (BAS) was the criterion variable and OBCS total score continued as the predictor variable. There was a significant model for the total sample, ($F(1, 271) = 120.553, p < .005$), with this model accounting for 30.5% of the variance in body image (Adjusted $r^2 = .305$). For the non-heterosexual group, this model was significant, ($F(1, 81) = 32.916, p < .005$). This model accounted for 28.0% of the variance in body image (Adjusted $r^2 = .280$). Finally, the heterosexual group model was significant as well, ($F(1, 188) = 87.689, p < .005$) and this model accounted for 31.4% of the variance (Adjusted $r^2 = .314$). Similar to the previous findings, these models being significant were expected because of previous findings in the literature.

Another series of multiple regression models were conducted in order to test the current hypothesis that feminist identity status would be a moderator and contribute to body image and

disordered eating experienced by participants. Following Baron and Kenny (1986), the next series of regression models included objectification, feminist identity status, and the interaction term of these two variables as the predictor, or independent, variables and disordered eating as the criterion, or outcome, variable. The moderator in this equation should be dichotomous (Baron & Kenny, 1986), so responses on the FIS were transformed to develop a dichotomous variable of feminist or non-feminist. Then, this regression procedure was duplicated for positive body image (BAS) as the criterion variable. Each series of regression analyses were performed for each the total sample, the non-heterosexual sample, and the heterosexual sample.

Using the enter method, a regression analysis was conducted for the total sample with the EAT-26 as the criterion variable and the OBCS, the new dichotomized feminist variable, and the interaction between these two as the predictor variables. A significant model emerged, ($F(3, 270) = 40.667, p < .0005$). The model explained 30.6% of the variance in disordered eating (Adjusted $r^2 = .306$). Review of the analysis demonstrated that objectification and feminist status were significant main effects, but the interaction term was not significant, indicating that feminist identity status was not a significant moderator in this model. This procedure was then repeated for the non-heterosexual and heterosexual groups in order to observe any differences between sexual orientation groups.

A significant model emerged for the non-heterosexual group, ($F(3, 79) = 14.311, p < .0005$). This model explained 32.8 % of the variance in disordered eating (Adjusted $r^2 = .328$). In this model, the OBCS main effect was significant, but the feminist main effect and the interaction effect were not significant. Therefore, feminist status was not a moderator for the non-heterosexual group. For the heterosexual group, another significant model emerged, ($F(3, 184) = 26.246, p < .0005$, with 28.8% of the variance in disordered eating was accounted for

(Adjusted $r^2 = .288$). Significant main effects for objectification and for feminist identity status were revealed but the interaction effect was not significant, thus feminist identity was not a moderator for the heterosexual group. These findings did not support the fifth hypothesis that stated feminist identity would moderate the relation between objectification and disordered eating. Review Figure 3 below for a depiction of these relations. These depictions include the standardized regression coefficients (β) to better depict the predictors' and moderators' impact on the criterion variables. Refer to Appendix D for the regression coefficients (B and β) and the significant values (p) of each variable. The β demonstrates each variable's contribution to the model in standard deviation units and a large t value and a small p value indicate a large impact on the criterion variable.

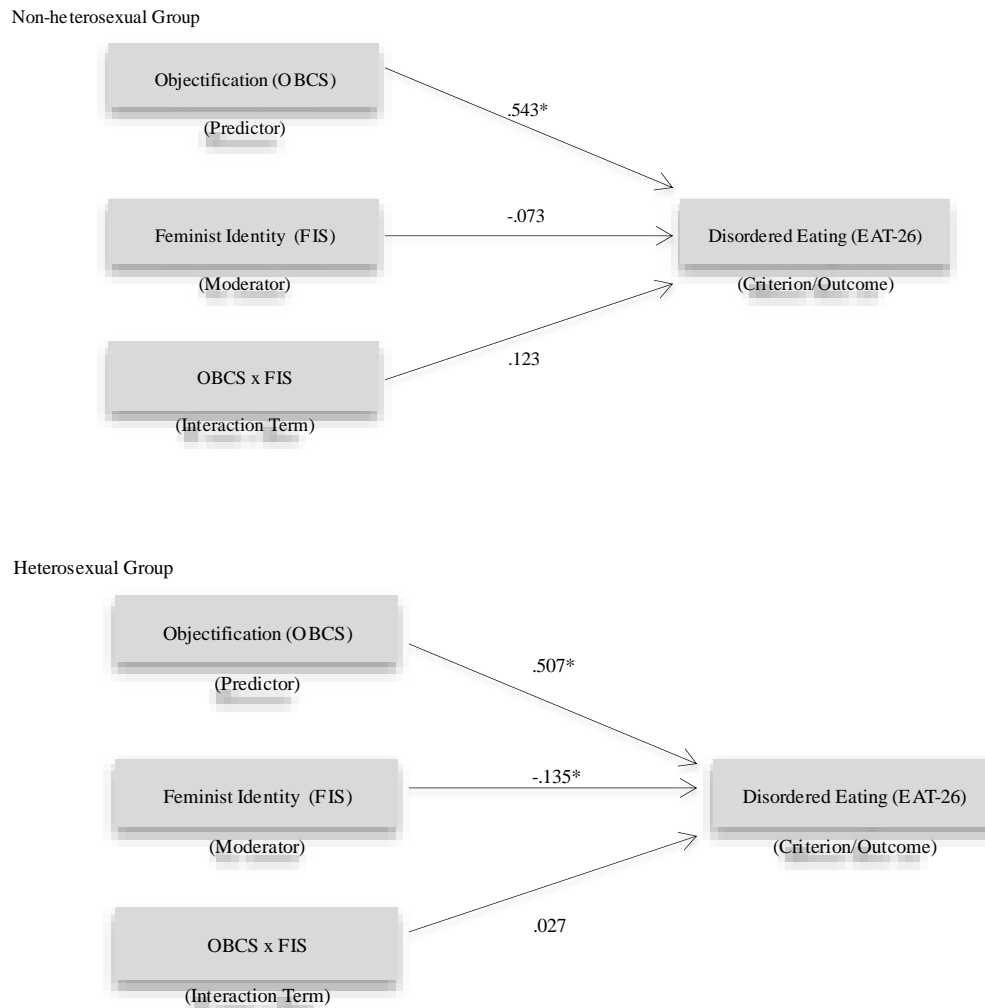


Figure 3. Hypothesized relations between objectification, disordered eating, and feminist status, by sexual orientation.

* $p < .05$.

This procedure was conducted again with body image (BAS) as the criterion variable and objectification (OBCS), the dichotomized feminist variable, and the product of objectification and feminist status as the predictor variables. For the whole sample, a significant model was produced, ($F(3, 266) = 39.485, p < .005$). In this model, 30.0% of the variance in body image was explained by the predictor variables (Adjusted $r^2 = .300$). Similar to the findings for the EAT-26 model, there was only a significant main effect with the OBCS variable; feminist status

and the interaction effect of feminist and objectification were not significant. The model for the non-heterosexual group was also significant, ($F(3, 79) = 10.908, p < .005$). This model demonstrated that 26.6% of the variance for body image was accounted for by the predictor variables (Adjusted $r^2 = .266$). The OBCS main effect was significant in this model, but the main effect of feminist identity and the interaction effect were not significant. For the heterosexual group, another significant model emerged, ($F(3, 183) = 27.977, p < .005$) and in this case 30.3% of the variance of positive body image was accounted for by the predictor variables (Adjusted $r^2 = .303$). There was a main effect for objectification, but no significant main effect for the feminist identity variable or the interaction variable, indicating feminist status was not a moderator between objectification and body image. These results also do not support the fifth hypothesis that feminist identity would be a moderator between objectification and body image. Refer to Figure 4 below for a graph of these models and to Appendix D for the table of regression coefficients.

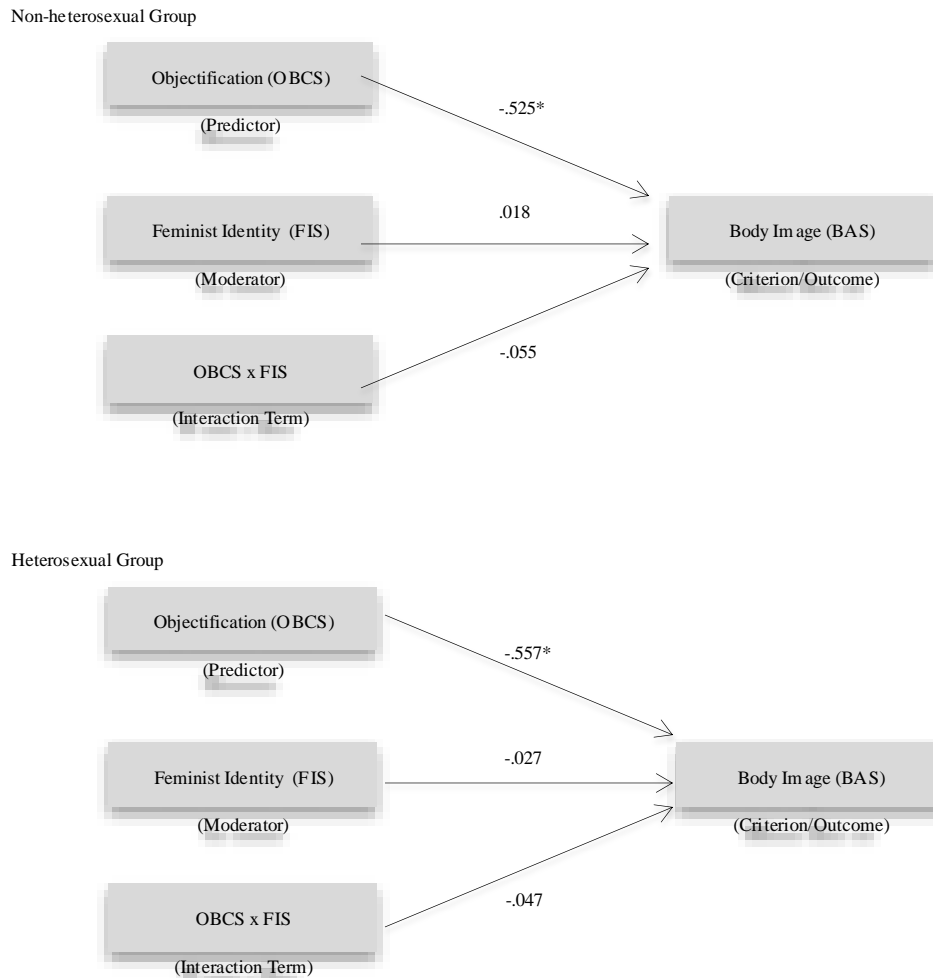


Figure 4. Hypothesized relations between objectification, body image, and feminist status, by sexual orientation.
* $p < .05$.

The fifth hypothesis further stated that gender expression (i.e., butch/masculine and femme/feminine) would also moderate the link between objectification and disordered eating and the link between objectification and body image. The aforementioned regression analyses were repeated with gender expression (GEM-SMW) and its interaction term with objectification included as predictor variables along with objectification (OBCS). The EAT-26 was the criterion variable. A significant model emerged for the total sample, $F(3, 267) = 39.211$, $p < .005$ and

29.8% of the variance of disordered eating was accounted for by this model for the total sample (Adjusted $r^2 = .298$). Only the OBCS main effect was significant, the main effect of gender expression and the interaction with the Butch/Femme variable were not significant. With regard to the non-heterosexual group, another significant model emerged, $F(3, 79) = 12.780, p < .005$. This model accounted for 30.1% of the variance of disordered eating (Adjusted $r^2 = .301$). There was a significant main effect for the OBCS, but no significant main effect for gender expression or interaction effect for the non-heterosexual group. The regression model for the heterosexual group was also significant, $F(3, 184) = 27.769, p < .005$. This particular model accounted for 30.0% of the variance in disordered eating (Adjusted $r^2 = .300$). This model demonstrated that both main effects were significant but the interaction effect was not significant. These results do not offer support for the fifth hypothesis in the current study, that gender expression would moderate the relation between objectification and disordered eating. Figure 5 below provides graph depictions of these relations and Appendix D includes a complete table of the regression coefficients for these models.

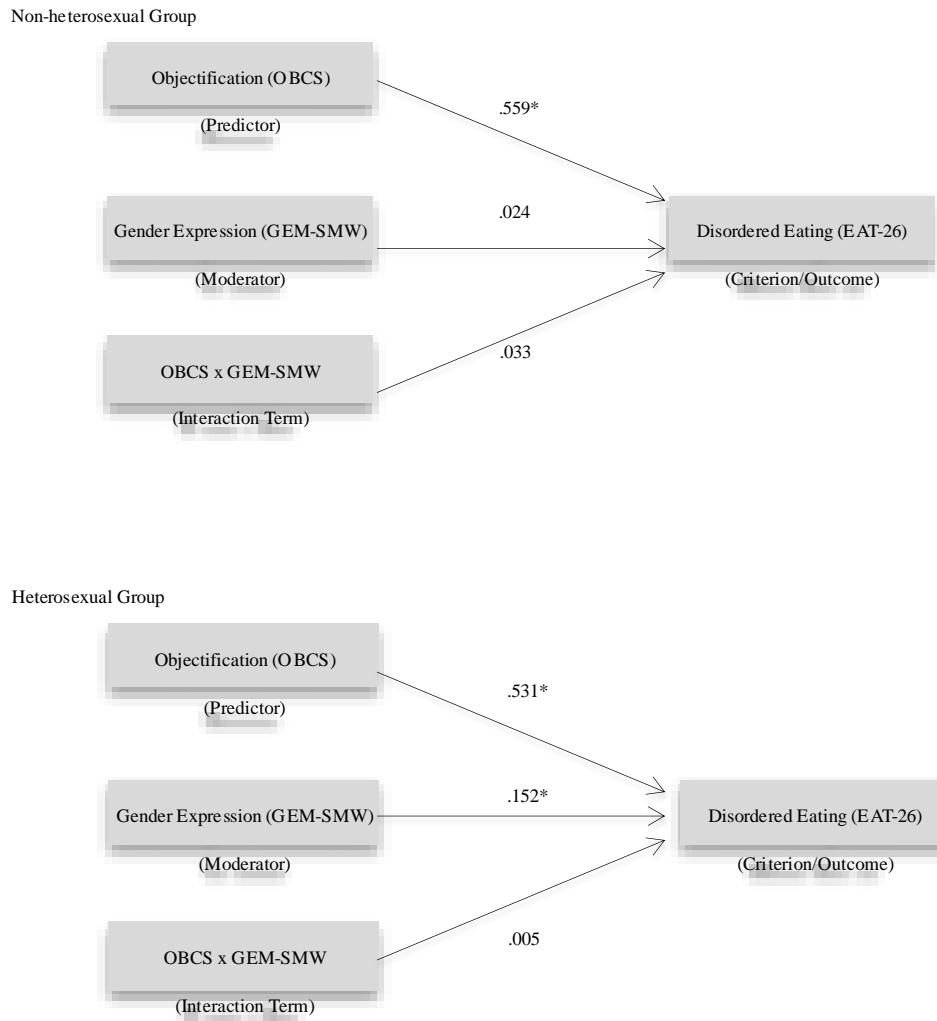


Figure 5. Hypothesized relations between objectification, disordered eating, and gender expression, by sexual orientation.

* $p < .05$.

Lastly, this series of regression models were conducted using body appreciation (BAS) as the criterion variable and objectification (OBCS), gender expression identity, and this interaction term as the predictor variables. A significant model emerged for the whole sample, $F(3, 266) = 51.631$, $p < .005$, with 36.1% of the variance of body image accounted for by the model (Adjusted $r^2 = .361$). This model demonstrated significant main effects for objectification and

gender expression, but no significant interaction effect. This finding indicated that gender expression was not a moderator. Another significant model surfaced for the non-heterosexual group, $F(3, 79) = 12.373, p < .005$. This model accounted for 29.4% of the variance of body image (Adjusted $r^2 = .294$). Additionally, a significant main effect occurred for objectification but no significant main effect for gender expression or the interaction effect emerged. This result indicated that gender expression identity was not a moderator for the non-heterosexual group. For the heterosexual group, a significant model was produced ($F(3, 183) = 40.335, p < .005$) that accounted for 38.8% of the variance of body image (Adjusted $r^2 = .388$). Again, both main effects were significant, but the interaction effect was not significant, thus gender expression was not a moderator for the heterosexual group. See Figure 6 for a depiction of these models and refer to Appendix D for the regression coefficient tables.

The fifth hypothesis in the current study, which stated that gender expression would moderate between objectification and body image, was once again not supported by the results. However, gender expression significantly contributed uniquely to both disordered eating and body image for the heterosexual group.

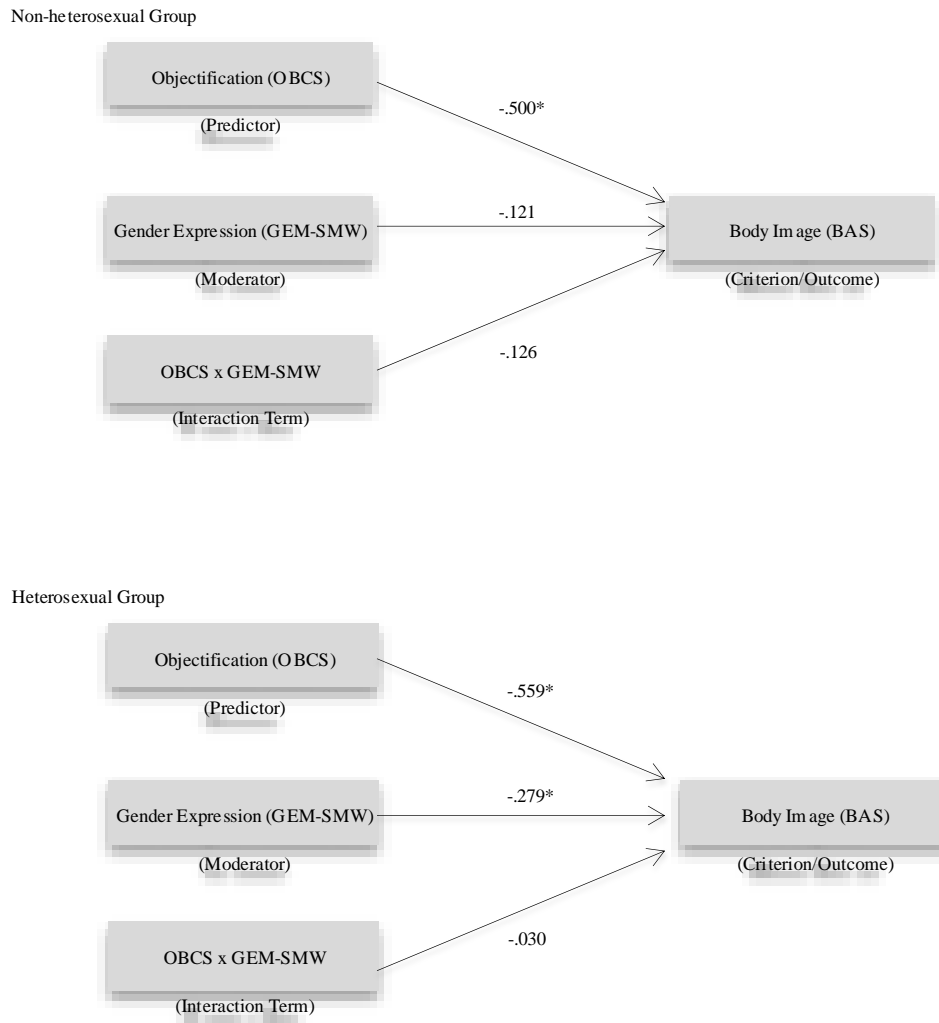


Figure 6. Hypothesized relationship between objectification, body image, and gender expression, by sexual orientation.

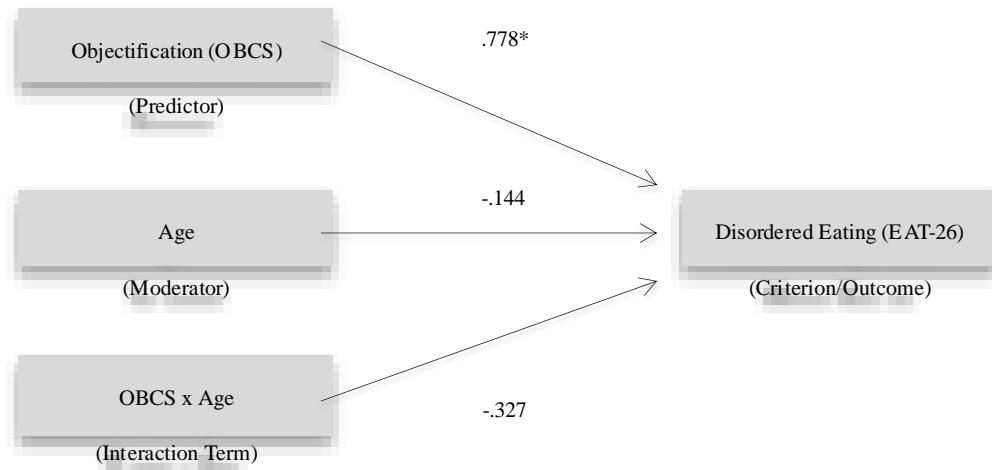
* $p < .05$.

Moderator Analyses Using Age

Per one of the current hypotheses, regression analyses were utilized to explore the impact of age on objectification, disordered eating, and body image. The EAT-26 was used as a criterion variable with OBCS, age, and the interaction term between these two as the predictor variables. For the total sample, a significant model emerged, ($F(3, 269) = 38.071, p < .0005$). The model explained 29% of the variance in disordered eating (Adjusted $r^2 = .290$). Upon further review, both main effects (i.e., OBCS and age) were significant as was the interaction term, meaning age was a significant moderator in predicting disordered eating for the total sample.

Similarly, a significant model emerged for the non-heterosexual group, $F(3, 78) = 11.389, p < .0005$. This model explained 27.8% of the variance in disordered eating (Adjusted $r^2 = .278$). There was a significant main effect for the OBCS but no significant main effect for age and there was no significant effect of the interaction term, indicating age was not a moderator for the non-heterosexual group. Another significant model was discovered for the heterosexual group, $F(3, 187) = 26.480, p < .0005$. This particular model explained 28.7% of the variance in disordered eating (Adjusted $r^2 = .287$). A significant main effect was found for the OBCS variable, but there was no significant main effect for age. A significant interaction occurred, suggesting that age is a significant moderator in the relation between objectification and disordered eating for the heterosexual group. Refer to Figure 7 below for a graph depiction of these analyses and to Appendix D for the table of regression coefficients. Both the graphs and the table include the standardized beta (β) coefficients.

Non-heterosexual Sample



Heterosexual Sample

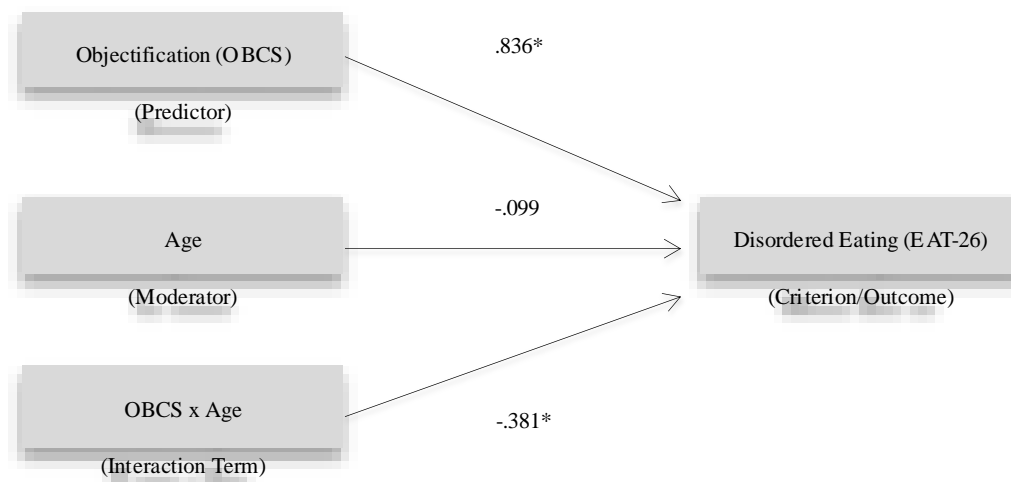


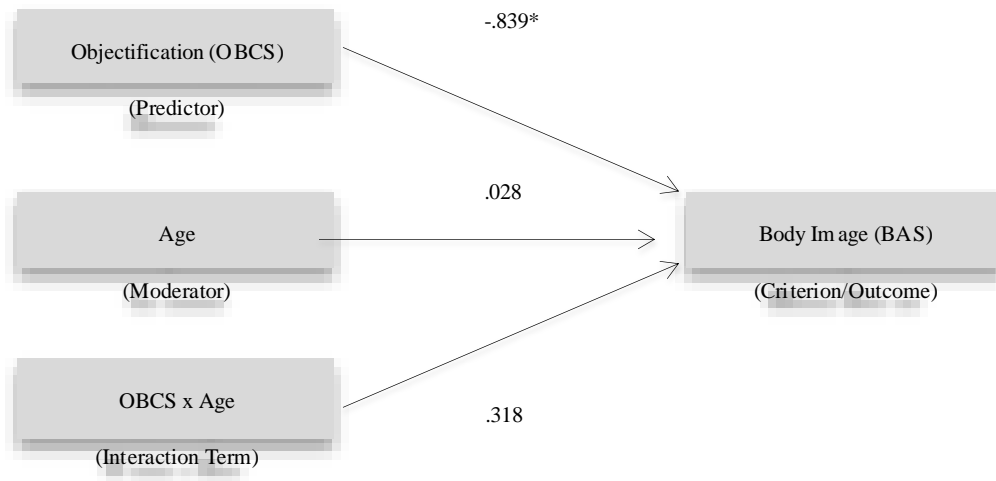
Figure 7. Hypothesized relations between objectification, age, and disordered eating, by sexual orientation.

* $p < .05$.

This process was repeated using the BAS as the criterion variable while the OBCS, age, and the interaction term between the two continued as the predictor variables. A significant model emerged for the total sample ($F(3, 268) = 42.853, p < .0005$) with 31.7% of the variance in body image (BAS) being explained by the model (Adjusted $r^2 = .317$). There was a significant main effect for the OBCS, but no significant main effect for age and no significant interaction; meaning age was not a moderator between objectification and body image for the total sample.

Another significant model was generated for the non-heterosexual group ($F(3, 78) = 12.713, p < .0005$) with the model explaining 30.3% of the variance in body image (Adjusted $r^2 = .303$). Again, there was a significant main effect for objectification, but no significant main effect for age and no significant interaction. Therefore, age was not a moderator for the non-heterosexual group. Once more, a significant model emerged for the heterosexual group, $F(3, 186) = 29.921, p < .0005$. This model explained 31.5% of the variance in body image (Adjusted $r^2 = .315$). There was a significant main effect for the OBCS variable, but no significant main effect for age and no significant interaction effect. This means that age was not a moderator between objectification and body image for the heterosexual group. Please refer to Figure 8 below for a depiction of these relationships as well as to Appendix D for the regression coefficients table.

Non-heterosexual Sample



Heterosexual Sample

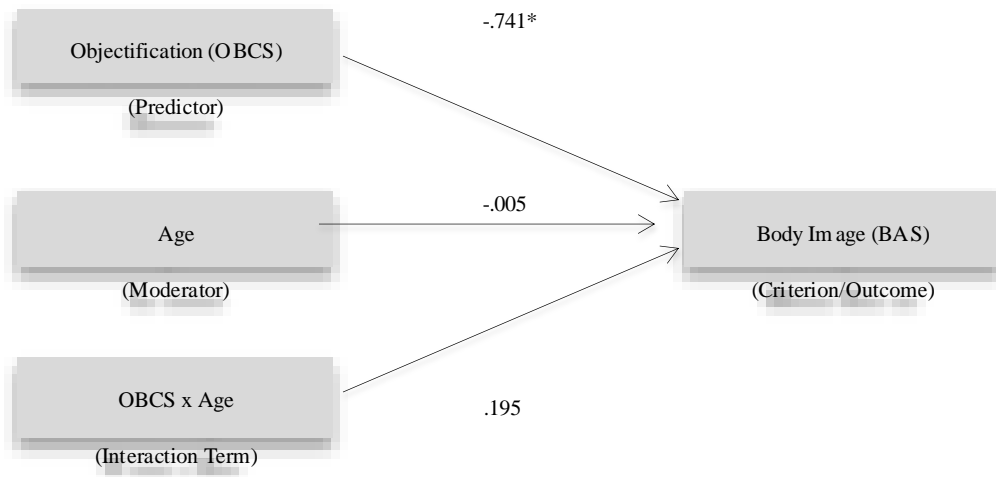


Figure 8. Hypothesized relations between objectification, age, and body image, by sexual orientation. $*p < .05$.

Age was further explored in another regression analyses for the total sample, this time including sexual orientation status (i.e., heterosexual and non-heterosexual samples) as another predictor variable within the model. The EAT-26 was used as a criterion variable and the predictor variables included the OBCS, sexual orientation status, age, and each respective

interaction term: OBCS x sexual orientation status, OBCS x age, sexual orientation status x age, and OBCS x sexual orientation status x age. A significant model emerged ($F(7, 265) = 16.272, p < .0005$) with the model explaining 28.2% of the variance in disordered eating (Adjusted $r^2 = .282$). There was a significant main effect for the OBCS and a significant interaction (OBCS x age), however, no other significant main effects or interactions occurred. Age was a significant moderator between objectification and disordered eating. Please refer to Figure 9 below for the graph of these relationships and to Appendix D for the regression coefficients.

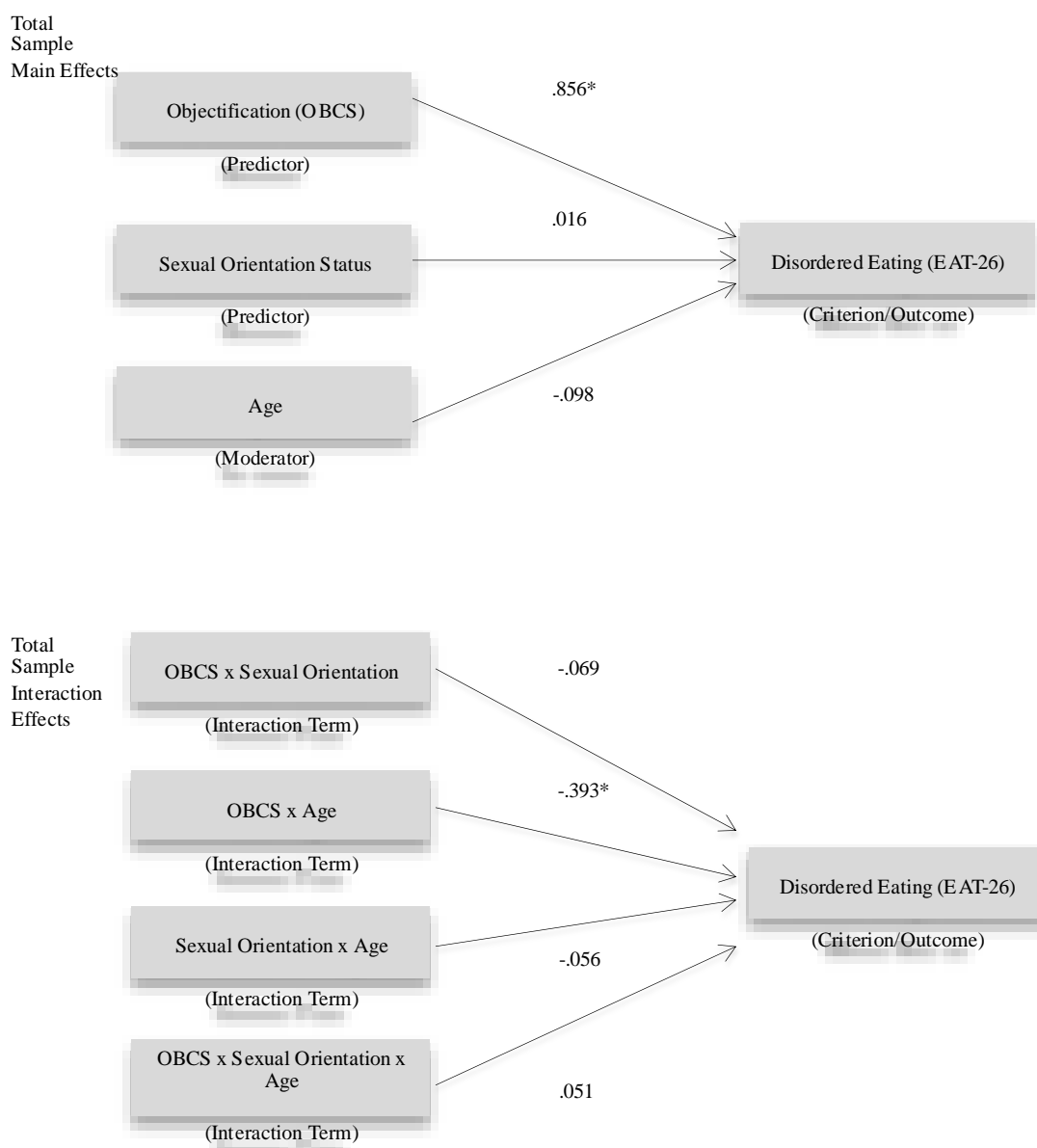


Figure 9. Hypothesized relations between objectification, sexual orientation status, age, and disordered eating, by total sample.

* $p < .05$.

This regression analysis was repeated with body image (BAS) replacing disordered eating (EAT-26) as the criterion variable. A significant model was produced, $F(7, 264) = 18.870$, $p < .0005$. This model accounted for 31.6% of the variance in body image (Adjusted $r^2 = .316$). A significant main effect for the OBCS variable occurred, but no other significant main effects

and no significant interaction effect emerged. Age was not demonstrated to be a moderator between objectification and body image. Figure 10 below provides a graph of these relations and Appendix D provides a table of the regression coefficients.

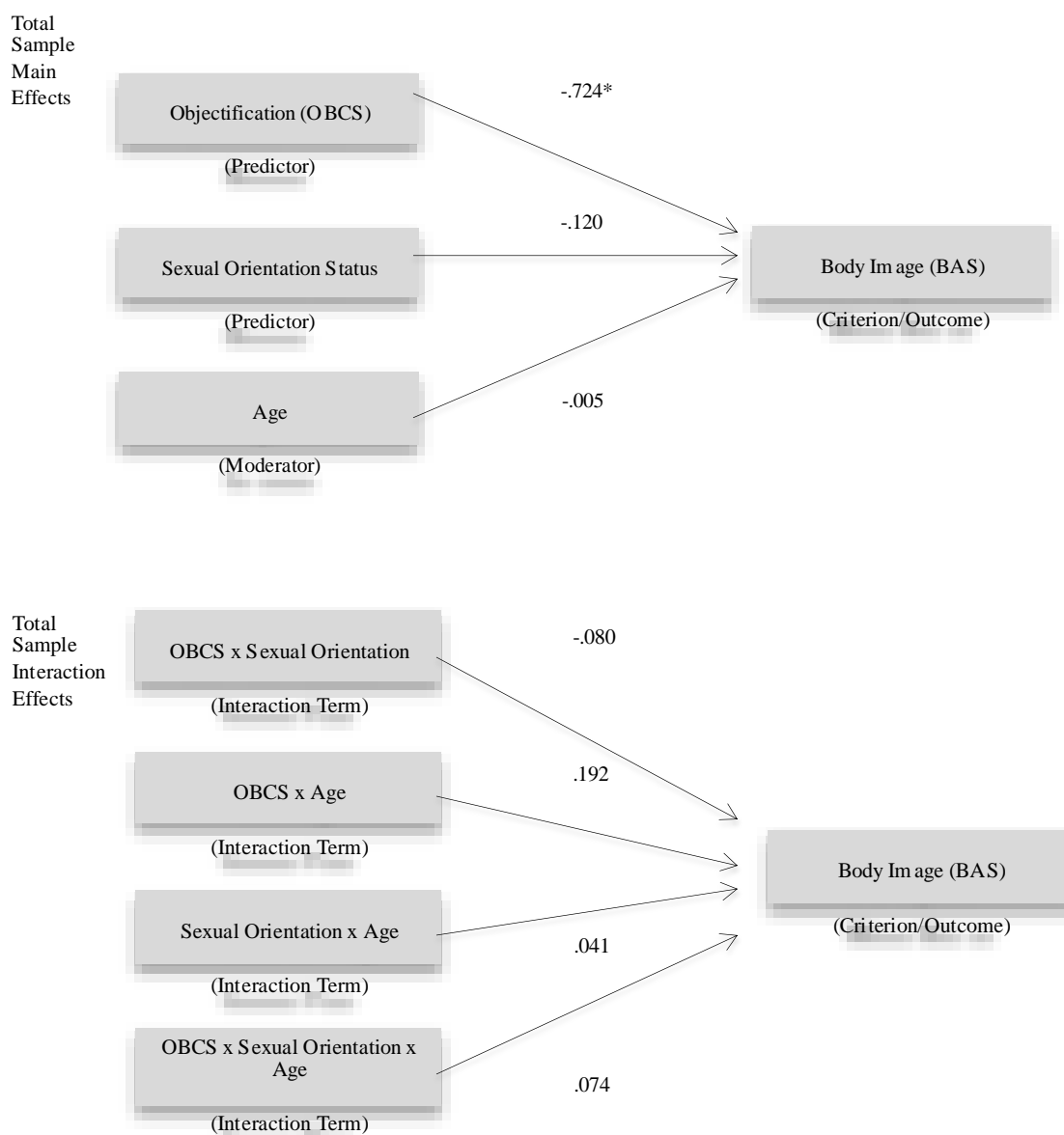


Figure 10. Hypothesized relations between objectification, sexual orientation status, age, and body image, by total sample.

* $p < .05$.

Post-Hoc Power Analyses

Cohen (1992) recommended that research in the behavioral sciences strive for at least a power of .80, an alpha level of .05, and a medium effect size ($f^2 = .15$) for regression analyses. A post-hoc power analyses for the regression model with three independent variables (OBCS, FIS or GEM-SMW, and the interaction term) and the number of non-heterosexual women ($n = 83$) was performed according to Cohen's (1992) standards. The power of the regression analyses in the present study was 0.845, which means this study was performed with an adequate amount of power.

CHAPTER V

DISCUSSION

The current study explored lesbian women's experiences of objectification, body image, and disordered eating compared to heterosexual women's experiences. Additionally, it was believed that feminist identity and gender expression would have an impact on the connections between objectification, body image, and disordered eating for lesbian and heterosexual women. The five hypotheses of the current study were largely unsupported by the results, which supports Dworkin's (1989) theory that lesbian are impacted by cultural messages around women's bodies not unlike heterosexual women. The speculation around age proved interesting, with age presenting as a moderator between objectification and disordered eating for the heterosexual group. Statistical comparisons in the current study occurred between the non-heterosexual and the heterosexual participants; however, some discussion below also focused specifically on the lesbian and bisexual participants. Comparisons between the results of the current study and results of other studies will also be noted.

Brown vs. Dworkin

The present research study was based on the two conflicting theories developed by Brown (1987) and Dworkin (1989) about lesbian women's experiences of objectification. To review, Brown speculated that lesbian women would be able to ignore cultural messages about women's bodies as they had already eschewed the cultural norms of heterosexuality. Dworkin believed that lesbian women are raised within the same culture as heterosexual women, receiving the same mainstream messages, and thus were likely to experience objectification similarly to heterosexual women.

Empirical studies that followed these theories were mixed in their support for one theory over the other. In addition, some research had begun to support the idea that both Brown and Dworkin are correct, that lesbian women experience objectification similarly to heterosexual women, and experience body image dissatisfaction and disordered eating as a result. However, lesbian women likely do not experience internalized objectification and eating disorders to the same degree as heterosexual women.

The results of the present study appears to demonstrate more support for Dworkin's (1989) theory that lesbian women have internalized objectification and experience body image disturbances and disordered eating behaviors not unlike heterosexual women. In fact, the present study showed that non-heterosexual women experienced higher rates of shame about their bodies, which were heavier, than heterosexual women. This finding suggests that non-heterosexual women similarly experience objectification, body image disturbances, and disordered eating as heterosexual women, possibly because of being exposed to the same media and cultural messages.

Objectification

It was hypothesized that lesbians (non-heterosexual sample) would report fewer experiences (i.e., lower levels) of objectification than the heterosexual women. In several ways the objectification scores of heterosexual and non-heterosexual women were similar. For example, the heterosexual and non-heterosexual women did not differ on the surveillance measure of the Objectified Body Consciousness Scale. One substantial difference between the two groups of women involved the body shame subscale of the objectification measure. The non-heterosexual group reported higher rates of shame about their bodies. This finding was

unexpected and did not support the first hypothesis (refer back to Table 5 for means of scores on the measures for each group).

The control beliefs subscale of the objectification measure, or the beliefs about whether a woman can control her body's size and shape, was not as informative as the body shame and surveillance subscales. This subscale did not demonstrate sufficient validity, and did not indicate any interesting patterns. Kozee and Tylka (2006) and Haines and colleagues (2008) only used body surveillance and shame in each of their studies.

Body Image

The first hypothesis in the present study speculated that lesbian (non-heterosexual sample) women would report higher levels of body appreciation and lower levels of body image dissatisfaction than heterosexual women; however, that was not supported by the results. There were no differences between groups with regard to body appreciation. Both groups of women in the present study reported less body appreciation than the heterosexual participants in the study by Avalos and colleagues (2005). These researchers developed the Body Appreciation Scale (BAS) and across two study conditions their participants reported means on the BAS of 3.44 and 3.48. The BAS ranges from 1 (*Never*) to 5 (*Always*) suggesting that the women in Avalos and colleagues' study reported appreciating their bodies *sometimes* to *often*, whereas women in the current study reported appreciating their bodies *seldom* to *sometimes* (see Table 5). Additionally, Cogan's (1999) study demonstrated that lesbian women experience similar levels of body dissatisfaction to heterosexual women, which was true of the current study's results. Cogan considered whether lesbian women receive messages from the lesbian community that women should be accepting of larger body sizes, but that lesbian women may not necessarily apply these messages to themselves. This speculation appears to be a plausible explanation for the higher

levels of body image dissatisfaction yet more acceptance of larger women among the non-heterosexual women relative to the heterosexual women in the current study, as was demonstrated by scores on the second body image measure (the Body Appreciation Scale) used in the current study.

The non-heterosexual and heterosexual groups did not differ on their endorsement of scores on the Athletic Image Scale (AIS), which included scores for the current body, ideal body, and the discrepancy between the two. Observations of trends of the three score groups (i.e., current, ideal, and discrepancy) demonstrated endorsement of thinner ideal body preferences than current bodies for both groups. Refer to Appendix F for histograms depicting these frequencies and trends. This would not have been expected as it was hypothesized that lesbian women would have a more positive body image, or that the discrepancy between current and ideal bodies would be minimal for non-heterosexual respondents, but this was not the case. Thus, the results do not support the first hypothesis of the current study. Cogan (1999) used body mass index scores of women's current weights, ideal weights, and the discrepancy between these two in order to determine whether lesbian women believed themselves to be at or near their ideal weight. Cogan found that lesbian women endorsed a preference for bodies thinner than their current bodies.

Scores on the Athletic Image Scale (AIS) also allowed for participants' scores to be placed into quintiles indicating preference for athleticism in physiques. These quintiles were coded based on muscularity and are spread out among thin, or not as muscular bodies along the continuum of body shapes on the AIS. Therefore, scores on the ideal figure for the non-heterosexual and heterosexual groups were recoded from first to last in order to better explore where each group placed on the quintiles of the Athletic Image Scale (AIS). The higher the

recoded score, the more preference exists for athletic physiques for the participant. Trends among recoded scores indicated that the non-heterosexual group had a higher ideal score, suggesting that the ideal body for the non-heterosexual group has a more athletic build than the heterosexual women. However, this was not statistically higher and is only being reported here because of interest in understanding how the ideal body might vary between the two groups. Cogan (1999) adapted a scale created by Silberstein, Mishkind, Striegel-Moore, Timko, and Rodin (1989) that asked a number of questions related to reasons for exercising (i.e., for aesthetic reasons or for non-aesthetic reasons) and found that lesbian women tended to exercise more for non-aesthetic reasons than for appearance reasons. It might be possible that lesbian women prefer athletic physiques because this might represent health, or some other factor, as opposed to appearance being the important factor. Overall, the AIS was used to assess fitness and muscularity preference of the lesbian participants; however, this measure did not serve the full function of assessing body physique preferences for the current study's purpose because the body sizes do not extend into large enough shapes and sizes to encompass many participants. It is likely that many participants felt excluded when it came to the AIS items. This is believed to be the case because many women did not complete the survey after answering the two AIS items and several participants sent correspondence to the researchers noting that the AIS did not include their figures that corresponded to their size.

Besides body image attitudes and preferences, body mass index (BMI) was assessed (refer to Table 1). As noted, the non-heterosexual women reported weights and heights that translated into significantly higher BMI's than that of the heterosexual women in the present study. This finding is consistent with several other studies. The average BMI's of the four groups of women in Swami and Tové's (2006) study was lower than the present study. These

researchers looked at the BMI's of feminist heterosexual ($M = 20.87$, $SD = 2.54$) and lesbian women ($M = 21.27$, $SD = 2.71$) and non-feminist heterosexual ($M = 20.63$, $SD = 3.05$) and lesbian women (21.22 , $SD = 3.47$). They did not find a significant difference in BMI among the four groups, however, the lesbian women appeared to weigh more than the heterosexual women. Beren and colleagues (1995) reported the average BMI of lesbians in their study to be 27.18 ($SD = 15.80$) and the average for heterosexual women to be 21.08 (3.02), which is closer to the current study's findings. BMI is calculated using weight, regardless of whether that weight is due to fat or to muscle. Therefore, it is possible that the lesbian participants themselves had a higher BMI because of being more muscular or that they prefer women who are larger, but larger and more muscular than the heterosexual participants. Between being heavier and preferring heavier figures, the non-heterosexual respondent's provided evidence that the ideal body within the lesbian subculture is different from the ideal female body of the mainstream cultural expectations.

Disordered Eating

The current study assumed that lesbian, or non-heterosexual women, would report lower levels of disordered eating than the heterosexual women. This speculation was not confirmed by the results; no difference was demonstrated between the two groups on the disordered eating measure. The non-heterosexual women did not differ from the heterosexual women with regard to reported rates of dieting and bingeing, which is consistent with the results of other research studies, including Kozee and Tylka (2006) and Striegel-Moore and colleagues (1990). The current results also supported the research by Heffernan (1996), who discovered that bulimia nervosa occurred at similar rates for lesbians as for heterosexual women.

Striegel-Moore and colleagues (1990) suggested that it is possible that the lesbian subculture provides messages to women that they should be happy with their bodies and not diet. Therefore, dieting might be frowned upon and not demonstrated in public while bingeing might occur in private. This is a good potential explanation as to why different disordered eating symptoms emerged between non-heterosexual and heterosexual women in the current study. Additionally, it is possible that the non-heterosexual women underreported dieting symptoms in an effort to respond in a socially desirable manner according to the lesbian community standards.

Connections between Objectification, Body Image, and Disordered Eating

Hypotheses of the current study were based on previous findings that high levels of objectification would predict high levels of disordered eating and be negatively associated with positive body image. These connections were theorized by Fredrickson and Roberts (1997) and demonstrated by Noll and Fredrickson (1998) and Sinclair (2006). Moreover, Kozee and Tylka (2006) discovered that lesbian women also appeared to experience objectification and symptoms of disordered eating, not unlike heterosexual women.

For both groups, objectification appeared to be moderately to strongly and positively correlated with disordered eating. More specifically, the present study demonstrated moderate positive correlations between body shame and disordered eating habits for non-heterosexual women. This finding supports the results of Haines and colleagues (2008) who revealed that body shame was positively related to levels of disordered eating in lesbian women.

Body appreciation was negatively related to both objectification and disordered eating. Current results indicated that objectification was a significant predictor for the level of disordered eating for both groups, supporting Kozee and Tylka's (2006) findings for lesbian women. Objectification was also a significant predictor for body appreciation experienced by

participants in both groups. These significant predictive relations between objectification and disordered eating and body image supported the expected precedent of the first hypothesis, that lesbian women would experience objectification, body image, and disordered eating differently than heterosexual women.

The lesbian and bisexual groups were combined into the non-heterosexual group for reasons previously provided. The mean score trends of the measures and their subscales for the lesbian and bisexual groups can be found in graph depictions in Figures 1 and 2 above as well as a table of the means in Appendix C for reference purposes.

Feminist Identity

Clear trends emerged for the intersection between sexual orientation and feminist identity status (i.e., more vs. less feminist attitudes). Both the lesbian and bisexual women reported significantly higher levels of self-identified feminist identity than the heterosexual group. Moreover, the non-heterosexual group reported significantly higher levels of feminist identity status on the Feminist Identity Scale (FIS) compared to the heterosexual group. This means that the non-heterosexual participants demonstrated higher levels of feminist attitudes, or support for women's rights and equality, than the heterosexual group. This might have been expected given the idea that non-heterosexual women have already broken hetero-normative standards and because of their women loving women stance.

According to the second hypothesis, women identifying as feminist were expected to report less objectification, a more positive body image, and fewer disordered eating symptoms. Results of the current study demonstrated that feminist identity status did not significantly correlate with the amount of objectification reported by participants, regardless of sexual orientation. However, feminist identity status was uniquely and negatively related to disordered

eating for the heterosexual sample. Therefore, evidence in support of the second hypothesis is complicated as only one component of the hypothesis was supported, not the entire hypothesis.

Furthermore, the fifth current hypothesis was that feminist identity would moderate the relations between objectification and body image and between objectification and disordered eating. This hypothesis was not supported, as feminist identity was not found to moderate either relationship for either group. According to the literature, evidence in support of feminism as a buffer against body image problems was inconclusive, and the current results similarly suggest support that feminism is not a significant protective factor against negative body image, regardless of sexual orientation.

These results about feminist identity agreed with the results of several other studies. Heffernan's (1996) research results demonstrated that lesbian participants were in favor of women's rights; however, these women did not appear to apply these feminist attitudes to their weight issues. Additionally, Haines and colleagues (2008) concluded that feminist identity and objectification, as measured by body surveillance and body shame, were not closely associated, as was the case in the current study. In addition, these authors speculated that sexual orientation, and being lesbian, was more connected to a women's experience of objectification than being a feminist, which the present study also demonstrated. Swami and Tovée (2006) noted no differences between their feminist and non-feminist respondents with regard to reports about physical attractiveness, which supported the notion that feminism is not a significant buffer against societal messages about women's bodies. Conversely, Dionne and colleagues' (1995) demonstrated that feminist attitudes were negatively and significantly associated to body dissatisfaction in a heterosexual group of women. The current results did not demonstrate any

significant relations between feminist identity and body image for either group, thus opposing the results found by Dionne and colleagues (1995).

Many of the previous studies used a single, forced-choice item to measure women's feminist identity whereas the current study used a larger, more in depth approach via the measure developed by the researchers. Yet the results in the current study were similar to those reported by other researchers. The results provide further evidence that feminist attitudes do not disrupt the connection between objectification and disordered eating issues. Perhaps feminist attitudes might be more strongly related to other women's issues, such as equality in the workplace, and have not yet translated significantly into the realm of women's experiences of and attitudes towards their bodies.

Gender Expression

Gender expression, or masculine and feminine presentations within an individual, was examined for the non-heterosexual and heterosexual groups as well as between the lesbian, bisexual, and heterosexual groups. The non-heterosexual group presented as more butch than the heterosexual group. Specifically, results suggested that non-heterosexual women presented as significantly more butch with regard to appearance and gender roles in relation to their heterosexual counterparts. As a reminder, women were able to respond to items on the gender expression measure (GEM-SMW) with *strongly agree* (1), *mostly disagree* (2), *somewhat disagree* (3), *somewhat agree* (4), *mostly agree* (5), and *strongly agree* (6) with more *strongly agree* scores indicating a higher degree of butch. The non-heterosexual women clustered around the *somewhat agree* area whereas the heterosexual women were between *somewhat disagree* and *somewhat agree* with regard to identifying with a “degree of butchness” (Levahot, King, & Simoni, 2011; refer to Table 5 for the table of means for each group).

Additionally, there was a trend noted for the results in relation to the butch-femme measure (GEM-SMW). These trends indicated that lesbian participants hovered between *somewhat agree* and *mostly agree* while the bisexual women predominantly scored in the *somewhat disagree* to *somewhat agree* range, suggesting that the lesbian women endorsed identifies that might be considered as more butch with regard to appearances, emotional expressions, and gender roles than did the bisexual respondents.

Gender expression was also examined to determine whether the relations between objectification and body image and between objectification and disordered eating were dependent on (i.e., moderated) an individual's level of gender expression. Gender expression was not a significant moderator linking objectification to body image or objectification to disordered eating for either group. Therefore, the results do not support the hypothesis that gender expression (i.e., butch and femme presentations) moderates the relation between objectification and body image. However, one interesting result was that gender expression uniquely impacted both body image and disordered eating for the heterosexual group, but not for the non-heterosexual group. This was surprising as it was hypothesized that non-heterosexual women who identified as more femme would experience pressures to fit the cultural body-ideal. It was expected that gender expression would also at least uniquely contribute to body image and disordered eating, if not be a moderator, for the non-heterosexual group, but this hypothesis was not supported by the results.

One plausible explanation for these results might be that a more femme/feminine gender expression is more strongly associated with body dissatisfaction and disordered eating issues a woman experiences than is a masculine presentation. The fact that the heterosexual women presented as more feminine and had stronger connections between objectification and body

image than the non-heterosexual group appears to support this assumption. Furthermore, another idea is that women who identify as more butch might have more ability to ignore cultural norms around beauty because these norms are not as applicable to the women's identity and presentation. Whereas women identifying as more femme likely make more attempts to fit into the feminine expectations held within the U.S. culture.

Butch and Femme Identities among Lesbian Women

The third hypothesis stated that of the lesbian participants, women who identified as butch with regard to gender expression would report less objectification, a better body image, and fewer symptoms of disordered eating than women identifying as more femme. A table of the mean scores for the measures and their subscales for lesbian women who have been separated into butch and femme categories are available in Appendix E. The femme lesbian category had 21 women while the butch lesbian category contained 12 participants.

The trends of the means on each measure appear to follow similar patterns across the two groups. As previously mentioned for the non-heterosexual sample, the AIS did not appear to be the best measure for assessing body physique preferences for the lesbian subsamples because of the scale not encompassing large enough body sizes. Interestingly, the butch lesbians endorsed larger and more athletic physiques, both for the current and ideal figures, than the femme lesbian women. However, the difference score reported was larger for the butch group, which was not expected. There are several possible explanations for these findings. Firstly, the reported weights and heights of the butch lesbian participants resulted in a higher BMI than that of the femme lesbians, thus it is possible that the butch lesbians might be heavier with regard to body fat but that their ideal involves a larger, but more toned and fit figure than femme women. Additionally, there were only 12 participants in the butch lesbian subgroup and there were a few significant

outliers (4 women rated themselves as the largest figure on the current figure item and one participant choose the largest figure as her ideal body) on the figure drawing scale for this group, thus it's plausible that this difference score actually reflects the high variability and outliers that can occur with a small sample.

Surprisingly, the two groups reported similar amounts of body appreciation; a finding that contrasts the hypothesis that butch women would report more body appreciation than femme women. These results supported findings of Singh and colleagues (1999) who discovered that butch and femme lesbians reported similar amounts of body dissatisfaction using the Eating Disorder Inventory (EDI). Furthermore, Strong and colleagues (2000) surmised that femme lesbians were more likely to feel pressure to abide by cultural norms, placing them at a higher level of risk for developing disordered eating. This perspective is not disconfirmed here and may be more definitively investigated in future research.

Finally, with regard to identity, the butch lesbians indicated high levels of (butch) gender expression on all three subscales, i.e. appearance, emotional expression, and gender roles. Given that higher levels on the gender expression measure was indicative of higher levels of butch endorsement, it can be stated that the butch lesbian participants were matched between their self-identifying response to the demographic item about sexual orientation and their endorsement of items on the gender expression measure (GEM-SMW).

Again only looking at reported rates and not statistical comparisons, the butch lesbians did not identify as feminist as the femme lesbians. Making sense of the fact that the butch women endorsed lower rates of feminist attitudes than the femme women is difficult to interpret. One might think that because the butch women likely had to overcome large hurdles within the culture for being non-gender conforming, that they would endorse higher rates of attitudes

towards women's rights and equality. However, a converse idea might be that because these women identify as more masculine, they also share the attitudes of the mainstream patriarchal society towards women, thereby resulting in less support of women's rights. Another idea might be that they are interested in being compared with men, and therefore have aligned themselves with men to the extent that they have inherited, possibly as a byproduct, the mainstream patriarchal messages against women.

No hypothesis was posited about the percentage of participants who would identify as lesbian but refuse to choose either the butch or femme option. Several women included in the lesbian sample, and thus the non-heterosexual group, chose the "Other" option on the sexual orientation demographic item and refused to choose the butch or femme option. This other option permitted women to complete a fill-in-the-blank with a term of their choosing. Eight women identified as lesbian, but clarified this as neither butch nor femme. Specifically, responses offered by lesbian women not claiming to be butch or femme included statements such as "middle of the road" and "neither butch nor femme." These observations supported the literature that stated the position of some lesbian participants as not wanting to label themselves as butch or femme. This suggests the need for more multidimensional measures, such as the GEM-SMW. Appendix B provides the table of terms and descriptions offered by women who utilized the other option.

In the current study, eight of the 41 (19.5%) women identifying as lesbian refused to choose either the butch or the femme option. According to Rosario and colleagues (2009), their study found that only 40 to 52 percent of their participants self-identified as femme or butch. Brown and colleagues (2002) stated that 31 of their 207 (15.0%) participants did not respond to the survey item that requested participants to distinguish themselves as either butch or femme.

The results of the present study appear to be on trend with the other literature with regard to women desiring a wider range of sexual orientation labels than just the two categories of butch and femme.

Strengths

There were several strengths that emerged within the current study. One strength of the current study was that the sample was a large sample recruited nationally and included some variability among participants with regard to sexual orientation and identity. Although homogeneity of sampling is not desirable because of difficulty with generalizing results, as discussed below, the homogeneity of the sample with regard to race and level of education in the current study mirrored that of the majority of the other studies upon which the current hypotheses were based. Thus, another strength of this study is the fact that the sample was similar to other research samples, lending confidence that the current results' supported previous findings.

Due to the recommendations made by Rosario and colleagues (2009) for a more multidimensional approach to identifying butch and femme lesbians, the GEM-SMW was used in the current study. Participants' responses on the GEM-SMW were consistent with their responses to the self-identifying sexual orientation demographic item, with heterosexual women identifying as more femme than the non-heterosexual women as might have been expected. Besides consistency within the current findings, the results of the current study mirrored those produced by the original GEM-SMW study (Levahot, King, & Simoni, 2011). Levahot and colleagues' (2011) study also noted higher correlations among appearance and gender roles than among emotional expression.

The FIS scale developed by the researchers was also a strength of the current study. This measure allowed for a more extensive assessment of basic feminist attitudes than a single forced-choice item, such as that often used in the previous literature. Upon reviewing the mean scores for the participants on the FIS divided into feminist and non-feminist groups, the self-identified feminists reported higher rates of feminist attitudes on the FIS scale. The FIS scale also demonstrated good internal consistency.

A final strength worth noting was that of the significant findings of the OBCS, particularly body shame, that were consistent with previous research. Hence, this study appeared to contribute to further support for the idea that many women in the U.S. experience difficulties with objectification in general, regardless of sexual orientation.

Limitations

Several limitations occurred in this research study. Along with sample homogeneity being touted as a strength for supporting previous findings, this issue is also perceived to be a limitation for generalizing results. The present sample was homogeneous in nature with the majority of respondents identifying as Caucasian and highly educated, therefore, results of the current study would likely not be generalizable to lesbian women of color. The snowball method of sampling likely increased the chances of gathering information from a homogeneous sample. This method was used in the hopes of reaching out to lesbian participants, a group of women often referred to as an “invisible” culture. However, another limitation of the present research study was the small sample size of the lesbian women, offering some evidence that the snowball method did not accomplish what was intended.

Another limitation was that a demographic item querying participants’ geographical locations was regrettably not included. It is possible that women from different regions of the

country experience their bodies differently. Due to not having this information, comparisons could not be performed and this variable could not be controlled for in analyses.

Clinical Implications

There are important clinical implications for the results of this study. Trends of the means appeared to indicate that the non-heterosexual participants preferred larger and more toned body shapes and sizes than their heterosexual counterparts. The fact that the non-heterosexual women varied in their preferences of their bodies compared to heterosexual women, argues that counselors working with lesbian women experiencing body image dissatisfaction and eating disorders might carefully examine the nature of their body discontent, and implement different therapeutic approaches for these women.

Given that the non-heterosexual and heterosexual women reported similar experiences of body image and disordered eating in this study provides evidence that challenging societal messages about women's bodies in counseling might be beneficial for both groups. The subculture and its associated messages for the non-heterosexual group was not included as a variable in the current study, but might hold the answer as to why non-heterosexual women experienced objectification differently from heterosexual women. It remains important for research to discover what form or manner the lesbian culture plays a role in disordered eating, as the answer might be emphasized in counseling or transplanted into the heterosexual culture.

Future Directions

There are several areas of future research indicated by the present study. Firstly, age is an interesting dynamic that likely impacts a woman's perception and feelings about her body. Age was discovered to be a significant moderator in the relation between objectification and disordered eating for the heterosexual group. Age was used as a continuous variable in the

current study, and future research might consider exploring objectification, body image, and disordered eating regarding specific age groups, or cohorts of women. Women who are 60 today lived through the second wave of the Women's Movement in the United States. Their mothers, at 60, had lived through the Great Depression and World War II. Thus age must be considered in relation to socio-historical context. It might be speculated that if one group reports the aspiration of less objectification, high body appreciation, and low rates of disordered eating, then the culture in which these women were raised could hold more information about how to move our present cultural climate to a healthier environment concerning body image and disordered eating.

Secondly, the FIS measure was a strength of this study, but has not been tested for reliability and validity outside of this application. More studies with the FIS to help explore reliability and validity of the measure, perhaps compared to other available feminism scales, should be pursued further.

A third direction for potential future research concerns conducting more studies with larger and more diverse samples of lesbian and bisexual women so that these two groups might be compared, or compared separately, to heterosexual women. Even though the decision to combine the bisexual and lesbian women into one group for the current study appeared to be supported (i.e., groups did not differ on demographics, BMI, or feminist identity), further research comparing how these two groups of women experience objectification, body image, and disordered eating differently remains warranted. There remains some question as to whether unforeseen confounds might have been included into the study given that these two sexual orientation identities differ in many ways. In research conducted by Davids and Green (2011) on body image and disordered eating differences between lesbian, bisexual, and heterosexual women. Bisexual women reported higher rates of disordered eating symptoms than heterosexual

women, but heterosexuals, bisexuals, and lesbians did not differ in reported levels of body dissatisfaction. In the current research bisexual women and lesbians did not differ in the preliminary analyses, and were subsequently combined into a larger non heterosexual group to achieve more power in the analyses. Future research should examine the body ideals, body appreciation, and body dissatisfaction for a larger sample of lesbians, and possibly a sample of bisexuals.

Besides furthering research on the differing experiences among women of various sexual orientations, future research should include more participants across a variety of different ethnic and racial groups as those women likely experience their bodies differently. Moreover, the cultures that these women might hail from could prove to be different from that of the mainstream U.S. culture with different body expectations, leading to different feelings about one's body.

In addition, more studies should be conducted that examine the impact of gender expression, or feminine and masculine expressions among women, on women's experiences of their bodies. Gender expression was not found to be a moderator in the present findings, but was shown to uniquely impact the level of positive body image experienced by the heterosexual group. Thus, these findings signify that gender norms might play a role in heterosexual women's experiences of objectification, body image, and disordered eating. This interesting intersection between sexual orientation, gender expression, and body image, should be explored by other studies in the future.

Another recommendation for furthering research on women's experiences is to continue exploring the difference between heterosexual and lesbian women's experiences with objectification, body image, and disordered eating with a more specified model. Although this is

likely a complex issue and relationship, ruling out more variables as potential moderators could eventually bring research closer to discovering what the different variable is that influences the differences in body experiences between lesbian and heterosexual women. This study demonstrated evidence that feminism should not be included in future models. The current study findings also suggested that control beliefs from the objectification measure should not be included in future research around objectification, body image, and disordered eating as it was not an important or impactful variable. Focusing on body shame and surveillance specifically, perhaps on symptoms of bingeing, and on a different body physique that is both larger and more athletic might be an example of a more specified model.

Finally, one variable not examined in this study that might be of interest for future research is the impact of the lesbian community (and one's level of connection with this community). Davids and Green (2011) demonstrated evidence that inclusion in the gay community appeared to have a significant impact on bisexual women's experiences of disordered eating symptoms. Heffernan (1996) noted weight concerns significantly differed depending on participants' involvement with the lesbian/gay community, suspecting that active involvement in this community might be a protective factor.

Other research on African American women's experiences of their bodies, objectification, body image, and disordered eating has provided evidence that one's subculture can have a strong influence, such as the African American culture accepting larger women and women being more accepting of their bodies and weights than the White culture. In her analysis of the available literature, sociologist Lovejoy (2001) provides several theorized arguments in an attempt to explain the differences between African American and Caucasian women's experiences of their bodies. One of her arguments is that the social construction of the African

American community may result in African American women valuing themselves and their bodies more than heterosexual women. A second argument is that these women are less likely to exhibit disordered eating symptoms. It might be plausible that the lesbian community and culture is a significant variable in how lesbian women experience their bodies and this should be explored further in future research.

Conclusion

To conclude, many of the hypotheses were not supported. To be more specific, the non-heterosexual women reported higher rates of body shame than heterosexual women, but did not differ from heterosexual women on disordered eating and body image. In general the results provide support for the position that both heterosexual and non-heterosexual women report similar levels of objectification and body (dis)satisfaction. The trends of responses on the Athletic Image Scale (AIS) for the non-heterosexual group demonstrated possible preferences for larger women and for more athletic physiques, which potentially adds to the current literature about differing body ideals between non-heterosexual and heterosexual women. Finally, the identification of feminist and as butch or femme did not significantly moderate the relationship participants experienced between objectification and body image and between objectification and disordered eating, making feminist identity not strong enough to protect against these issues. These results are important because many of them support previous research results as well as provide information for future research to consider. Furthermore, there is evidence that suggests counselors working with lesbian women experiencing body dissatisfaction and disordered eating might want to consider how these issues manifest differently in lesbian women when implementing therapeutic approaches.

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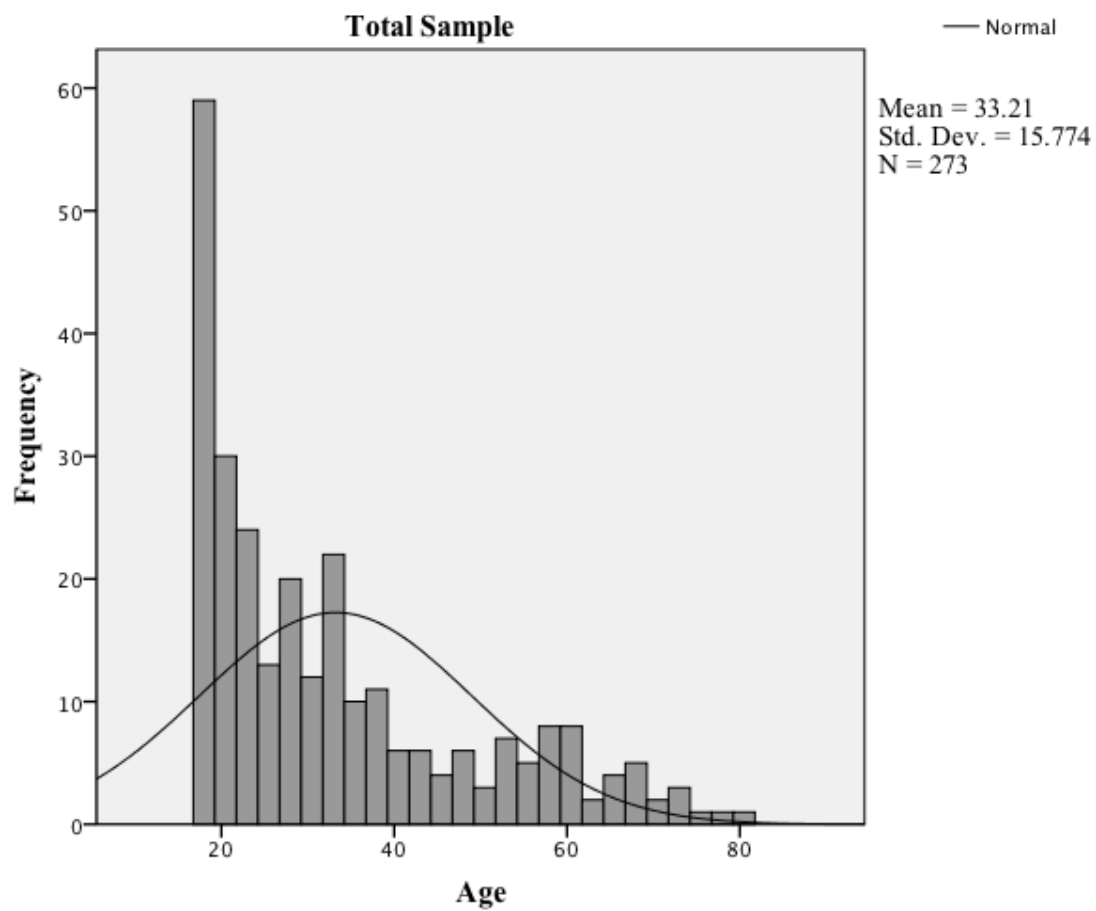
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Appendix A: Age Frequencies, by Total Sample



Appendix B: “Other” Sexual Orientation Labels and Descriptions

	Frequency	Percentage
Heterosexual		
“heteroflexible”- straight but also interested in women, but don’t really identify as bi	1	.3
I don’t label this. bn in a hetero rel many years but that not abt gender but the person	1	.3
I typically consider myself heterosexual although I have thought about having more intimate relationships with women. I never have had a relationship with a woman, but I have thought about it. I do like men though and am dating a man.	1	.3
Non-Heterosexual (includes all categories below)		
<i>Lesbian</i>		
lesbian	1	.3
Lesbian. androgynous.	2	.6
Lesbian (neither butch or femme, that reinforces gender and I don’t like it)	1	.3
Lesbian neither butchy or femme-y	1	.3
lesbian- in between stud and femme	1	.3
Lesbian middle of the road	1	.3
LESBIAN – JUST LIKE ME	1	.3
<i>Bisexual</i>		
Bicurious	1	.3
Excluded from Data Analyses		
<i>Queer</i>		
Queer	6	2.0
Queer Femme	1	.3
queer sporty femme	1	.3
queer/masculine/butch/lesbian	1	.3
<i>Other</i>		
Asexual	1	.3
Demisexual/Pansexual	1	.3
Omnisexual	1	.3
Questioning (Possibly bisexual/lesbian)	1	.3

Appendix C: Means of Measure Total and Subscale Scores, by Non-heterosexual Status

	Lesbian Mean (SD)	Bisexual Mean (SD)
Objectification		
OBCS	4.14(.77)	4.31(.84)
Surveillance	4.44(1.30)	4.67(1.03)
Body Shame	3.54(1.35)	3.80(1.31)
Control Beliefs	4.44(0.96)	4.47(1.29)
Body Image		
AIS ^a		
Current Body	17.68(9.66)	18.07(9.05)
Ideal Body	14.42(8.26)	12.79(6.82)
AIS Difference Score	7.32(7.86)	4.81(7.80)
BAS	2.63(0.55)	2.74(0.66)
Disordered Eating		
EAT-26	8.29(6.72)	10.19(10.49)
Dieting	5.46(4.88)	6.51(7.03)
Bulimia & Food Preoccupation	1.64(2.43)	1.85(3.04)
Oral Control	1.18(1.50)	1.82(2.38)
Identity		
FIS	41.42(8.07)	42.33(5.29)
GEM-SMW	3.36(0.86)	2.86(0.75)
Appearance	3.47(1.40)	2.47(0.89)
Emotional Expression	2.84(1.14)	2.68(1.09)
Gender Roles	3.69(0.94)	3.70(1.06)
BMI	28.20(6.11)	30.25(8.70)

Note. OBCS = Objectified Body Consciousness Scale; AIS = Athletic Image Scale; BAS = Body Appreciation Scale; EAT-26 = Eating Attitudes Test-26; FIS = Feminist Identity Scale; GEM-SMW = Gender Expression Measure among Sexual Minority Women

Appendix D: Regression Coefficients of Regression Models

Regression Coefficients of the Regression Model with EAT-26 and BAS as Criterion Variables and OBCS as Predictor Variable, by Sexual Orientation

	EAT-26 as Criterion Variable				
OBCS ^a	B	SE B	β	t	p
Non-heterosexual	5.701	.999	.536	5.707	.000
Heterosexual	6.116	.736	.517	8.307	.000
Total	5.975	.594	.521	10.064	.000
	BAS as Criterion Variable				
Non-heterosexual	-.395	.069	-.538	-5.737	.000
Heterosexual	-.400	.043	-.564	-9.364	.000
Total	-.400	.036	-.555	-10.980	.000

Note. OBCS = Objectified Body Consciousness Scale; B = Unstandardized regression coefficient; SE B = Standard Error of Beta; β = Standardized regression coefficient

^aThese values are based on centered values to account for multicollinearity.

Regression Coefficients of the Regression Model with EAT-26 as the Criterion Variable and Feminist Identity Status as a Moderator

	B	SE B	β	t	p
OBCS ^a					
Non-heterosexual	.583	.102	.543	5.728	.000
Heterosexual	.565	.071	.507	7.991	.000
Total	.576	.057	.523	10.123	.000
Feminist Status ^a					
Non-heterosexual	-.010	.013	-.073	-.730	.467
Heterosexual	-.018	.009	-.135	-2.065	.040
Total	-.017	.007	-.132	-2.583	.010
OBCSxFeminist ^a					
Non-heterosexual	.016	.014	.123	1.194	.236
Heterosexual	.005	.011	.027	.414	.680
Total	.008	.008	.050	.980	.328

^aThese values are based on centered values to account for multicollinearity.

Regression Coefficients of the Regression Model with BAS as the Criterion Variable and Feminist Identity Status as Moderator

	B	SE B	β	t	p
OBCS ^a					
Non-heterosexual	-.385	.073	-.525	-5.295	.000
Heterosexual	-.394	.044	-.557	-8.861	.000
Total	-.391	.037	-.543	-10.458	.000
Feminist Status ^a					
Non-heterosexual	.002	.009	.018	.168	.867
Heterosexual	-.002	.005	-.027	-.408	.684
Total	-.002	.004	-.027	-.516	.606
OBCSxFeminist ^{ab}					
Non-heterosexual	-.005	.010	-.055	-.511	.611
Heterosexual	-.005	.007	-.047	-.725	.469
Total	-.006	.005	-.064	-1.238	.217

^aThese values are based on centered values to account for multicollinearity.

^bInteraction term

Regression Coefficients of the Regression Model with EAT-26 as the Criterion Variable and Gender Expression Identity as Moderator

	B	SE B	β	t	p
OBCS ^a					
Non-heterosexual	.599	.119	.559	5.034	.000
Heterosexual	.591	.072	.531	8.228	.000
Total	.604	.056	.549	10.752	.000
Butch/Femme ^a					
Non-heterosexual	.025	.102	.024	.247	.806
Heterosexual	.232	.094	.152	2.459	.015
Total	.098	.062	.080	1.562	.119
OBCSxButch/Femme ^{ab}					
Non-heterosexual	.042	.137	.033	.307	.806
Heterosexual	.011	.128	.005	.083	.934
Total	.050	.084	.031	.602	.547

^aThese values are based on centered values to account for multicollinearity.

^bInteraction term

Regression Coefficients of the Regression Model with BAS as the Criterion Variable and Gender Expression Identity as Moderator

	B	SE B	β	t	p
OBCS ^a					
Non-heterosexual	-.367	.082	-.500	-4.484	.000
Heterosexual	-.396	.043	-.559	-9.230	.000
Total	-.405	.035	-.562	-11.521	.000
Butch/Femme ^a					
Non-heterosexual	-.088	.070	-.121	-1.251	.215
Heterosexual	-.271	.056	-.279	-4.810	.000
Total	-.190	.039	-.237	-4.856	.000
OBCSxButch/Femme ^{ab}					
Non-heterosexual	-.109	.095	-.126	-1.157	.251
Heterosexual	-.038	.076	-.030	-.491	.624
Total	-.068	.052	-.063	-1.298	.195

^aThese values are based on centered values to account for multicollinearity.

^bInteraction term

Regression Coefficients of the Regression Model with EAT-26 as the Criterion Variable and Age as a Moderator

	B	SE B	β	t	p
OBCS ^a					
Non-heterosexual	8.446	2.537	.778	3.330	.001
Heterosexual	9.883	1.664	.836	5.941	.000
Total	9.418	1.380	.816	6.825	.000
Age					
Non-heterosexual	-.087	.066	-.144	-1.319	.191
Heterosexual	-.058	.037	-.099	-1.542	.125
Total	-.066	.032	-.113	-2.054	.041
OBCSxAge					
Non-heterosexual	-.089	.068	-.327	-1.320	.191
Heterosexual	-.116	.044	-.381	-2.665	.008
Total	-.107	.036	-.362	-2.948	.003

^aThis value is based on a centered value to account for multicollinearity.

Regression Coefficients of the Regression Model with BAS as the Criterion Variable and Age as a Moderator

	B	SE B	β	t	p
OBCS ^a					
Non-heterosexual	-.631	.173	-.839	-3.656	.000
Heterosexual	-.526	.098	-.741	-5.358	.000
Total	-.558	.085	-.768	-6.536	.000
Age					
Non-heterosexual	.001	.004	.028	.264	.792
Heterosexual	.000	.002	-.005	-.076	.939
Total	.000	.002	-.002	-.029	.977
OBCSxAge					
Non-heterosexual	.006	.005	.318	1.308	.195
Heterosexual	.004	.003	.195	1.387	.167
Total	.004	.002	.229	1.898	.059

^aThis value is based on a centered value to account for multicollinearity.

Regression Coefficients of the Regression Model with EAT-26 as the Criterion Variable and Age as a Moderator

	B	SE B	β	t	p
OBCS ^a	9.883	1.632	.856	6.055	.000
Orientation	.331	2.779	.016	.119	.905
Age	-.058	.037	-.098	-1.571	.117
OBCSxOrientation	-1.437	3.124	-.069	-.460	.646
OBCSxAge	-.116	.043	-.393	-2.716	.007
OrientationxAge	-.029	.078	-.056	-.372	.710
OBCSxOrientationxAge	.027	.083	.051	.325	.746

Note. Orientation = Sexual Orientation Status

^aThis value is based on a centered value to account for multicollinearity.

Regression Coefficients of the Regression Model with BAS as the Criterion Variable and Age as a Moderator

	B	SE B	β	t	p
OBCS ^a	-.526	.100	-.724	-5.235	.000
Orientation	-.153	.171	-.120	-.892	.373
Age	.000	.002	-.005	-.074	.941
OBCSxOrientation	-.105	.192	-.080	-.545	.586
OBCSxAge	.004	.003	.192	1.355	.177
OrientationxAge	.001	.005	.041	.281	.779
OBCSxOrientationxAge	.002	.005	.074	.480	.632

Note. Orientation = Sexual Orientation Status

^aThis value is based on a centered value to account for multicollinearity.

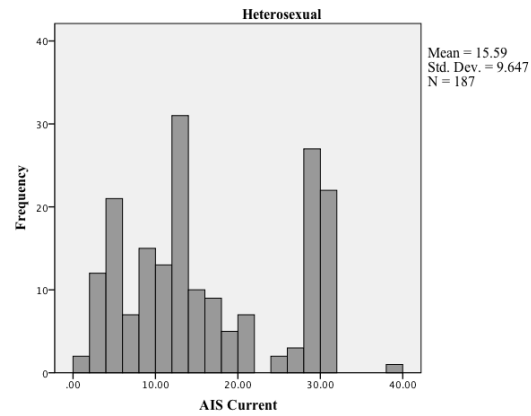
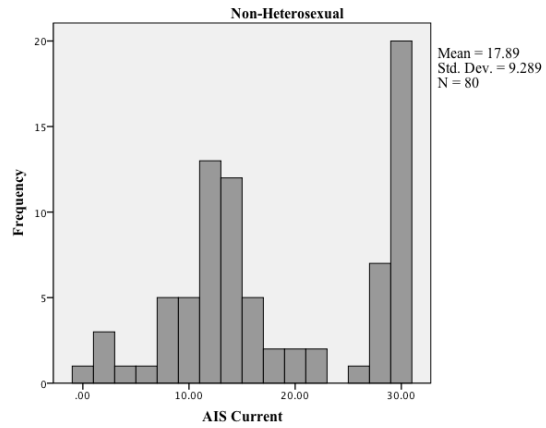
Appendix E: Means of Total and Subscale Scores for Survey, by Gender Expression of Lesbian Participants

	Butch Mean (SD)	Femme Mean (SD)
Objectification		
OBCS	4.13(.68)	4.36(.73)
Surveillance	4.15(1.42)	5.06(.98)
Body Shame	3.41(1.21)	3.73(1.44)
Control Beliefs	4.83(.98)	4.30(1.0)
Body Image		
AIS		
Current Body	21.67(9.41)	17.75(9.02)
Ideal Body	15.42(4.52)	13.35(7.67)
AIS Difference Score	11.75(7.06)	5.20(5.61)
BAS	2.58(.63)	2.60(.59)
Disordered Eating		
EAT-26	7.42(6.01)	10.00(7.05)
Dieting	4.92(4.70)	6.61(5.25)
Bulimia & Food Preoccupation	1.58(2.27)	1.82(2.57)
Oral Control	.92(1.16)	1.58(1.80)
Identity		
FIS	39.39(6.86)	40.83(5.36)
GEM-SMW	4.28(0.61)	2.81(0.62)
Appearance	4.88(0.89)	2.59(1.01)
Emotional Expression	3.13(1.44)	2.70(1.02)
Gender Roles	4.38(0.67)	3.50(0.83)
BMI	30.01(7.38)	27.70(5.22)

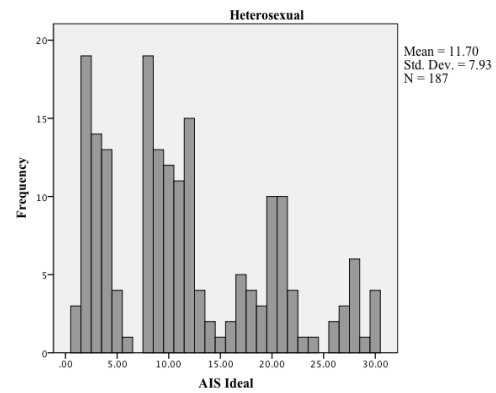
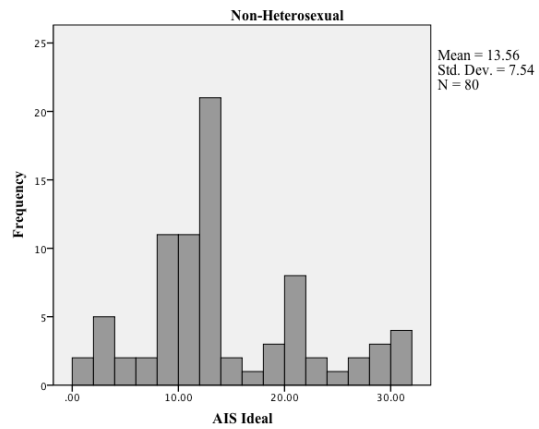
Note. OBCS = Objectified Body Consciousness Scale; AIS = Athletic Image Scale; BAS = Body Appreciation Scale; EAT-26 = Eating Attitudes Test-26; FIS = Feminist Identity Scale; GEM-SMW = Gender Expression Measure among Sexual Minority Women

Appendix F: Histograms of Athletic Image Scale, by Sexual Orientation

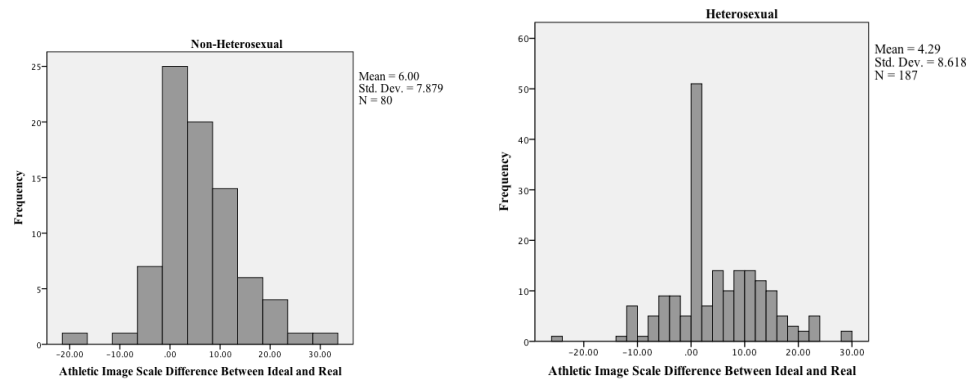
Current body histograms, by sexual orientation



Ideal body histograms, by sexual orientation



Discrepancy between current and ideal body histograms, by sexual orientation



Appendix G: Objectified Body Consciousness Scale

INSTRUCTIONS:

Circle the number that corresponds to how much you agree with each of the statements on the following pages.

Circle NA only if the statement does not apply to you. Do not circle NA if you don't agree with the statement.

For example, if the statement says "When I am happy, I feel like singing" and you don't feel like singing when you are happy, then you would circle one of the disagree choices. You would only circle NA if you were never happy.

Please answer each item as completely and accurately as you can by circling the number that most accurately indicates your opinion:

1 – Strongly Disagree
Through
3 / 4 – Neither Agree nor Disagree
7 – Strongly Agree
NA – Not Applicable

- | | | | | | | | | |
|---|---|---|---|---|---|---|---|----|
| 1. I rarely think about how I look..... | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 2. When I can't control my weight, I feel like something might be wrong with me.... | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 3. I think it is more important that my clothes Are comfortable than whether they look Good on me | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 4. I think a person is pretty much stuck with The looks they are born with | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 5. I feel ashamed of myself when I haven't Made the effort to look my best | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 6. A large part of being in shape is having That kind of body in the first place | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 7. I think more about how my body feels than How my body looks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |
| 8. I feel like I must be a bad person when I Don't look as good as I could | 1 | 2 | 3 | 4 | 5 | 6 | 7 | NA |

9. I rarely compare how I look with how other People look	1	2	3	4	5	6	7	NA
10. I think a person can look pretty much how They want to if they are willing to work At it	1	2	3	4	5	6	7	NA
11. I would be ashamed for people to know What I really weigh	1	2	3	4	5	6	7	NA
12. I really don't think I have much control Over how my body looks	1	2	3	4	5	6	7	NA
13. Even when I can't control my weight, I Think I'm an okay person	1	2	3	4	5	6	7	NA
14. During the day, I think about how I look Many times	1	2	3	4	5	6	7	NA
15. I never worry that something is wrong With me when I am not exercising as much As I should	1	2	3	4	5	6	7	NA
16. I often worry about whether the clothes I am wearing make me look good	1	2	3	4	5	6	7	NA
17. When I'm not exercising enough, I Question whether I am a good enough Person	1	2	3	4	5	6	7	NA
18. I rarely worry about how I look to Other people	1	2	3	4	5	6	7	NA
19. I think a person's weight is mostly Determined by the genes they were born With	1	2	3	4	5	6	7	NA
20. I am more concerned with what my body Can do than how it looks	1	2	3	4	5	6	7	NA
21. It doesn't matter how hard I try to change My weight, it's probably always going to be About the same	1	2	3	4	5	6	7	NA
22. When I'm not the size I think I should be, I feel ashamed	1	2	3	4	5	6	7	NA

23. I can weigh what I'm supposed to when

I try hard enough 1 2 3 4 5 6 7 NA

24. The shape you are in depends mostly

On your genes 1 2 3 4 5 6 7 NA

Body Surveillance Subscale: 1, 3, 7, 9, 14, 16, 18, 20

Body Shame Subscale: 2, 5, 8, 11, 13, 15, 17, 22

Control Beliefs Subscale: 4, 6, 10, 12, 19, 21, 23, 24

Appendix H: Body Appreciation Scale

Please indicate whether the question is true about you never, seldom, sometimes, often, or always.

1. I respect my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

2. I feel good about my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

3. On the whole, I am satisfied with my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

4. Despite its flaws, I accept my body for what it is.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

5. I feel that my body has at least some good qualities.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

6. I take a positive attitude towards my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

7. I am attentive to my body's needs.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

8. My self worth is independent of my body shape or weight.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

9. I do not focus a lot of energy being concerned with my body shape or weight.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

10. My feelings toward my body are positive, for the most part.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

11. I engage in healthy behaviors to take care of my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

12. I do not allow unrealistically thin images of women presented in the media to affect my attitudes toward my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

13. Despite its imperfections, I still like my body.

1	2	3	4	5
Never	Seldom	Sometimes	Often	Always

Appendix I: Eating Attitudes Test-26

Instructions: This is a screening measure to help you determine whether you might have an eating disorder that needs professional attention. This screening measure is not designed to make a diagnosis of an eating disorder or take the place of a professional consultation. Please fill out the below form as accurately, honestly and completely as possible. There are no right or wrong answers. All of your responses are confidential.

Part A: Complete the following questions:

- 1) Birth Date Month: Day: Year: 2) Gender: Male Female
 3) Height Feet: Inches:
 4) Current weight (lbs): 5) Highest weight (excluding pregnancy):
 6) Lowest Adult weight: 7) Ideal weight:

Part B: Check a response for each of the following statements:

Part B: Check a response for each of the following statements:	Always	Usually	Often	Some Times	Rarely	Never
1. Am terrified about being overweight						
2. Avoid eating when I am hungry						
3. Find myself preoccupied with food.						
4. Have gone on eating binges where I feel that I may not be able to stop.						
5. Cut my food into small pieces.						
6. Aware of the calorie content of foods that I eat.						
7. Particularly avoid food with a high carbohydrate content (i.e., bread, rice, potatoes, etc.)						
8. Felt that others would prefer if I ate more.						
9. Vomit after I have eaten.						
10. Feel extremely guilty after eating.						

11. Am preoccupied with a desire to be thinner.						
12. Think about burning calories when I exercise.						
13. Other people think that I am too thin.						
14. Am preoccupied with the thought of having fat on my body.						
15. Take longer than others to eat my meals.						
16. Avoid foods with sugar in them.						
17. Eat diet foods.						
18. Feel that food controls my life.						
19. Display self-control around food.						
20. Feel that others pressure me to eat.						
21. Give too much time and thought to food.						
22. Feel uncomfortable after eating sweets.						
23. Engage in dieting behavior.						
24. Like my stomach to be empty.						
25. Have the impulse to vomit after meals.						
26. Enjoy trying new rich foods.						

Part C: Behavioral Questions:

In the past 6 months have you:	Never	Once a month or less	2-3 times a month	Once a week	2-6 times a week	Once a day or more
A. Gone on eating binges where you feel that you may not be able to stop?*						
B. Ever made yourself sick (vomited) to control your weight or shape?						
C. Ever used laxatives, diet pills or diuretics (Water pills) to control your weight or shape?						
D. Exercised more than 60 minutes a day to lose or to control your weight?						
E. Lost 20 pounds or more in the past 6 months	Yes		No			
* Defined as eating much more than most people would under the same circumstances and feeling that eating is out of control.						

Three subscales form the EAT-26: dieting, bulimia and food preoccupation, and oral control

Dieting: 1, 6, 7, 10, 11, 12, 14, 16, 17, 22, 23, 24, 26

Bulimia and food preoccupation: 3, 4, 9, 18, 21, 25

Oral control: 2, 5, 8, 13, 15, 19, 20

Appendix J: Gender Expression among Sexual Minority Women

Indicate the extent to which you disagree or agree with the following statements.

1	2	3	4	5	6
<i>Strongly</i>	<i>Mostly</i>	<i>Somewhat</i>	<i>Somewhat</i>	<i>Mostly</i>	<i>Strongly</i>
<i>Disagree</i>	<i>Disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Agree</i>	<i>Agree</i>

1. I keep my hair in a style that is spiky or buzzed.
2. I am usually physically protective of my partner or date.
3. I relate to straight men as “one of the guys.”
4. I talk to my friends about how I feel.
5. I often carry a purse.
6. I like to hold doors open for a date or let my date pass through doors first.
7. I never wear tops that are low cut or that show cleavage.
8. I wear sports bras or strap my breasts on a regular basis.
9. I often wear skirts and dresses.
10. I enjoy activities that involve tools, such as car work or household repairs.
11. I often wear form-fitting jeans.
12. I never wear makeup.
13. I cry easily.
14. I almost never show my emotions.
15. It is difficult for me to express my emotions.

Appendix K: Feminist Identity Scale

Please answer each item as completely and accurately as you can by circling the number that most accurately indicates your opinion:

- 0 Disagree Strongly
- 1 Disagree
- 2 Disagree Slightly
- 3 Agree Slightly
- 4 Agree
- 5 Agree Strongly

1. Women who are supportive and active in working for women's rights should be admired.

0 1 2 3 4 5

2. Gender roles are oppressive to many women.

0 1 2 3 4 5

3. For some issues, rallies and marches for women's rights are the best way to be active in spreading the word about gender equality.

0 1 2 3 4 5

4. Women and men should have equal rights and opportunities.

0 1 2 3 4 5

5. It is important to support female artists by buying their art, projects, writings, and other artistic endeavors.

0 1 2 3 4 5

6. Women should speak out against sexually derogatory remarks made by others in public.

0 1 2 3 4 5

7. The emphasis our society places on women's appearance and weight dehumanizes women.

0 1 2 3 4 5

8. Women should be valued for their abilities rather than for their appearance.

0 1 2 3 4 5

9. Men treat women as objects more often than they treat them as equal human beings.

0 1 2 3 4 5

10. Harassment and rape reflect and maintain gender inequality in society.

0 1 2 3 4 5

Appendix L: Demographic Questionnaire

1. Please indicate your age:
2. What is your gender:
 - a. Male
 - b. Female
 - c. Intersex
 - d. Transgender
 - e. Other
3. What is your highest level of education achieved?:
 - a. High School Diploma
 - b. Some College
 - c. Associates Degree
 - d. Bachelors Degree
 - e. Masters Degree
 - f. Doctoral Degree
4. Please choose the ethnicity that most closely represents you:
 - a. Black/African American
 - b. Latina/Hispanic
 - c. Asian
 - d. American Indian or Native Alaskan
 - e. White/Caucasian
 - f. Native Hawaiian or Pacific Islander
 - g. Biracial
 - h. Multiracial
 - i. Other

5. I would consider myself a feminist:

- a. Agree
- b. Somewhat Agree
- c. Maybe
- d. Somewhat Disagree
- e. Disagree

6. Please choose the sexual orientation that most closely represents you.

- a. Heterosexual
- b. Lesbian (butch-like)
- c. Lesbian (femme-like)
- d. Bisexual
- e. Pansexual
- f. Other. Please Specify (optional):

Appendix M: Informed Consent

Positive and Negative Body Image and Disordered Eating as a Function of Objectification and Lesbian and Feminist Identities

You are invited to participate in this research study. The following information is provided in order to help you to make an informed decision whether or not to participate. The purpose of this study is to examine the relationship between women's body image experiences and eating habits. Another purpose of this study is to investigate the impact of identity on body image and disordered eating. Participation in this study will require approximately 30 minutes of your time. You will be answering questions that will be presented using an online survey program. You may find the survey experience and the opportunity to consider your attitudes toward your self-identity to be enjoyable and educational. The information gained from this study may help us to better understand how females' body image is impacted by various sociocultural factors, as well as whether identity has positive or negative effects on body image or eating behaviors.

Your participation in this study is **voluntary**. You are free to decide not to participate in this study or to withdraw at any time without adversely affecting your relationship with the investigators, your academic institution, or any relevant organization activities. The survey is strictly anonymous.

This research is being conducted by:

Student Researcher:
Joanne A. Petursson, M.A.
Clinical Psychology Doctoral Student
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Indiana, PA 15705

Dissertation Chair:
Maureen McHugh, Ph.D.
Professor
1020 Oakland Ave., Uhler Hall
Indiana, PA 15705

This project has been approved by the Indiana University of Pennsylvania Institutional Review Board for the Protection of Human Subjects (Phone: 724.357.7730).

I agree

Quit

Appendix N: Debriefing Statement

Positive and Negative Body Image and Disordered Eating as a Function of Objectification and Lesbian and Feminist Identities

Thank you very much for completing this survey!

Your participation will help to determine the impact of identity on eating behaviors and other sociocultural factors associated with body image. If you have questions about your participation in the study or would like to receive the results of the study, please contact me at j.a.petursson@iup.edu, or my dissertation chair at maureen.mchugh@iup.edu.

Following are resources that may be of interest:

Books:

My Gender Workbook: How to Become a Real Man, a Real Woman, the Real You, or Something Else Entirely by Kate Bornstein

Full Frontal Feminism: A Young Woman's Guide to Why Feminism Matters by Jessica Valenti

Website:

National Eating Disorders Association: <http://www.edap.org/get-help-today/>

If your concerns are such that you would now like to have your data withdrawn, please inform the Project Director or the research assistant and we will do so.

If you have questions about your rights as a research participant, you may contact Indiana University of Pennsylvania's Institutional Review Board at irb-research@iup.edu.

Thank you again for your participation!

Joanne A. Petursson, M.A.
Student Researcher
Clinical Psychology Doctoral Student

Maureen McHugh, Ph.D.
Dissertation Chair
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