Avail or Hindrance? Examining the Intersection of Lesbian Sexual orientation and Disordered Eating Risk Among American and Dutch women

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AVAIL OR HINDRANCE?

EXAMINING THE INTERSECTION OF LESBIAN SEXUAL ORIENTATION AND DISORDERED EATING RISK AMONG AMERICAN AND DUTCH WOMEN

Lauren M. King*

INTRODUCTION
Since the 1980s, the United States and the Netherlands have documented significant growth in the prevalence of anorexia nervosa and bulimia nervosa among their female populations (Hudson et al. 2007; Van Son et al. 2006a). Linked primarily to socio-cultural messages promoting thinness (Thompson and Heinberg 1999), these eating disorders are garnering increased recognition as relevant public health concerns. Studies indicating that the occurrence of anorexia nervosa and bulimia nervosa is higher in some communities than others (Heffernan 1996) imply that interaction within a particular subculture mediates women’s internalization of social norms. It follows that involvement in a subculture that is less invested in socio-cultural ideals of beauty could serve as a protective factor against eating disorders.

Several scholars have posited that the American and Dutch lesbian communities may be such ‘havens’ from disordered eating (Gettleman and Thompson 1993; Bergeron and Senn 1998; Owens et al. 2002). However, explanations of how the lesbian subculture mitigates eating pathologies are lacking, and researchers have yet to discuss the implications of

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comparative data on lesbian and heterosexual women’s eating behaviours. In an effort to clarify inconsistent research linking lesbianism to healthy attitudes about food and weight, this paper poses two questions: Is sexual orientation a mediator of eating disorder risk that distinguishes American and Dutch lesbian women from their gender group? And, in what ways does involvement in lesbian subculture influence the prevalence of body dissatisfaction and disordered eating among these women? The resolution of these queries requires a basic understanding of disordered eating, as well as an investigation of what lesbian subculture is, and why involvement in lesbian communities is purported to moderate lesbians’ likelihood of developing eating disorders.

**DISORDERED EATING IN THE UNITED STATES AND THE NETHERLANDS**

Under the American Psychiatric Association’s DSM-IV-TR classification, anorexia nervosa and bulimia nervosa are labelled persistent mental health disorders (Diagnostic 2000). Anorexia nervosa is an eating pathology characterized by the combined refusal to maintain a body weight at or above a minimally normal weight for one’s age and size (less than 85 percent of expected weight), and an intense fear of gaining weight or becoming fat, even though one is underweight (ibid.). Bulimia nervosa is typified by recurrent episodes of binge eating involving the rapid, discrete consumption of large amounts of food, and recurrent inappropriate compensatory behaviour to prevent weight gain, such as self-induced vomiting, misuse of laxatives or diuretics, fasting, and excessive exercise (ibid.).

Both eating disorders have documented negative health impacts, with anorexia nervosa linked to irregular heartbeat, kidney failure, and osteoporosis, and bulimia nervosa to rupture of the oesophagus, dehydration, and mineral deficiency (Soyka et al. 1999; Johnson et al. 2001). Through the compilation of statistical data from forty-two surveys, Sullivan (1995: 1074) estimated the mortality rate for individuals with anorexia nervosa to be 5.9 percent, the highest of any psychiatric disorder. Also connected to depression and poor body image, eating disorders are exacting physical and psychological strain upon a burgeoning number of individuals in the United States and the Netherlands (Johnson et al. 2001).
Using population-based surveys from 2001-2003, Hudson et al. (2007: 350) estimated the American prevalence of anorexia nervosa to be at 0.9 percent, and bulimia nervosa at 1.5 percent. Approximations of the prevalence of anorexia and bulimia in the Netherlands have been extrapolated from the records of physicians serving one percent of the Dutch population (Van Son et al. 2006a). From this data, Hoek (2006: 390) determined that from 1995-1999 the prevalence of anorexia among Dutch individuals was roughly 0.3 percent, and bulimia nervosa 1.0 percent. To be represented in these statistics, individuals must have met the diagnostic criteria for anorexia nervosa or bulimia nervosa for a minimum of three consecutive months, and it has been projected that up to twenty percent of females aged 15-35 years exhibit varying symptoms of anorexia nervosa or bulimia nervosa, or suffer from a related eating pathology (Hoek 2002: 235).

Though the prevalence of anorexia nervosa and bulimia nervosa is slightly lower in the Netherlands than in the United States, eating disorders have been increasing in both countries since the 1980s, with a notable rise in anorexia nervosa among 15-19 year old females (Hudson et al. 2007; Van Son et al. 2006a). The two locations report similar rates of bodily dissatisfaction and preoccupation with weight among women aged 15-35 years (Waldherr et al. 2008) and surveys from the Netherlands indicate that the occurrence of bulimia nervosa is 2.5 times higher in urban areas than in rural parts of the country (Van Son et al. 2006b). In addition to revealing the general pervasiveness of eating disorders, the figures also suggest that anorexia nervosa and bulimia nervosa disproportionately affect women. In 2000, ninety percent of all reported patients with anorexia nervosa or bulimia nervosa in the United States were female, and ninety-five percent of reported cases in van Son’s survey of the Netherlands were women (Wagenbach 2003: 208; Van Son 2006b: 583).

THE ROLE OF SOCIO-CULTURAL PRESSURES
The development of eating disorders among American and Dutch women
likely results from the convergence of many factors, but socio-cultural influences—especially the modern media—are receiving the most attention as contributors to bodily dissatisfaction and disordered eating. Ideals of beauty have long been communicated through literature, music, and art, but the accessibility and universality of today’s media has rendered its messages exceptionally pervasive (Thompson and Heinberg 1999). Owens et al. (2002) have found that contemporary norms of appearance are applied more strictly to women than men. Media images convey to women what they should look like to attract male partners, and beauty is increasingly being equated with thinness. According to Thompson and Heinberg (1999: 162), current societal standards for female thinness are omnipresent, and establish a standard that is “...unreachable for most women without extreme and maladaptive behaviours.” Women strive to attain the thin ideal because they are socialized to associate self-esteem with body-esteem in pursuit of male attention (Share and Mintz 2002). However, pressure to reach decreasing body weights has widened the gap between what women desire and what they are reasonably able to achieve.

“Falling short” of culturally validated definitions of what is desirable has a powerful impact on the way many women perceive their bodies. Wagenbach (2003) determined that cultural imperatives linking thinness with attractiveness and attractiveness with self-worth directly influence the formulation of a woman’s body image. The socialization of American and Dutch girls to evaluate themselves in terms of appearance has been hypothesized to lay the groundwork for self-criticism and bodily dissatisfaction, known facilitators of disordered eating (Heffernan 1994). Research on the psychosocial correlates of eating disorders reveals that poor body image is one of the major contributors to the dysfunctional attitudes about eating associated with anorexia nervosa and bulimia nervosa (Owens et al. 2002). Share and Mintz (2002: 90) assert that “...few disagree that the pressure to attain the thin ideal is linked to negative body image and eating disorders,” a position validated by Wagenbach’s (2003: 208) surveys. If, as suggested, a significant relationship exists between body image disturbance and eating pathology, the prevalence of eating disorders in the United States and the Netherlands is inseparable from socio-cultural emphases on female slenderness.
Yet, while nearly all American and Dutch women encounter socio-cultural messages promoting thinness, not all develop anorexia nervosa or bulimia nervosa. In 1986 Streigal theorized that the women at greatest risk for eating disorders “…should be those who have accepted and internalised most deeply the socio-cultural mores about thinness and attractiveness” (Heffernan 1996: 127). This idea was affirmed by J. K. Thompson and Heinberg’s (1999: 342) findings that the internalization of social messages is a significant correlate of body dissatisfaction and eating disturbance among women. Recent studies demonstrating that the prevalence of eating disorders is higher among certain American subgroups—such as college campuses—(Heffernan 1996) imply that interaction within a particular subculture mediates women’s internalization of social norms. It follows that participation in a subculture that is less entrenched in socio-cultural ideals of beauty could minimize women’s risk for disordered eating.

Though scholars have suggested that American and Dutch lesbian communities function as protective recesses from eating disorders (Gettleman and Thompson 1993; Bergeron and Senn 1998; Owens et al. 2002), none have explained how lesbian subculture mitigates eating disorder risk or evidenced lower rates of eating disorders among lesbian women. In order to determine whether or not lesbian sexual orientation diminishes the likelihood of disordered eating, it is necessary to understand what lesbian subculture is, and to compare the prevalence of eating disorders among self-identified lesbian and heterosexual women.

**LESBIAN SUBCULTURE AND VALUES**

There is certainly no all-inclusive, homogenous lesbian subculture, but literature and personal testimony indicate that American and Dutch lesbian women do claim a unique identity within their mainstream cultures. Beginning in the 1970s, the lesbian-feminist movement rejected body size ideals, protested feminine appearance norms, and—citing the injury of male-constructed standards of beauty—”...brought back healthy, realistic images of women” (Tucker 1998: 39). Modern lesbian subculture is
assumed to similarly reject the ideal of female thinness championed by the mainstream culture. Feldman and Meyer (2007: 220) posited that lesbian women may be less prone to eating disorders because, “...they do not share with heterosexual women the standards of feminine beauty espoused by Western culture”. In line with their claim, Heffernan’s (1996: 135) surveys of American lesbian women indicated that the majority of participants were “highly critical” of traditional attitudes regarding the rights, roles, and appearance of women. Only 35 percent of the lesbian women questioned reported that the physical attractiveness of their partner was important to them, in comparison with 67 percent of cohabiting heterosexual males living in the United States at the time of the surveys (ibid. 139).

Firsthand accounts from American and Dutch lesbians support the theory that lesbian subculture favours alternative ideals of beauty, and that refuting culturally-prescribed norms is part of assuming a lesbian identity. An American lesbian woman interviewed by Auerbach and Bradley (1998: 30) commented on the distinct “difference between image in straight and lesbian communities”, claiming that lesbian women are freed from the constraints of male-defined ideals. Pending a series of interviews with American lesbians, Pitman (2000) established that lesbian women believe their communities are more accepting of female bodies than the broader culture. In the same vein, a Dutch lesbian living in Amsterdam remarked that “...in a relationship with a woman you get a second chance to explore your own body and to become free in it” (Thompson 1999: 24).

The tenets of lesbian subculture also speak directly to the issue of disordered eating. According to Heffernan’s (1996) surveys, dieting is seen as a socially unacceptable form of behaviour among lesbians because it is viewed as buying into damaging norms of female appearance. A lesbian contributor to Gay Community News in California wrote, “...we like to think that as dykes we’ve worked out the issues of body image that plague straight women trying to conform to het norms. We tend to believe that lesbians are confident in our power and proud in our sexuality, and are thus unlikely to lapse into behaviours as self-effacing as voluntary starvation or self-induced vomiting” (“What’s important” 1998: 11). By all appearances, lesbian subculture affirms healthy female body-image. As such, it is presumed that lesbian women should be less susceptible to
the negative consequences of internalized cultural norms, and less likely to engage in disordered eating (Share and Mintz 2002). Comparison of available data on the prevalence of eating disorders among lesbian and heterosexual women tests the legitimacy of this theory.

STATISTICS: EATING DISORDER PREVALENCE AMONG LESBIAN VS. HETEROSEXUAL WOMEN

A limited number of American studies suggest that lesbian women are less likely to suffer from poor body image than heterosexual women. Gettleman and Thompson’s 1993 survey of 32 lesbian and 32 heterosexual women indicated that lesbian respondents were less concerned with body image, weight, and dieting. In 2002, Share and Mintz gathered information from a pool of 178 American lesbian and heterosexual women. The lesbians showed less internalization of cultural attitudes towards appearance and higher body-esteem related to sexual attractiveness. Owen et al.’s 2003 study of 518 lesbian and 258 heterosexual women yielded similar results, revealing that lesbian sexual orientation had a small negative effect on variables for attitudes towards eating and weight.

However, none of these surveys evidenced that lesbians have a lower incidence of disordered eating than heterosexual women, and far more overwhelming data substantiates that lesbian women experience the same prevalence of body dissatisfaction and eating disorders as their heterosexual peers. In 1996, Beren et al. found that the 69 lesbians and 72 heterosexual women they studied in the United States reported comparable scores on body dissatisfaction scales. In the same year, Heffernan (1996) determined, based on a survey of 203 American lesbians, that the rate of bulimia among her sample was the same as estimates from the general American population. Though Share and Mintz (2002) are cited for their finding that lesbian sexual orientation led to higher body-esteem related to sexuality, they also discovered no difference in body-esteem related to physical attractiveness or in eating disorder symptomology among the lesbian and heterosexual women sampled. Finally, Feldman and Meyer’s (2007) application of DSM-IV-TR diagnostics to a sample of 198 American lesbians and 63 American heterosexual women yielded no statistical difference in the lifetime prevalence of any eating disorder among lesbian and heterosexual females.
The finding that American lesbians manifest the same levels of negative body image and disordered eating as heterosexual American women at first seems paradoxical. Its inconsistency with scholarly predictions begs assessment of the rationale behind lesbian concern with weight and appearance. Lesbian sexual orientation may not mitigate the prevalence of eating disorders, but this does not mean its effect on lesbian’s body image and eating pathologies is neutral. One lesbian author questions, “...if lesbianism offered some models of self-nurturance and freedom from defining ourselves from male standards, why then are women literally killing ourselves to look good?” (Tucker 1998: 38). This inquiry requires the placement of lesbian subculture and its values back within the context of greater American and Dutch cultures.

The pre-eminence of mainstream culture’s demands
It is likely that lesbian subculture’s disavowal of patriarchal standards of beauty is insufficient to displace the socio-cultural pressures exerted upon American and Dutch lesbian women before they come out. In their study of lesbian values, Beren et al. (1996: 140) determined that although lesbian communities may have more flexible norms about female bodies, these are frequently unable “...to reverse the extreme messages that lesbians, as women, have experienced since childhood.” As Tucker (1998: 42) acknowledges, “...unlike other cultural minorities, lesbians do not grow up with parental or peer models representing lesbian standards as an alternative to the majority culture’s norms.” Although many women receive support from lesbian communities after coming out as queer, being a lesbian does not provide instant liberation from the degradation of women’s bodies (Auerbach and Bradley 1998: 34). Even as American and Dutch lesbians increasingly identify with a subculture that professes self-acceptance, they are not exempt from living in a larger cultural context that values thinness and beauty in women.

Oral interviews echo the suggestion that lesbian women remain rooted in mainstream culture and are not immune to its messages. When asked about
appearance norms, one American lesbian commented, “Let’s face it. The traditional standards of beauty for women are basically the same whether you’re gay, straight, bisexual, or whatever” (Myers et al. 1998: 18). A Dutch lesbian remarked that lesbian women, like heterosexuals, “...internalize male ideas about sexuality and body awareness...and it takes a long process to un-internalize male images of beauty” (Thompson 1999: 22-23). Another lesbian from the Netherlands intimated that the length of time a lesbian woman has been out and her degree of involvement in lesbian subculture may influence the pressure she feels to conform to mainstream ideals of beauty. Discussing her involvement with a lesbian group for women over 50 years old, she contrasted the acceptance she has developed for her own and other women’s bodies with the pressure to look a certain way she felt as a lesbian in her 20s and 30s (Thompson 1999: 27).

These records evoke the idea that American and Dutch lesbians’ eating pathologies arise from the same basis as heterosexual women’s eating disorders: overwhelming socio-cultural pressure to be thin. The erosion of lesbianism’s protective values by broader society indeed has a hand in the development of eating disorders among lesbian women. However, a closer examination of lesbian subculture also reveals that the freedom from mainstream ideals promoted within lesbian communities is not necessarily reflective of the way lesbian women feel about their own bodies.

Skewed Body Image and the “Eating Disorder Taboo”

Share and Mintz (2002) posited that even though lesbians cognitively reject traditional cultural standards, at a deeper level such standards may influence their eating patterns and their thoughts about weight. In her experience with a gay and lesbian group on an American college campus, Tucker (1998: 38) noted that many lesbian women spoke passionately against “...sexist, self-destructive, culturally-prescribed beauty norms” but later admitted pained perceptions of their own bodies. One of Auerbach and Bradley’s (1998: 32) interviewees remarked “...I’m this strong liberated woman...I’m lesbian...but at the same time having this internal struggle, that I still feel like shit whenever I look in the mirror. It’s sort of a double dose of shit because here I am spouting off how empowered I am, but really I’m not...”. Her story is not unique, but likens her to the many lesbian women in
Tucker’s (1998: 42) study who reported that coming out taught them how to love their bodies, yet still tested high on scales of negative body image and eating disorders.

Lesbian subculture has yet to reconcile itself with the reality that its members cope with weight and body issues.

In its rejection of mainstream standards of beauty, lesbian subculture has yet to reconcile itself with the reality that many of its members cope with weight and body issues. The inconsistency of disordered eating with traditional lesbian ideals has created a taboo on negative body image that isolates affected lesbian women. Tucker (1998: 41) noted that in lesbian subculture, negative body image and obsessions are often labelled “a straight woman’s thing” and American and Dutch lesbians alike have acknowledged an undercurrent of bodily dissatisfaction that “...is not talked about” in their communities” (Pitman 2000: 60). In discussion of what she terms “body silence” among lesbian women, Kelly (2007: 882) noted that because lesbians who struggle with eating disorders believe lesbianism should protect them from body image problems, they have trouble voicing their concerns to other lesbian women. The lesbians she surveyed felt shamed by their self-image problems, and “...were left struggling to reconcile how they are supposed to feel about their bodies with how they actually feel”.

An article recently published in California’s Gay Community News was written with the goal of breaking lesbians’ silence about eating disorders. One of the authors—a lesbian woman coping with anorexia nervosa—claimed that disordered eating is shrouded in more secrecy and misunderstanding within the lesbian community than in mainstream culture. Underscoring the emotional stress of dealing with an eating disorder, she declared that talking about an eating disorder with other lesbians “...can feel like coming out all over again” (“What’s important” 1998: 11). Two of her co-authors lamented that they had never felt guaranteed support for their eating problems in the lesbian community, and were forced to look elsewhere for help (“What’s important” 1998: 13). Though lesbian subculture tells lesbians they should feel good about their bodies, it frequently fails to show them how this can be achieved. As long as their subculture persists in denying
the relevance of eating disorders to lesbian women, lesbians struggling with eating pathologies bear a burden uncommon to heterosexual women.

While sexual orientation does not diminish lesbians’ risk for eating disorders, it clearly does distinguish the basis for their disorders and the means by which they cope with them. Beyond the tension generated by the denial of eating disorders as a pertinent lesbian concern, lesbian women are also uniquely subject to the appearance standards implemented by their own community. The pressure exerted by lesbian conceptions of beauty further influences the lesbian women’s development of body-image, mediating their risk for eating disorders.

LESBIAN IDEALS OF FEMALE BEAUTY

In her analysis of American lesbian communities, Schorb and Hammidi (2000: 255) determined that “…lesbian standards of beauty are negotiated against not only mainstream female beauty standards, but perhaps more interestingly, lesbian regimes of beauty”. She asserted that lesbian subculture elevates androgynous or butch aesthetics, tending to privilege a masculine style. These ideals of beauty function not only as an expression of lesbian values, but also enable lesbians to identify one another and provide a group identity that is distinct from women in the dominant culture (Myers et al. 1998: 20). In search of community, lesbians read other women “…perhaps for aesthetic inspiration of style tips, but more centrally for embodied reminders that lesbians actually exist, that there might be something visibly queer” (Schorb and Hammidi 2000: 264). However, the pragmatic basis for lesbian standards of beauty does not render them benign. Pitman (2000: 60) found that norms originally designed to increase lesbian visibility have evolved into “heavily policed” standards which can facilitate negative body image much like mainstream standards of beauty.

Many of the women interviewed by Tucker (1998) expressed that while they no longer felt constrained by heterosexist, male-defined standards of beauty upon coming out, they were restricted by new, lesbian ideals, including physical strength requisites. Femme lesbians complained to Schorb and Hammidi (2000: 258) that they were not taken seriously by other lesbians, and often presumed to be “…heterosexual, bisexual, questioning, or just
coming out”. Pressure on lesbian women “...to look butch enough...or to be the most athletic, or tough, or sexy” (Tucker 1998: 43) can be equally as destructive as the pressure heterosexual women feel to attract men. Several of the lesbians in Tucker’s (1998: 43) study shifted from binging and dieting to compulsive weight lifting, and she warns that an obsession to replace female body fat with muscle is “…just as destructive as an obsession to starve oneself into angular, bony bodies.”

Lesbian women’s formulation of body image is further complicated by heterosexual generalizations about their appearance. Lesbians have historically been projected as unkempt and unattractive by mainstream American and Dutch cultures, such that one American lesbian offhandedly remarked, “I remember thinking that all lesbians wore glasses and had bad haircuts...” (Schorb and Hammidi 2000: 255). A Dutch lesbian expressed that it is sometimes difficult to cope with the male prognosis of lesbians as “…badly dressed, masculine, short-haired women” (Thompson 1999: 25). When lesbians fit such an image, they are often displeased to be conforming to a stereotype, yet if they deviate from it, they may become “too femme” to blend comfortably with their peer group.

This tension is only being aggravated by the more recent promotion of chic “lipstick lesbianism” by the modern media. Schorb and Hammidi (2000: 260) cited an article from New York magazine describing a bar in which a “sexy young, tawny-skinned woman” bedecked in designer clothing whispered to her “…pretty blonde lover.” These women supposedly represent the “new face” of lesbianism, an image not unlike that promoted by the media to heterosexual women. According to Schorb and Hammidi (2000: 260), the advocacy of such a particular look does not serve to empower lesbians, but promotes a class of “deserving” versus “undeserving” lesbian women in modern culture. It also threatens to undermine the efforts that lesbian subculture has made to reject male-defined notions of thinness and beauty. In a discussion of lesbian film, Young (2001: 19) protested the infiltration of mainstream values into lesbian subculture, arguing that too often lesbian actresses who “...personify patriarchal, mainstream standards of beauty” convey the myth that sexuality and love—even among women—are reserved for the beautiful.
CONCLUSION

Lesbian women manage an array of contending forces—some shared among all women, and others unique to lesbian communities—in their development of body image. Despite the fact that lesbian subculture rejects the socio-cultural ideals of female thinness linked to disordered eating in the United States and the Netherlands, American and Dutch lesbian women experience the same prevalence of eating disorders as their heterosexual counterparts. If lesbian sexual orientation does not mitigate the likelihood of poor body image and eating pathology, it plainly distinguishes the nature of lesbian women’s bodily concerns and the manner by which they can address them.

As females who have no choice but to interact with the mainstream culture, lesbians experience the same pressure to meet patriarchal standards of thinness and beauty as all American and Dutch women. Their involvement in a community that champions self-assurance and healthy body weight may soften this pressure, but is ultimately incapable of eliminating it. Lesbian women still fall victim to broader socio-cultural pressures to be thin, and when they develop eating disorders, the lesbian subculture applauded for accepting women of all shapes, sizes, colours, and needs is ill-equipped to extend support. Unlike heterosexual women, lesbians are also accorded the difficult task of negotiating the separate standards of beauty enforced by lesbian subculture alongside mainstream appearance ideals. Behind the equal incidence of female eating disorders lies a uniquely lesbian struggle to evade confining stereotypes and balance competing pressures in the formulation of self-image.

However, as members of a subculture that by definition was formed against the grain of contemporary society, American and Dutch lesbians also have the unique potential to assert a new definition of female beauty—a definition that does not rest on the fulfilment of particular visual requisites, but lies in the personal reconciliation of each woman with her body. Lesbian subculture has already undercut the notion that relationships depend on female subservience; it has next to deconstruct the need for standards of female beauty, breaking down the associations between food, body-image, and self-esteem that lead to disordered eating in so many American and Dutch women.
REFERENCES


Avail or Hindrance?


