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Disordered eating attitudes and behaviors : comparing lesbian, gay, bisexual, transgender and queer women to women who identify as straight

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Disordered Eating Attitudes and Behaviors: Comparing Lesbian, Gay, Bisexual, Transgender and Queer Identified Women to Women who Identify as Straight.

ABSTRACT

This study used a quantitative, fixed-method research design to explore the trends of eating disordered attitudes and behaviors in women. Specifically, it investigated whether there were differences in prevalence of eating disordered attitudes and behaviors between heterosexual women and women who identify as Lesbian, Gay, Bisexual, Transgender or Queer.

Participants were found using snowball sampling. 556 women participated in the research by completing an online survey. The survey instrument they were then asked to complete was EAT-26, used to asses if a person may be at high risk for an eating disorder. The ages of the participants ranged from 18-83 years old. The mean age of participants was 31.63. There were 14 women who self -identified as Transgender. 338 women identified as heterosexual (60.8%), 61 women identified as Lesbian, 6 women identified as Gay, 73 identified as Bisexual, 62 identified as Queer and 16 identified as other.

The results of this study show that there were no significant differences in disordered eating between women who identified as heterosexual and women who identified as homosexual. However, differences were found among homosexual women based on a more detailed breakdown of their sexual identity. A higher percent of women who identified as lesbian were at risk for an eating disorder (23%) than those who identified as bisexual (8.2%) queer (6.2%) or gay (0%). This study also looked at eating disorder rates for transgendered

women, and found the percent of transgendered women with disordered eating (14.3%) fell within national averages (Gordon, 1990).

DISORDERED EATING ATTITUDES AND BEHAVIORS:

COMPARING LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER IDENTIFIED WOMEN TO WOMEN WHO IDENTIFY AS STRAIGHT.

A project based upon independent investigation,
submitted in partial fulfillment of the requirements
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This thesis is dedicated to my mother, Lori Bryant,
who is my greatest support and my biggest fan.
She taught be how to be both, a strong and sensitive woman.
It is an honor to be her daughter and to be her friend.

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CHAPTER I

Introduction

This study explored the trends of eating disordered attitudes and behaviors in women. Specifically, it investigated whether there were differences in prevalence of eating disordered attitudes and behaviors between heterosexual women and women who identify as Lesbian, Gay, Bisexual, Transgender or Queer. It is only since the 1970's that Anorexia and Bulimia have been widely given attention. Today, eating disorders are recognized as a serious psychiatric illness and researchers are exploring the various risk and protective factors. The American Psychiatric Association reports that between 5 million and 10 million women have an eating disorder and more than 90 percent of those who have a diagnosis of anorexia or bulimia are female (Michel & Willard, 2003). It was estimated that in the United States an average of 10-15% of women have an eating disorder (Gordon, 1990). Eating disorders are a significant problem that effect women of all ages (Augustus- Horvath & Tylka, 2009).

Researchers have found significant differences in prevalence of eating disordered attitudes and behaviors in homosexual males compared to heterosexual males. Studies consistently found that for men homosexuality is a risk factor for eating disordered attitudes and behaviors (Feldman & Meyer, 2006; Moore & Keel, 2002; Lakkis, Ricciardelli, & Williams, 1999). There are, however, few studies that have explored the connection to a woman's sexual identity and her eating attitudes and behaviors, and the

findings have been varied. Some studies have found that homosexual women have a lower prevalence of eating disordered attitudes and behaviors than do heterosexual women (Meyer, Blissett & Oldfield, 2001; Lakkis & Ricciardelli, 1999; Siever, 1994). Other studies have shown that there is no difference in prevalence of eating disordered attitudes and behaviors between homosexual and heterosexual women (Mintz & Share, 2002; Moor & Keel, 2003; Feldman & Meyer, 2007). Moreover, while there have been few studies which have included women who identify as homosexual, no studies have explored the topic among women who identify as Bisexual, Gay, Transgender or Queer. It is possible that women within each of these sexual identities may have different beauty standards, and have different attitudes towards thinness, both from a heterosexual norm and from one another. Since there is not a clear answer, it was important to explore if there were significant differences of eating disordered attitudes and behaviors between homosexual women and woman with LGBTQ identities. It was important to know if a women's sexual identity is a risk factor for eating disordered attitudes or behaviors. If disordered eating attitudes and behaviors are significantly less among women who identify as LGBT or Q it would be important to understand why these identities are a protective factor.

CHAPTER 2

Literature Review

I surveyed the existing research on eating disorders and found that there were few articles that directly compared homosexual and heterosexual women. Some research looked at the theoretical reasons why women have eating disorders and what ages or cultures are most greatly affected. There is significant new research on homosexual men and eating disorders, but few studies about homosexual women and eating disorders.

Sociocultural perspective implicates that social and cultural norms and values advance the notions of an ideal body image (Siever, 2007). This image is unobtainable by many and can influence self-esteem and a person's attitudes toward eating and food (Feldman & Meyer, 2007). This leads us to some understanding of disordered eating behaviors in the United States (Russell & Keel, 2002). Researchers using this theory would suggest that society pressures women to be beautiful and to be thin (Root, 2001). The standards of beauty are set by societal and cultural norms. In the United State these ideals equate beauty to thinness. These standards are rigid and oppressive. There is significant pressure upon women to be thin. These standards of beauty can influence self-esteem, body satisfaction and attitudes toward eating (Feldman & Meyer, 2007; Russell & Keel, 2002; Siever, 2007; Share & Mintz, 2002).

Women who have internalized these rigid beauty standards can become preoccupied with thoughts surrounding the desire to fit themselves into these unhealthy

standards. These thoughts are considered eating disordered attitudes (Garner & Garfinkel, 1979). Eating disordered attitudes are thought to lead to unhealthy actions and drastic measures to be thin, which are considered eating disordered behaviors (Garner & Garfinkel, 1979). Researchers use the EAT-26 questionnaire to rate a person's eating disordered attitudes and behaviors, which assess a participant's risk for an eating disorder (Feldman &Meyer, 2007; Lakkis & Ricciardelli, 1999; Meyer, Blissett & Oldfield, 2001; Mintz & Share, 2002; Moore & Keel, 2002; Siever, 1994). This assessment tool's questionnaire has participants rate themselves on a scale of eating disordered attitudes (ex: "I am terrified of becoming overweight," "I like my stomach to be empty," "I give too much time and thought to food," "Other people think I am too thin," etc.) and eating disordered behaviors (ex: "I vomit after I have eaten," "I engage in dieting behaviors," "I avoid eating when I am hungry") (Garner & Garfinkel, 1979).

Studies have shown that homosexual men have a higher prevalence of eating disordered behaviors compared to heterosexual men (Feldman & Meyer, 2007; Jansen & Hospers, 2005; Lakkis & Ricciardelli, 1999; Meyer, Blissett & Oldfield, 2000; Siever 1994). Jansen and Hospers, (2005) found among homosexual men a correlation between higher prevalence of eating disordered behavior and lower levels of body satisfaction. The increased pressure in the gay community to reach the ideal male figure increases body concerns and body dissatisfaction, which man in turn foster eating attitudes and behaviors.

Some researchers found femininity to be a risk factor for disordered eating behaviors. Meyer, Blissett and Oldfield (2001) found that both men and women who identify as being feminine have a greater risk for dangerous restrictive eating behaviors

connected to anorexia. They found that when tested on a Bem Sex Role Inventory, homosexual women had significantly higher scores on the masculine sex role traits scales than did heterosexual women. Higher scores on each subscale indicate an increased level of identification with that sex role. Their study found that both men and women with higher levels of masculine identity were less likely to have dieting and bulimic behaviors and had healthier eating attitudes.

Researchers have hypothesized that homosexual women would exhibit less eating disordered attitudes and behaviors than heterosexual women (Feldman & Meyer, 2007). It is suggested that homosexual women may throw out the heterosexual norms of society and embrace a wider range of body shapes as being sexually attractive. Studies have shown that homosexual women have higher levels of body esteem and lower levels of body dissatisfaction, (Moore & Keel, 2002; Siever, 2004; Mintz & Share, 2002; Lakkis & Ricciardelli, 1999) factors which have been shown among men to be correlated to prevalence of eating attitudes and behaviors, further suggesting that women who identify as homosexual would have lower prevalence of eating disordered attitudes and behaviors.

Some studies found that heterosexual and homosexual women have no significant differences in the prevalence of eating disordered behaviors (Feldman & Meyer, 2007; Share and Mintz, 2002; Moore and Keel, 2002). These researchers posit that simply being a woman is a risk factor for disordered eating attitudes and behaviors, regardless of sexual identification. Share and Mintz (2002) found, for example, that while Lesbian women had a higher body satisfaction and higher levels of esteem regarding sexual attractiveness than did heterosexual women, the Lesbian women were not immune to the influences and pressures of society to be thin. There was no difference in prevalence of

eating disorders between the two groups. Moore and Keel (2002) also found that homosexual women had no significant difference in prevalence of eating disordered behaviors.

The study with the largest age range (Augustus-Horvath and Tylka, 2005) was specifically looking at the prevalence of disordered eating behaviors of women relative to age. Women ages 18 to 68 were surveyed. Augustus-Horvath and Tylka (2005) proposed that if a woman had internalized self-objectification, her worth would be based on her ability to attain the culture's standard of beauty; therefore she would be at risk for eating disordered attitudes and behaviors. They found that women who scored high on self-objectification also scored high on disordered eating behaviors, regardless of their age. Women 25 years and older felt a different kind of objectification and pressure to be thin, but their prevalence of disordered eating behaviors were the same as women under 25 years old. All women in this study remained in the country's national averages for disordered eating attitudes and behaviors (Gordon, 1990). Both the pressures of society to be thin and beautiful, and unhealthy eating attitudes and behaviors, did not wane over the lifespan (Augustus-Horvath & Tylka, 2009).

The research thus far has mixed findings, which is why I felt that it was important to further explore this topic. Many of the studies were performed more than ten years ago it was important to look at the issue again. I set as a goal to have a sample size larger than 250 women. I aimed, furthermore, to broaden this research by including, for the first time Transgendered women and Homosexual women who identify as either: Lesbian, Gay, Bisexual, or Queer. The research thus far has allowed women to identify as Lesbian or Straight, Homosexual or Heterosexual. It was possible that women who identified as

Bisexual, Gay, Queer or Transgendered may have had varying attitudes towards hetero normative beauty standards of thinness and therefore varying eating attitudes and behaviors. This study assesses for variance between these subcategories of homosexual identity.

This study has implications for clinicians to understand the societal differences in the prevalence of eating disordered behaviors between homosexual and heterosexual women and to learn if there were differences between women in the various homosexual identities. If homosexual women were proven to have a higher rate of disordered eating attitudes and behaviors it would important for clinicians working with women in this populations to understand homosexuality as risk factor. If women in the subgroups of homosexual identity were proven to have less eating disordered attitudes and behaviors it would also be important to known why. If differences were found there are implications for further research.

CHAPTER 3

Methodology

SAMPLING: Participants were found using snowball sampling. I created an email invitation asking women to participate in the research by completing an online survey. This invitation, including the link to the online survey, was sent out to 100 friends, family and colleagues and was posted on a social networking site. The participants were invited to forward the invitation on to women they thought would be interested in participating.

PROCEDURE: All procedures were approved by Smith College School for Social Work's Internal Review Board. The participants who followed the web link were directed to the questionnaire. The first page of the survey was an initial eligibility questionnaire. Persons who self-identified as female and as either: Heterosexual, Lesbian, Gay, Bisexual, Transgender, or Queer continued onto the informed consent. The participants who agreed to the terms of the informed consent then continued on to answer six multiple choice demographic questions. The survey instrument they were then asked to complete was EAT-26, a 26 item multiple choice questionnaire which is a standardized measure of eating attitudes and behaviors, used to asses if a person may be at high risk for an eating disorder. Participants who completed all of the 26 EAT-26 questions were included in the results. If a participant left one or more questions blank their scores were not included in the results.

INSTRUMENT: The Eat-26 consists of 26 statements concerning eating attitudes and behaviors (ex: “I avoid eating when I am hungry,” “I find myself preoccupied with food,” etc.) which are rated on a six point scale according to how often the respondents engage in these attitudes and behaviors. Total scores can range from 0-78. The EAT-26 has been shown to have acceptable internal consistency (Share & Mintz, 2002). A total score of 20 points or higher suggests that the person displays eating disordered attitudes and behaviors and is at the highest risk for having an eating disorder. It is recommended that a person with a score of 20 or higher be referred to treatment. A score of 19 and below suggests that the person is not at risk of having an eating disorder.

SAMPLE: 556 women completed the online survey and were included in the sample. Participants were asked 6 demographic questions: What is your age? Do you identify as Male, Female? Do you identify as transgender? Do you identify as Heterosexual, Lesbian, Gay, Bisexual, Queer or Other? In what country were you born? In what Country were you raised? The sample consisted of 14 participants who identified as Transgender (2.5%) and 542 women who identified as female (97.5%). The sample included: 338 women who identified as Heterosexual (60.8%), 61 women who identified as Lesbian (11. %), 6 women who identified as Gay (1.1%), 73 who identified as Bisexual (13.1%), 62 who identified as Queer (11.2%) and 16 (2.9%) who identified as other (ex: “Bisexual and married to a man,” “Post-op transgender,” “Pansexual,” “Asexual” etc.). The ages of the participants ranged from 18-83 years old. The mean age of participants was 31.63 (SD 11.098). 508 participants identified as being born in the

United States and 527 identified as being raised in the United States. 48 participants were born in another country and 28 were raised in another country (ex: Argentina, China, France, Greece, India, Mexico, Serbia, and Venezuela etc.).

DATA ANALYSIS: This study used a quantitative, fixed-method research design. Data analysis was conducted using the data from the Survey Monkey website. These data arrived in an Excel spreadsheet document. The data was analyzed by the researcher, with the assistance of the Smith College School for Social Work's professional data analyst, using descriptive and multivariate statistical techniques. Several cross tabulations were run using SPSS statistical software to determine whether relationships between participants' demographic characteristics and their survey responses might exist.

CHAPTER 4

Findings

ANOVA- Table 1

Eat-26 Totals

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean	
					Lower Bound	Upper Bound
Other	16	13.1250	15.16520	3.79130	5.0440	21.2060
Heterosexual	338	10.2337	10.93229	.59464	9.0641	11.4034
Lesbian	61	12.4098	13.64842	1.74750	8.9143	15.9054
Gay	6	7.5000	7.12039	2.90689	.0276	14.9724
Bisexual	73	7.4795	9.07547	1.06220	5.3620	9.5969
Queer	62	8.0323	7.99788	1.01573	6.0012	10.0633
Total	556	9.9191	10.92607	.46337	9.0089	10.8292

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1266.664	5	253.333	2.144	.059
Within Groups	64988.694	550	118.161		
Total	66255.358	555			

T-TEST- Table 2

Group Statistics

	identity_2cat	N	Mean	Std. Deviation	Std. Error Mean
EAT-26 total	Heterosexual	338	10.2337	10.93229	.59464
	Lesbian, Gay, Bisexual, or Queer	218	9.4312	10.92359	.73984

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
EAT-26 total	Equal variances assumed	.007	.933
	Equal variances not assumed		

Independent Samples Test

		T-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
EAT-26 total	Equal variances assumed	.845	554	.398	.80254
	Equal variances not assumed	.845	463.398	.398	.80254

Chi-Square Tests- Table3

Crosstab

			I identify Mostly or Completely as		
			other	Heterosexual	Lesbian
EAT 26 in two categories	20 or under	Count	14	283	47
		% within EAT 26 in two categories	2.9%	59.6%	9.9%
		% within I identify Mostly or Completely as	87.5%	83.7%	77.0%
	over 20	Count	2	55	14
		% within EAT 26 in two categories	2.5%	67.9%	17.3%
		% within I identify Mostly or Completely as	12.5%	16.3%	23.0%
Total		Count	16	338	61
		% within EAT 26 in two categories	2.9%	60.8%	11.0%
		% within I identify Mostly or Completely as	100.0%	100.0%	100.0%

Crosstab

			I identify Mostly or Completely as	
			Gay	Bisexual
EAT 26 in two categories	20 or under	Count	6	67
		% within EAT 26 in two categories	1.3%	14.1%
		% within I identify Mostly or Completely as	100.0%	91.8%
	over 20	Count	0	6
		% within EAT 26 in two categories	.0%	7.4%
		% within I identify Mostly or Completely as	.0%	8.2%
Total		Count	6	73
		% within EAT 26 in two categories	1.1%	13.1%
		% within I identify Mostly or Completely as	100.0%	100.0%

Crosstab

			I identify Mostly or Completely as	
			Queer	Total
EAT 26 in two categories	20 or under	Count	58	475
		% within EAT 26 in two categories	12.2%	100.0%
		% within I identify Mostly or Completely as	93.5%	85.4%
	over 20	Count	4	81
		% within EAT 26 in two categories	4.9%	100.0%
		% within I identify Mostly or Completely as	6.5%	14.6%
Total		Count	62	556
		% within EAT 26 in two categories	11.2%	100.0%
		% within I identify Mostly or Completely as	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.957[a]	5	.052
Likelihood Ratio	12.479	5	.029
Linear-by-Linear Association	5.877	1	.015
N of Valid Cases	556		

a. 2 cells (16.7%) have expected count less than 5. The minimum expected count is .87.

	other	Heterosexual	Lesbian	Gay	Bisexual	Queer
	%	%	%	%	%	%
EAT score under 20	87.5%	83.7%	77.0%	100.0%	91.8%	93.5%
EAT Score 20 or higher[1]	12.5%	16.3%	23.0%	.0%	8.2%	6.5%
total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

[1]people with scores 20 or higher are thought to be at high risk of eating disorder and it is recommended that they be referred to treatment

Chi-Square Tests- Table 4

Crosstab

			identity_2cat	
			Heterosexual	Lesbian, Gay, Bisexual, or Queer
EAT 26 in two categories	20 or under	Count	283	192
		% within EAT 26 in two categories	59.6%	40.4%
		% within identity_2cat	83.7%	88.1%
	over 20	Count	55	26
		% within EAT 26 in two categories	67.9%	32.1%
		% within identity_2cat	16.3%	11.9%
Total		Count	338	218
		% within EAT 26 in two categories	60.8%	39.2%
		% within identity_2cat	100.0%	100.0%

Crosstab

			Total
EAT 26 in two categories	20 or under	Count	475
		% within EAT 26 in two categories	100.0%
		% within identity_2cat	85.4%
	over 20	Count	81
		% within EAT 26 in two categories	100.0%
		% within identity_2cat	14.6%
Total		Count	556
		% within EAT 26 in two categories	100.0%
		% within identity_2cat	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.011[a]	1	.156		
Continuity Correction[b]	1.677	1	.195		
Likelihood Ratio	2.054	1	.152		
Fisher's Exact Test				.176	.097
Linear-by-Linear Association	2.007	1	.157		
N of Valid Cases	556				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 31.76. b. Computed only for a 2x2 table

Pearson Correlations- Table 5

		What is your age?	EAT_total
What is your age?	Pearson Correlation	1	-.066
	Sig. (2-tailed)		.120
	N	616	555
EAT_total	Pearson Correlation	-.066	1
	Sig. (2-tailed)	.120	
	N	555	556

T Test- Table 6

	EAT 26 in two categories	N	Mean	Std. Deviation	Std. Error Mean
What is your age?	20 or under	474	31.93	11.310	.519
	over 20	81	30.09	9.676	1.075

Independent Samples Test

		Levene's Test for Equality of Variances	
		F	Sig.
What is your age?	Equal variances assumed	2.878	.090
	Equal variances not assumed		

Independent Samples Test

		t-test for Equality of Means			
		t	df	Sig. (2-tailed)	Mean Difference
What is your age?	Equal variances assumed	1.383	553	.167	1.844
	Equal variances not assumed	1.544	120.604	.125	1.844

There were 556 women who completed the online questionnaire and were included in the sample. Their ages ranged from 18 years old to 83 years old. The mean age was 31.66 years old. The median age was 28 years old (SD 11.098). There were 14 women who self-identified as Transgender (2.5%). 338 women identified as Heterosexual (60.8%), 61 women identified as Lesbian (11. %), 6 women identified as Gay (1.1%), 73 identified as Bisexual (13.1%), 62 identified as Queer (11.2%) and 16 (2.9%) identified as other (ex: "Bisexual and married to a man," "Post-op Transgender," "Pansexual," "Asexual" etc.).

Of the 556 women who completed the survey 81 women (14.7%) scored 20 points or higher on the EAT-26. These women display eating attitudes and behaviors that would be considered high risk of having an eating disorder. The women who completed this survey fell into the national average (10-15%) of women in the United States who have an eating disorder (Gordon, 1990). Of the women who identified as Transgender 2 women (14.3%) had an EAT-26 score of 20 points or higher. This also falls within the national average (Gordon, 1990).

The sample included 508 women who identified as being born in the United States. 527 women identified as being raised in the United States and 75 (14.2%) of them had an EAT-26 score 20 points or more, which falls into the United States' national average (Gordon, 1990). 48 of participants were born outside of the United States and 28 identified as being raised outside of the United States. Of the women who were raised outside of the United States 6 women (21.4%) had an EAT-26 score of 20 points or higher. This falls above the average for the United States (Gordon, 1990).

The 556 participants were divided by 5 categories determined by their sexual identity: Heterosexual, Lesbian, Gay, Bisexual, and Queer. In effort to asses if there was a difference when comparing the total scores of the EAT-26 of the participants a one way Anova was run (Table 1). The mean score for women who identified as Heterosexual was 10.2337. The mean score for women who identified as Lesbians was 12.4098. The mean score for women who identified as Gay was 7.50. The mean score for women who identified as Bisexual was 7.47. No significant difference was found. However it did approach significance (f (5,550) =.059). From a strictly statistical point of view there is no difference between the 5 sexual identity groups and their mean score on the EAT-26 questionnaire, yet there is variance among the various identity groups.

In effort to asses if differences existed between Heterosexual and Homosexual women the participants were combined into only two categories: Heterosexual (N= 338) and LGBQ (N=218) (Table 2). A T-test was run to determine if there was a difference in the EAT-26 score between the two identity groups. Heterosexual women had a mean score of 10.2337. Homosexual women had a mean score 9.4312. No significant

difference was found (t (463.398) =.845, two tailed p= 398). When looking at the women in only two identity groups both groups of women had a similar mean score.

To asses which group of women had the highest EAT-26 scores, the women were divided into two categories. The first group: women who had an EAT-26 score of 20 or less and the second group: women who had an EAT-26 score of 20 or higher. Women with scores of 20 points or higher are thought to be at high risk and/ or have an eating disorder. A chi square analysis was run (Table 3) it found there was no significant difference between the groups, but it approached significance (chi square (5, N=556) =10.957, p=.052). From a strictly statistical point of view there is no difference between the 5 sexual identity groups, yet the percentages vary between each identity group. Looking at the percentage breakdown you can see that of the 5 groups Lesbian women had the highest percentage (23%) of scores 20 points or higher. Heterosexual women (16.3%) had the next highest scores, followed by women who identified as other (12.5%). Bisexual women (8.2%) as well as Queer women (6.2%) scored below the national average (Gordon, 1990). The women, who had the lowest percentage of scores 20 points or higher, were women who identified as Gay (0.0%).

There was no significant difference found in the percentage of women who had EAT-26 scores above 20, when looking at the participants in two categories. In effort to asses if differences existed between the two groups the participants were combined into two categories: Heterosexual (N= 338) and LGBQ (N= 218) (Table 4). A chi square analysis was run to see if there was a significant difference in the two categories EAT variable by identity in 2 categories. 16.3% of Heterosexual women had a score over 20 and 11.9% of Homosexual women had a score over 20. Heterosexual women's scores

were slightly above the national average of 10-15% and Homosexual women at the low end of the national average (Gordon, 1990).

When looking at the scores of a woman's EAT-26 questionnaire and her age no significant differences were found. In order to see if there was a relationship between a woman's age and her score on EAT-26 a Pearson correlation test was run (Table 5). No significant correlation was found. In effort to asses if there was a significant difference in the mean age of those with EAT-26 scores above and below 20 a T-test was run (Table 6). Women 20 years old and under (N= 474) had a mean score of 31.93. Women who were 21 and older (N=81) had a mean score of 30.09. No significant difference was found. A woman's age and her EAT-26 score are not related.

CHAPTER 5

Discussion

The purpose of this study was to explore the trends of disordered eating attitudes and behaviors in women, specifically to investigate if there were differences in prevalence of eating disordered attitudes and behaviors between Heterosexual women and women who identify as Homosexual (i.e., Lesbian, Gay, Bisexual, Transgender or Queer and the variance among the various sexual identities. The results of this study show that there were no significant differences in disordered eating attitudes and behaviors between women who identified as Heterosexual and women who identified as Homosexual. However, differences were found among Homosexual women based on a more detailed breakdown of their sexual identity. A higher percent of women who identified as Lesbian were at risk for an eating disorder (23%) than those who identified as Bisexual (8.2%) Queer (6.2%) or Gay (0%). The rate for Lesbians was higher than the national average, while the other three groups had rates below the national average of 10 to 15% (Gordon, 1990). This study also looked at eating disordered rates for Transgendered women for the first time, and found the percent of Transgendered women with disordered eating attitudes and behaviors (14.3%) fell within national averages (Gordon, 1990).

When breaking down the results into only two categories: Heterosexual and Homosexual the results are consistent with some of the current literature. Feldman and

Meyer (2007), Moore and Keel (2002), and Share and Mintz (2002) allowed for two identity options and found no significant differences of prevalence of eating disordered attitudes and behaviors between women who identified either Heterosexual or Homosexual. These findings support Share and Mintz (2002) who suggest that Homosexual women are not immune to the high body image standards that our culture sets for women, and therefore are at risk for eating disorders just like their Heterosexual peers. All women are raised under the same pressures to maintain thinness and to uphold these beauty standards. This study's findings are inconsistent with studies that found Lesbian women to have lower eating disordered attitudes and behaviors (Meyer, Blissett & Oldfield, 2001; Lakkis & Ricciardelli, 1999; Siever, 1994).

The results of this study are consistent with other studies when looking at relationship of eating attitudes and behaviors and age (Augustus-Horvath, Tylka, 2009). Age does not influence a woman's eating attitudes and behaviors. Women of all ages are susceptible to eating disordered attitudes and behaviors.

Previous studies gave women the choice of only identifying as either Heterosexual or Homosexual, which was defined as "Lesbian". In this study women were given four homosexual identification options, and the women who identified as Lesbian had the highest percentage of disordered eating attitudes and behaviors compared to women who identified as Gay, Bisexual or Queer. Previous studies have not offered Gay, Bisexual or Queer as sexual identity options. Giving Homosexual women multiple identity options makes this study a better tool, which is a strength of this study. I had expected that there would be differences in the prevalence of disordered eating attitudes and behaviors between Lesbian, Gay, Bisexual and Queer identified women. Tests of

difference between these four identity groups approached significance, which supports this hypothesis.

I feel that it would be important to include multiple Homosexual identity options in future studies. Among Homosexual women there were trends of differences in eating disordered attitudes and behaviors within Lesbian, Gay, Bisexual and Queer subgroups. Based on these results I would hypothesize that women with different Homosexual identities embrace or express femininity differently. It is possible that when given the multiple identity options, women who identified as Lesbian may have greater prevalence of eating disordered attitudes and behaviors (23%), because they may identify more strongly with femininity. It is possible that women who had the least eating disordered attitudes and behaviors, Queer (6.2%) women and Gay (0%) women identify least with femininity. This would align with the current data that concludes that femininity is a risk factor for eating disordered attitudes and behaviors (Meyer, Blissett & Oldfield, 2000).

A limitation to this study is generalizability. Only one tool was used for assessment of eating disordered attitudes and behaviors. This may be problematic in that the use of only one tool may not accurately diagnose an eating disorder, though studies that used multiple tools for diagnosing disordered eating attitudes and behaviors found the same results (Mintz & Share, 2002; Moore & Keel, 2002). The sample was a snowball sample which also makes it not generalizable. A strength to this study was that my sample size of Homosexual (N=218) and Heterosexual (N=338) women was significantly larger than previous studies (Feldman &Meyer, 2007; Lakkis & Ricciardelli, 1999; Meyer, Blissett & Oldfield, 2001; Mintz & Share, 2002; Moore & Keel, 2002; Siever, 1994). Yet a weakness was that when breaking down the sample into the various

identities the numbers of women who identified as Transgender, Lesbian, Gay, Bisexual and Queer were small. This makes the findings not generalizable.

This study was an attempt to contribute to filling this gap in social work literature. It is clear that when researching women and sexual identity it is insufficient to only have two identity categories. It is my hope that this study will provide a basis for further research on this topic, and for the beginning of a conversation about how a woman's sexual identity may influence her eating attitudes and behaviors.

REFERENCES

Augustus-Horvath, C. L. & Tylka, T. L. (2009). A test and extension of objectification theory as it predicts disordered eating: Does women's age matter?. *Journal of Counseling Psychology*, 56(2), 253-265. doi:10.1037/a0014637.

Feldman, M., & Meyer, I. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders*, *40*(3), 218-226. doi:10.1002/eat.20360.

Garner, D.M., Garfinkel, P.E. (1979). Eat-26. *Psychological Medicine*. 9, 273-279.

Gordon, R.A. (1990). Anorexia and Bulimia: Anatomy of a Social Epidemic. New York: Blackwell.

Gordon, K. (2010). Cultural body shape ideals and eating disorder symptoms among white, Latina and black college women. *Cultural Diversity and Ethnic Minority,* 16 (2), 135-143 doi:10.1037/a0018671.

Hospers, H., & Jansen, A. (2005). Why homosexuality is a risk factor for eating disorders in males. *Journal of Social and Clinical Psychology*, *24*(8), 1188-1201. doi:10.1521/jscp.2005.24.8.1188.

Lakkis, J., Ricciardelli, L., & Williams, R. (1999). Role of sexual orientation and gender-related traits in disordered eating. *Sex Roles*, *41*(1-2), 1-16. doi:10.1023/A:1018829506907.

Meyer, C., Blissett, J., & Oldfield, C. (2001). Sexual orientation and eating psychopathology: The role of masculinity and femininity. *International Journal of Eating Disorders, 29*(3), 314-318. doi:10.1002/eat.1024.

Michel, D., & Willard, S. (2003). *When dieting becomes dangerous: a guide to understanding and treating anorexia and bulimia.* New Haven, CT. Yale University.

Moore, F., & Keel, P. (2003). Influence of sexual orientation and age on disordered eating attitudes and behaviors in women. *International Journal of Eating Disorders*, *34*(3), 370-374. doi:10.1002/eat.10198.

Root, M. P. (2001) Future considerations in research on eating disorders. *The Counseling Psychologist*. 29(5), 754-622. doi:10.1177/0011000001295007.

Russell, C. J., & Keel, P. K. (2002). Homosexuality as a specific risk factor for eating disorders in men. *International Journal of Eating Disorders, 31*(3), 300-306. doi:10.1002/eat.10036.

Share, T., & Mintz, L. (2002). Differences between lesbians and heterosexual women in disordered eating and related attitudes. *Journal of Homosexuality*, *42*(4), 89-106. doi:10.1300/J082v42n04_06.

Siever, Michael. (1994). Sexual Orientation and Gender as Factors in Socioculturally Acquired Vulnerability to Body Dissatisfaction and Eating Disorders. *Journal of Counseling and Clinical Psychology*, 62(2), 252-260. Doi:0022-66X/94/53.00

Appendix A
Recruitment Letter to Professional Colleagues and Friends

Dear Friends, Family and Colleagues,

Will you please help me find participants to complete a survey for my Smith College School for Social Work Master's Thesis? I am exploring the connections between a women's sexual identity and her eating attitudes and behaviors. I am looking for adults, 18 years and older, who self-identify as women and who identify as either: Heterosexual, Lesbian, Gay, Bisexual, Transgender or Queer. This survey is anonymous and is completely confidential. Would you please forward this email to anyone you know who might be interested in completing my survey. The survey consists of 31 multiple choice questions and may take less than 5 and up to 15 minutes to complete. Your help would be greatly appreciated.
Thank you for your time and for your help!

Please click on this Link to take my Survey:
https://www.surveymonkey.com/s/GF6BKZ9
Mellissa Bonilla
MSW Student
Smith College School for Social Work

Appendix C

Mellissa Bonilla

Appendix B
Electronic Informed Consent Letter

Dear Participant,

Hello, I am a Student at Smith College School for Social Work. I am conducting research for my Master's thesis. This survey is a quantitative study comparing the eating attitudes and behaviors of Heterosexual women and women who identify as Lesbian, Gay, Bisexual Transgender or Queer. This research is for future presentation and possible publication.

To participate in this research you must identify as a woman, over 18 years old and identify as Heterosexual, Lesbian, Gay, Bisexual or Queer.

This short survey may take less than 5 minutes and up to 15 minutes to complete. You will be asked 5 demographic question and 26 multiple choice questions regarding your eating attitudes and behaviors. Each question requires an answer. No question may be skipped.

There is the potential risk that in the experience of self-reflection strong emotions can arise that you may want to further explore. To meet this need, if it may occur, there are be links to websites, mental health resources and communities that can provide this kind of support. If you experience strong emotions while taking this survey and do not desire to complete it you may navigate away from the survey at any time and your answers will not be included. You can find help from the list of resources made available.

There will be no financial or material compensation for participating in this study. You may benefit from having the opportunity of self-refection. You may also benefit from knowing that you are helping to fill a gap in the professional literature on this topic.

This survey is completely anonymous and confidential. I will only be able to view the answers to the survey with no identifiable information of the participants. Data from this survey will be kept in a secure location for a period of three years as required by Federal guidelines and data stored electronically will be protected. Data will be destroyed when it is no longer needed.

Your participation is voluntary. You have the right to withdraw from this survey at any time. If you choose to withdraw your data will not be included in the research. To complete the survey each answer is required. Once the survey is completed and your answers are submitted you can no longer withdraw. I will have no way to exclude your answers, as there is no way to identify which answers are yours.

BY CHECKING "I CONSENT" BELOW YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD AN
OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

If you have additional questions about taking this survey or if you have any concerns about your rights you may contact me via email at mbonill@smith.edu or the Chair of the Smith College School for Social Work Human Subjects Review Committee (413) 585-7974. Please print a copy of this consent for your personal records.

THANK YOU
Mellissa Bonilla
Smith College School for Social Work

I Consent
I do not Consent

FREE HOT-LINE: National Mental Health Association:
800-969-6642

FREE HELPLINE: National Eating Disorder Association Helpline
1-800-931-2237

http://www.eating-disorder-resources.com/

http://www.eatingdisorderhope.com/

http://ed-support.com/

http://www.eat-26.com/

http://www.edap.org/

http://www.feast-ed.org/

Appendix C
Instrument Part One Demographic

Demographic Information

1. What is your age? _____

2. I identify Mostly or Completely as
    - Male
    - Female
    - Transgender
    - Other (please specify) _____

3. I identify Mostly or Completely as
    - Heterosexual
    - Lesbian
    - Gay

- Bisexual
- Queer
- Other (please specify) _____

4. In which country were you born?
    - United States of America
    - Other (please specify) _____

5. In which country were you raised?
    - United States of America
    - Other (please specify) _____

Appendix D
Instrument Part Two: Survey

Please check a response for each of the following statements:

		Always	Usually	Often	Sometimes	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 high carbohydrate content (i.e. bread, rice, potatoes, etc.)	□	□	□	□	□	□
8.	Feel 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 up 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. □ □ □ □ □ □

Appendix E

Human Subject Review Committee Approval Letter

SMITH COLLEGE
School for
Social Work

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

September 15, 2011

Mellissa Bonilla

Dear Mellissa,

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the third winter term.

Sincerely,

Marsha Kline Pruett / fhw

Marsha Kline Pruett, M.S.L., Ph.D.
Maconda Brown O'Connor Professor
Human Subjects Review Committee Vice Chair

CC: Yoosun Park, Research Advisor