

Lesbian Body Dissatisfaction: The Roles of Gender Identity, Body-Gender Identity
Incongruence, and Internalized Appearance Ideals

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Abstract

Given the gendered nature of body dissatisfaction and the especially varied experience of gender identity within lesbian subculture, the current study investigated how lesbians' gender identities may account for differences in lesbian body dissatisfaction. More specifically, I examined gender identity, body-gender identity incongruence, and lesbian subtype as predictors of lesbian body dissatisfaction. In addition, I examined the potential moderating role of internalization of trait appearance ideals (both thin and mesomorphic ideals) in the gender identity→body dissatisfaction link. The current study of 427 lesbians revealed that some aspects of gender identity uniquely predict lesbian body dissatisfaction, namely measures assessing stereotypical male or female characteristics. Identification with femininity was related to more negative appearance appraisals. Identification with masculinity was related to less negative appearance appraisals, preoccupation with weight, and self-perception of being overweight, and greater body areas satisfaction. Body-gender identity incongruence was also uniquely related to more overweight preoccupation and less body areas satisfaction. Lesbian subtype predicted body dissatisfaction, with femme lesbians reporting greater investment in appearance than any other subtype, and greater overweight preoccupation and body areas dissatisfaction compared to butch lesbians. Finally, both thin and mesomorphic ideal internalization moderated the relationship between gender expression–butch and investment in appearance.

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Chapter I

Introduction

Body image is a multidimensional, psychological experience of one's embodiment, especially related, but not exclusive, to one's physical appearance (Cash, 2004). As such, body image consists of a person's self-perceptions, cognitions, feelings, and behaviors concerning one's physical attributes (Cash & Henry, 1995). Body image attitudes involve an evaluative component reflected in assessments a person makes about his/her physical appearance along a satisfaction-dissatisfaction continuum. Such assessments focus on discrepancies and/or congruence between self-perceived physical characteristics and personal appearance ideals (Cash, 2002; Morrison, Morrison, & Sager, 2004). Body dissatisfaction arises when one's evaluation of parts or all of his/her body do not "measure up" to cultural and/or personal appearance goals. In the context of women's body image, body dissatisfaction has become so pervasive it has been called a "normative discontent" (Rodin, Silberstein, & Striegel-Moore, 1985). Indeed, combined reports suggest as many as 69% – 93% of women in the United States experience ongoing body dissatisfaction (Pruis & Janowsky, 2010; Runfola Von Holle, Trace, Brownley, Hofmeier, Gagne, & Bulik, 2013).

As a salient aspect of one's self-concept, body image is an important component of women's mental health (Cash & Henry, 1995), and past research has found numerous negative mental and physical health outcomes connected to women's body dissatisfaction. Body dissatisfaction has been shown to predict increased depressive symptoms (Brausch & Gutierrez, 2009; Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Rosentröm et al., 2013), lower self-esteem (Grossbard, Lee, Neighbors, & Larimer, 2009; Paxton et al., 2006), lower capacity for relationship intimacy (Donaghue, 2009; Pfeffer, 2008), and greater risk of eating pathology

(Stice & Shaw, 2002; Strahan, 2001). These findings underscore the importance of examining predictors of women's body dissatisfaction.

Chapter II

Literature Review

Lesbian Subculture and Body Dissatisfaction

Lesbian women undergo an experience of biculturality given that they are at once immersed in two cultural contexts, mainstream, heteronormative society and lesbian subculture, both of which have particular beauty ideologies and appearance norms (Beren, Hayden, Wilfley, & Striegel-Moore, 1997; Henrichs-Beck, Szymanski, Feltman, & Batchelor, 2015). In considering how this bicultural experience may affect lesbian embodied experience, two competing theories have emerged to dominate conversations of lesbian body image over the past several decades.

Dworkin (1989) argues that lesbians, like all women, are socialized by and continue to live within a heteronormative society that enacts powerful images and messages of ideal physical attractiveness, and therefore, lesbians are just as at risk for body dissatisfaction and its correlates as heterosexual women. Alternatively, Brown (1987) posits that because lesbian identity is an experience that goes against heteronormative relationship norms, lesbians are less influenced by oppressive mainstream beauty standards and instead propagate a norm of body acceptance, especially in terms of larger-sized bodies. These more flexible lesbian beauty norms provide a protective factor that leads lesbians to experience less body dissatisfaction than heterosexual women.

Among the influx of lesbian body image research over the past several decades, findings have demonstrated that to some degree both theories are right. In support of Dworkin (1989), there are numerous studies indicating comparable experiences between lesbian and heterosexual women in the areas of body dissatisfaction (Beren, Hayden, Wilfley, & Grilo, 1996; Koff, Lucas, Migliorini, & Grossmith, 2010; Peplau, Frederick, Yee, Maisel, Lever, & Ghavami, 2009;

Wagenbach, 2004; Yean, Benau, Dakanalis, Hormes, Perone, & Timko, 2013), weight and appearance concerns (Heffernan, 1996; Kelly, 2007; Yean et al., 2013), and body ideals (Koff et al., 2010). Meanwhile, other studies have found that lesbians do experience less body dissatisfaction (Alvy, 2013; Bergeron & Senn, 1998; Herzog, Newman, Yeh, & Warsaw, 1992; Leavy & Hastings, 2010; Polimeni, Austin, & Kavanagh, 2009; Share & Mintz, 2002; Siever, 1994), endorse larger ideal body shapes (Alvy, 2013; Herzog et al., 1992; Markey & Markey, 2014; Swami & Tovée, 2006), exhibit less weight concern and drive for thinness (Herzog et al., 1992; Leavy & Hastings, 2010; Polimeni et al., 2009; Wagenbach, 2004), and hold broader, more flexible beauty standards (Sebasco, 2009; Siever, 1994) compared to heterosexual women, thus supporting Brown's (1987) proposition.

Within-groups research also lends some support to the buffering hypothesis. For example, research demonstrates that lesbians express that their lesbian communities are more accepting of diverse body shapes and sizes (Henrichs-Beck et al., 2015; Myers, Taub, Morris, & Rothblum, 1999), place less emphasis on the importance of physical appearance (Henrichs-Beck et al., 2015; Thompson, Brown, Cassidy, & Gentry, 1999), and encourage acceptance of one's body (Beren et al., 1997). Finally, the most recent meta-analysis (Morrison et al., 2004) provides evidence to support both theories in that lesbians do seem to exhibit slightly more body satisfaction than heterosexual women, thereby supporting Brown's (1987) proposition, but to only a very small effect size, thus lending support to Dworkin's (1989) theory as well.

Taken together, it is clear that understandings of lesbian body dissatisfaction remain equivocal. To date, in both examining lesbians alone or in direct comparison to heterosexual women, research approaches have tended to treat lesbians as a homogenous group. Thus, there is a need for investigations that target within-group differences to better explain the mixed findings

of lesbian embodied experience. Given the gendered nature of body dissatisfaction and the especially varied experience of gender identity within the lesbian subculture (both described more fully below), I have centered my investigation on how lesbians' gender identities may account for differences in lesbian body dissatisfaction. More specifically, the purpose of the current study is to examine gender identity, body-gender identity incongruence, and lesbian subtype as correlates of lesbian body dissatisfaction. In addition, the current study examines the potential moderating role of internalization of trait appearance ideals in the gender identity → body dissatisfaction link.

Gender, Gender Identity, and Body Dissatisfaction

When considering the broad experience of body image throughout United States' culture, gender moves to the forefront as a primary predictor of body dissatisfaction. As a sociocultural construct correlated with biological sex characteristics and infused with masculinity and femininity scripts to instruct individuals on how to perform gender (Leavy & Hastings, 2010), gender affects men and women differently. In the process of gender socialization, boys and girls are given different messages about their bodies, especially in the context of performing gender. For women, bodies are supposed to be thin and buxom while male bodies are to be muscular and strong (Kimmel, 2011). When women's bodies, which naturally become heavier as they mature, are placed in a culture of extreme thinness, it is expected that women, the heavier members of society, will likely experience more negative body image. Women become trapped in conflict as social body ideals and their biological realities collide (Salkin, 1997). Not surprisingly, a considerable collection of research shows that women tend to experience greater levels of body dissatisfaction compared to men (Gillen & Lefkowitz, 2006; Neighbors & Sobal, 2007; Muth & Cash, 1997; Yean et al., 2013). Relatedly, women constitute about 90% of individuals who

experience diagnosable eating disorders (i.e., anorexia nervosa, bulimia; American Psychiatric Association; 2013), which are well-established correlates of body image dissatisfaction.

Interestingly, when examining the effects of gender and sexual orientation concurrently, studies have found that gender is a more salient factor for most indices of body image than sexual orientation. For example, research has shown that regardless of female sexual orientation, women reported higher levels of body dissatisfaction, weight concern, frequency of dieting, drive for thinness, and disordered eating symptomatology than men (Brand, Rothblum, & Solomon, 1992; Yean et al., 2013). Drawing from these findings, I posit that variation in lesbian body dissatisfaction may be a function of gender identity, a person's internal, personal perception of himself or herself as male or female. While gender and gender identity are not identical, they are closely related. Gender identity can be understood as a set of beliefs about one's subjective self in relation to masculinity and femininity, maleness and femaleness, and socio-culturally defined roles assigned to gender categories (Ault & Brzuzy, 2009). Since gender is a demonstrated predictor of body image in past research, and gender and gender identity share certain elements of masculinity and femininity, it follows that gender identity may be a robust predictor of body image among lesbians, a population in which gender identity is particularly complex and varied.

While a dearth of research on gender identity and body image exists, a few research studies suggest that varying experiences of masculinity and femininity may affect certain aspects of women's body image and eating behavior. As with sexual orientation, two somewhat contrasting theories dominate this body of research. The femininity hypothesis proposes that identification with characteristics traditionally labeled feminine (especially passivity, dependence, and unassertiveness) correlates with increases in disordered eating attitudes and behavior (Boskind-

Lodahl, 1976; Lakkis, Ricciardelli, & Williams, 1999). Supporting this hypothesis, several studies have found body dissatisfaction and disordered eating linked to higher levels of femininity (Lakkis et al., 1999; Ludwig & Brownell, 1999; Paxton & Sculthorpe, 1991). At the same time, other studies have found that body dissatisfaction and disordered eating hinge on masculinity, with the presence of masculinity, regardless of femininity, predicting lower levels of body dissatisfaction and eating pathology (Braitman & Ramanaiah, 1999; Jackson, Sullivan, & Rostker, 1988; Kimlicka, Cross, & Tarnai, 1983; Wester, 2003). In these studies, both masculine and androgynous (i.e., fairly balanced presence of both masculinity and femininity) gender role orientations predicted less body dissatisfaction.

Once again, we see that to some degree, both femininity and masculinity theories have validity, leaving a complex picture of gender's impact on body dissatisfaction and disordered eating. Such complexity is further confirmed by the most recent meta-analysis (Murnen & Smolak, 1997), which found both a small, positive relationship between femininity and eating pathology and a small, negative relationship between masculinity and eating pathology. These findings suggest that higher levels of feminine gender identities and lower levels of masculine gender identities will be associated with greater body dissatisfaction. However, to date, there has been no direct empirical investigation of how gender identity affects body dissatisfaction in the lesbian community, making the current study the first attempt at addressing this gap.

Aside from the influences of masculine and feminine gender identities, the experience of conflicted gender identity or body-gender identity incongruence may affect one's body image. Conflicted gender identity occurs when there is a disparity between one's gender status (i.e., whether a person is taken by others to be a man or a woman; Lorber, 1994) and one's gender identity and desired gender display (i.e., one's personal sense of gender and how a person desires

to be read and typed by others; Ålgars, Santtila, & Sandnabba, 2010; Lorber, 1994). For a person with conflicted gender identity, there is an incongruence between his/her gender identity and the way others perceive his/her gender (i.e., the way others perceive him/her and his/her body in terms of gender does not match his/her experience of gender).

A quantitative study using a large Finnish sample consisting of twins and their siblings found that individuals with conflicted gender identity tend to experience greater levels of body dissatisfaction (Ålgars et al., 2010). Within a qualitative study of lesbian breast experience (Henrichs-Beck et al., 2015), body-gender identity alignment/misalignment emerged as a unique theme. Specifically, lesbians who reported body-gender identity misalignment (i.e., incongruence and a form of conflicted gender identity) reported body image dissatisfaction, negative emotionality, and body-related stress. In describing such effects of body-gender identity incongruence, one participant shared, "...I have a disconnect and a distaste and I do not care for them [breasts]... I've definitely had frustrated moments where, you know, I do not like the way that they look or that I look... Then I would say I have moments where I'm specifically kind of pissed off at my chest" (Henrichs-Beck et al., 2014, p. 6). Taken together, these findings suggest that body-gender identity incongruence may be an additional factor influencing the variance in lesbian body dissatisfaction.

While this collection of research provides some initial conclusions about how gender and gender identity may affect body image, numerous shortcomings exist. The majority of studies use gender role measures (i.e., Bem Sex Role Inventory; Bem, 1974; Personality Attributes Questionnaire; Spence & Helmreich, 1978) as a proxy for gender identity. While this may be a valid operationalization, it is possible that such measures conflate the nuances of gender identity, and given their year of origin, may propose antiquated items that fail to accurately tap into

contemporary gender identities. Additionally, to the authors' knowledge, no studies have examined gender identity as a correlate of lesbian body image. The several studies that have examined lesbian gender identity in relation to other correlates (e.g., social interaction, discrimination, mental health; Levitt & Horne, 2002; Levitt, Puckett, Ippolito, & Horne, 2012) used somewhat limiting measures of lesbian gender by giving three to five categories to self-select from (i.e., butch, androgynous, femme). This study seeks to address these issues by placing prime focus on gender identity to examine lesbian body dissatisfaction, as well as by utilizing multiple measures to better capture the complexities of gender identity, including a measure specifically designed for and normed with lesbians (Lehavot, King, & Simoni, 2011).

Lesbian Subtypes and Body Dissatisfaction

Somewhat related to traditional conventions of masculine and feminine gender identity are various lesbian "types" or roles within lesbian subculture. Lesbian subtypes can be understood as a form of typecasting based on appearance and personality (Salkin, 1997), and often connect to certain appearance norms in the lesbian subculture. For example, butch lesbians tend to reject stereotypical feminine appearance presentations, present a masculine appearance (e.g., masculine hair style and clothing, chest binding), and exhibit more masculine personality traits and behaviors, while femme lesbians tend to physically present in a stereotypically feminine manner (e.g., longer hair, makeup, feminine clothing) and engage in behaviors typically associated with women and traditional female roles (Smith, Konik, & Tuve, 2011).

Lesbian subtypes like butch and femme identities emerged in the 1950's and remained fairly constant until the feminist movement of the 1970's. The feminist movement challenged traditional binary gender formulations and brought the advent of androgyny, which has remained a predominant lesbian subtype ever since (Myers et al., 1999). Rothblum (1994) suggests that

such lesbian subtypes and appearance norms have historically served a functional purpose by allowing lesbians to identify each other and by providing a distinct group identity apart from mainstream, heteronormative culture.

However, despite the utility of lesbian appearance norms and subtypes, research suggests that subtype identities can also incur added appearance pressures and body image issues (Salkin, 1997), such as more stringent appearance scripts that may create greater potential for body dissatisfaction in the face of perceived discrepancies (Henrichs-Beck et al., 2015). Therefore, in addition to gender identity and body-gender identity incongruence, the variance in lesbian body dissatisfaction may also be a function of lesbian subtype identities. This could occur in two ways. Consistent with the femininity and masculinity hypotheses described earlier, it may be that femme subtypes experience the most body dissatisfaction followed by androgynous subtypes, and then butch subtypes. Given Henrichs-Beck et al.'s (2015) finding that lesbian beauty codes are specific, particularly for lesbian subtypes that more closely align with the heteronormative male-female gender binary, it may be that femme and butch subtypes will experience the greatest pressure and distress in negotiating and contending with restrictive beauty norms and thus greater body dissatisfaction compared to androgynous subtypes or those not adhering to a lesbian subtype.

Internalized Appearance Ideals as a Moderator

The conceptual debate between Dworkin (1989) and Brown (1987) revolves around how lesbians are affected by sociocultural pressures (i.e., media, peers, family, etc.) that disseminate the heteronormative female beauty ideal, within which the svelte body is central. As women living within the larger, mainstream cultural context, lesbians experience similar levels of exposure to injunctive beauty ideals as heterosexual women. As such, it cannot be just exposure

that accounts for differences in lesbian body dissatisfaction but perhaps how and when sociocultural pressures come to affect a lesbian's body image. As past researchers have asserted, while exposure to a certain ideal does tend to influence the ideals a person utilizes in evaluating one's self and body (Mills, Jadd, & Key, 2012; Owens & Spencer, 2013), awareness and exposure do not have the same effect as when a person comes to personally adopt and endorse such ideals (Dittmar & Howard, 2004). Furthermore, one may accurately perceive a difference between one's self and a cultural standard, but that alone does not have the same consequences as when a given standard becomes central to one's self-concept (Bessenoff & Snow, 2006). As Dittmar, Halliwell, and Stirling (2009) demonstrated, exposure to thin models resulted in heightened body-related negative affect but only for women who had internalized the thin body ideal. Thus, the process of internalizing a given cultural standard is a key mechanism underlying how that standard comes to be an evaluative tool of the self.

Beauty ideal internalization refers to the extent to which a person cognitively "buys into" sociocultural prescriptions of attractiveness, assimilates such standards into their personal belief system, and subsequently engages in behaviors to approximate such ideals (Lawler & Nixon, 2011; Thompson & Stice, 2001). Internalized beauty standards have been implicated as a predictor of body dissatisfaction in a wide array of empirical literature. Research has demonstrated that beauty ideal internalization positively correlates with body dissatisfaction (Bergeron & Senn, 1998; Cafri, Yamamiya, Brannick, & Thompson, 2005; Stice & Shaw, 2002; Thompson & Stice, 2001; Yean et al., 2013), weight concern (Heffernan, 1999), body surveillance (Dakanalis, Clerici, Caslini, Favagrossa, & Prunas, 2014), body-related shame (Bessenoff & Snow, 2006), low self-esteem (Yean et al., 2013), and disordered eating (Cafri et al., 2005; Thompson & Stice, 2001; Yean et al., 2013). In addition, internalized trait appearance

ideals has functioned as a moderator in the relationship between sociocultural influences and body dissatisfaction in several studies (Karazsia, van Dulmen, Wong, & Crowther, 2013).

Mainstream, heteronormative culture promulgates two dominant appearance standards that may affect a person's body image through internalization, the thin ideal for women and the mesomorphic ideal for men (Karazsia et al., 2013), and these ideals have been deemed independent and distinct from one another based on discriminant validity analysis (McCreary & Sasse, 2000). In support of such assertions, past research has demonstrated gendered differences regarding pressure to meet cultural appearance norms and impacts of the internalization of appearance ideals on body image.

In studies that have examined how the thin ideal affects girls and how the muscular ideal affects boys, complex findings have emerged. Girls have been shown to experience greater pressure to achieve media-based body ideals and greater degrees of internalized body ideals compared to boys (Knauss, Paxton, & Alsaker, 2007; Wilksch, Tiggemann, & Wade, 2006). Furthermore, Knauss, Paxton, and Alsaker (2008) found that internalization of body ideals was a direct predictor of body dissatisfaction for girls but not for boys, and Jones, Vigfusdottir, and Lee (2004) found a stronger relationship between internalization and body image for girls compared to boys. At the same time, in a longitudinal study, Jones (2004) found a singular pathway to body dissatisfaction for boys, with boys who were committed to an idealized muscular male body (i.e., boys who had internalized the muscular ideal) expressing greater body dissatisfaction, showing that boys are also affected by internalized appearance ideals.

Other studies have explored both ideals (i.e., thinness and muscularity) among boys *and* girls, rather than separating body ideals in analysis according to gender. Such studies have found girls and women to report significantly higher drive for thinness (Smolak & Murnen, 2008) and

lower drive for muscularity (McCreary & Sasse, 2000; Smolak & Murnen, 2008) compared to boys and men. McCreary and Sasse (2000) found that drive for muscularity correlated with poor self-esteem and higher levels of depression among boys but not among girls, supporting the idea that boys may be more greatly affected by drive for muscularity than girls. In examining the relationships between gender role and drive for thinness, drive for muscularity, and drive for leanness (i.e., low body fat and fit muscles), Smolak and Murnen (2008) found that feminine gender role related only to drive for thinness, while masculine gender role related to drives for thinness, muscularity, and leanness, further highlighting the complexity of gender differences in body image as influenced by sociocultural appearance ideals.

Taken together, such findings suggest that the experience of body dissatisfaction as it relates to gender is contingent on the dynamics of body ideal internalization, both which ideal is internalized and to what extent. Given the evidence that men and women are affected by varying body ideals (i.e., thinness, muscularity, leanness) and ideal internalization in different ways, it follows that appearance ideals and their internalization may differentially affect individuals of diverse gender identities. As such, the type of appearance ideal internalized, as well as the level of ideal internalization, may influence how one's gender identity relates to and affects how one feels about his/her body. However, to date, there has been no empirical investigation of how internalization of appearance ideals may moderate the relationship between gender identity and body dissatisfaction.

Past research has shown that lesbian subculture endorses beauty ideals of both thinness and fitness (Beren et al., 1997), which seem to correspond to the thin and mesomorphic ideals of mainstream culture. As such, thin and mesomorphic body ideals may affect lesbians of varying gender identities in ways similar to how ideals of thinness and muscularity have been shown to

affect heterosexual men and women (i.e., men are most affected by an internalized mesomorphic ideal while women are most affected by an internalized thin ideal). Thus, in the context of lesbian embodied experience, I surmise that the type of appearance ideal endorsed (e.g., the thin beauty ideal and/or the muscular appearance ideal), as well as the degree to which a lesbian internalizes either ideal, likely affects the influence her gender identity has on her body image. For example, lesbians with feminine gender identities and higher levels of thin ideal internalization will likely experience greater levels of body dissatisfaction. Alternatively, lesbians with masculine gender identities and higher levels of internalization of the mesomorphic ideal may experience greater body dissatisfaction than lesbians with feminine gender identities. Thus, I sought to explore the moderating role of internalized appearance ideals on the links between gender identity and body dissatisfaction in order to further account for previous mixed findings on lesbian body image.

Body Mass Index

Given that body norms in Western societies like the U.S. involve extreme pressures to be thin, it follows that body mass and weight relate to body image (Rothblum, 2002). Numerous studies demonstrate body mass index (BMI) as a predictor of body image, including body dissatisfaction (Beren et al., 1996; Owens, Hughes, & Owens-Nicholson, 2002; Stice & Shaw, 2002; Wagenbach, 2004), and body ideals and appearance evaluation (Markey & Markey, 2014; Wagenbach, 2004). Some past research has controlled for BMI in data analysis while others have not, resulting in significant methodological inconsistencies that impact findings. This is especially true in studies attempting to directly compare lesbians and heterosexual women, as studies have shown that on average lesbian women tend to have greater body mass than heterosexual women (Boehmer, Bowen, & Bauer, 2007; Owens et al., 2002). In such cases,

when not controlled for, body mass may be operating as a confounding variable on body image outcomes (Alvy, 2013). Given that body dissatisfaction is regularly affected by body mass and may confound findings when left unattended in analysis, BMI was included as a covariate in the analysis.

Current Study

Given the gaps, inconsistencies, and complexities within past research on lesbian body dissatisfaction, this study aims to quantitatively investigate previously neglected variables in predicting lesbian body dissatisfaction. Proposed hypotheses include:

Hypothesis 1: When controlling for BMI, gender identity and body-gender identity incongruence will have direct and unique links to body dissatisfaction.

Hypothesis 2: After controlling for BMI, there will be differences in body dissatisfaction levels among participants who endorse various lesbian subtypes (i.e., butch, femme, androgynous, and none).

Hypothesis 3: When controlling for BMI, internalized thin appearance ideals will moderate the gender identity → body dissatisfaction link. That is, the link will be stronger and will predict greater body dissatisfaction for lesbians endorsing higher levels of feminine gender identities, and the link will be weaker and will predict less body dissatisfaction for lesbians endorsing higher levels of masculine gender identities (see Appendix A).

Hypothesis 4: When controlling for BMI, internalized mesomorphic appearance ideals will moderate the gender identity → body dissatisfaction link. That is, the link will be stronger and will predict greater body dissatisfaction for lesbians endorsing higher levels of masculine gender identities, and the link will be weaker and will predict less body dissatisfaction for lesbians endorsing higher levels of feminine gender identities (see Appendix A).

Chapter III

Method

Participants

The initial sample included 1,201 participants who completed the online survey. The final sample was 427 participants after eliminating 304 participants who left the entire survey blank; 292 participants who had at least one full measure incomplete; 28 participants who were under age 18 or left their age blank; 6 participants who identified as heterosexual; 134 participants who identified as bisexual; 3 participants who lived outside the U.S.; and 7 participants with missing data on where they reside.

All 427 participants identified their sexual orientation as lesbian. Participants' self-identified sex assigned at birth was 98% female, 1% male, and 1% unreported. Self-identified gender identities of the sample included 90% female/woman, 1% male/man, 1% trans female/trans woman, 1% trans male/trans man, 14% genderqueer/gender non-conforming, and 4% a different identity (e.g., "fluid," "stud," "butch," "masculine womyn," "non-binary"). Lesbian subtype identities of the sample were 18% butch, 37% femme, 20% androgynous, 24% none, and 1% unreported.

Participants ranged in age from 18 to 60 years, with a mean age of 27.67 years ($SD = 10.01$). The racial/ethnic identity of the sample was 9% African American/Black, 6% Asian American/Pacific Islander, 78% White/European, 12% Latina, 5% Native American/Alaskan Native, and 2% Other. Self-reported socioeconomic status of the sample was 5% poor class, 31% working class, 34% lower middle class, 27% upper middle class, and 2% wealthy class. Forty-nine percent ($n = 208$) of participants were currently enrolled in a college or university, with 25% being 1st year undergraduates, 14% Sophomores, 15% Juniors, 12% Seniors, 23% graduate

students, and 12% other. Of the 51% who were not currently students ($n = 219$), 3% had less than a high school education, 46% had a high school diploma, 12% completed an Associate's degree/two-year college, 20% completed a Bachelor's degree/four-year college, 18% completed a graduate/professional degree, and 1% didn't report. Percentages may not total to 100% due to rounding.

An a priori statistical power analysis was conducted using *GPower* software to determine the number of participants needed to achieve a power of .85 and to detect a correlation of $r = .20$ in the population, with alpha at .05. Based on the power analysis results, 265 (20% added to account for invalid surveys) would be an ideal number of participants. For the moderator analyses, Aiken and West (1991; p. 164, Table 8.5) reported sample power analyses suggesting that when moderator and predictor variables are measured with reliability of .80, variance accounted for by the main effects is .20, and inter-predictor correlations are .25, sample sizes of 56, 115, and 797 are needed to achieve statistical power of .80 in detecting an interaction for small, moderate, and large effect sizes, respectively. Thus, my anticipated sample size was large enough to detect a moderate to large effect.

Measures

Body Mass Index. BMI was calculated based on participants' self-reported height and weight according to the calculation provided by the Center for Disease Control and Prevention (CDC; CDC, 2014), which reports BMI as a reliable indicator of body fatness for most people. To compute BMI, a participant's weight (in pounds) was divided by her height (in inches) squared and then multiplied by a conversion factor of 703: $\text{weight (lbs.)} / [\text{height (in.)}]^2 \times 703$. For example, a participant with a weight of 150 pounds and a height of 5 foot 5 inches would have a BMI of 24.96 ($[150 \div (65)^2] \times 703$).

Gender Identity. Gender identity was assessed using the Gender Expression Measure among Sexual Minority Women scale (GEM-SMW; Lehavot et al., 2011) and the Personal Attributes Questionnaire (PAQ; Spence & Helmreich, 1978). The GEM-SMW is a 15-item measure assessing gender expression across three factor dimensions: appearance, gender roles, and emotional expression. Items are scored using a 6-point Likert-type response scale ranging from 1 (*strongly agree*) to 6 (*strongly disagree*). Example items include, “I wear sports bras or strap my breasts on a regular basis” (appearance factor), “I enjoy activities that involve tools, such as car work or household repairs” (gender roles factor), and “It is difficult for me to express my emotions” (emotional expression factor). Mean scores were used with higher scores indicating greater masculinity/butch gender identity and expression. According to Lehavot et al. (2011), confirmatory factor analyses across two independent samples and invariance testing provided structural validity support. In addition, a unilinear model was found to be a better fit than a bilinear model of butch/femme gender expression. Construct validity of GEM-SMW scores was supported by demonstrating that it distinguished between lesbian subtypes (i.e., butch, femme, androgynous, and none) in expected directions and by correlations with other measures of gender identity, expression, and characteristics. Divergent validity was demonstrated by showing that the GEM-SMW was not related to self-esteem or social desirability responding. Lehavot, Molina, and Simoni (2012) reported Cronbach’s alpha of .80 for the full scale with a SMW sample. Alpha for the current sample was .84.

The PAQ’s two 8-item subscales, Masculinity and Femininity, were used, each containing socially desirable attributes that are stereotypically assigned to males and females and indicate characteristics, beliefs, and behaviors of masculinity and femininity. Items on the Masculinity and Femininity scales include polarized adjectives and instruct participants to select a letter

between “A” and “E” to indicate where they fall in relation to the adjectives. Item examples include, “Not at all independent....Very independent” (Masculinity scale) and “Not at all emotional....Very emotional” (Femininity scale). “A” is coded numerically as 0, “B” as 1, “C” as 2, “D” as 3, and “E” as 4. Each scale was averaged separately for analysis with higher scores indicating higher levels of masculinity or femininity. The PAQ was reported to demonstrate acceptable convergent validity with other measures of masculinity and femininity (Spence & Helmreich, 1978). Spence and Helmreich (1978) reported alpha scores of .85 and .82 for the Femininity and Masculinity subscales, respectively. Alphas for the current sample were .81 for scores on the Femininity subscale and .71 for the Masculinity subscale.

Body-Gender Identity Incongruence. Congruence or incongruence between a participant’s body and gender identity was measured using the Appearance Congruence subscale of the Transgender Congruence Scale (TCS; Kozee, Tylka, & Bauerband, 2012). The TCS Appearance Congruence subscale consists of 9 items measuring how a person feels about the way their body and gender identity align or misalign. Items are scored on a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Item examples include, “I am happy with the way my appearance expresses my gender identity” and “I am generally happy with how others perceive my gender identity when they look at me.” Mean scores were used with higher scores indicating greater body-gender identity congruence and alignment. For the current study, the scale was reverse coded so that higher scores indicate greater body-gender identity incongruence and misalignment. Exploratory and confirmatory factor analysis by Kozee et al. (2012) demonstrated structural validity of TCS scores. Positive correlations with presence of meaning in life and life satisfaction and negative correlations with anxiety, depression, and body dissatisfaction provided support for construct validity. Discriminant validity of scores was found

based on the absence of an association with social desirability. Kozee et al. (2012) reported an alpha of .94 for the Appearance Congruence subscale. Alpha for the current sample was .92.

Lesbian Subtype Identity. Lesbian subtype identity was assessed using a one-item measure adapted from Lehavot et al. (2011). Participants were instructed, “Please select the following lesbian identity that best describes you:” and self-selected from the choices of “butch,” “femme,” “androgynous,” or “none.”

Internalized Appearance Ideals. The internalization of beauty and appearance standards was assessed using the Internalization subscale of the Sociocultural Attitudes Toward Appearance Questionnaire (SATAQ; Heinberg, Thompson, & Stormer, 1995) to measure the female-oriented thin ideal and the Internalization-Athlete subscale of the Sociocultural Attitudes Toward Appearance Questionnaire-3 (SATAQ-3; Thompson, van den Berg, Roehrig, Guarda, & Heinberg, 2004) to measure the male-oriented mesomorphic ideal.

The SATAQ Internalization subscale is an 8-item scale that measures an individual’s acceptance and endorsement of heteronormative, mainstream beauty standards in United States’ culture, specifically the svelte body ideal central to female beauty standards. Items are scored on a 5-point Likert-type scale ranging from 1 (*completely disagree*) to 5 (*completely agree*). Item examples include, “Women who appear in TV shows and movies project the type of appearance that I see as my goal” and “Music videos that show thin women make me wish I were thin.” Mean scores were used with higher scores indicating greater internalization of the mainstream, heteronormative thin-ideal beauty standard. According to Heinberg et al. (1995), structural validity of SATAQ scores was demonstrated through exploratory factor analyses on two independent samples. SATAQ scores exhibited construct validity through positive correlations with multiple measures of body image disturbance and eating dysfunction, and by demonstrating

that it was conceptually distinct from awareness of sociocultural standards of beauty. Heinberg et al. (1995) reported an alpha score of .88 for the Internalization subscale with a female undergraduate sample. Alpha for the current sample was .89.

The SATAQ-3 Internalization-Athlete subscale is a 5-item scale that measures an individual's endorsement and adoption of appearance ideals related to being fit, athletic, and in "good shape." Items are scored on a 5-point Likert-type scale from 1 (*definitely disagree*) to 5 (*definitely agree*). Item examples include, "I wish I looked as athletic as sports stars" and "I compare my body to that of people in "good shape." Mean scores were used with higher scores indicating greater levels of mesomorphic ideal internalization. Structural validity of the SATAQ-3 was supported by exploratory factor analysis. Thompson et al. (2004) reported excellent convergent validity of the SATAQ-3 scores based on correlations with measures of body image and eating disturbance. The Internalization-Athlete subscale had an alpha score of .89 with a female undergraduate sample (Thompson et al., 2004). Alpha for the current sample was .89.

Body Dissatisfaction. Body dissatisfaction was assessed using the Multidimensional Body-Self Relations Questionnaire – Appearance Scales (MBSRQ-AS; Cash, 2000). The MBSRQ-AS is a 34-item scale designed to measure attitudinal dispositions toward one's body and appearance. The MBSRQ-AS consists of five subscales. The first three subscales are rated on a 5-point Likert-type scale ranging from 1 (*definitely disagree*) to 5 (*definitely agree*). The Appearance Evaluation subscale consists of 7 items measuring positive and negative appraisals of appearance (e.g. "I like my looks just the way they are"). The Appearance Orientation subscale consists of 12 items that assess how much investment an individual has in his/her appearance (e.g. "Before going out, I usually spend a lot of time getting ready"). The Overweight Preoccupation subscale is a 4-item scale that assesses for fat anxiety, weight vigilance, dieting,

and eating restraint (e.g., “I constantly worry about being or becoming fat”). The Self-Classified Weight subscale consists of 2 items that assess a person’s self-perception of weight ranging from 1 (*very underweight*) to 5 (*very overweight*). The 9-item Body Areas Satisfaction subscale measures satisfaction-dissatisfaction with specific body areas and attributes (i.e., face, hair, lower torso, middle torso, upper torso, muscle tone, weight, and overall appearance) on a 1 (*very dissatisfied*) to 5 (*very satisfied*) scale. Means scores for each subscale were used with higher scores indicating less negative appearance evaluation, greater appearance investment, greater preoccupation with weight, greater self-perceptions of being overweight, and higher levels of body satisfaction.

Conceptual components of the MBSRQ were supported by a cross-validated principal-components analysis, and concordance analysis supported factor structure stability of the MBSRQ (Brown, Cash, & Mikulka, 1990). Cash (2000) reported the MBSRQ to have strong convergent, discriminant, and construct validity. The MBSRQ has been used extensively in body image research over the past several decades, including a national survey of 30,000 people (Cash, Winstead, & Janda, 1985). Reported Cronbach’s alphas and test-retest reliabilities for each subscale using female samples ($n = 800-1000$) were .88 and .91 (Appearance Evaluation), .85 and .90 (Appearance Orientation), .76 and .89 (Overweight Preoccupation), .89 and .74 (Self-Classified Weight), and .73 and .74 (Body Areas Satisfaction), respectively (Cash, 2000). Alphas for the current sample were .91 (Appearance Evaluation), .85 (Appearance Orientation), .81 (Overweight Preoccupation), .86 (Self-Classified Weight), and .83 (Body Areas Satisfaction).

Procedures

Data was collected using a web-based Internet survey. Procedures were taken to protect participant confidentiality (e.g., participants accessed the research survey through a hypertext

link rather than an e-mail message to ensure anonymity and a separate database was used for the raffle so that there was no way to link a participant's survey submission with her raffle entry). Additionally, data collection used a secure server protected by a firewall to prevent data tampering and inadvertent access to confidential information by research participants.

Participants were recruited through LGB campus and community organizations and social media (e.g., Facebook). The research announcement was sent to the contact person of LGB campus and community organizations, asking the contact person to forward the research announcement to their constituents. The research announcement invited women who experience same-sex attraction and identify as a lesbian, live in the U.S., and are at least 18 years old to participate in a research study focused on lesbian body image. Additionally, advertisements were posted on Facebook. The advertisement included the name of the study, "Lesbian Body Image Survey," a brief description of it (e.g., "Are you a lesbian? We want to hear from you! Research study about lesbian body image") and a link to the web-based survey. The advertisement was shown to Facebook users who indicated they were over 18, lived in the United States, identified as female, indicated romantic interest in women, and had Facebook interests related to one of about 65 LGBT-related keywords. Some examples include: Lesbianism, LGBT culture, LGBT community, Gay Rights, Lesbian Rights, Lesbian pride, same-sex relationship, GLAAD, and Queer theory.

Potential participants were asked to take a brief, approximately 30-minute survey asking them about their personal experiences. Participants completed an informed consent and were told that, upon completion of the survey, they could be entered into a drawing to win a \$50 Amazon.com gift card (6 available) for their time and efforts. After reading and acknowledging the informed consent page, participants were instructed to complete the online survey, which

included the aforementioned measures that were randomly ordered. Participants reported hearing about the survey from a Facebook advertisement (58%), LGB-related group, organization or listserv (34%), friend or colleague (6%), and “Other” (2%).

Chapter IV

Results

Analysis of missing data patterns for the 427 participants in the final sample indicated that less than one-quarter of a percent of all items for all participants/cases were missing, and 60% of the items were not missing data for any participant/case. Considering individual cases, 90% of participants had no missing data. Finally, no item had more than 1% of missing values. Given the very small amount of missing data, I used available case analysis procedures, wherein mean scale scores are calculated without substitution or imputation of values, which produces similar results to multiple imputation methods (Parent, 2013).

Data met guidelines for univariate normality (i.e., skewness < 3 , kurtosis < 10 ; Weston & Gore, 2006). Means, standard deviations, and inter-correlations among all continuous variables are shown in Appendix B. Examination of multicollinearity indexes for all analyses indicated that multicollinearity was not a problem (i.e., variance inflation factors < 10 ; tolerance values $> .20$, and condition indexes < 30 ; Field, 2013; Tabachnick & Fidell, 2001).

To test hypothesis 1, a series of five hierarchical multiple regression analyses were conducted predicting each of the body dissatisfaction subscales: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and Body Areas Satisfaction. BMI, the control variable, was entered at Step 1. Gender expression-but, PAQ femininity, PAQ masculinity, and body-gender identity incongruence were entered at Step 2 (See Appendix C). The results of the regression analysis predicting Appearance Evaluation were significant, $R^2 = .27$, $F(5, 421) = 30.84$, $p = .000$. After controlling for BMI, PAQ femininity ($\beta = -.10$) and PAQ masculinity ($\beta = .35$) were unique predictors of Appearance Evaluation, while gender expression-but and body-gender identity incongruence were not. The results of the regression

analysis for Appearance Orientation were not significant, $R^2 = .02$, $F(5, 421) = 1.85$, $p = .102$. The results of the regression analysis predicting Overweight Preoccupation were significant, $R^2 = .09$, $F(5, 421) = 8.00$, $p = .000$. PAQ Masculinity ($\beta = -.11$) and body-gender identity incongruence ($\beta = .11$) were unique predictors, while gender expression-butuh and PAQ Femininity were not. The regression results predicting Self-Classified Weight were significant, $R^2 = .52$, $F(5, 421) = 90.00$, $p = .000$, with only PAQ masculinity ($\beta = -.09$) being a unique predictor. Gender expression-butuh, PAQ femininity, and body-gender identity incongruence did not significantly predict Self-Classified Weight. The results of the regression for Body Areas Satisfaction were significant, $R^2 = .27$, $F(5, 421) = 30.62$, $p = .000$. PAQ masculinity ($\beta = .36$) and body-gender identity incongruence ($\beta = -.15$) were unique predictors of Body Areas Satisfaction, while gender expression-butuh and PAQ femininity were not.

A series of analysis of covariance analyses (ANCOVA) were used to examine lesbian subtype differences in body dissatisfaction subscale levels, after controlling for BMI, as proposed in hypothesis 2. Because two participants left the lesbian subtype question blank, they were not included in the analyses. Contrary to my hypothesis, results of the ANCOVA revealed no significant lesbian subtype differences, after controlling for BMI, in Appearance Evaluation, $F(3, 420) = 1.46$, $p = .226$, or in Self-Classified Weight, $F(3, 420) = 1.62$, $p = .183$ (see Appendix D). Supporting my hypotheses, results of the analyses revealed significant differences between lesbian subtypes on the other three measures of body dissatisfaction, specifically Appearance Orientation, $F(3, 420) = 13.30$, $p = .000$, with 9% of the variance explained; Overweight Preoccupation, $F(3, 420) = 3.74$, $p = .011$, with 3% of the variance explained; and Body Areas Satisfaction, $F(3, 420) = 2.81$, $p = .039$, with 2% of the variance explained. The covariate, BMI, was not significantly related to Appearance Orientation $F(1, 420) = .04$, $p =$

.845, partial eta squared = .000, but was significantly related to Overweight Preoccupation $F(1, 420) = 27.13, p = .000$, partial eta squared = .061, and Body Areas Satisfaction $F(1, 420) = 51.80, p = .000$, partial eta squared = .110.

Pairwise comparisons using the Bonferroni adjustment and bootstrapping with 1,000 bootstrap samples indicated that the Appearance Orientation mean score for femme lesbian subtype ($M = 3.66, SD = .66$) was significantly greater than butch ($M = 3.48, SD = .63, p = .037$), androgynous ($M = 3.20, SD = .66, p = .001$), and no ($M = 3.24, SD = .62, p = .001$) lesbian subtypes. In addition, butch lesbian subtype was significantly greater than androgynous ($p = .012$) and none ($p = .011$). There was no significant Appearance Orientation mean differences between androgynous and no lesbian subtypes.

Pairwise comparisons also revealed that the Overweight Preoccupation mean score for femme lesbian subtype ($M = 3.04, SD = 1.12$) was significantly greater than butch ($M = 2.77, SD = 1.03, p = .004$) and no ($M = 2.72, SD = .97, p = .012$) lesbian subtypes. There were no significant Appearance Orientation mean differences between butch and androgynous lesbian subtypes; butch and no lesbian subtypes; femme and androgynous subtypes, and androgynous and no lesbian subtypes. Finally, pairwise comparisons revealed that Body Areas Satisfaction mean score for butch lesbian subtype ($M = 3.24, SD = .70$) was significantly greater than femme ($M = 3.13, SD = .79, p = .009$) and no ($M = 3.16, SD = .71, p = .029$) lesbian subtypes. There were no significant Body Areas Satisfaction mean differences between butch and androgynous lesbian subtypes; femme and androgynous lesbian subtypes; femme and no subtypes, and androgynous and no lesbian subtypes.

To test hypotheses 3 and 4, a series of five hierarchical multiple regression analyses were conducted predicting each of the body dissatisfaction subscales to examine thin beauty ideal

internalization and mesomorphic ideal internalization as moderators of the relationship between gender identity and body dissatisfaction. BMI, the control variable, was entered at Step 1. Main effects were entered at Step 2 (i.e., gender expression-but, PAQ femininity, PAQ masculinity, internalized thin ideal, and internalized mesomorphic ideal). Interaction effects (i.e., gender expression-but x internalized thin ideal, PAQ femininity x internalized thin ideal, PAQ masculinity x internalized thin ideal, gender expression-but x internalized mesomorphic ideal, PAQ femininity x internalized mesomorphic ideal, PAQ masculinity x internalized mesomorphic ideal) were entered at Step 3. Results of these moderated analyses are shown in Appendix E. Evidence for a moderator effect was noted at Step 3 by a statistically significant increment in R^2 and beta weight. Prior to the analyses, scores on the measures were centered (i.e., put into deviation units by subtracting their sample means to produce revised sample means of zero).

Contrary to hypotheses 3 and 4, results indicated that neither thin ideal internalization nor mesomorphic ideal internalization moderated the relationship between the three gender identity dimensions and Appearance Evaluation, Overweight Preoccupation, Self-Classified Weight, and Body Areas Satisfaction. In addition, neither thin ideal internalization nor mesomorphic ideal internalization moderated the relationship between PAQ femininity and Appearance Orientation or PAQ masculinity and Appearance Orientation. Supporting hypotheses 3 and 4, both thin ideal internalization ($\beta = -.20$) and mesomorphic ideal internalization ($\beta = .13$) moderated the relationship between gender expression-but and Appearance Orientation ($\Delta R^2 = .05$, $\Delta F = 4.071$, $p = .001$).

To interpret the statistically significant moderation effects, I used Hayes's (2013) SPSS PROCESS macro (Model 1). In examining each interaction, I controlled for the effects of BMI,

the main effects not included in the significant interaction, and the non-significant interaction terms in the regression model. In addition, I used 1,000 bootstrap samples in order to compute 95% bias-corrected and accelerated confidence intervals. Results revealed that gender expression-butcht predicted Appearance Orientation for women with high (+1 *SD*; $B = -.24, t = -4.15, p = .000, 95\% \text{ CI } [-.350, -.125]$) and at the mean ($B = -.09, t = -2.52, p = .012, 95\% \text{ CI } [-.158, -.019]$) levels of thin ideal internalization but not low (-1 *SD*; $B = .06; t = 1.34, p = .181, 95\% \text{ CI } [-.028, .149]$) levels. As shown in Appendix F, the difference between the three groups occurred at lower levels of gender expression-butcht where women with high thin ideal internalization had higher levels of Appearance Orientation.

In examining the interaction between gender expression-butcht and mesomorphic ideal internalization, results revealed gender expression-butcht predicted Appearance Orientation for women with low (-1 *SD*; $B = -.17; t = -3.57, p = .00, 95\% \text{ CI } [-.272, -.079]$) and at the mean ($B = -.09, t = -2.53, p = .01, 95\% \text{ CI } [-.158, -.020]$) levels of mesomorphic ideal internalization but not high (+1 *SD*; $B = -.00, t = -.06, p = .95, 95\% \text{ CI } [-.094, .088]$) levels. As shown in Appendix G, the difference between the three groups occurred at higher levels of gender expression-butcht where women with low mesomorphic ideal internalization had less Appearance Orientation.

Also shown in Appendix E, both thin ideal internalization and mesomorphic ideal internalization uniquely predicted negative Appearance Evaluation ($\beta = -.30$ and $-.10$), Overweight Preoccupation ($\beta = .36$ and $.26$), Self-Classified Weight ($\beta = .08$ and $.15$), and Body Areas Satisfaction ($\beta = -.34$ and $-.12$), respectively. Finally, thin ideal internalization ($\beta = .29$) but not mesomorphic ideal internalization uniquely predicted Appearance Orientation.

Chapter V

Discussion

The present study is the first study, to my knowledge, that examined how dimensions of gender identity may affect how satisfied lesbians are with their bodies. Based on past research showing that gender impacts how heterosexual men and women experience body dissatisfaction, I hypothesized that lesbians' gender identities would differentially affect how satisfied or dissatisfied they are with their bodies. Study findings highlight the complexity of gender identity and how it plays out in the context of lesbian embodied experience.

In examining the unique and direct links of gender identity and body-gender identity incongruence to body dissatisfaction, gender identity was shown to predict body dissatisfaction in all domains except for investment in appearance. Specifically, higher levels of masculine identity, as measured by the PAQ masculinity scale, significantly predicted more positive appearance appraisals, less preoccupation with weight, less self-perception of being overweight, and greater body areas satisfaction. Such findings lend further support to the masculinity hypothesis, which proposes that body dissatisfaction and eating pathology hinge on the presence of masculinity, such that greater masculinity is associated with less body dissatisfaction. My findings are consistent with previous studies supporting the masculinity hypothesis (Braitman & Ramanaiah, 1999; Jackson, Sullivan, & Rostker, 1988; Kimlicka, Cross, & Tarnai, 1983; Wester, 2003) and suggest that masculine traits or characteristics may act as protective factors against body dissatisfaction.

Simultaneously, greater feminine gender identity, as measured by the PAQ femininity scale, predicted more negative appearance appraisals, providing some support for the femininity hypothesis. This finding is consistent with previous research linking identification with

stereotypically feminine characteristics (e.g., passivity, dependence, unassertiveness) to greater body dissatisfaction and disordered eating (Boskind-Lodahl, 1976; Lakkis, Ricciardelli, & Williams, 1999; Ludwig & Brownell, 1999; Paxton & Sculthorpe, 1991). Interestingly, feminine gender identity did not significantly predict any other body dissatisfaction domain as hypothesized, and the effect size of feminine gender identity was small compared to the medium effect sizes of masculine gender identity findings. Given this, it seems that while the current study shows some support for the association between femininity and body dissatisfaction, findings provide greater support for the notion that masculine characteristics may buffer against body dissatisfaction.

Perhaps even more interesting is the fact that gender identity-butch did not uniquely predict any body dissatisfaction levels. This is surprising based on significant past research showing that gender differentially affects heterosexual men and women's body dissatisfaction, and that gender and gender identity share key dimensions of masculinity and femininity. Additionally, the gender expression measure used in the current study was designed for and normed with sexual minority women (Lehavot et al., 2011), which would suggest it should be the most robust measure for capturing the nuances and complexities of lesbian gender identities. It may be that this measure taps into a certain domain of gender identity that has less impact on body dissatisfaction than stereotypically masculine characteristics as assessed by Spence and Helmreich's (1978) PAQ Masculinity scale.

I did find that body-gender identity incongruence was related to body dissatisfaction, though not across all body dissatisfaction domains as hypothesized. Body-gender identity incongruence significantly predicted more preoccupation with weight and less body areas satisfaction. This finding aligns with past research on how incongruence negatively influences embodied

experience (Ålgars et al., 2010; Henrichs-Beck, 2015). Understandably, if a person lives in a body that doesn't match how they experience their gender intra-psychically they are likely to be less satisfied with their body than if they lived in a body that did align with their internal sense of gender. It is less clear why and how body-gender identity incongruence resulted in greater preoccupation with weight. One explanation is that the overweight preoccupation measure assesses for action-oriented body dissatisfaction such as dieting, restrained eating, and weight vigilance, and maybe individuals who experience body-gender identity incongruence are more often engaged in behaviors aimed at altering their bodies in size and shape.

As hypothesized, findings showed some body dissatisfaction differences between lesbian subtype identity groups. Specifically, femme lesbians reported experiencing greater investment in appearance than all other lesbian subtypes, and butch lesbians experienced greater appearance investment than androgynous lesbians and lesbians who do not endorse a subtype identity. Such findings provide further support for past research proposing that adherence to lesbian subtypes may incur added appearance pressures and body image issues (Salkin, 1997, Henrichs-Beck, 2015), especially for those subtypes that most closely resemble the heteronormative male-female gender binary (i.e., femme, butch; Henrichs-Beck, 2015).

Findings were similar between butch and femme lesbians for preoccupation with weight and body part satisfaction. Butch lesbians reported less preoccupation with weight and greater body areas satisfaction compared to femme lesbians. Given that femme subtype identity encompasses some stereotypically feminine characteristics, study findings provide further support for the femininity hypothesis. Interestingly, butch lesbians were also higher on body areas satisfaction levels than lesbians who do not endorse a lesbian subtype. Given that butch and androgynous subtypes did not differ on body areas satisfaction, study findings provided further support for the

masculinity hypothesis as well, because the presence of and identification with masculinity, which is ostensibly present to varying degrees for both butch and androgynous lesbians, relates to lower body image dissatisfaction. Finally, study findings showed that lesbian subtype identity does not influence a lesbian's positive or negative appraisals about their appearance or whether they perceive themselves to be overweight. It may be that appearance scripts for lesbian subtypes focus more on how well a lesbian is "measuring up" to their ascribed subtype (as reflected in differences in appearance investment) and simply identifying as a certain subtype does not predict how satisfied a lesbian is with their body. Appraisals about one's appearance may be more related to how well one is properly adhering to their subtype identity and not related to the subtype itself. Lack of differences in perceptions of weight may be explained by past research showing that lesbians tend to endorse larger ideal body shapes (Markey & Markey, 2014; Alvy, 2013), have less weight concern, (Leavy & Hastings, 2010; Polimeni et al., 2009), and are more accepting of diverse bodies (Henrichs-Beck et al., 2015; Myers et al., 1999). As such, there may be a wide variety of weights that constitute an attractive femme, butch, or androgynous lesbian, and therefore, lesbian subtype does not relate to perceptions of weight.

The sample supported some of the moderation effects predicted by past research on gender and beauty ideal internalization. At higher levels of gender expression-butch all lesbians were less likely to invest time in their appearance, regardless of the extent to which they internalized the thin ideal; however, when gender expression-butch was low (i.e., greater feminine gender identity), lesbians with high and average levels of thin ideal internalization were more likely to put greater investment in their appearance. This finding suggests that when a lesbian's identification with femininity is high and she has highly internalized the cultural ideal directed at feminine identified persons (i.e., the thin ideal), she will be at greater risk for experiencing body

dissatisfaction. This finding aligns with and extends past research showing that women who have internalized the thin ideal exhibit greater body dissatisfaction compared to women who have not (Dittmar & Howard, 2004; Dittmar et. al., 2009), and further highlights the negative impact of internalizing oppressive mainstream beauty ideals.

Study findings also revealed that at lower levels of gender expression-butuh all lesbians were more likely to invest time in their appearance, regardless of the extent to which they internalized the mesomorphic ideal; however, when gender expression-butuh was high, lesbians with low and average levels of mesomorphic ideal internalization were less likely to invest in their appearance. Results of the current study support past research demonstrating that women (i.e., persons with feminine gender identities) experience greater investment in appearance compared to men (i.e., persons with masculine gender identities; Gillen & Lefkowitz, 2006; Harris, 2011; Muth & Cash, 1997). Past work by Dittmar and Howard (2004) proposes that internalization is the key mechanism by which an appearance ideal becomes an evaluative tool to be used by the self. As such, it makes sense that high mesomorphic ideal internalizers are more likely to invest in their appearance as one component of achieving the muscular ideal.

Contrary to my hypotheses, neither thin nor mesomorphic ideal internalization moderated the relationship between gender identity-butuh and the other body dissatisfaction subscales assessed in the study. These findings suggest that internalization of the thin and mesomorphic ideals does not significantly affect how a lesbian's gender identity influences her appearance appraisals, preoccupation with weight, self-classified weight, or body areas satisfaction.

When looking at internalization of both thin and mesomorphic ideals and their direct associations with body dissatisfaction, study findings support past research demonstrating that internalization of cultural standards of beauty are related to more body dissatisfaction (for a

review, see Karazsia et al., 2013). Both forms of internalization predicted more negative appearance evaluations, greater preoccupation with weight, more perceptions of being overweight, and less body areas satisfaction, with mostly medium effects sizes for thin ideal associations and small effects sizes for mesomorphic ideal associations. Thus, while thin and mesomorphic ideal internalization significantly moderated only one of the hypothesized gender identity → body dissatisfaction links, they are still an influential factor within lesbian body image dissatisfaction.

Clinical Implications

Study findings suggest that gender identity may impact lesbians' embodied experience, specifically how satisfied or dissatisfied a lesbian is with their body. Results suggest that lesbians with greater feminine gender identities and femme subtypes are at greater risk for various forms of body dissatisfaction, while the presence of masculinity seems to predict greater body satisfaction. As such, psychologists are encouraged to foster exploration of clients' gender identities and how such identities relate to specific sociocultural beauty standards and how they experience their bodies. In addition, they might seek to explore the strength of stereotypically masculine traits with their clients, especially with clients who exhibit more stereotypically feminine characteristics alongside high levels of body dissatisfaction, and subsequently work to strengthen potentially protective characteristics such as self-confidence, independence, self-efficacy, and assertiveness.

Some lesbians may believe they are isolated from the impact of mainstream beauty norms, but findings of the current study would suggest that lesbians are still influenced by the mainstream thin and mesomorphic ideals to some degree. In addition, lesbians who have highly internalized the thin beauty ideal and who experience greater levels of feminine gender identity

are at risk for high appearance investment. In contrast, lesbians who experience greater levels of butch gender expression and who have low levels of mesomorphic ideal internalization are at least risk for appearance investment. Clinicians may consider having more direct discussions with clients about their gender identities, what beauty ideals they endorse, and how injunctive beauty norms may affect their embodied experiences. In addition, they might help clients identify and implement strategies for dismantling internalized beauty norms and challenging ongoing exposure to oppressive beauty norms. Finally, clinicians might assess the level of incongruence between a client's psychological sense of gender and their behavior and physical appearance, facilitate congruence between these two aspects, and explore how some aspects of body dissatisfaction might be related to this incongruence (Denny, 2007).

Limitations and Future Directions

The primary limitations of the current study include sample homogeneity and inability to assess significant factors of non-respondents, strength of conclusions, and operationalization of complex constructs. As with many studies involving sexual minority women samples recruited and surveyed through the Internet, participants in the present study were largely White, highly educated, middle class, and willing to identify themselves as lesbian. There may be gender identity and body dissatisfaction differences between study respondents and non-respondents that could not be assessed in the current study. Additionally, given the correlational nature of the current study, I am limited to conclusions of prediction and cannot assert causality based on my findings. Lastly, gender identity is a very complex and multifaceted construct to operationalize accurately and thoroughly. As such, the measures, though chosen because they were the best available, may have been limited in their ability to truly capture phenomenological, intrapersonal, and behavioral characteristics of lived gender identities, particularly for lesbians

who often inhabit a wide range of identities along the gender identity continuum and often challenge the heteronormative gender binary (Levitt et al., 2012).

In seeking to address the abovementioned limitations of the present study, future research should focus on recruiting more diverse lesbian samples, more adept measures, and additional variables and variable relationships related to gender identity and body dissatisfaction. Given the large proportion of privileged social identities within the current sample, future research should prioritize the recruitment of lesbians who experience other marginalized identities in terms of race/ethnicity, socioeconomic status, education level, and ability. Future research could work to develop a more precise and attuned measure for capturing lesbian gender identities. In addition, longitudinal investigations might explore the mediating role of state beauty ideal internalization in the gender identity and body dissatisfaction links. Other moderating factors in the gender identity-body dissatisfaction link could also be explored, such as LGB group/community involvement, feminist identity, or self-compassion skills. Experimental methodology could also be employed to see how priming/saliency of a given beauty ideal impacts body dissatisfaction of lesbians endorsing varying gender identities.

Conclusion

The current study extends prior research by investigating previously neglected variables that might account for variance in lesbian body dissatisfaction. Study findings highlight the potentially negative roles of identification with stereotypical feminine characteristics, femme lesbian subtype, and gender identity-body incongruence and the positive roles of identification with stereotypical masculine characteristics and butch lesbian subtype on body satisfaction. Finally, study findings underscore the important direct roles that internalized cultural standards

of beauty can have on body dissatisfaction, as well as moderated roles in the gender expression-
butch → appearance orientation link.

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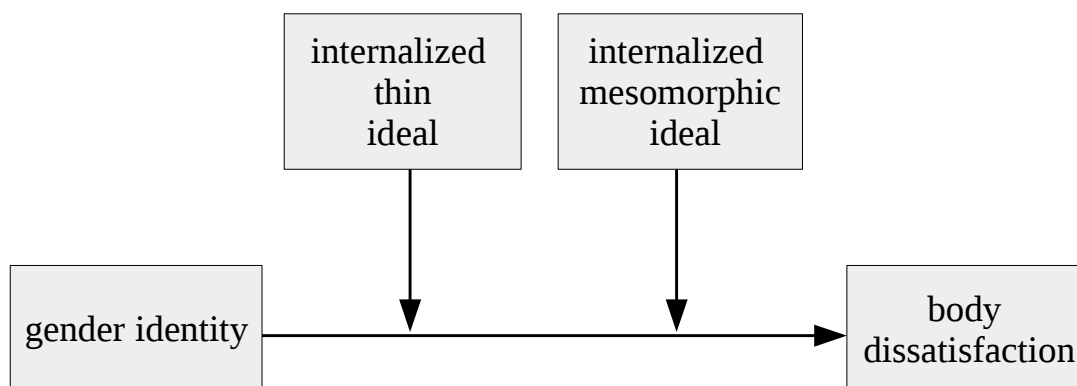
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Appendices

Appendix A *Hypothesized Moderation Models of Internalized Appearance Standards*



Appendix B *Means, Standard Deviations, and Correlations for All Study Variables*

Variable	Possible range	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11
1. BMI	0 - 62	27.32	7.90	---										
2. Gender Expression-Butch	1 - 6	3.49	.97	.10*	---									
3. PAQ Femininity	1 - 5	4.02	.63	.07	-.14**	---								
4. PAQ Masculinity	1 - 5	3.43	.64	-.02	.18**	.17**	---							
5. Body-Gender Identity Incongruence	1 - 5	3.96	.90	.04	.42**	-.09	-.15**	---						
6. Internalized Thin Ideal	1 - 5	2.38	.99	-.02	-.26**	.01	-.27**	.06	---					
7. Internalized Mesomorphic Ideal	1 - 5	3.30	1.10	.00	.16**	.01	.05	.07	.37**	---				
8. Appearance Evaluation	1 - 5	3.20	.96	-.37**	-.04	-.05	.34**	-.15**	-.39**	-.22**	---			
9. Appearance Orientation	1 - 5	3.43	.67	.02	-.14**	-.01	-.05	-.04	.34**	.19**	-.24**	---		
10. Overweight Preoccupation	1 - 5	2.86	1.04	.23**	-.05	.08	-.13**	.09	.47**	.40**	-.55**	.46**	---	
11. Self-Classified Weight	1 - 5	3.56	.79	.71**	.00	.08	-.11*	.02	.17**	.17**	-.55**	.10*	.41**	---
12. Body Areas Satisfaction	1 - 5	3.19	.74	-.32**	.01	-.01	.39**	-.20**	-.45**	-.25**	.82**	-.32**	-.56**	-.51**

Note. BMI = Body Mass Index; PAQ = Personal Attributes Questionnaire; * $p < .05$, ** $p < .01$

Appendix C *Test of Gender Identity and Body-Gender Identity Incongruence as Predictors of Body Dissatisfaction*

Predictor variable	Criterion	<i>B</i>	β	<i>t</i>	<i>R</i> ²	ΔR^2	<i>F</i>	<i>df</i>
	Appearance Evaluation							
BMI		-.04	-.35	-8.28**	.14	.14	68.42**	1, 425
Gender Expression – Butch		-.04	-.05	-.93	.27	.13	30.84**	5, 421
PAQ Femininity		-.15	-.10	-2.25*				
PAQ Masculinity		.52	.35	7.78**				
Body-Gender Identity Incongruence		-.08	-.08	-1.63				
	Appearance Orientation							
BMI		.00	.04	.75	.00	.00	.18	1, 425
Gender Expression – Butch		-.10	-.15	-2.65**	.02	.02	1.85	5, 421
PAQ Femininity		-.03	-.03	-.58				
PAQ Masculinity		-.02	-.01	-.27				
Body-Gender Identity Incongruence		.01	.02	.29				
	Overweight Preoccupation							
BMI		.03	.23	4.79**	.05	.05	23.49**	1, 425
Gender Expression – Butch		-.10	-.09	-1.74	.09	.03	8.00**	5, 421
PAQ Femininity		.12	.08	1.55				
PAQ Masculinity		-.17	-.11	-2.12*				
Body-Gender Identity Incongruence		.13	.11	2.11*				
	Self-Classified Weight							
BMI		.07	.71	20.73**	.50	.50	431.18**	1, 425
Gender Expression – Butch		-.04	-.05	-1.21	.52	.01	90.00**	5, 421
PAQ Femininity		.04	.03	.90				
PAQ Masculinity		-.11	-.09	-2.56*				
Body-Gender Identity Incongruence		-.00	-.00	-.04				
	Body Areas Satisfaction							
BMI		-.03	-.30	-7.17**	.10	.10	48.06**	1, 425
Gender Expression – Butch		.02	.03	.60	.27	.17	30.62**	5, 421
PAQ Femininity		-.07	-.06	-1.34				
PAQ Masculinity		.42	.36	8.05**				
Body-Gender Identity Incongruence		-.12	-.15	-3.16**				

Note. PAQ = Personal Attributes Questionnaire; β and *t* reflects values from the final regression equation; * $p < .05$, ** $p < .01$

Appendix D *Test of Group Differences of Lesbian Subtype Identity in Body Dissatisfaction*

Predictor variable	Criterion	SS	df	MS	F	Partial Eta Squared
	Appearance Evaluation					
BMI		53.33	1	53.33	67.61**	.14
Lesbian Subtype		3.44	3	1.15	1.46	.01
Error		331.27	420	.79		
	Appearance Orientation					
BMI		.02	1	.02	.04	.00
Lesbian Subtype		16.64	3	5.55	13.30**	.09
Error		175.11	420	.42		
	Overweight Preoccupation					
BMI		27.27	1	27.27	27.13**	.06
Lesbian Subtype		11.29	3	3.76	3.74*	.03
Error		422.12	420	1.01		
	Self-Classified Weight					
BMI		129.48	1	129.48	420.88**	.50
Lesbian Subtype		1.50	3	.50	1.62	.01
Error		129.21	420	.31		
	Body Areas Satisfaction					
BMI		25.42	1	25.42	51.80**	.11
Lesbian Subtype		4.13	3	1.38	2.81*	.02
Error		206.16	420	.49		

Note. * $p < .05$, ** $p < .01$

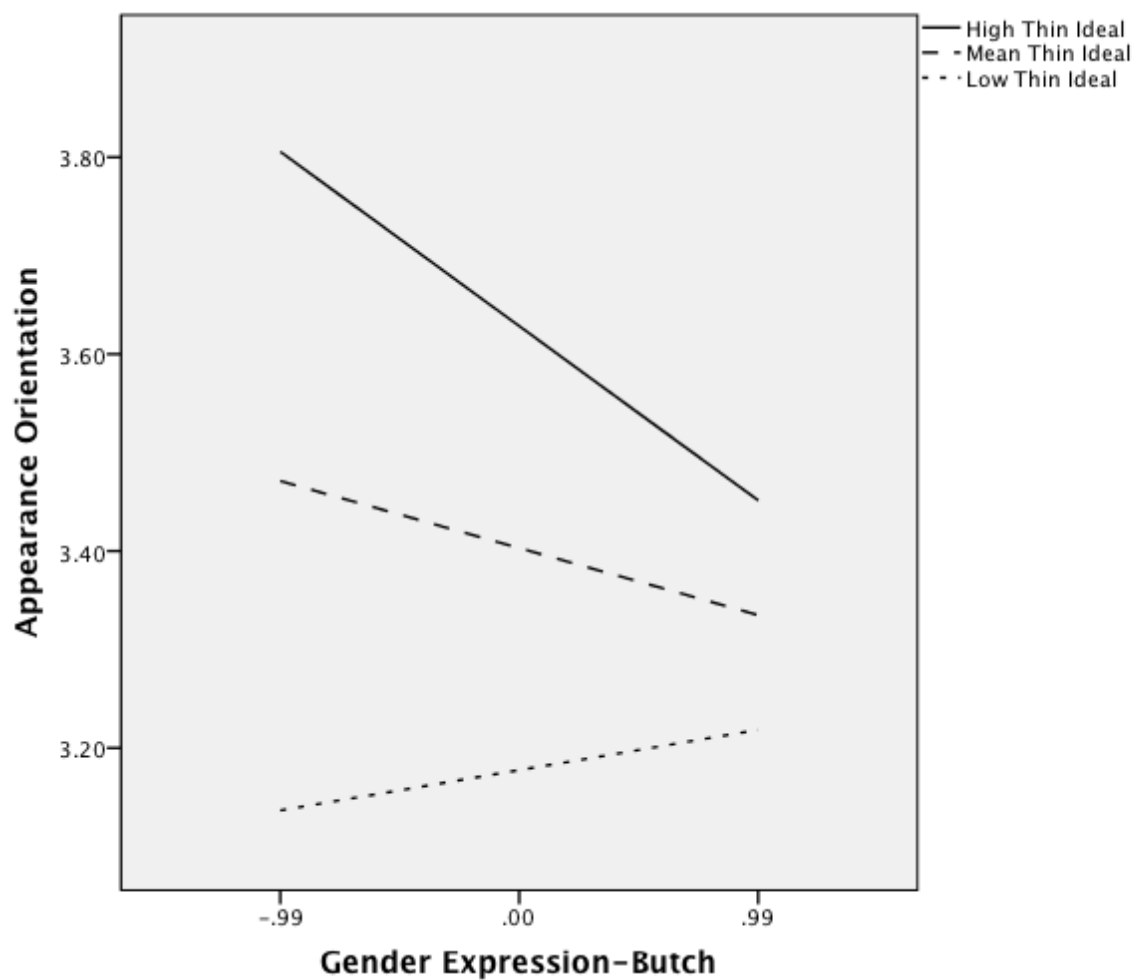
Appendix E *Test of Internalized Thin and Mesomorphic Ideals as Moderators of Predictor-Criterion Links*

Predictor variable	Criterion	<i>B</i>	β	<i>t</i>	<i>R</i> ²	ΔR^2	Sig. <i>F</i> Δ	<i>F</i>	<i>df</i>
	Appearance Evaluation								
BMI		-.04	-.35	-8.98**	.14	.14	.00	68.42**	1, 425
Gender Expression – Butch		-.12	-.12	-2.72*	.38	.24	.00	43.16**	5, 420
PAQ Femininity		-.13	-.09	-2.11*					
PAQ Masculinity		.44	.30	7.11**					
ITI (Thin Ideal)		-.29	-.30	-6.52**					
IMI (Mesomorphic Ideal)		-.09	-.10	-2.27*					
Gender Expression – Butch x ITI		.06	.05	1.21	.39	.01	.27	22.29**	6, 414
PAQ Femininity x ITI		-.06	-.04	-.91					
PAQ Masculinity x ITI		.06	.04	.91					
Gender Expression – Butch x IMI		-.06	-.08	-1.80					
PAQ Femininity x IMI		.06	.05	1.09					
PAQ Masculinity x IMI		-.03	-.02	-.44					
	Appearance Orientation								
BMI		.00	.05	.99	.00	.00	.68	.18	1, 425
Gender Expression – Butch		-.09	-.13	-2.53*	.13	.13	.00	10.61**	5, 420
PAQ Femininity		-.05	-.05	-.94					
PAQ Masculinity		.06	.05	1.12					
ITI (Thin Ideal)		.20	.29	5.47**					
IMI (Mesomorphic Ideal)		.05	.08	1.63					
Gender Expression – Butch x ITI		-.15	-.20	-4.00**	.18	.05	.00	7.57**	6, 414
PAQ Femininity x ITI		-.02	-.02	-.33					
PAQ Masculinity x ITI		-.02	-.02	-.31					
Gender Expression – Butch x IMI		.08	.13	2.70*					
PAQ Femininity x IMI		-.05	-.06	-1.22					
PAQ Masculinity x IMI		.06	.06	1.17					
	Overweight Preoccupation								
BMI		.03	.23	5.67**	.05	.05	.00	23.49**	1, 425
Gender Expression – Butch		-.01	-.01	-.22	.34	.29	.00	36.30**	5, 420
PAQ Femininity		.10	.06	1.36					
PAQ Masculinity		-.08	-.05	-1.20					
ITI (Thin Ideal)		.38	.36	7.60**					
IMI (Mesomorphic Ideal)		.25	.26	5.76**					
Gender Expression – Butch x ITI		-.05	-.04	-.93	.35	.01	.74	18.34**	6, 414
PAQ Femininity x ITI		-.02	-.01	-.22					
PAQ Masculinity x ITI		-.02	-.01	-.23					
Gender Expression – Butch x IMI		.01	.01	.32					
PAQ Femininity x IMI		-.05	-.04	-.86					
PAQ Masculinity x IMI		.08	.06	1.21					

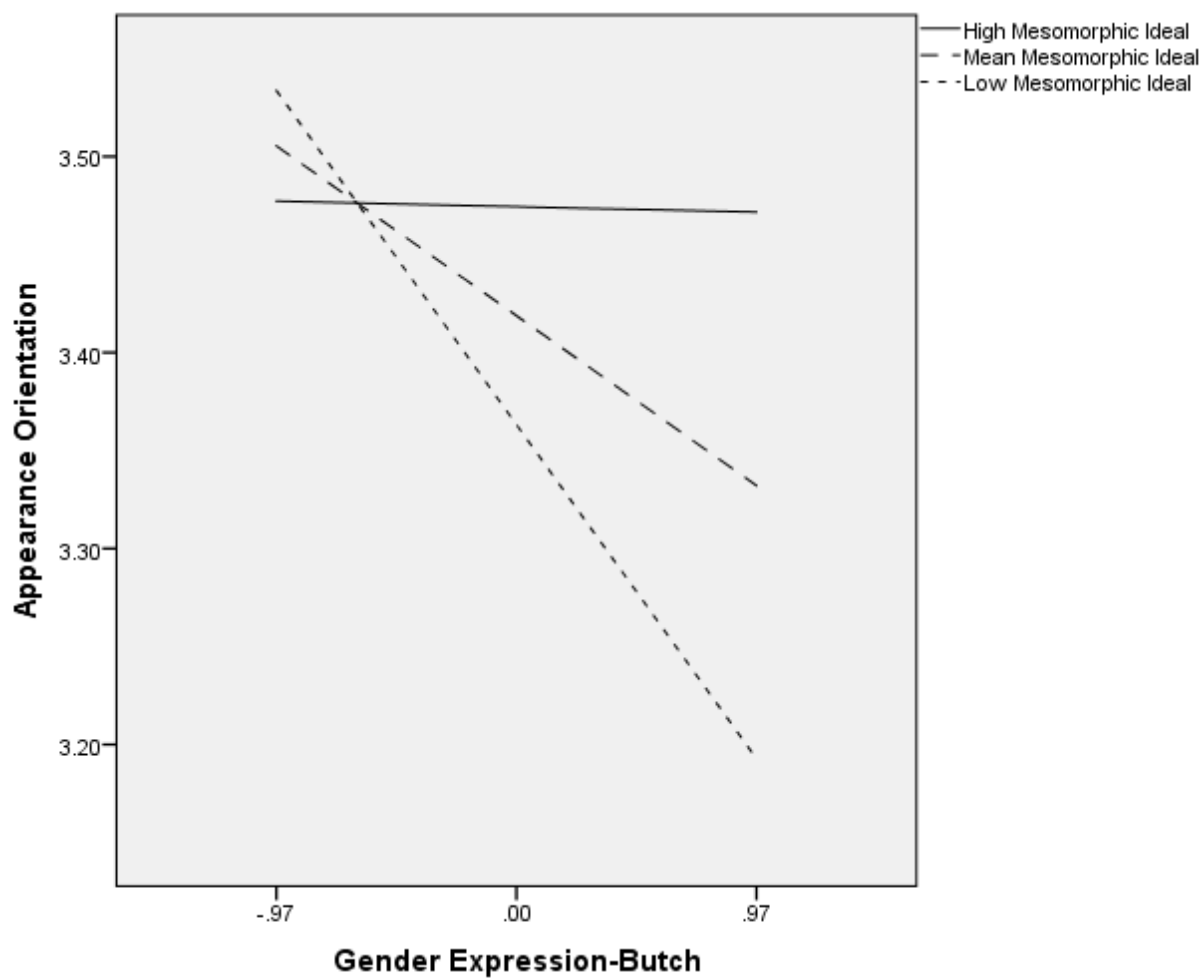
	Self- Classified Weight								
BMI	.07	.72	21.72**	.50	.50	.00	431.18**	1, 425	
Gender Expression – Butch	-.05	-.06	-1.71	.56	.05	.00	87.26**	5, 420	
PAQ Femininity	.03	.02	.66						
PAQ Masculinity	-.08	-.07	-1.87						
ITI (Thin Ideal)	.07	.08	2.15*						
IMI (Mesomorphic Ideal)	.11	.15	4.02**						
Gender Expression – Butch x ITI	-.03	-.03	-.88	.57	.01	.07	45.24**	6, 414	
PAQ Femininity x ITI	-.03	-.02	-.54						
PAQ Masculinity x ITI	-.09	-.08	-2.08*						
Gender Expression – Butch x IMI	.05	.08	2.17*						
PAQ Femininity x IMI	.01	.01	.22						
PAQ Masculinity x IMI	-.02	-.02	-.49						
		Body Areas Satisfaction							
BMI	-.03	-.31	-8.02**	.10	.10	.00	48.06**	1, 425	
Gender Expression – Butch	-.06	-.08	-1.88	.40	.30	.00	47.21**	5, 420	
PAQ Femininity	-.05	-.04	-1.09						
PAQ Masculinity	.37	.32	7.71**						
ITI (Thin Ideal)	-.26	-.34	-7.50**						
IMI (Mesomorphic Ideal)	-.08	-.12	-2.87**						
Gender Expression – Butch x ITI	.07	.08	2.00	.41	.01	.23	24.40**	6, 414	
PAQ Femininity x ITI	.06	.04	1.06						
PAQ Masculinity x ITI	-.00	-.00	-.01						
Gender Expression – Butch x IMI	-.03	-.04	-.99						
PAQ Femininity x IMI	.03	.03	.65						
PAQ Masculinity x IMI	-.05	-.05	-1.20						

Note. PAQ = Personal Attributes Questionnaire; ITI = Internalized Thin Ideal;
IMI = Internalized Mesomorphic Ideal; β and t reflects values from the final regression equation;
* $p < .05$, ** $p < .01$

Appendix F *Interaction of Gender Expression – Butch and Thin Ideal Internalization on Appearance Orientation Body Dissatisfaction*



Appendix G *Interaction of Gender Expression – Butch and Mesomorphic Ideal Internalization on Appearance Orientation Body Dissatisfaction*



Vita

Christine Laura Beck was born and raised in a small town in southeastern Wisconsin. As a child, she exhibited an affinity for learning and a strong sense of curiosity about the happenings of people and the world around her. As a first-generation college student, she relied on her hunger to understand and passion for people to navigate through several majors and career directions within education, art, literature, and philosophy. She eventually stumbled upon sociology and fell in love with the inquisitive and critical nature of the social science. It was within sociology that she found ways to talk about the social issues and marginalized people she saw around her, and she discovered the areas of power and privilege; racial, gender, and socioeconomic oppression; and societal/system-based problems she wanted to help ameliorate through her future work.

After completing her undergraduate degree in sociology and philosophy from Marquette University, she spent time teaching third-grade at an inner city school, traveling abroad, and working a handful of other odd jobs trying to figure out exactly how she wanted to go about the social change she cared so much about. This exploration eventually led her to the University of Tennessee where she has been researching and teaching about gender and racial oppression, LGBTQIA topics, gender identity, and power, privilege, and oppression more broadly. After completing her doctoral degree in Counseling Psychology, she plans to pursue her passion for trauma recovery work as a psychotherapist. Incubating in her big dreams, she hopes to co-found a multi-modal, multidisciplinary intensive trauma treatment center featuring a wide variety of healing arts and practitioners serving survivors of acute, complex, and developmental trauma. In her later career, she would like to open a specialized trauma treatment center serving at-risk and marginalized youth involved in the juvenile justice system.