

# Commentary: Lesbians Should Take the Lead in Removing the Stigma That Has Long Been Associated With Body Weight

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There is a general assumption that lesbians weigh more than heterosexual women and that, consequently, there is a need for “culturally sensitive” weight loss programs for lesbians. This commentary reviews some of the confounding variables in studies on weight, weight loss, and health among lesbians. It also reviews research on lesbians and body satisfaction, and on weight and sexual attractiveness. I conclude by urging lesbians to adopt the Health at Every Size (HAES) model instead of dieting, and to assume leadership in modeling positive body acceptance for all women.

*Keywords:* lesbian weight, lesbian body satisfaction, lesbian health

Eight years after the Stonewall riots and two years after the American Psychological Association urged mental health professionals to “take the lead in removing the stigma that has long been associated with homosexual orientations” (Conger, 1975, p. 633), Steve Morin (1977) reviewed bias in research on lesbians and gay men. He found that the majority of studies focused on determining the “causes” of homosexuality and attempting (unsuccessfully) to “reorient” homosexuals to become heterosexual. Morin stated (p. 237):

First, research reflects the value systems of its investigators and the social climate within which it takes place. Most research is conducted within the institutional framework of funding, prestige, and scientific respectability. Investigators are most likely to do research that is acceptable to others and that, above all, is publishable.

Nearly four decades later, paralleling the early research and unsuccessful attempts to change sexual orientation, clinicians and researchers continue to promote dieting. In this article, I will discourage lesbians to submit to the weight loss industry by reviewing studies on lesbians and weight, health, weight loss, and body satisfaction.

## A Word About Terminology

When oppressed groups organize, as a form of self-definition they often replace the medical term (e.g., “homosexual”) used to define them with a catchier term (e.g., “gay”) and at times reclaim a term (e.g., “dyke,” “fag,” “queer”) that was once used in pejorative ways. Similarly, the National Association to Advance Fat Acceptance, founded in 1969, and the Fat Underground, started in

1970, used the word “fat” to replace the medical terms “obese” and “overweight.” Today the size acceptance, fat studies, and Health at Every Size (HAES) movements similarly prefer the word “fat” and place the terms “obese” and “overweight” in quotation marks. I will do the same.

## Lesbians and Weight

### Do Lesbians Weigh More Than Heterosexual Women?

The majority of studies comparing lesbians with heterosexual women in the United States find that lesbians weigh more, although this is not always the case, even in population-based studies. Boehmer, Bowen, and Bauer (2007) used data from the 2002 National Survey of Family Growth, finding that lesbians were more likely to have Body Mass Indices (BMIs) in the “overweight” and “obese” categories than heterosexual women. Analyses from the 2001–2008 Massachusetts Behavioral Risk Factor Surveillance surveys by Conron, Mimiaga, and Landers (2010) indicate that 47.8% of lesbians versus 53.5% of heterosexual women reported BMIs in the “normal weight” category; the corresponding percentages were 23.9% for lesbians and 26.3% for heterosexual women for “overweight” BMIs (indicating that lesbians were less likely to be “overweight”), and 26.4% for lesbians and 17.4% for heterosexual women for “obese” BMIs. Cochran et al. (2001) examined the results of seven lesbian health surveys for risk indicators. Across the surveys, 28% of lesbians were “obese,” which was comparable with surveys of adult women in the general U.S. population, but higher than expected given the demographics of the lesbian samples (e.g., higher level of education, etc.). In a probability sample of British households, Bogaert and Friesen (2002) did not find a significant difference between heterosexual and “lesbian/bisexual” women on weight. The most recent population-based study, the National Health Interview Survey, 2013, conducted by the Centers of Disease Control, found no difference between lesbian and heterosexual female respondents on reported weight (Ward, Dahlhamer, Galinsky, & Joestl, 2014).

It is evident that the results of these studies vary widely, and I have listed them here roughly in the order of most to least dis-

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crepancies in the BMIs of lesbian and heterosexual women. Possibly even more influential than the results of a study, or even where it is published, is the number of times it is cited by other researchers, because this will influence public and academic opinion about a topic. Consequently, readers should examine which of the above studies are cited by researchers when referring to weight among lesbians.

### How Big Is This Difference?

Researchers frequently refer to the “marked prevalence of obesity” that is “well documented.” How marked is this prevalence? In my research comparing lesbians with their heterosexual sisters (Rothblum & Factor, 2001), the two groups had the same average height, but lesbians weighed 12.5 pounds more than their sisters. Unfortunately, rather than refer to actual weights or BMIs of lesbians versus heterosexual women, most studies just indicate the *percentage* of each group that has a BMI of “overweight” or “obese.” This exaggerates weight ranges that are just above the BMI cut-off. A rare exception to this is a study by Share and Mintz (2002) that recruited lesbians and heterosexual women via three community events. The mean BMI of lesbians was 25.56 (just over the cut-off for “overweight”) compared with a mean BMI of 24.16 (just under that cut-off) among heterosexual women. Had this study just indicated percentages of women in each group who had BMIs above 25, the very slight (and nonsignificant) difference in weight would not be as apparent. The population-based article by Boehmer et al. (2007), which states in the abstract that lesbians have twice the odds ratio of “overweight” compared with heterosexual women, fortunately also indicates mean BMIs. These are 27.6 for lesbians and 26.1 for heterosexual women.

### Are Lesbians Recruited From the Same Population as Heterosexual Women?

Much psychological research has focused on college students, a readily available population, especially when students are taking psychology courses and receive extra course credit for participating in research studies. However, researchers who want to study sexual orientation find that few college students identify as lesbian, gay, bisexual, or transgender (LGBT) compared with the number that identify as heterosexual. Consequently, researchers have fortified their LGBT samples by including sexual minorities from the community (cf., Beren, Hayden, Wilfley, & Grilo, 1996; Brand, Rothblum, & Solomon, 1992; Gettelman & Thompson, 1993; Herzog, Newman, Yeh, & Warshaw, 1992). The mean age difference was particularly striking in the Beren et al. study, in which heterosexual women were 18.4 years old on average and lesbians 34.9 years.

This is a problem when it comes to studying body weight. Lesbians in the community tend to be older and less privileged than college women, and both age and socioeconomic status are strongly correlated with weight.

### Do Heterosexual Women Underreport Weight?

When women are asked to self-report their height and weight, they assume that a researcher is not lurking behind a door holding a bathroom scale. But studies that have actually weighed partici-

pants after they have completed questionnaires find that women do somewhat underreport their weight (e.g., Krul, Daanen, & Choi, 2011; Stommel & Schoenborn, 2009). Given that most women feel too fat, they may self-report a weight that is their ideal, or that was the lowest weight in the past week or month.

Do lesbians report weight more accurately? It is possible that lesbians are less concerned with weight, or with what others think about their weight. Some research has shown that lesbians have a smaller discrepancy between their real and ideal weight. In an early study, Herzog et al. (1992) compared 45 lesbians recruited via gay/lesbian organizations, bars, and advertisements in periodicals, and 64 heterosexual female college students. Lesbians were significantly heavier than heterosexual women, yet lesbians were less concerned with their appearance, were less driven by thinness, and reported a higher weight as their ideal. Brand et al. (1992) similarly found lesbians to report higher weights as their ideal than did heterosexual women.

### Body Satisfaction in Lesbian Communities

Lesbians straddle both the sexual minority communities as well as the heterosexual macrosociety. As early as the 1980s, two articles theorized about the relationship between lesbian sexual orientation and body satisfaction. Dworkin (1989) argued that lesbians, as women in weight-obsessed Western societies, would be just as focused on their weight as heterosexual women. Brown (1987), on the other hand, speculated that lesbian communities are more accepting of body weight, viewing a parallel between the oppression of lesbians and oppression of fat women.

They were both right. In the past quarter-century, research on lesbians and weight has found no differences between lesbians and heterosexual women on some variables related to weight, whereas other studies have found lesbians to be less focused on weight.

In the study by Cochran et al. (2001) that examined risk factors in seven lesbian health surveys, lesbians were much less likely to consider themselves “overweight” than were heterosexual women in national surveys, even though the two groups were comparable in weight.

Owens, Hughes, and Owens-Nicholson (2002) recruited lesbians in three U.S. cities and asked respondents to give another copy of the questionnaire to a female friend, acquaintance, or colleague. This sample was older than studies using college students (mean age 42.6 years) and more racially diverse; consequently the sample also had higher BMIs (29.6 for lesbians and 28.2 for heterosexual women, a significant difference). Despite lesbians’ higher weight, they had a significantly more positive mean body image score than heterosexual women, although the effect was moderate.

In one of the earliest studies, Striegel-Moore, Tucker, and Hsu (1990) compared 30 lesbian college students recruited from lesbian/gay social gatherings and a lesbian support group, 25 heterosexual college women recruited from women’s studies courses, and 27 heterosexual college women from the psychology research subject pool. There were no differences among the three groups on body image satisfaction or disordered eating, but lesbians had higher self-esteem.

Krakauer and Rose (2002) surveyed 81 young lesbians (aged 18–30) about changes in physical appearance after coming out. Lesbians had fewer body weight concerns after coming out, and those who had been out longer had fewer weight concerns than

those who were more newly out. When asked for what had influenced changes in appearance, “Grew more comfortable with myself” was the most frequently endorsed reason.

Although Dworkin and Brown focused specifically on women, I have hypothesized (Rothblum, 2002) that people sexually involved with men (heterosexual women and gay men) are more focused on appearance than are people sexually involved with women (heterosexual men and lesbians). The result is an interaction of gender and sexual orientation on body image concerns. There has been some research to back up this hypothesis.

Brand et al. (1992) compared 133 female and 39 male college students with 124 lesbians recruited from a music festival and 13 gay men who attended a gay conference. When age was controlled for, heterosexual women and gay men reported lower weights as their ideal and greater preoccupation with their weight than lesbians or heterosexual men. On the other hand, both groups of women perceived themselves as more “overweight” and were more likely to have dieted, compared with the two groups of men. Siever (1994) found similar results using a sample in which all four groups were college students. Lesbians were less concerned with the appearance of various body parts, and placed less importance on physical attractiveness and appearance, than did gay men and heterosexual women and men.

Not all studies have found lesbians to report higher body satisfaction. Beren and her colleagues compared 58 male and 58 female heterosexual college students and 69 lesbians and 58 gay men recruited from gay organizations. Gay men expressed more body dissatisfaction and greater discrepancy between actual and ideal figures than did the heterosexual men. Lesbians and heterosexual women did not differ on these measures. In Heffernan’s study of 263 lesbians and a control group of heterosexual women, lesbians had more positive attitudes about women, but did not differ from heterosexual women on attitudes toward attractiveness. Lesbians who were more involved in the lesbian and gay communities were less concerned about weight than lesbians who were less involved in such communities.

Morrison, Morrison, and Sager (2004) conducted a meta-analysis of 27 studies that either compared lesbians with heterosexual women, gay with heterosexual men, or all four groups. They found a significant effect size for men, with gay men both weighing less and reporting less body satisfaction than heterosexual men. The effect size for women was not significant, but the authors indicate that this could be due to the fact that lesbians in some of these studies weighed more than heterosexual women. When only women who were comparable in weight were analyzed, lesbians were slightly more satisfied with their bodies than heterosexual women.

Although this commentary is about lesbians, it is intriguing to speculate how the experiences of bisexual women change when they are involved with women rather than men (either sequentially or simultaneously). Not all bisexual women have had sexual relationships with both women and men. But those who have constitute a within-subjects design, so to speak. Thus it is possible to compare how they feel about their bodies, including weight, when their partner is male versus female. When Taub (1999) interviewed bisexual women about appearance norms, the women reported more pressure to conform to heterosexual beauty norms (e.g., dieting, shaving body hair, looking more feminine) when involved

with men than with women. More quantitative research on bisexual women and body satisfaction is needed.

### Are Heavier Lesbians Less Likely To Be in a Romantic Relationship?

As far back as the 1970s, the American Couples Study (Blumstein & Schwartz, 1983) compared heterosexual married, heterosexual cohabiting, gay male and lesbian couples. The authors reported (p. 250):

Of the four types of couples, only lesbians have triumphed over looks. Whether a lesbian is physically beautiful or not, her partner’s sexual fulfillment, her happiness, and her belief that the relationship will last are equally unaffected. Time and again gay women have told us that conventional standards of female beauty ultimately do not matter to them, and when we examine the way their relationships work, we find this is generally true.

When Herzog et al. (1992) asked lesbians and heterosexual women to select images of women that they thought potential partners would find attractive, lesbians chose larger figures. Focusing specifically on characteristics of attractiveness in a partner, Legenbauer et al. (2009) found that weight was an important element of partner attractiveness among men in general as well as among heterosexual women, but not among lesbians. Similarly, in a study of mostly university students in which lesbians and heterosexual women did not differ significantly on weight, Swami and Tovée (2006) found that lesbians preferred images of women with significantly higher BMIs than did heterosexual women. Siever (1994) found that lesbians were less likely to indicate that various body parts mattered to potential sexual or romantic partners than were gay men, heterosexual women, or heterosexual men. Share and Mintz (2002) indicated that lesbians had higher body esteem about their own sexual attractiveness than did heterosexual women. They state (p. 101): “it is possible that body parts and functions related to sexuality are not judged as harshly in lesbian subculture as in the heterosexual majority culture. A culture not invested in pleasing or attracting men may possess a wider range of acceptable sizes and shapes . . . . Another explanation is that the higher levels of body esteem about sexual attractiveness could be related to a positive influence of intimacy with other women.”

Heffernan (1999) found 63% of the lesbians in her sample to report that the physical attractiveness of a partner was important to them. However, lesbians were less likely to endorse items related to body weight than they were items related to physical condition, including agility, strength, and energy level.

It is possible that norms in the lesbian communities make it socially undesirable to be fat-phobic, so that lesbians who struggle with negative body image do so in secret. Cogan has referred to this as a “hidden discontent” (1999, p. 82). One way to assess whether heavier lesbians are disadvantaged is to examine whether they are less likely to be in partnered relationships. In one of the few studies to ask this, Brand et al. (1992) found similar percentages of lesbians and heterosexual women to currently be in a partnered relationship, even though lesbians weighed significantly more than heterosexual women in that study. Using data from two population-based surveys, Carpenter (2003) found lesbians with

higher BMIs more likely to be in partnered relationships than were heterosexual women with comparable BMIs.

Another way to study what lesbians want in partners is to examine the content of personal ads. [Smith and Stillman \(2002\)](#) examined the content of 357 personal ads of lesbians, 334 ads of heterosexual women, and 135 ads of bisexual women seeking female partners. Lesbians were less likely to indicate their weight than were bisexual women, and lesbians offered the least physical descriptions of themselves compared with the other groups.

### Is Weight Related to Health?

To my knowledge, there have been no longitudinal studies following lesbians across the life span until death. Nevertheless, it is standard practice for researchers on lesbians and weight to list a multitude of diseases that lesbians are at enhanced risk for dying of, due to their weight. This is pure speculation.

In fact, heavier people in the general population seem to survive serious illnesses with better odds—something that has been termed the “obesity paradox” (e.g., [Lavie, 2014](#)). People with BMIs in the “overweight” or “obese” categories live longer with heart disease and cancer than do “normal weight” individuals. This phenomenon has been found in myocardial infarction, congestive heart failure, chronic hypertensive heart disease, coronary artery disease, recovery from coronary artery bypass surgery, and a variety of cancers (e.g., [Amundson, Djurkovic, & Matwiyoff, 2010](#); [Lavie, 2014](#); [Uretsky et al., 2007](#)).

I have previously discussed confounds in the relationship between weight and health ([Rothblum, 2011](#)). Given the strong inverse correlation between weight and income, especially for women, it is vital that researchers control for income in studies on weight and health. Particularly in the United States, lower income is associated with less access to health insurance, preventive health care, and high-quality health care. One way to increase the health of fat (i.e., poorer) women is to increase their access to affordable health care.

A recent review by [Eliason \(in press\)](#) searched scholarly databases for empirical studies on lesbians and chronic physical health problems. Overall, lesbians and heterosexual women did not differ on prevalence of diabetes, including a study that used laboratory data ([Hatzenbuehler, McLaughlin, & Slopen, 2013](#)) and one that compared Latina, African American, and Asian American lesbian and heterosexual women ([Mays, Yancey, Cochran, Weber, & Fielding, 2002](#)). Similarly, population-based studies have found no differences between lesbians and heterosexual women on hypertension or cholesterol levels, including those that measured these levels directly. [Eliason](#) compares studies that regard lesbians at higher *risk* for cardiovascular disease (e.g., based on their BMI), yet the vast majority of studies of actual prevalence have not found differences between lesbians and heterosexual women on heart disease. Similarly, many researchers have reported that lesbians are at higher *risk* for breast and reproductive systems cancer, yet studies generally find no differences from heterosexual women. Given these findings, longitudinal studies of lesbians would be important in order to determine factors that are related to health and mortality.

The recent National Health Interview Survey (2013) found that lesbians were less likely than heterosexual women to have “a usual place to go for medical care” ([Ward et al., 2014](#), p. 4). Lesbians

were also less likely to get medical care in the past year due to the cost of this care than heterosexual women. Added to this is research indicating that lesbians are more likely to report negative experiences with and more mistrust of health care providers than heterosexual women (cf., [Cochran et al., 2001](#)).

There is also some research showing that lesbians engage in more physical exercise than heterosexual women. [Aaron et al. \(2001\)](#) found that 1,010 lesbians in the greater Pittsburgh, Pennsylvania community weighed more than heterosexual women, yet lesbians reported more “vigorous physical activity,” defined as engaging in activities at least three days a week that caused perspiration or rapid heart rate, than did heterosexual women. [Carpenter \(2003\)](#) also found lesbian couples to weigh more and to exercise more than women in heterosexual couples.

### Can Weight Be Permanently Reduced?

Do diets work? They do not. They really do not. First, weight loss programs have high rates of attrition, as people drop out when they do not like the focus of the program or if they are not losing weight (cf., [Rothblum, 1999](#), for a review). This means that data from weight loss programs are limited to those people who stuck with the program and were present for the posttreatment and follow-up weigh-ins. Second, studies in which participants did not lose weight or lost very little weight are less likely to get published.

Although some people can lose a lot of weight, the problem is that nearly everyone regains most of the weight. Commercial weight loss programs typically do not publish long-term follow-up data, but among research studies, the long-term (five year or more) failure rate of diets is 90–95% ([Gaesser, 2009](#)). This kind of weight cycling is linked to a number of health problems as well as psychological distress, eating disorders, and body shame (cf., [Tylka et al., 2014](#), for a review).

Lesbians appear to be no different when it comes to long-term weight loss. In a recent study of weight loss among 31 lesbians by [Fogel, Young, Dietrich, and Blakemore \(2012\)](#), only 20 lesbians showed up for the 6-month follow-up, and the average weight loss maintained by that time was under one pound! Despite these bleak results, the authors state “the impact of a lesbian-supported environment for behavior change was upheld” (p. 689).

### Fat Studies and the HAES Movement

The size acceptance or Fat Liberation movement began in the late 1960s, at a time of other movements for human rights—the Civil Rights Movement, the Women’s Liberation Movement, and the Gay Liberation Movement (cf., [Wann, 2009](#)). More recently, fat studies has been created as an academic discipline, paralleling academic disciplines that focus on race, ethnicity, gender, or age ([Rothblum & Solovay, 2009](#)). As I have stated ([Rothblum, 2011](#), p. 173):

Fat studies is a field of scholarship that critically examines societal attitudes about body weight and appearance, and that advocates equality for all people with respect to body size. Fat studies seeks to remove the negative associations that society has about fat and the fat body. It regards weight, like height, as a human characteristic that varies widely across any population. . . . Fat studies scholars ask why we oppress people who are fat and who benefits from that oppression.

Rather than focus on weight loss, the HAES movement is a public health initiative that focuses on health for all people, regardless of body weight (see Bacon, 2008; Burgard, 2009, for overviews). The goal of HAES is to improve health without focusing on specific “ideal” weights or weight loss. This includes improving nutrition, engaging in fun movement activities, getting adequate sleep, having access to excellent medical care and health insurance, and ending weight bias (Burgard, 2009).

### Conclusion: Lesbians as a Model of Body Acceptance

Share and Mintz (2002) compared lesbians and heterosexual women who attended one of three community events in the Midwest. Lesbians cared less about cultural attitudes about appearance. As Wann has stated: “The field of fat studies requires skepticism about weight-related beliefs that are popular, powerful, and prejudicial” (p. x). Given the multibillion dollar appearance industries, could lesbians be used as role models of body acceptance? Women would be well-served to be rid of the oppression of appearance standards, including weight. Lesbians have often been at the forefront of social activism. Consequently, lesbians should take the lead in removing the stigma about body weight.

### References

- Aaron, D. J., Markovic, N., Danielson, M. E., Honnold, J. A., Janosky, J. E., & Schmidt, N. J. (2001). Behavioral risk factors for disease and preventive health practices among lesbians. *American Journal of Public Health, 91*, 972–975. <http://dx.doi.org/10.2105/AJPH.91.6.972>
- Amundson, D. E., Djurkovic, S., & Matwiyoff, G. N. (2010). The obesity paradox. *Critical Care Clinics, 26*, 583–596. <http://dx.doi.org/10.1016/j.ccc.2010.06.004>
- Bacon, L. (2008). *Health at Every Size: The surprising truth about your weight*. Dallas, TX: Benbella Books.
- Beren, S. E., Hayden, H. A., Wilfley, D. E., & Grilo, C. M. (1996). The influence of sexual orientation on body dissatisfaction in adult men and women. *International Journal of Eating Disorders, 20*, 135–141. [http://dx.doi.org/10.1002/\(SICI\)1098-108X\(199609\)20:2<135::AID-EAT3>3.0.CO;2-H](http://dx.doi.org/10.1002/(SICI)1098-108X(199609)20:2<135::AID-EAT3>3.0.CO;2-H)
- Blumstein, P., & Schwartz, P. (1983). *American couples: Money, work, sex*. New York, NY: Pocket Books.
- Boehmer, U., Bowen, D. J., & Bauer, G. R. (2007). Overweight and obesity in sexual-minority women: Evidence from population-based data. *American Journal of Public Health, 97*, 1134–1140. <http://dx.doi.org/10.2105/AJPH.2006.088419>
- Bogaert, A. F., & Friesen, C. (2002). Sexual orientation and height, weight, and age of puberty: New tests from a British national probability sample. *Biological Psychology, 59*, 135–145. [http://dx.doi.org/10.1016/S0301-0511\(01\)00131-4](http://dx.doi.org/10.1016/S0301-0511(01)00131-4)
- Brand, P. A., Rothblum, E. D., & Solomon, L. J. (1992). A comparison of lesbians, gay men, and heterosexuals on weight and restrained eating. *International Journal of Eating Disorders, 11*, 253–259. [http://dx.doi.org/10.1002/1098-108X\(199204\)11:3<253::AID-EAT2260110308>3.0.CO;2-J](http://dx.doi.org/10.1002/1098-108X(199204)11:3<253::AID-EAT2260110308>3.0.CO;2-J)
- Brown, L. S. (1987). Lesbians, weight, and eating: New analyses and perspectives. In L. P. C. Boston (Ed.), *Lesbian psychologies: Explorations and challenges* (pp. 294–309). Urbana: University of Illinois Press.
- Burgard, D. (2009). What is “Health at Every Size”? In E. D. Rothblum & S. Solovay (Eds.), *The fat studies reader* (pp. 42–53). New York: New York University Press.
- Carpenter, C. (2003). Sexual orientation and body weight: Evidence from multiple surveys. *Gender Issues, 21*, 60–74. <http://dx.doi.org/10.1007/s12147-003-0006-z>
- Cochran, S. D., Mays, V. M., Bowen, D., Gage, S., Bybee, D., Roberts, S. J., . . . White, J. (2001). Cancer-related risk indicators and preventive screening behaviors among lesbians and bisexual women. *American Journal of Public Health, 91*, 591–597. <http://dx.doi.org/10.2105/AJPH.91.4.591>
- Cogan, J. C. (1999). Lesbians walk the tightrope of beauty. *Journal of Lesbian Studies, 3*, 77–89. [http://dx.doi.org/10.1300/J155v03n04\\_11](http://dx.doi.org/10.1300/J155v03n04_11)
- Conger, J. J. (1975). Proceedings of the American Psychological Association, Incorporated, for the year 1974: Minutes of the annual meeting of the Council of Representatives. *American Psychologist, 30*, 620–651. <http://dx.doi.org/10.1037/h0078455>
- Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health, 100*, 1953–1960. <http://dx.doi.org/10.2105/AJPH.2009.174169>
- Dworkin, S. H. (1989). Not in man’s image: Lesbians and cultural oppression of body image. *Women & Therapy, 8*, 27–39. [http://dx.doi.org/10.1300/J015v08n01\\_03](http://dx.doi.org/10.1300/J015v08n01_03)
- Eliason, M. J. (in press). Chronic physical health problems in sexual minority women: Review of the literature. *LGBT Health*.
- Fogel, S., Young, L., Dietrich, M., & Blakemore, D. (2012). Weight loss and related behavior changes among lesbians. *Journal of Homosexuality, 59*, 689–702. <http://dx.doi.org/10.1080/00918369.2012.673937>
- Gaesser, G. (2009). Is “permanent weight loss” an oxymoron? The statistics on weight loss and the National Weight Control Registry. In E. D. Rothblum & S. Solovay (Eds.), *The fat studies reader* (pp. 37–41). New York: New York University Press.
- Gettelman, T. E., & Thompson, J. K. (1993). Actual differences and stereotypical perceptions in body image and eating disturbance: A comparison of male and female heterosexual and homosexual samples. *Sex Roles, 29*, 545–562. <http://dx.doi.org/10.1007/BF00289327>
- Hatzenbuehler, M. L., McLaughlin, K. A., & Slopen, N. (2013). Sexual orientation disparities in cardiovascular biomarkers among young adults. *American Journal of Preventive Medicine, 44*, 612–621. <http://dx.doi.org/10.1016/j.amepre.2013.01.027>
- Heffernan, K. (1999). Lesbians and the internalization of societal standards of weight and appearance. *Journal of Lesbian Studies, 3*, 121–127. [http://dx.doi.org/10.1300/J155v03n04\\_16](http://dx.doi.org/10.1300/J155v03n04_16)
- Herzog, D. B., Newman, K. L., Yeh, C. J., & Warshaw, M. (1992). Body image satisfaction in homosexual and heterosexual women. *International Journal of Eating Disorders, 11*, 391–396. [http://dx.doi.org/10.1002/1098-108X\(199205\)11:4<391::AID-EAT2260110413>3.0.CO;2-F](http://dx.doi.org/10.1002/1098-108X(199205)11:4<391::AID-EAT2260110413>3.0.CO;2-F)
- Krakauer, I. D., & Rose, S. M. (2002). The impact of group membership on lesbians’ physical appearance. *Journal of Lesbian Studies, 6*, 31–43. [http://dx.doi.org/10.1300/J155v06n01\\_04](http://dx.doi.org/10.1300/J155v06n01_04)
- Krul, A. J., Daanen, H. A. M., & Choi, H. (2011). Self-reported and measured weight, height and body mass index (BMI) in Italy, the Netherlands and North America. *European Journal of Public Health, 21*, 414–419. <http://dx.doi.org/10.1093/eurpub/ckp228>
- Lavie, C. J. (2014). *The obesity paradox: When thinner means sicker and heavier means healthier*. New York, NY: Hudson Street Press, Penguin Group.
- Legenbauer, T., Vocks, S., Schäfer, C., Schütt-Strömel, S., Hiller, W., Wagner, C., & Vögele, C. (2009). Preference for attractiveness and thinness in a partner: Influence of internalization of the thin ideal and shape/weight dissatisfaction in heterosexual women, heterosexual men, lesbians, and gay men. *Body Image, 6*, 228–234. <http://dx.doi.org/10.1016/j.bodyim.2009.04.002>
- Mays, V. M., Yancey, A. K., Cochran, S. D., Weber, M., & Fielding, J. E. (2002). Heterogeneity of health disparities among African American, Hispanic, and Asian American women: Unrecognized influences of sexual orientation. *American Journal of Public Health, 92*, 632–639. <http://dx.doi.org/10.2105/AJPH.92.4.632>

- Morin, S. F. (1977). Heterosexual bias in psychological research on lesbianism and male homosexuality. *American Psychologist*, *32*, 629–637. <http://dx.doi.org/10.1037/0003-066X.32.8.629>
- Morrison, M. A., Morrison, T. G., & Sager, C. L. (2004). Does body satisfaction differ between gay men and lesbian women and heterosexual men and women? *Body Image*, *1*, 127–138. <http://dx.doi.org/10.1016/j.bodyim.2004.01.002>
- Owens, L. K., Hughes, T. L., & Owens-Nicholson, D. (2002). The effects of sexual orientation on body image and attitudes about eating and weight. *Journal of Lesbian Studies*, *7*, 15–33. [http://dx.doi.org/10.1300/J155v07n01\\_02](http://dx.doi.org/10.1300/J155v07n01_02)
- Rothblum, E. D. (1999). Contradictions and confounds in coverage of obesity: Psychology journals, textbooks, and media. *Journal of Social Issues*, *55*, 355–369. <http://dx.doi.org/10.1111/0022-4537.00120>
- Rothblum, E. D. (2002). Gay and lesbian body images. In T. F. Cash & T. Pruzinsky (Eds.), *Body images: A handbook of theory, research, and clinical practice* (pp. 257–265). New York, NY: Guilford Press.
- Rothblum, E. D. (2011). Fat studies. In J. Cawley (Ed.), *The Oxford handbook of the social science of obesity* (pp. 173–183). New York, NY: Oxford University Press.
- Rothblum, E. D., & Factor, R. (2001). Lesbians and their sisters as a control group: Demographic and mental health factors. *Psychological Science*, *12*, 63–69. <http://dx.doi.org/10.1111/1467-9280.00311>
- Rothblum, E., & Solovay, S. (Eds.) (2009). *The fat studies reader*. New York: New York University Press.
- Share, T. L., & Mintz, L. B. (2002). Differences between lesbians and heterosexual women in disordered eating and related attitudes. *Journal of Homosexuality*, *42*, 89–106. [http://dx.doi.org/10.1300/J082v42n04\\_06](http://dx.doi.org/10.1300/J082v42n04_06)
- Siever, M. D. (1994). Sexual orientation and gender as factors in socio-culturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology*, *62*, 252–260. <http://dx.doi.org/10.1037/0022-006X.62.2.252>
- Smith, C. A., & Stillman, S. (2002). What do women want? The effects of gender and sexual orientation on the desirability of physical attributes in the personal ads of women. *Sex Roles*, *46*, 337–342. <http://dx.doi.org/10.1023/A:1020280630635>
- Stommel, M., & Schoenborn, C. A. (2009). Accuracy and usefulness of BMI measures based on self-reported weight and height: Findings from the NHANES & NHIS 2001–2006. *BMC Public Health*, *9*, 421. <http://dx.doi.org/10.1186/1471-2458-9-421>
- Striegel-Moore, R. H., Tucker, N., & Hsu, J. (1990). Body image dissatisfaction and disordered eating in lesbian college students. *International Journal of Eating Disorders*, *9*, 493–500. [http://dx.doi.org/10.1002/1098-108X\(199009\)9:5<493::AID-EAT2260090504>3.0.CO;2-C](http://dx.doi.org/10.1002/1098-108X(199009)9:5<493::AID-EAT2260090504>3.0.CO;2-C)
- Swami, V., & Tovée, M. J. (2006). The influence of Body Mass Index on the physical attractiveness preferences of feminist and nonfeminist heterosexual women and lesbians. *Psychology of Women Quarterly*, *30*, 252–257. <http://dx.doi.org/10.1111/j.1471-6402.2006.00293.x>
- Taub, J. (1999). Bisexual women and beauty norms. *Journal of Lesbian Studies*, *3*, 27–36. [http://dx.doi.org/10.1300/J155v03n04\\_04](http://dx.doi.org/10.1300/J155v03n04_04)
- Tylka, T. L., Annunziato, R. A., Burgard, D., Daniélsdóttir, S., Shuman, E., Davis, C., & Calogero, R. M. (2014). The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. *Journal of Obesity*, *2014*, 983495. <http://dx.doi.org/10.1155/2014/983495>
- Uretsky, S., Messerli, F. H., Bangalore, S., Champion, A., Cooper-Dehoff, R. M., Zhou, Q., & Pepine, C. J. (2007). Obesity paradox in patients with hypertension and coronary artery disease. *The American Journal of Medicine*, *120*, 863–870. <http://dx.doi.org/10.1016/j.amjmed.2007.05.011>
- Wann, M. (2009). Fat studies: An invitation to revolution. In E. D. Rothblum & S. Solovay (Eds.), *The fat studies reader* (pp. ix–xxv). New York: New York University Press.
- Ward, B. W., Dahlhamer, J. M., Galinsky, A. M., & Joestl, S. S. (2014). Sexual orientation and health among U.S. adults: National health interview survey, 2013. *National Health Statistics Reports*, *77*, 1–10.

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