

Diversity websites and resources

- www.diversityinc.com (a good website for business diversity and current topics)
- www.diversitycentral.com (a lot of statistical information on diversity)
- www.aimd.org (a website for the American Institute for Managing Diversity. You can order *Giraffe and the Elephant: A Diversity Fable*, by Dr. Roosevelt Thomas Jr, from this website. Although it is used for diversity training, it can easily be adapted for a size diversity revolution!)

Acknowledgments

Thanks to my HAES colleagues, who assisted me in putting this article together. Special thanks goes to Veronica Cook-Euell, with whom I have had numerous discussions using our diversity work and training to enhance the size acceptance movement, the shift to a HAES approach, and size diversity in the workplace.

References

1. Overview of the field of diversity management. In: Plummer D, editor. Handbook of diversity management. University Press of America; 2003. p. 25.
2. Information on weight discrimination rulings. The Council of Size and Weight Discrimination. Available at: www.cwd.org.

Lisa M. Tealer, BA, Biology, manages corporate diversity initiatives for a leading biotechnology firm in the San Francisco Bay Area. She is also a local board member of the American Heart Association, a plus size model and exercise instructor for Great Shape, a movement class for plus size women, based on the book *Great Shape, The First Fitness Guide for Large Women*, written by fellow HAES editorial advisory board members Pat Lyons and Dr. Deborah Burgard. To contact Lisa, e-mail her at lmtgoddess@comcast.net.

Diversity and Size Acceptance: Lessons from the Lesbian Experience

Esther D. Rothblum, PhD

In the late 1980s, two articles were published that, for the first time, focused on lesbians and body weight. One, by Sari Dworkin, asserted that lesbians, like heterosexual women, would be preoccupied about their weight.¹ She argued that women in Western societies are pressured to be thin, and lesbians too are exposed to this pressure via the media, their families, and their jobs. The other, by Laura Brown, speculated that lesbian communities would be more accepting of body weight.² She believed that lesbians have a greater understanding of oppression in general, including oppression based on weight and appearance.

Which of these two contradictory articles is true? In the past 15 years, there has been some research on lesbians, weight, and body image. The results indicate that Dworkin and Brown are both right, to some extent. Women, regardless of sexual orientation, are usually more preoccupied with their weight, want to weigh less, and diet more compared with men. However, being a lesbian may provide a protective effect. In some studies, heterosexual women are more concerned with weight than are lesbians.

For example, two studies that compared lesbians (usually from community organizations) with heterosexual women (who were usually college students) found no differences between the two groups on body image satisfaction, dieting, eating disorders, and

self-consciousness about their bodies.^{3,4} Conversely, Herzog and colleagues found lesbians to be less concerned with their appearance, more likely to select larger figures of women as potentially attractive, and more inclined to list higher weights as being ideal.⁵

One difference between lesbians and heterosexual women is that lesbians are usually not currently sexually involved with men. Men are socialized to focus on the physical appearance of their sexual partners (note the content of men's magazines and also of personal advertisements placed by men). In another article, I postulated that people who are sexually involved with men (i.e., heterosexual women and gay men) would be more preoccupied with weight than people who are sexually involved with women (i.e., lesbians and heterosexual men).⁶ According to this theory, lesbians would be protected from low body esteem, even if they are closeted and even if they are working with male colleagues. The results of studies that include men and women of same-sex and opposite-sex sexual orientations do support this theory to some degree.

Gettelman and Thompson found lesbians and heterosexual men to be less concerned with their appearance, bodies, and weight than were heterosexual women and gay men.⁷ Brand and colleagues found women to have dieted more than men and to perceive themselves as more overweight.⁸ However,

lesbians and heterosexual men reported ideal weights that were closer to actual weights of the general population than did heterosexual women and gay men. Siever found heterosexual men to be the most satisfied with their bodies and heterosexual women the least, with lesbians and gay men in between.⁹

These positive results occur despite the fact that lesbians have two strikes against them when it comes to weight and body image. First, in some studies, lesbians weigh more than comparable heterosexual women, and higher weight is usually associated with a more negative body image. In my own research, lesbians weighed more than their heterosexual sisters.¹⁰ Possibly, heterosexual women are more focused on dieting and are thus at the extreme low end of their set point, whereas lesbians are more content with their weight. This possibility assumes that being a lesbian leads to greater comfort with weight. The opposite could also be true: heavier women may become lesbians. Research has shown that girls who weigh more in early adolescence are less likely to be married than those who weigh more in late adolescence.¹¹ Is it possible that heavier girls are less attractive to boys and thus more open to lesbianism?

Second, the general public has negative stereotypes about the appearance of lesbians, assuming that lesbians are masculine and unattractive.¹² For lesbians who grew up hearing these stereotypes from their schools and families, coming out is an act of courage. How do lesbians manage to overcome these negative attitudes, find a supportive community, and then become relatively comfortable with their bodies?

What could account for some of the discrepancies in these studies? Some researchers have examined factors that may give lesbians an advantage when it comes to body image. For example, Cogan surveyed lesbians at a gay pride fair; many indicated that they changed their appearance as they "came out," including wearing more comfortable clothes, giving up beauty rituals, and exercising for fitness rather than for weight loss.¹³ Ludwig and Brownell discovered that lesbians and bisexual women whose friends had the same sexual orientation had greater body satisfaction than those with heterosexual friends.¹⁴ On the other hand, research exploring the relationship between lesbianism and feminism has shown mixed results,¹² and the degree of lesbian community involvement has not been shown to relate to body image.³

Both Dworkin and Brown were correct in their initial articles speculating about the role of weight in the lives of lesbians.^{1,2} Lesbians do live in supportive

communities, but they also interact with mainstream society, which is obsessed with women's weight. Heffernan found that lesbians viewed dieting as oppressive, yet about half of the lesbians in her sample had dieted in the past 3 months.¹⁵ Cogan showed that lesbians perceived lesbian communities as fat affirmative, although, at the same time, these lesbians were likely to diet themselves.¹³

Implications for practice

How can lesbians serve as a model of size acceptance for all women? Following are some suggestions for health professionals:

1. When patients make negative comments about their own weight or that of others, link fat oppression with other forms of oppressions, such as sexism, racism, and ageism. Most people are savvy about oppression in general but need to be educated about fat oppression.
2. Encourage exercise and fitness instead of weight loss. Dieting is rarely successful; exercise and physical activity result in greater self-esteem.
3. Praise patients for dressing in comfortable clothing and having a unique sense of style. Billions of dollars each year go into trying to make people look like clones.
4. Advise patients to socialize with friends and look for sexual partners who accept their appearance. It is devastating to be told by others that one is ugly or fat. Find a supportive community!

References

1. Dworkin SH. Not in man's image: lesbians and cultural oppression of body image. *Women Ther* 1988;8:27-39.
2. Brown LS. Lesbians, weight, and eating: new analyses and perspectives. In: Boston Lesbian Psychologies Collective, editor. *Lesbian psychologies: explorations and challenges*. Urbana: University of Illinois Press; 1987. p. 294-309.
3. Beren SE, Hayden HA, Wilfley DE, Grilo CM. The influence of sexual orientation on body dissatisfaction in adult men and women. *Int J Eat Disord* 1996;20:135-41.
4. Striegel-Moore RH, Tucker N, Hsu J. Body image dissatisfaction and disordered eating in lesbian college students. *Int J Eat Disord* 1990;9:493-500.
5. Herzog DB, Newman KL, Yeh CJ, Warshaw M. Body image satisfaction in homosexual and heterosexual women. *Int J Eat Disord* 1992;11:391-6.
6. Rothblum ED. Lesbians and physical appearance: which model applies? In: Greene B, Herek GM, editors. *Psychological perspectives on lesbian and gay issues*. Vol 1.

- Thousand Oaks (CA): Sage Publications; 1994. p. 84-97.
7. Gettelman TE, Thompson JK. Actual differences and stereotypical perceptions in body image and eating disturbance: a comparison of male and female heterosexual and homosexual samples. *Sex Roles* 1993;29:545-62.
 8. Brand PA, Rothblum ED, Solomon LJ. A comparison of lesbians, gay men, and heterosexuals on weight and restrained eating. *Int J Eat Disord* 1992;11:253-9.
 9. Siever MD. Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *J Consult Clin Psychol* 1994;62:252-60.
 10. Rothblum E D, Factor R J. Lesbians and their sisters as a control group: demographic and mental health factors. *Psychol Sci* 2001;12:63-9.
 11. Gortmaker SL, Must A, Perrin JM, et al. Social and economic consequences of overweight in adolescence and young adulthood. *N Engl J Med* 1993;329:1008-12.
 12. Rothblum ED. Gay and lesbian body images. In: Cash TF, Pruzinsky T, editors. *Body image: a handbook of theory, research, and clinical practice*. New York: Guilford Press; 2002. p. 207-65.
 13. Cogan JC. Lesbians walk the tightrope of beauty: thin is in but femme is out. *J Lesbian Stud* 1999;3:77-89.
 14. Ludwig MR, Brownell KD. Lesbians, bisexual women, and body image: an investigation of gender roles and social group affiliation. *Int J Eat Disord* 1999;25:89-97.
 15. Heffernan K. Lesbians and the internalization of societal standards of weight and appearance. *J Lesbian Stud* 1999;3:121-7.

Esther Rothblum, PhD, is professor of psychology at the University of Vermont and editor of the *Journal of Lesbian Studies*. Her research has focused on obesity and employment discrimination; the stigma of body weight in the United States, Australia, and Africa; and social skills related to compensating for weight in the work setting.

Body Positive

Does One Theoretical Approach Fit All? HAES and Size Diversity

Deb Burgard, PhD

One of the central features of the Health at Every Size (HAES) approach is that it de-emphasizes body mass index (BMI) and instead looks at the person's quality of life. Interventions are focused on directly improving fitness, nutrition, social support, self-esteem, and body image, while regarding BMI as a dependent variable. Whatever a person's weight is when she or he is living well is, by definition, a better indicator of that person's individual "healthy" weight than a population norm established by an epidemiologic study.

Is HAES for *every size*?

HAES challenges the pathologizing of BMIs in the "overweight" and "obese" categories. People often ask whether this is the same as saying that *anyone* at *any size* is at a healthy weight. Can someone be at an "unhealthy" BMI from the HAES perspective? If so, would a weight-based intervention be called for?

A HAES perspective does not assume that anyone at any weight must, by definition, be healthy. Obviously, this is nonsense. It does not assume that a given person is at her or his own body's healthiest weight either. It does try to define what is healthy for that individual by seeing what weight that person settles at when she or he is living well. People may

maintain a particular weight through restriction, purging, compulsory exercise, eating when they are not hungry, eating to manage mood, or some other eating or weight issue. If a person has to perform unhealthy behaviors to achieve an "ideal" weight, then how can it be healthy? These emotional and behavioral issues can be treated directly and are the focus of eating disorder treatment within HAES.

From the HAES perspective, someone can theoretically be at, below, or above their own body's healthiest weight. Under- and overweight here are dependent variables rather than the focus of intervention. But the HAES approach does not ignore weight. Indeed, because of the relentless cultural symbolism of weight, it is usually necessary to address the patient's emotional associations with different body sizes, especially if his or her weight changes as a result of treating the eating issues. The distinction is that a HAES approach does not make pursuing a specific weight or BMI the goal.

It seems that this weight-neutral stance is easiest for people to accept when the individual in question is average weight. But when an individual's BMI diverges from average, people seem to grow increasingly uncomfortable with a HAES approach. The lean and, especially, the fat are the subject of considerable