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Lesbian and Bisexual Women: Attitudes, Behaviors, and Self-Esteem Related to Self-Image, Weight, and Eating

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ABSTRACT

Evidence reveals that women's socialization has lead them to focus on appearance and to be vulnerable to eating disorders. Yet it remains unclear whether women of various sexual orientations are equally susceptible. This study investigates lesbian and bisexual women's attitudes about body satisfaction, physical attractiveness, and eating behaviors, and feelings of self-esteem. Twenty-four lesbians and 20 bisexual women participated in the study. Significant differences between the two groups resulted on measures of body esteem, sexual attractiveness, eating disorders, and self-esteem. Significant correlations were found between: Body esteem and age; body esteem and length of intimate relationship; attractiveness and self-esteem; weight perception and eating behaviors; and weight perception and body dissatisfaction. The sociological and clinical implications for not only the psychology of lesbian and bisexual women, but also the understanding of women’s eating disorders are discussed.
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CHAPTER 1
INTRODUCTION

Concern about weight and focus on appearance pervade women's lives in Western societies (Brand, Rothblum & Solomon, 1992; Franzoi & Shields, 1984; Freedman, 1987; Rodin, Striegel-Moore, 1985). Some researchers have indicated that body image distortion has been connected to a woman's susceptibility for developing eating disorders (Herzog, Newman, Warshaw, 1991; Silberstein, Mishkind, Striegel-Moore, Timko & Rodin, 1987). Low self-esteem has been consistently shown to correlate with body dissatisfaction (Franzoi & Shields, 1984). Furthermore, Dworkin and Kerr (1987) suggested that body image distortions have become normalized in our society and that all women fall prey to socialization. At the very least, profound cultural pressure placed on women to be physically attractive puts them at high risk for developing an eating disorder (Garfinkel & Garner, 1982; Striegel-Moore, Silberstein & Rodin, 1986). Approximately 90% of all eating disorder patients, consequently, are female (Rolls, Fedoroff and Guthrie, 1991). The mortality rate for anorexia nervosa and bulimia nervosa ranges between 5% and 20%, which reveals the potentially chronic and deleterious effects for those that are susceptible to developing these disorders (Rolls, Fedoroff and Guthrie, 1991).

Some researchers hypothesize that women's socialization to attract men causes them to focus on body image (Dworkin, 1989; Siever, 1994). Dworkin (1989) explored how patriarchy's cultural reinforcement and prescription of one ideal body type has affected lesbians. Even though many lesbians ascribe to feminism, which rebels against the traditional female role and questions the heterosexual norm, lesbians are socialized to believe that thinness and aesthetic beauty are important to their survival. Scrutinizing their
physical appearance, women may continually overestimate their body's size (Rodin, Silberstein & Striegel-Moore, 1984). Many women feel pressure to fit the socially defined image of attractiveness in order to succeed in the working world. The authors state that as a result, women may focus on decreasing the size and symbolic strength of their bodies. If a woman is a feminist, she may see the inherent problems with fulfilling prescribed social role, yet may still feel pressure to appear thin and attractive.

Some attempts have been made to describe how lesbians resist and rebel against the patriarchal and the ubiquitous value placed on physical attractiveness (Brown, 1987; Siever, 1994). Brown speculated that a part of feeling concerned about weight and appearance for heterosexual woman is the interest in attracting the opposite gender. In agreement with Brown (1987), Siever (1994) hypothesized that lesbians and heterosexual men would escape the risk of developing an eating disorder.

Few empirical studies examine the preponderance and complexity of issues related to eating attributes, body image dissatisfaction, and body image concept, and their relationship to self-esteem in the lesbian population (Rothblum, 1994). Fewer studies, if any, have examined bisexual women's perceptions on eating and the body. Bressler and Lavender (1981) note that researchers not only ignore the existence of bisexuality, but resist coining individuals bisexual. Avoiding the label bisexual, some researchers detail the bisexual behavior as a mixture of heterosexual and homosexual behavior. Some studies classify bisexuals as lesbian, disregarding the evident differences in sexual attraction (Nichols, 1988). Careless subsuming may help harbor a bisexual woman's development of her identity and assurance in her community association.

Lesbian culture purposely appears to de-emphasize focus on physical beauty and prescribed ideals (Rothblum, 1994). The author concludes that lesbians may act reticent and feel ashamed about admitting their vigilance about thinness. Incognizant mental
health professionals who hold a bias that lesbians do not have disorders may help make it
difficult for lesbians to talk about their concern. As a result, a pernicious eating disorder
may continue undetected by a mental health professional. For counselors to facilitate the
personal growth of lesbian and bisexual women clients, they must be aware of the special
problems that these clients may experience (Buhrke, 1989).

Purpose

The purpose of the study is to investigate lesbian and bisexual women's attitudes
toward and relationships between the following factors: (1) Body dissatisfaction,
(2) physical attractiveness, (3) eating behavior, and (4) self-esteem. Relationships will be
explored between: Lesbian and bisexual women's self-esteem and attitudes concerning:
(1) body satisfaction and physical attractiveness; (2) Eating, eating behaviors, and weight.
Whether bisexual women generally possess more eating disorders in correlation to their
attraction to men than do lesbians, as hypothesized by Siever (1994), needs to be clarified.
Alternatively, if no difference in eating disorders is observed, this would be consistent with
the findings of Bradford et al (1994) who found that sexual orientation did not affect
frequencies of eating disorders reported by women.
CHAPTER 2

REVIEW OF THE LITERATURE

Gay and bisexual women experience the same socialization as heterosexual women, but little is specifically known about how they feel, think, and behave concerning their bodies and eating. Some studies have helped to elucidate lesbians' concerns with weight. Brand, Rothblum, and Solomon (1992) compared gay women, heterosexual women, gay men, and heterosexual men on weight, dieting, and preoccupation with weight and exercise activity. Using life insurance normed weights and a single-item measure of preoccupation with weight, the researchers found an interaction between gender and sexual orientation. Heterosexual women and homosexual men reported lower ideal weights than life insurance normed weights and more preoccupation with their weight than lesbians and heterosexual men. However, gay and heterosexual women reported greater concern with weight, more body dissatisfaction, and greater frequency of dieting than gay men and heterosexual men. It appears that both lesbians and heterosexual women are influenced by cultural pressures to be thin. The reliability and validity estimates, however, may be skewed as a result of the disproportionate sample sizes: The study included 133 heterosexual women and 39 heterosexual men from an introductory college psychology course and 124 lesbians and 13 gay men from a women's festival and a gay and lesbian conference respectively.

In one study, Striegel-Moore, Tucker, and Hsu (1990) found that body esteem was tied to self-esteem in lesbians. Concerns with physical condition and weight as a measure of body esteem related to self-esteem with the lesbian and heterosexual samples. Lesbian students reported lower self esteem, greater ineffectiveness, interpersonal distrust, and...
more difficulties in naming their emotions than did heterosexual students. The lesbian sample scores, however, did not reach a clinically significant level. The authors concluded that lesbians' distress was due to a homophobic environment, without assessing the amount of heterosexism in the environment.

In a review of literature of 19 studies on body image, Hsu and Sobkiewicz (1991) found that eating disorder patients are usually more disparaging toward their bodies and tend to overestimate their body width. Two dimensions of body shape appear from the accrued research: Body schema and feelings about one's body.

Hsu and Sobkiewicz (1991) summarize the results on the studies on body image disparagement and indicate that many bulimics and some anorexics are more dissatisfied with their bodies than normal controls and wish to be thinner. However, not all eating disorder patients show body dissatisfaction and some normals are also dissatisfied with their body.

Much of the literature on eating disorders reveals an amalgamative problem with the research. The studies have not addressed how the research results explain body attitudes and body image. And the use of the terms body disparagement or body image disturbance do not specify meaning or quantify measurement. Overestimation of body size, furthermore, has been assumed to be related to a negative body image, but research has not corroborated this assertion (Hsu & Sobkiewicz, 1991). Hsu and Sobkiewicz have shown that past research obfuscates what body distortion defines and means. Instead, as the authors suggest, research must elucidate body attitudes and body feelings.

Many authors indicate uncertainty whether emotions about the body affect the overestimation of body size (Garner, Garfinkel, Stancer, and Moldofsky, 1976; Lindholm and Wilson, 1988; Whitehouse, Freeman and Annadale, 1986). Additionally, Gleghorn,
Penner, Powers and Schulman (1987) found that affective measures correlate with body overestimation with eating disorder patients and controls.

Of the 19 studies that Hsu and Sobkiewicz reviewed and of the above studies, not one assessed lesbian or bisexual women's body appearance. However, the research inadvertently includes bisexual and lesbians women because the homosexual population is estimated to be at least 10% of the population (Bradford, Ryan and Rothblum, 1994). Because of the dangerous and chronic health problems that eating disorders potentiate, it is urgent to assess factors that may help make individuals of this population prone to develop eating disorders.

Bradford, Ryan and Rothblum (1994) presented information from 1,925 lesbians who participated in the National Lesbian Health Survey. Comparisons and contrasts of lesbians to heterosexual women were presented. Lesbians reported approximately the same percentage of eating disorders as has been surveyed in the general population (Bradford et al, 1994). Forty-five percent reported overeating and 2% reported overeating and then vomiting. In the study of women in the general population, 41% - 69% reported overeating which includes 1% - 5% who binge and then purge. The authors note that the study is limited because it targets lesbians who belong to a community and receive emotional and companionate support.

Siever (1994) found that lesbians and heterosexual men were less concerned with their physical attractiveness while gay men and heterosexual women showed a penchant for feeling dissatisfied with their bodies and for being vulnerable to eating disorders. Using 250 college students (62 heterosexual women, 59 gay men, 63 heterosexual men, and 53 lesbians), Siever attributed the difference in dissatisfaction to heterosexual women's and gay men's seeking to attract men. Even though this seems to be a reasonable assertion, the researcher does not corroborate this hypothesis in his study. Some studies
have shown that men are more concerned with physical attractiveness of a partner than women are concerned (Coombs & Kendall, 1966; Stroebe, Insko, Thompson & Layton, 1971; Vail & Staudt, 1950).

Siever (1994) intimated that women find their appearance important in order to please and attract a potential mate. While it is a widely accepted idea that women are socialized to place import on appearance at a young age, it has not been attributed to or corroborated by the need for procreation. Furthermore, Siever explains that women emphasize personality, status, power, and income in potential partners. Such conclusions about women are unsubstantiated.

Further research is needed to examine the relationship of women's sexual orientations and environmental factors that may bolster the possibility of women's development of eating disorders. For example, Brown and Siever found that heterosexual women reveal more concern with their physical beauty than lesbians as a result of their attraction to men. Future research needs to examine in-group differences of lesbians and bisexual women that may, furthermore, attribute to the vulnerability of developing eating pathologies.
CHAPTER 3

METHOD

Procedure

The investigators introduced the study to prospective participants as an examination of self-concept. The investigators explained that questionnaire, which took approximately 20 minutes to complete, was totally voluntary. If, at any point during the study, participants felt uncomfortable with part of the questionnaire, the investigator stressed that they could choose to skip the part or to quit taking the questionnaire. The investigator encouraged the participants to ask for help if they found a question unclear.

All participants agreed to contribute by completing a consent form and taking a questionnaire. Both the consent form and questionnaire are shown in Appendix A. After the participant signed a consent form that assured confidentiality and anonymity, the form was separated immediately from the questionnaire. After the respondent returned the questionnaire, the investigator thanked her and asked her if she had any comments concerning the study.

The EDI and BES measures on the questionnaire were randomized in order to assess test affect. The first page, which asks for demographics information, and the last page the USR were kept in the same order for all tests.

Participants

Forty-four participants from consenting gay and bisexual women community organizations in a major urban area were targeted to respond to the questionnaires. The sample size was insured through making the questionnaires available at community meetings and social gatherings. After explaining the directions for the questionnaire's
administration, the author invited lesbian and bisexual individuals to distribute the questionnaires to others in the community. Participants consented to complete the questionnaires without reimbursement.

Measures

Demographics.

The first page of the questionnaire displays the demographics information. The requested demographics information includes all of the following: sex, age, ethnicity, education, income, occupation, occupational satisfaction, occupational/relationship comparison, height, weight, weight perception, sexual orientation, disclosure of sexual orientation, length of involvement with different sex, length of involvement with the same sex, number of partners with the same sex, and number of partners with the different sex.

The participants were asked to answer questions assessing their occupational satisfaction and to rate their occupation in importance to their relationships. They could rate their satisfaction from one, not satisfied at all, to eight, extremely satisfied. The next question entailed a participant to circle a response from one, my occupation is most important, to seven, my relationship is most important. A response of four rates occupation and relationship as equally important. On the weight perception item, the participants could select six different responses on a Likert scale from very underweight to very overweight.

In order to establish sexual orientation, participants could choose heterosexual, bisexual, lesbian, gay, and other and also were asked to disclose their current intimate involvement with the following selections: Your same gender, a different gender from you, both, not involved with another person. For the research analysis, the heterosexual women who exhibited bisexual behavior were grouped with bisexual women. Unless
otherwise stated in the study, the reference to bisexual women includes those participants who labeled themselves bisexual and heterosexual. Participants were asked to identify individuals to whom they had disclosed their sexual orientation with the following items: *Yourself, friends, some family members, most family members, acquaintances, and everyone.*

The number of partners and number of years was assessed to differentiate current behavior from past behavior and to separate actual behavior from the labels *heterosexual, bisexual,* and *lesbian.* For the number of years involved with the different sex or the same sex participant could select from *less than three years to 20 years or more.* The number of partners that a participant could select from ranged in the following manner: *none, 1-5, 6-11, 12-18,* and *more than 19.*

**Eating Disorder Inventory - 2.** Garner, Olmsted and Polivy's instrument, the Eating Disorder Inventory-2 ([EDI]; 1983, updated 1991) assesses the thoughts, feelings, and behaviors associated with anorexia nervosa and bulimia nervosa. In the use of the EDI measure in this study, replicating Siever's (1994) study, three out of eight original subscales were used: The Body Dissatisfaction, Bulimia, and Drive for Thinness Subscales. (In this study, the EDI Total refers to the sum of the above subscales.) The three subscales respond to the core research question in this study: what are the eating behaviors, body attitudes, and weight concerns of lesbian and bisexual women.

The suggested scoring method for the EDI assesses the pathology associated with eating disorder traits—therefore, the authors give the most pathological response a three, the next most pathological response a 1 and the rest of the responses a zero. In order to use the Eating Disorder Inventory with the nonclinical population in the study and to
facilitate detailed data analysis, all scores from one to six were considered significant. The higher the tallied score, the lower the less likely the respondent has problems with her attitudes toward her body and eating. Therefore, participants rate on a 6 point scale on items such as "I think my stomach is too big" and "I eat and drink in secrecy."

In general, the reliability estimates of internal consistency and test-retest reliability are moderately high to high for each subscale for sample populations with eating disorders. The criteria for the internal consistency coefficient of each subscale, determined by Cronbach's alpha, was to be above .80. The internal consistency reliability estimates for the patient samples were between .70 and .81, while for college nonpatient samples, the estimates ranged between .69 and .93 (Paludi, 1987).

All the items on the original EDI validation study meet standards for criterion related validity and differentiate between restrictors and bulimics. However the external validity is problematic because the comparison group consisted of female students in first and second year psychology courses.

The norm group used for the EDI ranged between the ages of 11 and 18 and did not mention individuals of color. As a result, older aged and non-anglo individuals may not be appropriately compared. Clinicians need to generate research so that the EDI can be additionally applied to individuals much over 20 years of age.

**Body Esteem Scale.** The Body Esteem Scale ([BES]; Franzoi and Shields, 1984), composed of 35 items detailing body aspects, was used to assess feelings about the importance of physical and sexual attractiveness. Three dimensions, Sexual Attractiveness, Weight Concern, and Physical Condition, yield appraisals of the respondents various body functions and appearance. On a five point scale, participants
rate items such as "health" and "lips" from strongly negative to strongly positive. High scores reflect a more positive attitude about the participants own body. For the purposes of the study, 32 items were used. Although the items sex organs, agility, and biceps, were germane to the study, they were not necessary for the conclusiveness of the test. In this study, the BES was only used to ascertain the participants attitude toward her own attractiveness.

Thomas and Freeman (1990) investigated the construct validity of the BES on the female subscales and found that their results support the construct validity of the three dimensions. The BES Weight Concern united considerably with other methods that measure body image and weight. The BES Sexual Attractiveness differentiated from the Weight Concern Subscale and meaningfully related to perceptions of physical attractiveness, the image of the self, and social distress. The BES Physical Condition moderately related to self-image and weakly related to weight and sexual attractiveness.

Overall, the BES female subscales demonstrate good internal consistency and moderate correlation with self-esteem (Franzoi and Shields, 1984; and Franzoi and Herzog, 1986). The reliability estimates (Cronbach's alpha) for females on the BES are .78 on the attractiveness factors, .82 on physical condition factor, and .87 on the weight concern factor. Because of the elimination of a few items on the BES, the reliability estimates and the validity may be slightly skewed from the above results.

Unconditional Self Regard Scale. The Unconditional Self Regard Scale ([USR]; Betz, Wohlgemuth, Serling, Harshbarger, and Klein, 1995), stemming from Rogerian theory, includes 15 items that assess the participant's self-esteem. On a five point scale, the participants were asked to rate their agreement from strongly disagree to strongly agree. Items presented participants with statements such as "I feel good about
myself as a person" or "Even when I goof up I basically like myself." Higher scores indicated that participants viewed themselves in a positive manner.

The results of the evaluation of the USR indicated high reliability estimates, was highly related to other measures of self-esteem, and was negatively related to depression, and other symptoms of psychological distress (1995). Specifically, the USR was found to have internal consistent reliability estimate of .87 to .90. For construct validity, unconditional self-regard was validated with three constructs of psychological hardiness: commitment, control, and challenge. Unconditional self-regard was less strongly related to commitment (r=.35) than control (r=.52) and not significantly related to challenge. Additionally, the authors found that USR was negatively related to the Beck Depression Inventory (r=-.65) and State-Trait Anxiety Inventory (r=-.75) and positively related to the Mental Health Symptoms (r=.69).

The measures used in the questionnaire target the investigation of lesbian and bisexual women's attitudes toward body dissatisfaction, physical attractiveness, eating behavior, and self-esteem. The measures help explore the relationships between: Lesbian and bisexual women's self-esteem and attitudes concerning: (1) body satisfaction and physical attractiveness; (2) Eating, eating behaviors, and weight. In order to infer differences and variations not only between bisexual women and lesbians as communities, but also as individuals, many factors from the above measures need to be analyzed.
CHAPTER 4

RESULTS

Participants

The participant pool consisted of 59.1% White (European-American), 20.5% African-American, 11.4% Hispanic-American, and 6.8% Asian-American. The total sample consisted of lesbians and bisexual women which included 24 lesbians (54.5%), 18 bisexual women (40.9%), and 2 (4.5%) women who exhibited bisexual behavior but labeled themselves heterosexual. For the research analysis, the heterosexual women who exhibited bisexual behavior were grouped with bisexual women. As a result of this grouping, the women who act bisexual comprise 45.4% of the sample. The mean age of the bisexual participants was 30 years and the lesbian was 31. The mode (13.6% of the women) was 24 years of age.

The majority of participants have attended graduate school (52.3%), 27.3% have finished college, 15.9% have attended, but not completed college, 2.3% have been trained at trade school, and 2.3% have finished high school. For income level of the participants, 15 women (34.1%) made between $21,000 and $30,000 per year, 10 women (22.7%) made between $10,000 and below per year, 9 women (20.5%) made between $10,000 and $20,000 per year, 4 women (9.1%) made between $31,000 and $40,000 per year, and 4 women (9.1%) made over $41,000 per year. An item in the demographics section evaluated the participant’s satisfaction with their occupations on a multi-step scale. The majority (73.8%) indicated high satisfaction with their occupations.

The participants identified their perception of their weight. Most of the women (20 women, 45.5%) perceived they were average weight, while 11 women (25.5%)
perceived they were *overweight* and 7 women (15.9 %) perceived they were *more than average weight*. By group, lesbians perceived themselves to be *average weight* (SD=1.14) to *more than average weight* while the bisexual women perceived themselves being *more than average weight* (SD=1.07). In the bisexual group, members rated themselves between 2 and 6, *slightly underweight* to *very overweight*, while lesbians rated between 1 and 5, *very underweight* to *overweight*.

**Examination of Differences Between the Groups**

The research measures assess differentiations between the groups on: (1) body satisfaction using the BES and the EDI Body Dissatisfaction Subscale; (2) physical and sexual attractiveness using the BES Total and Sexual Attractiveness Subscale; (3) eating behaviors using the EDI Total and the EDI Drive for Thinness and Bulimia Subscales; and (4) self-esteem using the total USR. Differences between the means of the lesbian group and the bisexual women group were determined using multivariate and univariate analyses of variance. Table 1 displays mean scores and standard deviations for the two groups and the subsequent F value from the multivariate and univariate analysis of these groups. Other relevant analyses of variances, such as weight perception, age, and disclosure of sexual preference, are displayed.

**Research question 1: Differences in body satisfaction.** Univariate ANOVA's performed on the Weight Concern and Physical Condition Subscales of BES and the Body Dissatisfaction Subscale of the EDI revealed no significant difference between the lesbian and bisexual groups. Specifically, the ANOVA of Weight Concern Subscale results F=2.07, p>.05, and the Physical Condition Subscale results, F=2.48, p>.05, reveal nonsignificant difference between the group's concern for their weight and physical form.

Paltry differences between the two groups indicate that lesbian and bisexual women are similar in their attitude toward body's aesthetics and body's well-being. On average, lesbians participants (M=24.87, SD=4.99) reported feelings similar to bisexual
women participants (M=22.65, SD=4.23) on the BES Physical Condition Subscale. As shown on the BES Weight Concern Subscale, lesbians (M=33.58, SD=5.65) felt as confident about their weight and physical fitness as bisexual women (M=31.30, SD=4.70) in the study. The test score distribution for both groups is approximately normal; therefore, one can deduce that, in general, the women participants feel neutral to positive about their body.

The ANOVA on the Body Dissatisfaction Subscale resulted in an insignificant difference, F=2.50, p>.05. The groups possess similar feelings about their body appearance, especially concerning the hips, buttocks, thighs and stomach. Both groups scored typically in the mid-range of the scale, which describes the participant as having negative thoughts regularly about the pertaining area. Lesbians (M=32.91, SD=10.50) scored with less variability than bisexual women (M=27.70, SD=11.38). Both groups tended to feel problematic about the described area.

Research question 2: Differences in physical and sexual attractiveness. On the BES Total and the BES Sexual Attractiveness Subscale, significant differences were found between the groups using univariate analysis of variance. On the BES Total (F=4.07, p<.05) the group means differentiated between lesbian participants (M=114.50) and bisexual women participants (M=103.80). With a higher score on the total BES, lesbians emerge as more confident about their body's appearance, strength, and coordination than bisexual women.

The BES Sexual Attractiveness Subscale distinguished the lesbian group from the bisexual group on feelings of attractiveness. Significantly different, lesbians (M=41.12) scored higher than bisexual women (M=37.05) on the Sexual Attractiveness Subscale, F=4.14, p<.05. Lesbians appear to be more assured than bisexual women about their appearance. Interestingly, lesbians (M=3.46, SD=1.14) and bisexual women (M=3.75, SD=1.07) did not have a significant difference on their perception of weight,
F(51.70, .93)=.75, p>.05. Most considered themselves average to more than average weight, but not overweight. The mean score of both groups on the total BES (M=109.64, SD=18.12) reveals lesbians and bisexual women's positive disposition toward their bodies, although a great deal of variation in scores existed. Therefore, one could conclude confidence did not stem from a focus on the external body size, but other, less concrete qualities.

**Research question 3: Differences in eating behaviors.** The EDI Total and Bulimia and Drive for Thinness Subscales measured differences in the means of eating disorders between the groups. The result of the EDI Total ANOVA, F=2.75, p>.05, for the lesbian (M=99.80) and bisexual (M=88.10) participants reveals nonsignificant differentiation of the two groups. Both group's mean score did not indicate clinical problems with eating disorders, yet great deviation exists in both groups as shown in Table 1.

With a univariate analysis in variance, significant differences were found in the Bulimia Subscale, F=5.95, p<.05. The lesbians' (M=37.25) proclivity to binge and purge is lower than that of bisexual women (M=32.85). The lesbians' scores dispersed around the mean (SD=3.30) less than the bisexual women's scores (SD=8.08), showing that the lesbian participants vary less as a group in eating habits. Some of the bisexual women participants reveal clinical eating disordered behaviors. The lowest score of the bisexual participants was a "9," indicating eating pathology.

An ANOVA performed on the EDI Drive for Thinness Subscale revealed that the lesbian group (M=29.62) and the bisexual women group (M=27.55) were not significantly different, F=.61, p>.05.

**Research question 4: Differences in self-esteem.** When p< .10 level is considered significant for the group difference in self esteem, an ANOVA performed on the USR reveals significant differences, F=3.10, p<.10. The self-esteem of lesbians participants (M=55.80) is higher than that of bisexual women participants (SD=49.55).
In both cases, the mean self-esteem, in which the participants answered the items from 3-4 on a five point scale, is moderate to moderately-high self-esteem. The variability of bisexual women's scores is greater (SD=12.37) than lesbians scores (SD=9.02).

Research Question 5: Relationships Among Factors

Table 2 presents correlations of most variables in this study. Correlation and multiple regression were used to explore relationships among the following variables: self-esteem, body esteem, eating disorders, occupational satisfaction, disclosure of sexual orientation, age, weight perception, and stability of relationship.

**Correlational analyses.** Trends are visible within the correlational matrix. Casting aside the manifest correlations between a test total and its subscales, significant correlations are shown between the following: BES Total and EDI Total \((r=-.5217, p<.01)\), BES Total and USR Total, \((r=.4792, p<.01)\), and USR Total and EDI Total \((r=-.3669, p<.05)\). The correlation between the BES and EDI indicate that as the symptomatology for eating disorders climbs, the body esteem of a respondent decreases. The correlation between BES Total and the USR Total indicates that as body esteem climbs, an individual's responses of self-esteem increases. The USR Total and the EDI Total correlation indicate that as self-esteem increases, symptoms of eating disorders decrease, also substantiated by the correlation between the EDI Drive for Thinness Subscale and the USR Total \((r=-.3790, p<.05)\). The above interfaces between the tests creates a supportive network between the sections of the questionnaire and in the resulting data.

Other trends are shown within the correlation: as age increases, body dissatisfaction decreases \((r=-.3841, p<.05)\) and body esteem climbs \((r=.4468, p<.01)\). As body dissatisfaction increases, individuals perceive that they are heavier \((r=.4724, p<.01)\). Of importance, an individual's perception of weight does not appear to relate to actual weight \((r=-.0451, p<.01)\).
The correlations on Table 2 additionally reveal that, the higher the weight perception \((r = .3959, p < .05)\) and the higher the weight \((r = .3021, p < .05)\), the more lesbian and bisexual women chose to answer "no one" on the item that assesses to whom the participant discloses her sexual orientation. Participants who chose the items "friends" to indicate their disclosure level tended to have lower weight \((r = -.3492, p < .05)\) while those that chose "everyone" tended to have higher weight \((r = .3988, p < .01)\) in the participant pool. Participants who disparaged their body on the EDI Body Dissatisfaction Subscale, tended to not come out \((r = .3259, p < .05)\). These results reveal different disclosure choices related to weight and the results may be explained by individual reasons for disclosing to various individuals.

Perceived higher weight may relate to a person's decision to not disclose sexual orientation as shown by the correlation of out to no one and weight perception. And the respondents who chose not to disclose tended to have higher body dissatisfaction. On table 2, the correlation between the EDI Body Dissatisfaction Subscale and the USR is \(-.3841, p < .05\). The higher the body dissatisfaction, the lower the self-esteem. Of interest, respondents who tended to have higher weight choose to disclose less to friends and more to everyone.

The negative correlation between the responses everyone and no one, friend, some family, and most family can be explained methodologically: Those respondents who checked everyone, did not check the other responses. Therefore, it is reasonable to deduce that if a participant reveals that she has disclosed to everyone, she does not need to specify family, friends, or acquaintances.

Disclosure level was treated as a continuous variable in the study, because disclosure is widely considered to be a process (O'Neill and Ritter, 1992). A lesbian, bisexual, or gay male during the early stages of identity development may not disclose, but gradually develops a confidence in her or his identity and discloses to more people.
Multiple regression analyses.

**Body esteem and the participant's age.** A multiple regression performed on age and the BES reveals that age accounts for 17.3% of the variance on the total score of the BES, p<.01. The older the participant, the higher her body esteem.

**Sexual attractiveness and self-esteem.** A multiple regression performed on the USR and the BES Sexual Attractiveness Subscale reveal that 20% of the variance in self-esteem is accounted for by feelings of sexual attractiveness, p<.01. The higher the sexual attractiveness that lesbian and bisexual women feel, the higher the self-esteem.

**Weight perception and weight.** Weight predicts 28% of the variance in weight perception, p<.005. The more an individual weighs, the higher they will perceive their weight. Reported weight in this study has a strong relationship to weight perception which helps to support other results which relate to weight perception.

**Body dissatisfaction and weight perception.** Combining the EDI Body Dissatisfaction Subscale and perception weight, a multiple regression reveals that 14.6% of the variance of perception of weight is accounted for by body dissatisfaction, p<.05. Therefore, high body dissatisfaction negatively bears on a woman's weight perception. If a woman perceives her body as ugly, she is likely to label herself overweight. However, the women who had low body dissatisfaction may actually be overweight. The average EDI Body Dissatisfaction for both groups (M=30.54, SD=11.09) reveals responses in the middle of the scale in which participants exhibit negative body perceptions often to sometimes.

**Binge and purge behaviors, compulsive eating, and weight perception.** The results on the EDI Bulimia Subscale and the perception of weight reveal that 40.1% of the variance in perception of weight is accounted for by bulimic pathology, p<.005. The more a person experiences bulimic-type thoughts and behaviors, the more prone they are to
perceive themselves as heavy. The pathology, not the actual weight, may predispose the lesbian and bisexual women to judge themselves unrealistically.

As to the research question about the relationship of eating behaviors, self-esteem, body satisfaction, and physical attractiveness, significant results were found using multiple regression. Older age and high self-esteem significantly predicted women's high body esteem.

Post Hoc Analyses

Group difference of disclosure of sexual orientation. In order to assess group differences on disclosure, an ANOVA was performed on the responses of disclosing to: No one, everyone, some family, and most family. As shown on Table 1, the groups do not differ significantly on disclosure except on the item, most family. Although not at a statistically significant high rate, lesbians divulge their sexual orientation to more family members than bisexual women, $F=3.17, p<.10$.

Group difference in occupational satisfaction. When an ANOVA was performed on the demographics item that assesses how participants rate their relationships compared to their occupations, lesbians ($M=4.36, SD=1.65$) rated their relationships as slightly less important than bisexual women ($M=4.70, SD=1.30$) rated them. The group difference was insignificant, $F(1, 2)=.53, p>.05$, and both groups on average responded that both were equally important. The confidence interval provides an additional perspective on the mean. With a 95% confidence interval, the mean of both groups could lie between 4.06 and 4.99. Both lesbian and bisexual women participants feel that an occupation is important, but a relationship remains slightly more important.

Occupational/relational importance comparison and disclosure of sexual orientation to no one. Twenty-three percent of the variance of respondents answering that they disclosed their sexual orientation to no one is accounted for by the importance placed
on either the relationship or the occupation, $p<.005$. The more importance she appears to place on her occupation, the more a bisexual woman or lesbian chooses to not come out.
### TABLE 1

#### Analysis of Variance Table

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CHAPTER 5
DISCUSSION

The differences found in this study are statistically and practically significant. Distinct group differences exist between lesbian and bisexual women in the following areas: body esteem, sexual attractiveness, binge and purge behavior, self-esteem, and disclosure of sexual preference.

Moreso than lesbians, bisexual women reveal concern for appearance and sexual attractiveness which appear to relate to a greater propensity to develop eating disorders. The more the participant criticizes her body, the more she inflates her body size. Hsu and Sobkiewicz (1991), as mentioned previously, found that eating disorder patients commonly disparage their body and overestimate their body size.

In the study, bisexual women not only possessed a greater incidence of body disparagement than lesbians, but also reported more bulimic-type behaviors. More than lesbians, bisexual women tended to eat when upset, to stuff themselves, and to feel guilty afterwards. Furthermore, emphasis on physical attributes coupled with body disparagement relates to bisexual women's proclivity in the study to have eating disorder symptomotologies.

The results on sexual attractiveness appear to support Siever (1994) and Brown's (1987) hypothesis, as discussed in Chapter 2, that body dissatisfaction is related to sexual objectification. According to the investigators' hypothesis, it would follow that bisexual women experience sexual objectification and focus on attractiveness in order to attract a potential male partner. However, the emphasis on appearance may vary with the degree to which bisexual individuals seek same-sex and different sex intimacy.
The concern over attractiveness, coupled with other factors such as low self-esteem and young age may suggest vulnerability to eating disorders. Applying Siever (1994) and Brown's (1987) hypothesis to this study, a bisexual woman who seeks mainly male partners may feel more burden to capitulate to the zeitgeist female figure than a bisexual woman who seeks mainly same-sex partners. However, research has not yet corroborated the relationship of eating disorder development to bisexual partner choice.

Possessing a significantly higher rate of bulimic symptomatology and lower feelings of body esteem than lesbians, bisexual women in the study have a higher likelihood of feeling uncertain about their bodies. Some authors have addressed the duress that bisexuals undergo, which may actualize a bisexuals' unease. Critiquing sexual research and theory, Paul (1985) reveals that sexual orientation and identity are ubiquitously assumed dichotomous. The author concludes that the abundance of research supporting this simplistic view of sexual identity marginalizes bisexuals' experience in heterosexual and homosexual communities. Additionally, bisexuals may be classified as lesbian or gay male and told that they have not yet "come out" (Nichols, 1988). These assumptions and simplistic views may contribute to the lower self-esteem and more common bulimic symptomatology evident of bisexuals in this study. However, this assertion is not corroborated by this study's results.

Sociocultural and environmental factors may illuminate the eating pathologies of bisexual women. Research has shown that certain psychological issues are associated with bulimia such as identity and autonomy (Rolls, Fedoroff & Guthrie, 1991). Little research has been heuristic in addressing how bisexuals emotionally cope with disclosing their sexual orientation. Homophobia in society at-large and anti-bisexual sentiment in the lesbian and gay community may help cultivate a bisexual individual's anxiety in identity development. Coyle (1995) examines the workings of a bisexual women's support group
and relays the anxiety that many members felt as a result of estrangement caused by
invisibility and illegitimacy as a sexual category. The effects of this discrimination may be
negative on bisexual individual's body esteem and feelings of sexual attractiveness; yet
research needs to address these issues.

Lesbians and bisexual women reveal similar attitudes toward eating and the body
which has sociological implications. Almost 80% of the participants in the study were
either college or graduate educated and, although not measured, many held feminist ideas.
At meetings, for example, discussions abounded on sexual discrimination experienced by
women. Although many appeared to have feminist ideologies, the results of this study
reveal that allegiance to a zeitgeist form of beauty was widespread. Many felt pressure to
be thin, disparaged their appearance, and wavered about their sexual attractiveness. Most
participants rated within the mid-range on the BES, indicating an ambivalence about their
bodies' aesthetics. The EDI total, additionally, reveals that most participants normally
think about dieting, brood about their mid-section, and desire to binge. Education did not
obviate women's normative focus on the physical. Dworkin (1989) contends that many
lesbians have feminist ideologies, yet still believe that beauty is important to their success
and survival. The results of this study add to the amalgamation of research on
sociocultural factors as risk factors for the development of eating disorders, as was
discussed heretofore in the literature review.

Methodological Problems

The results of this study reply to the research questions and were found highly
significant, yet some methodological problems are notable concerning self-report
measures, response sets, and group classifications. As mentioned previously, a few BES
items were deleted which may affect the reliability estimates and hinder the BES test
validity and the study's internal validity. In future studies, all items should be used in the
BES. Indeed, the validity of the EDI in this study and in previous research may
not be accurate because of the EDI's original scoring. Siever (1994) concluded that major epidemiological deficits exist with the scoring method of the EDI for a nonclinical population. Even though significant differences were found between the groups in Siever's study (1994), the breadth and amount of variations in eating disorder symptomology was lessened.

As is inherent in self-report measures, answers to items are often affected by response sets such as acquiescence or social desirability. A savvy test taking participant may not report pathologic thoughts and behaviors. Additionally, a feminist participant may downplay concerns about her physical and sexual attractiveness. A future study with lesbians and bisexual women should ascertain their convictions and the consequential effects on their responses. For example, a questionnaire item may assess whether a respondent is a feminist and test for differences in responses between feminists and non-feminists.

In this study, lesbians and bisexuals are classified as two separate groups, without accounting for various differences within these groups. For example, a "lipstick lesbian," may respond to the BES differently than a "bull dyke." (These vernacularisms refer to a lesbian who typically wears makeup and a lesbian with short, cropped hair who often dresses in jeans and a leather jacket, respectively.) Although not yet researched, these two subgroups may vary in their valuation of attractiveness and may have different eating behaviors. These finer differences would be potentially lost in a discussion of contrasts and similarities of groups. Furthermore, because subtle differences can be found within groups, investigators need to be careful in interpreting the results of this study.

Heeding the limitations of the measures and the questionnaires is important before generalizing the results not only to lesbians and bisexuals, but also various races and cultures. The EDI did not include norms for races; therefore, diagnosing an eating disorder for individual of color may not be accurate. If a respondent is, for example,
from a culture where a positive trait is large thighs and a negative trait is thinness, the EDI Body Dissatisfaction Subscale would not accurately assess a woman's negative body image. Determining the more subtle differences in subgroups and cultures may help clinicians to better understand their clients when issues pertaining to sexual attractiveness, self concept, and eating behavior arise.

Elucidation is needed to interpret not only the measures' results, but also the items' results. When the items on occupational/relationship importance and disclosure of sexual orientation were used in a multiple regression, the results revealed that the more a bisexual woman or lesbian placed importance on her occupation, the more likely she was to choose the response which indicated that she disclosed to no one. Valuation of work more than relationships predicted that a respondent would choose to remain secretive about her sexual orientation. The repercussions on mental and physical health for valuing work more than relationships needs to be researched.

The participants relayed that the questionnaire's thorough assessment of the participants' attitudes toward self-image lead to their uneasiness. When the investigators invited discussion after the questionnaires were returned, some respondents observed that the questionnaire's explicit focus on the physical magnified some individuals' insecurities. A balance of test material that incorporates feelings about not only appearance, but also non-materialistic qualities, including attractiveness, may help alleviate the stress of taking the test as well as present a clearer picture of the etiology of eating disorders, relation to self-esteem, and differences between groups.

The categorizing of participants as bisexual when the respondents (n=2) labeled themselves heterosexual may be problematic both theoretically and practically. These participants categorized themselves as heterosexual, even when they answered that they had been or were presently intimate with other women. However, heterosexual women
who exhibit sexual behavior with women and remain romantically involved with women are similar to bisexual women. Therefore, the investigator took the liberty of categorizing them with bisexuals, although these individuals show that they thought about their homosexual acts in way different than the bisexual participants.

Clinical Implications

An asset of this study is relating the participant's "coming out" to the following: weight, weight perception, body disparagement, and occupational satisfaction. Understanding these variables in relation to an individual's disclosure level has clinical ramifications. During the earlier stages of "coming out," the individual tends to criticize his/her body, as indicated by the higher scores on the EDI Drive for Thinness and Body Dissatisfaction Subscales. More research must examine "coming out" and concomitant body disparagement in order to address the needs of lesbians, bisexual women, and gay men who may have a propensity to develop eating disorders.

Despite the research results which indicate that lesbians are concerned about their self-image, stereotypes remain that lesbians feel apathetic about their appearance. As a result of this assumption, counselors must be aware of their biases about lesbians. Not acknowledging personal biases may not only lead to misunderstanding, but prevent the clinician from recognizing signs that hint to issues surrounding eating, self-esteem, and self-concept.

The results also may help clinicians to determine which clients feel more confident about their body. The results show, with the participants' ages ranging from early 20's to middle 40's, that as age increases, body disparagement decreases and body esteem climbs. Clinicians may draw on confidence as a positive resource for these clients. While youthful clients may disparage their bodies more than older clients, clinicians may help these clients to work on confidence building.

The results of this study clarify the interrelatedness of factors such as body esteem,
self-esteem, and the thoughts, feelings, and behaviors related to eating disorders. The statistically significant correlations between the BES and the EDI, the BES and the USR, and the USR and the EDI uncover a supportive network in the resulting data. Important to a clinicians practice is acknowledging how the factors are interrelated in order to help their clients: as the symptomatology for eating disorders climbs, the body esteem of a respondent decreases; as body esteem climbs, an individuals self esteem increases; as self-esteem increases, symptoms of eating disorders decreases.

Summary

This study's results are important specifically for the prevention and treatment of eating disorders. The significant findings reveal that the bisexual woman's greater tendency to report bulimic symptomatology, heightened concern about attractiveness, and lowered self-esteem may induce vulnerability to developing eating disorders. The results appear to support Siever and Brown's hypothesis that body dissatisfaction is related to sexual objectification, however more research is necessary to determine in-group objectification differences, as well as between-group objectification differences between lesbian and bisexual women.

Additional research may uncover factors that help contribute to the higher incidence of body dissatisfaction and bulimic-type behaviors in bisexual women. Additionally, many factors that were addressed are necessary to attach conclusiveness to the results that are more robust such as within-group differences, racial and cultural differences, and quality of attractiveness.
APPENDIX A
CONSENT FORM

We are requesting your participation in a study that explores your feelings, impressions, and thoughts about your self-image. We ask that you complete the attached questionnaire by giving responses to each question. Please detach this form from the questionnaire after signing.

I acknowledge that the researchers have informed me that I may withdraw from participating at any time without prejudice; have offered to answer any questions which I may ask concerning the questionnaire. I understand that there are no anticipated risks associated with participating in this study. Responses will be kept confidential and my name will not be associated with the research findings.

I freely and voluntarily agree to participate in this study.

______________________________  ______________________
Signature of Participant        Date
APPENDIX B

QUESTIONNAIRE

All of the following information is anonymous and confidential. Please check, fill in, or circle your appropriate answer. Leave any questions blank if you do not wish to answer. Thank you for your participation.

1. Gender
   a. Female
   b. Male

2. Date of Birth
   __/__/____

3. What ethnic group do you belong to? (e.g. Hispanic, African-American, Caucasian.)

4. Please check your educational level:
   a. finished grade school
   b. some high school
   c. finished high school
   d. some college
   e. finished college
   f. vocational trade school
   g. graduate or professional school

5. Please check your income level:
   a. $10,000 or below
   b. $10,000 to $20,000
   c. $21,000 to $30,000
   d. $31,000 to $40,000
   e. more than $41,000

6. What is your occupation?

7. How satisfied are you with your occupation? Please circle the appropriate answer:
   Not satisfied at all
   1 2 3 4 5 6 7 8

8. How does your occupation compare in importance to your relationships?
   My occupation is most important
   Both are equally important
   My relationship is most important
   1 2 3 4

9. Please write your height: __

10. Please write your weight: __

11. Please check the appropriate space. Would you categorize yourself as:
   a. very underweight
   b. slightly underweight
   c. average weight
   d. more than average weight
   e. overweight
   f. very overweight

12. Do you consider yourself to be
   a. heterosexual
   b. bisexual
   c. lesbian
   d. gay
   e. other specified

13. Are you currently involved with a person of:
   a. no one
   b. yourself
   c. friends
   d. some family members
   e. most family members
   f. acquaintances
   f. everyone

14. Please check all the appropriate. If you consider yourself a lesbian, a gay man, or a bisexual individual, who are you "out" to?
   a. no one
   b. yourself
   c. friends
   d. some family members
   e. most family members
   f. acquaintances
   f. everyone

15. Please circle the appropriate. About how many sexual partners have you had with individuals of a different sex from yourself?
   none
   1-5
   6-11
   12-18
   more than 19

16. Approximately how many years have you been intimately involved with individuals of a different sex from yourself?
   1. __ 20 years or more
   2. __ 19 -14 years
   3. __ 14 - 9 years
   4. __ 8 - 3 years
   5. __ less than 3 years

17. About how many sexual partners have you had with individuals of the same sex?
   none
   1-5
   6-11
   12-18
   more than 19

18. Approximately how many years have you been intimately involved with individual of the same sex?
   1. __ 20 years or more
   2. __ 19 -14 years
   3. __ 14 - 9 years
   4. __ 8 - 3 years
   5. __ less than 3 years
Please circle the following answer that most appropriately applies to you.*

19. I eat sweets and carbohydrates without feeling nervous.
   Always    Usually    Often    Sometimes    Rarely    Never
   1 2 3 4 5 6

20. I think my stomach is too big.
   Always  Usually    Often    Sometimes    Rarely    Never
   1 2 3 4 5 6

21. I eat when I am upset.
   1 2 3 4 5 6

22. I stuff myself with food.
   1 2 3 4 5 6

23. I think about dieting.
   1 2 3 4 5 6

24. I think my thighs are too large.
   1 2 3 4 5 6

25. I feel extremely guilty after overeating.
   Always  Usually    Often    Sometimes    Rarely    Never
   1 2 3 4 5 6

26. I think my stomach is just the right size.
   1 2 3 4 5 6

27. I am terrified of gaining weight.
   1 2 3 4 5 6

28. I feel satisfied with the shape of my body.
   1 2 3 4 5 6

29. I exaggerate or magnify the importance of weight.
   1 2 3 4 5 6

30. I have gone on binges where I felt I could not stop.
   1 2 3 4 5 6

31. I like the shape of my buttocks.
   Always  Usually    Often    Sometimes    Rarely    Never
   1 2 3 4 5 6

32. I am preoccupied with the desire to be thinner.
   1 2 3 4 5 6

33. I think about bingeing (overeating).
   1 2 3 4 5 6

34. I think my hips are too large.
   1 2 3 4 5 6

35. I eat moderately in front of others and stuff myself when they're gone.
   1 2 3 4 5 6

36. If I gain a pound, I worry that I will keep gaining.
   1 2 3 4 5 6

37. I have thought of trying to vomit in order to lose weight.
   Always  Usually    Often    Sometimes    Rarely    Never
   1 2 3 4 5 6

38. I think that my thighs are just the right size.
   1 2 3 4 5 6

39. I think that my buttocks are too large.
   1 2 3 4 5 6

40. I eat and drink in secrecy.
   1 2 3 4 5 6

41. I think my hips are just the right size.
   1 2 3 4 5 6

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Please rate your feelings about each body aspect.

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<tr>
<td>1: Physical Coordination</td>
<td>5: Strong Positive Feelings</td>
</tr>
<tr>
<td>1: Appearance of Eyes</td>
<td>5: Strong Positive Feelings</td>
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<tr>
<td>1: Physical Condition</td>
<td>5: Strong Positive Feelings</td>
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<tr>
<td>1: Muscular Strength</td>
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<tr>
<td>1: Waist</td>
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<td>1: Energy Level</td>
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<td>1: Ears</td>
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<tr>
<td>1: Chin</td>
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<tr>
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<tr>
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<td>5: Strong Positive Feelings</td>
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<tr>
<td>1: Buttocks</td>
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<tr>
<td>1: Chest/Breasts</td>
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<td>1: Hips</td>
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<td>1: Legs</td>
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<tr>
<td>1: Figure/Physique</td>
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<td>1: Face</td>
<td>5: Strong Positive Feelings</td>
</tr>
<tr>
<td>1: Weight</td>
<td>5: Strong Positive Feelings</td>
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This part of the questionnaire is designed to measure how people view themselves. Please circle the appropriate number corresponding to your opinion of each statement.

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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

1. I feel good about myself as a person.  
2. I like who I am.  
3. It is hard for me to remember the positive things people say about me.  
4. I am very critical of myself.  
5. I think I am a worthwhile person.  
6. Even though I make mistakes, I still feel good about myself as a person.  
7. I think of myself in negative terms (i.e. stupid, lazy).  
8. It is easy for me to list 5 things that I like about myself.  
9. I can never quite measure up to my own standards.  
10. I view myself in a positive light (i.e. caring, intelligent).  
11. Even when I goof up I basically like myself.  
12. There are times when I doubt my worth as a person.  
15. When I look in the mirror I like what I see.  

The end. Thank you for your time. Please write down any reactions--positive and negative--you had to the questionnaire.
APPENDIX C

EATING DISORDER INVENTORY COPYRIGHT PERMISSION

November 29, 1994

Allison M. Kase
1260 North Dearborn
Chicago, IL 60610

Dear Ms. Kase:

In response to your recent request, permission is hereby granted to you to reproduce up to 50 copies of the 27 items from the Drive for Thinness, Bulimia, and Body Dissatisfaction subscales from the Eating Disorders Inventory - 2 for use in your study entitled "Gay and Bisexual Women's Attitudes about the Body, Weight, and Eating and Their Relationship to Self-Esteem".

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Sincerely,

R. BOB SMITH, III, Ph.D.
President

ACCEPTED AND AGREED:
BY: ALLISON M. KASE
DATE: 11/29/94

NO LONGER INTERESTED: INITIAL HERE _____, AND RETURN UNSIGNED AGREEMENT.

cc: David M. Garner, Ph.D.
Neurobehavioral Associates
4632 Okemos Road
Okemos, MI 48864
REFERENCE LIST


THESIS/DISSERTATION APPROVAL SHEET

The thesis submitted by Allison Kase has been read and approved by the following committee:

Elizabeth Vera, Ph.D., Director
Assistant Professor, Counseling Psychology
Loyola University of Chicago

Albert Agresti, Ph.D.
Associate Professor, Counseling Psychology
Loyola University of Chicago

Etc.

The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the committee with reference to content and form.

The thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of M.A.

11-21-95
Date

Elizabeth Vera, Ph.D.
Director's Signature