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## “Let the Ladies Know:” Queer Women’s Perceptions of How Gender and Sexual Orientation Shape Their Eating and Weight Concerns

Melissa Simone<sup>a,\*</sup>, Autumn J. Askew<sup>b</sup>, Ariel L. Beccia<sup>c</sup>, Claire E. Cusack<sup>d</sup>, Emily M. Pisetsky<sup>e</sup>

<sup>a</sup>Division of Epidemiology and Community Health, School of Public Health, University of Minnesota, Minneapolis, MN, USA

<sup>b</sup>Joint Doctoral Program in Clinical Psychology, San Diego State University/University of California, San Diego, CA, USA

<sup>c</sup>Division of Adolescent and Young Adult Medicine, Boston Children’s Hospital, Boston, MA, USA

<sup>d</sup>Department of Psychological and Brain Sciences, University of Louisville, Louisville, KY, USA

<sup>e</sup>Department of Psychiatry and Behavioral Science, University of Minnesota Medical School, Minneapolis, MN, USA

### Abstract

This exploratory study aimed to describe the lived experiences of queer women affected by eating and weight-related concerns. Qualitative data from young queer women ( $n = 105$ ; Age =  $23.6 \pm 3.4$  years) with eating and weight-related concerns in response to open-ended questions related to the influence of gender identity and sexual orientation on weight concern, behaviours, and perception were analysed using reflexive thematic analysis. Nine themes were created to describe participants’ experiences: (1) compensation for other internalised stigma, (2) to suppress body parts that can be gendered or sexualised, (3) comparisons to romantic partners’ bodies, (4) media representations, (5) queer signalling, (6) queerness as protective, (7) gender expression and dysphoria, (8) societal expectations of women’s bodies, and (9) internalisation of body/beauty ideals. Seven sub-themes were created to represent beauty ideals for specific subcultural communities (e.g. femme, butch). Findings suggest that queer women attribute individual, interpersonal and social factors to weight concern, behaviours and perceptions. Findings highlight complex tensions between beauty/body ideals experienced in cisheteronormative and queer spaces, influence eating and weight concerns among queer women. Gender, sexual orientation and subcultural ideals intersect in important ways, and may be useful to consider when screening, treating and preventing eating and weight concerns among queer women.

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\*Corresponding Author: Melissa Simone [simon996@umn.edu](mailto:simon996@umn.edu).

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## Keywords

body image ideals; weight concern; disordered eating; queer women; lived experiences

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## Introduction

Eating and weight-related concerns such as disordered eating (e.g. binge eating, skipping meals) and body dissatisfaction are highly prevalent among young adults in the USA (Fiske et al. 2014). Emerging research suggests that women who identify as lesbian, gay, bisexual, pansexual, asexual or queer, henceforth 'queer women,' are disproportionately burdened by eating and weight-related concerns (Meneguzzo et al. 2018). Indeed, evidence suggests that sexual orientation influences body perception and dissatisfaction, such that queer women report higher body dissatisfaction (Meneguzzo et al. 2021) and up to three times greater eating disorder risk (Simone et al. 2020) relative to heterosexual women. While the identification of eating and weight-related concerns risk factors for queer women is essential to diminish disparities, queer women remain largely underrepresented in the literature.

Two primary sociocultural theories provide a foundation for understanding the onset of eating and weight-related concerns in cisgender heterosexual women. The tripartite influence model theorises that pervasive sociocultural pressures from parents, peers and media to attain an idealised body shape increase body dissatisfaction and eating/weight concerns (Thompson, Covert and Stormer 1999). In contrast, the developmental theory of embodiment (Piran 2017) posits that experiences of restricted agency, not body image concerns, contribute to eating and weight-related concerns among women. Specifically, it is suggested that threats to physical, social and mental safety disrupt embodiment and increase eating and weight concerns (Piran 2017). Yet, existing theories were developed by white, affluent researchers to understand eating and weight-related concerns among white, heterosexual and cisgender populations and may not extend to the experiences of queer women. For instance, while queer women are likely exposed to similar sociocultural pressures to heterosexual women, potentially compounding pressures to attain unique queer beauty/body ideals have yet to be explored. Moreover, queer women may be exposed to distinct threats to safety that disrupt embodiment and compound/modify the pathways contributing to eating and weight-related concerns. For instance, minority stress theory suggests that social inequities and experiences such as discrimination, prejudice and stereotypes associated with a minoritised sexual orientation increase stress and mental health (Brooks 1981). Thus, unique factors that contribute to eating and weight-related concerns risk among queer women warrant further investigation.

The processes contributing to eating and weight concerns among queer women are likely nuanced by distinct sociocultural pressures and experiences. Body/beauty ideals are socially constructed and have been gendered and racialised since their conception. Thus, body/beauty ideals and eating/weight concerns likely differ by gender identity/expression, racial/ethnic identities, and social strata. Moreover, unique stressors related to individuals' identities, behaviours, and social status within queer spaces, henceforth 'intraminortiy stress', influences pertinent social factors (e.g. social support) associated with eating

and weight-related concerns (Pachankis et al. 2020). Intraminority stress is experienced differently based on sexual, racial and ethnic identities, such that women with intersecting socially minoritised identities may have diminished access to social support in queer spaces (Pachankis et al. 2020). Thus, qualitative research centring the lived experiences of queer women is needed to understand of how eating and weight-related concerns is experienced among members of this population.

## Methods

### Participants

Three-hundred and twenty-three participants comprised the broader sample of cisgender and transgender and gender-expansive young adults experiencing eating and weight-related concerns. Individuals were eligible for this study if they were (1) queer and/or transgender, (2) 18-30 years old, (3) fluent in English, and (4) endorsed eating and weight-related concerns. The present study included queer women ( $N=105$ ; Age=  $23.6\pm 3.4$  years) who self-identified as trans women/transfeminine ( $N=7$ ) or cisgender women ( $N=98$ ). Descriptive statistics are presented in Table 1.

### Procedure

Participants were recruited to an online sign-up form with advertisements distributed across the USA through professional listservs, eating disorder treatment facilities, queer counselling centres, and social media. Respondents were called to complete a five-minute phone screening process to assess eligibility and screen out potential bots. Eligible participants were emailed an individualised RedCap link to complete informed consent and study materials. The self-directed online study included surveys and open-ended questions assessing eating disorder symptoms, minority stress and sociocultural pressures and took 60-minutes to complete. Participants were compensated with a \$15 Target gift card. The study was approved by the Institutional Review Board of University of Minnesota.

### Measures

**Race/Ethnicity**—Race was measured with the question: “How would you define your racial identity? (select all that apply)” Options included: Alaskan Native or Native American, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, white, and An Alternative. Ethnicity was measured with the question: “Are you of Hispanic, Latinx or Spanish origin?”

**Gender identity**—Gender identity was assessed with the question: “How do you define your gender identity?” with options: cisgender woman, cisgender man, transgender woman, transgender man, trans non-binary, trans genderqueer, trans agender, not sure, other (please define).

**Sexual orientation**—Sexual orientation was assessed using one question: “Which of these categories best describes your sexual orientation?” Options included: heterosexual or straight; gay; lesbian; bisexual; pansexual; omnisexual; queer; asexual; questioning or not sure; and something else (please define).

**Eating Disorder Examination-Questionnaire (EDE-Q)**—The EDE-Q is a 28-item self-report questionnaire examining the frequency and severity of eating disorder behaviours and attitudes over the past 28 days (Fairburn and Beglin 1994). The 22 Likert-type items (range 0–6) together yield a general score and four subscales reflecting domains of cognitive eating disorder symptoms: weight concern, shape concern, eating concern, and restraint. Higher scores indicate greater eating disorder symptomology. Clinically significant symptomology was determined with the validated 2.48 cut-off score for the general score and four subscales (Machado et al. 2020).

**Open-Ended Questions**—Qualitative questions are commonly developed and refined across the stages of a reflexive and interactive inquiry journey to ask questions of why and how (Agee 2009). Five open-ended questions were designed by the first author (a queer researcher whose research programme centres eating disorder prevention) to focus on why and how queer and transgender young people with eating/weight concerns perceive sexual orientation and gender identity intersect with weight perception, weight control and body image ideals.

*Weight perception* was assessed with the question (yes/no): “Has your [sexual orientation/gender] influenced your feelings about your weight?”

*Weight control* was assessed with the question (yes/no): “Has your [sexual orientation/gender] influenced your attempts to maintain or lose weight?”

*Body image ideal* was assessed with the question (yes/no): “Do you think you’re expected to have a certain body shape because of your sexual orientation?” Participants who responded “yes” to the stem questions were asked: “In a few words, can you describe how this shows up for you?”

## Data Analysis

Qualitative analyses aimed to explain why and how sexual orientation, gender and eating and weight-related concerns intersect among queer women with eating/weight concerns. Responses to open-ended questions were coded by the first and second author (MS and AA; henceforth, ‘coding team’) according to the principles of reflexive thematic analysis (Braun and Clarke 2006; 2021). Each question was coded separately, allowing for a nuanced understanding of participants’ experiences.

Our reflexive approach to thematic analysis considered the coding team’s biases and experiences that might influence the interpretation and coding of participants’ responses (Braun and Clarke 2021). Reflexivity activities included regular reflexive diarying, bracketing, and discussion between coders. Our reflexive thematic analysis was informed by inductive and constructivist approaches. To allow themes to centre participants’ experiences, the analysis was not driven by any pre-existing theoretical framework (inductive), and responses were used to theorise about social, cultural, and ecological issues (constructivist).

Responses were coded in Microsoft Excel. First, the coding team read all responses to gain an understanding of the breadth of responses. Second, the coding team independently

identified preliminary codes for the responses. Raters' codes were then compared and preliminary codes were refined into organising themes. Qualitative responses underwent additional review by the coding team and the resulting themes were refined until a final thematic structure was agreed upon.

To ensure a range of perspectives in the discussion section of the manuscript, two separate co-authors reviewed the resultant themes and example quotes to identify "meta-themes" that spanned across themes that were worth exploring and interpreting further in the discussion.

## Results

Sample demographics and descriptives are presented in Table 1 above. Among the sample of queer women, 69.5% (n=66) scored above the suggested cut-off score of 2.48 marking clinically significant eating disorder symptomology on the EDE-Q Global Score (Machado et al. 2020). In addition, 57.6% (n=57) scored in the clinically significant range on the Restraint, 57.0% (n=57) on the Eating Concern, 81.0% (n=81) on the Shape Concern, and 84.2% (n=85) on the shape concern EDE-Q subscales.

More than one-third of the sample indicated that gender identity influenced their weight concern (44.2%, n=46) and weight control behaviours (39.4%, n=41). Around one-third of women reported that their sexual orientation influenced their weight concern (39.4%, n=36), weight control behaviours (37.5%, n=34) and body image ideals (32.7%, n=34). Each of the themes and subthemes are described below and are presented in Table 2. Quotes are contextualised with participant age, race, sexual orientation, and gender identity.

### Compensation for other forms of internalised stigma

Participants described how moving towards an idealised beauty/body ideal functioned to intervene on experiences of fat phobia, or to compensate for aspects of identity (e.g. queerness, weight) that were linked to systems of power, privilege, and oppression (e.g. homophobia, fatphobia). Some queer women described feeling that restrictive weight control functions as a punishment for being queer. Others described feeling shame about their sexual orientation and a belief that thinness would improve their chances of social acceptance:

"I feel ashamed for not being straight and it feeds into my negative self-talk. I'm paranoid people will reject me for being queer. In my mind, if people think I'm thin/pretty they might still want to be my friend even if they might reject me for my sexuality."

(23-year-old, white, omnisexual cis woman)

"Being very thin was like a shield or comfort to me--no matter what happened, as long as I knew I was thin, it would be okay. I need this shield so I can come out and be who I am."

(22-year-old, Asian, lesbian cis woman)

Women also described feeling as though the attainment an ideal body shape would compensate for other elements of appearance:

“Being a taller woman, I feel I must compensate by being smaller in weight so I am desirable to others”

(22-year-old, white, bisexual cis woman)

### **Suppression of body parts that can be gendered or sexualised**

Queer women described the desire to suppress traits/processes (e.g. menstruation) or body parts (e.g. chest, hips) to avoid being sexualised/objectified by others, or to diminish characteristics associated with socialised gender norms:

“I feel like my sexual orientation makes influences the way people look at me, and I don't want there to be a lot to look at and I don't want to appear sexual to anyone”

(23-year-old, white, queer cis woman)

“I dont want to have big boobs, I'd rather have none. I don't want to have hips, I'd rather be straight [sized]. I just want to be less feminine in shape mostly”

(25-year-old, white, gay cis woman)

### **Gender exploration, expression, and dysphoria**

Trans women described how gender identity related to eating and weight concerns in terms of gender dysphoria (i.e. distress caused by a discrepancy between gender identity, expression and sex assigned at birth) and internalised beliefs about accessing gender affirming expression:

“My gender makes me want to be curvier, and therefore heavier. It is the primary reason why I want to gain weight, to have curves I don't naturally have.”

(29-year-old, white, lesbian trans woman)

Cis women described gender exploration because of the intersection of gender dysphoria and body dysmorphia (i.e. distress regarding physical appearance and/or perceived physical deformations), wherein sometimes body dysmorphia led to gender exploration:

“I have previously questioned my gender identity and considered labelling myself as more genderfluid or gender-queer, but I have since chalked it up to just being confused by that weird grey area where gender and sexuality intersect. It's a difficult experience to explain. I am currently more or less comfortable in my perceived femininity, but every now and then will go back to questioning again. During those times, gender dysphoria and body dysmorphia seem so blend into each other so much it's hard to tell where one issue begins and the other ends. I sometimes feel the urge to restrict my diet to appear more flat-chested when I am feeling more masculine or androgynous, and other days I feel the urge to eat more and gain weight to feel more "full".”

(19-year-old, white, lesbian cis woman)

### **Comparisons to romantic partner(s)'s body**

Queer women described the desire to be perceived as smaller and/or thinner than a romantic partner by their romantic partner(s) and others who saw their relationship. Participants

described comparing their body shape to that of their partner(s)'s and/or other people they felt attracted to:

“Since I'm attracted to other women, I compare myself to everyone I find attractive”

(18-year-old, white, lesbian cis woman)

“I know that bi women are at some of the highest risk for eating disorders, so being aware of that statistic I've been more accepting of the idea that I might have one. I'm sure there's also some subconscious connections with some physical features I find attractive in people that I could then try to emulate, but I'm not specifically like "oh her collarbones/hands are really nice, I need to be like that"”

(24-year-old, white, bisexual cis woman)

Women described feeling as though being thinner than their partner would allow them to feel and/or be perceived as more feminine:

“I like to weigh less than my lesbian partners because I think weighing less equates to being more feminine.”

(27-year-old, white, Latina, queer cis woman)

Others described an internalised pressure to be perceived as thinner than their partner:

“I imagine myself dating another girl, and it just feels wrong being "the fat one." I want to be as attractive as the girls I am attracted to.”

(18-year-old, Arab, gay cis woman)

“Dating women makes me want to be thinner than my female partner(s) and dating trans men makes me want to be thin, so I'll be more attractive.”

(27-year-old, white, queer, cis woman)

### Media representations

Women pointed to their experiences of queer visibility in the media, highlighting how the portrayal of women's bodies in the media and the limited diversity among queer people depicted there, engender pressure to emulate bodies seen in films or television shows. Participants described believing that attaining an image consistent with the media portrayal of queer women would influence their (peer and/or social) acceptance and social capital (i.e. one's set of social relationships and networks that collectively shape access to status, power, resources, etc.):

“Queer people in media often are thin so it made me feel like I should look more like them to fit in. I feel like I should look like queer people in media to be accepted and loved.”

(23-year-old, cis queer woman with another racial identity)

Queer women also described the limited diversity in the shapes/sizes of queer bodies in the media,



“If there are any lesbians in media at all, they're never fat”

(19-year-old, white, lesbian cis woman)

as well as the pervasiveness of whiteness in media representation of queer women:

“The popular perception of lesbians is that they're either very skinny, white, androgynous/very femme and very attractive, or, a fat dyke. There really isn't much in between in the media”

(25-year-old, white, queer cis woman)

### Queer signalling

Participants described the felt need to attain a specific body shape/size or presentation to be perceived/read as queer by other queer people. Women described perceiving a narrow range of body shapes/sizes that allowed them to signal/demonstrate queerness to other queers:

“As a femme wlw [woman-loving woman] who passes as straight, I want to mould my appearance to signal that I am queer. So that gives me super skinny and toned or fat with beautiful curves. Being fat scares me, so I need to be very skinny.”

(29-year-old, white, asexual cis woman)

“I feel like I have to "show" that I am queer by being either a specific personality or a specific body type, like extra muscular like masculine to "let the ladies know"? This conflicts with the "ideal woman" body type I feel guilt for not having and creates some dissonance ... It's a weird time because these are changing as LGBT+ gets more acceptance and visibility”

(25-year-old, white, queer cis woman)

### Queerness as protective

Participants described queer communities as generally more accepting of diverse body shapes/sizes, and some described feeling a reduction in body image pressures after coming out:

“I used to think: Women want size zeros with long hair and perfect makeup. I have to be that. ... now that I see the LGBT community thriving, I see acceptance of all bodies, I am less pwrroed [worried] about my queer crushes judgments. I think now I am more worried about a straight man's ability to be attracted to me, but thankfully I am more into women and nonbinary or trans folks.”

(25-year-old, white, queer cis woman)

### Societal expectations for women's bodies

Despite having a queer identity, participants perceived broader cisheteronormative societal expectations as restrictive including pervasive social pressures to be thin and weight aware. Participants described the restrictions and surveillance of women's bodies as it pertains to access to social capital, such as can be found through employment and friendship:

“As a woman I feel I've always had to be vigilant about my weight and how I appear to others. Being cute is surprisingly important when it comes to getting jobs,



having friends, being viewed positively in society. I do it for myself, but it certainly doesn't hurt how others think of me either.”

(24-year-old, white, bisexual cis woman)

Others described societal expectations attached to specific body parts and the generally unrealistic expectations society places on women's bodies:

“I feel like most women are expected have tiny waists but large hips and a large bust and it seems unachievable. Growing up I was told that I hold weight in ugly places so that didn't help”

(19-year-old, Arab, lesbian cis woman)

“People expect trans women to be waifs”

(29-year-old, white, lesbian trans woman)

### Internalisation of body/beauty ideals

Women detailed body/beauty ideals in cisheteronormative and queer spaces and linked the attainment of these as being connected to social status, attractiveness and acceptance. The authors created seven sub-themes to represent (perceptions and experiences of) distinct body/beauty ideals described by queer women: queer-specific ideals and norms; thin ideals; androgynous ideals; masculine or butch ideals; femme ideals; dyke stereotypes; and small ideal.

**Queer-specific ideals and norms**—Participants described feeling pressure or the expectation in queer spaces to attain one of many distinct ideal body shapes and expressions associated with queer womanhood. Women described feeling that their queerness and visibility depended on attaining a specific sub-cultural ideal:

“Sometimes I feel like I can't express myself in a queer way without also losing weight or having muscles”

(19-year-old, Arab, lesbian cis woman)

“Also within the queer community are very exclusive hot gays and when I am around that I feel the desire to be skinnier.”

(25-year-old, white, pansexual cis woman)

**Thin ideals**—Queer women described internalised beliefs in response to societal pressures to attain the westernised “thin ideal.” Some participants described feeling that their thinness determines their femininity, whereas others described thinness as a path towards affirming their gender expression:

“I'm a woman and I want those things that signify being a thin woman, like a thigh gap.”

(29-year-old, multiracial, lesbian woman)

Others described feeling that their attractiveness is influenced by how thin they are:

“A need to look good (good=skinny) within same-sex relationships.”

(28-year-old, white lesbian cis woman)

**Androgynous ideals**—Participants described perceiving a desire to have a small body, smaller breasts, and/or thin hips, all of which are consistent with an androgynous body ideal. In some instances, both cis and trans queer women described feeling as though they needed to attain this androgynous ideal to be read as androgynous and/or perceived as queer in queer spaces:

“I sometimes feel the urge to restrict my diet to appear more flat-chested when I am feeling more masculine or androgynous, and other days I feel the urge to eat more and gain weight to feel more "full".”

(19-year-old, white, lesbian cis woman)

“I am asexual but homoromantic, so most people just know me as a lesbian or assume I am. I am not femme but not butch, so I'm somewhere in the middle in terms of how I present but I feel like I should be flat and lanky and look sporty (which I am).”

(25-year-old, white, asexual cis woman)

**Masculine or Butch Ideals**—All women who described the masculine or butch ideal self-identified as lesbian. Participants described feeling as though masculine-presenting lesbians are expected to be muscular to be perceived as butch or masculine in queer spaces:

“I'm more of a masc lesbian so I feel like i have to either be skinny or buff but I can't be fat bc they just don't make masculine clothes for women that fit anyone who isn't skinny or buff”

(19-year-old, Arab, lesbian cis woman)

**Femme ideals**—Queer women described experiencing desires to attain a curvy body (e.g. breasts, hips) and desires to be perceived as feminine to hold sex appeal. Some women described feeling a conflict between their own femininity and pervasive societal stereotypes that suggest that queer women are less feminine:

“I'm a high femme lesbian and I'm uncomfortable with my sexuality diminishing my femininity”

(19-year-old, white, lesbian cis woman)

“Being a lesbian, I've struggled with feeling feminine, and not having a womanly or curvy shape makes me feel inadequate. I work to gain weight but when I do it's never in the right spots, and then since I'm a very active dancer I can never keep any weight on. I just want to feel sexy. I want curves. The women I find attractive and sexy in media don't look like me. I don't like looking like a gangly teenage boy. I don't want to be the tomboy dyke, I want to be the sexy femme fatale.”

(19-year-old, white, lesbian cis woman)

Other women espoused internalised beliefs that queer women are more attracted to femme women as compared to women with other appearance presentations (e.g. butch, androgynous):

“Many women prefer "femme" presenting women- so it made me want to lose/maintain weight”

(18-year-old, Asian, bisexual cis woman)

For trans women, attaining a femme, curvy ideal was linked to attaining femininity:

“My gender makes me want to be curvier, and therefore heavier... It is the primary reason why I want to gain weight, to have curves I don't naturally have.”

(29-year-old, white, lesbian trans woman)

**Dyke Stereotype ideals**—Queer women described internalised beliefs and perceptions related to the “fat dyke” stereotype portrayed in cisheteronormative and queer spaces and/or the media. Descriptions centred on internalised fatphobia and fears of being labelled as a dyke based on their body shape alone:

“Not wanting to be a "fat dyke" stereotype, who is only gay because men don't want her”

(30-year-old, white, asexual cis woman)

“I was very butch and identified as a lesbian prior to conversion therapy and I felt that I needed to disprove the "fat ugly dyke" stereotype. I still feel this somewhat.”

(21-year-old, white, bisexual cis woman)

**Small ideals**—Queer women described experiencing societal pressures and internalised desire to attain a small (e.g. dainty, frail) body. The small ideal is different from a thin ideal because it links to feeling dainty, small or cute rather than physically thin:

“I love being made to feel small and delicate by my sexual partners, especially masculine ones”

(24-year-old, white, bisexual cis woman)

“Since realising I'm gay, I feel like losing weight has taken on another meaning. I want to lose weight because I want to be small and cute to my girlfriend. I also like to wear an androgynous fashion style, and I feel like it will look better on me once I get back to my lowest weight.”

(22-year-old, Asian and white, lesbian cis woman)

Other women described the desire to be small in response to feelings of shame related to internalised stigma:

“When I used to be ashamed of my sexual orientation - I wanted to "disappear"- become smaller and less noticeable - due to the shame.”

(30-year-old, white, gay cis woman)

## Discussion

This study explored the experiences of queer women with eating/weight concerns to understand why and how sexual orientation and gender intersects with these concerns. Qualitative responses point to individual (e.g. internalised beliefs), interpersonal (e.g. romantic relationships), community (e.g. norms), and environmental (e.g. media) experiences contributing to eating and weight concerns. We identified several meta-themes related to the intersection between eating and weight concerns, gender identity and sexual orientation as described by the women in the study, each of which is discussed below.

### Beauty ideals experienced by queer women

Queer women described seven distinct internalised body/beauty ideals that constituted sub-themes (e.g. androgynous, femme), highlighting the diversity of ideals among queer women that extend beyond the thin ideal sometimes stressed in the literature. Participants described rigidity in the expectations placed on queer women (e.g. there is a “right” way to look queer) and feeling that they must attain prescribed beauty/body ideals to be perceived as an insider by other queer people.

Queer women further described feeling that their body shape/size determined the extent to which they felt and were perceived by others as authentic in their expression of their sexual orientation and subcultural identity. Across themes, eating and weight concerns may function as an avenue to express self and identity in a way that feels authentic and yet is simultaneously consistent with the standards and expectations for queer women, illustrating an important tension. Sexual orientation and subcultural beauty/body ideals meaningfully intersect and may be useful to consider in screening and treatment of eating and weight concerns for queer women.

### The body as a source of social capital and/or as a means for social mobility

The perception that the body serves as a source of social capital and/or a means for social mobility cut across themes. Participants described unhealthy weight control efforts and other forms of body/appearance manipulations to maintain or gain social capital through participation in social relationships that shape access to status, power, material resources. Specifically, queer women described feeling that the attainment of a given beauty/body ideal would confer social capital in the form of increased societal (and/or queer community) acceptance and rewards, while failing to meet these ideals could lead to social devaluation and marginalisation. Consistent with intersectional inequities observed in the epidemiologic literature (e.g., Burke et al. 2020), the perceived social mobility associated with attaining a given beauty/body ideal may be particularly meaningful to those who are already marginalised by gender identity/expression, sexual orientation, race/ethnicity, and/or body weight/shape.

### Body weight/shape is central to both individual and social constructs of gender and sexual orientation

Across themes queer women referred to body weight/shape as key to how they understood their gender identity and/or sexual orientation, as well as how society constructs these

categories. For example, “To Suppress Body Parts that can be Gendered or Sexualised” and “Gender Expression and Gender Dysphoria” themes reveal how some participants express and experience gender in relation to their weight (e.g. thinness as a means of expressing womanhood, with deviations associated with dysphoria). Furthermore, body weight/shape was often described as influencing how participants’ gender identity and/or sexual orientation were read by others and the perceived ability to authentically express one’s identity. Highly relevant across the study themes were references to various body shapes being “feminine”, “masculine” and “androgynous”, as observed in prior qualitative work (Cusack et al. 2022). Numerous themes and sub-themes suggest that these perceptions reflect broader hegemonic societal discourses linking femininity to heterosexuality and thinness, queerness to deviance and androgyny, and the juxtaposition of queer community serving as a space that simultaneously challenges and reinforces these discourses.

Also apparent were the tensions between gendered and sexualised beauty ideals present in cisheteronormative and queer spaces. For example, participants described experiencing pressure to signal their queerness in queer spaces while simultaneously experiencing the pressures of living in cisheteronormative culture. The tension between expectations and beauty/body ideals in cisheteronormative and queer spaces and the observed centrality of beauty/body ideals to the social constructs of gender and sexual orientation were highlighted by experiences of gender dysphoria among cisgender women. Taken together, queer women’s experiences suggest that weight control attempts and other forms of body/appearance manipulations may be a means of both embodying and performing one’s gender identity and/or sexual orientation, with such performances differing as one navigates cisheteronormative versus queer spaces.

### **Navigating tension and interrelationships between hegemonic and queer-specific beauty ideals**

Queer women described how cisheteronormative and queer spaces could be sites of beauty ideal (re)production and the impact that this has on participants’ body image. For example, the “Queerness as Protective” and “Internalisation of Body/Beauty Ideals” themes show how queer spaces are often perceived by participants as being more accepting and diverse regarding body weight/shape than broader society, which can serve to bolster confidence/self-esteem and improve body image. However, these and other themes also include reference to minority stress experiences, pressures and expectations regarding queerness, and queer-specific beauty ideals (including those originating from within queer community), all of which can contribute to body dissatisfaction.

The idea of a tension existing within and between cisheteronormative and queer spaces, and the ways in which such a tension might contribute to poor mental health and body dissatisfaction is consistent with minority stress and intraminority stress theories (Pachankis et al. 2020). Intraminority stress is the unique stress attributed to intersecting systems of power, privilege, and status within queer spaces that, according to an individual’s constellation of socialised identities, may diminish access to community and negatively influence mental health (Pachankis et al. 2020). Thus, queer spaces are often experienced simultaneously as “havens” from cisheteronormative, sexist, Eurocentric, fatphobic, etc.

beauty ideals, while also being sites that reflect these ideals and enforce new ones. Collectively, a tension arises for queer women who straddle the sociocultural pressures of the broader cisheteronormative culture and those deeply engrained in queer spaces. This tension may be felt particularly strongly by multiply marginalised queer people.

Across themes, participants described consistent perceptions about distinct subcultural identities for queer women (e.g. femme, butch) and their associated normalised, and often internalised, beauty/body ideals. However, participants described different realities related to body acceptance in queer versus cisheteronormative spaces, and in the ways in which body/beauty modification is perceived to protect oneself from harm. For example, some women described feeling that their body shape/weight prevented them from authentically expressing themselves in relation to their subcultural identity. Participants' experiences in queer and cisheteronormative spaces also seemed to vary according to other contextual factors. For instance, queer women who dated people of multiple genders described experiencing differing body image pressures corresponding to the gender of their current partner(s), or current relationship status. It is likely that a broader range of socially constructed facets of identity, appearance, and social status within queer spaces intersect in their influence on queer women's eating and weight-related concerns.

Our findings suggest that sexual minority stress may help explain empirically observed disparities in eating and weight concerns among queer women (Simone et al. 2020), such that queer women described experiencing eating and weight concerns in response to internalised homophobia. Indeed, the themes here point to the perception that the body is a site of intersectional oppression within cisheteronormative and queer spaces. Notably, in the theme "Compensation for Internalised Stigma," responses speak to the internalisation of many forms of discrimination or stigma (e.g. homophobia, fatphobia). For example, queer women described anticipated discrimination (i.e. vigilance and/or fear of experiencing discrimination, which may in lead to avoidance of certain social situations) in relation to their sexual orientation, and viewed the attainment of cisheteronormative beauty/body ideals as a pathway to diminishing the overall breadth of discrimination that they might experience. The experiences observed in this study are consistent with recent qualitative research in a small sample of queer women, which highlighted experiences of social devaluation for non-compliance with social norms of binary gender and heterosexuality (Springmann, Svaldi and Kiegelmann 2022).

### **Additional observations**

Several additional observations are worth exploring further. First, a subgroup of cis women described experiences with gender dysphoria and gender exploration, highlighting the complicated intersection of gender identity, sexual orientation and eating or weight-related concerns. Second, queer women described social comparisons and relational thinness expectancies (e.g. the desire to be thinner than romantic partner), which may point to additional mechanisms through which eating and weight concerns emerge in this group. Third, in describing the relationship between gender identity and eating or weight concerns, some participants claimed that they recognise "all bodies worthy of respect and love," yet struggled with their own appearance. This sentiment could reflect the tension between

a queer political identity (e.g. queer liberation; the rejection of (cis)heteronormativity) and a queer gender/sexual identity. For instance, ‘queer’ may be used as an umbrella term outside of traditional conceptualisations concerning romanticism and sexual attraction and/or behaviour (Morandini, Blaszczyński and Dar-Nimrod 2016). If participants view their queer identity in a broader sense as encompassing politics or an extension of queer theory, it may make sense that they struggle with thoughts about gender and/or weight, as these concerns are historically rooted in a binary gender framework that runs counter to queer theory (Callis 2014).

### Limitations

Despite the depth of participant responses in an area of critical concern, there are important limitations to consider. First, the sample was largely homogeneous in that most participants were white, young and cisgender. Due to the relatively small subgroup sizes, we were unable to stratify responses by potentially relevant social strata. Moreover, the researcher team comprised of white people in academia and thus risks perpetuating white queer norms in the interpretation of study findings. Furthermore, while open-ended questions allowed participants to elaborate as much as desired and afforded them a high degree of privacy, the online survey format may have precluded nuance in responses. Additionally, we did not include a question regarding the intersection of gender and body ideals, which would likely reveal interesting complexities.

### Conclusions

Our findings highlight complicated intersections of thinness expectancy in cisheteronormative society and queer beauty/body image ideals that may influence eating and weight-related concerns among queer women. Identified meta-themes relate to the: (1) body as a source of social capital, (2) the centrality of body weight/shape to gender and sexual orientation, (3) tensions and intersections between hegemonic and queer-specific beauty ideals. The range of beauty/body ideals identified in the study suggests that the historic emphasis on a thin ideal and resultant theoretical frameworks centre only a subgroup of women and thus may inadvertently perpetuate harm (e.g. by shaping narratives of who may experience eating and weight-related concerns, influencing factors targeted in prevention and treatment programmes). Our findings highlight several areas wherein existing theoretical frameworks, treatment approaches, assessment tools, and prevention efforts for eating and weight-related concerns require expansion to include the experiences of queer women.

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## Data Availability Statement

Given the sensitive nature of the qualitative responses examined in the present study the data cannot be shared publicly.

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**Table 1.**

Sample Demographic Characteristics and Descriptive Statistics for Eating Disorder Examination Questionnaire (EDE-Q) Global and Subscale Scores

Input Variables	Women	
	N	%
<b>Gender Identity</b>		
Transfeminine or trans women	5	4.8
Cisgender women	99	95.2
<b>Race/Ethnicity</b>		
Alaskan Native	2	1.9
Asian	7	6.7
African American or Black	7	6.7
Native Hawaiian	1	1.0
Hispanic or Latina	7	7.1
White	88	84.6
Mixed or other	3	2.9
<b>Sexual Orientation</b>		
Heterosexual	1	1.0
Gay	2	1.9
Lesbian	42	40.4
Bisexual	26	25.0
Pansexual	11	10.6
Queer	16	15.4
Asexual	4	3.8
Questioning	1	1.0
Something else	1	1.0
<b>Household Income</b>		
< \$25,000	32	31.7
\$25,000 – 44,999	21	20.8
\$45,000 – 69,999	22	21.8
\$70,000 – 100,000	15	14.9
> \$100,000	11	10.9
	<b>M</b>	<b>SD</b>
<b>Eating Disorder Symptomology (EDE-Q Subscales)</b>		
Restraint	2.94	1.73
Eating Concern	2.72	1.20
Shape Concern	3.94	1.41
Weight Concern	3.68	1.28
Global ED Symptoms	3.35	1.25

**Table 2.**

Descriptions of Each Theme and Subtheme and its Relevance to Open-Ended Questions Related to Weight Concerns, Body Ideals, Weight Concern, Sexual Orientation and Gender, based on Participants' Responses to Five Open-Ended Questions

Theme	Subtheme	Characterised by responses describing...	Sexual Orientation Gender				
			Weight Concern	Body Ideals	Weight Control	Weight Concern	Weight Control
Compensation for other internalised stigmas		...that moving towards an idealised body shape would compensate for other aspects of identity (e.g. queerness) that is similarly linked to systems of power, privilege, and oppression (e.g. fatphobia, tallness, queerness)	X	X	X	X	
	To suppress body parts that can be gendered or sexualised	...desires to suppress traits (e.g. menstruation) or body parts (e.g. breasts, hips) to avoid sexualisation or to diminish characteristics associated with socialised gender norms	X		X	X	X
Comparisons to romantic partners body		...desires to be perceived as smaller, thinner than a romantic partner by romantic partner and others who see their relationship	X		X		
	Media representations	...descriptions highlighting the ideals portrayed by media representations of women		X	X		X
Whiteness		...white supremacy in the media's representation of queer women, queer bodies, and beauty ideals		X	X		X
	Queer visibility	...highlighting the ideals portrayed by media and/or pressure to conform with stereotypes of queer women		X			
Queer signalling		...descriptions that indicate that a specific body shape, size, or presentation are necessary to be perceived as queer		X			
Queerness as protective		...accounts that describe a reduction in body image pressures associated with coming out and/or descriptions of increased body acceptance in queer spaces	X				
Gender expression and dysphoria		...process-oriented responses describing of the overlap between gender exploration, dysphoria, and/or dysmorphia	X				X
	Societal expectations for women's bodies	...descriptions of social pressures about thinness, weight awareness, pressures to attain body ideals that are markedly present for women	X				X
Internalisation of body/beauty ideals		...descriptions that connect social status, success, acceptance, job status, and attractiveness with an idealised body shape; responses draw these connections to beauty & body ideals present in both cisheteronormative and queer spaces	X	X	X	X	X
	Queer ideals and norms	...descriptions of unique pressures, norms, or expectations experienced in queer spaces; internalised belief that queer women are expected attain subcultural ideals (e.g. femme, butch)	X		X		X
Thin ideals		...internalisation (i.e. in beliefs, behaviours) of societal pressures to attain a thin body	X	X	X	X	X
	Androgynous ideals	...desires to have a small body, smaller breasts, thin hips and/or suggestions that prescribe a specific body shape or appearance with being "read" as androgynous		X			
Masculine/butch ideals		...desires for a masculine or muscular body (e.g. boyish frame, thin, small hips); suggestions that prescribe a specific body shape or appearance with being "read" as butch or masculine	X				
				X			

Theme	Subtheme	Characterised by responses describing...	Sexual Orientation Gender				
			Weight Concern	Body Ideals	Weight Control	Weight Concern	Weight Control
Femme ideals		...desires for a curvy body, breasts, hips, "curves in the right places", to be perceived as feminine; suggestions that prescribe a specific body shape or appearance with being "read" as femme	X	X			X
Dyke stereotype ideals		...descriptions linking fatness in queer spaces to a "fat dyke" stereotype that is portrayed in society and/or the media; internalised fatphobia and efforts to avoid this label	X	X			
Small ideals		...internalisation of societal pressures to attain a "small" (e.g. dainty, frail, "small and cute") body				X	X

Note. The five open-ended questions are represented by the righthand columns. Each cell indicates whether participants' responses were consistent with the observed themes. Marked cells (X) indicate that a theme was relevant for the question represented by the column.