



University of the
West of England

Jones, R. and Malson, H. (2011) A critical exploration of lesbian perspectives on eating disorders. *Psychology and Sexuality*, 4 (1). ISSN 1941-9899 Available from: <http://eprints.uwe.ac.uk/15671>

We recommend you cite the published version.

The publisher's URL is:

<http://dx.doi.org/10.1080/19419899.2011.603349>

Refereed: Yes

(no note)

Disclaimer

UWE has obtained warranties from all depositors as to their title in the material deposited and as to their right to deposit such material.

UWE makes no representation or warranties of commercial utility, title, or fitness for a particular purpose or any other warranty, express or implied in respect of any material deposited.

UWE makes no representation that the use of the materials will not infringe any patent, copyright, trademark or other property or proprietary rights.

UWE accepts no liability for any infringement of intellectual property rights in any material deposited but will remove such material from public view pending investigation in the event of an allegation of any such infringement.

PLEASE SCROLL DOWN FOR TEXT.

A Critical Exploration of Lesbian Perspectives on Eating Disorders

Word count: 7098 words (excluding abstract)

A Critical Exploration of Lesbian Perspectives on Eating Disorders

Abstract

There is now a considerable body of research exploring how culturally dominant gendered norms are implicated in mobilising girls' and women's 'anorexic' and 'bulimic' experiences and practices. However, much less is known about lesbian experiences of 'eating disorders'. This article explores some of those specificities. Drawing on interviews with self-identified lesbian women with a history of 'anorexia' and/or 'bulimia', our analysis suggests that while many of the ways in which participants discursively constituted their 'eating disorders' were similar to those identified in research with girls and women assumed to be heterosexual, there were also important differences where participants' actual or emerging lesbian subjectivities were integral to their accounts of developing, living with and recovering from 'anorexia' and/or 'bulimia'. Our analysis suggest that the processes of coming to recognise oneself as a lesbian and of 'coming out' to others in predominantly heteronormative contexts may be profoundly implicated in the discursive production of lesbian women's 'eating disorders' and that further research is required to better understand lesbian perspectives on 'eating disorders'.

Keywords: *Eating disorders; lesbian perspectives; discourse; qualitative research*

A Critical Exploration of Lesbian Perspectives on Eating Disorders

Whilst there is now a considerable body of research exploring how cultural norms of femininity are implicated in the discursive production and regulation of girls' and women's 'anorexic' and 'bulimic' experiences, little is known about how the perspectives of lesbians may be similar to or different from those of heterosexual girls and women. The majority of 'eating disorders' research attending to sexual orientation is concerned with gay men; primarily investigating incidence rates (e.g. Costin, 1999; Seeman, 1995), and body image issues (e.g. Levesque & Vichesky, 2006; Yelland & Tiggemann, 2003). By contrast, there is very little research on eating disorders amongst lesbians. What research there is here consists primarily of comparisons with heterosexual women of incidence rates and body image dis/satisfaction. Findings, to date, have varied but tend to suggest that lesbian women are less likely than heterosexual women to be diagnosed with an eating disorder (Fallon, Katzman, & Wooley, 1994; Herzog, Newman, Yeh, & Warshaw, 1992). An estimated 2-3 percent of lesbians (Settles, Hanks, & Sussman, 1993) experience disordered eating compared with 5-10 percent of heterosexual women (Costin 1999). Some studies, however, suggest that lesbians and heterosexual women are equally as likely to develop an eating disorder (e.g. Feldman & Meyer, 2007). Others, distinguishing between different categories of eating disorders, have found that lesbians are less likely to experience 'anorexia' (Heffernan, 1996; Sears, 2005), equally (Heffernan, 1996), and more likely to experience 'bulimia' (Wichstrom, 2006), 'binge eating disorder' (Fallon et al., 1994; Millner, 2004) and 'obesity' (Sears, 2005).

Despite these conflicting findings, however, lesbianism is often viewed as a protective factor against the onset of an eating disorder (Swain, 2006) and lesbian perspectives on eating disorders remain significantly under-researched. Explanations for how lesbianism might function as a protective factor have focused almost entirely on body image and body

dis/satisfaction. Herzog et al., (1992), for example, argued that body satisfaction is higher amongst lesbians who are therefore less likely to develop an eating disorder; a view which has been much repeated (D'Augelli & Patterson, 2001; Jacalyn & McComb, 2001) and which has been further extended to suggest that lesbians' (assumed) rejection of culturally dominant beauty 'ideals' and traditional sex roles serves a protective function. (Fallon et al., 1994). However, others have proposed that lesbianism does not constitute a sufficient protection from the hetero-normative cultural values of femininity (including idealised female slenderness) that are implicated in the development of eating disorders (Striegel-Moore et al., 1990, cited in Fallon et al., 1994). Indeed, in contrast with the findings cited above, some studies have found similar or even higher levels of body dissatisfaction, dieting, binge eating and purging behaviours amongst lesbians (Gordan & Gordan, 2000; Morrison *et al.*, 2004).

In short, eating disorders amongst lesbian women remain under-researched and poorly understood. The need for further research, particularly for studies attending to a wider range of issues beyond body image and body dis/satisfaction, is clear (Gordan & Gordan, 2000). As Sears (2005: 291) has argued, 'further research is needed ...to clarify the form that eating disorders take in lesbians'; a point which is further underscored by critical feminist analyses of girls' and women's eating disordered experiences.

Critical feminist analyses of 'anorexia' and 'bulimia', whilst clearly attending to the gendered dimensions of eating disorders (e.g. Bordo, 1993; Eckermann, 1997; Malson & Burns, 2009), have tended to assume (at least implicitly) a heterosexual orientation for participants and, to date, have very rarely explored the possible specificities of lesbians' eating disordered experiences (see e.g. Thompson, 1992). They have, however, elucidated the heterogeneity of girls' and women's eating disordered experiences and the multiplicity of often profoundly gendered and sometimes contradictory meanings of 'anorexia' and 'bulimia'. For example,

‘anorexia’ has been analysed as a search for an otherwise lacking identity; as an attempt to exert control over one’s life; and as both a hyper-conformity to and an ambivalence about or rejection of femininity (Brown & Jasper, 1993; Eckermann, 1997; Malson & Burns, 2009; Orbach, 1993). The thin body, it has been argued, may signify the petite fragility, self-denial and child-like status of ‘traditional’ femininity as well as conforming *par excellence* to the cultural prescription of thinness as a central criterion of feminine beauty. Yet, conversely, through the obliteration of breasts, hips and menstruation, thinness may also signify a defeminised subjectivity; an escape from the vulnerabilities of traditionally defined femininity through pursuit of a ‘boyish’ body (Bordo, 1993), associated instead with self-control, success and intelligence (e.g. Riley, Burns, Frith, Wiggins, & Markula, 2008). Critical feminist studies illustrate then, first, how eating disorders are multiply constituted *within* (rather than outside of) the normative discursive contexts of contemporary western cultures; second, how they cannot be adequately understood *only* in terms of a hyper-conformity to a cultural equation of female slenderness with beauty and, third, how the gendered meanings of disordered eating and slenderness are complex, shifting and often contradictory.

The cultural equation of thinness with feminine beauty is undoubtedly important (though not in itself sufficient) in understanding girls’ and women’s eating disordered experiences and practices. And feminine beauty is clearly, in turn, primarily understood as female *heterosexual* attractiveness. What is less clear, however, is, first, the extent to which these culturally dominant, hetero-normative notions of feminine beauty are significant for lesbian women; second, the ways in which the *variously* gendered meanings of thinness might figure in lesbians’ eating disordered experiences and, third, which other ways lesbian women’s eating disordered subjectivities, experiences and practices may be similar to or different from those of heterosexual women. The aim of this paper is, therefore, to present a preliminary

interview-based, qualitative exploration of how young women who self-identify as lesbian and as having had an eating disorder make sense of their experiences of developing, living with and recovering from an eating disorder.

Exploring The Articulation Of Lesbian Subjectivities In ‘Eating Disordered’

Experiences And Practices

Our approach to researching gendered, sexualised subjectivities and ‘eating disorders’ draws on a feminist Foucauldian framework (Weedon, 1987) in which discourse is understood as constitutive of ‘realities’ – of objects, identities, experiences and so forth - and as thereby constituting particular context-specific ‘regimes of truth’, relations of power and cultural norms that regulate (but do not determine) our everyday subjectivities, experiences and practices (Foucault, 1979, 1980; Walkerdine, Lucey, & Melody, 2002). Hence our concern was to explore, through an analysis of lesbian women’s accounts of developing, living with and recovering from an eating disorder, the ways in which these experiences are discursively constituted.

Five women who self identified as lesbian and as having experienced ‘anorexia’ and/or ‘bulimia’ were recruited through personal contacts and snowball sampling. A sixth interview, conducted by a volunteer research assistant with the first author, was also included in the data. Participants were aged between 18 and 27 and all identified as White British. Three were university students, one a college student and two were full time workers, educated to foundation degree or degree level. As outlined in Table 1, the age of onset and the nature and duration of participants’ eating disorder experience varied as did participants’ sexual identification at the onset of their eating disorder.

Insert Table 1 here.

Participants took part in one-to-one interviews with the first author, where they were asked to discuss their experiences of and views about developing, living with and recovering from an eating disorder. Each interview was guided by a semi-structured interview schedule consisting of 14 questions of which five focused explicitly on sexuality and sexual identity, asking participants to discuss the stage they felt they were at with their sexuality at the onset of their eating disorder; their feelings about their sexuality from onset up to recovery; their views about lesbians' body satisfaction and eating disorder risk; and their views about similarities and differences in lesbian and heterosexual women's eating disordered experiences. The remaining nine questions were concerned with participants' eating disordered experiences more generally, for example, asking participants to discuss the time in their lives when they first began to experience difficulties around eating, how they felt about themselves, their bodies and food and what their eating disorder meant to them. The extent to which participants' sexuality was made relevant in their accounts of their anorexic and/or bulimic experiences might thus be understood as being often, but not always, participant-led.

Interviews were audio-recorded, transcribed verbatim and analysed using a feminist Foucauldian discourse analytic approach (see Willig, 2008). This entailed, first, a repeated reading and re-reading of interview transcripts in order to identify prominent features – topics, themes and issues – in the data. From these initial readings 15 coding categories, for example, constructions of 'thin as beautiful', of anorexia and/or bulimia as 'being in control' and of anorexia/bulimia as 'time/space to contemplate feelings', were developed and used to systematically code the data. Working with the coded data we then proceeded to a more detailed analysis, attending to the specificities of how participants talked about their

experiences and to the variations as well as commonalities in the discursive construction of these experiences.

Importantly, then, our analysis is conducted within a post-structuralist framework within which discourse is viewed not as transparently reflecting reality but as actively ‘making things mean’ (Hall, 1982: 64), as a social practice in which ‘objects of discourse’ are constituted in one way rather than another (Wetherell, Taylor & Yates, 2001) and as thereby ‘induc[ing] the effects of truth’ (Foucault, 1980: 193) which regulate lived experience. From this perspective experience cannot therefore be understood as something existing independently of the discourses in which it is constituted. Rather, it is produced discursively, re-producing and/or challenging context-specific cultural values, ‘truths’ and norms such that the nature of an experience is always uncertain, contestable and open to alternative re-iteration. Similarly too, our readings of participants’ accounts must be viewed as subjective rather than definitive and as inevitably shaped by our own subject positions as a young white lesbian and an older white heterosexual woman.

In short, the aim of our analysis was not to ‘discover’ any essential or ‘objective’ truth of lesbian experiences of anorexia or bulimia but to explore the ways in which such experiences may be discursively constituted. Hence, our analysis focused on the text itself, attending (a) to the specific ways in which subjectivities, experiences, events and so forth were constituted; (b) to both consistencies *and* variations in these discursive representations of, for example, ‘anorexia’, ‘bulimia’, ‘thinness,’ ‘sexual identity’ and ‘coming out’ and, (c) to the cultural values, norms and concerns drawn on, consolidated and/or challenged in these discursive constructions. In the analysis that follows, after outlining ways in which lesbian perspectives may be similar to those of heterosexual women, we explore how eating disordered

experiences may be constituted in ways which can be seen as very specific to our participants' lesbian subjectivities - on constructions of eating disorders, as a response to the stress of heteronormative expectations, as a performance or passing as heterosexual, as a way of working through feelings about sexual subjectivity and as an escape from heterosexual norms. And, finally we explore how recovery may also be constituted in quite lesbian-specific ways.

Constructing 'Anorexic'/'Bulimic' Subjectivities.

As critical feminist analyses have illustrated, 'anorexia' and 'bulimia' sustain multiple meanings including the exertion of control over one's body and life ; the production of an otherwise lacking sense of identity and a striving for beauty and 'feminine perfection' (Bordo, 1993; Eckermann, 1997; Malson, 1998; Saukko, 2008). Not surprisingly, many of these meanings were also articulated by participants in our study.

VICKY: I am a huge perfectionist, and I think I, I might have created my own stress with my own expectations. ... Well I was in control of it. (.) I could (.) I could control, I could control, how much I ate and how much I didn't, and if I was gonna throw up ... erm, I guess at a time in my life when everything else was just felt like it was like spiralling out of control I guess.

MEGAN: I felt like it was something that I could control, like looking back now, I could control like when I did it and how I did it and it, yeah, it was something I had control over.

CHLOE: My career in judo was at a high level and to keep that weight um, I was under intense pressure and so that made me (.) go down that route of making myself sick.

CLAIRE: If I lost a lot of weight, the person would kind of think: she looks different. She's not fat anymore and, yeah, maybe I *do* like her, kind of thing, so I kind of stopped eating to make the person want me more.

Being 'anorexic' or 'bulimic' is construed here in a variety of ways that converge with analyses in previous studies of eating disorders amongst girls and women assumed to have been heterosexual. Perfectionism (Hewitt, Flett, & Ediger 1995), involvement in sports requiring a low body weight (Wilson & Eldredge 1992), problems in or termination of romantic relationships (Sobal & Bursztyn 1998), a lack of a sense of control over one's life (Brown & Jasper, 1993; Naples & Bojar, 2002) and a desire to achieve the thin 'ideal' of feminine beauty (Bordo, 1993; Malson, 1998) have all been identified as contributing to the development of disordered eating and as key ways in which those engaged in 'eating disordered' practices construe their 'anorexic' and 'bulimic' experiences. As the quotes above illustrate, such meanings are shared by lesbian as well as heterosexual women.

Lesbian Articulations Of 'Anorexia' And 'Bulimia'

However, participants also construed their eating disorders in numerous ways which were quite specific to their subjectivities and experiences as lesbians or as young women contemplating the possibility of being lesbian. In the extracts below, for example, participants talk about their eating disorder as a response to the stress of recognising or beginning to recognise their lesbianism in heteronormative social and familial contexts.

HANNAH: I think I link my eating to two different parts, with coming out being one part of it definitely. ... I'd been brought up in quite a strict family environment when I was younger and um, and around the people that I hung out with as well so feeling

that I, you know, might be gay or whatever, was quite difficult for me to comprehend, 'cos I sort of (.) felt like I was going to be letting down people around me.

VICKY: I felt like there was a lot of expectations of me to be this person so, there was no way that I could be gay, no way. ... you know, grow up, you marry a man and you have kids, and that was just, I kind of I never knew any other way to live and how is it possible to live as a lesbian?

MEGAN: Yeah I knew, I knew I was a lesbian. I knew I was gay, but it's, I kind at the time I was kind of trying to deny it, and force myself to live like the straight life ... as well as what other people expected me to live like as well... I forced myself to live the so-say normal life.

Vicky, Hannah and Megan all describe the contexts of their lives in which 'the so-say normal life' is 'the straight life' and in which therefore knowing or 'feeling that I ... might be gay' is experienced as problematic (see also Thompson, 1992). The stress of not meeting heteronormative expectations and of thereby 'letting down people around me' appears in these participants' accounts then as contributing to the development of their eating disorders.

Performing or Passing As A Straight Woman

In the analysis below the ways in which participants' (emerging) sexual orientation is implicated in their disordered eating are elaborated further where eating disordered practices and the pursuit of an 'anorexic' body are construed as a way of avoiding or denying a lesbian identity and of 'passing' as heterosexual. Thus, for example, Vicky, below, explicitly construes her eating disorder as a way of denying her sexuality to both herself and others.

VICKY: I was trying to keep it [being a lesbian] a secret, and I was trying to deny it...there was me hiding my sexuality and there was me hiding my eating disorder as well, so maybe that's kinda like the parallel of each other maybe. ... I think the eating problem was part of the denial by sort of getting lost in that kind of world where I had, just had to worry about food. ...I could focus on that, food, and that became the focus of my problems, it sto (.) stopped me thinking about anything else.

In this excerpt 'getting lost in that kind of world where I had, just had to worry about food' diverted Vicky's and others' attention away from her sexuality. Whilst Vicky's account is clearly very specific to her lesbianism, it also resonates with broader theorisations of anorexia as a retreat from (heteronormatively defined) adult 'feminine' sexuality (Crisp, 1977), as a way of resisting and controlling 'unacceptable' sexual impulses (Ussher & Baker 1993), and as expressing a denial of sexuality through a denial of hunger (Atwood & Chester, 1987). In the excerpts below eating disorders again appear as avoidance tactics but here they are construed as a way of hiding or denying lesbianism: as a way of 'looking straight' by being thin or 'anorexic'.

VICKY: I, I, (.) accepted myself more, being, thin and that, (.) erm, I guess I told myself that's the, that's the right way to be, the right way to look, maybe (.) maybe I was trying to keep myself, looking (.) straight maybe.

JESS: I thought it wouldn't (.) looking differently would erm, (.) make people perceive me as, they wouldn't like think I was gay like, cos I was a bit chubby () and had the short hair, that's what I saw as the, the erm average kind of lesbian, and so I was tryin' a (.) change myself from looking like that and I was tryin' a be thin and have long hair ... Erm, it [her eating disorder] meant, being seen as straight. That

sounds, that's really strange 'cos, yeah (.) erm...I just saw being thin as being straight and being accepted I guess.

CHLOE: I was in denial so I didn't think I was gay even though people would say it to me. I was like no no no, so it made me want a boyfriend more to prove that I wasn't so maybe being skinnier would make them like me more, the boys.

The cultural equation of thinness with female beauty and 'ideal' femininity has been well-documented for several decades now (e.g. Orbach, 1978; Woolf, 1991) and has been located in heteronormative romantic discourse where 'if you're slim then you're successful, you're intelligent, beautiful, you get the man of your dreams ... dream children, dream house, money, whatever' (Malson, 1998: 107). For heterosexual women, then, thinness may signify, amongst other things, a 'happy ever after' heterosexual femininity. For our participants, however, whilst thinness is constituted in precisely this way, it is also thereby constituted very specifically as a denial of lesbianism, as a way of 'looking (.) straight'. This construction of anorexia as a passing or performance of heterosexual femininity (see Butler, 1993) clearly raises the question of how such an embodied performance of straight femininity may be read, for example, as a knowing disguise and/or as an attempt to *be* straight by 'being thin'. From a Butlerian perspective, of course, gendered and sexualised subjectivities are always produced only through their performance and cannot therefore be understood in any straightforward way as candid/misleading expressions of some 'authentic' subjectivity existing anterior to their performance (Butler, 1993; 2004). At the same time, however, in all three excerpts above, this construction of anorexia as a way of looking and/or being straight is quite explicitly constituted as performing a denial of lesbianism as much as it is a re-production of heterosexual femininity.

Coming Out Via An Eating Disorder

In the excerpts above eating disorders are construed by participants as a way of avoiding lesbian subjectivities. In the excerpts below sexuality is just as significant in constructions of 'anorexia' and 'bulimia' but here they appear not only as an avoidance of lesbianism but also as part of participants' emerging recognition of their sexuality; as a space in which to 'struggle' with often difficult and ambivalent feelings and 'to work out who [they were]'

JESS: I was probably, um realising that I was (.) gay then to be honest, cos I wasn't interested in boys and er, just finding it hard to cope with everything I think, (.) not really knowing much about myself, and tryin' a, tryin' a find myself I guess. It [the eating disorder] was also a control thing I think, ... I wasn't a hundred percent sure that I was gay erm, so, I could control what I ate, but I couldn't control how I felt about people.

VICKY: I guess at that point in my life a whole new world was just opened up to me, and things starting to make sense to me in terms of my sexuality. It was all quite confusing really. I didn't know, (.) I didn't know what, (.) who I was I guess. ... I was trying 'a trying a find something out, but I was trying to run away from it as well, umm which is confusing, really conflicting.

HANNAH: I sort of (.) felt like I was going to be letting down people around me, so in a way to sort of stifle that for a little while was an option out of it which sort of lead me into an eating disorder at the time. ... It made me self-reflect on who I was... you have like a mass journey of self-reflection and that actually teaches you quite a lot about yourself, which is quite important, quite important to who I was and who I've become, to have that chance to self reflect. ... I was sort of struggling with who I was I

think, trying to work out who I was or whatever, and I think that was possibly linked in some of it.

There is again in these accounts here a sense of avoiding self-recognition as a lesbian. Simultaneously, however, Vicky, Hannah and Jess all explain their eating disorder as a response to the confusion they felt ‘struggling’ with recognising and making sense of their sexuality. Jess, for example, talks about employing eating disordered practices to (re-)gain a sense of control in her life. Her account illustrates a very specifically lesbian articulation of an already-familiar construction of self-starvation as an exercise of control (Bordo, 1993; Naples & Bojar, 2002) which she locates in the context of her ‘uncontrollable’ feelings for others and her potential lesbian identity. And in all three interview excerpts an eating disorder appears as a search for identity (c.f. Eckermann, 2009; Saukko, 2008); as a way of creating the time and space in which to contemplate one’s sexual identity – a ‘chance to self reflect’ and to ‘find something out’ about oneself. Eating disorders are construed here then as reinstating a sense of control that is threatened by an emerging lesbian sexuality, as an opting out of the dilemmas of contemplating the possibility of being lesbian and, in contrast, as a ‘journey of self-reflection’ that is ‘quite important to who I was and who I’ve become’.

A further way in which participants talked about their eating disorders as part of their emerging recognition of their lesbian subjectivities was as an escape from heterosexuality. Thus, Megan, below, construes her ‘bulimia’ as a way of escaping ‘the straight life’ she had been living.

MEGAN: Yeah I knew, I knew I was a lesbian. I knew I was gay, but it’s kind, at the same time, I was kind of trying to deny it and force myself to live like the straight life ... as well as what other people expected me to live like as well ... You do just kind of find yourself in a relationship, then you get a job, you get a house, you have babies,

you get married, and that's standard life...I was living a 'straight life' and I felt kind of stuck there...I just wanted an escape really.

Given the heteronormative framework in which femininity is commonly conceptualised as heterosexual femininity, Megan's account of her eating disorder as an escape from 'the straight life' might be read as an escape from (heterosexual) femininity and, thus, as converging with other analyses of 'anorexia' as a rejection of a traditionally, heteronormatively defined femininity (Bordo, 1993; Malson, 1998) but, as with other extracts discussed above, her construction of 'bulimia' as an escape is also very specific to her emerging lesbian subjectivity.

Recovery As Self- And Social-Acceptance

In the analyses above we have sought to illustrate some of the specificities of lesbian constructions of developing and living with an eating disorder. In participants' accounts below recovery for an eating disorder is articulated in ways which are again very specific to participants' sexuality. In the excerpts below, for example, Megan and Hannah indicate how their 'coming out' was integral to their recovery,

MEGAN: I came out to my family and I came out as a lesbian, gay and I suppose that started the recovery really.

HANNAH: I came out to my family and stuff and they were all really good about it, which was actually quite a surprise to me, (.) so I probably just actually got rid of the pressure from myself.

Thus, Megan states explicitly that ‘coming out’ as a lesbian ‘started the recovery really’ while Hannah highlights how coming out ‘probably just actually got rid of the pressure’ that had contributed to the development of her disordered eating. In the excerpts below this positive impact of ‘coming out’ is elaborated further.

JESS: I was playing football for the, women’s team, ... there was more lesbians out...don’t know if that helped me kind of realise that it’s ok like, other people are identifying themselves and they’re quite happy and people that know kinda, erm accepting them if you know what I mean, don’t know if that kinda (.) erm, made me realise that you don’t, it’s not all bad being gay.

CLAIRE: I had a girlfriend which kind of made me feel a hell of a lot better about myself.

Here, Jess and Claire both provide accounts of ‘feel[ing] a hell of a lot better’ because of a social or romantic/sexual connectedness that was very specifically predicated on openly identifying as a lesbian. Seeing other lesbian women ‘out’ and still ‘happy’ led Jess to realise that ‘it’s not all bad being gay’ while Claire relates her recovery to having a girlfriend. As previous qualitative studies (Garrett, 1998; see also Malson, Bailey, Clarke, Treasure, Anderson, & Kohn, 2011) have illustrated, those who have recovered from an eating disorder often view their recovery as a connection or re-connection with self and others. For our participants, witnessing and experiencing the possibilities of social and romantic/sexual inclusion facilitated by coming out to oneself and to family and friends, appears central to

(re-)establishing this connectedness and perhaps therefore was also central in facilitating recovery.

Discussion And Conclusions

As outlined above, critical feminist analyses have explored how a plethora of cultural norms, including gender norms, are implicated in girls' and women's 'anorexic' and 'bulimic' experiences. But these studies have tended to assume, at least implicitly, that those diagnosed as eating disordered are heterosexual. Hence, little is known about the specificities of lesbian experiences of and perspectives on 'anorexia' and 'bulimia'. This paper has sought to begin to address that lacuna through a critical exploration of lesbians' accounts of developing, living with and recovering from 'anorexia' and/or 'bulimia'. Indeed, to our knowledge, this is the first qualitative analysis focusing specifically on lesbians' eating disordered experiences.

Perhaps not surprisingly, our analysis illustrates both similarities and differences in lesbian and heterosexual women's accounts and the meanings they attribute to their 'anorexic' and 'bulimic' subjectivities and practices. As with previous interview-based studies with women assumed to be heterosexual, participants in our study articulated multiple constructions of 'anorexia'/'bulimia' as, for example, a search for identity, an exertion of self-control, and a pursuit of feminine beauty (c.f. Bordo, 1993; Malson, 1998; Saukko, 2008). At the same time, however, participants' accounts were also, in many ways, very specific to their (emerging) lesbianism. Most notably, participants construed their 'anorexia' or 'bulimia', first, as a response to the stress and uncertainty of not fulfilling hetero-normative expectations and/or as a way of avoiding their sexuality by focusing instead on food or by 'looking straight'. Second, eating disorders were construed as integral to the process of 'becoming lesbian' - as a space where participants 'struggled' with feelings about the possibility of being lesbian, as a 'journey' to 'find myself' and as a means of escaping 'a straight life'. And,

third, the social and romantic/sexual connectedness facilitated by coming out was presented as integral to recovery. Our study thus elucidates how eating disordered experiences may be configured from lesbian perspectives in ways which differ significantly from (as well as resonating with) those of heterosexual women.

Importantly, however, our study represents only a preliminary exploration based on a small and relatively homogeneous sample of six white, middle-class and able-bodied young women living in the South of England and speaking from a recovered (or in one case, relapsed) perspective. Clearly further research with larger and more demographically diverse groups of participants is needed. Equally too our study focuses specifically on lesbian perspectives on anorexia and bulimia. This was a deliberate strategy, for as Rothblum (2004: 505) argues:

We must continue to ask ourselves what it means to be a lesbian, and not dilute our research by combining lesbians with the experiences of individuals with other sexual orientations, behaviours, gender identities... we need to publicise the voices of lesbians themselves, to keep a perspective on the unique and changing lives of women in our lesbian communities.

At the same time, however, additional studies are also needed to explore gay, bisexual, transsexual and queer perspectives on anorexia and bulimia and, indeed, on other kinds of eating disordered experiences and practices.

A further possible limitation of our study is that only one of our six participants was 'out' as a lesbian before the onset of her eating disorder. The remaining five participants did not identify openly as lesbians until during or after recovery although all stated that they had had some awareness of their lesbian identity whilst experiencing their eating disorder. Hence,

whilst our study clearly represents an exploration of (currently self-identified) lesbians' accounts of their previous eating disordered experiences, the status of those experiences themselves as lesbian experiences is perhaps less clear since five of the six participants did not identify as lesbian during much of the time they were engaging in anorexic and/or bulimic practices and, indeed, Chloe only identified as a lesbian after her recovery. Hence, participants portrayed their former anorexic/bulimic selves variously as 'fully gay' (Claire), 'in denial' (Chloe), and 'starting[ing] to think that I might be gay but I didn't accept it' (Hannah). These autobiographical self-positionings might be viewed as illustrating various 'stages of homosexual identity formation' from 'pre-coming-out' feelings of denial, avoidance and confusion to open self-acceptance (e.g. Coleman, 1982; Ponterotto, Utsey, & Pedersen, 2006). From a critical discourse analytic perspective, participants' accounts can be read as accounts of shifting, rather than essentialised or static subjectivities in which their former anorexic/bulimic selves were most often construed neither as 'fully gay' nor as formerly-heterosexual but rather as selves 'in denial' of a yet-to-be-realised lesbian subjectivity. The accounts we have analysed might therefore be best described as self-identified lesbians' accounts of their lesbian and 'becoming lesbian' experiences of engaging in anorexic and/or bulimic practices.

As noted above, many of the questions which guided our interviews asked about participants' eating disordered experiences generally so that the apparent relevance of sexuality was to a large extent participant-led. At the same time, however, the interview context can also be understood as a request that they perform *as* lesbians as well as *as* women who have experienced anorexia and/or bulimia. As with any interview-based study our data is inescapably co-constructed and performative, shaped by the recruitment process and the verbal and non-verbal specificities of the interview (see Hollway, 2005) as well as by the wider cultural contexts in which both researchers and participants live (Willig, 2008).

Similarly, participants may have offered different accounts had we interviewed them whilst they were still engaged in anorexic/bulimic practices and (for most) were not yet out as lesbians. Participants were discussing experiences that occurred six months to six years prior to the interview and some have argued that such retrospective studies are “highly susceptible to bias and distortion in recall” (e.g. Mash & Wolfe, 2008: 69). Undoubtedly further research exploring lesbians’ *current* eating disordered experiences and practices is required. At the same, however, retrospective accounts also have particular value, first, because they allow inclusion of accounts of lesbians’ ‘pre-coming out’ as well as ‘post-coming out’ experiences. Second, from a critical perspective, differences between retrospective and more temporally immediate accounts may be not so much an issue of in/accuracy as narration and re-narration. Experience is always discursively constituted, subject to contestation and re-interpretation and participants’ insights into their earlier experiences, gained from both coming out and recovering, could be considered an advantage (as well as a weakness) of our retrospective research design.

In conclusion, whilst this study represents only a preliminary and limited exploration of lesbian perspectives on anorexia and bulimia, our analysis clearly indicates some significant ways in which lesbian perspectives may be both similar to and different from those of heterosexual girls and women. Attention to the (re-)narrations of lesbian womens’ ‘becoming’ or ‘pre-coming out’ experiences of anorexia and bulimia as well as to the more temporally immediate narratives of openly identified lesbian women, is clearly needed if we are to develop a thorough understandings of lesbian perspectives on eating disorder experiences and practices.

References

- Atwood, J. D., & Chester, R. (1987). *Treatment techniques for common mental disorders*. Northvale, NJ: Jason Aronson.
- Bordo, S. (1993). *Unbearable weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press.
- Brown, C. & Jasper, K. (1993). *Consuming passions: feminist approaches to weight preoccupation and eating disorders*. New York: Second Story Press.
- Butler., J. (1993). *Bodies That Matter: On the Discursive Limits of "Sex"*. New York: Routledge.
- Butler, J. (2004). *Undoing gender*. New York: Routledge.
- Coleman, E. (1982). "Developmental stages of the coming out process". *Journal of Homosexuality* (7),31-43.
- Costin, C. (1999). *The Eating Disorder Sourcebook: A Comprehensive Guide to the causes, Treatments, and Prevention of eating disorders*. New York: McGraw-Hill Professional.
- Crisp, A.H. (1977). Diagnosis and outcome of anorexia nervosa, *Proceedings of the royal society of medicine*, 70 (7), 464-70.
- D'Augelli, A. R., & Patterson, C. J. (2001). *Lesbian, gay, and bisexual identities and youths: Psychological perspectives*. New York: Oxford University Press.
- Eckermann, L. (1997). Foucault, embodiment and gendered subjectivities: the case of voluntary self starvation. In Petersen, A., & Bunton, R., (Eds) *Foucault, health and medicine*. London: Routledge.
- Eckermann, L. (2009). Theorising self-starvation: Beyond risk, governmentality and the normalizing gaze, in Malson, H., & Burns, M. (eds) (2009). *Critical Feminist Approaches to Eating Dis/Orders*. London: Routledge.
- Fallon, P., Katzman, M. A., & Wooley, S. C. (eds) (1994). *Feminist Perspectives on Eating Disorders*. London: Guilford.

- Feldman, M. B., & Meyer, I. H. (2007). Eating Disorders in Diverse Lesbian, Gay, and Bisexual. *International journal of eating disorders*, 40, 218-226.
- Foucault, M. (1979). *The history of sexuality: Vol 1*. Hammondsworth: Penguin.
- Foucault, M. (1980). Power/knowledge, edited by Gordon, C. Brighton: Harvester Wheatsheaf.
- Garrett, C. J. (1998). *Beyond anorexia: Narrative, spirituality and recovery*. Cambridge: Cambridge University Press.
- Gordan, R. A., & Gordan, R. A. (2000). *Eating disorders: anatomy of a social epidemic* (2nd edition). Maiden, MA: Wiley-Blackwell.
- Hall, S. (1982). The rediscovery of “ideology”: Return of the repressed in media studies. In Michael Gurevich, Tony Bennett, James Curran, & Janet Woollacott (Eds.), *Culture, society and the media* (pp. 56–90). London, England: Methuen.
- Heffernan, K. (1996). Eating disorders and weight concern among lesbians. *International journal of eating disorders*. 19 (2), 127-138.
- Herzog, D. B., Newman, K. L., Yeh, C. J., & Warshaw, M. (1992). Body image satisfaction in homosexual and heterosexual women. *International journal of eating disorders*, 11, 391-396.
- Hewitt, P. L., Flett, G. L., & Ediger, E. (1995). Perfectionistic traits and perfectionistic self-presentataion in eating disorder attitudes, characteristics, and symptoms. *International Journal of Eating Disorders*. 18, 276-280.
- Hollway, W. (2005). Commentary on ‘Qualitative interviews in Psychology’, *Qualitative Research in Psychology*, 2, 312-314.
- Irvine, J. M. (1994). *Sexual cultures and the construction of adolescent identities*. Philadelphia, PA: Temple University Press.
- Jacalyn, J., & McComb, R. (2001). *Eating disorders in women and children: prevention, stress management, and treatment*. Washington: CRC Press.

- Levesque, M. J., & Vichesky, D. R. (2006). Raising the bar on the body beautiful: An analysis of the body image concerns of homosexual men. *Body image*. 3(1), 45-55.
- Malson, H. (1998). *The thin woman: Feminism, post-structuralism, and the social psychology of anorexia nervosa*. London: Routledge.
- Malson, H. and Burns, M (eds) (2009). *Critical Feminist Approaches to Eating Dis/Orders*. London: Routledge.
- Malson, H., Bailey, L. Clarke, S., Treasure, J. Anderson G. & Kohn M (2011) Un/imaginable future selves: A discourse analysis of in-patients' talk about recovery from an 'eating disorder' *European Eating Disorders Review*. 19 (1) 25-36 Published online: 28 June 2010.
- Mash, E. J., & Wolfe, D. A. (2008). *Abnormal child psychology*. Belmont, CA: Wadsworth.
- Millner, R. E. (2004). The experience of lesbians who have a history of binge eating disorder: A qualitative investigation. *Dissertation abstracts international: Section B: The sciences and engineering*, 65, (3-B).
- Morrison, M. A., Morrison, T. G., & Sager, C. (2004). Does body satisfaction differ between gay men and lesbian women and heterosexual men and women?: A meta-analytic review. *Body Image*, 1 (2), 127-138.
- Naples, N. A., & Bojar, K. (2002). *Teaching feminist activism: strategies from the field*. New York: Routledge.
- Orbach, S. (1978). *Fat Is a Feminist Issue*. Feltham, Middlesex: Hamlyn Publishing.
- Orbach, S. (1993) *Hunger Strike*, Harmondsworth: Penguin.
- Ponterotto, J. G., Utsey, S. O., & Pedersen, P. (2006) *Preventing prejudice: a guide for counsellors, educators, and parents*. USA: Sage.
- Riley, S., Burns, M., Frith, M. H., & Wiggins, S., & Markula, P. (Eds) (2008). *Critical bodies: Representations, identities and practices of weight and body management*. London: Palgrave/McMillan.

- Rothblum, E. D., Balsam, K. F., & Mickey, R. M. (2004). Brothers and sisters of lesbians, gay men, and bisexuals as a demographic comparison group: An innovative research methodology to examine social change. *The Journal of applied behavioural science*, 40, 283-301.
- Saukko, P. (2008). *The Anorexic Self: A Personal, Political Analysis of a Diagnostic Discourse*. Albany, NY: State University of New York (SUNY) Press.
- Sears, J. T. (2005). *Youth, Education and sexualities: An international Encyclopaedia*. Westport, CT: Greenwood Publishing.
- Seeman, M. V. (1995). *Gender and Psychopathology*. Washington, DC: American Psychiatric Publishing.
- Settles, B. H., Hanks, R. S., & Sussman, M. B. (1993). *American families and the future: analyses of possible destinies*. New York: Routledge.
- Sobal, J., & Bursztyn, M., (1998). Dating people with anorexia nervosa and bulimia nervosa: attitudes and beliefs of university students. *Women Health*, 27, 73-89.
- Swain, P. (2006). *New developments in eating disorder research*. New York: Nova Science.
- Thompson, B. (1992). "A Way Outa No Way": Eating problems among African-American, Latina, and White Women. *Gender & Society*, 6 (4), 546-561.
- Ussher, J. M., & Baker, C. D., (1993). *Psychological perspectives on sexual problems: new directions in theory and practice*. London: Routledge,
- Walkerdine, V., Lucey, H., & Melody, J. (2002). *Growing Up Girl: Psychosocial explorations of Gender & Class*. London: Palgrave; New York: New York University Press.
- Weedon, C. (1987). *Feminist practice and post-structuralist theory*. Oxford: Blackwell.
- Wetherell, M., Taylor, S. & Yates, S. (2001). *Discourse As Data: A Guide For Analysis*. London & Thousand Oaks, CA: Sage.

- Wichstrom, L. (2006). Sexual Orientation as a Risk Factor for Bulimic Symptoms. *International journal of eating disorders*, 39 (6), 448-453.
- Willig, C. (2008). *Introducing qualitative research in psychology: adventures in theory and method*, (2nd edition). Berkshire: McGraw-Hill.
- Wilson, G. T., & Eldredge, K., L. (1992). Pathology and development of eating disorders: Implications for athletes. In Brownell, K. D., Rodin, J. H., & Wilmore, J. H. (Eds) *Eating, body weight and performance in athletes. Disorders of modern society* (pp.115-127). Philadelphia, PA: Lea & Febiger.
- Wolf, N. (1991). *The Beauty Myth*. London: Chatto & Windus.
- Yelland, C., & Tiggemann, M. (2003). Muscularity and the gay ideal: body dissatisfaction. *Journal of eating behaviors*, 4, 107-116.

Table 1.

Pseudonym	Claire	Chloe	Jess	Vicky	Megan	Hannah
Eating disorder experience	anorexia	bulimia	anorexia & bulimia	anorexia & bulimia	bulimia	anorexia
Age at interview	18	21	22	24	27	27
Age at onset of eating disorder	17	16	16	16	25	12
Duration of eating disorder	9 months	1 year	2 years	1 year	1 year	9 years
Time since recovery	6 months	4 years	6 years	7 years	1 year	Experiencing a relapse at time of recovery
Formal diagnosis?	No	No	No	Yes	Yes	Yes
Treatment received	None	None	None	Counselling	None	Hospital admissions
Identified as lesbian	Before onset	After eating disorder	During recovery	At the start of recovery	At the start of recovery	At the start of recovery