Controlling images and stereotypes: Body image and weight stigma in the LGBTQ+ community
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Overview
- Review of literature concerning LGBTQ+ and body image
- Introduction to Relational Cultural Theory and Controlling Images
- Case Study Example
- Possible Intervention
- Resources

Sexual Minority Males
- Sexual minority men exhibit a greater frequency and severity of body image dissatisfaction than heterosexual men. Several studies show that gay men exhibit greater body inconsistency than both bisexual and heterosexual men (Levesque & Vichesky, 2016).
- It has been suggested that this is partly due to the strong emphasis placed on appearance in the gay community and the associated pressure to conform (Vichesky, 2016).
- Additionally, a disproportionate percentage of men diagnosed with eating disorders identify as gay or bisexual (Bosley, 2011).
- Researchers have proposed two main theories to explain why this phenomenon occurs:
  - Socio-cultural theory: This describes the role of gender socialization and cultural beliefs in the development of body image disturbances.
  - Objectification theory: This theory explains how controlling images and stereotypes (e.g., media representations of male bodies) may contribute to body dissatisfaction.

Sexual Minority Females
- In past literature, sexual minority women tend to report lower body image dissatisfaction than heterosexual women, and research focused on this disparity. This suggests that the aspects of lesbian culture considered "protective" may contribute to this lower body dissatisfaction.
- Potential reasons for this protective factor could be:
  - Sexual minority women may object to thinner norms as part of a larger political rejection of heterosexual values.
  - By strongly subscribing to feminine gender roles, lesbian women may be less likely to evaluate themselves against masculinized ideals of thinness and attractiveness.

Transgender Individuals
- The literature consistently supports the idea that body dissatisfaction plays a prominent role in gender dysphoria, and in some cases body dissatisfaction may be a risk factor for the development of disordered eating.
- Additionally, studies suggest that gender dysphoria treatment is successful at increasing body satisfaction and improving body image (Jones, 2012; Ackerson et al., 2015).

Eating Disorders in LGBTQ+ Individuals
- Potential factors that may increase the risk of eating disorders in LGBTQ+ individuals include:
  - Fear of rejection/experience of rejection by friends, family, and community.
  - Being bullied-
  - By less strongly subscribing to feminine gender roles, lesbian women may be less likely to evaluate themselves against masculinized ideals of thinness and attractiveness.

Overall, trans males may be at particular risk for developing an eating disorder and other body image-related behaviors (McKirnan, 2015).
**RCT – Basic Theoretical Principles**

- Jordan (2000) summarizes RCT’s basic tenets:
  - People grow through and toward relationships throughout the lifespan
  - Movement toward mutuality characterizes mature functioning
  - Relational differentiation and elaboration characterize growth and relational competence
  - Mutual empathy and empowerment are at the core of growth-fostering relationships
  - All people, in growth-fostering relationships, contribute to one another’s growth and development

**RCT and Disconnections**

- Disconnections are used to maintain emotional safety in relationships based on relational and sociocultural templates
- Relational & sociocultural examples
  - When clients’ real feelings and experiences are expressed to caregivers and met with humiliation, violence, or neglect
  - When clients’ experience their bodies and emotions differently from societal norms
  - Disagreements, arguments, or fear of being ignored and devalued (Miller & Stiver, 1997)
    - [http://www.skeletoninthecloset.net/](http://www.skeletoninthecloset.net/)

**RCT and Disconnection**

- Men, EDs, and RCT
  - Being encouraged to disconnect from families of origin
  - Being encouraged to be self-sufficient, independent, and autonomous
  - Marginalized/discriminated against for having a female issue (Hyne & Bunnell, 2008)

**Skeleton in the closet Project**

**RCT and Disconnect**

- Diversity and ED
  - Many ways in which different (ethnicity, sexual preference, SES) cause shame, disconnect
  - ED believed to be a White woman’s concern so minorities often underdiagnosed and undertreated
  - Western White ideal of beauty present in media and not enough diverse body types
  - Acculturative stress / biculturalism
  - Roles of power, oppression, marginalization

From [belovedbodysoul.com](http://belovedbodysoul.com) website: No te hagas pequeña project

**Relational images (RIs)**

- Inner constructions and expectations based on previous relationships (Miller & Silver, 1997)
- Developed early in life and carried over
- Chronic disconnections due to empathic failures - labeled (Jordan, 2001)
- Condemnation/mistrust
- Transforming them into flexible risks and “challenging pathological certainty” (Jordan, 2010)

**Controlling images**

- Seem “real and immutable” but are distorted
- Define who we are and what is acceptable
- Become part of us (Jordan, 2010, p.29)
- Create patterns of isolation and disempowerment
- In EDs: media, cultural messages (beauty ideals), power differentials due to ethnicity, SES, sexual orientation, national origin
The Vicious Cycle

Feel disconnected

Engage in ED behavior

Isolate to manage ED

Feel more disconnected

Continue to practice ED

RCT and Mutuality

- Counselor’s role
  - Work hard to share power with clients, not exert power over clients – mutually empowering and collaborative
  - Seek to help clients become more connected with themselves and others
  - Examine images for disconnection
  - Work through disconnections
  - Examine relational images
  - Practice mutual empathy
    - Such person maintains sense of self when having power of and openness to impact the other (Jordan, 2010)

RCT – Basic Therapeutic Principles

- The therapeutic relationship with counselor and client focuses on:
  - Therapeutic collaboration
  - Mutual empathy
  - Real engagement and therapeutic authenticity
  - Working through disconnections arising in relational and/or cultural contexts

Integrating RCT with Evidence-Based Treatments

- Prevention
  - Increase understanding
  - Enhance attitudes
  - Promote functional behavior
  - Minimize resistance (Choate & Schwitzer, 2009)

Integrating ECT with Evidence-Based Treatments for EDs

- Cultural psycho-education
  - Focus on the role of gender, power, privilege, and oppression on development
  - Analyze controlling images imposed by the dominant culture (Walker, 2005)
  - Reflect on the influence of internal thoughts and feelings related to body image (Hammer, 2009)

Integrating RCT with Evidence-Based Treatment for EDs

- Prevention through connection – individual and cultural
  - Focus on stress, relaxation training, and mindfulness
  - Foster self-empathy
  - Increase understanding of EDs
  - Renovate relational images
Integrating RCT with Evidence-Based Treatment for EDs

- Prevention through connection - community
- Promote importance of having a positive body image
- De-emphasize discussing certain topics such as weight, comparison with others
- De-stigmatize mental health services
- Advocate for individuals with EDs
- Empower leaders to identify and respond appropriately to individuals suffering with EDs

Assessment and treatment components

- All inclusive of client’s cultural background
- Initial assessment: Psychosocial and Eating Attitudes Test, Bulimia Test revised and Beck Depression Inventory
- Individual, group, and/or family psychotherapy in
- Outpatient treatment
- Day Hospital care
- Inpatient treatment
- Residential care
- Alternative therapies
- Medical care and monitoring
- Nutritional counseling
- Pharmacological tx

Vivian

- African American female
- Recently divorced
- Lesbian
- Mother
- Has struggled with Bulimia for the past 15 years

References

- Alvy, K. (1999). Why are gay men a high risk group for eating disturbance?
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