Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

_____   _____
Samantha VanHorn   Date

"What's missing?" What storytelling & user experience can teach us about lesbian body image

By

Samantha VanHorn
Doctor of Philosophy

Women's, Gender, & Sexuality Studies

_____
Irene Browne, Ph.D.
Advisor

_____
David Fisher, Ph.D.
Committee Member

_____
Rosemarie Garland-Thomson, Ph.D.
Committee Member

Accepted:

_____
Lisa A. Tedesco, Ph.D.
Dean of the James T. Laney School of Graduate Studies

_____
Date

"What's missing?" What storytelling & user experience can teach us about lesbian body image

By

Samantha VanHorn
B.A., The New School, 2008
M.A., The New School, 2010

Advisor: Irene Browne, Ph.D.

An abstract of
A dissertation submitted to the Faculty of the
James T. Laney School of Graduate Studies of Emory University
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy
in Women's, Gender, & Sexuality Studies
2019

Abstract

"What's missing?" What storytelling & user experience can teach us about lesbian body image
By Samantha VanHorn

Offering an innovative approach to studying body image within the lesbian population, my dissertation explains how standardized body image assessments do a disservice to understanding the body image experiences of lesbians. At the intersection of feminist theory, disability studies, and narrative ethics, this project applies user experience (UX) methods to critique existing assumptions of standardized body image assessments and points out how they falter.

In my dissertation, I ask: to what extent does seeking out narratives and asking questions about lesbian body image from the perspectives of feminist theory and disability studies challenge the basic core concepts, theories, assumptions, and methods of the whole field of body image studies? This study's participants included thirty-nine self-identified lesbians in Atlanta, GA and New York, NY ages 18-73 who actively engaged in interviews and focus groups about body image. Participants discussed standardized assessments used in body image research including two questionnaires and one visual measure. No participant felt that any of the existing assessments would adequately depict their body image situations or concerns, yet these are the assessments used to formally diagnose body image preoccupations and disordered eating pathology.

My dissertation concludes that lesbians not only define the concept of body image different, but also experience body image different from what much existing research indicates. That is, the questions and uncertainties surrounding lesbian body image do not simply ignore the lived experiences of lesbians, but they call into question larger theoretical assumptions and approaches to the study of body image as a whole. These conclusions have far-reaching impact for many persons who consider themselves outside of the majority heteronormative patriarchal hegemony.

"What's missing?" What storytelling & user experience can teach us about lesbian body image

By

Samantha VanHorn
B.A., The New School, 2008
M.A., The New School, 2010

Advisor: Irene Browne, Ph.D.

A dissertation submitted to the Faculty of the
James T. Laney School of Graduate Studies of Emory University
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy
in Women's, Gender, & Sexuality Studies
2019

Table of Contents

List of Figures

"Do lesbians even have a body image?": A Narrative Preface

"Do lesbians even *have* a body image?" It was 2008 and my oldest sister, Kelly, was asking me about my research. I'd been researching body image concerns in the lesbian population since 2004 as an undergraduate psychology student in New York City, and I was nearing the end of my master's thesis. An uncomfortable laugh left my mouth, mainly because I had no idea how to react or what to say. I've always admired my sister's ability to say what she thinks, but this time I was taken aback and slightly offended. I could have said, "Of course lesbians have a body image! We have a body, don't we? Then we have a body image." Instead, I shifted a bit uncomfortably in my seat. Kelly had no idea that I identified as a lesbian, and this didn't seem like the right "coming out" moment. "I mean, they all look like truck drivers," she continued. I looked down at my outfit: skinny jeans, heeled boots, a simple sweater, perfectly coifed long blonde hair, and natural makeup. I certainly knew I didn't look like the "truck drivers" she was envisioning in her mind. "I'm not trying to be rude," she said, "but I mean, seriously?" I laughed again, the way I often do during our disagreements. This could have been a teachable moment for the both of us, but I felt like I had so much to say and no idea where to start, and I certainly didn't feel like it was the appropriate time for me to let Kelly know I was indeed one of those truck drivers. Instead, I looked at her and said, "Yes! Seriously! And by the way, truck drivers have a body image, too."

I've contemplated my sister's initial question more critically in the years since—Kelly was onto something. The way Western society and mainstream media has approached body image has been predicated on an ideal of thinness—where thinness is analogous to perfection—and assumptions that have largely ignored women who identify outside of heteronormativity.

Since so much of what we know about body image is based on heteronormative ideals, do we really know anything about body image as it pertains to lesbians? As my sister Kelly asked, do lesbians even have a body image? Further, how can we actually answer that question if the tools that we're using to research body image were primarily built for and by people who identify as heterosexual, and catered to a heterosexual sample? It seems we're effectively ignoring entire segments of the population. The answers we receive depend on the questions we ask; if most of the questions in the measures are overlooking the lesbian population, how can we expect to learn meaningful information about body image experiences pertaining to lesbians?

This dissertation is informed by my intentional integration of feminist theories of embodiment, narrative ethics, disability studies, and user experience. It asks, to what extent does seeking out narratives and asking questions about lesbian body image from the perspectives of feminist theory and disability studies challenge the basic core concepts, theories, assumptions, and methods of the whole field of body image studies? This methodology of approaching the study of body image from the fields of feminist theory, narrative ethics, disability studies, and user experience can shed light on what is known (and not known) about lesbian embodiment and body image. Drawing on these theories, I argue that the questions and uncertainties surrounding lesbian body image call into question larger theoretical assumptions and approaches to the study of body image as a whole. Existing research fails to ask questions that are necessarily appropriate, relevant, or informative for understanding lesbian body image. My claim is that the ways in which body image studies have been done may fail to represent or to consider lesbian experience effectively. Therefore, this dissertation will argue that existing body image instruments may not be appropriate for addressing questions that arise about lesbian body image.

The fields of feminist theory, narrative ethics, and disability studies give me the critical tools I need to address the study of lesbian body image. Together, these fields relate to and expand upon my predictions—that the foundation of body image research is largely able-bodied, majority white, and staunchly heteronormative, and therefore inappropriate, unsuitable, and unusable for large populations of people, particularly lesbians. Women who identify as lesbians may be experiencing their bodies in ways that existing measures are simply not designed to see; as stated earlier, the answers you receive depend upon the questions you ask. In order to advance these arguments, I will deploy feminist theory and disability studies to uncover the assumptions inherent in much of the existing empirical research on body image. Further, by way of narrative ethics, I will interrogate these assumptions through accounts from lesbian-identified women. Using individual interviews along with focus groups, I will show how standardized measures in empirical research on body image fail to capture the experiences of lesbian-identified women, and I will ultimately explore alternative procedures that would reflect their experiences and engage their voices.

This dissertation reaches beyond an interrogation of research methods and intellectual critiques, touching on multiple issues and domains. First and foremost, it is about the thirty-nine women I had the privilege of getting to know in Atlanta, GA and New York, NY who were kind and brave enough to share their stories with not only me, but also each other. While all unique, their stories share the common ground of all discussing lesbian body image. Lesbian body image involves many parts including an understanding of the sexual orientation "lesbian," an understanding of "identity," what it means to self-identify as a lesbian, and an understanding of "body image." Next, this dissertation is about "narrative ethics." It is about the importance of sharing and receiving stories. Finally, this dissertation is about "disability studies." And through

disability studies, this dissertation is ultimately about a popular field within the tech industry known as "user experience." Below I provide brief definitions of these terms, which are explained more fully in chapter three, where I discuss my theoretical framework.

LESBIAN

"Lesbian" is one of many classifications in the overarching topic of sexual orientation. The Human Rights Campaign defines sexual orientation as "an inherent or immutable enduring emotional, romantic or sexual attraction to other people." Gay, lesbian, bisexual, and straight are all examples of sexual orientations.[1] The idea of sexual orientation is inherently related to heteronormativity. Samuel A. Chambers offers an informative and concise definition of heteronormativity, calling it "a concept that reveals the expectations, demands, and constraints produced when heterosexuality is taken as normative within a society" (26). Normativity in Chambers' framework functions at a societal level to first imply that there are multiple sexual orientations and second that heterosexuality is the privileged form. By framing society as having a ranked-order of sexualities vis-à-vis heteronormativity, Chambers also posits that sexual orientation is socially constructed; society uses its influence to dictate meanings associated with different sexual orientations, creating a hierarchy in which non-heterosexual orientations are judged as inferior and individuals associated with them are effectively punished.[2] Additionally, sexual orientation is an inherently relational self-conception; that is, it requires the existence of another person, be they physical or imagined ("Sexual Orientation & Homosexuality"). Based on

---

[1] Some feminist theorists problematize the concept of "sexual orientation." That is, the categories themselves are social constructions based on heteronormative ideas of gender; these categories break down when considering non-binary individuals.

[2] Normativity implies social norms, which are inherent social constructions. Social rankings and values are inherent social constructions, and social comparisons are inherently socially constructed. Norms also can only exist if the possibility to violate them exists.

a gender binary (male/female), the categories of sexual orientation—of which heterosexuality and homosexuality are discussed most often—break down when considering non-binary and/or gender queer individuals.

IDENTITY

"Identity" is a concept rooted in social science. The term is often attributed to psychologist Erik Erikson and the work he conducted in the 1950s. While there are multiple definitions of identity, I will be using the definition developed within social identity theory. An identity is a set of socially agreed-upon meanings, which are attached to a label. Social identities are based on a collective understanding. For purposes of this dissertation, "lesbian identity" will be defined as any person who a) identifies as a woman (including transgender women), b) women who are romantically or sexually attracted to other women, and c) women who identify as "lesbian." Participants needed to meet all three criteria to be included in this research. To be clear, I do not interrogate the nature of identity, but how people who share that identity experience their bodies. I investigate the group as it exists, not why or how it exists. A woman who identifies as a lesbian will draw her knowledge and lived experience from her membership of the social group (i.e. a group of lesbians) together with the various emotional significances that come with such a group membership. Cognitive, evaluative, and emotional components are all mutually imbricated in this identity construction.

BODY IMAGE

The term "body image" was coined by psychologist Paul Schilder in 1934 who defined it as, "one of the basic experiences in everybody's life" where a person, "constructs and

reconstructs… a tri-dimensional spatial image of themselves [that is] not rigid" but changes over time "in reaction to both individual and social circumstances" (qtd. In Lowe 155); that is, body image is socially constructed. It has become not only accepted, but also expected for women to scrutinize their bodies. The topic of body image is in the literature, but it is stealthily heteronormative, which will be discussed more fully in subsequent chapters. While Schilder's definition of body image emphasizes that body image is reactive and can change over time, it falls short in that it does not explicitly take into account the evaluative component of body image on the one hand, and the comparative component surrounding body ideals on the other hand; these evaluative and comparative components of body image are integral to this dissertation.

NARRATIVE ETHICS

The evaluative dimension of body image and the heteronormative conditions on which studies of body image are based places this topic within the field of narrative ethics. Narrative ethics is part of a theoretical practice that takes the medium of a story as a jumping off point. The telling of these stories yields information on ethical attitudes, and the practice of narrative ethics as a whole allows for further understandings of a range of human experiences (Brody 172; Charon 1898). Additionally, narrative ethics may also help us imagine possible ethical conclusions and solutions that make sense for groups of people who have perhaps been overlooked or ignored. Narrative ethics assess critically the roles that character development, cause/effect relationships, naming, gender, space, and authorship play in the telling of a story in order to demonstrate the ethical implications of these (sometimes unconscious) choices. Mapping this definition onto body image research, one can clearly see how aspects of, for example, a person's character development, sexual orientation, and the way they view relationships would be highly implicated

in the ways they view their body and the ways they narrate their experiences (or the ways they

tell their stories).

DISABILITY STUDIES AND USER EXPERIENCE

With their interrogation of the body and ability to explore experience outside the realm of

heteronormativity and ableism, the fields of disability studies and user experience (UX) research

offer rich insight when studying lesbian body image. Emerging in the 1980s, disability studies

arose through activism involving rights-based, social-justice-influenced knowledge building and

disseminating initiatives (Garland-Thompson 915). The main aspects of disability studies that I

will be drawing from in my dissertation are the social construction of disability and Garland-

Thomson's conception of "fitting" and "misfitting." In her 2011 article, "Misfits: A Feminist

Materialist Disability Concept", Garland-Thomson discusses how disability is made when the

particularity of the body does not fit in the built environment (594)—I want to use this line of

thinking when considering how some existing body image measures are too limited for some

populations, including lesbians, and how the experience of lesbian body image is therefore

ultimately ignored or misunderstood. My understanding that lesbian body image is not

adequately understood leads me to a novel methodological approach for the study of lesbian

body image: user experience (UX) research. The main focus of any UX researcher is

accessibility and ensuring that the "product" with which a person is "interacting" is doing the job

that it's supposed to do. While much of the work of UX researchers is directly connected to the

digital and technological aspects of usability, there's an entire "analog" side of UX research,

which is what I aim to include in my methodology.

Human engagement/interaction, accessibility, and usability of certain products and designs are central to UX research. A main technique in UX research is called "user-centered design", a design process that considers the needs of the user at all times. In user-centered design, researchers test the validity of their assumptions in real world tests with actual users. Ultimately, user-centered research is a highly feminist approach to designing a service because the end user is placed in the center of the process. Further, user-centered research and Garland-Thomson's conceptions of "fitting" and "misfitting" align quite nicely; while there may be a "misfit" between lesbian lived experiences and existing body image assessments, user-centered research could ultimately result in a "fit" since lesbians would be central to the design process.

Taking the above into account, this dissertation contributes to advancing feminist theories of the body by combining narrative ethics, disability studies, and user experience in a novel way. This dissertation contributes to empirical research on body image by identifying the problems of existing measures and methods and proposing alternatives. By interrogating the various concepts found within the topic of lesbian body image, I critically reassess the study of and approach to body image as a whole.

Lesbians occupy a precarious and conflicted space within the multifaceted world of body image issues. Each chapter in this dissertation will shed light on the lived experiences of lesbian body image concerns. Chapter One presents critiques of current body image assessments and problematizes assumptions undergirding current widely used standardized assessments of body image. Chapter Two discusses the theoretical framework supporting this dissertation, including feminist theory, narrative ethics, disability studies, and user experience. Building upon the theoretical framework discussed in Chapter Two, Chapter Three presents the methods and procedures used in this dissertation. The results from the interviews and focus groups are

presented in Chapter Four, illustrating a novel approach to studying body image that is unlike the more "traditional" body image research.

Ultimately, my dissertation serves two purposes: 1) By merging the fields of body image, narrative ethics, and disability studies, this dissertation reveals the weaknesses of the majority of current understandings, approaches, and measures about body image. In other words, in the pages that follow I interrogate the existing models of assessing body image and point out where they falter. And 2) this dissertation merges a field previously used only within the tech industry—user experience research and design— with the humanities, social sciences, and ethics, resulting in an entirely new user-centered, feminist, and inclusive methodological approach for studying body image. This dissertation also asks participants to imagine what an ideal body image assessment might look like, providing insight into how lesbians experience their bodies and how to transform the existing methods used to study that experience.

Chapter One

Talk About Body

Every living human has a body. But what *is* it? In order to develop a more inclusive and accessible approach to research surrounding body image concerns, we need to know what we're talking about when we talk about body. While Kelly's question— "do lesbians even have a body image?"—may seem crass, it also suggests that current mainstream understandings of body image are not only incomplete, but perhaps also inapplicable or irrelevant to large portions of the population, including lesbians. In this chapter, I will first critically chart the development of the "body" in feminist theory; from there, I will offer a critical analysis of the existing empirical research on body image.

There is no singular meaning for "body" yet too often, empirical research focusing on bodies[3] places the emphasis solely on the physical structure of a person, and mainly only what is seen outside—that is, when an individual's body is perceived by someone else. Focusing on physical bodies when discussing body image is not only too limiting—doing so ignores all emotional, cultural, and unseen aspects of body image—it is also ablest because all assessments that focus on physical bodies assume a baseline level of capabilities and functionalities. Further, while most research questions center only on the physical body, rarely is an operational definition[4] of "body" is offered. Instead, there is an assumed knowledge about what one means

---

[3] Particularly within the fields of psychology or psychiatry where the focus is on body image, eating disorders, or obesity; see: Kelson, T.R., Kearney-Cooke, A. & Lansky, L.M. (1990); Siever, M.D. (1994); McKinley, N.M. & Hyde, J.S. (1996); Garner, D.M. (1979). Exceptions to this include feminist empirical research that considers other facets of embodiment such as race, sexual orientation, and gender expression, such as Rubin, L.R., Fitts, M.L., Becker, A.E. (2003). Another exception is the "Health At Every Size" (HAES) movement, where the focus is on maintaining a healthy lifestyle versus a specific body size/type.

[4] An "operational definition" is a term generally associated with the social/medical sciences; it refers to a concise definition of a concept, as *operationalized* by the author(s)/researcher(s). Operational definitions are useful when looking at data and research design because the way any two researchers define a concept may differ.

when they say "body", perhaps because we believe that we know our bodies intimately since many of us can see, feel, touch, taste, and/or smell our bodies. Due to these limitations—the poorly constructed research questions and the lack of definitions—empirical research on the body often yields conflicting results.[5]

Mainstream media is also guilty of simplifying our understanding of bodies, particularly women's bodies. According to the documentary series *Killing Us Softly* directed by Sut Jhally, it is a common trope that women's bodies are objectified with many advertisements quite literally turning women's bodies into consumable objects (2010); however, to simply draw a causal relationship between the media, objectification, and bodies does not account for the complexity of the issue. Feminist scholarship, such as the work of Simone de Beauvoir, Judith Butler, and Gayle Salamon, has offered robust and more comprehensive accounts of the body by recognizing the body as a social construct rather than a purely biological, material, or physical entity.

"The body is not a *thing*, it is a situation: it is our grasp on the world and the outline for our projects".

-Simone de Beauvoir, *The Second Sex*, page 46

The quote above illustrates that Simone de Beauvoir considered the body to be a site of ambiguity; as an existential feminist, Beauvoir wrote *The Second Sex* in 1949 to show how women *become* women. It is this ambiguity that makes Beauvoir's idea of the body so generative—immediately she claims that the body is not a single material "thing"; instead,

---

[5] See: Beren, S.E., Hayden, H.A., Wilfley, D.E., Striegel-Moore, R.H. (1997); Dworkin, S.H. (1998); Ludwig, M.R. & Brownell, K.D. (1999); Strong, S.M., Williamson, D.A., Netemeyer, R.G., Geer, J.H. (2000); Krakauer, I.D. & Rose, S.M. (2002); Owens, L.K., Hughes, T.L., Owens-Nicholson, D. (2003); Wagenbach, P. (2003).

Beauvoir sees the body as a "situation" that involves an understanding of our lived experiences and the built environments with which we interact.

A primary theme discussed throughout *The Second Sex* is that women are seen as the Other[6] and occupy a patriarchal world. One of Beauvoir's most famous quotes, "[o]ne is not born, but rather becomes, woman" (283) speaks to the sex-gender distinction as well as the social construction of bodies. The social construction of our gender *and* our body is what allows us to *be* and to relate to the world. An androcentric worldview becomes evident during childhood, particularly when girls are taught how to be feminine. Beauvoir writes,

> Even a generous mother who sincerely wants the best for her child will, as a rule, think it
> wiser to make a "true woman" of her, as that is the way she will be best accepted by
> society. [S]he is taught… how to dress, how to take care of her personal appearance,
> charm, and modesty; [p]osture is imposed on her: stand up straight, don't walk like a
> duck; to be graceful, she has to repress spontaneous movements, she is told not to look
> like a tomboy, strenuous exercise is banned. (296)

Here, Beauvoir demonstrates how the social construction of femininity also acts on the body.[7]

Beauvoir felt that the body should be read contextually; the existence of the body and the experiences a body provides are lived differently in men and women. Put more simply, our bodies *define* our situation in the world; we learn from Beauvoir that the body is a situation, a static

---

[6] This capitalization of "O" references Beauvoir's Hegelian understanding of the Other, where the Other is seen as a social construction of "women;" very specifically as Man's other.

[7] It seems appropriate here to mention mind-body dualism, or the idea that the mind and the body are not one in the same (Decartes, 1641 [1996]). Briefly, René Descartes' mind-body distinction says that the mind can exist outside of the body. He says that the mind is made up of non-physical (nonextended) substances, whereas the body is completely material (extended); that is, the mind and the body are two distinct entities. Feminist theories of the body trouble mind-body dualism. Mapping mind-body dualism onto Beauvoir, the "mind" would be associated with men, where men are considered to be active and rational. The "body," on the other hand, would be associated with women who are viewed as the Other, as passive objects.

material upon which society constructs difference, meaning, and value. On the other hand, Judith Butler tells us there is no static, prediscursive body.

"If there is something right in Beauvoir's claim that one is not born, but rather *becomes* a woman, it follows that woman itself is a term in process, a becoming, a constructing that cannot rightfully be said to originate or to end".

-Judith Butler, *Gender Trouble*, page 45

In *Gender Trouble: Feminism and the Subversion of Identity* (1990), Butler asserts that there is a problem with feminist theory being committed to gender categories, writing "if one "is" a woman, that is surely not all one is" (6). Similarly, the body is constantly being created through a "doing," and this doing is what yields the meaning of the body. She states, "My argument is that there need not be a "doer behind the deed," but that the "doer" is variably constructed in and through the deed" (195)—note that she is not saying that there is *no* doer behind the deed, but that there need *not* be a doer behind the deed. While human action ("doer behind the deed" creates subjectivity, subjectivity is also created through the deed itself. Beauvoir is more interested in the social construction as deed only. Butler explains that "doers" are as much a part of the process of becoming a body as are the social forces around us. Since Butler considers us to be active participants, she sees us as more able to effect change, whereas Beauvoir holds that there is no escaping our "situation" as women.[8]

Butler borrows from Michel Foucault's *Discipline and Punish* when she describes how gender is a performance but not a voluntary choice. Disciplinary "regimes" (171) decide in

---

[8] Related to Beauvoir's phenomenological account of the meaning of "woman." I will discuss phenomenology in greater detail starting on page 7.

advance what the socially permitted possibilities of gender and bodies are allowed to be. Using prisoners as his example, Foucault argues that the "strategy has been not to enforce a repression of their desires, but to compel their bodies to signify the prohibitive law as their very essence, style, and necessity" (171). The idea is not to say that repression is internalized within the prisoners, but rather that repression is stamped onto their bodies, involuntarily.[9] In this vein, Butler argues that gender *acts on the body* and is ultimately saying that gender is performative because it is productive; a person's performance through attitudes, actions, behaviors, and beliefs produce a gender, produce an identity, and I argue produce a body.[10]

The body is best understood as a set of possibilities; it is through acting out certain possibilities that "one does one's body and, indeed, does one's body differently from one's contemporaries and from one's embodied predecessors and successors as well" (Butler 521). Butler also discusses the ways in which heteronormativity shapes our convictions about gender, sex, and sexuality (519). She argues that "there is neither an 'essence' that gender expresses or externalizes nor an objective ideal to which gender aspires" and that "without those acts [of gender], there would be no gender at all" (522). Thus, the gendered body is a legacy of sedimented acts, not predetermined structure, which has produced over time "a set of corporeal styles which…appear as the natural configuration of bodies into sexes which exist in a binary relation to one another" (524). *Gender Trouble* is a founding text in queer and feminist theory partly because by rethinking gender as the "stylization of the body" (Butler 179), Butler

---

[9] This can also be voluntary. Foucault says the danger of disciplinary power is that *we do it to ourselves*. I.e., it feels good to "look pretty" and yet what it means to "look pretty" is already predetermined by the system of gender norms in a particular place and time. We choose it, but what we get to choose means our choice is *never* free or as autonomous as we think it is. In our "choosing" we solidify the norms, which is what gives it performative power.
[10] See Butler, pg. xv: "Performativity is not a singular act, but a repetition and a ritual, which achieves its effects through its naturalization in the context of a body, understood, in part, as a culturally sustained temporal duration."

challenges heteronormativity and explicitly signals that both gender and sex, and therefore

bodies are socially constructed.

"Flesh then is a thing that is thinkable, but a thing that has not been thought. Flesh is neither

matter nor mind, but partakes of both these things and yet cannot be described as a mixture of

them. It is forged through our relations with others, in all their phenomenological particularity".

-Gayle Salamon, A*ssuming a Body: Transgender and Rhetorics of Materiality*, page 65

Existing empirical research on bodies seems to presume a shared understanding of a

physical body. Perhaps, then, it is possible for feminist theory and phenomenology to account for

the lived experience and social construction of a body that empirical research has failed to

imagine altogether, or failed to imagine adequately (for example, the lesbian body or the disabled

body).

Lived experience, a central tenant in feminist theory, is innate to phenomenological

thought. Phenomenology desires to get to the "truth of the matter" with the goal being to

"describe *phenomena* in the broadest sense as whatever appears in the manner in which it

appears, that is as it manifests itself to consciousness, to the experiencer" (Moran 4). Husserl, a

founding thinker in phenomenology, considered phenomenology to be a practice that required a

radical shift in viewpoint that involved a suspension[11] of everyday experiences—a methodology

designed to get to the "essence," or pure transcendental subjectivity.[12] Simply put,

phenomenology is a descriptive narrative of lived experience.

---

[11] Known in phenomenology as a "bracketing"
[12] This is interesting because Husserl sometimes called this pure transcendental subjectivity "essence." Butler's theory tells us there is no "essence"—that is her tension with phenomenology.

Disability studies, which will be discussed in more detail in chapter three, is a useful field for discussion surrounding a phenomenology of the body because, as Garland-Thomson writes, "a feminist disability approach fosters complex understandings of the cultural history of the body…[and] the shared human experience of embodiment" ("Integrating Disability" 75-76). Given all of this, it would seem that without feminist theory our understanding of the "body" is severely inadequate. Unfortunately, much of the existing research on body image ignores these contributions. The remainder of this chapter will offer a critique of the assumptions undergirding currently widely used assessments of body image, and present some limitations of the existing body image research.

As discussed in chapter one, Paul Schilder, a pupil of Freud, coined the term body image in 1934. The concept has since expanded from Schilder's formulation to include multiple dimensions. In particular, it is now understood that body image includes an individual's own attitudes about their physical appearance, sometimes called "body esteem" (Mendelson et al. 91). According to Cash et al. a person's body esteem is produced through comparisons of one's own body with perceived body ideals, and the more favorable these comparisons, the more body satisfaction a person exhibits (Cash et al. 1082). As my dissertation will show, lesbians may define or apprehend the concept of body image differently than the literature suggests, as the bulk of research on body image is based on the experiences of cisgender heterosexual women. Further, existing literature focuses on measuring women's own body image, not on women's definition of the concept of body image to begin with. This dissertation applies feminist theory to the question of how body image is defined and measured in the literature. Typically, researchers do not ask research participants to define their central constructs, such as "what does the term 'body image' mean to you?"; instead, researchers rely on theory. An innovation of this

dissertation is that I actually do ask research participants to define the concept of "body image".
This approach to creating research instruments is consistent with feminist theory, disability
studies, narrative ethics, and user experience.

    Much of the published empirical research on body image tends to take a highly
medicalized view of concept of body image, often conflating it with eating disorders (Yean et al.
2013, Garner 1991, Garner and Garfinkel 1979). This approach not only medicalizes the body,
but also medicalizes the topic of body image, thereby narrowing the scope of body image
research by ignoring the social and emotional aspects of body image. It also constructs a false
notion of the importance of body image by attaching it strictly to a physical body and
pathologizing it. Everyone has a body image, where that image is good, bad, or indifferent; not
everyone has an eating disorder.

EMPIRICAL RESEARCH ON BODY IMAGE

Psychology has largely dominated the field of body image research and often utilizes
standardized assessments that were actually created to be diagnostic tools for eating disorders
(Yean et al. 2013, Cash et al. 2002, Garner 1991, Garner and Garfinkel 1979). Other research
uses standardized assessments that were designed explicitly to study body image, but these
measures often still fail to consider sexual orientation. Most—if not all—of the existing
measures were either statistically normed around the mean, or tested for external validity, using a
heterosexual participant population (Cash et al. 2002, Ben-Tovim and Walker 1991, Garner et al.
1983, Garner and Garfinkel 1979).

    Empirical research on body image often privileges the physical shape of a person. For
example, most research focuses primarily on weight, body size, and body shape even though

body image involves many other dimensions, "including hair, skin tone, height, eye color…breast size and shape" (Pitman 50) and, I would add, the clothes we wear, the places we live, and our different generational experiences.

One of the most widely-used standardized measures of body image involves showing a respondent a set of body silhouettes. Many silhouette measures exist, but among the most popular and well-validated is the Contour Drawing Rating Scale (CDRS, Thomson and Gray, 1995) which depicts male- and female-gendered silhouettes becoming progressively larger, and asks respondents which silhouette represents their own body, and which silhouette represents their ideal body. The difference between the ratings is called the "self-ideal discrepancy score", and is supposed to be a reliable measure of the individual's body dissatisfaction (or satisfaction). Studies that have used silhouette measures often also include a series of questions and/or statements that ask respondents to reflect upon feelings about their body to measure body esteem or body image states (Cash et al. 2002, Cash 2000, Garner and Garfinkel 1979, Garner 1991). Typical questions generally ask respondents to indicate their answers on a Likert-scale (i.e. disagree—agree) and include: I feel fat when I can't get clothes over my hips, People avoid me because of my looks, and I like to weigh myself regularly (Ben-Tovim and Walker 775).

The Contour Drawing Rating Scale and other body image measures have been normed using a heterosexual population, typically using white participants. The measures therefore have ignored the various nuances and lived experiences of people of color. Because there are so few body image studies that recognize both the intersection of race and gender with embodiment, the result is often that non-white bodies are either rendered colorless or genderless, making it easier for European American labels to continue to define all bodies. This erasure not only simplifies embodiment and body image, but it also distorts the way that various races and genders view and

receive bodies. That is, this erasure may also prevent people of color from exploring their own embodiment and force them to measure their bodies against the European (white) standards.

These limited conventions seem to have resulted in two outcomes: One, due to the plethora of existing research that focuses primarily on white women's bodies, there has been an assumption that women of color are sometimes "protected" from negative body image concerns (Becker et al. 50) and two, the body image research that does consider racial difference often foregoes using the existing standardized measures. For example, some excellent body image studies have been conducted which do include participants from various racial backgrounds; however, perhaps largely because the standardized assessments were predominantly normed on white bodies, many of these studies have omitted standardized assessments and instead rely on open-ended interviews and focus groups. While this approach is understandable, it fails to adequately challenge the existing standardized measures.

CONCEPTUALIZATIONS OF THE "BODY" IN BODY IMAGE RESEARCH

In response to the limitations in standard body image measures based on the medical model, Nita Mary McKinley and Janet Shibley Hyde developed *The Objectified Body Consciousness Scale* (OBCS), "using feminist theory about the social construction of the female body" (181). The OBCS is a step in the right direction and was partly created in response to the lack of adequate body image metrics; however, the underlying approach in the creation of the OBCS was still based in heteronormativity and androcentrism. For instance, McKinley and Hyde write, "The central tenet of OBC is that the feminine body is constructed as an object of *male desire* and so exists to receive the *gaze of the male*" (italics my own, 183). McKinley and Hyde go on to explain that this "constant self-surveillance…is necessary to ensure that women comply with

cultural body standards" (183). There is no mention of sexual orientation in their rationale, and just 2.5% (a statistically insignificant percentage) of their participants identified as lesbian. Therefore, while the OBCS was indeed an improvement on existing measures and was inspired by feminist theory, it is still ill-equipped to assess the unique circumstances of a lesbian community that may seek to operate outside of male desire.

While I agree with much of McKinley's and Hyde's research, we need to go a step further and gear body image research specifically toward lesbians. McKinley and Hyde created a psychometrically sound assessment; however, it was statistically normed on a predominantly heterosexual, white, college-educated population. Further, there was no discussion or focus group with the participants about what questions the assessment should contain in the first place. Instead, over a series of three separate studies, participants were asked to complete surveys; the final version of the OBCS was determined based on the responses to these Likert-style surveys only. Like McKinley and Hyde, my goal is to study body image through the lens of feminist theory. Unlike McKinley and Hyde, at this time I do not have an explicit goal to produce a new standardized measure; instead, my goal is to learn specifically about lesbian body image directly from my participants by conducting focus groups and interviews that interrogate the existing accepted standardized measures.

Additional research has begun to address the heterogeneity of women's bodies and experiences, demonstrating that the lesbian community has been generally able to uphold a healthier body image than women who identify as heterosexual (Owens et al. 2003, Wagenbach, 2003, Krakauer and Rose 2002, Strong et al. 2000, Ludwig et al. 1999, Beren et al. 1997). Bergeron and Senn (1998) have argued that body image depends largely on the way women internalize social norms regarding femininity and beauty. One argument is that because feminine

beauty ideals are largely heteronormative, lesbians may be "protected" from negative body image concerns and better able to maintain healthier body images (Ludwig et al. 90). However, this view is shortsighted as it assumes that lesbians do not identify with femininity. Prior research also suggests that lesbians have bigger ideal body sizes and are less likely to view themselves as overweight (French et al. 1996 as cited in Owens et al. 2003). Even so, some of the most popular standardized assessments used in body image research, including the *Eating Attitudes Test* (Garner and Garfinkel 1979), the Body Dissatisfaction Subscale of the *Eating Disorder Inventory* (Garner 1991) and the *Multidimensional Body-Self Relations Questionnaire* (Cash 2000) have never been deliberately tested with or normed for a lesbian population. As such, these assessments, and perhaps much of the theoretical backing of body image research as a whole, may not be as meaningful for lesbians and leaves unexamined the lived experiences of this community.

Pitman examined the intersection of sexual orientation, gender, race, and class in relation to body image (2000). Like Pitman, I am interested in questions like: How do lesbians feel about their bodies? How do multiple identities and oppressions intersect with gender and sexual orientation? Are there other body image concerns besides weight preoccupation and body size that lesbians experience? Going beyond this, I also question—since body image is a social construct influenced by things like time and place—what, if any, generational differences or similarities exist in lesbian body image, and how might geographical location play a role in body image concerns? I will use the theories that I discuss in chapter three to interrogate the existing models of assessing body image and point out where they falter.

In sum, my research is about defining what body image is, critiquing assessments that attempt to measure body image, and discussing limitations of existing body image research as

related to women who identify as lesbian: 1) Most research on body image relies heavily on the physical structure of a person, thereby ignoring the emotional, cultural, and unseen aspects of body image, 2) The term "body image" was coined and defined over eighty years ago by a white male psychologist, and the definition has remained largely unchallenged to this day, 3) Body image concerns are often empirically studied using portions of standardized assessments originally intended to diagnose people with eating disorders—everyone has a body image, but not everyone has an eating disorder, so why are we conflating these topics?, 4) Many of the existing standardized assessments had their genesis prior to 1973, when homosexuality was still considered a mental illness, 5) Most body image and eating disorder standardized assessments were statistically normed using women participants of similar ages, who identified as heterosexual, white, and college-educated, meaning these assessments may only be reliable and valid for participants who fit the same mold, and 6) Studies of body image that do consider lesbians often ignore the heteronormative assumptions under which body image measures were developed. Given these various limitations, the following chapter will explicate the framework underlying this dissertation—including disability studies, user experience, and narrative ethics—which serve to fill in the gaps found within existing body image studies.

Chapter Two

Finding a Fit

As shown in chapter two, feminist scholarship offers an inclusive and holistic understanding of the body. Feminist theory sees the body as being part of a larger social construct rather than just a purely physical entity, which ultimately contributes to more comprehensive understandings of body image. Using feminist theory as a lens, this chapter discusses the fields of disability studies, narrative ethics, and user experience, taken together as a way to fill in the gaps found within existing body image research.

Emerging in the 1980s, the field of disability studies arose through activism involving rights-based, social-justice-influenced knowledge-building and disseminating initiatives. As an interdisciplinary field, disability studies engages many topics, thereby operating as a social construct in and of itself. Before I say more, I want to be clear that I am not insinuating that being a lesbian or having body image concerns implies being "disabled". There are many factors in the field of disability studies that are crucial to my work, including contributions involving access and inclusion, all of which should be considered when working in user experience, and when designing, norming, and validating assessments.

Disability studies and user experience are inimitably connected, but these two fields currently operate autonomously from one another; often, there is a focus on "disability" which is distinct from "disability studies". While designing products geared toward disabilities is imperative, many ideas center around physical and observable disabilities and less around the theory and scholarship that the field of disability studies offers. For example, while a wheelchair that climbs stairs may likely be beneficial for a wheelchair user, it is also advantageous to design

our built environments for universal access to begin with. Accessibility and inclusion are central

focuses of both disability studies and user experience; taken together, disability studies and user

experience are a highly feminist approach and method for studying lesbian body image. This

chapter offers an overview of three topics: first, an explanation of the medical and social models

of disability; second, an introduction to the field of user experience, which aligns with the social

model of disability; and lastly, an overview of narrative ethics and the importance of storytelling

is discussed.

The Medical and Social Models of Disability

Everyone will become disabled if they live long enough.[13] This sentence, perhaps the unofficial

mantra of the field of disability studies, is emphasized in various ways throughout Lennard J.

Davis's canonical text, *The Disability Studies Reader* (2013). Anyone who lives long enough

will experience disability, along with the stigma and oppression that comes with it; therefore, we

have a responsibility to be cognizant of disability as a lived, social experience. In other words,

disability rights and policies are everyone's business. What does this have to do with body image

and lesbians? We learn a lot about access and inclusion through disability studies, both of which

are necessary for more adequate understandings of body image.

The medical model of disability, popularized by the World Health Organization in 1980[14]

sees disability as an individual tragedy or misfortune due to genetic or environmental insult. In

short, the medical model locates disability within the body and aims to cure or manage

disabilities so that the person is more likely to conform to normative expectations.

---

[13] Although this sentence is the "unofficial mantra" of the field of disability studies, it is not necessarily attributed to any one person, author, or organization.

[14] See: *World Health Organization. International classification of impairments, disabilities, and handicaps: a manual of classification relating to the consequences of disease*. Geneva: World Health Organization, 1980.

Viewing disability through the medical model as a problem or shortcoming erases many positive lived experiences of people with disabilities. It also undervalues the many ways that disability and, consequently, accessibility have enriched built environments for able-bodied people. For example, the curb cuts that we utilize when dragging suitcases or pushing shopping carts or strollers allow us to move on and off sidewalks with ease, regardless of disability status. Curb cuts were introduced in Kalamazoo, Michigan in the 1940s in direct response to making areas more accessible for disabled veterans (Brown 203) yet are an architectural feature that make built environments more accessible to all people. Moreover, the medical model perpetuates an "us versus them" mentality, a hierarchy of sorts, where disability is seen as an unfortunate condition that "happens" to *other* people. Perhaps most importantly, by suggesting that disability is a problem that ought to be fixed, the medical model of disability insinuates that disabled lives are somehow less worth living, thereby perpetuating the stigmatization that is still associated with disability today.

Published in 1963, a time of history when disability was framed in very negative ways, Erving Goffman's *Stigma: Notes on the Management of a Spoiled Identity* gestured heavily to aspects of social construction. Writing before the American with Disabilities Act (ADA) existed, Goffman thought it was imperative for people with disabilities to try to blend in with their surroundings as best they could so as to hide their disability. Goffman argues that stigmatized people who are unable to blend in will usually face serious social backlash. This certainly aligns with the medical model of disability where the goal is to "normalize"; however, Goffman recognized that social structures play a critical role in our lived experiences, which aligns with the social model of disability. Goffman defined stigma as, "the situation of the individual who is disqualified from full social acceptance" (1963, preface). Following this definition, a stigmatized

person can be any person who is categorically excluded from a social experience based on one aspect of who they are. While Goffman emphasized the significance of social acceptance, he placed the burden of responsibility on those members of society who failed to blend in. If someone is unable to hide what Goffman called their stigmatized attribute (meaning their disability in my case), they have to find a way to mitigate the social backlash. People do this by using stigma management strategies, which are intentional attempts to make their disability palatable to the wider society and re-frame themselves as good and deserving still. It would take the passing of the ADA, nearly three decades after Goffman's *Stigma*, to formally articulate that our social structures should be built to accommodate all lived experiences in the first place.[15]

As a response to the medical model of disability, proponents of the social model of disability, which was formally named in the 1980s, push back against the medical model by challenging assumed notions of normativity. The social model of disability locates disability in the environment rather than the body; in doing so, the social model of disability contends that societal systemic barriers are the root of disability. Social construction allows for meaning-making and identity formation, resulting in more comprehensive and affirmative interpretations of disability. Something similar is happening related to body image assessments: Most existing body image assessments were designed for and normed on heterosexual women, but are used beyond that scope; when a lesbian finds herself in front of a body image assessment, she generally must try to conform to the "normative" expectations presented in the assessment. If she can't, then her experience is ignored entirely because it doesn't fit within the scope of the assessment. On the other hand, if an assessment was created through the lens of feminist theory,

---

[15] With this comment I do not mean to suggest that the passing of the ADA was the be all and end all of disability rights; it is possible and productive to think about how successful (or not) the ADA has been in changing the social structures that do impede people with disabilities.

using approaches of disability studies and methods of user experience, the result may be a more equitable body image assessment that is accessible to and inclusive of multiple lived experience.

The social model of disability views disability as one of many lived experiences. Because the social model locates disability within the environment, it separates a person's impairment (one's embodied condition) from a disability (the social stigmas and/or oppressions resulting from the impairment); therefore, an individual is not "a disabled person," but instead "a person who has a disability". The notion of "normalcy" and "normativity" sets up the exclusions resulting in disabilities, because normalcy views impairments as abnormal; normalcy is the constituted principle *against which* disabilities *become* disabilities. When social structures are accessible to all bodies, individuals are less likely to be disqualified from the experience, and therefore less likely to be seen as "abnormal". Right now, the lesbian experience is all but excluded from body image assessments; heterosexuality is the normative experience and the only one accounted for in most standardized assessments.

The social model of disability troubles the idea of normalcy and views disability as a part of lived experience, allowing people to participate in a multitude of disability narratives. Susan Wendell argues that society creates disability. She writes, "not only the architecture, but the entire physical and social organization of life tends to assume that we are either strong and healthy and able to do what the average young, non-disabled man can do or that we are completely unable to participate in public life" (60). According to Wendell, people born with a disability experience their disability their entire life because the built environment lacks the infrastructure to accommodate disability; further, people may acquire disability *because* of the social structures they operate in, such as war and the spread of disease (58). That is, we are

particular bodies in a particular environment at every second of our lives, which determines disability "status".

The medical model ultimately results in a view that rids the world of disability altogether by fixing or curing various impairments; the eventual goal of the medical model is to eradicate disability. Given this, it is important to reflect on the value of disability—the value of including a vision of accessibility and non-normativity in our world. Therefore, the social model of disability encourages open discussion and policy change.[16] Douglas Baynton's poignant observation, that "disability is everywhere…once you begin looking for it" (52), signals the importance of viewing disability as a social construct. Everything is affected by one's status within the social system of (dis)ability, which is why recognizing disability as a social construct has become the dominant paradigm for the disability movement. The medical model of disability focuses on deficits and deviations from the norm, and seeks to fix and eliminate disability; the social model of disability focuses on quality of life and sociopolitical equity, and seeks to accommodate difference.

In "Integrating Disability, Transforming Feminist Theory" (2004) Rosemarie Garland-Thomson argues that disability studies and feminist theory are "comparative and concurrent academic enterprises" that could expand upon "diversified body acceptance" (74). In her 2011 article, "Misfits: A Feminist Materialist Disability Concept," Garland-Thomson develops this idea by explaining how disability is *made* when the particularity of the body does not "fit" in the built environment. Hence, anything—and any body—that does not fit into the built environment is considered to be an aberration, a deviant, an "other". In my research, lesbians are "misfits" in

---

[16]Perhaps the best example of the social model being a solid basis for policy change is the Americans with Disabilities Act. While the ADA has its shortcomings, it contains five specific sections that explicitly address public life (employment; state and local government; public accommodations; telecommunications; and miscellaneous provisions.)

the built environment, an "other", and therefore they fail to "fit" with the standardized body image assessments. I use this line of thinking when considering how the majority of body image measures are too limited for some populations, including lesbians, and how the experience of lesbian body image is ultimately ignored or misunderstood. This leads me to a novel methodological approach for the study of lesbian body image: user experience. Taken together, the ideas found within disability studies and user experience inform the majority of my research methods.

Disability as a topic of inquiry merges the profoundly cultural with the material, as the human variations that cultures have designated as "disabled" have helped to shape and build our social environments. Therefore, disability structures our way of being in the world. The ADA explicitly prohibits discrimination against people with disabilities, and defines disability as,

> A person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.[17]

This definition is situated within a legal context yet lends itself to a social model of disability and indicates that disabilities take various forms. By stating that disability includes people who "do not currently have a disability", as well as people who "are regarded as having a disability," the ADA definition signals important aspects: people with disabilities are often still stigmatized; there is no single way to be disabled; disabilities can be physical or invisible; disabilities can be permanent or temporary; and disabilities can be acquired or congenital.[18]

---

[17] https://adata.org/faq/what-definition-disability-under-ada
[18] If a disability is congenital—that is, present from birth—how can it possibly be related to the *social* model of disability? Many congenital disabilities stem from how the fetus and/or the birth mother interacted with their respective environments (i.e. the womb in the case of the fetus; or perhaps the stress of a work environment in the

When social structures are accessible to all bodies, individuals are less likely to be disqualified from the experience, and therefore less likely to be seen as abnormal. Discussing Goffman, Tanya Titchkosky defines a "normal person" as someone:

> Who [has] many different attributes, but who [does] not, in the interactional situation in question, have an attribute of difference. Normals are those who, at least in the face of some individuals and within some interactional situations, do not represent 'undesired differentness' (43).

Titchkosky goes on to explain that normals are normal because they do not "[bear] a mark of difference"[19] (44). Also while engaging Goffman, Rosemarie Garland-Thomson defines the "normate" as a "constructed identity of those who, by way of the bodily configuring and cultural capital they assume, can step into a position of authority and wield the power it grants them" (1996, 8). Therefore, aligning with the social model of disability, perhaps if our built environments were more accessible, people with disabilities would bear fewer "marks of difference." Further, by pushing against conventional notions of normativity, the social model of disability may function to halt some aspects of stigmatization.[20]

Discussing the relationship between what is normal "versus" what is abnormal reveals a false dichotomy; instead of viewing these as distinct and unconnected, disability studies recognizes the interconnectedness of this relationship, thereby troubling a conventional

---

case of the mother). Further, aspects of our social world may exacerbate a disability. For example, if a person needs to use a wheelchair but lives or works in a neighborhood with steep hills and no sidewalks, their experience will be different from a person who resides in a more accessible environment.

[19] This reasoning (which is a response to Goffman's *Stigma*) risks excluding people with invisible disabilities from the disability community, as presumably people with invisible disabilities may "pass" as normal by bearing no physical marks of difference.

[20] Some other questions to consider, which are too large for the scope of this paper, include: Why is there a drive to be "normal" at all? Are there other ideals that are more constructive? Do we need to keep the "normal" at the core of our conversations about disability? "Normal" in itself is problematic; should our goal really be to expand its definition to encompass more lived experiences?

understanding of "normal." For example, a disability exists for every ability; to know what it is to walk, a "normal" practice, also requires knowing what it is to *not* walk (i.e. to use crutches, to be a wheelchair user, to crawl—"abnormal" practices). Instead of seeing the difference between walking and using a wheelchair as a mark of deviance, the social model of disability views each option as simply two possible methods to get from point A to point B.

Lives with disability are just as rich, dignified, and full of flourishing as "able-bodied" lives. Disability studies scholars view disability as something that we can all move in to, or sometimes move in to and out of. An able-bodied person may be in a car accident and break her leg, thereby being temporarily marked as disabled. She may require a cast and rely on the use of crutches and ramps, but her leg will ultimately heal, and she will no longer be marked as disabled. Therefore, the social model views people with disabilities and able-bodied people as equal social actors, regardless of (dis)ability; the medial model views people with disabilities as inherently unequal to their able-bodied peers, thus necessitating the need to "fix" the disability. Here we see the nuanced distinction between the medical model and the social model: proponents of the social model of disability do not prohibit the use of medicine and medical technology for various forms of rehabilitation or even cure.

However, instead of locating the site of the disability as the broken leg itself (that would be a question of impairment), they would look at what systemic barriers could be the root of the broken leg, or future disability, in the first place. For example, if the person with a broken leg has no health insurance,[21] she might be unable to afford the medical costs associated with a cast or

---

[21] On a personal note, something along these lines happened to me as a child. When I first was diagnosed with scoliosis (curvature of the spine) I was nine years old and my spine had a mild 18-degree curve. A specially designed back brace may have improved the curve, or at the very least prevented the curve from worsening. My mother and I had no health insurance at the time, and custom braces cost thousands of dollars without insurance coverage. Three years later when we had health insurance, I was reexamined and my curve had worsened to 76 degrees. Braces are only effective for curves less than 40 degrees, so spinal fusion surgery was necessary. Consequently, I lost out on six inches of height, and the total recovery timeline was four years.

crutches, which might lead to further impairment; or if she was driving on a road riddled with

potholes in an underserved neighborhood, one could argue she may not have been in an accident

had the road been properly maintained. The very nature of our enfleshment means that the

variations we think of as "disability" will occur in our lives. Yet because such variations are

often highly stigmatized, the disability studies perspective is sometimes unrecognized or

unacknowledged by proponents of the medical model, which seeks mainly to rid society of

disability.

I believe in the social model of disability, yet I also believe that people with disabilities

would be disadvantaged if the medical model of disability disappeared entirely. The major

problem with the medical model is its assessment of disability being a tragedy or misfortune;

approaching disability from such a negative perspective stifles any possible potential. Some

aspects of disability impairment, such as the aforementioned example of the broken leg, would

clearly benefit from medical intervention. Even so, this raises important concerns that are beyond

the scope of this paper, such as when and which disabilities should be treated or "fixed". Perhaps

a more helpful perspective, then, would ask how much *space* the social model leaves for medical

intervention, and how, when, and why a given medical intervention would benefit a person with

a disability.

The social model of disability troubles the idea of normalcy and views disability as a part

of lived experience, allowing people to participate in a multitude of disability narratives. For

example, Emily Rapp, author of *The Still Point of the Turning World* (2013), writes about her

nine-month-old son, Ronan, who was born with a fatal degenerative disease known as Tay-

Sachs. Rapp was already intimately connected with disability as she had her leg amputated as a

child due to a congenital birth condition, but her experience with Ronan reshaped the way she

viewed disability. "Writing my novel will not save Ronan, but it will save me". [22] Those were

Rapp's words as she remembered how she did "a lot of nothing" before having Ronan, and

explained that after she learned about Ronan's diagnosis, she felt a sense of relief and credits

Ronan for making her "think more about how people [see] disability".

Rapp's experiences with Ronan and her writing career illustrate a key tenet in Linda

Alcoff's 1991 publication, "The Problem of Speaking for Others": the politics of responsibility

and accountability in writing about disability. How does one fairly represent a community about

which one is writing about? This question is important, regardless of whether you claim

membership in that community or not, but is particularly salient for identity groups that have

seen their histories erased, distorted, or only partially represented within dominant culture. The

context and environment where words are being written, spoken, read, and/or heard matter,

which is one reason that the social model of disability is a solid basis for policy change. Emily

Rapp's novel and candid remarks signify the importance of the "rituals of speaking". Aside from

being a literary genre, disability narratives are social tools that allow and encourage inter- and

intrapersonal reflection. Participants in disability narratives—both the author and the audience—

have the opportunity and privilege to ponder the *value* of disability, a perspective that currently

is only endorsed and encouraged by the social model of disability. People with and without

disabilities would benefit from policies that respect and protect the rights of a disability

experience.

Everything is affected by one's status within the social system of (dis)ability, which is

why recognizing disability as a social construct has become the dominant paradigm for the

disability movement. The medical model of disability focuses on deficits and deviations from the

---

[22] This quote is from a Skype conversation made possible by Professor Garland-Thomson's Fall 2014 course,
"Disability Literature," where authors would frequently Skype-in to discuss their writing with the class.

norm, and seeks to fix and eliminate disability; the social model of disability focuses on quality of life and sociopolitical equity, and seeks to accommodate difference. As a community created by the people for the people, disability studies was not created from the outside and imposed on anyone inside; the inside created this movement and in doing so, found a voice.

USER EXPERIENCE

User experience (UX) is a multidisciplinary enterprise, which may be one reason that no single definition of UX has prevailed. Being successful in UX is equal parts thought and action, and philosophy and practice. Someone who works in UX is someone who practices a set of methods and techniques for researching what a user wants and needs, and creates products and services that align with those goals. Leah Buley, a veteran of the experience design industry, defines user experience as, "the overall effect created by the interactions and perceptions that someone has when using a product or service" (4). She elaborates, "user experience is a fancy term for what people often describe with words like "love" or "hate"; or phrases such as, it's "easy to use," or "a pain in the butt"" (4). The International Standard on Ergonomics of Human System Interaction explains UX as a person's perceptions and responses that result from the use or anticipated use of a product, system or service. How easy or difficult something is to use matters, and that's what UX is all about. The field of user experience represents an expansion and extension of the field of usability, to include the holistic perspective of how a person feels about using a service. More simply, user experience is how you feel about every interaction you have with what's in front of you in the moment you're using it. While UX is a broad topic that includes a users' emotions, beliefs, preferences, perceptions, physical and psychological

responses, and behaviors that occur before, during, and after use of a service, understanding and empathizing with a user's perspective is a vital foundation for UX.

There are many ways to think about and to approach UX. Very commonly, UX is considered to be part of the technology industry and is interested in how people interact with things like apps, webpages, and other software. In reality, UX is equal parts analog and digital, and our everyday moments are overflowing with user experience. For example, right now I am in Brooklyn, New York, revising this chapter while sitting on the roof of a friend's apartment. I am acutely aware of the wind, because it keeps blowing my hair into my eyes, blocking the view of my laptop screen. I'm also aware of the sun, because it's hampering my experience of being able to easily see my screen. On the other hand, I am aware of the wind because it's providing me with a refreshing breeze and gently swinging me from side-to-side. I am sitting in a hanging chair—it has a heavy, sturdy base, and a rod that an orb-shaped seat hangs from. My experience of the wind and sun right now are twofold: I am displeased, because both the wind and the sun are hampering the view of my screen; conversely, the wind and sun are aiding in my experience because they are keeping the temperature comfortable and the atmosphere is relaxing.

While sitting in this hanging chair, I am in front of my laptop, simultaneously engaging with this word processing document, my email client, and my web browser. My experiences of these three programs are not only impacted by the environment I'm currently in—the breezy, sun-lit rooftop—but also by the programs I am using themselves. For example, how the program looks, functions, and delivers is vital to my perceived experience of interacting with it. This word processing document is giving me a means to type this dissertation; my email client allows me to handle personal and professional communications while away from Atlanta; and my web browser is available in the event I need to access more information while I am writing. While my

current environment and experience of engaging with these three programs are all part of user experience, all three programs themselves—the word processor, email client, and web browser—are also part of UX. To elaborate, in the development of any program, countless decisions are made with the user in mind; in the present moment of me sitting here on the roof typing on my laptop, I am experiencing and benefiting from the research and development that went into each of these software programs, which allows me to participate in this seamless experience of "work". And this is just software! What about the hardware? My experience is also impacted by the size, weight, and battery life of my laptop, and also by the functionality of it. For example, because of my laptop's trackpad, I can easily scroll through many documents to easily find what I need, and the tactile experience of touching the keys and the trackpad aids in my experience because it is seamless and not clunky. On top of that, because of my silicon keyboard cover, I am slightly less worried about accidentally spilling liquid on my laptop. But what about my mood? How I am feeling at any given moment will also impact the decisions I make and the way I interact with my surroundings. All of this is all part of user experience—UX does not "just" belong to the digital and technology spheres.

Returning to disability studies, when discussing Linda Alcoff, Rosemarie Garland-Thomson writes, "How we look, and look at each other…determines in large part how we make our way through the world and how we treat one another" (596). This quote fits perfectly with the repertoire of UX; user experience is about how individuals interact with and experience products and services, but it's also about how that individual views and judges the things around them—everything is connected. There is a lot to consider in order to get a comprehensive picture of user experience, figure 1 below, created by Peter Morville, a pioneer in UX, illustrates a framework that helps explain how the various facets of UX work together (2004).
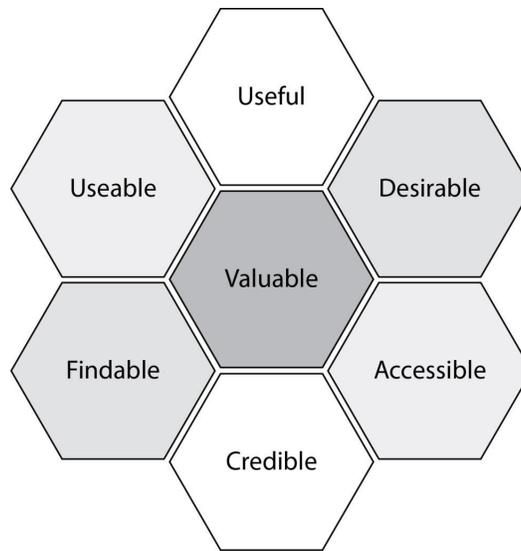
Fig. 1. UX Honeycomb[23]

Morville explains that in order for there to be a meaningful and valuable user experience, each of

the facets, or qualities, in the honeycomb are involved. Below are his definitions for each facet:

Useful: Content should be original and fill a need. We must have the courage and creativity to

ask whether our products and systems are useful, and to apply our knowledge to define

innovative solutions that are more useful.

Usable: Ease of use remains vital. In short, usability is necessary but not sufficient.

Desirable: Our quest for efficiency must be tempered by an appreciation for the power and value

of image, identity, brand, and other elements of emotional design.

Findable: We must strive to design navigable products and services, so users can find what they

need.

Accessible: Just as our buildings have elevators and ramps, things like web sites and apps should

be accessible.

---

[23] http://semanticstudios.com/user_experience_design/

Credible: Understand the design elements that influence whether users trust and believe what we tell them.

Many sub-disciplines make up the multifaceted field of UX including interaction design, information architecture, visual design, content strategy, copywriting, and user research. For purposes of this dissertation, my focus is user research. Put most simply, a user experience researcher is "someone who conducts research into user needs and behavior" (Buley 7). A main focus of any UX researcher is accessibility and ensuring that the product or service with which a person is interacting is doing the job that it's supposed to do. Human engagement/interaction, accessibility, and usability of certain products and designs are central to UX research.

User-centered design, a main technique in UX, is a design process that considers the needs of the user at all times. In user-centered design, UX researchers consider how a user is likely to use the product or service by involving the user in the design process from its genesis, and then testing the validity of their assumptions in real world tests with actual users. Ultimately, user-centered research is a highly feminist approach to designing a service because the end user is placed in the center of the process. Further, user-centered research and Garland-Thomson's conceptions of "fitting" and "misfitting" align quite nicely. Garland-Thomson (2011) writes, "*Fitting* and *misfitting* denote an encounter in which two things come together in either harmony or disjunction" (592); in the case of body image research, there is disjunction when lesbians encounter standardized body image assessments. While there may be a "misfit" between lesbian lived experiences and existing body image assessments, user-centered research could ultimately result in a "fit," since lesbians would be central to the design process.

For example, one popular standardized assessment known as the Eating Disorder Inventory (EDI) was designed by psychologists Garner and Garfinkel in 1979 to be a diagnostic

tool for eating disorders. The original EDI was only normed on women (a problem because men can get eating disorders, too; this was rectified in 1991 when a revision of the EDI was published and included both men and women) and most of these women were white and heterosexual. While the EDI has since undergone two revisions, it has not adequately considered any racial or sexual orientation differences in eating disorder pathology.

One possible way to strengthen the metrics of the EDI could involve a focus group where participants run through a usability assessment of the EDI, a standard UX research technique. A UX focus group accessibility assessment for the EDI would be a user-centered approach that may include asking all participants to read over the EDI to themselves; asking each participant if anything stood out to them in the EDI (i.e. any specific wordings, any questions, any themes); asking each participant if, based on the questions in the EDI, they can ascertain what they think the goal of the EDI is; talking with the participants about what the EDI was explicitly designed to "do" and then having a discussion about whether or not the participants think the EDI succeeds in that. This could lead to discussions about what questions the participants think are wrong and/or should be omitted, and what sorts of the questions the participants think should be included instead.

This entire UX piece is also all part of what I'm framing as "narrative ethics", partly because one UX research method is storytelling. The main backbone of narrative ethics is that people's stories are important and they should be permitted to tell them. By sharing stories, and by being "free" to tell these stories, we the researchers will likely get more information by letting the participant share a story to open-ended questions vs. asking "closed" questions that ignore a narrative response. UX research, as I conceptualize it, is part of the entire field of disability studies itself. Disability studies is about accessibility and user experience; UX research methods,

including interviews and focus groups, involve someone sharing their narrative and storytelling. Therefore, the fields of UX research and narrative ethics/storytelling are the general methodological approach that I am using in my dissertation.

NARRATIVE AND STORYTELLING

In addition to expanding the methods and assessments of body image research using the theoretical tools of feminist theory, disability studies, and UX, I base my empirical design and interpretation on the importance of narrative and storytelling. Narrative ethics is part of a theoretical practice that takes the medium of a story as a starting point. Because the telling of stories yields information on ethical attitudes, the practice of narrative ethics as a whole allows for further understanding of a range of human experiences (Brody 172, Charon 1898). Additionally, narrative ethics may also help us imagine possible ethical conclusions and solutions that make sense for groups of people who have perhaps been overlooked or ignored. Narrative ethics critically assess the roles that character development, cause/effect relationships, naming, gender, space, and authorship play in the telling of a story in order to demonstrate the ethical implications of these (sometimes unconscious) choices. Mapping this definition onto body image research, one can clearly see how aspects of, for example, a person's character development, sexual orientation, and the way they view relationships would be highly implicated in the ways they view their body and the ways they narrate their experiences (or the ways they tell their stories.)

Because narrative ethics is intrinsically tied to human experiences, there is also a parallel between narrative and UX research. For example, during focus groups to determine what may be missing from current body image assessments, participants will be asked to relay narrative

information about their experiences. This focus group approach is a user-centered practice.

Participants will be asked to think about and reflect on their thoughts, opinions, and experiences

while they read through the existing body image assessments. What do they feel? What do they

think of? What do they notice or remember the most? Participating in focus groups allows

everyone to hear each other's stories and engage in conversation. This also means that each

participant may be influenced by what other participants say, and all participants will be

expected and encouraged to share as often as possible. My premise is that a narrative, user-

centered approach will be the most effective method to yield data and to gather meaningful,

relevant information about lesbian body image. Not only will this garner rich data, but given this

user-centered approach, the participants will have a command over the direction of the

discussions.

A Note on Objectivity

Disability studies, user experience research, and storytelling are all integral to my methodology,

which is highlighted in the next chapter. Researchers are often taught to be objective, to remove

any and all bias before conducting research, but is that actually possible, or even ethical?

Oftentimes, researchers are intimately connected to their work, and I find two of the most

important aspects of feminist research to be "strong objectivity" and "situated knowledges;" to

best understand these aspects, a brief discussion of postcolonial theory is warranted.

Edward Said, author of *Orientalism* (1979), opened up the field of postcolonial theory.

He brought together conversations occurring across the humanities and social sciences about the

approach of science as a discipline and explained how indigenous peoples are seen as having a

culture that is somehow separate from the rest, somehow an "other". The practice of science

comes from this view of otherness, where scientific methods and technology were developed on the bodies and the lands of people designated as "other". The Orient is a European invention, and Orientalism created a European culture because it was able to name itself as being *different* from that which is the Orient. Science is embedded in colonial expansion; postcolonial theory is about understanding this, and feminist science studies[24] is embedded, in some ways, in the critiques emerging from postcolonial theory.

Doing research is a responsibility and that responsibility involves various steps. Many researchers consider the first major step to be generating a hypothesis; on the other hand, feminist methods emphasize the importance of what happens before a hypothesis is formulated. Sandra Harding describes in detail "strong objectivity" and defines it as the "intentional practice of starting research from the lives of women and other marginalized groups whose perspectives are less partial than those of persons with power" (Harding 1995). Two things to address before developing a hypothesis include:

1) *The origin of problematics*- This step asserts that a hypothesis is not formed from nothing. Even though the scientific method calls for background research, the "origin of problematics" is explicitly about acknowledging that something and/or someone is informing the thought process behind the hypothesis, before any research even begins. This challenges the conventional understanding of scientific objectivity that seeks to remove all bias by suggesting that pure objectivity may not actually exist.

2) *The purpose of inquiry*- This step asks question about the topic of research including: Why do we want to conduct this research at this time? What is the purpose of this inquiry right now? (Why now? Why here? Why with these subjects?) The "purpose of inquiry" also challenges

---

[24] "Feminist science studies" is a field, a method of feminist inquiry. This is not a typo—it should not be "feminist science study." Feminist science (and technology) studies is often abbreviated as FSTS.

researchers to think about who is asking the research questions and why those questions are being asked.

Strong objectivity, then, is "about limited location and situated knowledge, not about transcendence and splitting of subject and object" (Haraway 583). By highlighting the fact that each researcher has a "limited location," Donna Haraway explains how there is no such thing as universal knowledge. In doing so, Haraway signals a conversation of feminist standpoint theory.

Standpoint theory suggests that those who have been marginalized can see "more." Using Hegel's master/slave dialectic as an example, the master actually has a very limited view from the privileged master's perspective (i.e. how science has been done most of history). The slave, however, knows the master's perspective *and* the slave's perspective, so the marginalized person knows more and has a broader perspective. The argument is that science should be done from "below" in order to ask better and more informed questions that matter for and apply to *everyone* (Harding 2008). Strong objectivity and situated knowledges allow for a more comprehensive approach to science. In the words of Deboleena Roy,

> the reason that standpoint theory, strong objectivity, and situated knowledges offer
> potentially mind-altering experiences for the feminist scientist is that rather than placing
> value solely on aperspectival and mechanical objectivity, they invite the engaged and
> invested investigator, who belongs to a community of knowers, to practice her research
> agenda choice through a "positioned rationality". (143)

Therefore, feminist scientists offer valuable critiques for conducting and understanding research, whereas traditional scientific methods are rooted in positivism. Standpoint theory and feminist methods introduce the process of creativity into science and emphasize being able to produce a different kind of knowledge, a framework that fits in nicely with user experience research.

Positivism is a belief that at the end of the day, the scientific method works perfectly and the data generated through the use of the scientific method is describing truths about the world. In the case of body image research, we have standardized body image assessments that have been normed using heterosexual participants; these standardized assessments, in theory, should be able to tell us something objectively true about body image experiences for everyone, yet we know that the experiences of lesbian women are not adequately reflected in the existing assessments. Importantly, positivists insist that there is a truth to be known, and the way to find that truth is through science. However, feminist science studies unpacks positivism and asserts that there is no singular truth, but instead there are multiple truths. Multiple truths exist because there are multiple individuals in this world, each with their own experience.

Positivism is rooted in the colonial exercise, and therefore, the tradition of producing knowledge (especially producing knowledge via scientific research) is embedded in the othering process. The colonial exercise illuminates how the process of knowledge production is always about othering and creating something to be gazed upon. Whereas positivism is embedded in the othering process, the feminist exercise is about looking at the "other" and trying to understand how that gaze is constructed and asking questions about *who* is doing the gazing. By looking to the "other", we learn about how that gaze is constructed and constituted; through a postcolonial perspective, we bring new positions forward, unpack new meanings, and explore new representations (Anderson 2004).

The male gaze (Mulvey 1975), a feminist concept with roots in media studies and film theory, is embedded in positivism. Scientific discovery as a principle part of the colonial exercise was informed by a privileged, white, male, European perspective, and therefore shaped everything from this perspective; hence, the androcentric perspective of the male gaze informed

science. Charlotte Perkins Gilman, a sociologist, was the first to introduce the concept of androcentrism in her book *The Man-Made World; or, Our Androcentric Culture* (1911). Gilman writes,

> Our historic period is not very long…. During this period we have had almost universally what is here called an Androcentric Culture. The history, such as it was, was made and written by men. …Nevertheless...what we have all this time called "human nature"...was in great part only male nature. (20-22)

Using sociological theory, Gilman's book was a social study acknowledging a male-dominated society. Androcentrism, then, is ultimately a term that was born out of the *critique* of science as male-centered; science was created by and is dominated by white men. Androcentrism also relates to the actual questions that science asks. One of the most striking things about a lot of scientific inquiry is that the questions themselves are rarely examined as being problematic or filled with assumptions.

How much does androcentrism and the male gaze define the very narrative of all research? The very questions we ask stem from these positions, and it defines what we talk about. As such, feminist methods blend impeccably with what we know about user experience, because feminist methods offer insights for how science as a whole can include voices from underserved and underrepresented groups. Feminist methods articulate why a diversity of people and perspectives is necessary in the scientific community. Beyond that, feminist methods allow researchers to critically question their intentions and, as Deboleena Roy would say, to ask different questions.[25]

---

[25] See paper of same name: Roy, D. "Asking Different Questions: Feminist Practices for the Natural Sciences." *Hypatia*, vol. 23, no. 4, October-December 2008, 134-157.

Chapter Three

For FUX[26] Sake: Research Journey and Methodology

My background is not in the technology industry, I am not a designer, I was not formally

trained in user experience design or research, so how did I get to this place? As the field of UX

evolves, so has the path of becoming a UX researcher. I have two degrees in psychology, over a

decade of human-subjects research experience, and a deeply interdisciplinary background. User

experience is also deeply interdisciplinary—yes, it's a field in the tech industry, but it's not just

about wireframes, prototyping, designing apps, how we interact with technology, the

engagement rate our content receives, brand impressions, how easy something is to use—user

experience is about all of that, but, importantly, it is also about failing. User experience

encourages space for being comfortable with discomfort, which means the industry is constantly

and continually learning from its users.

While I've been formally trained in women's studies, psychology, and research, my

journey down this UX path started before any of that. When I was ten years old, I started playing

the drums because I wanted to be just like Zac Hanson of the boy-band "Hanson". What does

that have to do with UX? Everything, because it was all about experience. I researched

everything my 10-year-old-self thought I needed to know in order to be a drummer, which meant

dying my hair all sorts of colors, changing my aesthetic style, making a lot of my own clothes,

writing angsty songs, and learning to read drum music. From the age of ten, I looked at how

successful bands made their mark, I learned all about women in music, I found inspiration in the

riot grrrl scene, and I quickly realized the cultural importance and creative freedom involved in

---

[26] FUX: Feminist User Experience

zines, which are do-it-yourself magazines popularized in riot grrrl culture. Zines allowed for creative and collaborative storytelling in ways that put the creator—the user—front and center.

As a teenager, I was an avid user of a blogging platform called Xanga. I was obsessed with learning hypertext markup language (HTML), making my own webpages, creating avatars, and personalizing my websites using cascading style sheets (CSS)—but I didn't even realize I was learning things—to me, I was just having some fun after school, which was important because learning about computers in school wasn't fun at all. No one was allowed to use the internet, and we all learned how to type with a cardboard box over our hands so we could memorize the placement of the keys. I hated it. That class was so boring. The experience was miserable. I had so much anxiety trying to get all of the correct letters before my time ran out in "Mavis Beacon Teaches Typing"! Being at home with my Xanga blog is what really got me learning how to type, and that's when I realized the importance of fun—if you're having fun and you love what you're doing, then you'll have the drive to keep going and keep learning.

Fast forward a few years and I met my friend, Amelia, online through Xanga. She asked if I would be interested in playing the drums for an all-girl rock band. I was interested, and after meeting another band member, Megan, and "auditioning" in her garage, I was suddenly an actual drummer in an actual band. There were four of us in the band, The Daykillers, ranging in age from 13-15. We played together for four years, throughout high school, and were even number one on the charts in Hawai'i for a short time. Though I was unaware at the time, this was the period of my life that solidified my love of research. I was excited to learn as much as I could about drumming, music genres, composition, song writing, marketing, planning shows, venue logistics, and so on. The Daykillers was my entry-point into the world of UX. All band members had different roles—as the drummer, I kept everyone on beat and on task, and I worked closely

with the bassist, Amelia, to make sure we always had the same timing; Megan, the lead singer and guitarist, was our "hype girl"—she got and kept the audience excited and engaged; and Erika, the second guitarist, worked closely with Megan to make sure everything stayed on track. On top of these roles, we also had to strategize things like set lists, timing, payment, and gigs, which meant figuring out creative ways to be able to legally perform in certain venues with age restrictions (all of us were under 21). We also had to think about equipment and the logistics of being able to transport a full drum kit, several instruments, large amplifiers, and the band members—no easy task when you're all under the legal driving age! I loved all of it, even when we made mistakes. Through these challenges, and by observing and interacting with the world around me, I was able to find and pursue a passion-project that completely shaped my childhood and adolescence until left Hawaii to move to New York City for college at 17.

I was unsure about a lot at 17, but I knew the gist of what I wanted to do: figure things out! I took classes on topics like research methods, survey design, and statistics, I joined graduate labs to gain more research experience, I volunteered with research projects in the community, and eventually I completed my own research thesis on lesbian body image. I continued that research while pursuing my masters degree, also in psychology. By the time I graduated with my masters degree, I was steeped in the scientific method and a full-blown positivist—not only did I know how to conduct research, I also knew how to conduct it the "right way," or so I thought.

In 2012, as part of my application for admission to the Department of Women's, Gender, & Sexuality Studies at Emory University, I wrote,

> As a young investigator, I often feel stuck between feminist theory and scientific
>
> practices and have felt opposition to pursue my own research interests surrounding

lesbian body image issues. As a former undergraduate psychology major as well as a psychology master's student at a very liberal, progressive, interdisciplinary university, I was shocked when friends of mine, who were feminist literature students, told me that I simply could not understand body image issues, let alone study them, amongst the lesbian community; apparently my work at the time was too grounded in evidenced-based scientific theory. Similarly, even my fellow psychology classmates told me that studying lesbian body image was subjective and would present too much bias.

I'm often asked why I pursued a Ph.D. in women's studies instead of psychology. The answer, I know now, is that psychology was a misfit for me. Because of my training in women's studies, I learned that there is no "capital T Truth", I learned to question pretty much everything, and I learned how to listen. Psychology and women's studies are not mutually exclusive; my dissertation places empirical studies of body image in conversation with feminist theory. This dissertation contributes to advancing feminist theories of the body by combining disability studies, user experience, and narrative ethics in a novel way. The remainder of this chapter will focus on feminist research, UX research techniques, and the particular UX methodologies used in this dissertation, which I call feminist user experience, or FUX.

Examining feminism's contribution to research methodology first necessitates a clear definition of feminist. Whenever I teach Introduction to Women's, Gender, & Sexuality Studies to undergraduates, on the first day of class I ask my students to write down their personal definition of "feminist". Some responses have included, "someone who believes gender should be irrelevant in terms of social standing, social expectations, and roles in life", "a person who advocates for the rights and status of traditionally oppressed groups", and "any person who believes in and actively strives to have societal equality of all genders". Someone who identifies

as a feminist, then, is someone[27] who advocates for equity and equality.[28] In that vein, there is a recognition among feminists that women have been historically denied full equality (Musil 1992). Part of the feminist project, then, is to provoke questions about power differentials in society. Science, the ways that research is conducted, and the ways that research results are dispersed are all part of a system of power differentials; feminist user experience research is one way to combat such power differentials.

WHAT INFORMS SCIENCE, AND WHAT DOES FEMINIST RESEARCH OFFER?

Carter and Little (2007) succinctly clarify the nuance between "methodology" and "methods" by explaining that *methodology* is the justification of the methods used in research, whereas *methods* are the means to pursuing the "action" of research. Methods are what produce the actual data; knowledge, or epistemology, is created from an analysis of the data (1317). Key aspects of the scientific method include the ability to "generalize" results and "repeat" the research steps. Researchers attempt to gather a representative sample of participants and then generalize the resulting data, thereby claiming aspects of their work as universal. By meticulously documenting their methods, a blueprint is laid out for future researchers to try and replicate the results. Crucially, before any of this happens, the researcher thinks of a research question to investigate and it is here—before the research question is asked, before the hypothesis is constructed, before any data is collected and analyzed—that feminist user experience methodologies can enhance

---

[27]A feminist can be a person of any age, race, class, gender, sexual orientation, religious affiliation, or culture.
[28] There is a lot of discussion about equity vs. equality. Does equality mean sameness of treatment? Sameness of outcome? Something else? For example, sameness of treatment can often lead to incredibly disparate impacts because it ignores historical contexts that keeps people in positions of oppression, but now treats them the "same." This is one reason a distinction between equality and equity is important to understand.

our best scientific practices. I find the most important aspects of feminist research to be strong objectivity and situated knowledges.

FEMINIST METHODS: AN ETHICAL MOVE IN HOW WE CONFRONT THE WORLD

What exactly *is* a feminist method? Perhaps the more apt question is: what *makes* a given method "feminist"? First and foremost, echoing standpoint epistemology, feminist methods encourage research that is not only conducted *on* or *about* marginalized or oppressed groups, but *for* them and *with* them. Feminists critiques, then, do not necessarily imply that some methods (i.e. experiments) should *not* be pursued, but instead challenge the underlying conventions of particular research techniques.

Feminist methods challenge the ways that data are collected, manipulated, and interpreted. For example, quantitative data is one of the most common types of data generated by scientific exploration. Quantitative data is any sort of information that can be measured and quantified in a numerical sense, such as a person's weight or the temperature of the air. Many standardized measures and assessments also use quantitative data, such as Likert scales[29] that ask participants to rank their answers in a particular order. While quantitative studies generate robust data there is a danger that results could be misunderstood or extrapolated erroneously. Linda Alcoff addresses such concerns in her famous essay, "The Problem of Speaking for Others" (1991-1992). She asks how one can fairly represent a community that one is writing (or researching) about and stresses the importance of context. It is important to be critical and to question who gets to speak and what they get to speak of. Therefore, feminist methods might ask if there are other ways to assess a given research question, or would at least inquire about *what*

---

[29] Likert- scales use fixed choice response formats and are generally designed to measure attitudes or opinions (Bowling, 1997; Burns, & Grove, 1997).

exactly is being quantified, *why* it is being quantified, and what may go unreported or unnoticed. While a feminist scientist may design a study that calls for quantitative data, the starting place of that study would consider the fact that feminist research, "is imbued with particular theoretical, political and ethical concerns that make these varied approaches to social research distinctive" (Ramazanoglu and Holland 2-3). Therefore, it is not so much that the assessments used in feminist methodology are explicitly "feminist", but more that the intentionality behind the research design begins from an explicitly feminist standpoint. Beverly Skeggs (1994) explains the distinction of feminist and non-feminist research by describing how feminist research "begins from the premise that the nature of reality in western society is unequal and hierarchical" (77).

As a feminist researcher, I am partial to narrative methods that allow participants to be as active as possible in the scientific process, such as ethnography, semi-structured interviews, and reflective appraisals. Aligned with the male gaze, the theory of reflective appraisals suggests that we imagine ourselves the way that other people see us and is also concerned with *who* people are paying attention to when they imagine how another sees them. This type of information is something that quantitative data alone would fail to grasp. Narrative methods respect crucial principles of feminist methodology, specifically an awareness of power dynamics. Therefore, my work as a feminist researcher utilizes traditional aspects of research design, such as quantitative data and participant observation, alongside more feminist narrative approaches.

Feminist methods and perspectives integrate equity and equality, interconnectedness, and the multiplicity of truths and lived knowledges, disrupting positivism's specious search for singular truth. This matters because truth does not occur in a social or contextual vacuum. Failing to critically examine power differentials and explore standpoints will likely perpetuate the othering process, and it is this othering that aided in the justification for the invisibility and

suffering of marginalized and oppressed groups.[30] In today's increasingly global and interconnected world, the ability to attentively and consciously respond to the myriad of diverse perspectives and complicated questions is vital. Science is about curiosity, exploration, tentative discovery, and the recognition of uncertainty and limits to knowledge. Feminism reintroduces those ideas into the traditional scientific method.

THE PRACTICE OF USER EXPERIENCE: PLANNING AND DISCOVERY PRE-METHODS

As discussed in chapter two, proponents of feminist science studies address two things prior to developing a hypothesis—the origin of problematics, which acknowledges that something and/or someone is informing the thought process behind the hypothesis, and the purpose of inquiry, which asks questions about the type of research being done and why. Similarly, the practice of UX begins with planning and discovery, which serve to focus and guide the research, before the actual research begins. The major purpose of planning and discovery is to ask questions like, what do you plan to fix or improve through UX? What is your vision? How will UX contribute to the outcome? (Buley 86). There are several methods involved in the planning and discovery phase of UX that contribute to the overall research design and direction.

Common planning and discovery pre-methods include questionnaires, project planning, and listening tours (Buley 86). A mentor once told me that the best research is simple research, and the purpose of a UX questionnaire is straightforward: a list of questions you ask yourself about user experience at the very start of a project, before planning or actually doing anything. A UX questionnaire is intended to clarify goals and limitations, and it generally results in simplified research questions. For this dissertation, the UX questionnaire made it clear that the

---

[30] For example, the Tuskegee syphilis study.

most common standardized body image assessments ignored the lived experiences of lesbians. UX questionnaires can help to identify places for improvement, which then leads to the next discovery pre-method: project planning.

A project plan helps to pinpoint what UX methods and practices will be utilized to create a positive user experience. Steps involved in a project plan include making sure the goals are articulated clearly, brainstorming relevant methods, defining the scope of the project, estimating the complexity of the project, and making sure that the intended project is easy for others to understand (Buley 95). With a project plan in hand, the next discovery pre-method is a listening tour. A traditional listening tour involves assessing how much awareness and support for UX currently exists—for example, if a company were interested in improving their website, a listening tour would involve gathering information and learning about the company's mission. Similarly, a listening tour may also highlight potential roadblocks or hurdles, allowing more time for planning and preparation. You can learn a lot by simply listening before doing, and, as Lisa Buley writes, "knowing the priorities of others will help you identify where there are opportunities and problems to solve, and where user-centered practices might be a good fit" (96). The listening tour is a highly feminist method that focuses on the importance of personal narratives, and is reminiscent of Linda Alcoff's famous essay, "The Problem of Speaking for Others" (1991). Aside from listening to others, the listening tour allows the researcher to ask questions of themselves and their intentionality—during this step, the researcher is expected to self-reflect and ask questions about what they hope to learn, which helps to guide the resulting research, and brings to light potential biases.

While the field of UX and the methods employed by UX are generally not discussed as being a "feminist practice", my dissertation employs what I call FUX, *feminist user experience*.

The following section explicates the research methods used, and shows why and how UX falls within the realm of feminist research.

FEMINIST USER EXPERIENCE: METHODOLOGY AND METHODS

Feminism, science, and research are not mutually exclusive; feminist approaches to science help generate more inclusive research. The intention of feminist research is not to dismiss scientific practices; on the contrary, feminist methods work within existing scientific frameworks, trouble the traditional scientific method, and hold the potential to generate more meaningful, nuanced information. Feminist methods may help researchers address problems and questions more fully, which could subsequently inform policy, social structures, and power hierarchies. An innovative method emerges when integrating user experience research practices with feminist theory.

My dissertation addresses the shortcomings of three prevalent standardized body image assessments (explained below) and has no exclusion criteria surrounding racial identity or education status. Data was collected through open-ended interviews (see Appendix for interview guide) and focus groups, where participants were asked to comment on what they perceived to be weaknesses and strengths in each of the three existing standardized assessments. The following section explains my research design.

LOCATIONS

Interviews and focus groups were intended to be conducted in Atlanta, GA and New York, NY between June and August 2017. These locations were chosen for two reasons, 1) My personal ties to each city, which was useful when recruiting participants and organizing the logistics of the focus groups, and, 2) The unique placement of LGBT identity in each city.

I'm lucky to be friends with a partial owner of Stonewall Inn in New York City, and she was gracious enough to offer me space there to conduct a focus group. Stonewall Inn is famous for the Stonewall Riots that happened 1969, a historical moment largely considered to be the most important event leading to the gay liberation movement. Much of LGBT research originated in bars; especially before 1973 (when homosexuality was officially removed from the Diagnostic and Statistical Manual), research that focused on sexual minorities was not taken seriously. As such, much of this research historically had to happen outside of universities or "proper" research centers. Some of the best research that we have on LGBT health, for example, was conducted in bars. For my dissertation, it seemed appropriate to complete this cycle, in a way, and to conduct my research in a one of the most iconic gay bars in the world.

My original intention was to host two focus groups in New York, NY, followed by two focus groups in Atlanta, GA. I reevaluated my initial study design after my experience in New York (results are presented in the following chapter). While reading my field notes from New York and listening to the interviews, it was evident that the meaning-making function of the data was derived mainly from the individual interviews and less so from the focus groups. One of the main critiques I received in New York was that many people were precluded from participating in the study *because* of the focus group component. The focus groups were during the workweek in the middle of the afternoon, preventing many people from participating. Further, some people expressed not wanting to openly discuss a personal topic like body image in front of strangers. As a feminist user experience researcher, the last thing I want my study design to do is exclude the very people I'm trying to reach! To address this critique, I pivoted immediately. A "pivot" is a shifting of the project. In UX, we pivot often in our research, as UX is generally a collaborative process with many moving parts. The main goal of UX, always, is putting our user first and

providing a good experience for them. To put my participants first, I decided the Atlanta focus groups should be after the traditional workday, or on a weekend.

After recruiting heavily for a week (via fliers, posts to various popular social media groups, emails) I had no confirmed participants for my focus groups. To put this into perspective, after 48 hours of recruiting for New York, I had 8 participants lined up for interviews who were also confirmed for the first New York focus group. Prior to conducting interviews, I was in contact with 19 women in Atlanta who were interested in the interview portion of my dissertation, but explicitly not interested in the focus group. For example, one potential participant said, "I would love to help you with this but groups are not my style. If that's a requirement then I can't participate, and it's probably not my wife's style either". Listening to my participants, after discussing with my advisor, I made the decision to omit the focus groups entirely and only conduct one-on-one interviews in Atlanta. I believe that the New York location was more conducive to focus groups because it is more accessible for this type of work than Atlanta is. For example, in Atlanta, public transportation is not always a viable option, and public transportation to Emory University, where the Atlanta focus groups would have been held, is unreliable, especially during the summer months when this research was taking place.

RECRUITMENT

Participants were recruited to participate in both the moderated in-depth interview and focus group through various women's centers and LGBT centers in Atlanta, GA and New York, NY; and through snowball recruitment methods. Snowball recruitment, also called "chain-referral" sampling, is "a method for generating a field sample of individuals possessing the characteristics

of interest by asking initial contacts if they could name individuals with similar characteristics" (Lofland et al. 43) that may agree to participate in the study.

METHODS

The Institution Review Board (IRB) at Emory University approved this study. Participants were guided through a moderated in-depth interview, which lasted between thirty and ninety minutes, depending on the participant's level of interaction. Each individual interview happened prior to the focus group, and primarily happened in a public location such as a coffee shop, café, or park.

The focus groups were conducted after each participant finished the individual interview, and lasted approximately two hours. During the focus groups, participants were *presented* with three standardized assessments (see Appendix for measures, a brief description of each follows below). Importantly, participants were not *administered* these assessments—that is, participants did not actually take each assessment. Instead, after reading through each assessment, participants openly discussed and critiqued them during the focus group:

1) The Stunkard Figure Rating Scale (FRS; Stunkard et al. 1983), a standardized contour drawing rating scale that consists of nine schematic silhouettes ranging from very thin to very obese. When taking this assessment, people are asked to indicate their ideal body silhouette and indicate which figure they feel is truly representative of their current body size.

2) The Objectified Body Consciousness Scale (OBCS; McKinley and Hyde 1996). This scale is a self-report measure of body consciousness that has three subscales; body surveillance, a measure of defining the body by how it looks, as opposed to how it feels; body shame, a measure of whether someone believes they are a bad person because they

do not meet the cultural standard for what a body should look like; appearance Control

Beliefs, a measure of whether or not a person believes they can control their own

appearance, or if it is controlled by other things.

3) Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash 2000; taken

directly from the published "User Manual"). The MBSRQ is a 69-item self-report

inventory for the assessment of body image and is considered to be a "gold standard" in

the field of body image research.

This project is most interested in the *experience* of the actual *users* who see and interact with the

assessments. Utilizing user experience research methodologies, my goal was to learn more about

the experience each "user" (participant) has while viewing the standardized body image

assessments. For example, since these assessments were created and statistically normed using

input from a primarily heterosexual population, I wondered if the information reflected in the

assessment would still apply to a lesbian community. These are the sorts of topics that were

addressed during the interviews and focus groups. All data was deidentified. Interviews and

focus groups were audio-recorded; however, all recordings were deleted after transcription, all

names were changed, and all identifying characteristics were scrubbed.

Informed consent was obtained in-person at the start of each interview. The consent form

addressed both the interview process and the focus group. Prior to consenting, participants were

informed about the purpose of the study, potential risks, and confidentiality issues in order to

make an informed decision. Participants were informed that the interviews would be audio-

recorded and transcribed, and within the consent form was an agreement for the use of direct

quotations.

While my research involved no foreseeable physical or severe emotional risks, some of the questions and topics addressed sensitive issues, and it can be difficult to discuss topics related to body image. At the end of each focus group, participants were offered a list of eating disorder resources as a precautionary measure. Another risk was the potential for participant identification through the descriptors and experiences utilized in the study. In order to minimize the potential threat to confidentiality and risk of emotional distress, the use of study identification numbers and transcription of the data helped to safeguard participants' personal information. Having a chance to discuss experiences with others may also be a rewarding and a positive experience for participants, and participants may experience new insights and perspectives related to sharing their stories.

As a doctoral candidate at Emory University, I applied for and was awarded $2,000.00 in non-competitive professional development support (PDS) funds through Laney Graduate School. This funding allowed me to pay each participant $50.00 for their participation as a participant payment incentive. Data was protected by maintaining electronic copies of the interview transcript. Electronic copies were saved to an encrypted and password protected personal hard drive in a database without identifiers. The types of data generated included field notes, recorded interviews, and transcriptions of interviews. Additional time was spent with each participant discussing and imagining what an "ideal" body image assessment might look like.

ANALYSIS

Analysis centered on the stories each participant told about their experiences of their body image, and their reactions to each body image assessment—ultimately, this project looked at how body image operates in the everyday lives of lesbians. For this research, I utilized a mixed-

methods approach, collecting both quantitative and qualitative information via demographic surveys, individual interviews, and focus groups. Descriptive data gathered included participant age, race, socioeconomic information, level of education, and martial status. Reframer, a qualitative analysis tool that allows for custom thematic tagging of observations, was used to perform the analysis. After all field work was complete, I read through all notes and interviews and began open coding observable tags into Reframer, which allowed me to identify patterns of content and develop themes. After tagging all interviews and focus groups, three major themes emerged related to body image: aging, location, and relationships.

In summary, I combined feminist theory with UX methods to analyze how lesbians experience their body image. Typically, researchers do not ask participants to define their central constructs. An innovation of my dissertation is that I actually did ask my participants to define "body image", and I invited them to openly discuss and critique the existing standardized body image assessments.

Chapter Four

Listening to Their Stories: The Lived Experiences of Body Image

THE IMPORTANCE OF STORYTELLING

She started crying, right there in front of me at our table-for-two inside the Starbucks across the street from Stonewall Inn in Greenwich Village, New York. At first I couldn't tell if she was laughing or coughing—we met just a few minutes prior. Her name was Lisa, and she was a spunky 75-year-old lesbian who agreed to participate in my body image research—my oldest participant. She heard about the study word-of-mouth through a participant I interviewed the previous week who saw my study on a LGBT message board. Lisa was so happy to hear I was working on my PhD at Emory—she earned her PhD in Comparative Literature from the University of Georgia, so we quickly started talking about Atlanta. When she started crying I had no idea what to do—I instinctively felt bad, but I didn't know what my response should be. Would too much consolation infringe on the research dynamic? Would I be drawing unwanted attention to her in a public space? Suddenly I felt almost guilty for doing this research, and then Lisa said, "I'm sorry", and then I definitely felt guilty. She had no reason to apologize at all; talking about body image may not be physically invasive or dangerous, but the topic can be a very sensitive one, moving some to tears. As researchers, we often learn about debriefing, and how to talk with participants after we interview them. I've taken entire courses on research design, interviewing, and survey construction, but I've never been offered a course or a book to read about researcher self-care. I was sitting there, across from a sobbing woman who I barely knew, trying not to cry myself. But why? I think partially because as researchers, we learn about being objective and non-biased. In this moment, I saw the importance of storytelling. I already

knew about the importance of narrative, but for the first time I was seeing the visceral impact that simply asking people to tell their stories elicits.

PARTICIPANTS

In addition to Lisa, I had the opportunity to talk with 38 other women and learn about how they define and describe their relationship with body image. I interviewed 22 lesbian-identified individuals in New York, NY and 17 in Atlanta, GA (n = 39 total) with an average age of 34 years old (range: 18-75, SD 10.8). Demographic data is presented in figures 2 through 5 below.
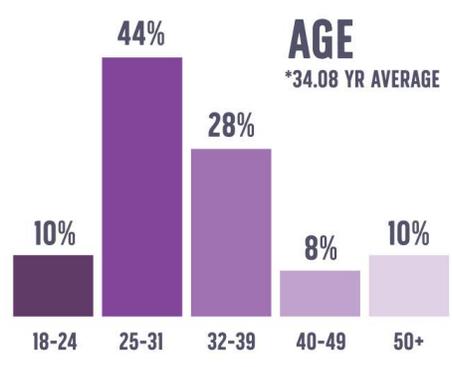
Fig. 2. Age breakdown of participants
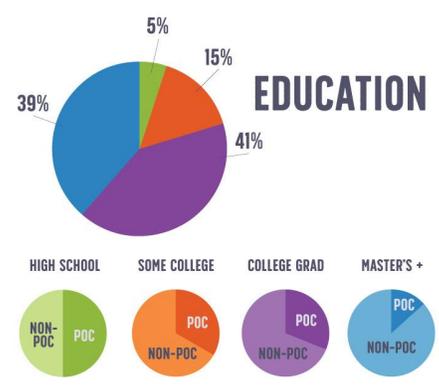
Fig. 3. Highest level of education
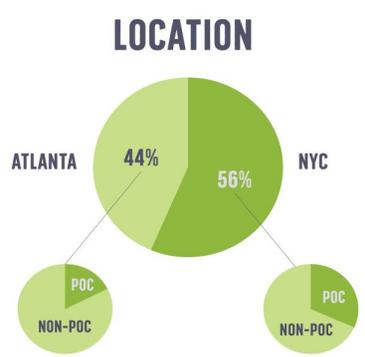
Fig. 4. Participants by location, POC=person of color
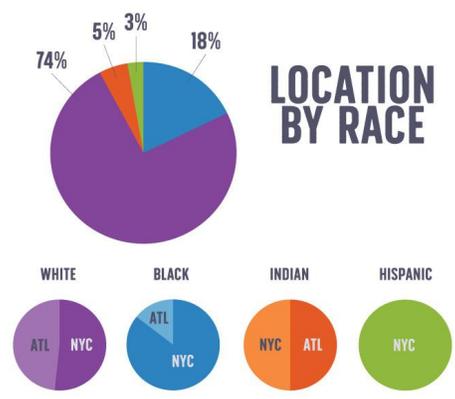
Fig. 5. Participant self-reported racial identity by location

BODY IMAGE DEFINITIONS

Early on in each interview I asked participants how they would define body image in 1-3 sentences. I asked this toward the beginning of each interview because the entire project was about body image, and I was hoping to avoid my own assumptions biasing their initial thoughts on body image. Participants seemed eager to share their opinions; I was surprised at how quickly each participant was able to produce a definition.

While Paul Schilder's original definition from 1934, discussed previously in Chapter One, is still applicable today, it is both far too broad and simplistic to accurately capture the lived experiences of the women I talked to for this dissertation. Yes, body image changes over time and is related to individual and social circumstances, but it is also about the deeply personal relationship someone has with their understanding of embodiment. Descriptive and evaluative words like good, bad, fat, and worthy were used often as participants reflected aloud on their body image.

As seen in the chord diagram (figure 6) on the following page, body image is both an internal and external construct—body image is about how you see yourself and how other's see you. Something Schilder's definition failed to address is subjective feelings *about* one's own body. As one participant aptly remarked, body image is "how you perceive yourself to look, but it's also about how you feel".
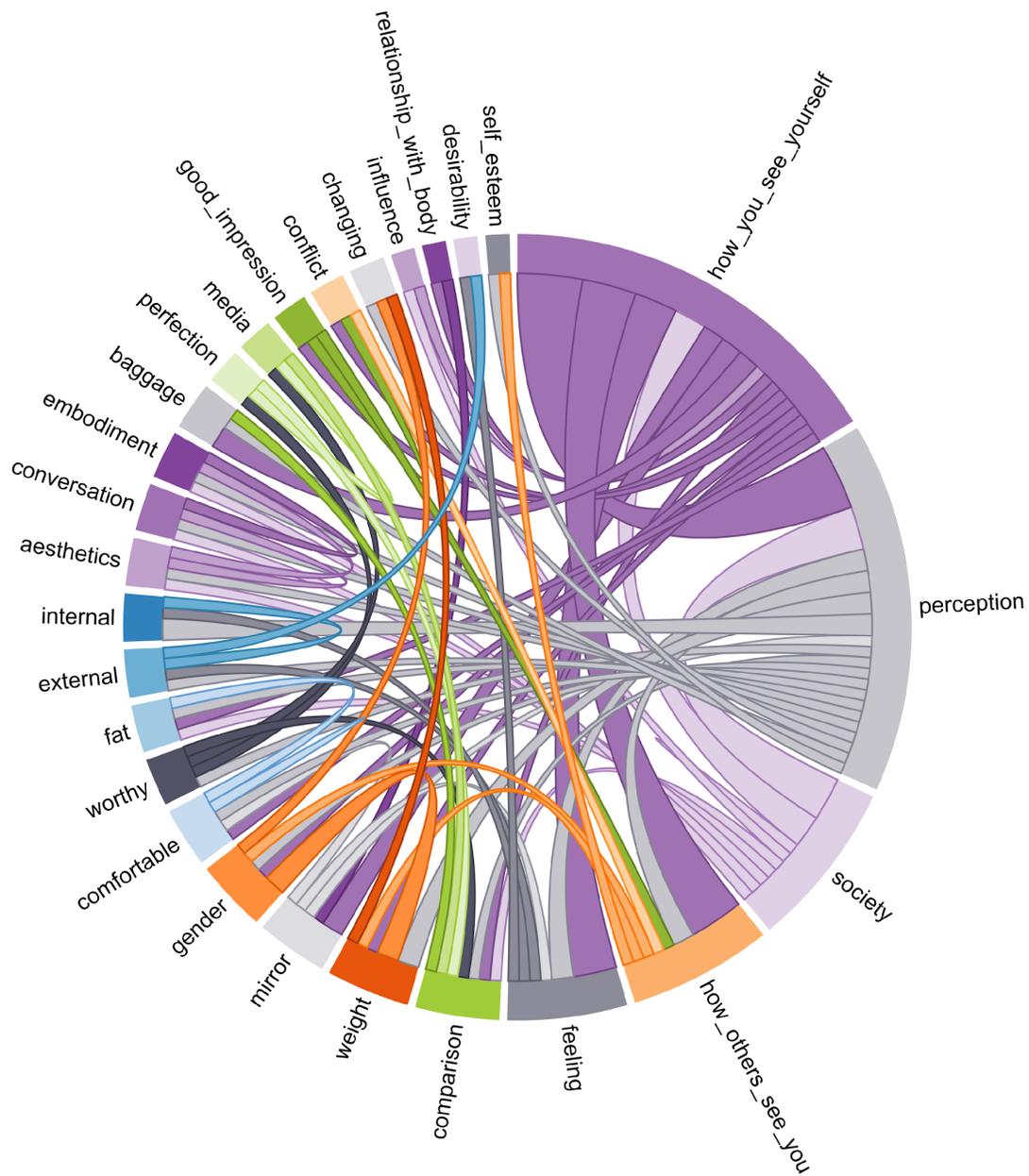
Fig. 6. Chord diagram depicting the relationships between qualitative tags

Body image is complex and much more nuanced than Schilder's established definition. Outside of explicit definitions, many participants in both New York and Atlanta specifically mentioned clothing and fashion expression as being important aspects of body image, but were also quick to comment on the correlation between the ability to buy "nice clothes" with things

like class and social standing (i.e. unable to afford the clothes they want to wear) and size

discrimination (i.e. unable to find the style of clothing they want because many styles are not

made for larger bodies). Importantly, topics related to clothing choices, fashion preferences, and

socioeconomic status are not touched upon in existing body image assessments.

Spanning an age range of 18-75 years old, my participants had varying perspectives on

body image and vastly different lived experiences. Even so, thematic links between aging and

body image, location and body image, and relationships and body image emerged. The

remainder of this chapter will focus on these three themes, critiques of three existing

standardized body image assessments, limitations of this research, and future directions and

implications.

AGING AND BODY IMAGE

One of the most crucial aspects of body image that emerged across all participants was aging,

though it operated in nuanced ways. Participants above the age of 40 years old focused on

functionality related to aging, whereas younger participants discussed aging more in relation to

appearance, and all age groups mentioned the importance of mental health throughout the

lifespan.

For example, A 54-year-old participant explicitly stated she didn't want to be old but

clarified that it had less to do with the number of years someone is and more to do with

functionality and quality of life, "I don't want to be old. I do yoga 3 to 4 times per week, I go to

the gym, I work out like a son of a bitch. Body image for me now is more about health and

function". Echoing these sentiments, a 56-year-old participant told me, "I had a hip replacement

in 2016 so now weight has been weighing on me—no pun intended—now I can't separate the

conversation of body image from age". She went to on to explain that it was harder to lose weight as she got older, but that she was not trying to lose weight to *look* a certain way—she was trying to lose the weight to alleviate pressure from her hips and gain *functionality*.

This explication is reminiscent of disability studies and the social model of disability. For example, in Deaf communities, hearing loss is often reframed and understood as deaf *gain*. Based on social constructions of what is identified and labeled as "normal" and on standards of "normalcy", hearing loss is construed as a deviation, as an abnormal difference. The Deaf community reminds us that hearing loss and/or being deaf is just another way of living on the spectrum of hearing and not hearing, and recognizes this process to be deaf *gain*. Similarly, having a hip replacement encouraged this participant to exercise and become more active with the hopes of *gaining* and maintaining functionality in this new phase of her life.

When discussing aging in relation to appearance, participants 40 years old and younger were very detailed—their appraisals of appearance had more to do with specific body parts and were less focused on weight. For example, a 35-year-old I spoke with singled out her breasts saying,

> I have a very ambiguous relationship with my breasts. I have this fear that they'll be larger or more prominent and I have like a… like I kind of dread that. Like aging, as I become more androgynous, I worry that aging will feminize me. So things like my breasts that I don't want to get bigger may get bigger, and I don't want that.

A 36-year-old participant told me that she "can't control" how she is aging, and explained "wrinkles are the things that make me feel more self-conscious as opposed to my weight". Importantly, none of the three body image assessments critiqued in this dissertation place any focus on aging, and all of the assessments were normed using individuals younger than 30 years

old. It is evident that aging was an important factor across all participants, and their appraisals had less to do with weight and more to do with functionality and specific body parts—additional aspects that are not accounted for in the three standardized assessments critiqued in this dissertation.

LOCATION AND BODY IMAGE

To be clear, while fieldwork was conducted in New York City and Atlanta, the intention was never to suggest that a person's body image would be "better" or "worse" in one location than the other. On the contrary, this dissertation was about gathering people's experiences. Location ended up being a very personal element related to body image. It turns out that *where* a person experiences their body is correlated with how they feel about their body. An 18-year-old participant from Harlem, New York explained to me, "In the Bronx my body image wasn't proud. I was large but not the "right" kind of large. Moving to Harlem, I forgot about my body image. In school, no one cares. I feel good when I'm in Harlem." Similarly, a 36-year-old from Atlanta commented on the change of her body image based on location saying,

> When I lived in Boston for college, it was 12 degrees for 9 months so you had to wear 18 layers, no one knew what your body looked like! When I came back to Atlanta I felt better about myself. Perhaps it was just a matter of being happier, but it was also a thing about not being a big blob all the time wearing 18 layers.

Focusing less on specific areas of New York and more on the city overall, a 36-year-old participant from Brooklyn told me, "In New York City you have to keep up with appearances, you have to fit this image. It's even related to socioeconomic status. But at the same time, there is a lot of representation. There are so many body types and hair types here, which is good." A

32-year-old woman explained that her relationship with body image and location has less to do with the actual geographical space, and more with the people in that space— "My body image is partially about who is around…If I visit my mom in Florida, I find that my body image is negatively impacted. For me it's less about the location, spatially, and more about the people in that location". Other participants remarked on the cultural and historical importance associated with certain places. For example, one participant was explaining to me why she loved living in New York and said, "In Greenwich Village where I live, the culture oozes up out of the stones. It's not about the people who *are* here *now*, it's about the people who *were* here". Location is a multilayered topic—far from being just about a geographical space, location is also about people, culture, and history.

RELATIONSHIPS AND BODY IMAGE

There are many types of relationships, but this dissertation specifically focused on romantic relationships and body image. Overall, 67% of participants reported being in a relationship. Of those participants, most indicated that being in a relationship was correlated with a better body image, but only if the relationship was described as "healthy". For example, one participant, whose friends were concerned her partner was "just using her for money", told me, "I'm always worried my current partner is going to leave me because she's so much younger, my partners make me secure *and* more self-conscious at the same time". Another participant remarked, "There definitely is a sense of comfort that I find from having a partner. I trust that acceptance more". Similarly, another participant said, "in my current relationship I've never felt better about my body or style. I have to credit being in an affirming and healthy relationship for this". Lastly, one participant explained that this can be a shifting dynamic when she said, "I've never hated my

body in a relationship. I've hated my body though". This is a crucial point, yet none of the standardized body image assessments ask many questions about relationship status or if they would describe the relationship as "healthy" or not, and so on.

In summary, aspects of aging, location, and relationships all emerged as themes that contribute to a person's understanding of their body image, yet none of those themes are directly addressed in any of the three standardized body image assessments that participants critiqued.

EVALUATION OF STANDARDIZED BODY IMAGE ASSESSMENTS

All participants were shown three standardized body image assessments and asked to comment on them: The Stunkard Figure Rating Scale (FRS; Stunkard et al. 1983), the Objectified Body Consciousness Scale (OBCS; McKinley and Hyde 1996), and the Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash 2000). These assessments were chosen specifically because they are widely used and focus on different aspects of body image. The FRS has no words and shows outlines of bodies ranging from very thin to very obese; the OBCS uses a 7-point Likert scale to assess body surveillance, body shame, and control beliefs; the MBSRQ uses a 5-point Likert scale with questions focusing primarily on weight. All participants were also given a sheet of paper to write down their thoughts, though it was not a requirement. Not everyone is comfortable with orally sharing their opinions, especially to strangers, so the sheet of paper offered an opportunity for different participation styles.

THE STUNKARD FIGURE RATING SCALE

Going into this project, I assumed participants would favor the FRS over the other two assessments. Since the FRS is only outlines of body shapes with no words or explanations, it allows the respondent to project opinions onto it organically. Instead, the very first remark that

someone made about the FRS was, "This makes me so uncomfortable". Akaila, an 18-year-old

from New York,

> Is the ninth figure [the biggest figure] supposed to be seen as undesirable or unhealthy?
>
> Because I doubt they see the first figure [the smallest figure] as unhealthy. We focus on
>
> the mental health of people who fall into this first body type…but we don't do that for the
>
> larger bodies. We focus on physical things, like weight.

Akaila also pointed out that in the FRS, all of the bodies shown are depicted as being the same

height. This matters because, as Akaila pointed out, people carry weight differently, "The fourth

and seventh figure might actually weigh the same! We don't know. Plus only one shape is

represented here, it's just the same shape getting progressively bigger." Participants also

commented on the lack of diversity in the figure drawings themselves—"Presenting these bodies

on a scale of 1 to 9 makes it seem like that's the array of bodies that exist. But there's no way to

represent every body. Where is disability here? There are so many other body types and shapes

and forms!" Participants from New York and Atlanta both commented on race when evaluating

the FRS, as well. One white participant simply said, "These figures are depicting white people,

that's for sure," and a black participant laughed and said "This is definitely not me. This is a

white person".

Other participants commented on the fixed order of each figure presented. The nine

figures on the FRS are presented in order from smallest to biggest. One participant said, "I think

[the FRS] is terrible. They're not showing that these large figures could possibly be the happiest

out of all the other numbers and have the most self-confidence and love their bodies for what it is

and never want to go down on the scale!" The FRS depicts both male and female body contour

drawings, and it is expected that female-identified people would utilize the female figures in the

FRS, and male-identified people would utilize the male figures in the FRS. I did not guide my participants in any way, and one woman commented, "Immediately something like this, with a dimorphic gender split with the male and female drawings, makes me feel anxiety". Another participant, who was less openly bothered by the FRS, felt like she could easily identify herself on the scale—she placed herself as "somewhere between a four or a five", but on the male-scale only. From this perspective, the FRS may allow for more freedom of gender expression; however, it's important to note that when used professionally, respondents are only presented with the scale (male FRS or female FRS) that matches their gender identity.

THE OBJECTIFIED BODY CONSCIOUSNESS SCALE

In general, while participants still had negative feedback on portions of the OBCS, it was the most well-received assessment. Participants commented on the OBCS being self-revealing, saying things like, "I like OBCS best. It's presenting statements and is asking what I *think* about those statements. The statements seem specific and ask more about the person, which I like". Not all feedback was positive though, with one participant commenting, "I do not like statement 18. That actually kind of got me a little angry". Statement 18 is, "A large part of being in shape is having that kind of body in the first place". The participant went on to explain,

> I just kind of got like a little bit of a rage in me [about statement 18] because it fucking takes work to be in shape! When people are doing everything they can to stay in shape, it's definitely not "having that kind of body in the first place"…that's such an unhealthy understanding. And there's no room on this thing for me to express that.

Another participant commented that the physical layout of the OBCS "stresses [her] out", "I get overwhelmed going down this list of statements. It's an overwhelming way to fill it out. You can

see the scale as you go down every statement, so maybe some people are sitting there, like, accumulating data on yourself, like "oh look I'm mostly 4's" on this scale or whatever, and "oh hmm maybe I *should* worry more about my body more. Maybe there are problems with it". The reality that an assessment's questions could actually make a respondent feel distressed or anxious is a serious user experience concern. The role of user experience is to make the experience as pleasant and smooth as possible. Yes, it's true that people will respond to questions with different levels of sensitivity, and it's also true that body image is a difficult topic to discuss. Even so, this participant points out that the physical design of the assessment itself is eliciting an anxious response in her. A user experience researcher could user-test multiple designs of this assessment in different formats and with the questions in different orders to try and find the ideal presentation of the assessment. Other participants commented on the content of specific questions in both positive and negative ways. A 30-year-old from Atlanta remarked,

> Statement 8 *[I am more concerned with what my body can do than how it looks]* is interesting and relates to disability studies as well. 'What your body can do' also influences body image…it's not always looks. It's also ability and capability. I feel like this statement gives me room to think about that stuff.

On the other hand, a 21-year-old from Atlanta pointed out the hidden complexities in some of the statements. She said, "I feel like there's normative baggage behind this. If you disagree with statement 2 *[I think it is more important that my clothes are comfortable than whether they look good on me]*, does that mean you got a problem?" In general, while participants still had negative feedback on the OBCS, all participants specified that if they had to choose which assessment of the three they were most comfortable with, it was the OBCS.

Participants expressed the most criticism toward the MBSRQ. An 18-year-old participant from New York, who just recently was homeless and living out of a car with her mom, commented on the classism present in some questions. She said,

> Question 23 is so confusing, "I use very few grooming products"…like, what? I do use very few grooming products because I can't afford many, but I try to take care of myself. If someone does use few grooming products, is this question saying that they have a poor body image, or a good one?

She also commented on the Likert scale used to answer the assessment, saying, "You can agree on a scale, but also want to elaborate. With a topic like this I struggle to neatly fall on one part of this scale". A 31-year-old from Atlanta commented on the contextual importance of the questions, saying,

> A lot of these are circumstantial. With Question 7, "Have I ever been in control of my health?" Yes. But am I right now? No. Do I want to be? No, actually, not really! In 3 days will I feel differently? Maybe. If there's that much variability, then questions like this don't really get at anything.

One participant pointed out the need to possibly update the assessment,

> I feel like if I were to give this test to anyone, it would need to be updated to include things like pictures and social media, which isn't addressed in any of these questions. I'm sure you know people who do anything and everything to avoid taking a photo, and then there's people who take 20 selfies a day. That could say a lot about what they think of themselves, but also what they think they're supposed to think of themselves! But even then, would the assumption be that a person who takes a lot of selfies has a poor body

image? Maybe they have a great body image and really appreciate the way they look! The critique my participants gave highlighted the complexities surrounding body image, and explained many instances where simply identifying with a number on a Likert-scale was not enough.

IDEAL BODY IMAGE ASSESSMENT

After commenting on each assessment, the final portion of my dissertation involved asking participants to imagine what their ideal body image assessment might look like. In user experience, this portion of research is called participatory design. The chord diagram (figure 7) on the following page is a visual representation of what participants indicated would be important aspects in a body image assessment. Participants thought that having actual pictures in an assessment would provide a more realistic comparison than a line drawing. Many participants pointed out the importance of context and couching the questions within specific timeframes, like "In the last two weeks, I have felt very self-conscious about my appearance", or "In the last hour, I have felt ashamed about my weight". The most popular suggestion for an ideal body image assessment had nothing to do with producing another standardized measure. Instead, several participants explicitly said that creating a full-body personal avatar would be the ideal

way to evaluate body image. An avatar is a graphical representation of the user. In the app

Snapchat, users create profile avatars. One participant noted,

> Snapchat avatars are crazy. They generate a lot of discussion. My partner's avatar was a
>
> lighter skin color and skinnier than she was. I made my avatar what I wanted it to be, not
>
> actually how I look…but not realistic like my partner. I'm interested in characters and
>
> fantasy, so I think it would be cool to create characters that look like a person's best self.
>
> Our self-perception reflects things we don't realize. Like I've asked my partner why she
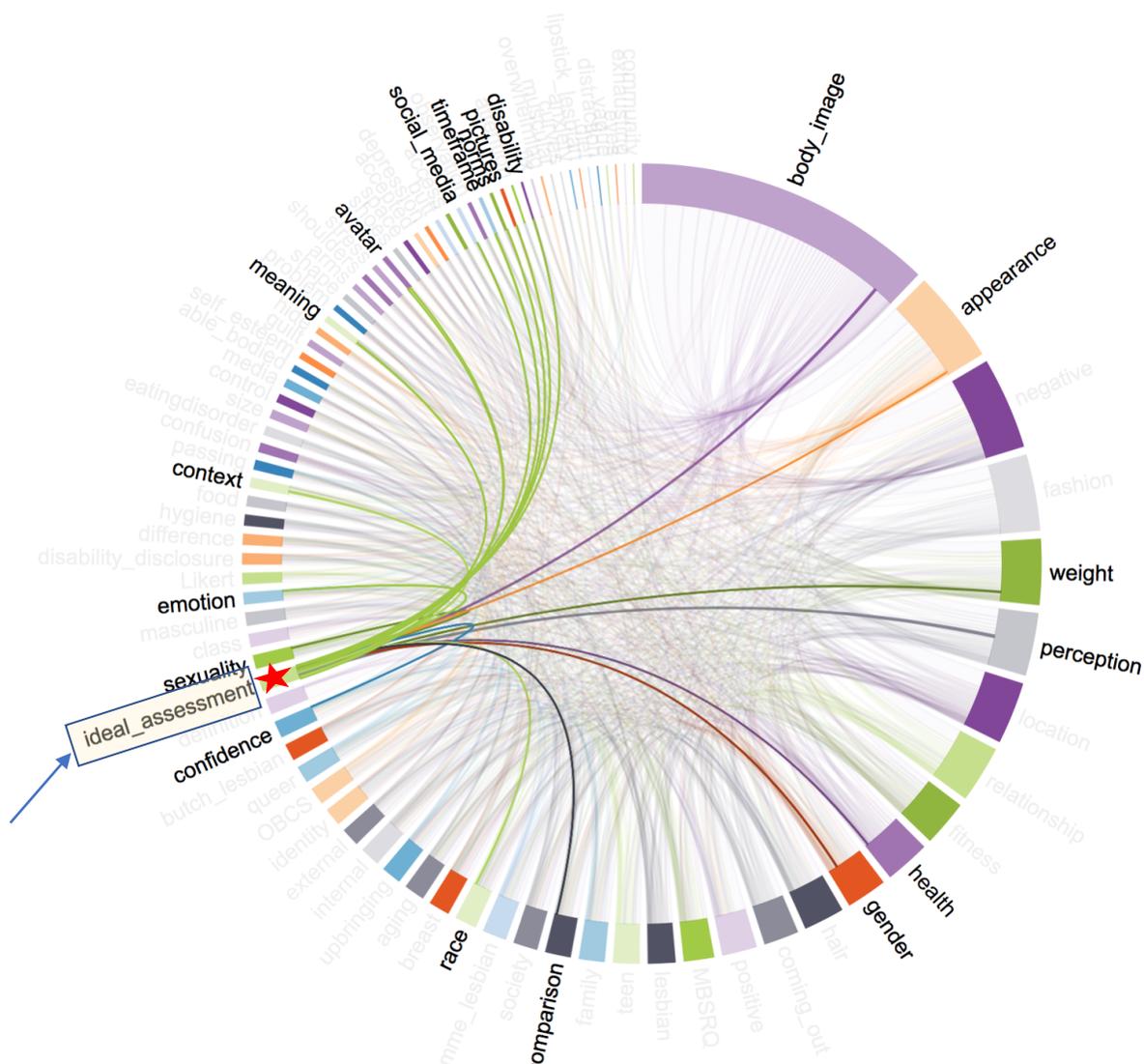

Fig. 7. Chord diagram highlighting what participants indicated would be correlated with an ideal body image assessment

made her skin lighter and she didn't even realize she did that.

Creating avatars was the most common suggestion for a body image assessment, but one participant had a unique suggestion for methodology. She said,

A lot of all this body image stuff does seem related to weight. People feel lighter in water, and sometimes I feel like pressure I place on myself disappears when I'm in the water, because I can't feel my weight. So I think that putting someone in a pool of water and having them draw themselves would be a good way. They would draw in the pool, and they'd only be drawing their mental perception because they wouldn't feel their weight and they wouldn't see themselves in a mirror and they would basically just be forced to be mindful". This rich feedback is actively encouraged in user experience research, and participants often give extensive input to the next iteration of design and development.

There were many limitations with my dissertation, primarily the small sample size (n=39) and the geographic limitations of only talking with lesbians in New York and Atlanta. Future research should account for more diversity across participants, focusing on race and paying close attention to class and socioeconomic status.

User experience research allows for and encourages meaning-making functionality—it is not all about centering things around a norm or an average and finding a perfect fit. User experience research attempts to accommodate the complexities of experiences and understand each user's need. Certain research methods will be more appropriate for certain topics than others; even so, my dissertation demonstrates that user experience research is an innovative way to study body image. User experience research is a feminist methodology with a bottom-up approach, putting the standpoint of the user first.

"Traditional scientific assessments place limits on things. Instead of focusing on the measurement and scale of these things, maybe we can have more qualitative and narrative spaces to think differently about body image…like exactly what you're doing with this study!" This comment gave me pause—it hadn't dawned on me that this study itself could act as a freeing intervention in the face of the usual standardized assessments. For me, this comment addresses a crucial aspect of user experience methodology—fostering spaces where people are encouraged to share their stories, think differently, ask questions, and allow for malleable, evolving understandings instead of rigid realities.

Appendix A

The Stunkard Figure Rating Scale (FRS; Stunkard et al. 1983)
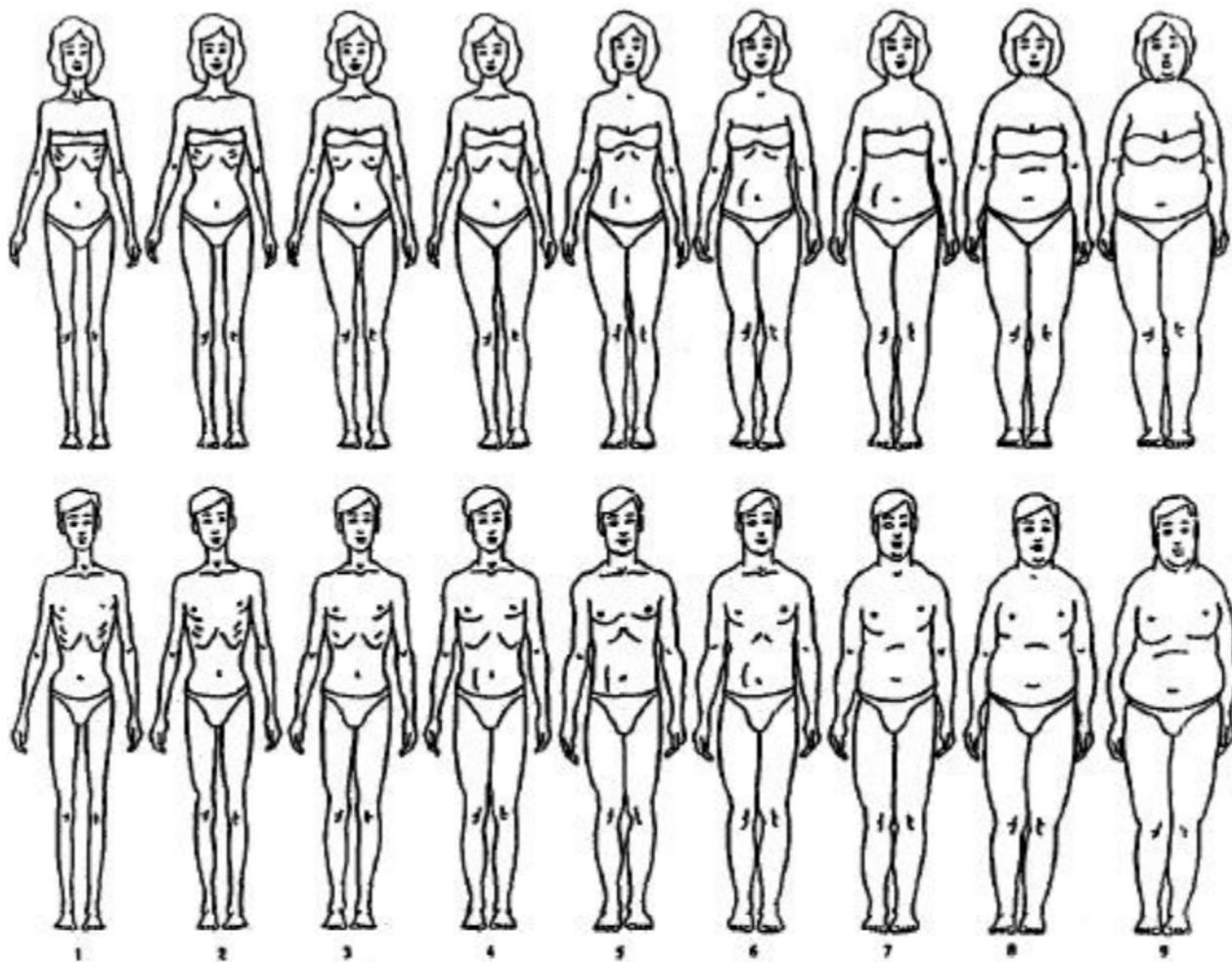
Appendix B

The Objectified Body Consciousness Scale (OBCS; McKinley and Hyde 1996)

This is a self-report measure of body consciousness. The OBCS has 24 items and three subscales:

1. Body Surveillance – A measure of defining the body by how it looks, as opposed to how it feels.

2. Body Shame - A measure of whether someone believes they are a bad person because they do not meet the cultural standard for what a body should look like.

3. Appearance Control Beliefs – A measure of whether or not a person believes they can control their own appearance, or if it is controlled by other things.

For each item, participants are asked to circle the answer that best characterizes their attitudes or behaviors using a 7-point Likert scale.

1. Strongly Disagree
2. Disagree
3. Somewhat Disagree
4. Neither Agree nor Disagree
5. Somewhat Agree
6. Agree
7. Strongly Agree

Reliability:
Internal consistency for the OBCS = (Cronbach's α=0.75)

Validity:
There were significant correlations between the OBCS body shame scale and sedentary individuals with disordered eating, and also physically active individuals (Greenleaf & McGreer, 2006). There was also a positive correlation between the body shame scale and two sub-scales of the Sociocultural Attitudes Toward Appearance Questionnaire-3 (Internalization-General Scale ($r = .66$) and the Internalization-Athletic Scale ($r = .21$)).

Scoring:
The total score is calculated by finding the sum of the 21 items, after reverse coding as described above. The total score ranges from 24- 168, with a higher score indicating a higher body consciousness.

Appendix C

Multidimensional Body-Self Relations Questionnaire (MBSRQ; Cash 2000; taken directly from the published "User Manual")

The Multidimensional Body-Self Relations Questionnaire (MBSRQ) is a 69-item self-report inventory for the assessment of self-attitudinal aspects of the body-image construct. In addition to its seven Factor Subscales, the MBSRQ has three special multi-item subscales:

1. The Body Areas Satisfaction Scale (BASS) approaches body-image evaluation as dissatisfaction-satisfaction with body areas and attributes (similar to earlier inventories, such as Secord and Jourard's Body Cathexis Scale, Bohrnstedt's Body Parts Satisfaction Scale, and Franzoi's Body Esteem Scale).

2. The Overweight Preoccupation Scale assesses fat anxiety, weight vigilance, dieting, and eating restraint.

3. The Self-Classified Weight Scale assesses self-appraisals of weight from "very underweight" to "very overweight."

The MBSRQ is intended for use with adults and adolescents (15 years or older). The instrument is not appropriate for children.

If researchers administer the full 69-item MBSRQ but wish to reduce the number of derived scores, the Fitness Evaluation and Health Evaluation scales may be combined (i.e., averaged) to calculate a Fitness/Health Evaluation measure. Similarly, an average of the Fitness Orientation and Health Orientation scores may be computed to construct a Fitness/Health Orientation measure.

Many body-image researchers are principally interested in the appearance-related subscales of the MBSRQ and wish to administer a shorter questionnaire that excludes the fitness and health items. Accordingly, they may elect to use the 34-item MBSRQAS (MBSRQ-Appearance Scales) version of the instrument.

The MBSRQ-AS includes the following subscales: Appearance Evaluation, Appearance Orientation, Overweight Preoccupation, Self-Classified Weight, and the BASS.

Unique in its multidimensional assessment, the MBSRQ has been used extensively and successfully in body-image research. Investigations range from basic psychometric studies to applied and clinical research, involving both correlational and experimental methodologies.

The MBSRQ has been employed in national survey research, studies of "normal" college students, investigations of obesity, eating disturbance, androgenetic alopecia, facial acne, and physical exercise, and outcome studies of body-image therapy.

The MBSRQ manual provides interpretive information about its subscales (PAGE 3), scoring formulae (PAGES 4-5), gender-specific norms (PAGE 6), and reliability data (PAGE 7). All subscales possess acceptable internal consistency and stability. References are also given for the author's published research pertinent to the validity and clinical utility of the MBSRQ (PAGES 8-10). These cited sources confirm the MBSRQ's strong convergent, discriminant, and construct validities.

The Factor Subscales:
APPEARANCE EVALUATION: Feelings of physical attractiveness or unattractiveness; satisfaction or dissatisfaction with one's looks. High scorers feel mostly positive and satisfied with their appearance; low scorers have a general unhappiness with their physical appearance.

APPEARANCE ORIENTATION: Extent of investment in one's appearance. High scorers place more importance on how they look, pay attention to their appearance, and engage in extensive grooming behaviors. Low scorers are apathetic about their appearance; their looks are not especially important and they do not expend much effort to "look good".

FITNESS EVALUATION: Feelings of being physically fit or unfit. High scorers regard themselves as physically fit, "in shape", or athletically active and competent. Low scorers feel physically unfit, "out of shape", or athletically unskilled. High scorers value fitness and are actively involved in activities to enhance or maintain their fitness. Low scorers do not value physical fitness and do not regularly incorporate exercise activities into their lifestyle.

FITNESS ORIENTATION: Extent of investment in being physically fit or athletically competent. High scorers value fitness and are actively involved in activities to enhance or maintain their fitness. Low scorers do not value physical fitness and do not regularly incorporate exercise activities into their lifestyle.

HEALTH EVALUATION: Feelings of physical health and/or the freedom from physical illness. High scorers feel their bodies are in good health. Low scorers feel unhealthy and experience bodily symptoms of illness or vulnerability to illness.

HEALTH ORIENTATION: Extent of investment in a physically healthy lifestyle. High scorers are "health conscious" and try to lead a healthy lifestyle. Low scorers are more apathetic about their health.

ILLNESS ORIENTATION: Extent of reactivity to being or becoming ill. High scorers are alert to personal symptoms of physical illness and are apt to seek medical attention. Low scorers are not especially alert or reactive the physical symptoms of illness.

Additional MBSRQ Subscales:
BODY AREAS SATISFACTION SCALE: Similar to the Appearance Evaluation subscale, except that the BASS taps satisfaction with discrete aspects of one's appearance. High composite scorers are generally content with most areas of their body. Low scorers are unhappy with the size or appearance of several areas.

OVERWEIGHT PREOCCUPATION: This scale assesses a construct reflecting fat anxiety, weight vigilance, dieting, and eating restraint.

SELF-CLASSIFIED WEIGHT: This scale reflects how one perceives and labels one's weight, from very underweight to very overweight.

Appendix D

Interview Guide

Questions to be used alongside focus group methodology, not all questions will always be asked.

Date: Age: Name:

Place: Time:

How they found out about study:

Physical description:

This is for a study I am doing about body image and sexual orientation. I may use quotes that you say, verbatim, but your identity is confidential. I will not use your real name. At the end of the interview, I will ask you for a pseudonym so that you can pick your quotes out of my [book, article, paper] and no one else will. I will also change any identifying information, such as your place of employment, hometown, etc.

Also, everything you say to me will be kept in strict confidence. This is being audio recorded, as you know, but I will delete the recording as soon as I am done transcribing the interview, and no one besides me will listen to the recording. Also, I am not going to ask you any questions about illegal activities or transcribe any information about incriminating activity.

My goal is to find out some of your personal experiences and your opinions about them. You can definitely ask me to clarify anything! Also, you can interrupt me if you don't agree with something I said, a question I asked, or something I said. This shouldn't take too long... If you are tired or you want to stop early, just let me know. Also, I will not ask a question that I am not willing to answer.

What do you do for work?

Where do you live?
        With whom?
        How long?

Where did you grow up?
        With whom?
        Were you close with them? *(This allows me to ascribe a reality to my participants)*

Do you get along with your parents/mom/dad/guardian?

How would you describe yourself?   Do you call yourself a lesbian?
        Do you think you identify with any of the lesbian subtypes?

            IF UNCLEAR: Some examples might be butch, dyke, femme, lipstick

    (For example, if someone identifies as femme or lipstick:)
        What does a lipstick lesbian look like?
        How does she act?

        *(By asking these questions I hope to encourage the participant to talk about the
        prototype of the group; they will probably talk more about themselves. I would be
        shocked if they didn't talk about themselves, but if they don't, I could fall back on
        "what is it about the group that you see in yourself?" or something similar)*

Can you describe your daily style for me?

What is your favorite outfit to wear? *(This might get at the costuming aspect of lesbian
subgroups)*

Did anything change in your life when you started to identify with a particular subtype?
        What changed?

Do you remember when you first started to consider yourself [insert "subtype" here]?
OR, When did you first learn about this group? What drew you to them? Did anyone ever call
you this?

Is there anything about being a lesbian you don't like?

How do people react when they find out you're a lesbian?
Interview Guide, Continued.

Are many of your friends lesbian?

What do you think "body image" is or means? How would you define it in 1-2 sentences?

How often would you say you look in a mirror?
        Do you ever avoid looking in a mirror?

Are you involved in a relationship with someone?

If you have a partner, how do you feel about the way your partner dresses?

Do you feel that people treat you differently than they treat other people, because you're a
___insert subtype i.e. femme___ lesbian?

Do you ever get hassled because you're a lesbian?
>What do you do about it?
>Does this happen often?

Do you ever feel pressured to change your style?
>How so?

If you could, what would you change about your appearance?
>Face? Body? What parts of it?

Do you ever do anything to try to look "more" attractive?

Do you consider yourself "masculine"? "feminine"?
>What makes you feel this way?

Do you ever find that you compare yourself to other people who you consider to be physically attractive?

Do you try to hide or cover-up physical aspects about yourself that you don't really like?

Do you think there are more important things than what you look like?
>Like what?

Do you ever consciously do things that make you feel good about yourself?
>Like what?

Are other people's opinion about your appearance important to you?
>How so?

How do you think you cope with concerns about your body? (i.e. drinking, writing, talking, exercising, etc.)
>(*Be sure to probe for examples.*)

Could you talk to me about how you felt about your body when you were a teenager, and how those feelings changed or continued as you entered your twenties/thirties?

Do you ever try to ignore the situation or your feelings?

Would you say that you withdraw and interact less with others?

Would you identify as a feminist?

How do you define feminist?

Is there anything else you would like to tell me?

Is there anything you wished I had asked you?

Debrief

The purpose of this research was to assess lesbian body image and lesbian lived experiences. We talked about identification with the lesbian community, style of dress, friends, and appearance.

As stated earlier, your responses to all of the questions will be absolutely confidential. You will choose a pseudonym to honor confidentiality.

Your participation in this study is greatly appreciated. If you'd be interested in obtaining a copy of the research once the study is complete, you may contact the me, Samantha VanHorn at spvanho@emory.edu

Works Cited

Alcoff, L. "The Problem of Speaking for Others." *Cultural Critique*, no. 20, Winter 1991-1992: 5-32.

Anderson, J. M. "Lessons from a postcolonial-feminist perspective: Suffering and a path to healing." *Nursing Inquiry*, vol. 11, no. 4, 2004, 238–246.

Baynton, D.C. "Disability and the Justification of Inequality in American History." *The New Disability History: American Perspectives*, eds.

Beauvoir, S.D. *The Second Sex.* Constance Borde and Sheila Malovany-Chevallier (Trans.) New York: Vintage Books. (2011 [1949].)

Ben-Tovim, D. I. and Walker, M.K. (1991.) The development of the Ben-Tovim Walker Body Attitudes Questionnaire (BAQ), a new measure of women's attitudes towards their own bodies. *Psychological Medicine.* 21.3: 775-784.

Beren, S. E., Hayden H. A., Wilfley D. E., Striegel-Moore R. H. (1997.) Body dissatisfaction among lesbian college students. *Psychol. Women Quart.* 21, 431–445.

Bergeron, S.M. & Senn, C.Y. (1998.) Body image and sociocultural norms. *Psychology of Women Quarterly. 22*: 385-401.

Brody, H. *Stories of Sickness*. Oxford: Oxford UP, 2003. Print.

Brown, S.E. The Curb Ramps of Kalamazoo: Discovering Our Unrecorded History Disability Studies Quarterly, 19 (3), (Summer 1999), 203-05.

Buley, L. *The User Experience Team of One.* Rosenfeld Media, 2013. Print.

Butler, J. (1988.) "Performative Acts and Gender Constitution: An Essay in Phenomenology and Feminist Theory." *Theatre Journal*, 49(4), 519-531.

Butler, J. (1999, c1990.) *Gender Trouble: Feminism and the Subversion of Identity*. New York:

Routledge. Print.

Carter, S.M. and Little, M. "Justifying Knowledge, Justifying Method, Taking Action: Epistemologies, Methodologies, and Methods in Qualitative Research." *Qualitative Health Research*, vol. 17, no. 10, December 2007, 1316-1328.

Cash, T. F. (2000.) The multidimensional body-self relations questionnaire users' manual: 3rd revision.

Cash, T. F., & Fleming, E. C. (2002.) The impact of body image experiences: Development of The Body Image Quality of Life Inventory. *International Journal of Eating Disorders*, 31, 455–460.

Cash, T. F., Morrow J. A., Hrabosky, J. I., & Perry, A. A. (2004). How has body image changed? A cross-sectional investigation of college women and men from 1938 to 2001. *Journal of Consulting and Clinical Psychology*, 72, 1081-1089.

Chambers, S.L. (2003.) Telepistemology of the Closet; Or, the Queer Politics of *Six Feet Under*. *Journal of American Culture* 26.1: 24–41, 2003.

Charon, R. (2001.) Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust. *JAMA: The Journal of the American Medical Association* 285.15, 1897-902.

Dakanalis A., Timko C. A., Clerici M., Zanetti M. A., Riva G. (2014.) Comprehensive examination of the trans-diagnostic cognitive behavioral model of eating disorders in males. *Eat. Behav*. 15, 63-67.

Garland-Thomson, R. (2004.) "Integrating Disability, Transforming Feminist Theory." In B.G. Smith & B. Hutchison (Eds.), *Gendering Disability* (pp.73-103). New Brunswick, NJ: Rutgers University Press. Print.

Garland-Thomson, R. (2011.) "Misfits: A feminist materialist disability concept." *Hypatia*.

26(3), 591-609.

Garland-Thomson, R. (2011.) "Disability Studies: A Field Emerged." *American Quaterly*, vol.

65 no. 4, 2013, 914-926.

Garner D. M., Garfinkel P. E. (1979.) The eating attitudes test: an index of the symptoms of

anorexia nervosa. *Psychol. Med*. 9, 273–279.

Garner D. M. (1991.) Eating Disorder Inventory-2: Professional Manual. Odessa, FL:

Psychological Assessment Resources.

Gilman, C.P. *The Man-Made World; or, Our Androcentric Culture*. New

York: Charlton Co, 1911. Print.

Goffman, E. ([1963) *Stigma; notes on the management of spoiled identity.* Englewood

Cliffs, N.J., Prentice-Hall.

Harding, S. "Strong Objectivity": A Response to the New Objectivity Question." *Synthese*, vol.

104, no. 3, Sep., 1995, 331-349.

Haines, M, Erchull, M, Liss, M, Turner, D, Nelson, J, Ramsey, L, and Hurt, M. "Predictors and

effects of self-objectification in lesbians." *Psychology of Women Quarterly*, vol. 32:

2008, 181 187.

Hanisch, C. "The Personal Is Political: The Original Feminist Theory Paper at the Author's

Web Site." Carol Hanisch of the Women's Liberation Movement. N.p., n.d. Web.

Haraway, D. "Situated knowledges: The science question in feminism and the privilege of partial

perspective." *Feminist Studies* vol. 14, no. 3: 1988, 575-599.

Harding, S.G. *Sciences from Below: Feminisms, Postcolonialities, and Modernities*.

Durham: Duke UP, 2008. Print.

Human Rights Campaign. "Glossary of Terms." *Human Rights Campaign,*

www.hrc.org/resources/glossary-of-terms.

Kelson, T.R., Kearney-Cooke, A. & Lansky, L.M. (1990.) "Body-image and body beautification among female college students." *Perceptual and Motor Skills. 71*, 281-289.

Jhally, S., director. *Killing Us Softly 4: Advertising's Image of Women.*
Media Education Foundation Production, 2010.

Koff E., L.M., Migliorini, R., Grossmith, S. (2010.) Women and body dissatisfaction: Does sexual orientation make a difference. Body Image 7, 255–258.

Krakauer, I.D. & Rose, S.M. (2002.) The impact of group membership on lesbians' physical appearance. *Journal of Lesbian Studies. 6*(1), 31-43.

J. Lofland, D. Snow, L. Anderson, & L.H. Lofland (2006). Analyzing Social Settings: A Guide to Qualitative Observation and Analysis. Belmont, CA: Wadsworth/Thomson Learning

Lowe, M. A. (2003.) *Looking Good: College Women and Body Image, 1875-1930*. Maryland: The Johns Hopkins University Press.

Ludwig, M.R. & Brownell, K.D. (1999.) Lesbians, bisexual women, and body image: An investigation of gender roles and social group affiliation. *International Journal of Eating Disorders. 25*, 89-97.

Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008.) Sexual and Gender Minority Health: What We Know and What Needs to Be Done. *American Journal of Public Health. 98*(6), 989–995.

McKinley, N.M., Hyde, J.S. (1996.) The Objectified Body Consciousness Scale: Development and Validation. *Psychology of Women Quarterly. 20*, 181-215.

Mendelson, B.K., Mendelson, M.J., White, D.R. (2001.) Body-esteem scale for adolescents and adults. *J Pers Assess. 76*(1), 90-106.

Moran, D. (2000.) Introduction to Phenomenology. New York: Routledge. Print.

Mulvey, L. "Visual pleasure and narrative cinema" (1975) *Screen* Vol. 16, No. 3: 6-18.

Musil, C.M. *The Courage to Question: Women's Studies and Student Learning*.

Washington, D.C.: Association of American Colleges, 1992. Print.

Owens, L.K., Hughes, T.L. & Owens-Nicholson, D. (2003.) The effects of sexual orientation on

body image and attitudes about eating and weight. *Journal of Lesbian Studies.* 7(1), 15

33.

Pitman, G.E. (2000.) The Influence of Race, Ethnicity, Class, and Sexual Politics on Lesbians'

Body Image. *Journal of Homosexuality*. 40(2), 49-64.

Ramazanoglu, C., and Holland, J. Feminist Methodology: Challenges and Choices.

London: Sage, 2002. Print.

Roy, D. "Asking Different Questions: Feminist Practices for the Natural Sciences." *Hypatia*, vol.

23, no. 4, October-December 2008, 134-157.

Rubin, L.R., Fitts, M.L. & Becker, A.E. (2003.) "Whatever feels good in my soul: Body ethics

and aesthetics among African American and Latina women." *Culture, Medicine, and

Psychiatry.* 27, 49-75.

Rubin, L.R., Nemeroff, C.J., & Russo, N.F. (2004.) "Feminist women's body consciousness."

Psychology of Women Quarterly. 28, 27-37.

Said, E.W. *Orientalism*. New York: Vintage, 1979. Print.

Salamon, G. (2010.) *Assuming a Body: Transgender and Rhetorics of Materiality.* New

York: Columbia University Press. Print.

Siever, M.D. (1994.) Sexual orientation and gender as factors in socioculturally acquired

vulnerability to body dissatisfaction and eating disorders. *Journal of Counsulting and*

Clinical Psychology. 62(2), 252-260.

Skeggs, B. "The Constraints of Neutrality: The 1988 Education Reform Act and Feminist
Research," in Halpin, D. and Troyna, B. (Eds) *Researching Education Policy: Ethical
and Methodological Issues*, London, Falmer Press, 1994. pp. 75-93.

Striegel-Moore R. H., Rosselli F., Perrin N., Debar L., Wilson G. T., May A., et al. (2009.)
Gender difference in the prevalence of eating disorder symptoms. *Int. J. Eat. Disord*. 42,
471–474.

Strong, S.M., Williamson, D.A., Netemeyer, R.G., & Geer, J.H. (2000.) Eating disorder
symptoms and concerns about body differ as a function of gender and sexual orientation.
Journal of Social and Clinical Psychology. 19(2), 240-256.

Stunkard, A.J., Sorensen, T.I., Schulsinger, F. (1983) *Use of the Danish Adoption Register for
the Study of Obesity and Thinness*. Raven Press: New York.

Tatum, B.D. (1997.) *Why Are All the Black Kids Sitting Together in the Cafeteria?
and Other Conversations about Race*. New York: Basic. Print.

Thompson, M.A., Gray, J.J. (1995.) Development and validation of a new body-image
assessment scale. *Journal of Personality Assessment*. 64(2), 258-269.

Titchkosky, T. (2009). Disability Studies: The Old and the New. In T. Titchkoksy, & R.
Michalko (Eds.), Rethinking Normalcy a Disability Studies Reader (pp. 38-62).
Toronto: Canadian Scholars' Press Inc.

Wagenbach, P. (2003.) Lesbian body image and eating issues. *Journal of Psychology and
Human Sexuality.* 15(4), 205-227.

Wendell, S. (1996). The rejected body: Feminist philosophical reflections on disability. New
York: Routledge.

Yean, C., Benau, E. M., Dakanalis, A., Hormes, J. M., Perone, J., & Timko, C. A. (2013.) The

  relationship of sex and sexual orientation to self-esteem, body shape satisfaction, and

  eating disorder symptomatology. *Frontiers in Psychology*. 4, 887.