

Written evidence submitted by LGB Alliance (MISS0053)

Body Image among teenage girls with a developing lesbian sexuality

Body image does not exist in a vacuum. Each of us grows up among images and ideas of how individuals are ‘meant’ to look, or the ‘preferred’ appearance within that culture and society. Whatever is currently ‘fashionable’ is promoted through the media, through pressure put on children and young people from their families and peers and through ideas and images to which they are exposed in many different ways. There is little question that girls and young women are impacted by this more than boys and young men (which is not to say that males are unimpacted) in the 21st-century UK. In a recent survey conducted by the Mental Health Foundation among teens aged 13 to 19, 46% of girls (as opposed to 25% of boys) reported that their body image causes them to worry ‘often’ or ‘always’.¹

Pressures on young lesbians

In recent years, expectations concerning personal presentation appear to have regressed, with expectations of even quite young children to conform to sex stereotypes. These expectations are clear not only in clothes and toy shops but in the images presented in film, on TV, on social media etc. These expectations of appearance are closely tied to expectations of girls’ appearance being pleasing to boys – indeed, to a stereotypical notion of what is understood to be pleasing to boys even if this is not the reality.

Girls who do not welcome the attention of boys, and most particularly those who are not attracted to boys, are placed in a difficult position. The pressure to be ‘shapely’, to conform to the body image understood to be appropriate for a girl to aspire to, leaves girls who have no wish for such attention and thus no incentive to undertake the expected body sculpting (which may entail dieting, growing hair long, wearing bras which emphasise the breasts) feeling alienated from their peer group. They may be conflicted about their bodies, torn between a desire to conform and a revulsion against what such conformity entails.

The young lesbian’s sense of her body thus becomes problematic. She wishes to assert her physical being in a different way from that regarded as appropriate for the stereotype encouraged by her peers and by images presented in the media. But the mode of body expression she may favour is not ‘acceptable’ and she may therefore suffer from shame and guilt about her body.

In recent years, the result may be that she decides that she must be transgender. Not fitting into the accepted body presentation for a girl, feeling ill at ease in her body, she finds a ready welcome as a ‘transboy’: not just among her peers, but even in the NHS system set up to provide care and treatment for young people with varying types of what we might call ‘gender confusion’.

In other words, girls struggling with lesbianism are encountering pressure from peers and social media to identify as ‘trans’, and clinicians are going along with this ‘self-diagnosis’.

Lucy Bannerman in an article in *The Times* of 8 April 2019 concerning the Tavistock's Gender Identity Development Service (GIDS) writes that 'So many potentially gay children were being sent down the pathway to change gender, two of the clinicians said there was a dark joke among staff that "there would be no gay people left".'²

This link between treatment for gender dysphoria and underlying homophobic attitudes – including attitudes to non-stereotypical physical presentation – was reaffirmed by comments in the BBC Newsnight report of 18 June 2020 on GIDS and the use of puberty blockers.³ It is clear that those who have internalised negative feelings about their emerging lesbianism, or whose families are homophobic, are being encouraged to think they are boys, and are taking puberty blockers followed by testosterone to "transition". This has everything to do with a negative body image mixed up with negative feelings about their sexuality.

Among 'butch' lesbians these problems are exacerbated

[This section draws on Katherine Hiestand & Heidi Levitt, *Butch identity development: The formation of an authentic gender.*]⁴

Girls whose emerging sexuality is that of a more masculine type of lesbian experience problems trying to 'maintain fidelity to aspects of their gender that they considered to be masculine'. They have trouble adjusting to the widening differences between their bodies and those of their male peers: puberty is experienced as a betrayal by the body:

'my guy friends were able to express their interest in the opposite sex and I wasn't . . . I felt like my body was betraying my mind because until then it had been very convenient like – everyone thought I was a boy. And I remember that the whole lovely bra issue was . . . the final [straw] of 'OK. I cannot will this away. I am a female.'

The article by Hiestand and Levitt lists six stages of homosexual 'identity': confusion, comparison, tolerance, acceptance, pride, and synthesis, in which individuals recognize that homosexual identity is only one aspect of themselves.

The second stage, 'comparison' depends entirely on the social context: the girls compare themselves to others in order to position themselves. 'For many of the respondents, the turning point in this process was meeting other women who identified as butch. Their exposure to butch–femme flirtation and social dynamics helped them re-construe butchness as a sexually desirable aesthetic.'

It should be noted that this article dates from 2005. In today's world, with vanishingly few lesbians, let alone butch lesbians, as role models, these girls instead see people similar to themselves 'transitioning'. Some may conclude (and detransitioners confirm this)⁵ that they are trans rather than homosexual, and that they need to alter their bodies. Hiestand and Levitt also note: 'On average, youth self-labeled as gay or lesbian at about age 15'. It may be noted that the largest number of girls applying to the GIDS clinic are age 15 to 16, and there has

been a 4,400% increase in the number of girls seeking treatment at Tavistock GIDS clinic over the past decade.

The reinforcement of dissatisfaction with body image

For those feeling that their physical body has ‘something wrong’ with it, the internet provides a myriad of ways to connect to others feeling the same. Just as the ‘pro-ana’ websites encourage young people in potentially dangerous ways of ‘managing’ anorexia, so there are a range of websites concerning apparent ‘cures’ for discomfort with the body.

As Marcus Evans (formerly a consultant psychotherapist at the Tavistock clinic) says, young people focussing their sense of ‘not being right’ on their sexed body are often

‘dissociated from their natal body, which they feel contains unwanted or unacceptable parts of the self. The fantasy that the individual can sculpt the body according to his/her wishes adds (temporarily) to the sense of power and control over the body and everything contained within it.’⁶

This underlies the frequent decision that ‘transition’ to ‘a different gender’ is the solution to unhappiness with body image. It is a solution readily offered through radio series⁷, television programmes⁸ and dramas⁹, articles in newspapers and magazines (including those aimed at teenagers) and, with perhaps most impact, the young YouTubers and Instagrammers.

Miles McKenna, born in 1995, has 1.17 million subscribers to the YouTube channel, ‘Miles Chronicles’.¹⁰ The physical changes, from the girl who began the channel five years ago to the transman now, are recorded, along with much that suggests that Miles’ life is great fun and should be understood as a good role model. While Miles is based in the USA, this is by no means an American phenomenon. Alex Bertie (also born in 1995), from Dorset, began a YouTube channel¹¹ at 14, apparently soon ‘realising’ an identity as a ‘transgender man’. The current 297K subscribers to the channel represent a fall from over 300K, but given that there have been no updates recently, that is a clear indication of the popularity of these videos. The Alex Bertie Instagram account¹² has 79K followers and is regularly updated. There are many other accounts, on YouTube, Instagram, Twitter and elsewhere, avidly followed by those who hope for a ‘solution’ to their concerns about their body image.

As Marcus Evans (op. cit.) says,

‘The whole idea of treating gender dysphoria medically is to shift the focus of the problem from the mind into the body. But while beliefs may change, the effects of such medical interventions may be irreversible.’

The notion of having ‘the wrong body’ is now common parlance and underpins much of the discourse concerning ‘body image’.

For the girl whose body image ‘fails’ to match the stereotype, her search for validation no longer contains the likelihood of discovering other young lesbians and for groups validating one’s physical appearance and sexual orientation. As previously indicated, such groups and role models no longer exist, having been subsumed into ‘LGBTQ+’ organisations where transgender is encouraged as the ‘right’ way to deal with not fitting into stereotypes. The increasing homophobia attached to body image means that many girls who perceive themselves as ‘too masculine’ or inadequately ‘feminine’ are opting for the drastic choice of declaring themselves transgender. Medical and surgical support for such a decision may well lead to irreversible physical changes, causing further distress should the individual become psychologically reconciled to their natural body.

Conclusion

There is no more radical ‘body image’ problem than believing that you are in the wrong body altogether and taking action, through drugs and surgery, to change it. For some young people this may perhaps be the best solution to their distress. For many it is not. We believe that the forthcoming case against the Tavistock GIDS clinic will be the first of many to lay bare a horrifying truth: that society, and the medical world, is colluding in a large-scale experiment on vulnerable young people, that leads to a lifetime on medication, infertility, and a range of health problems.

These children and young people have such a skewed image of their bodies that they want a new one. Tragically, they are being persuaded, through conventional and social media, through peer pressure, through an unquestioning attitude on the part of clinicians at gender clinics, and the acceptance of ‘affirmation’ as the appropriate response in schools as well as the NHS, that it is possible to remake their bodies and change sex, and that this will solve their problems.

In short, the widespread negative body image among girls is exacerbated among young lesbians, through a wide range of different influences, and the near-total absence of a vibrant lesbian life and lesbian role models, leading to potentially irreversible actions. There is an urgent need for research on this issue.

July 2020

Endnotes

¹ <https://www.mentalhealth.org.uk/publications/body-image-report/childhood>

² Archived at <http://archive.is/FYWSN>

³ <https://www.youtube.com/watch?v=zTRnrp9pXHY&feature=youtu.be>

⁴ PDF available from

https://www.researchgate.net/publication/291760326_Butch_identity_development_The_formation_of_an_authentic_gender

⁵ <https://www.bbc.com/news/av/uk-scotland-51453612/sinead-is-worried-about-a-possible-change-in-the->

law; <https://www.bbc.com/news/health-51676020>

⁶ https://quillette.com/2020/01/17/why-i-resigned-from-tavistock-trans-identified-children-need-therapy-not-just-affirmation-and-drugs/?fbclid=IwAR2vNYSIcm-fssHm3OS5qDa_BIhZ21Z0P6CDghJDGbTiNyKc9kyR88imJMo

⁷ e.g. 'Just a Girl' on Radio 4 <https://www.bbc.co.uk/programmes/b04v8czp>

⁸ e.g. 'I am Leo', <https://www.bbc.co.uk/mediacentre/proginfo/2014/46/my-life>

⁹ e.g. 'Butterfly', <https://www.imdb.com/title/tt7703440/>

¹⁰ <https://www.youtube.com/c/MilesChronicles/videos>

¹¹ <https://www.youtube.com/c/TheRealAlexBertie/about>

¹² <https://www.instagram.com/therealalexbertie/?hl=en>