Physique and physical health of female homosexuals

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As published studies of female homosexuality are often based on the intensive psychoanalytical study of a very few highly selected and atypical cases, a broadly-based investigation was made of over 100 lesbians who were not at the time psychiatric patients. In this paper, the physical characteristics and medical histories are presented and contrasted with those obtained from a control group of heterosexual women.

METHOD

An anonymous postal inquiry was instituted with the help of an organization devoted to the interests of lesbians and having as one of its aims the furtherance of research. A random sample of 150 lesbians (roughly a third of the membership living in England) was sent a specially prepared questionnaire, the Maudsley Personality Inventory (M.P.I.), and the Cornell Medical Index Health Questionnaire (C.M.I.). Another organization of married women, formed to assist in social services, was used as a control group of normal heterosexual women, and similarly investigated.

The questionnaire for the lesbians consisted of 93 items for self-administration, with as many as possible of the questions being put in a 'closed' form—that is, simple Yes/No answers. Included in this questionnaire were questions about medical, surgical, gynaecological, and menstrual histories; also, all subjects were asked for certain basic measurements of themselves. Detailed comparisons between lesbians and controls were then made, using statistical analysis and accepting differences as being significant at the 5% level.

RESULTS

Out of the 150 lesbians contacted, 123 returned all the forms duly completed and this is the research sample; a similar number of controls was also studied. Mean age of lesbians 36.38 years, controls 38.15 years.

PHYSICAL MEASUREMENTS All subjects were asked to give their height (without shoes and in feet and inches), weight (in stones, pounds and ounces in indoor clothes), bust (in inches), waist (in inches) and hips (in inches). Along with all other data, this was coded on to punch cards, and after sorting,

values were expressed in the metric system. Results of the measurements are summarized in Table I.

The three measurements which significantly distinguish lesbians from controls are weight, waist, and bust. Lesbians are heavier, with bigger busts and waists. They are less tall than controls (although the difference is not significant, it nearly reaches the 5% level), but have slightly but not significantly bigger hips.

MEDICAL HISTORY In answer to the question 'In general has your physical health been good?', 88.6% of the lesbians and 94.3% of controls answered 'Yes'; this difference is not significant. The nature of any surgical operations experienced was asked for and replies coded under seven different but not mutually exclusive headings. Results are summarized as a frequency distribution in Table II.

TABLE I

SUMMARY OF PHYSICAL MEASUREMENTS, LESBIANS AND CONTROLS

	Lesbians		Controls		Comparison Lesbians/Controls	
	Mean	S.D.	Mean	S.D.	t	P
Height (cm)	164.5	7.0	166.2	7.2	1.9541	N.S.
Hips (cm)	98.2	7.1	97.4	4.8	1.0442	N.S.
Waist (cm)	71.1	8.7	69.0	6.0	2.1429	$P < 0.05^1$
Bust (cm)	92.4	5.6	91.0	5.2	2.0715	$P < 0.05^1$
Weight (kg)	62.7	9.8	59.4	11.71	2.3552	$P < 0.05^1$

¹Significant.

TABLE II

SURGICAL OPERATIONS, LESBIANS AND CONTROLS

Operation	Lesbians		Controls	
	No.	%	No.	%
E.N.T.	39	31.7	34	27.6
Appendix	26	21.1	13	10.6
Gynaecological	15	12.2	26	21.1
Orthopaedic	14	11.4	8	6.5
Gastro-intestinal	4	3.3	3	2.4
Other	13	10.6	12	9.8
More than one	28	22.7	22	17.8
None	47	38.2	57	46.3

More lesbians (61%) than controls (53.6%) had had operations, but this difference is not significant. The frequency distribution shows an interesting contrast between appendicectomy and gynaecological operations, with almost exactly opposite proportions—that is, 21% and 12% for lesbians, and 10% and 21% for controls, respectively. Other contrasts are not so striking, but with the general tendency for lesbians to have proportionately more operations of all kinds, except gynaecological.

MENSTRUAL HISTORY A series of 14 questions covered the menstrual history. Age of menarche was divided into three groups: under 13 years (38.2% lesbians, 29.3% controls), aged 13 (26.0% lesbians, 35.8% controls), and over 13 years (35.0% lesbians, 34.1% controls). Not known was 0.8% in both groups. Although more of the lesbians started their periods earlier (before the age of 13) than controls, differences were not significant. Of the lesbians 67.5% said that they were informed about menstruation before starting and 69.9% of controls. Various possible sources of information were given and all subjects were asked to ring the source from which they principally obtained this information. Replies are summarized in Table III.

Only 33.3% of the lesbians and 40.7% of controls were told about menstruation by their mothers; when this is compared with all other sources of information combined, differences are not significant.

Regularity of periods was taken as within seven days; 82.1% lesbians and 89.4% of controls reported that their periods were regular. How many days periods lasted was divided into three categories: less than three days (4.9% lesbians, 0.3% controls), three to four days (35.8% lesbians, 27.6% controls) and five days and over (55.3% lesbians, 65.9% controls). Not known were 4% and 5.7% respectively. The tendency was for lesbians to have more scanty periods, but differences were not significant.

Dysmenorrhoea was assessed by asking if periods had been so painful that they had either to go to bed or have time off work. On these criteria, 25.2% lesbians and 16.3% controls experienced dysmenorrhoea, but this was not a significant difference. An equal proportion also reported menorrhagia (43.9% lesbians, 45.4% controls). Although more lesbians had had amenorrhoea (15.4%) than controls (9.7%) this was again not significant.

Pre-menstrual tension was assessed by asking if they felt any different during the few days before menstruation; they were also asked about headaches, oedema, tension, anxiety, and depression. Results are summarized in Table IV.

It is noteworthy that 35% of controls, but only

24.4% lesbians, reported feeling tense premenstrually. Combining the categories 'nervous' and 'anxious' $\chi^2 = 40.33$; $P < 0.05$, which is significant. Subjects were next asked 'In general, do you at all resent having periods?' This gave a highly significant difference in that 51.2% lesbians answered 'Yes' but only 14.6% controls ($\chi^2 = 23.94$; $P < .001$). Nearly twice as many lesbians (17.1%) as controls (8.9%) had ceased to menstruate, with a mean age of 45 and 42 respectively. A hysterectomy was responsible in 3.3% lesbians and 2.4% controls.

As a matter of general interest, the sex of the subjects' usual general practitioner was asked for, to see if more lesbians would in fact register with female doctors. This was found to be the case, as 19.5% of the lesbians and 9.8% of the controls had a female practitioner—a significant difference. When finally asked if they would be willing to attend for a special interview and a physical examination, 58.5% of the lesbians said 'Yes' to both and 17.9% an interview only; for controls, it was 48.8% and 8.1% respectively.

DISCUSSION

There is very little published information available on the physique of lesbians. While it is recognized

TABLE III

SOURCE OF INFORMATION ABOUT MENSTRUATION				
Source	Lesbians		Controls	
	No.	%	No.	%
Mother	41	33.3	50	40.7
Other relative	9	7.3	14	11.4
Friends	25	20.3	15	12.2
School	12	9.8	10	8.1
Books	10	8.1	3	2.4
More than one source	15	12.2	18	14.6
No information	10	8.1	13	10.6
Not known	1	0.8	—	—
Totals	123	100%	123	100%

TABLE IV

SYMPTOMS OF PREMENSTRUAL TENSION				
	Lesbians		Controls	
	No.	%	No.	%
Feel any different	79	64.2	87	70.7
Headaches	45	36.6	43	35.0
Oedema	55	44.7	64	52.0
Depressed	21	17.1	19	15.5
Tense	30	24.4	43	35.0
Nervous	4	3.2	3	2.4
Anxious	3	2.4	1	0.8
More than one of these	13	10.6	10	8.1
None of these	47	38.2	40	32.5
Not stated	5	4.1	7	5.7
Totals	123	100%	123	100%

that the present measurements can only be taken as approximations, those for the controls were obtained in exactly the same manner. The lesbian appears to tend towards pyknic build, at least when compared with controls. This will have to be confirmed by actually somatotyping a group of them, and this the present author intends to do. One study of 105 lesbians found fine adipose tissues, deficient fat on shoulders and abdomen, excess bodily and facial hair, and under-development of the breasts (Henry and Galbraith, 1934). In a further study of 40 cases (of which only 14 were rated homosexual, the rest being rated as either bisexual or narcissistic) it was found that half had an athletic habitus, a mean biacromial diameter of 368 mm, and bi-iliac of 229 mm with the conclusion that '... the sex variant tends to have broad shoulders and narrow hips, an immature form of skeletal development' (Henry, 1950).

An investigation of physique in male homosexuals also found differences, but concluded that '... homosexuals have a body build similar to that found in patients with other psychiatric disorders and that it could not be specifically related to their sexual abnormality' (Coppen, 1959). This may be a factor in the present study, as the lesbians scored significantly higher on both the M.P.I. and C.M.I. Further comparisons with both a neurotic and a normal control group would help to settle the issues. No convincing endocrine abnormalities have so far been shown to be of aetiological importance in homosexuality.

Medical and surgical histories were not significantly different and on these criteria the lesbians seems to have good physical health. The two noteworthy features of the menstrual history were that fewer lesbians experienced premenstrual tension, but significantly more resented having to menstruate. This latter would fit in with the general pattern of

rejecting their femininity, although it is perhaps surprising that menstrual irregularities are not more common. The fact that significantly more preferred having a female doctor is now confirmed.

SUMMARY

A sample of 123 lesbians selected from an organization, and not from psychiatric patients, was investigated by means of a questionnaire, the M.P.I., and C.M.I. A similar number of heterosexual women served as the control group and were investigated in the same way. This report is concerned with their physical characteristics and medical histories. It was found that lesbians were significantly heavier, with bigger busts and waists, but less tall than controls, and with slightly bigger hips.

General medical and surgical histories were similar. Fourteen questions covered the menstrual history. Significantly more controls had certain symptoms of premenstrual tension but 51% of the lesbians resented menstruation (14% controls), which is a highly significant difference. Nearly 20% of the lesbians had a female general practitioner, but only 10% of the controls.

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REFERENCES

- Coppen, A. J. (1959). Body-build of male homosexuals. *Brit. med. J.*, 2, 1443-1445.
- Henry, G. W. (1950). *Sex Variants: A Study of Homosexual Patterns*. Cassell, London.
- Henry, G. W., and Galbraith, H. M. (1934). Constitutional factors in homosexuality. *Amer. J. Psychiat.*, 13, 1249-1270.