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Gender, Sexuality, and Eating Disorders

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This literature review considers how navigating gender and sexuality can have detrimental effects on the development and maintenance of eating disorders. My research explores how societal expectations of masculinity, femininity, and sexuality impact an individual's relationship with their body, food, and exercise. Unique life stressors faced by members of gender and sexual minorities are also examined. My paper examines and explains how much of the research surrounding eating disorders does not include gender and sexual minority participants, despite the fact that such individuals are overrepresented in diagnosed cases of eating disorders. This gap in the literature has implications for future research in the eating disorder field. My research concludes that (a) future research should be focused on exploring why body consciousness in the United States has generally increased, and (b) future treatment should take into account the ways in which individuals of various demographic groups with disordered eating internalize societal expectations.

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1. How Conforming to Social Expectations Relates to Eating Disorders

Many individuals' perceptions of themselves and their bodies are formed by cultural ideals about what defines self-worth and beauty. For those who identify as males and females, these cultural norms often influence the way in which an individual is expected to portray masculinity or femininity (Griffiths, Murray, & Touyz, 2015). Cultural expectations also dictate how individuals should show their sexuality. Many social expectations have developed from myths that have become widely held beliefs through time; this process generates stereotypes that are used to generalize people and form the basis for social comparison.

Social comparisons can be extremely detrimental to a person's body image dissatisfaction, which has been exacerbated by social media and marketing media, especially in the United States. The sociocultural model of body dissatisfaction theory posits that individuals will be more likely to subscribe to social and cultural expectations surrounding body image if they are constantly subjected to media that highlight physical attractiveness (Yean et al., 2013). With the strong presence of social media, Photoshop, and fashion in the United States, these types of influences are unavoidable, and the body images portrayed are often practically unattainable. However, these physical appearances are equated with status, power, privilege, and economic growth, and are therefore seen as highly valuable. In turn, when individuals internalize these cultural norms and expectations, they feel less self-worth and personal value if they are unable to achieve their desired look (Yean et al., 2013). Social comparison theory elaborates on the sociocultural model of body dissatisfaction by highlighting why individuals have the tendency to compare themselves to media messages; recognizing how one appears, acts, or performs in reference to others is one way to engage in self-evaluation and understand social status. Those who value body image more than others will focus more on this aspect of their

social status (Gigi, Bachner-Melman, & Lev-Ari, 2016). Individuals who have an increased desire to gain social acceptance will be even more susceptible to both the sociocultural model of body dissatisfaction and the outcomes indicated by social comparison theory. Because Americans have many outlets to engage in social comparison, they are increasingly vulnerable to disordered eating as a method to manipulate body shape.

United States culture not only portrays body image expectations, but also prescribes how to adhere to social norms regarding one's gender and sexuality. When an individual internalizes social norms and feels as though they inadequately fulfill their gender and sexuality roles in comparison to others, they may feel pressure to conform or change. Because appearance is the most outward and visible portrayals of masculinity and femininity, they are typically the target for manipulation. Additionally, there are different behaviors and relationships surrounding food that are accepted and expected depending on gender, which may also influence how an individual views food. When food or exercise are the chosen tools to incite such change, individuals may be at risk for developing an eating disorder. For example, in societies in which Western social norms are held, masculinity is formed through dominance and strength, while femininity is expressed through submissiveness and frailty (Griffiths et al., 2015). As one of the easiest ways to visibly show personal traits such as gender is through body type, the social beauty norm for masculine men is to be highly lean and muscular, while a feminine woman is slender but still womanly (Minnich, Gordon, Kwan, & Troop-Gordon, 2017).

Norms for the expression of femininity and masculinity also depend on the gender of the mate an individual is seeking. For example, as heterosexual men try to attract heterosexual women, they may internalize the beauty norms pertaining to masculinity. In contrast, gay men trying to attract other men may be more influenced by feminine social expectations rather than

masculine cultural norms in order to express their sexual orientation more obviously (Li, Smith, Griskevicius, Cason, & Bryan, 2010). In some cases, cultural norms surrounding what kind of body is deemed sexually attractive can be highly influential in creating body dissatisfaction.

Expected body types are highly unrealistic for most people, and, as a result, measures such as over-exercise or the restriction of food intake are often used to get as close to these Western beauty ideals as physically possible. The social power connected to attaining the perfect body may fuel the motivation involved in maintaining, instead of recovering from, an eating disorder, despite the obvious negative health outcomes (Allison et al., 2014). A common misconception is that medical intervention is only taken when patients have restricted their diet to the point of starvation; however, disordered eating will create strains on a patient's heart, gastrointestinal tract, and hormone regulatory systems (Austin, Nelson, Birkett, Calzo, & Everett, 2013). Consequently, it is important to look at eating disorders as a public health issue that is gaining increasing influence as impacts of the internalization of gender, sexuality, and body expectations become more pervasive.

1.1 How Social Expectations Specific to Members of Gender and Sexual Minority Populations Relate to Eating Disorders

Sexual minorities include "individuals who report attractions to people of the same or multiple genders, and individuals who report engaging in sexual contact with people of the same or multiple genders" (Calzo, Argenal, Blashill, & Brown, 2017, p. 48). As result of this wide range of classifications, anywhere from 6.8% to 19% of women consider themselves a sexual minority, and 3.9-7.9% of men also fit such definitions (Calzo et al., 2017). Gender minorities include individuals who do not prescribe to the cultural norms that they were socialized to adhere to based on the gender and sex they were assigned at birth.

Although gender minorities comprise a relatively small portion of the overall population, they are highly represented in the population of individuals with eating disorders. Males and females who identify as gender and sexual minorities are 3-4.5 and 3.4-4 times more likely, respectively, to engage in purging behaviors than their straight counterparts (Calzo et al., 2017). These populations may have a higher tendency to engage in such behaviors due to added stressors and also a higher desire to be accepted that their straight peers are less likely to experience. This claim is partially supported by findings that show gay and bisexual men exhibit higher scores on a "Concern for Appropriateness" scale than straight men (Gigi et al., 2016). This means they are more likely to compare themselves to others, internalize societal expectations, be highly influenced by the media, and relate all these social messages to their own appearance. In-person interviews with the participants in this study confirmed that gay and bisexual men felt that they were more susceptible to such social influences, sometimes in an effort to gain acceptance or appear sexually attractive to other men (Gigi et al. 2016). Acceptance of their physical appearance may be easier to attain by gender and sexual minorities than acceptance of their personal identity and sexual orientation.

In addition to an increased desire to avoid rejection, members of gender and sexual minority populations may go through bodily changes that increase their awareness of their body and their body image. Individuals who are diagnosed with gender dysphoria are especially vulnerable to such changes. They are considered to be people who express severe discomfort with their biological sex assigned at birth, have no desire to adhere to the social gender expectations of that sex, and typically have a powerful feeling of belonging to a different sex or gender (Ålgars, Alanko, Santtila, & Sandnabba, 2012). Sometimes in an effort to portray their felt gender, they will engage in disordered eating to hide, eliminate, or exaggerate different

features of their body. For example, a male to female transgendered individual may try to gain weight to appear curvy, while a female to male transgendered individual may restrict their diet to lose feminine curves (Ålgars et al., 2012). Individuals with gender dysphoria may also develop eating disorders as a way to control their body since they feel at odds with it. Ultimately, many of these behaviors often diminish after gender confirmation surgery; however, hormone supplements that often are combined with this surgery can result in other changes of the body that are not always welcome, such as weight gain (Ålgars et al., 2012).

Overall, gender and sexual minorities go through many different experiences that leave them more vulnerable to eating disorders than straight individuals. Still, there is little research into the influences that cause the development and maintenance of eating disorders in such populations. As a result, many claims made are highly generalized from one population of minorities to another, or even within specific subgroups.

2. Femininity: Thinness, Youthfulness, & Sexual Attractiveness

The most well-known eating disorders are anorexia nervosa (AN) and bulimia nervosa (BN). These two disorders are diagnosed at a higher rate in Western, industrialized countries compared to non-Western, non-industrialized countries. Consequently, the higher rate of AN and BN in these areas are often linked to the sociocultural influences of beauty norms that are prevalent through social media, advertisements, television, and other forms of media (Li et al., 2010). For femininity, such beauty norms correlate with thinness and youthfulness because age and weight gain are also often correlated due to slowing metabolic rates. Consequently, thinness is often equated to femininity, status, and even sexual attractiveness to potential partners (Li et al., 2010). Since both gay men and heterosexual women desire the attraction of men, literature often assumes that they adhere to similar cultural expectations of femininity.

The pervasive cultural pressure to restrict their food intake in order to portray femininity can be seen in a study by Lafrance- Robinson, Kosmerly, Mansfield-Green, and Lafrance (2014) in which dieting behaviors were measured in men and women of many different weight categories. Though only heterosexual men with high BMIs show a desire to restrict food intake, heterosexual women of all BMIs express that they attempt or desire to limit their food intake (Lafrance- Robinson et al., 2014 p. 324).

These findings indicate that women of all sizes may be influenced by social pressures to restrict what they eat. Such restriction may represent a desire to be thin, and also a reflection of the expected relationship between femininity and food. This claim is supported by evidence that increased dieting and drive for thinness in women often leads to a marked decrease in quality of life and increase in body dissatisfaction that is not similarly seen in most heterosexual men (Wagner, Stefano, Cicero, Latner, & Mond, 2016). Overvaluation of weight and shape can elicit a decline in health even without the influence of other eating pathologies like binging, purging, or restricting. These pathologies in eating behaviors as influenced by cultural norms of attractiveness are thus a serious risk factors for the development, maintenance, and relapse of eating disorders in women. However, the desire to appear feminine does not only pertain to heterosexual women; male to female transgender individuals have also reported a desire to be thin and keep a small frame to appear more feminine (Ålgars et al., 2012).

Similar trends in risk can be seen in communities of gay men who also wish to be perceived as sexually attractive to other men, and therefore take on a more feminine and youthful body. Some of the negative body image thoughts and restrictive behaviors gay men show are influenced by the competition they feel from other gay men and heterosexual women in attracting sexual partners (Li et al., 2010). This competition partially explains why gay men are

more receptive to thin ideal internalization and other appearance related social norms than heterosexual men; beauty norms for femininity are far more centered around keeping a slender frame and looking young than are norms for masculinity (Gigi et al., 2016). Another consequence of the desire to be perceived as sexually attractive is the tendency for gay men to objectify themselves and internalize social expectations and perceived opinions about their level of attractiveness. This leaves gay men with a higher vulnerability to eating disorders, as such individuals view themselves less as a person and more of a manipulable object (Gigi et al., 2016). However, there are two popular cultural beauty norms that seem to be particularly popular in gay communities. One, termed the "twink," largely adheres to expectations of femininity. However, the other popular norm for gay men is to be categorized as a "bear" and follow more masculine and muscular social expectations (Gigi et al., 2016).

3. Masculinity: Heightened Desires for Muscularity

One reason "bears" may take on a more masculine appearance is to avoid the stereotype of a "feminine gay." Some gay men feel internalized homophobia or self-stigma as a result of their sexual orientation. To try and reduce these negative feelings and social bullying, such men may feel pressure to appear extremely masculine (Kuna & Sobów, 2017). The behaviors that they engage in, then, reflect social expectations of masculinity.

A popular belief in Western societies that is detrimental to men's body image is the idea that masculinity and muscularity are practically interchangeable; to be muscular is to be masculine, and to be masculine is to be muscular. The two most desired body types in men of Western cultures both involve being fit and toned; one includes attaining muscles of the largest possible size while the other entails looking highly toned by also being slim (Bunnell, 2016). Males who internalize such unrealistic stereotypes are at higher risk of developing a negative

body image and muscle dissatisfaction than males who do not conform to Western beauty ideals (Dryer, Farr, Hiramatsu, & Quinton, 2016). The negativity seen in the latter group can lead to pathological thoughts and behaviors around food and exercise, which may be used to manipulate muscle definition and body shape; disorders such as muscle dysmorphia are thus more prevalent in populations who adhere to Western expectations of masculinity (Griffiths et al., 2015). Other disorders such as anorexia nervosa and bulimia nervosa may be prevalent in males desiring to be lean, while those trying to increase the size of their muscles may resort to hormone and steroid abuse (Bunnell, 2016).

The desire to be fit and toned is not specific to adult males. In fact, social expectations that equate muscularity with masculinity can explain why 30% of males under the age of 16 actively attempt to gain weight to counteract their fast metabolism and look more muscular (Calzo, Masyn, Corliss, Scherer, 2015). Almost 6% of these adolescents use anabolic steroids, which can have extremely detrimental impacts on their developing body and mental mind-set (Calzo et al., 2015). Steroid use, muscularity dissatisfaction, and weight and shape concerns all increased with age, which reveals how targeting younger audiences may be effective for preventing future problems associated with eating disorders, especially in young populations already showing some risky behaviors (Calzo et al., 2015). Overall, the belief held by some males that muscularity is valuable and portrays masculinity can lead to highly detrimental influences on self-image and the development of a number of disorders.

Sexual minority males are over 5 times more likely to admit to the use of anabolic steroids than heterosexual males (Calzo et al., 2017). The reasons given by sexual minorities for using anabolic steroids seems to be different than those given by heterosexual males; in the gay community, instead of fully enlarging their muscles, men wish to increase muscle mass while

still staying thin. This may be in an effort to make their muscles more apparent while still staying slender (Yean et al., 2013). Additionally, female to male transgendered individuals express desire to be muscular and appear more masculine while also desiring to stay thin in an effort to hide feminine characteristics such as hips and breasts (Ålgars et al., 2012). However, a drive for thinness is less apparent in bisexual men, who seem to conform to, and are more concerned about, the societal expectations of masculinity and muscularity.

Another group that may receive pressure to appear masculine, or at least less feminine, is individuals who identify as lesbian. In a study by Yean et al. (2013), when compared to heterosexual women, lesbians reported an increased internalization of masculinity expectations and a decreased drive for thinness and other characteristics pertaining to sociocultural norms of femininity. Interestingly, the motivation behind such adherence in lesbians reveals an increased internalization of cultural expectations than most groups; Yean et al. (2013) hypothesize that lesbians may have a higher drive for muscularity to seem "authentically lesbian" with a "butch" appearance. While heterosexual men and transgendered men may wish to build muscle to appear more masculine, lesbians, interestingly, seem to wish to be muscular to appear more lesbian, which has more to do with their sexual orientation than masculinity, femininity, or sexual attractiveness alone.

4. The Feminization & Normalization of Eating Disorders

One stereotype found in Western cultures that can incite shame, especially in heterosexual men who develop an eating disorder, is that eating disorders are feminine. This widely held belief is both perpetuated by and influences the underrepresentation of males in research on eating disorders (Bunnell, 2016). Without such research, many symptoms of eating disorder in males can be ignored. This carelessness is partially due to the feminization of eating

disorders, but is also a reflection of what society deems as an expected relationship between men and food. For example, when men eat objectively large meals it is not seen as abnormal or as a possible binge eating behavior. Some risk factors of eating disorders are even encouraged in men, such as over exercise (Bunnell, 2016). Since many of these pathological behaviors in heterosexual men may be motivated by their desire to portray masculinity, the diagnoses of what is believed to be a feminine disorder may induce both social and self stigma (Cohn, Murray, Walen, & Wooldridge, 2016). This shame in itself can be extremely harmful since it can result in other psychological problems like anxiety and social withdrawal (Busanich, McGannon, & Schinke, 2014). Overall, the feminization of eating disorders is highly detrimental to heterosexual men with eating disorders due to its impacts on their already skewed view of masculinity.

Just as eating pathologies can be ignored or expected in men or those wishing to be masculine, the expectations surrounding women's relationship with food and eating disorders may normalize many behaviors that put females at risk for developing such a disorder. This normalization may make eating disorder symptoms seem less severe and serious, and sometimes even expected in females (Busanich et al., 2014). Additionally, because there is more of an expectation for feminine individuals to develop an eating disorder, there is more acceptance when one does occur. This has a twofold effect with those desiring to be seen as masculine underreporting their symptoms while others wishing to be seen as feminine having less difficulty discussing their eating pathologies. This pattern may explain why more women and gay men have higher reports of eating disorders than heterosexual men (Yean et al., 2013). Even so, rates of eating disorders are rising, perhaps because of the expected relationship between femininity and eating pathologies.

5. Stress as a Risk Factor for Eating Disorders

Stress has been known to influence almost any mental disorder, and eating disorders are not exempt. Compared to a control group, patients who have already developed an eating disorder respond with greater psychological, physiological, and neurological stress symptoms to perceived social stressors (Monteleone, Treasure, Kan, & Cardi, 2018). This relationship reveals that individuals prone to disordered eating experience more stress, and that their stress is specifically socially situated. The increase in stress can be explained by either a shift in perception of social environments for individuals with an eating disorder or poor coping skills when stress is felt (Monteleone et al., 2018).

Clinical conditions where stress is not regulated well, such as anxiety and alexithymia, show an increased comorbidity with disordered eating. In their study on how eating disorders are influenced by emotional dysregulation, Minnich et al. (2017) hypothesized that both alexithymia and drive for muscularity are increased in men. This claim was generated from the Western ideal that men, compared to women, have deficits in emotional awareness and expression that stem from the gender expectation that masculine men mask their emotions. Interestingly, both men and women with alexithymia were found to have a high drive for muscularity. The research team concluded that their results represent a possible shift in Western body ideals with more women desiring a toned and fit body rather than a delicate frame (Minnich et al., 2017). Whether this shift is actually present or not, the study's findings exemplify a link between emotion regulation difficulties and body image dissatisfaction. Because alexithymia was the common factor, it is possible that stress had an impact on the body image of both the male and female participants (Minnich et al. (2017.) The findings may also be relevant in researching why it is a common belief that men have difficulty expressing emotion; perhaps negative social perceptions and self-

shame surrounding masculine individuals and emotional expressivity is more influential than stress or alexithymia.

One of the arguments made by the normative male alexithymia hypothesis is that men who go through neglect and child abuse are more likely to develop alexithymia than women who are subjected to similar trauma; this idea parallels the gendered stereotype applied to masculinity and emotion expression. Minnich,et al. (2017) used eating pathologies as a way to measure the amount of poor emotional coping skills. Ultimately, the research team discovered a relationship between binge eating and alexithymia that was stronger in women than in men. Similar findings were replicated in a study that researched relationships between trauma exposures and disordered eating. Thornley and Frewen (2016) compared men and women who had experienced trauma, and found a stronger association between heightened posttraumatic stress disorder (PTSD) symptoms and disordered eating in women. However, men still admitted a relationship between their PTSD symptoms and their eating disorder behaviors, which further supports the idea that stress is important to consider in the development and maintenance of eating disorders for all persons regardless of gender (Thornley & Frewen, 2016)

Additionally, BMI, gender, and emotion regulation have interactions that can better reveal the ways that stress can contribute to eating disorders. Compared to men with high BMIs, women with high BMIs showed stronger associations between poor emotional awareness and using disordered eating as a coping mechanism (Shingleton, Thompson-Brenner, Thompson, Pratt, & Franko, 2015). These results have implications for future studies on the influence of emotion regulation difficulties and stress as a factor in the development of eating disorders for women since many used binge eating to regulate their emotions (Shingleton et al., 2015). Because it is a cultural beauty expectation that women have low BMIs, women who are

objectively or subjectively considered overweight may have increased stress from their inability to conform to Western beauty standards.

5.1. Stressors Specific to Gender Minorities

Because stress is such an important influence to the development of eating disorders, it is important to consider stressors that are unique to members of gender and sexual minority populations that add to their overrepresentation in the diagnosed rates of eating disorders. A theory that helps explain such a phenomenon is the "Minority Stress Theory" that emphasizes the relationship between stigma and shame in the lives of individuals in such marginalized groups. This theory suggests that such individuals have a higher chance of developing disorders that are influenced by stress because of their increased discrimination and shame (Austin et al., 2013). Stress can have both negative physical and mental effects on the body; physiological changes to biological systems can result from an increased cortisol stress response, for example, while psychological distress can indirectly influence these processes by changing the individual's emotions and motivations (Austin et al., 2013).

One added stress in the lives of individuals considered to be members of marginalized populations is the idea that they have to "come out" to the public as their true or changed selves. This process can cause distress leading up to the decision to come out, while coming out, and while enduring the consequences of coming out. Typically, the anxiety felt after this process or event is described as more detrimental than anxiety felt before or during the process (Kuna & Sobów, 2017). Individuals may constantly be assessing whether their new identity is accepted and may face social stigma if it is not. Discrimination after coming out may even appear within the individual's own family, which can lead to feelings of isolation and lack of support. Support from family and friends is important in the treatment of eating disorders, which reveals its

importance in the development and maintenance of such disorders, as well (Kuna & Sobów, 2017). Additionally, when individuals are not initially accepted, they may try to manipulate certain aspects about themselves in an effort to gain more social status. Within the wider community, gay men often feel the need to change the way they present themselves in terms of gestures, speech, and appearance, for example, based on the perceived level of social acceptance towards sexual minorities that they feel among their peers (Gigi et al., 2016). Examples of more extreme manipulation are especially prevalent in transgendered populations, who feel obligated both socially and internally to change the appearance of their body to match their declared gender (Ålgars et al., 2012). As a result, they may use disordered eating or hormone injections to attain their desired look. However, hormones themselves cause fluctuations in weight and appearance, which creates more opportunities for individuals within the transgender community to use disordered eating as a way to manipulate their body shape. A study by Ålgars et al. (2012) researched the prevalence of disordered eating in a population of 20 transgender adults and found that 65% restricted their food intake, 40% exercise excessively, 25% reported binge eating, and another 25% engaged in purging behaviors.

Relationships within communities of minorities may also create unique stressors that are not necessarily felt in outside groups. For example, lesbians are often equated to feminists, who emphasize self-acceptance and body positivity. As a result, a stereotype has developed that suggests lesbians are less vulnerable to eating disorders because of their connection to feminism (Yean et al., 2013). However, such a stereotype may create perceived self-stigma in lesbian individuals who feel as though having an eating disorder will defy their community. Additionally, added stress in their lives related to their status as a sexual minority, such as their coming out process, may diminish the benefits of being involved in a more body-positive

community if they even do associate themselves with feminists (Yean et al., 2013). Similarly, gay men expressed the existence of a gay subculture that creates additional intersections to be considered when researching eating disorders in marginalized populations. As a consequence of the social expectations for attractive gay men to be both thin and highly muscular, some gay men feel extreme disappointment and shame when they cannot achieve this desired body type. Interestingly, such men feel additionally insufficient if their sexual partners do not have a body that conforms to the social expectations of the gay and wider community, which further expresses how much of their anxiety is situated in how they appear socially (Gigi et al., 2016).

6. Future Directions in the Field of Eating Disorder Research

It is clear that the development of eating disorders is not the same across gender or sexual minority status in Western cultures. The ways in which social expectations differ based on gender and sexuality are influential to the treatment of eating disorders. Length of treatment, type of treatment, and areas to devote focus may be dissimilar when considering the social expectations about bodies, relationships with food, and self worth that an individual internalizes (Minnich et al., 2017). For example, the motivation behind eating disorders is often different. One study that reflects such a contrast compared men and women with clinical levels of binge eating disorder and found that women showed significantly higher levels of weight and shape concern. Upon leaving treatment, more than 70% of the men were not worried about their weight or shape (Shingleton et al., 2015). Support for this claim can be seen in how some men who developed anorexia nervosa may have been motivated to have a leaner body in order to accentuate their muscles; weight gain in these men is often individually viewed as advantageous. This differing perspective may partially be a result of how eating disorders in men are often less ego-syntonic than they are in women, so men do not tie their self-esteem to their weight

(Bunnell, 2016). Understanding differences in the development and presentation of eating disorders between and within the genders has implications for treatment; for instance, perhaps it is important when working with women, but not with men, to focus on dispelling weight and shape concerns. Such potential differences in how Western beauty ideals individuals may be internalized may therefore be important when those providing therapy consider how to personalize a treatment plan.

Understanding cultural expectations is especially important when considering how to treat an individual in a gender or sexual minority population, especially as little published research indicates how to do so. In order to gain knowledge on how to treat such populations, it is critical that more research be conducted with larger sample sizes of participants who identify themselves as gender or sexual minorities (Ålgars et al., 2012). Such research would be helpful to parse out whether it is added stressors in the lives of gender and sexual minorities that influence their higher rates of eating disorders, or whether it is an increased desire to feel accepted that leaves them vulnerable. Additionally, for transgender individuals or those with GID, its is key to know whether their absence of belonging with their body and assigned sex is a stronger influence than is social rejection or stress (Feder et al., 2017). Once such complexities of the development and maintenance of eating disorders in gender and sexual minorities are better understood, treatment plans can advance, and so can screening. It is imperative that health professionals and authority figures in the lives of such vulnerable individuals are aware of how to identify susceptibility to disordered eating (Austin et al., 2013). Without intense research, screening, and interventions by health professionals, the overrepresentation of gender and sexual minorities in eating disorder populations will likely not decrease.

Individuality and gender differences are useful when screening for and treating eating disorders on a case-to-case basis, but examining how eating disorders are similar between and within genders and sexual orientations may also have effective implications for how to prevent eating disorders in general. Understanding where the pervasive thought to connect social value to outward appearance arose in Western cultures may be crucial for future eating disorder research. In the past two decades, body dissatisfaction and consciousness has increased in Western societies for all people, but remarkably in men (Minnich et al., 2017). This heightened awareness creates a change in how individuals perceive themselves and their bodies, and how they believe others do the same. The cognitive subscales of eating disorders do not differ or deviate significantly, at least between men and women, which reflects the harmful impact of such negative thoughts pertaining to body image (Shingleton et al., 2015). Though motivated by differing social pressures between individuals, understanding the origin and consequences of body conscious thoughts is extremely important, especially since eating disorders often develop from initial pathological cognitions (Busanich et al., 2014). Additionally, when compared to all features of eating disorders, harmful and intrusive thoughts are found to have the strongest impact on negative quality of life for both men and women. This low quality of life may impact the severity of the disorder and other comorbid disorders and add to overall stress (Wagner et al., 2016). Studying how general body consciousness arises and knowing ways to prevent negative cognitive experiences may be the most important research to the future of eating disorder treatment.

7. Conclusions: Gender, Sexuality, & Eating Disorders

Ultimately, the development of eating disorders shows complex relationships among gender, sexuality, and adherence to cultural norms. For women, social pressures to portray

femininity can increase dieting behaviors, weight and shape concerns, poor emotion regulation, and even result in a normalization or expectation of eating disorders. These pathologies are produced by and perpetuate women's externalization of self worth. For men, cultural norms surrounding masculinity can lead to low body image, muscle definition concerns, hormone or steroid abuse, and a tendency to ignore eating disorder symptomatology. When such factors combine and lead to an eating disorder, men feel shame and stigma from the demasculinization accompanied by the disorder label. Members of gender and sexual minority populations have more complex developments of eating disorders that is often tied to the stress related to their social status. Coming out, transitioning, navigating the changes of hormone therapy, and attracting members of the same sex in often socially intolerant environments are some of the added stressors to the lives of gender and sexual minorities that heterosexual individuals do not have to face. However, these individuals must additionally decide how to portray their masculinity, femininity, and sexuality just as heterosexuals do as well. It is no surprise, then, that the rates of eating disorder diagnoses are higher in gender and sexual minority populations.

When considering how social influences accumulate, there are marked decreases in quality of life and equal increases in body dissatisfaction for individuals who conform to Western ideals of beauty. Navigating the relationships between an individual's body, their own beauty ideals, their own happiness, and also social expectations about body image, gender, and sexuality can be extremely unforgiving. As a result, disordered eating that develops as an effort to conform to societal norms is typically accompanied by troubling cognitions and other mental health related factors. Because bodily changes, a changing self-concept, and increased social navigation are factors involved with maturation, eating disorders have a tendency to develop during important developmental stages in life, which makes the treatment of eating disorders

relevant to many different types of psychologists (Austin et al., 2013). There is no confusion that eating disorders produce negative health outcomes, which makes them an increasingly important public health issue. Disordered eating should be examined from a sociological perspective because of the ways in which social expectations combine to influence the development and maintenance of eating disorder.

While it is mostly understood which cultural pressures have implications for treating eating pathologies on a case to case basis, it is not widely established how or why these influences have had such a strong negative impact on Western societies. Having a better understanding of why the general increase in body consciousness has occurred has extremely important implications for future research on the development, maintenance, and treatment of eating disorders. Crucially, gender and sexual minorities cannot be ignored, as they are the individuals who must actively, not passively, conform to social expectations, and are arguably more prone to their negative influence.

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