

Body Image and Eating Disorders within the GLBT Community

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It is important to talk about Eating Disorders and body image as it applies to the GLBT community because of the prevalence of the belief in the myth that these issues are restricted to the population of White upper/middle class heterosexual women/girls. Research has shown that compared to heterosexual men there are higher levels of Each Disorder symptoms within the gay and bisexual male community and that gay men present with higher rates of body dissatisfaction and score higher on eating disturbance evaluations. Additionally, although studies support the idea that heterosexual women endorse more extreme thinness ideals than lesbian women, women in the GLBT community are by no means immune to body image dissatisfaction or Eating Disorder behavior.

Researchers have found that the ideal body image is becoming more rigid for both men and women in the GLBT community. Studies have shown that according to GLBT community norms, gay men are aspiring to a thinner and more muscular ideal as well as an image of young, White, and smooth. This has prompted the genesis of the phrase “twenty-five is the new forty-five,” expressing the perceived reality of many gay and bisexual men that men in the GLBT community are physically “over the hill” by their mid-twenties. There is a myth that women in the GLBT community do not have body image concerns because of the strong Feminist perspective and emphasis on fat acceptance within the community. Although research has indicated that lesbians reported feeling freer to discard more mainstream female appearance styles and notated greater rates of body acceptance after coming out, the same population reported high ratings of eating disorders and weight concerns. These results may be explained in part by the internal struggle caused by the incongruence between the values of the Lesbian community as it relates to the standards of self acceptance and the personal beliefs of women within the GLBT community. There are, however, differences between the beliefs of women within the GLBT community, with research indicating that feminine women report greater instances of lower body satisfaction than either masculine or androgynous females. Additionally, studies suggest that younger generations within the GLBT community have more idealized and rigid body images than older members within the community.

A model which has gained in popularity in the recent past for conceptualizing body image and Eating Disorders is The Multi-Determined and Self-Perpetuating Model of Eating Disorders. This model takes into consideration the predisposing factors of biological, family, and individual variables, as well as social cultural and multicultural factors. It also takes into account the precipitating stressors that serve as a catalyst to the development of disordered thoughts of body image and eating patterns that develop into Eating Disorder behaviors. Additionally, this model also addresses perpetuating factors such as cognitive disturbances, distortion of hunger and satisfaction, and compensatory activities as well as cultural pressures, secondary gains, guilt, shame, anxiety, interpersonal difficulties and body image distortion.

Proper assessment of an Eating Disorder is imperative because the individual struggling with such a disorder will develop significant physical and mental issues as the disorder progresses. Such disturbances can include, but are not limited to, the following: deficits in concentration and memory, mood swings, depression, anxiety, loss of hair, dry skin, skin that turns yellow in appearance, pleading from blood vessels in the esophagus, bowel irregularities, inability to ovulate, muscle cramping and weakness, joint and/or bone pain, osteoporosis, changes in the brain structure, a decrease in red blood cells, deficits in white cell functioning, and overall weakness and fatigue. Proper assessment will include categories that include details on the individual's weight history, information on bingeing behaviors, compensatory behaviors, calorie restriction, and impact on daily functioning. It will also include an assessment of medical problems, family issues, interpersonal and romantic relationships, a mental health history, and a review of any previous or current treatment.