

Kołodziej Kosma, Urtnowska-Joppek Katarzyna, Suwała Karolina. The perception of your body by homosexual people. Eating disorders. *Journal of Education, Health and Sport*. 2018;8(9):103-112. eISSN 2391-8306. DOI <http://dx.doi.org/10.5281/zenodo.1344921>
<http://ojs.ukw.edu.pl/index.php/johs/article/view/5776>

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part b item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eissn 2391-8306 7

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The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 22.07.2018. Revised: 28.07.2018. Accepted: 14.08.2018.

The perception of your body by homosexual people. Eating disorders

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Summary:

Introduction

Problems related to eating disorders such as anorexia, bulimia and obesity turns out to be very common in the LGBT group. The paper presents a review of research in this field showing the relationship between the influence of the environment, homophobia and lack of tolerance to the problem presented in the topic and a scale of this problem occurring in the presented minority group.

Aim

The aim of the work is to draw attention to the scale of the problem and the specificity of the

LGBT group in the field of eating disorders. Presenting factors which are a predisposition to such disorders, may be useful to medical staff, psychologists, educators and therapists dealing with the problem of eating disorders. Another aim is to create a scientific publication on the topic of sexual minorities, which is still lacking in comparison with foreign magazines in our country.

Brief description of the state of knowledge

LGBT group turns out to be a group with an increased risk of eating disorders. Gays are a group exposed to anorexia and bulimia. However, the group of lesbians has been defined with an increased risk of overweight and obesity. According to a review of contemporary research in this area, the problems related to nutrition are influenced by homophobia, lack of social acceptance, heterosexual and episodes of sexual abuse in childhood.

Conclusions

There is a huge need of knowledge for specialists dealing with eating disorders about the specificity of the LGBT group. Their greater competences can positively influence the prevalence of eating disorders in this group and positively influence the course of treatment of such people.

Key words: eating disorders, bulimia, homosexuality, gay, lesbian

1. Introduction

According to the research conducted in 2006, the incidence of eating disorders is 8 cases per 100 000 people [1]. Eating disorders are a very common problem of young people during puberty. Research conducted in 2011 on Polish youth showed that 28% of them shows signs of anorexia, and almost every tenth teenager provokes vomiting [2]. Statistically, women are 90 to 95% of all people with eating disorders [3]. However, it turns out that not only sex is a determinant of eating disorders, but it can also be sexual orientation.

2. Eating disorders in sexual minorities

Early in the 1990s, it was observed that young people declaring homosexual orientation are more likely to have mental disorders and an increased risk of suicidal attempts is noticed amongst them [4,5,6]. At that time, more attention has been paid to the problem of eating disorders in this social group [7]. The opinion of the society in which we live every day has a very big influence on the acceptance of our body. It all depends on what is considered to be universally beautiful and what fits into the current canon of beauty. Body weight, waist thinness or for example, breast size [8]. In terms of diversity, the most common group that faces the phenomenon of stigmatization and social exclusion are overweight homosexual men [9].

In many studies it is pointed out that the perception of one's body and the level of its acceptance affect the individual's sexual life. 42% of homosexual men declared that negative feelings about their bodies had bad influence on their sex life. Only 22% of men with heterosexual orientation were compared to the same problems. 27% of homosexual women and 30% of heterosexual women had this problem [10]. For gay, the way a potential partner perceives him and whether he meets its expectations is very important [11]. Research on a group of students in the US showed that homosexual and bisexual youth more often reported a desire to lose weight, using diets in comparison with men and heterosexual women in the same age group [12]. Homosexual men more often focus their attention on their appearance than heterosexual men and are in a group with an increased risk of bulimia and anorexia. The reverse relationship was found in lesbians where very often they did not need to be inscribed in the current canon of beauty [13]. Lesbians are a group where increased BMI values are

more frequent [14]. It is also noticed that bisexual and homosexual women are in a group with an increased risk of overweight and obesity and reduced underweight [15].

In other comparative studies of men with a different sexual orientation, it was shown that gays are more likely to watch their bodies, and more often admit that they are ashamed of their bodies. Gays also conduct unstructured nutritional behaviors [16]. They also often report dissatisfaction with the amount of body fat in their bodies and the unsatisfactory amount of muscle mass compared to heterosexual men [17,18]. In homosexual men, the more frequent occurrence of eating disorders is also noticed than in heterosexual men [19]. Homosexual men with eating disorders are also more likely to abuse substances and more often have anxiety disorders, and lesbian shows often mood changes. It is a form of response to heteronormativity of the community and a sense of otherness [20].

3. What affects the disorder?

It has been shown that sexual abuse in childhood affects the perception of your body and the sense of attractiveness of your body [21]. Homosexual and bisexual men declared that eating disorders help them cope with the emotions associated with sexual abuse in childhood [22]. The fact whether the homosexual man is in a stable relationship and has the support of the partner or whether he is alone, affects the risk of feeling the need to be slim. His satisfaction with the relationship correlates with the desire to be slimmer [23]. It is the same for heterosexual men. Men who are not in permanent emotional relationships are more likely to declare abnormal nutritional behaviours [24].

The beauty canons presented in the media also affect the perception of the body of the people from the LGBT group. Homosexual men more often want to catch up with the media ideal than homosexual women [25]. A very slim body is the ideal figure for gays [26].

Not only the diet, but also the lifestyle and physical activity has a big impact on shaping the figure. Homosexual youth less often show willingness to participate in team games, fitness classes in schools, which increases the risk of overweight or obesity [27]. Due to the lack of acceptance, they are reluctant to socialize with their surroundings. Sexism, homophobia and racism also affect the level of acceptance of your body [28]. Some studies have shown that bisexual women and lesbians choose gluttony as a strategy for coping with minority stress and

the lack of public acceptance [29]. Although homosexual men more often report their dissatisfaction with their bodies, women who maintain close relationships with gays have better self-esteem and feel more sexually attractive [30]. Lesbians sticking to their subculture may be a form of a protection against the imperative of a slim figure [31]. Homosexual people very often feel the lack of full coherence with heterosexual people and because of that they surround themselves with people of the same sexual orientation in order to identify better in the heteronormative world [32]. Lesbian emphasize that the acceptance of the environment affects the effectiveness of their weight loss and maintaining slim [33].

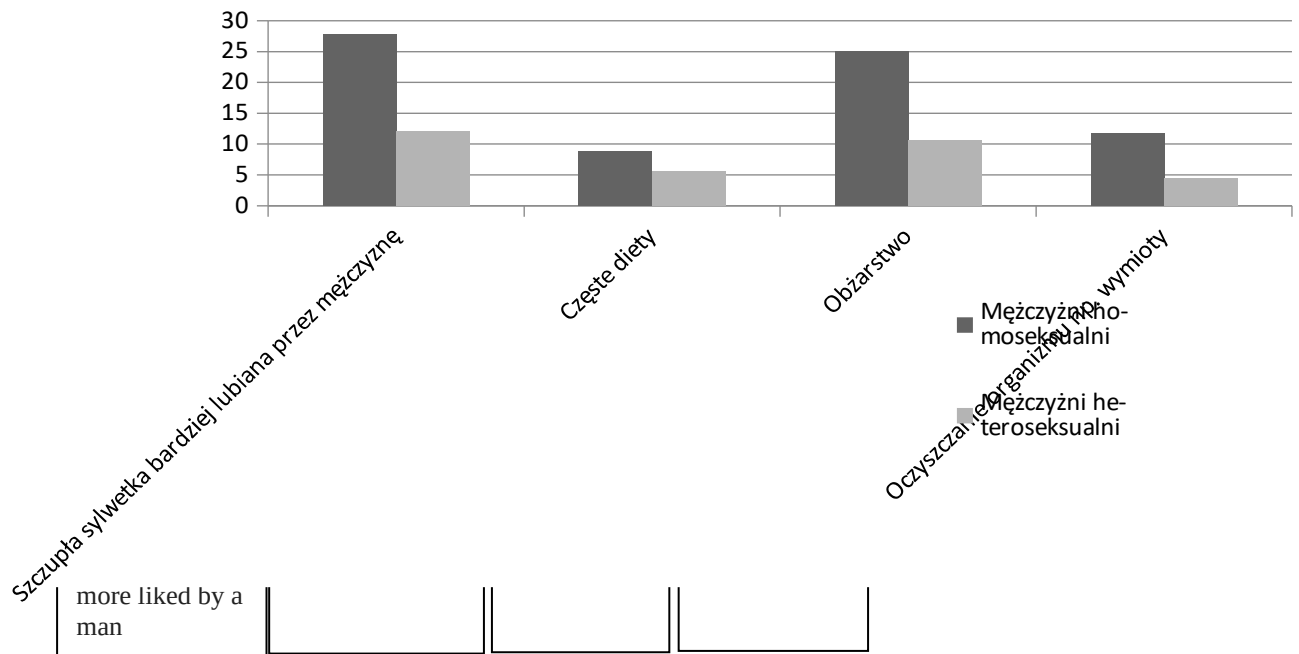


Figure 1. Acceptance of your body, frequency of diets and eating disorders in men depending on sexual orientation [34].

On the basis of research: French S.A., Story M., Remafedi G., Resnick M.D., Blum R.W., Sexual orientation and prevalence of body dissatisfaction and eating disordered behaviors: a population-based study of adolescents. Int J Eat Disord. 1996 Mar; 19 (2): 119-26

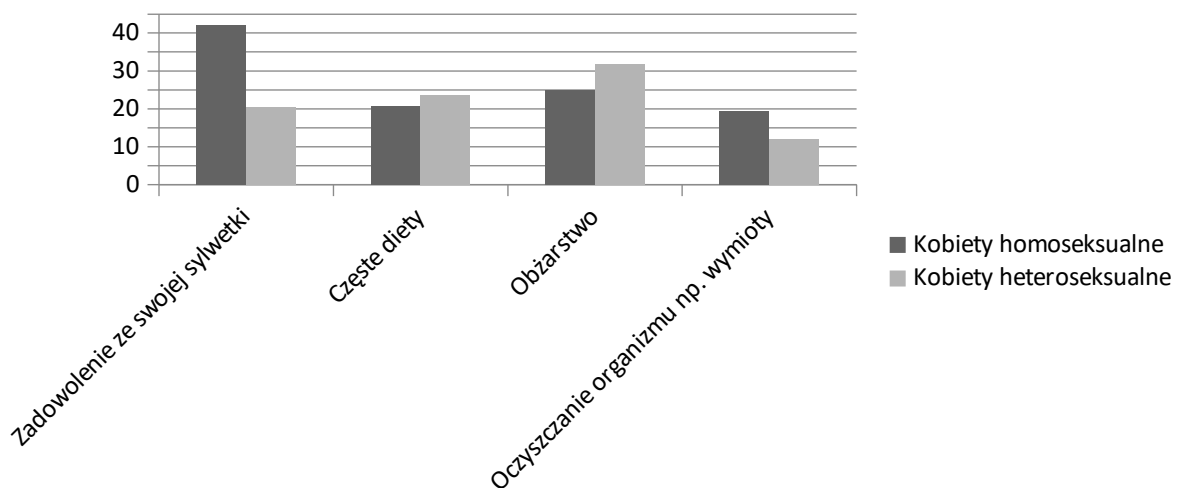


Figure 2. Acceptance of your body, frequency of diets and eating disorders in women depending on sexual orientation [34].

On the basis of research: French S.A., Story M., Remafedi G., Resnick M.D., Blum R.W., Sexual orientation and prevalence of body dissatisfaction and eating disordered behaviors: a population-based study of adolescents. Int J Eat Disord. 1996 Mar; 19 (2): 119-26.

4. Conclusions

All of the above arguments show how important is the education of future pedagogues, psychologists and medical personnel in the field of eating disorders in homosexual people. In one of the tests checking the knowledge of students of a medical university in Poland, students knew diseases related to eating disorders. As the most vulnerable group, they were choosing women. Lack of response related to sexuality may correlate with a lack of knowledge in this area. Better training of the above-mentioned specialists can increase the success of treatment for people with eating disorders.

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