BODY DISSATISFACTION AND DISORDERED EATING

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Body Dissatisfaction and Disordered Eating in Androphilic and Gynephilic Men and Women

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Abstract

According to the theory of intra-sexual competition for mates, androphilic individuals (i.e., sexually interested in men) are expected to emphasize their physical appearance, and be less satisfied with their bodies, compared to gynephilic individuals (i.e., sexually interested in women). To test this theory against objectification theory and minority stress theory of body dissatisfaction and disordered eating, we measured body dissatisfaction, disordered eating, and body mass index (BMI) in both androphilic and gynephilic men and women in a large population-based sample ($N = 8,007$). Compared to gynephilic men, androphilic men were more likely to be dissatisfied with their bodies and display disordered eating. Gynephilic women were more dissatisfied with their bodies compared to androphilic women. Women were, on average, also more likely to be dissatisfied with their bodies and display disordered eating compared to men. Theoretical implications of the findings were discussed.

Keywords: Disordered eating, body image, body dissatisfaction, intra-sexual competition, mate value

1 Figueredo, 2005). An important distinction between objectification theory and the
2 evolutionary explanation is that objectification theory predicts a difference between
3 the two sexes, with women being more likely to strive to be thin compared to men—
4 irrespective of their sexual interest. Following from the theory of intra-sexual
5 competition for mates, both androphilic men and women should be more likely than
6 their gynephilic counterparts to strive to be thin and as a consequence display more
7 disordered eating and body dissatisfaction.

8 An additional perspective is minority stress theory, explaining mental health
9 problems as being due to stress caused by stigmatization and discrimination in a
10 heteronormative society (Meyer, 2003). According to this theory, gynephilic women
11 and androphilic men—both sexual minorities—would suffer from more body
12 dissatisfaction and disordered eating than androphilic women and gynephilic men.
13 This theory predicts differences between different sexual orientations, but not
14 between the sexes.

15 **Previous Research on Body Dissatisfaction and Disordered Eating**

16 Previous research has shown that androphilic women experience more body
17 dissatisfaction (e.g., Davids & Green, 2011; Peplau et al., 2009) and disordered
18 eating (Hoek & van Hoeken, 2003; Lewinsohn, Seeley, Moerk, & Striegel-Moore,
19 2002) than gynephilic men, and women also tend to overestimate the value men put
20 on female thinness (Fallon & Rozin, 1985). Whereas women strive to be thin, men
21 strive to enhance muscularity (e.g., Frederick et al., 2007). This pattern could be
22 explained both by objectification theory and the theory of intra-sexual competition.
23 Further corroborating objectification theory, research has detected associations
24 between sexual objectification, self-objectification, disordered eating, body
25 surveillance, body comparison, and body shame (Augustus-Horwath & Tylka, 2009;

1 Tylka & Sabik, 2010). As predicted by the theory of intra-sexual competition, a link
2 between intra-sexual competition and disordered eating among women has been
3 found (Abed et al., 2012; Li, Smith, Griskevicius, Cason, & Bryan, 2010).

4 When also considering sexual orientation, it has been found that androphilic
5 men report more body dissatisfaction (Davids & Green, 2011; Peplau et al., 2009),
6 drive for thinness (Cella, Iannaccone, Ascione, & Cotrufo, 2010; Williamson &
7 Hartley, 1998), drive for muscularity (Yelland & Tiggemann, 2003), and disordered
8 eating (Cella et al., 2010; Smith, Hawkeswood, Bodell, & Joiner, 2011) than
9 gynephilic men. Gynephilic women have been shown to report lower levels of body
10 dissatisfaction and disordered eating than androphilic women when being in in
11 situations of enhanced intra-sexual competition (Li et al., 2010). In a meta-analysis
12 by Morrison and colleagues (2004), gynephilic women were slightly more satisfied
13 with their bodies than androphilic women when body mass index (BMI) did not
14 differ between the groups. Assessing studies where gynephilic women, on average,
15 weighed more than androphilic women, no differences in body dissatisfaction were
16 found, perhaps explaining why some other studies show that gynephilic and
17 androphilic women do not differ in body dissatisfaction and disordered eating (e.g.,
18 Cella et al., 2010). Further supporting the minority stress explanation, associations
19 between body dissatisfaction and minority stress (i.e., internalized homophobia,
20 stigma, and experiences of being attacked) have been found in androphilic men
21 (Kimmel & Mahalik, 2005).

22 Previous studies have also examined both body dissatisfaction and disordered
23 eating simultaneously in both androphilic and gynephilic men and women (e.g.,
24 Cella et al., 2010; Li et al., 2010). Using several measures of body satisfaction,
25 Siever (1994) investigated body dissatisfaction and eating disorders in androphilic

1 and gynephilic male and female university students. Whereas gynephilic women
2 were least concerned about physical attractiveness, androphilic men and women
3 were most concerned about their physical attractiveness. The finding was interpreted
4 as a function of the degree to which the groups are objectified by their preferred
5 potential sexual partners (Siever, 1994), which is in line with the theory of intra-
6 sexual competition. In a more recent study, Yean and colleagues (2013) also
7 compared body dissatisfaction and eating disorders between androphilic and
8 gynephilic male and female individuals recruited from organizations for specific
9 ethnic and sexuality groups. They found that, compared to their counterparts,
10 androphilic men and women exhibited more concern about their bodies, and that this
11 was also reflected in more internalization of socio-cultural beauty standards.
12 Importantly, irrespective of sexual orientation, women displayed more body
13 dissatisfaction and disordered eating than men (Yean et al., 2013).

14 **The Current Study**

15 The aim of the current study was to examine patterns of body dissatisfaction,
16 disordered eating, and BMI, in a large population-based sample of androphilic and
17 gynephilic men and women. Previous studies have mostly been based on small
18 sample sizes recruited from colleges, universities, or special interest groups.

19 To test the explanatory value of the theory of intra-sexual competition
20 against those of objectification theory and minority stress theory, we formulated the
21 following hypotheses:

- 22 1. Androphilic men and women experience more body dissatisfaction and
23 disordered eating than gynephilic men and women.

24 Moreover, if earlier observed differences between the sexes are completely
25 explainable in terms of androphilic and gynephilic interest:

1 *agree*). A composite variable on all the eleven items was calculated after reversing
2 responses to some of the items. Cronbach's alpha was .71.

3 *Disordered eating* was assessed with five items from the Eating Attitudes
4 Test (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) measuring fear of being
5 fat, preoccupation with food, dieting, drive for thinness, and self-induced vomiting.
6 Only five items were included in the survey due to space limitations. The items
7 chosen were those with the highest loadings on the five factors of the EAT-26. The
8 questions were answered on a scale, ranging from 1 (*completely disagree*) to 5
9 (*completely agree*). A composite variable of all the five items was calculated.
10 Cronbach's alpha was .81.

11 *Androphilic and Gynephilic* subgroups for men were created based on
12 answers to the question "I have had sex with a man" Men answering yes were coded
13 as androphilic (8.6%), other men as gynephilic (91.4%). For women, subgroups were
14 created based on answers to the question "I have had sex with a woman". Women
15 answering yes were coded as gynephilic (13.6%), other women as androphilic
16 (86.4%).

17 *Body Mass Index* was calculated from participants' self-reported weight and
18 height dividing bodyweight in kilograms by height in meters squared.

19 **Statistical Analyses**

20 All statistical analyses were made using the statistical program SPSS 21.0.
21 We investigated associations between BMI, body dissatisfaction and disordered
22 eating using linear regression models. Analyses of variance (ANOVA, ANCOVA,
23 and MANOVA) were used to assess mean differences in BMI, body dissatisfaction
24 and disordered eating between the groups based on gender and sexual orientation.
25 We used the Tukey post-hoc test for comparisons of differences between groups.

1

2

Results

Body Mass Index, Body Dissatisfaction, and Disordered Eating

4 The mean BMI was 23.54 ($SD = 3.99$), the mean level of body dissatisfaction
5 was 2.29 ($SD = 0.60$), and the mean level of disordered eating was 2.23 ($SD = 1.01$).

6 The zero-order correlations between BMI and body dissatisfaction, $r = .23$, $p < .001$,
7 and BMI and disordered eating were positive $r = .28$, $p < .001$. Also the zero-order
8 correlation between body dissatisfaction and disordered eating was positive, $r = .52$,
9 $p < .001$.

10

11 [INSERT FIGURE 1 ABOUT HERE]

12

13 As a first step, we investigated the associations between BMI, body
14 dissatisfaction, and disordered eating within each group. By comparing the
15 confidence intervals for the associations, we found that the associations between
16 BMI and body dissatisfaction were weaker for androphilic and gynephilic men ($b =$
17 0.01 [-0.01, 0.03] and $b = 0.03$ [0.02, 0.03] respectively) than for androphilic and
18 gynephilic women ($b = 0.05$ [0.04, 0.05] and $b = 0.06$ [0.05, 0.07] respectively). No
19 differences were found for the associations between BMI and disordered eating. For
20 the association between body dissatisfaction and disordered eating, gynephilic ($b =$
21 0.50 [0.45, 0.54]), but not androphilic men ($b = 0.66$ [0.48, 0.85]) differed from
22 androphilic and gynephilic women ($b = 0.86$ [0.82, 0.90] and $b = 0.92$ [0.81, 1.03]
23 respectively).

24

25 After this, we investigated mean differences between the groups. A
MANOVA showed that the groups differed significantly from each other on the

1 three outcome variables (BMI, body dissatisfaction, and disordered eating), $F [9] =$
2 229.96, $p < .001$, Wilks' $\lambda = .77$.

3 A one-way ANOVA showed that the groups differed significantly with
4 respect to BMI, $F [3] = 92.59$, $p < .001$, $\eta_p^2 = .04$. A Turkey post-hoc comparison
5 revealed that men had higher BMI than women. Gynephilic women also had a higher
6 BMI than androphilic women. There was no difference between gynephilic and
7 androphilic men.

8 A one-way ANOVA showed that the groups differed significantly with
9 respect to body dissatisfaction, $F [3] = 154.27$, $p < .001$, $\eta_p^2 = .06$. The outcome
10 remained similar after including BMI as a co-variate in an ANCOVA, $F [3] =$
11 238.27, $p < .001$, $\eta_p^2 = .09$. The ANCOVA model explained 13% of the variance in
12 body dissatisfaction, $F [4] = 288.66$, $p < .001$, $R^2 = .13$. Post-hoc comparisons
13 revealed that androphilic men reported more body dissatisfaction than gynephilic
14 men. Women also reported more body dissatisfaction than men, but there was no
15 statistically significant difference between androphilic and gynephilic women.

16 Concerning disordered eating, a one-way ANOVA again showed that the
17 groups differed, $F [3] = 397.39$, $p < .001$, $\eta_p^2 = .13$. Again, the outcome remained
18 similar after including BMI as a co-variate in an ANCOVA, $F [3] = 238.27$, p
19 $< .001$, $\eta_p^2 = .09$. The ANCOVA model explained 25% of the variance in disordered
20 eating, $F [4] = 638.90$, $p < .001$, $R^2 = .25$. In this case, post-hoc comparisons
21 revealed that all groups differed from each other. Androphilic men reported more
22 disordered eating than gynephilic men, but in contrast to expectations derived from
23 the theory of intra-sexual competition for mates, gynephilic women reported more
24 eating disorders than androphilic women.

25

[INSERT TABLE 1 ABOUT HERE]

Discussion

In the present study, we investigated body dissatisfaction and disordered eating in a large population-based sample of androphilic and gynephilic men and women. We used the data to test the explanatory value of the theory of intra-sexual competition, suggesting androphilic men and women to be more concerned about their physical appearance than their gynephilic counterparts, against two competing theories: objectification theory (women more concerned about their physical appearance than men, irrespective of sexual interest) and minority stress theory (sexual minorities more likely to show psychopathological traits).

Androphilic and Gynephilic Men

Androphilic men reported more body dissatisfaction and disordered eating than gynephilic men. This is in line with previous findings (e.g., Smith et al., 2011; Yean et al., 2013). This observation fits within both minority stress theory and the theory of intra-sexual competition. Indeed, internalized homophobia, stigma, and discrimination are related to disordered eating and body dissatisfaction (Kimmel & Mahalik, 2005). The observation can also be explained as a difference between seeking to attract the attention of other men and seeking to attract the attention of women. Androphilic men are often part of a subculture in which the pressure to look good and be muscular is greater than it is in the heterosexual subculture (Yelland & Tiggemann, 2003). Studies show that involvement in gay subculture is associated with more social comparison, which, in turn, is associated with greater appearance orientation (Levesque & Vichesky, 2006). Both for androphilic and gynephilic men, BMI was positively associated with body dissatisfaction and disordered eating.

1 **Androphilic and Gynephilic Women**

2 Androphilic and gynephilic women reported similar amounts of body
3 dissatisfaction but gynephilic women reported higher levels of disordered eating.
4 Considering that these two groups also differed in BMI, but that the difference
5 remained after controlling for BMI, our results differ from the results of the meta-
6 analysis by (Morrison et al., 2004) showing that gynephilic women are more
7 satisfied with their bodies than androphilic women, when BMI is controlled for. We
8 found no differences in the associations between BMI, body dissatisfaction, and
9 disordered eating. Why gynephilic women experienced more disordered eating than
10 androphilic women cannot be explained by objectification theory (Fredrickson &
11 Roberts, 1997), which assumes that women regardless of sexual orientation
12 experience the same pressure to look thin. Neither can this observation be explained
13 by the theory of intra-sexual competition, suggesting that women seeking to attract
14 men should be more prone to disordered eating as a function of emphasizing
15 thinness. The minority stress theory (Meyer, 2003), on the other hand, can explain
16 why gynephilic women experienced more disordered eating than androphilic
17 women. As a sexual minority, gynephilic women experience more discrimination
18 than androphilic women (e.g., Mays & Cochran, 2001).

19 **Sex Differences**

20 If the theory of intra-sexual competition were to fully explain variations in
21 body dissatisfaction and eating disorder, androphilic men and women would be
22 expected to experience the same amount of body dissatisfaction and disordered
23 eating. However, the results of the present study suggest that androphilic men
24 experience less body dissatisfaction and less disordered eating than androphilic
25 women. The results are in line with prior research about body dissatisfaction by

1 (e.g., Peplau et al., 2009) but in contrast with (Davids & Green, 2011), who found no
2 difference between androphilic men and women in body dissatisfaction. Gynephilic
3 women also experienced more body dissatisfaction and disordered eating than
4 gynephilic men. According to objectification theory, this is due to women being at
5 higher risk of objectification in society in comparison to men, leading them to adopt
6 cultural ideas of thinness. Indeed, BMI was more strongly associated with body
7 dissatisfaction in women compared to men, suggesting that men are more satisfied
8 with their bodies at a higher body mass. It should, however, be taken into
9 consideration that muscularity—a trait valued in men—also increases BMI.

10 **Limitations**

11 The current study also has its limitations. Sexual orientation was defined
12 only based on sexual interest, which may not be in full accordance with the
13 participants' own perceptions of their sexual orientation. Disordered eating was
14 assessed with only five items from the EAT-26. These items did not include items
15 related to overeating. Also, instruments used to measure disordered eating and body
16 dissatisfaction did not include questions about muscularity or over-exercising, which
17 have been shown to be of particular relevance to male body image and eating
18 disturbance (Jones & Morgan, 2010).

19 **Conclusion**

20 The current study shows that gender and sexual orientation are associated
21 with body dissatisfaction and disordered eating. Even though women report more
22 body dissatisfaction and disordered eating, it is important to note that these
23 phenomena are also present in men. Compared to gynephilic men, androphilic men
24 are also more likely to be dissatisfied with their bodies and display disordered eating.

1 Gynephilic women are more dissatisfied with their bodies compared to androphilic
2 women.

3 The complete pattern of results cannot be fully explained by the evolutionary
4 theory of intra-sexual competition. Neither can they be fully explained by
5 objectification theory. The observations best fit with a combination of minority
6 stress theory, proposing that minorities are more likely than non-minorities to
7 develop psychopathological traits, and objectification theory, proposing that women,
8 to a larger extent than men, internalize cultural ideals of thinness.

9

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- 32

1 Table 1

2

3 *Body Dissatisfaction, Disordered Eating and Body Mass Index for Androphilic and*
 4 *Gynephilic Men and Women*

	<u>Men</u>		<u>Women</u>	
	Androphilic	Gynephilic	Androphilic	Gynephilic
DSFI-BI	2.17 (0.56)	2.08 (0.56)	2.40 (0.60)	2.37 (0.61)
EAT-26	1.86 (0.87)	1.70 (0.70)	2.45 (1.02)	2.64 (1.11)
BMI	24.01 (3.46)	24.63 (3.56)	23.00 (4.06)	23.12 (4.26)

5 *Note:* DSFI-BI: Body Image subscale from Derogatis Sexual Functioning Inventory.
 6 EAT-26: Eating Attitudes Test. BMI: Body Mass Index. Higher values indicate more
 7 body dissatisfaction, more disordered eating, and higher body mass.

Associations between Body Mass Index, Body Dissatisfaction, and Disordered Eating for Androphilic and Gynephilic Men and Women

Figure 1. Linear associations between Body Mass Index, body dissatisfaction, and disordered eating for androphilic and gynephilic men and women.