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Relationship of Disordered Eating Habits and Low Body Esteem among Individuals of Different Sexual Orientations in Lebanon

Gary Leon Zeitounalian

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Gary Leon Zeitounalian

Approved by:

Dr. Hanine Hout, Ed.D., Advisor

Dr. Daoud Tawil, Ph.D., Reader

Dr. Daisy Warren, Ph.D., Reader

Running Head: HOMOSEXUALITY

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Gary Leon Zeitounalian

Haigazian University

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Abstract

The topic of this thesis centered on identifying whether there is the presence of disturbed eating habits and patterns, and low body-esteem between homosexual and heterosexual participants. The study's results were based on the analysis of the scores on the participants' completion of two reliable scales, the Eating Attitude Test (EAT) and the Body-Esteem Scale (BES). The hypotheses of this research are that homosexual males are more likely to display disturbed eating habits and patterns, along with having lower body-esteem than their heterosexual counterparts; whereas, lesbians are less likely to have disordered eating and are more satisfied with their bodies than heterosexual females. In addition, there would be a significant effect of sexual orientation and sex on scores of EAT and BES. The results indicated that homosexual males scored higher on the EAT and lower on the BES when compared to heterosexual males, and lesbians were less likely to display symptoms of disturbed eating patterns and had higher satisfaction with their bodies in comparison to heterosexual females; moreover, there was no significant effect of sexual orientation and sex on the BES and EAT. Although sexual orientation and sex did not significantly relate on scores of EAT and BES, the increased means on the scores of the BES and EAT revealed that the homosexual group is at most risk for developing symptoms and behaviors of disturbed eating.

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Relationship of Disordered Eating Habits and Low Body Esteem among Individuals of Different Sexual Orientations in Lebanon

The focus of this thesis is to identify the presence of disturbed eating habits and patterns, and low body-esteem between homosexual and heterosexual participants. The study's results were based on the analysis of the scores on the participants' completion of two reliable scales, the Eating Attitude Test (EAT) and the Body-Esteem Scale (BES). The first chapter of the thesis presents the background of the study, specifies the problem of the study, describes its significance, and presents an overview of the methodology used. The chapter concludes with the delimitation of the study as well as defining certain key terms that were used in the thesis.

Background of the Study

The homosexual community in Lebanon, although still underground, is well-established in the region. In 2004, a group of homosexuals created the first gay organization and called it Helem; which stands for the Arabic acronym of "Lebanese Protection for the Lesbian, Gay, Bisexual, and Transgender Community." Since then, Helem has sought to raise awareness regarding the rights of the homosexuals in Lebanon and in the MENA region (Middle East and North Africa). Within this homosexual community there seems to be a fascination with body-image and aspiring to have the physical characteristics of both masculinity and femininity at the same time; in addition, this community of individuals has their own set of sub-cultural norms, behaviors, and means of expressing themselves. Therefore, previous investigations regarding this clandestine community has not been documented or conducted formerly; hence, it was of great interest to research an aspect of this sub-culture's enthrallment (if one may call it that) with their physical appearance.

The study was conducted during a time when the homosexual community in Lebanon was celebrating its sixth IDAHO day (International Day against Homophobia), which is a day meant to provide awareness regarding the presence of the homosexual and transgender community in the country, in the hopes of eliminating homophobia and prejudice against them. The community had conducted a mini-parade in the Hamra region of Beirut, raising banners and distributing pamphlets informing the public about the human-right violations that have been infringed on the community; in addition, the rainbow flags were elevated in order to symbolize the freedom of love, and love that comes in different forms and shapes – regardless of gender, sex, age, and race. Moreover, the Helem organization is well on it's way of trying to abolish the criminating law, the penal code 534, which states that all "unnatural acts of sexual intercourse are punishable by law;" this law views homosexuality as being a crime and the individual if caught is sentenced to jail time. Therefore, this thesis comes at a time when the homosexual community is breaking free from its underground hiding spot (so to say) and is aiming to raise national awareness, not just awareness between its own members. This study hopes to shed light on the eating habits and patterns of this sub-group within the population that is slowly, but surely, making its presence known as a thriving group of individuals who do not want to be judged by their sexual orientation, but by the quality of their work in advancing the society's view of homosexuality.

Psychology has seen a boom in Lebanon over the course of the past five years, with more students graduating with degrees in the field; in addition, as having more universities open departments of psychology in their campuses. However, research in Lebanon has not seen the same kind of prosperity; instead, there is a lack of published research regarding Lebanon in general. On the other hand, countries such Qatar, Jordan, and Egypt have witnessed an influx of

psychological research being conducted. Consequently, not only is there a deficiency in research in Lebanon, but the topic of homosexuality is a rarity to find on online journals regarding research on the issue. Most of the research is conducted on homosexuals living in countries such as Europe, the United States, Canada, and Australia; therefore, most of the literature review is based on the findings conducted in more "Westernized" and "open-minded" countries where their views of homosexuality is vastly different than the ones in more traditional Arab and Middle-Eastern countries. Hence one of the questions that arises is, "Do those findings truly apply to the individuals residing in Lebanon?" This question also raises a concern because many individuals from the *Ex-Gay Movement* – which is a group of individuals, mostly religious figures and leaders, who believe their aim is to convert homosexuals into heterosexuals – argue that homosexuality is in fact a Western creation and brought to the Arab communities through the means of the media and the internet; therefore, this group of individuals would be less likely to say that the results from the West are relevant to the East; this will be used as justification to their strongly held-beliefs that homosexuality is indeed a Western-influenced phenomena.

This is why research in the region is needed and very critical, because it will help dispel such misconceptions and myths regarding homosexuality and its views that it is a Western-influence, a disease, a curse, and a punishment from God.

Previously psychological research in the field of eating disorders focused mostly on the symptoms present and diagnosed in females; however, specialists in the field discovered that eating disorders were also becoming apparent in males, specifically in homosexual males (Harvey & Robinson, 2003). As researches investigated the phenomena of increased disturbed eating habits in homosexual males, the conclusion that was reached was that homosexual males that were more involved in the homosexual community and identified themselves as being

openly gay were the ones who had the most disturbed eating disorders (Jeffries, 1999). Feeling unsatisfied with the conclusions reached by his predecessors in the field, Williamson (1999) argued that it would be incorrect to pin one's disturbed eating habits on his identification with his gay community only; therefore, Williamson (1999) believed that other factors might play a role in the prevalence of eating disorders within the homosexual community, and they were: (1) low self-esteem and body-esteem (Stout, 2001); (2) internalized homophobia and shame (Beren, 1997); (3) body objectification (Lyders, 1999); cognitions and perceptions (Wagenbach, 1999); (5) the media (Duggan & McCreary, 2004); (6) group acceptance within the homosexual community (Beren, Hayden, Wilfley, and Grilo, 1996); (7) body dysmorphic disorder (Harrison, Pope, Phillips, and Olivardia, 2000); and (8) early childhood sexual abuse and attachment with primary caregivers (Landau, 2004). Research regarding lesbians has been contradictory with some research saying that lesbians are less likely to be invested in their physical appearance therefore they are less likely to have eating disorders (Heffernan, 1994); on the other hand, other studies claim that lesbians just like heterosexual females are prone to eating disorders because of the images of the idealized female physique that is portrayed to them in the media and pressured to adhere to by society (Austin, Ziyadeh, Kahn, Camargo, Colditz, and Field, 2004).

The Problem Statement

The hypotheses of this thesis that were examined:

1. Homosexual males are more likely to display disturbed eating habits than heterosexual males.
2. Lesbians are less likely to have disordered eating than heterosexual females.
3. Homosexual males will have lower body-esteem scores than heterosexual males.

4. Lesbians will have higher body-esteem scores, indicating more satisfaction with their bodies, than heterosexual females.
5. There is a significant effect between sexual orientation and sex on the scores of the EAT and BES.

The Professional Significance of the Study

Since very little studies have been conducted on the issue regarding homosexuality and disturbed eating, this thesis can be viewed as one of its kind in the fact that it investigates the phenomena of eating disorders and their appearance in the homosexual community in Lebanon.

As more counselors and clinical psychologists open clinics and work with individuals from various demographic groups, it is important to have an understanding of the individuals that one is consulting, treating, and working with; for this will help in the development of rapport and positive therapist-client relationship. Having an extensive reservoir of information derived from reading research studies regarding the clients one is working with, helps the mental health provider to feel at ease and competent of his/her skills in implementing an effective treatment plan for his/her clients. Therefore, this thesis provides sufficient information regarding the kind of research that has been conducted with homosexuals in the US and Europe; in addition, there are the results obtained from a sample of the homosexual community residing in Lebanon. A comparison is provided as well, comparing the results of the two samples; in the hopes of establishing whether there is a common denominator or link.

Moreover, this study highlights the need to understand the root behind the client's disordered eating habits and patterns, by focusing on one's underlying issues stemming from low body-esteem, which is one's low satisfaction with his/her body. One cannot cure or plan a treatment to help one overcome their unhealthy relationship with food without helping the client

develop a healthy relationship with his/her own body first. Although the EAT and BES scales have been used previously, they were never implemented on the homosexual community and this study is the first to use it such.

Overview of the Methodology

The nature of the study was quantitative, correlational, and *t*-tests were used to measure the differences between groups. The participants filled out the two objective scales: the EAT and the BES. The two scales were in a Likert-scale format ranging from 0 till 5. The totaling of the answers, in both scales, provides an overall score that describes whether the participant has symptoms and behaviors synonymous with eating disorders or high/low body esteem. The EAT has a cut-off point of 20; thus scores higher than 20 indicate disordered eating habits. In addition, the EAT has three subscales: (1) dieting, (2) bulimia, and (3) oral control. Higher BES scores indicate more satisfaction with one's body; additionally, there are five subscales within the scale: (1) physical attractiveness, (2) upper-body strength, (3) sexual attractiveness, (4) weight concern, and (5) physical condition. The homosexual participants were randomly selected by approaching the Helem organization and asking its members in the different "working units" to fill out the surveys; in addition, the scales were sent-out to individuals on both the Helem online mailing list and the Facebook group. Anonymity and confidentiality were maintained because online submissions were done by the participants using online aliases and nicknames. Moreover, other participants were selected by visiting and distributing the scales on both the Haigazian University (HU) and the American University of Beirut (AUB) campuses. Individuals who had ticked off both the heterosexual and homosexual options on the questionnaire, indicating that they were bisexuals, their answers were not counted as part of the study because (a) the target was homosexuals and heterosexuals, and (b) there is no previous

research in the literature regarding bisexuals and eating disorders; therefore, it would be difficult to justify the outcome that would have been resulted.

Delimitations of the Study

Although the number of participants could have been larger, there was a hesitation from members of the homosexual community in participating in the study; therefore, the results cannot be generalized to all members of both the homosexual and heterosexual community. More heterosexual participants could have been selected because of the ease with which they are available; their numbers were reduced in order not to have a larger distribution between the homosexual and heterosexual results, thus skewing the results obtained. The samples were maintained at an equal number in order to have meaningful results.

Definition of Key Terms

In this segment a definition of the key terms is provided:

Homosexual: individuals who are attracted to members of the same sex. Female homosexuals are referred to as lesbians. In some instances, both are referred to as "gay"; however, gay is mostly used to describe homosexual males in most cases (Drescher, 1998).

Heterosexual: individuals who are attracted to members of the opposite sex; also referred to as "straight" (Drescher, 1998)

Bisexuals: individuals who are attracted to members of both the same and opposite sex (Drescher, 1998)

LGBTIQ: The acronym for lesbian, gay, bisexual, transsexual, intersex, and queer/questioning.

Anorexia nervosa: an eating disorder characterized by restrictive eating or one's refusal to eat for fear of gaining weight. Anorexics have a distorted view of their bodies; believing that they are fat when in fact they are grossly underweight (Halgrin & Whitbourne, 2008).

Bulimia nervosa: an eating disorder characterized by periods of binging followed by cycles of purging. When the individual binges, he/she eats more than one would normally eat at a given time. Unlike anorexics, bulimics do not have a distorted body schema (Halgrin & Whitbourne, 2008).

Chapter II: Literature Review

To say that society does not idealize physical attractiveness and thinness would be a lie; in fact, society, places great value and emphasis on physical attractiveness in general and on being thin in particular. Countless images of skinny, thin, athletic, toned, and defined models are displayed on billboards, advertised on television, and sprawled in the media. Individuals who do not fit this "idealized image" are stigmatized and marginalized; making them feel unaccepted and eventually dissatisfied not only with their bodies, but with themselves as well.

Previously, it was discussed in studies, that women were more likely to be affected by society's pressures to be thin and fit, and eventually develop issues with their physical appearance, weight, and self-esteem; however, a growing number of recent studies have revealed that the number of males displaying body dissatisfaction has been on the rise (Jackson, 2009; Kaminski, Chapman, Haynes, & Own, 2005; Martins, Tiggemann, & Kirkbride, 2007; and Yelland & Tiggemann, 2003).

When studies started to include males in their samples, the researchers noted that not only was there a difference between males and females, but there were significant differences within males themselves – specifically between heterosexual and homosexual males. Drummond (2005) noted that most of the research regarding males and body dissatisfaction all conclude with the notion that homosexual males are more likely to be dissatisfied with their bodies; however Drummond (2005) believed that the findings of such studies are nothing more than "cultural myths" based on the studies' biased assumptions that "gay men are more susceptible to body image concerns and eating disorders due to the aesthetic-oriented gay culture" (p.270.)

However, researches by others in the field have revealed that there is indeed a truth to this so-called "cultural-myth".

Body Dissatisfaction and Eating Disorders

Body Esteem is one's appraisal and appreciation of his/her own physical and bodily appearance; encompassing how the individual sees his/her own body and physical capabilities (Jackson, 2009). High body esteem is achieved when the individual is positive about the way he/she looks and is satisfied with his/her own body and physical appearance; the contrary is said to those who have low body esteem. According to Siever (1994), individuals with low body esteem also have a propensity of having low self-esteem since both are intertwined. Body esteem falls under the general umbrella of self-esteem and Siever (1994) noted that when individuals are unsatisfied with their bodies, they are likely to be unsatisfied with other aspects of their life as well. Individuals with low body esteem are potentially more at risk of developing or showing symptoms of eating disorders (Siever, 1994; Jackson, 2009; Brand, Rothblum, and Solomon, 1992).

Eating Disorders are psychological disorders that lead to disturbed attitudes, beliefs, and behaviors revolving around the ritual of eating (Halgin and Whitbourne, 2008). According to the *Diagnostic Statistical Manual IV* (DSM-IV), there are two types of eating disorders: (1) Anorexia Nervosa and (2) Bulimia Nervosa.

Anorexia nervosa is an eating disorder in which the individual has a fear of gaining weight; in addition, having a skewed perception of the shape and weight of his/her body; whereas in bulimia nervosa the individual uses cycles of binging, eating large quantities of food that is more than what would normally be consumed at a given time, and purging in order to control and maintain their weight and body shape. However, unlike anorexics, bulimics do not have a distorted view of their weight and body (Schneider, O'Leary, and Jenkins, 1995).

Although eating disorders are cited to be more prevalent in women; studies that have

shown men to be diagnosed with eating disorders tended to be mostly homosexual (Blashill and Vander Wal, 2009).

Previous studies have already established that there is correlation between individuals having low body esteem, low body dissatisfaction, and the presence of an eating disorder; the studies included both females and males (Heffernan, 1994). Brand, Rothblum, and Solomon (1992) found in their study that sexual orientation was a salient factor in the reporting of greater concern for weight control, body dissatisfaction, and greater frequency of dieting. From their sample of participants, it was revealed that gay men were more likely to diet, become preoccupied with their weight, and exercise activity than heterosexual males; however, when compared together, homosexual males and heterosexual females scored similarly in their desire to be thin. Schneider, O'Leary, and Jenkins (1995) discovered that when comparing heterosexual females, homosexual males, lesbians, and heterosexual males; homosexual males were more likely to binge eat and then purge, exercise more, and have more distorted cognitions regarding their own body weight and shape. Strong, Williamson, Netemeyer, and Geer (2000) studied eating disorders and how they are correlated with sexual orientation. According to their findings, when comparing homosexual males to heterosexual females and males, it was shown that homosexuals were more likely to report eating disorder symptoms, over-concern with body size/weight and physical appearance, and scored high on depression as well. Strong et al. (2000) reported that homosexuals were overall the least satisfied with their body, followed by heterosexual females; however lesbians, like heterosexual males, were less likely to be concerned about weight and body size in general. However, in all of these studies the conclusions were that homosexual males tended to have the lowest body esteem and body

satisfaction scores and the highest risk of developing eating disorders when they were compared to their heterosexual male counterparts.

Feeling unsatisfied with the conclusions made from these studies, Williamson (1999) believed that there must be underlying psychosocial factors that can explain the results of such findings that have not been fully researched yet. Williamson (1999) was interested in investigating why gay men were a high risk group for developing eating disturbances; his results and that of other researches revealed that the factors could be classified into eight categories: (1) Low body and self-esteem; (2) Internalized homophobia and shame; (3) Body Objectification; (4) Distorted cognitions and perceptions regarding the "Ideal Male Body"; (5) The media; (6) Group acceptance within the homosexuality community; (7) Body Dysmorphic Disorder; and (8) Early child sexual abuse and attachment with primary caregivers.

Low Self-Esteem and Body-Esteem. It has already been suggested and correlated that low body and self-esteem are variables in the development of eating disorders. Stout (2001) thought that it wasn't just the individual's self-esteem that played a role in the development of an eating disorder, but it was the group's collective self-esteem that was important as well. The collective self-esteem is the composite of a group's total self-esteem; therefore, Stout (2001) compared the collective self-esteem of heterosexual males and females versus that of homosexual males and lesbians. Stout's (2001) results indicated that gay males and heterosexual women had lower self-esteem scores when compared to heterosexual males and lesbians; however, both lesbians and gay men had lower collective self-esteem scores than their heterosexual counterparts. This means that although heterosexual women have low self-esteem scores; their high collective self-esteem protects them from developing eating disorders.

However, gay men were at a disadvantage twice; having both low self and collective esteem, making them more likely to have eating disorders than heterosexual women.

Lakkis, Ricciardelli, and Williams (1999) identified low self-esteem in homosexual males; however, males that were viewed as more feminine had lower body and self-esteem scores. Lakkis et al. (1999) noted the contradictory demands made by the gay community: you were shunned for not being too thin, but also shunned for being thin.

Internalized Homophobia and Shame. In society, both heterosexual women and men believe that homosexual men are more likely to be feminine, weak, and less masculine (Siever, 1994); this form of stereotyping and belief is one of many leading factors in the development of internalized homophobia, which is defined as "Hatred or dislike of homosexuals turned inwards, towards the self," (Swearington, 2007, p.6079). Swearington (2007) stated in his study that homosexuals who make part of the LGB community (lesbian, gay, and bisexual) are considered to be sexual minorities; and like all other types of minority groups they are often treated with discrimination and stigmatization. Swearington (2007) described the pressure by the LGB as "minority stress". In fear of being stigmatized, some individuals from the LGB community might resort to developing internalized homophobia as a defense or coping mechanism in order to avoid having to deal with this society imposed "minority stress". Swearington (2007) said that the manner in which individuals deal and cope with the "minority stress" plays a significant role in the way they develop attitudes and behaviors towards eating and body image. Therefore, in his research, Swearington (2007) investigated the effects of internalized homophobia and disturb eating in individuals from the LGB community. From his results, Swearington (2007) concluded that homosexual males who displayed internalized homophobia were more likely to have lower body and self-esteem scores than homosexuals who were open about their sexuality; in addition,

males with internalized homophobia were more likely to display symptoms of restrictive eating (i.e. symptoms similar to that of anorexia nervosa). However, lesbians were less likely to have internalized homophobia and thus were less likely to have low body and self-esteem scores and show no disturb eating patterns when compared to both homosexual groups, openly gay and those with internalized homophobia.

According to Cleary (2002), the main factor in the development of internalized homophobia is shame itself. Our society views homosexuality as taboo and sinful; therefore, the individual feels ashamed of him/herself, thus turning society's hatred towards homosexuality onto him/herself. Cleary's (2002) findings in regards to internalized homophobia and the presence of eating disturbances is similar to that of Swearington (2007). However, Cleary (2002) added that homosexual men, regardless if they had internalized homophobia or not, had a greater propensity for developing an eating disorder; homosexual men were more likely to attempt committing suicide than both heterosexual males and females; and homosexual men were three to four times more likely to kill themselves than heterosexual men.

Beren's (1997) study strongly goes hand-in-hand with the findings regarding internalized homophobia mentioned previously. Beren (1997) said that young homosexuals are exposed to high levels of "negative attention" from society when they are in the process of coming out to themselves and/or to others; this negative attention turns into shame, which subsequently turns into internalized homophobia. In addition, the high level of shame leads to low self-worth, and eventually making them vulnerable to developing eating disordered behaviors. Beren (1997) refers to the process as a "dangerous cycle of learning to self-loath" (p. 2109).

In regards to the 'restrictive eating pattern' mostly found in homosexuals with internalized homophobia stated by Swearington (2007), Jeffries (1999) found that shame plays

an important role in male homosexuals' restrictive eating habit. Jeffries (1999) said that food and the rituals surrounding it signify community, love, and sharing; we share food with the ones we feel closest too. Therefore, internalized homophobia in homosexuals is intensified by shame that they feel for being 'deviant' from society and they fear that no one would want to 'share their food with them'; consequently, they turn away from food and its symbolism by restricting themselves from it.

Therefore, internalized homophobia is a significant predictor of both low self-worth and negative body image. These factors combined and associated with shame result in disordered eating behaviors in homosexual males; however, there are little empirical findings on whether it is the same for lesbians (Torres, 2008).

Body Objectification. The Objectification Theory and the Objectified Body Consciousness concept are both derived from the Feminist's view of psychology (Serpa, 2005). The Objectification Theory states that individuals come to view themselves, especially their bodies, as objects in need of being desired by others (Martins, Tiggemann, and Kirkbride, 2007) and the process of seeing one's body as a commodity to be wanted just for the sake of pleasing one's physical desires is the objectified body consciousness (Lyders, 1999). Siever and Alexander (1996) claim that homosexual males use the objectification theory as a lens under which to give importance to physical attractiveness when looking for a mate; the authors added, that doing so makes homosexual males more vulnerable to acquiring body dissatisfaction and ending up with an eating disorder. Lyders (1999) investigated whether Siever's (1996) claims held any truth behind them and the results indicated that viewing one's body as an object was associated with high levels of shame. In addition, heterosexual women and gay men were more likely to view their bodies as objects when compared to lesbians and heterosexual males.

Moreover, homosexual males who had high objectified body consciousness were also more likely to show signs of either anorexia nervosa or bulimia nervosa; showing it to be significantly higher than in heterosexual women. Blashill and Vander Wal (2009) said that gay men were more likely to use the objectification theory as a means to please potential partners by conforming to their partners' needs and "object" desires. Martins, Tiggemann, and Kirkbride (2007) recommended assessing disturbed eating habits in gay men through the Objectification Theory framework because their analysis indicated that gay men who strongly viewed their bodies as objects had lower body satisfaction scores, greater body shame, and were more likely to be diagnosed with anorexia nervosa.

Distorted Cognitions and Perceptions. Jean Piaget, one of the pioneers of Cognitive Psychology, talked about the significance of 'schemas'; which he referred to as internal road maps used by the human mind to help categorize, sort, and file the information that is received through the senses (Halgin and Whitbourne, 2008). Boroughs and Thompson (2002) stated that it is in the "body schema," the perception of one's own body and physical capabilities, that most homosexual males have a distortion in. When an individual has a body schema distortion, the individual is likely to believe or "perceive" that he/she is overweight or "misshaped" when looking into a mirror or when asked to describe his/her body; but in reality, their views and descriptions of their body would be grossly inaccurate (Wagenbach, 1999). In order to justify their claim that homosexual men do misperceive their body schemas, Boroughs and Thompson (2002) asked homosexual male participants to rate their torso size. The results indicated that the gay men were indeed more likely to provide overly inaccurate ratings of their actual torso size when comparing their estimated torso size with actual torso size; heterosexual males were cited providing more 'realistic' and accurate measures of their torso size. The researchers added that

misperception of body schemas not only applies to the gay males themselves, but also on their views of others' bodies, specifically a partner's.

The study conducted by Haussmann, Mangweth, Walch, Rupp, Pop, and Harrison (2004) allowed them to conclude that homosexual males are more likely to experience body image concerns and distortions due to their unrealistic body ideals, trying to attain a physical ideal that is impossible to attain, and body-image distortion, misperceiving one's actual body shape. Haussmann et al. (2004) even found a significant differences within homosexual males as well: (1) Not all gay men have such body-image distortions; however, it is more salient in men who do have eating disturbances, and (2) the body-image distortions were more frequently cited in men who had anorexia nervosa than bulimia nervosa; but that can be explained by the mere fact that that is an already established and known difference between the two different eating disorders.

According to Yelland and Tiggemann (2003), homosexual males not only have distorted perceptions of their bodies; they have distorted perceptions about what it means to be a man and masculine. Based on the sample of homosexuals that was used for the study, Yelland and Tiggemann (2003) found that there were two contradictory physical desires in their participants' view of themselves: they wanted to appear thin and muscular at the same time; as well, as being feminine and masculine too. This dichotomy of wanting to have 'the best of both sexes' is the root of the development of body-image misperceptions and distortions. The researchers dubbed this desire as the 'gay ideal' and described it as involving not only being thin, but muscular as well. The inability to attain this 'gay ideal' was correlated with the participants scoring low on measures of both body and self-esteem; indicating that gay males place high importance on what others view and think of their physical appearance, thinness, and muscularity. Yelland and

Tiggemann (2003) ended the study by saying that this 'gay ideal' is perpetuated and enforced by the gay community in pressuring its members to attain this desired 'gay ideal'.

Wagenbach (1999) questioned whether society equating thinness with beauty on heterosexual women was the same with homosexual males. The results indicated that one's identification with his/her sexual orientation had higher body schema distortions and were more likely to believe society's view that being thin makes one more desirable; i.e. individuals who wanted to become more accepted within the gay community showed higher distortions about their physical appearance. There were significant differences between heterosexual and homosexual males in regards to their body schemas: gay men believed that they needed to exercise more and eat less to achieve thinness in order to be appreciated; whereas heterosexual males did not equate being thin with being desired, instead they stated non-physical characteristics that would make them desirable partners to members of the opposite sex (such as how loyal they would be and their incomes).

Kaminski, Chapman, Haynes, and Own (2005) stated that the contradictory physical ideals – being thin and muscled – within the gay community itself and the distorted cognitions gay men have about the significance of having an ideal physique are the driving catalysts in the developing of disturbed eating patterns in homosexual men. For their study, Kaminski et al. (2005) sampled homosexual men and measured their Body Mass Index (BMI) and then asked these men whether they were satisfied with their bodies. Although the majority of the samples had BMIs that were in the normal range, most were found to be underweight. However, all of the participants claimed to be unsatisfied with their physiques; saying that they felt fat, obese, and unfit. When compared to heterosexual males, gay men would diet more often, were more

fearful of becoming fat, more dissatisfied with their bodies as well as their muscularity, and felt guilty about missing a workout or not working out as hard as they think they should have.

Therefore, the fact that homosexual males have a misconstrued view and perception of their bodies places them at a higher risk of developing eating disorders in general.

The Media. Harvey and Robinson (2003) said that there has been a change in the way men perceive their body throughout the past decade. More and more men are now being pressured by society to look a certain way; that is, being muscular, rugged, defined, toned, and fit. Harvey and Robinson (2003) call it the "six-pack phenomena"; believing that these idealized male images used in the media are one of the factors that lead to body dissatisfaction in males. Although eating disorders are found in males, Harvey and Robinson (2003) believed that there are differences in the way these disorders are portrayed between males and females, and between men themselves. Heterosexual men strive for body mass (muscularity), women desire thinness; however, homosexual men strive for both – placing them in a tormented desire of wanting to be thin and muscular at the same. In order to gain muscularity and increase muscle mass, one would need to consume large quantities of proteins; however, in order to attain thinness one would need to consume fewer quantities of food. These opposing requirements in order to achieve the desired body, causes homosexual men to undergo cycles of binging on excess of proteins and other foods; followed by purging in the form of excessive exercise – this pattern is similar to that of bulimia nervosa (Harvey and Robinson, 2003).

The effect of media on the body-esteem of homosexual men was investigated by Duggan and McCreary (2004). In most homosexual pornographies, the actors are in very good physical condition; displaying toned and well-defined 'masculine' bodies. The researchers hypothesized that homosexual pornography (which is a form of media) and its viewing is a factor in the

fostering of low body and self-esteem in homosexual men who watch them. Duggan and McCreary (2004) stated that gay pornography and its depiction of what a gay sexual partner 'must' look like, enforces the 'gay ideal' body image. After having a sample of gay men watch a series of gay pornography; the researchers found that the participants showed lower scores of self-esteem, were less satisfied with their bodies, scored high on the Beck Depression Index, and described as having high social physique anxiety (i.e. how anxious one would feel naked in front of another individual). Therefore, the study concluded that pornography exposure was positively correlated with social physique anxiety in gay men (Duggan and McCreary, 2004).

Jackson (2009), however, defended the media in her study by stating that eating disturbances are more common in homosexual males because the media has made them more aware of it; thus, causing more gay men to seek treatment for these life-threatening disorders. Jackson (2009) added that heterosexual males are known to have less 'help-seeking behaviors'; whereas homosexual males do not. For gay men there is no stigma or taboo of going to seek psychological help, because these sexual minorities are already stigmatized for their sexuality; heterosexual males feel as though they would have a lot to lose by going to see a mental health specialist. Although the media has helped in raising awareness about eating disorders, it might act as a self-fulfilling prophecy as well; leading to over-generalizations that all homosexual males have eating disturbed behaviors (Jackson, 2009).

Group Acceptance within the Homosexuality Community. Williamson (1999) affirmed that the very nature of the homosexuality community in itself leads to the development of disturbed eating behaviors. Williamson (1999) added that individuals who are overly enmeshed within the gay community and identify with the gay commercial scene (i.e. the images of the

idealized gay man) are more vulnerable to developing eating disorders because the community enforces and contributes to the development of body dissatisfaction and negative body image.

Neal (2006) accredited the messages from the gay culture to be factors in the development of eating disorders within the gay community, because the entire community shares a distorted view of what their bodies should look like. Neal (2006) in his assessment of homosexual males' dissatisfaction with their bodies concluded that one's appearance determines group membership within the gay community. In addition, appearance is closely related to group identity with homosexual males. They use the notion that gay men pay more attention to their physical appearances than heterosexual males as a means to identify themselves as homosexuals and use it as justification as to why they need to be segregated from heterosexual males based on appearance (Neal, 2006).

Beren, Hayden, Wilfley, and Grilo (1996) have identified different subcultures within the homosexual community, and noted how each subculture had a specific 'look' requirement and decide group membership based on one's physical appearance. Beren et al. (1996) classified the subcultures into the following: (1) Bears, men who are hairy and have a big built; (2) Twinks, gay men that resemble prepubescent boys, thin and skinny, and are more submissive (i.e. smooth and flawless skin, no hair); (3) Jocks, masculine and macho – the definition of a man; and (4) Queens, gay men who dress in women's clothing and apply make-up. Beren et al. (1996) stated that in order to become part of one of the subcultures, the individual has to abide by the group's look. Therefore, inability to find one's place in a subculture within the community might lead to feelings of alienation, which in itself might lead to low body and self-esteem and ending up with an eating disorder. However, needing to maintain one's place within the subculture and avoid

expulsion, one might develop an eating disorder to preserve his place within the group (Beren et al., 1996).

Body Dysmorphic Disorder. Body Dysmorphic Disorder (BDD) is a somatoform disorder in which individuals experience distress and excess preoccupation with perceived flaws in their physical appearance (Whitbourne and Halgin, 2008). Individuals with BDD obsess with the notion that there is 'something wrong with the way they look'; causing them to feel emotional anguish and problems in their daily functioning, leading to low body and self-esteem (Harrison, Pope, Phillips, and Olivardia, 2000). Harrison et al. (2000) said that the defining differences between homosexual and heterosexual males, is that gay men are more focused on how their bodies look like; whereas heterosexuals focus on what their bodies do. The researchers added that previously it was assumed that BDD was the reason for the development of eating disorders in gay men; however, Harrison et al. (2000) say that it's not BDD, but Muscle Dysmorphic Disorder (MD) that is the root of the problem.

The similarity between heterosexual females and homosexual men is the desire to obtain visual ideals (i.e. images that are displayed in the media) which are difficult to achieve (Harrison et al., 2000). Because a majority of homosexual men desire to achieve muscularity; Harrison et al. (2000) claimed that MD is a subtype of BDD, which is defined as being a preoccupation with achieving muscularity that causes distress and impairment in one's daily functioning. Harrison et al. (2000) who based their assumptions on a sample of homosexual males, noted that males with MD were : (1) more likely to avoid situations where their bodies are exposed, (2) continued to work out and diet despise being overly defined or underweight, (3) lifted weights and worked out excessively, (4) always compared one's body to other male bodies, (5) constantly looked for

reassurance about one's physical appearance from others, and (6)displayed excess mirror-checking behaviors.

Harrison et al. (2000), noted however, that they were unable to predict whether MD caused low body and self-esteem which lead to future vulnerabilities to the development of eating disorders; or vice versa: did low body and self-esteem lead to MD and then to an eating disorder?

Early Child Sexual Abuse and Attachment with Primary Caregivers. Landau (2004) reputed that a homosexual male's attachment style with his primary caregiver (i.e. mother or father) might explain the possible development of future eating disorders. Landau (2004) considered anorexia and bulimia as female-oriented eating disturbance, focusing on the desire to be thin. Based on the sample of homosexuals that she worked with, Landau (2004) discovered that gay men who had secure attachments with their caregivers in their childhood displayed lower levels of female-oriented eating disturbances and had a higher satisfaction with their muscularity; these homosexuals did not have a desire to be thin or overly buffed up. However, men who had insecure attachments showed higher levels of female-oriented eating disturbances and were less likely to be satisfied with not just their muscularity, but their body in general.

Jeffries (1999) in his study investigated the mother-son relationship with homosexual males. Based on the results, Jeffries (1999) correlated the following: (1) homosexual males were more likely to have eating disorders if they were close to the mothers who they themselves had eating disorders; (2) their mothers were perfectionists; and (3) the gay sons tended to have better relationships with their mothers, while their fathers were emotionally absent from them.

Feldman and Meyer (2007) when investigating eating disorders in homosexual males, they noticed that most of their sample discussed issues of early childhood sexual abuse; this

prompted the researchers to probe the issue further. Most of the participants had noted that they were abused by a father, grandfather, or uncle; and in most of the cases, the abuser was the primary 'breadwinner'. Feldman and Meyer (2007) said that the sexually abused child would associate his abuser with the 'supplier of food on the table', thus developing an aversion to food as a means to subconsciously rebel against his abuser. The results indicated that those who were abused were more likely to be diagnosed and show symptoms of either anorexia or bulimia when compared to homosexual males who did not have a history of child sexual abuse (Feldman and Meyer, 2007).

Lesbians. The literature regarding lesbians and their vulnerability to developing eating disorders is mixed and different studies have yielded contradictory findings. According to Kelly (2007), lesbians have a sundry and at times complicated relationship with their body image. The media and society dictates that women should look a certain way; however, lesbians have to also abide by the 'idealized body image' dictated from the lesbian community itself. Therefore, lesbians are pulled in two different poles or extremes regarding what their physical appearance and behavior should be like; at one end of the spectrum is the dominant society and at the other end the lesbian subculture within the homosexual community. Kelly (2007) said that the lesbian community at times defies the heterosexual society's view of what it considers physical attractiveness in a woman; this gave rise to the stereotypical 'butch' female that is often thought of when one thinks of a lesbian. The butch lesbian is depicted as one who is unconcerned with her physical appearance; thus lesbians who do suffer from eating disturbances caused by body dissatisfaction are said to be defying the lesbian identity. Kelly (2007) argued that the reason most lesbians display no disturbed eating behaviors is because they are trying to comply with the

lesbian identity; one that advises them to be less concerned about physical appearance and become more comfortable with their sexuality instead.

Brand et al. (1992) in their study found that lesbians, like heterosexual women, were pressured by society and the media to be thin; stating that sexual orientation is not a factor in the development of eating disorders in women since it affected both heterosexual and homosexual women. However, Beren et al. (1996) learned through their study that lesbians who adopted the Feminist View (i.e. women should be judged and appraised on their capabilities and not on their physical appearance), were less likely to report dissatisfaction with their body and had fewer to none disturbed eating behaviors. Strong et al. (2000) concurred with similar findings in their study, stating that compared to heterosexual women and gay men, lesbians reported the least concern for their physical appearance and stated that they are content with the way their bodies look and are perceived as within the lesbian community. Austin, Ziyadeh, Camargo, Colditz, and Field (2004) reported that not only adult lesbians were more satisfied with their bodies, but that adolescent lesbian girls when compared with heterosexual girls, were generally happier with their bodies and less concerned about looking like the women usually depicted and portrayed in the media. Therefore, Heffernan (1994) claimed that being a lesbian acts as a buffer and protects lesbian women from developing low body satisfaction and disturbed eating behaviors, because in general, lesbians are less invested in the heterosexual societal norms of attractiveness than are heterosexual women.

Other Considerations. Grace (2003) and Serpa (2005) in their studies have both raised an important issue that needs to be considered when researching eating disorders and men. Both researchers said that the studies try to apply DSM diagnostic criteria of eating disorders on men; however, the symptoms needed to provide the diagnosis were mostly based on previous studies

conducted with heterosexual women. Serpa (2005) added that the way the symptoms of disturbed eating behaviors are displayed in homosexual men are very different than in heterosexual women. Therefore, both investigators suggested that in the future DSM publications, special considerations be made when diagnosing homosexual men with eating disorders; saying that new diagnostic criteria must be added to properly be able to diagnose the clients. Grace (2003) said that with the increased number of studies displaying the correlation of sexual orientation and eating disorders, the American Psychological Association (APA) needs to take the results of these studies as evidence that different criteria need to be placed for diagnosing eating disorders in males.

Across Cultures. Epel, Spanakos, Kasel-Godley, and Brownell (1996) were interested in discovering whether disturbed eating behaviors in homosexuals were present in homosexuals from different races as well. In their study, Epel et al. (1996) investigated the relationship between body satisfaction and disturbed eating in a sample of African-American homosexual males. Their findings revealed that eating disturbances was indeed common and more likely to be present in homosexual males whether they were white or black; however, interestingly, African-Americans reported higher body dissatisfaction and more occurrences of disturbed eating habits than Caucasian homosexual males. Epel et al. (1996) concluded that gay African-American males are more at a disadvantage because of (1) their race and (2) their sexuality; thus, making them more vulnerable of developing eating disorders, because the African-American society is less accepting of homosexuality in general.

Walcott, Pratt, and Patel (2003) in their study found that disturbed eating behaviors were common in homosexual males from various ethnic and racial backgrounds. Walcott et al. (2003) believed that other cultures are not as accepting of homosexuality as the West is; therefore, the

West is more likely to display images of homosexuals. With the far reaching effects of the media, males from other cultures have now access to these 'Westernized' images of homosexuality. Hence, Walcott et al. (2003) said that these youths are adopting West's values about beauty and this is enforcing the 'idealized gay image' which may explain the increased risk of developing eating disorders in homosexual males from various cultures, races, and ethnicities.

There is very little research done regarding homosexuality and disturbed eating habits and behaviors in Arab and Middle Eastern cultures and countries. The reasons could be because in this part of the world, homosexuality is still considered a taboo and a crime punishable by law; therefore, few participants would be willing to take part in such a study. However, with the increased presence of local LGB communities and organizations that seek to defend the rights of lesbians and gay men in Lebanon; the time to undertake such a study is available. In addition, it would be interesting to see whether a country like Lebanon which is in-between the West and the East is influenced by the West's concept and view of beauty as it was suggested by Walcott et al. (2003) regarding homosexuality and eating disorders.

Therefore the hypotheses of this thesis are that (1) homosexual males display more disturbed eating habits than heterosexual as indicative of their high scores on the EAT; (2) lesbians display less disturbed eating habits than heterosexual females by scoring lower on the EAT; (3) homosexual males will have lower body esteem by scoring less on the BES than heterosexual males; (4) lesbians, scoring higher on the BES, are more satisfied with their bodies than heterosexual females; and (5) there is a significant effect of sexual orientation and gender on scores of EAT and BES.

Chapter III: Methodology

After hypothesizing that homosexuals and heterosexual females would score higher on the Eating-Attitude Test (EAT) and demonstrating more signs of disturbed eating behaviors and scoring lower on their evaluations of their body-esteem than heterosexual males and lesbians, the following chapter discussed the methods that were used in carrying out the study.

The General Perspective

The study being quantitative in nature, measured the different scoring of the participants on two scales: (1) the Eating-Attitude Test (EAT) and the (2) Body-Esteem Scale Test (BES). Both scales were objective and in a Likert scale format. The test variables were as follows: The Independent Variables consisted of the participants' sex (i.e. male or female) and sexual orientation (i.e. homosexual or heterosexual); whereas the Dependent Variables were the scores obtained on both the EAT and the BES.

The Research Context

The local LGBTIQ (Lesbian, Gay, Bisexual, Transsexual, Intersex, and Queer) organization Helem was contacted in order to allow its members to participate in the study. The organization is located in Zicco House on Spears Street in Beirut, Lebanon. The Helem organization is divided into different "units", and each unit is in charge of a different post within the organization. There is the media unit, health unit, advocacy unit, and fundraising unit. Each unit consists of approximately ten members; therefore, each unit was approached and asked whether they would be interested in partaking in the study. Members from the LGBTIQ community where also reached via online services such as the Helem mailing list and the Helem Facebook Group; Facebook being an online social networking service where different individuals can connect and get to know one another visa vie the internet. The Helem mailing

list is said to reach over 150 members located in various parts of the world; most of them being Lebanese homosexuals and lesbians, some residing in Lebanon and others living outside the country. The Helem Facebook Group, which contains an online chatting forum, has 300 registered members; most of them being Lebanese living both in Lebanon and outside. Individuals using the mailing list and/or the Facebook group can use an alias or their real identities; therefore, confidentiality and privacy were maintained because the subjects can decide to whether reveal their real names or use aliases. Thus, all subjects that answered the questionnaire online maintained their anonymity by using "Online Nicknames" rather than their real names; making it almost impossible to identify who the person is.

Students from Haigazian University (HU), located on Clemenceau Street, in Beirut, Lebanon, were also approached in order to participate in the study; as were students from the American University of Beirut (AUB) located on Bliss Street, in Beirut, Lebanon.

The Research Participants

Originally, 150 questionnaires were submitted; however, 5 of the subjects' answers had to be dropped from the study because they had identified themselves as bisexual (i.e. they ticked both the homosexual and heterosexual options on the survey). The reason why their answers were not accounted for was because this study specifically targeted homosexuals and heterosexuals; in addition, there are few studies conducted on bisexuals in the literature review; thus, their answers were not considered for the study. Therefore, the total number of participants that took part in the study was 145, with ages ranging from 18 till 30+; the mean age was 22.5 (SD=3.78). Out of the 145 participants, males comprised of 53% of the sample (N=77) and females comprising 47% of the participants (N=68). The table below shows the segregation of the research participants by gender and sexual orientation:

Table 1: Research Participants (n = 145)		
	Homosexual/lesbian	Heterosexual
Male (n = 77)	n = 36	n = 41
Female (n = 68)	n = 28	n = 40

Homosexual males and lesbians mostly partook in the study visa vie both the Facebook Group and Helem mailing list, stating that they felt more secure knowing that their identity would be less likely recognizable than having them fill-out the survey in public. Heterosexual males and females were reached by handing out the survey in both the Haigazian University and the AUB campus; filling out the survey with paper-and-pencil.

Random selection was used for the heterosexual male and female groups because the subjects were randomly approached and asked whether they would be interested in filling out the survey. Different locations and at different timings within the two university campuses were selected as a means to approach subjects and ask for their participation; therefore, all subjects had an equal chance of being selected to partake in the study.

Random selection for the homosexual and lesbian sample was implemented in the following manner: Each unit within the Helem organization meets on a specific day of the week; therefore, each unit was visited and asked to participate in the survey. Moreover, members can only participate in one unit at a given time; therefore, there was no chance that the same individual who had completed the survey in one unit having answered the survey another time because he/she is part of only one unit. Therefore the subjects themselves had assigned themselves to the different units, enabling them to be a random distribution of individuals throughout the sample. In regards to the online answering of the survey, the questionnaire was sent to a mass number of individuals; therefore, the subjects that answered the electronic version

of the survey can be considered random selection as well. However, one might argue that the online surveys can be considered as 'convenient sampling' because of the fact that it was targeted to a 'convenient group' of individuals: homosexuals and lesbians that are subscribed to the Helem mailing list and the Facebook Group, and those that have access to internet.

Therefore, in summary the homosexual and lesbian sample can be viewed in the following manner: the selection sample was convenient because it targeted members of the LGBT that are part of the Helem community but not the homosexuals and lesbians not in the organization; however, even within this 'convenient sample' random selection was applied because of the manner in which the subjects were segregated by 'working units' within the organization. Therefore, all individuals who were part of the organization had an equal chance of being selected to participate in the study. Moreover, subjects from both campuses also could have reported as being homosexual or heterosexual, although they may or may not be part of the Helem organization; therefore, that too protects the sample from being biased and the validity of the sample selected.

Instruments Used in Data Collection

Two instruments were used as part of the survey and they are the (1) Eating-Attitude Test (EAT) developed by Garner, Olmstead, and Bohr (1982) and the (2) Body-Esteem Scale developed by Franzoi and Shields (1984).

The Eating-Attitude Test (EAT). The EAT by Garner, Olmsted, and Bohr (1982) is a screening tool consisting of 26 items that ask questions about one's eating habits and behavior. The items are ranged in a Likert-Format where the participant answers either *always*, *usually*, *often*, *sometimes*, *rarely*, and *never* to questions such as "Am terrified about being overweight," "Find myself preoccupied with food," and "Give too much thought and time to food." The

always option has a scoring of 3 points, the *usually* 2 points, *often* 1 point, and *sometimes/rarely, and never* have 0 points. The subject's combined scored indicates whether he/she demonstrates symptoms and/or behaviors of disturbed eating patterns. The scale has a cutoff point of 20, meaning subjects with scores higher than the cutoff score are at high risk of developing and/or displaying symptoms of disturbed eating such as anorexia nervosa or bulimia nervosa. The scale also consists of 5 items that are in a Yes or No format that require the participants to describe their use –if and if not – of laxatives and either means to control weight gain. In addition, the EAT's 26 items also provide three additional subscales item scores: (1) the dieting subscale [13 items], (2) bulimia subscale [6 items], and (3) the oral control subscale (i.e. food restrictive behavior which anorexia is a part of) [6items]. The EAT was part of a national standardization study and it was shown to have high internal reliability with the three subscales; the reliability of the scale ranging from .73 till .88 (Garner, Olmsted, Bohr, 1982 as cited in Siever, 1994). Moreover, the EAT was shown to have high concurrent validity with the Eating Disorder Inventory (EDI) developed by Garner, Olmsted, and Polivy (1983), with the validity coefficient being as high as .89 (Garner, Olmstead, Bohr, 1982 as cited in Siever, 1994).

The Body-Esteem Scale (BES). The BES developed by Franzoi and Shields (1984) is a self-reporting questionnaire that assesses participants' attitudes and feelings about their bodies, appearances, and function of body parts. The test's main goal is to determine how positively individuals perceive themselves in terms of appearance and body image. The BES is used with individuals aged 12 and higher. The test is made up of 35 items which includes physical features, sex drive, and physical agility and coordination; therefore, it has questions pertaining to physical attributes and physical functionality. Individuals rate their agreement with the 35 items using a 5-point Likert scale that ranges from (1) *have strong negative feelings* to (5) *have strong*

positive feelings. In addition, the BES has 5 subscale items that measure the following: Physical Attractiveness [12 items]; Upper Body Strength [8 item]; Sexual Attractiveness [12 items]; Weight Concern [9 items]; and Physical Condition [13 items]. The subject's total score, which is the addition of the item's answers, provides the subject' total BES score; according to Franzoi (1994) the higher the score the more satisfied the person is with his/her body. The scoring system is divided into three categories: (1) Scores from 1 till 58 indicate a Low BES; (2) scores from 59 till 117 indicate Medium BES; and (3) scores 118 till 175 indicate High BES, indicating a high satisfaction with one's body esteem in general. The reliability coefficient of the scale ranges from .89 till .92; therefore, it is a reliable scale of measuring one's body-esteem (Franzoi, 1994). Additionally, the subscales had the following reliability coefficients: the Physical Attractiveness had a reliability coefficient of .87; the Upper Body Strength had an $r = .89$; the Sexual Attractiveness' r was .89; Weight Concern had a reliability coefficient of .83; and the Physical Condition subscale had an r of .92 (Mendelson, Mendelson, & White, 2001).

Procedures Used

After receiving permission from the board members and the Social Center Manager of the Helem organization, the surveys were distributed to the members on the different days of each unit's meeting. In addition, the survey was sent on the Helem mailing list and placed a link on the Helem Facebook Group. Both groups of participants, those online and those filling it out by paper-pencil, were informed about their rights in regards to the confidentiality and anonymity of their answers. Those filling out the paper-pencil version of the survey were debriefed after the submission of their questionnaires. Garner, Olmstead, and Bohr (1982 as cited in Siever, 1994) advised researchers using their tool to inform the subjects about the scoring system and what their scores represent. The researchers believed that since the EAT is a screening tool as well as

a tool for research, the subjects should be informed whether or not their eating patterns and behaviors are disturbed as a means to take the initiative to seek help on their own terms. Therefore, both groups were informed about how to score the EAT scale; individuals were sent a second e-mail on the mailing list with the exact scoring system of the EAT. The same procedures were used for subjects on both the HU and AUB campus as well.

Data Analysis

The data from the surveys was obtained and inputted and analyzed by using the *Statistical Program for Social Sciences* (SPSS) version 13. Each subject's answers were inputted into the SPSS data-sheet and they were then scored. The statistical methods that were used to interpret the results were the following: (1) analyzing the reliability of the survey and comparing it to the results cited by the developers of the EAT and BES; (2) noting the means and standard deviations for all four groups (homosexual males, lesbians, heterosexual males and females) on the scores of their BES and EAT; (3) a planned comparison using the Tukey test was conducted on the four groups to ensure that the differences in the groups were not due to chance; and (4) a regression analysis was conducted in order to investigate whether sexual orientation and sex have a significant effect on disturbed eating behaviors and low or high scores on one's evaluations of their body.

Summary of the Methodology

In summary, the nature of the research was a quantitative, between-group study with the goal of identifying the difference in scores between the different groups of homosexual males, lesbians, and heterosexual males and females. Therefore, the instruments that were implemented were the Eating-Attitude Test (EAT) developed by Garner, Olmstead, and Bohr (1982) and the Body-Esteem Scale (BES) created by Franzoi and Shields (1984). In addition, both the EAT and

the BES are objective, self-administered questionnaires that use a Likert scale; moreover, both scales yield a total score, plus individual sub-scale scores. Publishers of the two scales indicated that the instruments and their sub-scales have high internal and overall reliability coefficients, making them valid instruments to be used with such similar studies. 145 participants took part in the presented study, with the majority of the participants being heterosexual males (28.3%), followed by heterosexual females (27.6%), homosexual males (24.8%), and lastly lesbians with a 19.3% rate of participation in the survey completions. The local LGBTIQ organization Helem was used to gather and collect data from; in addition, the Haigazian University and the American University of Beirut were visited to distribute the surveys to the students enrolled there. This chapter explained the methods used in the quantitative study to collect data on the difference in scores depending on an individual's sexual orientation and sex, and their eating habits and body satisfaction. The following chapter will present the results obtained from these methods.

Chapter IV: Results

In the beginning chapter, it was hypothesized that homosexual males and heterosexual females would score higher on the Eating-Attitude Test (EAT) than heterosexual males and lesbians, indicating that the first two groups would be more likely to display symptoms of disturbed eating behaviors and patterns than the latter ones. In addition, it was also speculated that both homosexual males and heterosexual females would score lower on the Body-Esteem Scale (BES) than heterosexual males and lesbians, signifying that the first groups were less satisfied with their bodies as a whole when compared to the latter groups.

Therefore, as part of the analysis of the results, the following were done in regards to the study: (1) the reliability of the BES and EAT scales were tested; (2) the groups' means' significant differences were tested by conducting a planned comparison by using the Tukey test; and (3) to test whether there is a significant effect of sexual orientation and sex on the EAT and BES scores, a regression analysis was implemented.

Reliability of EAT and BES

Before implementing the use of the EAT and BES scales to the research, a pilot study was conducted in order to assess the reliability of the scale itself before commencing its usage with a larger number of subjects. 40 participants were selected randomly and they were given the two surveys to answer; their scores led to the following results in regards to the scales' reliability Cronbach alpha:

Table 2: Reliability of the EAT

	Cronbach alpha (*r*) of previous study by Garner, Olmstead, and Bohr (1982):	Cronbach alpha (*r*)of present study:
EAT (30 items)	.73 - .88	.82
Subscale A: Dieting (14 items)	.59	.77
Subscale B: Bulimia (7 items)	.31	.66
Subscale C: Oral Control (8 items)	.54	.75

The overall, the EAT was shown to be a reliable scale; in addition, the *r* of .82 falls in the ranges of .73 and .88 that were reported by the EAT developers (Garner, Olmstead, Bohr, 1982 as cited in Siever, 1994).

The reliability of the EAT and its subscales for this study showed to be higher than the ones reported by the developers of the EAT, this is an important note to consider because it can highlight the fact that this scale is reliable even when it is being used cross-culturally such as in a country like Lebanon.

Table 3: Reliability of the BES

	Cronbach alpha (*r*) of previous study by Franzoi (1994):	Cronbach alpha (*r*) of present study:
BES (36 items)	.89 - .92	.75
Subscale Physical Attractiveness [PA] (13 items)	.87	.75
Subscale Upper Body Strength [UBS] (9 items)	.89	.79
Subscale Sexual Attractiveness [SA] (13 items)	.89	.74
Subscale Weight Concern [WC] (10 items)	.83	.78
Subscale Physical Condition [PC] (14 items)	.92	.77

On a whole, the reliability of the scale is above average; however, the reliability coefficients are less than the ones reported by Franzoi (1994) whom reported the *r* of the BES to

range from .89 till .92. In addition, the five different subscales also reported lower Cronbach alphas than the ones cited by the developers of the BES.

Hypothesis Testing

1. The first hypothesis of this thesis stated that homosexual males are more likely to display disturbed eating habits and patterns than their heterosexual counterparts.
2. The second hypothesis added that lesbians are less likely to have disordered eating than heterosexual females.

In order to investigate hypothesis number one and two, the means of the EAT scores were analyzed; in addition, an examination of the differences among the groups was conducted by implementing a planned comparison.

Table 4: Difference in Means on EAT

	Total Participants n = 145							
	Lesbians		Homo M.		Hetero M		Hetero. F	
	(n=28)		(n=36)		(n=41)		(n=40)	
Measure	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Total EAT Score	11.64	8.29	25.97	16.20	10.32	6.55	25.58	13.21
EAT: Subscale A†	6.68	7.01	15.42	12.61	3.98	3.95	17.10	9.24
EAT: Subscale B††	3.54	1.59	5.28	2.96	3.24	1.95	4.22	2.71
EAT: Subscale C†††	1.43	2.78	5.28	4.22	3.10	3.31	3.93	3.66

†***Subscale A: Dieting Subscale***
††***Subscale B: Bulimia Subscale***
†††***Subscale C: Oral Control Subscale***

In all of the cases, except subscale A, homosexual males were shown to score higher on the EAT and subscales B and C; indicating that they are more likely to display symptoms of disturbed eating behaviors and patterns.

Hypothesis 1 and 2 (*see Table 4*) were confirmed because: Homosexual males had higher means on the EAT, indicating that they are more likely to display symptoms, behaviors, and habits of disturbed eating patterns because their mean scores were higher than the cut-off mark of 20 when compared to their heterosexual male counterparts. Lesbians were revealed to have lower EAT scores than heterosexual females, stating that they are less likely to demonstrate disturbed eating behaviors and habits because their mean scores were lower than the cut-off mark of 20.

Further confirming that hypothesis 1 and 2 have been met is the differences in the means for hypothesis 1 and 2 which were significant and not due to chance when a planned comparison using the Tukey test was conducted. The difference in means for homosexual males versus heterosexual males, and lesbians versus heterosexual females on the scores of the EAT were significant because they were $p<0.05$. The table below confirms the significances of the means:

Table 5: Significant Differences of Means on EAT using Tukey Test

	Heterosexual Males	Heterosexual Females
Homosexual Males	15.66*	.72
Lesbians	1.33	-13.61*

** The mean difference is significant at the .05 level*

3. The third hypothesis: Homosexual males will have lower body-esteem scores than heterosexual males.
4. The fourth hypothesis: Lesbians will have higher body-esteem scores, indicating more satisfaction with their bodies, than heterosexual females.

Table 6: Difference in Means on BES

	Total Participants *n*=145							
	Lesbians		Homo M.		Hetero M		Hetero. F	
	(*n*=28)		(*n*=36)		(*n*=41)		(*n*=40)	
Measure	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*S*
Total BES Score	125.43	17.95	104.14	28.24	125.00	15.21	105.17	20.9
BES: PA•	43.89	4.84	37.97	9.50	41.71	5.98	39.20	7.24
BES: UBS••	29.29	4.82	21.58	7.65	29.29	4.55	22.47	6.3
BES: SA•••	45.64	4.77	39.39	9.39	42.71	6.13	40.85	6.84
BES: WC••••	29.93	6.06	23.72	8.49	30.59	4.63	24.03	7.1
BES: PC•••••	44.93	9.34	36.69	11.18	47.73	6.42	36.45	8.8

• ***Subscale PA: Physical Attractiveness Subscale***
•• ***Subscale UBS: Upper Body Strength Subscale***
••• ***Subscale SA: Sexual Attractiveness Subscale***
•••• ***Subscale WC: Weight Concern Subscale***
••••• ***Subscale PC: Physical Condition Subscale***

Hypothesis 3 and 4 (*see Table 6*) were confirmed because: Homosexual males scored lower BES scores in contrast to heterosexual males; signifying that they have lower body-esteem. Lesbians showed to have higher BES means when compared to heterosexual females; thus telling that they are more satisfied with their bodies.

The confirmation of hypothesis 3 and 4 were also evidenced by the justification that the difference in the means regarding the scores obtained on the BES scale by the four groups is the fact that the differences in means were significant and the $p<0.05$. Again a planned comparison using the Tukey test was used. The below table shows that the differences in means that were resulted on the BES were not due to chance:

Table 7: Significant Differences of Means on BES using Tukey Test		
	Heterosexual Males	Heterosexual Females
Homosexual Males	-20.86*	-1.04
Lesbians	.43	20.25*
** The mean difference is significant at the .05 level*		

In summary regarding the confirmation of hypotheses 1, 2, 3, and 4, homosexual males scored the highest on the EAT and the lowest on the BES; indicating more symptoms of disturbed eating behaviors and less overall satisfaction with one's body when compared to the other three groups.

Further Investigation on Scores if the EAT

Although not part of the hypothesis, further research was conducted on the additional items in the EAT because the items had already been pooled and would have been interesting to see whether they would draw a parallel with the results found with the analyzed means. The EAT contained five additional items that were in a yes-no format that asked questions regarding to the use of laxatives to maintain and lose weight; whether or not one has been treated for an eating disorder; whether one has thought or attempted of suicide; the person has gone through binges; and if purging was used after binging. The means of the four groups' answers were calculated and the results revealed that even on questions such as suicide, there is a variation because of sexual orientation. The table below summarizes the findings found in the additional five EAT questions:

Table 8: Additional Five EAT Questions

	Homo. Males		Hetero. Males		Lesbians		Hetero. Females	
	$n = 36$		$n = 41$		$n = 28$		$n = 40$	
Question	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Q1: Have you gone on eating binges when you feel you may not stop?	1.61	.49	1.24	.43	1.53	.50	1.45	.50
Q2: Have you ever made yourself sick?	1.33	.47	1.02	.15	1.17	.39	1.30	.46
Q3: Have you ever used pills and laxatives?	1.50	.50	1.02	.15	1.35	.48	1.52	.50
Q4: Have you ever been treated for an eating disorder?	1.05	.23	1.07	.26	1.14	.35	1.17	.38
Q 5: Have you recently attempted or thought about suicide?	1.33	.47	1.12	.33	1.39	.49	1.13	.33

The means of the scores on the additional five EAT items revealed that the groups that scored higher on one subscale would also be more likely to score high on questions that already include items from that subscale. For emphasis, homosexual males had scored high on the Subscale B that measured bulimic behaviors, and based on question 1 from the additional EAT items, homosexuals said they were most likely to go on binges – binges which are part of bulimic behavior. Similarly, heterosexual females scored higher on Subscale A which contained items pertaining to dieting and based on the results obtained from question 3 from the additional EAT items, they were more likely to use diet pills in order to control their weight. Based on the final question from the additional items, it was shown that homosexual males and lesbians were most likely thinking or attempting to commit suicide; however, there is no reason to suspect that one's disturbed eating behaviors and patterns accounts for the rate of them wanting to commit or attempt suicide; other factors, such as homophobia, discrimination from others, fear of family

and society rejection, that were not factored in for this study could have played a role in the results of this question.

Effect of Sexual Orientation and Sex on EAT and BES Scores

5. Hypothesis five: There is a significant effect of sexual orientation and sex on the EAT and BES.

Since little research is conducted on homosexuals in the Middle East and Arab countries; finding whether sexual orientation and sex would have an effect on the EAT and BES scores were seen as an additional benefit to the study.

When one's score on the EAT was predicted, it was found that sexual orientation (β = -.17, p> .05) and sex (β = .23, p> .05) were not significant predictors regarding the type of scores the subjects would obtain; revealing that sexual orientation and sex did not have any effect on one's eating habits and patterns (see *Table 9*).

Table 9: Regression EAT Scores			
Predictors	EAT		
	B	*SEB*	β
Constant	14.51	3.77	
Sexual Orientation	-2.13	2.31	-.17
Sex	6.39	5.29	.23
R-squared	.01		
Note: SEB is the standard error			

Sexual orientation (β = .09, p> .05) and sex (β = -.12, p> .05) were poor predictors of scores on the BES. This revealed that sexual orientation and sex were not significant for having an effect on the body esteem of the individual (see *Table 10*).

Table 10: Regression BES Scores			
	BES		
Predictors	*B*	*SEB*	*β*
Constant	117.95	6.38	
Sexual Orientation	1.86	3.92	.09
Sex	-5.55	8.96	-.11
R-squared			.00
Note: SEB is the standard error			

In Summary

Based on the results, hypotheses 1, 2, 3, and 4 were confirmed: Homosexual males did indeed score higher on the EAT indicating more disturbed eating habits and had lower BES when compared to heterosexual males; moreover, lesbians were less likely to partake in disturbed eating habits as suggestive by their lower EAT scores and were more satisfied with their bodies as proof of their high scores on the BES when compared to heterosexual females on both scales (see *Tables 4* and *6*). Moreover, the difference in means between the four groups were significant and not due to chance as proven by the planned comparisons (Tukey *Tables 5* and *7*). Hypotheses 5 aimed at seeing whether there were any significant effects between sexual orientation and sex on the EAT and BES scores. Hypothesis 5 was not confirmed because there was no significant effect between sexual orientation and sex on either scores of the EAT and BES. This means that regardless if the participant is a homosexual and a male, there is no effect of these two factors on whether the participant will have low body esteem or a preposition for developing disturbed eating habits and patterns. This highlights the need to have further investigations conducted in order to assess what other factors might explain the significant difference that was observed in the groups regarding the means on the eating attitude test (EAT) and the body-esteem scale (BES). The regression tables (*Tables 9* and *10*) reveal that the two factors were not significant in saying that they have any effect on the scores.

Chapter V: Summary and Discussion

The purpose behind this study was to investigate whether one's sexual orientation made them more perceptible to demonstrating and having symptoms of disturbed eating habits and behaviors; additionally, the study wanted to discover whether one's satisfaction or dissatisfaction with their body also lead to disturbances in eating. Therefore, the study's goal was to find a link between one's sexual orientation, disturbed eating habits, and body-esteem (i.e. body dis/satisfaction).

The main aim of this final chapter is to synthesize the findings in a comprehensive whole and discuss their overall implications.

The findings of this study are in accord with the results cited in previous studies concerning the similar topic of investigation. The results of Schneider, O'Leary, and Jenkins (1995); Brand, Rothblum, and Solomon (1992); and Siever (1994) all reported findings in which homosexuals scored high on scales pertaining to the symptoms of eating disorders, including the EAT.

Homosexuals scored the lowest on the BES, indicating that they were the group who was the least satisfied with their body, also meaning that they had low body-esteem. Heterosexual females were also shown to have low BES scores; however, their scores were better than that of homosexuals. Lesbians reported the highest on the BES, indicative of high satisfaction with their bodies in general; heterosexual males also showed satisfaction with body-esteem, they came in second.

The reports by Stout (2001) and Lakkis, Ricciardelli, and Williams (1999) on the BES scores of homosexuals were similar to the ones discovered in this study. The researchers revealed that homosexuals were the group the most inflicted with low BES scores and poor

body-esteem. Although the literature regarding lesbians provided contradictory findings; some claimed that lesbians were as likely to be plagued with low body-esteem as heterosexual females (Brand, Rothblum & Solomon,1992), others said that lesbians were more resilient to society's pressure to be thin, thus less likely to be dissatisfied with their bodies (Beren, Hayden, Wilfley, and Grilo, 1996). The scores of the lesbians for this study showed that lesbians were in fact more satisfied with their bodies and in accord with what was reported by Beren et al. (1996). A possible explanation could be that since lesbians view themselves as "different" from the mainstream females of the Lebanese community; they pride themselves with their abilities to be seen as less likely to be concerned with their physical appearance since they are forced by society to look for a potential husband in order to get married. They are at ease of rebelling against a traditional view that women must be slim and thin in order to find a mate.

On the physical attractiveness subscale, lesbians found themselves to be very satisfied with their physical appearance; suggesting, that this group is more at ease about their figure than their heterosexual male and female counterparts. Homosexuals scored the lowest on the subscale, reporting to be dissatisfied with their nose, lips, ears, chin, buttocks, eyes, hips, feet, stomach, and face.

Homosexual males reported the greatest discomfort with their upper body strength; whereas heterosexual males and lesbians showed to have equal satisfaction in the subscale. Harrison, Pope, Phillips, and Olivardia (2000) had discussed similar results when comparing the satisfaction of homosexual and heterosexual males on their level of muscularity. Harrison et al. (2000) concluded that where homosexuals were concerned with how their bodies looked liked; heterosexual males were more interested in what their bodies can do. Heterosexual males pride their upper body strength because it means they can lift more weights and do more physical

activities that require endurance; whereas upper body strength for homosexuals is more the concern of wanting to have more defined looking arms, biceps, and triceps. Homosexuals are less concerned about the functionality of their upper body; they are more in it for its aesthetic value. Therefore, when they are unable to attain the "idealized" image of what a sculpted bicep "should look like", they become dissatisfied with their bodies. Moreover, heterosexual males when they exercise, they think about building muscle mass and strength in order to become stronger; however, homosexuals reported that when exercising they are more pre-occupied with the notion of burning calories, and less focused on gaining physical agility and stamina.

Lesbians took more contentment in their sexual attractiveness than both heterosexual males and females; scoring the highest on the third BES subscale. This suggests that lesbians take pride in what can be dubbed "their womanly curves", because they seek to be against the prototypical stereotype of what women are idealized to become. Homosexuals were the group who were the most displeased with their body structure, sex drive, genitalia, body hair, and appearance of chest.

Although heterosexual females are mostly concerned with the size of their hips, waist, figure, thighs, and weight in general; the results showed that homosexuals were in fact more bothered by their weight concern than them. Heterosexual females, although scoring low on the BES subscale, demonstrated that they were more pleased with their figures than homosexual males. However, the scores of the heterosexual females can be said as though they are "expected" to be low, because of the fact that society believes that a woman should be continuously preoccupied with her figure and how much she weighs; but the fact that homosexuals faired worse than heterosexual females says that low body-esteem is indeed a serious factor in the homosexual community's overall psychological well-being. The findings

are similar to that of Yelland and Tiggemann (2003) that discussed about the conflicting body-ideals homosexuals have; they are torn between wanting to be thin and slim, and on the other hand, they want to be muscular, toned, and buffed – two contradictory body images.

On the physical condition subscale of the BES, which asks the subjects to rate the body parts that are required for stamina, strength, and reflexes; heterosexual males were shown to report the highest score, followed by lesbians. Homosexual males faired slightly better than heterosexual females by coming in third place overall; however, the scores on the PC subscale reinforce the notion that homosexuals do not participate in physical activities for their strengthening benefits (i.e. becoming faster, stronger, more flexible and agile), but for the benefits of burning calories and trying to maintain body shape. Lesbians that are viewed as "butch" take pride in the physical condition, because it signifies their belief that they are capable of doing anything a man can do, including the physical aspect of certain activities and sports.

The planned comparisons with the Tukey tests proved that the differences between the groups were indeed significant and not due to chance or random answering of the questionnaires.

The results of the EAT and BES scales indicated that the hypotheses 1, 2, 3, and 4 proposed were indeed justified. Homosexuals did score higher on the EAT, indicating more disturbed eating patterns, and they were less satisfied with their bodies as evidenced by their low BES scores. Lesbians faired better than their heterosexual counterparts; scoring lower on the EAT and higher on the BES. The findings bring attention to the fact that both homosexuals and heterosexual females are at high risk of developing disturbed eating behaviors; however, homosexuals are at an even greater risk because of factors such as: internalized homophobia, fear of rejection, misconstrued body-ideals, and a need of wanting to maintain the ideals of the homosexuality community in order to feel accepted as part of the community in general.

The fifth hypothesis had sought to find the effect of sexual orientation and sex on the scores of the EAT and BES. However, unlike the results reported by Lakkis, Ricciardelli, and Williams (1999) and Kaminski, Chapman, Haynes, and Own (2005), there was no effect found between one's sexual orientation and sex on the scores obtained on the EAT and BES. There was no evidence that shows there is an effect between sexual orientation and sex on the two scales – revealing that there was no link that could explain how come homosexuals with reported higher disturbed eating had lower satisfaction with their bodies. The literature review cited, claimed that there is indeed a strong correlation between one's sexual orientation and the propensity for them to develop eating habits similar to that of either anorexia nervosa and bulimia, in addition of having low body-satisfaction. However, that was not the case with the study conducted on the Lebanese LGB community. Other factors, not accounted for, could have confounded the results and/or acted as a third variable effect and that could explain the lack of there being a correlation between the variables. These factors could have been the following: one's feeling of connectivity within the homosexual community; one's approval of his/her sexual orientation; one's acceptance of the gay body-ideals advocated by the homosexual community; and one's desire to "look the part" of homosexuals endorsed by the homosexual community. In addition, there seemed to be no correlation between sexual orientation and the different subscales within the EAT and BES scales as well. However, there was a significant negative correlation between one's EAT and BES score; indicating, that as one's score increased on the EAT; it decreased on the BES and vice versa. Therefore, there must be some other variable or factor that was not investigated in the present study that confounded the correlation results, because there is a link between BES and EAT, but sexual orientation might not be a factor in this case.

Although hypothesis 5 was not confirmed, the results in the means' section that were obtained is information that is noteworthy because it signifies the importance of this study, especially when considering preparing a prevention program that targets eating disorders. The results of this study are clear evidence that homosexual males, including homosexual adolescent males, are most at risk for developing eating disorders such as anorexia nervosa and bulimia.

Hypothesis 5 simply shed light that sexual orientation and sex revealed to be poor predictors; regression results have exposed that sexual orientation and sex are not good predictors of whether an individual has disturbed eating habits and patterns or dissatisfaction with their bodies and low body-esteem. Other variables and factors must come in play in order to predict whether an individual will indeed show symptoms described as being either anorexic or bulimic in nature.

Limitations of the Study and Future Recommendations

The major limitation of the study is the survey's high susceptibility to social desirability bias, where participants would start to change their answers to fit what they think is wanted from them by the researcher. Because the scoring system - which was in the form of a Likert-scale - of the two scales was included in the survey, the participants might have skewed their answers according to the scores. Participants who identified themselves as ones who have an eating disorder, and they might not in reality, might have opted to pick a higher score than what they would normally do and vice versa. Positive self-presentation is also another factor that could have played in certain high scores on the BES. According to the positive self-presentation concept, participants always want to have others – in this case the researches – to view them in a positive light; therefore, they might have selected high scores on the BES in order to present themselves as having high body-esteem when in fact they might not. As evidence for the

presence of positive self-presentation, the scores of the items pertaining to issues of sexuality (i.e. sex organs, sex drive, and sexual activity), most of heterosexual males provided high scores of 4 and 5 on the BES; this is a form of wanting one to show his "masculinity" in a very masculine and patriarchal society like Lebanon, which is very common in most Arab and Middle-Eastern countries where men are raised being told that they should pride themselves on their masculinity. To rectify and reduce the chances of having social desirability bias and positive self-presentation, in future studies such as this one, the scoring system might not be included. Instead of having the numbers and scores displayed within the scale, the Likert-scale can be modified to simply include the words *always*, *often*, and *sometimes*, etc… without the accompanying numbers and scores underneath them.

The sample size of the study could have been larger; however, unlike countries in Europe, Canada, and the United States, homosexuals and lesbians are less forward in their wanting to participate in psychological studies. In Lebanon, where homosexuality is still considered a crime and punishable by law (i.e. under the law entitled 534), they are less enthusiastic about wanting to participate in any sort of research that might, in their minds, have them outed (i.e. a term that means having one's sexual orientation known to others involuntarily by others), jeopardize their positions in society, and become victims of stigmatization, discrimination, and harassments. When asking participants if they would be interested in filling out the survey; although their rights about confidentiality, privacy, and anonymity were discussed, some were very wary about taking part in the study. In fact, one of the participants said, "We are not lab-rats that you can study in cages. Go and do your study on other groups and leave us alone." If, in the future, studies such as the one presented in this paper were to be conducted, a larger sample of homosexuals and lesbians would be required in order to see if

there really is an eating disorder phenomena in this group of individuals. In addition, it would be interesting to investigate whether this phenomena is cross-generational; meaning, whether homosexuals who have eating disorders and body-image issues in their twenties, would they still have them in their mid-forties and fifties? Therefore, one can compare the scores of homosexuals and lesbians on the EAT and BES scores from the different age groups to see whether this phenomena is "just a phase" or whether it plagues the individuals until their older ages.

Of course, the results of this study cannot be generalized to all individuals of the population from both the homosexual and heterosexual community. The individuals selected for this study are a sample from the population, selected in a given time and place. The participants, whether homosexual or heterosexual, were selected from the Beirut region; the results might have been different if the sampling was done in other parts of the country such as the South and North of Lebanon where the population there might hold different values regarding one's eating habits and physical appearances. In the future, it would be of interest if the sample consisted of participants from all over the country, making the study more of national study, in order to truly assess the phenomena of eating disordered behaviors and body-esteem. However, in rural areas such as Baalbek and Tyre, individuals are less likely to label themselves as either homosexual or lesbian because of an intense fear of disownment from their families and severe punishment from both the governmental law enforcements and society as a whole; therefore, the number of homosexual participants would be few, if not, almost null.

Importance and Implications of the Study

Although there is a thriving clandestine homosexual and lesbian community in Lebanon, very little is known about this group of individuals other than the locations and "gay-friendly" areas that they frequent. Unlike other Arab and Middle-Eastern countries, Lebanon is the

country that is viewed as the most "Westernized" and that is because of Lebanon's strategic location – it being between both the West and the East. In addition, Lebanon is a touristic hot-spot, having tourists – both homosexual and heterosexual – bring with them their own cultures, ideas, and philosophies to Lebanon during their journeys. In some way, this makes Lebanon, more open-minded in regards to sexuality when compared to countries such as Iran, Iraq, and Syria where there is less influence from Europe and other Western countries. When researching for this study, there was little to no information regarding homosexuality in countries of Arab origin such as Lebanon. The only results that were documented were that of the rate of HIV (the Human Immunodeficiency Virus) in homosexual males in Lebanon and Jordan and this study was conducted by the NAP (National AIDS Program). Therefore, there is a lack of knowledge regarding the psychology of homosexuals in the Middle East. Although they are a surreptitious society of individuals, they too have their own societal rules, norms, and ways of behaving, and it would be of interest to have more documentation. This study hopes to be the first of many to investigate the homosexual and lesbian community in Lebanon, because there are many topics that can be studied regarding this hidden yet flourishing community.

According to clinical psychologist Dr. Jack Drescher (1998), when treating homosexuals from their distorted eating habits and patterns it is necessary and important to treat their underlying issues of self-esteem in order to have a successful treatment in plan. Treatment for disordered eating can only commence once the patient has come to terms with his true self. Therefore, this knowledge and information is imperative to have disposal at the hands of clinical psychologists, counselors, and psychiatrists that seek to provide treatments to homosexuals regarding their unhealthy relationship with food. The mental health specialists will need to

backtrack and try to identify the triggers that have caused the patient to start developing disturbed eating habits and patterns and this study has highlighted the issue as best as it can.

Although homosexuality was removed as a psychological disorder from the *Diagnostic and Statistical Manual* in its third edition (DSM – III, 1980) and the *American Psychological Association* (APA) stated that there is no treatment for homosexuality; certain psychologists in Lebanon and other Arab and Middle Eastern countries still believe that there is a "cure" for it. There should be a sensitivity and awareness regarding issues of sexual orientation for mental heath providers in these areas, and that can only be achieved through research. Research can provide the knowledge that is needed to demonstrate the effective means of communicating, treating, and managing individuals with differing sexual orientations. Therefore, the hope behind this study that was presented in this paper is that it becomes a stepping stone for future researches to come.

With the West's sudden interest in issues regarding Arab and Middle Eastern countries, more research on the topic of sexual orientation is needed to raise more awareness to providers of mental health services in Lebanon and other part of the world dealing with this vulnerable, and at times misunderstood, group of individuals.

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Appendix

Haigazian University

To Whom It May Concern,

My name is Gary Zeitounalian and I'm doing my Master's in Psychology at Haigazian University. The following questionnaire is part of my Thesis and it consists of two scales and some basic demographic questions. I'm interested in investigating one's appreciation of one's body and about one's eating habits and behaviors.

Your name and identity will not be revealed from completing this questionnaire because all will be anonymous and confidential. If you wish to no longer participate or take part in this questionnaire you may stop at any given moment.

The results of this questionnaire will be completely confidential and anonymous; however, if you have any inquiries about the results of this study, please do not hesitate to contact me at the following e-mail address: garyleonz@gmail.com

Thank you for your cooperation,

Gary Zeitounalian

Socio-Demographic Information

I. **Sex:**

- ☐ Male
- ☐ Female

II. **Age:**

- ☐ 18 – 20
- ☐ 21 – 24
- ☐ 25 – 30
- ☐ 30 +

III. **Sexual Orientation (this question is a sensitive issue, but is very important to the study)**

- ☐ Homosexual (Gay)
- ☐ Heterosexual (Straight)

Please continue to the next page

Eating Attitude Test: Please Circle a Response For Each of the Following Statements:

Directions: Please Respond to Each of the Following Questions:

Question	Always	Usually	Often	Sometimes	Rarely	Never
1. Am terrified about being overweight	3	2	1	0	0	0
2. Avoid eating when I am hungry	3	2	1	0	0	0
3. Find myself preoccupied with food	3	2	1	0	0	0
4. Have gone on eating binges where I feel I may not stop	3	2	1	0	0	0
5. Cut my food in little pieces	3	2	1	0	0	0
6. Aware of the calorie content of foods I eat	3	2	1	0	0	0
7. Particularly avoid foods with high carbohydrates (bread, rice, potatoes)	3	2	1	0	0	0
8. Feel that others would prefer if I ate more	3	2	1	0	0	0
9. Vomit after I have eaten	3	2	1	0	0	0
10. Feel extremely guilty after eating	3	2	1	0	0	0
11. Am preoccupied with a desire to be thinner	3	2	1	0	0	0
12. Think about burning up calories when I exercise	3	2	1	0	0	0
13. Other people think I'm too thin	3	2	1	0	0	0
14. Am preoccupied with the thought of having fat on my body	3	2	1	0	0	0
15. Take longer than others to eat my meals	3	2	1	0	0	0
16. Avoid foods with sugars in them	3	2	1	0	0	0
17. Eat diet foods	3	2	1	0	0	0
18. Feel that food controls my life	3	2	1	0	0	0
19. Display self-control around food	3	2	1	0	0	0
20. Feel that others pressure me to eat	3	2	1	0	0	0
21. Give too much thought and time to food	3	2	1	0	0	0
22. Feel uncomfortable after eating sweets	3	2	1	0	0	0
23. Engage in dieting behavior	3	2	1	0	0	0
24. Like my stomach to feel empty	3	2	1	0	0	0
25. Have the impulse to vomit after meals	3	2	1	0	0	0

Question	No	Yes	If yes, when?
1. Have you gone on eating binges where you feel that you may not be able to stop? (Eating much more than most people would eat under the circumstances?)	☐	☐	How much on average in a month?
2. Have you ever made yourself sick (vomited) to control your weight or shape?	☐	☐	How many times on average in a month?
3. Have you ever used laxatives or diet pills to control your weight or shape?	☐	☐	How many times on average in a month?
4. Have you been treated for an eating disorder?	☐	☐	
5. Have you recently attempted or thought of suicide?	☐	☐	

The Body-Esteem Scale (created by Franzoi & Shields, 1984)

Instructions: On this page are listed a number of body parts and functions. Please read each item and indicate how you feel about this part or function of your own body using the following scale:

1 = Have strong negative feelings
2 = Have moderate negative feelings
3 = Have no feeling one way or another
4 = Have moderate positive feelings
5 = Have strong positive feelings

	Strongly Negative	Moderate Negative	Moderate	Moderate Positive	Strongly Positive
1. Body scent	1	2	3	4	5
2. Appetite	1	2	3	4	5
3. Nose	1	2	3	4	5
4. Physical stamina	1	2	3	4	5
5. Reflexes	1	2	3	4	5
6. Lips	1	2	3	4	5
7. Muscular strength	1	2	3	4	5
8. Waist	1	2	3	4	5
9. Energy level	1	2	3	4	5
10. Thighs	1	2	3	4	5
11. Ears	1	2	3	4	5
12. Biceps	1	2	3	4	5
13. Chin	1	2	3	4	5
14. Body build	1	2	3	4	5
15. Physical coordination	1	2	3	4	5
16. Buttocks	1	2	3	4	5
17. Agility (speed)	1	2	3	4	5
18. Width of shoulders	1	2	3	4	5
19. Arms	1	2	3	4	5
20. Chest or breasts	1	2	3	4	5
21. Appearance of eyes	1	2	3	4	5
22. Cheeks/cheekbones	1	2	3	4	5
23. Hips	1	2	3	4	5
24. Legs	1	2	3	4	5
25. Figure or physique	1	2	3	4	5
26. Sex drive	1	2	3	4	5

	Strongly Negative	Moderate Negative	Moderate	Moderate Positive	Strongly Positive
27. Feet	1	2	3	4	5
28. Sex organs	1	2	3	4	5
29. Appearance of stomach	1	2	3	4	5
30. Health	1	2	3	4	5
31. Sex activities	1	2	3	4	5
32. Body hair	1	2	3	4	5
33. Physical condition	1	2	3	4	5
34. Face	1	2	3	4	5
35. Weight	1	2	3	4	5