

ABSTRACT

Title of Thesis:

INTERSECTIONS OF GAY & BISEXUAL
IDENTITY WITH FATNESS: BODY
ESTEEM, INTERNALIZED
HOMONEGATIVITY, AND PROTECTIVE
FACTORS IN GAY AND BISEXUAL MEN.

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This thesis examines the intersections of gay and bisexual identity with body size, or fatness. Gay and bisexual identity and fatness are marginalized social identities that seem to be incompatible (Bond, 2013). While a sense of collective identity with the gay and bisexual community has been shown to be a protective factor against internalized homonegativity in gay and bisexual men (Halpin & Allen, 2004), the degree to which this protective factor persists for fat people in an anti-fat environment like the gay and bisexual community (Wrench & Knapp, 2008) has not been explored. This intersection of identities and anti-fat culture seemed to suggest there might be a relationship between fatness and internalized homophobia. Fatness did not moderate the relationship between sense of belonging to the gay and bisexual community and internalized homonegativity, but a significant positive relationship was found between belongingness to the gay and bisexual community and body shame.

INTERSECTIONS OF GAY AND BISEXUAL IDENTITY WITH FATNESS:
BODY ESTEEM, INTERNALIZED HOMONEGATIVITY, AND PROTECTIVE
FACTORS IN GAY AND BISEXUAL MEN

by

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Chapter 1: Introduction

Multicultural competencies as set forth by the APA have driven counseling psychology as a field to be more inclusive of marginalized peoples in education, work, and research (Pope-Davis, Reynolds, Dings, & Nielson, 1995; Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005; Lee, Rosen, & Burns, 2013; Worthington, Soth-McNett, & Moreno, 2007). With particular regard to research, counseling was once dominated by investigations that predominantly and myopically centered on a normative White, straight, male-centric worldview (Lee, Rosen, & Burns, 2013; Reynolds & Pope, 1991). In effect, the experiences of people whose identities were not considered the norm, people who were not white, straight, male, and so on, were erased. As a result, though many of these findings were assumed to be ubiquitously generalizable, much of the knowledge garnered from this research might not have actually been applicable to a larger, more diverse population. While counseling psychology has made strides in its attempts to focus specifically on marginalized identities within research, many studies focus on a single marginalized axis of identity (Reynolds & Pope, 1991; Lee, Rosen, & Burns, 2013).

Focusing on a single identity can be equally myopic considering how drastically intersections of identity can uniquely mold the experiences of marginalized people. Although a piece of literature may focus on the ramifications of race or ethnicity in a particular context, the added consequences of gender, for example the unique and important experiences of women of color, may go unremarked. In the past 50 years, only 1.8% of the total content of the *Journal of Counseling Psychology* dealt specifically with intersections of marginalized identities (Lee, Rosen, & Burns, 2013). There is so much unaddressed complexity within single dimensional work, particularly considering most people hold within themselves an

amalgam of both marginalized and privileged identities (Reynolds & Pope, 1991). In this study, I look at the intersection of gay and bisexual identity with body size, or fatness. Fatness and gay/bisexual identity are marginalized social identities, and the unique experiences of fat gay and bisexual men may differ significantly from that of their smaller counterparts. This difference in experience possibly stems from the ways in which spatial discrimination (Owen, 2012), heterosexism, and unique oppressions specific to people who are both fat and gay or bisexual may shape the experiences of fat gay and bisexual men. Specifically, I am looking at relationships among body size, discrepancies between actual and ideal body size, sense of belonging to the gay and bisexual community, internalized homonegativity, and body esteem.

Fatness

I use the word fatness deliberately in this paper to decentralize a normative discourse around thin bodies. In the same way that much research has exclusively focused on the experiences of a white, straight, male norm (Reynolds & Pope, 1991), much research has not examined the experiences of people who are fat. By writing about this in terms of fatness instead of thinness, it is my hope that I can portray fatness in a way that causes readers to more critically examine their own identities, biases, and beliefs about fatness.

Before I examine the intersection of fatness and gay or bisexual identity, however, I would first like to take a closer look at fatness. Fatness is a marginalized identity that has been largely stigmatized because of the health concerns surrounding fat bodies (Kwan, 2009; Rich & Evans, 2005; Touster, 2000). Fatness is often seen as a mark of being lazy, as inherently bad or unhealthy, and easily avoidable (Touster, 2000). Harsh assumptions and microaggressions about fat people and fatness lead to difficulty in finding and maintaining

employment, difficulty receiving adequate healthcare, and may place a heavy toll on the psyches of fat people (Owen, 2012; Gardner, 2012; Rich & Evans, 2005). Fatness when examined in this way is a social identity.

There is evidence to suggest that fatness has not always been stigmatized, but has in the last century been related to vices and addictions similar to alcoholism (Rasmussen, 2012). This medicalization, Rasmussen (2012) argues, allows fatness to be seen as a deviant, curable illness rather than a normal, population wide variable. Fatness with this lens becomes the result of a series of “bad” choices (Saguy, 2013). If a person wanted to avoid being fat they need only make “good” decisions that will result in non-fatness. Saguy (2013) points out all the ways in which this narrative of “good” versus “bad” has infiltrated everyday language and culture. Even foods have qualities of “good” and “bad” associated with them, and “good” health conscious people only make “good” decisions for their bodies. People who do not make these “good” and health conscious decisions are thereby “bad” and suffer the seemingly linear consequences of being fat. Saguy (2013) is, in effect, illustrating the stereotypes and presumptions that are made about fat people simply by their appearance of being fat. By their very appearance fat people are evidently not making “good” choices, and conclusions about their abilities related to self-control, responsibility, and so on, come into question.

The stigma that results from these assumptions can interfere with fat people’s ability to engage in a social sphere, causing fat people to avoid situations in which they believe their fatness may cause them shame (Grønning, Scambler, & Tjora, 2012). In any society where meals are shared with friends, or indeed any situation in which bodies are visible, fatness becomes a vulnerable identity that can be attacked from many sides. These are examples of

what Owen has called “spatial discrimination” (2012). Fat people in a modern, Western context, are living in a thin-centric society that caters and is designed specifically for people who are not fat. When fat people are literally unable to fit into spaces that easily accommodate their thinner counterparts, the message is clear that fat people are not welcome (Owen, 2012). In light of this unwelcomeness, many fat people withdraw from social situations, avoid scenarios in which their fatness might be unaccommodated, or begin to internalize the negative messages that they receive about fat bodies (Owen, 2012). These implicit and explicit messages function as microaggressions, subtly conveying the message that fat people are unwanted, lesser people whose poor decisions make them deserving of the stigma they receive.

Fatness as a social identity, however, is a single axis of identity that when explored cannot completely encapsulate the experience of fat people. There are many other axes of identity that intersect with and inform the ways in which fatness affects an individual. This paper focuses on fatness as well as gay and bisexual identity. The experiences that are unique to people who are both fat and gay or bisexual are not adequately explained with exploration singularly into fatness or gay and bisexual identity. Therefore, this unique interaction warrants exploration of its own.

Internalized Homonegativity

Internalized homonegativity, the belief that being gay or bisexual is inherently unhealthy or bad among LGB people (Theodore et al., 2013), has been linked to low self-esteem (Allen & Oleson, 1999), depression (Lewis, Derlega, Griffin, & Krowinski, 2003; Szymanski, Chung, & Balsam, 2001), suicidal thoughts and behavior (D’Augelli, Grossman, Hershberger, & O’Connell, 2001), substance abuse (Cabaj, 1988), sexual risk taking

(Newcomb & Mustanski, 2011), and perpetration of intimate partner violence (Edwards & Sylaska, 2013). Previous research has shown that connection to a larger community provides a protective factor against internalized homophobia. Homonegative attitudes permeate our society at individual, interpersonal, and institutional levels, and LGB people cannot escape being confronted by homonegativity. It is thought that by connecting to a larger community, LGB people become part of a social network that shares a history and a sense of belonging (Herek & Greene, 1995). Becoming involved in an LGB community is the first step in helping to break down the internalized negative discourse surrounding LGB identities and replacing them with community supported, positive messages (Greywolf & Walden, 2007).

Being involved in a gay and bisexual community is thought to help gay and bisexual people manage the stressors that are associated with being gay or bisexual (Sheran & Arnold, 2012). However, the degree to which protective factors related to belongingness to a gay and bisexual community persists within fat gay or bisexual men has not yet been examined. The intersection of fat gay or bisexual men is particularly important to examine because of the ways in which gay and bisexual identity are seen as incompatible with fatness (Bond, 2013; Moskowitz, Turrubiates, Lozano, & Hajek, 2012). Gay and bisexual identity are seen as incompatible with fatness because of the ways in which thin, muscular bodies are emphasized within the gay and bisexual community (Bond, 2013; Moskowitz, Turrubiates, Lozano, & Hajek, 2012). It is almost as if in order to be gay or bisexual, one must have a thin, muscular body. Bodies that exist outside this narrative are stigmatized to the point fat bodies are seen as inherently not gay or bisexual. Fat men who are gay or bisexual may not be able to identify with a larger community of gay and bisexual men in similar ways to their thinner counterparts because of an emphasis on thin, muscular bodies. Being unable to

connect to the larger gay and bisexual community in the same way precludes an individual's ability to reap the protective factors that they would otherwise be afforded by joining them. The inherent "incompatibility" between gay and bisexual identity and fatness may also mean that fat gay or bisexual men may be unable to see themselves as "good" members of the gay and bisexual community. Therefore, discrepancies between ideal and actual weights or low body esteem related to fatness may be related to internalized homonegativity. Increased knowledge of how fatness and gay or bisexual identity intersect may help counselors to better understand how to help and support their clients who exist within this intersection.

The lack of investigation into the unique experiences of fat gay and bisexual men related to internalized homonegativity has parallels in the dearth of research examining internalized homonegativity in LGB people of color. While racism and heterosexism are two separate axes of oppression, those who exist in the borderlands of these two forms of oppression face unique circumstances that affect their lives both as people of color and as LGB people. For example, most of the research that has examined internalized homonegativity on outcomes of psychological wellbeing have been conducted with a predominantly Eurocentric lens (Fukuyama & Ferguson, 2000; Moradi, DeBlaere, & Huang, 2010); however, when internalized homophobia and internalized racism are examined together, the additive nature of these oppressions become clear and speculations about the lived experiences of people who are multiply marginalized in this way can be drawn (Szymanski & Gupta, 2009).

The idea that two identities can "conflict" with one another has also been examined in LGB people of color. Sarno et al. found that individuals identifying as both LGB and as a person of color may feel a "conflict of allegiance" between the two identities (2015). The

authors argue that this conflict may arise from heterosexist beliefs from the individual's family and from the LGB community, which may not be accepting or affirming of non-White cultural identities. Similarly, I suggest that fat men in the gay and bisexual community may feel that they do not belong or that their fatness is rejected and at odds with the gay and bisexual community.

Without this specific examination into the unique lived experiences of people who experience both homonegativity and racism, nuances of this intersection becomes lost. Studies that focus solely on homonegativity do not capture the unique experiences of being a person of color, and in fact may largely be based on White samples that do not make room for experiences of people of color (Fukuyama & Ferguson, 2000). However, the ways that people of color experience homonegativity is informed by their race and racism. Similarly, studies that focus solely on racism do not capture the unique experiences of LGB people of color, and in fact may largely be based on heterosexual samples that do not capture the unique ways in which LGB people of color experience racism. All these points have parallels in an examination of fat gay and bisexual men. There are unique experiences and oppressions related to fatness and gay or bisexual identity. For this reason, it is possible that the intersection of sizeism and heterosexism may intersect in unique ways that challenge how homophobia would otherwise operate in this community.

Gay & Bisexual Identity and Fatness

This study focuses on the experiences of men who identify as gay and bisexual for several reasons. First, there is an established relationship between sexual orientation and body esteem. Namely, gay men report significantly higher body dissatisfaction and drive for thinness than do their heterosexual counterparts (Yean et al., 2013). Furthermore, gay men

report significantly lower ideal weights than do heterosexual men and seem to be more affected by media influence than their straight peers (McArdle & Hill, 2009). In Australia, research has already been published examining the link between belonging to the gay community and dissatisfaction with one's body (Kousari-Rad & McLaren, 2013), making this connection to the gay community a risk factor instead of a buffer. Kousari-Rad & McLaren (2013) showed that men, regardless of sexual orientation, who felt they belonged more to the gay community, had higher levels of body image dissatisfaction. Whereas previous research has only focused on the positive outcomes of belonging to the gay and bisexual community, this study shows evidence that there may be negative outcomes as well, particularly with regard to body esteem. The results of this study open the doors to more examinations into the ways in which communities of marginalized people may reproduce oppressive attitudes. Furthermore, it may show how protective factors normally associated with belonging to these communities may not be reproduced in multiply marginalized members of these communities. Belongingness to the gay and bisexual community, while previously seen only as a positive and desirable, may become a source of added stress and oppression for fat gay and bisexual men.

The high strict standard of body type gay and bisexual men hold for themselves may not stop at the level of the individual. Gay and bisexual men in general seem to hold more anti-fat attitudes than their heterosexual peers (Wrench & Knapp, 2008), potentially spelling trouble for gay and bisexual men who are themselves fat. Furthermore, while low body esteem is itself a problem, low body esteem in gay men has been linked to depression (McFadden, 2000) and disordered eating (Torres, 2008). Gay and bisexual men who are unable to meet this ideal may feel that they do not belong in a gay and bisexual community,

may feel that they are unsatisfied with their current levels of fatness, or may feel increased levels of internalized homophobia because they do not meet the gay and bisexual ideal.

It is important to point out that this is not the first time that negative outcomes related to weight and body esteem have been linked to gay or bisexual identity. There is evidence that suggests that gay identity and bisexual identity, fear of fatness, and disordered eating may be interlinked (Blashill, 2011). Rates of occurrences of disordered eating in gay and bisexual men are similar to those of women and significantly higher than those of straight men (Feldman & Meyer, 2007). Feldman and Meyer (2007) found that gay men who participated in gay recreational groups were more likely to have symptoms of subclinical bulimia than their counterparts who did not participate in gay recreational groups (Feldman & Meyer, 2007).

Gay and bisexual communities may promote an ideal aesthetic that is largely recognized as being slim, young, white, upper-middle class, and hairless (Han, 2007; Moskowitz et al., 2012). This may partially explain why rates of eating disorders in gay men are so similar to those of women (Harrison & Cantor, 1997; Jhally, 2010). If social capital is given to thinner, less fat bodies by communities in which gay and bisexual men identify themselves, men who do not fit this standard may engage in disordered eating behaviors in pursuit of a thinner body.

Because the ideal body type in the larger gay and bisexual community is so narrowly defined, there is evidence that the intersection of both gay or bisexual and fat identities is somewhat incompatible (Bond, 2013; Moskowitz et al., 2012; Owen, 2012). Gay and bisexual men are thought of as inherently not fat. In fact, there seems to be a collective struggle to achieve the slim, hairless body type revered by gay men (Tiggemann, Martins, &

Kirkbride, 2007). This seems to be the case even among subcultures where larger bodies are revered (Moskowitz et al., 2012). For example, the bear community seems to prize bodies that are larger, fatter, and hairier than the ideals of their more mainstream counterparts (Bond, 2013; Moskowitz et al., 2012). However, while members of these communities seem to have differing ideals for their partners, they themselves still by and large tend to strive toward a slimmer ideal (Bond, 2013; Moskowitz et al., 2012). This may be because people who are multiply marginalized within the gay and bisexual community tend to feel as though they do not fit in and feel as though they are invisible to gay and bisexual men.

In a parallel example, gay and bisexual men of color often feel marginalized and invisible within gay communities because of the way that whiteness is valorized in gay and bisexual communities (Han, 2007; Moskowitz et al., 2012). Men of color in gay and bisexual communities are often overlooked, are not seen as objects of desire, or are fetishized because of their race (Han, 2007). Gay and bisexual men of color feel erased by dominant discourses of whiteness within these communities and often feel that there is no place for them in mainstream, white dominated communities. With regard to fatness, there is good reason to believe that fat men in gay and bisexual communities may also feel this way. Gay and bisexual communities tend to be more fat-phobic and openly prejudiced against fat people (Moskowitz et al., 2012; Wrench & Knapp, 2008). Fat gay and bisexual people may feel that they are often overlooked, not seen as objects of desire, or feel fetishized because of their fatness.

Similar to how norms of whiteness can sometimes prevent people of color from finding community in gay and bisexual spaces (Logie & Rwigema, 2014; Goode-Cross & Tager, 2011), I imagine many fat people who are gay and bisexual do not feel that they are

able to feel that they belong to a community that has body ideals that are very thin. People who live in the intersection of fat and gay or bisexual identity may not benefit from the community provided protective factors that dampen the effects of internalized homonegativity and provide a buffer against LGB microaggressions. Similar to LGB people of color who experience racism and heterosexism (Balsam, Molina, Beadnell, Simoni, & Walters, 2011), fat gay and bisexual men may experience a unique combination of oppressions that increase amounts of identity related stress they feel. Moreover, gay and bisexual men who are in gay and bisexual communities may feel that they do not fit ideal body standards for the gay and bisexual community, altering the degree to which these men feel that they belong in the gay and bisexual community or even that they are allowed to be gay or bisexual. It is important to more closely examine this intersection of identity in order to better understand the unique experiences of people who are fat and gay or bisexual.

Simply put, the relationships between fatness, internalized homonegativity, sense of belonging, and body shame have never before been examined with this lens. Because of the ways in which fatness and gay and bisexual identity are treated as oxymoronic, it stands to reason that the established connection between sense of belonging the gay community and reduced internalized homonegativity (Halpin & Allen, 2004) may be different for gay and bisexual men who are fat. Furthermore, the degree to which fatness affects body shame and the ability for one to feel a sense of belonging to the gay and bisexual community has not before been examined.

Present Study

The purpose of this study is to examine the relationships among membership and involvement with a mainstream gay and bisexual community, internalized homophobia,

fatness, and body shame. As discussed above, involvement with the gay and bisexual community may act as a protective factor against internalized homonegativity, negative repercussions from microaggressions, and vicarious trauma for gay and bisexual people (Sheran & Arnold, 2012). However, people who are multiply marginalized within these communities and feel invisible within them (Han, 2007; Moskowitz et al., 2012) may not enjoy the benefit of this protective factor.

I expect that there will be a relationship between sense of belonging to the gay and bisexual community and internalized homophobia that is moderated by fatness, such that sense of belonging to the gay community and internalized homophobia will be negatively correlated but that fat men will not see as great a reduction, on average, as their thinner counterparts. I also hypothesize that the relationship between fatness and a sense of belonging to the gay and bisexual community will be mediated by discrepancies from a gay “ideal” body type, such that fatness will be positively correlated to discrepancies between actual and ideal body types, and that discrepancies between actual and ideal body type will be negatively correlated with a sense of belonging to the gay and bisexual community. Finally, I hypothesize that there will be a negative correlation between fatness and body esteem and that this relationship will be moderated by a sense of belonging to the gay and bisexual community, such that higher sense of belonging to the gay and bisexual community will increase the negative correlation between fatness and body esteem. For the purpose of clarity, it is hypothesized that:

H1: Sense of belonging will be negatively correlated with internalized homonegativity.

H1a: Fatness will moderate the relationship between Sense of belonging to the gay and bisexual community and internalized homonegativity, such that sense of belonging to the gay and bisexual community will not be as negatively correlated to internalized homonegativity for men who are fat.

H2: Fatness will be negatively correlated to a sense of belonging to the gay and bisexual community.

H2a: Discrepancy between actual and ideal body size will mediate the relationship between fatness and sense of belonging to the gay and bisexual community, such that fatness will be positively correlated with discrepancies between actual and ideal body size, and discrepancy between actual and ideal body size will be negatively correlated with a sense of belonging to the gay and bisexual community.

H3: Fatness will be positively correlated body shame.

H3a: A sense of belonging to the gay and bisexual community will moderate the relationship between fatness and body shame such that the positive relationship between fatness and body shame will be lower for those who have a low sense of belonging to the gay and bisexual community and higher for those who have a high sense of belonging to the gay and bisexual community.

Chapter 2: Literature Review

In the following literature review I discuss the most current research on my variables of interest. Specifically, I will begin with a review of current literature pertaining to my outcome variables, internalized homophobia and body esteem. Next, I will review literature regarding my independent variables; I will examine current literature surrounding body shape and the development of the contour drawing rating scale and its ability to measure fatness, followed by an examination of gay and bisexual identity and how it is measured. I will then examine the current literature regarding the relationships between fatness and gay and bisexual identity and the proposed outcome variables of internalized homophobia and body esteem.

Gay and Bisexual Community

In the past forty years, LGB identity in the United States has gone from a pathologized mental illness to a recognized and researched marginalized identity (Buhrke, Ben-Ezra, Hurley, & Ruprecht, 1992). Only in the past thirty years has this research been considered multicultural in nature (Buhrke et al., 1992). Multicultural literature dealing specifically with LGB people has shed light on the experiences of LGB people with regard to microaggressions, internalized homonegativity, stigma, acts of violence, and vicarious trauma (Shelton & Delgado-Romero, 2011; Nadal, Issa, Leon, Meterko, Wideman, & Wong, 2011; Balsam & Mohr, 2007; Nadal et al., 2011; Noelle, 2002). Positive LGB identity and association with a larger sexual minority based community has been shown to be a protective factor against many of these negative experiences (Halpin & Allen, 2004). Involvement with a larger sexual identity based community may help protect LGB individuals from suffering by emphasizing positive self-image and reclassifying negative experiences as prejudiced

attacks on the larger group rather than the individual (Crocker & Major, 1989). This protective factor is therefore incredibly important for LGB individuals, particularly with regard to internalized homonegativity.

While there is no single, definitive gay and bisexual community the world over, gay and bisexual identity in the United States has common factors that are shaped, molded, and influenced by media, history, and members of the gay and bisexual community itself (Han, 2007; Moskowitz, Turrubiates, Lozano, & Hajek, 2012). I am not trying to assert that there is any homogenous gay and bisexual community that is replicated and perpetuated nationwide. However, I will assert that certain overarching themes may exist for communities that identify themselves as gay or bisexual. Other researchers have used the concept of a mainstream gay and bisexual community in which there are bisexual members and in which there are particular norms resulting in a seemingly monolithic community that appears largely white, upper-middle class, thin, young, and hairless (Han, 2007; Moskowitz et al., 2012).

While this white, upper-middle class, thin, young, and hairless ideal may be bound to a particular time and place, both Han (2007) and Moskowitz et al. (2012) seem to suggest a rather ubiquitous ideal. A potentially ubiquitous ideal has interesting ramifications for the degree to which people of varying physiques and body types are able to integrate themselves in, or sense that they belong to, a gay and bisexual community. Membership in the gay and bisexual community for fat men may be particularly difficult because it is a community that has a seemingly stringent, steadfast ideal. While LGB individuals who are connecting to this network may be forging relationships that share common histories that help to break down internalized oppressions and reinforce positive views of oneself (Herek & Greene, 1995;

Greywolf & Walden, 2007), those who are excluded from these communities on the basis of their appearance may not be able to reap these benefits.

While there is some evidence to suggest a fairly homogenous gay and bisexual community, the degree to which individuals align themselves within this larger gay and bisexual community may differ. Simple identity has been used, but measuring sexual orientation simply through typical connotations of sexual orientation (e.g., providing options such as gay, bisexual, etc.) can actually prove to be very difficult (Korchmaros, Powell, & Stevens, 2013). Up to 22% of participants are not easily categorized into a single sexual orientation (Korchmaros, Powell, & Stevens, 2013); a participant's identity may challenge a normative idea as to whom that participant may be attracted or with whom that participant would pursue relationships. This large percentage of participants not easily able to be categorized into a single sexual orientation may also be because identities based on gender and sexuality are social constructs that often change over time (Korchmaros, Powell, & Stevens, 2013). While sexual orientation can be difficult to measure and its meaning may be difficult to interpret, belongingness to the gay and bisexual community may be a more salient to the individual.

Scales intended to measure the degree to which an individual identifies with a social identity-based community are not as common as scales intended to measure the social identities themselves. Some contemporary scales use closeness to the LGB community as a component of positive LGB identity (c.f., Riggle, Mohr, Rostosky, Fingerhut, & Balsam, 2014), but my intention here is not to measure positive LGB identity but rather social proximity to a specifically gay, and not LGBT, community. Existing scales, such as the Collective Self-Esteem Scale (Luhtanen & Crocker, 1992), measure the positive regard an

individual has for their in-group, but does not measure the degree to which a person identifies with that in-group. Kousari-Rad & McLaren have previously used the Sense of Belonging Instrument (Hagerty & Patusky, 1995) for a gay sample by inserting “gay community” into the appropriate portions of items, thereby creating a Sense of Belonging Instrument tailored to the gay and bisexual community. Using the modified Sense of Belonging Instrument will allow me to measure social proximity to the gay and bisexual community specifically in a way that is not tied to a larger LGB community, nor tied to LGB identity in any way. Moreover, I will be more easily able to distinguish potential correlational changes in each variable as they co-vary.

Internalized Homonegativity

Internalized homonegativity, used interchangeably with the phrase internalized homophobia though “internalized homonegativity” is often preferred (Mayfield, 2001), is an internalized belief that being LGB is inherently unnatural, unhealthy, or bad (Theodore et al., 2013). Attention was first given to the concept of internalized homonegativity following the removal of homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973 (Mayfield, 2001). Prior to this point in time, many negative outcomes were associated and attributed LGB sexual orientations themselves (Mayfield, 2001). Rather than looking at the distress faced by LGB people as a consequence of the sexual orientation itself, internalized homonegativity is a way to refocus the discourse on distress faced by LGB people as a consequence of living in a homonegative society (Mayfield, 2001). Negative messages about LGB people and LGB identities are prominent in Western societies (Nadal et al., 2011). These messages assert LGB people are inferior and abnormal, and the

internalization of these messages is called internalized homonegativity (Shelton & Delgado-Romero, 20110).

Societal messages about homonegativity are not always explicit, but they are ubiquitous (Nadal et al., 2011). Implicit messages, such as microaggressions, reflect an outwardly heterosexist society (Nadal et al., 2011). Recipients of microaggressive speech may face a number of negative health outcomes (Nadal et al., 2011). These microaggressions are ubiquitous and degrade LGB persons, presume inferiority of LGB culture and behaviors, assume a universal experience among LGB people, exoticize LGB people, disapprove of LGB people, deny heterosexism, assume the abnormality of LGB identities, and may threaten the existence of LGB people (Nadal et al., 2011). By internalizing these beliefs thereby potentially opening LGB people up to the vast number of negative health outcomes associated with internalized homonegativity. Without a larger community reinforcing the positive attributes of LGB identity, these internalized oppressions may never be broken down and a positive view of one's own identity may be impossible (Greywolf & Walden, 2007).

Internalized homonegativity has been linked a host of negative outcomes including depression (Lewis, Derlega, Griffin, & Krowinski, 2003; Szymanski, Chung, & Balsam, 2001; Cramer, Burks, Stroud, Bryson, & Graham, 2005), suicidality (Cramer et al., 2005), poor self-esteem and shame (Allen & Oleson, 1999), and even perpetration of intimate partner violence (Edwards & Sylaska, 2013). Rather than attribute these outcomes to something inherent in LGB people, the construct of homonegativity allows researchers to examine how the stressors associated with living in a homonegative society may drive LGB people to these negative outcomes. Homonegativity is an incredibly important variable that allows for the study of negative outcomes associated with LGB identities without infecting

blame on LGB people and recognizing the fault and damage perpetrated by a larger homonegativity society. Internalized homonegativity has been used to examine many outcome variables, a few of which are outlined below.

Several researchers have attempted to examine a correlation between internalized homonegativity and depression. In a study of 204 LGB people, 110 of which were men, internalized homophobia was significantly correlated with depression ($p < .05$, $r^2 = .14$) (Lewis, Derlega, Griffin, & Krowinski, 2003). This study was originally intended to examine gay-related stress and stigma consciousness as they relate to depressive symptoms. The researchers were attempting to understand if their independent variables, including gay-related stress and internalized homonegativity, were independent predictors of depression in their sample (Lewis et al., 2003). Because all independent variables in the study were included in a linear regression model, we can be reasonably certain that internalized homonegativity is itself a significant predictor of depression because it did not become insignificant when included in a model with other predictors of depression.

Related to depression, in a study of 336 LGB people in an urban setting, internalized homophobia was found to be significantly related to both depression ($r^2 = .32$, $p < .001$), and proneness to suicide ($r^2 = .32$, $p < .001$) (Cramer, Burks, Stroud, Bryson, & Graham, 2015). However, when the researchers used linear regression to examine multiple independent variables at once, internalized homophobia, while correlated with depression, was not as important as both depressive symptoms and suicide attempt history when predicting suicide proneness (Cramer et al., 2015). Regardless, internalized homonegativity has a significant predicting role in suicide proneness and, keeping in mind the results from Lewis et al., (2003), internalized homonegativity is significantly related to depression. LGB people,

through exposure and subsequent internalization of homonegativity attitudes, are at risk of developing homonegative attitudes about themselves that may result in depression or even thoughts of suicide. While these studies have focused on depression and suicidal ideation, internalized homonegativity has also been used as a predictor for other types of outcomes, like esteem.

In a study of 90 gay men with an average age of 36.3, an internalized homonegativity was inversely correlated with self-esteem ($p < .01$) and positively correlated internalized shame ($p < .01$) (Allen & Oleson, 1999). The results of this study suggest that shame is a very important component of internalized homonegativity that may drive other negative outcomes related to internalized homonegativity (Allen & Oleson, 1999). In another study of 213 gay men, internalized homonegativity was found to be significantly correlated with not only self-esteem ($r^2 = -.32$, $p < .01$), but also body image ($r^2 = -.25$, $p < .01$) and bulimic behaviors ($r^2 = .14$, $p < .05$). This is particularly important because it suggests that internalized homonegativity is able to impact a number of dimensions of esteem, including overall self-esteem (as measured by the Rosenberg Self-Esteem Inventory) and body esteem. If internalized homonegativity leads to poor body esteem, it is feasible to think that internalized homonegativity may play a role in a model that includes internalized homonegativity, body esteem related to fatness, and belongingness to the gay and bisexual community.

Body Esteem

Body esteem largely refers to the positive or negative attitudes a person has about his or her body (Cash, Morrow, Hrabosky, & Perry, 2004). Body esteem seems to deal largely with the way a person's body is shaped (Edwards, Patrick, Skalicky, Huang, & Hobby, 2012; Gordon, Castro, Sitnikov, & Holm-Denoma, 2010), the adiposity or fatness of a body

(Heinberg, Pike, & Loue, 2009; Cafri & Thompson, 2004), and the muscularity of a body (Muggan & McCreary, 2004; Cafri & Thompson, 2004), and how these realities match up to ideals or expectations that an individual has for his or her body (Cohn, Adler, Irwin, Millstein, Kegeles, & Stone, 1987). There are a number of ways in which body esteem has been measured in the past ranging from contour drawing rating scales, which measure the discrepancy between a person's perceived body size and their actual body size (Gardner, Jackson, & Friedman, 1999; Thompson & Gray, 1995), to questionnaires that are intended to measure a person's latent body satisfaction through items asking about an individual's satisfaction with their adiposity or muscularity, as in the Male Body Attitudes Scale (Tylka Bergeron, & Schwartz, 2005).

Much of the literature examining body focuses on women and shows evidence for connections between low body satisfaction and low self-esteem (Lowery et al. 2005). Body dissatisfaction has also been correlated with risky sex behavior (Eisenberg, Neumark-Sztainer, & Lust, 2005), risky sex beliefs, depression, and, among women of color, less positive ethnic identity (Wingood, Diclemente, Harrington, & Davis). With each of these studies, however, the studies either did not include men or found these correlations to be statistically insignificant with men. One study of 571 adolescents aged 10.5 to 15 years old suggests that *both* boys and girls approach significance in discrepancies between actual and ideal body size ($p=.05$, $p=.07$, respectively), and that each group has significantly distorted views on boys' preferences of girls ($p<.007$) and girls' preferences of boys ($p=.001$) (Cohn et al., 1987). Although many of these women presumably went on to develop increased discrepancies between actual and ideal body size, these men presumably moved further away from significance into adulthood. In examination of this general lack of statistical

significance in men, Rozin, Trachtenberg, and Cohen, after a study of 866 university students participating in a longitudinal study, reported that men typically have smaller discrepancies between their perceived body size and their ideal body size ($p < .05$) (2001). The smaller discrepancy between perceived and ideal body size resulted in higher body esteem (Rozin, Trachtenberg, & Cohen, 2001). However, this generalization of men does not seem to paint an accurate picture when considering sexual orientation.

There is a good body of evidence to support the hypothesis that different communities, for example communities of women or communities of gay men, have different sorts of ideas about ideal body shapes and sizes (e.g., Ricciardelli, McCabe, Williams, & Thompson, 2007). Differing body ideals that have to do with both adiposity and muscularity may account for why general samples among specific sociodemographic variables do not show much discrepancy between perceived body size and ideal body size. When certain subgroups want to be larger and others want to be smaller (e.g., Ricciardelli et al., 2007), overall analysis of larger groups may fail to produce significant differences between groups.

A study of 179 men and women showed that both men and women in general would like to be less fat ($p < .05$) (Cafri & Thompson, 2004). In addition to losing weight, however, men from this study also wanted to be more muscular and were likely to engage in maladaptive behaviors such as steroid use or disordered eating to achieve that goal (Cafri & Thompson, 2004). The stringency of these ideals, however, may vary between men and women (and by extension, vary from community to community). In a study examining depressive symptoms and weight specific quality of life among 454 adolescents age 11-18 years of age, Caucasian girls were found to be particularly at risk for both depression and low weight-specific quality of life (Edwards et al., 2012). These risks indicate not only a thinner

ideal than their male counterparts, but a stricter adherence to their ideals resulting in more body dissatisfaction than their male counterparts. While it may seem obvious that men and women would have different ideals for body shape and size, it follows logically that other sociodemographic based groups may also have distinct and different body ideals. Furthermore, it is important to examine these sociodemographically based groups individually to be certain that significance is not buried in samples that contain large swaths of different populations.

For example, in a content analysis of literature dealing with body image and ethnicity and culture, while men generally did not show much discrepancy between perceived body size and ideal body size, African American and Latino men were significantly less likely than white men to consider themselves to be overweight (Ricciardelli et al., 2007). The authors argue that these men may have an ethnically informed body ideal that differs significantly from that of white men in that the ideal is larger (Ricciardelli et al., 2007). The authors note, however, that even with this larger body ideal, Black and Latino men are still likely to use extreme weight loss strategies in pursuit of the larger, but more muscular body ideal (Ricciardelli et al., 2007).

In the exploration of multiple social identities, even among marginalized social groups, privileged bodies still tend to be seen as ideal. While individual groups of men and women may have different ideals for their groups, it seems that very privileged bodies, in this case white bodies, are still seen as more ideal (Brennan et al., 2013). Literature showcasing how differences in ideals need to be taken into account, may also indicate that the discrepancy between perceived body size and ideal body size may not completely capture body dissatisfaction that occurs outside the realms of adiposity and muscularity (Heinberg,

Pike, & Loue, 2009). This is particularly salient when I consider that different ethnic groups may accumulate adiposity in different ways. For these reasons, it is important to consider intersections of social identity as they relate to body satisfaction with regard to body contour scales. Also important to note is that if these ideals are culturally defined, they may change over time. McArdle and Hill (2009) argue that as media consumption increases and ideals for men's bodies continue to change, even straight men will increasingly succumb to pressures to conform to normative, unrealistic standards of beauty.

The Male Body Attitudes Scale (MBAS) is a scale that was developed specifically for men for the measurement of body satisfaction among men (Tylka et al., 2005). Because men strive not just for thinness but also for muscularity, measures that attempt to assess body esteem for men must include both of these constructs. The MBAS was developed with a large sample of men in university settings. Among the three different studies Tylka and colleagues conducted, each with samples between 240 and 300 participants, it seems that the subscales within the MBAS had good test-retest reliability and a consistent Cronbach alpha of .91 for the entire scale. The authors did not ask their participants about their sexual orientations, but all participants in the sample were self-identified men in college.

Gay and Bisexual Men and Body Esteem

Gay and bisexual men tend to have body esteem issues that are not prevalent for their straight peers. In fact, gay and bisexual adolescents have been found to be twice as likely to report themselves as being overweight, having poor body image, and as engaging in bingeing and purging behaviors in an attempt to control weight (French, Story, Remafedi & Blum, 1996). These findings are from a study of 788 adolescents between the ages of 12 and 20, half of which were LGB and half of which were heterosexual as determined through self-

report, and 86.4% of which were white (French et al., 1996). Sexual orientation was not related to BMI scores, meaning that LGB adolescents did not differ significantly in size compared to their straight counterparts; however, gay and bisexual men were more likely to see themselves as overweight (though when bisexual men were included, the difference only approached significance with $p=.07$), and have a negative body image ($p=.03$) (French et al., 1996).

As mentioned above, body esteem extends beyond fatness and also includes muscularity. Muscularity must also be examined in order to paint an accurate picture of body esteem in gay men. In a study of 290 adult gay men, muscle dysmorphia (the belief that an individual is much less muscled than he or she is) is correlated with poor self-esteem ($p<.001$) and loneliness ($p<.001$) (Chaney, 2008). This correlation may indicate the presence of a muscular ideal that individuals may feel is unattainable, or at the very least suggests that not meeting this ideal is detrimental to the ways in which gay men think about themselves. Though straight men seem to have similar ideals for muscularity, muscular ideals seem particularly distinctive in gay men particularly in regard to the lengths gay men will go in order to achieve or strive for them. In a study of 135 men hospitalized with eating disorders, 27% or more of those diagnosed with eating disorders identified as gay or bisexual (Carlat, Camargo, & Herzog, 1997). Furthermore, among these confirmed cases of disordered eating, 60% reported having been overweight at the onset of their symptomatology (Carlat, Camargo, & Herzog, 1997), indicating a potential discrepancy between the subjects' then perceived body size with their ideal body size.

The phenomenon of body dissatisfaction and eating disorders does not seem to be geographically bound to gay and bisexual men of the United States. In a study of 264 adult

men from the Netherlands, 72 of which self-identified as men who were attracted to men or as men who are attracted to both men and women, gay and bisexual men had significantly lower BMIs ($p < .001$), but had significantly higher dissatisfaction with their own bodies ($p < .001$) (Hospers & Jansen, 2005). Furthermore, these gay and bisexual men were significantly more concerned about their weight ($p < .001$), and had significantly lower self-esteem ($p < .001$) than their straight peers (Hospers & Jansen, 2005). Gay and bisexual men, as well as women, seem to be at risk of a host of pathologies related to discrepancies between perceived body size and ideal body size.

The seemingly ubiquitous drive for thinness among gay and bisexual men may be an explanatory factor in the high correlation between gay and bisexual identity in men with poor body esteem and disordered eating symptomatology (Boroughs & Thompson, 2001). In a study of 134 adult men, approximately half of whom self-identified as gay, gay men were more likely to perceive potential partners as desiring smaller figures ($p = .008$), and have a significantly smaller ideal body size ($p < .001$). Boroughs and Thompson suggest that this internal drive for thinness is therefore driven by a strong preference for small partners and a belief that partners in turn desire small partners (2001). This drive to adhere to a strict ideal of thinness may be exacerbated with multiple marginalized identities such that gay men of color, for example, may feel an even increased need to conform to this strict standard of thinness (Andersen, 1999).

Siever (1994), in a study of 250 adult university students, presented evidence that there are gay men who perceive themselves as being too small. Results in Siever's study suggested that rather than a smaller, thinner ideal, these gay men wanted to gain body mass (1994). I wonder how much of this might be explained by an idealized masculine form

among these men. That is, rather than wanting to be larger with more fat, these individuals may actually be striving for a very thin but muscular ideal. Lahti argues that often hypermasculine, hypermuscular forms are idealized within the gay and bisexual community (2014). These men who wish to be larger may be reflecting this alternate, more masculine ideal that while muscular, is still devoid of fat. Muscularity, it seems, is integral to a masculine look, far more so than thinness (Harvey & Robinson, 2003), and though these might be considered two different axes of body structure, they both deal with differences that are important in creating an accurate measure of actual and ideal body size.

Based on a content analysis of literature concerning eating disorders in men, it seems particularly important for gay men who have been shown to place high concern on physical attractiveness both for themselves and their partners compared to their straight peers (Harvey & Robinson, 2003). Muscular ideals are obviously not particular to gay men, though these ideals seem to affect gay men differently. In a study of 101 men, of whom 67 self-identified as gay, only gay men showed a correlation between increased consumption of body-idyllic media (pornography, muscle magazines, and fitness magazines) with increases in social physique anxiety, drive for muscularity, and eating disordered attitudes ($p < .01$) (Duggan & McCreary, 2004). Because the correlation of concerns about the body with consumption of body-idyllic media exists only in gay men, there may be something specific about gay identity or culture that creates these stringent ideals to which members hold themselves.

Gay men, and by extension bisexual men, seem to be more sensitive to body ideals even in mainstream culture than their straight peers. In a study of 132 men, 82 of which self-identified as gay, gay men were more likely to be dissatisfied with their appearance ($p < .01$) and were more sensitive to media's negative effects on body dissatisfaction (McArdle & Hill,

2009). These men were also more likely to be teased about their weight ($p < .001$), and were more sensitive to weight related teasing than their straight peers ($p < .001$) (McArdle & Hill, 2009). However, the authors also note that both gay and heterosexual men who want to lose weight had a significant relationship between self-esteem and body dissatisfaction ($p < .001$), and that there was no significant difference in the relationship between self-esteem and body dissatisfaction between gay and straight men (McArdle & Hill, 2009).

Related to weight-related teasing, a study of 155 British men, approximately half of whom identified as either gay or bisexual, showed that these gay and bisexual men were more likely to engage in more fat talk (conversation that calls attention to body image around fatness) and were more negatively impacted by conversations dealing with aspects of their bodies they perceive as negative than compared to their heterosexual peers ($p < .001$ in all cases) (Jankowski, Diedrichs, & Haliwell, 2014). With all this data that correlates sexual orientation with disproportionate body dissatisfaction, I wonder what specific aspects of sexual identity or the communities that these studies explore is really the root of this body dissatisfaction. Chaney suggests that this relationship may actually be moderated by homonegativity rather than sexual orientation (2008), though this is merely a suggestion for future directions of research rather than based on actual findings.

Perhaps most interesting about this discussion of body esteem and body dissatisfaction in the gay and bisexual community is that there is some evidence to suggest that differing levels of identification within the gay and bisexual community among gay and bisexual men can lead to different outcomes with regard to body satisfaction and self-esteem. In a study of 90 self-identified gay men in Australia, sense of belonging in the gay and bisexual community as measured with a modified Sense of Belonging Measurement was

significantly correlated with increased body dissatisfaction and, paradoxically, better self-esteem ($p < .01$, $p < .01$, respectively) (Kousari-Rad & McLaren, 2013). However, for those with high sense of belonging to the gay and bisexual community, self-esteem seemed more dependent on body image satisfaction ($p < .002$) (Kousari-Rad & McLaren, 2013).

Furthermore, gay men show greater dissatisfaction with their bodies as well as greater symptomatology indicative of disordered eating (Drummond, 2005). There may be something specific about the gay and bisexual community that allows these ideals to manifest and results in community members' strict adherence to these ideals. This might not be a problem if gay and bisexual men's ideals were not so much stricter than their peers' ideals.

Fatness

Fatness is a marginalized identity that has been largely stigmatized because of the health concerns surrounding fat bodies and the assumptions made about fat people (Kwan, 2009; Rich & Evans, 2005; Touster, 2000). Rasmussen (2012) argues that the stigmatization of fatness has only occurred in the past 100 years. In his eyes, fatness became stigmatized because of the ways in which it has been likened to addiction, similar to alcoholism, and thus can be regarded as a moral failure on the part of the fat person (Rasmussen, 2012). Saguy (2013) also comments on the ways in which fatness and negative personality traits, such as slothfulness or gluttony, have been conflated. Framed in this way, fatness becomes a manifestation of vice, lack of self-control, and lack of moral guide. In this light, fat people are not only at fault for being fat but also deserving of being treated poorly as a result of their fatness (Kirkland, 2008).

Furthermore, the assumptions that fat bodies are inherently unhealthy precipitates much of the ire felt by fat people (Touster, 2000; Owen, 2012; Rich & Evans, 2005). In fact,

fatness is often touted as the undesirable or avoidable outcome of unhealthy lifestyle choices (Touster, 2000), despite the ableism inherent in that notion. Regardless of the circumstances surrounding an individual's fatness, many fat people are discriminated against; fat people are subject to a myriad of microaggressions, microassaults, and assumptions that can have a severe psychological toll on fat peoples' wellbeing (Owen, 2012).

These microaggressions, termed "spatial discrimination" by Owen (2012), are subtle messages conveyed explicitly or implicitly that fat people and fat bodies are less valuable, less valid, and less welcome than their thinner counterparts. In a sociological inquiry through use of ethnographies, personal journals, and interviews, Owen (2012) examined the experiences of fat people and found common themes amongst the ways in which fat people encounter spatial discrimination and how fat people cope with instances of spatial discrimination. In this inquiry, fat people commonly described frustrations with living in a world that seemed to actively exclude and push out fat bodies through lack of accommodation. Owen (2012) describes situations in which fat people have difficulty finding clothes that they want to wear, avoid public places because of the opportunity for mockery and staring, and feel alienated from a world that, in their experience, does not seem to care about them. Fat peoples' thoughts can become consumed by the ways in which their bodies are regarded by other people and the ways in which their bodies may not be accommodated in public spaces; fat people become withdrawn, preferring to stay at home than to go out and make themselves vulnerable to the pain that accompanies spatial discrimination (Owen, 2012).

In a study that drew on an online sample of 2,300 adults in the United States, fat people were found to be less likely to be promoted in their jobs, less likely to be hired, more

likely to be seen as lazy, and less likely to receive adequate healthcare (Gardner, 2012). As noted above, however, because of the ways in which fatness has been framed historically, fat people themselves are seen as the root cause of their own poor treatment (Saguy, 2013). That is to say, modern society's conceptualization of fatness holds fat people at fault and makes them deserving of this poor treatment (Rasmussen, 2012; Owen, 2012; Saguy, 2013). Furthermore, while anti-fat attitudes have been justified from the view that fatness is inherently unhealthy, the psychological toll from spatial discrimination and anti-fat attitudes can have more harmful effects on an individual's health than any effects felt due to weight (Rich & Evans, 2005).

Like other social identities, however, the experiences of fat people on a single axis of identity are not complete. There are unique ways in which fatness is able to intersect with other identities that mutually inform each other. In this case, fatness is being examined in the context of gay and bisexual identity. I would argue that in the context of fat gay or bisexual men, the experience of being fat and gay or bisexual is inextricable. The fatness of a fat gay or bisexual man informs his sexual orientation and vice versa. Exploration into the unique experiences of people who live within the experience of this intersection is necessary in order to better, fully understand both of these identities and their implications for the individual.

Fatness and Gay and Bisexual Identity

The belief that marginalized communities are better able to navigate the politics of marginalization and oppression may be misguided; for example, Han notes that the experiences of LGB people of color in the United States often reveal an overarching mainstream gay culture that is largely racist (2007). Marginalized communities, rather, tend to recreate systemic oppression found at a more macro level within the microcosm of the

marginalized community (Han, 2007). As a result, a society that is racist, classist, ableist, and so on will recreate these oppressions within the context of a community that is LGB-positive. But even LGB people themselves are not always safe within these LGB communities. Bisexuals often face lack of recognition and harassment from their lesbian and gay peers (Sarno & Wright, 2013), and transphobia is a major problem within a LGB community largely dominated by cisgender people (Weiss, 2004; Han, 2007).

LGB communities that are largely dominated by white, gay, cis men who are upper-middle class, among other normative identities, often remain unaware of the privileges they hold outside an LGB identity. Because they are unaware of their privileges, white, gay, cis men may inadvertently perpetuate oppressions affecting those who are multiply marginalized in their communities (Weiss, 2004; Han, 2007). The end result are communities based on a single axis of identity that are, in reality, sometimes outwardly hostile towards those who would otherwise be presumed members. Moreover, the proposed protective factors that exist within the context of a positive gay identity may erode when the community associated with that gay identity actively perpetuates microaggressions against individuals as members. Similarly, thinner gay men may inadvertently perpetuate anti-fat attitudes toward fat men within the gay and bisexual community, making the gay and bisexual community an unsafe environment for fat gay or bisexual men.

Intersections of different axes of identities can have a large impact on the ways in which individual axes of oppression are experienced. Individual axes of oppression are also able to come together to form unique experiences of oppression that are informed by multiple axes of oppression. For example, *gendered racism* is a systemic form of oppression that are not experienced by white women or African American men that leads to unique outcomes for

African American women (Thomas, Witherspoon, & Speight, 2008). By failing to examine this intersection of identity, the unique contributions of *gendered racism* in these populations to psychological wellbeing, among other things, is lost. Another instance of the unique ways in which oppressions can intersect may be found in racism and heterosexism; while racism and heterosexism are unique forms of oppression, they are both systemic in nature and collide for individuals who are both people of color and identify as LGB. The experiences of racism and heterosexism may be additive in their effects on psychological wellbeing outcomes, and unless these oppressions are examined concurrently the unique window of perspective held by individuals who are both LGB and people of color is lost (Szymanski & Gupta, 2009). It is also important to examine the intersection of fatness and gay identity because of the unique perspectives that may be held by individuals who are both fat and gay.

Despite the multitude of extrinsic factors that might affect how communities at a smaller scale might feel about fatness, there does seem to be consensus that being fat and being gay are seemingly incompatible (Bond, 2013; Moskowitz et al., 2012). Members of social communities centered on gay and bisexual, male identity seem to recognize a normativized body type as well as a collective struggle toward attaining such a body type (Tiggemann, Martins, & Kirkbride, 2007; Moskowitz et al., 2012). Even gay subcultures traditionally thought of as being body positive, such as the Bear community, show this desire to become thinner, and the body positive politics of the community seem only to help alleviate some the low body esteem held by its members (Bond, 2013; Moskowitz et al., 2012).

Similarly, Sarno et al. found that individuals who identify both as LGB and as people of color sometimes found that there was a conflict of interests between the two

simultaneously held identities (2015). Individuals in this situation may feel their cultural identity is not embraced or respected by the LGB community, and simultaneously that their LGB identity is not embraced or respected by their cultural community. As a result, individuals in this circumstance may feel that their identities are at odds with one another. Similarly, I suggest that fat gay and bisexual men may feel that their social location of being fat is not accepted or respected by a gay and bisexual community whose drive for thinness and muscularity is at odds with the non-normative bodies of fat men.

Fat gay man bisexual men feel as if they do not belong within the gay and bisexual community and feel invisible within it (Han, 2007; Moskowitz et al., 2012). Gay and bisexual men of color have expressed similar experiences of feeling invisible within this larger gay community (Han, 2007). This feeling of incompatibility is not solely based on the individual's perceptions of the gay and bisexual community. Fat people are actively marginalized both within and without of communities of men who identify as gay and bisexual (Moskowitz et al., 2012). In this case, there exists a perpetuation of prejudicial attitudes toward fat people. For these men who identify as gay or bisexual but who are unable to feel comfortable within this identity based community, protective factors supposedly afforded by involvement in the gay and bisexual community may be reduced or eliminated because of the prejudicial treatment and negative affect felt by these men. Fat gay and bisexual men who feel marginalized within a gay and bisexual community may actually have increased levels of internalized homophobia because of the ways in which their fat identity is seemingly incompatible with a gay or bisexual identity. Furthermore, the vehemence with which this anti-fatness is felt by gay and bisexual community members, and the degree to

which it seems to be distinct from the anti-fat attitudes felt by these individuals' straight peers, is worth exploring (Wrench & Knapp, 2008).

One group within gay men, however, seems not to adhere to this strict drive for thinness. The "bear" community idealizes a particular set of bodily characteristics that would otherwise be avoided in the gay and bisexual community, as presented above (Bond, 2013). "Bears" are community of heavy-set, hairy, gay men (Bond, 2013). In a study of 118 gay men who identified as bears or who were identified by others as bears, the author found that this "bear" identity may be a protective factor against the body dissatisfaction and eating disorder symptomatology that seems to affect much of the gay and bisexual men in the rest of the gay and bisexual community (Bond, 2013). Moskowitz et al. (2012), however, are quick to note that this protective factor may only be slight. In a study of 469 gay men, the authors found that non-bears reported higher self-esteem than their bear identifying peers ($p < .001$), that only heavier men were likely to prefer heavier partners regardless of identification within a bear community ($p < .001$), that bears are more likely to be masculine than their non-bear peers ($p < .001$), and that masculinity was associated with self-esteem more than any other variable ($p < .001$) (2013). Even though these gay men who are typically large and hairy recognize an attraction to other larger, hairier men, they still have low self-esteem, potentially related to their own bodies and their wish to more closely match a thinner, more muscular ideal. Furthermore, it might not be the bear identity that serves as a protective factor for self-esteem related to fatness, but rather the masculinity of these men.

For the bears that do seem to be happy at a larger size, the "bear" label itself may be a factor. In a study of 134 adult men, 47 of whom identified as homosexual, Boroughs and Thompson showed that people who thought of themselves as body builders were more

satisfied with their perceived body size than their runner and sedentary counterparts ($p=.005$), though this may be because bodybuilders may have an ideal mix of thinness and muscularity required for ideal, masculine beauty (2002). This may be evidence that how individuals label themselves alters how individuals perceive their own bodies and handle discrepancies between ideal and actual selves. Simply associating yourself with a particular label may change how you perceive and feel about your body. As above, men who see the bear community as positive and identify themselves as bears may be more satisfied than their similarly fat counterparts who do not identify as bears.

In general, there seems to be a dearth of literature that specifically examines fat gay and bisexual men in an empirical manner. In a search of PsycINFO through EBSCO, a keyword search of “fat” and “homonegativity” for empirical studies that have occurred in the past 10 years yields only one result. The study did not concern gay and bisexual men, but rather a broader spectrum of young men (18 or 19-years-old) who have sex with men, regardless of sexual orientation (Siconolfi, Kapadia, Moeller, Eddy, Kupprat, Kingdon, & Halkitis, 2015). In this empirical examination of 591 young men who have sex with men, the researchers conducted linear regression analysis to show that dissatisfaction with one’s own body was significantly correlated with internalized homonegativity ($p>.001$) (Siconolfi et al., 2015). If men who have more internalized homonegativity are less satisfied with their bodies, it stands that fatter men may also have increased levels of homonegativity.

Contour Drawing Rating Scales

Many of the studies of body dissatisfaction have used body contour scales as a means by which researchers are able to measure the discrepancy between a person’s perceived body size and their ideal body size, thereby serving as a proxy by which researchers are able to

measure body dissatisfaction (Thompson & Gray, 1995). The degree to which these scales are accurately able to measure a person's body size, however, is questionable. Some researchers have tried correlating body contour scales with body mass index in order to approximate accuracy of these scales in measuring body size (Stunkard, 2000), but body mass index is not a reliable means by which body size can be measured (Burkhauser & Cawley, 2008).

Although body contour scales have long been used to assess body image, very few scales have undergone the rigorous validation required in order to be considered valuable (Thompson & Gray, 1995). Although many scales have been developed since Thompson and Gray's critique in 1995, many scales still use the same principles and contain the same pitfalls as those examined by Thompson & Gray. These scales are sometimes unrealistic, have poorly defined bodily features, and often have too large of gaps between successive images in the scales (Thompson & Gray, 1995). However, many modern studies continue to use these body contour scales and address the concerns proposed by Thomson & Gray (1995) in a variety of ways, including increasing the number of images and measuring convergent reliability using BMI or other body shape measures (Thompson & Gray, 1995; Tantleff-Dunn & Thompson, 2000; Tazaki, 2007; Rozin, Trachtenberg, & Cohen, 2001; Hospers & Jansen, 2005; Hildebrandt, Langenbucher & Schlund, 2004; Gordon et al., 2010; Gardner, Jackson, & Friedman, 1999; Edwards et al., 2012; Cohn et al., 1987; Boroughs & Thompson, 2001; Befort, Robinson, Kurpui, Hull-Blanks, Nicpon, Huser, & Sollenberger, 2001).

Body contour scales are generally made up of a set of numbered figures ranging from thinner to fatter (e.g., a scale of ten figures labeled 1 through 10), increasing in adiposity (or fatness) as the numbers associated with the figures increase; the subjects choose what they

believe their actual body size to be and then choose their ideal body size. The absolute value of the difference of these figures results in a value used to determine how dissatisfied a subject is with his or her body (e.g., a subject chooses 8 for actual body size and 4 for ideal body size, resulting in a discrepancy of 4). These scales tend to be validated using participants whose task it is to put the images used in these scales in order from most to least thin, then perform the task again some time later, usually one week (Hildebrandt, Langenbucher, & Schlund, 2004; Gardner, Jackson, & Friedman, 1999; Thompson & Gray, 1995; Stunkard, 2000). Because these methods attempt to measure body *dissatisfaction* through discrepancy, it does not matter what the *actual* difference between a subject's body size and their ideal is; rather, it is the perception of this discrepancy that researchers are suggesting is a means by which this latent variable can be measured. In this study, however, I will be looking at subjects' actual body sizes and how they relate to subjects' *perceived* body size (the body size they believe themselves to be) and their ideals, potentially moderated by sexual orientation and subject's own adiposity.

While it seems that no contour drawing rating scale is ideal, the Body Image Assessment Scale-Body Dimensions (BIAS-BD) measure uses a large number of contour drawings (17) to give a wider breadth of adiposity than other scales while maintaining small incremental differences of just 5% change in body weight moving up or down the scale (Gardner, Jappe, & Gardner, 2009). For this scale, the authors drew on a sample of 207 undergraduate university students. The authors determined the BIAS-BD measure had a test-retest reliability for perceived body size of .86 for both men and women and produced concurrent validity, "measured as correspondence between perceived and reported size", of $r = .76$ (Gardner, Jappe, & Gardner, 2009, pp 1). Furthermore, responses to the BIAS-BD

correlated with participants' BMI at $r=.86$, and while BMI is an inaccurate predictor of body shape and contour, this suggests that the scale may be accurately representing many of the participants from this study (Gardner, Jappe, & Gardner, 2009). There is a limitation, however, in that this study did not request sociodemographic information apart from gender, though I do not expect that will greatly inhibit its ability to work similarly with a population of gay and bisexual men.

Chapter 3: Method

Anticipating difficulties in sample recruitment, I opted to aim to measure a medium effect size using a Cohen's f^2 value of .15. Based on previous research, a medium effect size is likely to capture significance related to internalized homophobia (cf, Szymanski & Gupta, 2009; Szymanski, Kashubeck-West, & Meyer, 2008). With an alpha of .05, a power of .80, and three predictor variables (the independent variables, the moderator, and their interaction), the total sample size required to test the regression hypotheses of the study was 69 participants. In order to be eligible for the study, participants had to identify as gay or bisexual men and be at least 18 years of age. I hoped to achieve a sample that is diverse in race, age, ethnicity, SES, geographic locations, and fatness within these parameters. Those who were under 18 years of age, who did not identify as men, or who did not identify as gay or bisexual were excluded from the study.

Measures

Demographic Measures. Participants were asked to indicate several demographic items including age, gender identity, sexual orientation, geographic location, socioeconomic status, and race/ethnicity. Sexual orientation response items included gay, bisexual/pansexual, straight, and exclusively MSM but not gay. Men who identified as straight were excluded from the study. All demographic variables will be examined as potential covariates.

Male Body Attitudes Scale (Tylka, Bergeron, & Schwartz, 2005). Tylka, Bergeron, and Schwartz (2005) constructed a scale to measure self-reported attitudes men had about their own bodies. The scale assesses 3 dimensions of body attitudes, however this present study used the body fat subscale designed to measure body satisfaction based on individual's

perceived body fat. This subscale consists of 8 items rated along a six-point scale (never [1], rarely [2], sometimes [3], often [4], usually [5], always [6]). Scores for this subscale are averaged with higher scores reflecting more negative body attitudes, called body shame throughout this manuscript. Sample items include “I think I have too much fat on my body,” and “I think my abs are *not* thin enough.” Internal consistency reliability estimate for the scores on body fat subscale was .93 in a sample of undergraduate students including participants of ages up to 62 years of age and of various racial, ethnic, and socio-economic status backgrounds. Among the three studies in which the scale was validated, a consistent Cronbach alpha of .91 was found for each sample, and while the scale has not been evaluated specifically in gay men it has been used in populations of men overall. Test-retest reliability for the scale over a two-week period was $r = .91$. The MBAS scale was significantly related to the Body Esteem Scale and the Drive for Muscularity Scale ($p < .004$), providing evidence for convergent validity.

The Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011). The Lesbian, Gay, and Bisexual Identity Scale is a 27-item scale intending to measure several constructs related to LGB identity including internalized homonegativity and is useful for assessment of lesbian, gay, and bisexual participants because of its inclusive language. The 27 items use a 6-point Likert-type scale (disagree strongly [1], disagree [2], disagree somewhat [3], agree somewhat [4], agree [5], or agree strongly [6]). Several items are reverse coded, scores on subscales of the instrument can be averaged to receive overall scores for the subscales. Higher scores are indicative of greater endorsement of that particular subscale. Sample items include “If it were possible, I would choose to be straight,” and “I wish I were heterosexual.” Internal consistency reliability estimates for the scale ranged from .75 to .91,

and test retest reliability was reported to be between .70 and .92 for a sample that was inclusive of the sample sought for this present study.

Body Image Assessment Scale-Body Dimensions (BIAS-BD) (Gardner, Jappe, & Gardner, 2009). The BIAS-BD is a self-report scale that researchers could use to accurately determine participants' body shapes. The scale uses 17 images of human bodies, either male or female, ranging from the thinnest (1) to the heaviest (17). Each increment up or down the scale reflects a 5% change in body weight. Higher scores are indicative of heavier, fatter participants. Participants are asked to place themselves on the scale, pick a point for their ideal body size, and pick a point for their community's ideal body size. From this data, numerical representations of body size discrepancies can be calculated. For this scale, test-retest reliability for perceived body size was .86 for both men and women and produced concurrent validity of $r = .76$. Furthermore, responses to the BIAS-BD correlated with participants' BMI at $r = .86$, and while BMI is an inaccurate predictor of body shape and contour, this suggests that the scale may be accurately representing many of the participants from this study (Gardner, Jappe, & Gardner, 2009). There is a limitation, however, in that this study did not request sociodemographic information apart from gender, though I do not expect that will greatly inhibit its ability to work similarly with a population of gay and bisexual men.

Modified Sense of Belonging Scale for Gay and Bisexual Men (Kousari-Rad & McLaren, 2013). The authors have previously used the Sense of Belonging Instrument (Hagerty & Patuskay, 1995) for a gay sample by inserting "gay community" into the appropriate portions of items, thereby creating a Sense of Belonging Instrument tailored to the gay community. This scale allows participants to respond to items such as "I would

describe myself as a misfit at most Gay social events” on a 4-point scale ranging from 1 (strongly disagree) to 4 (strongly agree), where responses are additive and higher scores reflect stronger sense of belonging (Kousari-Rad & McLaren, 2013). Effectively, this scale measures the degree to which an individual feels close to the gay community. The scale had good test-retest reliability over an eight-week period with a coefficient of .84 (Hagerty & Patusky, 1995), and has previously been shown to have internal consistency with a Cronbach’s alpha of .95 in gay men (McLaren, Jude, & McLachlan, 2008). While these findings have been specifically with Australian gay men, I can think of no reason that these results would not extend to gay and bisexual peers in the United States. The test-retest reliability for the Sense of Belonging Scale is .84 over eight weeks.

Procedures

Participants for the study were recruited using a variety of advertising outlets including community listservs for LGBT individuals (North American university student groups, community centers, etc.), web pages, social media outlets (e.g., Tumblr), and word of mouth. Gay and bisexual men wishing to participate in the study followed the link included in the advertisements that would take them to an informed-consent webpage followed by the online survey. Participants were told that they were participating in a study that sought to examine the relationship between body size, body esteem, and sexual orientation. The online survey consisted of demographic information and the survey items delineated in the Measures section. These items were counterbalanced using a Latin Square design. In the survey was one item that asked participants to answer with “Strongly Agree.” Participants who failed this check were removed from the study. Following the survey, participants were directed to a webpage with further information about the study, contact information for the

researcher in case of questions or concerns, and instructions for if the participants felt emotionally burdened following the survey's completion. Participants were told that they could contact the author to receive information about the results of the study following its completion.

Data collected from the survey were cleaned by examining responses for potential duplicate entries, inclusion of questions designed to prevent random responders' data from being included, and removal of data for individuals who did not complete the survey in its entirety. Following data collection, the researcher performed data analysis using multiple linear regression while testing for main effects and interaction effects of the variables in question.

Following completion of the study, participants who elected to submit their e-mail addresses separately from their survey responses were entered into a raffle where they are able to win one of five \$10 Amazon Gift Cards.

Chapter 4: Data Analysis

Prior to running data analysis, sexual orientation, race/ethnicity, geographic location, and socioeconomic status were dummy coded for analysis as potential covariates in the regressions. The reference groups for the dummy coding were gay sexual orientation, European American ethnicity, urban geographic location, and middle socioeconomic status. All variables of interest were standardized prior to analysis.

Internalized Homophobia

To determine the moderating effects of sense of fatness on the relationship between sense of belonging to the gay and bisexual community and internalized homonegativity, I used hierarchical linear regression in three steps. In step one, all demographic variables were entered into the regression. In step two, both sense of belonging to the gay and bisexual community and fatness were entered into the regression. In step three, the interaction between fatness and sense of belonging to the gay and bisexual community was entered into the regression. Following this initial regression, non-significant demographic variables were removed, and each model step was examined for significant changes to the F statistic. This allowed me to determine if additional variables were better able to explain the variance in internalized homonegativity. If the models generated by hierarchical linear regression that included interaction variables had been significant, simple effects analysis would have allowed me to examine the association between fatness and sense of belonging at different levels of involvement in the gay and bisexual community.

Sense of Belonging

In the past, Baron & Kenny's (1986) normal theory approach to mediation has widely been used to establish statistically significant mediation. However, the normal theory

approach to mediation lacks statistical power achievable through other methods, such as those described by Shrout & Bolger (2002). Baron & Kenny's (1986) examines four pathways for analysis: c , the proportion of variance between the independent and dependent variables when not taking the proposed mediator into account, a , the proportion of variance between the independent and proposed mediator, b , the proportion of variance between the proposed mediator and the dependent variable, and c' , the proportion of variance between the independent and dependent variables when taking the proposed mediator into account.

Mallinckrodt, Abraham, Wei, & Russell (2006) outline the steps necessary for Bootstrap Estimation of Mediation Effects based on the procedures used by Shrout & Bolger (2002). First, the researcher must create a bootstrap sample of the original data set using random replacement. Second, paths a and b must be calculated, as well as the interaction $a \times b$. Third, steps one and two are repeated 1,000 times. Finally, the distribution of the three estimates from calculations across the 1,000 calculations are examined. If $\alpha = .05$ for the distribution of the 1,000 estimates, the researcher then determines the values of $a \times b$ at both the 2.5 and 97.5 percentiles. This method is suitable for use in small sample sizes because it addresses asymmetrical distribution of the 1,000 estimates and greatly increases the power that would be afforded until the normal theory method.

Before beginning mediation analysis, all demographic variables were examined to determine their roles as potential covariates. For the simple effects hypothesis, I regressed sense of belonging on fatness using SPSS 23. Instructions set forth by both Hayes (2014) and Mallinckrodt et al. (2006) were followed for analysis of the proposed mediation. To facilitate the process of bootstrapping, mediation analysis was conducted using the PROCESS macro for SPSS (Hayes, 2014).

Body Shame

To determine the moderating effects of sense of belonging to the gay and bisexual community on the relationship between fatness and body shame, I used hierarchical linear regression in three steps. In step one, all demographic variables were entered into the regression. In step two, both sense of belonging to the gay and bisexual community and fatness were entered into the regression. In step three, the interaction between fatness and sense of belonging to the gay and bisexual community was entered into the regression. Following this initial regression, non-significant demographic variables were removed, and each model step was examined for significant changes to the F statistic. This allowed me to determine if additional variables were better able to explain the variance in body shame related to low body fat. If the models generated by hierarchical linear regression that included interaction variables had been significant, simple effects analysis would have allowed me to examine the association between fatness and esteem at different levels of involvement in the gay and bisexual community.

Chapter 5: Results

A total of 99 participants were recruited for the study, however only 78 gay and bisexual men's data were analyzed for the study due to failed validity checks (see table 1). The participants ranged in age from 19 to 65 years of age, with a mean age of 29 (SD = 8.17). The majority of the sample identified as gay (87.2%). The entire sample identified as cis men, and 59.6% self-identified as white, 8.1% self-identified as African American, 5.1% self-identified as Latino, and 3% self-identified as Asian American. Several participants identified as being Native American or multiethnic. When asked to describe their geographic location, 52.6% of the sample described living in a suburban area, while 39.7% described living in an urban area, and 7.7% described living in a rural area. When asked to describe their own socioeconomic status, 47.4% self-identified as working class and 34.6% self-identified as middle class. Participants described their body sizes using the figures presented in the appendices. Participants' responses spanned the entire range of the scale from 60-140. The average body size indicated was 113.87 (SD = 19.975).

Multiple linear regression was used to analyze the data. Data met all assumptions of linear regression. A missing data analysis was performed on the data, and less than 5% of data was reported missing. Furthermore, no discernable pattern of missing data was found. Multiple imputation was used in SPSS to account for missing data that was missing at random..

Internalized Homonegativity

The first hypothesis postulated first that fatness would moderate the relationship between sense of belonging and internalized homonegativity. In this first step of this regression, all demographic variables were entered to examine the possibility of covariates.

In the second step, fatness and sense of belonging to the gay and bisexual community were entered as independent variables. Last, in the third step, interaction between fatness and sense of belonging to the gay and bisexual community was entered (see Table 2).

The step one model using only the demographic variables was not significant ($p = .679$). Because no demographic variables were significant, they were removed from the model and the analysis proceeded without any demographic variables.

In step 2, the overall conditional effects, $R^2 = .124$; $\Delta R^2 = .124$; $F(2, 76) = 5.373$, $p < .001$, of body size and sense of belonging on internalized homonegativity were statistically significant. Fatness was not correlated with internalized homonegativity ($\beta = .065$, $p = .549$), meaning men who were fatter did not have increased internalized homonegativity. Sense of belonging to the gay and bisexual community was significantly negatively related to internalized homonegativity ($\beta = -.317$, $p = .005$), meaning men who were closer to the gay and bisexual community tended to less internalized homonegativity.

In step three, the interaction between fatness and sense of belonging to the gay and bisexual community was entered into the model. The overall interaction effect, $R^2 = .357$; $\Delta R^2 = .004$; $F(1, 75) = 3.651$, $p < .016$; $\Delta F = .306$, $p = .582$, suggests that while the overall model is significant, the interaction term does not explain a significant amount of variance. This indicates that there is no reason to believe that these variables are involved in a relationship of moderation. However, part one of hypothesis one was not disconfirmed, and on average, regardless of body size, men who were closer to the gay and bisexual community had less internalized homonegativity.

Sense of Belonging

Before beginning this analysis, sense of belonging to the gay and bisexual community was regressed onto all demographic variables to explore their potential as covariates. No demographic variables were significantly related to internalized homonegativity, and were not included in subsequent steps. First, simple effects analysis using linear regression found no correlation between fatness and sense of belonging was found ($p = .522$). Using Hayes (2013) process macro, the sample was bootstrapped and estimates for the values of a , b , and $a \times b$ were calculated 1,000 times.. Next, I examined the relationship between fatness and discrepancy between actual and ideal body size. Fatness was positively correlated with discrepancy between actual and ideal body size ($p > .000$, $r^2 = .472$). Discrepancy between actual and ideal body size, however, was not correlated with sense of belonging ($p = .103$). Because discrepancy between actual and ideal body size was not significantly correlated with sense of belonging, no mediational relationship involving fatness, belongingness to the gay and bisexual community, and internalized homophobia could be found. Therefore, hypothesis two has been disconfirmed (see Fig. 1).

Body Esteem

The third hypothesis postulated first that fatness would be significantly correlated with body shame, and then that sense of belonging to the gay and bisexual community would moderate this relationship. In this first step of this regression, all demographic variables were entered to examine the possibility of covariates. In the second step, fatness and sense of belonging to the gay and bisexual community were entered as independent variables. Last, in the third step, interaction between fatness and sense of belonging to the gay and bisexual community was entered (see Table 3).

The step one model using only the demographic variables was significant, accounting for 21.9% of the variance ($p = .006$). Of these demographic variables, sexual orientation and geographic location were significant contributors to the variance in the model. Step one was recalculated removing all demographic variables that were not significant contributors to body shame related to low body fat. In step 1, the overall effect, $R^2 = .162$; $F(2, 76) = 7.346$, $p > .000$, indicated there were significant differences in body shame between gay and bisexual men and between men living in rural and urban settings. Sexual orientation ($\beta = .993$, $p = .010$) and geographic location (rural vs. suburban geographic location $\beta = 1.091$, $p = .008$) explained 16.2% of the variance related to responses on body shame related to low body fat. Therefore, bisexual men were more likely to have poor body esteem related to low body fat than their gay counterparts. Also, men in rural settings were more likely to have poor body esteem related to low body fat compared to their urban counterparts. By including sexual orientation and geographic location in steps two and three of the model, these covariates were controlled.

In step 2, the overall conditional effects, $R^2 = .412$; $\Delta R^2 = .250$; $F(4, 74) = 12.962$, $p < .001$, of body size and sense of belonging on body shame related to low body fat were statistically significant. Fatness was not correlated with body shame related to low body fat ($\beta = .149$, $p = .130$), meaning men who were fatter did not tend to have worse perceptions about their body related to fatness. However, sense of belonging to the gay and bisexual community was significantly positively related to body shame ($\beta = .455$, $p > .001$), meaning men who were closer to the gay and bisexual community tended to have worse perceptions about their body related to fatness.

In step three, the interaction between fatness and sense of belonging to the gay and bisexual community was entered into the model. The overall interaction effect, $R^2 = .661$; $\Delta R^2 = .011$; $F(5, 73) = 10.234$, $p < .001$; $\Delta F = .012$, $p = .912$, suggests that while the overall model is significant, the interaction term does not explain a significant amount of variance. This indicates that there is no reason to believe that these variables are involved in a relationship of moderation. Hypothesis three has been disconfirmed; no interaction between fatness and sense of belonging to the gay and bisexual community was found.

Chapter 6: Discussion

Many of the proposed relationships among variables were not supported by the statistical analyses, but several overarching themes can be gleaned.

Internalized Homonegativity and Fatness

Hypothesis one was disconfirmed. I predicted that sense of belonging to the gay and bisexual community would be negatively correlated with internalized homonegativity. I made this hypothesis based on previous studies that have shown sense of belonging to the gay and bisexual community to be a protective factor against internalized homonegativity (Halpin & Allen, 2004). I had also believed that fatness might moderate the relationship between sense of belonging to the gay and bisexual community and internalized homonegativity. I believed fatness might moderate that relationship because of the ways in which fatness and gay or bisexual identity are often seen as incompatible (Bond, 2013). I had anticipated that fat gay and bisexual men might experience the sense of belonging to the gay community differently because of the anti-fat attitudes present within it. I believed that would thereby remove the protective factor that has been shown to reduce internalized homonegativity for gay and bisexual men (Sheran & Arnold, 2012).

As would be expected following research that suggests that the gay and bisexual community overall has an ideal that is mostly thin and muscular (Han, 2007; Moskowitz et al., 2012; Wrench & Knapp, 2008), I did find that fatter gay and bisexual men did wish to become thinner and that the fatter a gay or bisexual man was, the larger the discrepancy between his actual and ideal body size. However, I did not find any relationship between fatness and internalized homonegativity. Although fat and bisexual men did wish to be

thinner, fat gay and bisexual men were no more likely than their thinner counterparts to have increased levels of internalized homonegativity.

I expected that a sense of belonging to the gay and bisexual community was a protective factor against internalized homonegativity (Sheran & Arnold, 2012). However, I also expected that because of the perceived incompatibility of fatness with gay and bisexual identity that gay and bisexual men who were fat would not sense that they belonged to the gay and bisexual community. This was not the case, and was not supported by my data.

However, I was able to reproduce results that suggest that a sense of belonging to the gay and bisexual community (regardless of fatness) is related to decreased levels of internalized homonegativity. This is important because of the ways in which specific attention to fatness has not been previously explored in literature. Fatness changes the experiences of gay and bisexual men because of the ways in which experiences of fat people differ from those of less fat people (Owen, 2012). By examining this intersection specifically, the findings from this study provide support for a protective factor against internalized homophobia that is offered by sense of belonging to the gay and bisexual community (Sheran & Arnold, 2012) across body sizes.

Reflecting on the proposed relationship and these outcomes, I can provide a few reasons that the proposed relationships from the first hypothesis were not supported. First and foremost, no relationship between these variables may exist. It is possible that although gay and bisexual identity and fatness are seen as incompatible (Bond, 2013; Moskowitz et al., 2012; Owen, 2012), this incompatibility has no effect on internalized homonegativity and that a sense of belonging to the gay and bisexual community has positive implications with regard to internalized homonegativity regardless of body size.

It may also be possible that fat gay and bisexual participants may be part of more localized, body positive communities that afford them the protected factors against internalized homonegativity that might otherwise be unavailable to them. I directed participants to think of a mainstream gay and bisexual community, however participants may not have thought of themselves as part of the mainstream gay and bisexual community and may have instead answered questions on the sense of belonging scale with regard to their more localized, potentially body positive communities. If this were the case, I would expect more body positive communities to have similar outcomes regarding sense of belonging. However, gay and bisexual men who are fat and not involved in these body positive communities may not have access to this protective factor and may have increased levels of internalized homonegativity.

Fatness and Sense of Belonging to the Gay and Bisexual Community

Hypothesis two was completely disconfirmed by the analysis. For hypothesis two, I anticipated that fatness would be negatively correlated to a sense of belonging in the gay and bisexual community. I expected that because of the ways fatness and gay or bisexual identity are seen as incompatible, fat gay and bisexual men would not feel a strong sense of belonging to communities that are largely presumed to hold anti-fat attitudes (Wrench & Knapp, 2008). As a result, I expected that gay and bisexual men would have thin ideals and that the fatter a gay or bisexual man was, the larger the discrepancy between his actual and ideal body size would be. Furthermore, because of the thin ideal and anti-fat attitudes that are presumed to be held by the gay and bisexual community (Wrench & Knapp, 2008), I expected that those who were closest to this gay and bisexual community would likely hold these beliefs more strongly. I proposed that fatter men would have larger discrepancies

between actual and ideal body size, and the larger the discrepancy the less one would feel a sense of belonging to the gay and bisexual community.

There was a significant relationship between fatness and discrepancy between actual and ideal body size, such that fatter men tended to have larger discrepancies between actual and ideal body size. This means that on average, fatter men desired to be smaller. Literature supports the idea of a thin ideal within gay and bisexual men (Tiggemann, Martins, & Kirkbride, 2007), even among people in body positive communities (Moskowitz et al., 2012). Regardless of what specific gay and bisexual community participants' had in mind while they were completing the survey, this ubiquitous thin ideal would be present. However, fatness was not correlated with sense of belonging to the gay and bisexual community. Potential reasons for this lack of significance are explored above.

Fatness and Body Esteem

Part one of hypothesis three was supported, but part two involved interaction between fatness and sense of belonging to the gay and bisexual community was disconfirmed. In hypothesis three, I proposed that there would be significant relationships between both fatness and sense of belonging to the gay and bisexual community with body shame related to low body fat. I also expected sense of belonging to the gay and bisexual community would moderate the relationship between fatness and body shame related to low body fat, such that the negative relationship between fatness and body shame will be lower for those who have a low sense of belonging to the gay and bisexual community and higher for those who have a high sense of belonging to the gay and bisexual community. I expected that gay men who are fat would be exposed to anti-fat attitudes both in society in general (Owen, 2012), and

specifically within the gay and bisexual community (Moskowitz et al., 2012). Therefore, I expected men who were fatter to have worse body shame related to low body fat.

Fatness was not related to body shame related to low body fat. This was unexpected based on previous research that has examined body shame in gay and bisexual men (Yean et al., 2013), and based on the literature examining the ways in which fat people receive microaggressions based on their appearance (Owen, 2012). However, people who felt a stronger sense of belonging to the gay and bisexual community did indeed have poorer body esteem related to low body fat. Previous literature has confirmed the anti-fat attitudes held by the gay and bisexual community (Wrench & Knapp, 2008), and the ways in which gay and bisexual men are more likely to have poor body esteem or engage in disordered eating behaviors (Torres, 2008). No interaction effects were seen between fatness and sense of belonging. This is an important finding because it suggests that while fatness is unrelated to body shame related to low body fat for gay men, closeness to the gay and bisexual community is what causes anti-fat attitudes to become internalized and inflict dissatisfaction with one's own body size. However, because of the sampling methods and because I cannot be certain if this is simply due to an unseen additional variable, such as belongingness to a body positive community like the bear community, that may be skewing these results.

One interesting outcome of this analysis, however, is the degree to which bisexuality and rural geographic location were components of the model created for this analysis. Bisexual men, on average, had poorer body esteem related to low body fat than their gay counterparts. Furthermore, men in rural areas tended to have poorer body esteem related to low body fat. However, the numbers of men in the sample who identified as bisexual and

who identified as living in a rural geographic location were low, and results are exploratory in nature only.

Chapter 7: Limitations and Future Directions

Foremost among the limitations I see for this study is the small sample size. While many of my hypotheses were disconfirmed by my analysis, it is interesting to note that while insignificant, the direction of each of my hypotheses were aligned with my analysis. It is possible that with a larger sample size, and therefore increased power, I might find that these hypotheses may hold up to statistical analysis. I attempted to partially address this shortcoming through use of bootstrapping methods. However, future research in this area should attempt to gather larger sample sizes for analysis.

Second among the limitations for this study is the concept of a mainstream gay and bisexual community; the culture, practices, beliefs, and behaviors of members of a “mainstream” gay and bisexual community may vary significantly among different geographic locations, age groups, and so on. I had attempted to address this limitation by including specific priming language within the questionnaires directing participants’ answers to be geared toward “the mainstream gay and bisexual community.” Future research should make attempts to better capture the attitudes of the gay communities to which participants belong. This is particularly important for research involving fat gay men because of the ways in which subgroups within the gay and bisexual community may be more or less body positive (Moskowitz et al., 2013). It is possible that many of the fat men recruited within this study were involved in a body positive gay and bisexual community, and if more fat men

without access to body positive communities had been sampled that these hypotheses may have been confirmed. Future research that is able to separate out these subgroups may better be able to determine the degree to which fat men in different gay communities are able to reap the benefits typically associated with belonging to that gay and bisexual community.

This study is cross-sectional in nature. As such, hypotheses regarding mediation, though disconfirmed, would not have been able to truly argue for any directionality of these proposed models. Indeed, because the study is cross-sectional, the direction of correlations between any variables is uncertain and follow-up longitudinal studies would need to be done to gather evidence for them.

The sample in this study is also a limitation, as only men with access to computers and the Internet were able to participate. This impacts the results' potential generalizability. Men with access to computers may also have access to online communities of gay men, who in turn may be more body positive. Regardless, there may be specific traits common to gay and bisexual men who have access to computers that inadvertently affected the results of this study.

Last, there are several limitations related to the scales used for this study. Because I used several scales that have not been validated specifically with my target population, I ran risks related to construct validity for this sample. In order to be more certain in my results, each of these scales would need to be validated specifically for use with gay and bisexual men of a variety of body sizes. Second, although Gardner et al. (2009)'s body contour scale made attempts to address the concerns for body contour scales outlined by Thompson & Gray (1995), there were participants who self-selected body contours at the extremes at each end of the scale. It is possible that despite Gardner et al. (2009)'s efforts, the scale was

unable to accurately and completely capture the actual body sizes of the participants in this study. Furthermore, because I assessed each of my variables with only a single scale, there is a chance that I did not adequately or accurately measure these variables. Future research may attempt to validate these scales for specific use with these populations before use in a similar analysis. Specifically, a future study may use a body contour scale that has a larger range of body sizes, has more subtle changes between contour drawings within the scale, and has better defined drawings for identification of one's own body type.

Chapter 8: Research Implications

Little research has been done examining the intersections of fatness and gay or bisexual identity. While the overarching hypotheses from this study were disconfirmed, it is still important to examine this intersection of identity to see how experiences and outcomes otherwise assumed to be universal for gay and bisexual men may actually differ for men who are fat. Furthermore, this study was able to replicate results from past studies, particularly the negative relationship between sense of belonging to the gay and bisexual community and internalized homonegativity (Sheran & Arnold, 2012), and the negative relationship between belongingness to the gay and bisexual community and body shame related to low body fat (Kousari-Rad & McLaren 2013). Because of the ways in which fatness is related to the discrepancy between actual and ideal body size and that different gay communities might be more and less body positive, more exploration utilizing the discrepancy between actual and ideal body size as a predicting variable would be appropriate. However, because of the cross-sectional design of the study, relationships may be in opposite directions from what are proposed and could be addressed in future studies.

Chapter 9: Clinical Implications

Belongingness to the gay and bisexual community has been shown to be correlated with decreased levels of internalized homonegativity in both gay and bisexual men. Clinicians may want to encourage their clients to seek gay communities in which they feel that they can belong if they believe that their clients may be struggling with issues of internalized homonegativity. Related to the outcomes of this study, clinicians may feel more comfortable recommending that clients regardless of body size may be able to find such a protective factor within a sense of belonging to the gay and bisexual community. However, results from this study also suggest that belonging to the gay and bisexual community and being fat may predict body shame related to low body fat. Clinicians may want to be careful which clients they recommend become more connected to the gay and bisexual community based on how they perceive their clients' current body image and body shame related to fatness. Clinicians may want to develop strategies related to building body esteem for gay and bisexual clients who are becoming closer to the gay and bisexual community, regardless of current body size. However, once again due to the cross-sectional design, this is only one interpretation of the directionality of the results.

Appendix A

Table 1: *Summary of demographic information (N=78).*

		N	%
Gender	Man	78	100%
Sexual Orientation	Gay	68	87.20%
	Bisexual	10	12.80%
Geographic Location	Rural	6	
	Suburban	41	
	Urban	31	
Race/Ethnicity	African American/Black	8	8.10%
	Asian America	3	3.00%
	White	59	59.60%
	Latino	5	5.10%
	Native	1	1.00%
	Multi-Ethnic	5	5.10%
	Other	4	4.50%
Socioeconomic Status	Lower Class	3	3.80%
	Working Class	37	47.40%
	Middle Class	27	34.60%
	Upper Middle Class	9	11.50%
	Upper Class	2	2.60%
Age		Range: 19-65	Avg: 29.31 SD: 8.171

Appendix B

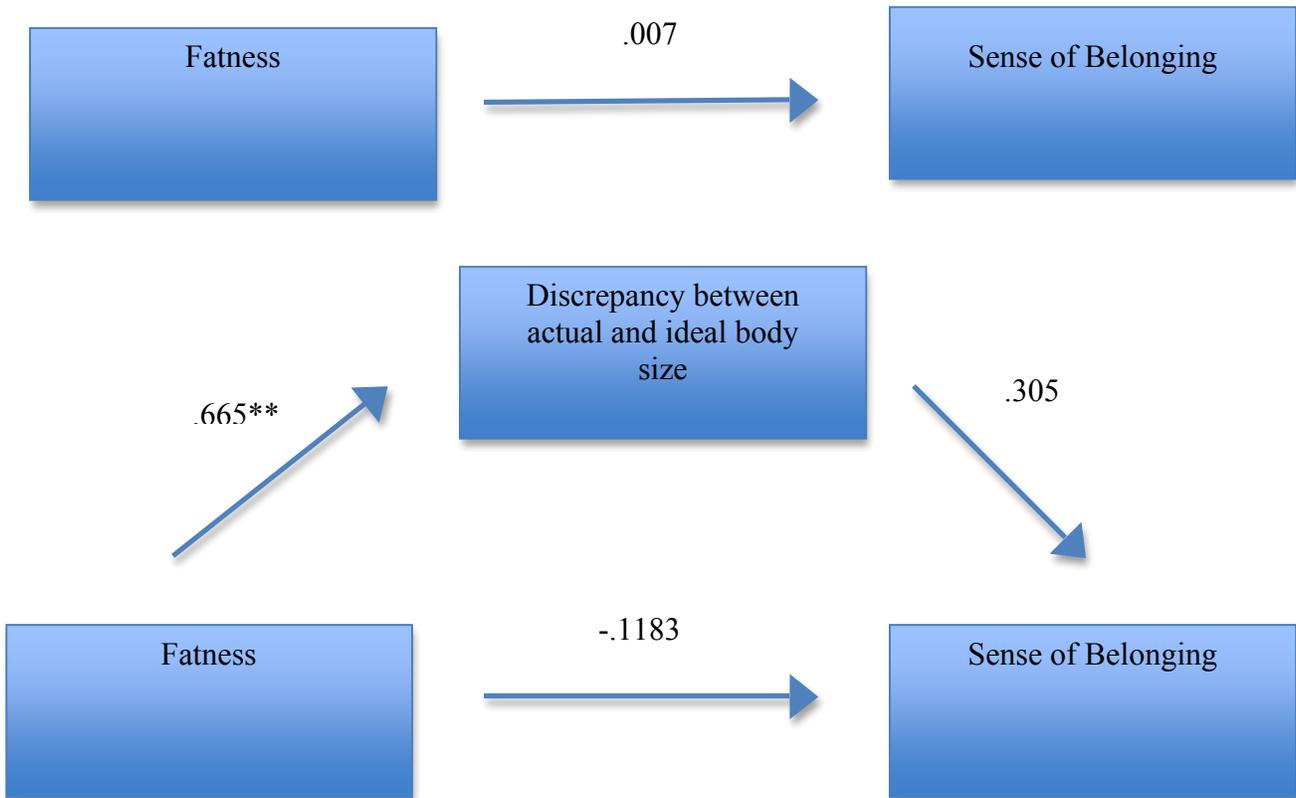
Table 2: *Summary of linear regression analysis of sense of fatness as a moderating variable between sense of belonging to the gay community and internalized homonegativity (N=78).*

Variable	B	SE B	t	R	R2	F	$\Delta R2$	ΔF
Step 1				0.352	0.124	5.373**	0.124	5.373**
Sense of Belonging	-0.317	0.112	2.840**					
Fatness	0.065	0.109	0.599					
Step 2				0.357	0.127	3.651*	0.004	0.306
Sense of Belonging	-0.477	0.339	1.405					
Fatness	0.183	0.257	0.71					
Sense of Belonging X Fatness	0.219	0.421	-0.519					

* $p < .05$
** $p < .01$

Appendix C

Fig 1: Summary of mediation analysis of fatness, discrepancy between actual and ideal body size, and sense of belonging to the gay and bisexual community. (N=78).



Note: * $p < .05$, ** $p < .01$

Bibliography

- Allen, D.J., & Oleson, T. (1999). Shame and internalized homophobia in gay men. *Journal of Homosexuality, 37*(3), 33-43.
- Andersen, A.E. (1999). Eating disorders in gay males. *Psychiatric Annals 29*(4). 206-212
- Arredondo, P., Rosen, D., Rice, T., Perez, P., & Tovar-Gamero, Z. (2005). Multicultural counseling : A 10-year content analysis of the journal of counseling & development. *Journal of Counseling & Development, 83*, 155–161.
- Balsam, K. F., & Mohr, J. J. (2007). Adaptation to sexual orientation stigma: A comparison of bisexual and lesbian/gay adults. *Journal of Counseling Psychology, 54*(3), 306-319.
doi:10.1037/0022-0167.54.3.306
- Beemyn, B., Curtis, B., Davis, M., & Tubbs, N.J. (2005). Transgender issues of college campuses. *New Directions for Student Services, 111*, 49-60.
- Befort, C., Robinson Kurpius, S.E., Hull-Blanks, E., Nicpon, M.F., Huser, L., & Sollenberger, S. (2001). Body image, self-esteem, and weight-related criticisms from romantic partners. *Journal of College Student Development, 42*(5), 407-419.
- Blashill, A. J. (2011). Gender roles, eating pathology, and body dissatisfaction in men: A meta-analysis. *Body Image, 8*(1), 1–11.
- Bond, A. (2013). Bears and their bodies: A look at body image in gay male subculture. *Dissertation abstracts*.

- Boroughs, M. & Thompson, J.K. (2001). Exercise status and sexual orientation as moderators of body image disturbance and eating disorders in males. *International Journal of Eating Disorders* 31, 307-311.
- Brennan, D.J., Asakura, K., George, C., Newman, P.A. , Giwa, S., Hart, T.A., Souleymanov, R., & Betancourt, G. (2013). “Never reflected anywhere”: Body image among ethnoracialized gay and bisexual men. *Body image* 10, 389-398.
- Burkhauser, R.V., & Cawley, J. (2008). Beyond BMI: The value of more accurate measures of fatness and obesity in social science research. *Journal of Health Economics*, 27(2), 519-529.
- Buhrke, R. A., Ben-Ezra, L. A., Hurley, M. E., & Ruprecht, L. J. (1992). Content analysis and methodological critique of articles concerning lesbian and gay male issues in counseling journals. *Journal of Counseling Psychology*, 39(1), 91-99.
- Cabaj, R. P. (1988). Homosexuality and neurosis: Considerations for psychotherapy. In M.W. Ross (Ed.), *The treatment of homosexuals with mental health disorders* (pp.13-23). New York, NY: Harrington Park Press.
- Cafri, G. & Thompson, J.K. (2004). Evaluating the convergence of muscle appearance attitude measures. *Assessment*, 11(3), 224-229.
- Carlat, D.J., Camargo, C.A., Herzog, D.B. (1997). Eating disorders in males: A report on 135 patients. *American Journal of Psychiatry* 154(8), 1127-1132.
- Cash, T., & Deagle, E. (1997). The nature and extent of body-image disturbances in anorexia nervosa and bulimia nervosa: A meta-analysis. *International Journal of Eating*

Disorders, 22(2), 107–125. doi:10.1002/(SICI)1098-108X(199709)22:2<107::AID-EAT1>3.0.CO;2-J

- Cash, T.F., Morrow, J.A., Hrabosky, J.I., & Perry A.A. (2004). How has body image changed? A cross-sectional investigation of college women and men from 1983 to 2001. *Journal of Consulting and Clinical Psychology* 72(6), 1081-1089.
- Chaney, M.P. (2008). Muscle dysmorphia, self-esteem, and loneliness among gay and bisexual men. *International Journal of Men's Health*, 7(2), 157-170.
- Cohn, L.D., Adler, N.E., Irbin, C.E., Millstein, S.G., Kegeles, S.M., & Stone, G.I. (1987). Body-figure preferences in male and female adolescents. *Journal of Abnormal Psychology*, 96(3), 276-279
- Cramer, R. J., Burks, A. C., Stroud, C. H., Bryson, C. N., & Graham, J. (2015). A moderated mediation analysis of suicide proneness among lesbian, gay, and bisexual community members. *Journal Of Social And Clinical Psychology*, 34(7), 622-641.
doi:10.1521/jscp.2015.34.7.622
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96(4), 608–630.
- D'Augelli, A.R., Grossman, A.H., Hershberger, S.L., & O'Connell, T.S. (2001). Aspects of mental health among older lesbian, gay, and bisexual adults. *Aging & Mental Health*, 5, 149-158

- Edwards, K. M., & Sylaska, K. M. (2013). The Perpetration of Intimate Partner Violence among LGBTQ College Youth: The Role of Minority Stress. *Journal of Youth and Adolescence*, 42(11), 1721–1731. doi:10.1007/s10964-012-9880-6
- Edwards, T.C., Patrick, D.L., Skalicky, A.M., Huang, Y., & Hobby, A.D. (2012). Perceive body shape, standardized body-mass index, and weight-specific quality of life of African American, Caucasian, and Mexican-American adolescents. *Quality of Life Research*, 21, 1101-1107.
- Eisenberg, M.E., Neumark-Sztainer, D., Lust, K.D. (2005). Weight-related issues and high-risk sexual behaviors among college students. *Journal of American College Health*, 54(2), 95-101.
- Feldman, M. B., & Meyer, I. H. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. *The International Journal of Eating Disorders*, 40(3), 218–226.
doi:10.1002/eat
- French, S.A., Story, M., Remafedi, G., & Blum, R.W. (1994) Sexual orientation and prevalence of body dissatisfaction and eating disordered behaviors: A population-based study of adolescents. *International Journal of Eating Disorders* 19(2), 199-126.
- Gardner, A. (2012). Many obese Americans struggle with stigma, discrimination, poll finds. *US News and World Report*. Retrieved from <http://health.usnews.com/health-news/news/articles/2012/08/23/many-obese-americans-struggle-with-stigma-discrimination-poll-finds>.

- Gardner, R.M., Jackson, N.A., & Friedman, B.N. (1999). Development and validation of two new scales for assessment of body image. *Perceptual and Motor Skills*, 89(3), 981-993.
- Gardner, R.M., Jappe, L.M., & Gardner, L. (2009). Development and validation of a new figural drawing scale for body-image assessment: The BIAS-BD. *Journal of Clinical Psychology*, 65(1), 113-122.
- Gordon, K.H., Castro, Y. , Sitnikov, L., & Holm-Denoma, J.M. (2010). Cultural body shape ideals and eating disorder symptoms among White, Latina, and Black college women. *Cultural Diversity and Ethnic Minority Psychology*, 16(2), 135-143.
- Greywolf, D.S. (2007). Social support, sexual identity development stage, internalized and externalized homophobia in lesbian, gay, bisexual youth. *ProQuest Dissertations and Theses*, 6055
- Hagerty, B., & Patusky, K.L. (1995). Developing a measure of sense of belonging. *Nursing Research*, 44(1), 9-13.
- Halpin, S. A, & Allen, M. W. (2004). Changes in psychosocial well-being during stages of gay identity development. *Journal of Homosexuality*, 47(2), 109–126.
doi:10.1300/J082v47n02
- Han, C. (2007). They Don't Want To Cruise Your Type: Gay Men of Color and the Racial Politics of Exclusion. *Social Identities*, 13(1), 51–67. doi:10.1080/13504630601163379

- Harrison, K., & Cantor, J. (1997). The relationship between media consumption and eating disorders. *Journal of Communication*, 47(1), 40–67. doi:10.1111/j.1460-2466.1997.tb02692.x
- Harvey, J.A. & Robinson, J.D. (2003). Eating disorders in men: Current considerations. *Journal of Clinical Psychology in Medical Settings*, 10(4).
- Hayes, A.F. (2014). An index and test of linear moderated mediation. *Multivariate Behavioral Research*, 50, 1-22.
- Heinberg, L.J., Pike, E., & Loue, S. (2009). Body image and eating disturbance in African-American men who have sex with men: Preliminary observations. *Journal of Homosexuality* 56(7), 839-848.
- Herek, G.M., & Greene, B. (1995). *Aids, Identity, and Community: The HIV Epidemic and Lesbians and Gay Men*. Thousand Oaks, California: SAGE Publications.
- Hildebrandt, T., Langenbacher, J., & Schlund, D.G. (2004). Muscularity concerns among men: Development of attitudinal and perceptual measures. *Body Image*, 1(2). 169-181.
- Hospers, H.J. & Jansen, A. (2005). Why homosexuality is a risk factor for eating disorders in males. *Journal of Social and Clinical Psychology*, 24(8), 1188-1201.
- Jankowski, G.S., Diedrichs, P.C., & Halliwell, E. (2014). Can appearance conversations explain differences between gay and heterosexual men's body dissatisfaction? *Psychology of Men & Masculinity*, 15, 68-77.

- Jhally, S., In Kilbourne, J., Rabinovitz, D., & Media Education Foundation. (2010). *Killing us softly 4: Advertising's image of women*. Northampton, MA: Media Education Foundation.
- Korchmaros, J.D., Powell, C., & Stevens, S. (2013). Chasing sexual orientation: A comparison of commonly used single-indicator measures of sexual orientation. *Journal of Homosexuality, 60*, 596-614.
- Kousari-Rad, P., & McLaren, S. (2013). The relationships between sense of belonging to the gay community, body image dissatisfaction, and self-esteem among Australian gay men. *Journal of Homosexuality, 60*(6), 927-943
- Kwan, S. (2009). Framing the Fat Body: Contested Meanings between Government, Activists, and Industry. *Sociological Inquiry, 79*(1), 25–50. doi:10.1111/(ISSN)1475-682X
- Lahti, M. (2014). Dressing up in power. *Journal of Homosexuality, 35*(3-4), 185-205.
- Lee, D. L., Rosen, A. D., & Burns, V. (2013). Over a half-century encapsulated: a multicultural content analysis of the Journal of Counseling Psychology, 1954-2009. *Journal of Counseling Psychology, 60*(1), 154–61. doi:10.1037/a0031002
- Lewis, R.J., Derlega, V.J., Griffin, J.L. & Krowinski, A.C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, sigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology, 22*, 716-729.

- Lowery, S.E., Kurpius, S.R.R., Befort, C., Blanks, E.V., Sollenberger, S., Nicpon, M.F., & Huser, L. (2005). Body image, self-esteem, and health-related behaviors among male and female first year college students. *Journal of College Student Development, 46*(6), 612-623.
- Mallinckrodt, B., Abraham, W.T., Wei, M., & Russell, D.W. (2006). Advances in testing the statistical significance of mediation effects. *Journal of Counseling Psychology, 53*(3), 372-378.
- McArdle, K. A., & Hill, M. S. (2009). Understanding body dissatisfaction in gay and heterosexual men: The roles of self-esteem, media, and peer influence. *Men and Masculinities, 11*(5), 511–532. doi:10.1037/t01038-000
- McFadden, D. (2000). Body image and its relation to self-esteem and depression in heterosexual and gay men. *Dissertation Abstracts International, 60*. doi:10.1037/t01038-000
- McLaren, S., Jude, B., & McLachlan, A.J. (2008). Sense of belonging as a predictor of depression among Australian gay men. *International Journal of Men's Health, 7*, 90-99.
- Moskowitz, D.A., Turrubiates, J., Lozano, H., & Hajek, C. (2013). Physical, behavioral, and psychological traits of gay men identifying as bears. *Archive of Sexual Behavior, 42*, 775-784.

- Nadal, K.L., Issa, M., Leon, J., Meterko, V., Wideman, M., & Wong, Y. (2011). Sexual orientation microaggressions: “Death by a thousand cuts” for lesbian, gay, and bisexual youth. *Journal of LGBT Youth, 8*, 234-259.
- Newcomb, M.E., & Mustanski, B. (2011). Moderators of the relationship between internalized homophobia and risky sexual behavior in men who have sex with men: A meta-analysis. *Archives of Sexual Behavior, 40*, 189-199.
- Noelle, M. (2002). The ripple effect of the Matthew Shepard murder: Impact on the assumptive worlds of members of the targeted group. *American Behavioral Scientist, 46*(1), 27–50. doi:10.1177/0002764202046001004
- Nungesser, L.G. (1983). *Homosexual acts, actors, and identities*. New York, NY: Praeger.
- Owen, L. (2012). Living fat in a thin-centric world: Effects of spatial discrimination on fat bodies and selves. *Feminism & Psychology, 22*(3), 290–306.
doi:10.1177/0959353512445360
- Pope-Davis, D. B., Reynolds, A. L., Dings, J. G., & Nielson, D. (1995). Examining multicultural counseling competencies of graduate students in psychology. *Professional Psychology: Research and Practice, 26*(3), 322–329.
- Reynolds, A., & Pope, R. L. (1991). The complexities of diversity: Exploring multiple oppressions. *Journal of Counseling & Development, 70*, 174–180. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/j.1556-6676.1991.tb01580.x/abstract>

- Rich, E., & Evans, J. (2005). "Fat ethics" – the obesity discourse and body politics. *Social Theory & Health*, 3(4), 341–358. doi:10.1057/palgrave.sth.8700057
- Ricciardelli, L. A., McCabe, M. P., Williams, R. J., & Thompson, J. K. (2007). The role of ethnicity and culture in body image and disordered eating among males. *Clinical Psychology Review*, 27(5), 582-606. doi:10.1016/j.cpr.2007.01.016
- Rozin, P., Trachtenberg, S., & Cohen, A.B. (2001). Stability of body image and body image dissatisfaction in American college students over about the last 15 years. *Appetite*, 37, 245-248
- Sarno, E.L., Mohr, J.J., Jackson, S.D., & Fassinger, R.E. (2015). When identities collide: Conflicts in allegiances among LGB people of color. *Cultural Diversity and Ethnic Minority Psychology*, 21(4), 550-559. <http://dx.doi.org/10.1037/cdp00000026>.
- Sarno, E., & Wright, A. (2013). Homonegative microaggressions and identity in bisexual men and women. *Journal of Bisexuality*, 13(1), 63–81.
doi:10.1080/15299716.2013.756677
- Shelton, K., & Delgado-Romero, E. (2011). Sexual orientation microaggressions: the experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Journal of Counseling Psychology*, 58(2), 210–221. doi:10.1037/a0022251
- Sheran, N., & Arnold, E. A. (2012). Fairy godmothers and guardian angels: A qualitative study of the gay mentorship relationship. *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice*, 24(3), 201-220.
doi:10.1080/10538720.2012.697050

- Shrout, P.E., & Bolger, N. (2002). Mediation in experimental and non-experimental studies: New procedures and recommendations. *Psychological Methods*, 7, 422-445.
- Siconolfi, D. E., Kapadia, F., Moeller, R. W., Eddy, J. A., Kupprat, S. A., Kingdon, M. J., & Halkitis, P. N. (2015). Body dissatisfaction in a diverse sample of young men who have sex with men: The p18 cohort study. *Archives Of Sexual Behavior*, doi:10.1007/s10508-015-0592-3
- Siever, M.D. (1994). Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. *Journal of Consulting and Clinical Psychology*, 62(2), 252-260.
- Szymanski, D.M., Chung, Y.B., & Balsam, K. (2001). Psychological correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development*, 34, 27-38.
- Szymanski, D.M., & Gupta, A. (2009). Examining the relationship between multiple internalized oppressions and African American lesbian, gay, bisexual, and questioning persons' self-esteem and psychological distress. *Journal of Counseling Psychology*, 56(1), 110-118.
- Szymanski, D.M., Kashubeck-West, S., & Meyer, J. (2008). Internalized heterosexism: Measurement, psychosocial correlates, and research directions. *The Counseling Psychologist*, 36(4), 525-574.
- Tantleff-Dunn, S. & Thompson, J.K. (2000). Breast and chest size satisfaction: Relation to overall body image and self-esteem. *Eating Disorders*, 8, 241-246.

- Tazaki, S. (2007). Drive for thinness, health consciousness and eating behavior in college students. *Japanese Journal of Health Psychology, 20*(1), 56-63.
- Theodore, J. L., Shidlo, A., Zemon, V., Foley, F. W., Dorfman, D., Dahlman, K. L., & Hamid, S. (2013). Psychometrics of an internalized homophobia instrument for men. *Journal of Homosexuality, 60*(4), 558–74. doi:10.1080/00918369.2013.760304
- Thomas, A.J., Witherspoon, K.M., & Speight, S.L. (2008). Gendered racism, psychological distress, and coping styles of African American women. *Cultural Diversity and Ethnic Minority Psychology, 14*(4), 307-314.
- Thompson, M.A. & Gray, J.J. (1995). Development and validation of a new body-image assessment scale. *Journal of Personality Assessment, 64*(2), 258-269.
- Tiggemann, M., Martins, Y., & Kirkbride, A. (2007). Oh to be lean and muscular: Body image ideals in gay and heterosexual men. *Psychology Of Men & Masculinity, 8*(1), 15-24. doi:10.1037/1524-9220.8.1.15
- Torres, A. (2008). Internalized homophobia, self-esteem, gender roles, body image, and disordered eating in gay and bisexual men. *Dissertation Abstracts International, 68*.
- Touster, L. (2000). Fat oppression: The complicity of psychology. *Dissertation Abstracts International, 61*, 2225.
- Tylka, T. L., Bergeron, D., & Schwartz, J. P. (2005). Development and psychometric evaluation of the Male Body Attitudes Scale (MBAS). *Body Image, 2*(2), 161–75. doi:10.1016/j.bodyim.2005.03.001

- Weiss, J. (2004). GL vs. BT: The archaeology of biphobia and transphobia within the US gay and lesbian community. *Journal of Bisexuality*, 3(3-4), 25–55. Retrieved from http://www.tandfonline.com/doi/abs/10.1300/J159v03n03_02
- Wingood, G.M., Diclemente, R.J., Harrington, K., Davies, S.L. (2002). Body image and African American females' sexual health. *Journal of Women's Health & Gender-based Medicine*, 11(5)
- Woodside, D. B., Garfinkel, P. E., Lin, E., Goering, P., Kaplan, a S., Goldbloom, D. S., & Kennedy, S. H. (2001). Comparisons of men with full or partial eating disorders, men without eating disorders, and women with eating disorders in the community. *The American Journal of Psychiatry*, 158(4), 570–574. doi:10.1176/appi.ajp.158.4.570
- Worthington, R. L., Soth-McNett, A. M., & Moreno, M. V. (2007). Multicultural counseling competencies research: A 20-year content analysis. *Journal of Counseling Psychology*, 54(4), 351–361. doi:10.1037/0022-0167.54.4.351
- Wrench, J. S., & Knapp, J. L. (2008). The effects of body image perceptions and sociocommunicative orientations on self-esteem, depression, and identification and involvement in the gay community. *Journal of Homosexuality*, 55(3), 471–503. doi:10.1037/t01038-000
- Yean, C., Benau, E. M., Dakanalis, A., Hormes, J. M., Perone, J., & Timko, C. A. (2013). The relationship of sex and sexual orientation to self-esteem, body shape satisfaction, and eating disorder symptomatology. *Frontiers in Psychology*, 4(November 2013), 887. doi:10.1037/t06040-000

