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The Impact of Relationship Status on the Association Between Sexual Orientation and Disordered Eating in Men

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THE FLORIDA STATE UNIVERSITY
COLLEGE OF ARTS AND SCIENCES

THE IMPACT OF RELATIONSHIP STATUS ON THE ASSOCIATION BETWEEN SEXUAL
ORIENTATION AND DISORDERED EATING IN MEN

By

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ABSTRACT

Sexual orientation has emerged as a consistent and specific risk factor for eating pathology in men, with bisexual and gay (BG) men having higher rates of eating pathology than heterosexual men. One theoretical explanation for this association posits that BG men may feel pressure to obtain a lean physique to attract a male partner, leaving them vulnerable to disordered eating. However, the related implication that being in a relationship should serve as a protective factor against eating pathology in BG men has not yet been examined. The current study utilized a community-based sample of BG (n=42) and heterosexual men (n=536) to examine whether relationship status and relationship satisfaction moderate the effect of sexual orientation on disordered eating in men. Single BG men had increased disordered eating compared to single heterosexual men, while no differences were found for BG and heterosexual men in relationships. Among men in relationships, satisfaction with that relationship was not related to disordered eating; instead dissatisfaction with friendships and, to a greater degree, work predict disordered eating for BG, but not heterosexual men, in relationships. Results imply that being in a relationship is a protective factor for disordered in BG men. Among men in relationships, satisfaction with friends and work are additional protective factors.

INTRODUCTION

Although 10%-15% of eating disorders occur in men, surprisingly little is known about risk factors for eating disorders in men (Carlat, Camargo, & Herzog, 1997; Herzog, Norman, Gordon, & PePOSE, 1984). This lack of knowledge is probably a consequence of the underrepresentation of males in eating disorder research samples (Keel, 2005). Despite limited research regarding men, sexual orientation has been a consistent, specific, and unique risk factor that has emerged for disordered eating in men (Russell & Keel, 2002). Previous research has found a significant association between sexual orientation and eating disorders in men such that bisexual and gay men (BG men) have higher body dissatisfaction, disordered eating, and more diagnosed eating disorders than heterosexual men (Beren, Hayden, Wilfley, & Grilo, 1996; Carlat, et al., 1997; Conner, Johnson, & Grogan, 2004; French, Story, Remafedi, Resnick, & Blum, 1996; Russell & Keel, 2002; Siever, 1994; Silberstein, Mishkind, Striegel-Moore, Timko, & Rodin, 1989). The association between sexual orientation and eating pathology is specific in that it cannot be attributed to a link between sexual orientation and general psychopathology (Russell & Keel, 2002). The association is unique to men in that similar associations have not been found consistently in women (Moore & Keel, 2003). One explanation for the association in men is that BG men may feel pressure to obtain a lean physique to attract a male partner, as men place greater emphasis on physical appearance when selecting mates (Siever, 1994). If true, this pressure may leave single BG men more vulnerable to disordered eating compared to BG men who are in committed relationships. Alternatively, it may be that satisfying social relationships and roles in general, rather than romantic relationships in particular, reduce disordered eating in BG men. The present study sought to examine the impact of relationship status and satisfaction with romantic relationships, friendships, and work on the association between sexual orientation and disordered eating behaviors across men in their 20's, 30's and 40's.

Association Between Sexual Orientation and Disordered Eating

BG men represent a disproportionate number of men entering treatment for eating disorders; indeed, up to 42% of men seeking treatment for an eating disorder have self-identified as homosexual or bisexual (Carlat, et al., 1997; Herzog, et al., 1984; Olivardia, Pope, Mangweth, & Hudson, 1995). This disparity has spurred numerous community-based research studies examining eating pathology and sexual orientation. These studies have provided evidence that

the association between sexual orientation and eating pathology is not simply an artifact of treatment seeking. Community-based research shows that homosexuality has been consistently associated with factors that increase risk for eating disorders such as drive for thinness (Martins, Tiggemann, & Kirkbride, 2007; Siever, 1994), and body dissatisfaction (Beren, et al., 1996; Silberstein, et al., 1989) in men but not women (Beren, et al., 1996; Brand, Rothblum, & Solomon, 1992; Moore & Keel, 2003). Research in women indicates that homosexuality in females seems to be neither a risk nor a protective factor for eating disorder development (Morrison, Morrison, & Sager, 2004). Therefore, homosexuality has been shown to be a consistent and unique risk factor for disordered eating in men.

Theoretical Explanations

Several theories have been put forth to explain the relationship between sexual orientation and disordered eating in men, including theories pointing towards increased femininity (Lakkis, Ricciardelli, & Williams, 1999) and internalized homonegativity (Williamson, 1999) in BG men. However, evidence for these theories has been mixed. Regarding increased femininity, Russell and Keel (2002) found that gay men did not report higher levels of femininity than heterosexual men. Further, femininity was not associated with disordered eating in either gay or heterosexual men. Internalized homonegativity appears to be a risk factor for general psychopathology, rather than eating pathology specifically, as it has been linked to risk for anxiety, depression, alcohol problems and suicide (Allen & Oleson, 1999; Meyer, 1994; Rosser, Bockting, Ross, Miner, & Coleman, 2008). One of the most compelling theoretical explanations proposes that heightened emphasis on physical attractiveness in the gay male community leads BG men to be at greater risk for disordered eating than heterosexual men because BG men are trying to attract men as romantic partners (Siever, 1994).

Consistent with this theory, body image disturbances in BG men have been linked to cultural ideals and pressures to be thin that have been linked to eating disorders (Stice & Shaw, 2002). These cultural pressures and aesthetic ideals are much more salient for BG men than straight men. Several studies have noted a heightened emphasis on a thin, muscular and youthful figure as the ideal in the gay male subculture (Siever, 1994; Silberstein, et al., 1989; Tiggemann, Martins, & Kirkbride, 2007; Yelland & Tiggemann, 2003). This cultural ideal of beauty for BG men extends into the dating sector. Indeed, several studies have found that men, regardless of orientation, place a greater emphasis on physical appearance (i.e. thinness and attractiveness)

when looking for a romantic partner than do women (Legenbauer, et al., 2009; Silberstein, et al., 1989; Tiggemann, et al., 2007; Yelland & Tiggemann, 2003). One study examining personal ads in several regional newspapers found that men, regardless of sexual orientation, asked for more body shape descriptors from potential mates than did women, implying that men place a greater emphasis on physical appearance in selecting a partner (Epel, Spanakos, Kasl-Godley, & Brownell, 1996). Thus, heterosexual men, who are looking for female partners, have less pressure from potential partners to achieve a thin aesthetic ideal than do BG men.

As men place heightened emphasis on thinness and physical attractiveness when selecting a partner, this may lead BG men to internalize these ideals, leaving them vulnerable to disordered eating. Consistent with this idea, several studies have found that gay men place a greater emphasis on physical attractiveness in their own self-evaluation than do heterosexual men (Beren, et al., 1996; Siever, 1994; Silberstein, et al., 1989). Epel and colleagues (1996) found that gay men were more concerned with body shape and weight and had a thinner ideal for potential partners than heterosexual men as described in personal ads. Homosexual men also advertised their own weight to prospective partners in 70% of ads, which was significantly more often than heterosexual men (29%), heterosexual women (13.5%), or lesbian women (10%). Thus, it may be that the heightened emphasis on physical appearance in the gay male subculture leads BG men to over-emphasize their own appearance when trying to attract a partner, leading to greater drive for thinness and increased risk for disorder eating.

The Impact of Relationship Status

If attracting a male partner is a primary factor driving increased rates of disordered eating attitudes and behaviors in BG men, then relationship status should moderate the effect of sexual orientation on disordered eating. Specifically, BG men in a relationship should not differ from heterosexual men in a relationship on disordered eating. In contrast, disordered eating levels will be significantly higher in single BG men compared to single heterosexual men. To our knowledge, no studies to date have examined the impact of relationship status on disordered eating in BG men; however, this association has been examined in heterosexual women. Heterosexual women may share the same pressures to attain a thin physique to attract a male partner experienced by BG men. Several studies have found that married women have lower disordered eating symptoms than single women (Hay, 1998; Keel, Baxter, Heatherton, & Joiner, 2007; Vogeltanz-Holm, et al., 2000). Keel and colleagues (2007) found that getting married

predicted significant decreases in drive for thinness, bulimic symptoms, and dieting frequency in women but not in men, who were predominantly heterosexual. While these studies examined marital status as opposed to relationship status, results imply that being in a committed relationship may be a protective factor against disordered eating in heterosexual women, but not heterosexual men. The current study examined whether this association between relationship status and disordered eating extends to BG men.

As with testing any theory, specificity is crucial; thus, it is also important to consider whether the impact of romantic relationships in BG men is specific to eating pathology or to general psychopathology. While previous research supports the idea of sexual orientation being a specific risk factor for eating pathology (Russell & Keel, 2002) it may be that being in a relationship for BG men may be a protective factor against general psychopathology rather than disordered eating specifically. Thus, examining whether relationship status in BG men also buffers against alcohol use, another variable consistently associated with psychopathology in men (Grant, et al., 2004), will contribute to the specificity of the results of the current study.

Because more stable and permanent relationships are often established at later stages in life, examining relationships in men across various life stages may help elucidate the impact of sexual orientation and relationship status on disordered eating. Developmental research examining relationships in early adulthood has found that men in their 20's navigate a transition period between less mature relationships in adolescence and more committed relationships in adulthood (Korobov & Thorne, 2006). This may be even more salient for BG men in their twenties if this period coincides with when they identify their own sexual orientation (Tharinger & Wells, 2000). Indeed, Diamond and colleagues (1999) reported that the developmental trajectory for romantic relationships among gay and bisexual youths may be delayed for fear of disapproval from family or peers. In turn, gay and bisexual youths may have more limited opportunities for dating leading to stable romantic relationships. Taken together, the results from previous research indicate that stable romantic relationships may be defined differently for men in their 20's as compared to men in their 30's and 40's.

The Impact of Relationship Satisfaction

According to Siever's theory, relationship stability and satisfaction would be an important factor influencing disordered eating, as individuals who are unsatisfied with their current relationships may still be interested in attracting a partner. Thus, discovering a link

between relationship satisfaction, sexual orientation, and disordered eating may provide further evidence in favor of Siever's theory. A few studies have found an association between low satisfaction with intimate relationships and increased body dissatisfaction and disordered eating in men and women (Evans & Wertheim, 1998; Friedman, Dixon, Brownell, Whisman, & Wilfley, 1999); however, no studies have examined this relationship specifically in BG men. In addition, to the extent that these associations have been found in predominantly heterosexual men suggests that effects may reflect the protective influences of social support rather than specific influences on pressures to attain a thin physique.

While Siever's theory proposes that romantic relationships are central to influencing disordered eating in BG men, it may be that social support (i.e. friendships) and satisfaction in other life areas (i.e. work or school) serve as protective factors against eating pathology. Thus, to test the specific impact of romantic relationship satisfaction on disordered eating in men, the relative impact of satisfaction with friendships and job/work were also examined. Finding that romantic relationship satisfaction, but not friendship or work satisfaction, predicts decreased eating pathology would provide more specific support for Siever's theory. Alternatively, finding that the association between sexual orientation and disordered eating is modified by friendship and work satisfaction would imply that social support in general serves as a protective factor against eating pathology in BG men. To our knowledge, no studies have examined how these factors may affect eating pathology in BG men.

The Present Study

The current study utilized a cross sectional dataset of men in their 20's, 30's and 40's to examine the impact of relationship status and relationship satisfaction on the association between sexual orientation and disordered eating. It was hypothesized that relationship status would moderate the association between sexual orientation and disordered eating, such that single BG men would have greater disordered eating than single heterosexual men, while no such association would exist for men in relationships. Further, it was hypothesized that this effect would be specific to eating pathology and not extend to alcohol use. Second, it was hypothesized that relationship satisfaction would moderate the association between sexual orientation and disordered eating (but not alcohol use), such that lower relationship satisfaction in BG men would predict higher disordered eating. Given the prediction in the first hypothesis, that BG men and heterosexual men in relationships would not differ on disordered eating, I did not expect a

main effect of sexual orientation on disordered eating for romantic relationship analyses. Further, it was hypothesized that neither friendship nor work satisfaction would moderate the relationship between sexual orientation and disordered eating, though both might demonstrate a main effect in reducing eating pathology in both BG and heterosexual men.

METHOD

Participants

Data for the present study were drawn from a large epidemiological study on eating and health attitudes and behaviors. Participants originally were recruited from a randomly selected group of men and women in their freshmen and senior classes at a prestigious Northeastern University during the springs of 1982, 1992, and 2002. In 2002, participants from the 1992 and 1982 cohorts were recontacted for 10 and 20 year follow up, respectively. The current study examined cross sectional data from men ($n=578$) collected during the 2002 survey. Of these individuals, 536 self-identified as heterosexual, 15 as bisexual, and 27 as homosexual. Given the low frequency of bisexual individuals, bisexual and homosexual males were analyzed as a combined group, BG men, consistent with how these groups have been handled in previous studies (Carlat, et al., 1997; Feldman & Meyer, 2007) and with the literature on sexual plasticity in men (Baumeister, 2000; Rieger, Chivers, & Bailey, 2005). The present study examined heterosexual men and BG men in two groups: one composed of men in young adulthood, adulthood, and mid-life (heterosexual men $n=536$, BG men = 42; mean (SD) age = 29.14 (8.69) years) and one composed of men in adulthood and midlife only (heterosexual men $n=322$, BG men = 23; mean (SD) age = 35.45 (5.35) years). The proportion of BG men in the current sample (42/578 or 7%) is roughly representative of what would be expected from population-based samples (M. Diamond, 1993; Reece, 2010). The ethnic/racial breakdown was: 76.5% Caucasian, 12.7% Asian, 4.9% Hispanic, 3.7% African American, 2.3% other/undisclosed. Proportion of heterosexual men and BG men did not differ among cohorts ($\chi^2(2) = 1.748, p = .417$), and heterosexual men and BG men did not differ in ethnic composition ($\chi^2(6) = 7.292, p = .295$). Cohorts differed in ethnic diversity ($\chi^2(12) = 25.071, p = .014$), with increased representation of non-Caucasian men across cohorts. Overall 66.3% of men contacted for participation in 2002 participated in the 2002 survey. There was no evidence of biased attrition in comparison of baseline variables between participants and non-participants (all p -values $> .10$) Because the 2002 survey was the first time that sexual orientation was assessed, it is not possible to determine if there were differences in participation rates between BG men and heterosexual men.

Procedures and Measures

Participants were mailed consent forms and a self-report survey on eating and health behaviors and two, separate addressed stamped envelopes for separate return of surveys and

consent forms. Surveys were mailed up to 3 times to achieve as high a participation rate as possible. The survey included information regarding demographics, height, weight, and eating and health attitudes and behaviors. Self reported height and weight were used to compute body mass index (BMI; kg/m^2).

Relationship Status and Relationship Satisfaction. Participants' relationship status was assessed through a single dichotomous item regarding current involvement in a steady relationship ("Yes" or "No"). As the definition of a steady relationship may be different for individuals in their 20's, 30's, and 40's, two sets of analyses were conducted. The first examined all age groups together, and the second set of analyses was restricted to men in their 30's and 40's only. For individuals who endorsed being involved in a steady relationship, relationship satisfaction was assessed through a single item on a 7-point scale from 1 (Not at all) to 7 (Completely satisfied). Single item measures of marital satisfaction, an analogous construct, have demonstrated similar associations to multi-item measures of marital satisfaction (Fowers & Olson, 1993). Additionally, all individuals rated satisfaction with current friendships, assessed through a single item on a 7-point scale from 1 (Not at all) to 7 (Completely satisfied). Prior research has successfully utilized single-item assessments of friendship satisfaction (Finley & Schwartz, 2010; Schwartz & Finley, 2010).

Work Satisfaction. Individuals in the 1982 and 1992 cohorts completed an item assessing satisfaction with their current job/work on a 7-point scale from 1 (Not at all) to 7 (Completely satisfied). Individuals in the 2002 cohort, who were still in college at the time of survey, completed an item assessing satisfaction with schoolwork on a 7-point scale from 1 (Not at all) to 7 (Completely satisfied). Scores on work satisfaction (for those in their 30's and 40's) and school satisfaction (for those in their 20's) were merged to create a single work satisfaction variable. Single item assessments of job satisfaction have demonstrated similar associations to multi-item measures of work satisfaction (Nagy, 2002; Scarpello & Campbell, 1983).

Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983). The EDI is a self-report, 6-point forced choice inventory that assesses behavioral and psychological traits common in anorexia and bulimia nervosa including Drive for Thinness and Bulimia subscales. The EDI is a well-validated measure of eating pathology with research supporting the discriminant validity and internal consistency of the EDI-2 (Nevonen, Clinton, & Norring, 2006). Additionally, the EDI had demonstrated test-retest reliability for individuals both with and without eating

disorders (Thiel & Paul, 2006) and factor invariance in men and women from their 20's to their 40's (Keel, et al., 2007). Chronbach's alpha in the current sample was $>.99$ for Drive for Thinness and $.98$ for Bulimia.

Dieting Frequency. Current dieting frequency was assessed through a single item with five response options: "Never", "Rarely", "Sometimes", "Usually", and "Always". Single items of dieting frequency have demonstrated concurrent validity with self-report measures of caloric intake in men and have demonstrated similar associations to multi-item measures of dietary restraint (Neumark-Sztainer, Jeffery, & French, 1997).

Body Image. Participants' satisfaction with current body weight was assessed through a single item measured on a 7-point scale, from 1 (Not at all) to 7 (Completely satisfied). Weight satisfaction has been validated as a measure of body image and has been associated with eating pathology (Cash & Deagle, 1997). Previous research studies have successfully utilized single-item assessments of weight satisfaction and body image (Kurth, Krahn, Nairn, & Drevnowski, 1995; Pomerleau & Saules, 2007; Simon, et al., 2008).

Alcohol Use. Participants' weekly alcohol use was assessed through three separate items asking how many servings of wine, beer, and liquor they consumed per week. These values were combined into a single variable of servings of alcohol per week. Self-reported assessment of alcohol in the present study is consistent with methods of assessment used in other epidemiological studies (Rimm, Chan, Stampfer, Colditz, & Willett, 1995; Thun, et al., 1997).

Data Analyses

To address the first hypothesis, that relationship status would moderate the effect of sexual orientation on disordered eating for men, separate 2 (sexual orientation) X 2 (relationship status) ANOVAs were conducted with EDI Drive for Thinness, EDI Bulimia, dieting, weight satisfaction (controlling for BMI), and alcohol use as dependent variables. Significant sexual orientation by relationship status interactions were followed up by comparing group means on each dependent variable for single BG and heterosexual men and those in relationships, using two-tailed tests. As expected, no differences were found between bisexual and gay men on any dependent variables (all p -values $>.20$). Given the sample sizes in each cohort, I had between 75% and 90% power to detect medium effect sizes for the interaction of sexual orientation and relationship status across dependent variables (Faul, Erdfelder, Lang, & Buchner, 2007).

To address the second hypothesis, that relationship satisfaction would moderate the association between sexual orientation and disordered eating, regression analyses were conducted with sexual orientation, relationship satisfaction, sexual orientation X relationship satisfaction for each outcome variable (EDI Drive for Thinness, EDI Bulimia, dieting, weight satisfaction, and alcohol use). Given the inclusion of three cohorts, age was entered as a covariate. Weight satisfaction analyses also included BMI as a covariate. Significant interactions were probed to examine the effect of sexual orientation at high (1 SD above the mean) and low (1 SD below the mean) levels of relationship satisfaction. Given the sample size in the current study and the principles outlined in Cohen (1992), I had at least 80% power to detect medium effect sizes. To address the specificity of relationship satisfaction, two additional sets of regression analyses were conducted, with the first set replacing relationship satisfaction with friendship satisfaction and the second set examining work satisfaction. In order to draw comparisons across romantic relationship satisfaction, friendship satisfaction, and work satisfaction, analyses for friendship and work satisfaction were restricted to individuals who were identified as being in a relationship. This allowed us to examine three potential risk factors specifically for BG men who were already in relationships. To rule out multicollinearity among predictor variables and possible mediation effects, correlations for all variables included in regression analyses within men in relationships are presented in Table 1. Among independent satisfaction variables used in regression models, the magnitude of associations did not suggest problems with multicollinearity (r -values ranged from .19 to .33, all p -values $<.01$). As expected, indicators of disordered eating that served as dependent variables across analyses demonstrated significant associations (r -values ranged from .39 to .63, all p -values $<.01$). With regard to potential mediation, there was a significant association between sexual orientation and satisfaction with romantic relationships. There was also a small but significant association between relationship satisfaction and drive for thinness such that BG men had less romantic relationship satisfaction and less relationship satisfaction was associated with higher drive for thinness. However, no other associations supported possible mediation as there were no significant associations between sexual orientation and friendship satisfaction or work satisfaction.

To determine whether romantic relationship satisfaction predicted disordered eating controlling for friendship and work satisfaction, an additional regression model was evaluated

including sexual orientation, relationship satisfaction, sexual orientation X relationship satisfaction, friendship satisfaction, sexual orientation X friendship satisfaction, work satisfaction, and sexual orientation X work satisfaction for each outcome variable. Age was also entered as a covariate in each model, and BMI was added as an additional covariate for weight satisfaction analyses. As in previous analyses, significant interactions were probed to examine the effect of sexual orientation at high (1 SD above the mean) and low (1 SD below the mean) levels of each area of satisfaction.

Due to the nature of the strong relationship between sexual orientation and disordered eating along with unequal group membership, the homogeneity of variance assumption was violated. As such, the alpha level was set to the recommended more stringent level of .01 for all analyses (Tabachnick & Fidell, 2007). To balance risk of Type II error with this more stringent threshold, results with alpha levels between .01 and .05 were considered as approaching significance.

RESULTS

Drive For Thinness

Table 2 presents associations between sexual orientation, relationship status, and satisfaction with life domains for drive for thinness. For men across age groups, there was a significant main effect of sexual orientation, such that BG men had greater drive for thinness compared to heterosexual men ($F(1, 570)=32.143, p<.001, \text{partial } \eta^2=.053$). There was neither a significant main effect of relationship status nor a significant interaction between sexual orientation and relationship status (all p -values $>.20$). Restricting analyses to men in their 30's and 40's, there was a significant main effect of sexual orientation ($F(1, 338)=35.858, p<.001, \text{partial } \eta^2=.096$) and a main effect of relationship status that approached significance with single men having greater drive for thinness than men in a relationship ($F(1, 338)=4.172, p=.042, \text{partial } \eta^2=.012$). Additionally, the interaction between sexual orientation and relationship status approached significance for men in their 30's and 40's. Specifically, single BG men had greater drive for thinness than single heterosexual men ($F(1, 338)=26.396, p<.001, \text{partial } \eta^2=.072$), BG men in a relationship ($F(1, 338)=5.717, p=.017, \text{partial } \eta^2=.017$), and heterosexual men in a relationship ($F(1, 338)=9.587, p=.002, \text{partial } \eta^2=.028$). BG men in a relationship also had greater drive for thinness than heterosexual men in a relationship ($F(1, 338)=9.607, p=.002, \text{partial } \eta^2=.028$).

Analyses for the regression model examining sexual orientation and romantic relationship satisfaction revealed that the overall model significantly predicted drive for thinness ($R^2=.057, F(4,368)=5.535, p<.001$). As expected, there was a main effect of sexual orientation, such that BG men had increased drive for thinness compared to heterosexual men. There was neither an observed main effect of romantic relationship satisfaction nor a significant interaction for sexual orientation and romantic relationship satisfaction.

Regression analyses examining sexual orientation and friendship satisfaction revealed that the overall model significantly predicted drive for thinness ($R^2=.053, F(4,373)=5.210, p<.001$). As with romantic relationship satisfaction analyses, there was a significant main effect of sexual orientation, such that BG men had increased drive for thinness compared to heterosexual men. Neither friendship satisfaction nor the interaction of sexual orientation and friendship satisfaction were significant predictors of drive for thinness.

Regression analyses examining sexual orientation and work satisfaction revealed that the overall model significantly predicted drive for thinness ($R^2=.084$, $F(4,372)=8.511$, $p<.001$). As expected, there was a significant main effect of sexual orientation, such that BG men had increased drive for thinness compared to heterosexual men. Additionally, the main effect of work satisfaction approached significance, such that as work satisfaction increased for men, drive for thinness decreased. Finally, there was a significant interaction between sexual orientation and work satisfaction such that at high levels of work satisfaction there were no differences in drive for thinness between BG and heterosexual men ($b=.188$, $t(376)=.146$, $p=.884$, partial $r=.008$). However, at low levels of work satisfaction BG men had greater drive for thinness than heterosexual men ($b=7.948$, $t(376)=5.350$, $p<.001$, partial $r=.267$).

Regression analyses revealed that the exploratory combined model did indeed predict drive for thinness ($R^2=.092$, $F(8,360)=4.536$, $p<.001$). There was a main effect of sexual orientation, such that BG men had greater drive for thinness than heterosexual men ($b=3.883$, $t(368)=3.323$, $p=.001$, partial $r=.172$). In addition, there was a significant sexual orientation by work satisfaction interaction ($b=-2.570$, $t(368)=-3.188$, $p=.002$, partial $r=-.166$; see Figure 1). Follow-up tests revealed that, at high levels of work satisfaction, there was no difference in drive for thinness between BG and heterosexual men ($b=.334$, $t(368)=.213$, $p=.832$, partial $r=.011$). However, at low levels of work satisfaction, BG men had greater drive for thinness than heterosexual men ($b=7.432$, $t(368)=4.492$, $p<.001$, partial $r=.230$). No other effects demonstrated significance within the multivariate model.

Bulimia

Table 3 presents associations between sexual orientation, relationship status, satisfaction with life domains, and bulimic symptomatology. For men in all age groups, there was a significant main effect of sexual orientation, such that BG men had greater bulimic symptoms than heterosexual men ($F(1, 569)=9.170$, $p=.003$, partial $\eta^2=.016$). Neither the main effect of relationship status nor the interaction between sexual orientation and relationship status were significant (both p -values $>.09$). As with men in all age groups, there was a main effect of sexual orientation for men in their 30's and 40's only, such that BG men had greater bulimic symptoms than heterosexual men ($F(1, 337)=19.924$, $p<.001$, partial $\eta^2=.056$). There was also a main effect of relationship status in men in their 30's and 40's, with single men having greater bulimic symptomatology than men in relationships ($F(1, 337)=4.318$, $p=.038$, partial $\eta^2=.013$). Similar

to analyses across age groups, the interaction between sexual orientation and relationship status for men in their 30's and 40's was not significant.

Regression analyses examining sexual orientation and romantic relationship satisfaction revealed that the overall model approached significance ($R^2=.032$, $F(4,368)=3.067$, $p=.017$). There were no observed main effects for sexual orientation or romantic relationship satisfaction on bulimic symptomatology. However, the interaction between sexual orientation and romantic relationship satisfaction approached significance. Follow-up tests revealed that, at high levels of relationship satisfaction, BG and heterosexual men did not differ on bulimic symptoms ($b=-1.293$, $t(372)=-1.221$, $p=.223$, partial $r=-.064$). However, at low levels of relationship satisfaction, BG men had increased bulimic symptomatology compared to heterosexual men at a trend level ($b=1.816$, $t(372)=2.290$, $p=.023$, partial $r=.119$).

Regression analyses examining sexual orientation and friendship satisfaction revealed that the overall model significantly predicted bulimic symptoms ($R^2=.047$, $F(4,373)=4.600$, $p=.001$). In addition to a main effect of sexual orientation, there was also a significant main effect of friendship satisfaction, such that for all men greater satisfaction with friendships predicted decreased eating pathology. There was also a significant interaction of friendship satisfaction and sexual orientation. Follow-up tests revealed that at high levels of friendship satisfaction, BG and heterosexual men did not differ on bulimic symptoms ($b=-.759$, $t(377)=-.832$, $p=.406$, partial $r=-.043$). However, at low levels of friendship satisfaction, BG men had increased bulimic symptomatology compared to heterosexual men ($b=5.582$, $t(377)=3.308$, $p=.001$, partial $r=.169$).

Regression analyses examining sexual orientation and work satisfaction revealed that the overall model significantly predicted bulimic symptoms ($R^2=.046$, $F(4,372)=4.463$, $p=.002$). There was no main effect of sexual orientation, however the main effect of work satisfaction approached significance, such that greater work satisfaction predicted lower bulimic symptomatology. There was also a significant interaction between sexual orientation and work satisfaction. Follow-up tests revealed that at high levels of work satisfaction BG and heterosexual men did not differ on bulimic symptoms ($b=-1.122$, $t(376)=-1.178$, $p=.240$, partial $r=-.061$). However, at low levels of work satisfaction, BG men had increased bulimic symptomatology compared to heterosexual men ($b=3.500$, $t(376)=3.195$, $p=.002$, partial $r=.163$).

Regression analyses revealed the exploratory combined model did predict bulimic symptoms ($R^2=.085$, $F(8,360)=4.168$, $p<.001$). There was a main effect of sexual orientation that approached significance ($b=1.868$, $t(368)=2.202$, $p=.028$, partial $r=.115$), such that BG men had higher bulimic symptoms than heterosexual men. The main effect of romantic relationship satisfaction was not significant ($b=-.062$, $t(368)=-.461$, $p=.645$, partial $r=-.024$); however, the interaction between sexual orientation and relationship satisfaction approached significance ($b=-1.077$, $t(368)=-2.122$, $p=.035$, partial $r=-.046$). Follow-up tests revealed that at high levels of relationship satisfaction there was no difference in bulimic symptoms between BG and heterosexual men ($b=.557$, $t(368)=.478$, $p=.633$, partial $r=.025$). However, at low levels of relationship satisfaction BG men had greater bulimic symptoms than heterosexual men ($b=3.326$, $t(368)=3.517$, $p<.001$, partial $r=.183$). There was also a significant main effect of satisfaction with friendships ($b=-.399$, $t(368)=-2.810$, $p=.005$, partial $r=-.146$). Additionally, the interaction between sexual orientation and friendship satisfaction approached significance ($b=-2.120$, $t(368)=-2.376$, $p=.018$, partial $r=-.124$). Follow-up tests revealed that at high levels of friendship satisfaction there was no difference in bulimic symptoms between BG and heterosexual men ($b=-.731$, $t(368)=-.743$, $p=.458$, partial $r=-.039$). However, at low levels of friendship satisfaction BG men had greater bulimic symptoms than heterosexual men ($b=4.471$, $t(368)=2.623$, $p<.009$, partial $r=.137$). No other effects demonstrated a significant effect on Bulimia scores.

Dieting Frequency

Table 4 presents associations between sexual orientation, relationship status, satisfaction with life domains, and dieting frequency. There was a significant main effect of sexual orientation, such that BG men dieted more often than heterosexual men ($F(1, 571)=10.205$, $p=.001$, partial $\eta^2=.018$). There was no significant main effect of relationship status or significant interaction between sexual orientation and relationship status (both p -values $>.40$). As with men in all groups, there was a significant main effect for sexual orientation for men in their 30's and 40's ($F(1, 339)=18.411$, $p<.001$, partial $\eta^2=.052$). There was also a main effect of relationship status that approached significance such that single men dieted more often than those in a relationship ($F(1, 339)=4.524$, $p=.034$, partial $\eta^2=.013$). Further, there was a significant sexual orientation by relationship status interaction for men in their 30's and 40's only, such that single BG men dieted more often single heterosexual men ($F(1, 339)=17.625$,

$p < .001$, partial $\eta^2 = .049$), while there were no differences between BG men and heterosexual men in a relationship ($F(1, 339) = 2.173$, $p = .141$, partial $\eta^2 = .006$).

Regression analyses examining sexual orientation and romantic relationship analyses revealed that the overall model significantly predicted dieting frequency ($R^2 = .041$, $F(4, 370) = 3.932$, $p = .004$). However, neither sexual orientation, romantic relationship satisfaction, nor their interaction significantly predicted dieting frequency.

Regression analyses examining sexual orientation and friendship satisfaction revealed that the overall model significantly predicted dieting frequency ($R^2 = .048$, $F(4, 375) = 4.708$, $p = .001$). The main effect of sexual orientation approached significance, such that BG men dieted more often compared to heterosexual men. There was no main effect of friendship satisfaction or interaction between sexual orientation and friendship satisfaction on dieting frequency.

Regression analyses examining sexual orientation and work satisfaction revealed that the overall model significantly predicted dieting frequency ($R^2 = .077$, $F(4, 374) = 7.776$, $p < .001$). As expected, there was a main effect of sexual orientation, such that BG men dieted more often compared to heterosexual men. The main effect of work satisfaction also approached significance, with greater work satisfaction predicting lower dieting frequency for all men. There was also a significant interaction of sexual orientation and work satisfaction. Follow-up tests revealed that at high levels of work satisfaction, BG and heterosexual men did not differ on dieting frequency ($b = -.241$, $t(378) = -.885$, $p = .377$, partial $r = -.046$). However, at low levels of work satisfaction, BG men diet more often compared to heterosexual men ($b = 1.260$, $t(378) = 4.020$, $p < .001$, partial $r = .204$).

Regression analyses revealed the exploratory combined model did indeed predict dieting frequency ($R^2 = .079$, $F(8, 362) = 3.885$, $p < .001$). The main effect of sexual orientation approached significance such that BG men dieted more often than heterosexual men ($b = .613$, $t(370) = 2.482$, $p = .014$, partial $r = .129$). There was a significant sexual orientation by work satisfaction interaction ($b = -.566$, $t(370) = -3.321$, $p = .001$, partial $r = -.172$; see Figure 2). Follow-up tests revealed that at high levels of work satisfaction there were no differences in dieting frequency between BG and heterosexual men ($b = -.168$, $t(370) = -.506$, $p = .613$, partial $r = .027$). However, at low levels of work satisfaction BG men diet more often than heterosexual men ($b = 1.394$, $t(370) = 3.989$, $p < .001$, partial $r = .205$). There were no other significant effects in the model.

Weight Satisfaction

Table 5 presents associations between sexual orientation, relationship status, satisfaction with life domains, and weight satisfaction. As expected, when combining all cohorts, there was a significant main effect of sexual orientation ($F(1, 568)=11.674$, $p=.001$, partial $\eta^2=.020$) such that BG men had less satisfaction with their weight overall than heterosexual men. There was also a significant main effect of relationship status such that single men had lower weight satisfaction ($F(1, 568)=13.414$, $p<.001$, partial $\eta^2=.023$). Further, there was a significant sexual orientation by relationship status interaction, such that single BG men had less satisfaction with their weight than single heterosexual men ($F(1, 568)=17.717$, $p<.001$, partial $\eta^2=.030$), while there were no differences in weight satisfaction between BG and heterosexual men in a relationship ($F(1, 568)=.328$, $p=.567$, partial $\eta^2=.001$). As with analyses in all age groups, there was significant main effect of sexual orientation for men in their 30's and 40's only ($F(1, 337)=9.863$, $p=.002$, partial $\eta^2=.028$); however, there was no main effect of relationship status ($F(1, 337)=2.416$, $p=.121$, partial $\eta^2=.007$). Additionally, the interaction between sexual orientation and relationship status for men in their 30s' and 40's approached significance, with single BG men having less satisfaction with their weight than single heterosexual men ($F(1, 337)=11.304$, $p=.001$, partial $\eta^2=.032$), while there were no differences in weight satisfaction between BG and heterosexual men in a relationship ($F(1, 337)=.417$, $p=.519$, partial $\eta^2=.001$).

Regression analyses examining sexual orientation and romantic relationship satisfaction revealed that the overall model significantly predicted weight satisfaction ($R^2=.284$, $F(4,368)=29.237$, $p<.001$). Sexual orientation was not a significant predictor of weight satisfaction. There was a trend level main effect of relationship satisfaction, with increases in relationship satisfaction for all men, regardless of orientation, being associated with increases in weight satisfaction. The interaction between sexual orientation and relationship satisfaction was not significant.

Regression analyses examining sexual orientation and friendship satisfaction revealed that the overall model significantly predicted weight satisfaction ($R^2=.301$, $F(4,373)=32.072$, $p<.001$). There was no main effect of sexual orientation, but there was a significant main effect of friendship satisfaction, such that increases in friendship satisfaction were associated with increases in weight satisfaction. No significant interaction between sexual orientation and friendship satisfaction was found.

Regression analyses examining sexual orientation and work satisfaction revealed that the overall model significantly predicted weight satisfaction ($R^2=.286$, $F(4,372)=29.815$, $p<.001$). There was no main effect of sexual orientation or work satisfaction, however the interaction between sexual orientation and work satisfaction approached significance. Follow-up tests revealed that at high levels of work satisfaction BG and heterosexual men did not differ on weight satisfaction ($b=.635$, $t(377)=1.383$, $p=.167$, partial $r=.072$). Yet, at low levels of work satisfaction, BG men had lower weight satisfaction compared to heterosexual men ($b=-1.254$, $t(377)=-2.380$, $p=.018$, partial $r=-.122$).

Regression analyses revealed the exploratory combined model did indeed predict weight satisfaction ($R^2=.317$, $F(9,360)=18.586$, $p<.001$). There was a significant interaction between sexual orientation and work satisfaction ($b=-.729$, $t(369)=2.623$, $p=.009$, partial $r=.137$). Follow-up tests did not reveal any significant differences between BG and heterosexual men at high levels of work satisfaction ($b=1.070$, $t(369)=1.969$, $p=.050$, partial $r=.103$) or at low levels of work satisfaction ($b=-.943$, $t(369)=-1.655$, $p=.099$, partial $r=-.087$). However, due to the diverging directions of the effects, BG men had greater weight satisfaction at high levels of work satisfaction than at low levels of work satisfaction.

Alcohol Use

Table 6 presents associations between sexual orientation, relationship status, satisfaction with life domains, and alcohol consumption per week. As expected, across all age groups, there were no main effect of sexual orientation ($F(1, 544)=.053$, $p=.817$, partial $\eta^2=.000$) or relationship status ($F(1, 544)=3.105$, $p=.079$, partial $\eta^2=.006$). Similarly, the interaction between sexual orientation and relationship status was not significant. As with analyses across all age groups, no main effect of sexual orientation ($F(1, 327)=.615$, $p=.434$, partial $\eta^2=.002$), relationship status ($F(1, 327)=2.134$, $p=.145$, partial $\eta^2=.006$), or their interaction were found for men in their 30's and 40's.

Regression analyses examining sexual orientation and romantic relationship satisfaction analyses revealed that the overall model approached significance ($R^2=.030$, $F(4,352)=2.761$, $p=.028$). As expected, there was no main effect of sexual orientation. However, there was a main effect of relationship satisfaction, such that, for all men, increased relationship satisfaction predicted decreased alcohol use. Also as expected, no significant interaction of sexual orientation and relationship satisfaction was found.

Regression analyses examining sexual orientation and friendship satisfaction revealed that the overall model was not a significant predictor of alcohol use ($R^2=.025$, $F(4,356)=2.266$, $p=.062$). Consequently, there was no main effect of sexual orientation, friendship satisfaction, or their interaction.

Similarly, regression analyses examining sexual orientation and work satisfaction revealed that the overall model was not significant ($R^2=.015$, $F(4,355)=1.362$, $p=.247$). Consequently, there were no significant effects of sexual orientation, work satisfaction, or their interaction.

Regression analyses revealed the exploratory combined model did predict alcohol use per week ($R^2=.063$, $F(8,344)=2.899$, $p=.004$). As was predicted, there was no significant main effect for sexual orientation ($b=1.250$, $t(352)=.770$, $p=.442$, partial $r=.042$). There was a significant main effect of romantic relationship satisfaction, such that greater satisfaction with relationships predicted decreased alcohol use ($b=-.924$, $t(352)=-3.467$, $p=.001$, partial $r=-.184$). There was no significant interaction between sexual orientation and relationship satisfaction ($b=-.151$, $t(352)=-.155$, $p=.877$, partial $r=-.008$). There was a significant main effect of satisfaction with friendships, such that greater satisfaction with friendships predicted increased alcohol use ($b=.810$, $t(352)=2.891$, $p=.004$, partial $r=.154$). No other significant effects on alcohol use were found.

DISCUSSION

Results from the current study replicated previous findings that BG men have increased disordered eating compared to heterosexual men. Results further show that relationship status moderated the effect on disordered eating in men in their 30's and 40's. However, satisfaction with romantic relationships did not moderate the association between sexual orientation and disordered eating. Instead, dissatisfaction with friendships or work moderated associations between sexual orientation and disordered eating in men with partners. Results from multivariate analyses suggest that work satisfaction appears to have the greatest impact on the association between sexual orientation and disordered eating in men who have partners. Low levels of work satisfaction confer increased risk for eating pathology in BG men, but not heterosexual men. Finally, the lack of a significant effect of sexual orientation on alcohol use (or any moderating effects of relationship status or satisfaction with any life area) increases confidence that the association between sexual orientation and disordered eating is specific to eating pathology, rather than psychopathology in general (Russell & Keel, 2002).

The aim of the present study was to examine the effect of relationship status and satisfaction on the association between sexual orientation and disordered eating. Results for relationship status in men in their 30's and 40's supported Siever's theory that BG men may have increased risk for eating pathology due to pressure to attract a male partner. Consistent with previous research that romantic relationships for men in their 20's may be defined differently than relationships in adulthood (Diamond, et al., 1999; Korobov & Thorne, 2006) relationship status did not moderate the effect of sexual orientation on disordered eating when analyses included late adolescent/young adult men. Results for BG men parallel those found in the literature for predominantly heterosexual women; further, the lack of effect of relationship status in heterosexual men replicates and extends previous findings examining the effect of marital status on disordered eating in men (Keel, et al., 2007).

While the above pattern was observed across most eating disorder variables, contrary to study hypotheses, there was no moderating effect of relationship status on bulimic symptoms. One possible explanation for this null result is that the EDI Bulimia subscale is primarily a measure of binge eating, which by nature is inconsistent with the goal of weight reduction. As the gay male subculture emphasizes a thin ideal, it would follow that men subjected to these pressures would attempt to maximize behaviors leading to thinness and minimize behaviors

incompatible with this ideal. Thus, perhaps being single for BG men increases risk for eating behaviors related to restriction (i.e. drive for thinness, dieting frequency) but not for behaviors that would be incompatible with the thin ideal (i.e. binge eating). Alternatively, the moderating effect of relationship status on the association between sexual orientation and bulimic symptomatology may exist, but was too small to detect in the current sample.

Results did not provide support for the second hypothesis, that relationship satisfaction would moderate the effect of sexual orientation on disordered eating. There are several possible explanations for the lack of significant findings. First, given the significant moderating effect of being in a relationship on the association between sexual orientation and disordered eating, differences between BG men and heterosexual men were greatly reduced for men in relationships. This may have significantly reduced power to detect the moderating effect of relationship satisfaction in men with partners. Importantly, though, there was adequate variability in disordered eating to detect the influences of satisfaction with friendships and work among men in relationships. Second, Siever's theory may have been better assessed by relationship commitment rather than relationship satisfaction, given that it is possible to remain committed to a relationship despite dissatisfaction, and only BG men not committed to remaining in their relationship might feel pressure to attain the thin ideal. However, relationship commitment was not measured within the parent study. Third, given that relationship status only moderated associations for men in their 30's and 40's, it may be that the moderating effect of relationship satisfaction would only be seen in these men. While age was included as a covariate in regression analyses, this does not account for whether age differentially influences the association between relationship satisfaction and disordered eating. Finally, findings may represent a true null effect, suggesting that increased pressure to attract a male partner leads to increased disordered eating for single men, but not for men in a relationship, even if that relationship is not satisfying.

The finding that BG men who lack satisfaction with friendships and work have increased eating pathology is consistent with prior research on the impact of belongingness and psychosocial functioning on the course and outcome of eating disorders. Specifically, low satisfaction with one's social network is likely to lead to feelings of thwarted belongingness (Baumeister & Leary, 1995; Van Orden, Witte, Gordon, Bender, & Joiner, 2008), and prior research has linked thwarted belongingness in BG males to mental health problems

(Hershberger, Pilkington, & DAugelli, 1997). As a sexual minority group, BG men who experience thwarted belongingness may seek social support through strengthening ties within the gay male subculture to buffer against social discrimination and isolation (Oswald, 2002). However, this pursuit might further reinforce an unrealistic thin ideal and contribute to increased risk for disordered eating. This may help explain why high friendship and work satisfaction buffers against disordered eating in BG but not heterosexual men. In addition to being potential indicators of thwarted belongingness, low satisfaction with friendships and work are also indicators of poor psychosocial functioning, a factor that has been robustly associated with eating disorders concurrently (Herzog, Norman, Rigotti, & PePOSE, 1986; Hudson, Hiripi, Pope, & Kessler, 2007) and prospectively (Keel, Mitchell, Miller, Davis, & Crow, 2000). Perhaps BG men who lack satisfying social support are less able to cope effectively with stress, which coupled with intense pressure to achieve a thin ideal, leads them to focus their efforts on controlling food intake as a means of establishing control and an attempt to belong within the gay community.

The present study had several notable strengths. Data came from a randomly selected college-based sample, spanning across men from late adolescence to mid-life. The use of multiple age groups was particularly important, as convenience samples of college-aged men would have been unable to detect the moderating effect of relationship status, due to developmental differences in defining steady relationships (Korobov & Thorne, 2006). Additionally, there was no evidence of biased attrition, which increases the likelihood that the men sampled in the present study were representative of the larger population. The use of self-report measures was advantageous due to the stigmatized nature of the topics of sexual orientation and disordered eating. Previous studies have found that self-report assessments are associated with greater candor as compared to interview-based assessments (Keel, Crow, Davis, & Mitchell, 2002; Lavender & Anderson, 2009). The present study also included measures with strong psychometric properties including the EDI Drive for Thinness and Bulimia subscales. Finally, there was adequate power to detect moderate effect sizes.

While the present study had several strengths, there were also some weaknesses that merit discussion. First, participants for the present study were drawn from a selective Northeastern University; thus, the sample of BG and heterosexual men may not be representative of the population at large. The selective nature of the college from which men were sampled

may have heightened the relative influence of work satisfaction in this sample, and the significance of this variable may not generalize to other samples. Additionally, the sample for the current study was nonclinical, and thus results may not extend to men with diagnosed eating disorders. Of note, nonclinical samples provide better models for understanding risk as the presence of an eating disorder likely impacts satisfaction with life domains. Future studies would benefit from replicating the results of the present study in other geographic regions and demographic samples. The present study also utilized a cross sectional design, which limits any causal or temporal inferences that can be made. It may be that being single or having lower life satisfaction leads BG men to develop disordered eating or, alternatively, it may be that eating pathology in BG men contributes to not being able to maintain a relationship and lower life satisfaction. Prospective designs are needed to determine whether entering a committed relationship predicts decreases in disordered eating in BG men and whether lower levels of satisfaction precede increases in disordered eating or vice versa. Finally, several variables were measured with single-item assessments, which reduce reliability given unmeasured sources of error variance.

In sum, results from the present study have important theoretical implications for understanding why BG men are at increased risk for eating disorders. Findings from the present study were the first to show that BG men who are single are at particularly increased risk for disordered eating, providing support for Siever's theory that pressure to attract a male partner contributes to risk for eating pathology in BG men. Further, understanding factors that increase risk for eating pathology in BG men not only inform theoretical models, but also early intervention and prevention efforts. Knowing that among BG men in relationships, low friendship and work satisfaction predict increased eating pathology may provide potential targets of treatment, such as increasing social support and feelings of belongingness through interpersonal psychotherapy. Finally, given that work satisfaction serves as a protective factor, BG men also may benefit from interventions aimed at building mastery. Future research examining the interplay among risk factors specifically for single BG men would be particularly useful for further informing theory and guiding prevention efforts.

Table 1

Correlations Among Variables for Men in a Relationship (N=389)

	1	2	3	4	5	6	7	8	9	10	11
1. Sexual Orientation	-	-	-	-	-	-	-	-	-	-	-
2. Relationship Sat.	-.11*	-	-	-	-	-	-	-	-	-	-
3. Friend Sat.	.08	.33**	-	-	-	-	-	-	-	-	-
4. Work Sat.	.01	.19**	.16**	-	-	-	-	-	-	-	-
5. DT	.18**	-.10*	-.07	-.07	-	-	-	-	-	-	-
6. Bulimia	.07	-.06	-.10*	-.11*	.63**	-	-	-	-	-	-
7. Dieting	.09	-.08	-.08	-.08	.64**	.45**	-	-	-	-	-
8. WS	.01	.08	.15**	.11*	-.42**	-.42**	-.39**	-	-	-	-
9. Alcohol	.08	-.15**	.09	.00	.05	.00	.07	-.02	-	-	-
10. Age	-.01	-.13*	-.15**	.03	.09	-.08	.18**	.01	.10	-	-
11. BMI	-.08	.02	-.06	-.08	.39**	.34**	.38**	-.49**	.03	.29**	-
<i>MEAN</i>	-	5.92	5.36	5.09	8.94	9.29	1.62	4.51	5.33	31.88	24.63
<i>SD</i>	-	1.20	1.24	1.39	4.14	2.99	.87	1.66	5.74	8.16	3.09

Relationship Sat. = Relationship Satisfaction; Friend Sat.= Friendship Satisfaction; Work Sat. = Work Satisfaction; DT= Drive for Thinness; WS = Weight Satisfaction; BMI = Body Mass Index

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

Table 2

Associations between Sexual Orientation, Relationship Status, Satisfaction with Life Domains, and Drive for Thinness

Sample	BG Men				Heterosexual Men				F	<i>p</i>	<i>Part eta2</i>	
	Single		Relationship		Single		Relationship					
	M	SD	M	SD	M	SD	M	SD				
20s 30s and 40s	13.50	6.58	12.00	6.25	8.87	4.42	8.79	3.93	1.057	.304	.002	
30s and 40s	16.50 ^a	7.78	12.27 ^b	6.46	8.55 ^c	4.34	8.94 ^c	3.67	6.030	.015	.018	
Variable	DT- Relationship N=373				DT- Friendship N=378				DT-Work N=377			
	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>
	Satisfaction	-.078	-1.516	.130	-.079	-.099	-1.807	.071	-.093	-.106	-2.108	.036
Orientation	.157	2.960	.003	.152	.234	3.810	.000	.194	.220	4.378	.000	.221
Satisfaction*Orientation	-.092	-1.738	.083	-.090	-.064	-1.010	.313	-.052	-.190	-3.742	.000	-.190
Age	.080	1.556	.121	.081	.073	1.429	.154	.074	.075	1.513	.131	.078

*Note: DT = Drive for thinness; R square: Relationship = .057 ; Friendship = .053 ; Work = .084

Table 3

Associations between Sexual Orientation, Relationship Status, Satisfaction with Life Domains, and Bulimic Symptomatology

Sample	BG Men				Heterosexual Men				F	<i>p</i>	<i>Part eta2</i>	
	Single		Relationship		Single		Relationship					
	M	SD	M	SD	M	SD	M	SD				
20s 30s and 40s	11.55	5.14	10.19	4.55	9.52	2.80	9.25	2.88	1.24	.266	.002	
30s and 40s	13.50	7.41	10.93	4.93	9.30	3.01	9.03	2.55	2.825	.094	.008	
Variable	Bulimia- Relationship N=373				Bulimia- Friendship N=378				Bulimia-Work N=377			
	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>
	Satisfaction	-.059	-1.144	.253	-.060	-.176	-3.207	.001	-.164	-.127	-2.469	.014
Orientation	.020	.365	.715	.019	.180	2.920	.004	.149	.089	1.735	.084	.090
Satisfaction*Orientation	-.138	-2.576	.010	-.133	-.186	-2.946	.003	-.151	-.157	-3.023	.003	-.155
Age	-.079	-1.516	.130	-.079	-.112	-2.193	.029	-.113	-.093	-1.828	.068	-.094

*Note: R square: Relationship = .032 ; Friendship = .047 ; Work = .046

Table 4

Associations between Sexual Orientation, Relationship Status, Satisfaction with Life Domains, and Dieting

Sample	BG Men				Heterosexual Men				F	<i>p</i>	<i>Part eta2</i>	
	Single		Relationship		Single		Relationship					
	M	SD	M	SD	M	SD	M	SD				
20s 30s and 40s	2.10	1.30	1.95	1.20	1.54	.86	1.60	.85	.509	.476	.001	
30s and 40s	3.00 ^a	1.60	2.00 ^c	1.31	1.54 ^c	.94	1.65 ^c	.85	6.827	.009	.020	
Variable	Diet- Relationship N=375				Diet- Friendship N=380				Diet-Work N=379			
	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>
	Satisfaction	-.055	-1.062	.289	-.055	-.091	-1.667	.096	-.086	-.117	-2.317	.021
Orientation	.096	1.802	.072	.093	.151	2.453	.015	.126	.130	2.598	.010	.133
Satisfaction*Orientation	-.003	-.055	.956	-.003	-.075	-1.183	.238	-.061	-.175	-3.431	.001	-.175
Age	.160	3.100	.002	.159	.156	3.057	.002	.156	.163	3.276	.001	.167

*Note: R square: Relationship = .041 ; Friendship = .048 ; Work = .077

Table 5

Associations between Sexual Orientation, Relationship Status, Satisfaction with Life Domains, and Weight Satisfaction

Sample	BG Men				Heterosexual Men				F	<i>p</i>	<i>Part eta2</i>	
	Single		Relationship		Single		Relationship					
	M	SD	M	SD	M	SD	M	SD				
20s 30s and 40s	2.98 ^a	.31	4.40 ^c	.31	4.35 ^c	.11	4.59 ^c	.07	6.856	.009	.012	
30s and 40s	2.97 ^a	.52	4.32 ^c	.38	4.85 ^c	.22	4.57 ^c	.09	5.706	.017	.017	
Variable	WS- Relationship N=374				WS- Friendship N=379				WS-Work N=378			
	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>
	Satisfaction	.114	2.546	.011	.132	.123	2.616	.009	.134	.068	1.517	.130
Orientation	.001	.013	.989	.001	-.010	-.195	.845	-.010	-.042	-.936	.350	-.048
Satisfaction*Orientation	.043	.928	.354	.048	-.053	-.984	.326	-.051	.115	2.570	.011	.132
Age	.188	4.033	.000	.206	.193	4.215	.000	.213	.178	3.874	.000	.197
BMI	-.549	-11.877	.000	-.526	-.553	-12.174	.000	-.533	-.538	-11.653	.000	-.517

*Note: WS = Weight satisfaction; R square: Relationship = .284 ; Friendship = .301 ; Work = .286

Table 6

Associations between Sexual Orientation, Relationship Status, Satisfaction with Life Domains, and Alcohol Use

Sample	BG Men				Heterosexual Men				F	<i>p</i>	<i>Part eta2</i>	
	Single		Relationship		Single		Relationship					
	M	SD	M	SD	M	SD	M	SD				
20s 30s and 40s	3.73	3.57	7.14	7.31	5.17	6.90	5.24	5.64	2.875	.091	.005	
30s and 40s	4.50	4.34	7.07	6.02	4.39	4.80	5.31	5.13	.480	.489	.001	
Variable	Alcohol- Relationship				Alcohol- Friendship				Alcohol-Work			
	N=365				N=546				N=538			
	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>	Beta	<i>t</i>	<i>p</i>	Partial <i>r</i>
Satisfaction	-.127	-2.376	.018	-.126	.109	1.932	.054	.102	.010	.197	.844	.010
Orientation	.054	.976	.330	.052	.067	1.044	.297	.058	.062	1.174	.241	.062
Satisfaction*Orientation	-.013	-.243	.808	-.013	-.015	-.224	.823	-.012	.035	.653	.514	.035
Age	.083	1.568	.118	.083	.102	1.914	.056	.101	.099	1.882	.061	.099

*Note: R square: Relationship = .030 ; Friendship = .023 ; Work = .004

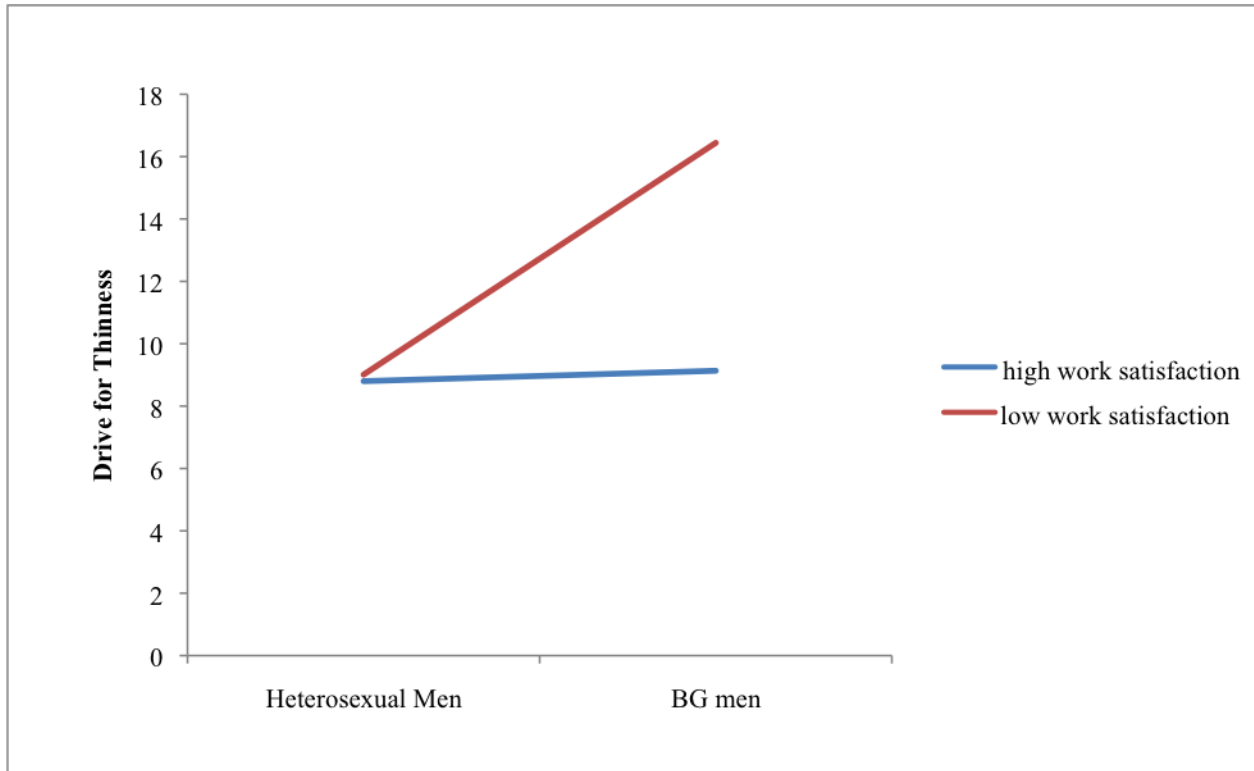


Figure 1. Relationship Between Sexual Orientation and Work Satisfaction on Drive For Thinness Within the Exploratory Combined Model

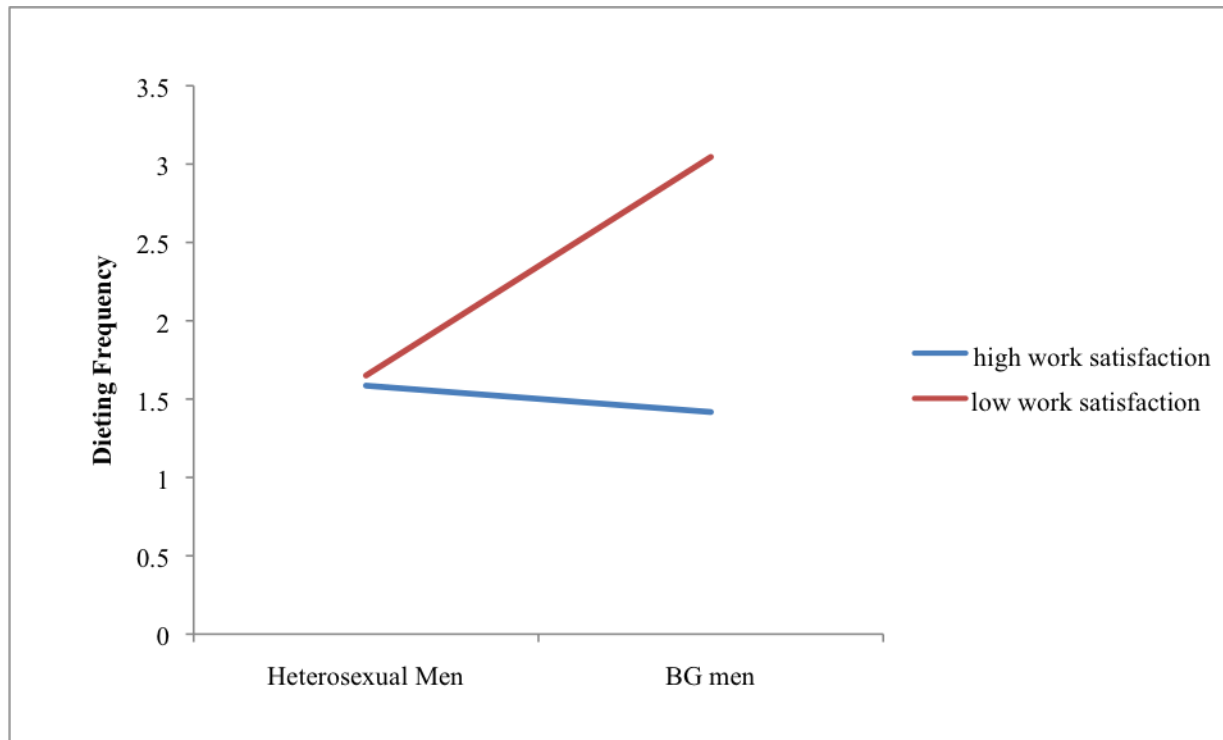


Figure 2. Relationship Between Sexual Orientation and Work Satisfaction on Dieting Frequency Within the Exploratory Combined Model

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BIOGRAPHICAL SKETCH

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