



Body dissatisfaction and disordered eating in androphilic and gynephilic men and women



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ABSTRACT

According to the theory of intra-sexual competition for mates, androphilic individuals (i.e., sexually interested in men) are expected to emphasize their physical appearance, and be less satisfied with their bodies, compared to gynephilic individuals (i.e., sexually interested in women). To test this theory against the objectification theory and the minority stress theory of body dissatisfaction and disordered eating, we measured body dissatisfaction, disordered eating, and body mass index (BMI) in both androphilic and gynephilic men and women in a large population-based sample ($N = 8007$). Compared to gynephilic men, androphilic men were more likely to be dissatisfied with their bodies and display disordered eating. Gynephilic women were more dissatisfied with their bodies compared to androphilic women. Women were, on average, more likely to be dissatisfied with their bodies and display disordered eating compared to men. Theoretical implications of the findings were discussed.

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Enhancing traits that are considered attractive by the opposite sex is a strategy that can increase the number of potential suitors, but it has been suggested that this strategy can lead to pathologies, such as disordered eating and body dissatisfaction (e.g., [Abed et al., 2012](#)). The evolutionary theory of intra-sexual competition rests on the findings that, compared to women, men show a strong preference for traits that indicate youthfulness (e.g., [Antfolk, 2017](#); [Kenrick & Keefe, 1992](#)), and a low waist-to-hip ratio (e.g., [Platek & Singh, 2010](#)). Thus, androphilic individuals (i.e., sexually interested in men) could attract more interest from men by striving to be thin or lean, and be less satisfied with their bodies and more preoccupied with thoughts about their looks ([Barrett, Dunbar, & Lycett, 2002](#)). Gynephilic individuals (i.e., sexually interested in women) would, on the other hand, need to enhance these traits to a lesser extent, and be less likely to develop eating disorders and body dissatisfaction.

From a socio-cultural perspective, beauty and thinness ideals are more pervasive for women than for men ([Striegel-Moore & Franko, 2004](#)). Objectification theory ([Fredrickson & Roberts, 1997](#)) states that women's bodies are more sexualized and objectified in our culture compared to men's. According to this theory, disordered eating may develop as a consequence of the shame and negative affect women experience when comparing their bodies to the cultural ideal. It is important to note that objectification theory is not in conflict with evolutionary theories of intra-sexual competition for mates. Rather, the ultimate reason for trying to live up to certain cultural ideals might stem from an evolved predisposition in women to compare themselves with other women

([Faer, Hendriks, Abed, & Figueredo, 2005](#)). An important distinction between objectification theory and the evolutionary explanation is that objectification theory predicts a difference between the two sexes, with women being more likely to strive to be thin compared to men—irrespective of their sexual interest. Following from the theory of intra-sexual competition for mates, both androphilic men and women should be more likely than their gynephilic counterparts to strive to be thin and as a consequence display more disordered eating and body dissatisfaction.

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

1. Previous research on body dissatisfaction and disordered eating

Previous research has shown that androphilic women experience more body dissatisfaction (e.g., [Davids & Green, 2011](#); [Peplau et al., 2009](#)) and disordered eating ([Hoek & van Hoeken, 2003](#); [Lewinsohn, Seeley, Moerk, & Striegel-Moore, 2002](#)) than gynephilic men, and women also tend to overestimate the value men put on female thinness ([Fallon & Rozin, 1985](#)). Whereas women strive to be thin, men strive to enhance muscularity (e.g., [Frederick et al., 2007](#)). This pattern could be explained both by objectification theory and the theory of intra-sexual competition. Further corroborating objectification theory, research

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has detected associations between sexual objectification, self-objectification, disordered eating, body surveillance, body comparison, and body shame (Augustus-Horwath & Tylka, 2009; Tylka & Sabik, 2010). As predicted by the theory of intra-sexual competition, a link between intra-sexual competition and disordered eating among women has been found (Abed et al., 2012; Li, Smith, Griskevicius, Cason, & Bryan, 2010).

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

Previous studies have also examined both body dissatisfaction and disordered eating simultaneously in both androphilic and gynephilic men and women (e.g., Cella et al., 2010; Li et al., 2010). Using several measures of body satisfaction, Siever (1994) investigated body dissatisfaction and eating disorders in androphilic and gynephilic male and female university students. Whereas gynephilic women were least concerned about physical attractiveness, androphilic men and women were most concerned about their physical attractiveness. The finding was interpreted as a function of the degree to which the groups are objectified by their preferred potential sexual partners (Siever, 1994), which is in line with the theory of intra-sexual competition. In a more recent study, Yean et al. (2013) also compared body dissatisfaction and eating disorders between androphilic and gynephilic male and female individuals recruited from organizations for specific ethnic and sexuality groups. They found that, compared to their counterparts, androphilic men and women exhibited more concern about their bodies, and that this was also reflected in more internalization of socio-cultural beauty standards. Importantly, irrespective of sexual orientation, women displayed more body dissatisfaction and disordered eating than men (Yean et al., 2013).

2. The current study

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

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

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

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

2. Androphilic men experience the same amount of body dissatisfaction and disordered eating as androphilic women. Similarly, gynephilic men will experience the same amount of body dissatisfaction and eating as gynephilic women.

Because studies also indicate an association between body dissatisfaction and binge eating in overweight individuals (Andrés & Saldaña, 2014; Sonnevile et al., 2012), we also explored the relationship between BMI and body dissatisfaction and disordered eating.

3. Method

3.1. Participants

In the present study 8007 participants were included. Of these, 2671 (33.4%) were men and 5336 (66.6%) were women. The mean age was 26.2 ($SD = 4.8$) for men and 26.0 ($SD = 5.1$) for women. Observations were gathered from the Genetics of Sexuality and Aggression Study (Johansson et al., 2013), in which a population-based sample was selected from the Finnish population registry. A total of 10,524 answered the questionnaire (the response rate was 45%). Of these, 2577 did not provide responses on the measures included in the present study. Because the sample was drawn mainly from twins, who might differ from non-twins, responses were compared to another large population-based sample in Finland and found to be similar with respect to sex-related variables (Albrecht et al., 2014).

3.2. Instruments

Body dissatisfaction was assessed using the Body Image subscale of the Derogatis Sexual Functioning Inventory (Derogatis & Melisaratos, 1979). Each item was answered on a scale, ranging from 1 (completely disagree) to 5 (completely agree). A composite variable on all the eleven items was calculated after reversing responses to some of the items. Cronbach's alpha was 0.71.

Disordered eating was assessed with five items from the Eating Attitudes Test (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) measuring fear of being fat, preoccupation with food, dieting, drive for thinness, and self-induced vomiting. Only five items were included in the survey due to space limitations. The items chosen were those with the highest loadings on the five factors of the EAT-26. The questions were answered on a scale, ranging from 1 (completely disagree) to 5 (completely agree). A composite variable of all the five items was calculated. Cronbach's alpha was 0.81.

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

Body mass index was calculated from participants' self-reported weight and height dividing bodyweight in kilograms by height in meters squared.

3.3. Statistical analyses

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

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