Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

Between Pressure and Acceptance: A Qualitative Study of How LGBTQ+ Identity May Shape Eating Patterns, Disordered Eating, and Body Image

Solmi Park
Northwestern University Feinberg School of Medicine
Matthew F. Murray
The University of Chicago
Graham C. Miller
Northwestern University Feinberg School of Medicine
Isabel R. Rooper
Northwestern University Feinberg School of Medicine
Andrea K. Graham
andrea.graham@northwestern.edu
Northwestern University Feinberg School of Medicine

Research Article

Keywords: LGBTQ+, sexual identity, gender identity, disordered eating, eating disorder, eating behaviors, body image, qualitative, lived experience

Posted Date: November 3rd, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11368974/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

Prior research has consistently found connections between LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and other) identity, body image disturbances, and disordered eating, including a higher prevalence of such concerns in people who identify as part of a gender and/or sexual minority. Factors that may contribute to these connections include increased stress, higher risk for psychiatric conditions, and discriminatory experiences. However, most prior research has quantitatively analyzed self-report questionnaires, which may not illuminate the entirety of individuals' lived experiences.

Methods

In this study, interviews were conducted to explore how sexual and/or gender identity may both positively and negatively impact eating patterns, disordered eating, and body image. Participants (N = 18) self-identified as LGBTQ+, experienced binge eating, and were interested in intervention. They were invited to design sessions as part of a larger research study optimizing a mobile app intervention for binge eating and weight-related health behaviors. Semi-structured interviews were analyzed using the principles of reflexive thematic analysis.

Results

Three themes were identified. First, participants, especially gay men, expressed experiencing added pressures by other individuals in their community to fit certain ideals, which contributed to decreased body satisfaction and unhealthy eating behaviors. Second, past negative experiences with bullying, discrimination, and pressure to conform to cisgender-heterosexual societal norms often had similar impacts. Third, self-acceptance of identity and feelings of freedom from societal expectations appeared to have largely protective effects on body image, promoting healthier eating patterns. Feelings of belonging and acceptance within the LGBTQ+ community also were positively impactful.

Conclusions

Taken together, these findings suggest there are protective and risk factors unique to LGBTQ+ individuals that may shape body image and eating behaviors, which could affect this population's susceptibility to eating disorders. Recognition of this susceptibility, by both clinicians and researchers, will allow for a more holistic approach to addressing eating- and body-related conditions that encourages the acceptance and affirmation of LGBTQ+ identities.

Plain English Summary

Identifying as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, and other) has complex impacts on body image and eating behaviors, which may at times be harmful and at other times protective. In this study, interviews with 18 individuals identifying as LGBTQ+ and who experience binge eating were qualitatively analyzed for recurring themes. One theme that emerged was the harmful impact of beauty standards and body shaming, especially within certain minority groups, on body satisfaction and promotion of unhealthy eating behaviors, such as restrictive eating or binge eating. Experiences of discrimination, trauma, bullying, and pressure to conform to cisgender-heteronormative societal standards also was found to have harmful impacts. Conversely, self-acceptance of one's identity and acceptance from others in the community often served as protective factors against eating disorders and body image issues. Recognizing these factors, while affirming LGBTQ+ identities, will allow for a more holistic clinical approach to treating and preventing eating disorders.

Background

Eating disorders are illnesses characterized by severe disturbances in eating behaviors and include conditions such as anorexia nervosa, bulimia nervosa, and binge eating disorder [1]. These conditions can have substantial negative repercussions on physical and mental health and well-being and are associated with significant mortality risk [2, 3]. In addition, eating disorders are often accompanied by body image concerns, including dissatisfaction with weight and shape, and may be precipitated by attempts at weight loss and maladaptive eating patterns [4, 5]. Cultural and societal beauty standards, negative affect, traumatic experiences, and desire for control may also contribute to the development of eating disorders [6, 7].

In the broader population, eating disorders affect upwards of 8% of women and 2% of men across the lifetime [8]. However, individuals identifying as lesbian, gay, bisexual, transgender, queer, etc. (LGBTQ+) are at significantly heightened risk for eating disorder pathology and concerns regarding eating behaviors, body shape, and body size [9, 10]. For example, in one study, 15.82% of transgender college students had received an eating disorder diagnosis in the year prior, compared to 1.85% of cisgender heterosexual women and 0.55% of cisgender heterosexual men [11]. This was also true of 11.74% of sexual minority students, compared to 7.63% of heterosexual participants [11]. Similar trends were also found regarding purging or binge eating behaviors without an eating disorder diagnosis [12].

These elevated rates of eating disorder diagnoses and disordered eating behaviors may be explained by the higher prevalence of stress, low self-esteem, and psychiatric comorbidities in LGBTQ+ individuals. This is in line with the minority stress theory, which describes the impact of difficult social situations on psychological distress experienced by minorities [13–15]. Experiences such as stigma and discrimination related to identity and struggles with acceptance may also exacerbate disordered eating pathology and behaviors. In addition, ideas from the intraminority gay community stress theory may be relevant to consider [16]. For example, strict beauty standards within the LGBTQ+ community, especially for gay and bisexual men, may cause shame and exert pressure to change their bodies to be perceived as more attractive [17]. Indeed, some studies have found an increased risk of eating pathology and body

dissatisfaction in sexual minority men who have greater involvement in their communities [18, 19]. On the contrary, other studies have found a protective effect of identity on self-image and eating in LGBTQ+ individuals, specifically lesbian women, who felt more accepted and connected to their community [20]. Such variations highlight the complexity of the roles of identity and community connection in LGBTQ+ individuals.

To date, most extant literature has identified connections between LGBTQ+ identity, body image, and disordered eating using analyses of self-report questionnaires. However, in relying on questionnaires and top-down approaches based on researchers' hypotheses, such quantitative studies may not be able to capture the entirety of the participants' experiences. Instead, a qualitative approach could provide a more person-centered, bottom-up method to shine light on the lived experiences of LGBTQ+ individuals. Although qualitative research has begun to document how sexual and gender minority individuals experience body image concerns, appearance-related pressures, and disordered eating [21–26], important questions remain about how identity-related experiences are perceived to intersect with specific eating behaviors and weight management concerns. Existing research has identified both harmful and protective influences of LGBTQ+ identity-related experiences and community involvement, including appearance-related pressures, body acceptance, and belonging [10]. However, the meanings and potential consequences of these experiences may vary across individuals and contexts, underscoring the importance of examining how participants themselves connect identity-related experiences with their eating and weight-related concerns. Further, prior qualitative studies often were limited to small age groups (e.g., college students) [21–26], suggesting that the field would benefit from studies among a broader sample to capture a more expansive range of experiences.

The present study extends this literature by examining the lived experiences of LGBTQ+ adults experiencing binge eating, and how their perceived identity shapes their eating patterns, disordered eating, and body image. Participants were purposefully recruited to represent a wide range of LGBTQ+ identities and ages to expand on the prior literature. This study was conducted in the context of a larger study optimizing a digital intervention targeting binge eating and weight-related health behaviors. Consequently, participants were experiencing binge eating, interested in reducing this behavior, and struggling with their weight and/or interested in changing their body size, which offers an opportunity to explore how sexual and gender identity may inform the concerns, social experiences, and personal goals individuals have who are seeking support for binge eating and health behaviors. By examining both shared patterns and differences across participants' accounts, this study aims to identify potential considerations for more responsive research and intervention without assuming that LGBTQ+ people share a uniform set of experiences or needs.

Methods

This study was conducted as part of a larger research study involving design interviews to optimize a mobile app intervention for binge eating and weight-related health behaviors. As part of this work, we

sought to learn the specific needs of LGBTQ+ individuals to inform ways to ensure the intervention's design, or that of a different eating disorder intervention, is inclusive and appropriate for this population.

Participants

Eligible individuals were non-pregnant, English-speaking adults (≥ 18 years of age) who were experiencing binge eating (endorsed ≥ 1 episode per month on average in the past three months), were interested in reducing their binge eating, and indicated they were struggling with their weight or were interested in losing weight or changing their body size. Individuals were not required to meet the DSM-5 criteria for binge-eating disorder, and compensatory behaviors were not an exclusion criterion. Eligible individuals also were required to own a smartphone with Internet access and have an email address to reflect target intervention users. Finally, for the design sessions that served as the basis for this analysis, eligible individuals were those who identified as LGBTQ+.

Procedures

Participants were recruited from March 2025 to August 2025 through online research registries, social media platforms, and flyers in Chicago, Illinois and Evanston, Illinois. Interested individuals completed an online consent form to screening and an online screening survey to assess eligibility. All eligible participants were invited to a remote design session, conducted via Zoom for up to one hour, during which they provided informed consent followed by two interviews with a trained assessor: the diagnostic portion of the Eating Disorder Examination interview [EDE; 27] and a semi-structured qualitative interview. The EDE was conducted to characterize participants' binge eating but for not eligibility purposes. These sessions were completed by one postdoctoral fellow and/or one research staff member. Sessions were audio recorded and automatically transcribed via Zoom, then subsequently cleaned for accuracy by a research team member. Participants were compensated $25 for completing the session. Study procedures were approved by Northwestern University's Institutional Review Board.

Interview Guide

Sessions followed a semi-structured interview guide. Questions were open-ended and aimed to explore participants' health priorities, feelings about their weight and eating habits, strategies they have tried to manage their weight and eating, interventions that they would desire, and recommendations for adapting a digital intervention for binge eating to meet their needs and preferences. Responses most relevant to this analysis were in response to the following questions: "Has your sexual orientation or gender identity influenced your feelings about your weight?" and "Has your sexual orientation or gender identity influenced your attempts to manage your weight or binge eating?" Interviewers asked follow-up questions in line with the prompts as needed.

Analyses

Data were analyzed using the principles of reflexive thematic analysis [28]. The analysis was conducted in a constructivist manner, recognizing that participants' accounts were interpreted within their social contexts and that themes were developed through the researchers' engagement with the data. The first author familiarized themselves with the transcripts, generated initial codes, iteratively reviewed and refined the coding, and developed themes that captured patterns of meaning across participants' accounts. The principal investigator reviewed the analysis and engaged in discussions with the lead author to reflect on and refine interpretations. Analyses were completed using Microsoft Excel. In accordance with the principle of self-reflexivity, the authors acknowledge their positions and identities that may limit understanding of the participants' experiences and/or influence their interpretation of the data. The lead author is a medical student who identifies as an Asian, cisgender woman. The principal investigator is a licensed clinical psychologist who designed the original intervention and identifies as a heterosexual, non-Hispanic white, cisgender woman.

Results

Sample characteristics are reported in Table 1. The mean age of the participants was 37.11 years (SD = 13.20, range = 19–61). Participants' mean self-reported BMI was 33.25 kg/m^2 (SD = 6.31, range = 20.78–44.09). Based on the EDE, the mean number of past 3-month objectively-large binge episodes was 38.67 (SD = 49.14, range = 0–169) and past 3-month subjectively-large binge episodes was 8.22 (SD = 11.07, range = 0–36). Of the 18 participants, six participants identified as cisgender men, five as cisgender women, four as transgender men, and three as non-binary. Regarding sexual orientation, nine participants identified as gay, four as bisexual, two as lesbian, two as queer, and one as pansexual. Twelve participants identified as White, three as Asian, and two as Black/African American and one preferred not to answer. Three participants identified as Hispanic and none identified as of Middle Eastern or North African origin.

Table 1
Participant demographics

Participant ID	Age	Sexual Orientation	Gender Identity	Race	Ethnicity
1	26	Bisexual	Nonbinary	White	Non-Hispanic/Latino
2	39	Lesbian	Cisgender woman	Black/African American	Non-Hispanic/Latino
3	40	Gay	Cisgender man	White	Hispanic/Latino
4	61	Gay	Cisgender man	Black/African American	Non-Hispanic/Latino
5	24	Gay	Transgender man	White	Non-Hispanic/Latino
6	57	Bisexual	Cisgender woman	White	Non-Hispanic/Latino
7	38	Gay	Transgender man	White	Non-Hispanic/Latino
8	30	Queer	Nonbinary	White	Non-Hispanic/Latino
9	40	Pansexual	Cisgender woman	Asian	Non-Hispanic/Latino
10	45	Lesbian	Cisgender woman	White	Non-Hispanic/Latino
11	29	Gay	Cisgender man	Asian	Non-Hispanic/Latino
12	20	Bisexual	Transgender man	White	Non-Hispanic/Latino
13	19	Gay	Transgender man	White	Non-Hispanic/Latino
14	38	Gay	Cisgender man	Asian	Non-Hispanic/Latino
15	58	Gay	Cisgender man	Prefer Not to Answer	Hispanic/Latino
16	23	Bisexual	Cisgender woman	White	Non-Hispanic/Latino
17	51	Gay	Cisgender man	White	Hispanic/Latino
18	30	Queer	Nonbinary	White	Non-Hispanic/Latino

This analysis revealed three themes and 11 subthemes, described in the sections that follow. Some quotations were lightly edited for clarity.

Theme 1: Harmful Interactions Within the LGBTQ+ Community

The first theme focused on harmful interactions within LGBTQ+ communities, particularly appearance-related expectations, body-type labeling, and criticism within romantic relationships. Participants described these experiences as contributing to body dissatisfaction, self-doubt, and difficulties with belonging. Some accounts also connected interpersonal criticism and identity-related pressures with eating behaviors, including binge eating. These connections were not evident in every account, and several participants reported that their sexual orientation or gender identity did not influence feelings about weight or eating.

Beauty Standards in the LGBTQ+ Community

Participants who were gay men, in particular, expressed the harms of rigid beauty standards in the LGBTQ+ community. They felt compelled to fit those ideals and carefully tend to their appearance to remain attractive and be accepted in their community. In some cases, these standards were more directly targeted towards participants by other gay or bisexual men in the form of “fat shaming.” Other participants described that these standards were internalized from their life experiences, which affected how participants viewed themselves:

“Just growing up [with] the stereotypes that gay men take care of themselves, they work out, they're supposed to look like this and not like that. [...] So, with how much I weigh now, and what I look like now, it creates a struggle for me.” (Participant 14, 38y gay cisgender man)

In these cases, participants’ perceived failures to fit into expectations of an ideal “gay man” contributed to challenges with self-acceptance, body image, and self-esteem.

Labeling of Body Types

In addition to these beauty standards, study participants described often being divided into subgroups based on their body types and outward presentation. One participant commented on how he was labelled as a “bear” [i.e., a physically larger gay man, typically with more body hair; 29] without his desire, which altered how he was viewed by potential dating prospects:

“Apparently, I'm a bear now, which I never expected that in my life. [...] I feel uncomfortable because people try to hit on me because I'm a bear.” (Participant 3, 40y gay cisgender man)

Another participant discussed the difficulties of having a body type that did not fit any of the stereotypical subgroups and how this raised doubts about his place in the gay community:

"And by the same token, I'm chubby? But I'm not capable of growing, like, a beard [...] so I don't fit in with bear community. Right now, because I'm 220 [pounds], I don't fit in with, you know, the chub community. I'm being told that I'm supposed to look all of these certain ways in order for me to fit in, or to have someone be attracted to me, and that doesn't feel good." (Participant 17, 51y gay cisgender man)

By having these labels assigned to them, some individuals felt reduced to their body type, which affected their self-esteem, dating, and sense of belonging in the community.

Negative Influence of Romantic Relationships

Shaming and criticism of body size within the LGBTQ+ community, including from dating prospects and partners, were described as factors undermining body image and self-confidence. One participant described being criticized by someone they had been on a date with, which they said raised self-doubt about their appearance and hesitation to go on further dates. Another participant recalled an interaction he had with his husband regarding his weight:

"My husband complains a lot, he's like, 'Why don't you go to the gym? Lose weight? I'll pay for it. You looked so much better before,' and it bothers me." (Participant 3, 40yo gay cisgender man)

One participant, a transgender man, described his experience of not fitting into the stereotype that he should be small. Because he was dating another man, he found himself frequently comparing his own body to his partner's:

"I also do feel awful about myself when I don't fit into that [stereotype that trans men should be small], because my partner does fit into that. [...] But it does make me feel sad standing next to him [...] My stomach isn't flat. My legs are flabby." (Participant 12, 20y bisexual transgender man)

In these instances, participants' negative experiences with romantic interests, involving critical comments or self-comparison, enhanced their insecurities surrounding their bodies.

Theme 2: Negative Experiences Associated with LGBTQ+ Identity

Many participants described experiences related to LGBTQ+ identity that had significant impacts on their body image, eating habits, and overall well-being. Most experiences occurred throughout childhood and adolescence, often before participants realized their identities, and included bullying and attempting to conform to societal expectations placed on them. In other cases, intersectionality with chronic illness, neurodivergence, and disability was influential.

Discrimination, Trauma, and Bullying

Experiences of discrimination, trauma, or bullying related to gender or sexual identities was frequently described by participants as related to their body image or eating habits. Body shaming by peers and adults during their adolescent years appeared to be particularly impactful on current thoughts and behaviors, as one participant described:

"I don't know if I was coming across as outwardly gay, I don't know what all of the reasons for bullying were, but when kids perceive you as weak–and kids are mean–they're gonna target you, make comments about your weight. […] There's a lot of trauma that I have around my weight, eating, the gym." (Participant 17, 51y gay cisgender man)

Another participant, who now identifies as nonbinary, recalled their negative experiences caused by socialization as a girl in their youth. In being forced to participate in stereotypically feminine activities by their parents, they became subject to situations where they were bullied:

"I did ballet for 11 years, and I was like the fat kid in a ballet class, and I was still doing everything that everyone else was doing. But I would get like mercilessly bullied by these adult ballet instructors. […] There are very different expectations for how a person who looks like me is supposed to exist in the world. And I'm not saying that male bodies are not policed, but it definitely feels different." (Participant 8, 30y queer nonbinary individual)

Here, feelings of shame and lower self-confidence contributed to participants' negative body image and eating disorder pathology. In other circumstances, bullying and trauma directly led to changes in eating patterns, as ways to cope with emotional pain, escape criticism, and experience some control over their lives. One participant shared how the pressure to hide her identity in her youth promoted binge eating as a source of stress relief and control:

"I was closeted for a really, really long time, until, like 5 years ago, and when I had started therapy, I realized that I was gay, having to hide it. Binge eating was an outlet for me in my younger years, when I was a kid. [...] It was something I could do, and food didn't judge me." (Participant 2, 39y lesbian cisgender woman)

This account illustrated a perceived connection between the stress of concealing one's sexual identity and the use of binge eating as a source of comfort and emotional regulation. Rather than describing body dissatisfaction alone, the participant situated eating behavior within a broader experience of distress and the need for a nonjudgmental source of relief. This distinction is clinically important because it highlights that understanding the function of binge eating requires attention to the social and emotional contexts in which it occurs.

Societal Expectations

Participants also recalled trying to appeal to the expectations set by society – including beauty standards and dating norms – prior to coming out. These experiences were most common in those assigned female at birth, as they tried to conform to such expectations in attempts to become accepted by others:

“I think when I was younger, and I wasn't existing in queer spaces, [...] the desire was to be as thin as possible and therefore be the most valuable version of myself or the most socially approvable version of myself.” (Participant 8, 30y queer nonbinary individual)

Another participant shared similar sentiments and explained how their confidence depended on how well they felt they adhered to such standards:

“When I was a teenager, I really went hard on presenting femme because I felt like I didn't feel confident in myself, but I was infused with a sense of confidence if I felt desirable to men.” (Participant 1, 26y bisexual nonbinary individual)

For these individuals, society appeared put them into a mold of a heterosexual, cisgender person that they were expected to fit into. These expectations led them to strictly self-monitor their weight, as well as perceived alignment between their self-presentation and conventional beauty standards, which contributed to body image concerns.

Chronic Illness and Disabilities

Although the interview questions did not explicitly explore how LGBTQ+ identity intersected with other identities, some participants expressed the impact of their health conditions on both body image and eating. For example, one participant explained how being autistic influenced her behaviors around food. Her account highlights the importance of considering the function and temporal pattern of eating behaviors rather than treating body dissatisfaction, restriction, and binge eating as interchangeable outcomes:

“I have autism and difficulty with emotional regulation that comes from being autistic. And one of the ways that I developed to emotionally regulate was not to eat. And so when I'm really stressed out, when something happens in my life that's very challenging, I won't eat. And that not eating eventually leads to binge eating.” (Participant 9, 40yo pansexual woman)

Another participant described the connection between their diet, illness, and LGBTQ+ identity related to gender-affirming care:

“I don't like that I'm gaining weight, because if I gain too much, then I can't get top surgery. I feel gross all the time because the food that I'm eating isn't healthy and usually makes my chronic illnesses flare up, because it's inflammatory.” (Participant 13, 19yo gay trans man)

Medical illnesses and disabilities may contribute to the development or exacerbation of unhealthy eating patterns, including restriction and binge eating. Additionally, these conditions may exacerbate body image disturbances and self-shaming when they impact individuals’ ability to receive healthcare that affirms their identity.

Theme 3: Protective Experiences Associated with LGBTQ+ Identity

The final theme emerged from the numerous descriptions of the positive impact that acknowledging and embracing one's sexual and/or gender identity had on their body image and eating habits. Commonly cited ideas included coming to terms with their own identities, being accepted in queer communities, and supportive romantic relationships.

Self-Acceptance of Identity and Body

The process of accepting one's own gender and/or sexual identity appeared to have a significant positive impact on participants' body image. One participant noted how their transition and gender-affirming care allowed them to feel more confident with themselves as a person and with their body:

"Just this past year I've accepted more, and affirmed myself being on a trans masc[uline] spectrum and starting testosterone. And definitely the way I feel about my body and my weight has improved a lot, as I've affirmed those parts of my identity more." (Participant 1, 26y bisexual nonbinary individual)

For individuals who are not heterosexual, acceptance of their sexual orientation allowed them to embrace themselves without adhering to the strict beauty standards that they perceived in heterosexual dating. Indeed, one participant explained that her view of other women that she was attracted to influenced how she saw her own body:

"My goal weight is actually a little bit higher than it would be if I were straight, because the kind of women that I find attractive are a little bit bigger, and so I feel like the kind of women that I'm trying to attract are okay with that as well." (Participant 16, 23y bisexual cisgender woman)

Coming to terms with one's sexual and/or gender identity had direct effects on these participants' self-confidence and ability to free themselves from the rigid beauty standards they had subjected themselves to before. In turn, these changes improved body image and increased acceptance of their weight and shape.

Acceptance in the LGBTQ+ Community

Multiple participants noted that other individuals in the LGBTQ+ community were more likely to be accepting of various body types, weights, and sizes. One expressed feeling freedom from the conventional beauty standards that they had been subjected to in the past and felt acceptance of their own body, rather than striving for an unattainable ideal:

"It feels a lot freer, and I feel like the queer community is definitely more accepting of people who aren't necessarily straight size or who are overweight [...] I don't necessarily feel the need to be, you know, a size 6 and 120 pounds anymore." (Participant 18, 30yo queer nonbinary individual)

Due to this acceptance, participants indicated that queer spaces may be more likely to include individuals with a variety of body types. For one participant, entering athletic spaces with significant representation of queer women helped them accept their own body and appreciate its strength over its appearance:

“Being around other queer, physically active people helped me think about what my body could do over what my body should look like.” (Participant 8, 30y queer nonbinary individual)

Involvement in the LGBTQ+ community and spaces thus increased feelings of belonging because of higher perceived acceptance and representation of various body types.

Changed Societal Expectations

One participant, a transgender man, talked about the changes in the beauty standards and societal expectations following his transition and how presenting as a man had increased his confidence:

“Even being 120 pounds heavier than I was, I'm actually more comfortable in my body now, as a trans man. I take up more space. People are less likely to bother me on the street. I work in a blue-collar profession, and guys just kind of look like me, in terms of shape. So I don't stand out in the way I used to when I was way skinnier.” (Participant 7, 38y gay transgender man)

In this case, the process of transitioning allowed the participant to experience liberation from previous expectations, contributing to his self-confidence and ability to fit in male spaces.

Positive Influence of Romantic Relationships

Participants also described the healing impact that empowering and accepting romantic relationships had on their body image and lifestyle behaviors. For example, one participant explained his partner’s role in encouraging him to lose weight in a healthy manner while expressing his support and love for him as a person. Similarly, another participant reflected on her experiences in different-sex and same-sex relationships, explaining that women were more likely to be accepting of her body and encourage a healthier lifestyle:

“They’re [Women are] a little more forgiving, like they understand, especially what women go through. [...] I think women will be wanting to actually work out with you and do the things with you, kind of help you along your way.” (Participant 10, 45yo lesbian woman)

Participants’ sentiments indicated that supportive romantic partners can be valuable to improving body image and self-esteem.

Discussion

This qualitative study explored how LGBTQ+ adults experiencing binge eating perceived the relationship between their sexual and/or gender identities, body image, and eating behaviors. Findings highlighted shared patterns involving appearance-related expectations, interpersonal relationships, identity-related stress, and identity affirmation, while also illustrating substantial variation in how participants experienced these influences. Importantly, participants’ accounts suggested that identity-related experiences were relevant not only to body dissatisfaction and weight concerns but, in some cases, to the perceived function and context of eating behaviors including binge eating. By examining these

experiences within the context of a larger study to optimize a digital intervention for binge-eating and weight-related health behaviors, this research offers clinically relevant insights into potential considerations for intervention design while underscoring the importance of attending to individual differences within LGBTQ+ populations.

Many participants described experiences with other members of the LGBTQ+ community that had harmful repercussions on their body image and eating. Notably, these were reported by mostly gay men, whereas other participants were more likely to report feeling accepted by their communities. Such experiences included body shaming and queer-specific beauty standards that participants felt pressured to meet, particularly in gay male communities. Failure to fit these ideals caused feelings of self-doubt, unattractiveness, and within-community exclusion, as found in previous studies [16, 17]. In this sample and consistent with prior work [17, 29], accounts of body-type labeling and narrowly defined appearance ideals were particularly prominent among cisgender gay men. Participants described these norms as shaping perceived attractiveness, dating experiences, and belonging within particular gay male social contexts, illustrating one way that community-specific appearance expectations intersect with weight concerns. Relatedly, romantic relationships involving body shaming and criticism often contributed to further body dissatisfaction, internalized weight stigma, and disordered eating patterns, aligned with findings from a prior quantitative study [30].

Discrimination, trauma, and bullying also had negative impacts on body image and disordered eating in this sample. Being targeted for any reason has been shown to be associated with a higher prevalence of body image concerns and disordered eating or eating disorders [31, 32]. Considering that LGBTQ+ individuals have significantly higher odds of encountering such discriminatory experiences [33], it is important to consider the potential impacts on mental well-being, including stress, lower self-esteem, and higher likelihood of developing anxiety, depression, and post-traumatic stress disorder [34]. These factors are also highly associated with disordered eating patterns, particularly binge eating, as well as body image disturbances [35]. Furthermore, expectations placed on LGBTQ+ youth to fit conventional beauty standards and engage in heterosexual dating appeared to negatively impact body image and self-esteem, promoting unhealthy eating behaviors in the future. Our data indicated that certain chronic illnesses and disabilities, such as autism spectrum disorder, could be influential. This is notable given that many such conditions tend to occur more frequently among sexual and gender minorities [36–38], potentially exacerbating stress, eating challenges, and isolation. Aligned with the minority stress theory [14], these additional pressures may subject LGBTQ+ individuals to greater mental health distress, including body- and eating-related concerns.

Conversely, in many cases, participants reported experiences related to their gender and/or sexual identity that helped improve their self-image and lead a healthier lifestyle. Self-acceptance of one's identity has been shown to have a direct positive influence on appearance- and eating-related concerns, including one study showing that coming out was associated with improved body image [39]. Transgender individuals often experience a decrease in body dissatisfaction and dysmorphia as they transition and experience gender affirmation [40]. Feelings of belonging and acceptance by the LGBTQ+

community were also often cited to be a protective influence, as previous studies have found [19, 20]. Finally, positive queer relationships, in which partners demonstrated unconditional love and support, promoted better body image and eating behaviors. This reflects known associations between involvement in supportive romantic relationships and body positivity [41].

Taken together, our findings show that the relationship between LGBTQ+ identity and body image or eating behaviors is complex and nuanced. Whereas harassment and pressures to conform with typical societal expectations were consistently reported as harmful, involvement in the LGBTQ+ community was more nuanced. For some participants, queer spaces offered greater body acceptance and freedom from conventional appearance standards; for others, particular community or dating contexts reinforced narrow ideals of attractiveness. Descriptions of gender affirmation of gendered expectations further illustrated how body-related concerns could be tied to the social recognition of one's identity. These variations also appeared to reflect the participants' specific identities, supporting past findings that higher involvement in the LGBTQ+ community exacerbated body dissatisfaction and eating disturbances in gay men but protected against them in lesbian women [18–20].

Notably, the sample included adults ranging from 19 to 61 years of age, allowing the analysis to capture experiences across a wider age range than has been typical of some previous studies, and results suggest interesting similarity across participant experiences even with a wide age range. However, this study was not designed to compare experiences by age, and the data do not support direct conclusions about the presence or absence of age-related differences.

Study findings have several potential implications for the design of interventions addressing eating and weight-related behaviors that are more relevant for individuals who identify as LGBTQ+. First, clinicians may benefit from being more aware of the ways in which LGBTQ+ identities can intersect with body image and eating behaviors, helping to provide more relevant and culturally informed care. For instance, interventions could help participants explore how appearance ideals and weight-related expectations operate in their specific social contexts, including both broader societal norms and expectations particularly within LGBTQ+ communities. As our findings indicate, such content should not presume that LGBTQ+ communities are uniformly accepting or appearance-focused and should aim to identify person- and identity-specific factors that may drive body dissatisfaction and maladaptive eating patterns. Second, participants' accounts suggest that interpersonal experiences, including body-related criticism and supportive romantic relationships, may be relevant to understanding body image and eating behaviors. Opportunities to reflect on relational influences and develop strategies for responding to weight-related stigma may therefore be useful areas to consider in intervention development. Third, accounts of binge eating as a source of emotional relief, and of restriction preceding binge eating, highlight the importance of addressing the functions and patterns of eating behaviors alongside weight-related goals. Finally, experiences involving gender affirmation and access to gender-affirming care highlight the need for intervention language and examples that recognize the different meanings body size and shape may hold for participants. Future co-design and usability research with diverse LGBTQ+ participants will be important to determine which adaptations are most relevant to different individuals.

Limitations

A strength of this study is its focus on a broad range of LGBTQ+ adults recruited in the context of a digital intervention targeting binge eating and weight-related health behaviors. This sampling context provides clinically relevant insight into how participants seeking support for these concerns perceive the relationship between identity-related experiences, body image, and eating behaviors. However, limitations should be noted. Most significantly, results revealed a significant diversity of experiences within the sample, especially depending on the specific identities of the participants. This illustrates a need for further research that focuses on each sexuality or gender identity to more comprehensively understand specific factors that may influence body image or eating patterns. In addition, not all sexual and gender minority identities were represented in this study, as this sample did not include transgender women, asexual or aromantic individuals, or intersex individuals. Future work to capture these individuals' experiences is warranted. Furthermore, the responses analyzed in this study were answers to two guiding questions. Although assessors followed up on participants' responses within the semi-structured interview guidelines, it is possible that more detailed further questioning may have revealed more insight into participants' experiences and views of how their identities influence their body- and eating-related concerns. In addition, the small size of the coding team, and their limited perspective, may have resulted in biases in the interpretations of the interviews. Consistent with the goals of this study, the eligibility criteria included only LGBTQ+ individuals who were experiencing binge eating; while a study strength in focusing on a particular eating disorder behavior, this also means that the results of this study may not be generalizable to LGBTQ+ individuals experiencing other types of eating disorder behaviors. While the factors influencing body image and eating patterns -- such as negative past experiences, identity acceptance, and queer relationships -- may remain similar in those groups, further research is needed to clarify their needs as well.

Conclusions

LGBTQ+ identity and related experiences can be either harmful or protective in eating disorder pathology and binge-eating behaviors. A better understanding of these factors will allow for a more tailored approach to the treatment and prevention of eating disorders. It is also crucial to recognize the intersectionality between LGBTQ+ identity and other health conditions, to ensure individualized care. Additionally, the protective factors found in the study highlight the possible role of involvement within the LGBTQ+ community and acceptance of identity in promoting positive body image and healthy eating behaviors. Clinical care that is more cognizant and affirming of all gender and/or sexual identities is crucial to addressing the unequal burden of body dissatisfaction and disordered eating in sexual and gender minorities.

Abbreviations

LGBTQ+: Lesbian, gay, bisexual, transgender, queer, and other gender/sexual identities

DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th edition

Declarations

Ethics Approval & Consent to Participate: This study was approved by the Northwestern University Institutional Review Board (#STU00216998), and all participants provided informed consent.

Consent for Publication: Not applicable

Availability of Data & Materials: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request and a data use agreement that ensures participants' privacy is maintained.

Competing Interests: The authors declare that they have no competing interests.

Funding: This study was supported by the National Institutes of Health under grant number R01-DK133300. The content is solely the responsibility of the authors and does not necessarily represent official views of the NIH. This manuscript is subject to the NIH Public Access Policy. Through acceptance of this federal funding, NIH has been given a right to make this manuscript publicly available in PubMed Central upon the Official Date of Publication, as defined by NIH.

Authors' Contributions: AKG acquired funding. SP, MFM, and AKG conceptualized the paper. MFM and GCM contributed to data collection. SP analyzed the data, with support from AKG. SP wrote the original draft of the manuscript, and MFM, GCM, IRR, and AKG reviewed the manuscript and provided critical feedback and revisions. All authors approved the final manuscript.

Acknowledgements: Not applicable

References

1. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)2022.
2. Smink FR, van Hoeken D, Hoek HW. Epidemiology of eating disorders: incidence, prevalence and mortality rates. Curr Psychiatry Rep. 2012;14(4):406–14.
3. Tan EJ, Raut T, Le LK, Hay P, Ananthapavan J, Lee YY, et al. The association between eating disorders and mental health: an umbrella review. J Eat disorders. 2023;11(1):51.
4. Ahrberg M, Trojca D, Nasrawi N, Vocks S. Body image disturbance in binge eating disorder: a review. Eur Eat Disord Rev. 2011;19(5):375–81.

5. Levine MP, Smolak L. The role of protective factors in the prevention of negative body image and disordered eating. Eat Disord. 2016;24(1):39–46.
6. Becker AE, Keel P, Anderson-Fye EP, Thomas JJ. Genes and/or jeans? Genetic and socio-cultural contributions to risk for eating disorders. J Addict Dis. 2004;23(3):81–103.
7. Polivy J, Herman CP. Causes of eating disorders. Annu Rev Psychol. 2002;53:187–213.
8. Galmiche M, Dechelotte P, Lambert G, Tavolacci MP. Prevalence of eating disorders over the 2000–2018 period: a systematic literature review. Am J Clin Nutr. 2019;109(5):1402–13.
9. Kalash N, Harb H, Zeeni N, El Khoury M, Mattar L. Determinants of body image disturbance and disordered eating behaviors among self-identified LGBTQ individuals. J Eat disorders. 2023;11(1):87.
10. Parker LL, Harriger JA. Eating disorders and disordered eating behaviors in the LGBT population: a review of the literature. J Eat disorders. 2020;8:51.
11. Diemer EW, Grant JD, Munn-Chernoff MA, Patterson DA, Duncan AE. Gender Identity, Sexual Orientation, and Eating-Related Pathology in a National Sample of College Students. J Adolesc Health. 2015;57(2):144–9.
12. Austin SB, Ziyadeh NJ, Corliss HL, Rosario M, Wypij D, Haines J, et al. Sexual orientation disparities in purging and binge eating from early to late adolescence. J Adolesc Health. 2009;45(3):238–45.
13. Chaphekar AV, Downey A, Garber AK, Kuykendall M, Bojorquez-Ramirez P, Ganson KT, et al. Eating disorders in sexual minority adolescents and young adults: examining clinical characteristics and psychiatric co-morbidities in an inpatient medical setting. J Eat disorders. 2023;11(1):32.
14. Frost DM, Meyer IH. Minority stress theory: Application, critique, and continued relevance. Curr Opin Psychol. 2023;51:101579.
15. Roberts SR, Maheux AJ, Watson RJ, Puhl RM, Choukas-Bradley S. Sexual and gender minority (SGM) adolescents' disordered eating: Exploring general and SGM-specific factors. Int J Eat Disord. 2022;55(7):933–46.
16. Pachankis JE, Clark KA, Burton CL, Hughto JMW, Branstrom R, Keene DE. Sex, status, competition, and exclusion: Intraminority stress from within the gay community and gay and bisexual men's mental health. J Pers Soc Psychol. 2020;119(3):713–40.
17. McCormick M, Barthelemy RS. Excluded from inclusive communities: LGBTQ youths' perception of their community. J Gay Lesbian Social Serv. 2021;33(1):103–22.
18. Beren SE, Hayden HA, Wilfley DE, Grilo CM. The influence of sexual orientation on body dissatisfaction in adult men and women. Int J Eat Disord. 1996;20(2):135–41.
19. Kousari-Rad P, McLaren S. The relationships between sense of belonging to the gay community, body image dissatisfaction, and self-esteem among Australian gay men. J Homosex. 2013;60(6):927–43.
20. Hanley S, McLaren S. Sense of Belonging to Layers of Lesbian Community Weakens the Link Between Body Image Dissatisfaction and Depressive Symptoms. Psychol Women Q. 2015;39(1):85–

94.

21. Burstall J, Tan KJ, Garcia XP, Anderson JR. Experiences of body image in the gender non-binary community: A qualitative analysis. Body image. 2024;51:101762.
22. Joy P, White M, Jones S. Exploring the influence of gender dysphoria in eating disorders among gender diverse individuals. Nutr Diet. 2022;79(3):390–9.
23. McGuire JK, Doty JL, Catalpa JM, Ola C. Body image in transgender young people: Findings from a qualitative, community based study. Body image. 2016;18:96–107.
24. Morgan JF, Arcelus J. Body image in gay and straight men: a qualitative study. Eur Eat Disord Rev. 2009;17(6):435–43.
25. Tran A, Kaplan JA, Austin SB, Davison K, Lopez G, Agénor M. It's all outward appearance-based attractions: A qualitative study of body image among a sample of young gay and bisexual men. J Gay Lesbian Mental Health. 2020;24(3):281–307.
26. VanKim NA, Porta CM, Eisenberg ME, Neumark-Sztainer D, Laska MN. Lesbian, gay and bisexual college student perspectives on disparities in weight-related behaviours and body image: a qualitative analysis. J Clin Nurs. 2016;25(23–24):3676–86.
27. Fairburn CG, Cooper Z, O'Connor M. Eat Disorder Examination. 2014;17:0.
28. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Res Psychol. 2006;3(2):77–101.
29. Fogarty SM, Walker DC. Twinks, Jocks, and Bears, Oh My! Differing subcultural appearance identifications among gay men and their associated eating disorder psychopathology. Body image. 2022;42:126–35.
30. Cerolini S, Vacca M, Zegretti A, Zagaria A, Lombardo C. Body shaming and internalized weight bias as potential precursors of eating disorders in adolescents. Front Psychol. 2024;15:1356647.
31. Day S, Bussey K, Trompeter N, Mitchison D. The Impact of Teasing and Bullying Victimization on Disordered Eating and Body Image Disturbance Among Adolescents: A Systematic Review. Trauma Violence Abuse. 2022;23(3):985–1006.
32. Vargas SM, Huey SJ, Miranda J. A critical review of current evidence on multiple types of discrimination and mental health. Am J Orthopsychiatry. 2020;90(3):374–90.
33. Casey LS, Reisner SL, Findling MG, Blendon RJ, Benson JM, Sayde JM, et al. Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. Health Serv Res. 2019;54(Suppl 2):1454–66.
34. Li J, Jin Y, Xu S, Wilson A, Chen C, Luo X, et al. Effects of Bullying on Anxiety, Depression, and Posttraumatic Stress Disorder Among Sexual Minority Youths: Network Analysis. JMIR Public Health Surveill. 2023;9:e47233.
35. Klatzkin RR, Gaffney S, Cyrus K, Bigus E, Brownley KA. Stress-induced eating in women with binge-eating disorder and obesity. Biol Psychol. 2018;131:96–106.

36. Berkman AM, Choi E, Cheung CK, Salsman JM, Peterson SK, Andersen CR, et al. Risk of chronic health conditions in lesbian, gay, and bisexual survivors of adolescent and young adult cancers. Cancer. 2024;130(4):553–62.
37. Dewinter J, De Graaf H, Begeer S. Sexual Orientation, Gender Identity, and Romantic Relationships in Adolescents and Adults with Autism Spectrum Disorder. J Autism Dev Disord. 2017;47(9):2927–34.
38. Strang JF, Kenworthy L, Dominska A, Sokoloff J, Kenealy LE, Berl M, et al. Increased gender variance in autism spectrum disorders and attention deficit hyperactivity disorder. Arch Sex Behav. 2014;43(8):1525–33.
39. Dahlenburg SC, Hutchinson AD, Gleaves DH. How coming out and community involvement affects body image: An in-depth examination of lesbian women's personal experiences. J Lesbian Stud. 2021;25(4):356–76.
40. Brewer G, Hanson L, Caswell N. Body Image and Eating Behavior in Transgender Men and Women: The Importance of Stage of Gender Affirmation. Bull Appl Transgender Stud. 2022;1(1–2):71–95.
41. Laus MF, Almeida SS, Klos LA. Body image and the role of romantic relationships. Cogent Psychol. 2018;5(1).