MEDIA’S EFFECT ON THE PREVALENCE OF EATING DISORDER BEHAVIOR AMONG GAY MEN.

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MEDIA’S EFFECT ON THE PREVALENCE OF EATING DISORDER BEHAVIOR AMONG GAY MEN.

A Project

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Division of Social Work
Abstract

of

MEDIA’S EFFECT ON THE PREVALENCE OF EATING DISORDER BEHAVIOR AMONG GAY MEN.

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Dominant discourses including mass media, psychotherapy theory, and larger institutions reinforce the idea that eating disorders only affect women; men are depicted as not being susceptible to disordered eating. Furthermore the media is a key factor in contributing to the development a prevalence of eating disorders. This project argues that the media increasingly influences men’s relationship to their bodies and make men, particularly gay men, vulnerable to eating disorders. Since popular culture plays a key role in constructing gender roles, it is crucial to interrogate media representations as they relate to specifications of the body. In an attempt to examine the connection between gay men, media images, and eating disorders, this researcher conducted a series of interviews to explore gay male eating disorder behaviors as they relate to the expectations of the media and gay culture.

The findings of this project show that one hundred percent of participants have experienced body dysmorphia as a result of the media, and fifty percent have experienced some form of disordered eating that has been influenced and reinforced by the images in mass media. The goal of this project is to bring awareness and
provide information to service providers such as social workers in order to improve treatment options for all men suffering from an eating disorder.

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DEDICATION

Mom, you were amazing, strong, and beautiful. The reason I am who I am.
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My husband Eric, you are my best friend and continue to see the best in me even when I don’t. I love you forever luv bug! I only made it through as strong as I did because I had you by my side.

Joy my other best friend. You have continued to believe in me every step of the way…here’s to 20 more years of friendship!

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To my lovely extended family and friends. My patient, unique, supportive family and friends! Thank you for helping me to become who I am today and will be tomorrow.

Jack, my dog! Yes I am thanking my dog. Jack I appreciate your ability to make my life into lemonade even when it is full of lemons! You are the best…mommy loves you!
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Chapter 1

THE PROBLEM

Introduction

Popular media culture has a profound influence on modern-day society. Often, the media supplies images of how people construct their sense of gender, race, sexuality, class, and ethnicity. Furthermore the media establishes acceptable body ideals within each of these categories. Overall the dominant discourse of Western culture creates unattainable ideals, setting people up for failure as they attempt to reach these ideals. This study will assist the social work profession in deconstructing social expectations related to body image among gay men.

Gay men are expected to measure up to a multiple set of expectations, one within straight culture and the other within gay culture. Many homosexual men are tempted to partake in risky behaviors to achieve these ideals. This seems to be particularly true among young gay males, who have developed eating disorders as a way to cope with their so-called imperfections.

As illustrated through the media, women have historically been expected to live up to a certain set of societal standards. Men are now starting experience the same pathology from the media, creating a new wave of male expectations and norms (Soban, 2006). In an attempt to fit in, both men and women participate in destructive behavior such as anorexia, bulimia or over exercising, to achieve the unachievable. Eating disorders particularly among gay men operate as a coping mechanism for many
reasons. Some use this coping style to deal with daily stressors, the pressure they feel from parents, family and peers, or their identity (Williamson, 1999). The added component of the media increases the prevalence of covert coping skills like eating disorders among gay men. The development of eating disorders looks different for each person but prove to be mentally and physically draining, often ending in death.

The influence of the media has forced many female clients to seek professional care in order to learn healthier coping mechanisms and shift their paradigm of how they fit into society. However, due to the socially constructed ideas of gender norms, men and gay men have been undetected for some time now. Statistics show that “in the United States, as many as 10 million females and 1 million males are fighting a life and death battle with an eating disorder such as anorexia or bulimia” (National Eating Disorders Association, 2009). It seems that the male population is significantly underrepresented, especially when looking at different categories of eating disorders and the sexual orientation of those suffering from eating disorders.

Many of the authorities in media are not concerned about any effects their ads have on consumers beyond advertisement revenue. This study is a response to the carelessness of the media and its construction of unattainable norms. If these issues are not addressed within the social work profession many will continue to suffer and ultimately die. It is imperative that these kinds of controversial topics are discussed so the truth is exposed and lives can be saved.
Background of Problem

A resource of statistics from the Renfrew Center Foundation for Eating Disorders reports that 14% of gay men suffer from bulimia and 20% suffer from anorexia, however among all men suffering from eating disorders 10-42% have identified themselves to be homosexual or bisexual (Eating Disorders 101 Guide, 2003, pg. 3).

These numbers only represent two out of the three main categories provided in the Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM IV-TR) and do not account for any of the sub-types listed under the diagnoses (American Psychiatric Association, 2005, pg. 583). The statistics that represent the media’s influence in regards to the occurrence of eating disorders among men show, “exercise status and sexual orientation are two risk factors for eating disorders in males. Contrary to the socialization and expectations of men, they are not immune to outside body image influences. Media images can affect men’s views of their bodies” (Eating Disorders 101 Guide, 2003, pg. 3).

Statement of the Research Problem

The discourse regarding eating disorders predominantly focuses on the self-esteem and body image of women. In addition, the stigma associated with eating disorders as a woman’s disorder, immobilizes men from seeking and receiving services. Due to gender norms and biases in treatment options, heterosexual and homosexual men lack the support and interventions needed for eating disorders.
However, examining the influences (i.e. media) that reinforce eating disorders in Western culture will assist in exposing the true identity of those who suffer from this life-threatening disorder. Challenging these issues may create a new approach to treating eating disorders within minority populations, as well as provide a safe space for straight and gay men to seek treatment.

Purpose of the Study

It seems that there is limited information linking the prevalence of eating disorders among gay men to the media’s influence on society. The information collected and evaluated in this study will attempt to illustrate the long-standing effects that the media has on self-esteem, body dissatisfaction and mental health of gay men. Furthermore, this studies result may promote change regarding diagnosis and interventions used to treat eating disorders among straight and gay men.

Theoretical Framework

The theoretical perspectives utilize by this researcher help to deconstruct gender norms/roles, social expectations, and body image ideals within the context of eating disorders. These perspectives challenge and describe the current discourse surrounding the media and its influence regarding eating disorders in Western culture. An exploration of feminist theory, social construction, and queer theory will be helpful in gaining a better understanding of the research problem.

The foundation of feminist theory challenges socially constructed gender norms in an attempt to raise social consciousness (Payne, 2005, p.253). An
exploration of these gender roles and power differentials help illustrate the creation of unattainable body ideals promoted by the media. The media exploits feminine and masculine qualities through a limited paradigm. This exploitation is then glamorized and constructed as a social norm. Historically, there has been an imbalance between the expectations of men and women. Women are expected to partake in roles that support and care for men, where as men take credit for the work done by women through privilege and power. Variables in sexual identity can also impact gender roles, such as gay men being viewed as feminine and lesbian women as masculine. These ideas influence stereotypes, which inform media’s discourse creating a vicious cycle of inaccessible ideals.

Media’s influence on society’s expectations regarding body image can be illustrated through social construction theory or post modernism. This perspective helps explain why people go to such extremes to attain beauty and acceptance, through a critique of cultural language, discourse, and popular culture. In deconstructing these ideas, space is created for individuals to regain control over who they are. Power and control are reclaimed through covert and overt acts.

Examples of this can be seen in the development of eating disorders, as they become a way for some people to cope with unattainable social norms. The overt result of an eating disorder is social acceptance, as one gets closer to the ideal displayed in the media. A covert outcome is the behavior used to achieve the overt result, such as over exercising, binging and purging, or restricting food. Some
behavior is condoned and encouraged while other behavior is pathologized. Post modernism allows a deconstruction of covert and overt outcomes, empowering an individual’s authenticity.

Queer theory is congruent with the ideas of feminism and social constructionism (McPhail, 2004). Queer theory unpacks society’s ideas about norms within gay culture, which can translate into a deconstruction of straight cultural expectations. It also deconstructs the social paradigm created for gender and gender roles. Professionals may find queer theory helpful when treating queer individuals struggling with an eating disorder. However adjustments to existing interventions or new interventions may need to take place to best meet the needs of queer individuals.

In respect to eating disorders, queer theory supports the notion that criteria and interventions utilized for treatment of eating disorders is gender bias. This perspective would also argue that femininity and masculinity are not risk factors in developing or not developing an eating disorder. Looking beyond the person and into the culture and environment would be more helpful in discovering the cause of disordered eating. The ideas of queer theory would also suggest that gender roles of men and women are not linear. Which again would support the idea the femininity and masculinity are not risk factors; rather society and ideas of socialization effect the development of eating disorders.
Definition of Terms

The following terms are discussed throughout this project, body ideal, social construction, self-esteem, pathology, eating disorders, gender binary, and gender. For a better understanding they will be defined in the discussion below.

*Body Ideal*: is a socially constructed idea of what a person should look like and how they are expected go about attaining that ideal. Certain ways of achieving socially constructed body ideals is more acceptable than others. It is important to note that the body ideals are often difficult to attain. Usually those with fame and money have access to the things that make body ideals possible and become the models for these social expectations.

*Social Construction*: are ideas and/or expectations created by society. If these expectations are not met there are consequences such as being pathologized or isolated from the rest of society. Many ideas that are socially constructed are unattainable, so it is ironic that people are held accountable for not measuring up.

*Self-esteem*: “is the personal worth a person feels and is linked to body dissatisfaction” (Reilly & Rudd, 2006, p.61). This can be influenced by environmental factors and social expectations.

*Pathology*: often reinforces oppression among oppressed groups. It is a way for society to keep power away from certain groups of people. Other common words used for pathology are labels and stigmatization.
Eating Disorders: is a category in the DSM IV-TR. The DSM IV-TR “characterizes eating disorders as severe disturbances in eating behavior” specifically anorexia nervosa, bulimia nervosa, and eating disorder not otherwise specified” (America Psychiatric Association, 2000). Individuals who struggle with anorexia nervosa are unable to maintain a minimally normal body weight, as they are afraid of gaining weight (American psychiatric Association, 2000). The DSM IV-TR indicates that individuals struggling with bulimia nervosa engage in inappropriate compensatory behaviors to avoid gaining weight and eating disorders not otherwise specified cover any gray areas (American Psychiatric Association, 2000).

Gender Binary: creates a sense of power differential between genders, dividing their status within society into categories (McPhail, 2004). The socially acceptable categories are male and female disrespectfully ignoring other important genders such as transgendered, gender queer, gender fuck, queer, female masculinity, male femininity, gender non-conforming, gender variant, gender crossing and intersex.

Gender: is subjective in the way that it has been social constructed with expectations. These expectations are not reality for most people. Gender is different the sex or sexual orientation because it is somewhat less linear in fashion. It is the right of the people whom the gender belongs, to define or identify their own gender. Sex is linked to the biologically given genitalia, and sexual orientation is a person’s identified partner preference.
*Queer:* is an umbrella term used to describe or refer to individuals who identify as lesbian, gay, bi-sexual, transgender, intersex, allies, two spirited, questioning, and pansexual.

*Assumptions*

This brief discussion identifies the assumptions this researcher made regarding the topic of study. It is possible that gay men experience poor body image acceptance due to the images they observe in the media. It could also be said that images produced by the media create varying degrees of low-self esteem among gay men. Gay men may cope with low self-esteem that is influenced via media images by developing eating disorders. Due to gender identity within heterosexual and homosexual communities it is possible that gay men experience symptoms of eating disorders. Lastly symptoms of eating disorders might be acceptable coping mechanisms among gay men.

*Justification*

The knowledge acquired in this study may help social workers change the face of treatment for eating disorders. Clinicians currently rely on the gender bias criteria in the DSM IV-TR to diagnose persons with eating disorder behaviors. It may become apparent with the results of this study that modifications should be made to the criteria of eating disorders and the interventions used to assist clients in recovery.
Limitations

Through limitations of this study, research results apply specifically to gay men. Some participants of this study may not have had direct experience with eating disorder behavior. However they were willing to share their opinions or experience about others who have suffered from eating disorder behavior within the gay male community. Results of this study are bias to the experiences, opinions, and beliefs of gay men interviewed in Sacramento, California.

Summary

This study was designed to capture real life accounts of gay men who have been exposed to the corrupting affects of the media. Thoughts regarding eating disorder behavior, definitions of eating disorders, gay cultural expectations, and beliefs of what influences body dissatisfaction will be explored in this study. The results of this study will assist the social work profession in deconstructing social norms to better meet the needs of those suffering from eating disorders.
Chapter 2
REVIEW OF THE LITERATURE

Introduction

Eating disorders are assumed to be only something women experience (Soban, 2006; Tiggemann, Martins & Churchett, 2008; Wood, 2004; Cantrell & Ellis, 1991). As a result of this theory, it is rare that men seek treatment for eating disorders. This analysis dissects the socialization of men and the gender biases assumed with disordered eating. In addition, this study reviews the influences of media on the gay male ideal. Three themes that address the research question will be examined. The first theme explains the gay male ideal and media’s influence in regards to disordered eating. The second topic will discuss socialization of men, and the third will examine the gender bias of eating disorders. We will begin with the historical of men and eating disorders.

Eating disorders are “culturally and historically situated where sociocultural factors reinforce and support their development, maintenance, and prevalence” (Gremillion, 2003, p. 26). These factors are reinforced by the media, which creates a body ideal that is unattainable for most men and women situated within Western culture. Hence, the dominant majority is vulnerable to eating disorders because they do not measure up to this normalized and impractical standard.

The earliest accounts of anorexia among male youths were recorded in 1689, 1764, and 1790 (Soban, 2006). The majority of empirical research regarding eating
disorders focuses on women. Statistics show that the ratio of women and men diagnosed with anorexia are greater than 10 to 1, which translates to 1 male for every 6 to 8 females (Gremillion, 2003; Levine & Muren, 2009). At the turn of the 21st century, anorexia was most common in the U.S., Canada, and parts of South Africa, Europe, Australia, and New Zealand (Gremillion, 2003). Some might argue that these countries have a more abundant economy and easier access to food. Gremillion (2003), describes this Western hegemonic phenomenon as, ”assimilation to the white middle class norms of slender femininity and self control” (p. 158).

Queer theorist Michel Foucault, a key scholar in the deconstruction of gender norms, emphasized the increasing tendency for women in a consumer, capitalist culture to evaluate their bodies according to a dominant ideal (Wood, 2004; Gremillion, 2003). Women’s bodies became scrutinized according to a patriarchal ideal of a slender body; a stereotype that reinforces disordered eating (Gremillion, 2003). Historically, men have not been held to the same unrealistic ideal.

In the late 1970s researchers discovered an association between eating disorders and male homosexuality (Taylor & Goodfriend, 2008; Russel & Keel, 2001; Hospers & Jansen, 2005; Kaminski, Chapman, Haynes, & Own, 2005; Austin et.al, 2004; Beren et. al, 1995; Stout, 2000; Boroughs & Thompson, 2002). This relationship evolved as media images began to portray the ideal man as lean with a defined chest, displaying washboard abdominal muscles (“abs”), and with an absence of body hair (Wood, 2004). Gay men, gradually influenced by these cultural trends
that promote a revered body, began engaging in plastic surgery and excessive exercise, all signs of disordered eating. Hence, eating disorders among gay men has increased due to the pressure to meet an unachievable physical ideal.

The Gay Male Ideal and Media’s Influence

According to Aubrey and Taylor (2009), the “research documenting media’s effects on male body image has only recently begun to emerge” (p. 29). Because of these media images, many men compare themselves to other men. This act of comparison has a negative connotation attached to it, possibly creating feelings of inadequacy and self-doubt. Unfortunately the accessibility of the media has created a space for people to successfully answer the question of “who am I” and fail as they attempt to live up to the answer (Taylor & Goodfriend, 2008, pg. 109). The media often produces images of gay men that create further oppression and body dissatisfaction within the already oppressed gay community (Aubrey & Taylor, 2009; Harvey & Robinson, 2003; Pope, Olivardia, Gruber & Borowiecki, 1999; Taylor & Goodfriend, al., 2008; Kaminski, Chapman, Haynes & Own, 2005). The drive to decrease body fat and increase muscle mass is a reflection of unrealistic social expectations created by the heterosexual and homosexual communities (Yelland & Tiggemann, 2003; Reilly & Rudd, 2006). These social expectations are also unforgiving of the time it takes to attain them. Some gay men who are not able to see quick results may engage in behaviors that could be detrimental to their health, and social and occupational functioning (Kaminski, Chapman, Haynes & Own, 2005).
This behavior may be referred to by some experts as body dysmorphia or bigorexia, similar to the clinically termed eating disorder behaviors of anorexia and bulimia (Harvey & Robinson, 2003).

A study conducted by Drummond (2005) explores how images in the media create such feelings among gay men. Included in this study is a section that dissects the affects that the media has on a cohort of gay men participating in the study. Participants claim “these images set them up for failure in attaining the archetypal physique and in obtaining a partner that looked like the images seen in the media” (Drummond, 2005, pg. 281-282). Drummond concludes:

“Young gay men are faced with extreme social and cultural barriers that can be physically and emotionally injurious, yet on the other hand, their situation positions them to constantly engage with their bodies and reflect on the ways in which they are being perceived by others. In a culture in which males have been identified as taking little care of themselves and their bodies…the way in which gay men are coerced to reflect may be a positive element in understanding their position in society and possibly some aspects of their health” (2005, p.287).

Taylor & Goodfriend (2008) concur explaining that “it would not be unreasonable to expect that manipulation of exposure to specific gay oriented media…would have a predictable effect on the constructs associated with disordered eating in gay men” (p. 110).
Another avenue explored by researchers is that of homo-negativity, which works in tandem with homophobia. Homo-negativity attempts to link the internalization of oppression or disempowerment to the development of eating disturbance or gaining control over the oppression within gay men (Siever, 1994; Williamson & Hartley, 1998); in other words, punishing one’s self for not living up to the ideal, or expectations of friends, family, and the community. Feelings of dissatisfaction are often reinforced by a mediated, appearance focused culture. Gay men marginalized by a heterosexist society may lack a sense of control over one’s life and be at risk of developing an eating disorder (Beren, Hayden, Wilfley & Grilo, 1995; Hefferman, 1994; Taylor & Goodfriend, 2008; Williamson & Hartley, 1998).

Furthermore, gay men often strive for large muscular upper bodies that the media portrays as socially acceptable and desirable, and in the attempt to achieve such heights these men put their health in danger, developing disordered eating to cope (Duggan & McCready, 2004; Harvey & Robinson, 2003; Reilly & Rudd, 2007; Taylor & Goodfriend, 2008; Tiggemann, Martins & Churchett, 2008). The problem with the images produced by the media is that they are all simulated, meaning there is no natural way to look like the ideals seen in the media for both men and women (Reilly & Rudd, 2007; Taylor & Goodfriend, 2008).

It is also important to acknowledge the similarity between how gay men and heterosexual women’s body dissatisfaction are due to the social pressures of attaining a specific body ideal (Yelland and Tiggemann, 2003). Both parties as Williamson
explains, “believe in the centrality of appearance” in attracting potential male partners with an overemphasis on body image and/or size being more “susceptible to eating disorders” (Dillion, Copeland, & Peters, 1999 as cited in Drummond, 2005, p. 271; Duggan & McCreary, 2004; Epel, Spanakos, Kasl-Godley & Brownell, 1996; Siever, 1994; Taylor & Goodfriend, 2008; Williamson, 1999, p. 3, Austin et, al., 2004).

However some research identifies femininity as the culprit. Hospers and Jansen (2005) conducted a study to find out the cause of body dissatisfaction. Their results challenge the idea that sexual orientation plays a significant role in eating disorder behavior. They found that an increase in feminine qualities trigger body dissatisfaction/eating disorder behavior and is not necessarily linked to sexual orientation (Hospers & Jansen 2005; Cantrell & Ellis, 1991).

Another component of attaining perfection among gay men is rooted in the HIV/AIDS epidemic of the 1980s. As a reaction and defense toward the stigma attached to HIV/AIDS gay men began entering gyms as a way to convince society that they were socially acceptable (Drummond, 2005, Stout, 2000). The gay male ideal evolved from being slim to being slim and muscular. This new identity has created higher expectations for gay men, a trend that has continued into the new millennium and has been reinforced by the media creating new and more unrealistic social expectations (Austin et, al., 2004).
Socialization of Men

There is a clash between male socialization and gay male identity. The emphasis on “masculinity, perceived strength, physical size, and occupation of space” does not translate into gay culture the way it does in straight culture (Drummond, 2005 p. 271). Ideas of perfection differ as well. Young straight men are expected to have chiseled bodies, and partake in the dominant discourse of masculinity. Expectations for gay men are augmented beyond acquiring a chiseled body. Gay men are expected to embody eternal youth through fitness and fashion, while engaging in both straight and gay discourses to be accepted (Stout, 2005; Yelland & Tiggemann, 2003; Kiminski, Chapman, Haynes & Own, 2005; Reilly & Rudd, 2007). This is emphasized and reinforced in the media, perpetuating vulnerability and risk of alcohol and drug abuse, suicidality and potentially, eating disorders (Duggan & McCreary, 2004; Williamson, 1999 p. 1; Drummond, 2005; Austin et, al., 2004; Stout, 2000; Beren, Hayden, Wilfley & Grilo, 1995; Russell & Keel, 2002).

Taylor and Goodfriend (2008), point out that men are “socialized to objectify those whom they are sexually attracted more than women do” (p. 118). This could explain why the gay male ideal has created such anxiety and body dissatisfaction within the gay community. Some research explains this phenomenon by looking at “familial relationships and associated gender-role disturbance or gender nonconformity,” while others look at “norms within gay male communities that
emphasis the importance of thinness and physical attractiveness” (Williamson & Hartley, 1998, p. 162).

A follow up on Williamson’s et, al. (1998), study continues to examine the relationship between sexual orientation and eating disorders (Brand, Rothblum & Solomon, 1992; Williamson, 1999; Taylor & Goodfriend, 2008). Williamson et, al. again argues that the images represented in gay media tend to “create feelings of alienation by those who aspire to meet these slim, boyish, attractive ideals” (1999, p. 2). Such feelings often turn into dysfunctional eating habits to deal with the pressures exhibited in these media driven images (Williamson, 1999). However this is not a socially acceptable way for men to cope regardless of societies expectations.

Gay men are also faced with the dilemma of balancing their true identity and the expected identity of the heterosexual and homosexual communities (Drummond, 2005). Eating disorders can act as a partner in their silence as they attempt to achieve the unattainable expectations of both heterosexual and homosexual communities.

Gender Bias

Society has labeled femininity as being “submissive, dependent, with pressure and an over emphasis on thinness as a primary component of female sexuality and identity” (Cantrell & Ellis, 1991, p. 53). On the other hand, masculinity is expressed through control, independence, and the occupation of space via the body and self (Drummond, 2005). The binary between genders gives power to men and masculinity. Yet men who present with feminine qualities lose their privileged status in society.
Moreover women who identify with masculinity do not gain power or independence either. Western cultures representation of privilege and power is a heterosexual male. Any deviation of this begins to alter the dominant discourse, creating resistance and oppression. These expectations effect gender minorities in a multitude of ways, from their internal and external idea self worth, to the coping mechanisms utilized when they are unable to rise above minority status.

Despite cultural expectations, coping skills do not discriminate. Both men and women, heterosexual and homosexual persons experience the same struggles in life and look for ways to get from one day to the next. Due to social expectations in Western culture and the dominance of the media, eating disorders have become a common coping skill in obtaining acceptance. Eating disorder behavior is often the response to lack of control in a person’s life, a need for acceptance and privilege within the gender binary.

Some research argues that a person’s predisposition to developing eating disorder behaviors goes beyond expectations of femininity or masculinity. Previously, masculinity was seen as a protective factor against developing an eating disorder, and femininity was seen as a risk factor (Hospers & Jansen, 2005). Gender, gender roles, and sexual orientation are often associated with feminine and masculine qualities. These qualities influence research and clinical characteristics regarding eating disorders. This provides evidence that gay men who exhibit or identify with more feminine qualities are at a higher risk for the development of eating disorders (Russell
& Keel, 2002; Kassel & Franko, 2000; Meyer, Blissett, & Oldfield, 2001; Reilly & Rudd, 2006; Kaminski, Chapman, Haynes, & Own, 2005). Lesbian women who identify with masculinity are not often reported as those who struggle with eating disorders.

For both men and women, the body is often the focal point for displaying femininity and masculinity (Drummond, 2005). Ideas of gender roles are also created and reinforced by the way we are socialized. Western culture requires specific behaviors from both men and women to maintain such roles. Some behaviors are encouraged while others are pathologized. If gender role behavior is engaged in by the opposite sex, such as men struggling with an eating disorder, society rejects the idea through pathology (Soban, 2006; Wood, 2004). Through the labeling of people we ignore the core issue and further perpetuate the problem.

Therapeutic intervention and eating disorder diagnostic criteria are gender bias as well. One of the four criteria for a person experiencing anorexia is lack of a menstrual cycle, and biologically it is impossible for men to experience menstruation (Soban, 2006). To date, eating disorder research using DSM criteria has not included lesbian, gay or bi-sexual persons (Feldman & Meyer, 2007b, p. 219). This type of gender bias continues to reinforce eating disorders as a heterosexual and female disease (Soban, 2006; Tiggemann, Martins & Churchett, 2008; Wood, 2004).

Opposing views report differences in risk factors versus gender when looking at clinical features (Hospers & Jansen 2005; Cantrell & Ellis, 1991; Woodside et, al.,
2001 as cited in Fernandez-Aranda et, al., 2004; Beren, Hayden, Wilfley, & Grilo, 1996). Furthermore, there are “clinical similarities between male and female eating disorder patients once age, diagnosis and duration of illness are matched” (Fernandez-Aranda et, al., 2004, p. 368).

However both paradigms agree that gay cultural expectations increase vulnerability for body dissatisfaction and eating disorder behavior among homosexual men (Kassel & Franko, 2000; Fernandez-Aranda et, al., 2004; Feldman & Meyer, 2007a).

Gaps in the Literature

An explanation of gaps in the literature can be attributed to the socialization of men and the biases centered around eating disorder characteristics. Men are often socialized in Westernized culture to silently deal with body image expectations, making it difficult for prevention and intervention to occur (Williamson, 1999). These gaps in the literature also make it difficult for clinicians who provide eating disorder therapy to gay male patients to focus on cognitive restructuring that is gay-affirmative (Soban, 2006; Williamson, 1999).

The source of gay male body image should also be taken into consideration when looking at gaps in the literature. The ideals of heterosexual men cannot accurately be compared to those of the homosexual male due to the difference in gay media culture (Duggan & McCreary, 2004). Media is often the only way gay men can acquire knowledge of how they are supposed to look and act, whereas the heterosexual
men not only see images in media but male socialization tells them who they are (Williamson, 1999; Legenbauer, Ruhl, & Vocks, 2008; Olson, Esco, & Williford, 2009; McCabe, 2009). The assumption that men are men and women are women can create a barrier in addressing and treating symptoms of disordered eating (Soban, 2006).

This study will attempt to deconstruct gender norms and body ideals within the gay male population. It will also explore societal influences that reinforce body dissatisfaction through a series of interviews.

Summary

Three themes were explored to deconstruct the dominant ideas of media’s influence and the gay male ideal, socialization of men, and gender bias. These themes investigated the correlation between the prevalence of eating disorders among gay men and the effects of the media on gay male body image. Furthermore male socialization discourages men from seeking eating disorder treatment because eating disorders are seen as a feminine problem. It is important to note that the deconstruction of gender norms could facilitate further research and empirical evidence for eating disorder prevention and interventions among gay men.
Chapter 3

METHODOLOGY

Study Design

This qualitative study was conducted to explore the relationship between exposure to the media and eating disorder behavior among gay men. This project began with an extensive review of related literature to obtain a better understanding of the research problem. Data was then collected through a series of voluntary and confidential interviews. Information from these interviews were analyzed for themes that may or may not be congruent with the research problem.

Sampling Procedures

This study consisted of six (N=6) self-identified gay male participants, all over the age of 18. Non-probability sampling methods were used to recruit participants for the interview process. With permission from the Interim Executive Director of the Sacramento Gay and Lesbian Center in Sacramento, California, this researcher utilized the Center to begin recruiting voluntary participants (see Appendix A). This type of non-probability sampling method, referred to as convenience sampling recruited two participants. Through the snowball sampling technique, four other participants were recruited for this study.
Data Collection

This researcher conducted six interviews from December 2009 to March 2010. Interview times varied and were approximately thirty to sixty minutes each. All data collected was kept confidential in accordance with the CSUS Human Subjects Committee of the Division of Social Work.

Instrumentation

Interviews were utilized for the purpose of this study. Four open-ended questions were utilized as the foundation for each interview (see Appendix B). Interviews lasted approximately thirty to sixty minutes, depending upon the interviewee. This researcher also encouraged participants to clarify or elaborate on their answers to thicken the plot of their lived experience as shared in the interviews. All interviews took place in a setting chosen by the participant in an attempt to increase their comfort level. This researcher reviewed the consent to participate in research form with all participants prior to conducting interviews. Participants also gave oral consent on the audio recorder before this researcher began interviewing.

Data Analysis

All interviews were thoroughly reviewed by this researcher to identify the media’s role in the prevalence of eating disorder behavior among gay men. Themes were identified through memoing. Similarities and differences in responses are discussed in relation to the research problem. Quotes were utilized in the data analysis giving evidence to common themes.
Protection of Human Subjects

Protocol for the Protection of Human Subjects was submitted and approved by the Division of Social work as minimal risk research. Before conducting interviews, participants were briefed about the nature of this study. This researcher provided all participants with a copy of the consent form (see Appendix C), which included a resource list of agencies to contact in the event they required follow-up care. Prior to interviewing participants, this researcher requested permission and verbal consent when utilizing an audio recorder. Participants were encouraged to discontinue participation in the interview process if they experienced distress of any kind. Additionally, all participants were treated in accordance with the National Association of Social Work code of ethics.

Furthermore interviews were conducted in a manner that kept the confidentiality of each participant protected. All information gathered during the interview process was kept and stored in a locked cabinet in this researcher’s home. All information has been coded so that personal information of participants remains confidential. Upon completion of this project and approval from graduate studies, all data collected will be destroyed.
Chapter 4

THE PROJECT

Introduction

In gathering data for this project, several themes emerged from the interviews. Each interview consisted of four questions: 1) experience with eating disorder behavior; 2) causes or influences of eating disorders; 3) the media’s and/or gay cultural expectations; 4) the media’s and/or gay cultural influence on self-perception. The emerging themes will be discussed and explained within each of the following sections.

Demographic Information

For this project six (N=6) self identified gay men all over the age of 18 were interviewed. One participant was between the ages of 20 and 29 (n=1, 16.67%), four of the participants were between the ages of 30 and 39 (n=4, 66.66%), and one participant was between the ages of 50 and 59 (n=1, 16.67%).

Experience with Eating Disorders

The temptation to partake in eating disorder behavior is often congruent to DSM criteria, while others are not. Each person’s experience with an eating disorder varies, and is not always personal. Common themes that emerged out of participants experience with eating disorders include descriptions of eating disorders and personal experience with eating disorders.
**Descriptions of Eating Disorders**

All individuals interviewed identified specific behaviors similar to those found in the Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM IV-TR) as characteristics of disordered eating. Bulimia, anorexia, body dysmorphia, over exercising, and binge eating were all identified as eating disorder behaviors. One individual’s description covered most of the behaviors identified in all of the interviews. They illustrated the behaviors as “someone who has a hard time with not seeing yourself as you really are. You have perceptions of yourself that might not be real and you change your patterns or behaviors, and a lot of it has to do with eating, not eating right for your body, or purging.”

Another person depicted eating disorders to have “some genetic components,” such as “chemical abnormalities in brain composition.” They also identified “social norms and societal influences, especially television based image advertising to substantially contribute to DSM type diagnosis like body dysmorphia.” All interviews identified societal influences as a component of eating disorders, creating or reinforcing the behavior. This will be discussed further in the causes or influences of eating disorders section.

**Personal Experience with Eating Disorders**

All participants identified some experience with eating disorders whether personal or observational. None of the participants have been clinically diagnosed with an eating disorder. However fifty percent of participants described their own
struggles with what they identify as eating disorder behavior, and the other fifty percent describe their experience as primarily observational.

Those who indicated a personal struggle with eating disorder behavior described the experience as a way to find “comfort” in a culture that promotes “unattainable” ideals. One person explained, “I’ve never been diagnosed, but I do have a binge eating disorder. Looking back over the years I have used food as a soothing item.” Another individual identified disordered eating habits of “overeating and getting sick,” as a reaction to their “weight fluctuating,” when they were “first coming out,” as a gay man. While another participant described his experience as eating for, “comfort,” due to “being in a lower socially acceptable class, which leads to more depression. And I think people look for other things to comfort them.”

Those who did not identify a personal experience with eating disorders expressed their observations of friends and other members of society. One participant described the reaction a family member had to weight gain, “my sister is twenty and has a baby, and is like five foot, and freaks out when she goes over like one hundred pounds.” Another individual explores his observations of society’s reaction to eating disorders as “a way to find something out and explore this something.” In another interview an individual described his observations of disordered eating through a work experience he had in gay media. He identified that “imagery is huge in the evolution of psychosexual development, and body imagery has a lot to do with that comfort zone that people create around their sexuality, and therefore their gay sexuality.”
Causes or Influences of Eating Disorders

Exploring societal definitions and personal experience with eating disorders help to assess the root cause or influences that reinforce eating disorders. Western cultural causes and influences may not be the same as other cultures. However there is a commonality between the causes and influences of eating disorders in Western society. The commonalities that emerged include social expectations, role of the media, and the role of trauma.

Social Expectations

Social norms are created by stereotypes that get reinforced by the media. Media also modifies these mainstream ideas creating a new set of social expectations for the subcultures of society, such as gay culture. We live in a “society that has a huge obsession with perfection,” however these expectations are “unattainable” for most of society. Many people engage in harmful behaviors such as “over exercising,” “drug use,” “manipulating eating habits,” “and “plastic surgery,” desperate to reach the ideal. One person summed up these behaviors/factors stating, “you have to look at relational, psychological and social factors and how those impact the person.”

Looking at the gay subculture, we find another layer of expectations. Individuals who identify as gay, face ridicule from not only the straight but gay culture due to the specifications that exist in both cultures. One individual candidly described this dilemma by saying, “gay men already see themselves as not good enough, and mainstream expectations are an added stressor.” Another person continues this idea
by describing masculinity and femininity in the gay community “I think within the gay community there’s a further separation of masculinity, if you show your emotion you’re still viewed in gay culture as effeminate. There is still a separation in the gay community; you are either masculine or feminine.”

Role of the Media

The consensus of all persons interviewed was that media reinforces dysfunctional behavior like that of eating disorders. It creates a space for people to feel “less than” or “inadequate” when compared to what they see in the media on a daily bases. Media is unavoidable and will inevitably have some effect or influence on members of society. One person discussed the mass media’s role through its evolution, “before brand name consciousness became part of mainstream America it was only high end that understood the concept of designers…The Calvin Klein male model underwear concept came into being in the seventies. The iconic imagery that was specifically targeted to gay men came of age within my adult lifetime. So I have seen that evolution where you can ask any straight boy on the street, who are wearing Calvin Klein underwear and they don’t recognize it as having any gay imagery attached to it at all, it’s been mainstreamed that rapidly.” This example shows how quickly media changes and identifies what is in or out. The “accessibility of media” further perpetuates the problem “reinforcing” destructive behavior to obtain the ideal.
Role of Trauma

Aside from the influence of social expectations and the media, the next most commonly identified source of eating disorders was trauma. Trauma is experienced differently for each person. Four individuals identified that eating disorder behavior is related to an underlying problem, for example “lack of control” or “power” over a situation. One person described “shame” as a component, which provides “more of an opportunity for the problem to show up.” In this instance an eating disorder is “the problem.” Another individual identified that “men and women have the same root cause of eating disorders, which are a way to compensate or control.” This individual continues in detail “I constantly got the message that I shouldn’t ask for help, that you have to be a man, and if you cry you’re a girl, you’re and pansy, you’re a fag! All derogatory terms come up. It has to start at the family level. Fathers have to stop ‘butching’ their boys up. That message makes men not want to go for help, cuz you’ve been told you’re less of a man if you do.”

Media’s and/or Gay Cultural Expectations

There are many layers to cultural expectations. They are often created and reinforced by pop culture. Deviation from expectations can have profound effects on individuals who are not able to conform or choose not to. Common themes that emerged regarding media and/or gay cultural expectations include escaping criticism of the ideal and self-exploration.
Escaping Criticism of the Ideal

Body image ideals are similar in both gay and straight culture. However individuals in the homosexual community are expected to achieve the ideals of both straight and gay communities. Some of the gay cultural ideals expressed in the interviews were “a thin body,” “young,” “muscular,” “having trendy clothes and hair,” “having a pretty face,” and “a shaved/well groomed body.” Five of the six persons interviewed sharpen this reality by concurring that the more a person “fits in,” the “less they are criticized for being gay, it’s like a reprieve.”

With an “increased accessibility,” to the media “unattainable stereotypes and icons,” are created that allow companies to “sell product.” With an increase in consumerism, stereotypes are reinforced and the cycle continues because “media is the place people go to answer the question of who am I?” Meeting this iconic ideal in some or all ways leads to multiple levels of acceptance within society.

With that said, all persons interviewed, identified that gay cultural acceptance trends more toward those age thirty and below. Once a gay man reaches this age, they begin to experience isolation within their own community. It is common for older gay men to engage in other behaviors that are identifiable as attractive such as “making money,” “having chiseled bodies,” and “attempting to look youthful.”
**Self-exploration**

There are many ways to find acceptance within gay culture. Some look to fashion trends while others look to body image and youth. One individual explored the idea of acceptance through fashion, “almost every guy I know does just as much shopping as girls do…every guy I know, straight or gay shops because they want to look like the people on TV.” Another individual identifies the ability of self-exploration as a response to media imagery, “I saw television become the dominant visual image maker in gay male culture. And now I have seen a shift with the explosion of the web. When I was growing up, the access to male imagery was restricted, not by intent, but with the web, someone who’s exploring their sexuality, exploring imagery as it relates to romanticism, and passion, and beauty, has the biggest library the world ever imagined.”

**Media’s and/or Gay Cultural Influence on Self-perception**

The role of pop culture and sub cultures within it influence an individual’s sense of self. Several themes emerged that describe the influence of pop culture and its sub cultures. These themes include seeking acceptance and self-esteem.

**Seeking Acceptance**

All persons interviewed identified media and gay cultural expectations as having an influence on their self-perception. One person expressed this influence as “not feeling comfortable in settings where I am going to be judged on a sexual level.” Another individual described the influence as having a “practical influence,” and has
motivated them to “work off the extra weight.” However “being gay on top of reaching a societal expectation is like a double edged sword.” If a person cannot afford the trendiest clothes or hairstyles, and lack the resources to achieve the ideal body, being gay is one more way that a person “is not good enough.”

In a response to the media, individuals engage in specific behaviors that allow them to access acceptance in one form or another. One individual identified their journey for acceptance stating, “it’s an influencing force and I’ve incorporated a lot of that in my identity and how I look at things, but mostly it’s impacted how I eat and it’s good to exercise. I’ve picked up the positive things that I’ve wanted. When you’re coming from a shame based place you’re vulnerable to stuff, and you may do things to express that.”

**Self-esteem**

Self-esteem is a response to acceptance, whether it’s accepting who you are or seeking the approval of others. Many find themselves simultaneously seeking their own authenticity and acceptance within society. It seems a bit contradictory, but as one of the individuals pointed out, we “incorporate” a lot of what we see in the media into our authentic self or “identity.”

In response to the societal labels that the media creates for individuals, one participant identified that there are “so many options now a days and it may make it that much harder for kids to find their comfort zone within all of these choices.” This again speaks to the impact that media and gay culture has on self-perception. A few
participants gave more detailed accounts of their own experience with the influence that mainstream ideas had on their self-esteem.

One person described “food as a coping skill,” to deal with feeling inadequate. Another individual identified a similar experience, “I have put on weight and my confidence level has completely diminished. Especially when I am in settings that are predominately filled with gay men. It absolutely affects my self-image.” This person continues by describing his covert resistance to the profound effects the media and gay culture have had on him, “now if I avoided those places, then I would feel as though it would have really affected me, but I don’t do that.”

Most of these reactions are related to fear of not being acceptable enough to attract a partner. One individual further explains this idea saying, “I’ve seen others fall into it, not eating, going to the gym, probably using substances to decrease weight and increase muscle, to try to fit that impossible body type.” These words describe what gay men look for in a perspective partner. Another individual continues the discussion pointing out male socialization, “men are socialized to objectify, and gay men transfer this to one another. Men are very visual.”

Discussion

Many important themes emerged out of the six interviews conducted for this project. These themes were helpful in identifying experiences, influences, and causes of eating disorders within the gay community and how these things impact gay cultural expectations and self-esteem. Each interview included four open ended
questions, which guided participants in sharing firsthand accounts regarding influences that they felt media has had on eating disorder behaviors within the gay male community.

The first set of themes that emerged was connected to each person’s experience with eating disorders. Fifty percent of participants identified personal experience, while the other half of participants described their experience as observational. Personal definitions of eating disorders were discussed to explore the common knowledge of each individual. Definitions were relatively congruent to what could be found in the DSM IV-TR.

Although half of the individuals interviewed had not personally experienced eating disorder behavior, all had been exposed to the effects of disordered eating. Thirty three percent (n=33.33%) of participants identified overeating as a response to feeling inadequate. These participants described a sense of comfort that came with overeating. Sixteen percent (n=16.67%) of those interviewed identified binging and purging as a response to media and gay cultural expectations. Of those who expressed their experience as observational, fifty percent described a relationship with both male and female friends who had experienced bulimia or anorexia.

Furthermore the causes and influences of eating disorders were described as social expectations, the role of the media, and the impact of trauma. All persons interviewed identified social expectations and media to have an effect on eating disorders among gay men. However sixty percent (n=66.66%) of participants
included trauma as a factor in the prevalence of eating disorders within the gay male community.

After a thorough analysis of causes and influences, social expectations were examined to find similarities and differences between expectations of mainstream and gay culture. Few differences were found between media and gay cultural expectations regarding body ideals. Descriptive words were used to explore the ideal of the media and gay male culture, “thin, young, muscular, pretty, groomed, and trendy.” Eighty-three percent (n=83.33%) of those interviewed discussed acceptance within pop culture as a protective factor against the ridicule they receive as gay males. The more they can do fit in, the better off these individuals identified they would be.

Within this idea of obtaining acceptance, there was a process of self-exploration. Individuals identified this process as a way to figure out who they were and their place in this world. Some were able to do this through fashions trends while others trended toward obtaining perfect body image and youth.

The last theme that emerged showed the unique nature of each individual’s lived experience. Although common threads were identified, each person had their own version of how they experienced acceptance and obtained self-esteem. Overall, the consensus was that eating disorders are influenced by social expectations within mainstream and gay culture. All findings will be discussed further in chapter five.
Chapter 5

CONCLUSION

Summary

This project explored the ways the media may make gay men vulnerable to eating disorders. Findings of this project are based on six interviews conducted over a period of three months. Each interview consisted of four foundation questions in which this researcher asked gay male participants for clarification and elaboration as needed. Several themes emerged based on the four interview questions. Within each theme, firsthand accounts were given from each person interviewed.

The purpose of the first question was to explore each person’s definition and experience with eating disorder behavior. Half of the participants had direct contact with a close friend or family member who had experienced eating disorder behaviors. The other half of this project’s participants reported personal experience with behaviors of disordered eating. These identified behaviors included overeating, restricted eating, purging, compulsive exercise, substance use/abuse, and plastic surgery. The internalization of oppression as previous research describes, manifests itself as dysfunctional behavior as individuals search for acceptance (Siever, 1994; Williamson & Hartley, 1998).

Similar to earlier research, the tendency for people to evaluate their bodies according to a dominant ideal was further explored (Wood, 2004; Gremillion, 2003). The second interview question investigated causes and influences of disordered eating,
which included a discussion about social expectations, media, and trauma. Four individuals explored ideas of trauma as causes of eating disorders, while all participants identified social expectations and media as influential factors. The correlation between the identified themes was triggers of eating disorder behavior.

The intent of the next question was to explore the different aspects of media and gay cultural expectations as they related to criticism and self-exploration. Here participants identified iconic imagery within mainstream and gay culture. Almost all interviews showed the importance of acceptance within pop culture and the gay subculture. Such ideas are supported by previous research (Drummond, 2005, Stout, 2000). These findings also support this researcher’s assumption that gay men experience poor body image acceptance due to images they observe in the media.

An overarching theme of self-exploration emerged as the journey to attain the ideal was discussed. Congruent to this researcher’s hypothesis and earlier research homosexuality is a risk factor in developing an eating disorder (Brand, Rothblum & Solomon, 1991; Williamson, 1999; Taylor & Goodfriend, 2008). However sixteen percent (n=16.67%) of the participants identified eating disorders as an unacceptable coping mechanism for straight and gay men, which contradicts an assumption this researcher had previous to beginning this project.

The purpose of the fourth question was to identify what influenced the individual’s self-perception by allowing them to share their narrative. Once the individuals explored their own view of social expectations they identified how these
expectations impacted their feeling of acceptance and self-worth. Congruent with previous research, the impact of media and gay cultural expectations to decrease body fat and increase muscle mass was a reflection low self worth and body dissatisfaction among many gay and straight individuals (Yelland & Tiggemann, 2003; Reilly & Rudd, 2006).

Limitations and Recommendations

Previous research states that 1 million males in the United States struggle with some form of disordered eating (National Eating Disorders Association, 2009). This seems like an under representation of male suffers as it is ten percent of the entire population. This project identified fifty percent of its participants as individuals who have struggled with eating disorder behavior. However it is possible the small sample size of this project is limited and not necessarily generalizable to the larger male eating disorder population within the United States. This project also took place in one city, within one state of the entire nation, which limited the diversity of the sample.

This project also pulled from a limited group of interview questions that may have been redundant in nature. It may be helpful in further related research, to create a more diverse group of questions to utilize during the interview process. However limiting the number of questions asked during interviews kept interview times consistent, which assisted this researcher during analysis.

This researcher’s hypothesis was to explore the media’s effects on the prevalence of eating disorder behavior among gay men. Upon completion of data
analysis it became clear that there are other influential factors that promote disordered eating, such as experiences of trauma. For a more thorough analysis it is recommended that future related research include this in the hypothesis or research questions.

Social Work Implications

The design of this project allowed oppressed individuals to share their narrative, an important component of social work practice. As previous research indicates, men are socialized to believe that sharing their struggles and seeking assistance is a sign of femininity and weakness (Soban, 2006; Wood, 2004; Drummond, 2005). Continuing qualitative research such as this may assist gay and straight men in receiving eating disorder treatment. Exploring influences/causes and how this looks with the gay male community may create space for a further deconstruction of social and gender norms. This deconstruction may facilitate eating disorder treatment options and diagnosis that are more appropriate for the homosexual and heterosexual male population.
APPENDIX A

Letter of Permission
LETTER OF PERMISSION

Sacramento Gay & Lesbian Center
1927 L Street
Sacramento, CA 95811
(916) 442-0185

October 30, 2009

To Whom It May Concern:

It is a pleasure to write a letter of recommendation for CSUS Social Work Masters student Stephanie Kvasager. Stephanie has requested and been given the approval to utilize the Sacramento Gay & Lesbian Center to recruit participants for her thesis research project. She will recruit individuals for her study by contacting facilitators at the Center and setting up a time to speak at their group meetings. During her meetings she will provide information about her research and how to contact her if there is interest in participating in the study.

Dr. David Nylund is a recognized leader in human services the Center provides many individuals in our programs. In addition to being a University Professor, he has a distinguished history in helping us serve many people who use the Center. If it is necessary to contact anyone regarding this project, I am confident that Ms. Kvasager or Dr. Nylund will be able to answer any questions.

Sincerely,

William G Otton
Interim Executive Director
APPENDIX B

Interview Guide/Questionnaire
INTERVIEW GUIDE/QUESTIONNAIRE

1. Based on your definition of eating disorders would you say you have experienced or been tempted to partake in eating disordered behaviors?

2. What do you think causes or influences eating disorders?

3. Do you feel like media and/or gay cultural expectations influence you? If yes, in what ways?

4. Has the media and/or gay cultural expectations influenced your perception of yourself, and in what way?
APPENDIX C

Informed Consent
INFORMED CONSENT

(Purpose of Research) You are being asked to participate in research, which will be conducted by Stephanie Kvasager graduate student of Social Work at California State University Sacramento. The purpose of the study is to investigate the effects that media has on the prevalence of eating disorder behaviors among gay men.

(Research Procedures) You will be interviewed and asked questions in regards to your attitudes/beliefs toward and experiences with media, social expectations, eating disorders, and gay culture. This interview will require 40-60 minutes of your time. The interview will be audio taped and verbal consent to be recorded will be obtained when the researcher presses record on the audio-recorder.

(Risks) Some of the questions could make you feel uncomfortable or upset due to the nature of he topics being discussed in the interview. You are free however, to decline to answer any questions you do not wish to answer or stop the discussion at any time. If you experience any psychological discomfort during the study, and want help at that time or any time after completing the research, you may call Psychological Services at the California State University Sacramento Student Health Center at (916) 278-6416, the 24-hour Crisis Hotline in Sacramento County at (916) 732-3637, River Rock Counseling at (916) 642-5410, or the Sacramento Gay and Lesbian Center at 442-0185.

(Benefits) The interview may increase your awareness surrounding media, social expectations, eating disorders, and gay culture, or you may not personally benefit from participating in this research. The information you provide may help social work professionals to better understand how media, eating disorders, and social expectations affect gay men and how to better provide services related to these topics.

(Confidentiality) The interview will take place in a confidential location, (such as a room with a door in the library at CSUS) agreed upon by the participant and researcher with only the participant and researcher present. All results obtained in this study will be confidential. Only a randomly assigned ID number in any data collected for this research will identify participants. Audiotapes will be destroyed as soon as the discussions have been transcribed, and in any event no later than one year after they were made. Until that time all research records, including these consent forms, will be stored in a locked cabinet at the researcher’s home. No individuals will be identified in any reports or publications that may result from this study.

(Compensation) To compensate you for your time in the interview, you will receive a gift card from Starbucks Coffee or Peets Coffee in the amount of $15 immediately following the interview.
(Contact Information) If you have any questions about this research, please ask now. If you have any questions at a later time, you may contact Stephanie Kvasager MSW II at (916) 606-4620 or by e-mail at babybugdiva@yahoo.com. or the researcher’s thesis advisor Dr. David Nylund at (916)-278-4152 or by e-mail at dknylund@csus.edu.

Your participation in this research is entirely voluntary. You may decide not to participate in this study without any consequences. You may also change your mind and stop participating in the research at any time without any consequences. Your signature of your first name or initials only indicates that you have read and understood this consent form and agree to participate in the research.

Signature of First Name/Initials of Participant                          Date

Signature of Researcher                                             Date
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