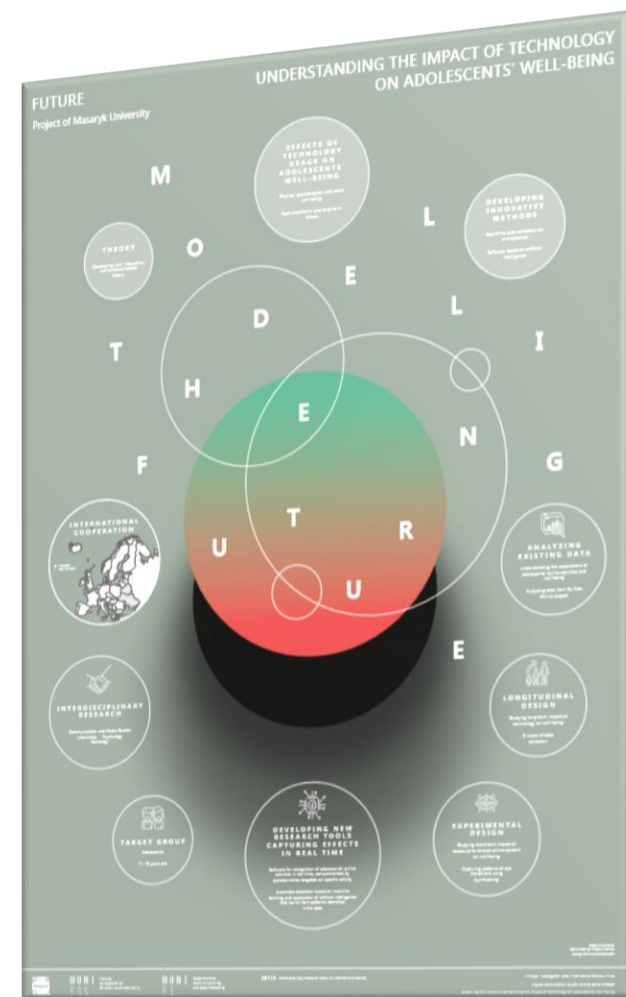




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on Internet and Society**

Eating Attitudes and Depressive Symptoms in an LGBTIQ Sample in Turkey: The Role of Sexual Minority Stress

Hayriye Gulec, Tayfun Torun, Aneliana da Silva Prado, Stephanie Bauer,
Christine Rummel-Kluge and Elisabeth Kohls



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Background

- Heightened risk for mental health conditions in LGBTIQ individuals^{1,2}
- Both disorder-specific and sexual minority-related stressors^{3,4,5,6,7}
- Sexual orientation disparities^{5,8,9,10}
- Disordered eating and depressive symptoms during the pandemic^{11,12,13}
- Majority of the studies conducted in Europe and the USA
- Substantial direct and indirect discrimination against LGBTIQ in Turkey¹⁴

Aims

- Eating attitudes and depressive symptoms in a Turkish LGBTIQ sample
- Potential predictors for eating attitudes and depressive symptoms
 - (e.g., minority stressors, appearance anxiety, appearance perfectionism, body perception, body dissatisfaction, generalized anxiety, social support, social isolation, self-efficacy, resilience)
 - Minority stressors: heterosexist experiences, internalized homophobia

Measures

Outcome measures

- Eating Attitudes Test-26
- Patient Health Questionnaire -9

Minority Stressors

- Daily Heterosexist Experiences Scale
 - *Number of heterosexist experiences*
 - *Distress related to heterosexist experiences*
- Internalized Homophobia Scale

Psychosocial Predictors

- Social Appearance Anxiety Scale
- Physical Appearance Perfectionism Scale
- Figure Rating Scale
- Generalized Anxiety Disorder-7
- ENRICHD Social Support Inventory
- UCLA Three-item Loneliness Scale
- General Self-efficacy Scale
- Brief Resilience Scale

Statistical Analyses

- **Two separate three-stage multiple hierarchical regression analyses**
 - **Dependent variables: eating attitudes and depression symptoms**
 - **First Block: age, assigned sex at birth, and sexual orientation**
 - **Second Block: Psychosocial predictors**
 - **Third Block: Sexual minority stressors**

Results

- N= 440 ($M_{\text{age}} = 31.92$ $SD = 11.82$)
- Majority reported assigned sex at birth as a man (79.7%)
- **Gender identity**
 - 64.3% male
 - 14.1% binary
 - 13.9% female
 - 4.1% trans female
 - 3.6% trans male
- **Sexual orientation**
 - 62.8% attracted to men
 - 23.6% attracted to both men and women
 - 7.2% attracted to women
 - 3% attracted to neither men nor women

Results

- **N= 237 (data on at least one outcome measure)**
- **Significant differences between completers vs. non-completers**
- **Completers:**
 - **Younger** [$t(437) = 2.206, p = 0.028$]
 - **Assigned sex as a man** [$\chi^2(1) = 38.493, p < 0.001; \phi = 0.296$]
 - **Gender identity as a male** [$\chi^2(4) = 46.554, p < 0.001; \phi_c = 0.325$]
 - **Sexual orientation as a gay** [$\chi^2(4) = 52.558, p < 0.001; \phi_c = 0.348$]
 - **More educated** [$\chi^2(2) = 31.713, p < 0.001; \phi_c = 0.273$]
 - **Single** [$\chi^2(4) = 18.204, p = 0.001, \phi_c = 0.203$]
 - **More chronic conditions** [$\chi^2(1) = 13.357, p < 0.001; \phi = -0.175$]
 - **More mental health-related problems** [$\chi^2(1) = 5.199, p = 0.025; \phi = -0.110$]

Results

– Predictors of eating attitudes:

- Assigned sex as a woman ($\beta = -0.20$, $p = 0.009$)
- Higher scores on depression ($\beta = 0.22$, $p = 0.043$)
- Higher scores on social isolation ($\beta = 0.24$, $p = 0.012$)
- Higher number of daily heterosexist experiences ($\beta = 0.57$, $p < 0.001$)
- Lower distress related to heterosexist experiences ($\beta = -0.52$, $p < 0.001$)

– Predictors of depression:

- Assigned sex as a woman ($\beta = -0.14$, $p = 0.017$)
- Sexual orientation as attracted to women ($\beta = -0.13$, $p = 0.023$)
- Higher scores on disturbed eating attitudes ($\beta = 0.11$, $p = 0.043$)
- Higher scores on generalized anxiety ($\beta = 0.58$, $p < 0.001$)
- Higher distress related to heterosexist experiences ($\beta = 0.18$, $p < 0.001$)

Discussion

- **First comprehensive study on LGBTIQ in Turkey during the pandemic**
- **Differences between completers versus non-completers**
 - Completers might tend to value the importance of this research and research topic.
- **Predictors of eating attitudes:**
 - **Proneness of female sex⁵**
 - **Number of heterosexist experiences and the deterioration in eating attitudes**
Support for Tripartite Influence Model¹⁵
 - **Social isolation and depressive symptoms**
Support for Interpersonal Theory of Eating Disorders¹⁶
 - **Higher distress was associated with less disordered eating attitudes**
Acknowledging the distress related to heterosexist experiences might be protective

Discussion

- **Predictors of depressive symptomatology:**
 - **Female sex, lesbian sexual orientation, disordered eating attitudes**
thin-idealization and weight bias might be possible explanations^{17,18}
 - **Generalized anxiety and distress related to heterosexist experiences**
Need for effective coping strategies in LGBTIQ individuals who are prone to depression

Limitations

- **Recruitment strategy**

 - Dating website

 - Majority of the sample gay

- **Turkish validation and internal consistency of questionnaires**

- **Differences between completers vs. non-completers**

- **Lack of information on the distribution of sexual minority groups in Turkey**

- **Response characteristics and cross-sectional study design**

Conclusion

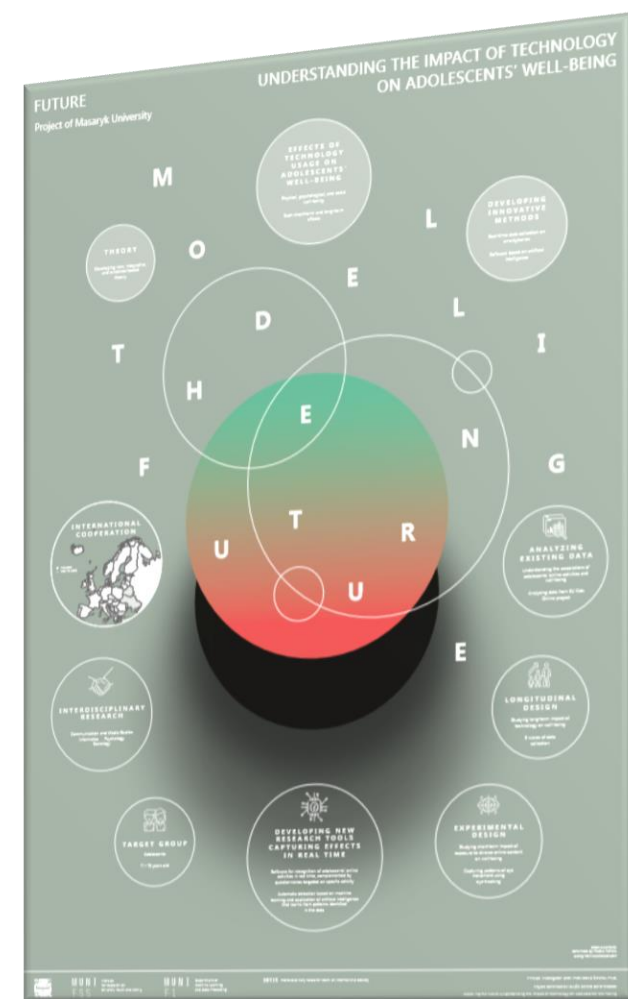
- **Significant role of sexual minority stressors beyond psychosocial risk and protective factors in a sample of LGBTIQ in Turkey**
- **Strategies to reduce prejudicial attitudes at the societal level**
- **Strategies to enhance the skills to cope with minority stressors**



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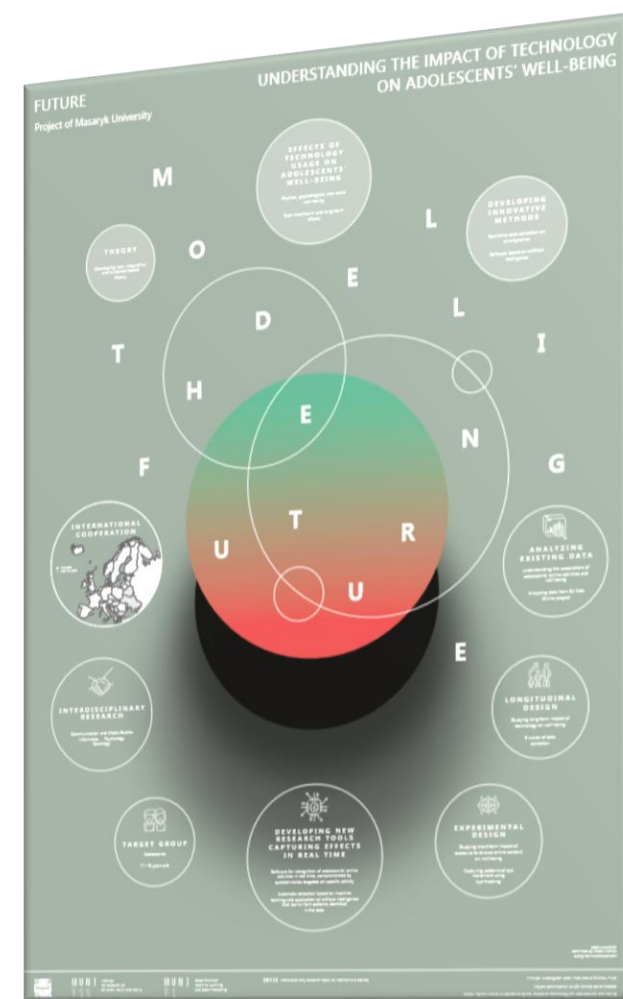


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Thank you for your attention



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