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Abstract

In the current study, we investigated the relevance of women's own and their romantic partners' weight status to the development of weight concerns. Seventy-two female same-sex couples ($n = 144$ women) completed the Weight Concerns Scale and a researcher measured their height and weight to compute body mass index as a measure of weight status. Using the Actor-Partner Interdependence Model, which accounts for the dependency in these data, analyses revealed a significant link between women's own weight status, their weight concerns, and their partners' weight status and their weight concerns. Further, an interaction indicated that women who were heavier and who had thinner female partners were most at risk of experiencing weight concerns. These findings are discussed as evidence for the importance of partner comparisons in the context of romantic relationships and should inform research examining links between romantic relationships and health, particularly among sexual minority couples. Clinical implications of our research include the potential role of couples' therapy in treating not only relationship problems but also potential health challenges.

Keywords

lesbianism, body image, interpersonal relationships, interpersonal influences, weight perception, social comparison

Body dissatisfaction, weight concerns, maladaptive dieting, and disordered eating all affect women significantly more than men (Brand, Rothblum, & Solomon, 1992; Markey & Markey, 2005). However, some data suggest that lesbian women are less affected by these eating and weight concerns than are their heterosexual peers (Brand et al., 1992; Polimeni, Austin, & Kavanagh, 2009). Reasons for a potential link between sexual orientation and eating and weight concerns remain unclear (Feldman & Meyer, 2007; see also Myers, Taub, Morris, & Rothblum, 1999; Rothblum, 1994), with some suggesting that lesbian subculture may be protective (Polimeni et al., 2009). However, the literature examining sexual minority women contains contradictory findings about this population's vulnerability to eating and weight concerns (see Morrison, Morrison, & Sager, 2004). There is also little indication that women in relationships with women are completely free of weight concerns or obesity risk (and related health consequences; Bowen, Balsam, & Ender, 2008; Institute of Medicine, 2011; Smith et al., 2010).

Widespread rates of obesity—64% of American adults are overweight or obese (Danaei et al., 2009; Mokdad et al., 2003; World Health Organization, 1998)—make societal concerns about weight warranted. Given the potential benefits of weight loss for many, it could be argued that concerns about weight encourage the development of individual- and

community-level interventions focused on healthy eating, physical activity, and weight loss. Although there is a positive relationship between weight status (i.e., weight considering height or body mass index [BMI]) and weight concerns (i.e., individuals who are relatively heavy tend to have more concerns about their weight; Davison, Markey, & Birch, 2000), this is an imperfect relationship. Many people who are overweight are not concerned about their weight whereas some people who are underweight harbor weight concerns. In one recent study, the disconnect between weight status and weight concerns can be seen: 61% of participants who were concerned about their weight or dieting actually maintained a healthy weight; however, 13% of those who were not concerned about their weight and were not dieting were actually overweight or obese (Woodruff, Hanning, Lambraki, Storey, & McCargar, 2008). What complicates the understanding of obesity prevention and treatment is evidence indicating that

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weight-related concerns and related attempts to diet may prove counterproductive in the maintenance of a healthy weight status (Mann et al., 2007; Polivy & Herman, 2002). Furthermore, research focused on understanding sexual minority women's maintenance of healthy weight statuses is nearly nonexistent (for an exception, see Owens, Hughes, & Owens-Nicholson, 2003).

Research examining weight management behaviors (Mann et al., 2007) presents a discouraging and somewhat counterintuitive understanding of the likelihood of adaptive, sustainable weight loss. Individuals (especially women) who are dissatisfied with their bodies and concerned with their weight are vulnerable to participation in unhealthy dieting behaviors including fasting, bingeing, and purging (Goodrick, Poston, & Foreyt, 1996), which have been linked to the development of both obesity and eating disorders (Mann et al., 2007; Markey & Markey, 2005; Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990). Consistent with this notion, weight concerns have been found to predict overweight status (i.e., not weight loss) 5 years later (Haines, Neumark-Sztainer, Wall, & Story, 2007). So, even though it would be healthy for some people to lose weight, it is not necessarily healthy for them to have "weight concerns" and diet (Brownell & Rodin, 1994; Mann et al., 2007; Stice, Cameron, Killen, Hayward, & Taylor, 1999).

In addition to documented associations between individuals' weight status and weight concerns, interpersonal factors are related to individuals' weight concerns (Boyes & Latner, 2009; Markey, Gomel, & Markey, 2008). Among heterosexual adults, a social influence that appears to be especially relevant to understanding weight status and the potential development of weight concerns is romantic partners (Markey & Markey, 2011a; Umberson, Liu, & Powers, 2009). A modest positive correlation among married partners has been found for weight (i.e., BMIs tend to be similar among partners; Markey, Markey, & Birch, 2001), which cannot be explained simply by cohabitation or age similarity (Allison et al., 1996). Further, changes in relationship status among heterosexual couples (i.e., marital status) have been found to predict changes in body weight (e.g., weight gain follows marriage; Sobal, 1984; Sobal, Rauschenbach, & Frongillo, 1992, 2003). Research examining these patterns among sexual minority couples has not been conducted, so the extent to which past findings may generalize to same-sex dyads is unknown.

In addition to research suggesting that relationship status (usually operationalized as marital status) predicts weight status among heterosexual couples, romantic partners adapt to each other's eating behaviors during the course of their relationship (Bove, Sobal, & Rauschenbach, 2003). This similarity and "adaptation" appears to result in validation from romantic partners (sometimes referred to as consensual validation; Byrne & Griffitt, 1966; Luo & Klohnen, 2005; Markey & Markey, 2007). Although this phenomenon has been examined primarily among heterosexual couples, there

is no reason to speculate that same-sex couples would not also derive the same validation from maintaining similar partners. In fact, given research indicating the premium placed on equality within same-sex relationships (Kurdek, 2001, 2007), it is possible that similarity is even more highly valued among sexual minority women than their heterosexual peers. One particular area where equality or similarity within a relationship might be important to women is weight status.

Although there is a substantial amount of research examining weight-related issues among the general population, and a growing amount of research examining the interpersonal nature of these issues among heterosexual couples, there is a dearth of research examining weight-related issues among sexual minority women (exceptions include Haines et al., 2008; Owens et al., 2003). Similar to studies examining heterosexual women, Haines and colleagues (2008) found that lesbian women's experiences of body self-objectification are related to their mental health (e.g., body shame). Owens and colleagues (2003) reported that participation in lesbian subculture may be somewhat protective against weight concerns. Further, a recent study qualitatively examined body image in the context of same-sex and bisexual relationships among women (Huxley, Clarke, & Halliwell, 2011). This research suggests that sexual minority women are affected by the appearance norms of mainstream culture and lesbian subculture and that being in a relationship with a same-sex partner has the potential to positively impact body image. However, to our knowledge no research to date has examined weight concerns within the context of female same-sex relationships (i.e., examining associations between both members of the couple). The lack of additional, quantitative research examining sexual minority women's weight concerns is especially troubling, given the recent research highlighting American sexual minority women's vulnerability to obesity (Institute of Medicine, 2011).

Examining weight status and weight concerns in the context of sexual minority women's romantic relationships will advance our understanding of both sexual minority women's health in particular and romantic relationship influences on health more generally. Past research examining links between romantic relationships and health is limited in its overreliance on marital status as a predictor of health and its focus on middle-aged and older couples in heterosexual relationships (see Markey & Markey, 2011b, for further discussion of this point). However, social network analyses (Christakis & Fowler, 2007) suggest the prominent role of same-sex peers in the development, maintenance, and change of obesity rates across time. These findings suggest the need to understand the role of same-sex romantic partners in determining individuals' health. This may be, in part, a result of same-gender socialization, which may contribute to relationship "enmeshment"—a level of intimacy and involvement that may serve as a strength or contribute to boundary problems in the relationship. (Enmeshment is often referred to as fusion or merger, terms that historically and inaccurately imply

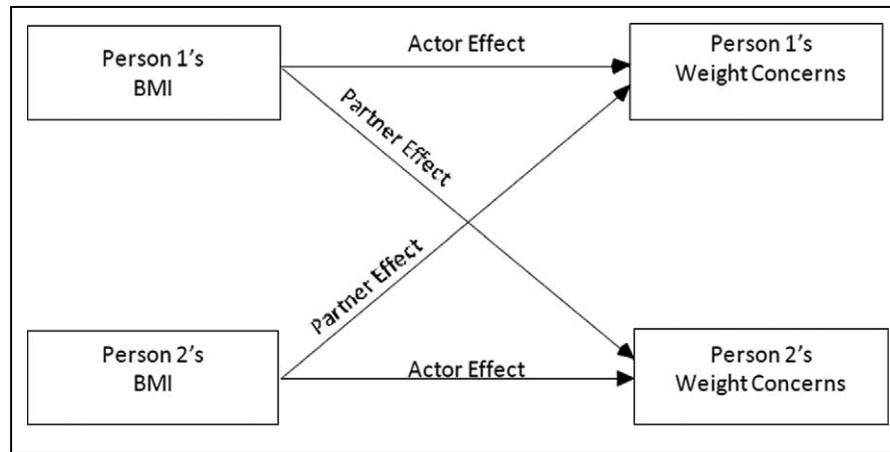


Figure 1. Actor-Partner Interdependence Model of body mass index and weight concerns.

dysfunction unique to lesbian couples; see recent research by Frost & Eliason, 2013 and review by Pardie & Herb, 1997.) Finally, evidence indicating the strong communication patterns among same-sex female partners and the priority placed on egalitarianism within their relationships makes it possible that romantic partners will play a central role in sexual minority women's health, including their development of weight concerns (Biblarz & Savci, 2010; Kurdek, 2001; Patterson, Sutfin, & Fulcher, 2004).

Given the value women place on thinness, social comparison processes (Festinger, 1954; Franzoi et al., 2012) may lead individuals to experience high levels of weight concerns when they compare themselves to a significant other who is considerably thinner. At least one study has found that, within heterosexual couples, being relatively heavy and having a partner who is relatively thin seems to exacerbate weight concerns (Markey & Markey, 2011a). This finding suggests that *partner comparison* processes, not just general social comparison, may partially account for weight concerns between romantic partners. We define partner comparison as social comparison processes that take place within the context of a romantic dyad. In order for partner comparison to be present, we suggest that there must be evidence of not only partner effects in Actor-Partner Interdependence Models (APIMs; i.e., in the present study, the partner's weight status influencing the individual's weight concerns), but also interaction effects. In other words, in our study, an interaction between partners' weight statuses in predicting weight concerns would provide evidence that individuals were comparing themselves to their partners and this comparison was having an effect on the outcome of interest: weight concerns. The present study is original not only in how we conceptualize partner comparison processes but also in our consideration of these processes among same-sex dyads.

In order to examine potential associations among women's weight status, their partners' weight status, and their weight concerns, we employed APIMs in the current study (Kenny, Kashy, & Cook, 2008). APIMs are statistical methods that

make it possible to examine how an individual's predictor variable simultaneously and independently relates both to her own criterion variable and to her partner's criterion variable. Such a method is particularly useful because it allows for the examination of data that are dependent (e.g., romantic couples) and data containing dyads whose members who are of the same gender. In the current context, an APIM can be used to examine how weight concerns are shaped by unique and interpersonal variables that exist between romantic partners. This methodology allows one to isolate several potential variables of influence. First, the association between an individual's own weight status (i.e., BMI) and her weight concerns can be estimated. The APIM denotes this as an "actor effect" (see Figure 1). Second, the association between the romantic partner's weight status and the individual's own weight concerns can be estimated. This link between the partner's weight status and the individual's weight concerns is termed the partner effect (see Figure 1). Finally, to examine the extent to which similarity between romantic partners' weight statuses predict weight concerns, the interaction between the individuals' weight status and partners' weight status can be examined.

For our first hypothesis, we will examine the actor effect in the APIM. We expect that participants' weight concerns will be positively related to their own weight status. In other words, heavy women will have more weight concerns than thin women. For our second hypothesis, we will examine the partner effect in the APIM. We predict that participants' weight concerns will be negatively related to their romantic partners' weight statuses after controlling for participants' own weight status. Holding women's own BMIs constant, women in romantic relationships with thinner partners will have more weight concerns than women in romantic relationships with heavier partners. For our third hypothesis, we will examine the interaction effect in the APIM. Consistent with our conceptualization of likely partner comparison processes (and past research; Markey & Markey, 2011a), we expect that participants' own weight statuses and her romantic partners' weight statuses will significantly interact with each other

when predicting participants' own weight concerns. Specifically, we expect that women who are heavy and who have a romantic partner who is thin will be at particular risk for high levels of weight concerns.

Method

Participants and Procedure

As part of a larger study examining associations between romantic relationships and health, 144 women (72 couples; $M_{\text{age}} = 33.40$, standard deviation [SD] = 10.20, range = 18–61) participated in the present study. Ninety-nine participants (69%) were European American, 24 (17%) participants identified as African American, 10 (7%) as Hispanic, 6 (4%) as Asian, and 5 (3%) reported being of an "other" ethnic background. All couples were required to have maintained an exclusive monogamous relationship for at least 6 months. Advertisements specified that women in relationships with women were eligible to participate. The majority of couples in our sample (60 couples; 83%) were cohabitating, and couples had been romantically involved for 4.68 years on average ($SD = 3.48$ years; range = 6 months to 19 years). All participants completed the self-identification scale from the Klein (1993) Sexual Orientation Grid. This scale asks participants to rate their self-identified sexual orientation using a 7-point Likert-type scale ranging from 0 (*exclusively heterosexual*) to 6 (*exclusively homosexual*), with a score of 3 indicating equally heterosexual and homosexual. In the current sample, the mean score was 5.39 ($SD = .93$), with all the respondents but one (who gave a score of 3) responding with scores of 5 or 6.

Participants were recruited from a northeastern university campus and the surrounding area by advertising in diverse periodicals and through local health and advocacy groups located in the Philadelphia area. Participating couples were also asked to refer other couples to take part in the study (snowball sampling). Participants were placed in separate rooms in the researchers' laboratory while they completed the measures used in our study; participants' height and weight were measured upon completion of the surveys. The entire protocol lasted approximately 1.5 hours, with time at the end of the protocol reserved for participants' questions and some explanation of the study aims. Couples were compensated with \$100 for their time. This methodology was approved by an Internal Review Board where the research took place and participants indicated their voluntary involvement in this research via a consent form.

Measures

BMI. Weight status was operationalized using BMI scores (weight [kg]/height [m^2]). Based on the recommendations of Lohman, Roche, and Martorell (1988), three height and weight measurements were collected from each participant by a trained research assistant. Participants' average weight and height (across the three measurements) were used to

calculate their BMIs. In the current study, participants' average BMI was 29.38 ($SD = 8.23$), with 3 (2%) underweight (BMI < 18.5), 53 (37%) normal weight (BMI 18.5–24.9), 33 (23%) overweight (BMI 25.5–29.9), and 55 (38%) obese (BMI of 30 or greater). Further, romantic partners tended to have fairly similar BMIs; pairwise intraclass $r(70) = .37$, $p < .01$. The similarity of couples' body sizes is also reflected in the finding that 31 (43%) of the couples had members whose bodies were categorized (e.g., underweight, normal weight, overweight, and obese) as the same. The couples who did not share the same BMI category were distributed in the following manner: 1 couple was an underweight–normal weight dyad, 16 (22%) were normal–overweight dyads, 8 (12%) were composed of normal–obese dyads, and 16 (22%) consisted of overweight–obese dyads.

Weight concerns. Weight concerns were assessed using the Weight Concerns Scale (Killen et al., 1994). The Weight Concern Scale uses 5 Likert-type items to assess current fear of weight gain, importance of weight, perceived fatness, and worry about weight and body shape. We altered the third question to read "Have you ever gone on a diet?" (Instead of the original "When was the last time you went on a diet?"), and fourth question was altered so that it contained five possible response options instead of four in order to make it more comparable to the other items on the scale. These revisions are consistent with others' piloting and use of this measure (Davison, Markey, & Birch, 2000). Together, the sum of these 5 items ($M = 8.19$; $SD = 4.38$; range = 0–18) assessed fear of weight gain, worry about weight and body shape, the importance of weight, diet history, and perceived fatness, with higher scores indicating more weight concern (Cronbach's $\alpha = .86$). This measure has been used in numerous studies to predict the weight concerns of various populations (e.g., men, women, and adolescents; Jacobi et al., 2011; Lam & McHale, 2012; Markey, Markey, & Birch, 2001; Markey, Markey, & Schulz, 2012). It is worth noting that the mean weight concerns exhibited by the women in our sample is comparable to the mean weight concerns found in previous research addressing heterosexual women in romantic relationships, ($M = 7.95$; $SD = 3.75$, $t(143) = .66$, $p = .51$; Markey et al., 2001).

Results

In the following analyses, the results obtained were similar regardless of the length of participants' relationships and age of participants; thus, all participants are included together in the reported results. In the current sample, BMI was similar in distribution to those derived from our previous research examining heterosexual couples (cf. Markey & Markey, 2011a) and revealed no properties of concern (e.g., skewedness, outliers). Additionally, for all the analyses, BMI was used as a continuous variable.

Table 1. Summary of the Actor–Partner Interdependence Model of Weight Concerns.

	Estimate	SE	t	r
Level 1 variables				
Actor effect—BMI	.30	.05	6.44*	.48
Partner effect—BMI	-.16	.04	-4.24*	-.34
Level 2 variable				
Actor BMI × Partner BMI	-.016	.004	-3.15*	-.35

Note. BMI = body mass index; SE = standard error.

n dyads = 72; n individuals = 144.

* $p < .05$.

Multilevel modeling was first used to test an APIM including only the main effects (the actor and partner effects; see Figure 1). This model simultaneously tests the unique contributions of actor BMI and partner BMI in predicting weight concerns. In other words, this model tests for each effect (actor or partner BMI) while controlling for the other effect (actor or partner BMI). As seen in Table 1, the actor effect of BMI was positive whereas the partner effect of BMI was negative when predicting weight concerns. These findings are consistent with our first and second hypotheses by indicating that individuals who were heavy tend to have more weight concerns than individuals who were thin ($r = .48, p < .01$). Additionally, individuals who were in romantic relationships with partners who were thin tended to have more weight concerns than individuals who were in romantic relationships with individuals who were heavy ($r = -.34, p < .05$).

A second APIM analysis tested our third hypothesis to determine whether or not the interaction between individuals' and partners' BMIs predicted weight concerns. To do this analysis, a new variable was created that was the product of the women's BMI and their partner's BMI. As suggested by Aiken and West (1991) and Kenny, Kashy, and Cook (2008), BMI was centered when computing the interaction term. This interaction term was then included as an independent variable, along with the actor and partner main effects, in a new model. As seen in Table 1, the resulting interaction term was significant. In order to display this interaction, Figure 2 presents a graphical representation derived by calculating simple regression equations corresponding to individuals scoring at the mean, 1.5 *SD* above the mean, and 1.5 *SD* below the mean for each predictor variable (Aiken & West, 1991). Significance tests of the simple slopes revealed that when participants had low BMIs, their partners' BMIs were not related, $b = .03; r = .03, t(140) = .37, p = .71$, to their own weight concerns. However, when participants had moderate: $b = -.15; r = -.17, t(140) = -2.01, p < .05$, or high: $b = -.33; r = -.33, t(140) = -4.13, p < .01$, BMIs, their romantic partners' BMIs were negatively related to their own weight concerns. In other words, as would be expected according to our conceptualization of partner comparison, women who had higher BMIs and were in a romantic

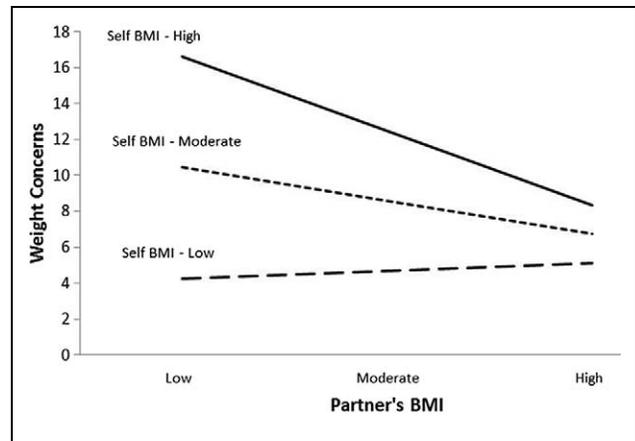


Figure 2. Interaction between women's BMIs and their romantic partners' BMIs when predicting weight concerns. BMIs = body mass index.

relationship with a woman who had a lower BMI were at particular risk for having higher levels of weight concerns.

Discussion

Given sexual minority women's vulnerability to obesity (Institute of Medicine, 2011) and the dearth of research examining eating-related issues among this population, understanding predictors of weight concerns among this population is critical (Bowen et al., 2008). As expected (our first hypothesis), sexual minority women's weight status was positively related to their weight concerns. This finding is consistent with past research suggesting that, for both men and women, weight concerns tend to increase as weight status increases (cf. Davison et al., 2000; Markey et al., 2001). Consistent with our second hypothesis, we found that participants' weight concerns were negatively related to their romantic partners' weight statuses. Finally, as predicted given our conceptualization of partner comparison processes (our third hypothesis), women who were heavy and who had partners who were thin were most vulnerable to experiencing weight concerns. It is worth noting that this particular sample of sexual minority women was representative in terms of overweight and obesity rates (61%) when compared to U.S. population data indicating that 64% of adults are overweight or obese (Mokdad et al., 2003).

Our research adds to the current literature examining eating and weight issues among sexual minority women and romantic partners' influences on health attitudes and behaviors. Although the link between weight status and weight concerns has been well documented among heterosexual individuals, finding this link among sexual minority women is noteworthy. Some researchers have speculated that being a sexual minority woman may be protective against weight-related concerns because lesbian subculture does not focus on the importance of women's physical appearance and

women's bodies as sexual objects to the extent that heterosexual culture does (Polimeni et al., 2009). However, there are inconsistencies in this literature and some research suggests that lesbian women are vulnerable to body dissatisfaction and weight concerns at rates comparable to heterosexual women (Peplau et al., 2009). Our findings indicate not only that sexual minority women have weight concerns similar to their heterosexual peers but also that sexual minority women who weigh more are in fact more likely to possess weight concerns and these concerns are exacerbated when their partners are thin.

We hypothesized that partner comparison processes account for the importance of a romantic partner's weight status when predicting an individual's weight concerns. It is reasonable to expect that individuals who are heavy and concerned with their weight will be more so when they are in a relationship with someone who is thin. It seems that the consensual validation often sought in relationships (i.e., security with oneself when one's own qualities are validated because a romantic partner possesses similar qualities; Byrne & Griffitt, 1966; Luo & Klohnen, 2005) might be missing when partners are mismatched on weight status. Given research indicating the importance of equality and communication in lesbian partnerships (Kurdek, 2001) and the fact that women in relationships with women have the potential to strongly resemble their partner in terms of body size and shape (something that is less likely to be possible among heterosexual partners), it is not surprising that a mismatch in weight status among same-sex female partners prompts concern. It is also worth noting that it is heavy women who experience weight concerns due to a mismatch, but not their thin partners.

Our finding that sexual minority women's partners are relevant to understanding their weight concerns contributes to research addressing the role of gender and romantic partners in determining individuals' health attitudes and behaviors. Gender differences are pervasive in the literature addressing relationship influences on health and in the eating literature. In both sets of literature, women seem vulnerable to negative outcomes; they are less likely to experience health benefits from romantic relationships than men (Markey & Markey, 2011b) and they are more likely to experience maladaptive eating attitudes and behaviors (Markey & Markey, 2005). However, the fact that women in partnerships with other women and heterosexual women experience parallel links between weight status and weight concerns suggests that concerns about weight are pervasive and not dependent on the gender of one's partner. It is unclear from these data if a similar phenomenon may exist in different types of interpersonal relationships—such as friendships, coworkers, or family members (e.g., mothers and daughters).

If weight concerns led to adaptive avenues of weight loss and sustained weight loss for individuals who are overweight or obese, then it would make sense for public health efforts to foster weight concerns. However, as mentioned above, there is an imperfect relationship between weight status and weight

concerns and the consequences of weight concerns can be the opposite of the desired goal of healthy weight management (Goodrick et al., 1996; Haines et al., 2007; Mann et al., 2007; Patton et al., 1990). Clearly, this leaves many who desire weight loss, or who hope to promote weight loss among others, in a predicament.

Limitations

Our sample was somewhat diverse in terms of ethnicity and socioeconomic background, but it was not necessarily representative of all female same-sex couples. Replication of these findings with larger samples of more diverse couples, including male same-sex couples, will strengthen our understanding of the role of romantic partners in individuals' weight concerns. More diverse, larger samples will also allow for consideration of the role of ethnicity in influencing women's weight concerns. Further, although we speculate that partner comparison processes and the desire for consensual validation may be contributing to individuals' weight concerns when they are mismatched with their partner on weight status, further research is needed to confirm that other processes (e.g., social control tactics exhibited by partners) are not responsible for the relations we found. It is possible that more complex models account for these findings, with weight status predictive of maladaptive weight management behaviors, which in turn may lead to weight concerns. Additional research should also aim to explore weight status using measures more exact than BMI (and considering "normal weight obese;" Zeratsky, 2011). BMI is routinely used in research as a metric of weight status, but it may obscure understandings of weight and fat distribution that assessments of waist-to-hip ratio and body fat are better able to capture (Centers for Disease Control and Prevention, 2012). Of course, weight status is merely one indicator of health. Our findings should also be considered in relation to research examining individuals' actual eating patterns and dieting behaviors in the context of their relationships. This will facilitate an understanding of romantic partners' potential contributions to each other's adoption of healthier attitudes and behaviors concerning weight.

Practice Implications

Rising rates of obesity make it critical to understand factors contributing to individuals' weight status, attitudes about their weight, and associated behaviors (Wadden, Brownell, & Foster, 2002). Given the concern about obesity rates among sexual minority women in particular (Institute of Medicine, 2011), understanding interpersonal factors relevant to their weight status and concerns is imperative. Our findings suggest that women's partners' weight statuses contribute to women's feelings about their own weight (also see Markey & Markey, 2011). Further, it is most likely that women who are worried about their weight (and potentially engaging in maladaptive behaviors to manage their weight

or lose weight) have partners who are thinner than they are. These findings may be relevant to treatment in clinical settings for problems ranging from obesity to eating disorders.

Clinicians may benefit from knowledge of women's relationship status, their partners' weight status, and their partners' involvement (or lack of) and support in the adoption of healthy attitudes and behaviors concerning weight. Couples' therapy may even help women to discuss their feelings about their weight relative to their partners' weight status and ways in which partners can support each other's physical and mental health goals concerning weight and fitness.

Supportive relationships with romantic partners may prove instrumental in women's attempts to manage their weight and cope with weight-related concerns (Carr & Friedman, 2006; Markey, Markey, & Gray, 2007). However, in order to protect the health of sexual minority individuals and decrease the disparities in their access to health care and their health outcomes, research that continues to explore a variety of factors relevant to their health is needed.

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