



The role of minority stress in disordered eating: a systematic review

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Abstract

Introduction: Sexual and gender minorities (SGMs) appear to be at a heightened risk of disordered eating compared to heterosexual and cisgender people, a disparity which may be caused by exposure to minority-specific stressors, such as discrimination and violence. The objective of this systematic review is to summarize available evidence on the role of minority stress in disordered eating, highlighting SGM-specific aspects.

Methods: Following PRISMA guidelines, scientific search engines (EBSCO, PUBMED, Web of Science) were screened up to January 2024, including English-language original research papers containing analyses of the relationship between minority stress and disordered eating. 2416 records were gathered for screening. After application of inclusion and exclusion criteria, 65 reports were retrieved. Thematic analysis was conducted regarding 4 research questions: effects of minority stress on disordered eating, possible mediating factors, specificities of SGMs and differences between identity categories.

Results: 30 studies were included. Several aspects of minority stress are reliably associated with higher odds of disordered eating and eating pathology, including specific forms such as binge eating, overeating, fasting and food addiction. The relationship between minority stressors and disordered eating was mediated by aspects such as shame, body shame, or negative affect. SGMs show several specificities, such as the presence of a role of LGBTQIA+ communities and additional gender-related pressures. Among SGMs, bisexual people and gender minorities appeared to feature comparatively higher risks, and gender-related factors shape paths leading to disordered eating risk.

Discussion: Minority stress appears to be an important predictor of disordered eating, making SGM people's health particularly at risk. Institutional and organizational anti-discrimination policies are needed and may help prevent impacts on psychological and physical health. Clinical interventions may benefit from exploring and incorporating how minority stressors affect SGM people and their psychological characteristics, such as shame and emotional regulation. Further research is needed on mediating characteristics, intersectional aspects, the role of communities, and underrepresented and understudied identities.