Potentials of Intersectional Approaches for Enhancing the Scientific and Therapeutic Understanding of Eating Disorders

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Diversifying the understanding of eating disorders

Eating disorders (ED) as a psychological, therapeutic, and medical concept include Anorexia, Bulimia, and Binge Eating Disorder, as well as atypical, subclinical, or unspecified versions of those concepts. An ED overview along with specific symptoms and diagnostic criteria can be found in diagnostic manuals (APA, 2022; WHO, 2021). Modern accounts of ED can be traced back to the important work of Bruch (1978) and Selvini Palazzoli (1974) in the 1970's. At that time, anorexia was the only psychiatrically recognized form of ED, and the patients these authors saw were primarily daughters of North American and European middle or upper class families, whom Bruch (1978) described as living in a *golden cage*. Since then, scientific knowledge of ED has diversified substantially, as will be outlined below. Nevertheless, the stereotype of a person with an ED as an educated, heterosexual, cisgendered, anorexic white girl still holds significant power in the public's perception and remains entrenched in the minds of many professionals (Sonneville & Lipson, 2018). This construct can be considered a product of historical biases in visibility and access to treatment along the lines of class, race, gender, and sexual orientation, and it still holds power to perpetuate these biases, even though it does not correspond to the state of research (Roberts & Chaves, 2023).

In the 1980s and 1990s more attention was brought to forms of ED that are characterized by fewer or no restrictive symptoms (e.g., dieting) but rather by binging, purging, and emotional eating: bulimia nervosa and binge eating disorder. The substantial overlap in symptomatology between the different forms of ED then led to the introduction of a transdiagnostic model (Fairburn et al., 2003), which is widely used in ED research today. Moreover, intercultural studies of that time have challenged and overtaken the notion that ED were mostly prevalent in white western populations. Rather, the prevalence of ED has been linked to industrialization and the propagation of the thin body ideal worldwide (Nasser, 1997; Pike et al.,

2014), which are linked to capitalism as a form of society rather than to any particular race or ethnicity. Research on ED has mostly focused on cisgender women, as they are disproportionately affected compared to cisgender men, although the gender difference in prevalence is smaller for forms of ED with less restrictive symptomatology (Nagl et al., 2016; Silén & Keski-Rahkonen, 2022). Feminist scholars have proposed that structural and interpersonal sexism, objectification of women, and contradictory ideals of femininity in late capitalism may explain this gender difference (Beccia et al., 2022; Bordo, 1993; MacSween, 1995; Piran, 2010, 2016; Springmann et al., 2020; Springmann, 2022). In fact, solid evidence has been accumulated for the importance of these social factors for ED in cisgender women (Striegel Weissman, 2019). In recent years, there has been an increase in scientific attention towards ED in LGBTIQA populations, as well as in boys and men. This research has produced advanced knowledge on the importance of gender identity and sexual orientation, indicating a higher risk of ED for marginalized groups such as transgender persons or gay men (Bell et al., 2019; Nagata et al., 2020). Moreover, current studies have shed light on gender differences in symptomatology, e.g., a higher prevalence of muscularity-oriented disordered eating in boys and men (Murray et al., 2017; Neumark-Sztainer & Eisenberg, 2014).

In summary, the current state of research shows that ED can present itself in different ways, affect people of different ethnicities, sexual orientations, and gender identities, and that sociocultural factors contribute to ED development. However, the landscape of ED epidemiology becomes even more complex when multiple social categories such as race or gender are considered simultaneously. Consequently, there have been calls for an intersectional approach (Burke et al., 2020) to understand ED. In this paper, I argue that the concept of intersectionality (Crenshaw, 2019; Hill Collins, 2019) is helpful in gaining a clearer understanding of these complexities and improving epidemiological insights as well as etiological theories of ED, which in turn has implications for treatment. After introducing the concept of intersectionality and the frequency of its use in the context of psychology and ED, I will elaborate on the benefits of this concept for understanding ED along three points: 1) advancements in epidemiological research, 2) understanding of the pathways between an individual's social location and psychological health outcomes, and 3) the potential to integrate psychological knowledge with a broader social, cultural, and historical context.

The concept of intersectionality

Intersectionality describes the effects of multiple intersecting social power hierarchies that produce specific forms of oppression that cannot be reduced to the added effects of the individual power hierarchies (Hill Collins, 2019). This idea was developed by activists of Black feminism who faced unique ways of marginalization for being women of color, many of them from working class backgrounds and/or non-compliant with heterosexist norms. In the now famous statement of the activist group Combahee River Collective from 1977 it reads, "we are actively committed to struggling against racial, sexual, heterosexual, and class oppression, and see as our particular task the development of integrated analysis and practice based upon the fact that the major systems of oppression are interlocking" (Taylor, 2017, p. 15). The experience that their concerns were not adequately represented by either the civil rights movement, which was dominated by male perspectives, or the feminist movement, which was dominated by white and bourgeois perspectives, "led to the need to develop a politics that was antiracist, unlike those of white women, and antisexist, unlike those of Black and white men" (Taylor, 2017, p. 17).

Intersectionality has become increasingly important in psychological research in recent years. My search of the American Psychological Association's APA Psychinfo database in February 2024 using the term *intersectionality* and date of publication through 2013 returned 637 hits. Including publication dates through 2023 returned 5,784 hits. Adding the terms *eating disorders or anorexia or bulimia or disordered eating* reduced the results with publication dates through 2023 to 39, with the earliest publication from 2010. Although this is not an exhaustive review of the literature, it provides a sense of the increasing use of intersectionality in psychological research in general and in ED research in particular. In the following section, I focus on the advancements in ED epidemiological research.

Epidemiological research

Intersectionality has inspired promising approaches in epidemiological research to assess the prevalence of certain symptoms or health outcomes in diverse populations defined not only by individual social categories but also by multiple intersecting social categories (Harari & Lee, 2021). A small number of studies on ED prevalence with explicitly intersectional designs

have been published in recent years using data from large U.S. samples of youth or young adults (Beccia et al., 2019, 2021; Burke et al., 2021, 2022; Egbert et al., 2024; Gordon et al., 2024). In these quantitative studies, scholars used either different forms of regression models to compare intersectional groups regarding their risk for ED symptomatology or multilevel analysis of individual heterogeneity and discriminatory accuracy (MAIHDA) to assess the proportion of variance in ED symptomatology that can be predicted by intersectional groups. Beccia et al. (2021) employed a specific intersectional version of MAIHDA (see also Evans et al., 2018). Authors used different ways of accounting for interactional effects of intersections of multiple social categories that go beyond the additive effects of those categories. Although a detailed description of these methods and their references to intersectional theory is beyond the scope of this article, it is important to note that the theoretical framework of intersectionality is being incorporated into quantitative research and contributing to the innovation of research designs.

Results of the studies cited above are complex and difficult to break down into simple conclusions as they attend to different social categories and different measures of disordered eating. However, the overall results of the studies indicate that there can be significant heterogeneity within a marginalized group (e.g., women or Black/African American persons) when other social categories are taken into account (e.g., sexual orientation or socioeconomic status). Additionally, all studies found the highest risks for disordered eating among multiply marginalized groups. Some exemplary results are outlined below.

All studies investigated the intersection of gender and race/ethnicity and found relevant effects of this intersection. For example, Gordon et al. (2024) state that, in addition to the proportion of variance explained by the single category of race/ethnicity and the single category of gender, the intersection of both categories, race/ethnicity and gender, explained 10 % of the total variance in the ED measures. Beccia et al. (2019) found that, among their sample of U.S. high school students, girls of all ethnicities as well as Black/African American and Hispanic/Latino boys had a higher risk than White boys, with the group of Hispanic/Latino girls displaying an excess risk of ED symptomatology. Moreover, results reported by Burke et al. (2021) and Egbert et al. (2024) indicate an increased risk for persons with multiracial identities.

Other social categories considered in the research were socioeconomic status, sexual orientation and weight status. Burke et al. (2022) investigated associations between socioeconomic status and positive results on an ED screening questionnaire. They found that participants of lower socioeconomic status had a 1.27 (95 % CI[1] 1.25–1.30) times greater ED prevalence than those of higher socioeconomic status. Moreover, the strength of this relationship varied considerably when taking into consideration the intersections with gender, sexual orientation, and race/ethnicity. The highest estimated prevalence of ED symptomatology was found among the multiply marginalized groups of Hispantic/Latinx lesbian women of low socioeconomic status (52.3; 95 % CI 42.5–62.0) and Hispanic/Latinx bisexual men with low socioeconomic status (52.4; 95 % CI 43.7–61.2).

Beccia et al. (2021) drew attention to heterogeneity found within the group of girls and women, as the results of their study indicated higher estimated prevalence of several forms of disordered eating for girls and women of sexual minorities and/or higher weight status. Moreover, they highlighted that groups of multiply marginalized boys and men had similar or higher estimated prevalence of overeating and binge eating than singly marginalized girls and women. To give an example, heterosexual, smaller-bodied women had an estimated prevalence of past-year binge eating of 3.6 (95 % CI 2.9–4.5), whereas bisexual, larger-bodied women had an estimated prevalence of 18.7 (95 % CI 12.5–26.1) and bisexual, larger-bodied men 14.6 (95 % CI 5.7–30.3). Yet, both multiply marginalized groups had a lower probability of being diagnosed with an ED than the singly marginalized women. This might be explained by biases in terms of who is considered as likely to have an ED, as discussed in the first part of this paper.

In the following section, I will address challenges that arise in intersectional epidemiological studies.

Theoretical and methodological problems

The results outlined above show the complex social patterns of ED epidemiology and the potential of intersectional approaches for improving the scientific understanding of these patterns. However, adapting the complex social theory of intersectionality to psychological research and espe-

1 A confidence interval is an interval in frequentist statistics that is expected to contain the parameter being estimated with a certain probabiltity.

cially to quantitative designs is not without its challenges, as outlined previously (Harari & Lee, 2021; Moradi & Grzanka, 2017; Warner, 2008). Importantly, intersectional theory and quantitative psychological research are based on fundamentally different epistemological principles, i.e., social constructionism versus positivism. Another major concern is the use of identity categories as proxies for social inequalities, as this runs "the risk of over-simplifying and de-politicizing the fundamentally *critical* theory [of intersectionality] by focusing on individual-level dimensions of social identity/position rather than structural-level constructs relating to power and oppression", as Beccia et al. (2021, p. 2) described. Therefore, I argue in line with Warner (2008) that results of epidemiological quantitative studies need to be considered together with results of qualitative studies that shed lights on social processes and etiological pathways. Reconstructive qualitative research strategies such as Grounded Theory (Corbin & Strauss, 2008), Discourse Analysis (Keller, 2005) or Voice Centered Listening (Kiegelmann, 2021; Müller et al., 2023) rely on social constructionist underpinnings and enable scholars to reconstruct subjective experience in its complexity and do not rely on a-priori hypothesis and pre-defined, fixed identity categories. Rather, they guide researchers to understand individuals' experiences within their complex social contexts and multifaceted identities. Therefore, qualitative research designs may be of significant value to bridge the gap between intersectional theory and quantitative psychological or medical research, which predominantly works within a positivist research paradigm.

In the following section, I provide examples of quantitative and qualitative lines of research that may be helpful to integrate results of epidemiological studies with the tenets of intersectional theory by shedding light on social processes and etiological pathways.

Social processes and etiological pathways

Intersectionality provides a theoretical framework for reconstructing the pathways between an individual's social contexts or positionality and psychological health outcomes along the hypothesis that it is social inequalities, rather than an individual's identity or membership in a particular social group per se, that are responsible for poorer psychological health outcomes (e.g., higher risk of ED). Social inequalities operate on different levels. I suggest to include the following levels for a comprehensive under-

standing: 1) the level of social structures (e.g., the distribution of wealth and power), 2) the level of social discourse, which influences collective and individual processes of constructing meaning and knowledge (e.g., language and media representation), 3) the level of interpersonal interactions (e.g., interpersonal acts of discrimination), and 4) the intrapersonal level (psychological processes such as internalization). Integrating this complexity remains a challenge to psychological research. Understanding what kinds of experiences influence psychological processes in ways that promote certain symptoms is critical to the development of therapeutic approaches (Springmann et al., 2022).

A prominent model for reconstructing these processes in quantitative research is the Minority Stress Model (Meyer, 2003), which was developed to explain mental health burdens in sexual minorities and mention factors of resilience. In this model, Meyer (2003) differentiates between different factors, such as circumstances in the environment, minority identity, distal (interpersonal) minority stress processes, proximal (intrapersonal) minority stress processes, and coping. It has been applied various times to explain ED in LGBTIQA populations (Cusack et al., 2021; Nagata et al., 2020; Watson et al., 2015). Recently, Rivas-Koehl et al. (2023) have proposed an extension of this model called the Temporal Intersectional Minority Stress Model. The authors acknowledge that Meyer (2003) did already include multiple minority stress in the original model, but they conceptualize their version of the model to better incorporate the interactive effects of intersecting social inequalities. Moreover, they explicitly frame their model by social hegemonies and their historical development, adding a temporal dimension, which highlights sociopolitical developments and their effects on the experiences of generations and individuals.

As noted above, most research on the impact of social factors on the development of ED has focused on gender norms and sexism against cisgender women. As cisgender women are not a minority, these effects are usually not conceptualized as minority stress. Intersectional theory posits that it is historically developed power hierarchies connected to a social attribute like gender or race that are relevant, rather than the question who is in the majority or minority. Thus, minority stress might be better conceptualized as marginalization stress. Prominent models are sociocultural models focusing on the idealization of slimness (Striegel Weissman, 2019), the Objectification Theory (Fredrickson & Roberts, 1997; Schaefer & Thompson, 2018), and the Developmental Theory of Embodiment (DTE) (McBride & Kwee, 2019; Piran, 2016, 2017). The latter will be outlined

in more detail, because a broader range of social factors were included compared to previous sociocultural models.

The DTE is based on a large-scale mixed methods project including data from focus groups and narrative interviews of women from different backgrounds (Jacobson & Hall, 2019; Piran, 2016) and has been developed further through quantitative scales (Piran et al., 2023; Teall, 2015). Embodiment is conceptualized as a person's lived experience in and as a body. Positive embodiment is characterized by connection to one's body, desires and needs, and an embodied sense of agency, whereas self-harming behaviors like disordered eating are considered a sign of disrupted embodiment (Piran, 2016; Teall, 2015). Piran (2017) identified three factors in the social environment that contribute to the DTE: physical freedom (e.g., physical integrity and safety), mental freedom (e.g., self-determination of one's identity), and social power (e.g., equality, social influence). Although the DTE has been developed focusing on cisgender women without an explicit intersectional approach, I argue for its potential to be extended from an intersectional point of view. Physical freedom, mental freedom, and social power might represent higher-level categories of psychosocial processes that can be negatively affected by discrimination due to multiple social categories that are associated with the body or its appearance. For example, racialized discrimination or transphobia certainly have an effect on the experience of these social environmental factors.

More detailed insight into the pathways between specific intersectional positionalities and ED development could be provided by considering other qualitative studies in which the experiences of populations with specific intersectional locations are analyzed (e.g., Godbolt et al., 2022; Quiniones & Oster, 2019; Springmann et al., 2022).

Conclusions: Merging psychological approaches and critical social sciences research for a more comprehensive understanding of eating disorders

Intersectionality is a concept developed and widely used in the social sciences. The strength of psychological approaches tends to be in explaining intraindividual – and to some extent interpersonal – processes. The downside of this can be a tendency to decontextualize and depoliticize psychological subjects. Thus, adopting theoretical concepts from the social sciences can be helpful in integrating or reconnecting psychological knowledge to a broader social, cultural, and historical context (Springmann et al.,

2020). With regard to ED and their treatment, the ways individuals relate to themselves and their bodies as well as the ways they want to present themselves to the outside world can be better understood by considering their social position and the historically shaped power hierarchies (e.g., colonialism, gender inequality, capitalism) that define that position. In recent years, intersectionality has been increasingly used as a framework for psychological research. Reference to the critical social theory of intersectionality urges researchers to discuss their findings within their social and historical contexts and to consider the importance of social power hierarchies and social justice in their research. Researchers using intersectional designs in quantitative studies of health disparities have provided powerful insights into the social patterns of ED epidemiology, indicating higher risk for multiply marginalized groups. Authors of qualitative studies have shed light on the experiences of persons in specific social locations, e.g., queer women or transgender persons of color, and derived empirically grounded hypotheses about social factors and pathways in the development of disordered eating. These data can and should be integrated to inform etiological models, which in turn inform preventive and therapeutic strategies.

References

APA – American Psychiatric Association (2022). *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR). American Psychiatric Association Publishing. https://doi.org/10.1176/appi.books.9780890425787

Beccia, A. L., Austin, S. B., Baek, J., Agénor, M., Forrester, S., Ding, E. Y., Jesdale, W. M., & Lapane, K. L. (2022). Cumulative exposure to state-level structural sexism and risk of disordered eating: Results from a 20-year prospective cohort study. *Social Science & Medicine*, *301*, Article 114956. https://doi.org/10.1016/j.socscimed.2022.114956

Beccia, A. L., Baek, J., Austin, S. B., Jesdale, W. M., & Lapane, K. L. (2021). Eating-related pathology at the intersection of gender identity and expression, sexual orientation, and weight status: An intersectional Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAIHDA) of the Growing Up Today Study cohorts. *Social Science & Medicine*, *281*, Article 114092.

Beccia, A. L., Baek, J., Jesdale, W. M., Austin, S. B., Forrester, S., Curtin, C., & Lapane, K. L. (2019). Risk of disordered eating at the intersection of gender and racial/ethnic identity among U.S. high school students. *Eating Behaviors*, *34*, Article 101299.

Bell, K., Rieger, E., & Hirsch, J. K. (2019). Eating Disorder Symptoms and Proneness in Gay Men, Lesbian Women, and Transgender and Gender Non-conforming Adults: Comparative Levels and a Proposed Mediational Model. *Frontiers in Psychology*, *9*, Article 2692. https://doi.org/10.3389/fpsyg.2018.02692

Bordo, S. (1993). *Unbearable Weight. Feminism, Western Culture, and the Body*. University of California Press.

Bruch, H. (1978). *The Golden Cage. The Enigma of Anorexia Nervosa*. Harvard University Press.

Burke, N. L., Hazzard, V. M., Karvay, Y. G., Schaefer, L. M., Lipson, S. K., & Rodgers, R. F. (2021). Eating disorder prevalence among multiracial US undergraduate and graduate students: Is multiracial risk different than the sum of each identity? *Eating Behaviors*, *41*, Article 101501. https://doi.org/10.1016/j.eatbeh.2021.101501

Burke, N. L., Hazzard, V. M., Schaefer, L. M., Simone, M., O'Flynn, J. L., & Rodgers, R. F. (2022). Socioeconomic status and eating disorder prevalence: At the intersections of gender identity, sexual orientation, and race/ethnicity. *Psychological Medicine*, *53*(9), 4255–4265. https://doi.org/10.1017/S0033291722001015

Burke, N. L., Schaefer, L. M., Hazzard, V. M., & Rodgers, R. F. (2020). Where identities converge: The importance of intersectionality in eating disorders research. *International Journal of Eating Disorders*, *53*(10), 1605–1609. https://doi.org/10.1002/eat.23371

Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research. Techniques and procedures for developing grounded theory*. Sage.

Crenshaw, K. (2019). *On intersectionality. Essential writings*. New Press.

Cusack, C. E., Cooper, M., Libbey, N., & Galupo, M. P. (2021). Rumination & eating psychopathology among trans and nonbinary individuals: A path analysis integrating minority stress. *Eating Behaviors*, *42*, Article 101544. https://doi.org/10.1016/j.eatbeh.2021.101544

Egbert, J., Luke, A., & Qeadan, F. (2024). Intersectionality of demographic characteristics in self-reported anorexia nervosa, bulimia nervosa, and probable eating disorders among college students. *International Journal of Eating Disorders*, *57*(1), 132–145. https://doi.org/10.1002/eat.24090

Evans, C. R., Williams, D. R., Onnela, J.-P., & Subramanian, S. V. (2018). A multilevel approach to modeling health inequalities at the intersection of multiple social identities. *Social Science & Medicine*, *203*, 64–73. https://doi.org/10.1016/j.socscimed.2017.11.011

Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive behaviour therapy for eating disorders: A "transdiagnostic" theory and treatment. *Behaviour Research and Therapy*, *41*(5), 509–528. https://doi.org/10.1016/S0005-7967(02)00088-8

Fredrickson, B. L., & Roberts, T.-A. (1997). Objectification Theory. *Psychology of Women Quarterly*, *21*(2), 173–206. https://doi.org/10.1111/j.1471-6402.1997.tb00108.x

Godbolt, D., Opara, I., & Amutah-Onukagha, N. (2022). Strong Black Women: Linking Stereotypes, Stress, and Overeating Among a Sample of Black Female College Students. *Journal of Black Studies*, *53*(6), 609–634. https://doi.org/10.1177/00219347221087453

Gordon, A. R., Beccia, A. L., Egan, N., & Lipson, S. K. (2024). Intersecting gender identity and racial/ethnic inequities in eating disorder risk factors, symptoms, and diagnosis among U.S. college students: An intersectional multilevel analysis of individual heterogeneity and discriminatory accuracy. *International Journal of Eating Disorders*, *57*(1), 146–161. https://doi.org/10.1002/eat.24089

Harari, L., & Lee, C. (2021). Intersectionality in quantitative health disparities research: A systematic review of challenges and limitations in empirical studies. *Social Science & Medicine*, *277*, Article 113876. https://doi.org/10.1016/j.socscimed.2021.113876

Hill Collins, P. (2019). *Intersectionality as Critical Social Theory*. Duke University Press. https://doi.org/10.2307/j.ctv11hpkdj

Jacobson, H. L., & Hall, M. E. L. (2019). The Developmental Theory of Embodiment. In H. L. McBride, & J. L. Kwee (eds.), *Embodiment and Eating Disorders* (pp. 76–89). Routledge. https://doi.org/10.4324/9781315159645-7

Keller, R. (2005). Analysing Discourse. An Approach From the Sociology of Knowledge. *Forum: Qualitative Social Research*, *6*(3), Article 32. https://doi.org/10.17169/fqs-6.3.19

Kiegelmann, M. (2021). Adding listening and reading for social context to the voice approach of the Listening Guide method. *Qualitative Psychology*, *8*(2), 224–243. https://doi.org/10.1037/qup0000210

MacSween, M. (1995). *Anorexic Bodies. A Feminist and Sociological Perspective on Anorexia Nervosa*. Routledge.

McBride, H. L., & Kwee, J. L. (2019). *Embodiment and eating disorders. Theory, research, prevention, and treatment*. Routledge.

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of Counseling Psychology*, *64*(5), 500–513. https://doi.org/10.1037/cou0000203

Müller, F., Rosari, S., Höhn, J., Springmann, M.-L., & Kiegelmann, M. (2023). Disentangling Meaning in Hard-to-Understand Data through Expanding the Listening Guide. In E. Tseliou, C. Demuth, E. Georgaca, & B. Gough, *The Routledge International Handbook of Innovative Qualitative Psychological Research* (pp. 125–137). Routledge. https://doi.org/10.4324/9781003132721-12

Murray, S. B., Nagata, J. M., Griffiths, S., Calzo, J. P., Brown, T. A., Mitchison, D., Blashill, A. J., & Mond, J. M. (2017). The enigma of male eating disorders: A critical review and synthesis. *Clinical Psychology Review*, *57*, 1–11. https://doi.org/10.1016/j.cpr.2017.08.001

Nagata, J. M., Ganson, K. T., & Austin, S. B. (2020). Emerging trends in eating disorders among sexual and gender minorities. *Current Opinion in Psychiatry*, *33*(6), 562–567. https://doi.org/10.1097/YCO.0000000000000645

Nagl, M., Jacobi, C., Paul, M., Beesdo-Baum, K., Höfler, M., Lieb, R., & Wittchen, H.-U. (2016). Prevalence, incidence, and natural course of anorexia and bulimia nervosa among adolescents and young adults. *European Child & Adolescent Psychiatry*, *25*(8), 903–918. https://doi.org/10.1007/s00787-015-0808-z

Nasser, M. (1997). *Culture and Weight Consciousness*. Routledge. https://doi.org/10.4324/9780203360514

Neumark-Sztainer, D., & Eisenberg, M. E. (2014). Body image concerns, muscle-enhancing behaviors, and eating disorders in males. *JAMA. Journal of the American Medical Association*, *312*(20), 2156–2157. https://doi.org/10.1001/jama.2014.5138

Pike, K. M., Hoek, H. W., & Dunne, P. E. (2014). Cultural trends and eating disorders. *Current Opinion in Psychiatry*, *27*(6), 436–442. https://doi.org/10.1097/YCO.0000000000000100

Piran, N. (2010). A feminist perspective on risk factor research and on the prevention of eating disorders. *Eating Disorders*, *18*(3), 183–198. https://doi.org/10.1080/10640261003719435

Piran, N. (2016). Embodied possibilities and disruptions: The emergence of the Experience of Embodiment construct from qualitative studies with girls and women. *Body Image*, *18*, 43–60. https://doi.org/10.1016/j.bodyim.2016.04.007

Piran, N. (2017). *Journeys of embodiment at the intersection of body and culture. The developmental theory of embodiment*. Elsevier.

Piran, N., Counsell, A., Teall, T. L., Komes, J., & Evans, E. H. (2023). The developmental theory of embodiment: Quantitative measurement of facilitative and adverse experiences in the social environment. *Body Image*, *44*, 227–245. https://doi.org/10.1016/j.bodyim.2022.12.005

Quiniones, C., & Oster, C. (2019). Embracing or resisting masculinity: Male participation in the proeating disorders (proana) online community. *Psychology of Men & Masculinities*, *20*(3), 368–378. https://doi.org/10.1037/men0000169

Taylor, K.-Y. (ed.) (2017). *How we get free. Black feminism and the Combahee River Collective*. Haymarket Books.

Rivas-Koehl, M., Rivas-Koehl, D., & McNeil Smith, S. (2023). The temporal intersectional minority stress model: Reimagining minority stress theory. *Journal of Family Theory & Review*, *15*(4), 706–726. https://doi.org/10.1111/jftr.12529

Roberts, K. J., & Chaves, E. (2023). Beyond Binge Eating: The Impact of Implicit Biases in Healthcare on Youth with Disordered Eating and Obesity. *Nutrients*, *15*(8), Article 1861. https://doi.org/10.3390/nu15081861

Schaefer, L. M., & Thompson, J. K. (2018). Self-objectification and disordered eating: A meta-analysis. *International Journal of Eating Disorders*, *51*(6), 483–502. https://doi.org/10.1002/eat.22854

Selvini Palazzoli, M. (1974). *Self-starvation. From the intrapsychic to the transpersonal approach to Anorexia Nervosa*. Human Context Books.

Silén, Y., & Keski-Rahkonen, A. (2022). Worldwide prevalence of DSM-5 eating disorders among young people. *Current Opinion in Psychiatry*, *35*(6), 362–371. https://doi.org/10.1097/YCO.0000000000000818

Sonneville, K. R., & Lipson, S. K. (2018). Disparities in eating disorder diagnosis and treatment according to weight status, race/ethnicity, socioeconomic background, and sex among college students. *International Journal of Eating Disorders*, *51*(6), 518–526. https://doi.org/10.1002/eat.22846

Springmann, M.-L. (2022). *Essstörungen und Geschlecht. Geschlecht als Rahmenkonstrukt zum Verständnis psychosozialer Entwicklungsprozesse bei Anorexie und Bulimie*. Doctoral dissertation. PHKA. https://phka.bsz-bw.de/files/316/EssstoerungenundGeschlecht.pdf

Springmann, M.-L., Svaldi, J., & Kiegelmann, M. (2020). Theoretical and Methodological Considerations for Research on Eating Disorders and Gender. *Frontiers in Psychology*, *11*, Article 586196. https://doi.org/10.3389/fpsyg.2020.586196

Springmann, M.-L., Svaldi, J., & Kiegelmann, M. (2022). A qualitative study of gendered psychosocial processes in eating disorder development. *International Journal of Eating Disorders*, *55*(7), 947–955. https://doi.org/10.1002/eat.23734

Striegel Weissman, R. (2019). The role of sociocultural factors in the etiology of eating disorders. *Psychiatric Clinics of North America*, *42*(1), 121–144. https://doi.org/10.1016/j.psc.2018.10.009

Teall, T. L. (2015). *A Quantitative Study of the Developmental Theory of Embodiment. Implications to Health and Well-Being*. Doctoral dissertation. Tspace. https://tspace.library.utoronto.ca/handle/1807/69750

Warner, L. R. (2008). A Best Practices Guide to Intersectional Approaches in Psychological Research. *Sex Roles*, *59*(5), 454–463. https://doi.org/10.1007/s11199-008-9504-5

Watson, L. B., Grotewiel, M., Farrell, M., Marshik, J., & Schneider, M. (2015). Experiences of Sexual Objectification, Minority Stress, and Disordered Eating Among Sexual Minority Women. *Psychology of Women Quarterly*, *39*(4), 458–470. https://doi.org/10.1177/0361684315575024

WHO – World Health Organization (2021). *International statistical classification of diseases and related health problems* (11th ed.). ICD. https://icd.who.int