Minority Stress and the Health of Sexual Minorities

Psychology Diversity Science Initiative

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UCLA School of Law
Outline

> A note on LGB mental health disparities research

> Minority stress and health outcomes
  • What does the theory say?
  • What is the evidence?
    - Stress exposure
    - Health outcomes

> Discussion
  • Implications for prevention
  • Challenges to minority stress theory
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Homosexuality and American Psychiatry

Evelyn Hooker (1907 – 1996)
MINORITY STRESS AND MENTAL HEALTH IN ( 

ILAN H. MEYER 
Columbia University and The City University of New York 

ARCHIVES OF GENERAL PSYCHIATRY 

COMMENTARY 

HOMOSEXUALITY AND MENTAL ILLNESS 

A topic has caused the field of psychiatry more controversy than homosexuality, and 2 articles in this issue of the Archives are likely to reopen past controversies and begin new ones. These studies contain arguably the best published data on the association between homosexuality and psychopathology, and both converge on the same unhappy conclusion: homosexual people are at a substantially higher risk for some forms of emotional problems, including suicidality, major depression, and anxiety disorder. Preliminary results from a large, equally well-conducted Dutch study generally corroborate these findings.

METHODOLOGICAL ADVANCES AND LIMITATIONS 

The strength of the new studies is their degree of control. All too often, prior studies marshaled to examine the mental illness or health of homosexual people used samples seemingly selected to prove the point the researchers hoped to make. Gay men undergoing therapy seemed dysfunctional, while volunteers from disorder, conduct disorder, and nicotine dependence (odds ratios, 2.8–6.2 [compared with the heterosexual subsample]).

The study by Herrell et al used a powerful technique: the co-twin control method. Specifically, these investigators studied male twins in which one was homosexual and the other heterosexual (by the authors' definitions of these respective categories). It is difficult to imagine how findings of mental health differences between homosexual and heterosexual co-twins might be spurious. Herrell et al found that gay twins had higher lifetime rates on measures of suicidality compared with their heterosexual co-twins (odds ratios, 2.4–6.5). (The heterosexual co-twins of homosexual twins scored higher on the suicidal indicators compared with twins from pairs concordant for heterosexuality, although the difference was significant for only one suicidal symptom.) Results of logistic regression suggested that much, but not all, of the increased risk for suicide among homosexual subjects was owing to increased depression.

Although the new studies represent notable methodological advances compared with most prior research, they also have their limitations sexual subjectivities of the perhaps expected homosexuality oriented people is pulsivity, and homosexual individuals with a decision to label sexual by the group by both normal and homosexual even by the definition (2).

The low prevalence of gay men emphasizes why Ferguson and his group in the orientation matrix-contingent the causes of orientation correlates may well be operative analyses. For all studies should new ones and measures of
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.
FIGURE S-1 Research Agenda. A number of different conceptual perspectives can be applied to priority areas of research in order to further the evidence base for LGBT health issues.

Cross-Cutting Perspectives

The following perspectives should inform research on LGBT health:

- **A life-course perspective**—Cohort and age differences influence health needs. Longitudinal studies and studies that analyze data with respect to different age groups are needed to gain a better understanding of LGBT health.

- **A minority stress perspective**—Experiences of stigma shared by sexual and gender minorities and the impact of minority stress should be considered.

- **An intersectional perspective**—Sexual- or gender-minority status is only one of many factors that influence the lives and health of individuals. An examination of the health status of LGBT people in the context of racial, ethnic, socioeconomic, and geographic factors is needed.
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Minority Stress

Premise

Prejudice and stigma directed toward LGBT people bring about unique stressors

These stressors cause adverse health outcomes including mental disorders

Meyer, 2003
Minority Stress Processes in LGB Populations

- Circumstances in the environment
  - Disadvantaged Status
    - sexual orientation
    - race/ethnicity
    - gender
- Minority Identity
- General Stressors
  - Minority Stress Processes (distal)
    - prejudice events
  - Minority Stress Processes (proximal)
    - expectations of rejection
    - concealment
    - internalized homophobia
- Coping and Social Support (community and individual)
- Health Outcomes
  - Negative
  - Positive
- Characteristics of Minority Identity
  - Prominence
  - Valence
  - Integration

Meyer, 2003
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Minority Stress and Mental Health

Testable Hypotheses

1. Members of disadvantaged social groups are exposed to more stress than members of advantaged groups.
2. They have more disorders.
3. Stressors explain (mediate) variation in disease disparities between LGB and non-LGB populations.
Risk Factors Epidemiology
Smoking and Lung Cancer

* schematic heuristic only
Minority Stress and Health Outcomes

Odds Ratio (OR) = 1.00

* schematic heuristic only
**Minority Stress and Health Outcomes**

Odds Ratio (OR) = 1.5

- **Advantaged**
- **Disadvantaged**

* schematic heuristic only
Minority Stress and Mental Health

How do we know?

1. Studies show that theory-predicted patterns of outcomes are in fact observed
2. Studies that show expected mediated role of risk factors
3. Ecological studies
4. Longitudinal studies
5. Experimental (manipulation) studies
Stress, Identity, and Mental Health in Diverse Minority Populations

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Project Stride Web Site
1. Members of disadvantaged social groups are exposed to more stress than members of advantaged groups
Stressful Events
Homelessness
Stressful Events
Homelessness

- Straight men
- Straight women
- White men
- White women
- Black men
- Black women
- Latino men
- Latina women
Stressful Events

Attempted Rape in Adulthood

- Straight men
- Straight women
- White men
- White women
- Black men
- Black women
- Latino men
- Latina women
Stressful Events

Attempted Rape in Adulthood
Stressful Events

Attempted Rape in Adulthood

- Straight men
- Straight women
- White men
- White women
- Black men
- Black women
- Latino men
- Latina women
Stress Exposure
General/Prejudice Classification

> General
  – Major adverse life events
  – Chronic strains

> Prejudice
  – Life events
  – Expectations of stigma
  – Everyday discrimination
Stress Exposure
Objective/Subjective Classification

> **Objective**
  – Major adverse life events
  – Prejudice-related life events

> **Subjective**
  – Expectations of stigma
  – Everyday discrimination
  – Chronic strains
Findings Consistent with Hypothesis

<table>
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<th>White Heterosexual men</th>
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</table>

Consistent with Hypothesis

Meyer, Schwartz, & Frost, 2008
Types of Stressors

- Major life events
- Chronic strain
- Minor events
- Nonevents
Minor Events

> Also, daily hassles, everyday discrimination, micro-aggressions
on filling out forms] ... Doctor’s offices. Are you single or are you married or are, you know, divorced even? But, you know, so I have to find myself, you know, scratching something out, putting a line through it and saying “domestic partner” and making sure I explain to folks what that is to make sure that our transaction can go smoothly.
Nonevents

> Thwarted expected life events (Neugarten)
> Opportunity structure (Merton)
> Sense of harmony with the social environment (Selye)
> Social well-being (Keyes)
“What do you think your life would be like without homophobia, racism, and sexism?”
Nonevent themes

- Lost opportunities
- Safety and expression
- Positive marginality

Meyer, Ouellette, & McFarlane, 2011
“I would have gotten a different education... my neighborhood would have been different, everything about my life would have been completely different” (Latina)

Meyer, Ouellette, & McFarlane, 2011
“If society was more tolerant towards us, we wouldn’t just have to go down to the Village and hold hands, we could walk down the street and hold hands…. I look for the day … when you can just kiss your partner on the subway or at the bus stop or on the bus or, whether you’re in the Village or in a restaurant or in the midtown or in the Bronx” (Black man).

Meyer, Ouellette, & McFarlane, 2011
“Oppression Doesn’t Just Stop Things”
Positive Marginality (Unger)

“I don’t know, just like, I wouldn’t be who I am, that’s basically what I have to say, because racism and homophobia affect every single aspect of your life” (Latina).

Meyer, Ouellette, & McFarlane, 2011
“...in some ways I’m, I’m almost grateful that I am lesbian, because it was sort of the only thing that saved me, you know, from a life of [a] pretty, pretty limited world view . . .” (White woman).

“... you’re going to have to go through some things, and you’ve got to get strong in some areas, to where you going to get to that point where you’re going to have a peaceful mind” (Black woman).

Meyer, Ouellette, & McFarlane, 2011
Minority Stress and Mental Health
Testable Hypotheses

1. Members of disadvantaged social groups are exposed to more stress than members of advantaged groups

2. They have more disorders
   – Mental health outcomes
   – Physical health outcomes
   – Risk behaviors (e.g., sexual, smoking)
Prevalence of *Lifetime* and *1-year* Mental Disorders LGB vs. Heterosexuals

Combined Mantel–Haenszel weighted odds ratio and 95% confidence–intervals

Meyer, 2003
Physical Health

> LGB people who had experienced a prejudice-related stressful life event (e.g., assault, being fired from a job) were about three times more likely than those who did not experience a prejudice-related life event to have suffered a serious physical health problem over a one-year period.

Frost, Lehavot, & Meyer, 2011

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<th>Variable</th>
<th>Model 1 Women</th>
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<th>Model 2 Women</th>
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<th>Model 1 Men</th>
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<td>1.31</td>
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<tr>
<td>Lack of exercise</td>
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<td>1.40</td>
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<td>1.46</td>
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<td>Frequent poor physical health</td>
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<td>...</td>
<td>6.28</td>
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<td>Frequent mental distress</td>
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<td>2.16</td>
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<td>...</td>
<td>2.61</td>
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</table>

Notes. AOR = adjusted odds ratio; BRFSS = Behavioral Risk Factor Surveillance System. The multivariate logistic regression models controlled for age, education, and income. Ellipses indicates a variable not included in the adjusted model.
Concealment and Health

Concealment was found to have a significant effect on health outcomes of gay/bisexual men even after controlling for the effect of other potentially confounding factors, such as coping styles, health behaviors, and mental health problems.

Cole, Kemeny, Taylor, & Visscher, 1996
Exposure to discrimination was related to outcomes such as number of sick days and number of physician visits in gay/bisexual men.
Risk Behaviors

Internalized homophobia, discrimination experiences, and expectations of rejection, were associated with HIV risk behavior

Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008
> Men with high levels of internalized homophobia demonstrate high levels of fatalism regarding the eventuality of becoming infected with HIV, which are in turn associated with increased HIV risk behavior.

Yi, Sandfort, & Shidlo, 2010
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Discussion

> Prevention and intervention
> Minority stress and *postgay* youth
Minority Stress Processes in LGB Populations

Community services/safe community centers culturally relevant information

Sensitive /accessible mental health services

Circumstances in the environment

Disadvantaged Status
- sexual orientation
- race/ethnicity
- gender

Minority Identity

General Stressors

Minority Stress Processes (distal)
- prejudice events

Minority Stress Processes (proximal)
- expectations of rejection
- concealment
- internalized homophobia

Coping and Social Support (community and individual)

Mental Health Outcomes
- Negative
- Positive

Characteristics of Minority Identity
- Prominence
- Valence
- Integration

Legislation/education
Meyer, 2003

Policing/persecution

Mental health prevention/counseling (schools)
As prejudice against LGBs declines, (“post-gay,” “the new gay teenager”) is there a role for minority stress theory? Is prejudice-related to sexual orientation stress not clearly perceived by LGB people compared?