

# Minority Stress and the Health of Sexual Minorities



Psychology Diversity Science Initiative



*the*  
**Williams**  
INSTITUTE

Ilan H. Meyer, Ph.D.  
The Williams Institute  
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

# Outline

- A note on LGB mental health disparities research

# Outline

> A note on LGB mental health disparities research

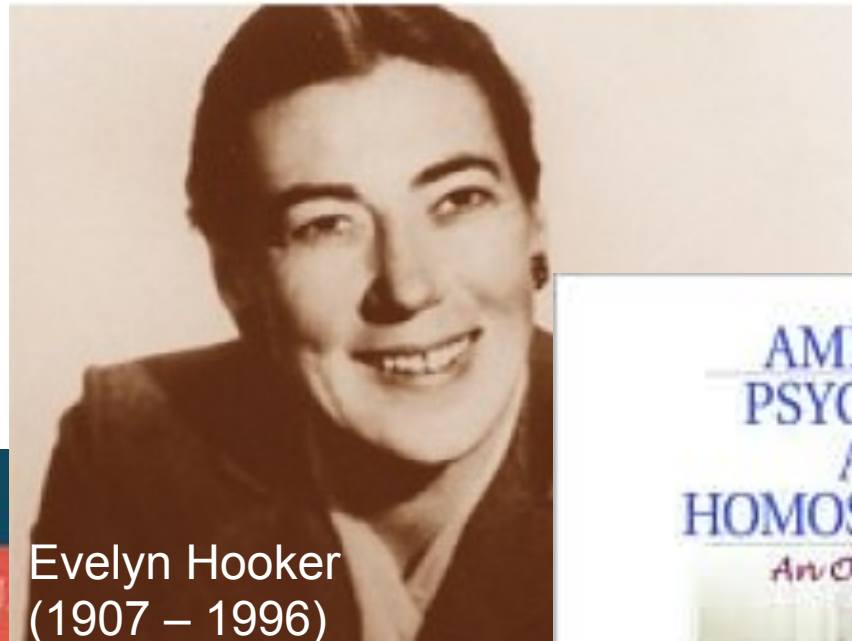
> Minority stress and health outcomes

- What does the theory say?
- What is the evidence?
  - Stress exposure
  - Health outcomes

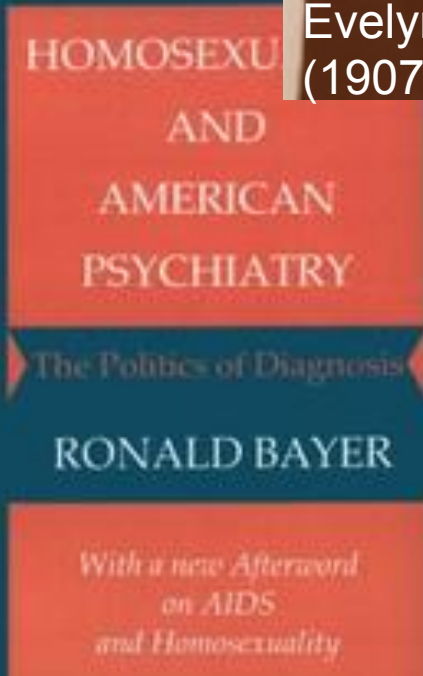
> Discussion

- Implications for prevention
- Challenges to minority stress theory

# Homosexuality and American Psychiatry



Evelyn Hooker  
(1907 – 1996)



AMERICAN  
PSYCHIATRY  
AND  
HOMOSEXUALITY  
*An Oral History*



JACK DRESCHER, MD  
JOSEPH P. MERLINO, MD  
*Editors*

# New Paradigm Homosexuality and American Psychiatry

## Minority Stress and Mental Health in C

ILAN H. MEYER

*Columbia University and The City University of New York*

COMMENTARY

## Homosexuality and Mental Illness

**N**OT 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.<sup>1,2</sup> 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<sup>3</sup> 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.<sup>4</sup> 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<sup>2</sup> 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 4 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 limita-

sexual subjects of the perhaps experimental, oriented people, impulsivity, and homosexual associated with precision to label sexual by the guided by bable data (w primarily to concerns about the rare even by definition (2 Herrell et al<sup>2</sup>; 3% The low prevalence undoubtedly why Fergus combine gay men group in the orientation the causes of orientation relates may would be op rate analyses ans. For all studies should new ones an measures of

ARCHIVES  
OF  
GENERAL PSYCHIATRY





# Health Disparities Paradigm

HEALTHY  
PEOPLE



HealthyPeople.gov

Search HealthyPeople.gov:

Go

Find us on

Home

About Healthy People

2020 Topics & Objectives

Implementing Healthy People

Consortium & Partners

Stay Connected

[Home](#) > About Healthy People

## In This Section:

[History & Development](#) ▶

[What's New for 2020](#) ▶

[Foundation Health Measures](#) ▶

[How To Use HealthyPeople.gov](#) ▶

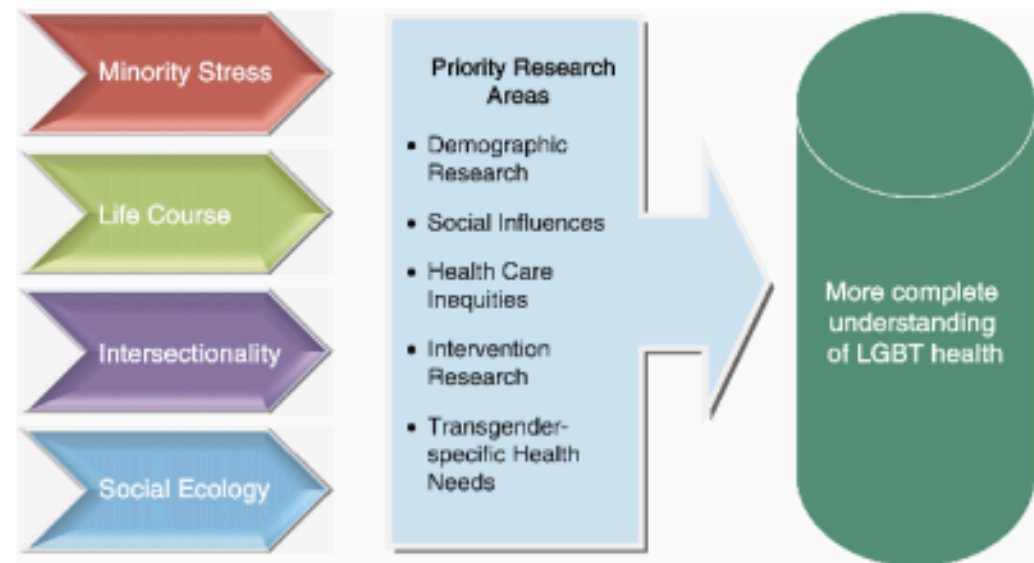
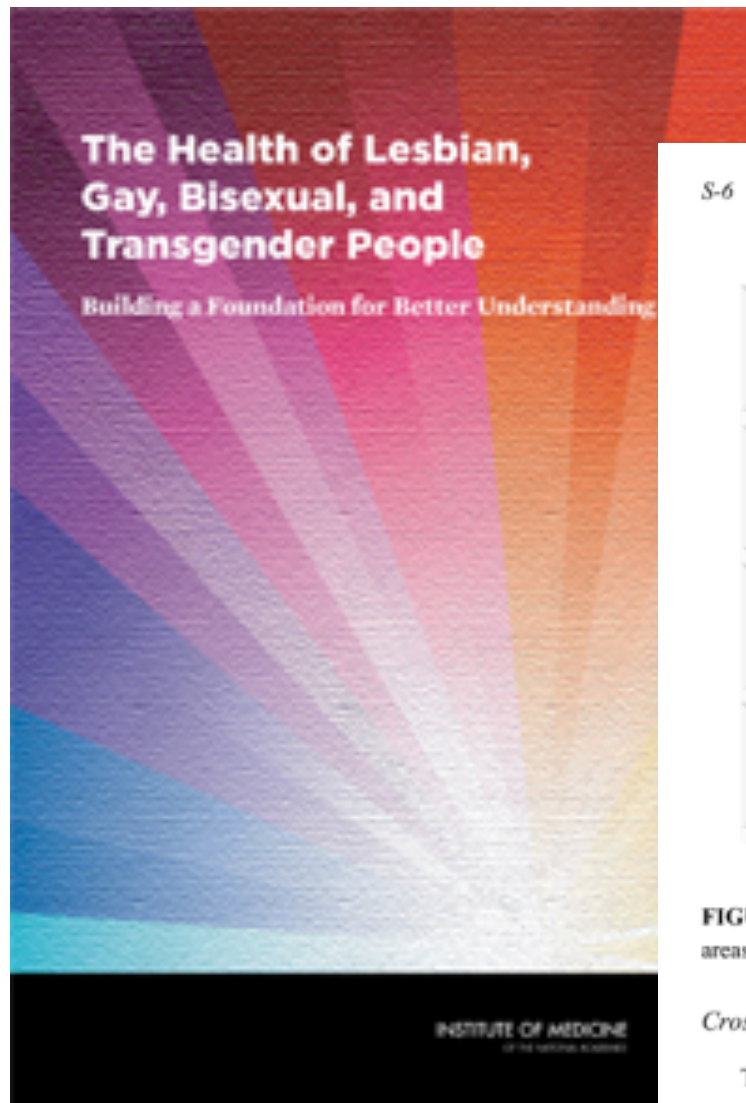
[About the Data](#) ▶

## About Healthy People

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



# 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

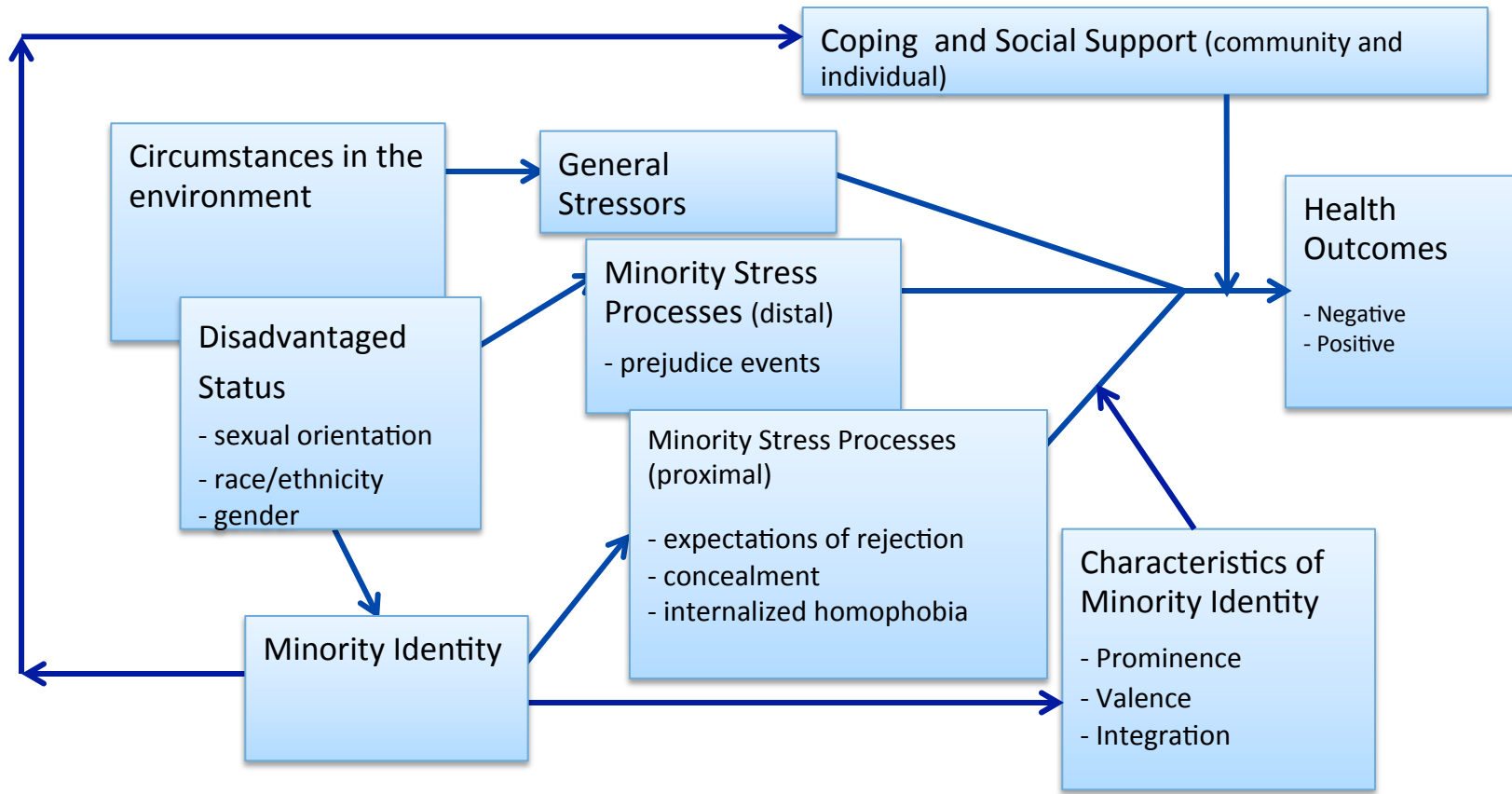
# Minority Stress

## Premise

Prejudice and stigma directed toward LGBT people bring about unique stressors

These stressors cause adverse health outcomes including mental disorders

# Minority Stress Processes in LGB Populations



# 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

# Minority Stress and Mental Health

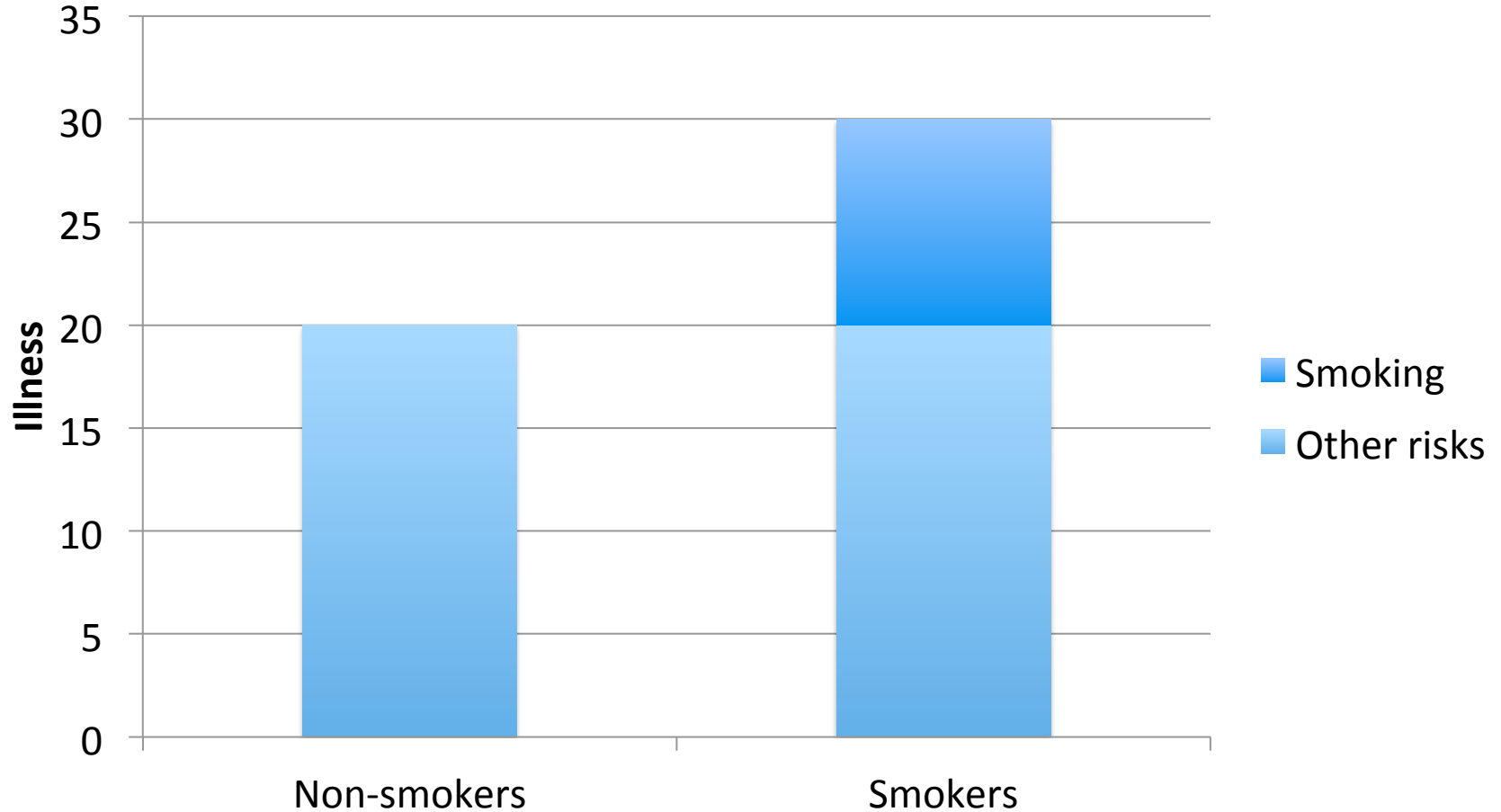
## Testable Hypotheses

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



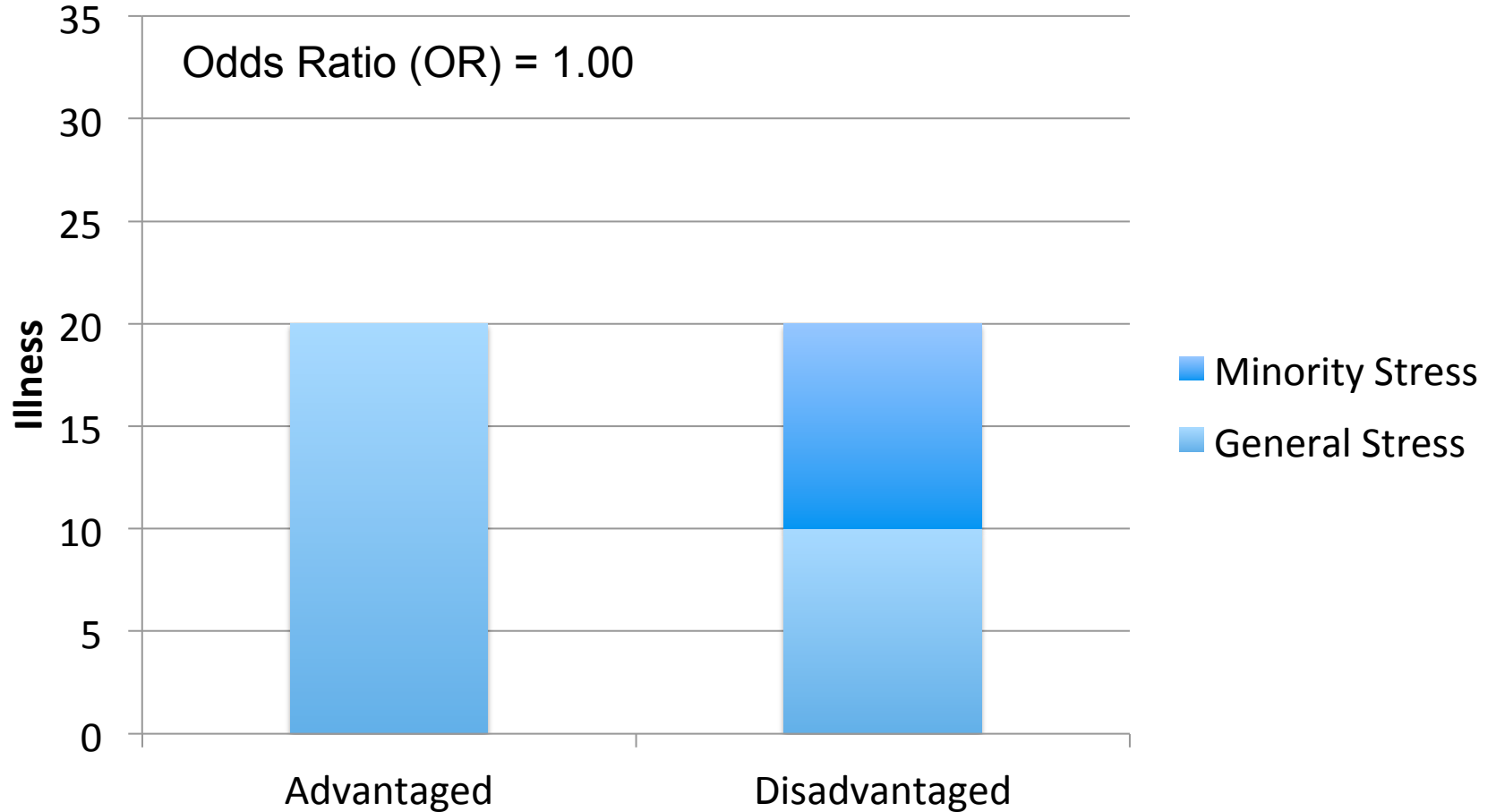
# Risk Factors Epidemiology

## Smoking and Lung Cancer\*



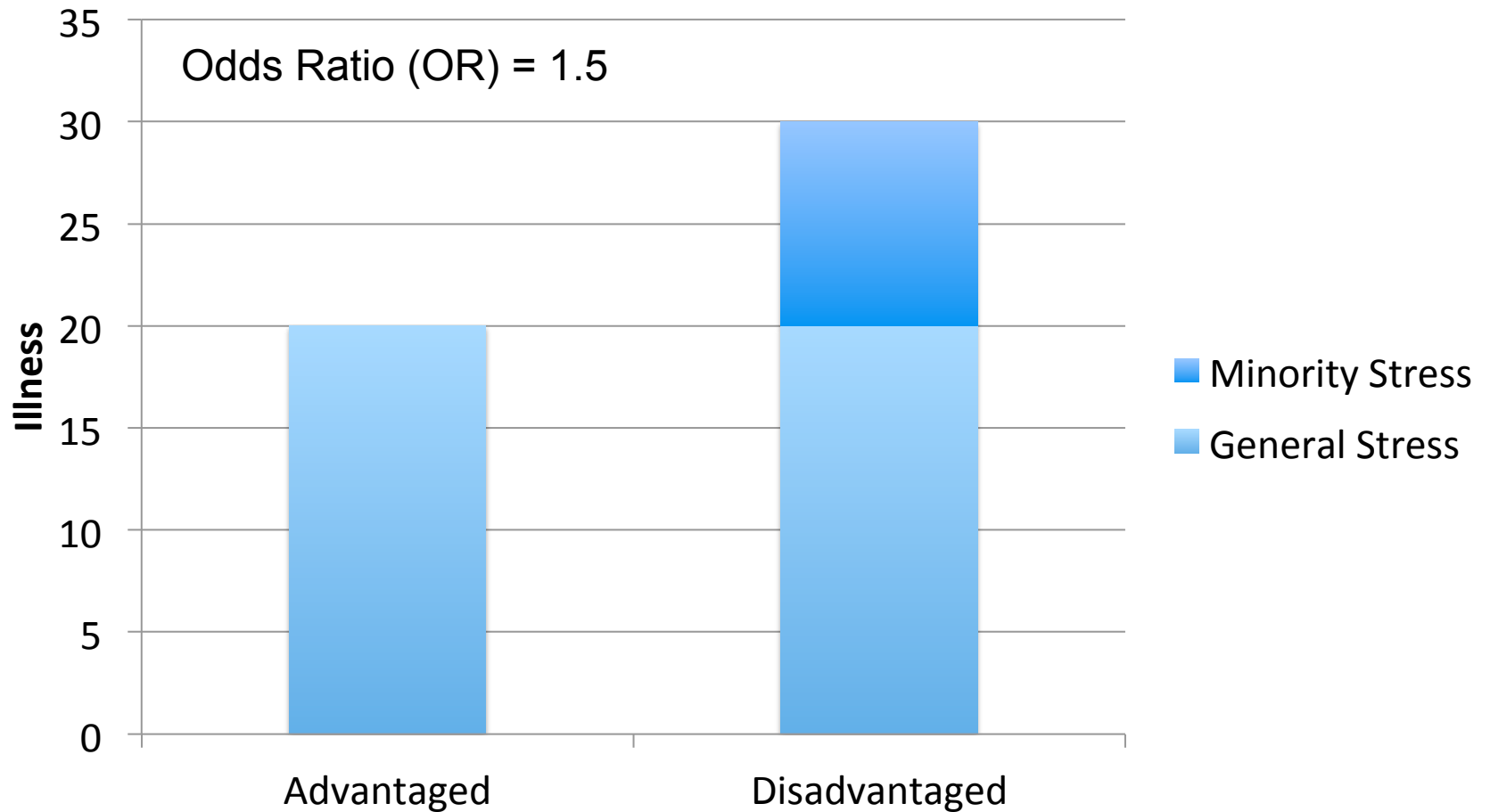
\* schematic heuristic only

# Minority Stress and Health Outcomes\*



\* schematic heuristic only

# Minority Stress and Health Outcomes\*



\* 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

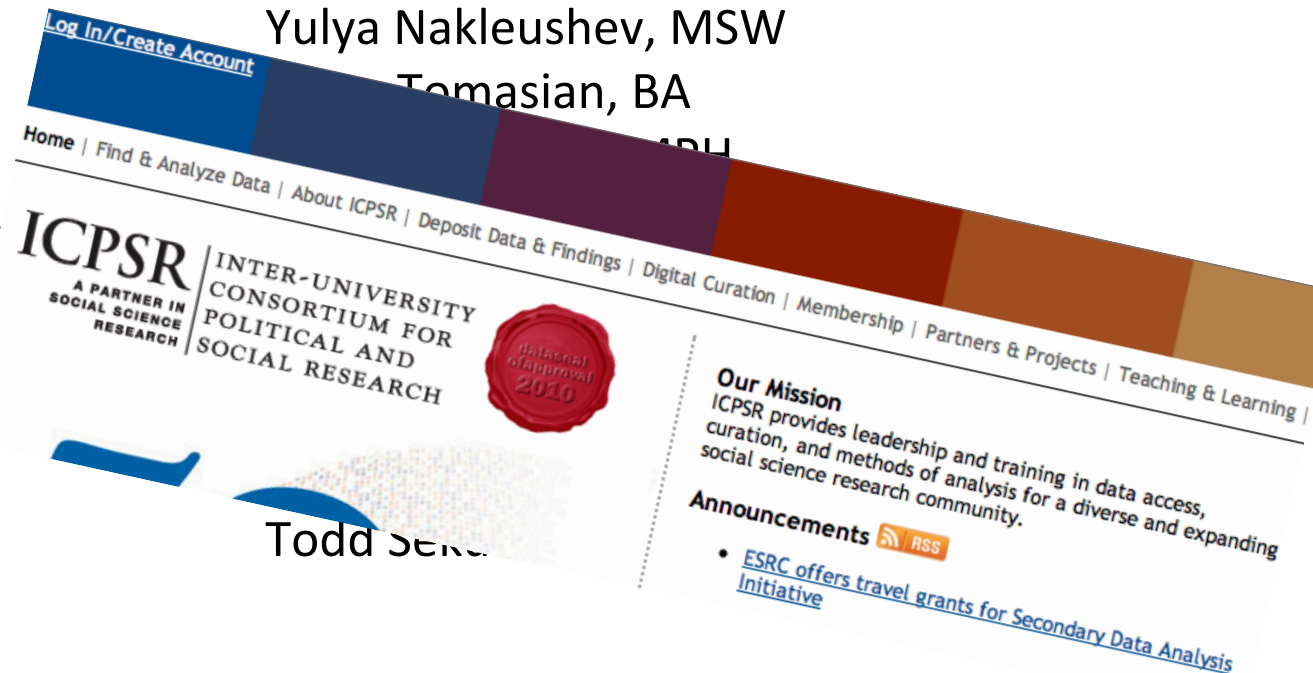
# Stress, Identity, and Mental Health in Diverse Minority Populations



NIMH Grant R01 MH66058

Ilan H. Meyer, Ph.D.  
Bruce P. Dohrenwend, Ph.D.  
Sharon Schwartz, Ph.D  
Joyce Hunter DSW  
Robert M. Kertzner, MD  
Michael Gara, Ph.D  
Suzanne C. Ouellette, Ph.D  
Rebecca M. Young, Ph.D  
Michael Stirratt, Ph.D.

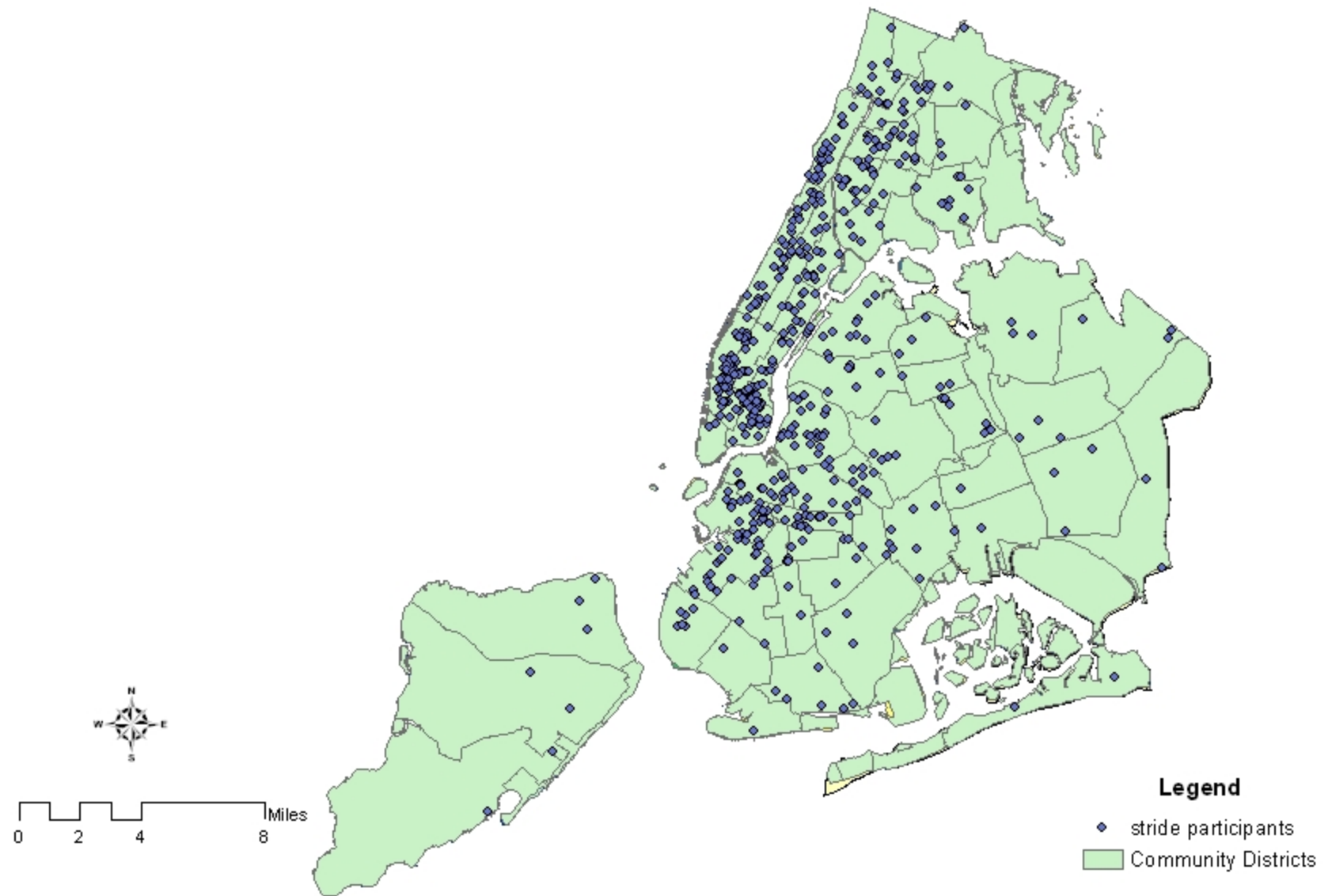
Jessica Dietrich, MPH  
David Frost, MPhil  
Rafael Narvaez, PhD  
Yulya Nakleushev, MSW  
Tomasian, BA



[Project Stride Web Site](#)



# All Stride Participants in New York City



# Minority Stress and Mental Health

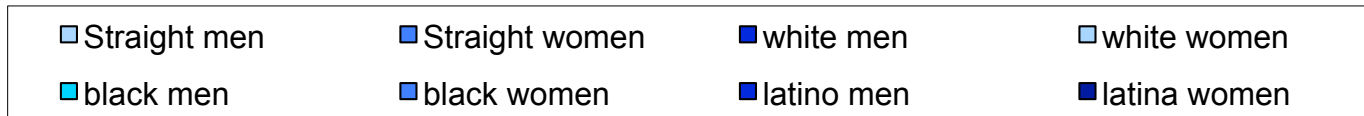
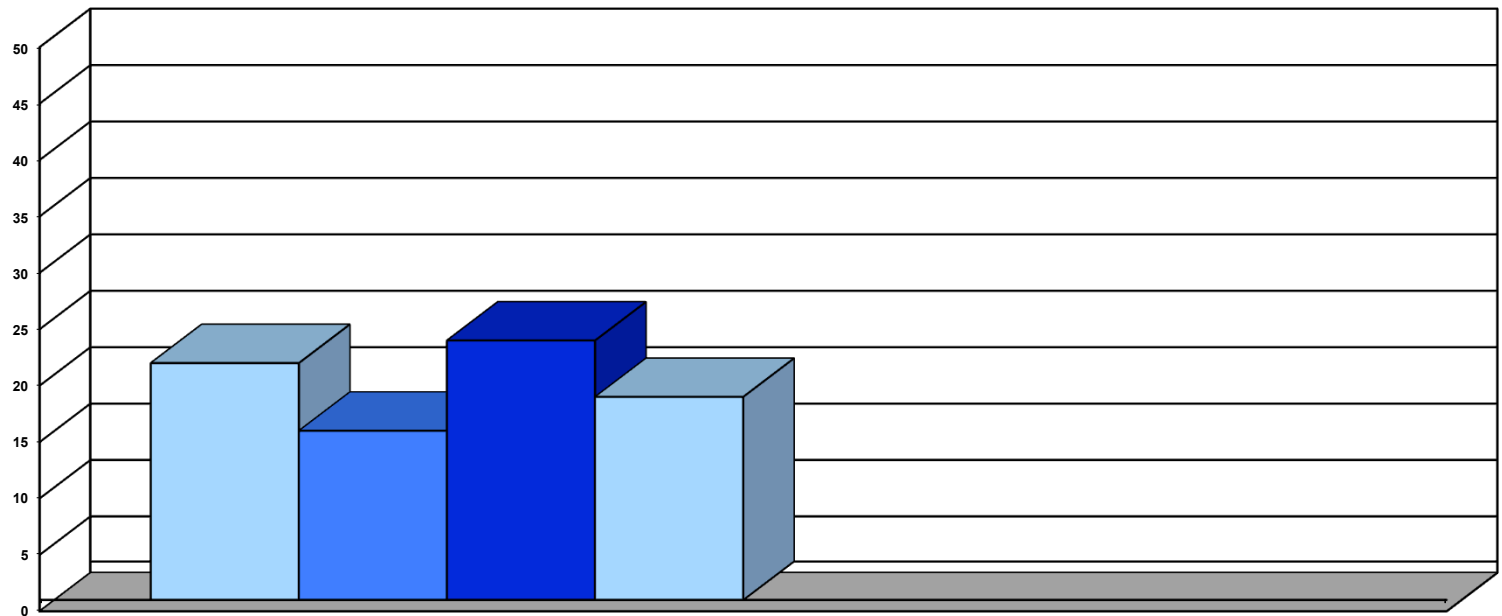
## Testable Hypotheses

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



# Stressful Events

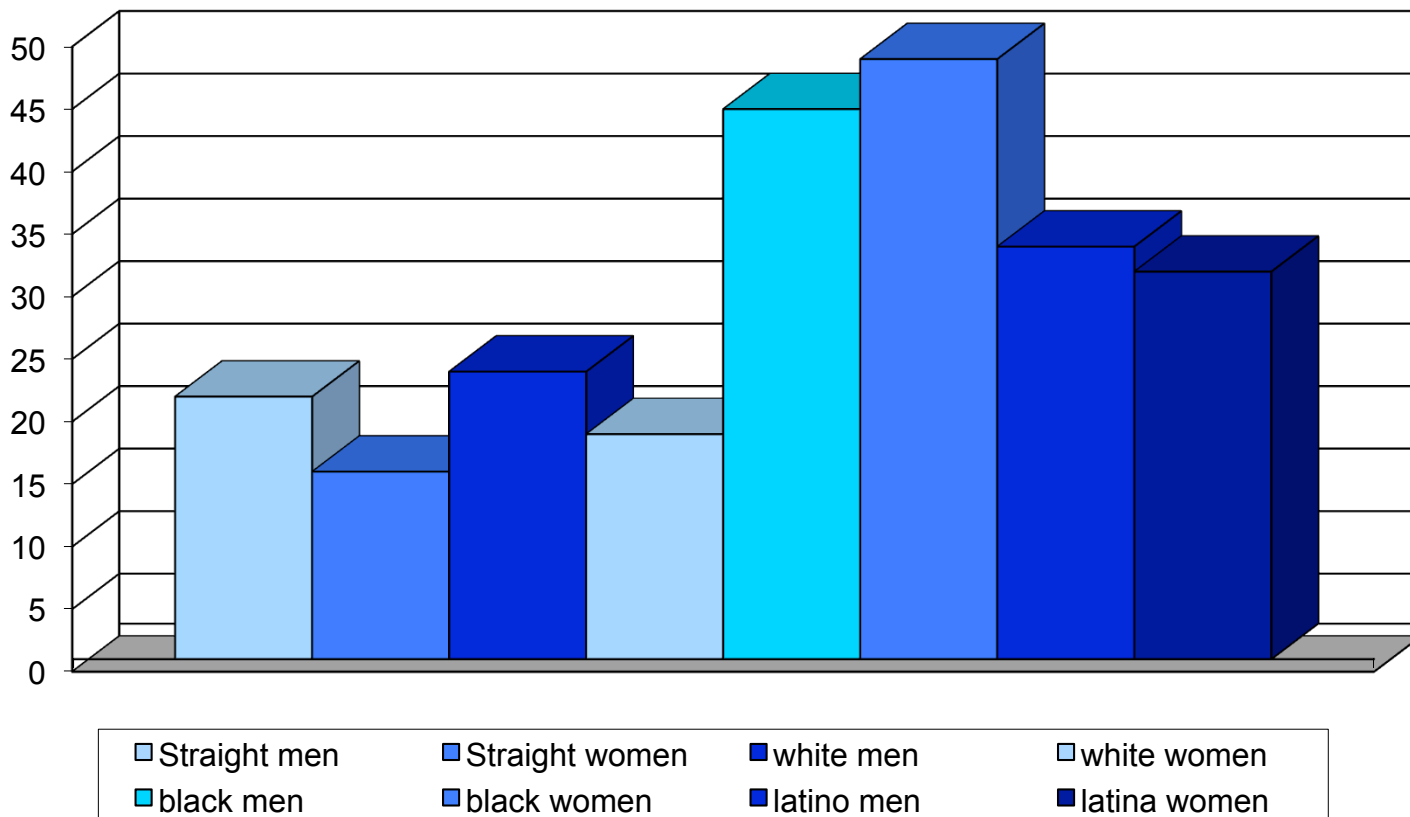
## Homelessness





# Stressful Events

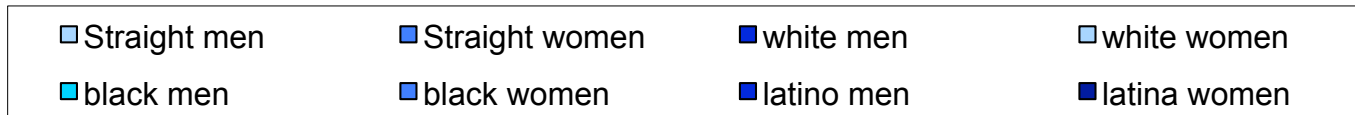
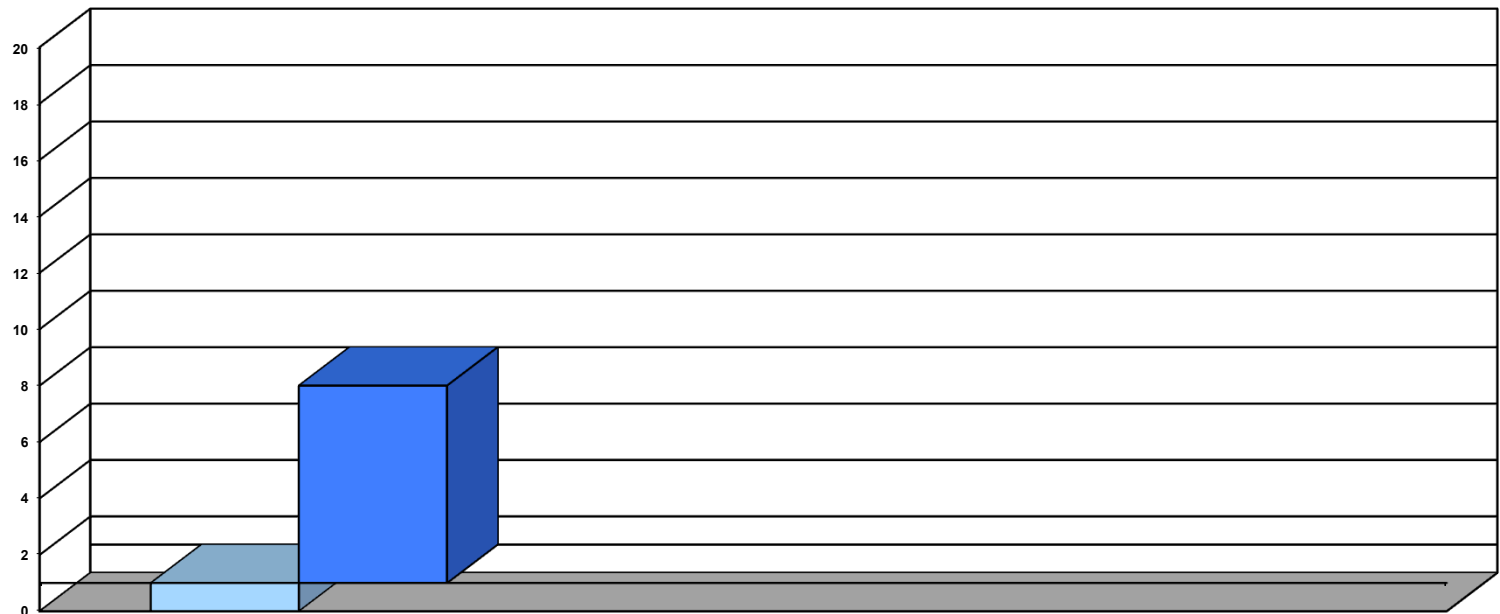
## Homelessness





# Stressful Events

## Attempted Rape in Adulthood

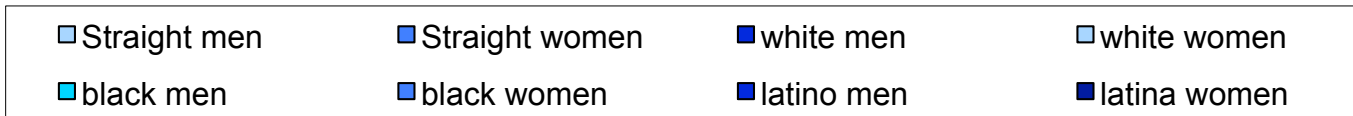
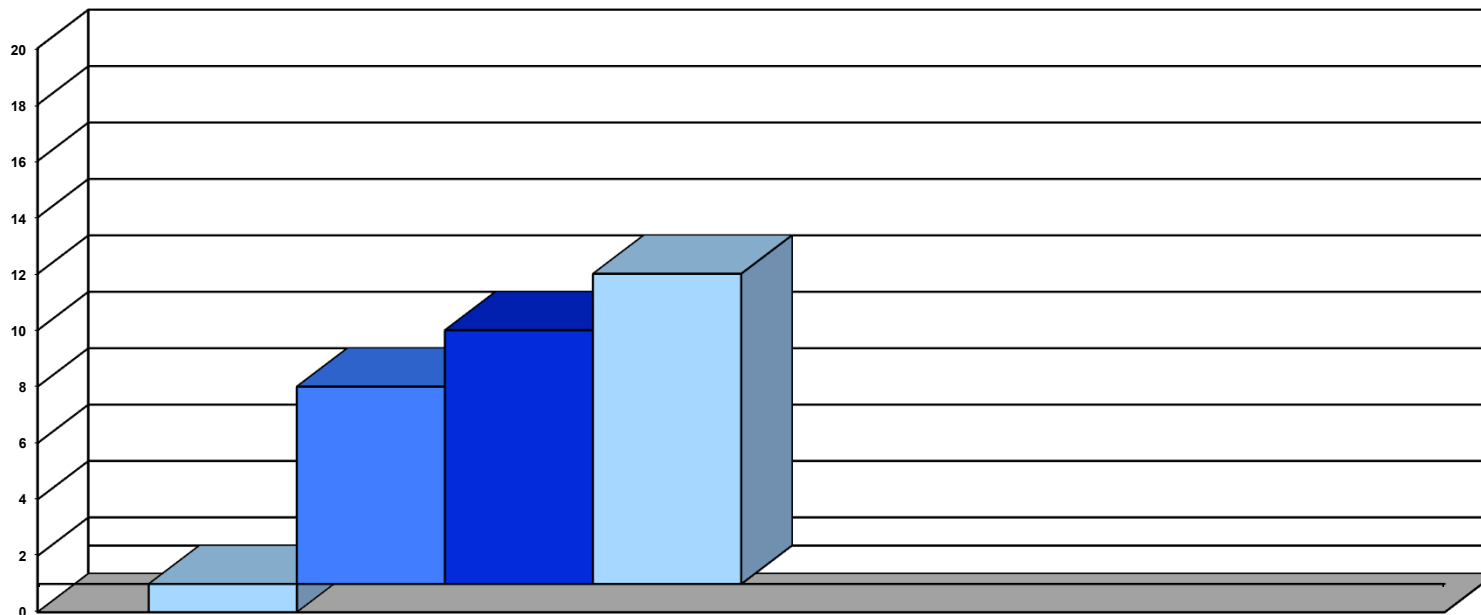






# Stressful Events

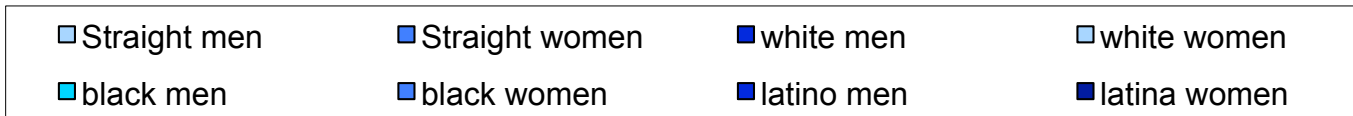
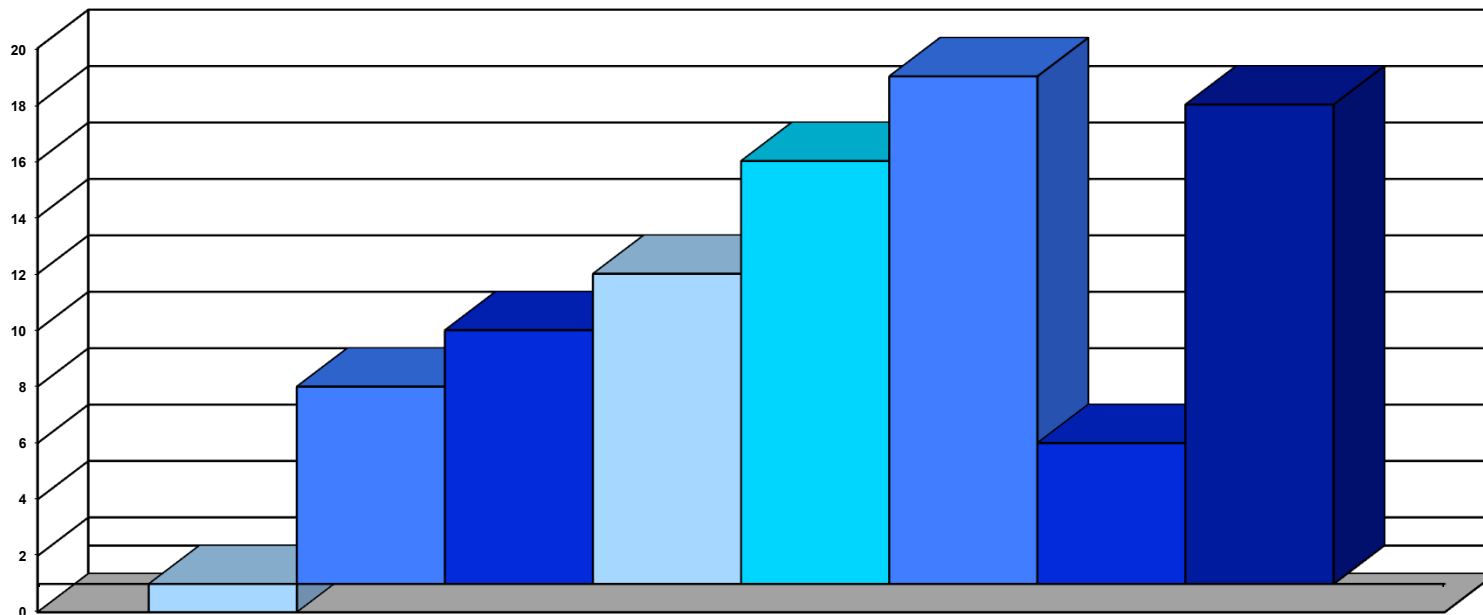
## Attempted Rape in Adulthood





# Stressful Events

## Attempted Rape in Adulthood



# 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

Measure		White Heterosexual men	White heterosexual women	White gay and bisexual men	White lesbian and bisexual women	Minority gay and bisexual men	Minority gay and bisexual women
Prejudice related Stress	Stigma	<i>Ref</i>			▪	▪	▪
	Everyday discrimination	<i>Ref</i>				▪	▪
	Objective Prejudice life events	<i>Ref</i>		▪	▪	▪	▪
General Stress	Chronic strain	<i>Ref</i>				▪	▪
	Objective General life events	<i>Ref</i>		▪	▪	▪	▪
Coping	Mastery	<i>Ref</i>				▪	▪
	Social network	<i>Ref</i>				▪	▪



# 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.**

Prop 8 plaintiff Sandra Stier testimony (p. 175, 12-17)

# Nonevents

- > Thwarted expected life events (Neugarten)
- > Opportunity structure (Merton)
- > Sense of harmony with the social environment (Selye)
- > Social well-being (Keyes)

## “We’d Be Free”: Narratives of Life Without Homophobia, Racism, or Sexism

Ilan H. Meyer · Suzanne C. Ouellette · Rahwa Haile · Tracy A. McFarlane

© Springer Science+Business Media, LLC 2011

**Abstract** Stigma and social inequality deprive disadvantaged social groups of a sense of social well-being. Stress researchers have focused on prejudice-related events and conditions but have not described more intangible stressors experienced by sexual minorities. We use narrative methods to examine how sexual minorities experience stigma and social inequality as we focus on the more intangible stressors that are both pervasive and difficult to measure.

I. H. Meyer (✉)  
The Williams Institute, UCLA School of Law,  
Box 951476, Los Angeles, CA 90095-1476, USA  
e-mail: meyer@lawucla.edu

S. C. Ouellette  
Doctoral Program in Psychology: Social/Personality,  
Developmental, and Environmental, Graduate School, The City  
University of New York,  
365 Fifth Avenue,  
New York, NY 10011, USA  
e-mail: Souellette@gc.cuny.edu

R. Haile  
Yale Center for Interdisciplinary Research on AIDS,  
New Haven, CT, USA

R. Haile  
State University of New York, College of Old Westbury,  
223 Store Hill Road,  
Old Westbury, NY 11568-1700, USA  
e-mail: fetsumrahwa@gmail.com

T. A. McFarlane  
Department of Epidemiology, Mailman School of Public Health,

Three themes emerged in the narratives of our ethnically diverse sample of 57 adult sexual minority women and men: (a) stigma deprived them of access to critical possibilities and opportunities; (b) stigma deprives them of safety and acceptance; and (c) despite this, the experience of stigma is also related to the adoption of a positive and collective orientation towards their stigmatized identities. Recognizing these stressors and related resilience can direct policy makers toward interventions that go even beyond eliminating prejudice by including goals to strengthen minority communities.

**Keywords** Sexual minorities · Stigma · Prejudice · Stress · Social well-being

### Introduction

Minority stress theory suggests that sexual minorities (lesbians, gay men, and bisexuals [LGB]), like members of other disadvantaged groups, experience excess stress due to their social position. This stress is chronic because it is tied to enduring social structures; it causes disorders, including mental disorders; and, therefore, it plays a key role in creating and exacerbating observed health disparities between heterosexuals and sexual minorities in the United States (Meyer 2003). The concept of minority stress originated, in part, from social and psychological theories about the importance of understanding the person in the context of his or her social environment (Durkheim 1951;

“What do you think  
your life would be like  
without homophobia,  
racism, and sexism?”

# Nonevent themes

- > Lost opportunities
- > Safety and expression
- > Positive marginality

# “I Probably Would Be at Home” Lost Opportunities

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

## “I Would Be Louder” Safety and Expression

“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).



# “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).

“...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).

# Minority Stress and Mental Health

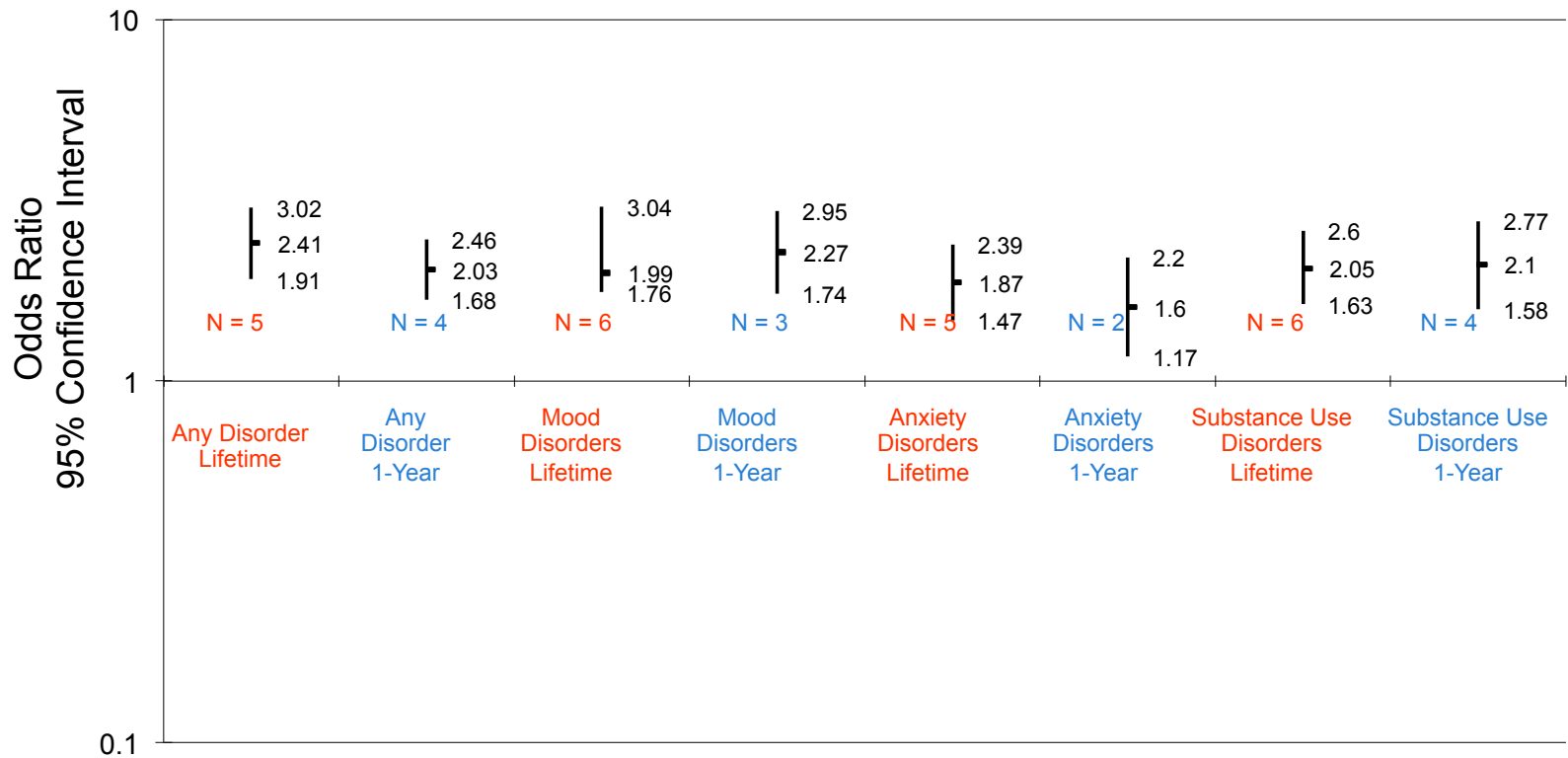
## Testable Hypotheses

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)

Figure 2

# Prevalence of **Lifetime** and **1-year** Mental Disorders LGB vs. Heterosexuals

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





# 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

**TABLE 3—The Results of Multivariate Regression Analyses of Disability on Sexual Orientation and Covariates by Gender: Washington State BRFSS, 2003, 2005, 2007, and 2009**

Variable	Model 1 Women		Model 2 Women		Model 1 Men		Model 2 Men	
	AOR	<i>P</i>	AOR	<i>P</i>	AOR	<i>P</i>	AOR	<i>P</i>
Sexual orientation								
Heterosexual (Ref)	1.00		1.00		1.00		1.00	
Gay or lesbian	1.92	<.001	1.71	<.001	1.42	.008	1.20	.216
Bisexual	2.74	<.001	2.24	<.001	2.82	<.001	2.72	<.001
Asthma	...	...	1.90	<.001	...	...	1.52	<.001
Obesity	...	...	1.65	<.001	...	...	1.53	<.001
Arthritis	...	...	3.39	<.001	...	...	2.82	<.001
Smoking	...	...	1.31	<.001	...	...	1.50	<.001
Lack of exercise	...	...	1.40	<.001	...	...	1.46	<.001
Frequent poor physical health	...	...	6.28	<.001	...	...	6.45	<.001
Frequent mental distress	...	...	2.16	<.001	...	...	2.61	<.001

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

# Discrimination

- > 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

# Risk Behavior Mechanisms

- > 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

# 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

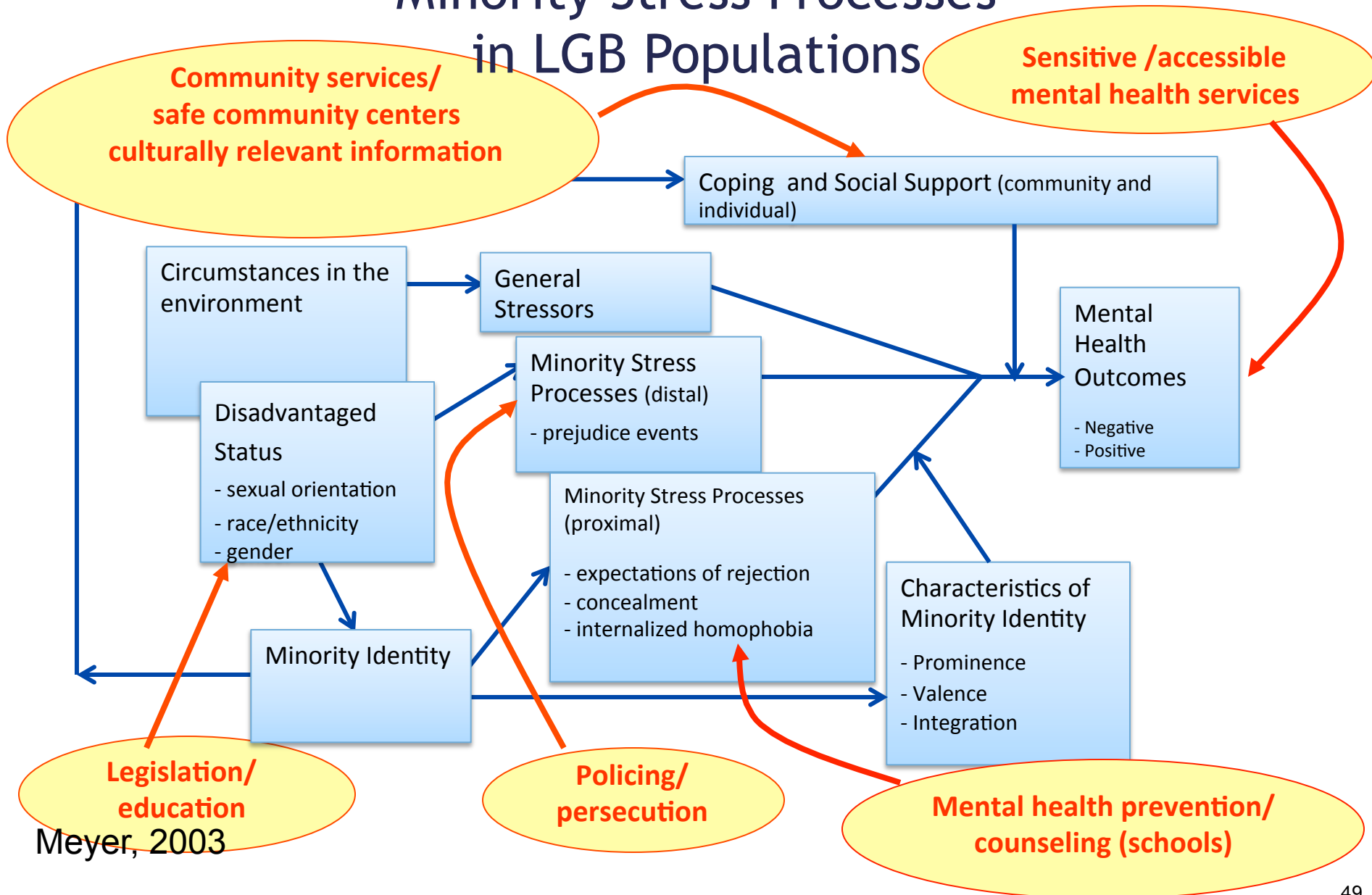
> Discussion

- Implications for prevention
- Challenges to minority stress theory

# Discussion

- > Prevention and intervention
- > Minority stress and *postgay* youth

# Minority Stress Processes in LGB Populations



- > As pro
- ("pos
- there
- Is p
- stre
- as c



es  
ger”) is  
heory?  
ntation  
people