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Effects of an LGBTQ Identity and Support Systems on Mental Health: A Study of 4 Theories

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Abstract

Sexual minority adolescents (LGBTQ) are at a higher risk of depression, suicidal ideation, and suicidal execution than are their heterosexual counterparts. This study aims to explain four theories – minority stress theory, social ties theory, interpersonal theory of suicide, and structuration theory – and their impact on identity and support systems for LGBTQ youth. Four members of the LGBTQ community at an elite university in the Northeastern United States were interviewed one-on-one for this study (25% lesbian, 50% queer females, and 25% bisexual female; mean age 20 years) and shared their experiences. Without support, LGBTQ youth are victims of harassment, bullying, microaggressions, and other types of victimization that can result in deteriorating mental health.

Keywords: LGBTQ, depression, suicide

Prior to 1992, the World Health Organization classified a lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) identity as a pathological condition (Ussher, 2009). It was not until 1996 that the American Medical Association removed conversion to heterosexuality from its recommendations. Until relatively recently, all “LGBTQ” research had been completed with white, gay men and generalized to the rest of the sexual minority community without thinking about the implications of the subgroups as separate identities (Ussher, 2009). LGBTQ adolescents have a higher incidence of many mental illnesses, including anxiety, depression, and suicidal ideation, and non-suicidal self-harm, than their heterosexual peers. LGBTQ adolescents cannot, however, be described as a homogeneous group. A study conducted by Shaerer et al. (2016), found that bisexual and questioning females had a higher incidence of anxiety, traumatic distress, and depression than did heterosexual females. Lesbians had higher lifetime suicide scores than their heterosexual counterparts. On the male end of the spectrum, heterosexual males had a much lower depression score than did gay and bisexual males. Bisexual males scored higher than gay males on the anxiety scale, who in turn scored higher than heterosexual males. These results demonstrate that the level of incidence of mental

illness is not evenly dispersed across different sexual minority groups and that each needs its own separate consideration for treatment. Recent research is starting to disaggregate the data of sexual minority subgroups and is finding differences, especially in the bisexual and transgender subgroups, as well as across gender-identity lines.

Major depressive disorder is a mental illness indicated by permeating and long-lasting low mood, reduced self-esteem, and loss of interest in previously interesting activities and/or relationships. About 2.8 million adolescents ages 12-17 are affected by this affliction - that is 11.4% of all adolescents in this age range. A vast majority of these cases are found in sexual minority (LGBTQ) adolescents, relative to their percentage of prevalence in this group. Overall, LGBTQ youth are at a greater risk for depression, suicidal ideation, and suicidal attempts than their cisgender heterosexual-identifying peers. Without support, LGBTQ youth are victims of harassment, bullying, microaggressions, and other types of victimization that can result in deteriorating mental health. There are a few theories that explain this unwarranted abuse of members of the LGBTQ community including minority stress theory, social ties theory, the interpersonal theory

of suicide (IPTS), and structuration theory which are all interwoven.

The current study aims to support each of these theories as players in the outcome of poor mental health in LGBTQ-identifying youth. Four members of the LGBTQ community at an elite university in the Northeastern United States were interviewed for this study: 25% lesbian, 50% queer females, and 25% bisexual female; mean age 20 years. 2 identified as Caucasian, 1 as Black/African American, and 1 as Asian/Asian American. Questions were open-ended and ranged from topics of depression, suicidal ideation, and suicide attempts, to coping with stigma, religion, and acceptance. All participants were recorded and then conversations were transcribed. Pseudonyms are used to refer to each participant.

Minority Stress Theory and Social Ties Theory

The minority stress theory (Wilkerson et al., 2016) asserts that LGBTQ-identifying people's mental health is impacted by the extent to which their social environment stigmatizes gender and/or sexual minorities and the degree to which they have to disguise their nonconformity and identity. This theory goes hand in hand with the social ties theory which posits that LGBTQ mental health is also affected by the strength of the primary (close friends and family) and secondary (peers) social relationships. If there are fewer and/or weaker social ties for a sexual minority member in an environment, then he/she/they will feel greater minority stress and vice versa.

Minority stress and social ties from peers or strangers affect everyday life and change with current events as described by Chrys (20, queer female, Caucasian):

“Right after Trump was elected, it was a little bit scary because we [her and her girlfriend] didn't know what the climate would be, but we made the decision to go about our lives as if nothing had changed, which could have been potentially dangerous for us.”

Support systems are one of the best ways to improve the mental health of LGBTQ youth, such as the Hatch Youth Program in Houston, Texas (Wilkerson et al., 2016). This group meets four times per week in three-hour sessions divided into social time (unstructured), consciousness-raising education (led by a professional), and a peer support group. The Hatch Youth staff administered a 10-minute survey, including questions about depression, social support, self-esteem, and coping, to the youths ages 13-20 (mean age 16.76 years). The sample was composed of 79% cisgender identifying, 21% transgender identifying, 80% identified as LGB, 20% as queer/questioning. This study aimed to measure mental health improvement in terms of length of attendance at Hatch Youth (less than 1 month, 1-6 months, or more than 6 months). On average, the youth were experiencing mild to significant depressive symptoms. Overall, the assessment of social support at Hatch Youth scored a relatively high 4.05 on a 5-point scale. The longer participants attended the Hatch Youth program, the more social support they felt. Such a feeling was especially prevalent in females over males and among lesbians. As social support grew, self-esteem and problem-solving abilities increased, while depression decreased (compared to participants who had attended less). These LGBTQ youth's mental health improved when they were enveloped in a welcoming environment which lessened minority stress and strengthened social ties.

Charlie, a 19-year-old Caucasian, bisexual woman, from Milwaukee commented on the necessity of support systems to reduce her isolation and depression:

“I think that, just the people I surround myself by would never go along with any stigma. Like I remember my freshman year when I felt like I didn't know anyone else who was queer or bisexual, I told my friend and she told me it was totally false and that there were other people like me and I just didn't know it. I think that that was really helpful. And becoming a part of the Women's Peer Counselor community

where everyone is queer essentially has given me some really great spaces where there is absolutely no stigma or difference. There's a great community here [at school], but except for the track team. They're the last people I would want to tell, I feel like it's super heteronormative. Sports in general..."

Charlie found a place in her environment for her to feel safe and welcome, but still decides to hide her identity in specific surroundings or around certain people.

Inez (20, lesbian, Black) was uncomfortable talking about her sexuality with her parents back home, but when she was at school, it was different: "I don't really care who hears me talking and seeing me with people, it doesn't really matter here because it's more normal."

Robinson & Espelage compiled data from a massive survey across 30 schools in Dane County, Wisconsin (2011, 2012). 13,213 students in middle (3,826) and high (9,387) schools were surveyed to study the differences in psychological outcomes of LGBTQ and straight youth and across ages (middle and high school). Compared to heterosexual peers, LGBTQ-identifying students were more likely to have seriously considered suicide rarely or some of the time (7.7% vs. 23.1%) or almost all of the time (0.4% vs. 2.8%) in the month leading up to the survey. These numbers were even higher for bisexual students, 5.6% of whom reported wanting to kill themselves all of the time, and questioning students. Suicide attempts within the previous year were higher among LGBTQ students (6.2%) than straight students (1.8%). 80.8% of heterosexual students reported no cyber bullying, while only 66% of all LGBTQ students did. Feelings of school belongingness were 1.5 times worse in middle school than in high school for LGBTQ students, demonstrating that belongingness correlates with a higher age. Heterosexual students were more likely than LGBTQ students to prefer to attend school without sexual minority students; further exacerbating minority stress and weakening social ties for LGBTQ students, resulting in declining mental health.

Annie, a queer-identifying, 20-year-old, Asian American, female felt some of this bullying when she said that "I get weird looks a lot when I walk down the street with my girlfriend, just holding hands."

Chrys, a 20-year-old, queer, Caucasian female was describing a tough time in her life while she was dealing with the death of grandparent, a mentally ill sister, a friend committing suicide, and a new relationship:

"...then my best friend at the time asked me out, and I really liked her too, so I said sure! And then I got the call that my sister was committed to a mental institution. And [my friend] wasn't out to her mom, which I thought was fine, until it wasn't fine, because her mom seemed like a very reasonable person, very liberal, very like 'yeah you can like whoever you want' until it was her daughter. And then what proceeded after that was me getting a flurry of hateful text messages and my mother getting a flurry of hateful text messages [from the best friend/girlfriend's mother]...saying stuff like 'Chrys doesn't need to buy a dress for prom, she's not going anyways, and like you're daughter corrupted my daughter, blah, blah, blah.' So I thought, 'Okay, I have a lot going on in my life right now, there's one thing that I don't have to deal with right now: which is having a girlfriend. And so I broke up with her. And then I shut down mentally, I was just like, I didn't feel anything at all and I went through life like it was normal. Because I didn't feel anything, but it wasn't normal.'"

These text messages made Chrys feel more depressed because she felt isolated and misunderstood by her community, leading her to end the relationship and shut down mentally.

Interpersonal Theory of Suicide (IPTS)

The Interpersonal theory of suicide (IPTS) posits that stressful social environments are correlated with two psychological states: perceived burdensomeness and thwarted

belongingness (Grossman, Park, & Russel, 2016). When these two states are held long enough, they lead to suicidal desire and tendencies. If a member of the LGBTQ community feels that his/her presence is a burden on others because of harassment, victimization, not fitting in with the gender and sexuality norms of society, etc., then he/she will contemplate suicide more extensively than those who do not feel that they are a burden. The same applies for thwarted belongingness: exclusion from society and lack of close relationships within a social environment can cause LGBTQ-identifying youth to feel isolated and consider suicide more readily than if they were integrated into society. Continual exposure to provocative or painful events, such as harassment or abuse, can elevate the capacity to enact self-harm by increasing physical pain tolerance.

Inez, a 20-year-old, Black lesbian embodied the perceived burdensomeness when asked about who she would go to for help if she was experiencing mental health issues:

Inez: Umm, I don't. No, I might jokingly say...like when I'm walking down the street I'll like, deliberately almost cross paths with a car just cause...only when I'm stressed out, I'm not trying to get hit by the car but I don't talk to people really.

Interviewer: Why not?

Inez: Um, I just like don't feel like I should be...that it's fair for me to put my problems onto someone else. Because we all have problems, everyone is going through some shit, like I'm more than happy to listen to other people and help them out, but I don't feel comfortable spilling my shit to other people.

She felt that she was not socially allowed to share her feelings if they were not in line with what was "normal" for the larger population. By almost getting hit by cars, Inez's behavior is getting riskier and her ability to commit suicide is increasing. Inez later said that she listens to and plays music to make her feel better and cope with depression.

Grossman, Park, and Russel (2016) studied this theory in conjunction with the experiences of

transgender youth. Participants were categorized according to their gender identity: 40 female to male (FTM), 44 male to female (MTF), 14 male to different gender (MTDG), and 31 female to different gender (FTDG) with an average age of 18. Each youth completed a survey about suicide ideation and attempts including several questionnaires: the interpersonal needs questionnaire, the painful and provocative events scale, the acquired capacity for suicide scale, the self-harm behavior questionnaire, and demographic characteristics. Transgender youth who switched to the opposite sex (MTF or FTM) recognized their gender nonconformity to their birth sex earlier than transgender youth that transitioned to a "different gender": 10.06 years (FTM) and 11.55 years (MTF) compared to 13.65 years (FTDG) and 12.56 years (MTDG). Over two-thirds (67.8%) of the transgender youth reported that they did not have a religion, while 14.9% said that they attended less than 1 religious service per month and the rest practiced more frequently than that. Greater religious service attendance was associated with fewer suicide attempts. Over half (50.8% of the youth intentionally harmed themselves and about one-fifth of them (18.3%) had made suicide threats. Suicidal ideation was reported by half of the participants and attempts were made by a quarter of the transgender youth. The category most at risk was FTDG, with FTM not far behind demonstrating that there is still a gender bias within the LGBTQ community, and specifically with transgender youth. Suicidal ideation was 1.8 and 2.22 times greater for the FTM and FTDG groups, respectively, than for the MTF group (no statistical difference between MTF and MTDG).

Annie, a 20-year-old, queer female, identifying as Asian American, said that when she was depressed she would go to great lengths just to feel things:

"It came to a point where I just wanted to feel something, so I would go about life doing really dangerous and stupid shit...like running away from people and just, like, sitting outside in the cold, in the snow, just sitting there until someone found me and told me to come inside."

This statement demonstrates an increasing tolerance for pain, both physical and emotional, which can lead to the possibility of inflicting greater self-harm.

From the same survey discussed earlier, Robinson & Espelage compiled different data across schools in Dane County, Wisconsin (2012). 11,337 students in grades 7-12 participated and answered 117 questions on suicide ideation, suicide attempts, bullying, victimization, sexual behavior, and school truancy. LGBTQ-identifying students were 1.4 times as likely to have unexcused absences from school, 3.3 times as likely to have suicidal ideation, and 3 times as likely to actually attempt to kill themselves. Even after accounting for victimization, lesbian and gay students were 3.8 times as likely to attempt suicide than matched heterosexuals. Bisexual students were 6 times more likely to consider and attempt killing themselves than their heterosexual counterparts. Although victimization has some effect on LGBTQ students, it did not account for the entirety of differences between sexual minority and heterosexual students, therefore these LGBTQ students aligned with the outcomes of IPTS. Suicidal ideation and attempts were increased in transgender youth by unwelcoming social situations as posited by the IPTS.

Inez (20, female, bisexual, Black) used to skip school a lot until she could identify with one of her teachers:

“One of my teachers in high school, we’re friends! She’s super gay and it’s great, and she has a wife and 2 kids and her family is adorable and I go over to her house sometimes and hang out with her kids and her dog and have dinner sometimes. It’s great, yeah, I just loved her class. I mean, she could have been a better teacher, but she is a great person so I always felt very welcomed there.”

Like many LGBTQ individuals, Inez felt more comfortable when there was someone that she could call an ally and empathize with her.

When asked what she would do if experiencing suicidal ideation, Charlie (19, bisexual female, Caucasian) said that:

“I would go to my friends, then I think I would go to someone professional. I think that we all have this threshold that is really too high before we seek outside help, and I’m definitely guilty of that, but I’m definitely not opposed to it and have done so in the past.”

Charlie identified one of the problems of LGBTQ-identifying people and greater society in general: no one wants to admit that they need help and it’s even more difficult when the individual feels that he/she/they are alone in their identity and that a professional would not understand.

Structuration Theory

According to structuration theory, structures and systems result in certain practices through the rules that are deeply-rooted within them (Fredman, Schultz, & Hoffman, 2015). Systems in this context are defined as “observable patterns of relationships in practices, which include relations among operations and division”; while structures are defined as “rules and resources individuals draw upon as they participate in systems...” (Fredman, Schultz, & Hoffman, 2015). These normative structures and systems are reproduced by the individuals who choose to follow their rules, creating a cycle of oppression for “non-normative” community members. From before the time of racial segregation, United States policy has had a history of exclusionary policy in education which is continued in the expulsion of transgender people (and the LGBTQ community as a whole) from a society of heteronormativity.

When asked about why there was stigma around LGBTQ sexuality, Inez said: “Why?! Because people are stupid. Well different sexualities are not the majority. I mean, like in this country, not being White isn’t normal because it’s not the majority.” Inez reiterates that stigma surrounds topics that are different from the majority in a certain situation.

A study (Fredman, Schultz, & Hoffman, 2015) was completed by interviewing 16 educators and/or professionals (14 women – 25% lesbian, 75% heterosexual; 2 men, 100% heterosexual) who had interactions with LGBTQ youth. Questions revolved around the presence of LGBTQ issues in the classroom, training specifically related to LGBTQ issues, and challenges surrounding introducing LGBTQ issues into the curriculum. The educators tended to define the “rules” in context of their school’s setting, contemplate risks associated with breaking those rules, and configuring their role while navigating those rules. Heteronormative standards are enforced when educators bow to pressures of outgroup society members for fear of upsetting the larger community and losing their jobs if they bring LGBTQ issues into the classroom. LGBTQ issues are further silenced and stigma grows.

None of the people interviewed in the LGBTQ community for the current study were taught about LGBTQ issues or sexual minorities while in K-12 education, all but one (Annie) laughed at the question because it seemed so absurd. When asked about the existence of an LGBTQ curriculum in her school, Charlie answered:

“Ahaha, no. I think that sex ed was purely heterosexual and there was never... like I’m sure that we had teachers who were gay, but no one was out, and like, the kids who were gay no one was out. I remember it being a big deal when my two friends went to prom with each other (two girls).”

Like most industrialized societies, the United States tends to assume that people rigidly identify with their birth sex. Therefore, transgender people often face a variety of discrimination (from hate crimes to systemic bias) based on the enforced rules of society purported by the structuration theory. Nadal et al. (2004) studied cognitive, behavioral, and emotional reactions to the microaggressions faced by transgender people. 3 transgender men and 6 transgender women (ages 21-44) participated in

focus groups to discuss their experiences with microaggressions. Because of the structured norms and rules of United States society, transgender people have to deal with experiences such as denial of personal body privacy, denial of transphobia, incorrect gendered terminology. There exists an assumption of a universal transgender experience from outgroup people who are also the majority in society and therefore make and enforce the rules of the entire population.

Inez disagreed with underlying logic, but understood why all the sexual minority identities and issues were not brought up in school:

“Hmm, that’s a slippery slope, because if you teach about every single marginalized group and make it mandated, you won’t have time. Like in high school, you’re getting a lot of information crammed down your throat, and it’s stuff you’re going to ‘need in life’ so you don’t have time... There are a lot of them [sexual identities] and they aren’t that high up on the list. They’re going to cater to the majority, like because no matter what you do the majority is *the majority*, they have the power and the numbers so their needs are met.”

Some of the participants in the current study told what they would change about LGBTQ curriculum in schools:

Chrys: “I think it should be part of sex ed. Like if a queer person wants to have sex, they should know how to safely.”

Charlie:

“I think the way that a family is portrayed and the way that sex ed is taught should be included. Not necessarily like, a giant topic, I don’t think that high school classes really afford time to cover LGBTQ issues, like they don’t have the time to cover social justice issues, but reading a book where someone is in a same sex relationship. I think there is a lot of opportunity to do so, like talking about family structure or things like that.”

As cultural norms continue to be enforced through outgroup individual's actions, LGBTQ-identifying members are silenced. In many school districts, curriculum has to be approved by administrators and LGBTQ and social justice topics are usually rejected as too controversial or unimportant. This must change in the future in order for sexual minority members to feel included and welcome in academic environments.

Conclusion

Each of these theories work in conjunction with one another to demonstrate that LGBTQ-identifying youth need support systems from personal and community connections to reduce the risk of depression, suicidal ideation, suicide attempts, and improve their mental health overall. Though this piece focused on the LGBTQ experience in the United States, some of this research can be generalized to other countries. Kelleher (2009) implemented the minority stress theory with over 300 LGBTQ youth (ages 16-24) in Ireland. Her results matched those of United States samples in that minority stressors (e.g. heterosexist experiences, sexual identity distress, and stigma consciousness) were associated with greater psychological distress. Most prevalent is the youth's expectation of rejection from peers and family which causes greater depression, anxiety, and suicidal ideation.

Charlie (19, female, bisexual) reiterates this point when she said:

"I think that a lot of my personal struggles were feeling like I was different and didn't have a community that was the same and didn't feel welcome. I think that once that was addressed, things got a lot easier."

Effects of minority stress and social ties can be multiplied when extended to include LGBTQ people of color (POC). Sutter and Perrin (2016) studied the impact of a POC identity along with being a sexual minority in 200 participants (average age of 29.5) and found strong correlations between anxiety and depression with all forms of LGBTQ-based discrimination, as well as racism. LGBTQ people from various

racial and ethnic backgrounds have different experiences with their identities within what each culture deems as "acceptable" and "normal."

Annie (queer female) related that her mother was Korean and that sexual minorities (and even interracial dating) were taboo in her culture:

"Um, from my mother I'd say it's growing up in the time that she did grow up, also being from Korea is probably a pretty good, like, reason and she always grew up in a very Christian church so I'd say it's like a lot of things that has to do with just the culture that she grew up in...I mean my mom isn't just stigmatized by, like, the LGBTQ, but she also has opinions about me, per se, dating other people of color that is not Korean, even White people, she's less mean about White people but she definitely still has some stigmas about White people. Unless they're rich. I think if they're rich it might maybe be okay maybe eventually. So one time I was dating a black man and I told my mom...I didn't say I was dating anybody, I just go "mom, hypothetically, what if I dated a black guy?" and she lost it with me, she said, "just don't do it" so I asked why and she said "because I'm your mother and I don't like that." Um yeah... so that's where I am with my mother. It's more like, don't ask, don't tell until I eventually want to marry someone probably."

Future research should consider the impact of different upbringings in the mental health of LGBTQ individuals (e.g. the southern United States tends to be more conservative which would be more difficult for LGBTQ youth). Although rules are created by a greater society of outgroup members, the structuration theory is realized when the cycle of rules continues through individual's actions, leading to the IPTS. The minority stress theory and social ties theory work to prove that LGBTQ youth need thoughtful support systems to increase mental health.

Though LGBTQ-identifying members are at a greater risk for mental health issues, there are several strengths of being a sexual minority

community member. Charlie thought that: “...taking a good, hard look at gender norms is important and helpful and has made me more aware of how our society enforces gender.” In understanding structuration theory, Chrys said that: “I can like whoever I want and not feel bad about it. It’s just a thing that’s normal for me. But other people, if they experienced liking someone that wasn’t normal for them, they would probably panic. They need to know that it’s okay.”

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Appendix

Participants

Name	Age	Race	Sex	Sexual Identity
Annie	20	Asian American	Female	Queer
Chrystina (Chrys)	20	Caucasian	Female	Queer
Inez	20	Black/African American	Female	Lesbian
Charlie	19	Caucasian	Female	Bisexual