

The Experience of Dual Stigma and Self-Stigma Among LGBTQ Persons Diagnosed with Severe Mental Illness

Lauren O'Connor

Together Against Stigma-

Overcoming Barriers in Mind & Society

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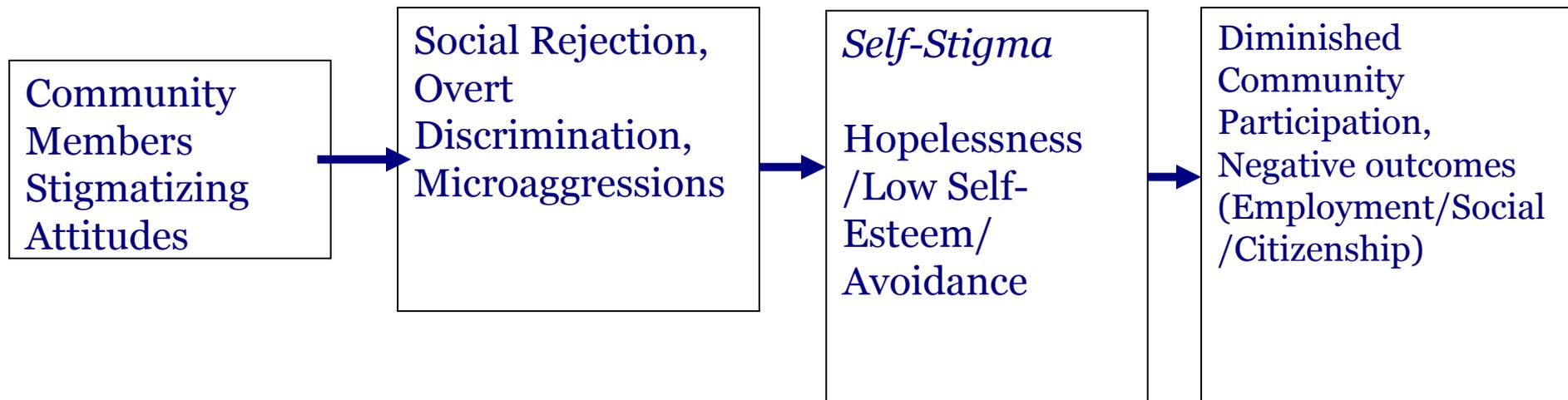
Overview

- Definitions and Background
- Current Study (aims, methods, results)
- Clinical Implications
- Future Directions

Mental Health Self-Stigma

- *The internalization of negative public attitudes and stereotypes¹*
- Significant self-stigma experienced by roughly 1/3rd of people diagnosed with major/persistent mental illness (SMI)^{2,3} & is associated with numerous negative outcomes
- Research focusing on particular *social and cultural subgroups* of this population remains limited

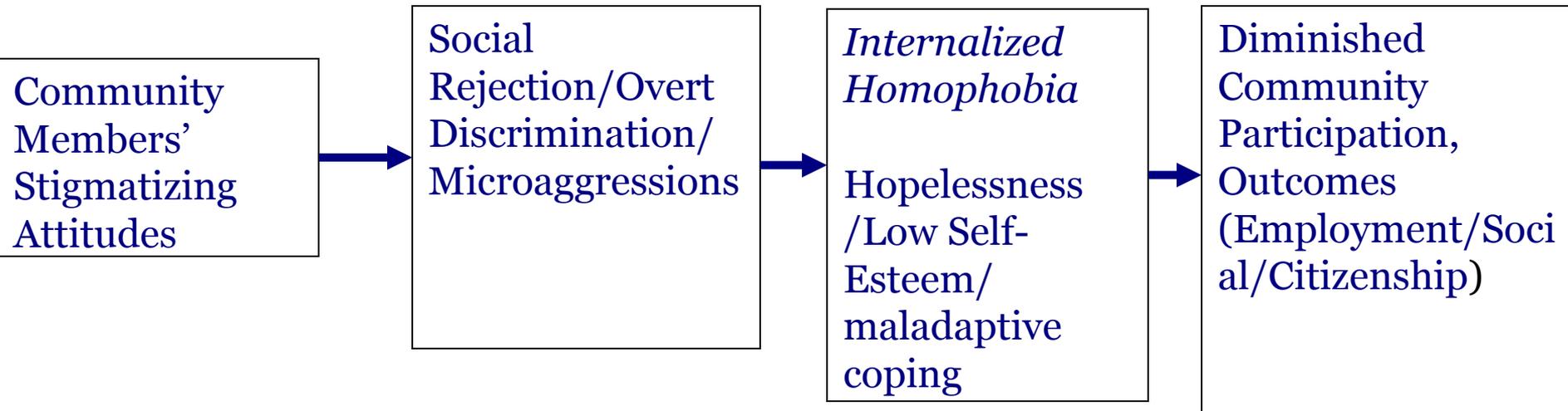
Relationship Between Community Stigma, Self-Stigma & Outcomes



Internalized Homophobia (IH)

- *Negative attitudes and assumptions about lesbian, gay, bisexual, or queer (LGBQ) people directed toward the self*⁴
- Experienced to varying degrees by almost all LGBQs
- Associated with depression, SI, decreased self-esteem, self-hatred, belief in one's inferiority^{5,6,7}

Relationship Between Homophobia, Internalized Homophobia and Outcomes



Internalized Transphobia (IT)

- *Negative societal attitudes and prejudices learned and adopted by transgender and gender non-conforming (TGNC) individuals⁸*
- May play similar role in mental health as IH but research does not yet support this
- Associated with shame, self-hatred, suppression of transgender feelings, avoidance of help seeking, negative mental health outcomes^{9,10}

Dual Self-Stigma : LGBTQ **Individuals Diagnosed with SMI**

- First direct exploration of self-stigma within this dually marginalized population
 - Intersectional approach to understanding influence of multiple social categories on experiences of stigma and self-stigma
- First direct exploration of these two coming out processes within population with lived experience of both
- *(Extend findings on coping & resilience by comparing strategies implemented)*

Participants

	Number	Percent
Gender		
Cis male	10	43.5
Cis female	5	21.7
Trans female	3	13
Trans male	1	4.3
Gender non-conforming	4	17.4
Sexual Orientation		
Gay	7	30.4
Lesbian	5	21.7
Bisexual	8	34.8
Queer	1	4.3
Questioning	1	4.3
Straight (trans)	1	4.3

Participants

	Number	Percent
Race		
White	5	20.8
Black/African American	12	50.0
Latino/Hispanic	4	16.7
More than one race	2	8.3
Education		
less than 7 th grade	2	8.7
Less than 10 th grade	1	4.3
Less than 12 th grade	3	13
Completed high school	6	26.1
Some college	7	30.4
Finished college	4	17.4

Participants: Clinical

Primary Psychiatric Diagnosis	Number	Percent
Schizophrenia	4	17.4
Schizoaffective Disorder	7	30.4
Bipolar Disorder	5	21.7
Major Depressive Disorder	4	17.4
Anxiety NOS	2	8.7
Intellectual Disability	1	4.3

Data Collection

- *Qualitative: Focus Groups (3)*
 - General prompts & topics for discussion pertaining to: stigma, self-stigma, coming out, coping
- *Quantitative: Self-report measures*
 - **Internalized Stigma of Mental Illness (ISMI; Ritsher, Otilingam, Grajales, 2003)**
 - **Internalized Homophobia Scale (IHP; Martin & Dean, 1987)**
 - **Transgender Identity Scale (TGIS; Bockting, personal communication, March 1, 2016)**

Mental Health Stigma

- Overt discrimination
 - Workplace and social settings
 - Perpetrators: strangers, acquaintances, employers
- Microaggressions
 - Communicated messages of invalidation, inferiority & fear
 - Perpetrators: friends & family members
- Role of Media & Policy
 - Media perpetuates stigma through focus on “the extremes”

Homophobia & Transphobia

- Overt Discrimination
 - Verbal rejection to violent hate crimes
 - Perpetrators: strangers & acquaintances
- Microaggressions
 - Assumption of universal LGBTQ experience, assumption of sexual pathology, discomfort/disapproval of LGBTQ experience, pressure to adhere to gender norms
 - Perpetrators: strangers & acquaintances
- Role of media & policy
 - Instrumental role in amelioration of LGBTQ societal stigma
- Role of additional intersectional identities
 - Race, ethnicity, and religion discussed as significant moderators of homophobia & transphobia

Mental Health Self-Stigma

- **Alienation:** Participants described feelings of inferiority and inadequacy (mostly in context of romantic relationships)
- **Stereotype Endorsement:** Agreement with common stereotypes about people with mental illness
- **Social Withdrawal:** Feeling inadequate and out of place around those without mental illness leads to avoiding social situations or pursuing romantic relationships

Mental Health Stigma Resistance

- “Opposition to the imposition of mental illness stereotypes by others” ¹¹
- Having a mental illness “*does not define*” them, impact their intellectual functioning or general competence, nor limit their ability to “contribute to society”

Internalized Homophobia & Transphobia

- *Struggle with Public Identification:* Avoidance or difficulty surrounding publically identifying as a member of the LGBTQ community

Resistance to Internalized Homophobia & Transphobia

- Participants described being unaffected by others' negative thoughts or feelings pertaining to their sexual orientation or gender identity

Quantitative: Self-Stigma

- **Moderate** levels of mental health self stigma (ISMI)
- **Low** levels of internalized homophobia (IHP) & transphobia (TGIS)
- ISMI – IHP $r = .46$, $p < .05$

Dual *Exclusion* & Alienation

- Within a general mental health setting, often feel compelled to conceal sexual orientation or gender identity, while in LGBTQ settings, do not feel that mentions of mental illness are welcome
- **Mental health setting:** *“They give you like the one man up kind of notion of I’ve got a mental illness, but you’ve got a mental illness **and** you’re gay.”*
- **LGBTQ communities:** *“It’s a certain type of mentality in the gay world... you can’t tell them that [you have a mental illness]. If you tell them that – they don’t want to be bothered with you...it’s all about image.”*

Dual Exclusion & *Alienation*

- These experiences culminate in feeling out of place in both settings

“I am never really able to bring my full self in any place... I have to adjust myself depending on where I’m going.”

- Alienation from queer communities appeared to have greatest negative impact as hindered ability to develop romantic relationships and friendships with queer peers

“Coming Out”

- “Coming out” with mental health diagnosis described as more difficult than coming out as LGBTQ
- Attributed to 3 separate factors:
 1. LGBTQ identity Assumed
 2. Differences in perceived quality and quantity of stigma
 3. Differences in self-stigma

LGBTQ Identity Often Assumed

- Frequently assumed based on physical presentation or behaviors
- While based on stereotypes and broader presumptions, these assumptions were described as advantageous

“Maybe some people notice that I like women by the way I dress or carry myself, but you can’t see my mental illness.”

Perceived Discrimination

- While reports of discrimination targeting LGBTQ identity more overt & violent in nature, more *subtle forms of discrimination* targeting mental health were described as more pervasive and distressing
 - *“Mental illness is definitely harder than the LGBT part...because then...some of them try to coddle me...and some of them was like ‘oh shit, I better watch out for you’.”*
 - May also be influenced by relationship between perpetrator and victim
- Limited societal knowledge regarding mental illness
 - *“Gay issues are talked about, it’s in the media, it’s in the law and everything... but mental illness is ...hard to sit and talk with people ...because they really don’t know what to ask...”*

Differing Levels of Self-Stigma

- Reported more experiences of mental illness self-stigma than internalized homophobia/transphobia

“I mean to me it’s like both ways, you’re coming out, and I still look at it as mental illness is something wrong. I mean it is what it is, there’s something wrong, mental illness, illness is something bad...that’s how I look at it. But, your [LGBTQ] lifestyle, there is nothing wrong with that at all.”

“You know, growing up... next to being gay, which is the second worst thing growing up to be, was being crazy.”

Summary of Findings

- LGBTQ individuals with mental health diagnoses experience discrimination and self-stigma specific to this particular intersectional experience
- Stigmatizing and self-stigmatizing experiences relevant to mental health were described as more pervasive and distressing than those pertaining to being LGBTQ
 - Despite being less overt/violent
- ISMI & IHP significantly positively correlated

Limitations

- Limits to generalizability (e.g. age, location)
- Conflated experiences of LGBTQ individuals
- Only two forms of stigma and self-stigma directly assessed
 - other identities (e.g. race) likely have an additional intersectional impact on experiences

Clinical Implications

- Clinicians must be mindful of these intersectional experiences of stigma and self-stigma when working with members of this populations
 - Dual-alienation
 - Queer communities emphasis on image (or clients' perceptions of such) could in fact exacerbate mental health self-stigma
- Need for affordable, broadly accessible queer-friendly spaces and LGBTQ affirming mental health services
- MH self-stigma interventions should be adapted for use in LGBTQ communities
- Anti-stigma campaigns: maintain sensitivity to experiences of those facing multiple forms of marginalization (i.e. through equal representation and acknowledging intersectional experiences of oppression)

Future Directions

- Continue to explore stigma and self-stigma from an intersectional framework
 - Examine shared underlying vulnerabilities to the development of internalized oppression
- Go beyond examination of *two* potential forms of self-stigma and account for multiple aspects of identity and marginalization
- Exploration of mental health stigma within LGBTQ communities
- In depth examination of coping strategies & resilience
 - Do coping strategies inform one another and potentially offset the emergence of either of these self-stigmata?

Lauren O'Connor

John Jay College of Criminal Justice

CUNY Graduate Center

loconnor@jjay.cuny.edu

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Coping

Mental Health Stigma

- Withdrawal
- Concealment
- Selective Disclosure
- Community Involvement
- Humor
- Establishing Personal Empowerment*

Homophobia/Transphobia

- **Concealment**
- **Selective Disclosure**
- **Community Involvement**
- **Humor**
- Invisibility
- Educating Others

Coping with Dual-Stigma

- Community support & mental health treatment specific to this population