



UNDERSTANDING THE ROLE OF SOCIAL SUPPORT IN MENTAL HEALTH WELL-BEING OF LGBTQ COMMUNITY

Rashi Juneja

Clinical Psychologist, Mind Ease – Psychological Services & Wellness Center, New Delhi.

Anuja Kapoor*

Clinical Psychologist, Mind Ease – Psychological Services & Wellness Center, New Delhi. *Corresponding Author

Aman Choudhary

Assistant Professor, G.D. Goenka University, Haryana.

ABSTRACT LGBTQ individuals experience higher rates of mental health problems as compared to heterosexual individuals. The purpose of this review paper was to examine studies, evaluating social support and its effects on the mental health in the LGBTQ population. Higher levels of social support were associated with positive self-esteem. Lack of social support (or low social support) was associated with higher levels of depression, anxiety, self-harm behaviors, suicidal ideations, shame, and low self-esteem. Interdisciplinary approach from diverse professions and keeping protective factors into consideration could provide valuable insight in supporting the development of inclusive and comprehensive interventions programs for this population.

KEYWORDS : LGBTQ, Homosexuals, LGBTQ Community

INTRODUCTION

Gender is a social construct characterising of women and men, such as roles, relationships and norms between groups of women and men. It differs from one society to another society and is dynamic in nature. While most individuals are either male or female by birth, they are taught suitable norms and behaviours. Some of them consist of: how they should interact with others of the same or opposite sex within households, communities and work places. When individuals or groups do not follow conventional gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect overall well-being, influence an individual's susceptibility to different health conditions and diseases and their enjoyment of good mental, physical health and wellbeing. They also have an effect on individual's access to and uptake of health services and on the health outcomes they experience throughout the life-course (World Health Organisation).

Many at times one mistakes SEX and GENDER to be the same but both of them hold different meanings. Sex is the anatomy of the reproductive system and the secondary sexual characters. It is the biological difference, that is, male and female. Hence, it is vital to be accepting of people of different genders orientation. As we can now see that gender is not a nominal term, a person's gender can vary and lies on a large SPECTRUM in which s/he can identify herself/himself. Some of the major broad categories are referred to as LGBT.

According to American Psychological Association, "LGBT is shorthand for Lesbian, Gay, Bisexual, and Transgender or gender non-conforming. The LGB part of LGBT is in reference to the sexual orientation of individuals. To understand LGBT one needs to understand the meaning and importance Sexual Orientation. Psychology Today defined sexual orientation as "patterns of emotional, romantic, and sexual attraction—and our sense of personal and social identity based on those attractions. Sexual orientation lies on a continuum; it cannot be broken down into binary form."

The "T" in LGBT stands for transgender or gender non-conforming, and is an umbrella term for people whose gender identity or gender expression does not conform to that typically associated with the sex to which they were assigned at birth. Some who do not identify as either male or female prefer the term "genderqueer." While it is important to understand that sexual orientation and gender identity we must also understand that they are not the same thing, they do both reflect differing forms of gender norm transgression and share an intertwined social and political history. Due to the lack of knowledge about the difference between gender and sex many of us in the society find it difficult to comprehend the LGBT individuals. This in turn plays a role of non-acceptance, discrimination, victimization, and stereotyping different individuals on the basis of their sexual orientation. The latter causes a build-up of negative emotions and feelings inside the individual at the receiving end

which can not only induce stress but also hamper the mental functioning and it turn her/his overall mental health.

The most appropriate way to deal effectively with both the negative and positive situational demands related to a person's gender, and mental health well-being in the longer run, is by providing *social support*. It is one of the *key* is factor which allows one to become resilient towards all the stressors pertaining to gender and sexual orientation. Social support refers to the various ways in which individuals aid others. To receive support from another, one must participate in at least one important relationship. Some of the major sources of social support are families, schools, peers, and mass media. However, social support has often been summarized as a network of individuals on whom one can rely for psychological or material support to cope effectively with stress. Social support is theorized to be offered in the form of instrumental support (i.e., material aid), appraisal/informational support (i.e., advice, guidance, feedback), or emotional support (i.e., reassurance of worth, empathy, affection).

Social support has also been linked improved adjustment to specific illnesses, such as cardiovascular disorders and cancer. Conversely, lack of social support has been associated with increased anxiety and depression, an increase in cardiovascular problems, feelings of helplessness, and unhealthy behaviors (e.g., sedentary lifestyle, habitual alcohol use). For example, a lack in parental support predicted potential increases in depressive symptoms and onset of depression in adolescent girls. That is, girls who had very little to no support from their parents were more likely to develop depression than were girls who had parental support. In addition, females reporting low levels of perceived support also have more eating problems than do females reporting high levels of support (Social Support. n.d.).

REVIEW OF LITERATURE

Hatzenbuehler et al. (2017) aimed to see the affect of high and low level of social support by exposing different communities (in USA), same sex marriage. Data from a sample of 352,343 LGBT respondents and non-LGBT respondents based in was taken. Findings showed that both the variables can be related to each other as they influence the sexual orientation and health disparities. It also supports that the stigma around LGBT community affects the LGBT mental health. Another study by Trujillo et al. (2017) explored that there was an association between discrimination, mental health, and suicidal ideation in Trans individuals due to the social support. They found out that discrimination on lack of social support caused depressive symptoms which lead to suicidal ideation. It was also found out that discrimination caused suicidal ideation only for those who have low social support. Most importantly it is the support from families' and friends' that contributed to reduce symptoms of post-traumatic stress disorder and depression in children between the ages of 16-19 years, where as in 20 year old individuals mainly support from friends' contributed towards reducing the clinical

symptoms (Wise et al. 2017). In another longitudinal study over 5.5 years was done on a sample of 232 LGBT individuals between 16-20 years of age. Findings reported that presence of social support can lead to mental health whereas its absence can cause psychological distress (McConnell et al. 2016). Watson et al. (2016) also studied the various sources of social support that may play a role in promotion of better psychosocial adjustment of LGB (N=835) youth using the social support theory. Findings of the study reported that lower depression and high self-esteem were found in all of them who had parental support, except lesbians for whom self-esteem was not related to social support. They concluded that parents, clinicians, and schools are a road map that will help in finding support. In another study by Budge et al. (2014), researchers explored the association between depression, anxiety, coping, and social support in queer individuals. Findings of the study were that there was a direct relationship between social support and depression and anxiety. Coping was related to depression and anxiety. Also, they said that via coping factors and social support we can predict the presence and absence of anxiety.

In a comparative study between the LGB men and women and their heterosexual peers in regards to the function and composition of social support network. Findings suggested that both the types of people relied less on their families, more on friends/coworkers, for everyday support (discussing problems and participating in bonding and social activities) but when major support (financial aid) was required lesbians, bisexual women, and heterosexual men and women relied on family, whereas, gay and bisexual men depended on others with the same sexual orientation (Frost et al. 2016). In a study by Lyons (2016) it was observed that emotional support plays an important role in the psychological well-being. Emotional support can be considered a tool to promote psychological well-being amongst aging gay men. Another study by Dickenson et al. (2016) analysed how sexual activity and positive mental health outcomes were influenced by family support and gender. They found out those girls who had support from family, those who participated in homosexual intercourse had higher levels of symptoms for depression. In the case of LGB youth with less family support displayed no connection between sexual activity and symptoms of depression. They concluded that context is crucial for the determination of futility or benefits of homosexual intercourse in the LGB youth. Hughes (2016) also tried to understand how the experience of loneliness and social support among LGBT people were correlated. They found out that lack of social bond and living alone lead to lower mental health and high psychological stress. However, when in crisis they received help from their family and peers. Kwon, P. (2013) wrote an article, which included a theoretical framework, on how social support is a resilience factor of a LGB individual. It influences their developmental needs and acceptance of their sexual orientation. It causes prejudices too. Two things which help a LGB individual in being healthy psychologically are hope and optimism. Graham et al. (2013) also found that social support from family and peers, irrespective of their sexual orientation, was directly influencing their well-being (Doty et al. 2010) and on the contrary family support received did not have any effect on the quality of the relationship in the same-sex couples.

Olson et al. (2016) did his research on socially transitioned transgender children and their mental health. Results revealed that there was a slight increase in the levels of anxiety but not in depression in comparison to non-transgender children (of the same age group). They concluded that acceptance and support received in their gender identity lead to such a result. In another study by Claes et al. (2015) examined the relationship of intra- and interpersonal problems with non-suicidal self injury in Trans People. The sample consisted of untreated individuals with a diagnosis of transsexualism. A positive correlation was seen between the two variables. The concluded that lack of social support should be of utmost consideration while analyzing transgender people and their psychological functioning. Budge et al. (2013) tried to see the connection between coping style (facilitative and avoidant) of transgender individuals (N=226) and distress and transition status, social support, and loss. Findings revealed that they had extremely high level of depressive symptoms and anxiety levels and that more often than not avoidant coping style is used. They concluded that interventions such as higher social support are required to reduce the avoidant coping style and boost the mental well-being.

A study done by Birkett et al. (2015) highlighted various factors

which influence psychological distress amongst LGBTQ over time. The sample consisted of 231 LGBTQ adolescents between the ages 16-20 years. Results indicated that experiencing less victimization leads to less psychological stress. Also, that social support received from immediate family, friends and significant partners was negatively correlated to psychological distress. In order to examine the specific risk factors and protective factors influencing LGBTQ individuals to the manifestation of suicidal ideation and self-harm Liu et al. (2012) in his research found that the specific risk factors related to suicidal ideation were history of suicide, prospective victimization, less social support, impulsivity whereas for self-harm the factors were suicide attempt history, being a female, nonconformity of gender in childhood, expectations of being hopeless and being victimized.

Schrimshaw et al. (2013) wanted to see why bisexual men had worse mental health in comparison to gay men and to see why the former conceal their identity more in comparison to the latter. The sample was of 203 non-gay, behaviorally bisexual men who do not unveil their same-sex behavior in front of their lady partners. Factors that were considered responsible were high salary, identifying themselves as straight, living in a house with either their girlfriend or wife, sex with women on a higher rate in comparison to sex with men. Those who have poor mental health, internalized homophobia and less emotional support they did not disclose this information to their social groups.

Berge et al. (2010) looked how stress of being LGB, the stigma around it and internalized homo-negativity LGB youth (N=743, aged less than 26 years). They also analysed the positive and negative effects of social support on the mental health of the latter. It was found that unsupportive social interactions (or communication) to have the greatest impact on the mental health, followed by the stigma around it and internalized homo-negativity.

DISCUSSION

In many of the researches it has been found out that the lack of social support regarding being LGBT leads to mental health problems, stress, internalized homophobia, and emotional and psychological distress. It has also been seen that the presence of social support from families, peers, schools, media, and from other individuals of LGBT community can act as an intervention and (or) precautionary measure to aid LGBTs to good mental health and well-being. Many researches have been found that support everything which has been mentioned above. Finding among one of the above mentioned research showed that social support increases self-acceptance, self- and LGBT-esteem and that it also helps in decreasing suicide rates. It was also found by researchers that social support acts as a resilience factor which in turn promotes mental health. Three different studies have also been reviewed which had three very interesting perspectives. Researchers have also shown that at times to find social support or to cope with stress regarding their sexual orientation LGBTs (majority women) indulge in health compromising behaviours, such as, smoking and drinking. In the next one it was observed that low social support was the onset of high levels of depressive symptoms and suicidal ideation in contrast to that of the 'normal/general' public. In the last one it was stated that the location at which LGBTs residence, that is, urban or rural can have an impact on the levels of psychological distress and the availability of social support. If person belongs to the rural area more often than not, the mental health of that LGBT individual is compromised.

CONCLUSION

After completing all the literature review we can conclude that social support is positively correlated to the mental health of LGBTs. The presence or absence of the same can make an enormous difference. It is evident that, for future, one must further analyse the social, environment and the psychology of the LGBT community to fittingly measure how their mental health is being compromised. More Indian researches are required in this area. LGBT community friendly policies are required like reservation for LGBT communities in colleges, schools, removal of section 377 (Rautray, S. 2018) which criminalises homosexual activities, and equal representation in parliament. Awareness programs are required within the LGBT community regarding the psychological distress that they might encounter due to the societal pressure like discrimination and victimization. On top of that, the most critical requirement is to educate the society and culturally bring about a

change. Teach them that gender is not binary, that it isn't abnormal, unnatural, or a disease, and increase acceptance of the LGBT community. Steps are required at both societal as well as individual level so that change can be integrated in to the society and culture.

REFERENCES

- Berghe, W. V., Dewaele, A., Cox, N., & Vincke, J. (2010). Minority specific determinants of mental well-being among lesbian, gay, and bisexual youth. *Journal of Applied Social Psychology*, 40(1), 153-166.
- Birkett, M., Newcomb, M. E., & Mustanski, B. (2015). Does it get better? A longitudinal analysis of psychological distress and victimization in lesbian, gay, bisexual, transgender, and questioning youth. *Journal of Adolescent Health*, 56(3), 280-285
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, 81(3), 545-557.
- Budge, S. L., Rossman, H. K., & Howard, K. A. (2014). Coping and psychological distress among genderqueer individuals: The moderating effect of social support. *Journal of LGBT Issues in Counseling*, 8(1), 95-117.
- Claes, L., Bouman, W. P., Witcomb, G., Thurston, M., Fernandez - Aranda, F., & Arcelus, J. (2015). Non - Suicidal Self - Injury in Trans People: Associations with Psychological Symptoms, Victimization, Interpersonal Functioning, and Perceived Social Support. *The Journal of sexual medicine*, 12(1), 168-179.
- Dickenson, J. A., & Huebner, D. M. (2016). The relationship between sexual activity and depressive symptoms in lesbian, gay, and bisexual youth: Effects of gender and family support. *Archives of sexual behavior*, 45(3), 671-681.
- Doty, N. D., Willoughby, B. L., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, 39(10), 1134-1147.
- Frost, D. M., Meyer, I. H., & Schwartz, S. (2016). Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*, 86(1), 91-102.
- "Gender." World Health Organization (n.d.).
- Graham, J. M., & Barnow, Z. B. (2013). Stress and social support in gay, lesbian, and heterosexual couples: Direct effects and buffering models. *Journal of Family Psychology*, 27(4), 569.
- Hatzenbuehler, M. L., Flores, A. R., & Gates, G. J. (2017). Social Attitudes Regarding Same Sex Marriage and LGBT Health Disparities: Results from a National Probability Sample. *Journal of Social Issues*, 73(3), 508-528
- Hughes, M. (2016). Loneliness and social support among lesbian, gay, bisexual, transgender and intersex people aged 50 and over. *Ageing & Society*, 36(9), 1961-1981.
- Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review*, 17(4), 371-383
- Association, A. P. (n.d.). Lesbian, Gay, Bisexual, Transgender.
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American journal of preventive medicine*, 42(3), 221-228.
- Lyons, A. (2016). Social support and the mental health of older gay men: findings from a national community-based survey. *Research on aging*, 38(2), 234-253.
- Lyons, A., Hosking, W., & Rozbroj, T. (2015). Rural - urban differences in mental health, resilience, stigma, and social support among young Australian gay men. *The Journal of rural health*, 31(1), 89-97.
- McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 59(6), 674-680.
- McConnell, E. A., Birkett, M. A., & Mustanski, B. (2015). Typologies of social support and associations with mental health outcomes among LGBT youth. *LGBT health*, 2(1), 55-61.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics*, peds-2015.
- Rautray, S. (2018, July 13). Removal of section 377 enough to end discrimination: Supreme Court.
- Schrimshaw, E. W., Siegel, K., Downing, M. J., Jr., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology*, 81(1), 141-153
- Social Support. (n.d.). Retrieved from <https://psychology.iresearchnet.com/social-psychology/interpersonal-relationships/social-support/>
- Trujillo, M. A., Perrin, P. B., Sutter, M., Tabaac, A., & Benotsch, E. G. (2017). The buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample. *International Journal of Transgenderism*, 18(1), 39-52.
- Watson, R. J., Grossman, A. H., & Russell, S. T. (2016). Sources of social support and mental health among LGB youth. *Youth & Society*, 0044118X16660110.
- Wise, A. E., Smith, B. C., Armelie, A. P., Boarts, J. M., & Delahanty, D. L. (2017). Age moderates the relationship between source of social support and mental health in racial minority lesbian, gay, and bisexual youth. *Journal of Health Psychology*, 1359105316686667.