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Authors

Frost, David M.

Levahot, Keren

Meyer, Ilan H.

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Minority Stress and Physical Health Among Sexual Minorities



David M. Frost
San Francisco State University



Keren Lehavot
University of Washington



Ilan H. Meyer
University of California, Los Angeles

1. INTRODUCTION & AIMS

Research suggests that sexual minorities (i.e., lesbian, gay, and bisexual men and women) may be at higher risk for physical health problems compared to heterosexuals (Conron et al., 2010, Sandfort et al., 2006).

Minority stress theory (Meyer, 2003) suggests that sexual minority individuals are at risk for health problems because of the social stress that stems from their experiences of:

- Prejudice-Related Stressful Life Events
- Everyday Discrimination
- Expectations of Rejection
- Stigma Concealment
- Internalized Homophobia

However, few studies exist that examine the degree to which minority stressors predict physical health outcomes among sexual minority individuals (Aaron & Hughes, 2007; Pantalone, Hessler, & Simoni, 2010; Lehavot, Walters, & Simoni, 2009).

Existing studies of the effect of minority stress on physical health are limited by:

- Failure to account for the full gamut of minority stressors
- Exclusive focus on subjectively reported stressors
- Cross-sectional data

Further, research has yet to adequately demonstrate the negative health effects of prejudice-related stress above and beyond the effects of general life stressors.

We aimed to examine the effect of sexual minority individuals' experiences of minority stressors over a period of 1 year on their physical health measured over the same 1-year period. We further examined the degree to which minority stressors - measured both via subjective report and in the form of objectively rated stressful life events - affected health outcomes above and beyond the effects of general stressful life events not related to prejudice.

2. METHOD

We conducted initial interviews with 396 LGB men and women living in New York City (see Table 1) with 94% retention at a one-year follow-up interview. Interviews included measures of:

Minority Stressors (Subjectively Reported)

- *Everyday Discrimination* (Williams et al., 1997)
- *Expectations of Rejection* (Link, 1987)
- *Stigma Concealment/Outness* (Meyer et al., 2002)
- *Internalized Homophobia* (Meyer & Dean, 1998)

Minority Stressors (Objectively Rated)

- *Prejudice-Related Stressful Life Events* were assessed with stressful life event narratives (Dohrenwend et al., 1993; Meyer et al., 2008). Life event narratives were objectively coded by 2 independent raters with regard to whether or not prejudice was involved in the experience of the event.

Physical Health Outcomes

- Experiencing a *Serious Physical Health Problem* in the past year was assessed with the stressful life event inventory (Dohrenwend et al., 1993). Participants responded to a prompt about being diagnosed with a serious health problem or illness in the past year, and 2 independent raters coded responses as indicative of experiencing a serious health problem.

- *General Health Rating* (SF-12; Ware et al., 1996)

3. RESULTS

Serious Physical Health Problems

Logistic regression (Table 2) revealed that the odds of experiencing a serious physical health problem between baseline and follow-up were about 3 times higher among sexual minorities who experienced a prejudice-related stressful life event during the same period compared to those who did not experience a prejudice-related life event. This effect remained statistically significant controlling for general stressful life events (not involving prejudice) and the other four subjectively-assessed minority stressors, as well as demographic/SES controls and lifetime history of physical health problems measured at baseline.

No other minority stressors were associated with experiencing a serious physical health problem.

General Health Ratings

Linear regression (Table 2) demonstrated that everyday discrimination and internalized homophobia were significantly associated general health ratings observed over a 1 year period. These effects also remained significant after including controls in the model.

Prejudice-related stressful life events were not associated with general health ratings.

4. CONCLUSIONS

Minority stressors can indeed have negative effects on the physical health of sexual minority individuals.

Our findings demonstrate that over a period of one year, greater experiences of minority stress were associated with a higher likelihood of experiencing physical health problems during that same period, net the effects of general stressors, demographic/SES controls, and baseline health.

These findings indicate that prejudice-related stressful life events can be more damaging to physical health than general stressful life events that do not involve prejudice.

However, the effects of the various forms of minority stress on health depend on the type of physical health outcome under consideration.

Objective measures of minority stress (i.e., prejudice-related life events) best predict objectively assessed serious physical health problems, while subjective reports of minority stress (e.g., everyday discrimination) best predict individuals' subjective ratings of their overall health.

Table 2. Associations between minority stress and physical health over a one-year period (N = 371).

	Serious Physical Health Problem (Life Event)					General Health Rating (SF-12)				
	B	p	Odds Ratio	95% C.I.		B	p	Beta	95% C.I.	
				Lower	Upper				Lower	Upper
Constant	-6.68	0.00	0.00			67.42	0.00		58.30	76.54
<i>Minority Stressors</i>										
Prejudice Life Event	1.21	0.01	3.36	1.28	8.84	2.52	0.19	0.06	-1.26	6.31
Expectations of Rejection	0.17	0.47	1.19	0.75	1.89	-0.04	0.96	0.00	-1.61	1.53
Everyday Discrimination	0.27	0.34	1.31	0.75	2.27	-2.49	0.01	-0.15	-4.33	-0.65
Internalized Homophobia	0.23	0.52	1.26	0.62	2.56	-3.28	0.01	-0.15	-5.70	-0.85
Outness	0.32	0.20	1.37	0.85	2.22	-0.91	0.25	-0.06	-2.46	0.65
<i>General Stressors</i>										
Life Event (Non-Prejudice)	0.84	0.02	2.32	1.12	4.79	-1.07	0.31	-0.05	-3.11	0.98
<i>Controls (Demographic & SES)</i>										
Ethnic/Racial Minority	0.75	0.04	2.11	1.04	4.26	-0.66	0.55	-0.03	-2.85	1.53
Female	-0.25	0.39	0.78	0.44	1.38	-1.61	0.09	-0.08	-3.49	0.26
>= Bachelors Degree	-0.15	0.62	0.86	0.47	1.58	1.87	0.06	0.10	-0.11	3.85
Age	0.04	0.01	1.04	1.01	1.08	0.04	0.50	0.04	-0.07	0.15
Unemployed	0.09	0.81	1.09	0.52	2.28	-2.15	0.11	-0.08	-4.77	0.47
<i>Controls (Baseline Health)</i>										
BL Phys. Health Diagnoses	0.17	0.01	1.19	1.05	1.34	-1.38	0.00	-0.33	-1.82	-0.93

Note: Results are obtained from logistic regression (Serious Health Problems) and linear regression (General Health Ratings) models. Minority stress variables were measured at 1-year follow-up and reflect experiences that occurred in the 1 year between baseline and follow-up interviews. **BOLD TEXT** $p < .05$

Table 1. Sample demographics (N = 396).

	Gay & Bisexual Men (n = 198)	Lesbian & Bisexual Women (n = 198)
Age	M = 32.4 (SD= 8.9)	M = 32.4 (SD= 9.6)
White	n = 67 (34%)	n = 67 (34%)
Black	n = 67 (34%)	n = 64 (32%)
Latino	n = 64 (32%)	n = 67 (34%)
≤ HS Diploma	n = 45 (23%)	n = 41 (21%)
Coupled	n = 73 (37%)	n = 111 (56%)

SELECTED CITATIONS

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