

The Psychological Well-Being of Young Adults of a Sexual Minority

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ABSTRACT: *Compared to their heterosexual counterparts, the literature on sexual minority youth and young adults has highlighted low mental status in those groups. Stress factors such as bullying and physical abuse are often more likely to be faced by sexual minorities. However, in Iceland, a Nordic country known for a high degree of sexual equality, the sexual minority of young adults has not been studied much. A notable question, considering what the literature has shown to date, is whether the mental well-being trends of adolescents and young adults in the sexual minority in Iceland are comparable to other countries. The purpose of the present study was to provide an evaluation of the mental well-being of young adults in the sexual minority in Iceland. In 16-20 year-olds, both sex-attracted and same-sex-attracted participants, we used population data to analyze a set of mental well-being measures and compared them to other sex-attracted peers. Findings revealed that young adults of the sexual minority displayed substantially higher levels of depressed mood, frustration, and perceived stress than young adults attracted to other sexes. However, when stratified by the trend of gender and sexual orientation, the study showed that young women drawn to both sexes scored considerably higher on all measures than any other category. We conclude that research in this field should aim to differentiate between the attraction of the same sex and both sexes as well as to stratify gender analyses. A compelling focus for future research is the well-being of both-sex-attracted young women.*

KEYWORDS: *Depressed Mood, Frustration, Mental Health, Sexual Attraction, Sexual Minority, Stressors.*

INTRODUCTION

Studies have shown that teenagers and young adults of the sexual minority face a number of difficulties in daily life beyond the typical stressors experienced by other young people. Adolescents of the sexual minority, for instance, face stress associated with coming out, fear of family rejection, and different forms of social discrimination. As one notable example, psychosocial stress factors like these constitute significant risk factors for depression. The objective of the present study was to examine levels of depressed mood, frustration, and perceived stress among young adults attracted to the same sex and attracted to both sexes in Iceland, a progressive country with regard to sexual minority problems [1]. Despite increased public understanding of discrimination against sexual minorities, little effort has been made to study this group's health and well-being in Iceland. Studies are required to determine whether, relative to their heterosexual counterparts, the high levels of acceptance in Iceland have resulted in comparable rates of mental well-being among sexual minority youth. A secondary objective of our research was to investigate whether lifetime experiences of victimization (both physical and online) may explain differences in sexual orientation measures of mental health [2].

THE MENTAL HEALTH OF SEXUAL MINORITY

Compared to the heterosexual population, a large body of research, accrued in the previous two decades, points to poorer mental and physical health of sexual minority individuals. The bulk of the mental health literature on sexual minority groups has been dedicated to suicidal activities, which are particularly prevalent among youth of the sexual minority. Young sexual minorities are often at higher risk of suffering from depression and anxiety, engaging in self-harm, having lower self-esteem, and using illegal drugs than their

heterosexual peers. In addition, studies have shown that, relative to heterosexual teens, sexual minority students perform worse academically.

Although suicidal behaviors, depression, and stress have been studied quite extensively, in the literature, many other emotions have received much less attention, rage being a notable example. If left unchecked in adolescence, rage has been associated with a variety of adverse effects in adulthood, such as increased blood pressure, drug use, and suicidal behaviors [3]. In the relationship between bullying and delinquency among teenagers, rage has also been found to be a key mediator. Little is known, however, about levels of rage among youth of the sexual minority. Since it has been shown that anger and depressed mood co-occur in children and teenagers, it is fair to conclude that young adults in the sexual minority will display higher levels of anger than their heterosexual peers, although this disparity is not currently understood [4].

SEXUAL ATTRACTION PATTERNS AND MENTAL HEALTH

The differentiation in research between homosexuality and bisexuality is relatively recent. The research that has accumulated over the past two decades, however, indicates that both sex-attracted individuals are at an even greater risk of adverse mental health outcomes than same-sex-attracted individuals. Fighting one's sexual identity may be a risk factor, leading to an already difficult time in the lives of young people. A meta-analysis by Marshal et al., for example, found that bisexual teenagers were almost five times more likely than their heterosexual peers to experience suicidal activity. The reasons for this trend are unknown, but bisexual people may face specific stressors in addition to traditional challenges facing sexual minority individuals [5]. For example, some studies have pointed out that both the hetero- and homosexual cultures can stem from bi-phobia. Compared to same-sex-attracted individuals, both-sex-attracted individuals can also face "double discrimination." Studies also shown that bisexual people are less forthcoming about their sexuality and experience a higher degree of difficulty than lesbian and gay people embracing their sexuality. In addition, Herek found that the American public has an overall less favorable view of bisexual people than of lesbian and gay people in measuring the viewpoint of the general population on bisexuality [6].

Cultural Comparison and Minority Stress

Societal recognition of sexual minority persons has generally increased in Western Europe in recent years. Nevertheless, Iceland, an island nation in the North Atlantic, holds a very distinctive position on the rights of sexual minorities. Sexual minority people have the same civil rights as heterosexual individuals, and overall, Icelanders have an accepting view of individuals of sexual minorities. To show, the world's first openly lesbian prime minister took office in Iceland in 2009; a bill legalizing same-sex marriage was overwhelmingly signed into law in 2010; and the president of the country was the first national head of state to officially address the Gay Pride Parade in 2016. Of course, political inclusion does not equal full social inclusion of sexual minorities, and formal rights do not by themselves eradicate stigma, bullying, and other forms of victimization. In Iceland, there are still problems that sexual minorities face. Qualitative research conducted among LGBT high school students in Iceland, for example, found that the Icelandic school system is mostly hetero-normative and does not allow students to come out.

This is apparent in research undertaken in multicultural communities on the mental health of sexual minority individuals. A recent study conducted in Norway, a country well known for its progressive view of sexual minority problems, for instance, found that adolescents with sexual minorities reported higher levels of depression, suicidality, and drug use than their heterosexual peers. Moreover, relative to a study of U.S. teenagers, in addition to having similar levels of mental health issues, Norwegian sexual minority adolescents displayed similar levels of aversive health habits, such as cigarette smoking and alcohol intake [7].

The idea of minority stress theory has been one effort to understand the health differences between the heterosexual population and sexual minority communities. In short, the hypothesis suggests that anti-gay stigma induces undue stress, causing mental and physical health issues in addition. Research support the idea that adolescents of the sexual minority face additional stress factors beyond those of their heterosexual peers; studies from North America and Europe indicate that adolescents of the sexual minority are more likely than their heterosexual peers to encounter bullying in school and harassment by peers or adults physically and sexually, as well as experiencing lower levels of social support. The accumulation of these variables could potentially impair their stress-coping capacity [8]. In fact, one U.S.-based study by Bontempo and D'Augelli showed that sexual minority students had higher levels of drug use and suicidality among young people who had experienced victimization at school than heterosexual youth, while this distinction between sexual minority youth and heterosexual youth was not found among those who had not experienced victimization [9].

However, it should be noted that minority stress has been questioned as a key causal factor for the mental health inequalities of LGB youth in recent years, especially in the light of findings in socially progressive countries. In adult populations, twin studies have found genetic variables to be closely associated with elevated levels of depression as well as neuroticism and psychoticism. A Swedish study by Donahue et al. found that while adolescents with sexual minorities faced higher victimization and violence relative to their heterosexual peers, their twins with non-sexual minorities experience equal levels of victimization. The inference was that in this population, family factors (genetic or environmental) may explain reduced psychological adjustment. In reality, one Rothblum and Factor American study of adult women showed that openly lesbian women had substantially greater self-esteem than their heterosexual sisters. However, genetic and twin studies remain beyond the reach of the current research [10].

Gender Disparities in Sexual Minority Mental Health Mental health metrics not only vary between individuals by sexual orientation, but gender also plays a major role. The paradigm of intersectionality provides a helpful perspective on the interplay between sexuality and gender. From this viewpoint, all individuals fall into various social categories that are interconnected and complex, each comprising a dimension of oppression or influence. As women still face sexism and obstacles that are not faced by men, and bisexual individuals seem to face more challenges than lesbians and gay men do, it should come as no surprise to find out about bisexual young women. Compared to other young women, bisexual female teenagers and bisexual young women have repeatedly been shown to be at a disproportionately high risk of aversive outcomes, such as increased substance use, depression, low self-esteem, suicidal ideation, physical assault, and use and sale of drugs. Therefore, at present, both-sex-attracted women may face numerous inequalities that other sexual minorities do not generally face. This is linked to the theory of minority stress, since in a male-dominated society, both sex-attracted women not only face obstacles as women, but may also constitute a "invisible" category within the sexual minority culture. For the bisexual male population, studies are less specific on this relationship, but research into suicidal activity, in which gay men and bisexual men are differentiated, points to an increased risk of suicide in the bisexual community relative to the gay group.

CONCLUSION

The present research is the first documented population study of sexual minority young adults' mental health that assess levels of anger, a significant emotion, among this group. Overall, same sex-attracted and both-sex-attracted young adults displayed higher levels of frustration, depressed mood, and perceived stress than their other-sex-attracted counterparts did. Young women drawn to both sexes showed a particularly high risk of poor mental health. This result is consistent with previous research, and it suggests that while Iceland

is perceived to be progressive and sexual minority individuals are accepted, further study is required. Gender has played an important role in the relationship between sexual orientation trends and mental wellbeing, as previous studies have suggested. The current findings demonstrate that individuals of the sexual minority should not be treated as a homogeneous group, but rather as distinct groups that face diverse challenges and may rely on different coping mechanisms.

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