

## RESUMEN

Las personas que pertenecen al colectivo LGBT han sido objeto de discriminación a lo largo de los años por el simple hecho de desplazarse de la heteronormatividad presente en nuestra sociedad. Este colectivo minoritario padece diversos problemas psicológicos, entre otros, sintomatología depresiva y ansiosa, como consecuencia del estigma, los prejuicios y el poco apoyo social que reciben. Hay diversos estudios que intentan darle una explicación a las repercusiones mentales de estas causas, como por ejemplo la Teoría del Estrés Minoritario de Meyer (2003, 2015).

Así pues, el objetivo de esta investigación es averiguar si existen diferencias significativas entre distintas variables relacionadas con la sexualidad y el estado de ánimo, previamente evaluadas a través de distintos instrumentos, entre hombres de 18 a 30 años dependiendo de su orientación sexual. El número de participantes de la muestra fue de 402, de los cuales 193 se identificaron como heterosexuales, 122 como homosexuales y 87 como bisexuales. Los resultados mostraron en su mayoría lo que la literatura científica predecía: las personas que se identificaron como homosexuales y bisexuales presentaron mayor sintomatología de depresión y de ansiedad y menor satisfacción sexual, respecto a los sujetos que se identificaron como heterosexuales. Además, en cuanto a las variables de ideación suicida y abuso sexual, estas diferencias se mantuvieron, ya que los participantes homosexuales y bisexuales presentaron mayores indicios en comparación con los participantes heterosexuales. No obstante, los sujetos heterosexuales indicaron peor autoestima en comparación con los sujetos homosexuales y bisexuales.

A modo de conclusión, se corroboró que las personas con una orientación sexual diferente a la heterosexual presentan mayor probabilidad de tener sintomatología relacionada con los trastornos del estado de ánimo.

**Palabras clave.** *Orientación sexual, depresión, ansiedad, sexualidad, salud mental*

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## ABSTRACT

LGBT people have been discriminated over the years simply because they do not act and belong to the heteronormativity present in our society. This minority group suffers from several psychological problems, including depressive and anxious symptoms, as a result of the stigma, prejudice and poor social support that they receive. There are several studies that try to explain the mental repercussions of these causes, such as Meyer's Minority Stress Theory (2003, 2015).

Thus, the aim of this research is to find out if there are significant differences between different variables related to sexuality and mood, previously evaluated through some instruments, among men between 18 and 30 years old depending on their sexual orientation. The number of participants in the sample was 402, which 193 of them have identified as heterosexual, 122 as homosexual and 87 as bisexual. The results showed mostly what the scientific literature predicted; people who identified themselves as homosexual and bisexual presented major symptoms of depression and anxiety and less sexual satisfaction than those who identified themselves as heterosexual. In addition, suicidal ideation and sexual abuse showed similar results, and these differences were maintained, since the homosexual and bisexual participants presented higher signs compared to the heterosexual participants. However, heterosexuals showed worse self-esteem compared to homosexual and bisexual participants.

In conclusion, it was shown that people with a different sexual orientation than heterosexuals are more likely to have symptoms related to mood disorders.

**Key words.** *Sexual orientation, depression, anxiety, sexuality, mental health*

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# MENTAL HEALTH AND SEXUAL ORIENTATION: DISPARITIES AMONG MINORITIES

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## INTRODUCTION

Nowadays, there are still some gaps where discrimination against minority groups is a real issue, with serious consequences.

Higher evidence on measures of anxiety, depression and negative affect has been shown in homosexual and bisexual population compared to heterosexuals (Marshall et al, 2011) because sexual minorities are less socially integrated, and consequently have less social support, where bisexual population present the worst symptoms (Borgogna, McDermott, Aita and Kridel, 2019). Besides, depressive symptomatology is closely related to high rate of suicidal thoughts and behaviors (Schlatter, Irala & Escamilla, 2005). This symptomatology is found from very early ages, and as time goes on, these differences between homosexual/bisexual and heterosexual increase (La Roi, Kretschmer, Dijkstra, Veenstra and Oldehinkel, 2016). In addition, sexual satisfaction is an area that has been found to be connected with anxiety (Jimenez, 2010).

Some studies agree that the most discussed and relevant aspect is the presence of stress as a cause of psychopathology. Meyer (2015) proposed the minority stress model, where he tries to explain the higher prevalence of mental disorders caused by excessive social stressors, such as stigma, prejudice and discrimination, related to their sexual orientation in the context of a cisgender/heterosexual society.

**OBJECTIVE:** to assess different issues related to sexuality and mood among men aged 18-30, and subsequently look for significant differences according to their sexual orientation.

**HYPOTHESIS:** homosexuals and bisexuals will obtain lower scores in self-esteem and sexual satisfaction and higher scores in anxiety, depression, suicidal ideation and sexual abuse, compared to heterosexuals.

## PARTICIPANTS

193 heterosexuals (48%)
122 homosexuals (30,3%)
87 bisexuals (21,6%)

## MATERIALS

BDI-II (Beck, Steer y Brown, 1996)
NSSS (Štulhofer, Buško y Brouillard, 2011)
RSES (Rosenberg, 1965)
STAI (Spielberger y Diaz-Guerrero, 2007)
Items related to suicidal ideation and sexual abuse

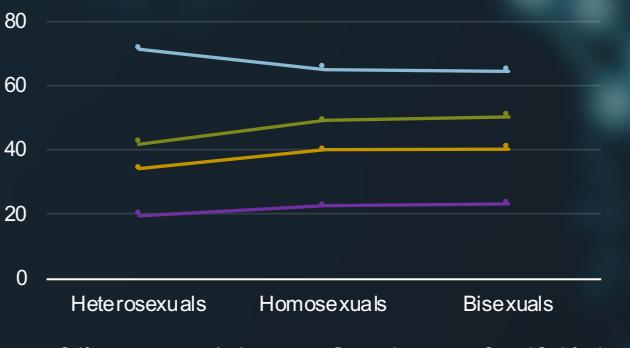
## PROCEDURE AND STATISTICAL ANALYSIS:

The administration of the battery of questionnaires was done through the Qualtrics platform and it was distributed by different social networks.

Data analysis was done through some statistical tests (frequency analysis, Kolmogorov-Smirnov, Kruskall-Wallis, ANOVA and chi-squared) using SPSS Statistics V25.0.

## RESULTS

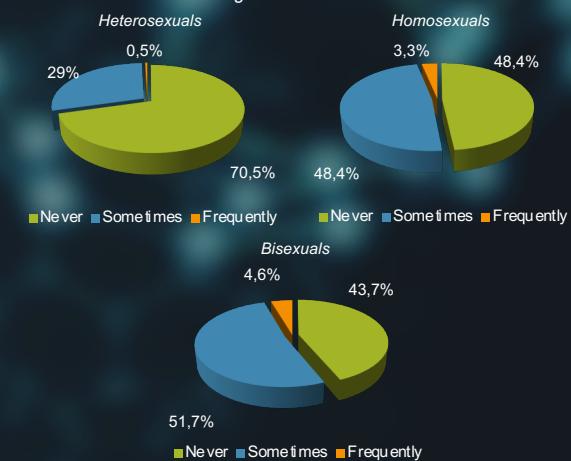
Figure 1. Average scores for self esteem, anxiety, depression and sexual satisfaction



Self-esteem, anxiety and depression scores are higher in homosexuals and bisexuals compared to heterosexuals (Figure 1).

Sexual satisfaction scores are lower in homosexuals and bisexuals compared to heterosexuals (Figure 1).

Figure 2. Rates for the item "Have you ever thought about suicide?"



Responses to the item "Have you ever thought about suicide?" show higher rates among homosexuals and bisexuals compared to heterosexuals (Figure 2).

## DISCUSSION

This research has achieved its main objective, and the results obtained are consistent with the scientific literature, since men who identified themselves as homosexual or bisexual have obtained worse scores in terms of depression, anxiety and sexual satisfaction (Pachankis and Goldfried, 2006), compared to heterosexual men. Regarding the variables on suicide and sexual abuse, significant differences have also been found associated with sexual orientation, where homosexuals and bisexuals obtained worse scores (Jorm, Korten, Rodgers and Christensen, 2002).

## PROPOSALS FOR PREVENTION AND INTERVENTION

Design and administer psychoeducational programs for parents, teachers and adolescents about sexual diversity and social isolation

Provide coping strategies to young people to deal with non-acceptance

## REFERENCIAS

1. Borgogna, N. C., McDermott, R. C., Aita, S. L., y Kridel, M. M. (2019). Anxiety and depression across gender and sexual minorities: Implications for transgender, gender nonconforming, pansexual, demisexual, asexual, queer, and questioning individuals. *Psychology of sexual orientation and gender diversity*, 6(1), 54.
2. Calvillo, C., del Mar Sánchez-Fuentes, M., y Sierra, J. C. (2018). Revisión sistemática sobre la satisfacción sexual en parejas del mismo sexo. *Revista iberoamericana de psicología y salud.*, 9(2), 115.
3. Dominguez, S., Villegas, G., Sotelo, N., y Sotelo, L. (2012). Revisión psicométrica del Inventario de Ansiedad Estado-Rasgo (IDARE) en una muestra de universitarios de Lima Metropolitana. *Revista Peruana de Psicología y Trabajo Social*, 1(1), 45-54.
4. Fergusson, D. M., Horwood, L. J., y Beautrais, A. L. (1999). Is sexual orientation related to mental health problems and suicidality in young people? *Archives of general psychiatry*, 56(10), 876-880.
5. Frost, D. M., y Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of counseling psychology*, 56(1), 97-109.
6. Gibbs, J. J., y Rice, E. (2016). The social context of depression symptomology in sexual minority male youth: Determinants of depression in a sample of Grindr users. *Journal of homosexuality*, 63(2), 278-299.
7. Hsieh, N. (2014). Explaining the mental health disparity by sexual orientation: The importance of social resources. *Society and Mental Health*, 4(2), 129-146.
8. Irish, M., Solmi, F., Mars, B., King, M., Lewis, G., Pearson, R. M., ... y Lewis, G. (2018). Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: a population-based cohort study. *The Lancet Child & Adolescent Health*, 3(2), 91-98.
9. Jacobson, R., Cohen, H., y Diamond, G. M. (2016). Gender atypicality and anxiety response to social interaction stress in homosexual and heterosexual men. *Archives of sexual behavior*, 45(3), 713-723.
10. Jiménez, O. R. R. (2010). Relación entre satisfacción sexual, ansiedad y prácticas sexuales. *Pensamiento psicológico*, 7(14).
11. Jorm, A. F., Korten, A. E., Rodgers, B., Jacomb, P. A., y Christensen, H. (2002). Sexual orientation and mental health: results from a community survey of young and middle-aged adults. *The British Journal of Psychiatry*, 180(5), 423-427.
12. La Roi, C., Kretschmer, T., Dijkstra, J. K., Veenstra, R., y Oldehinkel, A. J. (2016). Disparities in depressive symptoms between heterosexual and lesbian, gay, and bisexual youth in a Dutch cohort: the TRAILS study. *Journal of youth and adolescence*, 45(3), 440-456.

13. Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., ... y Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of adolescent health*, 49(2), 115-123.
14. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674.
15. Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209.
16. Mills, T. C., Paul, J., Stall, R., Pollack, L., Canchola, J., Chang, Y. J., ... y Catania, J. A. (2004). Distress and depression in men who have sex with men: the Urban Men's Health Study. *American Journal of Psychiatry*, 161(2), 278-285.
17. Moya Diago, M. L. (2016). Satisfacción con la apariencia de los genitales, satisfacción sexual y autoestima: estudio en población joven. Universitat Jaume I, Castellón, España.
18. Pachankis, J. E., y Goldfried, M. R. (2006). Social anxiety in young gay men. *Journal of anxiety disorders*, 20(8), 996-1015.
19. Plöderl, M., y Tremblay, P. (2015). Mental health of sexual minorities. A systematic review. *International review of psychiatry*, 27(5), 367-385.
20. Ross, L. E., Salway, T., Tarasoff, L. A., MacKay, J. M., Hawkins, B. W., y Fehr, C. P. (2018). Prevalence of depression and anxiety among bisexual people compared to gay, lesbian, and heterosexual individuals: A systematic review and meta-analysis. *The Journal of Sex Research*, 55(4-5), 435-456.
21. Safren, S. A., y Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of consulting and clinical psychology*, 67(6), 859.
22. Sanz, J., Perdigón, A. L., y Vázquez, C. (2003). Adaptación española del Inventory para la Depresión de Beck-II (BDI-II): 2. Propiedades psicométricas en población general. *Clínica y salud*, 14(3), 249-280.
23. Schlatter, J., Irala, J., y Escamilla, I. (2005). Psicopatología asociada a la homosexualidad. *Revista de Medicina de la Universidad de Navarra*, 69-79.
24. Vázquez-Morejón Jiménez, R., Jiménez García-Bóveda, R., y Vázquez Morejón, A. J. (2004). Escala de autoestima de Rosenberg: fiabilidad y validez en población clínica española. *Apuntes de Psicología*, 22(2), 247-255.
25. Westefeld, J. S., Maples, M. R., Buford, B., y Taylor, S. (2001). Gay, lesbian, and bisexual college students: The relationship between sexual orientation and depression, loneliness, and suicide. *Journal of College Student Psychotherapy*, 15(3), 71-82.