

Assessing Impact of Personality Traits on Mental Health in LGBTQI+ Youth

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ABSTRACT

Objective: Present research was commenced with the objective to lesbian, gay, bisexual, and transgender (LGBTQI+) youth come out at younger ages, and public support for LGBTQI+ issues has dramatically increased, so why do LGBTQI+ youth continue to be at high risk for compromised mental health? We provide an overview of the contemporary context for LGBTQI+ youth, followed by a review of current science on LGBT youth mental health. The personality and mental health status are two different concepts having impact on the development of human being. LGBTQI+ youth is studied under this domain.

Methodology: 22 participants were given the questionnaires Eysenck's personality questionnaire (EPQR) and Mental Health Status (MHS) Questionnaire. They were asked to answer the questionnaire with full open mind and time

Data Interpretation: Pearson's correlation was carried out between EPQR and MHS. The data found out moderate correlation between the personality traits and mental health

Conclusion: There is impact of personality trait and mental health status in LGBTQI+ youth

Keywords: Eysenck's personality questionnaire (EPQR) and Mental Health Status (MHS) Questionnaire.

Introduction:

In the period of only two decades, there has been dramatic emergence of public and scientific awareness of lesbian, gay, bisexual, and transgender and other orientation (LGBTQI+) lives and issues. This awareness can be traced to larger sociocultural shifts in understandings of sexual and gender identities, including the emergence of the "gay rights" movement in the 1970s and the advent of HIV/AIDS in the 1980s. Yet the first public and research attention to young LGBTs focused explicitly on mental health: A small number of studies in the 1980s began to identify concerning rates of reported suicidal behavior among "gay" youth, and a US federal report on "gay youth suicide" became controversial in both politics and research.

During the past two decades there have been not only dramatic shifts in public attitudes toward LGBTQI+ people and issues, but also an emergence of research from multiple and diverse fields that has created what is now a solid foundation of knowledge regarding mental health in LGBTQI+ youth. LGBTQI+ is an acronym used to refer to people who select those sexual or gender identity labels as personally meaningful for them, and sexual and gender identities are complex and historically situated. Most of the knowledge base has focused on sexual identities (and historically mostly on gay and lesbian identities), with much less empirical study of mental health among transgender or gender-nonconforming youth.

Sexual identities are informed by individuals' romantic, sexual, or emotional attractions and behaviors, which may vary within persons. Further, the meanings of LGBTQI+ and the experiences of LGBTQI+

people must be understood as intersecting with other salient personal, ethnic, cultural, and social identities. The study intended to illuminate how general patterns of LGBTQI+ youth mental health identified and how patterns of mental health may vary across not only sexual and gender identities, but also across cultural, and social class identities as well. In this article, we review mental health in LGBTQI+ youth, focusing on both theoretical and empirical foundations of this body of research.

Understanding the concept of lgbtqi+ youth

On the one hand there have been dramatic social changes regarding societal acceptance of LGBTQI+ people and issues, and yet on the other hand there has been unprecedented concern regarding LGBTQI+ youth mental health. Through survey about trends in social acceptance in India show, that 6% of Indian adults agreed that “gay or lesbian relations between consenting adults should be legal” in 1980; by 2013 that number had grown to 58%. The pace of change in India and around the world has been dramatic. The first country to recognize marriage between same-sex couples was the Netherlands in 2001, currently, 22 countries recognize marriage for same-sex couples. Seemingly impertinent to this trend is the decreasing average age at which LGBTQI+ youth “come out” or disclose their sexual or gender identities to others. Data from samples collected since 2000 show an average age of coming out at around 14, whereas a decade before, the average age of coming out was approximately 16, and a study from the 1970s recorded coming out at an average age of 20 in US whereas in India the data is not that significant. Societal acceptance has provided the opportunity for youth to understand themselves in relation to the growing public visibility of LGBTQI+ people.

Mental health in lgbtqi+ youth

Prior to the 1970s, the American Psychiatric Association’s (APA’s) Diagnostic and Statistical Manual of Mental Disorders (DSM) listed homosexuality as a “sociopathic personality disturbance”. Pioneering studies on the prevalence of same-sex sexuality and psychological comparisons between heterosexual and gay men fostered a change in attitudes from the psychological community and motivated the APA’s removal of homosexuality as a mental disorder in 1973. Over the past 50 years, the psychological discourse regarding same-sex sexuality shifted from an understanding that homosexuality was intrinsically linked with poor mental health toward understanding the social determinants of LGBT mental health. Recent years have seen similar debates about the diagnoses related to gender identity that currently remain in the DSM. Minority stress theory by Meyer has provided a foundational framework for understanding sexual minority mental health disparities (Inst. Med. 2011). It posits that sexual minorities experience distinct, chronic stressors related to their stigmatized identities, including victimization, prejudice, and discrimination. These distinct experiences, in addition to everyday or universal stressors, disproportionately compromise the mental health and well-being of LGBTQI+ people. Generally, Meyer posits three stress processes from distal to proximal: (a) objective or external stressors, which include structural or institutionalized discrimination and direct interpersonal interactions of victimization or prejudice; (b) one’s expectations that victimization or rejection will occur and the vigilance related to these expectations; and (c) the internalization of negative social attitudes (often referred to as internalized homophobia). Extensions of this work also focus on how intrapersonal psychological processes (e.g., appraisals, coping, and emotional regulation) mediate the link between experiences of minority stress and psychopathology. Thus, it is important to recognize the structural circumstances within which youth are

embedded and that their interpersonal experiences and intrapersonal resources should be considered as potential sources of both risk and resilience.

Review of Literature

Costa and McCrae (1992): Examination of personality traits and their influence on mental health outcomes. Development and application of the Revised NEO Personality Inventory (NEO-PI-R) in large sample populations. Quantitative analysis using factor analysis to validate the Five-Factor Model of personality. Neuroticism is strongly linked to anxiety and depression, while extraversion enhances resilience and social adaptability.

Kosciw, Greytak, and Zongrone (2020): The role of school environments in shaping LGBTQ youth's mental health. National School Climate Survey, with data collected from 16,000 LGBTQ students. Descriptive statistics and regression analyses were used to evaluate the relationship between school climate and mental health outcomes. Inclusive school environments significantly reduce mental health disparities, while hostile climates exacerbate them.

Meyer (2003): The impact of prejudice and social stress on the mental health of lesbian, gay, and bisexual (LGB) individuals. The study introduced the minority stress model, synthesizing existing literature and theoretical perspectives. No primary data collection; relied on secondary data and theoretical insights. Minority stress, driven by discrimination and stigma, significantly contributes to higher rates of anxiety, depression, and suicidal ideation in LGB populations.

Russell and Fish (2016): The mental health disparities among LGBTQ youth and their underlying causes. A comprehensive review of existing studies on stigma, family rejection, and bullying. Statistical data from longitudinal studies and meta-analyses were cited to support claims. LGBTQ youth face significant mental health challenges due to stigma and rejection, despite increasing social acceptance.

Schmitt et al. (2007): The influence of personality traits on mental health across different cultures. Survey of over 56,000 individuals across 56 nations using self-report questionnaires. Descriptive and inferential statistics were employed to compare trait distributions and mental health correlations. Neuroticism and extraversion significantly influence mental health outcomes, with cultural context moderating these effects.

Wickham and Hooper (2016): The relationship between personality traits and mental health in LGBTQ populations. Conceptual synthesis of empirical studies examining the role of resilience and personality in LGBTQ mental health. Secondary data synthesis from multiple quantitative studies. Tailored resilience-building interventions can significantly improve mental health outcomes in LGBTQ individuals based on their personality traits.

JUSTIFICATION OF THE STUDY:

Today's lesbian, gay, bisexual, transgender and other orientations LGBTQI+ youth come out at younger ages, and public support for LGBTQI+ issues has dramatically increased, but still LGBTQI+ youth continue to be at high risk for compromised mental health. Research in the past decade has identified risk and protective factors for mental health, which point to promising directions for prevention, intervention, and treatment. The mental health may get affected in this group as there are lots of social stigma, defamations and abusive threats faced by these community youth. The personality has an impact through upbringing as well as thought processing of the person. LGBTQI+ youth has been faced a lot of negative situations that may lead to have an impact on personality of that individual. They may land up to social

anxiety, stress and sometimes suicidal behavior. It indicates affected or poor mental health. This study is a mere try to find out what personality trait, affects the mental health of LGBTQI+ youth? Does this youth population has personality traits affected? Is the mental health really affected in this group? Through the study we try to overview the scientific analysis of the current science on LGBTQI+ youth mental health, personality traits and its impact on mental health status.

METHODOLOGY

OBJECTIVE:

1. To study the mental health among LGBTQI+ youth.
2. To study the effect of Personality trait among LGBTQI+ youth.
3. 3. To find out the relationship between personality trait and mental health among LGBTQI+ youth.

HYPOHESIS:

There will be positive correlation between personality trait and mental health among LGBTQI+ youth.

SAMPLE

After taking approval from IEC, sample 30 participants were selected for the study. Convenience method of sampling is employed in the study. After selection of samples 6 participants got excluded due to personal issues and two participants denied due to insecurity and confusion. At the end 22 participants were included in the study. The age of the participants was between 18-40 years. Anonymity was maintained about their sexual preference, identity and address.

TOOLS USED FOR DATA COLLECTION:

1. Eysenck's Personality Questionnaire: it is a designed to give rough and ready measure of personality dimensions Psychoticism, Extraversion, Introversion and Neuroticism. It is composed **90** questions and answers are given in **YES or NO**. According to criterion the questions are marked and tabulated to calculate the degree for different personality dimensions. Reliability of the questionnaire is 0.80 for the general population.

2. Mental Health Status: It is established by Mr. KK Sharma for the assessment of mental health in the general population. It's composed of **60** questions with response as YES, NO or DON'T KNOW. The domains of questions are Negative and Positive. The scoring is done by calculating the scores as per the domain. The reliability of the questionnaire is 0.87 in general population.

Procedure:

All participants were explained the purpose and procedure of the study. Written consent form was signed by them. Participants were included based on the inclusion criteria for the study. Participants were asked to fill the questionnaire. They were instructed to mark the correct number on the scale. All values were recorded. Collected data was analyzed and interpreted to draw the conclusion

STATISTICAL TREATMENT OF DATA:

Descriptive statistics viz. mean and Standard deviation and Inferential statistics viz. Pearson's correlational analysis was used to analyze the data.

The results of assessments were interpreted and discussed in the following headings:

Table no. 1: Descriptive statistics for personality traits and mental health status in LGBTQI+ youth

	N	Minimum	Maximum	Mean	Std. Deviation
Age	22	22	41	31.4	5.7
Total MHS	22	79	119	105.9	10.7
Extraversion	22	6	20	14.2	4.4
Lie score	22	3	20	10.4	3.9
Psychoticism	22	4	23	10.9	5.1
Neuroticism	22	4	22	13.2	5.4
Total Sample	22	33	61	48.6	7.5

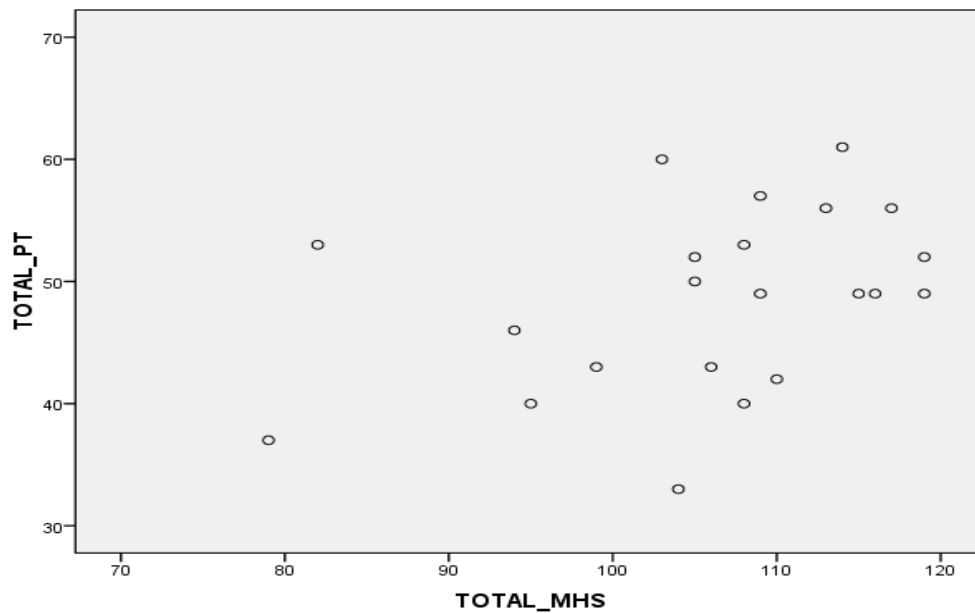
Table no.1 shows the results from above table show the number of participants, mean, standard deviation with consideration of gender.

Table No. 2: Correlation between personality traits and mental health status in lgbtqi+ youth

		TOTAL_MHS	EXTRAVERSION	LIE SCORE	PSYCHOTICISM	NEUROTICISM	TOTAL_PT
AGE	Pearson Correlation	.273	-.124	-.238	.019	-.035	-.210
	Sig. (2-tailed)	.218	.583	.287	.933	.878	.348
MHS.	Pearson Correlation		.095	.061	.202	.214	.384
	Sig. (2-tailed)		.675	.787	.366	.338	.078
EXTRE V.	Pearson Correlation			-.166	-.215	-.103	.284
	Sig. (2-tailed)			.459	.336	.649	.201
LIE SCORE	Pearson Correlation				-.114	-.219	.188
	Sig. (2-tailed)				.612	.328	.403
PSYCHO	Pearson Correlation					-.013	.492*
	Sig. (2-tailed)					.954	.020
NEURO T.	Pearson Correlation						.542**
	Sig. (2-tailed)						.009

The Pearson correlation has been applied. The amount of coefficient between mental health as a dependent variable and personality characteristics and its sub scales that is Extraversion, Lie Score, Psychoticism and Neuroticism ($r=.284$, $r= 0.188$, $r= 0.492$, $r=.574$,) respectively as an independent variable was significant with 95% confidence except Lie score and Extraversion which was not significant .

Graph No. 1: Correlation between personality traits and mental health status in lgbtqi+youth.



Data Interpretation:

Above graph shows correlation between personality traits and mental health status. The scattered graph suggests that there is moderate correlation between personality traits and mental health status in LGBTQI+ youth.

DISCUSSION:

The results from this study, therefore, provide only a template on which to base further research and cannot be applied to the general populations. The readers must remember that the makeup of the population. Based on the H1 that there is significant correlation between mental health and personality characteristics and its sub scales result shows that the amount of coefficient between mental health as a dependent variable and personality characteristics and its sub scales that is Extraversion, Lie Score, Psychoticism and Neuroticism ($r=.284$, $r= 0.188$, $r= 0.492$, $r=.574$,) respectively as an independent variable was significant with 95% confidence except Lie score and Extraversion which was not significant .Hence the positive hypothesis (H1) is accepted except on extroversion and lie score.

The inclusion of sexual attraction, behavior, and identity measures in population-based studies has greatly improved knowledge of the prevalence of LGBTQI+ mental health disparities and the mechanisms that contribute to these inequalities for both youth and adults.

However, a critical need for the development and inclusion of measures to identify transgender people thwarts more complete understanding of mental health among transgender youth. Such data illustrate overwhelming evidence that LGBTQI+ persons are at greater risk for poor mental health across developmental stages. Studies using adult samples indicate elevated rates of depression and mood

disorders, anxiety disorders, posttraumatic stress disorder (PTSD), alcohol use and abuse, and suicide ideation and attempts, as well as psychiatric comorbidity.

In a recent meta-analysis, Marshal et al. (2011) reported that sexual minority youth were almost three times as likely to report suicidal thoughts. These investigators also noted a statistically moderate difference in depressive symptoms compared to heterosexual youth. Fergusson and colleagues (1999) found that LGBTQI+ youth were more likely to report suicidal thoughts or attempts, and experienced more major depression, generalized anxiety disorders, substance abuse/dependence, and comorbid diagnoses, compared to heterosexual youth.

CONCLUSION

Accordingly, on the basis of statistical interpretation we can conclude that, there is moderate correlation between personality traits and mental health status in LGBTQI+ youth

LIMITATIONS

1. The study aimed to find out correlation between personality traits and mental health status in LGBTQI+ youth.
2. However due to time limitation small sample size was collected which may have had the impact on data analysis.
3. The language barrier was affecting the data collection, as questionnaire was in English language and translated version in local language was not available.
4. As with any research, this study has limitations to consider. First, the population from which the research sample was drawn consisted of people from Sangli and Kolhapur district.

SUGGESTIONS

- Large sample size could be incorporated.
- Varied sexual identification of the LGBTQI+ community could be incorporated separately.

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