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The Minority Stress Perspective

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The minority stress perspective adds significant insight into the critical application and evaluation of theory regarding the impact of homophobia and correlates of HIV risk among gay and bisexual men and other sexual minorities. Continued understanding of the role that stigma, prejudice, heteronormativity, rejection, and internalized homophobia play in fueling HIV and substance use among gay and bisexual men is also necessary.

Researchers continue to find interest in the uniqueness of stressors related to health outcomes among minority groups (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008) and whether stressors such as homophobia are associated with greater physical and mental health problems (Williams, Neighbors, & Jackson, 2003). Typically, gay and bisexual men have greater likelihood than the general population (Cochran, Mays, & Sullivan, 2003) for risk-taking behaviors that include polysubstance use (Kalichman & Cain, 2004; Kashubeck-West & Szymanski, 2008) and anonymous sex with multiple partners (Bimbi et al., 2006), and they are at greater risk for sexually transmitted infections (Halkitis, Zade, Shrem, & Marmor, 2004) such as HIV/AIDS (Halkitis, Green, & Carragher, 2006; Halkitis, Green, & Mourgues, 2005).

Such risk behaviors may result from a multitude of issues associated with minority stress (Hamilton & Mahalik, 2009; Meyer, Schwartz, & Frost, 2008); individual-level determinants (Crocker, Major, & Steele, 1998; Jerome, Halkitis, & Siconolfi, 2009) of behavior; and social causation associated with homophobia, stigma, and other factors (Link & Phelan, 2006).

One of the most prominent theoretical and explanatory frameworks of sexual minority health risk is the minority stress model. The concept of minority stress stems from several social and psychological theoretical orientations and can be described as a relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members (Meyer, 1995; Mirowsky & Ross, 1989; Pearlin, 1989). Minority stress theory proposes that sexual minority health disparities can be explained in large part by stressors induced by a hostile, homophobic culture, which often results in a lifetime of harassment, maltreatment, discrimination, and victimization (Marshal et al., 2008; Meyer, 2003) and may ultimately impact access to care.

The Meyer (2003) minority stress model—minority stress processes in lesbian, gay, and bisexual populations—is based on factors associated with various stressors and coping mechanisms and their positive or negative impact on mental health outcomes. Significantly, many of the concepts in the model overlap, representing their interdependency (Meyer, 2003; Pearlin, 1999). The model describes stress processes, including experiences of prejudice, expectations of rejection, hiding, concealing, internalized homophobia, and ameliorative coping processes (Meyer, 2003). Stressors such as homophobia or sexual stigma that may arise from the environment require an individual to adapt but also cause significant stress, which ultimately affects physical and mental health outcomes (Dohrenwend et al., 1992).

Underlying the concept of minority stress are assumptions that stressors are unique (not experienced by nonstigmatized populations), chronic (related to social and cultural structures), and socially based (social processes, institutions, and structures) (Meyer, 2003). While this theory has been applied to other populations, including women, immigrants, the impoverished, and racial/
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As with other oppressed groups, it is important to acknowledge the structural and social determinants of HIV risk among gay men and sexual minorities. Ethnicity remains an important variable that should be considered in HIV risk assessments (Meyer & Cochrane, 2001). The inclusion of this factor is particularly important in the context of the disproportionate burden of HIV among racial and ethnic minorities. The high rate of HIV infection among racial and ethnic minorities is likely to be due to a complex interplay of factors, including poverty, social isolation, and discrimination. These factors may contribute to a higher risk of HIV infection among racial and ethnic minorities.

In conclusion, it is important to recognize that HIV risk among gay and bisexual men is influenced by a complex interplay of social, psychological, and biological factors. Understanding these factors is crucial for developing effective interventions targeting HIV prevention and treatment among these communities. Further research is needed to better understand the factors contributing to the high rate of HIV infection among gay and bisexual men, as well as to develop effective interventions that address these factors.

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appear to effectively reduce risky sexual behaviors associated with HIV and other sexually transmitted infections (Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011).

Other promising future directions for practice and interventions with the gay and bisexual community include Internet-based delivery and those approaches that go beyond the individual level to address a more combined approach, including structural, community, and social network factors (Mustanski et al., 2011) as well as those suggested in the recent National HIV/AIDS Strategy for the United States (Office of National AIDS Policy, 2010). The continued assessment of the efficacy of other therapeutic interventions with this population is also necessary, along with the vital role of ongoing training and clinical supervision to increase practitioner sensitivity, knowledge, and competency. Continued study of the implications of minority stress factors for gay and bisexual men may lead researchers, clinicians, and policymakers to better understand cofactors, such as homophobia, and the relationship with sexual risk behavior and increased risk for HIV/AIDS among other resultant factors.

ABOUT THE AUTHOR

Michael P. Dentato, PhD, is a clinical assistant professor at Loyola University Chicago in the School of Social Work. He received his BA and MSW from Fordham University in New York and his PhD in social work from Loyola University Chicago. Research interests include the examination of minority stress factors associated with substance use and sexual risk behavior among gay and bisexual men. In addition to teaching and research, Dr. Dentato is a member of the Council on Sexual Orientation & Gender Expression for the Council on Social Work Education; a faculty research affiliate at the Center for Health, Identity, Behavior and Prevention Studies at New York University’s Steinhardt School of Culture, Education, and Human Development; and program consultant for the Center on Halsted in Chicago. Experience in the arena of HIV/AIDS and LGBT issues include his former role as executive director of Body Positive, New York, and the development of the Alliance for GLBTQ Youth in Miami, an organization providing a continuum of care for sexual minority youth and their families. His latest article, “The Vital Role of Social Workers in Community Partnerships for GLBTQ Youth,” was published in 2010 by the Journal of Social Work With Adolescents.

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2012 APA CONVENTION SYMPOSIUM

WOMEN UNDER SIEGE: DISPARITIES AND DESPAIR

About 60 million women and girls are considered “missing” from global population statistics. These women and girls disproportionately experience sex-selective abortion, female infanticide, sexual slavery and trafficking, sexually transmitted diseases, and domestic abuse. This symposium will explore the factors contributing to disparities, such as HIV/AIDS, violence, poverty, lack of education, old age, being of color, and disability, as well as such topics as health care, reproductive control, legal protection, cultural norms, and being female in hegemonic patriarchal societies.

Symposium presentations will include “Poverty as an Open Crusade Against Women” (Faye Reimers, PhD); “Sexual Coercion and the Sexualization of Black Girls” (Bryana H. French, PhD); “HIV/AIDS and Women of Color” (Amanda Houston-Hamilton, DMH); Violence Against Young Women With Disabilities” (M. Dolores Cimini, PhD); and “From ‘Right-to-Life’ to ‘Duty-to-Die’: A Life-Span Perspective on Violence Against Women” (Cynthia de las Fuentes, PhD).

This session is co-sponsored by the Committee on Women in Psychology (CWIP), the Committee on Psychology and AIDS (COPA), the Committee on Socioeconomic Status (CSES), the Committee on Ethnic Minority Affairs (CEMA), and the Committee on Disability Issues in Psychology (CDIP).