

Stigma

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**Intersectional Stigma and the Mental Health of Queer Disabled Individuals: An
Examination of the Experiences of LGBTQ+ People with Disabilities**

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Introduction

Multifaceted discrimination, known as "intersectional stigma," affects people who are members of two or more historically oppressed groups. It describes the ways in which people are discriminated against because of the complex web of identities they embody (Baril, Sansfaçon & Gelly, 2020). This kind of discrimination has been linked to higher prevalence of mental health problems like depression and anxiety. Disabled LGBTQ+ people encounter additional obstacles that are rarely addressed in discussions about disability rights or LGBTQ+ rights. Barriers to healthcare, education, and work, as well as social isolation and discrimination, are all things that some gay handicapped people may face (Schalk & Kim, 2020). To better understand the difficulties faced by queer disabled people and to devise effective solutions to meet their needs, it is essential to investigate the confluence of LGBTQ+ identification and disability status. Recognizing the unique challenges faced by this group can help us develop more welcoming and accepting communities for all members of society. This research study aims to investigate the psychological effects of intersectional stigma on the lives of LGBT people who experience disability. Insight into the ways in which crossing identities can impact mental health outcomes and guide interventions to improve resilience and well-being can be gained by analyzing the specific difficulties experienced by this demographic.

Method

This study employs a phenomenological research strategy to investigate ¹² the effects of intersectional stigma on the mental health of LGBTQ+ people with disabilities. The phenomenological method is well suited to this research because it permits an in-depth examination of the views, values, and attitudes towards identities held by the participants in this intersectional group. Researchers investigate information provided by people who have

experienced prejudice or stigmatization due to their outward appearance or their sexual identity or both.

For the purpose of gathering information, academic databases, LGBTQ+ and disability advocacy organizations, as well as social media platforms, were all combed through. For example, significant elements of the data came from tweets sent by persons who were transparent about their sexual orientation. The tweets demonstrated that a significant number of individuals belonging to LGBTQ+ groups were victims of many forms of discrimination at the hands of the general public or their fellow group members. Those individuals who were a part of that group and also happened to have a disability were subjected to additional forms of stigma and discrimination from members of other groups.

The data analysis method used in this study was thematic analysis. The collected data was analyzed to identify recurring themes related to the experiences of queer disabled individuals regarding intersectional stigma and mental health. ¹³ In order to better understand the intersection of gay and disabled identities and how it affects mental health, past studies were reviewed. Kunzel (2017), Baril et al. (2020), and Jackson et al. (2020), among others, were consulted in order to set the results of this study in context. In addition, we used materials like Przybylo and Fahs (2018) and Davis, Dewey and Murphy, (2016) to learn more about the lives of people whose identities overlapped in complex ways.

Theoretical Framework

Introduction to Theories and Main Concepts

The theoretical framework of this research paper examines various concepts and theories that help to understand the experiences of LGBTQ+ individuals with disabilities. The intersectional perspective is a crucial framework for analyzing the intersection of multiple

marginalized identities and the unique challenges they pose (Jackson et al., 2020; Turan et al., 2019). The social model of disability challenges the medical model and examines how social and environmental barriers contribute to disability. Minority stress theory explains how stigmatization can cause stress and contribute to negative mental health outcomes. Finally, social identity theory provides insight into how individuals form and identify with social groups.

Intersectional theory

Intersectionality theory examines the complex and interrelated nature of social identities and power structures. It refers to the concept that individuals experience multiple forms of oppression and discrimination that are interconnected and cannot be understood or addressed in isolation from one another (Viruell-Fuentes, Miranda & Abdulrahim, 2012). This perspective recognizes that individuals hold multiple marginalized identities that interact to create unique experiences of oppression and privilege (Jackson et al., 2020). LGBTQ+ individuals with disabilities face discrimination based on both their sexual orientation and disability. This intersectionality can cause experiences of stigma and discrimination that differ from those experienced by individuals with only one marginalized identity.

Social Model of Disability

The social model of disability theory examines disability from a social and environmental perspective. It views disability as a social construct rather than an individual pathology. It challenges the medical model, which views disability as an individual pathology that needs to be cured. Instead, the social model argues that disability arises from the interaction of the individual with the environment (Schalk & Kim, 2020). This model recognizes that society can create barriers that limit opportunities and create difficulties for individuals with disabilities. For example, a lack of wheelchair accessibility in public spaces limits the ability of individuals with mobility

impairments to participate in society. More so, the social model of disability provides a lens through which to understand ⁹ the ways in which ableism and disability discrimination intersect with other forms of oppression, such as homophobia and transphobia.

Minority Stress Theory

Minority stress theory explains how stigmatization can cause stress and lead to negative mental health outcomes. For ³ the purpose of this study, existing research on the intersection of queer and disabled identities, as well as the implications of such crossings on mental health, was consulted. The study's focus was on the effects those intersections have on mental health. References such as Kunzel (2017), Baril et al. (2020), and Jackson et al. (2020) were used in this inquiry so that the findings could be put into context. In addition, sources such as Przybylo and Fahs (2018) and Davis et al. (2016) were utilized ⁴ in order to gain a better comprehension of the experiences of people who had a variety of intersecting identities. This was done ⁴ in order to gain a better understanding of the experiences of persons who had these identities.

² Social Identity Theory

In the early 1970s, the British social psychologist Henri Tajfel and his colleagues carried out a series of research ¹ that are commonly referred to as minimal-group investigations (Kafer, 2013). These findings were the basis for the development of ¹ social identity theory. The participants were divided up into groups that were intended to be as random and devoid of significance as was humanly practicable. Yet, when participants were asked to rate the other people in the study, in-group members were consistently given higher ratings than out-group members. This held true despite the research participants' affiliations.

The concept of social identity sheds light on how people come to identify with particular social groups. According to this hypothesis and as per Baril et al.'s (2020) article, people's sense

of self-worth and mental health can be affected by the extent to which they adopt the identities of the various social groups to which they belong. A person's mental health might be severely impacted if they believe their social identity is being threatened. Someone who identifies as LGBTQ+ may feel ¹⁷ a stronger connection to the LGBTQ+ community than the disability community, or vice versa. This is also capable of occurring in reverse. The degree to which a person experiences the difficulties of minority status or stigma may be influenced by this identity.

How These Theories and Concepts Informed the Research

The theoretical framework outlined above informed the research in several ways. First, the concept of intersectionality will guide the analysis of the data, allowing for a nuanced understanding of the ways in which intersecting identities shape ⁵ experiences of stigma and mental health outcomes. Secondly, the social model of disability informed the analysis of the structural and societal barriers faced by queer disabled individuals. Thirdly, we applied minority stress theory to learn how various stresses affect people's mental health. Finally, social identity theory served as a lens through which to examine how people's multiple identities interact to affect their sense of self and their psychological well-being.

One social and institutional barrier that may shape the intersectional experiences of a queer handicapped person is the existence of inaccessible public spaces or discriminatory employment policies. Chronic stress and negative mental health consequences may ensue from these encounters, which may be exacerbated by the stigma and discrimination individuals suffer as a result of their intersecting identities.

This research article uses the aforementioned theoretical framework to investigate issues faced by queer handicapped people in the realms of healthcare, education, and the workplace. The

research employed a mixed-methods strategy, combining qualitative and quantitative techniques for data gathering, to learn more about the real-life experiences of this group.

Academic research studies, statistical data, policy reports, and personal narratives acquired from non-academic and activist sources were all used in the data collection process. Inclusion criteria will include those who identify as both queer and disabled, and participants will be recruited through disability and LGBTQ+ organizations. ³ Thematic analysis of qualitative data and statistical analysis of quantitative data will be used for analysis. Key themes and patterns in the collected personal narratives will be identified using thematic analysis, while trends and patterns in the larger data sets will be identified using statistical analysis.

This research paper employed these theoretical frameworks and mixed-methods technique to investigate the influence of intersectional stigma ⁶ on the mental health of queer disabled people. The study ^{has} the potential to improve policies and interventions for this underserved community by illuminating the intricate relationship between disability and LGBTQ+ identities.

Main Arguments

Disabled people who identify as queer often encounter additional discrimination and stigma as a result of their identities colliding. Intersectionality is the study of how several ¹¹ identities, such as race, gender, sexual orientation, and ability, interact and compound to form a person's lived experience of marginalization and oppression. ¹⁴ The mental health and well-being of queer disabled people may be negatively impacted by discrimination on both the basis of their disability and their sexual orientation or gender identity.

Researchers have found that queer handicapped people's mental health suffers when they are subjected to intersectional stigma. Pilling (2022) contends that these people are more likely to be pathologized and stigmatized by healthcare practitioners because they are excluded from the

prevailing culture of mental health treatment. Furthermore, there may be a lack of access to adequate mental health care for queer handicapped people since healthcare practitioners are unprepared to handle their unique needs.

Queer handicapped people's stigma experiences and mental health outcomes are significantly influenced by their identities. According to Baril et al. (2020), people with disabilities who also identify as transgender may face additional forms of discrimination and marginalization. Disabled transgender people, for instance, may experience discrimination from their healthcare providers and from the general public, leaving them feeling marginalized and alone. Negative mental health consequences may also result from the double stigma of disability and gender expression.

The bad mental health outcomes seen by the gay handicapped community are exacerbated by the difficulties they have gaining ¹⁶ access to mental health care. Lack of accessibility and affordability of services, as well as fear of prejudice and stigma from healthcare practitioners, have all been proven in studies to be major obstacles for gay handicapped people seeking mental health care (Turan et al., 2019). It is already difficult to meet the mental health care requirements of the LGBTQIA community because of the isolation and marginalization they face.

Promoting mental health and wellbeing among queer disabled people requires strategies that account for the specific barriers they confront as a result of their identities. Przybylo and Fahs (2018) argue that recognizing the interplay of disability and gender identity in menstruation pain can lead to more inclusive mental health care practices. Deconstructing intersex and trans medicalization practices, Davis, Dewey, and Murphy (2016) contend, can benefit ⁶ the mental health and well-being of people who identify as such.

In conclusion, queer disabled people's mental health is negatively affected by intersectional stigma. Specialized mental health therapy that accounts for people's multiple identities is necessary due to the discrimination and marginalization they have faced. Queer handicapped people's mental health and well-being can benefit from interventions that recognize and respond to the unique issues they encounter. Mental health practitioners and other medical staff should consider their patients' intersecting identities when developing policies and procedures for providing care.

Conclusion

In this study, we've looked at how prejudice against one group might affect the mental health of another, focusing on the experiences of LGBTQ+ people who also happen to be disabled. Access to mental health care for queer disabled people and the role of identity in influencing stigma experiences and mental health outcomes have also been examined. Lastly, it offers recommendations for improving the emotional and psychological well-being of the LGBT disabled community.

The following are some of the paper's most important conclusions: First, ⁵the mental health of gay and disabled people is negatively impacted by the numerous forms of stigma and prejudice they endure. Second, because of the intersectional nature of stigma, elements like color, gender, sexual orientation, and handicap status all play a role in how one feels and how one's mental health turns out. Third, the lack of availability of adequate mental health treatments and support compounds the difficulties LGBT people with disabilities already have in this area.

These results have substantial ramifications for the directions that science, policy, and practice could go in the future. Secondly, more studies focusing on the intersections between stigma and mental health outcomes among LGBTQ disabled people, especially those who are members of marginalized communities, are desperately needed. Second, those in positions of

power in the mental health field need to acknowledge the distinct difficulties experienced by LGBTQ people who are disabled and seek to create policies and practices that are inclusive of these people's intersectional experiences. Finally, the public and medical professionals alike need to learn more about intersectional stigma and the effects it has on mental health.

In light of these results, it is imperative that we take measures to improve the mental health of the LGBT and disabled communities. This includes promoting greater awareness and education about intersectional stigma and its impact on mental health outcomes, advocating for policies that address the intersectional experiences of stigma and discrimination faced by queer disabled individuals, and supporting the development of mental health services that are inclusive and accessible. A multimodal strategy that takes into account the complexity and intersectionality of queer disabled people's experiences is necessary to meet their mental health care requirements. A more just and inclusive society can be achieved through efforts to improve mental health and combat intersectional stigma.

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