
[Did not examine emotion regulation deficits, but backs up the idea that mental health problems may partly come from rejection sensitivity and experiences of discrimination, partly linked to childhood gender nonconformity. A paper muchmore interesting than usual.]

Objective: The current study used path analysis to examine potential mechanisms through which experiences of discrimination influence depressive and social anxiety symptoms. Method: The sample included 218 lesbians and 249 gay men (total N = 467) who participated in an online survey about minority stress and mental health. The proposed model included 2 potential mediators—internalized homonegativity and rejection sensitivity—as well as a culturally relevant antecedent to experiences of discrimination—childhood gender nonconformity. Results: Results indicated that the data fit the model well, supporting the mediating roles of internalized homonegativity and rejection sensitivity in the associations between experiences of discrimination and symptoms of depression and social anxiety. Results also supported the role of childhood gender nonconformity as an antecedent to experiences of discrimination. Although there were not significant gender differences in the overall model fit, some of the associations within the model were significantly stronger for gay men than lesbians. Conclusions: These findings suggest potential mechanisms through which experiences of discrimination influence well-being among sexual minorities, which has important implications for research and clinical practice with these populations. (PsycINFO Database Record (c) 2012 APA, all rights reserved). Mustanski metaanalysis, found internalised negativity and mental health r = 0.26, weak to moderate. Correlation between rejection sensitivity and discrimination was highest at 0.54 and latter and depression 0.48. Small path analysis done. Good fit to model and little room for anything else. Minority stress here is experiences of discrimination. Model accounts for 28% of depression and 11% social anxiety. Variances. Lot still unexplained. Fits data equally well for lesbian and gay. But effects stronger for gay men than lesbians. Evidence that homonegativity independent from childhood gender nonconform. Known that GLB prefer gender typical. Apparently parental rejection leads to rejection sensitivity. rejection sensitivity scale was for gay men, and altered for lesbian. Still valid?


[Shows that family interaction is important. Could ultimately lead to pressure on parents to affirm offsprings sexual identity regardless of what they believe or feel]

Sexual identity development is a central task of adolescence and young adulthood and can be especially challenging for sexual minority youth. Recent research has moved from a stage model of identity development in lesbian, gay, and bisexual (LGB) youth to examining identity in a non-linear, multidimensional manner. In addition, although families have been identified as important to youth’s identity development, limited research has examined the influence of parental responses to youth’s disclosure of their LGB sexual orientation on LGB identity. The current study examined a multidimensional model of LGB identity and its links with parental support and rejection. One hundred and sixty-nine LGB adolescents and young adults (ages 14-24, 56 % male, 48 % gay, 31 % lesbian, 21 % bisexual) described themselves on dimensions of LGB identity and reported on parental rejection, sexuality-specific social support, and non-sexuality-specific social support. Using
latent profile analysis (LPA), two profiles were identified, indicating that youth experience both affirmed and struggling identities. **Results indicated that parental rejection and sexuality-specific social support from families were salient links to LGB identity profile classification**, while non-sexuality specific social support was unrelated. Parental rejection and sexuality-specific social support may be important to target in interventions for families to foster affirmed LGB identity development in youth.

(Zucker et al., 2012) Demographics, behavior problems, and psychosexual characteristics of adolescents with gender identity disorder or transvestic fetishism. Journal of Sex & Marital Therapy, 38(2), 151-89.

[This again confirms that there is substantial co-morbidity in GID people]

This study provided a descriptive and quantitative comparative analysis of data from an assessment protocol for **adolescents referred clinically for gender identity disorder** (n = 192; 105 boys, 87 girls) or transvestic fetishism (n = 137, all boys). The protocol included information on demographics, behavior problems, and psychosexual measures. Gender identity disorder and transvestic fetishism youth had high rates of **general behavior problems and poor peer relations**. On the psychosexual measures, gender identity disorder patients had **considerably greater cross-gender behavior and gender dysphoria than did transvestic fetishism youth and other control youth**. Male gender identity disorder patients classified as having a nonhomosexual sexual orientation (in relation to birth sex) reported more indicators of transvestic fetishism than did male gender identity disorder patients classified as having a homosexual sexual orientation (in relation to birth sex). The percentage of transvestic fetishism youth and male gender identity disorder patients with a nonhomosexual sexual orientation self-reported similar degrees of behaviors pertaining to transvestic fetishism. Last, male and female gender identity disorder patients with a homosexual sexual orientation had more recalled cross-gender behavior during childhood and more concurrent cross-gender behavior and gender dysphoria than did patients with a nonhomosexual sexual orientation. The authors discuss the clinical utility of their assessment protocol.

Reference List


