

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

Chapter 1 : Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences by Linda D. Garnets

Designed for both the undergraduate and graduate classroom, this selection of important articles provides a comprehensive overview of current thought about the psychological issues affecting lesbians, bisexuals, and gay men.

Although a modest body of knowledge on LGBT health has been developed over the last two decades, much remains to be explored. What is currently known about LGBT health? Where do gaps in the research in this area exist? What are the priorities for a research agenda to address these gaps? This report aims to answer these questions. The committee believes it is essential to emphasize these differences at the outset of this report because in some contemporary scientific discourse, and in the popular media, these groups are routinely treated as a single population under umbrella terms such as LGBT. At the same time, as discussed further below, these groups have many experiences in common, key among them being the experience of stigmatization. Differences within each of these groups related to, for example, race, ethnicity, socioeconomic status, geographic location, and age also are addressed later in the chapter. Lesbians, gay men, and bisexual men and women are defined according to their sexual orientation, which, as discussed in Chapter 2, is typically conceptualized in terms of sexual attraction, behavior, identity, or some combination of these dimensions. They share the fact that their sexual orientation is not exclusively heterosexual. As explained throughout the report, these differences have important health implications for each group. In contrast to lesbians, gay men, and bisexual men and women, transgender people are defined according to their gender identity and presentation. This group encompasses individuals whose gender identity differs from the sex originally assigned to them at birth or whose gender expression varies significantly from what is traditionally associated with or typical for that sex. The transgender population is diverse in gender identity, expression, and sexual orientation. Some transgender individuals have undergone medical interventions to alter their sexual anatomy and physiology, others wish to have such procedures in the future, and still others do not. Transgender people can be heterosexual, homosexual, or bisexual in their sexual orientation. Some lesbians, gay men, and bisexuals are transgender; most are not. Male-to-female transgender people are known as MtF, transgender females, or transwomen, while female-to-male transgender people are known as FtM, transgender males, or transmen. Some transgender people do not fit into either of these binary categories. As one might expect, there are health differences between transgender and nontransgender people, as well as between transgender females and transgender males. Combining lesbians and gay men under a single rubric, for example, obscures gender differences in the experiences of homosexual people. Likewise, collapsing together the experiences of bisexual women and men tends to obscure gender differences. And the transgender population, which itself encompasses multiple groups, has needs and concerns that are distinct from those of lesbians, bisexual women and men, and gay men. As noted above, despite these many differences among the populations that make up the LGBT community, there are important commonalities as well. The remainder of this section first describes these commonalities and then some key differences within these populations.

Commonalities Among LGBT Populations

What do lesbians, gay men, bisexual women and men, and transgender people have in common that makes them, as a combined population, an appropriate focus for this report? To better understand how sexuality- and gender-linked stigma are related to health, imagine a world in which gender nonconformity, same-sex attraction, and same-sex sexual behavior are universally understood and accepted as part of the normal spectrum of the human condition. In this world, membership in any of the groups encompassed by LGBT would carry no social stigma, engender no disgrace or personal shame, and result in no discrimination. In this world, a host of issues would threaten the health of LGBT individuals: Only a few factors would stand out for LGBT individuals specifically. We do not live in the idealized world described in this thought experiment, however. Historically, lesbians, gay men, bisexual individuals, and transgender people have not been understood and accepted as part of the normal spectrum of the human condition. Instead, they have been stereotyped as deviants. Although LGBT people share with the rest of

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

society the full range of health risks, they also face a profound and poorly understood set of additional health risks due largely to social stigma. While the experience of stigma can differ across sexual and gender minorities, stigmatization touches the lives of all these groups in important ways and thereby affects their health. In contrast to members of many other marginalized groups, LGBT individuals frequently are invisible to health care researchers and providers. As explained in later chapters, this invisibility often exacerbates the deleterious effects of stigma. Overcoming this invisibility in health care services and research settings is a critical goal if we hope to eliminate the health disparities discussed throughout this report. It is important to note that, despite the common experience of stigma among members of sexual- and gender-minority groups, LGBT people have not been passive victims of discrimination and prejudice. The achievements of LGBT people over the past few decades in building a community infrastructure that addresses their health needs, as well as obtaining acknowledgment of their health concerns from scientific bodies and government entities, attest to their commitment to resisting stigma and working actively for equal treatment in all aspects of their lives, including having access to appropriate health care services and reducing health care disparities. Indeed, some of the research cited in this report demonstrates the impressive psychological resiliency displayed by members of these populations, often in the face of considerable stress. As detailed throughout this report, the stigma directed at sexual and gender minorities in the contemporary United States creates a variety of challenges for researchers and health care providers. Fearing discrimination and prejudice, for example, many lesbian, gay, bisexual, and transgender people refrain from disclosing their sexual orientation or gender identity to researchers and health care providers. Regardless of their own sexual orientation or gender identity, moreover, researchers risk being marginalized or discredited simply because they have chosen to study LGBT issues Kempner, , and providers seldom receive training in specific issues related to the care of LGBT patients. In addition, research on LGBT health involves some specific methodological challenges, which are discussed in Chapter 3.

Differences Within LGBT Populations Not only are lesbians, gay men, bisexual women and men, and transgender people distinct populations, but each of these groups is itself a diverse population whose members vary widely in age, race and ethnicity, geographic location, social background, religiosity, and other demographic characteristics. Since many of these variables are centrally related to health status, health concerns, and access to care, this report explicitly considers a few key subgroupings of the LGBT population in each chapter: Bisexual adolescents who are wrestling with coming out in a nonsupportive environment have different health needs than gay adult men who lack access to health insurance or older lesbians who are unable to find appropriate grief counseling services. In addition, development does not follow the same course for people of all ages. Similarly, as discussed further below, experiences across the life course differ according to the time period in which individuals are born. For example, an adolescent coming out in would do so in a different environment than an adolescent coming out in the s. Moreover, some people experience changes in their sexual attractions and relationships over the course of their life. Some transgender people, for example, are visibly gender role nonconforming in childhood and come out at an early age, whereas others are able to conform and may not come out until much later in life. The racial and ethnic communities to which one belongs affect self-identification, the process of coming out, available support, the extent to which one identifies with the LGBT community, affirmation of gender-variant expression, and other factors that ultimately influence health outcomes. Members of racial and ethnic minority groups may have profoundly different experiences than non-Hispanic white LGBT individuals. As higher educational levels tend to be associated with higher income levels, members of the community who are more educated may live in better neighborhoods with better access to health care and the ability to lead healthier lives because of safe walking spaces and grocery stores that stock fresh fruits and vegetables although, as discussed in later chapters, evidence indicates that some LGBT people face economic discrimination regardless of their educational level. On the other hand, members of the LGBT community who do not finish school or who live in poorer neighborhoods may experience more barriers in access to care and more negative health outcomes.

Geographic locationâ€”Geographic location has significant effects on mental and physical health outcomes for

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

LGBT individuals. Those in rural areas or areas with fewer LGBT people may feel less comfortable coming out, have less support from families and friends, and lack access to an LGBT community. LGBT individuals in rural areas may have less access to providers who are comfortable with or knowledgeable about the treatment of LGBT patients. Although these areas represent critical dimensions of the experiences of LGBT individuals, the relationships of these variables to health care disparities and health status have not been extensively studied. The member committee included experts from the fields of mental health, biostatistics, clinical medicine, adolescent health and development, aging, parenting, behavioral sciences, HIV research, demography, racial and ethnic disparities, and health services research. The study was supported entirely by NIH. BOX Statement of Task. An IOM committee will conduct a review and prepare a report assessing the state of the science on the health status of lesbian, gay, bisexual, and transgender LGBT populations; identify research gaps and opportunities related to LGBT more The majority of individuals affected by disorders of sex development do not face challenges related to sexual orientation and gender identity, although homosexuality, gender role nonconformity, and gender dysphoria defined as discomfort with the gender assigned to one at birth [see Chapter 2] are somewhat more prevalent among this population compared with the general population Cohen-Kettenis and Pfafflin, The committee acknowledges that while very little research exists on the subject of intersexuality, it is a separate research topic encompassing critical issues, most of which are not related to LGBT issues, and hence is beyond the scope of this report. In a similar vein, the committee decided not to address research and theory on the origins of sexual orientation. In addition, the committee conducted an extensive review of the literature using Medline, PsycInfo, and the Social Science Citation Index see Appendix B for a list of search terms , as well as other resources. A brief note on the terminology used in this report is presented in Box As discussed, the committee adopted the commonly used shorthand LGBT to stand for lesbian, gay, bisexual, and transgender. In cases in which the literature refers only to lesbian, gay, and bisexual populations, the term LGB appears more Approach to the Literature While acknowledging that peer-reviewed journals are the gold standard for the reporting of research results and making every effort to consult works published in major research journals, the committee chose to include in this study what it judged to be the best empirical literature available: Recognizing that academic journals differ in their publication criteria and the rigor of their peer-review process, the committee gave the greatest weight to papers published in the most authoritative journals. Given that chapters, academic books, and technical reports typically are not subjected to the same peer-review standards as journal articles, the committee gave the greatest credence to such sources that reported research employing rigorous methods, were authored by well-established researchers, and were generally consistent with scholarly consensus on the current state of knowledge. With respect to articles describing current health issues in the LGBT community, the committee attempted to limit its review to these articles published since In the area of transgender populations, however, much of the most current research was conducted prior to and is cited throughout the report. Likewise, in the case of history and theory, the committee reviewed and cites older literature. When evaluating quantitative and qualitative research, the committee considered factors affecting the generalizability of studies, including sample size, sample source, sample composition, recruitment methods, and response rate. The committee also considered the study design, saturation the point at which new information ceases to emerge , and other relevant factors. In some cases, the committee decided that a study with sample limitations was important; in such cases, these limitations and limits on the extent to which the findings can be generalized are explicitly acknowledged. The inclusion of case studies was kept to a minimum given their limited generalizability. In cases in which no U. This was frequently the case for research involving transgender people. Only English-language articles were considered. The committee considered papers whose authors employed statistical methods for analyzing data, as well as qualitative research that did not include statistical analysis. For papers that included statistical analysis, the committee evaluated whether the analysis was appropriate and conducted properly. For papers reporting qualitative research, the committee evaluated whether the data were appropriately analyzed and interpreted. The committee does not present magnitudes of differences, which

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

should be determined by consulting individual studies. In some cases, the committee used secondary sources such as reports. However, it always referred back to the original citations to evaluate the evidence.

Conceptual Frameworks

In understanding the health of LGBT populations, multiple frameworks can be used to examine how multiple identities and structural arrangements intersect to influence health care access, health status, and health outcomes. This section provides an overview of each of the conceptual frameworks used for this study. First, recognizing that there are a number of ways to present the information contained in this report, the committee found it helpful to apply a life-course perspective. A life-course perspective provides a useful framework for the above-noted varying health needs and experiences of an LGBT individual over the course of his or her life. Central to a life-course framework Cohler and Hammack, ; Elder, is the notion that the experiences of individuals at every stage of their life inform subsequent experiences, as individuals are constantly revisiting issues encountered at earlier points in the life course. This interrelationship among experiences starts before birth and in fact, before conception. A life-course framework has four key dimensions: Life events as part of an overall trajectoryâ€”Significant experiences have a differential impact at various stages of the life course.

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

Chapter 2 : Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences

Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences Book Description: Designed for both the undergraduate and graduate classroom, this selection of important articles provides a comprehensive overview of current thought about the psychological issues affecting lesbians, bisexuals, and gay men.

Sexual orientation and military service: A social science perspective. *American Psychologist*, 48 5 , Since , the policy of the U. Department of Defense has been that homosexuality is incompatible with military service. This article reviews the social science literature relevant to such a discussion. Empirical data suggest that lesbians and gay men are not inherently less capable of military service than are heterosexual women and men; that prejudice in the military can be overcome; that heterosexual personnel can adapt to living and working in close quarters with lesbian and gay male personnel; and that public opinion will be influenced by the way this issue is framed. Any change in policy should be accompanied by strong measures to prevent harassment and violence against lesbians and gay men, educate heterosexual personnel, and enforce uniform policies regarding all forms of sexual harassment. Considerations relevant to a new policy that does not discriminate on the basis of sexual orientation are discussed. You can request a reprint via e-mail. Back to bibliography Herek, G. Results from a national survey. *The Journal of Sex Research*, 30 3 , When asked whether any friends or relatives had "let you know that they were homosexual," approximately one-third of the respondents gave an affirmative answer. Regression analyses indicated that interpersonal contact predicted attitudes toward gay men better than did any other demographic or social psychological variable included in the equation. Interpersonal contact was more likely to be reported by respondents who were highly educated, politically liberal, young, and female. The data indicate that interpersonal contact is strongly associated with positive attitudes toward gay men and that heterosexuals with characteristics commonly associated with positive attitudes are more likely than others to be the recipients of disclosure from gay friends and relatives. Documenting prejudice against lesbians and gay men on campus: The Yale Sexual Orientation Survey. *Journal of Homosexuality*, 25 4 , College and university communities recently have begun to confront the problems of harassment, discrimination, and violence against lesbians, gay men, and bisexual people on campus. A first step in responding to attacks against gay and bisexual people is to document their frequency and the forms that they take. The present article reports the methodology and results of a survey conducted at Yale University in , which subsequently has been replicated on several other campuses. The Yale survey revealed that lesbians, gay men, and bisexual people on campus lived in a world of secretiveness and fear. Although experiences of physical assault on campus were relatively infrequent, many respondents reported other forms of discrimination and harassment. A majority reported that they feared antigay violence and harassment on campus, and that such fears affected their behavior. Replications on other campuses have yielded similar results. Suggestions are offered for researchers who wish to conduct such a survey on their own campus. A copy of the report on which this paper is based in PDF format can be downloaded from this site. Special attention is paid to the stigma that so closely accompanies HIV disease in the United States. Among the questions considered are whether AIDS attitudes are unidimensional or consist of multiple domains; whether AIDS attitudes in different domains have the same social psychological antecedents; whether these relationships are similar among different demographic groups; what psychological functions are served by AIDS attitudes; and how antigay prejudice combines with other factors to affect public reactions to AIDS. Data are presented from focus groups conducted in different cities and towns in the United States, as well as a national telephone survey. Conspiracies, contagion, and compassion: Trust and public reactions to AIDS. AIDS educational programs can be effective only to the extent that they are perceived as credible by their target audiences. In this study, public trust associated with AIDS was assessed in a national telephone survey. African Americans were more likely than Whites to express distrust of doctors and scientists concerning HIV transmission through casual contact, to believe that AIDS is being used as a form of genocide

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

against minority groups, and to believe that information about AIDS is being withheld from the public. Individuals high in distrust did not differ from those low in distrust in their exposure to AIDS information. Higher levels of AIDS-related distrust were not related to self-reported personal risk reduction, but were related to inaccurate beliefs about HIV transmission through casual contact and greater willingness to avoid and stigmatize people with AIDS. The importance of overcoming distrust in AIDS education programs is discussed. *The Journal of Sex Research*, 32 2 , The current article reports findings from a two-wave telephone survey with a national probability sample of Black heterosexual adults. Results indicated that negative attitudes toward homosexuality are widespread, but do not appear to be more prevalent among Blacks than among Whites. The single most important predictor of attitudes was the attribution of choice to sexual orientation: Consistent with previous research in predominantly White samples, respondents were more likely to express favorable attitudes if they were highly educated, unmarried, politically liberal, registered to vote, not religious, and if they included Blacks in their concept of gay men. In addition, respondents reported more favorable attitudes if they had experienced personal contact with gay men or lesbians, but this was not a significant predictor of attitudes when other variables were statistically controlled. A pre-publication version of the paper in PDF format can be downloaded from this site. You can also request a reprint via e-mail.

Identity and community among gay and bisexual men in the AIDS era: AIDS, identity, and community: The HIV epidemic and lesbians and gay men pp. This chapter reports data from two studies conducted in with gay and bisexual men from the greater Sacramento CA metropolitan area to identify principal predictors of high-risk sexual behaviors and various aspects of psychological functioning. Among the findings were: Men who were out of the closet, had positive feelings about their sexual orientation, and felt a sense of community with other gay and bisexual men were more likely to have the beliefs and attitudes that foster HIV risk reduction. A pre-publication version of the chapter in PDF format can be downloaded from this site. Some of the scales and measures used in this study are posted to the web site. *Personality and Social Psychology Bulletin*, 22 4 , At Wave 1, heterosexuals reporting interpersonal contact At Wave 2, these findings were generally replicated for attitudes toward lesbians as well as gay men. Cross-wave analyses suggest a reciprocal relationship between contact and attitudes. Theoretical and policy implications of the results are discussed, with special attention to the role of interpersonal disclosure in reducing stigma based on a concealable status.

Effects of direct and vicarious contact. *Journal of Applied Social Psychology*, 27 1 , Data are presented from a 2-wave national telephone survey with a probability sample of U. Some differences between the general population sample and the Black oversample were observed in the relative impact of direct and vicarious contact. Implications of the findings for reducing AIDS stigma are discussed. Hate crime victimization among lesbian, gay, and bisexual adults: Prevalence, psychological correlates, and methodological issues. *Journal of Interpersonal Violence*, 12 2 , Although violence based on sexual orientation is now widely recognized as a serious problem in the United States, social science data concerning the prevalence and consequences of such crimes are limited. In the present study, questionnaire data about victimization experiences were collected from lesbians, gay men, and bisexuals 74 females, 73 males in the Sacramento CA area. In addition, 45 of the respondents participated in a follow-up interview. Forty-one percent reported experiencing a bias-related criminal victimization since age 16, with another 9. The distribution of bias-related victimization and harassment experiences in the sample resembled patterns reported in other U. Compared to other respondents, bias-crime survivors manifested higher levels of depression, anxiety, anger, and symptoms of post-traumatic stress. Methodological and substantive issues in empirical research on hate crimes against lesbians and gay men are discussed. Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association*, 2, To systematically assess internalized homophobia and its correlates among gay men and lesbians. A measure of internalized homophobia IHP was administered to a community sample of lesbians and gay men, along with measures of psychological well-being, outness, and perceptions of community. For lesbians and gay men alike, internalized homophobia was associated with less self-disclosure to heterosexual friends and acquaintances and less sense of connection to the gay and

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

lesbian community. Lesbians and gay men with the highest IHP scores also manifested significantly more depressive symptoms and higher levels of demoralization than others, and high-IHP men manifested lower self-esteem than other men. IHP scores were not associated with disclosure to parents or the recency of developmental milestones for either lesbians or gay men. A conceptual framework and research agenda. Although widely recognized as a problem, AIDS stigma has not been extensively studied by social and behavioral scientists. Empirical research is urgently needed in this area, however. Data are especially needed to inform government leaders, health providers, and the general public as they debate new policies concerning HIV treatment, prevention, and monitoring. The workshop, co-chaired by Gregory Herek and Leonard Mitnick of NIMH, was designed to promote consideration of empirical research and theory-building that would have both basic and applied scientific significance, including implications for policymakers and opinion leaders. The paper provides a conceptual framework for understanding AIDS stigma, and proposes a basic research agenda. A pre-publication version of the report in PDF format can be downloaded from this site. Symbolic prejudice or fear of infection? A functional analysis of AIDS-related stigma among heterosexual adults. *Basic and Applied Social Psychology*, 20 3 , Using responses to the Attitude Functions Inventory AFI , respondents were categorized according to the dominant psychological function served by their attitudes: Negative affect toward a person who contracted AIDS through homosexual behavior, support for mandatory testing of so-called high-risk groups, and support for other punitive AIDS policies were predicted mainly by attitudes toward gay men for heterosexuals with expressive attitudes but not for those with evaluative attitudes, a pattern labeled functional divergence. Behavioral intentions to avoid persons with AIDS in various hypothetical situations were predicted primarily by beliefs about contagion for heterosexuals with expressive and evaluative attitudes alike, a pattern labeled functional consensus. Implications for AIDS education and for research based on the functional approach to attitudes are discussed. Effects of source, message, receiver, and context. *American Journal of Community Psychology*, 26,

DOWNLOAD PDF PSYCHOLOGICAL PERSPECTIVES ON LESBIAN, GAY, AND BISEXUAL EXPERIENCES

Chapter 3 : Book Psychological Perspectives On Lesbian Gay And PDF Download

A compilation of important articles which provides a comprehensive overview of current thought on the psychological aspects of the lesbian, gay, and bisexual experience. The editors have included a new set of articles for the second edition of Psychological Perspectives, most of which have been published since the first edition of their book.

Sage Publications, Academic psychologists have been challenged to make psychology curricula more inclusive. Program changes involve revising undergraduate and graduate course material and content to represent the full spectrum of sexual orientation identity, development and life dilemmas. Similarly, trainers and educators responsible for training in related mental health disciplines, mental health agencies and other venues that deliver psychological services to Lesbian, Gay, Bisexual, And Transgendered individuals have been appropriately challenged to make training competent practitioners a priority. Many practitioners who have had no training in Lesbian, Gay, Bisexual, And Transgendered Psychology find themselves confronted with clients whom they feel ill equipped to address. This volume is intended to serve as a basic resource with information on salient Lesbian, Gay, Bisexual, And Transgendered issues and to provide the reader with a range of references and other resources to explore key identity, development, and other subjects. Table of Contents Preface B. Beyond Heterosexism and Across the Cultural Divide: A Look to the Future B. Teaching Lesbian, Gay, and Bisexual Psychology: Confronting Heterosexism in the Teaching of Psychology J. Gay, Lesbian, and Bisexual Lives: Implications for Clinical Practice and Training K. A Review of Theory and Research R. Lesbians, Gays, and Family Psychology: Resources for Teaching and Practice R. Lesbian, Gay, and Bisexual Adolescent Development: Therapeutic Responses to Sexual Orientation: Lesbian, Gay, and Bisexual People of Color: The Lesbian and Gay Workplace: A Guide to Advancing Equity S.

Chapter 4 : Download Gay Perspectives PDF " PDF Search Engine

Download psychological perspectives on lesbian, gay, and bisexual experiences pdf book free by linda garnets file type: pdf, txt, epub, kindle and other format isbn: download this book at link below for free.

Chapter 5 : Introduction - The Health of Lesbian, Gay, Bisexual, and Transgender People - NCBI Bookshelf

Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences has 15 ratings and 0 reviews. Designed for both the undergraduate and graduate class.

Chapter 6 : Selected Abstracts

*Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences * Introduction to the Second Edition - Lesbian, Gay Male, and Bisexual Dimensions in the Psychological Study of Human Diversity 1.*

Chapter 7 : Psychological perspectives on lesbian, gay, and bisexual experiences | Search Results | IUCA

Psychological Perspectives on Lesbian, Gay, and Bisexual Experiences (Between Men--Between Women) - Kindle edition by Linda Garnets, Douglas Kimmel. Download it once and read it on your Kindle device, PC, phones or tablets.

Chapter 8 : Psychological Perspectives on Lesbian & Gay Issues

Psychological perspectives on lesbian, gay, and bisexual experiences / Linda D. Garnets and Douglas C. Kimmel, editors. Psychological perspectives on lesbian and.