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Perspectives/Opinion

Sexual orientation, gender: Where is the problem? Nowhere! Correct self-identification and minority stigma

Orientation sexuelle, genre : où est le problème ? Nulle part ! L'identification correcte de soi et la stigmatisation des minorités

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ABSTRACT

Purpose. – Self-concept, at the core of minority stress, is associated with negative mental health outcomes.
Methods. – We aimed to assess the effectiveness of a one-shot third-wave CBT intervention targeting correct self-identification to address suffering related to minority stress. The study population included 172 participants ($n = 98$ heterosexuals, $n = 13$ transgenders). The intervention consisted of a 90 minutes conference including overview of LGBT's suffering related to distal and proximal factors, a wisdom understanding of the root of suffering (mistaken self-identification) followed by a Questions & Answers session. Participants completed online self-questionnaires assessing sociodemographic data, acceptance by others (external) and oneself (internal) for sexual orientation and gender variables before the conference, immediately after the conference, and three months later.

Results. – The conference helped to improve external acceptance of transgender for the whole sample, especially among the majority group. Those belonging to the minority (LGBT) had a positive benefit from the conference by reducing their fear of judgment. Adding a Q&A session to the conference failed to show any additional benefits.

Conclusion. – A specific wisdom-based self-identification conference appears to be an effective and low-cost intervention to target minority stigma, and therefore mental health and social integration of LGBT people.

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R É S U M É

Objectifs. – Évaluer l'impact d'une intervention unique en TCC de troisième vague ciblant l'identification correcte de soi sur la souffrance liée au stress des minorités.

Méthodes. – Nous avons inclus 172 participants ($n = 98$ hétérosexuels, $n = 13$ transgenres). L'intervention consistait en une conférence en ligne de 90 minutes incluant une explication de la souffrance vécue par les personnes LGBT à la lumière de la compréhension du modèle de stress des minorités, et une compréhension de la racine de cette souffrance à partir du modèle des TCC de troisième vague (ciblant l'identification de soi). L'intervention était suivie d'une session optionnelle de Questions & Réponses. Les participants ont rempli des auto-questionnaires en ligne évaluant les données sociodémographiques, l'acceptation des autres (externe) et l'auto-acceptation (interne) des caractéristiques d'orientation sexuelle et de genre, en pré-intervention, post-intervention immédiat, et trois mois post-intervention.

Mots clés :

LGBT
Stress des minorités
Conception de soi
Thérapies cognitives et comportementales de troisième vague
Stigmatisation

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Résultats. – La conférence a été associée à une amélioration de l'acceptation externe du transgenre pour toute la population d'étude, en particulier au sein du groupe majoritaire (i.e. population hétérosexuelle). Les personnes appartenant à la minorité (LGBT) ont présenté un effet bénéfique de la conférence par réduction de leur peur du jugement. L'ajout de la session Questions & Réponses n'a pas montré de bénéfices supplémentaires.

Conclusion. – Une conférence en TCC de troisième vague basée sur l'identification correcte de soi semble être une intervention efficace et peu coûteuse pour cibler la stigmatisation des minorités, et par voie de conséquence, la santé mentale et l'intégration des personnes LGBT.

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1. Introduction

Lesbian, gay, bisexual, and transgender (LGBT) individuals report higher rates of depression, anxiety, suicidality [1,2], and general psychological hardship and distress [3]. The main explanation is named *minority stress* [4], including distal (i.e. prejudice events such as discrimination and violence) and proximal (i.e. stigma, expectations of rejection, concealment, and internalized homophobia/transphobia) minority stress. Characteristics of minority identity moderating the association between minority stress and negative mental health outcomes are:

- high prominence or salience (i.e. minority characteristics at core of self-definition);
- negative valence (i.e. negative evaluation of one's identity);
- poor level of integration with the individual's other identities. Therefore, self-concept consideration is critical for minority stress [4].

Third wave CBT explores self-concept. As mentioned in the National Alliance on Mental Illness (NAMI) [5], when we think about ourselves, our sense of Self is based on a feeling or concept of inherent separation (called self-grasping ignorance [6,7]) which leads to an experience of distressing existential void and a sense of separation from experiences of satisfaction, security, and value. Based on incorrect self-identification, sexual orientation or gender characteristics can be perceived as an obstruction or a necessity to satisfaction, security and value. We thus aimed at evaluating the subjective impact of a unique third-wave CBT intervention focusing correct self-identification to address suffering related to minority stress and majority prejudices.

2. Methods and materials

2.1. Participants

We included 172 participants (125 women) recruited in Montpellier, France, using flyers and social networks. Ninety-eight (57%) subjects were heterosexuals, i.e. the majority group. Seventy-four (43%) subjects were LGBT or had no clear sexual orientation or gender, i.e. minority group. Table 1 describes all the sample.

The Montpellier University Hospital ethics committee (Institutional Review Board [I.R.B.] 202000366) approved the study. Informed written consent was obtained from all participants.

2.2. Procedure and intervention

The intervention consisted of a 1 hour and 30 minutes online conference led by a psychiatrist specialized in third-wave cognitive behavioral therapy (CBT) (i.e. buddhist derived practices) and a buddhist meditation expert specialized in correct self-identification. The content of the conference included:

Table 1
 Description of the population.

Variable	Mean (\pm SEM), n (%)
Natal certified sex	
Women, n (%)	125 (72.7%)
Men, n (%)	47 (27.3%)
Age	42.49 (1.01)
Study level	
Undergraduate, n (%)	22 (12.9%)
Graduate, n (%)	150 (87.1%)
Civil status	
Single, n (%)	47 (27.3%)
In couple/Married, n (%)	104 (60.5%)
Separated/Divorced/Widow, n (%)	21 (12.2%)
Sexual orientation	
Heterosexual, n (%)	102 (59.3%)
Homosexual, n (%)	40 (23.3%)
Bisexual, n (%)	24 (14.0%)
Other, n (%)	6 (3.5%)
Transgender	
No, n (%)	158 (92.4%)
Yes, n (%)	13 (7.6%)

- an highlight on the LGBT's suffering distal (i.e. prejudice events) and proximal (i.e. self-stigma) factor;
- a third wave CBT's perspective focusing on mistaken self-identification [6,7].

It was followed by an optional Questions & Answers 90-min online session. Through both theoretical approach and meditative practice, we proposed wisdom-based alternative ways of thinking on 1) self and other's conception as inter-dependent phenomena, 2) correct self-identification as an imputation on the potential for an all resilient, compassionate, and creative capacity of the mind itself, whatever one's characteristics. Therefore, we targeted high prominence (or salience), negative valence, and poor level of integration [4].

2.3. Assessment

Participants received an online anonymous questionnaire within the two weeks preceding, and two weeks and 3 months following the intervention to assess:

- age, study level, marital status, occupational status, personal gender and sexual orientation;
- external and internal acceptance for sexual orientation and gender variables based on OECD indicators (Table 2);
- acceptance following the conference.

2.4. Statistical analyses

Using the sample and the variables from the first assessment, we performed a Principal component analysis (PCA) using oblimin rotation to reduce the number of variables further analyzed. The

Table 2
 Factor loadings from the principal component analysis (PCA) for the external and internal acceptance for sexual orientation and gender variables.

	Factor 1	Factor 2	Factor 3
1. How would you feel if a gay, lesbian or bisexual person was elected to be the highest political function in France?	.850		
2. Whether you work or not, how comfortable would you feel if you had a gay, lesbian, or bisexual person among your colleagues?	.767		
3. Whether you have children or not, how comfortable would you feel if one of your children were in a romantic relationship with a gay, lesbian or bisexual person?	.710		
4. How would you feel if a transgender person was elected to be the highest political function in France?	.919		
5. Whether you work or not, how comfortable would you feel if you had a transgender person among your colleagues?	.873		
6. Whether you have children or not, how comfortable would you feel if one of your children were in a romantic relationship with a transgender person?	.858		
7. Do you consider your sexual orientation to have an impact on your value as a person?		.862	
8. Do you consider your gender to have an impact on your value as a person?		.900	
9. How much do you fear being judged negatively because of your sexual orientation?			.874
10. How much do you fear being judged negatively because of your gender?			.787
Eigenvalue	4.17	1.81	1.30
Explained variance	41.73	18.05	13.04
Cronbach alpha	$\alpha = .901$	$\alpha = .757$	$\alpha = .627$

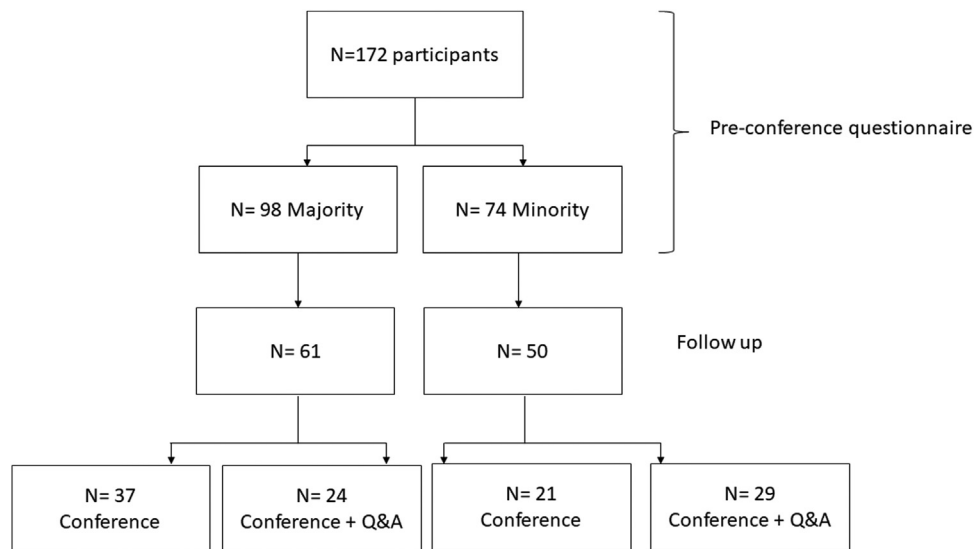


Fig. 1. Flow chart.

number of factors extracted was chosen according to an Eigenvalue ≥ 1 . Cronbach alpha was calculated to confirm the internal consistency of the new factors. See Table 2 for details of PCA analysis.

Mixed models were performed, using as dependent variable the identified PCA factors and the questions “is homosexuality a problem for you?” and “is transgender a problem for you?”. Time of assessment (3 timings), group (majority vs. minority), intervention (conference vs. conference + Q&A) and adjusting covariates (sex and age) were used as fixed effects. Time \times Group, Time \times Intervention, Time \times Group \times Intervention were added. The participant’s random effects and time random slopes were added. The likelihood ratio test and Wald test were used to evaluate significance. Post-hoc comparisons were adjusted using the False Discovery Rate (FDR) adjustment. Repeated measure Cohen’s d (d_{rm}) was used to provide the effect size of intervention. The alpha significance level was fixed at 0.05. All statistical analyses were performed with R 4.0.3.

3. Results

3.1. Changes in external and internal LGTB acceptance after the intervention

Among 172 registered participants, 111 subjects (61 of majority group and 50 of minority group) attended the conference and

completed at least one post-conference questionnaire. Fifty-eight subjects attended only the conference.

3.1.1. External acceptance

For the question “is transgender a problem for you?” there was a significant effect of time ($F_{2,163} = 5.61, P < .004$); without significant post-hoc comparisons. Time \times Group interaction was significant ($F_{2,163} = 3.71, P < .027$) with a significant change from pre-conference to post-conference in the majority group ($P < .033, d_{rm} = 0.33$; Fig. 1).

For external acceptance factor Group factor was significant ($F_{1,106} = 8.58, P < .004$); showing a lower external acceptance (Mean \pm SEM = 8.65 ± 0.18) in majority (Mean \pm SEM = 9.44 ± 0.17). Time factor was significant ($F_{2,166} = 6.26, P < 0.003$) with an increase of external acceptance after conference ($P < .049, d_{rm} = 0.22$).

3.1.2. Internal acceptance

Time \times Group interaction was significant ($F_{2,166} = 4.89, P < .009$) without significant post-hoc comparisons (Fig. 1). Time \times Group \times Intervention interaction was significant for internal acceptance value ($F_{3,166} = 5.09, P < .002$) without significant post-hoc comparisons (Fig. 2).

For internal acceptance judgement the Group factor was significant ($F_{1,106} = 13.39, P < .001$) showing a lower fear to be judged (Mean \pm SEM = 1.54 ± 0.31) in majority (Mean \pm SEM = 3.48 ± 0.29).

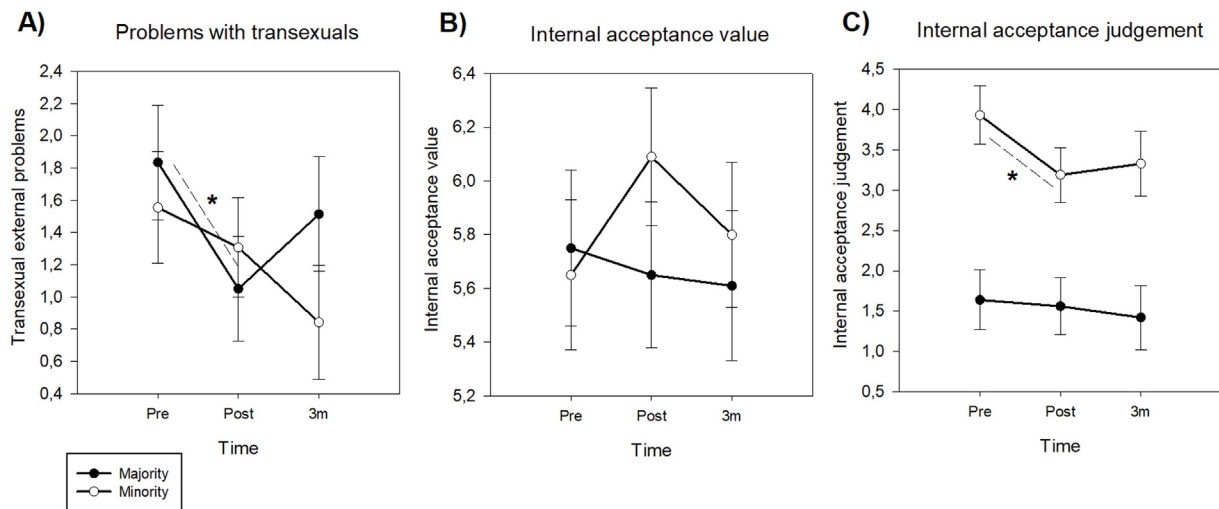


Fig. 2. External acceptance.

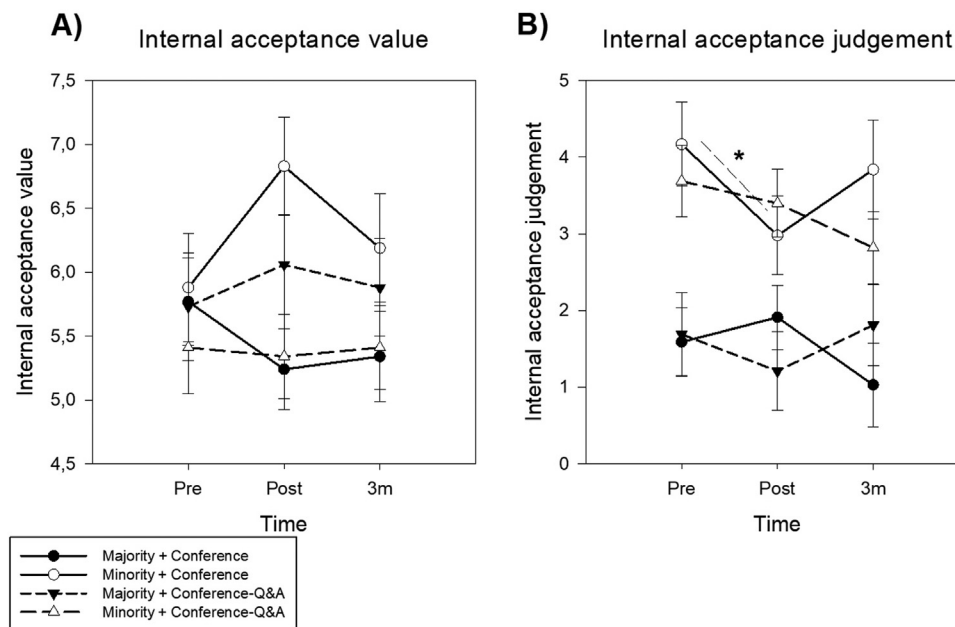


Fig. 3. Internal acceptance.

Time \times Group interaction was significant ($F_{2,166} = 4.89, P < .009$) showing a significant decrease of the fear to be judged from pre-conference to post-conference in the minority ($P < .019, d_{rm} = 0.42$; Fig. 1). Time \times Group \times Intervention interaction was significant ($F_{3,166} = 3.07, P < .029$) showing a decrease of the fear to be judged in the minority from pre-conference to post-conference for the conference ($P < .033, d_{rm} = 0.57$; Fig. 3).

4. Discussion

Unique wisdom-based self-identification educational intervention helped to improve external acceptance of transgender especially among the majority group, and fear of judgment of minority people. The Q&A session did not bring additional benefits.

External acceptance may have increased through the positive humanist basis of self-identification, whatever sexual or gender personal characteristics. External acceptance was better among minority than majority people. This may be related to the sense of community, which has been defined as main health protective

factor in LGBT mental and physical well being [8]. Social identities help individuals to identify social support and peer networks, and to validate in-group norms providing meaning and a sense of purpose [9]. For minority populations, social identities, and interactions with similarly identified persons are critical for validating in-group norms within a broader social context that seeks to invalidate their identities [10,11]. Norm depends from the perspective we take or kind of group that is the referent point.

The conference helped to improve external acceptance of transgender especially among the majority group. The conference promoting wisdom based-understanding on correct self-identification for all human beings whatever their personal characteristics is a good basis toward equanimity.

The conference helped to reduce fear of judgment of the minority group, with a medium effect size. It is critical as rejection sensitivity is at core of minority stress [12], and has been associated depression, anxiety, [13] and suicidality [14,15]. The conference targeted one's identification to his/her positive beneficial potential,

from which each single personal characteristic could be a strength for one's growth and society's wealth.

From the wisdom-based realization of interdependence, this conference highlighted how LGBT community has long been helping to create a culture of authenticity about who we are, what we can do and accomplish, and how beneficial we can be to all. Contemporary increased cultural visibility of sexual minority people has improved acceptance of related characteristic as part of a normal society and facilitated women's autonomy and men's expression out of the virile-based traditional model. Thanks to the meditative investigation of the mind (the nature of the mind is clarity (or formless) and its function is to know (or perceive or conceptualize) [6]), leading to the comprehension of an a-gender and a-sexual orientation inherent characteristics of the mind, the third-wave cognitive knowledge aim to get rid of stigma conceptions on oneself.

In conclusion, specific wisdom-based self-identification conference appears as an effective and low-cost intervention to target minority stigma, and therefore mental health of LGBT. Future research should compare this intervention with a non-specific educational conference to assess the impact of the special focus on self-concept. The collaborative work between health professionals specialized in 3rd wave CBT and Buddhist meditation experts assures the rigor of the content that they develop. The university chair "correct Self-Identification" [16] establishes this in an innovative way. It aims to supervise the delivery of 3rd wave CBT, to ensure its quality and prevent deviations. The future of 3rd wave CBT should be in the establishment of specialized care services working in collaboration with a Buddhist meditation expert (i.e. by grouping 3rd wave CBT care resources on a single inter-sectoral service per hospital), thus ensuring rigor and quality in the delivery of this specialized care through continuous training and supervision over time.

Disclosure of interest

The authors declare that they have no competing interest.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1016/j.encep.2022.03.007](https://doi.org/10.1016/j.encep.2022.03.007).

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