Psychosomatic Disorders in the Queer Community

By Tanner Gill

ABSTRACT. This paper analyzes and evaluates why psychosomatic disorders are present in such higher rates in the queer community than in other communities. To assess this issue, this report supplies research on the intersection amongst various sexual and gender minorities within the community, three psychosomatic disorders (eating, anxiety, and mood disorders), and the heteronormative and homophobic society in which the aforementioned items are positioned. These disorders are linked to the feeling of societal marginalization in communities where heteronormativity and homophobia are prevalent and predominant, and also the bullying, hate, and stigmatization that coincide with such social institutions. To combat the rapid onset of these psychosomatic disorders in the queer community, society must both recognize and also make efforts to mitigate the pernicious effects of heteronormative and homophobic mindsets.

In modern American society, homophobic actions and ideologies still run rampant throughout the aisles of conservative courts and the alleyways of mean-spirited metropolises nationwide. An alarming trend in today's society is to find rising numbers of homeless youth in these alleyways; an even more somber norm dwells in the fact that "[t]hirty to 40 percent of homeless youth living on the streets are teenagers who were thrown out or left their homes because they are homosexual" (Helminiak 17). An extensive list of grievances could be made on behalf of the queer community; this is why it comes as no surprise that members of the queer population are more susceptible to diseases of the mind and body, known as psychosomatic disorders. Psychosomatic disorders are "psychiatric disorders that are displayed through physical problems. In

other words, the physical symptoms people experience are related to psychological factors rather than a medical cause"; this family of psychological disorders can be "triggered by strong emotions, such as anxiety, grief, trauma, abuse, stress, depression, anger or guilt" ("Psychosomatic Illness"). In a country corrupt with homophobia where queer people are "frequent objects of satire, hostility, and contempt" and "lesbians, gay men, and bisexuals are subject to widespread discrimination and social disapprobation", this information may explain why the queer population may be most prone to these disorders (Mann 19; Schüklenk et al. 8). These disorders know no boundaries when infecting the queer community; this is why it is beneficial to approach this issue with an intersectional lens. Intersectionality, as defined by scholars Gwyn Kirk and Margo Okazawa-Rey, is "an integrative perspective that emphasizes the intersection of several attributes, for example, gender, race, class, and nation" (qtd. in Gibson, Alexander, and Meem 202). In this paper, an intersectional lens will be applied to investigate how three different types of psychosomatic disorders—eating, anxiety, and mood disorders—converge with the queer community specifically to create a pernicious climate for all its members.

The stresses compounded on queer youth are many: the fears that are an integral part of coming out to friends and family, societal acceptance, and maintaining a warm social network are unique to this community. An untoward result of these special stressors is the widespread development of eating disorders amongst the queer population. An eating disorder, as defined by the National Eating Disorders Association (NEDA), is a disorder that "include[s] extreme emotions, attitudes, and behaviors surrounding weight and food issues . . . that can have life-threatening consequences . . . [and] that affect a person's emotional and physical health." NEDA, informed by the American Psychiatric Association's Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders, discusses the various types of eating disorders. The three

most prevalent disorders are anorexia nervosa, characterized by "inadequate food intake" and "obsession with weight"; bulimia nervosa, characterized by consuming large amounts of food, "followed by behaviors to prevent weight gain, such as self-induced vomiting"; and binge-eating disorder (BED), characterized similarly to bulimia, but different in that no behaviors are developed to prevent weight gain. It is important to note that all three are inherently inseparable from feelings of low self-esteem as it relates to body image (*National Eating Disorders Association*). Poor individual body image is a redoubtable indication of physical dysmorphia to come.

This low self-esteem, in combination with a variety of other psychological, interpersonal, and social factors, demonstrates symptoms of a psychosomatic disorder. As a rule, the aforementioned sources of stress begin outside of the mind; however, they eventually penetrate an individual's mental boundaries after much reinforcement and begin to implant themselves into the psyche until they become rooted in one's everyday beliefs in a nefarious fashion. Once this process has taken place, the debilitating thoughts start to manifest themselves as somatic ailments. For individuals who exhibit disordered eating, this entails an increased risk of heart failure, reduction in bone density, muscle loss, kidney failure, dehydration, gastric and esophageal rupture, tooth decay, ulcers, and others. The most dire outcome is death, which occurs in the highest rates among individuals with eating disorders compared to all other psychiatric disorders (*National Eating Disorders Association*). With the looming threat of death as a noted and chief outcome of eating disorders, it is of paramount importance that society develops countermeasures to the onset of these illnesses.

In appreciation of the gravity of the development and somatization of eating disorders, it is even more startling how these life-threatening disorders affect the queer population specifically. In addition to the unique stressors of the queer community mentioned earlier, queer individuals also experience physical violence, gay-bashing,

bullying, and discrimination in schools and the workplace. More related to body issues, queer minorities are at greater risk for dealing with "[d]iscordance between one's biological sex and gender identity," "body image ideals within some LGBT cultural contexts," and the "lack of availability of culturally-competent treatment [for eating disorders]" (*National Eating Disorders Association*). This is especially true for transgender youth. By nature, their outward appearance contrasts with their inward mentality. This in effect can incite a tumultuous war on the physical body. In a sample of sixty-five transgender youth, seventeen percent reported having experienced an eating disorder, and sixty-two percent expressed dissatisfaction with their bodies. Of the latter group, over half attributed their dissatisfaction to "gender-related issues" (Letizia). Body image issues are not restricted to transgender individuals, however. Both Austin et al. and NEDA are in agreement that all sexual and gender minorities are more likely to develop symptoms of eating disorders than their heterosexual, cisgender peers. Austin et al. find that "[s]exual minority girls had 2 to 4 times the odds of purging and diet pill use compared with heterosexual peers, and sexual minority boys had 3 to approximately 7 times the odds of these behaviors" (e18). In conjunction, NEDA reports that "lesbian women experience less body dissatisfaction overall" and that "gay men are disproportionately found to have body image disturbances and eating disorder behavior." They continue by stating, "Gay men are thought to only represent 5% of the total male population but among men who have eating disorders, 42% identify as gay" (*National Eating Disorders Association*). As it currently stands, queer individuals command a staggering percentage of those affected by eating disorders while also representing a minority percentage of society in total.

These statistics and studies highlight only a small percentage of the repugnances that occur in the queer community in relation to disordered eating. It is clear that members of the queer community are much more likely to

develop an eating disorder than their heterosexual peers—a sign that points to minority stress and the relative heterosexual privilege that pervades society. A palliative, NEDA notes, is that "[a] sense of connectedness to the gay community was related to fewer current eating disorders." This information alone points directly to the powerful and beneficial effects a strong and resilient queer community can have on its members. In this way, the queer community acts as a life vest for queer castaways adrift by the heteronormative flagship. Because of this, it is crucial that society not oppress the queer community, but that they foster it; this in turn ensures that society's youth will be less prone to virulent eating disorders.

Just as anxiety and fear dominate the minds of individuals with eating disorders, these symptoms are also major components of both anxiety and mood disorders. Anxiety disorders are "mental illness[es] defined by feelings of uneasiness, worry and fear"; while everyone may experience feelings such as these irregularly, people afflicted by an anxiety disorder feel "an inappropriate amount of anxiety more often than is reasonable" (*HealthyPlace*). Examples of anxiety disorders are generalized anxiety disorder (GAD), characterized by an untargeted source of anxiety or dread; social anxiety disorder (SAD), characterized by fear and worry surrounding social situations; and simple phobias, characterized by fears of a known source (*HealthyPlace*). It is often remarked that anxiety disorders and mood disorders present themselves conjointly: "People with an anxiety disorder often have co-occurring mental health problems, such as depression" (*HealthyPlace*). This is why it is challenging to isolate anxiety disorders from mood disorders, and even eating disorders. Mood disorders are mental handicaps that disturb the normal mood of an individual. Mood disorders encompass a wide range of emotions: bipolar disorder, characterized by fluctuations in mood; and depression, characterized by a "persistent feeling of sadness and loss of interest" and having "trouble doing normal day-to-day activities" (*Mayo Clinic*). Because

anxiety is common in those who suffer from depression and vice versa, it will be advantageous to discuss them simultaneously.

As psychosomatic disorders, anxiety and mood disorders are not simply maladies of the mind; they wreak havoc on the body, too. As a direct result of these disorders, researchers have documented somatic infirmities such as sleeping too much or too little, lack of energy, muscle tension, sweating, heart palpitations, low libido, changes in appetite, weight fluctuation, slowed thinking, back pain, headaches, and more (*HealthyPlace*; *Mayo Clinic*). Perhaps the most extreme somatic affliction in relation to these disorders is suicide. Both *HealthyPlace* and *Mayo Clinic* recognize suicide and suicidal ideation as lamentable possibilities of both anxiety and mood disorders.

The severity of anxiety and mood disorders cannot be overstated, especially when discussing its junction with the queer community. In many studies on this intersection, researchers often document the high likelihood of "poor mental health, suicide and self-harm, eating disorders, and substance abuse in LGBT populations" (Biddulph 18). Others assert that "the odds of major depression and conduct disorder were 4 times greater among . . . LGB youths than they were among . . . heterosexual youths" (Mustanski, Garofalo, and Emerson 2426). NEDA attempts to explain the discommoding rates of anxiety and depression among queer individuals by linking the mental disorders with "their sexuality or gender expression."

While NEDA is correct in assuming that the queer community is more susceptible to anxiety and mood disorders because of their sexuality and gender expression, their wording places too much of the onus on the queer people themselves and not on the homophobic and heteronormative culture to which queers are exposed. The disdain for the queer community on behalf of a homophobic culture is the primary source for any psychological malfunction in queer individuals.

One way the homophobic mores of society are guilty of inflicting psychological harm on queer people is

evidenced by bullying in schools. Bullying occurs when one or more persons purposefully targets another person or persons with the intention of making the victim feel subhuman and socially inadequate. Many researchers have noticed that "[t]he consequences of bullying may last a lifetime and include loss of confidence and self-esteem, becoming withdrawn and nervous, reduced ability to concentrate, fall in academic achievement, truancy and school-phobia. Links have also been made with post-traumatic stress disorder" (Biddulph 18). Many queer youth are bullied because of their identity each year. This presents them with a choice: they can either stifle their self-expression and conform to the heteronormative culture with no penalty, or they can rebel in the face of adversity and face overwhelming retaliation in return. The lack of neutral ground is the most revealing of the oppressive culture in which queer youth are situated. Greene, Britton, and Fitts, in their study of bullying as it relates to the queer community, discovered that

> "[h]omophobic bullying related to fears of relationship intimacy, feelings of being an outsider in social situations, perceived lack of a positive future, difficulty expressing emotions to others . . . [and] fears about meeting new people or facing new situations" (406).

The list of demoralizing side effects of homophobic bullying progress to even more perturbing outcomes, like "depression, suicidal ideation, [and] decreased life satisfaction . . ." (406). It is obvious that, while bullying in schools is a serious issue for all youth, it is particularly troubling for queer youth. In "normal" bullying, an out-of-place fashion choice may be the object of scrutiny; however, in homophobic bullying, bullies debase and denigrate a victim's identity and thus their very soul in ways that can render them permanently scarred.

The bashing of queer individuals does not halt after graduation, though. Members of the queer community face backlash and violence in all areas of their lives. Arguably

more damaging than homophobic bullying are sexual-orientation-based hate crimes, in which victims are targeted and assaulted based solely on their sexual orientation or romantic preferences. In 2009 alone, approximately 1,482 queers reported being the victim of a hate crime based on sexual orientation (Griffin and Schuberth 109). Griffin and Schuberth make claims that sexual orientation-motivated hate crimes feature "more violent and brutal forms of aggression" than non-hate crimes; as a result of this higher level of homophobic hostility, these hate crimes "tend to have a greater impact on victims" than non-bias hate crimes (109; 114). Psychological ruin has been noted in association with sexual orientation hate crimes, as Griffin and Schuberth also report: "LGBT individuals who were victims of bias crimes . . . reported greater levels of psychological distress than their non-bias crime victim counterparts" (114). They continue by stating, "Furthermore, this psychological distress tended to be longer lasting and more severe," and that "levels of depression, fear of one's safety, nervousness, and intrusive thoughts were all significantly higher" (114). Therefore, hate crimes aimed toward the queer community exist as a formidable catalyst for the development of psychological symptoms related to anxiety and mood disorders. It is possible that, with these impending psychological torments mounted, suicide rates will also increase in the queer community. Helminiak cites that already, "Thirty percent of teenage suicides are among homosexual youth. Proportionately, this figure is at least three to four times higher than for other adolescents" (17). This number as it stands is far too great and needs desperately to be reduced, or at least contained, before society loses valuable queer voices. Griffin and Schuberth offer that "LGBT victims of hate crimes are more likely to report less belief in the benevolence of people." Society should take immediate action to address the animosity toward the queer community as a result of its ingrained traditional social mores, then, lest the prior quote becomes its defining quality and legacy.

As gleaned from modern publications on psychosomatic disorders in the queer community, queer persons are developing eating, anxiety, and mood disorders at an unsettling rate. This accelerated materialization of both physically and psychologically deleterious disorders is rooted in homophobic and heteronormative attitudes amidst society. The implications of these disorders in the queer community are far-reaching and must be quelled before they become unstoppable epidemics that compromise the integrity of the community. Much like the AIDS epidemic of the twentieth century and the government indifference toward the plight of the queer community, ignorance and apathy toward these disorders is essentially purposeful negligence of a minority population. Therefore, it is crucial that society stirs from its complacency toward the queer community and its issues, for fear that society yet again must witness its queer people's health suffer.

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