Suicidology Online 2017; **8**: 26

Suicidology Online
open access journal
www.suicidology-online.com

ISSN 2078-5488

Original research

Stigma Burden as a Predictor of Suicidal Behavior among Lesbians and Gays in the Philippines

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Submitted to SOL: May 14th, 2017; accepted: September 8th, 2017; published: November 1st, 2017

***Abstract*:** Suicide is a serious concern worldwide. Understanding the dynamics of suicidal behavior may help prevent it. Meyer's minority stress model (2003) holds that minority groups, such as the lesbian, gay, bisexual, and transgender (LGBT) community, experience group-specific stressors, collectively termed "stigma." In the current study, stigma was divided into two portions, perceived stigma and self-stigma. Perceived stigma regards negative opinions about a minority group experienced from the majority culture. Self-stigma results when such negative opinions are internalized to become negative opinions of the self. The present study found that among 61 Filipino lesbians and 124 Filipino gays, suicidal behavior increased as a function of both internalized and self-stigma, with each making an independent to suicidal behavior. Nearly 25% of suicidal behavior could be predicted by this total stigma burden. Further, Filipino gays and lesbians differ in their suicidal behaviors with lesbians being more at risk. These findings raise awareness about the impact of stigma, prejudice, and discrimination, which in turn, may reduce suicidal behavior among the Filipino lesbian and gay community.

Keywords: *Internalized stigma, LGBT, minority stress, suicidal behavior*

In October 8, 2011, the Psychological Association of the Philippines (PAP) released a statement emphasizing the importance of non-discrimination based on sexual orientation, gender identity, and expression (SOGIE). By this statement, the PAP (2011) officially recognized that stigma, prejudice, and discrimination are still experienced by the lesbian, gay, bisexual, and transgender (LGBT) community in the Philippines. This is manifested through victimization, stereotyped media portrayals, denial in entering commercial businesses, limited job opportunities, and reduced political participation, among others. Due to the support of PAP, Ofreneo (2013) envisions social change in the professional practice and teaching of psychology in the Philippines, resulting in an LGBT-inclusive Philippine psychology.

According to Kann et.al. (2011), sexual identity refers to "how individuals identify themselves," that is, as lesbian, gay, bisexual, or even as "confused about their identity." Research shows that sexual minority youth experience stigma, prejudice, and discrimination (Meyer, 2003b; Sandfort, Bakker, Schellevis, & Vanwesenbeeck, 2006; Conron, Mmiaga, & Landers, 2010). Internalized stigma is conceptualized as the "negative perception of one's own sexual minority or transgender identity" (Puckett & Levitt, 2015). Through repeated harassment, discrimination, and victimization, negative perceptions of sexual orientation eventually become "internalized" (Herek, 1990). This process occurs when minority

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ISSN 2078-5488

group members begin to see and regard themselves as the majority society sees and regards them. Thus, the original source of internalized stigma is social stigma, that is, the attitude of the larger society toward LGBT persons. Stigma may result in (1) poor self-esteem, (2) reduced self-efficacy, (3) impaired social functioning, and a (4) higher level of psychiatric symptoms, including depression (Drapalski, Lucksted, Perrin, Aakre, Brown, DeForge, & Boyd, 2013). Internalized stigma may be said to consist of "self-stigma" (Mak & Cheung, 2010) or "internalized homophobia" (Puckett & Levitt, 2015). Weinberg (1972) developed the word homophobia to refer to "the dread of being in close quarters with homosexuals and in the case of homosexuals themselves, self-loathing." Internalized homophobia involves taking social stereotypes about oneself as true or factual. Thus, anyone belonging to a sexual minority who rejects his or her sexual orientation is, by definition, experiencing internalized homophobia (Meyer & Dean, 1998). This may also be described as the intrapsychic conflict between one's attraction to the same sex and the desire to be heterosexual in order to gain the acceptance of family or society (Herek, 2004).

About 1 out of 4 Filipinos would reject gay people as neighbors. About 28% of Filipino adults consider being gay as wholly "unacceptable" (Manalastas & Del Pilar, 2005). As such, there is ample opportunity for social stigma to produce both self-stigma and internalized homophobia among Filipino youth. Using American data, Russell & Joyner (2001) found that the prevalence of suicide ideation was much higher among gay and bisexual adolescent boys (15%) compared to other boys (1%). Suicidal behaviors are self-initiated ideations and communications that express the desire or intention to die (Van Orden, et al., 2010). According to the National Strategy for Suicide Prevention, suicidal behavior is comprised of thinking about, attempting, and completing the act of suicide (U.S. Department of Health and Human Services [HHS], 2001). According to the Suicide Prevention Resource Center (2008), both suicide risk and protective factors are helpful in predicting actual suicidal behavior in individuals considered to be at risk. Widely researched risk factors include the presence of a mental disorder, lack of social and emotional support, stigma and prejudice from heterosexuals, relationship breakup or broken friendship, and access to deadly weapons. In contrast, protective factors reduce suicidal behaviors. Protective factors include effective mental health care, community and family support, and prohibited access to deadly means (HHS, 2001).

The current study explores whether external perceived stigma and self-stigma predict suicidal behavior for lesbians and gays in the Philippines. Note that not all perceived stigma becomes self-stigma. Individuals may reject or dismiss, or react against stigma, rather than incorporate it into their self-concept. As such, we first hypothesized that the correlation between perceived and self-stigma would be moderate. Second, since any form of stigma is aversive, we hypothesized that perceived stigma and self-stigma would both be significantly related to suicidal behavior. Third, because perceived stigma and self-stigma may logically be viewed as two halves of the total "stigma burden" experienced by the individual, we hypothesized that each would make independent contributions to the prediction of suicidal behavior.

The results of the current study are intended to inform the LGBT Community, its allies, and society in general on the effects of internalized stigma and its connection to suicidal behavior. Such awareness, it is hoped, will reduce stigma, discrimination, violence, and prejudice, thereby reducing suicidal behavior in the LGBT community.

Method

Study Population

Using a non-probability convenience sampling method, we recruited lesbian and gay youth residing in Manila. A total of 185 self-identified Filipino lesbian and gay youth participated. These were comprised of 61 lesbian women and 124 gay men. All signed an informed consent prior to completing the research questionnaires.

Evaluation of Stigma and Suicidal Behavior

The instruments below were chosen as measures of stigma, self-stigma, and suicidal behavior.

Harvey Stigmatization Scale (HSS). Developed by Harvey (2001), the HSS consists of 21 items which measure perceived stigma. Content validity of the HSS was established with the assistance of experts in the field. Harvey (2001) revised questions previously used by Branscombe, Schimtt, and Harvey (1999) to measure feelings of racial victimization and added questions based on the responses from the interview of experts (two African American women and one African American men) about their perceptions of the social identity among the dominant group in society. Examples include "I do not feel victimized by the society" and "Society discriminates against me." Each item is answered on a 5-point Likert scale that ranges from (1) strongly disagree to (5) strongly agree, with five positively worded items being reverse scored. Harvey (2001) used forward

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stepwise regression to reduce the number of items from 18 to 10, creating an abbreviated scale. Both the long and short versions yielded high reliability scores across racial groups (.94 for the long version and .90 for the short version) that included European Americans, African Americans, and Native Americans. The long version was used in the current study. This yielded a Cronbach alpha reliability of .91.

Self-Stigma Scale (SSS). Developed by Mak and Cheung (2010), the SSS is a 39-item scale designed to assess the cognitive, affective, and behavioral manifestations of self-stigma. Each item is answered on a 4-point Likert-type scale that ranges from (1) strongly disagree to (4) strongly agree. Sample items include: "My identity as a lesbian/gay is a burden to me" (cognitive), "I feel pitiful for being a lesbian/gay" (affective), "I conceal my identity as a lesbian/gay from other" (behavioral). The total score is obtained by summing items across all three domains. Higher scores denote higher self-stigma. Initial validation of both the long and short forms of the Self-Stigma Scale showed excellent reliabilities. Internal consistency with the short version (9 items) was measured at alpha = .91 for mental health consumers and alpha = .84 for immigrant women. Internal consistency with the long version (39 items) was measured at alpha = .97 for mental health consumers and alpha = .93 for immigrant women. The SSS is negatively associated with other self-identity measures such as self-esteem, self-efficacy, and collective self-esteem, and is positively associated with greater levels of depression, anxiety, and poor life satisfaction (Mak & Cheung, 2010). A Cronbach alpha reliability measure of .96 for the SSS long version was obtained in the present study.

Suicide Probability Scale (SPS). Developed by Cull and Gill (1988), the SPS is designed to determine the risk of suicidal behavior. The SPS consists of 36 items divided into four (4) subscales, namely Hopelessness (e.g., "I feel hopeless that things will get better"), Suicide Ideation (e.g., "In order to punish others, I think of suicide"), Negative Self-Evaluation (e.g., "I feel many people care for me deeply") and Hostility (e.g., "I feel hostile towards others). Each item is answered on a 4-point Likert scale ranging from (1) None or a little of the time, (2) Some of the time, (3) a Good Part of the time, and (4) Most of the time. The ratings were scored according to the items' respective weights and totalled to obtain the four subscale scores and the Total Weighted Score. The test is regarded as highly reliable, with internal consistencies and test-retest reliabilities greater than .90 (Cull & Cull, 1998). Criterion validity studies have shown good discrimination between suicidal and non-suicidal criterion groups (Cull & Gill, 1988). Cronbach's alpha reliability in the present study for the total SPS score was .89.

Research design

A correlational design was used to explore the relationship between internalized homophobia and suicidal behavior. Pearson correlation was used to calculate the relationship between perceived stigma and self-stigma. Multiple regression was used to determine if level of perceived stigma and self-stigma predict suicidal behavior of Filipino lesbian and gay youth.

Research procedure

The current study was examined and approved by an Ethical Review Board. After receiving informed consent, the participants completed a demographic sheet along with the psychological tests described above. Total testing time varied from 30 to 45 minutes, after which the participants was debriefed and were given tokens of gratitude (e.g. food) for their participation. The Harvey Stigmatization Scale, Self-Stigma Scale and Suicide Probability Scale were then scored and the data were analyzed using the Statistical Package for Social Sciences (SPSS) Version 16.

Results

Descriptive statistics were calculated to determine perceived stigma, self-stigma, and the level of suicidal behavior in the participants. Table 1 presents the mean and standard deviation of subject scores on the HSS, SSS, and SPS for lesbian and gay subjects (we had no hypotheses or expectations about differences between the two groups, so the current study should be view as purely exploratory in this regard). Lesbians and gays differed significantly in regard to their total suicidal behavior scores, t (183) = -2.79, $p < .05$. To better understand this difference, we looked at the four subscales of the SPS. While lesbians scored higher for all subscales, these differences were significant only for the Suicide Ideation subscale (t (183) = 2.97, $p < .05$) and Hostility subscale (t (183) = 2.81, $p < .05$). The differences were not significant for Negative Evaluation (t (183) = 1.08, $p < .283$) and Hopelessness (t (183) = 1.69, $p < .093$) subscales.

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Table 1. Summary of Data on Internalized Homophobia, Experience of Stigma, & Suicidal Behavior; Mean (SD)

	Lesbian	Gay	*t*-value
Perceived Stigma (HSS)	58.05 (12.91)	57.03 (12.92)	-0.50
Self-Stigma (SSS)	66.00 (17.97)	63.32 (18.32)	-0.94
Suicidal Behavior (SPS Total Score)	70.54 (20.06)	62.69 (16.89)	-2.79*
Hopelessness *(SPS Subscale)*	22.31 (8.16)	20.23 (7.72)	1.69
Suicide Ideation *(SPS Subscale)*	19.74 (8.20)	16.40 (6.64)	2.97*
Negative Self-Evaluation *(SPS Subscale)*	14.16 (3.62)	13.56 (3.60)	1.08
Hostility *(SPS Subscale)*	14.33 (4.34)	12.50 (4.07)	2.81*

With regard to our first hypothesis advanced in the study, we noted that not all stigma coming from the social environment is taken into the self-concept. As such, we believed that the correlation between HSS and SSS would be moderate. In our sample, the correlation was $r = .350$, $p < .01$, thus supporting the first hypothesis.

With regard to our second hypothesis, we believed that both perceived and self-stigma would be significantly related to suicidal behavior. Indeed, the HSS was significantly correlated with SPS Total Score ($r = .425$, $p < .01$), as was the SSS ($r = .379$, $p < .01$). This supported the second hypothesis: Suicidal behavior among Filipino lesbians and gays increased as the experience of experienced stigma (as assessed by the HSS) increased. Moreover, suicidal behavior among Filipino lesbians and gays increased as internalized stigma (as assessed by the SSS) increased.

With regard to our third hypothesis, we believed that external and internalized stigma would make independent contributions to suicidal behavior, since each may be viewed as two halves of the total stigma burden under which the individual is functioning. The HSS and SSS were entered into a multiple regression to predict SPS Total score. Results revealed that the participants' suicidal behavior is most fully explained by the total experienced stigma, $R^2 = .241$, $F(2, 182) = 28.908$, $p < .001$. Further, each source of stigma made its own contribution, with HSS at $\beta = .473$ ($p < .001$) and the SSS at $\beta = .264$ ($p < .001$). Looking at the beta values, the contribution of perceived stigma (HSS) to suicidal behavior appears to be greater than the contribution of internalized stigma (SSS), though both are significant.

As shown in Table 2, the HSS correlated significantly with all the SPS subscales except for Negative Self-Evaluation. The SSS correlated significantly with all SPS subscales. We had no hypotheses regarding which SPS subscales might be most strongly predicted by the HSS or SSS. Perceived stigma (HSS) correlated most highly with SPS hopelessness ($r = .438, p < .01$), while self-stigma (SSS) correlated about equally with SPS suicide ideation ($r = .356, p < .01$) and SPS negative self-evaluation ($r = .346, p < .01$).

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Table 2. Correlations of Internalized Stigma (HSS & SSS) with Suicidal behavior (SPS Subscales and Total Score)

Internalized Stigma	Suicidal behavior (SPS)				
	Suicide Ideation Subscale	*Hostility Subscale*	*Hopelessness Subscale*	*Negative Self-Evaluation Subscale*	*Total Score*
Experience of Stigma (HSS)	.370*	.294*	.438*	.102	.425*
Self-Stigma (SSS)	.356*	.227*	.269*	.346*	.379*

Discussion

This study examined the relationship between stigma and suicidal behavior among lesbians and gays in the Philippines. We found no statistically significant differences between gays and lesbians on either level of perceived stigma or self-stigma. Nevertheless, lesbians were shown to exhibit significantly greater suicidal behavior than gays. As measured by the subscales of the SPS, lesbians exhibited greater suicidal ideation and hostility, with no significant differences in level of negative self-evaluation and hopelessness. Our findings are consistent with Manalastas (2016) and Liu and Mustanski (2012), who found that lesbian and bisexual women are exposed to additional stressors (e.g. discrimination, victimization). Similarly, in a systematic literature review done by King and colleagues (2008), it was found that lesbian and bisexual women were at particular risk of suicidal ideation. Finally, according to Klonsky, May, & Saffer (2016), women in particular are at higher risk in poor mental health and suicidal ideation. Gender is also said to have an effect on victimization (Otis & Skinner, 1996), which is a strong determinant for mental health (WHO, 2000). According to Harper and Schneider (2003), being a lesbian and at the same time being a woman is considered as a "double" minority status at times even "triple" due to her skin color (e.g. African American). Consequently, lesbians experience more stressors because they belong to different minority groups (e.g. LGBT community, women).

The three research hypotheses advanced in the study were supported: First, we hypothesized that experienced (or external) stigma and internalized stigma would be moderately correlated. Results indicated a correlation of $r = .350$, $p < .01$. Second, we hypothesized that both perceived and self - stigma would correlate with suicidal behavior. Both HSS and SSS were correlated with SPS Total Score, with $r = .425$ and $r = .379$, respectively $(p < .01)$. Third, we hypothesized that the total stigma burden of the individual could be divided into two logical halves, since individuals who experience stigma may choose to dismiss it, react against it, or to incorporate it into their self-concept as internalized stigma. In our sample, regression results suggest that experienced stigma and total stigma make independent contributions to suicidal behavior, with experienced stigma being somewhat stronger. In fact, nearly one quarter of the total suicide risk ($R^2 = .241$) was predicted from total stigma. The current research thus supports previous findings that sexual orientation and suicidal behaviors are strongly linked (Remafedi, French, Story, Resnick & Blum, 1998; van Heeringen & Vincke, 2000; Russell & Joyner, 2001; Manalastas, 2013).

The current level of experienced stigma is the strongest predictor of suicidal behavior. Such stigma comes directly from the majority culture and is experienced in the present, as indicated by such HSS questions as "Society discriminates against me." Such sources of stigma are pervasive in the culture of the Philippines. The patriarchal element can be traced back to the Spanish era. Colonizers viewed women as being of lesser importance than men, and encouraged the idea that men were entitled to have ownership over women (Rodriguez, 1990). Even though the Philippines stood out as the most gender-equal nation in Asia in the 2013 Global Gender Gap Report of the World Economic Forum, this patriarchal culture is still seen in many different ways in the country. For example, in the world

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today, the vast majority of leaders are men in business or politics, who exemplify traditional male qualities such as power and control. Other qualities such as nurturing and compassion are considered subordinate.

According to the Psychological Association of the Philippines (2011), stigma, prejudice and discrimination are still experienced by Filipino sexual minority groups, though society may be changing. In 2013, Pews Research Center conducted a survey about the relationship between high levels of religiosity in the Philippines and negative views about homosexuality. The survey found that although most Filipinos are religious, they are considerably tolerant of homosexuals. Another survey by Pews showed that the majority of the Filipinos agreed that homosexuality should be accepted. Nevertheless, acceptance is not universal, with a substantial minority of Filipinos disagreeing with these findings. In the Philippines, gays and lesbians believe that tolerance is only shown to those who fit certain stereotypes (United Nations Development Programme and United States Agency International Development, 2014). Thus, these findings imply only conditional tolerance and acceptance of homosexual behaviors. It is significantly more likely for homosexuals and bisexuals to have at least one of the five stress-sensitive psychiatric disorders (major depression, generalized anxiety disorder, panic disorder, alcohol dependence, and drug dependence). They are also more likely to report sexual orientation discrimination than heterosexuals (Mays & Cochran, 2001). In our study, perceived stigma was most strongly associated with hopelessness (*r = .438*) and suicidal ideation (*r = .370).*

The second half of the total stigma burden is internalized stigma or self-stigma. Internalized stigma results in low self-esteem, manifested in the extreme as self-hatred and self-disgust. Such self beliefs then contribute to suicidal behavior (Mays & Cochran, 2001). Internalized stigma may be seen as the residuals of the individual's experience with family and the larger society. The relationship between actual experiences of stigma and internalized stigma is not perfect, simply because individuals may refuse to change their self-concept in order to be consistent with the opinions of others. Lea, et al. (2014) found that internalized homophobia and perceived stigma were associated with higher levels of suicidal behavior among Australian lesbian, gay, and bisexual young adults. Environmental responses like discrimination, victimization, and rejection experienced by lesbians and gays were said to lead to hopelessness, depression, and social isolation in connection with internalized homophobia, making them at risk for committing suicide (Diamond, Shilo, Jurgensen, D'Augelli, Samarova, & White, 2011). In our study, self-stigma was associated with all forms of suicidal behavior assessed by the SPS, and most strongly associated with suicidal ideation (*r = .356*).

Limitations

We would like to acknowledge several limitations of the current study. First, we used a sample of lesbian and gay youth permanently and/or temporarily residing in the National Capital Region, which consists mostly of Metro Manila. As such, we do not know the extent to which our findings might generalize to lesbians and gays in the provinces, that is, to the Philippines as a whole. Perhaps our findings generalize only to other major metropolitan areas, with the provinces being more religiously conservative, and therefore, more stigmatizing. Second, although we presented statistics contrasting gays and lesbians, there were only 61 lesbians versus 124 gays in the study. Our findings were consistent with the previous literature, but require replication. Third, it was found that the level of SPS Negative Self-Evaluation was not significantly correlated with currently experienced stigma or with self-stigma. The reasons for this are unknown, but may concern the composition of the scale. An example item from SPS Negative Self-Evaluation is "I feel many people care for me deeply," which would be better phrased as "I do not care deeply for myself." Since the relationship between the SSS and other variables in the study were as expected, this may indicate problems for the construct validity of the Negative Self-Evaluation subscale of the SPS. Indeed, the correlation between the SSS and SPS Negative Self-Evaluation was only .346, far from the threshold of convergent validity, which is generally viewed as being .70. Finally, it is generally accepted that the majority of suicidal ideators have at least one concurrent major mental disorder. The authors did not collect data regarding the prevalence of mental disorders in the current sample. As such, it is possible that the increase in suicidal ideation is due to a subgroup that is diagnosable with a mental disorder.

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