



## WOMEN MENTAL HEALTH AND ISSUES

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### ABSTRACT

*Psychological research in this area includes examining mental health issues (including stress, depression, or addictive behaviour) faced by gay and lesbian people as a result of the difficulties they experience because of their sexual orientation, physical appearance issues, eating disorders, or gender atypical behaviour.*

#### INTRODUCTION

##### **Drug and alcohol use:**

Gay men are not at a higher risk for drug or alcohol abuse than heterosexual men, but lesbian women may be at a higher risk than heterosexual women. This finding is contrary to a common assumption that, because of the issues people face relating to coming out and anti-gay attitudes, drug and alcohol use is higher among lesbian, gay, and bisexual clients specifically, including fostering greater acceptance of the client's sexual orientation.

##### **Psychiatric disorders:**

In a Dutch study, gay men reported significantly higher mood and anxiety disorders than straight men, and lesbians were significantly more likely to experience depression (but not other mood or anxiety disorders) than straight women.

##### **Physical appearance and eating disorders :**

Gay men tend to be more concerned about their physical appearance than straight men. Lesbian women are at a lower risk for eating disorders than heterosexual women.

##### **Gender atypical behaviour :**

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While this is not a disorder, gay men face difficulties due to being more likely to display gender atypical behaviour than heterosexual men. The difference is less pronounced between lesbians and straight women.

### **Minority Stress :**

Stress caused from a sexual stigma, manifested as prejudice and discrimination, is a major source of stress for people with a homosexual orientation. Sexual-minority affirming groups and gay peer groups help counteract and buffer minority stress.

### **Ego-dystomic sexual orientation :**

Conflict between religious identity and sexual orientation identity can cause severe stress, causing some people to want to change their sexual orientation identity, exploration can help individuals evaluate the reasons behind the desire to change and help them resolve the conflict between their religious and sexual identity, either through sexual orientation identity reconstruction or affirmation therapies. Therapists are to offer acceptance, support, and understanding of clients and the facilitation of clients' active coping, social support, and identity exploration and development, without imposing a specific sexual orientation is a disorder where a person wishes their sexual orientation identity outcome. Ego-dystomic sexual orientation is a disorder where a person wishes their sexual orientation were different because of associated psychological and behavioural disorders.

### **Sexual relationship disorder :**

People with a homosexual orientation in mixed-orientation marriages may struggle with the fear of the loss their marriage. Therapists should focus exploring the underlying personal and contextual problems, motivations, realities, and hopes for being in, leaving, or restructuring the relationship and should not focus solely on one out come such as divorce of marriage. Sexual relationship disorder is a disorder where the gender identity or sexual orientation interferes with maintaining or forming of a relationship.

### **Suicide:**

The likelihood of suicide attempts are increased in both gay males and lesbians, as well as bisexuals of both sexes when compared to their heterosexual counterparts. The trend of having a higher incident rate among females is no exception with lesbians or bisexual females and when compared with homosexual males, lesbians are more likely to attempt than gay or bisexual males.



Studies vary with just how increased the risk is compared to heterosexuals with a low of 0.8-1.1 times more likely for females and 1.5-2.5 times more likely for males. The highs reach 4.6 more likely in females and 14.6 more likely in males.

Race and age play a factor in the increased risk. The highest ratios for males are attributed to caucasians when they are in their youthhood. By the age of 25, their risk is down to less than half of what it was however black gay males risk steadily increased to 8.6 times more likely. Through a lifetime the risks are 5.7 for white and 12.8 for black gay and bisexual males. Lesbian and bisexual females have opposite effects with less attempts in youthhood when compared to heterosexual females. Through a lifetime the likelihood to attempt nearly triple the youth 1.1 ratio for caucasian females, however for black females the rate is affected very little (less than 0.1 to 0.3 difference) with heterosexual black females having a slightly higher risk throughout most of the age-based study.

Gay and lesbian youth who attempt suicide are disproportionately subject to anti-gay attitudes, and have weaker skills for coping with discrimination, isolation, and loneliness, and were more likely to experience family rejection than those who do not attempt suicide. Another study found that gay and bisexual youth who attempted suicide had more feminine gender roles, adopted an LGB identity at a young age and were more likely than peers to report sexual abuse, drug abuse, and arrests for misconduct. One study found that same-sex sexual behaviour, but not homosexual attraction or homosexual identity, was significantly predictive of suicide among Norwegian adolescents.

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