PSYCHOLOGICAL WELL-BEING OF HOMOSEXUALS AND HETEROSEXUALS

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Abstract

Heterosexuals and homosexuals are the two types of sexual orientations, where a person exhibit sexual and emotional feelings either towards the people of the opposite sex (heterosexuals) or towards the people of the same sex (homosexuals). Homosexuals undergo stigmatization as well as victimization leading to their poor psychological well-being. The study aimed to compare the psychological well-being of heterosexuals and homosexuals. The data was Data was collected from 120 individuals, 60 were heterosexuals and 60 were homosexuals from all over Lucknow and other parts of India. Flourishing scale adapted by Ed Diener& Robert Biswas-Diener (2009) were administered on them. Mean, SD and t-test were used to analyse the data collected. The results indicated that there is a significant difference found between homosexuals and heterosexuals on psychological well-being. It can be concluded that heterosexuals have better psychological well-being as compared to homosexuals.

Key words: homosexuals, heterosexuals, sexual orientation, psychological well-being.

Introduction

In the western history homosexuality was considered as morally bad in the religious view. Powers seem to be shifted from religious to secular authority by the western culture. Same sex behavior like other sins received scrutiny from the law, medicine, psychiatry, sexology and human rights activists. Gradually, different religious categories such as demonic possession, drunkenness and sodomy were transformed into scientific categories of insanity, alcoholism and homosexuality, shifting the concept of homosexuality from religious to scientific view and considering it as sodomy, legally defined as anal, oral or copulation between two individuals of the same sex.

Modern history of homosexuality started to took place in the mid-19th century. Writings of a Gay Rights Advocate, Karl Heinrich Ulrichs criticized German law that criminalized same sex relationship between men. He hypothesized that some men have been trapped by a women's spirit in their bodies and these men constituted a third sex known as urnings. He also hypothesized about the lesbian women and said these women are born with a man's spirit trapped in their bodies.

Homosexuality was first coined by a Hungarian journalist, Karoh Maria Kertbeny in 1869. He was against the German law that criminalized homosexual behavior. According to Kertbeny, homosexuality is inborn and it cannot be changed. He argued about homosexuality being a normal variation as it occurs naturally. Gradually, Richard Von Krafft – Ebing, a German psychiatrist maintained an early theory of pathology and considered homosexuality as a degenerative disorder. Richard's 'PsychopathiaSexualis' viewed sexual behavior according to Darwin's theory and non-procreative sexual behavior were regarded as form of psychopathology. According to theories of pathology, adult homosexuality is considered as a disease as it is deviating from normal heterosexual behavior. There are several factors responsible including the internal and external deficits that occur either during the pre-natal period or post-natal period. These reasons include intrauterine hormonal exposure, excessive mothering, inadequate or hostile fathering, sexual abuse etc. Theories of pathology suggest that homosexuality is a sign of defect, is morally bad or is a social evil. Psychiatrist and psychoanalyst, Edmund Bergler believed that homosexual people were human beings who needed mental help. According to him, their shell is a mixture of superciliousness, fake aggression, and whimpering. Like all psychic masochists, they are subservient when confronted with a stronger person, merciless when in power, unscrupulous about trampling on a weaker person. This theory of pathology leads

to many of the pathological assumptions of human sexuality in the Psychiatric Diagnostic Manual of the mid-20th century.

Another theory in the history of homosexuality was that of 'Immaturity'. This was a psychoanalytic theory given by Sigmund Freud. He opposed the idea of separating homosexuals from the rest of the mankind as a group of different and special character. He also argued homosexuality cannot be a degenerative condition as it is found in people whose efficiency is unimpaired and who have high intellectual development and ethical culture. According to Sigmund Freud, every individual is born with a tendency to be bisexual and homosexual behavior is just a normal phase of heterosexual development. When this homosexual behavior is arrested or fixated during the psychosexual development, this leads to homosexual individual as an adult. This is the theory of immaturity that Freud talked about. Towards the end of this life, Freud wrote: "homosexuality is assuredly no advantage, but it is nothing to be ashamed of, no vice, no degradation, it cannot be classified as an illness, we consider it to be a variation of the sexual function produced by a certain arrest of sexual development.

After the death of Sigmund Freud, psychoanalysis of next generation again started to consider homosexuality as pathological. Views were based on the Hungarian emigrate, Sandor Rado. According to Rado, innate bisexuality and normal variation of homosexuality does not exist and heterosexuality was the only biological norm. He re-conceptualized homosexuality as 'phobic' avoidance of other sex caused by inadequate parenting.

In the mid-20th century, the American Psychiatry was greatly influenced by these perspectives and thus in the first publication of Diagnostic Statistical Manual in 1952, homosexuality was defined as a sociopathic personality disturbance. Again in 1968, DSM-II defined homosexuality as a sexual deviation. After all this, some of the homosexuals accepted this classification of homosexuality as a disorder, but there were certain gay activists who were not ready to accept this. The pathological model of homosexuality was forcefully rejected by the homophile activists groups as it contributed to the stigma of homosexuality in the society. As a step ahead to separate homosexuality from the Diagnostic Statistical Manual, the Stonewall riots in New York City (Gay and Lesbian activists) disrupted the 1970 & 1971 annual meetings of the APA, as a believe that these psychiatric theories would contribute to anti-homosexual social stigma. The anti-psychiatry movement was growing and this gay activism proved to be the most significant catalyst for changing the diagnostic criteria for homosexuality. After several discussions on the nomenclature the committee of APA in December 1973 and APA's Board of Trustees voted to remove homosexuality from DSM. This decision was purely made on the basis of majority votes, but not on scientific grounds. DSM II contained a new diagnosis known as Sexual Orientation Disturbance (SOD). Under this classification, homosexuality was considered as an illness or a disorder if the individual with same sex attractions found it distressing and wanted to change. But this diagnostic criteria lead to the practice of sexual conversion therapies. On the other hand it also allowed for the unlikely possibility that a person unhappy about a heterosexual orientation could seek treatment to become gay. Therefore, SOD was later replaced in DSM III into a new category called "Ego Dystonic Homosexuality" (EDH). But later the critics were against the categorization because if this was considered a disorder then all kinds of identity disturbances could be considered a psychiatric disorder. People unhappy with their colour, race, short heights, or ego dystonic masturbation, all this could not be considered as mental illness. As a result Ego-Dystonic homosexuality was removed from the next revision, DSM III-R in 1987.

However, American Psychological Association and World Health Organization both accepted homosexuality as a normal variation in 1987 and 1990 respectively and declared homosexuality as being completely normal. According to the researches, homosexual did not have any objective psychological dysfunction or impairments in judgments, stability and vocational capabilities and hence, homosexuality is considered as a normal variation of human sexuality by psychiatric, medical and mental health professionals.

Recent studies that focuses on the gender binary system and the Gender Identity Disorder (GID) suggests that gender is not limited to just 'masculine' and 'feminine' rather it is fluid, moving and more than two. People who do not conform to either the masculine or feminine nature decided by the society do have their own gender and it cannot be regarded as any disorder (Butler, 2004). This realization leads to the removal of GID from DSM V, which is a step towards respecting the integrity of LGBT community.

Homophobia and heterosexism

There is a concept known as homophobia. It is a term coined by George Weinberg in the late 1960s. It is referred to people who have a phobic attitude or disguise feelings for homosexual and gay couples. They feel disgusted when talking about homosexuality and do not accept homosexual people in reality. They exhibit a very poor and anti-homosexual attitude towards gays and lesbians and do not really understand the concept of homosexuality. The American Heritage Dictionary (1992 edition) defined homophobia as "aversion to gay or homosexual people or their lifestyle or culture" and "behavior or an act based on this aversion." Other definitions identify homophobia as an irrational fear of homosexuality.

Another concept related to this is heterosexism. The term is similar to sexism and racism, that describes an ideological system denying, denigrating, and stigmatizing any form of behavior, identity, relationship, or community that is non-heterosexual (Herek, 1990). Using the term heterosexism highlights the similarities between antigay sentiment and other forms of prejudice, such as racism, anti-Semitism, and sexism. Heterosexism operates through a dual process of invisibility and attack. Usually the homosexual hide their sexual orientation and become culturally invisible but as soon as they identify themselves as being a homosexual, or get involved in homosexual behavior and get visible, they are subject to attack by the society. Therefore in the heterosexist society, it is difficult for the homosexual to identify themselves as being one and to survive happily surrounded by heterosexual people. Example of heterosexism in United State is the continuation of ban against lesbian and gay military personnel, lack of legal protection from antigay discrimination in housing, services and employment, as well as existence of sodomy laws in more than one-third of the states. Moreover, in India, heterosexism was seen in the IPC Section 377 which criminalized the homosexual activities; although now it has been decriminalized recently on 6th September, 2018.

Although both the terms, homophobia and heterosexism carries a similar idea of disliking, stigmatizing, denying and denigrating the homosexual group of people; homophobia refers to personal attitude of any individual towards homosexuals whereas heterosexism refers to the societal level ideologies that stigmatizes homosexuality in the world of heterosexuals.

Heterosexism and the homophobic attitudes of the people are the reason that homosexual cannot live in peace. They go through a lot of struggle while making a place for themselves in the society. But it isn't that easy when people are not accepting them the way they are and they are prohibited from their rights. In a study by Russell and Joyner, 2001, it was found that the sexual minority youth, i.e. homosexual and bisexual have higher risk of committing suicide and uphold feelings of helplessness, undergo depression and indulge in alcohol abuse.

Psychological well-being of homosexuals and heterosexuals

Well-being is basically the ultimate goal of all human actions; supported by the idea of Aristotle's eudemonia, which is considered as well-being or happiness. Psychological well-being and subjective well-being comes under the umbrella term of well-being. Subjective well-being tells about how people evaluate their lives. People could either do so in terms of cognitions or in terms of affects. Taking into account the evaluation in cognitive terms, people make overall judgment of their lives as being good or bad. The person makes conscious judgment about one's satisfaction in life as a whole. On the other hand, in affective terms, people have a subjective mode of evaluation and express their level of satisfaction in terms of their emotions and feelings. They either evaluate in terms of positive affect or negative affect. People express the frequency with which they experience certain pleasant/unpleasant moods in reaction to their lives. People's cognitive and affective evaluations of their life are known as subjective well-being. On the other hand, the concept of psychological well-being has been emerged in an experiment to define well-being by Bradburn (1969). According to him, psychological well-being depends on the level of positive and negative affect experienced by an individual. The more the positive affect, the better the psychological well-being; the more the negative affect, the worse the psychological well-being of that individual.

According to Ryff's Model, there are six domain of psychological well-being. Self-acceptance, establishment of quality ties to other, a sense of autonomy in thought and action, the ability to manage complex environments to suit personal needs and values, the pursuit of meaningful goals and a sense of

purpose in life and continued growth and development as a person together accounts for an individual's psychological well-being. Self-acceptance is basically the positive attitude towards self and accepting oneself unconditionally acknowledging the multiple aspects of self, including the good and bad qualities as well as positive feels about the past. The second dimension talks about the establishment of quality ties with others, having positive and healthy relationships in social settings and being able to build warm, satisfying and trustworthy relations with people. Autonomy tells about the self-determinacy and independence of a person. It is the ability of a person for resistance of social pressures to think and act in a defined manner. A person with autonomous attitude has personal standards for self-evaluation and regulates behaviour from within. Then, the fourth dimension being the environmental mastery is the ability of a person to deal with complexities of the environment and exhibits a sense of mastery and competence in managing the environment. The pursuit of meaningful goals and a sense of purpose in life is a sense of directedness and a feeling of meaningfulness to present and past life. The last domain of the Ryff's psychological well-being model talks about continued growth and development where a person perceives oneself as growing and expanding and is open to new experiences while having a sense of realizing his or her potential and sees improvement in self and behaviour over time.

There are several debates on the reason for a person being a homosexual. In a book by Simon LeVay, 'gay, straight and the reason why: the science of sexual orientation', he studied hypothalamus that is a small region of the brain situated at the base, responsible for regulating instinctual drives including the sex drive. In the study, specimens of hypothalamus was taken from dead men and women who were undergoing autopsy. He found that there lies a rice-grain sized collection of nerve cells known as INAH3. This collection of nerve cells was found to be larger in men and smaller in women. The size of INAH3 was almost the same for gays as that of the women. Thus biological processes of brain development might be the reason for a man's sexual orientation. Magnus Hirschfeld, a German Physician and sex researcher found in his study that development of the brain follows different paths in the foetuses destined to become gay adults and those destined to become straight. Being a heterosexual or a homosexual is a matter of this difference as well as the genes that goes to the offspring. Richard Pillard in his study concluded that genes running in the family clustered with homosexuality might influence the sexual orientation of the family members. Moreover, there is a role of steroids hormones in this. The gonadal gland produces the steroids hormones: oestrogens and androgens. Both the male and the female produce oestrogens as well as the androgens. There are more amounts of oestrogens produced in the female and lesser amount of androgens. In males, the amount of androgens is more than that of the oestrogens. The more exposure to androgens in females leads to more "masculine" females and less exposure to androgens leads to more "feminine" males, and perhaps bisexual or homosexual orientation. Apart from the biological reasons, there are psychosocial factors that too are responsible for a person's sexual feelings. The childhood experiences as well as the environment the person has been raised in, is taken into consideration. Therefore it can be concluded that being a gay or a lesbian is not a choice or a sexual preference but because of the biological as well as the psychosocial factors (Dreschers&Byne, 2009).

Researches in the field of psychological well-being of homosexuals and heterosexuals reveals that homosexuals tend to have poor psychological well-being as compared to their heterosexual counterparts (Standfort, Bakker, Schellevis&Vanwesenbeeck, 2011). They have poor and degraded academic performance (Oswalt& Wyatt, 2011) and experience higher odds of mood and anxiety disorders (Bostwick, Boyd, Hughes & McCabe, 2011). Gays and lesbians report more acute symptoms of mental health and psychological well-being and experience minority stress due to the negative attitudes of people towards them. These people also have higher levels of internalized homo-negativity; having negative feelings for one's own homosexual orientation (Kuyper &Fokkema, 2011). Depression and anxiety is found to have a positive relationship with internalized homophobia; having disguise for one's own homosexuality (Newcomb &Mustanski, 2010) leading to poor psychological well-being (Igartua, Gill & Montoro, 2009).

The study by Bolton &Sareen (2011) reveals that the sexual minority group is 3 times more vulnerable to anxiety disorders, schizophrenia or psychotic illness, personality disorders as well as substance use disorders than their heterosexual counterparts. Also, they are more likely to have suicidal ideations and are more prone to commit suicide. The study also mentions that the social stigmatization might be the reason behind the manifestation of these mental disorders among the sexual minority group.

The homosexuals undergoing such psychological stress unveils the idea of stigmatization and prejudice in the society, leading to their victimization and poor condition of homosexuals (Bolton &Sareen, 2011). Depressive symptoms and suicidal ideations are positively correlated with harassment and victimization of the sexually minority group. With the increase of the hostile social environment, there is an increase in chronic stress and mental health problems (Burton et. al, 2013). The support of friends and family is of utmost importance and it has been found that despite of victimization, homosexuals having parental and friends' supports are more open with their sexual orientation and experience positive affect to some extent (Mustanski, Newcomb &Garofalo, 2011). Perceived social support is positively correlated with better psychological well-being and higher self-esteem of homosexuals (Detrie& Lease, 2007). Unsupportiveness leads to internalized homo-negativity as well as stigma consciousness (Berghe, Dewaele&Vincke, 2010).
People who conceal their sexual orientation due to fear of social rejection and stigmatization undergo depression, anxiety as well as poor physical symptoms. And on the other hand, if the social stigmatization is managed then the discloser and acceptance of sexual orientation is associated with healthy physical as well as psychological well-being of the individual (Beals, Peplau, & Gable, 2009). There is a huge relationship between the support of friends and family and the individual's mental distress and well-being. Support from the family lead to strong negative effect on youth's mental distress. On the other hand support from both family and friends result into strong positive effect on well-being (Shilo&Shavaya, 2011). Rejection from family and friends leads to poor outcomes. Ryan and his colleagues (2009) examined the relationship between family rejection and health outcomes of homosexuals. The results indicated that the individuals who were rejected by their families while they were adolescents were more likely to experience negative health outcomes. These individuals were more likely to report suicide attempts, high levels of depressions, the use of illegal drugs, having engaged in unprotected sex, as compared to other individuals who reported no or low levels of family rejection.
Espelage, Aragon &Berkett (2008), also examined different dimensions of psychological health with association to relationship with parents and it was found that the homosexual group of students experiencing negative attitudes from parents towards their sexual orientation tends to have higher levels of depression, feelings of suicide and alcohol-marijuana use. Gradually, the support from parents and positive school environment lead to the protection of homosexual youth against depression and drug use.
The study has been conducted to support some of the previous literature on the poor condition of homosexuals due to their stigmatization. Though there are some researches that explored the differences in the well-being and mental health of homosexuals and heterosexuals, these are very less in number and further studies need to be conducted to support the research. Moreover, a very few literature is available on the Indian population. The society needs some sensitization towards the homosexuals' growing need of societal support to make their life better. The society needs to understand the negative consequences of victimizing these sexually minority group and the difference in their psychological well-being when compared to their heterosexual counterparts.

Objective

To compare the psychological well-being of homosexuals and heterosexuals.

Hypothesis

There would be a significant difference on psychological well-being of homosexuals and heterosexuals.

Standfort, Bakker, Schellevis&Vanwesenbeeck(2011) found significant difference in the psychological well-being of heterosexuals and homosexuals, where heterosexuals tend to exhibit better psychological well-being as compared to heterosexuals. These sexually minority group are more prone to experience depression, anxiety and poor psychological health than heterosexuals (Przedworski, et al., 2015) which often results into their poor academic performances (Oswalt& Wyatt, 2011), suicidal ideations and substance use disorders (Bolton &Sareen, 2011).

Sample

Total sample comprised of 120 respondents,60homosexuals and 60 heterosexuals were included. The data has been collected from Lucknow, India. The sampling technique used in the study was snowball sampling.

Tool used

Flourishing Scale(Ed Diener& Robert Biswas-Diener, 2009)
The Flourishing scale (FS) developed by Diener and Robert was earlier known as the Psychological Well-being Scale (PWBS), but the name has been deliberately changed because the items of the scale measure something that goes beyond the psychological well-being. The scale is a valid and reliable. The Cronbach Alfa Coefficient of the scale has been calculated as .80. There is a high level of positive and meaningful relation in the test retest scores of the first two application of the scale (r=.86, p<.001). The total correlations of the items of the psychological well-being scale vary between .41 and .63.

Procedure

Prior to the data collection on homosexuals and heterosexuals, the participants were personally contacted and were convinced by explaining the purpose of this research. Consent was taken from the participants and then rapport was developed.Diener's Psychological Well-being (PWB) Scale was administered on all the participants. Collected data was evaluated by using statistical techniques such as Mean, SD, and 't' test.

Result and interpretation

Table 1: Mean, S.D. and t of homosexuals and heterosexuals on psychological well-being

	Sexual Orientation	**N**	**Mean**	**S.D.**	**t**
Psychological well-being	Homosexual	60	38.5500	6.26917	10.645**
	Heterosexual	60	49.4500	4.85877	

**.significant at 0.01 level
Table 1 reflects the difference in psychological well-being between homosexuals and heterosexuals. The results indicate that there is a significance difference in psychological well-being between homosexual and heterosexual individuals at both levels of significance i.e., 0.01 and 0.05 level. The mean value of the heterosexuals is higher than that of the homosexuals, indicating that heterosexuals have higher psychological well-being as compared to the homosexuals.

Discussion

The aim of the study was to compare the difference in psychological well-being of homosexuals and heterosexuals. Supporting the previous researches and accepting the hypothesis, the study reveals that homosexual group of people exhibit poor psychological well-being as compared to their heterosexual counterparts (Standfort, Bakker, Schellevis&Vanwesenbeeck, 2011). Homosexuals undergo stigmatization and are victimized for being different. The group is treated as a minority group, as people assume that the majority of the population is heterosexual, and the latter is very less in numbers. But, this could not be true, as they might just haven't come out of their closet and revealed their true identity due to the fear of being played as a victim in the society.
Sexual orientation of a person has been of a great concern to the society. Something that is meant to be a private concern of an individual is being made fun of. Whether it is homosexuality, heterosexuality or bisexuality, all these are simply a way people are oriented sexually and no individual holds the right to

judge and victimize people having a different orientation such as homosexuality. While there are some countries accepting homosexuality, there are still a lot of places where it is unacceptable and people undergo stigmatization for revealing their identity as being gay. Homosexuality is illegal in almost 80 countries around the world. In total, there are more than 2.7 billion people who still live under the regimes where homosexuality is condemned with imprisonment and lashes. Countries such as Iran, Mauritania, Saudi Arabia, Nigeria, Yemen, Sudan and Somalia (South) completely believe homosexuality as a crime and the same is punishable by death (ILGA, 2014).

Homosexuality is misunderstood, and people are adamant towards understanding the concept. Sexual orientation is simply based on the biological wiring and processes in the body, and hence the person is not to blame for having sexual feelings for the same sex, different from the 'so called majority of heterosexuals'.

People are being targeted in the society for being different and have less support from the society, family and friends, leading to poor and negative consequences. They undergo depression, exhibit suicidal thoughts, involve in drug abuse, are more prone to psychological disorders and have extremely poor psychological well-being and mental health (Burton et. al, 2013).

According to Abraham Maslow, a sense of belongingness is a crucial need of a person. Every person needs acceptance and want to make healthy relationships with people. The society where homosexuality is not accepted, people with that sexual orientation undergo a lot of problems. The acceptance and support from parents, friends as well as colleagues is really important and it has been found that parental support despite of the victimization, lead to significant positive effects and better emotional health of the individual (Mustanski, Newcomb, &Garofalo, 2011).

Education of people regarding the causes of homosexuality and the effect of stigmatization on their psychological health needs to be implemented to increase harmony, love and care towards homosexuals and improve their mental and psychological health. The stigmatization exists only because of less education regarding the same as well as certain misconceptions which needs to be corrected and bring some sensitization in the minds of heterosexual people.

Conclusion

The study accepts the hypothesis and reveals that there is a significant difference on psychological well-being of homosexuals and heterosexuals, where heterosexuals exhibit better psychological well-being as compared to homosexuals. The difference exists mainly because of the societal pressure that constantly stresses upon heterosexuality to be the 'natural' sexual orientation and stigmatizing as well as victimizing the population for their same sex attractions.

Limitations

- Sample was not bifurcated according to lesbian and gays. Some previous literature reveals that gays are victimized more than lesbians and are more prone to depression and poor psychological well-being (Bostwick, Boyd,Hughes, & McCabe, 2011).
- Data was not collected from all the states of India.
- The data is not compared on the basis of different age group of the homosexual population.

Implications

- Certain interventions planning could be done to help homosexuals deal with their depression and stress that they undergo due to stigmatization.
- Educational sessions for children and adults could be conducted in schools to make them understand about the concept of sexual orientation and its mechanism.
- Make people more sensitized towards homosexuals by making them understand the negative consequences they undergo.
- Moral education classes can teach the kids not to bully their classmates or others who have different sexual orientation than their own.

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