



DEPRESSION AND ADJUSTMENT IN HOMOSEXUAL AND HETEROSEXUAL MALES

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Abstract

Accumulating Substantiation suggests that sexual nonages witness elevated situations of depressive and adaptation symptoms compared to heterosexuals in Western countries. Still, little is known about whether there's any difference in depressive symptoms between sexual nonage men and heterosexual men. This study delved the differences in depressive and adaptation symptoms and social support between sexual nonage men and heterosexual men. The association between depressive symptoms, social support and sexual exposure was also explored. Our results indicated that sexual nonage men have further depressive symptoms and perceived lower social support than heterosexual men. Overall, sexual exposure and social support both prognosticated depressive symptoms. Different from former Western studies, in our results, social support completely mediates but doesn't moderate the relationship between sexual exposure and depressive symptoms in men. The current findings suggest that social support has a significant impact on depressive symptoms among sexual nonage men, pressing the unique part of social support in understanding depressive symptoms among sexual nonage men. furnishing further social support, as well as promoting accepting and positive surroundings, may lead to better adaptation in manly

The results revealed that there is significant difference in the level of depression among Homosexual and Heterosexual males Homosexual males were higher on Depression than Heterosexual males. On depression, Homosexual and Heterosexual males differed on mean (Homosexual-193, Heterosexual-6.73) and the 1- test value (1-8.084) were significant at 0.018 level of significance and the hypothesis was accepted.

There was significant difference in the level of Adjustment among Homosexual and Heterosexual males. Homosexual males were higher on Adjustment than Heterosexual males. On Adjustment, Homosexual and Heterosexual males differed on mean (Homosexual 1993, Heterosexual-13.7) and the t-test value (4.802) were significant at 0.707 level of significance and the hypothesis was accepted.

Keywords: Depression, Adjustment, Sexual Orientation (Homosexual/Heterosexual), Gender (male/female).

INTRODUCTION:

This study investigates a comparison of levels of Depression and Adjustment between Homosexual and Heterosexual males, Better adjustment and overcoming depression have become an indispensable part of today's competitive world. Most of the Homosexual population undergo many struggles in present society, however, since

many are unable to deal with the problems, they suffer from Depression and as a result, some even commit suicide. Hence, Adjustment is very important for them in today's world to fight against society's stereotypical and negative mentalities and views towards the LGBT (Lesbian, Gay, Bisexual, and Transgender) community. The sample for this study includes thirty Homosexual and thirty Heterosexual Males. So, here is a little effort to look into this problem.

SEXUALITY:

Sexuality is complex and highly individual. Understanding our sexuality is not about who we have sex with; rather, it is about the sexual feelings and attracted we feel to other people. There are various sexual orientations, and determining which one is best for each person can take some time. Without a thorough assessment of sexuality, which underlies significant behaviours and outcomes connected to sexual health, sexual health cannot be defined, comprehended, or operationalized. According to the working definition of sexuality, which includes sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction, it is a crucial component of being a person throughout life. In thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practises, roles, and relationships, sexuality is experienced and expressed. Although sexuality can encompass any of these aspects, Not every one of them is always felt or articulated. Interactions between biological, psychological, social, economic, political, cultural, legal, historical, religious, and spiritual elements have an impact on sexuality. (WHO, 2006a)

Sexuality includes the following as well

- Sexuality is much more than body parts and sex
- Sexuality includes our gender identity (the core sense that we are female or male).
- Sexuality includes gender role (the idea of how we should behave because we are a female or male)
- Sexuality includes our sexual orientation (heterosexual, homosexual, or bisexual),
- Sexuality includes how we feel about our bodies. We call that "body image," and poor body image can have a profound effect on our ability to have healthy relationships. A person with poor body image may not think they deserve a good partner, and so they may be willing to settle for someone who will not respect them or who may even abuse them
- Sexuality includes our sexual experiences, thoughts, ideas, and fantasies
- Sexuality includes the way in which the media, family, friends, religion, age, life goals, and our self-esteem shape our Orientations
- 8 Sexuality includes how we experience intimacy, touch, love, compassion, joy, and sorrow. The Seven

Types of Sexual Orientations.

- Heterosexuality- It is the sexual attraction between members of the opposite sexes such as man attracts to woman and woman attracts to man sexually.
- Homosexuality- It is the sexual attraction between members of the same sexes such as man to man and woman to woman sexually
- Bisexuality-It is the sexual attraction to both the opposite and same sexes such as man to man and man to woman, woman to woman and woman to man
- Asexuality-It is also known as no sexuality, which is the lack of sexual attraction and sexual crest towards others
- Polyscruality. It is the sexual attraction to more than one gender but do not wish to be known as bisexual as it implies that there are only two binary sexes, not to be confused with pan sexuality (Pan meaning All) and (Poly meaning many)
- Pan sexuality- It is the sexual attraction towards people regardless of gender also known as Onna sexuality, some pansexual refer to themselves as gender blind as to them gender is gnificant in determining whether they will be sexually attracted to others.
- Trans-sexualism - It is when a person identifies themselves with a physical sex that is different to their own biological one, a medical diagnosis can be made if a person experiences discomfort as a result of a desire to

be a member of the opposite sex For example a person may be born male, and is uncomfortable with their gender as a male and changes to a female, or a female may change to a male. It is a long process that they will go through and an expensive one too.

DEPRESSION:

Low mood and aversion to activity are symptoms of depression, which can have an impact on a person's thoughts, behaviour, feelings, and sense of wellbeing. Since ancient times, depression has been understood to be a disorder. Although he believed it to be caused by an excess of one of the four humours, black bile, Hippocrates first created the name "melancholia" (the Latinized form of the original Greek term) to describe this disorder in the fifth century BC. It wasn't until the writings of Griesinger and Kraepelin in the 17th and early 20th centuries that the term "depression" (derived from the Latin "deprimer," meaning "to press down") was first used in English as a diagnostic label, beginning to replace "melancholia" (Jackson, 1986).

The term "depression" now refers to a wide range of disorders and a number of different classification systems. However, it has now been shown that the majority of depression of all types is negative life events, so the attempt to distinguish reactive from non-reactive type has largely been abandoned (Champin, 2000)

Depression can be classified in various ways and can take many forms, including Bipolar or Manic Depression (Akak a & Pinto, 1999; Goodwin & Jamison, 1990), Major Depression (Beckman et al, 1995), and Dysthymia (Griffith et al, 2000).

The symptoms of major depression includes loss of pleasure (Clarck, 2000, Willner, 1993); negative thinking about the self, world and future (Beck et al 1979); increased negative emotion (such as anxiety and anger) (Van Pragg, 1998), problems in cognitive functions such as memory, attention and concentration (Gothic et al. 2000) dysfunctional changes in sleep and restorative processes (Moldofsky & Dickstein, 1999) and a host of biological changes in various neurotransmitters

Depression involves feelings of extraordinary sadness and dejection (Thackery & Harris 2003). Depression is a common psychotic disorder Depression is a terminology, which is used in describing mood disorder which is classified into different subtypes according to their respective symptoms. It has life-time prevalence as high as 15%, is associated with substantial morbidity and mortality and impasses a substantial burden in developing and developed countries (Barlow & Durand, 2007). According to Gotlib and Hamanen (2002), unipolar major depression is a fifth leading cause of worldwide disability, accounting for around 4% of the world's total burden of disease.

At any point in our life, we have to face situations which are difficult to cope with and these require a lot of our resources. Stressful life events and their periodic occurrences can create a certain mental distress that has engraving side effects such as loss of appetite, lack of sleep or constant apprehension and sadness. Approximately 15% of the general population report depressive symptoms, with 10% of primary care consultation being due to depressive disorder (Ormel & Tiemens, 1997).

In 1967 Aaron T. Beck (1967, 1976) suggested that depression may result from a tendency to interpret everyday events in a negative way. People with depression make the worst out of everything. This is known as the "negative cognitive style"

ADJUSTMENT

Adjustment is the relationship which comes to be established between the individual and the environment. Every individual plays certain position in his social relations. He is trained to play his role in such a way that his maximum needs will be fulfilled. So, he should play his wale properly and get maximum satisfaction. If he does not play his role according to standards and training Home Environment received his needs may not be fulfilled and he may get frustrated

Biomedical Model:

The biomedical model explains a disease in terms of measurable deviation of biological variables from the norm. Hence, psychiatric symptoms and other behavioral aberrations are explained in terms of biochemical or neurophysiological processes. It dominates not only for physical illnesses but also for behavioral aberrations. However, concerns have been raised for an inclusive medical model as the present model provides explanation at the cost of social and behavioral explanations. "In all societies the major criteria for identification of disease have always been behavioral, psychological, and social in nature. Classically, the onset of disease is marked by changes in physical appearance that frighten, puzzle, or awe, and by alterations in functioning, in feelings, in performance, in behavior, or in relationships that are experienced or perceived as threatening, harmful, unpleasant, deviant, undesirable, or unwanted" (Engel, 1977, p. 130). In order to take care of such behavior individual and institutions have been recognized and chosen by the society. Hence, the profession and the institutions are an outcome of social needs. It has been realized that the diagnosis, treatment and prevention has perhaps digressed from its social context to fit the scientific temperament of the discipline. There is a need to increase proximity between the medical taxonomy and the social categorization of a disease or disorder.

Psychologists like Rogers and Maslow have also criticized the medical model adopted in psychology as it might serve to help people in one sense but that it also served to alienate and damage people in another" (Joseph & Linley, 2006). As explicated by Maddux et al., (2004), identification and categorization of disorders are 'heuristic social artifacts that serve the same sociocultural goals as do our constructions of race, gender, social class, and sexual orientation. Such categorizations are some form of socially constructed evaluation. As argued by Reznek (1987), "to call a condition a disease is to judge that the person with that condition is less able to lead a good or worthwhile life" (cited in Maddux et al., 2004). Adopting medical model to human behavior would mean pathologizing behavioral characteristics that are not consistent with the majority view. It has been further argued that majority does not actually represent the whole of society with its inherent diversity; rather it represents the 'ideals of the powerful individuals and institutions. It is guided by the tendency to maintain social order that suits those who are powerful in the society. Psychology in behavioral sciences confirm this transformation. Medical Model and Psychological Adjustment:

The wave of change is visible in the medical field as well as psychology. Acceptance of areas such as preventative and holistic medicine in medical sciences and health and positive

The disadvantage of applying the medical model to mental disorders and behavioral aberrations can be seen clearly. The model does not allow us to understand the full range of human functioning, rather it emphasizes on the negativities by highlighting pathology. The strength of human being is disregarded. The focus would be more or less on the realization of human potential. The personal and social lives are supposed to be harmonious and the disruption could contribute to mental pathology. However, psychology is full of examples where life adversities have added positively to the person's life. Conversely, there are several examples of extreme behaviors that have very high social acceptability. The people concerned, engaged in such actions, have also reported their personal life much more satisfying. Of late, there have been studies of normal and superior individuals. Attempts have been made to plot the processes of integration and adjustment of these individuals.

METHODOLOGY

HYPOTHESES:

- 1) There will be higher levels of Depression in Homosexual males than in Heterosexual males
- 2) There will be higher levels of Adjustment in Homosexual males than in Heterosexual males.

VARIABLES:**Depression:**

World Health Organization (WHO): Depression is a common mental disorder that presents with a persistent low mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. These problems can become chronic or recurrent and may lead to substantial impairments in an individual's ability to take care of his or her daily responsibilities.

Depression is more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide. (APA)

Depression is defined as state marked by either sad mood or a loss of interest in one's usual activities as well as feelings of hopelessness, suicidal ideation, psychomotor agitation or retardation and trouble in concentrating (DSM-V, 2013).

According to Dr. Aaron Beck, negative thoughts, generated by dysfunctional beliefs are typically the primary cause of depressive symptoms. A direct relationship occurs between the amount and severity of someone's negative thoughts and the severity of their depressive symptoms.

Adjustment:

James Coleman: Adjustment is the outcome of the individual's attempts to deal with the stress and meet his needs also his efforts to maintain harmonious relationships with the environment"

Homosexuality: It is the sexual attraction between members of the same sexes such as man to man and woman to woman sexually

Heterosexuality: It is the sexual attraction between members of the opposite sexes such as man attracts to woman and woman attracts to man sexually

SAMPLE:

The data was collected on 60 young males, 30 Homosexual males and 30 Heterosexual males. In process of administration, first of all general information was asked to the subjects, then rapport was established, and finally, instructions were given and the tests were administered.

DISCUSSION:

The objective of this study was to compare the levels of Depression and Adjustment Homosexual and Heterosexual males by using Beck's Depression Inventory and personal Adjustment Inventory. The data was collected on 30 Homosexual and 30 Heterosexual (N=60).

The first hypothesis stating that There will be higher levels of Depression homosexual males than in Heterosexual males was accepted and were found to have a higher mean of 193 the 6,7 respectively. The mean value of the first group was higher than the mean value of the selected group and the t-value of both groups were found to be 8.084 and significant at 0.018 level of significance.

The second hypothesis stating that There will be higher levels of Adjustment in Homosexual males than in Heterosexual males' was accepted and were found to have a higher mean of 199 than 13.7 respectively. The mean value of the first group was higher than the mean value of the second group and the value of both groups were found to be 4.802 and significant at 0.707 level of significance.

CONCLUSION:

The first hypothesis that there will be higher levels of Depression in Homosexual males than in Heterosexual males, was accepted

The second hypothesis that there will be higher levels of Adjustment in Homosexual males than in Heterosexual males, was accepted. From the conducted findings, both hypotheses have been accepted, Le Depression and Adjustment are higher in Homosexual Males since they face many problems of being discriminated or isolated and even ill-treated or teased by peers in their respective educational institutes, or work places and by their family and society in general due to their sexual orientation. This results in Depression and they have a tendency to make extra efforts to adjust with others and in the society in order to avoid being stereotyped and discriminated on the basis of their orientation.

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