CHAPTER 5

METHOD

DESIGN

The aim of the present investigation was to study the mental health of homosexuals. It aimed to explore personal challenges and mental health problems related to their sexual orientation. It is an attempt to study the role of internalized homophobia, sexual relationship, self esteem, well being, depression, anxiety, negative affect and coping in gay, bisexual and heterosexual life. Inputs from the pilot study conducted, were also incorporated to have a better insight about the problems and challenges of homosexual’s life. Gays and bisexuals were compared with heterosexuals on internalized homophobia, sexual relation (with subcategories, viz, exchange sexual relation, communal sexual relation), well being, self esteem, depression, anxiety, negative affect and coping (with eight subcategories, viz, confrontive coping, distance coping, self controlling coping, seeking social support coping, accepting responsibility coping, escape avoidance coping, positive reappraisal coping, planful problem solving coping). Also, an attempt was made to study the correlation among these variables. Besides, role of internalized homophobia, anxiety, sexual relation (with subcategories, viz, exchange sexual relation, communal sexual relation), depression and negative affect as predictor of self esteem, well being and coping (with eight subcategories, viz, confrontive coping, distance coping, self controlling coping, seeking social support coping, accepting responsibility coping, escape avoidance coping, positive reappraisal coping, planful problem solving coping) was studied. The present study aimed to study the mental health problems and personal challenges faced by homosexual population.

SAMPLE

Present investigation aimed to study the mental health problems and personal challenges faced by gay and bisexual men. Gay term refers to those people who have sex with males only; bisexual refer to those people who have sex with males as well as females. Heterosexual refers to those people who have sex with opposite sex only. The sample consisted of 150 males i.e. 50 gays, 50 bisexuals and 50 heterosexuals, in the age range of 20 to 30 years from middle socio-economic status. The sample was collected from Chandigarh, Panchkula and Mohali.
Inclusion Criteria:
Gay and bisexual males were the ones with no other family members involved in such activities.
Gays, bisexuals and heterosexuals who were unmarried and involved in sexual activities for past 1-5 years were included.

Exclusion Criteria:
Participants under psychiatric treatment were not taken.
Participants who were HIV positive were not included.

ETHICS:
The present research has maintained ethical standards. The participants were made aware about the nature and purpose of the study. Written consent of all the participants was taken. They were assured that full confidentiality will be maintained and the data and information collected from them will be used only for research purpose.

- **TOOLS**

  - **Self Esteem Scale (Rosenberg, 1965)**

    Self esteem refers to an overall evaluation of one’s worth or values. Self-esteem, self-efficacy, self regard and self-identities, all constitute self concept of an individual (Rosenberg, 1986). It is a 10 item scale which measures global feelings of self worth. The 10 items are answered on a four point scale ranging from strongly agree to strongly disagree. Its test-retest correlations are in the range of .82 to .88. Cronbach’s alpha are typically in the range of .77 to .88. Validity of scores was supported by correlating them with measures of anxiety, depression and peer group reputation (Rosenberg, 1965).

  - **Self-Rating Depression Scale (Zung,1965)**

    This scale is a self administered measure of depression (Zung, 1965). It consists of 20 items, with 10 items keyed negatively and 10 positively. Each question is scored on a scale of 1-4 (a little of the time, some of the time, good part of the time, most of the time). Split half reliability in psychiatric population was found 0.73 (Zung, 1972). It’s Cronbach’s alpha was 0.79 (Knight, Waal- Manning and Spears, 1983). Validity of this scale is proved by the fact that it is
significantly correlated with Minnesota Multiphasic Personality Inventory Depression scale \((r=0.65)\) and Hamilton Rating Scale for depression \((0.68-0.76)\).

- **Aatam Mulyankan Prashanavali** (Spielberger, Sharma and Singh, 1973)

  It is a rating scale of 20 items, used for measuring trait anxiety. Test-Retest reliability of A- State varies from 0.66 to 0.37 after 30 days to 90 days, and for A- Trait, it varies from 0.73 to 0.83 over same range of period. High correlations between the Hindi STAI A- Trait scale and IPAT (Cattell and Scheier, 1963) demonstrate concurrent validity of the Hindi STAI A- Trait Scale. Construct validity of the Hindi STAI A-State Scale is proved by the finding that scores of this scale increased from 33.25 in normal condition to 50.86 in exam condition, as it is based on the assumption that state anxiety would be higher under more stressful circumstances.

- **Ways of Coping Questionnaire** (Folkman and Lazarus, 1988)

  This scale assesses thoughts, planning and actions used by an individual to cope with the problems and stressful encounters of everyday living. It consists of 66 items. The scale is further divided into eight subscales. The respondent is asked to indicate various coping mechanisms used by him to deal with a problematic situation.

  **Description of the WOC sub-scales:**

  Confrontive Coping: It refers to aggressive efforts to deal with the situation and also involves some degree of hostility and risk taking. Its scores range from 0–18.

  Distancing: It involves cognitive efforts to detach oneself in order to deal with problematic situation. Scores of this subscale range from 0–18.

  Self Control: It refers to the regulating and controlling one’s feelings and actions in order to cope with the situation. Its scores range from 0–18.

  Seeking Social Support: Scores of this scale range from 0–21. It refers to the practice of seeking support (informational support, tangible support and emotional support) in order to handle a problematic situation.

  Accepting Responsibility: Its scores range from 0–18. It involves accepting one’s own role in the problem with a concomitant theme of trying to put things right.
Escape – Avoidance: Its scores range from 0–24. In this type of coping an individual deals with the situation by escaping or avoiding it (it is different from distance because distance coping involves detachment).

Planful Problem Solving: Scores of this subscale ranges from 0–18. It involves analytic approach and deliberate problem focused efforts to alter the situation.

Positive Reappraisal: It refers to positive interpretation of an event and also involves religious dimension. Its scores range from 0–21.

The alpha coefficients for the Ways of Coping scales were quite variable, ranging from 0.6 to 0.79. The mean autocorrelation of each coping scale was calculated across five stressful encounters and were found to range from .17 to .47 (Folkman and Lazarus, 1988). The questionnaire also exhibits adequate face validity and construct validity. The construct validity of the ways of coping questionnaire is supported to the extent that the findings are consistent with our theoretical predictions.

Positive Affect and Negative Affect Schedule (PANAS) (Watson, Clark and Tellegen, 1988)

It is a 20 item scale, comprises two mood scales, one measuring positive affect and the other measuring negative affect. The scale is used to measure affect at this moment, today, the past few days, the past week, the past few weeks, the past year and generally (on average). Present study has used only negative affect of the scale. Reliability and validity reported by Watson et al. (1988) was moderately good. It’s Cronbach’s alpha coefficients for the various time reference periods, range from .86 to .90 for the positive affect scale, .84 to .87 for the negative affect scale. For general period, alpha was .88 for positive affect and .87 for negative affect. Test-retest correlation ranges from .47 to .68 for positive affect, .39 to .71 for negative affect (for the general period time, positive affect stability=.68, negative affect stability=.71). Validity of PANAS is reported by the fact that general distress and dysfunction, depression and state anxiety are more highly correlated with the negative affect scale than the positive affect scales.
• **PGI Well Being Scale (Verma and Verma, 1989):**

This is a self administered 20-item scale in Hindi. Well being is people’s evaluation of their lives, and includes concepts such as life satisfaction, feeling of happiness and fulfillment and low levels of unpleasant emotions. It assesses different aspects of well being of an individual. The scores on this scale range from 1–20. The scale showed good inter-rater (0.86, p≤.01) and inter-scorer (1.0, p≤.01) reliabilities (Moudgil Verma, Kaur and Pal, 1986). Internal consistency was satisfactory in terms of percentage endorsements 25.3% to 73.3%.

• **Sexual Relationship Scale (Snell, 1990)**

It is an objective self report instrument that is designed to measure communal and exchange approaches to sexual relationships. In exchange sexual approach, benefits are given on the assumption that a similar benefit would be reciprocated while in communal approach, benefits are given on the assumption that they are in response to some need. In communal relationships, concern for a partner’s welfare is more important rather than anticipation of a reciprocated benefit. It consists of 24 items. For sexual communal subscale, reliability was .78 while for sexual exchange subscale, reliability was .67. Validity was obtained by correlating the subscales with Clark’s Communal and Exchange orientation scales (Clark and Mills, 1979).

• **Internalized Homophobia Scale (Wagner, Serafini, Rabkin, Remien and Williams, 1994)**

Internalized homophobia refers to GLBT adoption of negative attitude of society in to their self which leads to low self regard (Meyer and Dean, 1998). It is related with low self acceptance, self hatred, self doubt, inferiority feeling and low self esteem (Ross & Rosser, 1996). It is a 20 item scale designed to measure Internalized homophobia. Each statement is rated on a 5 point scale, ranging from strongly disagree to strongly agree. Internal reliability of the scale is .92 (Wagner et al., 1994). Validity of IHP has been supported by exploratory factor analysis and by demonstrating that the items on the IHP were conceptually distinct from items on depression and demoralization scales.

**PROCEDURE**

Initially, a pilot study was carried out in Chandigarh, Panchkula and Mohali on 50 gay and bisexual males in order to have an insight about the challenges and various mental health problems faced by them. The pilot study threw some light on the variables that need more
attention. Hence, the variables studied in the present study were selected keeping in mind the outcome of pilot study and review of literature. The participants were contacted through personal contacts and with the help of various NGOs in tricity. The participants were given PGI Well Being Scale, Ways of Coping Questionnaire, Self Esteem Scale, Aatam Mulyankan Prashanavali, Ways of Coping Questionnaire, PANAS, The Sexual relationship Scale and Internalized Homophobia Scale. The scales were given individually to each of the participants. The respondents were requested to respond to the scales according to the given instructions. Each meeting with subjects lasted for about an hour. All the participants were thanked for their time and cooperation.

Statistical Analyses and Scoring

Correlation, stepwise multiple regression, means, standard deviations, one way anova, and Post hoc analysis were used for examining the mental health problems and personal challenges faced by gay and bisexual people. Scoring of scales used such as internalized homophobia, sexual relation, well being, anxiety, depression, self esteem, negative affect and coping was done by using their scoring keys.