CHAPTER 7
DISCUSSION

The aim of the present study was to focus on personal challenges and various mental health problems faced by gay and bisexual males. One of the primary objectives of the study was to compare gay, bisexual and heterosexual men on internalized homophobia, anxiety, self esteem, well being, sexual relations (with subcategories, viz. exchange sexual relationship and communal sexual relationship) depression, negative affect and coping strategies (with eight subcategories, viz. confrontive, distance, self controlling, seeking social support, accepting responsibility, escape avoidance, planful problem solving and positive reappraisal).

The study also aimed to understand the dynamics between the measured variables in various groups by examining the relationship between them and by delineating the predictors for some variables. Correlation analysis was carried out to examine the relationships between the variables for gays, bisexuals and heterosexuals. The total sample comprised of 150 male subjects (gays-50, bisexual-50, heterosexual-50) from middle socio-economic group. The age range of the sample was 20-30 years. Appropriate statistical techniques were applied on the raw data to test the hypotheses formulated.

Correlation Analysis and Multiple Regression Analysis

Assessing the relationship between sexual relationships (with subcategories), internalized homophobia, depression and coping (with subcategories), the results indicated varied significant correlations between these variables in the three groups. In gays, communal sexual relationship was positively correlated with internalized homophobia and distance coping. In bisexuals, communal sexual relationship and planful problem solving were positively correlated. Another subscale of sexual relationship, that is, exchange sexual relationship and communal sexual relationship were negatively correlated with depression in heterosexuals.

These findings lend partial support to the hypotheses (H14, H21, H34) which expected a relationship between communal sexual relationship, depression, IHP and coping.
Results of some previous studies partially support the findings of the present research which revealed a positive relationship between homonegativity and distance coping (Wooten, 2012) and between sexual relationship and coping (Smith and Brown, 1997). On the other hand, some of the earlier studies have found negative relationship between sexual relations and IHP (Dupras, 1994; Meyer, 1995; Meyer and Dean, 1998). Contrary to the findings of present study, Descamps et al. (2000) did not find negative correlation between sexual relationship and depression.

Positive relationship of communal sexual relationship with distance coping and positive relationship of communal sexual relationship with IHP in gays may be attributed to various reasons. In communal sexual relationship, partners take care of each other's needs (Clark and Mills, 1979). This communal approach in gays may increase their intimacy with partner and might strengthen their relationship. They may remain involved with each other. But as their intimacy deepens, their sexuality is highlighted and people might start noticing their sexual behavior. Generally, ideal sexual activity is always considered as male-female and is defined and completed by marriage. Because of this ideology, social implications of same sex activity are devastating.

After being noticed, they may become more prone to stigma, discrimination, violence, rejection etc. Heterosexual community may hold unfavorable attitude towards GLBT (gay, lesbian, bisexual and transgender) due to their deviation from socially determined gender roles (Madon, 1997). They view GLBT negatively and also consider them mentally ill (Herek, 2002). It may increase the feeling of shame and guilt in GLBT which gradually, increases their internalized homophobia and they might deal with this by making distance from each other or from other people.

Other than this, their families might also start objecting to their relationship. Their parents and siblings may ignore them. Ryan et al. (2009) found that family rejection leads to increase in depression and drug abuse in GLBT. Willoughby, Doty and Malik (2008) stated that unsupportive attitude of parents increases chances of mental and behavioral problems. Families may pressurize them to end their relationship.

Owing to the family pressure, if they try to end their relationship, then it may be very traumatic for them and if they continue the relationship then, it may spoil their family relations.
In some cases, they might be forced to leave their houses also. These reasons may deeply effect the distance in relations, internalized homophobia and psychological health of gays and might increase the feeling of guilt and shame.

Other than family, they may have to face hostile environment at their work place also. In a study, Schneider and Dimito, (2010) found that sexual orientation and past discrimination affected gay’s career choice negatively. They may feel isolated, may develop negative identity, which in turn, might lead to rise in their internalized homophobia and distance in sexual relationships. Wooten (2012) stated that negative GLBT identity is positively related to distance coping.

Besides, consideration of same sex orientation as immoral, non acceptance of their sexual orientation, absence of government policies and funds for gay’s sexual problems, violence, confusion, conflict about one’s sexual identity (Taylor and Robertson, 1994) and lack of commitment etc. might lead to rise in homophobia and distance coping.

Another reason that may be responsible for positive relationship between communal sexual relationship and distance coping is societal disapproval. In order to gain acceptance from the society; to please their loved ones, gays may distance themselves from each other’s company. Other than this, due to hostile and negative attitude of environment, it may be that misunderstanding start emerging in their relationship. They may blame each other for their problems. Gradually, this situation may become frequent and might increase distance in their relationship. Also, if the partner is involved in unsafe sexual promiscuity, then it might result in various problems and disease. Higher promiscuity might lead to HIV/AIDS. They might engage with multiple partners in sex clubs, markets, adult bookstores, bathhouses and may contract various STIs such as syphilis.

Out of pleasure, gays may indulge in more unusual sexual practices such as penile–anal, mouth-penile and hand-anal sexual contact, stimulation of various kind etc. These sexual practices might put them at higher risk. The adverse consequences related to sexual relations may increase their internalized homophobia and might force them to keep distance from others.
Positive correlation between communal sexual relationship and planful problem solving in bisexuals may be explained by various factors. Sexual relations are invaluable part of a person's life, comfort, intimacy and relaxation. Care and trust received from partner might enable bisexuals to solve their issues in an amicable manner.

Committed and healthy sexual relations may increase their self-worth, love and belongingness feeling, which in turn, are related with higher well being and self realization (Chubb and Fertman, 1992). This calmness and positivity might give them strength to plan their strategy efficiently. Healthy and caring sexual relationships might have soothing and relaxing effects on bisexuals. It might help in reducing guilt, shame and homophobia related to sexual orientation. Nicholson and Long (1990) reported that low homonegative feelings are related with positive way of coping such as problem solving in systematic manner and seeking resources for their problem.

In addition, bisexuals are involved with both the sexes. In order to manage their relationship, they might have to go by planning, otherwise disclosure of their sexuality can destroy their relationships. In communal sexual relationship, as partner respects the desire of another person; chances of involving in unsafe sex may be less. Besides, presently, GLBT have become very sensitive and responsive toward safer sex; open to alter pattern of their sexual activity. These factors might have reduced their risk of infection. They may remain away from problems related to unsafe sex and might get enough time and energy to deal with situations in planful manner.

Moreover, in today’s society, individualistic life style might give them freedom to live their life the way they want. They may prefer active independent life and might have more confidence in their decision. This confidence might help them in using planful coping to tackle with their problems.

Negative relation of depression with both, exchange sexual relationship and communal sexual relationship in heterosexuals may be attributed to the acceptance of their sexuality. Their sexuality is accepted by society due to exclusive presence of females. Their relations may give them pleasure, happiness, peace and relaxation. It may be a source of enjoyment for them. So, as this relationship increases, negative feelings, depressive thoughts might decrease.
Besides, they may get full family support. They may enjoy good reputation in society. As they don’t face rejection, stigma, discrimination due to their sexuality so their professional life might remain unaffected. These factors might keep them happy, which in turn, save them from negativity and depressive thought.

Sex is very important for healthy life. But if stigma and hatred is associated with it, it can spoil any relationship. When partner takes care of each other’s needs, then it may strengthen their relationship and low, destructive thoughts may automatically fade away. People have become responsive and sensitive towards each other’s sexual expectations and don’t indulge in risky sexual behavior. They may not hesitate altering their way to reduce adverse consequences of unprotected sexual behavior. This practice may protect them from various risks and problems associated with it. Due to this, sexual relations may bring happiness and comfort for heterosexuals and they may not feel negative and depressive about it.

In line with the other aim of the study which involved identifying predictors for coping, some interesting findings were revealed. Communal sexual relationship and sexual relationship total emerged as predictors of coping total and distance coping in gays, while in case of bisexuals, planful problem solving coping was predicted by communal sexual relationship only.

Prediction of coping total and distance coping in gays by communal sexual relationship and sexual relationship total may be attributed to community connectedness. Those GLBT who are highly connected with their community may devote less time to their partner, which in turn, make their partner feel less important and wanted (Frost and Meyer, 2009), thus increasing distance in their relationship. Another factor which might increase use of distance coping is quality of sexual relations. If one enjoys healthy sexual relations, then it increases the quality, satisfaction and duration of a relationship. On the contrary, if sexual relations are problematic, then it increases distance in relationships. Meyer and Dean (1998) reported that due to various problems such as internalized homophobia, prejudice and discrimination, gays experience problems in their intimate relationships. Ross and Rosser (1996) found similar results and stated that various factors such as internalized homophobia, hatred, stigma etc. affect quality and duration of gay’s relationships.
Present study indicated that gays experienced high level of internalized homophobia which may lead to conflicts in their relationships; thus increasing distance in their sexual relationships.

Other than this, excessive sexual frequency or low sexual encounters and hostile attitude of society, family, and peers may disturb intimate relationship of gays. These factors might gradually create rift in the sexual relationship of gays, and to overcome this, they may adopt distance coping. Some of them may believe that if they will remain away or if there is a gap in their sexual encounters, then it will give space to them and gradually with passage of time their problems will be resolved.

Besides, they might try to distance themselves from negative sexual experiences, thus reducing emotional reaction to negative events. Duncan (1990) stated that gays sexual minority orientation is related with high level of sexual violence; leaving them feeling insecure and unsafe in sexual relations and may force them to maintain distance in their relations. Restrictions in getting married with same sex partner, destructive and negative communication pattern such as criticism, contempt, withdrawl, defensive feeling of internalized homophobia and negative affect etc. might increases distance in sexual relationship.

Moreover, risky sexual practice might increase use of distance coping in gays. Kalichman (1996) reported that anal sex is widely prevalent in gays and it is one of the most risky sexual practices. Sometimes, during coming out, family’s unsupportive attitude also increases chances of unprotected sex (Ryan et al., 2009). In addition, childhood sexual abuse also affects their relations adversely. Balsam, Beauchaine and Rothblum (2005) mentioned that gays go through physical, psychological and sexual abuse in childhood as well as in adulthood and this childhood sexual abuse can affect their sexuality (Westerlund, 1993) and sexual relations adversely. Sometimes, the childhood sexual abuse victim may, himself become the perpetrator of abuse (Balsam et al., 2005) and might sexually abuse his partner. These negative experiences might force them to maintain distance from sexual relations.

When gays start realizing their sexual behavior then they come out and start joining clubs, parties and bars etc. During this initial time of coming out, they may face different types of problems. They may come in contact of adult gays who might sexually abuse them. For heterosexual male, availability of a female partner may not be a problem. But for gays, it is not
that easy to have same sex partners, so for this reason also, they may turn to older gays for sexual and emotional satisfaction (Rind, 2001).

This choice may lead to violence, abuse and dissatisfaction in sexual relations; thus leaving them with no option other than maintaining distance from sexual relations. Due to fear, blackmailing and lack of information they may not share these types of experiences with others and might develop a sort of misinterpretation about sexual relationships which can further inhibit them in making intimate sexual relationship, thus increases gap and they may try to cope with situation by making distance. Besides, when they realize that their partner is interested only in having sex rather than the relationship, then it might become emotionally painful for them to continue with such type of relations, thus leading to break-up and separation. Gays may start coping with these sexual problems by maintaining distance from each other.

As for regression analysis in bisexuals, prediction of planful problem solving by communal sexual relationship may be attributed to the feeling of care and love in sexual relationship. This positivity in relationship develops understanding between partners and may lead to planned and systematic ways of problem solving.

Care and love in communal sexual relationship might lead to planning in problem solving because systematic problem solving is influenced by emotions and feelings. When problem solving efforts take into account the emotional needs of another person then it might lead to better outcomes. Their chances of sexual problems, risk might also decline. Research has also shown that coping style such as planful problem solving is associated with low sexual risks and problems (Strin and Nyamathi, 1999). So, healthy communal sexual relationships might increase use of planful problem solving.

Bisexuals enjoy sexual relationship with both male and female partner. It may enhance their well being and boost their morale. It might also create positive and supportive environment at home and workplace because family connectedness and caring from others act as a protective factor for GLBT and make their life easier (Eisenberg and Resnick, 2006). These factors may help bisexuals in organizing their life style in systematic and planful way.

Bisexuals might save themselves from the hatred of society up to great extent due to presence of female in their life. But this situation can remain successful only if bisexuals are capable of proper planning and arrangement of things. Besides, if they don’t deal systematically
with things then it may disclose their status, which can further become problematic for them. So, they may have already planned their things to avert any problem in future.

Now days, bisexual may not believe in rigid traditional gender role. This flexibility might further strengthen their relationship. Shanmen and’ Woods (1991) mentioned that such type of harmonious relationships increase commitment, respect, self expression and positive planning. Awareness of consequences of poor planning and harmonious sexual relationship lead to planful problem solving coping in bisexuals.

Self esteem was found to be positively correlated with distance coping in gays, and positively correlated with IHP and well being in heterosexuals while negatively correlated with accepting responsibility coping, anxiety, sexual relationship total and communal sexual relationship in heterosexuals, and negatively correlated with self controlling coping in bisexuals. Results also indicated that IHP was negatively correlated with anxiety and depression, and positively correlated with well being in heterosexuals.

These findings lend partial support to the hypothesis (H24) which expected that self esteem will be positively correlated with coping. Results did not support the hypothesis (H35) which expected that self esteem will be negatively correlated with IHP. Findings further supported the hypothesis (H13) which expected that there will be positive correlation between self esteem and well being. However, results did not support the hypothesis (H34) which expected that self esteem will be positively correlated with coping (in another group i.e., heterosexual). Results lend support to the hypothesis (H30) which expected negative correlation between self esteem and anxiety. Findings did not support hypothesis (H23) which expected self esteem to be positively correlated with sexual relationships. Results further supported hypotheses (H35, H36) which expected that IHP will be correlated with anxiety and depression. However, results did not support hypothesis (H29) which expected negative relationship between IHP and well being.

Some previous studies also partially supported the findings of present research which revealed a significant correlation between self esteem and coping. Though, relationship between self esteem, distance coping, accepting responsibility and self controlling could not be observed but self esteem instability was positively related with higher avoidance coping and less social support (Martin and Knox, 1997). Earlier studies found positive correlation between low self
esteem and IHP (Herek et al., 1999; Szymanski and Kashubeck-West, 2008; Spencer and Patrick, 2009), negative relation between IHP, well being and self esteem (Rowen and Malcolm, 2002), positive relation between low self esteem and unsafe sexual relations (Martin and Knox, 1997; Strokes and Peterson, 1998; Ethier et al., 2006), positive relation between low self esteem and anxiety (Pachankis and Goldfried, 2006), positive correlation between low self esteem, risky sexual relations and anxiety (Rosario et al., 2006), positive relation between IHP, negativity and depression (Igartua et al., 2003; Berger et al., 2010), positive relation between IHP and anxiety (Meyer, 1995; Ferguson et al., 1999) and, negative relation between IHP and well being (Meyer and Dean, 1998).

There may be various reasons for positive correlation between self esteem and distance coping in gays. Ignorance, rejection, violence and bullying from society and family might affect their personal and professional life adversely (Schneider and Dimito, 2010). Because of hostile attitude of loved ones they may suffer from various mental health problems (Willoughby et al., 2008). To deal with the sexual orientation related problems, they might adopt distance coping.

In addition, when they maintain distance from their partner; decrease spending time with each other, then they might contribute more in their family activities. Their mind might deviate from the same sex activity for a while and they may get more time and opportunity to focus on their career. Gradually, because of change in this attitude, they might gain acceptance from family; parents might start recognizing their efforts and their relationship might become normal and peaceful. This may further boost their self esteem. Study has also shown that family connectedness and perceived caring from others act as a protective factor for GLBT (Eisenberg and Resnick, 2006).

Another possible interpretation could be that high self esteem may enable them to view their partner differently. They might become more optimistic and confident about their relationship (Murray, Holmes and Griffin, 2000). They may feel that if they are maintaining distance just to please their family even then, it will not affect their relationship. Due to better understanding and high regard for each other, they might value their partner more highly and even in situation of living apart they may remain sure that partner will continue to love and support them. This belief system might increase their use of distance coping.
Moreover, it is true that due to lack of information they may indulge in risky sexual behavior. But in other cases, even after having sufficient knowledge, they might indulge in unsafe practices. Other than peer pressure, risk taking tendency, blackmailing may force them to do this. These activities might affect their physical as well as mental health. Gays with high self esteem might avoid these risky practices by making distance from each other.

The positive relationship of self esteem, IHP and well being in heterosexuals can be explained by numerous factors. In case of heterosexuals, internalized homophobia might play different role. In IHP they show hatred towards same sex relations. So, irrespective of this fact that some of them may have same sex feelings (Adam et al., 1996; Herek, 2000), due to IHP their sexuality might not remain doubtful. They may not go through the confusion, hostility, isolation, rejection which gays and bisexuals face. It may save them from depressive, anxious thought and might keep them in high spirit thus leading to rise in their self esteem and well being. So, when their internalized homophobia increases, acceptance, well being and self esteem might also increase. Though, things are not same in case of gays and bisexuals, but for heterosexuals these feelings may be related with perception of positive consequences of internalized homophobia.

Moreover, their family may also support them as they don’t have any problem with their sexuality. This family and social support may increase their feeling of being valued, happiness, self worth, love and sense of belongingness. Chubb and Fertman (1992) reported that belongingness need is related with well being, self actualization and increases self regard.

Besides, if their family life is peaceful, then their professional life may also go well. This optimism may increase duration of their relationship also. Optimism and positivity are important factors in relationship long term success and satisfaction. This optimism may develop only when moderate level of self esteem is maintained. Researchers have also found that high self esteem increases happiness and sound mental health (Taylor and Brown, 1988) and satisfaction in life (kwan et al., 1997).

In addition, high self esteem may enable them in using better coping mechanisms such as increasing their strength in other fields and reconstruction of maladaptive thoughts. This better coping ability may solve their problems in efficient way and might enhance their happiness and well being. Individuals having high self esteem may evaluate their competence relating to a
situation positively and become more independent and efficient in handling that threat again. It may increase their comfort and well being. These factors, collectively, may boost their morale and may help in increasing self esteem and well being.

Moreover, time and again internalized homophobia has been linked with risky sexual behavior. Though, relationship between homophobia and mental health problems is not reducing (Newcomb and Mustanski, 2010), but relationship between homophobia and unsafe sexual activities is declining gradually (Newcomb and Mustanski, 2011). It might save heterosexuals from anxious and depressive thought related with future risk of HIV/AIDS and STIs.

Though in gays and bisexuals, homophobia is positively related with anxiety and depression and negatively related with self esteem and well being but for heterosexuals results are totally opposite. Wagner et al. (1996) also found homophobia to be positively correlated with demoralization, anxiety and depression in gay population. Only reason that seems possible behind these results could be that internalized homophobia may mean something different and positive for heterosexuals. It may be a protection cover and tool of masculinity for them. So, it may not increase their anxiety and depression rather may raise their self esteem and well being.

As for heterosexuals, negative correlation of self esteem with accepting responsibility may be explained by various factors. Heterosexuals may enjoy their relations with female partner but sometimes they may desire for the same sex unconsciously (Herek, 2000). They may also wish for same sex’s company but they do not openly express it. Considering social scenario, if they accept responsibility for same sex feelings then, it may bring hatred and fear of society. Their heterosexual status may become doubtful and personal and family relations might be at risk.

It may affect their self regard and might lower their self esteem. On the other hand, when they don’t accept responsibility for these socially unacceptable thoughts then, it might save them from hostile attitude of society. They may enjoy their life style and get respect from society, which in turn, might enhance their self esteem.

So, when self esteem will rise, accepting responsibility may decrease. High self esteem may alter their perception and might show them the positive side of a situation. It may motivate them to use effective coping mechanisms such as making external attribution rather than accepting responsibility or blaming oneself.
Negative correlation between these variables viz. self esteem, communal sexual relationship and anxiety in heterosexuals can be explained by various factors.

It is true that heterosexuals do not have to face hostile attitude of society due to their sexuality but sometimes, they may face problems in their relationship. Unexpected demand of partner, harsh ways of meeting one’s sexual needs may create distance in relationship. They may not be able to do justice with their partner’s sexual needs. These problems related to sexual behavior might lower their self esteem and may increase anxiety, negativity and frequent quarrel in their relationship.

Sometimes, female partner may start doubting their masculinity or might indulge in verbal abuse. These factors may hurt their ego and might gradually reduce their self esteem and increase anxiety. Due to low self esteem and to prove them masculine, heterosexuals may indulge in risky and unusual sexual activities. Studies have also shown that low self esteem is related with risky sexual behavior (Strokes and Peterson, 1998; Rosario et al., 2006).

Study conducted by Murray, Holmes and Griffin (2000) reported that sometimes, low self esteem lead to negative perception of sexual relations. High self esteem may increase the life of a relationship while anxiety makes one more apprehensive and may spoil a relationship. So, when anxiety increases, then self esteem and well being might be reduced. Srivastava and Beer (2005) have found that high anxiety is related with low self esteem.

Besides, anxiety and low self esteem may also emerge when inconsistent care and love is received from partner and family. Studies have also shown that insecurity in one’s life may lead to mistrust, low well being and low self regard (Collins and Read, 1990). Sometimes, anxious thoughts may lead to inadequate coping strategies, which further create more problem rather than solving it, thus leading to reduction in self confidence, self esteem and well being (Murray et al., 2000).

In bisexuals, negative correlation of self esteem with self controlling coping may be attributed to various reasons. As they are involved with both sexes so, there might be less chances of suppression. Due to family pressure and other reasons, their chances of getting married with a female partner are higher. These reasons might save them from the hostile attitude of society up to great extent. It may bring positivity in their life and might increase their self
esteem and regard for partner. Murray, Holmes and Griffin (2000) stated that people with high self esteem assume their partner as trust worthy person and they hold them in high regard.

High self esteem might further, enable them to perceive their sexual relationship as a source of security and might help them in developing positive identity. Wooten (2012) stated that superior GLBT identity is negatively correlated with self controlling.

This positive identity and high self esteem might give them strength to express and fulfill their desire.

Besides, high self esteem may enable bisexuals to use better coping strategies. They may opt for coping mechanisms which are more beneficial for them in long term rather than those which lead them to control their emotions. They might seek positive feedback even form difficult situations and tend to be less affected by negative feedback (Bernichon, Cook and Brown, 2003). They may focus more on exploration and experiment in handling a situation by using their talent and skills rather than exercising self-control (Strohschneider and Guss, 1998).

As for regression analysis, it showed that IHP, communal sexual relationship and sexual relationship total emerged as predictors of self esteem in heterosexuals.

Heterosexuals may use homophobia as a tool to prove society that they are straight; they have no homosexual feelings. They don’t approve same sex behavior and hate such type of behavior (Herek, 2000). In turn, society may also assume them to be heterosexual and may not doubt their sexuality. This acceptance and social support may increase their self esteem.

Moreover, they may strictly follow socially determined gender norms and behave in masculine way. Males prefer to conform to traditional gender norms in order to maintain male status and privilege in society (Hetzel, 2011). This traditional norm adherence along with IHP might save them from harassment, stigma, rejection, violence and discrimination which gays have to face. It may strengthen their ego and might increase their self-esteem.

Another possible reason could be that due to positive environment they may consider themselves as a part of mainstream society. Marriage with female may maintain their reputation and might save them from mental health problems (Masocco et al., 2009). Society may also give them normal response. It may give them sense of security and completeness. They may comparatively remain focused and might give better outcome at workplace also. These factors
might gradually increase their self esteem. IHP might help them in maintaining their heterosexual identity and enjoy higher well being and self esteem.

Prediction of self esteem by communal sexual relations and sexual relationship total may be attributed to various reasons. Sex is an important aspect of one’s relationship. It is an invaluable part of person’s comfort, intimacy, liking, love, pleasure and relaxation. In healthy sexual relations, gender differences are gracefully valued and similarities are mutually accepted. But, sometimes, due to unrealistic sexual expectations and dysfunctions, it might lower one’s self esteem.

Heterosexuals may unconsciously desire for men (Herek, 2000) but due to social fear they don’t express it. Due to this fantasy sometimes, they may fail to do justice with their female partner. It may lead to fight, abuse and separation. It might further create the feeling of guilt and shame. Other than this, their masculinity might become doubtful which hurts their ego and adversely affects their self esteem. Sometimes, just to compensate or deal with such type of situation or to prove their masculinity, they may indulge in risky sexual behaviour and might become vulnerable for various sexual problems which again is detrimental for their health. A study (Rosario et al., 2006) also found that involvement in risky sexual behavior may lower one’s self esteem.

Unsatisfied or broken relationship might adversely affect their ego and self esteem. They may indulge in unsafe sex as a mean to express love or out of fear of losing the relationship. In addition, due to unsafe sexual practices they may be at risk to be diagnosed with HIV which might further create problem due to stigma attached with it. This risk taking approach in sexual behavior might lower their self esteem.

The findings of the present study revealed that IHP was positively correlated with negative affect and confrontive coping in bisexuals and negatively correlated with escape avoidance coping in heterosexuals.

These findings lend support to the hypotheses (H15) which expected IHP to be positively correlated with negative affect. Results supported the hypotheses (H17) which expected that IHP will be positively correlated with coping in bisexuals. However, it did not support this hypothesis in the group of heterosexuals.
Some earlier studies also partially support the findings of present research. Rosser (2008) found IHP to be positively correlated with negativity and distress. Contrary to our finding, Nichaloson and Long (1990) found positive relationship between IHP and avoidance coping.

The positive interplay between these two variables, that is, IHP and negative affect can be explained by understanding the meaning of these variables in relation to each other. Bisexuals may feel guilt and shame due to stigma, isolation and hostility related to their sexuality. This shame might further increase their internalized homophobia (Allen and Oleson, 1999). They may become more homophobic about their sexuality. These negative feelings of internalized homophobia may further depress them and might increase their negative affect. Study has also found (Rowen and Malcolm, 2002) homophobia to be positively correlated with negative affect. As homophobia increases their chances of enjoyment and happiness might shrink and this confusion and suppression may increase their negative affect.

Moreover, due to high internalized homophobia, they might feel that they should be pitied as they can’t do anything about their situation and it is not their fault. They might also feel that they should be hated because their sexual desires go against nature. This pattern of thought might make them more vulnerable to negative affect.

High internalized homophobia is closely related with problems in relationships and misunderstandings (Mohr and Fassinger, 2006). Other than creating problems in relationship, it might inhibit social interaction of bisexuals. Most of the religious places and readings actively preach against homosexuality (Olson et al., 2006). Culture also exercise social control and deny them role models, freedom and space. This limited unsupportive interaction and heterosexist environment may gradually increase depression, distress and negative affect in their life (Smith and Ingram, 2004).

Though society is changing, still the name of homosexuality brings hostility and generates sexual prejudice. Both, external as well as internal homophobia may give rise to verbal abuse, rejection, threat and might be correlated with negative mood, sadness and depression. This negative self perception might prevent positive healthy homosexual identity, which in turn, leads to loneliness, negative mood, low level of belongingness. This experience of homophobia, isolation may reduce feeling of worthiness and might leave a person with anxious thought,
depressed mood and negative affect. Besides, both IHP and negative affect are negative in approach. So when one will increase other might also rise.

In case of bisexuals, positive relationship between IHP and confrontive coping may be explained by the factor that they may deal with internalized homophobia by confronting it rather than avoiding it. With passage of time, they may realize that if homophobic feelings are ignored then these would accumulate and might become more problematic for them.

Suppression of these feelings can give relief only for a short duration but in the long term, actively dealing with problem might prove more beneficial. Studies (Iwasaki and Ristock, 2007) have shown that GLBT experience stress and other problems when they hide their sexual orientation. Gradually, they realize that only by hiding their sexual orientation, they may not be able to deal with IHP. Besides, if they will not deal actively with IHP then, they might remain surrounded by homophobic feelings and their female partner might become doubtful about their sexuality and fear of disclosure is always there. So, they may prefer to confront these problems boldly.

Internalized homophobia is related with various problems. It is related with depression (Igartua, 2003), discrimination, verbal and physical abuse (Hetrick and Martin, 1984), negative perception of same sex (Shidlo, 1994) and non acceptance of same sex etc. These negative consequences do not stop here. They may further lead to loneliness, lessened feeling of love and belongingness, short duration of relationship and social isolation etc. Initially, bisexuals may go though all these feelings passively but with passage of time and increased experience, they may learn to tackle these situations efficiently.

They may come in contact of elder GLBT population by attending seminars, gay club, parties etc. This enhanced knowledge, social circle and exposure might give them confidence, self belief and put them in conditions of confronting these problems.

Moreover, not only direct, homophobia has some indirect effects as well. It may affect our functioning by generating various defense mechanisms, which in turn, might create difficulties in intimacy, commitment and trust. In such situation, bisexuals are left with single option of strictly dealing with homophobia rather than passively bowing before it.
In another group, that is, heterosexuals, negative relation of IHP with escape avoidance coping can be explained by the influence they have on the life of heterosexuals. In escape avoidance coping one handle the situation by avoiding it. They may try to ignore the reality; distort it or sometimes don’t even accept it. While heterosexuals, rather than ignoring their homophobic feeling, may prefer to show it, in order to prove their masculinity and be a part of mainstream society.

When internalized homophobia increases in heterosexuals, they may maintain distance from GLBT; might keep themselves away from unsafe practices, thus, leading to reduction in unusual practices and escapism feeling.

However, Nicholson and Long (1990) found homonegativity to be significantly correlated with avoidant coping mechanisms. A possible interpretation could be that this study was conducted on gays so, these results might be applicable on them. For heterosexuals, results are expected to be different as internalized homophobia mean something different and positive to them (Herek, 1986 b).

Besides, heterosexuals might be aware of this fact that avoidance coping may be good for short term (Suls and Fletcher, 1985) but if used for a longer time then, it may be harmful for them, rather than benefiting them (Zeidner and Saklofske, 1996). Mayer and Salovey (1995) also hold similar views and did not find avoidance coping much effective for people. Lesserman et al. (2000) also found escape avoidance coping to be related with poor psychological health. Once heterosexuals come to know about this fact, they may reduce use of escape avoidance coping style.

Regression analysis revealed IHP to be predictors of confrontive coping and escape avoidance coping in bisexuals and heterosexuals, respectively.

Studies have shown that internalized homophobia adversely affect mental health and well being of gays and bisexuals (Allen and Oleson, 1999; Rowen and Malcolm, 2002). If they let homophobia to overshadow them then, it may affect their behavior and might start disturbing their normal functioning and sexual life. Early researches also supported this. Ross and Roger (1996); Meyer and Dean (1998) stated that internalized homophobia adversely affect quality, attachment, duration of a relationship and may create problems in intimate relationships of gays and bisexuals. Gradually, bisexuals might find it hard to hide internalized homophobia from their
female partners. In case of male partner, high homophobia may lead to risky sexual behavior, conflict and misunderstanding (Mohr and Fassinger, 2006), multiple partners, STIs etc. So, they may not afford to be passive in front of homophobia.

Besides, unresolved issues about sexual orientation, stigma, self blame etc. all come with homophobia which can be dealt with by aggressively facing it rather than simply ignoring it. Once they become aware about adverse consequences of avoidance coping, they might start using active coping which is related with positive outcomes. Studies have also shown that active coping is related with better health care satisfaction and less substance abuse (Fleishman and Fogel, 1994; Leslie et al., 2002; Heckman, 2003). This positive atmosphere, personal and environmental resources may give strength to bisexuals and increases their use of active coping.

For heterosexuals, prediction of IHP by escape avoidance coping may be attributed to various reasons.

Antigay attitude is considered as a sign of being heterosexual (Herek, 1986 b). IHP may be positive for heterosexuals (Herek, 2000) while escape avoidance coping might be related with negative outcomes.

In addition, when internalized homophobia increases in heterosexuals they may get more family, social and environmental support. It may reduce the use of avoidance coping because avoidance is generally used in response to those situations, where personal social and environmental resources are scarce and a person is high on negative self-concept. Besides, they might know that engaging in avoidance coping might increase their chances of sexual risk so they might not go for this coping style.

In context of the relationship of anxiety and well being, the results indicated a negative correlation between anxiety and well being in bisexuals and heterosexuals. Results further showed that anxiety was found to be positively correlated with depression and accepting responsibility coping in heterosexuals.

These findings lend support to the hypothesis (H_{20}) which expected that anxiety will be negatively correlated with well being. Findings further supported the hypothesis (H_{10}) which expected that anxiety will be positively correlated with depression. Results partially supported the hypothesis (H_{10}) which expected anxiety to be correlated with coping.
There have been studies (Pinhey and Millman, 2004; Diamond and Lucas, 2004; Szymanski and Owen, 2008; Coker et al., 2010) which supported the findings of present study by reporting positive relationship of anxiety with depression. Anxiety was also found to be positively correlated with accepting responsibility (Ferrari, 2008).

The negative relationship between anxiety and wellbeing in bisexuals can be explained by understanding the meaning of these variables in relation to each other. Anxiety is an unpleasant feeling which emerges due to problematic situation while wellbeing is a pleasant feeling and is related with happiness and positivity. Due to problematic life situation such as low social support, lack of acceptance, isolation, confusion, bullying and rejection etc. bisexuals may experience high anxiety. This anxiety might affect the health of bisexuals adversely; making them more prone to various mental health problems and ultimately, reduce their well being. These anxious thoughts if maintained for a long time then, it may increase sadness and distress, which in turn, might affect the happiness of bisexuals.

Moreover, if bisexuals disclose their sexual identity then, they may have to be more assertive about their orientation. This assertiveness may put them in direct conflict with family, friends and traditional system of society. This conflict might increase anxiety and reduces their well being.

In addition, many GLBT people might live in constant fear of being discovered. Anticipating problems related with disclosure, many GLBT may choose to hide their sexuality. They might live a double life and deny their sexual orientation. This conflicting life style may negatively affect their self identity, self esteem, well being and might make them more prone to self injurious behavior, depression, anxiety and reduced sexual satisfaction (D’Augelli and Hershberger, 1993). Deenen et al. (1994) stated that duration of a relationship and emotional intimacy affect quality of sexual relationship. Studies have shown (Rothblum et al., 2004; Solomon et al., 2004) that GLBT are less likely to be in a relationship of long duration than heterosexuals. Short duration of relationship may hurt GLBT emotionally and mentally and might increases anxious and depressive thought.

In heterosexuals also, anxiety is related with several mental, psychological and physical health problems. Due to feeling of anxiety, their personal and professional life may be affected and they may show less interest in social settings, family responsibility, parties and other
enjoyable activities. This reduced interest might take them into self made isolation leading to increase in their depression and reduced well being.

Positive relationship between depression and anxiety in heterosexuals can be explained by various factors. Both are negative feelings, so chances are high that when one will increase other will also rise. After a certain period of time, anxious thoughts may bring insecurity, avoidance of reality, low self regard, depressive thoughts. Insecurity in relations may lead to emotional highs and lows, jealousy and over protectiveness as they may be afraid of losing the partner. Other than insecurity, anxious thoughts may also lead to maladaptive coping strategy (Murray et al., 2000) which may further worsen their problem.

Besides, weak feelings of love and belongingness might be related with anxiety, low willingness to live, depression and suicidal thought. In short, these feelings of anxiety, depression, negativity, suicide all appear to be interrelated and when one changes then it may lead to changes in other variable also.

In heterosexuals, positive relationship of anxiety with accepting responsibility may be explained by various factors. Anxious thoughts up to some extent may be good for heterosexual. It may keep them alert and they may feel conscious about their duties.

Accepting responsibility involves autonomy and self acceptance. With experience, heterosexuals may realize that accepting responsibility of a particular behavior is good way of dealing with increasing anxiety. So, when anxiety increases then, their accepting responsibility may also increase.

Another possible interpretation could be that though heterosexuals try to do justice with their female partner but, sometimes, they may not be able to fulfill their expectations. When they accept this failure, then it may increase their anxiety and feeling of insecurity. They may feel worried that after this acceptance, their partner will not respect them. They may loss their hold on relationship, so, with higher acceptance anxious feelings might also increase.

In addition to this, they may be aware of the violence and injustice done to homosexuals. They may not only witness this discrimination but might also contribute in it. Either, they may deny this fact or might accept their responsibility for it. Both situations may be problematic for
them and might be related with higher depressive, anxious thought, self-blame and low self-regard.

As for regression analysis, it showed that anxiety is predictor of well-being in both bisexuals and heterosexuals. Also, anxiety emerged as predictor of accepting responsibility coping in heterosexuals.

Bisexuals may fall in the category of those men who has to live double lives. On one hand, they act as heterosexual (relation with females) while on the other hand, they maintain their homosexual (relation with males) behavior also. They may find themselves caught between two life styles, and not fully a part of either. This sort of life gradually, may become anxious for bisexuals and put a heavy toll by disturbing their life and reducing their well-being.

Sometimes, due to anxiety and other unresolved problems they may increase substance use such as alcohol and other drugs. It might disturb their personal and professional life. Their social support may start declining; family and peers might start avoiding them. Such type of hostile and unsupportive environment may create anxious feeling in bisexuals.

Moreover, anxiety and rejection from loved ones may create various health problems which adversely impact their well-being. Due to anxiety individual may find it hard to manage their emotions and might experience low well-being.

Meyer (2003) reported that integration in GLBT community is very important as it provides free, non-stigmatizing environment, regard and positive appraisals. When bisexuals find it difficult to integrate with their community then, it may increase their anxiety rate and reduces well-being.

Other than integration, development of sexual identity, unexplored desires, romantic relationships all affect well-being (Savin-Williams and Cohen, 2004) of an individual. Bisexuals, too might have experienced continuous anxious moment during this time, leading to persistent devaluation of their self, which later on, takes heavy toll on their well-being.

Sometimes, they may find it hard to access appropriate healthcare because generally, their specific needs are ignored and healthcare professionals may treat them in similar way they treat general population. When their health problems remain unattended then, it might lower
their well being, leaving them in anxious state. With low, dim chances of proper health care they may become prone to anxiety and reduced well being.

In heterosexuals also, anxiety is related with several psychological and mental health problems. Due to anxious feelings, rather than sharing, they might start suppressing their feelings, which in long turn, create problem for them.

Anxious feelings may affect heterosexual’s sexual relationship also. Studies have shown that with increasing rate of anxiety, risky sexual behavior also rises (Kalichman, 1996). Overall, anxiety, shame and confusion about one’s sexuality severely affect sense of personal growth and self acceptance of an individual. These adverse consequences of anxiety might negatively affect heterosexual’s well being.

In heterosexuals, prediction of anxiety by accepting responsibility may be attributed to various reasons. In order to get rid of guilt and anxiety related to unsatisfactory sexual relations and other problems of daily life, they may try to vent out their emotions and feelings in the form of accepting responsibility. As their anxiety increases, they might accept their responsibility for partner’s care, sexual problems, understand the feeling of discomfort and try to act effectively to reduce this displeasure (Hayes et al., 1992).

By accepting responsibility, heterosexuals might try to deal more actively with their increasing anxiety.

After accepting their role, they may feel lighter, calm and might act in a more responsible way to improve situation. By taking responsibility, they may acknowledge and recognize the choices they have made. Their task of accepting responsibility even in anxious state is appreciated by significant others, which further may motivate them to maintain this behavior for long term.

The findings of the present study further revealed that negative affect was positively correlated with depression, confrontive coping and self controlling coping in bisexuals.

These findings lend support to the hypothesis (H23) which expected that negative affect will be positively correlated to depression. Results partially supported the hypothesis (H20) which expected negative affect to be correlated with coping.
Some other studies (Coyne et al., 1987; D’ Augelli et al., 2002) partially supported the findings. They found relationship between negative affect and coping, positive relationship between negative affect and depression.

Positive relationship between negative affect and depression may have roots in similar impact of these variables. Both influence physical and mental health adversely. Stigma and prejudice related to their sexuality, relationship with sex, discrimination, concealment of sexual orientation might increase negative affect, which in turn, increases depression.

Bisexual’s positive identity and self esteem is threatened by the fact that in an attempt to avoid conflicts they may try to hide their sexuality, exercise self control and live dual life (Martin and Hetrick, 1988). This sort of life style may negatively affect their growth and might increase depressive tendency.

Both, negative affect and depression are closely related so, when negative affect increases then depression might also rise automatically.

Homosexuality is still considered immoral at many places. Just the thought of homosexuality brings hostility, hatred and contempt from general community (Fontaine and Hammond, 1997). It may give rise to violence, rejection and discrimination.

Sometimes, they may not even accept their homosexual identity (Taylor and Robertson, 1994). It may further create confusion, shame and guilt. It might increase symptoms of withdrawal and feeling of loneliness (Westefeld, Maples, Buford and Taylor, 2001). This loneliness might further reduce their sense of belongingness, feeling of being valued and might increase their negative affect and depression as well.

Positive correlation of negative affect, confrontive coping and self control may be attributed to various reasons. Due to harsh situations of life and socially unacceptable behavior, bisexuals may feel sadness, anxious thought and negative affect. When this negative affect increases then, use of confrontive coping also increases because problems related with negative affect are not less. They may be rooted in their life and might affect their daily functioning. So, it might become a necessity for them to deal actively, otherwise these situations can increase psychological problems such as distress, sadness, loneliness etc.
Confrontive coping includes aggressive efforts to alter a situation. Holahan and Moos (1987) reported that active coping strategies are more helpful in dealing with conflicting situation. Heckman (2003) also found active coping such as confrontive coping to be related with greater life satisfaction and lesser depressive thoughts. These positive consequences of active coping might increase its use in dealing with a problem.

Self controlling as a coping strategy requires a good degree of self regulation. It includes potential for bearing a conflict; requires a person to stay alert to subtle or major changes in situation and may give them confidence to face a conflicting situation. In such cases, higher self control may become effective tool for bisexuals to handle increasing negative affect.

GLBT also go through stigma consciousness (Pinel, 1999). It means that they are conscious about societal disapproval of their sexual preferences and likings. They are aware of this stigmatization and may suffer from higher negative affect, negative self perception, lower self esteem, well being and higher depressive thought (Frable, Wortman and Joseph, (1997). To counteract the adverse consequences of these factors, they may try to remain calm and regulate their emotion. Besides, they might receive comparatively less social support, so they deal with problems on their own. Sometimes, they may handle it by fighting back or sometimes, by exercising self regulation.

Regression analysis revealed that negative affect predicted coping total and self controlling in bisexuals.

Negative affect emerges from the stigmatization related to their sexuality, depression, higher suicidal rates (Savin-Williams, 1994), risky sexual behavior (Rotherman, Borus et al., 1994), substance abuse problems and rejection from society and family. To deal with negative affect resulting from rejection and stigmatization, they may try to keep their sexuality hidden and might cope with these problems by exercising self control.

By controlling their same sex feelings, they are averting various negative thoughts which are related with their sexual orientation such as guilt, shame, sadness, isolation. With passage of time, bisexuals might realize that coping style such as self controlling helps in dealing with sadness, distress. It might also reduce their risky sexual behaviour.
Moreover, to control the high negative affect, they might keep their feeling to themselves which is a part of self controlling coping (Folkman et al., 1993). Self control generates a sense of hopefulness and may help in overcoming distress, helplessness and other negative thoughts. Self control helps in resisting stress and negative affect (Muraven and Baumeister, 2000), so when negative affect increases in bisexuals self control might also increase in order to tackle it.

Another possible interpretation could be that bisexuals may find it hard to share their feelings and emotions with others when they feel low and sad. It could be possible that they might not want to tense their partner or there is lack of faith so, they may keep things to themselves rather than sharing it with anybody, thus, increasing the use of self control to deal with negative affect.

However, in some studies it is seen that negative moods are related with low self control in general population (Tice et al., 2001). It may be because their issues, attitude and approach towards life is different from bisexuals.

The present investigation found depression to be negatively correlated with confrontive coping and positive reappraisal coping in heterosexuals. Findings did not support the hypothesis (H18) which expected depression to be positively correlated with coping. Some earlier researches (Folkman, Chesney, Pollack and Coates, 1993; Olff, Langeland and Gersons, 2005) found negative correlation between depression and confrontive coping.

Negative relation of depression with confrontive coping and positive reappraisal is manifestation of conceptual differences between these variables. Both, confrontive coping and positive reappraisal coping require active effort, energy and positive thinking (Stein et al., 1997) while in depression, one feels low and remain surrounded by negativity. When heterosexuals feel depressed then, their psychological as well as physical health may also decline. They may feel low, sad and their capacity to confront a problem reduces. They may feel passive and unable to deal actively with their life situation.

Besides, in depression, one may tend to think negative and is surrounded by destructive thoughts. They may view things in rigid, negative frame. This tendency may hamper their ability to reappraise the situation positively. Their negativity may not allow them to reconstruct their thoughts in healthy and beneficial way. So, with increasing depression, their capacity of
confronting and positively evaluating a situation may decline. Park et al. (2003) also found positive reappraisal to be inversely related with depressive thoughts.

In Indian society, people may focus on social aspects of a problem. They remain conscious about the social consequence of their behavior and opt for defensive strategy (Guss, Strohschneider and Halcour, 2000). It could be possible that this high social concern may affect their way of dealing with a problem, might make them unnecessarily worried and depressed about societal response and may reduce their capacity to confront a problem and see it in a positive spirit.

Besides, depression is related to other problems also. Bailey and McLaren (2005) further found that depression, anxiety were related with diminished sense of belongingness. This reduced care, love and support may make them feel bad, lonely and might reduce their capacity to think about various alternative solutions to a problem thus, increasing the inability to confront and positive reformulation of a problem.

Regression analysis revealed that depression emerged as predictor of confrontive coping and positive reappraisal coping in heterosexuals.

Depression does not come alone. It brings various psychological and physical problems with it. It affects one's strength, capability and well being. Confrontive coping and positive reappraisal coping, on the other hand, are active in nature. They are also positively related with social support, while in depression a person becomes negative; tend to remain in isolation which reduces social support. So, confrontive and positive reappraisal coping remain low when depression increases. Individuals with higher level of depression may find it hard to manage their emotions and might go for avoidance and suppression of positive feelings while confrontive coping involves acting quickly rather than suppressing. It motivates a person to be decisive and take charge rather than ponder on what can be done or how things can be handled.

Stein et al. (1997) mentioned that positive reappraisal boosts one’s morale and positively correlated to well being. It minimizes negative or distressful event by developing positive and constructive interpretation of that stressful event (Aldao et al., 2010). On the other hand, depression may reduce well being and is related with various mental health problems. So, positive reappraisal may decline with increasing state of depression.
Studies have also shown inverse relationship between depression and positive reappraisal. Due to depression, individuals might indulge in maladaptive regulation and may remain lower in the area of adaptive regulation such as positive reappraisal and acceptance etc. On the other hand, reappraisal is very good tool of improving depression and other problems (Gross and John, 2003). So, when depression increases, positive reappraisal might automatically reduce.

Analysis of Variance

Internalized homophobia and Negative affect

It was expected that gays, bisexuals and heterosexuals will differ on internalized homophobia and negative affect (H1 and H2). Results supported these hypotheses and revealed that the three groups, that is, gays, bisexuals and heterosexuals differed significantly on IHP (internalized homophobia) and negative affect. Heterosexuals were highest in IHP and negative affect as compared to gays and bisexuals.

Some other researchers (Kilianski, 2003; Mahaffey, Bryan and Hutchison (2005) have also found that heterosexuals reported high level of IHP and negative affect.

On the other hand, there have been studies which found GLBT higher on homophobia and negative affect (Cochran, 2001; Diamond and Lucas, 2004; Szymanski and Owens, 2008; Mustanski et al., 2010). Higher IHP and negative affect in heterosexuals as compared to gays and bisexuals in the present study may be attributed to a number of factors.

Heterosexuals want to abide by the social norm in which men are expected to exhibit and defend their masculinity (Willer, 2005). Violation of social norms may lead to punishment (Rudman and Fairchild, 2004) due to which men might react defensively whenever their masculinity is threatened. Heterosexuals might go through various problems while dealing with their masculine threat. They may experience feeling of discomfort, fear, hostility toward gays having feminine traits. They may avoid company of gay men (Hebl, Foster, Mannix, and Dovidio, 2002) and might develop aggressive feelings (Mackie, Devos and Smith, 2000) towards them.

To prove their masculinity, they might want to be perceived as heterosexuals. They show antigay attitude, hatred so that society assumes that they are anti GLBT community so they
cannot be homosexuals (Herek, 2000). Studies have also shown that antigay attitude (Lamar and kite, 1998; Davies, 2004) help heterosexuals in defending and proving (Wilkinson, 2004; Willer, 2005) their masculinity.

Some other researches (Theodore and Basow, 2000; Willer, 2005) have found that higher level of IHP is prevalent in those men who believe in masculine traits but also feel that they are not fulfilling societal expectations related to masculinity. In order to overcome this feeling, they tend to show more antigay attitude to prove their masculinity. This behavior of defensive reaction to doubtful masculinity can be explained by model of defensive reaction proposed by Govorun, Fuegen, and Payne (2006). According to this model, men having undesirable feminine traits, will show more negative affect towards effeminate others in order to deal with threatened masculinity. It is seen that heterosexual who consider gays as having effeminate qualities (i.e. delicate, soft, emotional) also reported more antigay views and found to be higher on IHP (Kilianski, 2003) as well as negative affect.

Another factor that may be responsible for higher IHP and negative affect is same sex feelings in heterosexuals. Some of them may have feelings of homosexuality. Study has also shown that heterosexuals having high homophobia are high on same sex feelings also (Adams, Wright and Lohr, 1996). They found that individuals having high homophobia and negative affect toward homosexuality exhibit higher sexual attraction to same sex. In that case, they fall in the category of those people who have spent their life being who others expected them to be. They might have scarificed their feelings in an attempt to fit in social norms decided by society.

Sometimes, heterosexuals may find it hard to come to terms with their sexuality, shame and guilt. They might imagine about erotic feelings of same sex while avoiding any real sexual contact with other male, which can show them their true sexual identity and might force them to think about it and accept it. They might have suppressed their true identity which in turn might increases IHP in them. Ryan and Ryan (2012) mentioned that when homosexual urges are suppressed out of guilt and shame then they emerge as homophobia. But they continue suppressing these feelings in order to please society and family. Their socialization process might also contribute in suppression of feelings. Due to their socialization, it might be difficult for heterosexuals to comprehend homosexual relations completely. They have been socialized to believe that marriage or serious relationships require a woman.
Due to their socialization, men find it hard to express their emotions as it is considered as an act of weakness (Brody, 2000). They feel pressurized to act as a ‘real man’. These expectations and suppression of feelings make them more prone to IHP and negative affect (Ryan and Ryan, 2012).

Social conformity theory (Asch, 1956) also explains this behavior. According to this theory, social pressure affects an individual’s decision and behavior. Conformity forms pressure by increasing sameness in behavior in order to avoid confusion and exclusion. Heterosexuals too conform social norms by suppressing their same sex feeling (Herek, 2000) and behaving like majority of population.

As they want to appear heterosexuals, so they may not attend gay parties, may not engage with that community to satisfy their unconscious feelings. Like gays and bisexuals, they don’t found proper channel for venting out their feelings and emotions.

Besides, heterosexuals never join the coming out journey (i.e. never share their unconscious same sex feelings); they simply marry a woman and avoid that growing phase of homosexuality which GLBT experience. They believe in traditional gender roles and adhere to rigid social norms which increase feeling of heterosexism (Goodman and Moradi, 2008). They oblige gender norms and deviation from socially determined gender roles leads heterosexual community to hold unfavorable and discriminative attitude towards GLBT (Madon, 1997). They may gradually, develop negative stereotypical beliefs about homosexuals and consider them as child molesters and mentally ill (Herek, 2002).

After assessing group differences present study further revealed that gays reported more IHP and negative affect than bisexuals. It supported the hypotheses (H6, H9) which expected that gays will be higher on internalized homophobia and negative affect than bisexuals. Study conducted by Ross and Rosser (1996) also found gays to be higher on IHP and negativity. On the contrary, another study found that bisexuals reported more IHP and negative affect (Jorm et al., 2002). There may be various reasons behind these findings.

In Indian culture shame is an integral part of sexuality. This shame and guilt might increase IHP and negative affect in gays as they may feel guilty and shameful about their unconventional same sex orientation. Allen and Oleson (1999) also found positive relationship between shame and IHP in gays.
Besides, gays are considered as those who have totally deviated from social norms. Though bisexuals, too, have deviated from social norms, but still they have presence of female in their life, which is seen necessary in our society. This deviation from social norms may prove detrimental for gays. Study has also shown that violation of socially acceptable sexual norms elicits negative affect (Glick, Gangl, Gibb, Klumpner and Weinberg, 2007) as well as IHP in gays.

They might go through various problems by disturbing predetermined gender norms of sexuality (by preferring same sex partners) and of prejudice that gay men are generally effeminate. They may become more prone to negative messages, misunderstanding and communication from society which might further increase their problems (Mohr and Fassinger, 2006). Issues and problems related with minority sexual status (Kuyper and Fokkema, 2011) and use of inadequate coping strategies (Espelage, Aragon and Birkett, 2008) by GLBT might also increase their IHP and negative affect.

Another factor which leads to higher IHP and negative affect in gays may be masculinity threat. Taywaditep (2001) reported that gay men also want to be masculine and crave for masculine traits. They too experience negative affect when their masculinity is threatened and may feel guilt and negative feelings about other effeminate gays (Glick et al., 2007). This guilt further increases their internalized homophobia (Theodore and Basow, 2000).

On the other hand, if we look at the life of bisexuals, they might not sacrifice their feelings as they have relations with males as well as females. Due to the presence of females, their sexuality does not remain doubtful. Their feeling of minority might reduce, so they seem to be less concerned with their environment. This satisfaction might lead to better adjustment and a healthier sense of self. While gays are on extreme side as they have exclusive relations with males. Their sexuality is not accepted by society, so they might go through the feeling of shame and guilt, which in turn, might increase their feeling of internalized homophobia and negative affect (Allen and Oleson, 1999).

Moreover, if a stressful social environment involving confusion, concealment and suppression, is maintained for a longer period of time then it might lead to various health problems, IHP and negative affect in gays. Wenzlaff and Wegner (2000) pointed out that concealing one's true nature, liking is common route of avoiding problems, but gradually it
exerts a heavy toll on the life of a person. Through these concealments and suppressions, gays may try to avoid painful feelings but these efforts might increase their psychological problems.

Gross and Levenson (1997) stated that Freud also considered emotional inhibition and suppression as a leading factor in psychological problems. A model by Meyer also highlights adverse consequences of concealing. In his minority stress model, Meyer (2003) identified four causes such as prejudice, expectations about discrimination, internalized stigma and concealment of sexual orientation as major factor in stress and other mental health problems. This concealment becomes a way of life for gays. It may give them physical, educational, social and professional security for some time, but in longer turn, it affects their life adversely.

Goldman and Kernis (2002); Lopez and Rice (2006) also stated that due to excessive suppression of emotions and thoughts, an individual may find it very hard to participate fully in one’s life; it might reduce their quality of relationship. This suppression, social isolation, loneliness and lack of motivation to interact with others increase various problems (Gross and Levenson, 1997). At occasions, it may prevent gays from developing various social and spiritual visions, insights, participation in arts, culture, religion, family and social life which again is not a healthy sign.

Due to distance, fear, restrictions, shyness and lack of information some gays might not get chance to mingle with their community. Because of this lack of exposure, it seems that they may find it very hard to move from the typical erotic feelings of male to male sex and reach at a higher level, where love and care is considered as the foundation of gay sexuality. Due to lack of guidance and role model, these feelings might increase communication gap, misunderstanding and conflict in relations, which in turn, might increase homophobia and negative affect in gays (Mohr and Fassinger, 2006).

In addition to these problems, gays might also face challenges in disclosing their sexual orientation. Coming out is important part of GLBT life and it can be good for their mental health, especially when they receive positive response from family (Ford, 2013). This decision of sharing their sexual orientation could lead to rejection or other consequences. It is found that majority of parents initially react negatively to their child’s same sex orientation (Savin-Williams and Ream, 2003). Unsupportive attitude of parents towards sexual orientation is related with mental and behavior health problems (Willoughby, Doty and Malik, 2008). This lack of
social support, abandonment by peers, prejudice co-workers, family, rejection, negative messages and humiliation might gradually lead to rise in IHP and negative affect in gays (Waldo et al., 1998; Berghe et al., 2010). Mohr and Fassinger (2006) also mentioned that in gays, negative affect is the result of societal intolerance rather than any psychopathology.

Well being and Self esteem

Heterosexuals as compared to gays and bisexuals were expected to be higher on well being and self esteem (H10 and H11).

Results revealed that heterosexuals were higher on well being and self esteem as compared to gays and bisexuals, thus supporting the hypotheses which expected that heterosexuals would be higher on well being and self esteem than gays and bisexuals. Some other researchers also found that gays and bisexuals reported low well being (Rowen and Malcolm, 2002; Busseri et al., 2006; Ryan et al., 2009; Berghe et al., 2010) and self esteem (Pachankis and Goldfried, 2006). For self esteem, there have been studies (Williams and Ritch, 1995; Erable et al., 2006) which found no significant differences in heterosexuals and GLBT. There may be various reasons due to which heterosexuals reported higher well being and self esteem than gays and bisexuals.

One factor that might be responsible for higher well being and self esteem in heterosexuals is relationship duration. It is found that heterosexuals tend to be in a relationship for a longer duration than gays and bisexuals (Rothblum, Balsam and Mickey, 2004; Solomon, Rothblum and Balsam, 2004). This long term relationship, commitment and better relationship quality might increase their well being and self esteem. Marriage is a significant factor in heterosexual’s life and saves them from various mental health risks (Masocco et al., 2009) which, in turn, might increase their well being and self esteem. Besides, heterosexual’s life is comparatively easy and as such, they might not face any stigma, prejudice and hatred related to their sexuality. They consider themselves as part of mainstream society, so it’s natural for them to be high on well being and self esteem.

On the other hand, low level of well being and self esteem in gays and bisexuals can be explained by various factors. Studies show that GLBT face more childhood sexual abuse. Due to their sexuality, they might face such incidents repeatedly. These incidents might negatively impact their well being and self esteem. Other than childhood sexual experiences, studies further
revealed that as compared to heterosexuals, GLBT adults reported more experiences of victimization in their relationships (Duncan, 1990). As they do not represent heterosexual identity (Kosciw, Greytak, Diaz and Bartkiewicz, 2010), so they are more likely to experience victimization and oppression, which in turn, might adversely affect well being and self esteem of gays and bisexuals.

All human beings seek help of religion to deal with life’s problems but it might not work in case of GLBT. Rather, they may go through internal conflicts due to religious writings and preaching as same sex behavior is not acceptable in religion (Shuck and Liddle, 2001). Wilkinson and Roys (2005) found that religion also make people to view homosexuality in negative way. Olson, Cadge and Harrison (2006) also found that religion negatively affects people’s attitude towards homosexuality. Their problem may further aggravate when antigay people use religion as a tool to popularize their personal goals (Pachankis and Goldfried, 2004).

Sometimes, due to family and society’s fear gays and bisexuals might suppress their feelings, which in turn, adversely affect their well being and self esteem. Various studies have also shown that suppression might lead to various problems (Goldman and Kernis, 2002; Gross and John, 2003) in GLBT. Campbell-Sills, Barlow, Brown and Hofmann (2006) further explained that an individual experience less satisfactory relations, high depressive and anxious thought due to suppression and other problems related with it.

Meyer (2003) reported that GLBT conceal their same sex feelings to avoid harmful situation and internal shame and guilt. To deal with societal prejudice and stigma, gays might use concealment to cope with life’s problem. However, the process of hiding itself, might affect their well being and self esteem adversely. They are more likely to experience stress, cognitive strain and other psychological problems (Miller and Major, 2000; Smart and Wegner, 2000). This suppression and hiding disturb their healthy sense of self and might reduce positivity, well being and self esteem of gays and bisexuals (Walpo, 1999; Meyer, 2003).

In addition, various factors such as social stigma (Mays and Cochran, 2001), victimization and discrimination (Cochran, Sullivan and Mays 2003), more psychological concerns (Fife and Wright, 2000), less acceptance from parents and peers; rejection, violence and discrimination in school environment (Faulkner and Cranston, 1998), lack of positive role models and AIDS (Slater, 1988), negative use of religion by antigay organizations (Parchankis
and Goldfried, 2004), suppression of feelings and thought, negative affect, depressive and anxious thought (Campbell – Sills et al., 2006) etc. might affect gays and bisexuals well being and self esteem adversely.

Coping

The three groups were expected to use differential coping strategies (H12).

Results indicated that gays and bisexuals as compared to heterosexuals reported more use of coping total, confrontive coping and positive reappraisal coping, thus supporting the hypothesis which expected that the three groups will use different coping strategies. No significant difference was found in use of other coping strategies in three groups. Findings of some other studies (Martin and Knox, 1999; David and Knight, 2008; Chung et al., 2009) also concur with that of the present investigation.

There might be various factors which increases use of coping strategies in gays and bisexuals. One such factor may be problems related to their sexual orientation. Various issues related to sexual orientation such as lifestyle variation, family rejection (Ryan et al., 2009), negative communication by peers, unsupportive interaction, communication gap (Mohr and Fassinger, 2006), heterosexist environment (Smith and Ingram, 2004), different life experiences, lack of respect from society and negative attitude of heterosexuals (Ratcliff et al., 2006), relationship strain, stigma, prejudice (Rosario et al., 2006) and financial dependence etc. might make gays and bisexuals to use more coping. As gays and bisexuals are high on problems, so, it’s natural for them to be high on coping.

As gays and bisexuals have same sex preferences so they might be more noticed by the society. To mitigate the effects of problems arising due to societal negative attitude they might move towards confrontive coping and positive reappraisal coping (Chung et al., 2009).

Besides, research (Leslie, Stein and Rotheram-Borus, 2002) has shown that coping increases health care satisfaction and reduces substance abuse. So, in order to solve a problem, gays and bisexuals may use coping; they may prefer to confront a problem and finding an alternative to solve it. They might cope with a situation by searching positive meanings, values and beliefs that might help them in developing positive significance of events. Study has also shown that GLBT use more optimistic ways than heterosexuals (Jenkins and Guarnaccia, 2003).
They may positively evaluate their identity which, in turn, might help them in forming close bond with other members of their community. This support further might give them strength to cope with a situation by confronting it. It might also enable them to view situation more positively. Meyer (2003) also found that social support from community enhances positive appraisal and self regard in GLBT. So, gays and bisexuals association with MTH (msm, transgender, hijra) community may be major contributing factor in enhancing their positive reappraisal and confrontive coping.

Moreover, positive attitude of media, social organizations, NGOs may reduce guilt feeling in gays and bisexuals, which might make them high on positive reappraisal and confrontive coping as they might think positive about themselves. This social support may act as a protective factor (Eisenberg and Resnick, 2006; Kidd et al., 2006) and might help them in positively and actively coping with their problems rather than avoiding it.

In addition, better outcomes related with positive reappraisal and confrontive coping is another factor which might increase utilization of these coping. Gays and bisexuals are more likely to seek these coping as it might give them more relaxation. By using coping such as confrontive coping and positive reappraisal, they might realize that it gives them greater health care satisfaction (Leslie et al., 2002), lesser depressive symptoms (Fleishman and Fogal, 1994) and more satisfaction from life (Heckman, 2003). These beneficial experiences might further increase the use of coping in gays and bisexuals. Lazarus and Folkman (1984) also emphasized that experiences enable people to learn various skills to cope with the problems of daily life.

Overall, present study revealed that gays and bisexuals were higher in mental health problems as compared to heterosexuals. Heterosexuals were higher on internalized homophobia, negative affect and well being than gays and bisexuals. Gays reported more use of coping than bisexuals and heterosexuals. Further, negative affect, communal sexual relationship, sexual relationship total, depression, internalized homophobia and anxiety emerged as significant predictor in all three groups. Rejection from family, unsupportive atmosphere, identity confusion, harassment, discrimination, lack of support, drug abuse, insecurity, anxiety, depression, lack of awareness, HIV/AIDS and various other problems adversely affect their mental health. So it is important to investigate the coping strategies used by them.