CHAPTER 3
REVIEW OF LITERATURE

The major objective of the study was to compare gays, bisexuals and heterosexuals on IHP, 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 coping, distance coping, self controlling coping, seeking social support coping, accepting responsibility coping, escape avoidance coping, planful problem solving coping and positive reappraisal coping). Besides, an attempt was made to study challenges and psychological problems of GLBT. Another major aim of the study was to reveal the relationship between various variables by delineating the predictors for some variables and understanding the correlation between them.

SELF ESTEEM

Literature gives mixed picture of self esteem in GLBT. Researches done on GLBT and heterosexuals have revealed conflicting findings. Studies have found that internalized homophobia, stigma is linked with self esteem in GLBT.

Williamson (2000) found that GLBT reported high prevalence of stigma, alcohol consumption, low satisfaction. These factors increase negative self view among them, which in turn, reduces their self esteem.

A research was conducted on 102 gay and bisexual men. Results indicated that high self esteem is negatively related to homophobia, unsafe sex, poverty and other adverse social conditions (Adam, Husbands, Murray and Maxwell, 2005).

Szymanski, Kashubeck and Meyer (2008b) identified 15 studies that measured self esteem among gays and bisexuals. Out of these 15 studies, 13 reported that self esteem is negatively correlated with internalized homophobia. It shows that prevalence of higher homophobia affects self esteem. Several participants believed that there was connection between low self esteem, internalized homophobia and poor mental health.

Szymanski and Gupta (2009) examined the relations between multiple internalized oppressions, self esteem and psychological distress. They found that self esteem mediates the
relationship between internalized oppression and psychological distress. Findings further indicated that internalized racism and internalized homophobia were significant negative predictors of self esteem.

Studies have shown that society and parental acceptance is related to self esteem of GLBT.

In a study by Meyer (2003), GLBT reported low self esteem, less satisfaction and more loneliness due to lack of understanding and social support from family and society.

Some studies found self esteem to be related with suicide, distress and loneliness in GLBT.

A study conducted by D’Augelli and Hershberger (1993) reported that self labeling, hostility, low self esteem and loss of friends are predictor of suicide attempts in young gay males. They also found that fewer mental health problems are associated with greater comfort in being gay, higher self esteem and positive feelings about having a life partner.

In a study of gays and bisexuals, results revealed that victimization leads to low self-esteem; increases psychological distress and then both of these are predictive of suicidality. In other words, these findings suggest that lowered self esteem and high psychological distress are the tools by which victimization leads to suicidality (Waldo, Mcinnis and D’Augelli, 1998).

A study conducted by Fenaughty and Harre (2003) showed that high self esteem, self regard and positive role models are protective factors against suicide in gay and bisexual men.

A study was conducted on 304 gay and bisexual men to examine the relationship between self esteem, loneliness and muscle dysmorphia. Results revealed that low self esteem is related with increased loneliness and higher symptoms of muscle dysmorphia (Chaney, 2008).

There have been studies which revealed that self esteem is affected by violence, discrimination and stigma.

Savin – Williams (1994) conducted a study on GLBT youths and found that they have low self esteem and indulge in prostitution to survive. In majority of cases, they are victims of rape, abuse, drug misuse, violence and HIV/AIDS.

Bontempo and D’Augelli (2002) conducted study on GLBT youth. They found that majority of GLBT youth were higher on low self esteem and substance abuse. Findings further
revealed that violence, harassment and bullying leads to low self esteem and high substance abuse.

In another study, Huebner, Robchook and Kegeles (2004) reported that gay and bisexual men experience more violence, bullying and harassment which further leads to low self-esteem and high substance abuse.

Some studies found low self esteem to be related with unsafe sexual behavior.

Siever (1994) reported that as compared to heterosexual, gay and bisexual men are more likely to consider themselves as sexual objects; aim to sexually attract men and are more vulnerable to experiencing body dissatisfaction. This body dissatisfaction further leads to low self esteem and negative attitude towards self.

A study was conducted to examine self esteem instability and its association with risky sexual behavior among 455 gay and bisexual men. Result showed that self esteem of participants who engaged in unprotected sex was more unstable than the self esteem of participants who didn’t engage in unprotected sex (Martin and Knox, 1997).

Results of a study, conducted on men, who have sex with men (N - 76) revealed that lower self esteem and psychological distress is associated with sexual behavior that puts one at risk for HIV (Strokes and Peterson, 1998).

Results of study, conducted on 174 gay and bisexual men showed that measures of self esteem, male gender role stress and HIV prevention self efficacy significantly added to the prediction of sexual problems (Zamboni and Crawford, 2007).

In a study on GLBT, findings revealed that anti homosexual views, bias and hostile environment leads to low self esteem, high anxiety, risky sexual encounters and more substance abuse (Rosario, Schrimshaw and Hunter, 2006).

Study has shown that higher self esteem is related to low distress and positive self identity in GLBT.

Research conducted on 174 gay and bisexual men showed that GLBT who possess more positive self identification reported higher level of self esteem and greater life satisfaction (Crawford, Allison, Zamboni and Soto, 2002).
Very few studies have been done to compare heterosexuals and GLBT on self esteem.

In a study, Pachankis and Goldfried (2006) examined occurrence of self esteem and anxious thought in gay, bisexual and heterosexual men. Results revealed that as compared to heterosexual, gay men are more prone to low self esteem, anxiety and fear of negative evaluation by others.

However, there have been few studies which found no difference in heterosexuals and GLBT on self esteem.

A study was conducted on 83 gay and bisexual youths which indicated that they did not differ in self esteem level from heterosexual youths. Like heterosexual youths, gays and bisexuals go through similar developmental issues in regard to pubertal growth and self esteem (Williams and Ritch, 1995).

Another study conducted on GLBT (N = 825) indicated that gays were neither, particularly low in global self esteem nor high in psychological distress when compared to non stigmatized samples (Erable, Wortman and Joseph, 2006).

Gap in literature:

A review of literature revealed that self esteem was studied in relation to various mental health issues such as anxiety, depression, distress and suicide in GLBT. But there is a dearth of researches comparing homosexuals and heterosexuals on self esteem and various other variables related to mental health.

**INTERNALIZED HOMOPHOBIA**

Internalized homophobia is fear and hatred of same sex relationship. It adversely affects mental health of GLBT. Studies have found it to be related with low relationship quality.

Meyer (1995) reported that internalized homophobia affects sexual relationships of gay and bisexual men. High level of homophobia reduces sexual esteem, sexual satisfaction, intimacy and increases sexual depression and anxiety.

Ross and Rosser (1996) demonstrated that among gay and bisexual men, internalized homophobia was negatively associated with relationship quality and duration of a relationship. It was also found that gays were higher on internalized homophobia then bisexual males.
Meyer and Dean (1998) demonstrated that gay men with higher level of internalized homophobia were less likely to be in intimate relationship and when they were in relationship, they were more likely to report problems with their partners than gay men with lower level of internalized homophobia.

Green and Mitchell (2002) carried out a study on GLBT and reported that internalized homophobia increases depressive thought, symptoms of withdrawal and adversely affect relationship by inhibiting sexuality.

Researchers have shown that internalized homophobia negatively affects relationship functioning by reducing individual’s effort to maintain relationships during the time of partner conflicts (Gains, Henderson, Kim, Gilstrap and Risbult, 2005).

Balsam and Szymanski (2005) carried out a study on GLBT youth. They found that internalized homophobia leads to poor relationship quality in male as well as female same-sex relationships.

In a study, findings revealed that presence of internalized homophobia in the lives of gay and bisexual men leads to rise in misunderstanding, communication gap and conflicts in relationship (Mohr and Fassinger, 2006).

Otis, Rostosky, Riggle and Hamrin (2006) carried out a study on GLBT. Results revealed that internalized homophobia and discrimination are inversely related with relationship quality and satisfaction. Higher homophobia leads to reduction in healthy relationship.

Mohr and Daly (2008) conducted a study on GLBT youth. Findings revealed that as internalized homophobia increases quality of their relationship decreases, which in turn, makes them more vulnerable to mental health problems.

Frost and Meyer (2009) reported that higher prevalence of internalized homophobia leads to greater relationship problem in GLBT youth.

Some studies found internalized homophobia to be inversely related with social support.

In a study, Szymanski and Chung (2001) reported that internalized homophobia is inversely related to family and social support and leads to rise in loneliness.
In a study, conducted on 743 GLBT, it was found that internalized homonegativity, stigma, lack of support and unsupportive social interaction had direct negative effect on the well being and mental health of gay and bisexual men (Berghe, Dewaele, Cox and Vincke, 2010). A number of studies have shown that homophobia affects mental health of gays and bisexuals.

In another study, Rowen and Malcolm (2002) found that internalized homophobia adversely affect the mental health, well being and self concept of gay and bisexual men.

In a study, Hughes and Eliason (2002) reported that gay and bisexual men experience high level of homophobia, self hatred, discrimination and isolation.

In another study, findings revealed that high rate of internalized homophobia makes GLBT youth more prone to negative, depressive thoughts and sadness (Igartua, Gill and Montero, 2003).

Rosser, Bockting, Ross, Miner and Coleman (2008) conducted a study on GLBT youth and found that internalized homophobia is significant predictor of depressive thought, sadness and other psychological problems.

Szymanski et al., (2008b) identified five studies which examined internalized homophobia in GLBT. They found high prevalence of internalized homophobia in GLBT people. They also found it to be positively correlated with psychological distress, indicating that higher internalized homophobia is related to more psychological distress.

Further, few studies have compared GLBT and heterosexual on IHP.

Szymanski and Owens (2008) found gay and bisexual people to be higher on internalized homophobia as compared to heterosexual people. They found higher prevalence of rejection, humiliation, discrimination in GLBT people and these factors are positively correlated with internalized homophobia in this population.

Gap In literature:

In case of researches done on internalized homophobia, the review of literature revealed a lack of researches comparing heterosexual and GLBT. However, literature showed homophobia to be related with various mental health problems and low relationship quality in GLBT.
ANXIETY

Literature consistently shows presence of anxiety and mental health problems in GLBT.

In a study, findings revealed that gay and bisexual youth are more likely to experience high level of anxiety, sadness, isolation and self harm (D’Augelli and Hershberger, 1993).

Herek, Gillis and Cogan (1999) found in their study that GLBT who experienced hate crimes based on their sexuality reported more anxiety and anger as compared to other sample. They also reported feeling of insecurity and posttraumatic stress.

Russell (2000) conducted a study on GLBT people to see their mental health problems. He found GLBT to be higher on anxiety. Especially, those GLBT who are facing antigay legislation reported high feeling of anxiety.

In a study of gays (HIV Positive) results indicated that optimism and distraction were negatively related while emotional preoccupation was positively related to state anxiety (Johnson and Endler, 2000).

In another study, findings revealed that GLBT youth are more prone to anxious thought, substance use and other mental health problems (Sandfort, Graaf, Bijl, and Schnabel, 2001).

Meyer (2003) found in his study that level of anxiety is related with various social situations. It is found that GLBT who experienced harassment and anti gay prejudice reported high level of anxiety as compared to other people.

Pinhey and Millman (2004) conducted a study on GLBT. They reported that those GLBT youth who are member of ethnic group with strong anti homosexual attitude are found to be higher on anxiety, stress and depressive thought.

In another study, Rosario, Schrimshaw and Hunter (2006) reported that negative attitude about same sex behavior, prejudice and stigma are closely related with anxiety, low self regard and drug abuse.

A study by Balsam and Mohr (2007) reported that gay and bisexual men are high on anxiety, substance abuse and depressive thought. Findings further revealed that prejudice, discrimination, stigma and fear of rejection predicted these mental health problems.
Some studies have compared the prevalence of mental health problems in heterosexuals and GLBT.

Williamson (2000) reported that GLBT are comparatively higher in various mental health problems. In his study, he found GLBT to be more anxious and lonely than heterosexual people.

In a study, Gilman, Cochran and Mays et al., (2001) reported that gay and bisexual men experience high levels of anxiety, drug abuse and mood disorders as compared to heterosexual.

A research by Mays and Cochran (2001) reported that gay and bisexual men are more prone to anxiety, loneliness, negative thoughts and mood disorders as compared to other population.

Gruskin, Hart, Gordon and Ackerson (2001) conducted a study on gay and bisexual men. Results showed that as compared to heterosexuals GLBT youth are more vulnerable to mental health problems such as anxiety, depression, sadness and drug abuse.

A study by Jorm, Korten, Rodgers, Jacomb and Christensen (2002) reported that GLBT vary in their level of anxiety. In a community survey, they found that bisexuals were high on anxiety as compared to gay, lesbian and heterosexual individuals.

In another study conducted on GLBT, findings revealed that gay and bisexual men are more likely to feel anxious thought, depression, self injury and drug abuse as compared to heterosexual (Cochran, Sullivan and Mays, 2003).

Pachankis and Goldfried (2006) conducted a study on 87 gay and 87 heterosexual men. Findings revealed that gay men experience more anxiety, low self regard and high fear of negative evaluation as compared to heterosexuals.

Szymanski and Owens (2008) conducted a study on gay and bisexual youth. Results showed that as compared to heterosexual, GLBT are higher on anxiety, depression and substance abuse. They further reported that discrimination, stigma and prejudice are responsible for these mental health problems.

A study by Coker, Austin and Schuster (2010) reported that gay and bisexual men experience more anxiety, loneliness, violence and depressive thought as compared to heterosexual.
Other than mental health problems, some studies found anxiety to be related with internalized homophobia.

In a study, findings revealed that negative attitude towards homosexuality and homophobic environment leads to high level of anxiety, sadness, isolation and low self regard (Ferguson, Horwood and Beautrais, 1999).

A study was conducted on gays. Results showed that anxiety is closely associated with internalized homophobia and depression (Igartua, Gill and Montoro, 2003).

In another study, findings revealed that due to homophobic, stigmatized, and discriminative environment gay and bisexual men report more anxious feelings, depressive thoughts and drug abuse (Huebner, Nemeroff and Davis, 2005).

Zakalik and Wei (2006) found GLBT people to be higher on anxiety. They further reported that internalized homophobia, discrimination and rejection increase the feeling of anxiety in gay and bisexual people.

Very few studies have been done to explore anxiety’s relation with sexual behavior.

Bancroft, janssen and Carnes et al., (2004) examined gay’s risk taking behavior. Result indicated that low trait anxiety is directly related with high risk sexual behavior among gay men.

Gap in literature:

Prevalence of anxiety in GLBT has been studied by many researchers. However, most of the comparative studies have reported one sided results. They have found GLBT higher on mental health problems as compared to heterosexuals.

NEGATIVE AFFECTIVITY

Researches done to investigate negative affectivity in GLBT found victimization and discrimination as major contributory factor in high negative affect and other psychological problems.

In a study, Hershberger and D’ Augelli (1995) reported that discrimination and victimization are inversely related to mental health. High level of discriminative environment leads to distress, negativity and low self belief.
In a study, findings revealed that prejudice, stigma, victimization and discrimination increase negative thoughts, distress, sadness and other mental health problems (Waldo, Herson and D’ Augelli, 1998).

A study by Diaz, Ayala, Bein, Henne and Marin (2001) reported that high level of discrimination and victimization leads to distress, sadness and various mental health problems.

Mays and Cochran (2001) conducted a study on GLBT and found that antisocial environment, discrimination and victimization are closely related to distress, negativity and sadness.

Based on various findings, Bekerian (2003) suggested that young gays exhibit serious negative affect and mental health issues. While they are aware of health warnings, the majority have had unprotected sex and few know their current HIV/AIDS status.

Some researchers have compared GLBT and heterosexuals on negative affect and psychological distress.

Cochran (2001) conducted a study on GLBT youth. He reported that gay and bisexual men are high on distress, negativity and stress as compared to heterosexual youth.

Jorm et al. (2002) conducted a community based survey. In that survey they found bisexual individuals are higher in negative affect and psychological distress as compared to gay, lesbian and heterosexual individuals.

A paper examined heterosexual adult’s attitudes towards bisexual men using data from a 1999 national survey (N=1335). Results indicated that heterosexual’s attitude were lower (less favorable) for bisexual men. This biased behavior increases negative affect and various other problems in GLBT (Herek, 2002).

In a study, 60 sexual minority (i.e. non-heterosexual) and 65 heterosexual youths were compared for distress, peer relationship and well being. Result indicated that sexual minority were high on negative affectivity (Diamond and Lucas, 2004).

In another study, findings revealed that gay and bisexual men had high prevalence of psychological distress, depressive thought, sadness and other mental health problems as compared to heterosexuals (Mustanski, Garofalo and Emerson, 2010).
Various studies have shown that negative, hostile and discriminative social environment lead to negative affect in GLBT.

In a study conducted on GLBT, findings revealed that due to negative social environment gay and bisexual men are more prone to high level of distress, depressive thought and low self regard (D’Augelli, Pilkington and Hershberger, 2002).

In another study, Meyer (2003) reported that due to hostile and discriminative environment GLBT youth experience more negative affect, distress and other psychological problems.

In another study, Ueno (2005) reported that gay and bisexual men experience more negative, anti homosexual environment which gradually increases feeling of distress, sadness and low self esteem.

Huebner and Davis (2005) conducted a study on 73 gay and bisexual men to examine the effect of disclosure of sexual orientation at work place. Findings revealed that disclosure at work place leads to higher negative affect, prejudice and biased behavior.

Some researchers found self identity and sexual behavior to be linked with psychological distress and negative affect.

A study by Crawford et al. (2002) reported that GLBT with positive self identity were less likely to experience negative emotion and distress while GLBT with negative self identity were more prone to negativity and other psychological problems.

Pierre and Mahalik (2005) conducted a study on 130 gays and heterosexuals and found that negative views about one’s identity is significantly related with psychological distress, sadness and low self regard.

A study longitudinally examined a model of risk factors for subsequent sexual risk behavior among young gay and bisexual man. It was found that negative attitude toward homosexuality were directly related with higher substance abuse and unprotected sex which increases negative affect in GLBT population (Rosario, Schrimshaw and Hunter, 2006).

Empirical Studies in social sciences have found that most people experience a decline in sexual interest and behavior due to negative mood status. (Araujo, Mohr and Mckinlay, 2004; Burleson, Trevathan and Todd, 2007).
A study by Carl, Brian et al. (2008) found contradictory results and revealed that negative feelings were not associated with sexual desire or sexual behavior. Results further suggested that negative feeling do not necessarily suppress sexuality and infact may enhance it.

Gap in literature:

A review of literature revealed that negative affect is widely prevalent in GLBT. It is also found to be related with various psychological problems and risky sexual behavior. Also, most of the studies revealed that as compared to heterosexuals, GLBT are higher in negative affect.

DEPRESSION

A review of literature shows prevalence of depression in GLBT.

Russell (2000) carried out a study to see the mental and psychological problems of GLBT. He found that GLBT, especially those who were dealing with antigay legislation reported high symptoms of depression as compared to other people.

A study by Hellman, Sudderth and Avery (2002) reported that GLBT are less prone to psychotic problems but more likely to experience depression and bi-polar disorders.

Ueno (2005) conducted a study on gay and bisexual youth and found them to be higher on various mental health problems such as depression, low self esteem and sadness.

In a study of lesbian and bisexual women, Szymanski (2006) found them to be higher on depression. He found depression to be significantly positively correlated with rejection, harassment and discrimination.

Some studies found depression to be related with anxiety, substance abuse and suicide.

A study by Coyne, Kessler and Tal et al. (1987) reported that high level of depression makes people vulnerable to negative affect and anxiety, which in turn, creates problem and conflict in relationship.

Bailey (1999) concluded that homosexual people are at substantially higher risk for some forms of emotional problems, including suicidal tendency, major depression and anxiety disorder.
Fergusson, Horwood and Beautrais (1999) in their study showed a significantly higher occurrence of depression, anxiety disorder, conduct disorder, substance abuse among those who were homosexually active.

A study by Gilman, Cochran and Mays et al. (2001) found in his study that depression in GLBT is related with alcohol problem and substance abuse.

Russell and Joyner (2001) conducted study on GLBT. Findings revealed that they are higher on depression, anxious thought and substance abuse.

Mays and Cochran (2001) conducted a study on GLBT youth and reported that gay and bisexual youth are more likely to experience high level of depressive thought, anxiety, isolation and other psychological problems.

Meyer (2003) reported that due to anti homosexual environment and prejudice gay and bisexual men are more likely to experience depression, drug abuse, sadness, loneliness and anxiety.

Another study conducted on gay men found that depression is positively related with internalized homophobia and anxious thought. It further revealed that these factors collectively increases suicidal tendency (Igartua, Gill and Montero, 2003).

Studies have shown that victimization and problems related with sexual orientation increases depression in GLBT.

A study by Herek et al. (1999) examined GLBT survivors of sexual orientation based hate crimes and GLBT survivors of nonsexual based hate crimes and GLBT non victims. They found that GLBT who were victims of sexual orientation based hate crimes reported more depression then other groups.

A study by Descamps, Rothblum, Bradford and Ryan (2000) found that due to sexual orientation GLBT experienced more depression, daily stress and other health related problems.

Balsam and Mohr (2007) in their study found gays and bisexuals to be higher on depression. They mentioned that stigma and rejection from heterosexuals are responsible for their depressive behavior.
In another study, Szymanski and Gupta (2009) found GLBT people to be significantly higher on depression. They further mentioned that these people also reported the presence of stigma related to their sexuality which correlates reliably with depression. Other than stigma unsupportive attitude of family also increase depression in GLBT.

A study by Ryan, Huebner, Diaz and Sanchez (2009) reported that unsupportive and negative attitude of family toward sexual orientation leads to high level of depression, drug abuse and risky sexual behavior in gay and bisexual men.

Some studies explored use of coping in GLBT in order to deal with depression and other psychological problems.

The association between stress, physical health, psychosocial resources, coping and depressive mood were examined among gay, bisexual and heterosexual men (N=139). Results revealed that psychosocial resources mediate the effects of stressors, including health symptoms, hassles, and life events, on depressive mood (Peterson, Folkman, Bakeman and Zamboni, 1996).

In another study conducted on gays and bisexuals, Zea, Reisen, Poppen, Bianchi and Echeverry (2005) found that HIV positive disclosure was related to lower levels of depression, higher social support and self-esteem. Findings further indicated that social support coping mediated the relationship between disclosure of HIV status and both self esteem and depression.

Some researchers have compared heterosexuals and GLBT on depression.

Jorm et al. (2002) conducted a population based community survey. In this survey they found that bisexuals are higher in depression as compared to gay, lesbian and heterosexual individual.

A study conducted on gay and bisexual men revealed that as compared to heterosexual they are higher on various problems such as depression, low self regard and negative thoughts (D’ Augelli, Pilkington and Hershberger, 2002).

Cochran et al. (2003) conducted a study on GLBT. He reported that gay and bisexual men are more prone to depression, anxious thought, substance abuse and self harm as compared to heterosexual.
On the basis of review of 300 different studies, Cox highlighted in his overview that gay men were more likely than heterosexual men and lesbians to experience depression (Lee, 2006).

Herek and Garnets (2007) found in their study that GLBT reported high level of depression as compared to other groups. They also admitted that negative self view and stigma increase their feeling of depression.

Burleson et al. (2007) surveyed men, aged 17 to 39 years. They were assessed for lifetime history of affective disorders and sexual behaviour patterns. Results indicated that homosexually/bisexually experienced men were no more likely than heterosexual men to meet criteria for lifetime diagnosis of affective disorders. Results also hint at a small, increased risk of recurrent depression among gay men than heterosexual men.

Whitehead (2008) in a recent study found homosexuals have a substantially greater risk of suffering from a psychiatric problem than do heterosexuals. Homosexuals reported higher rates of suicide, depression, bulimia, antisocial personality disorder and substance abuse.

Szymanski et al. (2008b) examined various studies that focused on the prevalence of depression in GLBT. They found that GLBT reported more depression in majority of studies as compared to other people who did not consider themselves gays and bisexuals.

Coker, Austin and Schuster (2010) carried out a study on GLBT. Findings revealed that gay and bisexual men are more vulnerable to depression, sadness, suicide, drug abuse and loneliness as compared to heterosexuals.

Some studies also investigated role of discrimination, bullying, homophobia and social environment in depression.

A study by Smith and Ingram (2004) found that GLBT experience more depression, psychological distress, health related problems and decreased job satisfaction. This is more prevalent in those work settings where GLBT face more direct (e.g. anti GLBT jokes) and indirect (e.g. assumptions of heterosexuality) heterosexist experiences.

Various studies show that due to hostile attitude of society and discrimination, gay and bisexual experience high level of depression (Huebner et al., 2005). Due to consistent discrimination these people develop negative self view which enhances their depressive tendency.
Russell and Bohan (2007) in their study found that gay and bisexual go through more negative message and negative communication which leads to depression. They further explained that this negativity in surrounding creates the feeling of self blame which further aggravates their mental health problems.

A study by Zakalik and Wei (2006) reported that high level of rejection, discrimination and homophobic environment affect mental health of gay and bisexual men adversely. It gradually increases drug abuse, anxious thought and depression.

In another study, Szymanski and Owens (2008) found internalized homophobia as contributory factor in depression. He found positive correlation in internalized homophobia, depression and various mental health problems in gay and bisexual people.

Gap in literature:

The review of literature revealed that depression is prevalent in GLBT community and discriminative social environment, rejection and homophobia contribute in it. Comparative studies showed that GLBT are higher in depression then heterosexuals.

WELL BEING

Many studies have reported that well being is affected by parental attitude and perception of identity.

In a study, findings revealed that integration of homosexual identity with personal identity, coming out, parental and social support, relationship with partner and GLBT community are predictor of higher well being (Goldfried and Goldfried, 2001).

A study by Crawford et al., (2002) found that integration of ethnic and sexual identities in gay and bisexual men leads to higher well being. They further mentioned that well being is also mediated by community involvement and social support.

Wells and Hansen (2003) conducted a study on GLBT. They found that disclosure of sexual identity, social support, relationship with GLBT community and partnership status leads to higher well being.

A study conducted on 152 gay and bisexual men revealed that having a positive GLBT identity was the most robust predictor of psychological well being (Luhtanen, 2003).
A study evaluated the stage theory of homosexual identity formation (HIF) on a sample of 425 gays. Results indicated that well being was high during the initial confusion and comparison stages of HIF, was reduced during the middle tolerance and acceptance stages, and was again high in the later pride and synthesis stages (Halpin and Allen, 2004).

In another study, it was found that sexual minority identity development, romantic, interpersonal and behavioral growth of sexuality vary by gender and are likely to have an impact on the well being of GLBT (Savin – Williams and Cohen, 2004).

A study by Yakushko (2005) found self acceptance of sexual identity as most widely reported predictor of well being. These findings are consistent with model of identity formation which consider self-acceptance as central to psychological health.

Ryan et al. (2009) conducted a study on 224 gay and bisexual men. He found that family rejection leads to depressive thought, drug abuse and reduced feeling of well being. Findings further revealed that guidance and family counseling helped in increasing well being.

Some studies found well being to be related with sexual orientation, social environment in GLBT.

A study was conducted to investigate the level of well being of GLBT. Findings suggested that well being of GLBT is affected by positive internal acceptance of sexual orientation as well as negative external acceptance by society (Ehlers, Zuyderduin and Oosthuizen, 2001).

A study by Keyes and Shapiro (2004) suggested that status inequalities related to sexual orientation, race, gender, ethnicity have adverse effect on social and psychological well being.

In a study, findings revealed that due to anti homosexual environment, discrimination and internalized homophobia gay and bisexual men experience low level of well being, sadness and low self regard (Rowen and Malcolm, 2002).

Berghe et al. (2010) conducted a study on 743 GLBT. He found that negative social interaction, stigma, discrimination and internalized homonegativity affect well being adversely.

Ross, Dobinson and Eady (2010) carried out a study on GLBT. They reported that discrimination and stigma affect mental health and well being adversely.
Various studies have shown that HIV, description of narratives and marriage affect well being of GLBT.

Zea et al. (2005) carried out a study on 301 gay and bisexual men to see the consequences of HIV positive disclosure on mental health. He found that disclosure was related to higher self esteem and social support, which in turn, had positive effect on well being.

In a study, 107 gay men wrote narratives descriptions of their straight and gay best possible selves and rated the salience of these narratives (i.e. clarity of mental image). Results revealed that salience of gay possible self was positively related to well being and while the salience of the straight possible self was negatively related to well being (King and Smith, 2004).

Gay men, since the 1970’s have developed a pattern of narratives in which they preferred to remain open and honest about homosexual feelings. In his research, Cant (2008) indicated that development and sharing of narratives can increase well being, which is not often achieved in other settings.

Study has shown that marriage also affect well being of GLBT.

Research conducted by Wienbe and Hill (2008) revealed that married gays enjoy higher levels of wellbeing then unmarried gays including unmarried cohabitants.

Very few studies have compared GLBT and heterosexuals on well being.

A study by Busseri, Willoughby, Chalmers and Bogaert (2006) found in his study that youth having same sex attraction reported poorer outcome then heterosexual youth for psychological well being, parental relationship and victimization.

Gap in literature:

Literature has shown that various factors such as parental acceptance, discrimination, HIV and marriage etc. affect well being of GLBT. However, there is a dearth of research comparing heterosexuals and GLBT on well being.

SEXUAL HEALTH

A review of literature shows that studies have been done to investigate sexual relationships of GLBT.
A study comparing relationship of open partners (N - 23) and closed partners (N - 17) revealed no significant difference in quality of open versus closed relationships. Men in open and closed relationships were indistinguishable in their liking for partner, satisfaction and commitment (Blasband and Peplau, 1985).

Result of a study comparing gay men in closed relationships (n - 98) and gay men in open relationships (n - 34) showed that partners in open relationship were living together significantly longer then partners in closed relationships. Partner in closed relationships were found to be higher on affiliation and having more favorable attitudes toward relationship (Kurdek and Schmitt, 1986).

A study conducted on heterosexual women and lesbian indicated that for both groups of women, various factors such as depressive symptoms, relationship satisfaction, social functioning and social support were related to sexual satisfaction. In lesbian, internalized homophobia was an additional factor (Henderson, Lehavot and Simoni, 2008).

Some studies found sexual orientation to be linked with suicidal tendency.

A study by Savin – Williams (1990) found that high level of internal conflict about sexual orientation increases suicidal tendency, feeling of sadness in gay and bisexual men.

Review of literature further revealed that sexual anxiety, sexual problems, homophobia and identity are related.

A study examined links between internalized homophobia and psychosexual tendencies among 261 gays. Results indicated that men who were low in accepting their homosexual identity; rated themselves higher on sexual anxiety, sexual depression, fear of sexuality and lower on sexual satisfaction (Dupras, 1994).

A study by Meyer (1995) reported that gay and bisexual men experience sexual depression, sexual anxiety, low satisfaction and other sexual problems due to homophobia and anti homosexual environment.

In a study, mental health problems of lesbian, gay and bisexual youths were studied using a sample 549 youths. Results indicated that majority of them reported verbal abuse because of their sexual orientation. More than one third said they had lost friends because of their sexual
orientation and reported decreasing interest in sex with time (D’augelli, Pilkington and Hershberger 2002).

A study by Diaz, Ayala and Bein (2004) reported that hostile behavior such as verbal and physical harassment, feeling of embarrassment and compulsion to behave like heterosexual have been related with risky sexual behavior.

Gains, Henderson, Kim, Gilstrap and Risbult (2005) conducted a study on GLBT. He reported that due to discrimination and internalized homophobia, gay and bisexual men found it hard to deal with relationship conflicts, which in turn, reduces their capacity of maintaining long term relationship.

A study by Balsam and Szymanski (2005) reported that anti homosexual environment and homophobia are inversely related with relationship quality in gay and bisexual men.

Otis et al. (2006) carried out a study on gay and bisexual men. Findings revealed that negative, hostile attitude of society and homophobia increases conflicts in relations, which in turn, reduces quality of a relationship.

Rosario, Schrimshaw and Hunter (2006) conducted a study on GLBT. Findings revealed that anti homosexual views, stigma and bias are closely related to risky sexual behavior, more sexual partner, high anxious symptoms, low self regard and drug abuse.

Some studies have compared heterosexuals and GLBT on sexual behavior.

Balsam and Mohr (2007) found in their study that bisexual individuals reported lower level of self disclosure related to their sexual relationship as compared to gay, lesbian and heterosexual individuals.

Some studies revealed that stigma, discrimination, parental rejection and risky sexual behavior are related.

A study by Konlin, Torian and Guilin et al. (2006) found that violence, threat from family, rejection and abuse from partner and peers leads to unprotected sexual relations.

Adimora, Schoenbach and Doherty (2007) conducted a study on gay and bisexual youth. Findings revealed that irrespective of marriage, GLBT maintained their same sex relations. This resulted in wider sexual network, higher risk for HIV transmission and unsafe sexual practices.
In another study carried out on gay and bisexual men, findings revealed that social discrimination makes them more prone to high substance abuse, self harm, unprotected sexual relations and suicidal thoughts (Mcdermott, Roen and Scourfield, 2008).

In another study, it was found that due to stigma and discrimination gay and bisexual men find it hard to discuss their risk and problems to sexual partner, which in turn, reduces their ability to indulge in safer sexual practices and involvement in health promoting behaviors (Padilla, Castellanos and Guilamo-Ramos et al., 2008).

Almeida, Johnson, Corliss, Molnar and Azrael (2009) conducted a study on GLBT youth. Results indicated that due to discrimination, rejection and bullying, gay and bisexual men are more likely to experience self harm, drug abuse, negative thoughts and risky sexual behavior.

Ryan et al. (2009) conducted a study on gay and bisexual men. He reported that lack of social support increases risk of unprotected sexual relation, drug abuse and depressive thought.

Gap in literature:

Though, studies have been done to investigate sexual relationship of GLBT, still there is a lack of research on comparative studies of gays, bisexuals and heterosexuals. Moreover, there is a dearth of research on various issues related to sexual behavior, sexual knowledge, sexual problems and STIs (sexually transmitted infection).

COPING

Studies have shown social support coping and family support during disclosure is linked with better mental health.

In a study of GLBT adolescents, family support and self acceptance reduced the negative effect of antigay abuse on mental health (Hershberger and D’Augelli, 1995).

A study by D’ Augelli, Hershberger and Pilkington (1998) found that GLBT youth who had disclosed their sexual orientation to their families were higher on suicidal tendency as compared to those who had not disclosed. Findings further suggested that lack of support, fear, rejection may be reason behind this.
Igartua, Gill and Montoro (2003) reported that GLBT youth may experience suicidal thought during the time of disclosure. This is related to lack of social support, fear of rejection by family members and stress caused by coming out.

In another study, Zea et al. (2005) found HIV status disclosure to be related with better quality of social support and higher self esteem. He further reported that disclosure increased social support, which in turn, increases well being and reduces depressive thought.

A study by David and Knight (2008) reported that gay and bisexual men were higher on disengaged coping style and they did not report negative consequences and mental health problems as a result of using disengaged coping style.

Chung, William and Dispenza (2009) carried out a study on GLBT and reported that gay and bisexual men use various coping responses such as confronting problem, use of social support to deal with discrimination and other psychological problems.

A study by Berghe et al. (2010) found that unsupportive and negative social interaction had greatest and direct effect on the well being and mental health of GLBT. Other than this, stigma and homonegativity also affect well being adversely.

Some studies have shown that coping is related with relationship quality and self esteem.

A study on 156 cohabiting gay male couples showed that social support is positively correlated with relationship quality (Smith and Brown, 1997).

A study conducted on 455 gay and bisexual men revealed that having unstable self esteem in GLBT leads to unprotected sex and this self esteem instability was associated with higher avoidance coping, higher loneliness and lower social support (Martin and Knox, 1997).

Some researchers have also revealed that coping helps in dealing with HIV/AIDS and distress.

Peterson, Folkman and Bakeman (1996) conducted a study on GLBT youth. Findings revealed that social support, meditation and spirituality reduce stress, sadness, isolation and depressive thought in gay and bisexual men.

A study by Waller (2001) found that those GLBT who received cooperation and social support were low on loneliness and psychological distress. They were also found to be good in adjustment in their life.
Anhalt and Morris (2003) found social support and acceptance from others as a very important protective factor in the life of GLBT people. Those GLBT who perceived more social support and acceptance from others in their life were good in integrating their needs.

In a study on GLBT, Meyer (2003) found that relationship with GLBT community is important coping mechanism as this social support enables them to enjoy non stigmatized environment and enhances their positive self regard and positive self appraisal.

Williams, Connolly, Pepler and Craig (2005) found that social support is very crucial for GLBT people and it directly affects their life. Those GLBT who received full social support from family and friends were found to be better in social adjustment.

Very few studies have shown that discriminative and hostile environment affect use of coping. A study by Szymanski and Chung (2001) reported that discrimination and homophobic attitude reduces social support and increases loneliness and sadness in gay and bisexual men.

Some studies have compared GLBT and heterosexuals on coping. Jorm et al. (2002) measured perception of social support among GLBT and heterosexuals. He found bisexuals to be significantly lower in the perception of social support as compared to other groups.

A study by Diamond and Lucas (2004) indicated that younger sexual minority male adolescents had smaller overall peer networks then did young male heterosexuals. These sexual minority youth reported disproportionately high worries about losing friends, lack of efficient coping skills and used denial as coping.

In another study, Balsam and Mohr (2007) found that social support vary even in GLBT community. Bisexual people reported receiving less social support as compared to gay, lesbian and heterosexual people.

Some studies revealed that use of coping strategies act as a protective factor for GLBT. Lack of coping skills increases problem for GLBT.

A study by Kidd, Henrich and Brookmeyer et al. (2006) found that social support, family support and parental cooperation are important protective factor against suicide.
Eisenberg and Resnick (2006) measured protective factors against suicide and self harm. Findings revealed that social support, family connectedness and adult caring are important protective factors. Low level of these protective factors in GLBT leads to suicidal thought.

In another study conducted on GLBT, it was found that family rejection and lack of social support leads to higher depressive thought, suicidal tendency, sexual risk and increased substance abuse (Ryan et al., 2009).

Gap in literature:

There is a dearth of research investigating use of coping strategies in GLBT. Also, very few studies have been done to compare heterosexuals and GLBT on coping. Some studies have shown that hostile environment and parental rejection adversely affect use of coping strategies while others have revealed that effective coping helps them in dealing with HIV/AIDS progression and various psychological problems.

Literature on interrelationships

Some studies have found self esteem to be linked with IHP and coping strategies.

The relationship was examined between self esteem, social support, internalized homophobia and coping strategies used by HIV positive gay men (N=89). Greater homophobia and low self esteem predicted avoidant coping, whereas lesser homophobia and less time since diagnosis (of HIV) predicted proactive coping (Nicholoson and Long, 1990).

Szymanski et al. (2008) identified 15 quantitative studies that examined the relationship between internalized homophobia and self esteem among GLBT persons. Results revealed that greater homophobia is related to lower self-esteem.

Further, some researchers found IHP to be related with sexual problems, depression, loneliness and well being.

Higher levels of internationalized homophobia was associated with greater sexual depression, sexual anxiety, sexual image concern and fear of sexuality as well as lower levels of sexual esteem and sexual satisfaction and are predictive of sexual problems among gay and bisexual men (Dupras, 1994).
High level of internalized homophobia has been found to be positively associated with loneliness, less social support in general and less support specifically from other GLBT (Shidlo, 1994).

Studies have consistently demonstrated positive relationship between internalized homophobia and depressive symptoms (Meyer 1995).

Study conducted by Igartua, Gill and Montero (2003) found that internalized homophobia was positively related with depression and anxiety in gays. It further indicated that these factors lead to suicide risk.

Research has shown that internalized homophobia is negatively related with global self concept, including mental health and wellbeing of GLBT (Herek, Cogan, Gillis and Glunt, 1998; Meyer and Dean, 1998; Allen and Oleson, 1999; Rowen and Malcolm, 2002).

Some studies have found depression to be related with low social support.

Study by Hays, Turner and Castes (1992) examined impact of social support and depression (related to HIV condition) among 508 gay men. Satisfaction with each of three types of social support (emotional, practical, and informational) was inversely correlated with depression. Men who were satisfied with social support were less likely to show increased depression 1 year later.

A study examined the determinants of social support in the sample of gay men. Findings revealed that depression is negatively associated with cross sectional support (Tinner, Haess and Coates, 1993).

**Gap in Literature:**

Though, these variables have been studied widely in general population but not many studies have explored relationship among these variables in GLBT. Moreover, literature gave mixed results, so, it is not possible to come out with certain relationships among these variables. Besides, very few studies have been done on Lesbian population, due to which gender differences could not be explored. Also, there is a dearth of studies comparing GLBT and heterosexuals on these variables.