

Internalized homophobia and psychological distress in homosexual individuals

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ABSTRACT

With the new ruling of the Supreme Court, legalization of homosexuality took place but even then there are frequent incidents of discrimination, continuous castigation and victimization. These incidents tend to impact individual deeply. Internalized homophobia can be defined as negative attitudes, and affects regarding homosexuality of other individuals and homosexual tendencies or features in oneself. These adverse attitudes towards self in-turn leads to feelings of low self-regard and anger turned inwards, which can harm on both conscious and subconscious levels hence leading to feelings of worthlessness, discomfort around other homosexual individuals and avoiding social situations with them as well as resorting to mocking them. This review sheds light on aspects of internalised homophobia and psychological distress faced by the LGB community in the wake of this new era. Clinical considerations and recommendations are given for future research.

Keywords: *Homosexuality, Internalized Homophobia, Psychological Distress.*

The propensity of sexual attraction to either men or women refers to sexual orientation. Homosexuality refers to attraction to people of one's own gender and bisexuality refer to attraction to both genders. Heterosexuality refers to sexual attraction of people from the opposite gender. There is no explanation of the origin of same sex attraction.

A few studies acknowledge that genetics have a role in the development of sexual preference, however the influence is able to explain less than half the disparity (Wilson & Rahman, 2005) hence indicating that there may be social variables that are contributory.

A hypothesis which stems from the theory of social learning is that the subject discovers homosexuality. This can either be gained via seduction by an older homosexual individual, being brought up by same-sex parents or being alienated at a young age by individuals of the same gender. These theories however, cannot be defended conclusively (Wilson & Rahman, 2005). The role of genetics is highlighted in modern biological theories of homosexuality.

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According to another hypothesis, homosexuality is a result of psychosocial causes as argued by some. Homosexuality is explained in Freud's theory of psychosexual development by the inability, after an absent or an aggressive father or an overbearing mother, of addressing the Oedipus complex (Wilson & Rahman, 2005). Nevertheless, it was strongly overlooked due to the vagueness and untestable nature of the veracity of this statement. Social tolerance for homosexuality was evidenced in ancient Greece and Rome. However, sexual prejudice began to rise as the state of Rome was falling, and through the middle ages the dominance of the church led to homosexuality being viewed as unnatural (Ritter, 2002). This view persisted well into the 20th century. In terms of UK law, Homosexuality was illegal until the passage of the Sexual Offences Act, 1967. However, even though there was this progress, this new act still had more restrictions placed on the homosexual individual than it did on the heterosexual person until the Sexual Offences Act of 2003 was ruled which equalised the age of consent. In many parts of the world homosexuality is still seen as a crime (Ottoson, 2010).

In India, homosexuality was an act of criminality until September 2018 when the ruling of the Supreme Court changed this 19th century law which was introduced by the British and was known as the section 377 which described homosexuality as “against the order of nature” and a person could be convicted and given life imprisonment for being a homosexual. This law criminalising homosexuality was overturned in 2009 to be reinstated in 2013 (Clay, 2019). In her article for APA Clay writes that though the ruling of decriminalising homosexuality is a great first step India has a long way to go, as the society is not yet very accepting. In today's scenario identifying as a homosexual can lead to being ostracised by the community and many times even facing violent repercussions. Qualitative studies show that parents often react with violence or denying sexuality to their daughters coming out in order to change them (Clay, 2019). On examining the impact of the law (section 377) and the mental wellbeing of the minorities in India, it was found that the stress and worry of hiding their true sexuality lead to an increase in symptoms of depression and a lower sense of belongingness and perception of self (Clay, 2019).

Unfortunately, numerous psychologists share the society's norms and belief that only heterosexuality is to be considered normal. 10 to 20 percent of professionals in mental-health in India still make attempts in order to convert the client to a heterosexual thereby making it difficult for individuals of the community to reach out for help even when they really need it (Clay, 2019).

INTERNALISED HOMOPHOBIA

Due to frequent discrimination, continuous castigation and victimisation, there is a high impact on individual homosexuals. As was very articulately explained by Alport (1954) that a “person's reputation whether it be true or false, cannot be etched unto one's head without leaving a mark on one's character”. In an Indian study on attitudes of youth towards homosexuality it was found that 20 out of 50 contact group individuals had negative attitude towards gay individuals (Sahni, 2016). In UK the Pew Global Project (2007) had found that 41% adults in the USA and 21% in UK believe strongly that homosexuality is wrong and against nature. In few African and other developing countries the figures went to 98%. Hence we can see that the LGB individuals are most likely to have an imprint of these opinions as they grow up. They are often the subject of hate crimes, denial to basic rights that they may start to look at themselves in the light projected by others who disapprove of them hence feeling vulnerable and reinforcing a negative self view (Al-Mateen, Lewis and Singh, 1994). Internalised homophobia can be defined as negative attitudes, and affects regarding homosexuality of other individuals and homosexual tendencies or features in oneself (Shidlo,

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1994). These adverse attitudes towards self in-turn leads to feelings of low self regard and anger turned inwards, which can harm on both conscious and subconscious levels hence leading to feelings of worthlessness, discomfort around other homosexual individuals and avoiding social situations with them also sometimes mocking them. There have been examples of self derogatory and self sabotaging behaviour which may also include accepting and tolerating castigation and mistreatment from others, while abandoning self help and their own higher goals and stumbling down to substance abuse and having numerous meaningless relationships (Cornish, 2012).

The mechanism of internalised homophobia is very similar to other forms and types of prejudices. All castigated and stigmatised people have a defending reaction to the prejudice and the pain caused by it, it might be outward or internalised, individuals who show extroverted or outward reactions may seem to have excessive or obsessive concerns about stigmatisation, whereas introverted reactions include reactions and features understood as internalised homophobia, self-abnegation and identification with the ideas of the aggressor. It is difficult to definitely identify internalised homophobia, and every aspect is dependent on the context. Hence certain attitudes or behaviour might not be considered or indicate towards internalised homophobia when put into context (Russel and Bohan, 2006). Many researchers have argued that the that the different and changing indicators pertaining to internalised homophobia makes understanding of the concept and diagnosis of the problem difficult whereas others have argued that the concept of internalised homophobia is a new way to castigate the LGB community hence it has lead to a number of therapists to identify and objectively deal with and work through the symptoms.

PSYCHOLOGICAL DISTRESS IN HOMOSEXUAL INDIVIDUALS

Researchers attempted to show that LGB individuals are no different from their heterosexual counterparts ever since it was declassified. They have also argued that biased samples and generalised findings have been used on all homosexuals by unscientific methods in past studies (Meyer, 2003). It was seen that there was very little variation between LGB and their heterosexual counterparts in matters of adaptation and psychological wellbeing (Cornish, 2012).

Although the newer set of researches about the prevalence of mental health disorders has found that LGB individuals are in fact more prone to mental health problems than their heterosexual counterparts (Mays, 2003). More researches about the prevalence of psychological disorders has in fact found that LGB individuals are more likely to develop mental health problems than heterosexual individuals. (Cochran and Mays, 2003) in comparison to the heterosexual individuals, to LGB individuals in a randomly selected sample group. The used a structured interview for diagnosis and found that approximately 30% of LGB individuals participating in the study fulfilled the diagnostic criteria for major depression compared to 10-15% of heterosexual participants.

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compared to 4-9% of heterosexual participants and about 10% of the LGB participants alcohol dependent compared to approximately 5% of heterosexuals. More recently, in a study of over 6,000 homosexual and bisexual men, it was found that 13% had moderate to severe anxiety and depression in the previous year, 7% deliberately harmed themselves, which rose to 15% for persons between 16 and 24 years of age (Stonewall, 2011). In Stonewall's (2008) found that in the last year, 20 percent of lesbian and bisexual women had deliberate damage, up to about half a billion for people under the age of 20 years.

In a meta analysis conducted by Meyer in 2003 where he analysed 9 different studies which compared the homosexual, bisexual and heterosexual populations for the prevalence of anxiety, mood disorder and substance dependence disorders. This meta analysis showed that the LGB individuals at some point in their lives are 2.5 times more likely to experience psychological distress compared to heterosexuals. Although he notes that due to the limited number of studies which also have small samples and inconsistent indicators and methodologies hence regards caution, these results can be loosely interpreted, they may suggest a tendency towards higher incidence of psychological distress in the LGB community. Recent meta-analyses of 25 reports have shown that LGB individuals have 1.5 times more incidence of stress, anxiety disorders and drug dependence in a 12 month time period, and double the risk of attempting suicides during their lives (King et al., 2008). Only one of them met all four of their necessary requirements. Nonetheless, they recorded significant variability again in studies.

Though the increasing prevalence of psychological difficulties is now acknowledged in the LGB population, homosexuality / bisexuality is not the direct cause of any psychological disorders. Hence, researchers have attempted to find factors that explain this population's increased risk. Understanding these factors may help healthcare professionals and politicians develop services to contribute to reducing the risk of negative outcomes for mental health in this population. Several variables contributing towards the increased risk of psychological distress among the LGB community were suggested by the researchers. The perception of others with prejudice or sexual harassment is among the most thoroughly studied aspects. The concept frequently involves certain variables used to clarify whether LGB people are more likely to encounter mental health problems.

Another research indicated that derogatory views held by individuals regarding their sexual orientation i.e. internalised homophobia would also cause psychological distress. The results of this study showed that in persons with higher levels of internal homophobia psychological distress is higher, but causality is not re-established (Cornish 2012).

Another aspect reinforced largely by research exploring the effects of different styles of therapy for psychological distress. Problem focused coping and emotional coping were considered protective factors and would therefore be associated with psychological distress negatively. According to maladaptive coping, the interpersonal discomfort became exacerbated and therefore directly related to psychological distress. These results suggest not only that internalised homophobia has a direct influence on the rates of psychological distress but that internal homophobia increases the risk that a person may adopt maladaptive actions, leading to increased psychological distress (Cornish, 2012).

Further studies could be done on potential role of tolerance to sexual orientation and the exchange of perceptions with sexual discrimination in psychological distress. The behaviour of the parent in the face of homosexuality can be a strong predictor of internal homophobia,

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in particular since research has revealed that people possess a large number of their attitudes and values from their families of origin (Holtzen and Agresti, 1990). Many studies identified differences in minority stress variables between homosexuals and bisexuals. This may lead to the conclusion that homosexuals and bisexuals perceive minority tension quite differently, such as prejudice. The integration of bisexuals into the dominating heterosexual discourse may be more easy and therefore discrimination avoided, but at other times both the heterosexual and homosexual communities could discriminate against them. These differences are worth exploring further. Furthermore, although several studies have demonstrated a higher risk for LGB patients to have psychological problems (Cochran, Sullivan & Mays, 2003; Meyer, 2003), not all LGB patients have problems with mental wellbeing and are often no different from their heterosexual counterparts (Gonsiorek, 1991). Other quantitative research have contributed to showing how psychological distress in the LGB community could be affected. Future research utilising qualitative approaches may explore the impact of sexual discrimination on psychological well-being and provide further impetus for quantitative research on this subject. Exploration of why individuals use certain coping strategies to handle anxiety or why people decide to report their views with discrimination or not. This solution will offer the LGB population a chance to share their experiences and could also illustrate potential areas of interest without creating additional methodological problems.

CONCLUSION

In this review, it was seen that despite advances in equality and LBGT rights. As a consequence of various environmental and personal factors, the rate of depression and anxiety was greater in the homosexual individuals than in the general population. This review supports the stress-related minority hypothesis by drawing an understanding that the psychological distress was influenced by minority stressors, specifically sexual bias encounters, internalised homophobia. The results various studies point towards practical consequences regarding LGB rehabilitation psychologists. Psychologists should want to help the client manage any traumatic experience. They should also bear in mind that they face cultural and organisational harm and efforts should be made to reduce the stigma of being a sexual minority.

A key priority for clinical pathologists should be changing family attitudes and providing advice, healthcare and advocacy to the LGBTQ community. There is a pressing need for more forums to talk about homosexuality, giving homosexual and queer people the opportunity to share their experiences. These initiatives should take place at every point, such as classrooms, workplaces and other locations on sexual orientation and gender identity.

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Conflict of Interest

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