

Perceived Social Support and Coping Strategies among Heterosexual and Homosexual Individuals in Kerala: A Comparative Study

Christelle Maria Lewis^{1*}, Dr Jaya A.T²

ABSTRACT

The study compared the perceived social support and coping strategies among heterosexual and homosexual individuals. The multidimensionality of perceived social support and coping mechanisms based on the model by Cohen and Lazarus (1979) was taken into account while conducting the study. A mixed method through snowball sampling in the field was adopted for a descriptive quantitative study, along with a supplementary qualitative study. The former was carried out using Google e-forms of Multidimensional Scale of Perceived Social Support (Zimet, 1998) and Coping Strategy Inventory (Tobin, 2001), and telephone and face to face interviews. The latter was conducted by collecting newspaper and media statistics (secondary data) and conversations on the phone and various social windows. The study was conducted on 10 heterosexual men, 10 homosexual men, 10 heterosexual women and 10 homosexual women from Kerala. The study reveals that there appears to be an exceeding low threshold of statistical significance of perceived social support among homosexual individuals when compared to heterosexual individuals. It also reveals the pattern of coping strategy employed by homosexual and heterosexual individuals with a potential significance in the social aspects of coping strategies. This study one of its kind and would aid in understanding the plight of homosexual individuals and break the taboo and uncertainty that revolves in this heteronormative society. It could also serve as a model of advocacy for the sexual minority in Kerala. The various inferences made could be used in developing an integrated model of social support and non support and to have a closure of youths' experiences to structure effective awareness for prevention and intervention efforts by altering the bias of attribution to understand others.

Keywords: *Heterosexual, Homosexual, Perceived Social Support and Coping Strategies*

¹ B.Sc Psychology, PrajyotiNiketan College, University of Calicut, Thrissur, Kerala, India

² Assistant Professor, Department of Psychology, PrajyotiNiketan College, University of Calicut, Thrissur, Kerala, India

[*Responding Author](#)

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Homosexuality is mostly a taboo subject in the Indian context and people consider it as something rare and unnatural. The government of India, submitted figures to the supreme court in 2012 according to which there are about 2.5 million gay people recorder in India. These figures are only based on those individuals who have self-declared to the Ministry of Health. There may be a higher statistics for individuals who have concealed their identity, since a number of homosexual Indians are living in the closet due to fear of discrimination. There are many websites in India that cater to the LGBTQPAI community according to which there are about 140000 individual males registered, a figure more than in the western countries. In Kerala there are two registered community based organizations namely Queerala and Sahaythrika for malayali LGBTIQ people, focusing on various awareness programs besides providing support to young queer persons.

Although there seems to be a heightened visibility in homosexuality in the recent past, people are still ignorant on the fact that it exist and often exhibit a homophobic approach when in the company of the sexual minority. All this is due to the widespread belief that homosexuality is far from normal and what isn't normal brings shame to the society. Due to this very fact, many homosexual individuals receive lesser social support especially from family and friends. Their only source of social support sometime is their significant partner, a trusted friend or the few organizations that accept them and speak on their behalf and support them.

The present study explores the extent to which there is a lower perceived social support and coping strategies among homosexual individuals when compared with heterosexuals.

The major source of stress that a homosexual individual face, is the identity crisis which starts out as a question of their uncertain identity to the many feeling that they are taught to as deviant from the usual. The presence of which does not appear to be a matter of choice unlike the expression of it. Despite this internal pressure, societal norms interfere with the organismic sensing which likely leads to an existential crisis. Their plight is made worse when they face so many more discriminations from family and friends. Thus, their struggle for acceptance of themselves and from others becomes much harder.

The most vital of all psychosocial resources to cope in a situation of crisis, is social support. Social ties and relationships with others have long been regarded as an emotionally satisfying aspect of life. They can also mute the effect of stress, help an individual cope with stressful events and reduce the likelihood that will lead to poor health.

Social support is defined as information from others that one is loved, cared for, esteemed and values and part of a network of connection and mutual obligations. (Taylor, 2009) People with a higher level of social support experience less stress when they confront a stressful experience

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and they cope with it more successfully. Not surprisingly, the advantage of social support during times of stress can be cumulative. One study reported that the cumulative effect of positive social experience reduce risks for many chronic illness later in life (Seeman, Singer, Ryff, Love, & Levy-Storms, 2002). However, benefits of social support may come from the perception that social support is available. Actually receiving social support from another person can have several potential costs. First, one may be monopolizing another's time and attention, which may produce a sense of guilt. Needing to draw on others can also threaten self-esteem, because it suggests a dependence on others (Bolger, Zuckerman, & Kessler, 2000) for the purpose of this study, perceived social support it is measured using The Multidimensional Scale Of Perceived Social Support (MSPSS) developed by Zimet 2001.

Coping is defined as the thoughts and behaviour used to manage the internal and external demands of situation that are appraised as stressful. (Folkman and Moskowitz; 2004) and it is measured using the Coping Strategy Inventory (CSI) developed by Tolbin, 2001.

What is the role of social support in moderating the effects of stress?

Two possibilities have been explored. One hypothesis, the **direct effect hypothesis**, maintains that social support is generally beneficial during non-stressful as well as stressful times. The other hypothesis, known as **buffering hypothesis**, maintains that physical and mental health benefits of social support are chiefly evident during periods of high stress; when there is little stress, social support may offer few such benefits. According to this hypothesis, social support acts as a reserve and resource that blunts the effects of stress or enables the individual to cope with stress more effectively when it is at high levels (Cohen, 1983)

Evidence suggests both direct and buffering effects of social support (Cohen & Hoberman, 1983; Cohen & McKay, 1984). Generally, when researchers have looked at social support in social integration terms, such as the number of people one identifies as friends or the number of organizations one belongs to, direct effects of social support on health have been found. When social support has been assessed more qualitatively, such as the degree to which a person feels that there are other people available who will provide help if it is needed, buffering effects of social support have been found (House et al., 1988).

In light of these findings, the present study attempts to explore the significance of perceived social support and coping strategies among heterosexual and homosexual individuals.

METHODOLOGY

Research Design

This study incorporated a mixed approach of a quantitative study following supplementary qualitative methods to collect the experiences or process over time which were “‘grounded’ in

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data collected from participants on the basis of the complexities of their lived experiences in a social context". Following the model of grounded theory, free conversation to understand them were conducted with discovery-oriented open-ended questioning and follow-up prompts were used to encourage more dialogue rather than confirm the first author's own construction from the references of the tools used(MSPSS and CSI).Snowball sampling was used to collect data. Participants were recruited through personal contacts, and social media (e.g., Facebook and Instagram). Queerala and Sahayathrika; Queer support organizations in Kerala, were the target leads through which most participants (homosexuals) were recruited.

Inferences were drawn by merging the results obtained through the quantitative part of the study with the qualitative part to make solid dimensional conclusions that firmly support the cause-effect relationship of the problem.

Participants

40 participants were recruited to participate from the age group of 14-54 years with the mean age of 26.475.20 out of the following were men from age group 14-54 years with the mean age of 30.3 years and 20 were women of the age group 18-35 years with mean age22.15.

Of the 20 men that participated, 10 identified as homosexuals and 10 identified as heterosexuals. Likewise, of the 20 women participants, 10 identified as homosexuals and 10 identified as heterosexuals. All the recruited participants were from Kerala, a southern state of India. 25 participants resided within urban and suburban sections of the state whereas the rest had a rural background.

Inclusive criteria: Homosexual and Heterosexual individuals from Kerala.

Exclusive Criteria: Transmen and transwomen who identified as Homosexual, bisexual or heterosexual,

Bisexual, pansexual, asexual, intersex, queer, cross dressers and gender queer individuals.

Procedure

E-forms of the demographic details and selected tools were created using Google e-forms. Participants were recruited through personal contacts, snowballing, and social media (e.g., Facebook, Instagram) to target homosexual and heterosexual individual who were willing to participate in the study. Homosexual individuals were had to be personally contacted and the e-forms were mailed to them or sent via whatsapp and facebook messages. Those that agreed to have face to face conversations were given hardcopies of the questionnaire based on which conversations developed. Majority of the interested participants filled the e-forms sent to them.

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Programs hosted by queer support organizations provided an arena to find gay people and interact with them. The data was analysed using SPSS 17.0 software, by making use of t-test.

Objective

To study whether there is a significant difference in the perceived social support and coping strategies among heterosexual and homosexual individuals; among heterosexual and homosexual men; among heterosexual and homosexual women.

Hypothesis

There is no significant difference in the perceived social support and coping strategies among homosexual and heterosexual individuals, homosexual and heterosexual men; and homosexual and heterosexual women.

Tools

Instruments used to measure the variables in the study are:

1. **The Multidimensional Scale of Perceived Social Support (MSPSS)** : Developed by Gregor D.Zimet (1998), Indiana University of Medicine designed to be a brief, psychometrically sound measure of the subjective assessment of the adequacy of received social support from three important dimensions of individuals' social life: family, friends and a significant other. Each of these 3 dimensions is assessed with four items having a seven point Likert type scale (1=very strongly disagree to 7=very strongly agree). Items are worded simply and require only a fourth grade reading level, as assessed by the Flesch-Kincaid formula. As a result, the MSPSS takes less than 5 minutes to complete. Each of the 3 subscales is assessed with four items:
Family Support: Items in the subscale are related to support perceived from the family members.
Friends' support: Items in the subscale are related to support perceived from friends and their involvement etc.
Significant other support: The items included here are related to a special person if any.

Reliability and Validity: MSPP has good internal consistency with reported alpha coefficient of 0.91 for the total score and 0.95 for each of the three subscales over a 2-3 month interval. In addition, strong factorial validity as well as construct validity was demonstrated, confirming the 3-subscale structure of the MSPP.

2. **Coping Strategies Inventory (CSI)**: developed by David L. Tobin (2001) is a 72 item self-report questionnaire designed to assess coping thoughts and behaviours in response to a specific stressor. The format of CSI is adapted from the Lazarus "ways of coping" questionnaire (Lazarus & Folkman, 1981). Respondents indicate for each item the extent

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to which they perform that particular coping response in dealing with a situation of crisis in a 5 point Likert format.

Subscales of the coping strategies inventory: there are 14 subscales including 8 primary, 4 secondary, and 2 tertiary scales.

Primary subscale

Problem Solving: items refer to both behavioural and cognitive strategies designed to eliminate the sources of stress by changing the stressful situation

Cognitive Restructuring: items include cognitive strategies that alter the meaning of the stressful transaction as it is less threatening, are examined for its positive aspects, are viewed from a new perspective, etc.

Social Support: items refer to seeking emotional support from one's people, one's family, and one's friends.

Express Emotions: Include items referring to releasing and expressing emotions

Avoidance: items referring to the denial of problems and the avoidance of thoughts or actions about the stressful event.

Wishful Thinking: items refer to cognitive strategies that reflect an inability or reluctance to reframe or symbolically alter the situation. The items involve hoping and wishing that things could be better.

Social Withdrawal: Pearson's coefficients and the Pearson's correlations reflect blaming oneself for the situation and criticizing oneself.

Secondary Subscales

Problem Focused Engagement: items include both the Problem Solving and Cognitive Restructuring subscales which include strategies to change the meaning of the situation. These subscales involve cognitive and behavioural strategies to change the situation or to change the meaning of the situation for the individual. The efforts are focused on the stressful situation itself.

Emotional Focused Engagement: subscale includes both Social Support and Express Emotions. Items reflect open communication of feelings to others and increased social involvement.

Problem Focused Disengagement: subset includes both Problem Avoidance and Wishful Thinking. Items reflect situation oriented avoidant strategies.

Emotional Focused Disengagement: Subset includes Social Withdrawal and Self Criticism Items reflect shutting oneself from oneself and others without coming in terms with his/her emotions.

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Tertiary Subscale

Engagement: Subset includes problem Solving, Cognitive Restructuring, Social Support and Express emotions Items reflect attempts made by the individual to engage in efforts to manage the stressful person/environment transaction.

Disengagement: Subset includes Problem Avoidance, Wishful Thinking, Social withdrawal and Self Criticism. Items reflect on escape strategies that might not change the situation.

Reliability: Chronbach’s alpha has been the most frequently reported reported coefficient of reliability for measures of coping process. The alpha coefficients for the CSI range from 0.71 to 0.94 (m=83).

Validity: CSI provides to have Factor structure validity and criterion and construct validity.

Statistical analysis

Statistical Analysis is a mathematical measure which helps in gathering, organizing, analysing and interpreting the obtained data.

Descriptive statistics such as Mean and Standard Deviation were used to compare the groups. T-test was used to study the significant difference between the groups in the selected variables.

The statistical analysis was done on SPSS 017 software.

RESULT AND DISCUSSION

Table 1: Mean, Standard Deviation and t-value of Perceived Social Support among Homosexual and Heterosexual Individuals

	Heterosexual(N=20)		Homosexual (N=20)		t-value
	Mean	SD	Mean	SD	
Family	6.10	1.11	3.44	1.66	5.96**
Friends	6.15	0.60	4.94	1.49	3.40*
Significant Other	5.97	0.90	4.56	1.88	3.01*
Total	6.07	0.59	4.32	1.34	5.39**

*significance at 0.01%

**significance at 0.001%

Table 1 reveals a significant difference (P<0.001%, t-value=5.390) in the amount of perceived social support between homosexual and heterosexual individuals. Furthermore, there is a significant difference in the sub domains of the primary source of social support: family (P<0.001%, t-value=5.963) friends (P<0.01%, t-value=3.399) and significant other (P<0.01%, t-value=3.009). The low mean obtained by homosexual individuals indicate that they have a lesser perception of social support in total as well as from family, friends and a significant other. To the best of my knowledge, the cause could be multifactorial. The sudden realization of a friend or

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family member being deviant according to the heteronormative notion could cause an interpersonal shift (Jill Huang, 2016) which draws people away from the individual; thus the individual who comes out of the closet doesn't receive the support he or she requires. Ironically, not coming out of the closet leads to festering guilt, shame and interpersonal conflicts that adversely affect psychological health. There can also be instances in which homosexual individuals who have come out of the closet or who still haven't, usually tend to withdraw due to many factors which could include a fear of feeling of rejection so they tend to keep a distance. When individuals come out of the closet, relationships with their peers and family members are altered i.e.; the bond could either grow more closer or they could distance themselves due to the interpersonal shift most probably due to the surprise of an unexpected reckoning. In the Indian context where the societal heteronormative notion prevails, the latter is more likely to occur. This results in a decreased perceived social support among homosexual individuals. Social support is exceptionally important for maintaining good physical and mental health. Overall, it appears that positive social support of high quality can enhance resilience to stress, help protect against developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders, such as posttraumatic stress disorder (PTSD), and reduce medical morbidity and mortality. However, despite strong evidence demonstrating the beneficial effects of social support on medical and psychological wellbeing, the field of psychiatry has contributed relatively little to developing, testing, and implementing effective evidence-based interventions aimed at increasing social support for patients and at-risk populations in which the homosexual individual's most likely fall under.

Table 2: Mean, Standard Deviation and t-value of Coping Strategies among Homosexual and Heterosexual Individuals

	Heterosexual (N=20)		Homosexual (N=20)		t-value
	Mean	SD	Mean	SD	
Problem Solving	33.10	6.13	32.90	13.34	0.06
Cognitive Restructuring	33.10	7.32	28.25	8.60	1.92
Expressed Emotions	29.15	7.16	26.85	6.50	1.06
Social Support	31.40	6.17	25.40	10.55	2.20*
Problem Avoidance	25.30	6.49	23.25	5.90	1.05
Wishful Thinking	25.80	7.74	31.40	7.32	2.35*
Self Criticism	22.65	7.46	27.85	9.65	1.90
Social Withdrawal	22.60	5.93	32.30	8.90	4.05***
Problem Focused Engagement	66.15	12.98	58.65	13.93	1.76
Emotional Focused Engagement	60.55	11.64	52.25	16.40	1.84
Problem Focused Disengagement	50.60	12.63	54.65	10.31	1.11
Emotional Focused Disengagement	45.25	11.75	60.15	14.25	3.61**
Engagement	125.20	23.78	110.90	24.46	1.88
Disengagement	95.35	21.16	114.80	18.32	3.11**

*significance at 0.05% **significance at 0.01% ***significance at 0.001%

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The table indicates that there is a significant difference in the following primary subscales:

1. Presence of significant difference in Social Support ($P < 0.05\%$, $t\text{-value} = 2.196$)- The low mean obtained by homosexual individuals indicate that they have a comparatively lower tendency to seek emotional support from people i.e., friends and family
2. Presence of significant difference in Wishful thinking ($P < 0.05\%$, $t\text{-value} = 2.352$): The low mean obtained by homosexual individuals indicate that the cognitive strategy that reflect an inability to reframe or symbolically alter the situation by hoping or convincing oneself or by wishing things could have been better, is significantly high for homosexual individuals for this help them reinforce their motivation to cope better in the face of a crisis.
3. Presence of significant difference in Social Withdrawal ($P < 0.001\%$, $t\text{-value} = 4.054$). The higher mean obtained by homosexual individuals indicate that homosexual individuals have a tendency to blame oneself for the situation and criticize oneself. This was very evident and has to be taken into account for when homosexuals were asked to conjure a situation of crisis in their mind, many chose the coming out of the closet as their situation to describe how they coped up with it. Due to the contextual pressure they often seemed to blame themselves for although being homosexual is not a matter of choice, the expression of it is (David Hawkins).
4. The study reveals that there is also a significant difference ($P < 0.01\%$, $t\text{-value} = 3.61$) in the Emotional Focused Disengagement scale. Evidence suggest that homosexuals show a higher emotional focused disengagement i.e., they fail to regulate emotions by detaching their feelings from themselves and from others as compared to heterosexual individuals who are more in touch with their feelings.
5. There is a significant difference ($P < 0.01\%$, $t\text{-value} = 3.11$) in the Disengagement Scale (Tertiary Subscale). The higher mean obtained by homosexual individuals indicate that they are more disengaged i.e., they adopt strategies that are likely to result in the disengaging the individual from the person/environment transaction. Feelings are not shared with other, thoughts about situations are avoided and behaviours that might change the situation that is not initiated. Attempts to do something constructive during the stressful situation and efforts to regulate emotions are not initiated.

From the above results it is quite obvious that there happens to be no significant difference in the coping strategies

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Table 3: Mean, Standard Deviation and t-value of Perceived Social Support among Homosexual and Heterosexual Men.

	Heterosexual Men (N=10)		Homosexual Men (N=10)		t-value
	Mean	SD	Mean	SD	
Family	5.48	1.11	2.75	1.41	4.79***
Friends	6.13	0.59	4.27	1.53	3.56*
Significant Other	5.33	0.65	3.68	2.02	2.46*
Total	5.64	0.40	3.57	1.25	4.98**

*significance at 0.05% **significance at 0.01% ***significance at 0.001%

Table 3 reveals that there is a significant difference ($P < 0.01\%$, $t\text{-value}=4.98$) in the total perceived social support among homosexual and heterosexual men. The mean values reveal that heterosexual men have a higher perception of social support than did homosexual men.

There is a significant difference in the subscale i.e., family ($P < 0.001\%$, $t\text{-value}=4.786$), friends ($P < 0.05\%$, $t\text{-value}=3.560$) and significant other ($P < 0.05\%$, $t\text{-value}=2.459$) Mean values suggest that homosexual men had lesser scores in all three subscales when compared to heterosexual men.

Table 4: Mean, Standard Deviation and t-value of Coping Strategies among Homosexual and Heterosexual Men

	Homosexual Men (N=10)		Heterosexual Men (N=10)		t-value
	Mean	SD	Mean	SD	
Problem Solving	37.00	17.35	29.90	5.61	1.23
Cognitive Restructuring	31.90	6.30	29.20	6.73	0.93
Expressed Emotions	24.80	2.94	24.40	5.99	0.19
Social Support	20.50	7.15	27.40	3.75	2.70*
Problem Avoidance	22.60	6.33	23.20	7.51	0.19
Wishful Thinking	28.70	8.64	25.40	8.69	0.85
Self Criticism	23.00	9.99	24.20	7.45	0.31
Social Withdrawal	34.20	6.12	22.30	5.91	4.42**
Problem Engagement	Focused 63.90	11.81	59.10	11.79	0.91
Emotional Engagement	Focused 45.30	8.69	51.80	5.31	2.02
Problem Disengagement	Focused 51.30	10.75	48.60	15.01	0.46
Emotional Disengagement	Focused 57.20	13.10	46.50	11.85	1.92
Engagement	109.20	16.51	110.90	14.57	0.24
Disengagement	108.50	18.92	95.10	24.13	1.38

*significance at 0.05% **significance at 0.001%

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Table 4 revealed that there is a significant difference in only two of the primary subscale: Social support ($P < 0.05\%$, $t\text{-value}=2.702$) and social withdrawal ($P < 0.001\%$, $t\text{-value}=4.422$). The higher mean obtained by homosexual men indicate that homosexuals men have a comparatively lower inclination of seeking emotional support from people in times of crisis and blaming oneself for the situation by withdrawing and disengaging themselves from others. i.e., almost to a very low level for there is significance at 0.001%. This is due to the fact that they see people as incapable of understanding them and solve their problems which in most instances they are true for very few people see past the heteronormative norm and understand the problems faced by gay folks.

Table 5: Mean, Standard Deviation and t-value of Perceived Social Support among Homosexual and Heterosexual Women

	Heterosexual Women (N=10)		Homosexual Women (N=10)		t-value
	Mean	SD	Mean	SD	
Family	6.7300	0.69610	4.1250	1.66771	4.558**
Friends	6.1900	0.64196	5.600	1.16190	1.406
Significant Other	6.6300	0.57937	5.4750	1.26079	2.632*
Total	6.5167	0.39134	5.9667	0.97563	4.362**

*significance at 0.05%

**significance at 0.01%

Table 5 shows that there is a significant difference ($P < 0.01\%$, $t\text{-value}=4.36$) in the perceived social support among homosexual and heterosexual women. The low mean obtained by homosexual women indicate that that homosexual women have a comparatively lower perception of social support than heterosexual women.

The subscale analysis reveals that there is a significant difference in two out of the three primary subscales. i.e., family ($P < 0.01\%$, $t\text{-value}=4.558$) and significant other ($P < 0.05\%$, $t\text{-value}=4.36$) where as there is no significant difference in the perception of social support from friends among homosexual and heterosexual women. Mean values suggest that homosexual women have a lower perception of social support from family and a significant other.

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Table 6: Mean, Standard Deviation and t-value of Coping Strategies among Homosexual and Heterosexual Women

	Homosexual Women (N=10)		Heterosexual Women (N=10)		t-value
	Mean	SD	Mean	SD	
Problem Solving	28.80	6.12	36.30	5.01	3.00**
Cognitive Restructuring	24.60	9.32	37.00	5.83	3.57**
Expressed Emotions	28.90	8.44	33.90	4.72	1.64
Social Support	30.30	11.41	35.40	5.54	1.27
Problem Avoidance	23.90	5.69	27.40	4.77	1.50
Wishful Thinking	34.10	4.70	26.20	7.10	2.83*
Self-Criticism	32.70	6.68	21.10	7.52	3.64**
Social Withdrawal	30.40	11.04	22.90	6.26	1.87
Problem Focused Engagement	53.40	14.46	73.20	10.32	3.53**
Emotional Focused Engagement	59.20	19.62	69.30	9.37	1.47
Problem Focused Disengagement	58.00	9.17	52.60	10.13	1.25
Emotional Focused Disengagement	63.10	15.43	44.00	12.14	3.01
Engagement	112.60	31.37	139.50	22.95	2.19*
Disengagement	121.10	16.19	95.60	19.04	3.23**

*significance at 0.05%

**significance at 0.01%

There is a significant difference in the following primary subscales among homosexual and heterosexual women,

1. Presence of significant difference in Problem solving ($P < 0.01\%$, $t\text{-value} = 2.997$). The low mean obtained by homosexual women indicate that homosexual women have lower problem solving strategies i.e., they behaviour and cognitive strategies designed to eliminate stress by changing the stressful situation is lower when compared to heterosexual women. Learned helplessness (Seligman 1967) could be attributed to the cause of the comparatively lower score in homosexual women.
2. Presence of significant difference in Cognitive Restructuring ($P < 0.01\%$, $t\text{-value} = 3.57$). The low mean obtained by homosexual women reveal that homosexual women have a comparatively lower inclination to alter the meaning of the situation and see things in a different light. Mood repair strategies are implemented in cognitive restructuring in hopes of contributing to a cessation of the negative which are not quite used among homosexual women.

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3. Presence of significant difference in Wishful Thinking ($P < 0.05\%$, $t\text{-value}=2.834$). Mean scores reveal that homosexual women had a higher inclination to wishful thinking and fantasising so as to divert themselves from the problem or to prevent a cognitive dissonance (Festinger, 1957)
4. Presence of significant difference in Self Criticism ($P < 0.01\%$, $t\text{-value}=3.646$). Mean scores reveal that homosexual women have a greater tendency to criticize themselves due to the cumulative feelings of guilt and shame. (Jayaprakash Mishra, 2016)

There is a significant difference in the following secondary subscales among homosexual and heterosexual women,

1. Presence of significant difference in Problem focused engagement ($P < 0.01\%$, $t\text{-value}=3.525$). Emotional Focused Disengagement ($P < 0.05\%$, $t\text{-value}=3.077$). Mean scores suggest that heterosexual women tend to be problem engaged and homosexual women are more emotional disengaged in comparisons with the study counterpart.

There is a significant difference in both the tertiary subscales among homosexual and heterosexual women i.e., Engagement and disengagement at a level of 005% and 0001% level of significance respectively. The low mean obtained by homosexual women in the engagement scale indicate that homosexual women are more disengaged in solving their problems which could be attributed the cause of learned helplessness (Festinger, 1957) the higher mean obtained by heterosexual women in the engagement scale indicate that heterosexual women are more engaged in efforts to solve the problem than homosexual women.

Summary

The results also revealed that participants used various coping strategies to manage multiple oppressions in their daily lives and relationships within complex and challenging contexts containing pervasive social stigma toward sexual minorities as well as invisibility and marginalization of homosexual individuals. Drawing from Boykin's concepts (1986) of mental colonization and resistance as coping strategies to deal with racism among African Americans, Della, Wilson, and Miller (2002) identified that their African American gay and bisexual male participants used different coping strategies that "fall along passive-active and engagement-disengagement continua". Similarly, some participants in this study employed relatively passive strategies for dealing with stigma and prejudice, such as maintaining silence about their sexual orientation and/or making themselves invisible (e.g., using cultural camouflage, hiding/de-emphasizing and withdrawing from people). These coping strategies can be characterized as mental colonization because these strategies contribute to maintaining the status quo and do nothing to challenge oppression or instigate social change (Boykin, 1986; Della, Wilson, & Miller, 2002). In addition, some participants reported utilizing active coping styles of empowerment that challenge the oppressive status quo. These can be identified as

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individual/interpersonal resistance to oppression, such as confronting other's oppressive actions, and macro level/system change strategies, such as building social support systems/creating safe spaces and engaging in social activism. The findings about the importance of social support systems are consistent with qualitative findings on African American lesbians (Bowleg et al., 2003) and African American, Latino, and AA sexual minority men (Chung & Szymanski, 2006; Emano, 2007; Della, Wilson, & Miller, 2002). The result also suggest that homosexual individuals withdraw from the society and do not go looking for social support for they do not want to be subjected to the labels of internal attribution according to Heiders theory of attribution (1958). These labels hinder their growth towards self actualization (Maslow, 1943).

IMPLICATION AND SUGGESTIONS

1. Research demonstrates the need for better more tailored psychological treatment for lesbian and gay individuals who are in high risk posed to their psychological health.
2. Awareness can be made to the general population to extend their support and concern. The present scenario poses an adverse threat to their wellbeing for fluctuations in coping comes only in the social aspect which plays a vital role in coping strategies which ultimately determining psychological health.
3. The result of the study is supported by the attribution theory by Heider (1958) where individuals try to understand their behavior by attributing the cause of it to external factors whereas the cause for others behavior is attributed to the internal factors. With speculated efforts, minimum attribution to people could help in a well defined understanding and approach to people's problems; in this case, homosexual individuals.

Limitations and Directions for Future Research

There are several limitations that should be considered when interpreting the findings from this study.

1. First, participants who choose to participate in this research were a self-selected group who were likely to be different in some ways than those who chose not to volunteer for this study. For example, there can be more gay/lesbian individuals who get a varied extend of social support that is more or less and there could be more heterosexual individuals with the same criterion. And coping strategies could be unique and independent or the product of many other excluded factors like experience and personality types.
2. Second, despite efforts to recruit participants from all around the state and through LGBT related list services, participants were mostly from Ernakulam and Thrissur district.
3. Third, recruitment was also geared toward attracting homosexual individuals who had connections with various queer organizations or who were active in the virtual space of social media while participants were recruited.
4. Lastly, natural stressors may change over time to time to the extent that new ways of coping are demanded. When faced with a chronic stressor, people may try alternate strategies over a period of time. Different stressors may require different ways of coping.

CONCLUSION

The study reveals that there appears to be an exceeding low threshold of statistical significance of perceived social support among homosexual individuals when compared to heterosexual individuals.

Since coping is a dynamic phenomenon that is innate in every individual, homosexual individuals have coped up in par with heterosexual individuals revealing that there is no significant difference. The significant differences arise in the criterion where social support and social withdrawal is concerned which signifies that coping mechanisms are altered to restrain social contact and not go in search of support.

Some participants reported utilizing active coping styles of empowerment that challenge the oppressive status quo. These can be identified as individual/interpersonal resistance to oppression, such as confronting other's oppressive actions, and macro level/system change strategies, such as building social support systems/creating safe spaces and engaging in social activism.

Men tend to externalize their coping mechanisms where as women internalise it and make it more personal.

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