



COMPARISON OF HETEROSEXUAL AND HOMOSEXUAL MALE YOUTH ON THEIR PSYCHOLOGICAL ADJUSTMENT

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Abstract

The study examined the sexual orientation of Mizo male youth and compared their psychological adjustment of depression and psychological well being (homosexual = 180, heterosexual = 180) between two age groups of 15- 21 and 22-28 years of age. Kinsey heterosexual homosexual rating scale were used to screen out the level of sexual orientation , Becks Deperssion inventory, Psychological well being scale along with the demographic profile were employed. In all,2x2 factorial designs { 2 sexual orientation (heterosexual and homosexual) x 2 age groups (15-21 and 22-28) was employed, and equal number of 40 participants each cells, behavioural measures were assessed. Results showed that sexual orientation emerged to be positively related to dependent measures and predicted the adjustment problems in the targeted population. The findings suggest that the consequences of sexual orientation can be predicted from psychological factors.

Key Words: Homosexual, Heterosexual, Depression, Well Being, Distress, Heterosexual-Homosexual Rating Scale.

Introduction

Sexual Orientation refers to the gender of the person(s) that someone is attracted to, emotionally and physically, i.e., gay, lesbian, bisexual, heterosexual, and others Kazdin (2000), sexual orientation ranges along a continuum from exclusively heterosexual to exclusively homosexual (APA 2013), it is usually discussed in terms of three categories: heterosexual (having sexual and romantic attraction primarily or exclusively to members of the other sex), homosexual (having sexual and romantic attraction primarily or exclusively to members of one's own sex), and bisexual (having a significant degree of sexual and romantic attraction). Persons with a homosexual orientation are sometimes referred to as gay (both men and women) or as lesbian (women only). Same-sex sexual attractions and behavior can occur in the context of a variety of sexual orientations and sexual orientation identities (Diamond, 2006; Hoberg et al., 2004; Rust, 1996; Savin-Williams, 2005).

Psychological well-being is usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective) (Deci & Ryan 2008). As summarized by Huppert (2009): "Psychological well-being is about lives going well. It is the combination of feeling good and functioning effectively". By definition therefore, people with high Psychological Well being report feeling happy, capable, well supported, satisfied with life, and so on; Huppert's (2009) review also claims the consequences of Psychological Well being to include better physical health, mediated possibly by brain activation patterns, neurochemical effects and genetic factors.

According to Ryff and Keyes (1995), psychological well-being is based on several dimensions: self-acceptance, personal growth, purpose in life, environmental mastery, autonomy, and positive relationships with others. These dimensions cover much of the same domain as sources of meaning (Wong, 1998). According to Keyes (1998), social well-being consists of five dimensions: social integration, social contribution, coherence, actualization, and acceptance. Complete mental health includes emotional, social, and psychological well-being (Keyes & Magyar-Moe, 2003) in addition to the absence of mental illness symptoms (Keyes & Lopez, 2002). Numerous studies have linked meaning in life with positive affect and life satisfaction (Chamberlain & Zika, 1988; King., Hicks., Krull & Del Gaiso, 2006; Ryff, 1989; Zika & Chamberlain, 1992). When things are going well and people are enjoying pleasant, engaging, and successful activities, positive emotions are probably sufficient to sustain a high level of subjective well-being. Research has clearly demonstrated the health benefits of positive affect (Fredrickson, 2001; Lyubormirsky, 2007). However, when people are going through very difficult times, meaning, rather than positive emotions, becomes more important in maintaining some level of well-being (Frankl, 1985; Wong, 2010, 2011).

Gender role conflict refers to identity confusion, means that those who are not fully aware of their gender identity regarding to female or male. It is expected that gay men as compared to their non gay counter experience more gender role conflict and that conflict may effect their psychological well being. Studies have typically found gender role conflict to be negatively related to psychological well-being (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good et al., 1995; Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998; Sharpe & Heppner, 1991). But no emperical evidence regarding to gender role conflict was found. Theorist assumed that progression through the stages toward an achieve identity was associated with a linear increase in positive self concept (Marcia 1980, Phinney and Alipuria 1990).



Distress refers to psychological suffering. It also refers to a state of adversity in which there is great peril or affliction. Distress also refers to great physical pain. There is a longstanding acceptance that psychological distress (PD) in the form of anxiety, sadness, irritability, self-consciousness and emotional vulnerability is strongly correlated with physical morbidity, reduced quality and duration of life, and increased use of health services (Lahey, 2009). Studies have shown that gay people tend to experience psychological distress in relation to their homosexual orientation (D'Augelli, 2002; D'Augelli et al., 2002; D'Augelli & Hershberger, 1993; DiPlacido, 1998; Lock & Hans, 1999; Rosario, Rotheram-Borus, & Reid, 1996).

Depression is a state of low mood and aversion to activity that can have a negative effect on a person's thoughts, behavior, feelings, world view, and physical well-being (Salmans & Sandra, 1997) Depressed people may feel sad, anxious, empty, hopeless, worried, helpless, worthless, guilty, irritable, hurt, or restless. They may lose interest in activities that once were pleasurable, experience loss of appetite or over-eating, have problems concentrating, remembering details, or making decisions, and may contemplate or attempt suicide. Insomnia, excessive sleeping, fatigue, loss of energy, or aches, pains, or digestive problems that are resistant to treatment may also be presented (nimh.nih.gov 2012). According to the research of Dr Apu Chakraborty, Homosexual people tend to experience more mental health problems than heterosexual people. He believes that discrimination may contribute to the higher risk. Whether or not discrimination is the cause, mental health problems have previously been found to be higher among homosexual people

Objectives: The Objectives of The Study Are

1. To determine higher depression with lower subjective wellbeing during first age group (15-21 years), then second age group will follow.
2. To determine that homosexual group would manifest higher depression with lower subjective wellbeing than heterosexual group
3. To study the interaction effects of the 'type of sexuality orientation' and 'age' differences are exploratory in nature, but are expected in conformity to the independent effects of the main variables on measures of the dependent variables.

Methods and Procedures

Three hundred and twenty (320) subjects were selected out by following purposive random sampling procedures from the different parts of Mizoram. Only Mizo male youth were included to serve as participants for the present study. Initially, 230 Mizo male youths were initiated for screening and to represent the homosexual Mizo youths and were selected from different registered drop-in Centres located in Aizawl and Lunglei; some were identified through clients of the selected drop-in centres and Link-workers specially serving MSM in different part of Mizoram. Only those who have showed high scores on Kinsey homosexual rating scale (subscale of the Kinsey Heterosexual – Homosexual Rating Scale) were selected for the samples. On final count, only 160 Mizo male youths were selected for the representative of Mizo male homosexual participants with due care of the equal representation of the two age groups (15-21 and 22-28).

Psychological tools and Procedure

To meet the objectives of the present study for the comparison of homosexual and heterosexual orientated Mizo youth, the following psychological measures were incorporated: (1) Kinsey Heterosexual-Homosexual Rating Scale (KRS; Kinsey et al., 1948); (2) Well-being Scale (Veit & Ware, 1983; Heubeck & Neill, 2000); (3) Becks Depression Inventory-11 (Aaron T. Beck, Robert A. Steer and Gregory K. Brown 1996).

1. **Kinsey Heterosexual-Homosexual Rating Scale (KRS; Kinsey et al., 1948).** The KRS is a 7-point, Likert style scale used to assess sexual orientation along a continuum such as exclusively heterosexual with no homosexual, predominantly heterosexual, only incidentally homosexual, predominantly homosexual, but more than incidentally homosexual, equally heterosexual and homosexual, predominantly homosexual, but more than incidentally heterosexual, predominantly homosexual, only incidentally heterosexual, exclusively homosexual. Participant has to report their behavioral experiences and sexual arousal from "exclusively heterosexual" to "exclusively homosexual." The "Kinsey Scale," was developed by Alfred Kinsey and his colleagues to assess their sexual orientation for psychological evaluation and research purpose.
2. **Psychological Well-being Scale (GWS; Veit & Ware, 1983; Heubeck & Neill, 2000)** consists of 20 items where items 5,7,9,11,13,14,16,17,19,20 measure Psychological Distress (PD) and items 1,2,3,4,6,8,10,12,15,18 measure Psychological Well-Being (PWB). The scale consists of 20 items and measures in a 6 point scale. In items that measure Psychological Distress (PD) the scores are reversed whereas in items that measure Psychological Well-Being, the scores are scaled in a positive direction where higher scores reflect positive well-being.



3. **Becks Depression Inventory** (BDI-11: Aaron T. Beck, Robert A. Steer and Gregory K. Brown1996): The BDI-II is scored by summing the ratings for the 21 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 63. Special attention must be paid to the correct scoring of the Changes in Sleeping Pattern (Item 16) and Changes in Appetite (Item 18) items. Each of these items contains seven options rated, in order, 0, 1a, 1b, 2a, 2b, 3a, 3b, to differentiate between increases and decreases in behavior or motivation. If a higher rated option is chosen by the respondent, the presence of an increase or decrease in either symptom should be clinically noted for diagnostic purposes.

Results and Interpretation:

The parametric statistical analyses of Descriptive statistics, Cronbach Alpha ,normality, linearity, additively and homogeneity were checked with an objective to justify the appropriate statistical treatment for further analyses of specific item, missing responses, outliers and those responses outside the sampling frame as well as deviated responses from the distributed data are excluded for statistical analyses. The descriptive statistics of the scales/Subscales of the behavioral measures are presented in Table – 1.

Results (Table – 1) showed the mean, standard deviation, Skewness, kurtosis, Alpha, linearity of the Scales/ Sub Scales of the behavioral measures of (a) Well-being Scale (Veit & Ware, 1983; Heubeck & Neill, 2000), (b) Becks Depression Inventory-11(Aaron T. Beck, Robert A. Steer and Gregory K. Brown 1996) for the whole sample.

Table 1: Descriptive Statistics of the Scales/Subscales, of the Behavioral Measures of Mean, Standard Deviation, Skewness, Kurtosis, Linearity and Alpha (PWB, PD, BD1).

Sources of Variables	Mean	Standard Deviation	Skewness	Kurtosis	Linearity	Alpha
Pd	39.08	5.23	.07	.91	.44	.57
Pwb	42.96	4.03	.04	.79	.04	.59
BDI	45.36	5.91	.07	.66	.42	.72

Reliability indices emerged to be robust at each level of analysis and that determined applicability of the scales of the behavioral measures for the present study. The reliability coefficients emerged to be robust signifying the trustworthiness of the test scale for measurement purposes in the project population of Mizo Youth. The scale constructed and validated for measurement of theoretical construct for a given population are need to be check again its reliability and validity as it might be more reliable and valid to another cultural setting (Berry, 1974; Eysenck & Eysenck, 1983; Witkin & Berry, 1975) as the cultural practices and norms are different according to derived-etic approach assumption (Pootinga, 1989), due to the influence of differential social desirability and response (Van de Vjver & Leung,1997).

Table -2: Mean and Standard Deviation Values for ‘Sexuality’ and ‘Age’ On the Behavioral Measures for the Whole Samples.

Sexuality	Age	Statistics	PWB		BDI
			Distress	well-being	
Hetero	15-21	Mean	35.15	47.30	44.15
		SD	2.92	7.06	2.92
	22-28	Mean	35.13	42.87	47.71
		SD	3.20	4.428	3.204
	Hetero Total		35.14	45.93	45.09
Homo	15-21	Mean	45.09	48.49	38.23
		SD	3.09	3.49	3.09
	22-28	Mean	40.94	42.79	41.74
		SD	3.22	5.72	3.22
	Homo Total		43.01	39.98	45.64



The result (Table – 2) revealed that homosexual male scores (M=43.01) higher in psychological distress as compared to heterosexual male in the mean score (M= 35.14). In psychological well being score, heterosexual male score much higher (M= 45.93) than homosexual male (M= 39.98). The results supported the findings that Prejudice in society against gay men and lesbians leads to greater psychological distress and higher use of services than in the heterosexual population (Savin-Williams, 1994). The results also revealed that homosexual male score higher in the mean score of depression (m= 48.49) than heterosexual male (m= 45.64) .Skidmore, Linsenmeier and Bailey (2006) have found that, unlike heterosexual men, homosexual men have increased rates of depression and other anxiety disorders. This finding is also supported by our present study.

Table - 3: Bivariate Correlation between the Scores of the Scales/Subscales (PWB, PD, BDI-11) For the Whole Samples.

Variables	PD	PWB	BDI
Distress	1	-.68**	.18**
Well being		1	-.19**
BDI-11			1

** Correlation is significant at the 0.01 level (2- tailed)
 *Correlation is significant at the 0.05 level (2- tailed)

The behavioral measures between the scales/subscales were significantly correlated with each other. The result Table-3 clearly revealed that Psychological Distress indicated positive relationship with Depression and, at the same time wherein emerge negative relationship with psychological Well being. The result Table – 3 also proved that psychological well being is found to indicate significant positive relationship with most of the scales/subscales of the behavioral measures, except Beck's depression inventory where in there emerge negative relationship. Rivers (2006) finds higher rates of depression, anxiety and hostility can have a negative effect on psychological well being.

Table – 4a: Levene’s Test of Equality of Error Variances For The Independent Effect of Sexuality and Age on the Behavioral Measures For the Whole Samples

	F	df1	df2	Sig.
Distress	.732	3	316	.53
PWB	.460	3	316	.71
BDI	.642	3	316	.42

To indicate there is a difference between the variables as assumed by the 2x2 ANOVAs, Levene’s test was applied. Levene’s test is a homogeneity test, it show homogeneity of variance for each dependent variable, which further indicated that there is a differences between the variances (heterogenous variance) is assumed by the ANOVA.

Table – 4b: Analysis of Variance for the Effect of Sexuality, Age, Sexuality X Age on the standardized scales of the behavioral measures for the whole samples

Dependent Variable	Sources of variation	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
PD	Sexuality	4961.25	1	4961.25	511.9	.00	.62
	Age	348.61	1	348.61	35.9	.00	.10
	Sex X Age	340.31	1	340.31	35.1	.00	.10
PWB	Sexuality	2832.20	1	2831.20	666.9	.00	.68
	Age	1001.11	1	1001.11	235.73	.00	.43
	Sex X Age	.05	1	.05	.91	.00	.00
BDI	Sexuality	24.20	1	24.20	.85	.35	.003
	Age	2050.31	1	2050.31	71.73	.00	.19
	Sex X Age	32.52	1	32.52	1.14	.29	.004

Results (Table -4b) revealed significant Independent effects of Sexuality, Age, Sex X Age in all the analyses for test scores on (i) Psychological Distress with effect size on sexuality is 62% (p>.01) (ii) Psychological Distress with effect size on age is .10% (p>.01) (iii) Psychological distress with effect size on Sex X Age is 10% (P>.01).



The results of the present study Table-4b which revealed that gay people tend to experience psychological distress in relation to their sexuality orientation (D'Augelli, 2002; D'Augelli et al., 2002; D'Augelli & Hershberger, 1993; DiPlacido, 1998; Lock & Hans, 1999; Rosario, Rotheram-Borus, & Reid, 1996).

The results of Table-4b revealed the significant Independent effects of Sexuality, Age, Sex X Age in all the analyses for test scores on (i) Psychological Well Being with effect size on sexuality is 68% ($p > .01$) (ii) Psychological Well Being with effect size on Age is 43% ($p > .01$) (iii) Psychological Well being with effect size on Sex X age is 00% ($p > .01$).

Difference to sexuality, it is expected that gay men as compared to their non gay counter experience more gender role conflict and that conflict may affect their psychological well being. Studies have typically found gender role conflict to be negatively related to psychological well-being (Blazina & Watkins, 1996; Cournoyer & Mahalik, 1995; Good & Mintz, 1990; Good et al., 1995; Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998; Sharpe & Heppner, 1991). Researchers initiate that younger and older people tend to have higher well-being scores than the middle aged, although there may be a decline in well-being among the very old (e.g. Blanchflower & Oswald, 2008; Clark & Oswald, 1994). Identification of sexuality has been found to correlate positively with SWB (Luhtanen, 1996) and may be an important factor in physical health as well (e.g., Cole, Kemeny, Taylor, & Visscher, 1996, but cf., Cole, Kemeny, & Taylor, 1997).

Gay youth have frequently internalized a negative image of themselves. They try to change their sexual orientation but unable to do so can caused a higher risk of emotional and behavioral problems, but due to the taboo by the society they try to hide their sexual orientation, consequently, their isolation for fear of disclosure leads to reduced social support, loneliness and an increased risk of depression (Oetjen & Rothblum, 2000). Sexuality shown significant effect size on Depression is 003% ($p > .01$); Age = 19% ($P > .01$); and sexXage = 004%. These findings revealed that sexuality has no effect at all on depression.

Discussion and Conclusion

Bivariate correlation between scales /subscales (Distress, well being, Becks depression) for the whole samples were presented in Table – 2. The bivariate correlation matrix (Table -2) indicated the relationships among the scales/subscales of the behavioural measures accounting for the samples of the Mizo youth. The bivariate correlation in Table 2 indicated that depression has a negative correlation with life satisfaction and Psychological well being which is supported by our hypothesis. Levene's test of equality of error variances (Table -4a) for the independent effect of sexual orientation and age on the behavioural measures were worked out to ascertain the homogeneity of the scores on the dependent variables, It shows significant result on the scale of SWBS, BDI-11, but on looking at the skewness and kurtosis on the descriptive statistics of all the variables measured indicated a normal skewness and kurtosis (Table – 1) which further indicated that there is a differences between the variances (heterogenous variance) is assumed by the ANOVA.

One way analysis of variance were computed for the effect of sexuality and age on the standardized scores of the behavioural measures presented in Table – 3b uniformly manifested significant F – ratios at each level. Results of the 2 X 2 ANOVA {2 sexual orientation (heterosexual and homosexual) and 2 age group (14-21 & 22-28)} revealed there is a significant effects of sexual orientation and age group on the behavioural measures. The effect of sexual orientation on distress is high showing 62 %. Distress refers to great physical pain. There is a longstanding acceptance that psychological distress (PD) in the form of anxiety, sadness, irritability, self-consciousness and emotional vulnerability is strongly correlated with physical morbidity, reduced quality and duration of life, and increased use of health services (Lahey, 2009). The studies conform to the earlier studies of Szymanski (2005) found that heterosexism, sexism, and internalized heterosexism are associated with psychological distress in lesbians and bisexual women, and that the interaction of heterosexist and sexist events further contributes to levels of psychological distress. Sexual orientation also has a high effect on well being showing 63%.

Limitations and Suggestion for Further Research

Although the present study revealed robust results, but it was not free from limitations. The present study among male homosexual is a sensitive issue in the Mizo's society. Many of the subjects were inhibited, as they were afraid of revealing their identity as the practice of homosexuality because of a social taboo in the Mizo's society. Due to this issue, the sample size was restricted to small size, and to obtain homogenous group to control the extraneous variable age group of only 15-28 age were taken (not the other age group). Therefore, it may not be well representation of the whole Mizo homosexual and heterosexual male youth for making generalization. Many other variables were excluded though they are susceptible to have effect on sexual orientation, due to the time limitation. The researcher felt that qualitative method such as open interview would strengthen the finding of the result, but that required longer time and could not be done in this study.



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