

Relationship between Stress, Anxiety and Depression among LGBT Community

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ABSTRACT

Introduction

The study demonstrates the relationship between stress, anxiety and depression within LGBT community. It also explores the psychosocial experiences of lesbian, gay, bisexual and transgender individuals that lead to psychological trauma.

During the present time, though the general social climate in various countries has become more accepting and tolerant of sexual minorities, still a significant amount of discrimination, prejudice and violence continues to affect LGBT individuals, families and communities. Whether through society, governments, schools or workplace, discrimination and prejudice continue to cause distress and various mental health issues to LGBT persons.

This study aims to contribute in creating awareness about mental health issues faced by LGBT community.

Methodology

The study involved individual interviews with 35 adult, self-identified participants. Along with the interview, questionnaire DASS (Depression, anxiety and stress scale) was administered on each participant to measure the presence of depression, anxiety and stress. The stress, anxiety and depression were correlated to each other.

Conclusion and Result

Results from the study indicate that stress, anxiety and depression were highly correlated to each other. It was further explored in the study that a LGBT individual's psychosocial experiences play a key role in causing psychological trauma. The explored psychosocial factors were stigmatization by the society, rejection by family, lack of financial support, violence and sexual abuse by family members, acquaintances and police.

Keywords

Stress, Anxiety, Depression, psychological trauma, LGBT

Late nineteenth century onwards and through the mid-twentieth century, a lot of attention and focus has been given to the interests and rights of the sexual minorities. Earlier it was believed that same-sex attraction and sexual behavior are deviant and harmful to both the individual and

to the society. Until the nineteenth century, homosexuality was considered to be a mental disorder or pathology and was thought to be the outcome of various factors like troubled family dynamics or faulty psychological development, etc. Later, all major professional mental health organizations went on record to affirm that homosexuality is not a mental disorder. In 1973 the American Psychiatric Association's Board of Trustees removed homosexuality from its official diagnostic manual, The Diagnostic and Statistical Manual of Mental Disorders, Second Edition (DSM II). The action was taken following a review of the scientific literature and consultation with experts in the field. The experts found that homosexuality does not meet the criteria to be considered a mental illness. Later, in 1993 the World Health Organisation removed homosexuality from its official list of mental illnesses. LGB people have acute prevalence of mental disorders than heterosexual people with the historical antigay stance and the stigmatization of LGB persons (Bailey, 1999).

During the present time, the general social climate in various countries throughout the world has become more accepting and tolerant of sexual minorities, but still a significant amount of discrimination, prejudice and violence continues to affect lesbian, gay, bisexual, and transgender individuals, families and communities. In a national study comparing GLB and heterosexual groups, researchers found that gay and bisexual men were more likely to report major depression and panic disorder in the previous twelve month period. Lesbian and bisexual women were more than three times as likely to have experienced generalized anxiety disorder. The reason for these disparities is most likely related to the societal stigma and resulting prejudice and discrimination that GLBT face on a regular basis, from society at large, but also from family members, peers, co-workers and classmates (Bostwick, 2007 A study was conducted at University Of London, UK which revealed that the rate of suicide attempts among lesbian, gay and bisexual people was twice as compared to heterosexual population. The risks of depression and anxiety disorders were at least one and a half times higher, as was alcohol and other substance abuse (Chakraborty et al, 2011)

Whether through society, governments, schools or the workplace, discrimination and prejudice continue to cause distress and various mental health issues to lesbian, gay, and bisexual persons everywhere. In a research it was found that when compared with their heterosexual counterparts, gay men and lesbians suffer from more mental health problems including substance use

disorders, affective disorders, and suicide (Cochran, 2001; Gilman et al., 2001; Herrell et al., 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001)

LGBT composition is referred to the people who select those sexual or gender identity labels as personally meaningful for them, and sexual and gender identities are complex and historically situated (Diamond 2003, Rosario et al. 1996, Russell et al. 2009). LGBT is commonly used as shorthand for the lesbian, gay, bisexual and transgender community in this study. It is important to note that while these groups may share some similarities, they are by no means identical in terms of their mental health issues, concerns, or needs. While the terms lesbian, gay, and bisexual (and heterosexual) refer to someone's sexual orientation, transgender is a term related to gender identity, or someone's sense of being a man or woman, boy or girl. Transgender people are heterosexual, gay, lesbian, and bisexual.

The initialism LGBT is intended to emphasize a diversity of sexuality and gender identity-based cultures and is sometimes used to refer to anyone who is non-heterosexual instead of exclusively to people who are lesbian, gay, bisexual, or transgender. As recorded since 1996, to recognize this inclusion, the letter Q has been added for those who identify as queer or are questioning their sexual identity as LGBTQ. A study conducted at University of California, examined possible root causes of mental disorders in lesbian, gay and bisexual people. It was explored whether ongoing discrimination fuels anxiety, depression and other stress-related mental health problems among LGB people. The authors found strong evidence of a relationship between the two. The team compared how 74 LGB and 2,844 heterosexual respondents rated lifetime and daily experiences with discrimination such as not being hired for a job or being denied a bank loan, as well as feelings of perceived discrimination. LGB respondents reported higher rates of perceived discrimination than heterosexuals in every category related to discrimination (Cochran and May, 2001).

Major terms of the study:-

Sexual Orientation

Sexual Orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. It also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those

attractions. Three sexual orientations are commonly recognised - heterosexual, homosexual (gay and lesbian) and bisexual.

Lesbian

A lesbian woman is one who is romantically, sexually and/or emotionally attracted to women. Many lesbians prefer to be called lesbian rather than gay.

Gay

A gay man is one who is romantically, sexually and/or emotionally attracted to men. The word gay can be used to refer generally to lesbian, gay and bisexual people but many women prefer to be called lesbian.

Bisexual

A bisexual person is someone who is romantically, sexually and/or emotionally attracted to people of both sexes. Being bisexual does not necessarily mean someone is involved in multiple relationships at once. Some men and women may engage in same-sex behavior yet still identify as heterosexual, and some lesbian or gay people may have sexual relationships with people of the other sex.

Transgender or Trans

Is an umbrella term used to describe people whose gender identity (internal feeling of being male, female or transgender) and/or gender expression, differs from that usually associated with their birth sex. Not everyone whose appearance or behaviour is gender-atypical will identify as a transgender person. Many transgender people live partially or completely as another gender. Transgender people can identify as transsexual, transvestite or another gender identity.

One's gender identity refers to whether one feels male, female or transgender (regardless of one's biological sex). Gender expression refers to outwardly expressing one's gender identity.

Transsexual people live or wish to live full time as members of the gender other than that assigned at birth. Transsexual people can seek medical interventions, such as hormones and surgery, to make their bodies fit as much as possible with their preferred gender. The process of

transitioning from one gender to another is called gender reassignment. Biological females who wish to live and be recognised as men are called female-to-male (FTM) transsexuals or trans men. Biological males who wish to live and be recognised as women are called male-to-female (MTF) transsexuals or trans women.

Transvestite or cross-dressing individuals are thought to comprise the largest transgender subgroup. Cross-dressers sometimes wear clothes considered appropriate to a different gender. They vary in how completely they dress (from one article of clothing to fully cross-dressing) as well as in their motives for doing so. A small number can go on to identify as transsexual.

Homophobia

Homophobia refers to fear of or prejudice and discrimination against lesbian, gay and bisexual people. It is also the dislike of same-sex attraction and love or the hatred of people who have those feelings. The term was first used in the 1970s and is more associated with ignorance, prejudice and stereotyping than with the physiological reactions usually attributed to a 'phobia'. While homophobic comments or attitudes are often unintentional, they can cause hurt and offence to lesbian, gay and bisexual people.

Transphobia

Transphobia refers to fear of or prejudice and discrimination against people who are transgender or who are perceived to transgress norms of gender, gender identity or gender expression. While transphobic comments or attitudes are often unintentional, they can cause offence and trauma to transgender people.

HOMOSEXUALITY IN INDIA

Homosexuality in India has a historical significance dating back to the time of pre-colonial Indian society when same-sex relationships were not criminalized, nor were they viewed as immoral or sinful. Hinduism, India's largest religion, has traditionally portrayed homosexuality as natural and joyful, though some Hindu texts do contain injunctions against homosexuality namely among priests. Hinduism also acknowledges a third gender known

as *hijra*. The Kama Sutra, a Sanskrit text on human sexual behaviour, uses the term *tritiya-prakriti* to define men with homosexual desires and describes their practices in great detail. It also describes lesbians (*svairini*, who engage in aggressive lovemaking with other women), bisexuals (referred to as *kami* or *paksha*), transgender and intersex people. The temple sculptors of Konark and Khajuraho depicting depicting homosexual relationships in stone, are living examples of homosexuality being accepted and practiced as a mode of sexual gratification during those era.

Modern societal homophobia was introduced to India by the European colonisers and the subsequent enactment of Section 377 by the British, which stood for more than 70 years after Indian independence

Homosexuality is mostly a taboo subject in Indian civil society and for the government. Up till now, Section 377 of the Indian Penal Code made sex with persons of the same gender punishable by law. But lately on 6 September 2018, the Supreme Court unanimously ruled that Section 377 is unconstitutional as it infringed on the fundamental rights of autonomy, intimacy and identity, thus legalising homosexuality in India.

Homophobia is prevalent in India and the attitude of the law and the heterosexual majority towards homosexuality creates a stressful situation prevents normal integration of homosexuals into the community. Public discussion of homosexuality in India has been inhibited by the fact that sexuality in any form is rarely discussed openly. However, the social climate of the country towards homosexuality has shifted slightly. In recent years, there have been more depictions and discussions of homosexuality in the Indian news media and in movies and television. Several governmental and non-governmental organizations expressed support for the rights and

integration of homosexuality in India, and pushed for tolerance and social equality for lesbian, gay, bisexual, and transgender people. India is among one of the countries with a social element of a third gender.

METHODOLOGY

The primary objective of the study was to find out the relationship between stress, anxiety and depression of different groups of sexual minorities which included gay, bisexual and transgender.

The secondary objective of the study was to find out the psychosocial factors that lead to stress, anxiety and depression in the gay, bisexual and transgender individuals.

The following hypothesis was formulated for the purpose of the study:

1. There will be a positive correlation among stress, anxiety and depression scores of the three groups of sexual minority.

During the study we conducted in-depth interviews with the participants to determine stress and the major causes of stress in their lives. The process used was semi structured and included open ended questions about stressors related to being GBT. The interview was constructed in Hindi and consisted of 20 open ended questions. The questions explored experiences of different areas of life of a sexual minority individual from childhood to adulthood. The data collected through the interview was analyzed qualitatively.

Questionnaire DASS– Depression Anxiety and Stress Scale, was administered along with the interview for screening of stress, anxiety and depression of the subjects. DASS is a 42-item questionnaire which includes three self-report scales designed to measure the negative emotional states of depression, anxiety and stress. Each of the three scales contains 14 items, divided into subscales of 2-5 items with similar content. The data gathered through the questionnaire DASS was analyzed using descriptive statistics and correlational analysis.

Respondent driven purposive sampling technique was used to identify the study participants for in-depth interview and to administer the questionnaire.

SAMPLE

The sample for the data was collected in a social setting, from few NGOs that work for the welfare of LGBT community. The sample consisted of 35 people that included Gays, Bisexuals and Transgender persons. Each participant was interviewed separately. The interview and the questionnaire were administered together. Confidentiality was maintained and the participants were assured that information provided by them will only be used for research purpose and would not be revealed in any other way.

RESULT

The present study was carried out to find out the relationship between stress, anxiety and depression among Gay, Bisexual and Transgender.

The scores of the participants on DASS 42 were correlated with each other to establish the relation between stress, anxiety and depression. The following tables (Tables 2, 3 and 4) correlate the stress, anxiety and depression score:

TABLE 1

DEMOGRAPHIC DETAILS OF THE PARTICIPANTS

Sl no.	Sexual orientation	Frequency
1	Lesbian	0
2	Gay	10
3	Bisexual	6
4	Transgender	19

N = 35

TABLE 2

Table 2 correlates the stress and anxiety scores of the participants

Correlations

		S	A
S	Pearson Correlation	1	.703**
	Sig. (2-tailed)		.000
	N	35	35
A	Pearson Correlation	.703**	1
	Sig. (2-tailed)	.000	
	N	35	35

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

The table shows that there is a significant correlation between stress and anxiety of the participants

The results suggest that Gay, Bisexual and Transgender individuals with high levels of stress also have a high level of anxiety and vice versa

TABLE 3

Table 3 correlates the anxiety and depression scores of the participants

Correlations

		A	D
A	Pearson Correlation	1	.774**
	Sig. (2-tailed)		.000
	N	35	35
D	Pearson Correlation	.774**	1
	Sig. (2-tailed)	.000	
	N	35	35

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

The table shows that there is a significant correlation between stress and anxiety of the participants.

The results suggest that Gay, Bisexual and Transgender individuals with high levels of stress also have a high level of anxiety and vice versa.

TABLE 4

Table 4 correlates the stress and depression scores of the participants

Correlations

	S	D
S	Pearson Correlation	.745**
	Sig. (2-tailed)	.000
	N	35
D	Pearson Correlation	.745**
	Sig. (2-tailed)	.000
	N	35

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

The table shows that there is a significant correlation between stress and anxiety of the participants.

The results suggest that Gay, Bisexual and Transgender individuals with high levels of stress may also exhibit high level of depression and vice versa.

The hypothesis taken in the study stated that the stress, depression and anxiety will be positively correlated to each other. The hypothesis was accepted as a high level of significance was found when stress and anxiety, stress and depression, anxiety and depression were correlated with each other (Table 2, 3, 4)

Further aim of the study was to explore the psychosocial factors that lead to psychological trauma in LGBT persons. This was established by conducting an interview schedule.

Qualitative Analysis of the interview is as follows:

72% participants reported that they realized their experience of gender was different from most individuals by the age 10 and before, and 28 % participants reported it between the ages 10 to 15.

51.4% participants reported that their social relations were majorly affected because of their sexual identity, 16% reported that family relations were affected the most, followed by education and work.

83% participants reported that since childhood they felt attracted towards males while 17% reported they felt attracted towards both males and females.

56% participants reported that their parents and family members do not accept their sexual identity, 30% reported that their family members do not know about their identity while 14% reported that their family accepted their sexual identity.

66% participants reported that their peers and acquaintances do not accept their sexual identity. They also reported that it was only their community (LGBT) friends that approved of their identity. 34% reported that their peers accepted them as they are.

94% participants reported that their sexual identity lead to stress in their everyday lives.

The common coping strategies for handling stress, as reported by the participants were staying alone and crying, spending time with community friends, indulging in sex work, taking counselling at NGOs or by theirs Guru.

27% participants reported of consuming alcohol and tobacco (cigarette) to cope up with the stress.

56% participants reported of facing violence and 28% participants reported of sexual abuse by family members, acquaintances and/or police people.

72% participants reported of attempting to commit suicide at least once in their lives.

DISCUSSION

The present study established that a positive correlation exists between stress, depression and anxiety. The hypothesis was accepted as a high level of significance was found when stress and anxiety, stress and depression, anxiety and depression were correlated with each other.

Along with this, the scores of DASS indicated that the levels of stress anxiety and depression are high in the participants of sexual minority.

In the gay population, 80% participants were found to have stress level high, 100% participants had high level of anxiety and 80% had high depression level, all ranging from categories mild, moderate, severe to extremely severe (Table 2).

In the bisexual population, 83.3% participants were found to have stress level high, 100% participants had high level of anxiety and 66.6% had high depression level, all ranging from categories mild, moderate, severe to extremely severe (Table 3).

Similarly, in the transgender population, 68.4% participants were found to have stress level high, 79.5% participants had high level of anxiety and 79.5% had high depression level, all ranging from categories mild, moderate, severe to extremely severe (Table 4).

Additionally, the psychosocial factors that lead to psychological trauma were explored qualitatively through interview method and the main factors found out as a result were

stigmatization by the society, rejection by family members, lack of financial support, and violence and sexual abuse by family members, acquaintances and police.

Stigmatization by the society

In the past, social stigma has been one of the strongest factors leading to stress, anxiety and depression in GBT individuals.

Social stigma is the extreme disapproval of a person or group on socially characteristic grounds that are perceived, and serve to distinguish them, from other members of a society.

The sexual minority individuals have been facing non acceptance and disapproval towards their sexual identity from acquaintances and other members of the society like religious groups, educational institutes, government bodies and peers.

In the interview conducted as a part of the study, all participants reported that the perception of the society towards them was not good and often people make fun of them and pass rude and tormenting comments. 51.4% participants reported that their social relationships were affected because of their sexual orientation.

Rejection by family members

Literature in the field indicate that families and caregivers have a major impact on their LGBT children's life and well-being. LGBT teens that are rejected or highly criticized, by their parents and caregivers, are at very high risk for health and mental health problems when they become young adults. They have poorer health than LGBT young people who are not rejected by their

families, have more problems with drug use, feel more hopeless and are much less likely to protect themselves from HIV or sexually transmitted diseases (STDs).

Thus rejection by family members, especially parents, is major factor contributing to stress, anxiety and depression in the sexual minority individuals. As a result of this often LGBT individuals choose to hide their sexual identity from their family members.

Lack of financial support

Often individuals of sexual minority face lack of financial support due to reasons like incomplete education, lack of job opportunities,

In the interview conducted in this study, more than 60% participants reported that they could not complete their education and dropped out school due to discrimination faced by them in the educational institute. They were often made fun of by peers and teachers because of their sexual orientation and behaviours associated with it. Also, they were often physically and verbally, and sometimes sexually abused by their teachers. Such traumatizing experiences forced them to quit their studies.

In workplace environment sexual minority individuals often face discrimination and rejection in getting employment, due to their sexual orientation. Due to lack of financial support, sexual minority individuals live in adverse living conditions which further add on to their levels of stress.

Violence and sexual abuse by family members, acquaintances and police

Violence and sexual abuse are major issues faced by sexual minority individuals. In the study, gay, bisexual and transgender participants reported of facing domestic violence, physical abuse by teachers in school during their childhood and by police officials. 30.6% of the participants reported they were beaten harshly by a family member (father, mother or siblings) because of their sexual orientation. 45% participants reported of being sexually abused by a close relative (male) or a teacher (male) during their childhood.

3 participants reported that that they had a fear of being beaten and molested by police as they have often faced such experiences in their lives in the near past.

LIMITATIONS

The findings of the study cannot be applied for lesbian community as there was a paucity of sample.

The study cannot be generalized for a larger population as the study was conducted on a small sample of 35 participants.

The study cannot be referred to correlate heterosexual and homosexual data.

The results and conclusion may vary if the data is collected from different cities due to cultural differences.

CONCLUSION

Homosexuality and Bisexuality is a stigmatized and a highly sensitive subject in India as well as other countries. The perception and general attitude of major part of the society have been negative and non-accepting towards sexual minority groups. The lesbian, gay, bisexual, and transgender people have been having traumatizing experiences in their lives owing to their sexual oriented. Though on one side a major section of the society does not support homosexuality, on the other side homosexuality and bisexuality has become prevalent in today's society and continuous efforts are being made to bring awareness about various issues and adversities faced by LGBT individuals because of the attitude of the society.

The present study also aims to contribute to creating awareness about mental health issues faced by LGBT community and help in the betterment of lives of LGBT individuals.

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