Voices of Invisibles: Coping responses of MSM

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Background

Men who have Sex with Men (MSM)

- Denotes all those men who have sex with other men regardless of their sexual identity.
Objectives of the study

- To explore psychosocial experience of homosexual and bisexual population often referred as men who have sex with men.

- To identify generic coping responses of homosexual and bisexual population of Baroda city.
MSM in India
– Identities/labels/behaviors

- MSM who don’t have any specific identity
- Kothi-identified homosexual males (Kothi = “feminine and mostly receptive”)
- The masculine partners of kothis who are called ‘Panthis’ (Panthi = “real men who only penetrate”).
- Double-decker (“who penetrate and receive”)
MSM in India
– Identities/labels/behaviors (Contd.)

- Gay-identified homosexual men
- Bisexual identified men with same-sex/bisexual behavior

Note:
- “Panthi” and “DD” are labels and usually not ‘identities’
- Identities may not correlate with the presumed sexual behavior.
Methodology

- 250 case studies
- 4 Focus Group Discussions
- These included the self identified Kothi (150), Panthi (50) - a term that is usually applied by koti to active partner and self identified Bisexual (50). Their age range was from 21 to 51 years and all came from Baroda. Four FGDs were conducted with the group of 7-8 members in each group. FGD guideline prepared coping discussing coping responses to psychosocial situations discussed.
Results and discussions
PSYCHOSOCIAL SITUATIONS

Childhood Experiences
- Awareness of homosexuality
- First Sexual experience
- Sexual abuse

Societal homophobia
- Social environment
- Cultural impositions
- Pressure of Marriage
- Duality
- Black mailing
PSYCHOSOCIAL SITUATIONS
cont.

- Discrimination and abuse labels or Remarks
- Discrimination and abuse labels or Remarks

Intimate Relationship

- Partners marriage
- Emotional rejection by partners
- Dealing with wife
PSYCHOSOCIAL SITUATIONS

cont.

Coming Out

- Coming out to one’s self
- Coming out to closed friends
- Coming out to closed family members
- Coming out at workplace
PSYCHOLOGICAL/EMOTIONAL REACTIONS

- Confusion with gender and sexual identity
- Shame, guilt
- Secrecy of one’s sexuality
- Self blame, Self hatred
- Low self esteem
- Feeling of misfortune
- Depressed feelings
- Feelings of being left out
- Feeling of worthless
- Social phobia
- Internalization of homophobia Anxiety
- Hatred forward society
- Fear
- Anxiety
- Fear of unknown
COPING RESPONSES

- Selection of Support
- Seek more information
- Network with support group
- Suicidal attempt
- Social withdrawal
- Self labelling
- Tolerate discrimination and abuse.
- Accept/ neglect labels or remarks

- Sanctioning social interaction
- Coming out
- Try to change sexual orientation
- Marriage
- Secrecy of one’s sexual identity.
- Self destructive behaviour
- Addiction
- Multiple partners
PSYCHOLOGICAL/EMOTIONAL REACTIONS:

- Shame,
- Guilt and secrecy of one’s sexuality,
- Fear of being exposed,
- Self hatred,
- Confusion with identity and
- Depression
CHILDHOOD EXPERIENCES

- Modal age of sexual first homosexual experience is 7 to 19 years.
- Awareness of same sex attraction
- First sexual experience
- Type of sexual experience (Forced or with consent)
- Type of sexual partner (Friends, cousins or relatives)
Physical abuse:

- 72% of the subjects reported that they have been sexually abused in childhood.
- 35% of the subjects were physically abused by relatives,
- 25% subjects were abused by friends and
- 12% of the respondents reported that they were abused by the police.
CHILDHOOD EXPERIENCES

conti..

- 60% of the subjects reported feelings of shame, self hatred and guilt after being sexually abused.

- Those who were not sexually abused (28%) reported feelings of shame and guilt after their first sexual contact.

- 75% of the those who identified as koti reported confusion with their homosexuality (sexual identity) and their effeminate behaviour.
CHILDHOOD EXPERIENCES
conti...

Psychological and emotional reactions:
- Confusion with gender and sexual identity
- Shame, guilt
- Secrecy of one’s sexuality
- Self blame
- Low self esteem
Coping responses:
- Select Support
- Seek more information
- Network with support group
- Suicidal attempt
SOCIETAL HOMOPHOBIA

Homophobia is the irrational hatred and fear of homosexual people that is produced by institutionalized biases in a society or culture.

- 55% : consciously accuse themselves of being involved in immoral/ sinful activities
- 35% Suicidal attempts
- 20% Substance abuse
The covert type of internalized homophobia presented among those individuals who accepted their sexuality, yet sabotage their own efforts in a variety of subtle ways. 65% respondents/participants abandoned their studies and career goals. It also takes the form of tolerating discriminatory or abusive treatment from others.
PSYCHOLOGICAL/EMOTIONAL REACTIONS:
- Self hatred (75%)
- Feeling of worthlessness (70%)
- Negative self image (being abnormal) (20%)

COPING RESPONSES TO HOMOPHOBIA:
- Attempt to change their sexual orientation (10%);
- Social isolation (70%);
- Acceptance of normative heterosexist ideology (80%); (marriage)
- Networking with other homosexual men, membership of support groups (80%);
- Secrecy of one’s orientation (75%)
COMING OUT

Contexts of coming out:

- Coming out to one’s self
- Coming out to closed friends
- Coming out to closed family members
- Coming out at workplace
COMING OUT

- 10% of MSM have disclosed their sexual orientation. (The larger proportion remained secretive about their sexual orientation. Non disclosure of sexual orientation is adopted as a coping mechanism to avoid further social complications).

- The study also suggests that the men experience conflict between their sexual behaviors and personal values when they do not disclose their identity to a significant other or others in their lives. 50% of the group reported feelings of shame, guilt and self hatred just for not disclosing their sexual orientation to their closest ones.
COMING OUT conti.

Psychological /emotional reactions:

- Anxiety
- Fear of unknown
- Confusion with gender and sexual identity
COMING OUT  conti..

Coping responses:

- Coming out of the family members
- Remained unmarried
- Accept marriage proposal and lead dual life.
75% “koti” reported discrimination and labelling experience on their effeminite behaviour.

Discrimination and labelling creates. Question “why” however, implies “why me?” or “How could this happen to me?”. These are existential questions inherent in a reaction to discrimination and labeling by others.
DISCRIMINATION & LABELLING conti.

PSYCHOLOGICAL/EMOTIONAL REACTIONS:

- Feeling of misfortune
- Self hatred
- Hatred forward society
- Fear
- Depressed feelings
- Suicidal ideation
- Low self esteem.
Coping responses:

- Tolerate discrimination and abuse.
- Accept/ neglect labels or remarks
- Social withdrawal
- Self labelling
INTIMATE RELATIONSHIP

Contexts:

- Difficult to find steady partner
- Societal Complications
- Unacceptance of same sex relationship in our society.
- Partners marriage
- Emotional rejection by partners
- Dealing with wife
INTIMATE RELATIONSHIP conti.

Psychological/emotional reactions:

- Depressed feelings
- Suicidal ideation
- Feelings of being left out
- Self blame
- Low self esteem
INTIMATE RELATIONSHIP conti.

Coping responses:

- Self destructive behaviour
- Addiction
- Multiple partners
SUPPORT GROUPS:

- Modal age of becoming part of support group: 21
- Participants reported feeling isolated during the long gap between their awareness of same sex attraction and their involvement in a support network.
- Support group helps MSM:
  - To build a positive self image of being homosexual men.
  - To Accept one’s sexual orientation and
  - To build courage to come out to family and the society.
PSYCHOSOCIAL EXPERIENCE

TRIAD

PSYCHOSOCIAL SITUATIONS

PSYCHOLOGICAL AND EMOTIONAL REACTIONSCOPING RESPONSES

ADJUSTMENT TO THE ENVIRONMENT
CONCLUSION

Psychosocial situation often creates adverse psychological, emotional and behavioural reactions influencing their adjustment to the social environment.

The correlation between psychological, emotional reactions and behavioural coping responses need to be studied even more intensely.
THANK YOU!

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