

## **A Study on Cognitive Emotion Regulation and Locus of Control in LGBT**

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**Abstract :** The Lesbian, Gay, Bisexual and Transgender (LGBT) community constitutes the stigmatized and marginalized section of the 'heterosexist' society. It attempts to probe into their Cognitive emotion regulation and Locus of control. Using Klein Sexual Orientation Grid, homosexuals and bisexuals, were selected to constitute Other sexual orientation group, on basis of sexual orientation and heterosexuals were selected to constitute Heterosexual orientation group, after screening them with General Health Questionnaire – 28. Following this, Transgenders were screened using The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults. The Other sexual orientation group was then renamed as LGBT group. They were assessed using Cognitive Emotion Regulation Questionnaire and Rotter's Internal – External Locus of Control Scale. The data obtained was analyzed using descriptive and inferential statistics. Results revealed significant differences between Heterosexual orientation and Other sexual orientation group whereby the latter tend to cope with stressors with more Negative Cognitive Emotion Regulation strategies and have internal locus of control. Significant differences were found in LGBT group whereby Transgenders use significantly higher Negative Cognitive Emotion Regulation strategies, followed by Bisexuals, Gays and Lesbians. Lesbians use significantly higher Positive Cognitive Emotion Regulation strategies, followed by Gays, Bisexuals and Transgenders. Lesbians have significantly higher external locus of control followed by Gays, Bisexuals and Transgenders. Although having certain limitations, the study highlights the need for extending psychotherapeutic intervention in the LGBT community.

**Keywords -** *Cognitive emotion regulation, Gender identity, LGBT, Locus of control, Sexual orientation*

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### **I. INTRODUCTION**

Sexuality is related to an individual's sex, gender identity and expression and sexual orientation. LGBT is an acronym used to denote the Lesbian, Gay, Bisexual and Transgender individuals. It encompasses homosexuality, bisexuality and gender dysphoria. Homosexuality encompasses sexual attraction and desire towards a person of their own sex, sexual act between people of the same biological sex and identity. Homosexual men and women are known as Gays and Lesbians respectively. Bisexuality is emotional, romantic and/or sexual attraction or sexual behavior toward members of both sexes. Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex assigned at birth (APA, 2006). The plight of the LGBT community has various aspects. Starting with difficulties in identity formation and synthesis (Huebner et. al., 2004) and being rejected by their families (Ryan et. al., 2009) to facing discrimination, being victimized and marginalized in all spheres encompassing education, employment, housing, health care, legal systems. Moreover, transgenders encounter more extensive prejudice and violence due to problems with gender identity (Xavier, 2000). These instill in them fear of rejection, concealment from the society, minority stress, internalized homo/bi/transphobia and disturbed patterns of emotional reactions. These along with maladaptive coping strategies lead to poor psychological functioning (Meyer, 2003). One important facet of coping is cognitive emotion regulation. Emotion regulation is an important factor in determining well-being (Cicchetti et. al., 1995). Cognitive processes play a role at the input and output levels in emotion regulation. At the input level, whether external or internal, stimuli are appraised as emotionally significant or insignificant, this appraisal process is cognitive in nature. At the output level, emotional states prime or facilitate specific cognitive modes. Thus, from a regulation perspective, emotion might be modulated at different stages through cognitive processes through appraisal that gives emotional meaning to a situation. Cognitive emotion regulation helps to control emotions and/or not getting overwhelmed by them in the face of traumatic and stressful events (Garnefski et. al., 2001). Closely associated with coping is locus of control. It refers to one's beliefs concerning the relationship between one's actions and outcomes in life (Rotter, 1966). People with internal and external locus of control differ in the nature and effectiveness of their appraisal and coping behavior in the face of stressors. As per Parkes (1984), people with an internal locus of control show more adaptive coping strategies than those with an external locus. The present study attempts to

find out the differences between the Other sexual orientation group (OSG-consisting of homosexuals and bisexuals) and the Heterosexual orientation group (HSG) with respect to Cognitive emotion regulation and Locus of control. It also attempts to find out the differences among the Lesbians, Gays, Bisexuals and Transgenders (LGBT) with respect to the aforesaid variables.

## II. METHOD

**2.1 Objectives** – The objectives of the study are presented below –

1. To determine whether there is a significant difference between OSG and HSG with respect to Cognitive emotion regulation and locus of control
2. To find out whether there is a significant difference among the Lesbians, Gays, Bisexuals and Transgenders with respect to Cognitive emotion regulation and locus of control.

**2.2 Sample** – The sample comprised of 120 subjects selected on the basis of sexual orientation (considering their biological sex) and divided into two groups –OSG (N = 60) and HSG (N = 60). Following this, the OSG was renamed as the LGBT group and was divided on the basis of sexual orientation and gender identity into Lesbians (N = 10), Gays (N = 10), Bisexuals (N = 20) and Transgenders (N = 20).The sample for OSG was obtained from non-governmental organizations (NGOs) and online LGBT groups while that of HSG was obtained from the community. Purposive sampling was used. The groups were matched with respect to sex, age, occupation and religion.

**2.3 Selection criteria** – The inclusion criteria for OSG – the age range was 18-30 years; minimum educational qualification was Class 10 and subjects with rating of 4, 6 and 7 in all dimensions of Klein Sexual Orientation Grid (KSOG). The exclusion criteria - subjects with any psychiatric, physical or neurological illness, sexually transmitted diseases or infections in past or presently suffering and subjects with difficulty in comprehending and reading English. The inclusion criteria for Lesbians and Gays – age and educational qualification were same as before. Females and males, respectively, with rating of 6 and 7 in all dimensions of KSOG and without any history of gender identity disorder or presence of gender dysphoria. The exclusion criteria were same as before. The inclusion criteria for Bisexuals - age and educational qualification were as before, subjects with rating of 4 in all dimensions of KSOG and without any history of gender identity disorder or presence of gender dysphoria. The exclusion criteria were same as before. The inclusion criteria for Transgenders - age and educational qualification were same as before, subjects with Gender Identity Disorder, who scored 1 or 2 on the items in the Gender Identity/Gender Dysphoria Questionnaire for Adults and Adolescents, they were either homosexuals or bisexuals on the basis of their biological sex and openly cross-dressed in public. The exclusion criteria - transgenders who are undergoing or had undergone Sex Reassignment surgery and other criteria were same as before. Inclusion Criteria for HSG - age and educational qualification were same as before, subjects with rating of 1 or 2 in all dimensions of KSOG, without any history of gender identity disorder or presence of gender dysphoria and with a score of less than 4 in General Health Questionnaire-28. The exclusion criteria were same as before.

**2.4 Measures used** –

1. Information Schedule: The information schedule was prepared to elicit information regarding socio-demographic details, medical and psychiatric history and relationship with family. Information regarding coming-out experience, community involvement, relationship with preferred sex and presence of homo/bi/transphobia was obtained from the LGBT group.
2. Klein Sexual Orientation Grid: This was devised by Klein et. al. in 1985 and is composed of seven variables which measure actual sexual experiences, sexual attractions, fantasies, emotional preferences, lifestyle, and self identification as they relate to a person's past, present and future.
3. The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults: Deogracias et. al. (2007) developed a dimensional measure that pertain to gender identity and gender dysphoria. It was designed to capture multiple indicators including subjective, social, somatic, and socio-legal parameters. The Cronbach alpha was found to be 0.97.
4. General Health Questionnaire – 28: This questionnaire was developed by Goldberg and Hillier (1979) and was designed to detect psychiatric morbidity among respondents. It contains 28 items measuring somatic symptoms, anxiety, insomnia, social dysfunction and severe depression. The reliability coefficient of GHQ-28 ranges from 0.75 to 0.95.
5. Cognitive Emotion Regulation Questionnaire: It was developed by Garnefski et. al. (2001) for measuring cognitive coping strategies that characterize the responding to stressors and used in stressful events. The Cronbach alpha reliability coefficients for positive and negative cognitive emotion regulation subscales are 0.91 and 0.87 respectively.

6. Rotter's Internal – External Locus of Control Scale: It is a 29-item forced choice inventory developed by Rotter (1966) to assess locus of control and pertains to a person's expectation of reinforcement of his/her behaviour, arising from the social environment. The test-retest reliability was found to be 0.83.

**2.5 Procedure** – To collect data, NGOs, LGBT communities and online LGBT groups were approached. Consent was taken from willing subjects and they were screened for sexual orientation using Klein Sexual Orientation Grid (Klein et. al., 1985). 30 homosexuals and 30 bisexuals were selected and included in OSG, following their criteria. Subjects for HSG were selected from the community after screening them using GHQ–28 (Goldberg and Hillier, 1979) and Klein Sexual Orientation Grid. This consisted of 30 males and 30 females. After this, Transgenders were screened for gender dysphoria using GIDYQ–AA (Deogracias et. al., 2007) after they met the diagnostic criteria of Gender Identity Disorder (World Health Organization, 1992). The OSG was then renamed as the LGBT group and was divided on the basis of sexual orientation and gender identity into Lesbians, Gays, Bisexuals and Transgenders. Administration of questionnaires was done in a session with adequate rest, in a pre-determined order, as Cognitive Emotion Regulation Questionnaire (Garnefski et. al., 2001) and Rotter's Internal – External Locus of Control Scale (Rotter, 1966).

**2.6 Statistical Analysis** – Statistical analysis was done using Statistical Package for Social Sciences, 21. The sample characteristics of OSG and HSG were compared. The data obtained from the present study were analyzed using descriptive statistics such as mean and standard deviation and inferential statistics such as t-test in case of OSG and HSG while Kruskal-Wallis one way ANOVA followed by the Mann-Whitney U test in case of the LGBT group. 0.05 and 0.01 level of significance were considered.

### III. RESULTS

Table I: Distribution in frequency, percentages and chi-square values for some socio-demographic variables of HSG and OSG

Variables	Category	OSG frequency	OSG (%)	HSG frequency	HSG (%)	Pearson's Chi-Square
Sex	Male	30	50%	30	50%	0.000
	Female	30	50%	30	50%	
Education (years of formal education)	11-12	35	58.4%	7	11.7%	30.203**
	13-15	16	26.7%	35	58.3%	
	16 and more	9	15%	18	30%	
Occupation	Employed	25	41.7%	33	55%	5.91
	Unemployed	23	38.3%	11	18.3%	
	Student	12	20%	16	26.7%	
Staying with family	Yes	41	68.3%	58	96.7%	16.681**
	No	19	31.7%	2	3.30%	
Marital Status	Married	21	35%	48	80%	24.859**
	Single	39	65%	12	20%	
Religion	Hinduism	47	78.3%	49	81.7%	0.208
	Islam	13	21.7%	11	18.3%	

\*\* p< 0.01 level

Table I shows a significant difference between the means of the two groups with respect to level of education, whether staying with family and marital status.

Table II: Means (M), Standard deviations (SD) and t-test values of the age of OSG and HSG

Variable	OSG			HSG			t-test value
	Frequency	M	SD	Frequency	M	SD	
Age	60	25.70	6.47	60	25.09	6.39	0.371

The above table shows no significant difference existing between their mean ages.

Table III: Means (M) and Standard Deviations (SD) and t-test values with respect to Cognitive Emotion Regulation and Locus of Control of HSG and OSG

Variables	OSG		HSG		t test value
	M	SD	M	SD	
Negative Cognitive Emotion Regulation	49.25	6.76	37.85	5.38	10.22**
Positive Cognitive Emotion Regulation	58.72	6.99	59.15	4.96	0.39
Locus of Control	11.70	3.69	15.98	1.85	8.04**

\*\* p < 0.01 level

Table III shows that the OSG use significantly higher Negative Cognitive Emotion Regulation strategies and have significantly high internal locus of control than HSG.

Table IV: Mean (M) and Standard Deviations (SD) of LGBT with respect to Cognitive Emotion Regulation and Locus of Control

Variables	Lesbian		Gay		Bisexual		Transgender	
	M	SD	M	SD	M	SD	M	SD
Negative Cognitive Emotion Regulation	39.40	7.38	49.40	5.13	50.45	4.58	52.90	4.02
Positive Cognitive Emotion Regulation	63.30	5.03	62.00	4.57	60.65	7.41	52.85	4.27
Locus of Control	15.60	1.43	14.00	2.79	11.95	2.61	8.35	2.85

The above table shows that use of Negative strategies is higher in Transgenders and Positive strategies are higher in Lesbians. The mean score of Locus of Control is highest in Lesbians.

Table V: Mean Ranks and H values of Kruskal-Wallis one way ANOVA of LGBT group with respect to Cognitive Emotion Regulation and Locus of Control

Variables	Groups	Mean Rank	H Value
Negative Cognitive Emotion Regulation	Lesbian	10.05	20.36**
	Gay	27.95	
	Bisexual	32.35	
	Transgender	40.15	
Positive Cognitive Emotion Regulation	Lesbian	41.30	24.56**
	Gay	39.40	
	Bisexual	36.23	
	Transgender	14.93	
Locus of Control	Lesbian	49.50	33.45**
	Gay	42.50	
	Bisexual	30.80	
	Transgender	14.70	

\*\* p < 0.01 level

Table V shows that the Transgenders use significantly higher Negative Cognitive Emotion Regulation strategies, followed by Bisexuals, Gays and lastly, Lesbians. Lesbians use significantly higher Positive Cognitive Emotion Regulation strategies, followed by Gays, Bisexuals and Transgenders. Lesbians have significantly higher external locus of control followed by Gays, Bisexuals and Transgenders.

Table VI: Mean Ranks and U values of Mann-Whitney U of Lesbians and Gays, Lesbians and Bisexuals, Lesbians and Transgenders, Gays and Bisexuals, Gays and Transgenders, Bisexuals and Transgenders for dimensions of Cognitive Emotion Regulation and Locus of Control

Variable	Groups	Mean Rank	U Value
Negative Cognitive Emotion Regulation	Lesbian	6.85	13.53**
	Gay	14.15	
Positive Cognitive Emotion Regulation	Lesbian	11.05	44.53
	Gay	9.95	
Locus of Control	Lesbian	12.15	33.50**
	Gay	8.85	
Negative Cognitive Emotion Regulation	Lesbian	7.65	21.52**
	Bisexual	19.42	
Positive Cognitive Emotion Regulation	Lesbian	17.11	84.24
	Bisexual	14.73	
Locus of Control	Lesbian	22.85	26.55*
	Bisexual	11.82	
Negative Cognitive Emotion Regulation	Lesbian	6.55	10.53**
	Transgender	19.97	
Positive Cognitive Emotion Regulation	Lesbian	24.15	13.50**
	Transgender	11.17	
Locus of Control	Lesbian	25.50	0.12**
	Transgender	10.50	
Negative Cognitive Emotion Regulation	Gay	13.65	81.53
	Bisexual	16.42	
Positive Cognitive Emotion Regulation	Gay	16.45	91.78
	Bisexual	15.05	
Locus of Control	Gay	20.15	53.57
	Bisexual	13.17	
Negative Cognitive Emotion Regulation	Gay	11.15	56.52
	Transgender	17.67	
Positive Cognitive Emotion Regulation	Gay	24.55	14.50**
	Transgender	11.22	
Locus of Control	Gay	24.55	10.03**
	Transgender	11.22	
Negative Cognitive Emotion Regulation	Bisexual	17.51	140.00
	Transgender	23.53	
Positive Cognitive Emotion Regulation	Bisexual	27.47	60.52**
	Transgender	13.52	
Locus of Control	Bisexual	26.82	74.02**
	Transgender	14.23	

\*\* p < 0.01 level \* p < 0.05 level

Table VI shows that Gays, Bisexuals and Transgenders use significantly higher Negative Cognitive Emotion Regulation strategies than Lesbians. Lesbians, Gays and Bisexuals use significantly higher Positive strategies than Transgenders. Lesbians have significantly higher external locus of control than Gays, Bisexuals and Transgenders. Gays and Bisexuals have higher external locus of control than Transgenders.

#### IV. DISCUSSION

The OSG group, as per table I, has spent less years of education than HSG. This might be due to the stigmatization and victimization that they face. Most of them are thrown out of schools or they drop out being unable to bear the ridicule and rejection being inflicted upon them. This is supported by Arafat et. al.

(2009). Compared to HSG, less number of OSG individuals stay with their families. In adolescence and early adulthood, many OSG individuals get disowned from families or they leave their families owing to abuse and also due to excessive efforts by their family to 'normalize' their sexual orientation (Comstock, 1991). They have dysfunctional family environment (Byne & Parsons, 1993). They tend to join respective communities from where they derive social support and a safe environment to live. Further, less number of OSG subjects are married, owing to non-recognition and non-acceptance of LGBT marriages. In the present study, most Bisexuals who didn't 'come-out' were found to be married to the opposite sex.

The findings from Table III show that the OSG use significantly higher Negative Cognitive Emotion Regulation strategies and have significantly high internal locus of control than HSG. In case of the OSG, prejudiced and stigmatized cultural attitudes toward their sexual orientation pose an adverse effect on their identity development, self-definition, visibility, and relationships (Bradford, 1997). They are at greater risk for excessive mental distress and adverse mental health outcomes. Being a minor group, they face barriers in every spheres of daily functioning. Minority stress result from "culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, the impact of these on psychological well-being, and consequent readjustment or adaptation" (Brooks, 1981). This is the direct outcome of the rejection that the 'heterosexist' society throws at them leading to poor adaptation to highly stressful life events (Meyer, 2001).

OSG individuals need to remove the painful aspects of criticism and rejection and deal with the unique challenges that comes with their non-conforming sexual orientation. Having an internal locus of control implies that they assume own responsibility for significant life events and interpret own behavior as responsible for various behavioral consequences. They tend to blame themselves even if situations are beyond their control without thinking about the real causes (Sue and Sue, 1999). They engage in self blaming, readily accepting and resigning themselves to whatever have happened. They also tend to think much about the feelings and thoughts associated with negative events and explicitly emphasizing more on the adverse sides of these.

As compared to HSG, they focus less on thinking about pleasant aspects of experiences; think less about how to handle the situation or attach a positive meaning to experiences. These enhance their perception of stress. Catastrophizing has been found to contribute significantly to distress (Lee et. al., 2008). Having a lack of social support, having repeated experiences of being mocked at or rejected, lacking in basic skills to deal with victimization and marginalization, an internal locus of control and trivializing the pleasant aspects of experiences and often having poor community involvement can actually invite various stressful experiences for them. Further, blaming themselves, focusing on feelings and thoughts of negative life events can bring down their self-esteem, feel helpless in the face of stressors and overwhelm them, thus, further, lowering their ability to fight back and make way for more adverse experiences to ensue.

As per Rastall (2009), the relationship between Locus of control and coping behavior is cyclical in nature; the outcomes of coping behavior reinforce control expectancies and appraisals of problem-solving ability. In turn, reinforced control expectancies determine coping processes. Coping behavior influences how vulnerable one is to further stressful situations; passive coping techniques are correlated with further victimization. In case of OSG, poor coping resources combined with negative cognitive strategies make them poor in cope effectively and their perception of having an internal locus of control gets further reinforced, thus, running in a vicious cycle.

Transgenders use significantly higher Negative Cognitive Emotion Regulation strategies, followed by Bisexuals, Gays and Lesbians as revealed in Table V and VI. Further, Transgenders have an internal locus of control compared others. In LGBTs, the Transgenders are most stigmatized and marginalized. Their deprivations are grounded in non-recognition as a separate gendered human being beyond the male-female dichotomy (Nanda, 1999). Transgenders face three-fold stigma: for gender identity, sexual orientation and for being poorly educated and employed. Thus, their plight is much harder than minorities who are discriminated for sexual orientation only. According to Roback et. al. (1977), homosexuals have better self-image and are better psychologically adjusted than transgenders. Moreover, identity integration, lesser visibility and more social support in case of homosexuals and bisexuals make a huge difference in the coping ability of them and Transgenders. Transgenders, due to deficit in conflict-free intrapsychic functioning, poor self image, inner distress and lack of optimum coping resources (Reddy, 2003), perceive life experiences adversely and focus less on dealing effectively with stressors. This is further enhanced by internal locus of control.

While comparing bisexuals and homosexuals, the findings show that bisexuals use significantly higher Negative Cognitive Emotion Regulation strategies and have internal locus of control as compared to

Lesbians. According to Lysne (1995), Homosexuals have been found to self-identify as Gays and Lesbians more often and achieve a positive homosexual identity despite social challenges and their experience is character-strengthening. Lesbians go through the 'coming out' process at an earlier age and have better identity integration. Rust (1993) examines sexual identity formation among Lesbian and bisexuals and found that bisexuals come out at later ages and exhibit less 'stable' identity histories. Many Bisexuals privately identify as bisexuals and maintain same-sex relationships, often not disclosing about it to others (Aranow, 1991). They have less community involvement than homosexuals.

In order to cope with the outer unacceptable reality and impingements of their inner anxiety resulting from the poor integration of their identity, bisexuals tend to employ more negative strategies like Self blame and Catastrophizing and have an internal locus of control. Having better coping resources, ego strength and greater community involvement from where they have their experiences validated. Lesbians tend to engage less in blaming themselves or focusing on the painful aspects of their experiences (Cody and Welch, 1997).

On the other hand, having an internal locus of control, Bisexuals, tend to cope using these negative strategies. Internalized biphobia seems to play a major role here (Ochs and Deihl, 1992). The relatively greater invisibility of the Bisexuals as compared to the Lesbians further enhances this experience. The experience of isolation, illegitimacy, shame, and confusion felt by many bisexuals can be disempowering, even disabling. Clearly, issues of shame pervade the difficulties bisexuals face in attempting to form a positive, well-integrated bisexual identity. This explains their blaming of selves and considering their own behavior as responsible for various behavioral consequences.

Comparing within homosexuals, the findings show that Gays use significantly higher Negative Cognitive Emotion Regulation strategies and have an internal locus of control than Lesbians. Several studies have documented that Gays are at greater risk of victimization than are Lesbians (D'Augelli and Grossman, 2001). Several factors may account for it. Victimization by heterosexually-identified men towards sexual minorities show more hostile attitude towards sexual minority men than towards sexual minority women (Herek, 2002). Gays have greater visibility as compared to females and so, they are easy targets for victimization. Moreover, they are more likely to come out open and report their experiences of enacted and felt stigma and victimization based on their sexual orientation as compared to females (Herek, 2007). Moreover, as compared to Lesbians, Gays are more criticized and rejected by their families. As the society becomes somewhat more accepting of homosexuality overall, research shows more societal tolerance for Lesbians than Gays (Garnets et. al., 1990). So, on one hand, Gays are more victimized and on the other hand, they derive less social support as compared to Lesbians. All of these factors account for differences in their coping ability.

The findings further show that the Gays engage more in Negative Cognitive Emotion Regulation and have an internal locus of control as compared to the Lesbians. As they hold themselves responsible for their significant life experiences, the Gays tend to blame themselves more and focus more on the stigmatization and victimization of their life experiences which further brings down their ability to cope. This finding has been supported by Christman (2012) and has not been supported by Anderson (1998). Lesbians, having an external locus of control tend to place the responsibilities for their adverse experiences on factors out of their control and thus make less use of negative cognitive strategies in coping with stressful events or situations. Similar findings were also reported by Dundas and Kaufman (2000).

## **V. CONCLUSION**

The findings of the current study highlight significant differences between Heterosexual orientation group and Other sexual orientation group. The Other sexual orientation group copes with stressors with more Negative Cognitive Emotion Regulation strategies and have internal locus of control. In the LGBT group, significant differences were found among Transgenders, they use significantly higher Negative Cognitive Emotion Regulation strategies. They are followed by Bisexuals, Gays and lastly, Lesbians. The latter group use significantly higher Positive Cognitive Emotion Regulation strategies. This trend is followed by Gays, Bisexuals and Transgenders. Lesbians have significantly higher external locus of control followed by Gays, Bisexuals and Transgenders. Maladaptive emotion regulation practices and poor coping strategies can lead to diverse mental health problems that exist in the LGBT population. There is a need for extending psychotherapeutic intervention to the individuals in the LGBT community which can aid adaptive emotion regulation and help them to handle their negative life experiences better.

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