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Indirect self-destructiveness in homosexual individuals

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Summary

Objective: Indirect self-destructiveness and its manifestations in homosexual individuals remains a poorly studied area.

Aim: The aim of this study was to comprehensively examine the syndrome of indirect self-destructiveness in homosexual individuals.

Material and Method: 156 homosexual individuals (111 males, 45 females) aged 25-35 (mean age of 29.6) and 561 heterosexual individuals (400 males, 161 females) aged 24-36 (mean age of 28.2) were studied with regard to indirect self-destructiveness. The research instrument was the Polish version of the Chronic Self-Destructiveness Scale (CS-DS) including: Transgression and Risk (A1), Poor Health Maintenance (A2), Personal and Social Neglects (A3), Lack of Planfulness (A4) and Helplessness and Passiveness in the face of problems (A5).

Results: Homosexual individuals obtained significantly higher scores than heterosexual ones in numerous scales: Indirect Self-Destructiveness – global (general) index ($p<0.001$), A1-Transgression and Risk ($p<0.001$), A4-Lack of Planfulness ($p<0.001$) and A5-Helplessness, Passiveness ($p=0.04$) There were no significant differences in the Poor Health Maintenance scale (A2). They also achieved significantly higher scores in the subscales assessing using of psychoactive substances. Factor analysis revealed the presence of only one factor both in the group of homosexual and heterosexual individuals.

Conclusions: The research results indicate that, as compared with the group of heterosexual individuals, in the group of homosexuals there occurs a worsening in psychological functioning, which may be also manifested by an increased indirect self-destructiveness index. The increased intensity of indirect self-destructiveness in homosexual individuals

The study was not sponsored.

may be considered a manifestation of worsened psychological functioning. The homosexual individuals look after their health similarly to heterosexuals.

Key words: indirect self-destructiveness, homosexuality

Motto: *The homosexual minority is discriminated against to such an extent that would never be dared against any other minority* (Boczkowski K.).

Introduction

Homosexuality as a term (introduced by Kertbeny in the mid-19th century) is a word composed of, and simultaneously an example of "marrying", two ancient languages: homo (Greek, ομος or ομοιος similar, the same) + sexus (Latin, sex). Sell [1] states that this combination is inappropriate, but too deeply rooted in the literature.

Homosexuality as a sexual, psychological and social phenomenon (deviation?) has been known for a very long time as it was mentioned in works of ancient writers and the Bible alike; according to some authors the constant presence of homosexuality, independent of times and cultures, indicates that it is a natural phenomenon conditioned by multiple factors, including biological ones [e.g. 2]. Therefore, homosexuality is a phenomenon that has always been there. Probably about 3-4% of males and about 1% of females are homosexuals [3-8]. Latest studies indicate that 2.5% of males and 1.4% of females had only sexual partners of the same sex as themselves during the past year [9, 10].

Exclusive homosexuality is defined as a permanent pattern of sexual behaviours and fantasies focused solely on individuals of the same sex [7]. Homoerotic motivation, "direction of feelings", rather than the kind of sexual practices that are not necessarily consistent with sexual preferences, is of the utmost importance in diagnosing homosexuality. Homosexuality differs from heterosexuality only in the direction of sexual drive, while the course of emotional and sexual relationships is similar, apart from the fact that fertilization and having offspring is impossible in a homosexual relationship [11].

It is a well-known fact that over the centuries attitudes of societies towards individuals of such sexual orientation changed depending on an era, society and culture. In some (not numerous) cultures homosexuality is preferred over heterosexuality, in others it is merely tolerated, in some it is accepted prior to a heterosexual marriage to be subsequently fought against, while still in others (numerous) it is strongly suppressed [12, 13]. Throughout history only attitudes towards deviations[1] changed: they were alternately glorified, tolerated or condemned [14]. At some time in the past societies began to condemn such sexuality, which led to severe social and legal consequences for individuals displaying such behaviours [15]. A majority of negative at-

1 The author in the original text uses the term "perversion", which is another example or evidence of changes in attitudes towards various phenomena of erotic life.

titudes towards homosexuality carry the same message: "homosexuality is a negative and embarrassing trait which inspires fear and should be eradicated [15, 16]. Hence, probably various ideas for "treating" homosexuality[2], or prejudice, discrimination and persecution in various forms, including by virtue of the law. In some US states homosexuality is considered a crime and in the past (until 1973) psychiatry regarded it as a "disorder" with the homosexual being considered a mentally ill individual who ought to be treated until the "patient" abandons that inappropriate predilection and embraces heterosexuality [7, 13].

Indirect self-destructiveness

Another phenomenon that has been known well for a long time is that of self-harm. While the issue of directly self-destructive behaviours (suicides, self-inflicted injuries etc.) is clear and raises no doubt, less acute and "subtle" forms of self-harm or impairing the quality of and/or shortening the length of one's life are not immediately and directly noticeable (risky behaviours, addictions, neglects etc.). Less attention is usually paid to them, especially as numerous of those are treated as commonly (or at least frequently) occurring behaviours, and thus "normal" ones.

Indirect (chronic) self-destructiveness is defined as behaviour comprising a generalized tendency to take actions (display behaviours) increasing the likelihood of experiencing negative consequences in the future and/or decreasing the likelihood of achieving positive ones. The individuals who are primarily motivated by current emotional factors are more likely to engage in self-destructive acts than the persons motivated by more distant cognitive considerations. Moreover, individuals high in chronic self-destructiveness, compared to those with low scores, are more likely to be in treatment for drug or alcohol abuse, to report having cheated in courses, to have had traffic violations, to report having gone through a rebellion stage in adolescence, and to postpone obtaining a medical test for cancer [19]. Indirect self-destructiveness is also defined as behaviours whose likely negative effect is intermediated by additional factors, while the relationship between the behaviour and the harm is perceived as likely. Indirect self-destructiveness understood in such a way includes both taking and abandoning (commission or omission) specific actions; it concerns getting into hazardous and increased-risk situations (active form) or neglecting one's safety or health (passive form). While acute/direct self-destructive behaviour embraces a conscious and wilful intent to injure oneself, with a suicidal intent sometimes, the chronic/indirect self-destructiveness refers to actions and situations extended over a period of time, where an individual is unaware of or disregards their long-term adverse effects [20, 21]. Five categories of indirect self-destructiveness are distinguished.

2 An example of the difficulties and controversies in this matter may be the case of study on the possibility of changes in homosexual orientation using the so-called. "reparative therapy" [17], where the author apologized the gay community for his research and gay persons who wasted their time and energy in "reparative therapy" [18].

Transgression and risk includes violation of social norms, e.g. school regulations or the principles and norms of social coexistence as well as risky behaviours undertaken for momentary pleasure, e.g. reckless driving, and gambling. Within this category, there is yielding to temptations, impulsiveness, and seeking excitement in hazardous activities. Poor health maintenance includes behaviours hazardous to health, e.g. excessive eating or drinking, neglecting medical check-ups or ignoring doctor's recommendations. Personal and social neglects refer to neglecting one's duties or matters important both in private terms and in social relations. Lack of planfulness means acting without any previous schedule or a future prospect. Helplessnes and passiveness includes abandonment of action when such action could stop one's suffering or prevent hazard [19-21].

Indirect self-destructiveness is a form of harming oneself that distinctly differs from direct self-destructiveness or self-aggression. The essence of indirect self-destructiveness is its trans-situational nature and co-occurrence of various forms of behaviours that lead to adverse consequences.

Self-destructive behaviours among homosexual individuals

Through the ages of the development of science, attempts were made at studying the phenomenon of homosexuality, admittedly, with various results. It was found[3] that most homosexuals exhibited a sense of guilt and anxiety in connection with their homosexual desires and practices. The sense of guilt was of the religious nature and was associated with a sense of sin or doing something wrong or unnatural (against nature). 29% of studied homosexuals suffered from depression, 7% attempted suicides and 30% abused alcohol [22, 23]. Other studies indicated that 90% of patients with depression who had tried to commit suicides had unsatisfactory sexual lives due to weak heterosexual drive or strong homosexual drive or co-occurrence of both those factors [Connor, after: 23]. Only 29% (that is not even 1/3) of homosexual males accepted their homosexuality, derived satisfaction from their sexual activities and had long-term emotional love relationships [24]. Those homosexuals who believed that the society's attitude towards them was very negative had, at the same time, the greatest number of psychological problems and reported that they felt bad in the society. The presence of all common traits for minority groups was even found [23, 25].

Both concealing one's homosexuality and the fact of making it public have usually different, though almost always negative, consequences [23]; it was found that homosexual persons reported conflict in coming out [26]. Noteworthy is the view that coming out may also have positive consequences in the form e.g. of consolidation of sexual identity and the possibility of obtaining support from their minority group;

3 The quoted works [22, 24, 25] date from the period when homosexuality was still present in the classifications ICD and DSM as a disorder

however regardless of this, it seems that these positive consequences occur most often after the initial negative ones.

Results of international studies prove increased suicide and alcohol abuse rates among lesbian, gay, bisexual and transgender (LGBT) adolescents. Extensive data indicate a strong relationship between homophobia and self-destructive behaviours [27]. Risk for suicide attempts has emerged as an important issue in the lesbian, gay, and bisexual population. Although mechanisms for this increased risk for suicidality have not been fully explicated, negative experiences such as discrimination and violence, related to the stigmatisation of minority sexual orientation have been found to be important contributors [28]. Homosexual suicides more frequently met diagnostic criteria for anxiety disorders than non-homosexual ones [29]. A strong relationship was detected between the risk of suicide and bisexuality or homosexuality in males [30]. Strategies employed by LGBT adolescents when facing distress include resiliency, ambivalence and self-destructive behaviours (including self-mutilation and suicide) [31].

As shown above, although attempts were made at studying separately various aspects/manifestations of behaviours/acts, which nowadays would be referred to as indirectly self-destructive behaviours, indirect self-destructiveness has not yet been studied in a holistic (comprehensive) way as a generalized behavioural tendency or syndrome in homosexual individuals. The aim of this study is to examine (the syndrome of) indirect self-destructiveness in homosexual individuals in a holistic (comprehensive) manner.

Material

156 homosexual individuals (111 males, 45 females) aged 25-35 (mean age of 29.6) and 561 heterosexual individuals (400 males, 161 females) aged 24-36 (mean age of 28.2) were studied. Participation in the study was voluntary and anonymous. Information about the studies conducted have been placed on public websites and forums, as well as on the websites and forums of sexual minorities.

After contacting (via internet) and explaining the aim of the study, the persons who agreed to voluntary and anonymously participate in the study were invited to a direct and personal meeting. The participants individually completed the sociodemographic questionnaire and the CS-DS; the research team offered assistance in case of questions or doubts. Of the 185 homosexual individuals who have agreed through the internet, 164 persons participated; 8 sheets were considered invalid.

In order to avoid the impact of sociodemographic variables, the comparison group of heterosexual individuals (561 persons) was well-matched in terms of sociodemographic variables among a population of 2653 people. The sociodemographic characteristics of the groups are presented in table 1. Because of the above mentioned adjustment (well-matching), there were not found statistically significant differences in sociodemographic characteristics between the groups of homosexual and heterosexual individuals.

Table 1. **Study groups characteristics.**

VARIABLE		HOMOSEXUALS		HETEROSEXUALS	
		N	%	N	%
Gender	Male	111	71.15	400	71.30
	Female	45	28.85	161	28.70
Age	M±SD	29.6±1.5		28.2±1.7	
	Range	25-35		24-36	
Educational	Low	51	32.69	190	33.87
level	Medium	60	38.46	219	39.04
	High	45	28.85	152	27.09
Socioecono-	Low	42	26.92	141	25.13
mic	Medium	73	46.80	282	50.27
status	High	41	26.28	138	24.60
Degree	Low	35	22.43	129	29.99
of	Medium	64	41.03	242	43.14
urbanization	High	57	36.54	190	33.87

(Homosexuals-Heterosexuals) Chi-square=0.042, p=0.838

Method

The self-administered questionnaire focused on a variety of areas of functioning, with questions chosen by the researchers on the basis of their clinical experiences and from earlier studies. The questions covered e.g. educational level, socioeconomic status, and sexual orientation.

The sexual orientation of the participants was assesed on the basis of their direct declaration on the sociodemographic questionnaire (self-reporting). Participants self-identified as homosexual (gay or lesbian) and were sexually active with or reported sexual attraction to other person of the same sex. The examination of the intensity of indirect self-destructiveness and its manifestations used the Polish version of the Chronic Self-Destructiveness Scale (CS-DS) by Kelley [19], in its adaptation by Suchańska [21]. In order to examine chronic (indirect) self-destructiveness as a generalized tendency, Kelley created a research tool comprising several categories of behaviours; the final version is a Likert-type scale of 52 items. Both the original scale and its Polish adaptation are characterised by high reliability and validity. The Polish version comprises the following categories: Transgression and Risk (A1), Poor Health Maintenance (A2), Personal and Social Neglects (A3), Lack of Planfulness (A4) and Helplessness, Passiveness in the face of problems (A5) whose results are summed up to provide one general indirect self-destructiveness result [19, 21].

Statistical analysis

The statistical analysis of obtained scores applied descriptive and statistical inference methods. In order to determine the mean value for quantitative traits, the arithmetic mean was calculated (M), whereas the dispersion measure was the standard deviation (SD). The conformity of quantitative traits' distributions with the normal distribution was evaluated by using the Shapiro-Wilk test. Due to the lack of conformity of dependent variables' distributions with the normal distribution, the statistical processing of acquired results employed the non-parametric Mann-Whitney "U" significance test; for all analyses, the maximum acceptable type I error was assumed at $\alpha=0.05$; $p\leq0.05$ was considered statistically significant. In order to examine the factor structure of the indirect self-destructiveness syndrome in homosexual and heterosexual individuals, an exploratory factor analysis was performed with unlimited number of factors to be extracted, with a minimum eigenvalue of 1,00. Statistical analyses were carried out using the statistical *Statistica PL 8.0 for Windows* package [32].

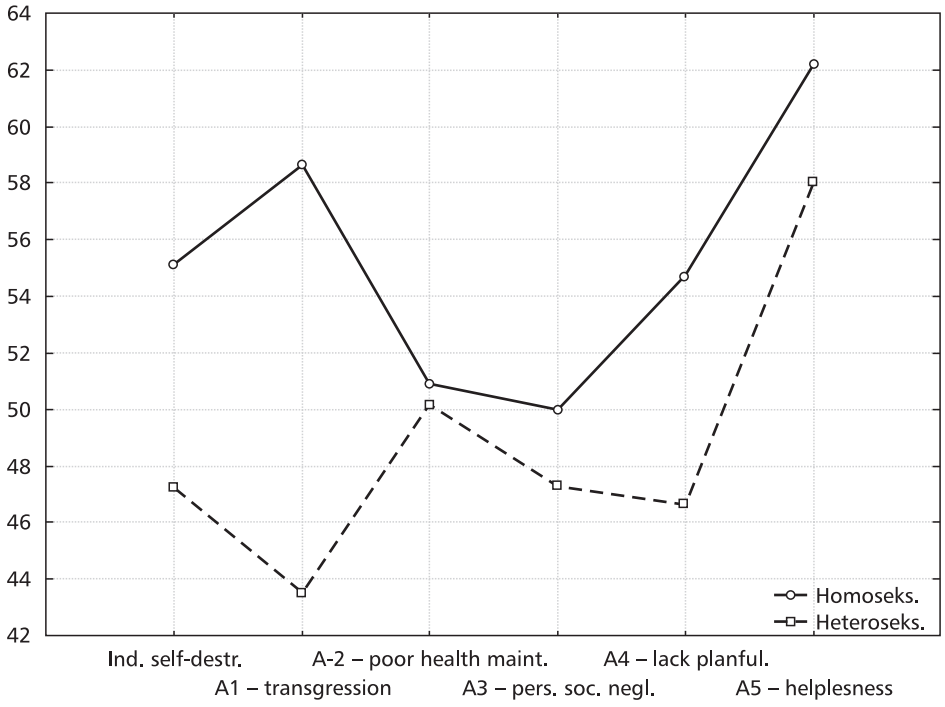

Figure 1: **Profiles of subjects in the CS-DS.**

Results

Results obtained by the subjects in CS-DS are presented in Table 2 and Figure 1. As shown by the figure, the profile of homosexual individuals in CS-DS is higher than that of heterosexual individuals, which means that scores achieved by homosexual individuals are higher. Also, as indicated by the table, in numerous cases homosexual individuals obtained statistically significantly higher scores than heterosexual ones: Indirect Self-Destructiveness – global (general) index ($p<0.001$), A1-Transgression and Risk ($p<0.001$), A4-Lack of Planfulness ($p<0.001$) and A5-Helplessness, Passiveness ($p=0.04$). Moreover, in selected subscales that examined taking legal psychoactive substances (nicotine, alcohol and medicines used for non-medical purposes) and illegal ones (narcotics) homosexual individuals also achieved statistically significantly higher scores than heterosexual ones ($p<0.001$ for each category).

The carried out exploratory factor analysis of scores in CS-DS scales revealed the presence of only one factor that groups all the studied variables, both in the group of homosexual and heterosexual individuals. Because of the only one factor extracted, rotation was impossible. In the case of homosexual individuals the highest factor loading occurred for Personal and Social Neglects (A3; -0.904) and Transgression (A1; -0.825), while in heterosexual individuals it was the highest for Personal and Social Neglects (A3; -0.809) and Lack of Planfulness (A4; -0751).

Discussion

About 31% of studied homosexual individuals acknowledged a degree of regret in being homosexual; moreover about 31% of homosexual individuals reported that "they would take a pill if it would make them completely and permanently heterosexual"! [33].

When discussing the study results, it will be difficult to refer to results of other research, as literature does not provide such; there are only studies concerning specific manifestations of the studied phenomenon, e.g. self-inflicted injuries, suicides (direct self-destructiveness) or using/abusing psychoactive substances (intermediated effect). It was found that self-mutilations are more frequent in homosexual than heterosexual individuals [31, 34-38].

Suicide attempts and death by suicide are also more common among homosexuals than heterosexuals [10, 27, 31, 36,- 40], although, while females more frequently attempt suicides, those are males who more often die by suicide [10, 41], which is similar to the trend in the general, i.e. heterosexual, population [42]. As we have seen, taking psychoactive substances is more common and/or more intense in homosexuals than in heterosexuals; depression and anxiety/panic disorders occur more frequently in homosexual males than in homosexual females, whereas homosexual females are more often found to be addicted to psychoactive substances [10, 36, 38]; attention

should be paid to the noticeable tendency contradictory to that present in the general population, i.e. heterosexual one.

In our study, the factor analysis of CS-DS results revealed one factor for both homosexual and heterosexual individuals. It is an interesting outcome as in groups with pronounced psychopathology (in schizophrenics and individuals addicted to narcotics) factor analysis revealed two factors [43, 44]. The above may indicate that there is no psychopathology in homosexuals, especially in its clinical meaning; the lack of relationships between psychopathology and homosexual orientation is also supported by results of studies using MMPI-2 in a population of homosexual males and showing that, although it still remains within the norm, their personality profile is slightly higher as compared with the personality profile of heterosexual males, while the configuration of scales, especially clinical ones, and other diagnostic indices does not point to the presence of any psychopathological syndrome [45]. Results of another research project concerning the personality of homosexual individuals lead to similar conclusions [46, 47].

Also in this study, the research results indicate that, as compared with the group of heterosexual individuals, in the group of homosexual ones, rather than clinical psychopathology, there occurs a worsening in psychological functioning, which may be also manifested by an increased indirect self-destructiveness index. In other words, the increased intensity of indirect self-destructiveness in homosexual individuals may be considered a manifestation of worsened psychological functioning. An increased level of psychological distress found in homosexual individuals is consistent with the above statements [31, 48].

As was mentioned above, homosexual individuals experience conflict in coming out, a conflict with themselves, with culture and with their families [26, 33]. The configuration of CS-DS scales may provide extensive information about the subjects' psychological functioning. In homosexual individuals the most intense were helplessness (A5) and transgression (A1), while the least intense were poor health maintenance (A2) as well as personal and social neglects (A3). In heterosexual individuals the most intense were helplessness (A5) and poor health maintenance (A2), while the least intense were transgression (A1) and lack of planfulness (A4).

The study results unambiguously indicate that homosexual individuals display more intense indirectly self-destructive tendencies, i.e. tendencies towards taking actions/displaying behaviours that may prove unfavourable or even harmful to the subject. The intensity of indirect self-destructiveness is connected with the risk of attempting or even committing suicide [49].

Differences between results in the Transgression (A1) scale suggest that homosexual individuals more frequently exhibit behaviours being a departure from the norms; behaviours breaking from the "norms" are such that lead to consequences in the form of e.g. changes or as such constitute upsetting of the "status quo", i.e. the existing state of affairs. Actually, homosexuality itself is a departure from the (statistical) "norm" being the majority's heterosexuality.

Results of homosexual individuals in the lack of planfulness (A4) scale may suggest that they do not pay enough attention to planning their own actions, which is not surprising, taking into account that they often have to act in difficult and unexpected circumstances and situations.

Differences in the helplessness (A5) scale may suggest a more intense sense of helplessness and hopelessness in homosexual individuals; relationships between indirect self-destructiveness and a sense of impotence and hopelessness were actually found in other studies as well [50]. Such a result may reflect homosexual individuals' situation in life: a sense of scarce or even no influence on events (internal ones: sexual orientation; external ones: more frequently hostile than friendly social attitudes) and the lack of a way out of or solution to a situation they find themselves in.

Attention ought to be paid to the fact that health (protection) neglects in homosexual individuals are not significantly more serious than in heterosexual ones. The more so as those neglects rank second in order of intensity in heterosexual individuals while they rank the last but one in homosexual ones. That is important, especially when faced with HIV and AIDS as there is a quite widespread belief that those are only homosexuals who suffer from AIDS. That result indicates that homosexual individuals look after their health similarly to heterosexual ones. It is important because findings of other studies suggest that higher levels of psychological distress in minority sexual orientation populations may have harmful health effects on some individuals [51]. And the homosexual individuals care about their own health despite difficulties or the fact that homosexual individuals' health is neglected in much many governments' policy and practice [*cf*. 52].

The indirect self-destructiveness tendency in homosexual individuals seems to be affected by internal and external factors. The external factors include social stigma, prejudice and discrimination [10, 28, 53]. Corliss et al. [28] call them external stressors: antigay discrimination and violence. The internal factors comprise an awareness and sense of "otherness" (as compared with the heterosexual majority). Another important factor is being aware that homosexual practices do not lead to fertilization and giving birth to a child, which is especially important to homosexual females and may result in two types of conflicts: inability to meet/satisfy an individual, personal, psychological need and fulfil social expectations ("an adult ought to have children"). It was found, for example, that homosexual individuals regretted being homosexual because of not having children [33]. Other studies also show that the issue of having and bring up children is important for the homosexual individuals [54]. Corliss et al. [28] call those factors internal stressors: shame and fear of discovery of one's minority sexual orientation by other persons. Because homosexuality is socially stigmatised, homosexual individuals may experience the so-called minority stress. Minority stress explains that stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems; that model describes stress processes, including the experience of prejudice events, expectation of rejection, hiding and concealing, internalised

homophobia[4] [55, 56]. The above may result in homosexuals' fear of "ostracism", avoidance, disapproval, rejection, exclusion, condemnation, and even discrimination and persecution. The worst thing is that those fears are not unfounded: regrettably, as history shows, homosexuals face numerous unpleasant events in their lives – much more than the heterosexual majority does; an extreme example might be the process of victimization of these people, including physical violence [*cf*. 38].

Heterosexual individuals form an overwhelming majority of the general population (society), thus heterosexuality can be assumed a statistical norm. However, that does not necessarily imply that it is "normal" in the psychological or personal (personality) sense or that homosexuality is "abnormal"; it is true that homosexuality is a deviation but certainly it is one in the statistical meaning and not necessarily in the psychological or personal (personality) sense.

Conclusions

It seems that the most typical mistake in the approach to homosexual individuals is to consider their problems and personal lives solely from the angle of their sexual experiences. Results of this study may have preventive and therapeutic implications. From the preventive point of view, the object of interest should be not only individuals prone to getting into hazardous and increased-risk situations (active form of indirect self-destructiveness) but also those neglecting their own safety or well-being (passive form of indirect self-destructiveness). That is so important because the risk of death by suicide is higher in individuals characterized by high intensiveness of indirect self-destructiveness. In that case, neutralization of risk factors and resolution of problems and crisis situations seem to be important.

Manifestations of indirect self-destructiveness as a factor of suicide risk may be preceded by the so called classic prodromal symptoms, e.g. the presuicidal syndrome according to Ringel [57], which may speed up and facilitate preventive measures aimed at a specific person. On the other hand, optimistic reframing of negative events in life may have therapeutic implications for prevention [58] as it is a well-known fact that pessimism does not provide favourable conditions for well-being and is among risk factors of suicidal attempts and suicides [7, 59].

Scourfield et al. [31] call for regarding self-harm in homosexual individuals as a kind of reaction to adversities and hostile environment; although the authors discuss direct self-destructiveness (self-mutilation, self-inflicted injuries, suicides etc.), their postulate may also be transferred to indirect self-destructiveness which may also be a type of reaction to adversities and hostile environment.

We hope that our study contributes, at least a little, to recommendations on increasing knowledge and understanding of homosexual individuals, their destigmatization

4 The concept of minority stress at some length was presented in Psychiatria Polska [56].

and encouraging them to use help in connection with psychological discomfort or other problems [10].

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