

Relationship Between Minority Stress Towards Loneliness among LGBT Adults in Malaysia

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Abstract

In Malaysia, public and legal acceptance generally make LGBT people exposed to minority stresses. Humans are social beings who need social interaction, so this stress can be said to be related to loneliness. The objectives of the study were to identify the relationship between marginalization, stigma preoccupation, concealment, internalized homophobia, and loneliness among LGBT adults in Malaysia. This research is a cross sectional research that uses quantitative method. Data collection is done by survey distribution using snowball sampling, with instruments appropriate to the variables of the research. Respondents are self-identified individuals that experience same-sex attraction whom are Malaysian aged 18 and above. The study comprised of 160 respondents aged between 18 to 60 years old. Microaggression and heterosexism, concealment along with loneliness were found to have an association with internal homophobia and stigma preoccupation. In addition, it has been found that internal homophobia and stigma preoccupation have a bi-directional influence relationship.

Keywords: Marginalization, Stigma Preoccupation, Internalized Homophobia, Concealment, Loneliness.

Introduction

Humans are social creatures that need interaction or relationships with other individuals for survival. If the needs are unmet than it can cause stress which eventually leads to loneliness. For LGBT the issue of stress is usually discussed using Minority Stress Theory which is a derivation from Social Stress Theory and Stress Theory by Dohrenwend (2000) which focuses on the stress experienced by individuals belonging to minority communities. Minority Stress Theory suggests that a difficult or unpleasant social environment does not directly lead to the deterioration of the health of minority individuals, rather it is caused by prolonged stress experienced by the individual, resulting in long-term health deficits. Based on this theory, minority stress consists of distal stress and proximal stress. Distal stress refers to objective

and external stressors that do not depend on the individual's perceptions and are separated from the individual's personal identification with their status, which in this context, refers to sexual orientation. How one manages their sexual orientation may lead towards marginalization. Thus, marginalization can be a distal stressor. In other words, marginalization is one example of a distal stressor that can influence one's health and well-being. In this study, the two aspects of marginalization studied are microaggression and heterosexism. Daily microaggression experiences have been found to impact white bisexual and gay men compared to black men (Cook et al., 2019). The researcher stated that this could be caused by the habituation effect, which means that black gay and bisexual men are exposed to daily microaggression consistently due to race or/and sexual orientation, so they have become accustomed to this situation.

Proximal stress refers to subjective stress, and depends on self-identity as lesbian, gay and bisexual. Identity and the meaning of this identity varies at the individual level. Proximal stress consists of several stress processes such as preoccupation with stigma, concealment of identity and internalized homophobia. As for proximal stress for this study, it comprises of stigma preoccupation, concealment, and internal homophobia. Stigma preoccupation refers to the expectation of rejection and discrimination which can cause anxiety experienced by stigmatized individuals when interacting with society. This is linked to the uncertainty that the community really accepts the individual even if they are accepted externally. As for concealment, it refers to the process of hiding the source of individual stigma is used as a coping mechanism, aiming to avoid the negative effects of stigma, but this strategy causes more harm than good (Miller & Major, 2000). Complex cognitive processes, conscious and unconscious, are required to maintain the secret of an individual's identity, and this inner experience is called "private hell" (Smart & Wegner, 2000). Lastly, internalized homophobia is a form of internal stress. Even if there is no negative environment, if the identity is completely hidden, one directs negative social values towards oneself. The study conducted by Kuyper and Fokkema (2011) found that women have a significantly lower score in the aspect of internalized homophobia. Bisexual individuals have higher internalized homophobia even though lesbians and gays face more negative reactions from society.

Conformity to masculinity norms and threats to the contingencies of masculinity are strong predictors of internalized homophobia (Thepsourinthone, 2020). In this study, internalized homophobia was associated with masculinity. This is because the influence of the individual's macrosystem contributes to internalized homophobia and it is used as a compensatory strategy for the feelings of inferiority experienced. Additionally, feminine men often face more negative behaviors, social and romantic rejection, victimization, and harassment from others, and this is particularly evident in Asian cultures. Elmer et al (2022) found that marginalization had a stronger association with stigma preoccupation than concealment and internalized homophobia. Stigma preoccupation was reported to have a small and non-significant direct negative association with social and emotional loneliness, thus proving an indirect negative relationship between marginalization and loneliness, due to the possibility of a countervailing relationship, where although marginalization leads to loneliness for those who have anxiety or social inhibition, marginalization is said to reduce loneliness for those who do not have anxiety or social inhibition. This is because they are looking for affiliations or relationships that accept and support them.

Loneliness is an aversive state to minimize injury to individuals just as physical pain is an aversive state to minimize physical injury (Cacioppo et al., 2013). Loneliness refers to the subjective experience where an individual's social network is considered less satisfactory or smaller than desired (Fish & Weis 2019). This loneliness is an unwanted state rather than being alone by choice (Tzouvara et al., 2015). The Theory of Loneliness by Weiss (1974) states that loneliness is not a single dimension, but rather has two types of loneliness, namely emotional loneliness, and social loneliness. Emotional loneliness is an affective reaction to the absence of a strong bond. Emotional loneliness cannot be attained with close friends alone but involves romantic relationships. This is because the needs that can be met by a partner cannot be met by other people. Social loneliness refers to the inadequacy of integration in social networks.

Fish and Weis (2019) found that several factors contribute to loneliness among older LGB people. One of the factors is living alone, which is seen to be common among this group, especially gay and bisexual men compared to lesbian and bisexual women. This is because men who live close to each other are easily identified and discriminated against by neighbors and the local community. In addition, minority stressors such as concealment and internalized homophobia were also identified as macro-level factors contributing to loneliness. A meta-analytic study by Gorczycki & Fasoli (2021) found that individuals who identified themselves as sexual minorities reported higher rates of loneliness than heterosexual individuals due to less social contact and informal support. Social relationships in the LGBTQ community are associated with a high sense of well-being, self-confidence, self-acceptance and self-esteem as well as high values in addition to being associated with low levels of internalized homophobia. Hatchel and Marx (2018) found that the sense of belonging at school has a direct effect on drug use and transgender teenagers who are not white have a high level of victimization. While Pacey (2016) found that youths living in small-scale rural and urban areas experience multiple layers of place-related marginalization. Shah & Mustafa (2022) found that perceived discrimination has a significant positive relationship with psychological well-being, specifically symptoms of somatization, anxiety, and depression. In fact, multiple regression analysis showed that perceived discrimination significantly predicted the presence of psychological distress.

In Malaysia, homosexuality is still seen as a mental disorder and categorized as a crime punishable by law. Laws like this form the basis for various types of discriminations and injustices that happen to LGBT people in Malaysia. According to Amnesty (2001), most abuses are carried out arbitrarily and appropriated by the government and society through formal mechanisms such as discrimination by laws and informal mechanisms such as prejudices, stigma, socio-culture and religious traditions. Tan et al (2021) noted that the topics highlighted in the study of LGBT from 2016 to 2020 are to study sexually transmitted diseases, such as Acquired Immune Deficiency Syndrome (AIDS), syphilis and the use of Pre-exposure Prophylaxis (PrEP) and condoms. The sample consisted of same-sex men and trans women. These studies also focus exclusively on urban areas such as Kuala Lumpur. This makes these studies unable to represent the LGBT population in Malaysia holistically. In addition, although there are various studies on the mental health of LGBT community, they only focus on depression, anxiety, substance abuse, and suicide. This situation creates a large gap in LGBT studies research, especially when loneliness is a risk factor for various mental and physical problems as well as a high mortality rate (Mann et al., 2022). Therefore, this study was

conducted to identify the relationship between marginalization, stigma preoccupation, concealment, internalized homophobia, and loneliness among LGBT adults in Malaysia.

Method

The researcher has chosen a questionnaire using instruments that are appropriate to the variables in this research, most of which are adaptations and modifications from the instruments used in the study by (Elmer et al., 2022). The questions provided can assess the relationship between minority stress (distal and proximal) and loneliness. The purpose of this research design was to analyze the research hypothesis specifically. The questionnaire used in this study consists of six sections that contain information on the respondent's background, measuring the level of marginalization (microaggressions and heterosexism), the level of stigma preoccupation, the level of concealment, the level of internalized homophobia and the level of loneliness. This questionnaire set consists of 76 items and is divided into six sections, namely Section A (sociodemographic), Section B (marginalization – Homonegative Microaggression Scale), Section C (stigma preoccupation – Lesbian, Gay and Bisexual Identity Scale), Section D (concealment – Nebraska Outness Scale), Section E (internalized homophobia – Internalized Homonegativity Inventory) and Section F (loneliness – De Jung Gierveld Loneliness Scale).

A pilot study was conducted beforehand to test the reliability of the test used. This is because the test tools used have been translated and the questionnaires are provided in two languages (Malay and English) to make it easier for respondents to understand and answer the questionnaire. Through the pilot test conducted, the researcher was able to carry out variability analysis which is the Alpha-Cronbach test, and it is determined that the questionnaires have high reliability. The study area is focused on Malaysia, where only individuals who are Malaysian citizens are asked to answer the Google Form distributed through social media.

Results

Since this study was conducted to identify the relationship between marginalization, stigma preoccupation, concealment, internalized homophobia, and loneliness among LGBT adults in Malaysia, therefore, Spearman's test was conducted. The study found that there is a very weak positive significant relationship between internalized homophobia and microaggression and between internalized homophobia and heterosexism. There is a very weak negative non-significant relationship between concealment and microaggression and moderately positive non-significant relationship between concealment and heterosexism. There is a significant weak positive relationship between internalized homophobia with loneliness as well as concealment and stigma preoccupation with microaggression, heterosexism, loneliness, and concealment. There is a strong positive significant relationship between stigma preoccupation and internalized homophobia. There is reported to be very weak non-significant relationship between loneliness with microaggression, heterosexism and concealment. The whole results are as shown in Table 1.

Table 1

Spearman Test of microaggression, heterosexism, internalized homophobia, concealment, stigma preoccupation and loneliness of respondents.

		Microaggression	Heterosexism	Internalized Homophobia	Concealment	Stigma Preoccupation
Internalized Homophobia	r	0.197	0.197			
	Sig	0.012	0.013			
Concealment	r	-0.021	0.059	0.159		
	Sig	0.790	0.462	0.045		
Stigma Preoccupation	r	0.223	0.170	0.601	0.211	
	Sig	0.005	0.032	0.000	0.007	
Loneliness	r	0.142	0.060	0.228	0.053	0.271
	Sig	0.073	0.450	0.004	0.506	0.000

Based on the analysis that has been carried out, the results of the analysis show that internalized homophobia has a significant influence on the stigma preoccupation $F(113.451) = 80.449$, $p = 0.000$ with $R^2 = 0.337$. The equation for stigma preoccupation is as follows:

$$\text{Stigma Preoccupation} = -0.065 + 0.337 (\text{Internalized Homophobia})$$

Thus, this indicates that internalized homophobia contributes as much as 33.70% to stigma preoccupation ($B=0.581$, $p=0.000$).

It also shows that internal homophobia has a significant influence on the preoccupation with stigma $F(18.248) = 80.449$, $p = 0.000$ with $R^2 = 0.337$. The equation for stigma preoccupation is as follows:

$$\text{Internalized homophobia} = 2.042 + 0.337 (\text{Stigma Preoccupation})$$

Thus, this indicates that stigma preoccupation contributes as much as 33.70% to internalized homophobia ($B = 0.581$, $p = 0.000$).

Discussion

This study found a very weak positive significant relationship between internalized homophobia and concealment. This finding is supported by the findings by Xu et al (2017) who found that a high level of internalized homophobia is negatively related to respondents' disclosure of their sexual orientation. Individuals experience conflicting values of sex and the social environment relevant to their same-sex attraction. Hence, they tend to perceive that identity negatively due to the implications of social homophobia. This finding shows the perspective of Eastern or Malaysian culture that creates an environment where individuals are inculcated with homophobic values because of social learning and are therefore less inclined to acknowledge or accept their sexual identity. Findings by Vu et al (2012) found that homosexual men who did not identify as gay were more likely to report internalized homophobia. Brennan (2019) also states that the concealment of identity and feelings of inauthenticity become the basis for the internalization of stigma experienced, due to the feeling of shame for keeping secrets.

Regarding the relationship between internalized homophobia and stigma preoccupation the study found a strong positive relationship. The findings are supported by Elmer et al (2022) who also found a moderate positive correlation between internalized homophobia and stigma preoccupation and Lin et al (2022) who found that there is a significant correlation between perceived stigma and internalized homophobia among gay and bisexual individuals. It was found that internalized homophobia and stigma preoccupation have a significant strong positive relationship. The results of the analysis found that stigma preoccupation affects internalized homophobia by 33.7% and this is a

bidirectional relationship. Based on minority stress theory, LGBT individuals may have a negative social value perception of themselves and develop internal homophobia, even if there are no external negative events. Thoits (1985) stated that individuals can see themselves as perceived by others, and that perception is internalized. Since family and friends are very close in the social circle, individuals have many opportunities to experience and be affected by their sexual stigma. This causes them to see themselves and their sexual identity in a negative perspective. Internalized homophobia causes individuals to experience feelings of shame that include feelings of abnormality, self-disgust, or evil, and self-invalidation. So, with these negative feelings and self-perspectives, individuals interact with the outside world and live their lives. A study by Gilbey et al (2022) found that internalized homophobia arising from self-stigma can affect an individual's self-confidence and self-esteem.

Meanwhile this study found a weak positive significant relationship between loneliness and internal homophobia. This finding is supported by Elmer et al (2022) who found that there is a weak or small correlation between internalized homophobia and loneliness (social and emotional). Internalized beliefs that non-heterosexual relationships are less than or dysfunctional may reduce trust, commitment, and intimacy, thereby increasing relationship conflict and dissatisfaction. When feelings of shame from not meeting the expectations of heterosexuality are experienced and internalized, individuals experience negative health effects through loneliness. This study also found a weak positive significant relationship between stigma preoccupation with microaggression and a weak positive significant relationship between stigma preoccupation with heterosexism. This finding is supported by Elmer et al (2022) finding that marginalization (microaggression and heterosexism) has a strong relationship with stigma preoccupation. In America, previous studies found that awareness or stigma preoccupation related to sexual identity increased among LGBTQ communities, following the election in 2016 (Drabble et al., 2019; Gonzalez et al., 2018 & Veldhuis et al., 2018). This demonstrates the impact of LGBT threatening political events in stigma preoccupation, especially in a heteronormative country like Malaysia.

Furthermore, this study found a weak positive significant relationship between concealment and stigma preoccupation. Pachankis (2007) states that someone who hides their sexual identity may be more self-conscious and always afraid of being known by others, while others may be straight-passing or able to avoid identification and marginalization (microaggression and heterosexism). Stigma preoccupation may cause a lack of authenticity which can be explained as one of the mechanisms for individuals to hide their identity from others due to stigma preoccupation. When LGBT individuals feel unsafe in specific situations, they actively decide to hide their identity and present a 'heterosexual' identity, this is called identity management. Aksoy et al (2023) found that LGB employees who expect stigma may see little value in signaling (disclosing sexual identity). Lastly this study found a weak positive significant relationship between stigma preoccupation with loneliness. This finding contradicts the findings by Elmer et al (2022) who found a negative relationship between stigma preoccupation and loneliness. It is explained that loneliness is reduced by motivating individuals who experience stigma preoccupation to establish relationships with accepting and supportive individuals. This discrepancy can be explained based on the difference in the context of Western and Eastern societies, especially Malaysia where there is lower acceptance rate. Thus, making it harder to develop meaningful connections in the community.

Conclusion

This study found that there is a significant positive correlation between internal homophobia and preoccupation with stigma, internal homophobia with microaggression and heterosexism, concealment, and loneliness, as well as preoccupation with stigma with microaggression and heterosexism, concealment, and loneliness. A simple linear regression test was conducted to find out the influence of internal homophobia with stigma preoccupation and it was found that internal homophobia has a 33.7% influence on stigma preoccupation and stigma preoccupation has a 33.7% influence on internal homophobia. Thus, there is a bidirectional influence between internalized homophobia and stigma preoccupation. It is hoped that the findings would assist mental health professionals in better understanding and dealing with LGBT with pertaining issues.

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