

Voices of Invisibles: Coping responses of Men who Have Sex with Men (MSM)

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An improved understanding of the psychosocial experience of Men who have Sex with Men (MSM) is crucial for creating a scientific reference base for intervention strategies. A study of the coping responses of MSM suggests that most find it difficult to find a comfortable fit between their psychological and emotional needs and the demands of their social environment. This often leads to different stresses in the life course of MSM which demand specific coping strategies. This paper is organized around psychosocial aspects over which MSM experience stress and their coping responses. It is based on a study of 250 case studies of MSM and 4 Focus Group Discussions (FGDs). The paper discusses multiple stressors such as awareness of one's sexuality, first sexual experience, pressure of marriage, labelling and comments from others, and partner's marriage. It discusses generic coping responses such as internalization of homophobia as a result of self hatred and unacceptability of one's sexuality in society, seeking information on sexuality from peers, networks with support groups, coming out, tolerance of discrimination & abuse, accept/neglect labels, social isolation, multiple sexual partners and addictions. It also identifies common emotional responses such as shame, guilt and secrecy of one's sexuality, fear of being exposed, self hatred, confusion with identity and depression.

Introduction:

Men who have Sex with Men in India: a brief overview

Religious as well as non religious writings from the Vedic and ancient period show that intense and passionate relationships between men and between women have always existed in India. In some periods and places, homosexuality was considered to be very natural and an inevitable emotional aspect of human sexual life. For this reason, homosexual relationships were accepted and nobody paid much attention to them. For example, Pradhan, Ayyar and Bagadia (1982a, p.182) note that 'Homosexuality was not a condemned mode of sexual gratification when the temple sculptors of Konark and Khajuraho were depicting it in stone for all posterity to see. Contrarily there have been other periods and places where homosexual love has been punished and those who practiced it have been humiliated as unnatural and abnormal.

The phrase "Men who have Sex with Men" (MSM) refers to those who engage in sexual relationships exclusively with other men (homosexuality) or who engage in sex relations with either men or women (bisexuality). It is a phrase that was coined in the early part of the 1990s when many new HIV infections were identified among those who were behaviourally homosexual in Western & Asian countries. Even though historical evidences of homosexuality existed in many of these countries homosexuality was socially and / or legally not accepted and HIV prevention programmes for this population were not forthcoming. In the global programme on AIDS conference in Geneva (1992-93) governments accepted the behavioural phrase "men who have sex with men" as a depoliticized euphemism. The phrase "men who have sex with men" is a collective social identity for all men who have sex with other men irrespective of how they might identify themselves.

Men who have sex with other men in India are diverse in their sexual identities. Some identify with the modern 'gay' or 'bisexual' identity while others identify with indigenous sexual identities like 'koti' / 'dhurani' - feminized male, usually a sexually passive partner; or 'Panthi' / 'parikh' or 'Giriya' - masculine male and usually a sexually active partner. 'Double-decker' / dupli (DD) refers to those who penetrate their partners and are penetrated by their partners. 'Panthi' / 'parikh' or 'giriya' and "DD" are labels and usually not 'identities'. In the recent past, some men have started identifying themselves as 'MSM' in a way that suggests the term MSM is becoming another identity. Along with these, there are other men who have sex with men in different contexts and social environments, including truck drivers, migrant workers, maliswala- massage boys, gym boys, film extras etc. Most of these sexual identities are defined on the basis of the sexual role adopted by partners and /or the relative power between the partners which is determined by factors like economic status, age difference and the social environment in which sex takes place (Sharry Joseph, 2004). Most of the research conducted with regard to men who have sex with men agrees that these identities are fluid and depend upon the social environment in which they are expressed.

Data from a survey on Men who have Sex with Men and HIV conducted by London based Panos Institute in 1996 estimates that more than 50 percent of men in India have had a same sex encounter in their lifetime (Purkayastha,1997). The National AIDS Control Organization (NACO), through its counterparts in the states/Union Territories, is mapping high risk behavior populations in India. Data from 32 States/UTs show a population of 1, 48,327 men who have sex with men and 2,859 MSM sites-places where some of these men come to search for partners, including gardens, bus depots, railway stations, and open fields.

The current understanding of human sexuality is that homosexuality and heterosexuality are not bipolar watertight compartments, and that human sexuality exists on a continuum of exclusive homosexuality to exclusive

heterosexuality. Individual sexuality can be placed at any point in this continuum at a given point of time and it may change across the life cycle of the individual.

Often cultural, social, and ideological systems deny and stigmatise any non-heterosexual form of behaviour, identity, relationship or community. Heterocentrism is the often-unconscious attitude that heterosexuality is the norm by which all human experience is to be measured. Under this discourse, procreative heterosexuality becomes the normative process and homosexuality becomes 'abnormal'. Heterocentrism in India generally implies that individuals, irrespective of their sexual orientation, must be pressured and coerced into heterosexual behaviour: marriage and procreation, with the production of a boy child especially valued. Men who have sex with men in India are victims of homophobia, heterosexism, homocentrism and compulsory heterosexuality.

Scholarship on Homosexuality in India:

Very little is known about male homosexuality in India (Nag, 1994:525). Knowledge on this subject comes from four types of research: the first type includes sexual behaviour and /or attitude studies conducted on general population groups (Abraham and Kumar, 1999; Basu, 1994; Goparaju, 1994; Savara and Sridhar, 1992, 1994; Sethi et al., 1995; tejpai, 1996). These studies provide an overview of the prevalence of homosexual behaviour in the general population. The second type of study includes studies conducted on specific groups like street children, truck drivers or people attending health/Sexually Transmitted Illness clinics (Ahmed, 1992; Narayan: 1984; Narayan and Rajshekhar, 1998; Rao et al., 1994; Singh et al., 1992;

Srivastava, 1974). This research was conducted mostly in the context of HIV/AIDS and STD. The third type of research includes studies exclusively on men who have sex with men (Devi, 1977; Humsafar, 2000; Jafar, 2000; Kala, 1992; Kavi, 1993; Khan, 1994; Oostvogels and Menon, 1993; Purkayastha et al. 1997; Seabrook, 1999). These studies primarily had been on the nature, extent, frequency of same sex contacts, the context in which same sex acts take place and so on, rather than on the correlates of their behaviour. The fourth type of research includes research completed by Indian academicians in the field of Psychology and Psychiatry.

Such studies were based on case studies, part of therapeutic treatment (Rangaswamy and Nammalvar, 1982; Rao and Ramasubramaniam, 1983; Gupta, 1989; Pradhan et al., 1982a, b.; Mehta and Nimgaonkar, 1983; and Jiloha, 1984).

It is clear that all four types of studies are limited in their understanding of men who have sex with men. None of them view a homosexual person as an individual confronted with stress of a psychosocial and sexual nature, living in a homophobic social environment with specific needs and problems.

Indian academicians in the field of psychiatry and psychology have preserved an almost complete silence on the subject of homosexuality, notwithstanding that the subject has a history of at least three thousand years in this land. Indian behavioural scientist, psychologist and psychiatrists have avoided writing on homosexuality and thus there is a dearth of scientific studies on the subject from the perspective of mental health.

Research Methodology:

The study was conducted using case study and Focus Group Discussion (FGD) method. The sample of the present study consisted of 250 self identified homosexual and bisexual men with differing sexual identities. These included the self identified Kothi (150), Panthi (50) - a term that is usually applied by koti to active partner and 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 discussing coping responses to psychosocial situations prepared.

Results & Discussions:

The public mental health system in India follows the International Classification of Diseases (ICD) diagnostic classificatory system and Diagnostic Statistical Manual (DSM) which has not considered homosexuality as abnormal behaviour since 1974. Homosexuality, like heterosexuality, is considered to fall within the range of normal human sexual behaviour. Often social and cultural aspects contribute significantly to the psychological and emotional wellbeing of homosexual men and frequently make them vulnerable to psychiatric morbidities. Therefore it is essential to know the psycho-socio-cultural issues and to strategically address them with urgency. Sexual health promotion programmes targeting men who have sex with men will be more sustainable in risk reduction and behaviour changes if psychosocial issues are addressed appropriately.

Childhood Experiences:

An analysis of the 250 case studies suggests that children who are homosexual in their sexual orientation often develop an awareness of "being different" at an early stage. They may or may not understand the sexual nature or precise meaning of their difference. A conscious sense of same sex attraction, which is not common and is

unacceptable in our society, often leads to stress. This is a time when boys are developing their sexual identity, learning to relate sexually with others and experimenting with different sexual behaviours. It is also a time when males may be more reluctant to seek information on sexuality. The modal age of a male's first sexual experience ranges between the ages of 7 to 19 years, which is the age of adolescence. The situation may be more stressful for young men who are afraid to express their homosexual feelings and experiences and to be honest about their sexuality in a homophobic environment. Some of the coping responses reported include seeking information from peers, books, magazines with homosexual content, and from assistive organizations.

The study also exposed significant levels of sexual abuse of Koti (feminized males) from early childhood to adulthood. 72% of the subjects reported that they have been sexually abused in childhood. Case study data shows that 35% of the subjects were physically abused by relatives, 25% of subjects were abused by friends and 12% of the respondents reported that they were abused by the police. All of the subjects reporting sexual abuse said that they had been sexually abused because they were effeminate. Commonly observed coping strategies to such situations or experiences are social isolation, tolerance and telling to close friends or relatives.

The literature indicates an enhanced HIV risk for those with histories of childhood sexual abuse (Alters et al., 1994; Carballo-Diegues & Doleal, 1995; Casses, 1993; Cunningham, Stiffim and Garls, 1994; Etifson, Boles, & Sweat, 1993; Lodico & Diclements, 1994; Zierler et al. 1991). Childhood sexual abuse may lead to frustration and a violation of a child's sense of personal boundaries. It may impact affective relationships significantly. Such experiences may foster a sense of isolation creating a perspective of the world that is harsh and dangerous. This in turn may create a spiral of difficulties whereby MSM may take enormous risks to belong or to avoid abandonment.

Childhood experiences may also contribute to the development of a sense of shame which reinforces internalization of homophobia and has a serious impact upon their ability to establish positive self esteem. 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. Approximately 75% of those who identified as koti reported confusion with their homosexuality (sexual identity) and their effeminate behaviour.

Societal Homophobia:

All homosexual men, like heterosexual men, are raised in a homophobic society. Such societal homophobia mobilizes other psychological processes that extend beyond the development of prejudice, stigma and discrimination. For example, one man reported suffering such derogatory terms as 'guud' 'sister', 'homo' and 'halwa' since childhood. Later, he attributed the same words to himself and it was stressful. One of the most commonly seen adaptation strategies amongst men who have sex with men is internalised homophobia i.e. incorporation of negative feelings into their self-image.

Internal homophobia has various expressions. The overt type is present in persons who consciously accuse themselves of being involved in immoral/ sinful activities (55%). Some of them engaged in substance abuse such as alcohol use, tobacco, and 20% showed use of drugs, or other self destructive behaviours such as cutting veins (20%) and other attempts at suicide (35%). 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. For instance, 65% of respondents/participants abandoned their studies and career goals. This self sabotage can also take the form of tolerating discriminatory or abusive treatment from other.

Internalization of homophobia often results in self hatred and feeling of worthlessness and being abnormal. Four (4) subjects desired to change their sexual orientation. A common response is internalization of homophobia, which often results in sanctioning social contacts or becoming socially isolated and developing a negative self image. As these individuals grow and mature, they develop a considerable negative social reaction to it. Coping responses to such homophobia include acceptance of normative heterosexist ideology, networking with other homosexual men, membership of support groups (80%), secrecy of one's orientation (75%) and attempting to change their sexual orientation (10%).

It is expected in our society that all people should get married heterosexually and start a family in order to be considered "complete adults". The assumption is that all people are heterosexual and that marriage and family life will fulfil all personal social and sexual needs. Hence, most of the homosexual men in this study group (80%) are heterosexually married.

Many subjects revealed that they wish to marry heterosexually because they want to be accepted within society and cannot go against their parents wish. This is evident from the following remarks:

"... I want to marry because my parents force me and if I disclose my sexual orientation, my parents would be unhappy, I always turn out to be good son, parents may accept me but society would not accept me; I know that society is not going to change for me, all will be happy with my decision to marry, Homosexuality is a passing phase, marriage would help me."

Many homosexual men marry thinking that their homosexuality will be cured by it. However, homosexual urges draw these men to secluded sexual encounters, producing guilt and the manifestation of deception.

Two common ways of coping with the pressure of marriage have been identified. One is to favour marriage. Most men who have sex with men continue this behaviour even after marriage. Some choose to resist marriage.

For those who choose to resist marriage, coming out is the most commonly used coping strategy. The case studies point out differences with regard to coming out in terms of to whom to disclose and when and how. Some subjects decided to come out to parents (15%) while others disclosed their sexual orientation to the respective brides (5%).

Heterosexual masculinity is the cultural pressure exerted on males to display traits that are considered to be masculine and to be heterosexual in their sexual orientation. Failure results in stigmatisation as feminine and socially unacceptable. Those who are not acting out normative masculinity find themselves socially excluded and marginalized, creating a negative impact on their psychological, emotional and social wellbeing.

Seventy five percent (75%) of self identified koti subjects reported confusion with sexual identity and gender identity (i.e. effeminate behaviour). Fifty five percent (55%) of the subjects (self identified Panthi) reported confusion with their sexuality and often same sex attraction. Ten percent (10 %) of the study group expressed a desire to change their sexual orientation. For them their sexual orientation was the root of their psychological and emotional discomfort. This is evident from following statements:

“I want to change my orientation because I think this is the only cause of discomfort to me. Today medical science developed a lot; there must be a treatment to change sexual orientation. I want to be a normal person who is attracted by the opposite sex”.

Coming Out:

The study finds that only 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 behaviours and personal values when they do not disclose their identity to a significant other or others in their lives. Fifty percent (50%) of the group reported feelings of shame, guilt and self hatred just for not disclosing their sexual orientation to their closest ones.

An individual's decision to disclose his sexual orientation to his family is stressful both for the individual and for his loved ones. An analysis of coming out histories suggests that parental reactions to the disclosure caused major stress to the person coming out. Societal homophobia, unfamiliarity of the concept of homosexuality and cultural predispositions encourage parents to apply negative disposition of homosexuality on to their children. Common responses of parents include, “ Get married, you will obey”, or “ It is just passing phase”. For most of the subjects, disclosure in the family about sexual orientation was associated with “confusion”, “anger” shame” “or” therapy to change”. Some families do not openly denounce homosexuality but a self-conceived assumption of expected negative reaction from parents discouraged some men (10%) from communicating with them and reinforced their negative assumptions.

In most of the cases, it was found that fathers usually withdraw or reduce their interaction with their sons, while mothers were generally more considerate and nurturing towards their sons. Coming out to unknown persons or those who do not know family members seems to be very easy. Eighty percent (80%) of the group's members have disclosed their sexual orientation to unknown heterosexual persons. Coming out at the workplace is more difficult and it was identified that the disclosure is made only to confidants. Individual differences noted in the coming out histories are determined by the nature of interaction and relationship. Mostly self disclosure of sexual orientation was on a one-to-one basis.

Discrimination & labelling:

Many subjects reported discrimination within society as well as in the family based on their effeminate behaviour and this often translated to a long term and deep seated psychological unrest, creating psychological problems such as low self esteem, depression and suicidal ideations. FGD participants reported that sexual abuse within their family often originated from powerful male members, often uncles and / or older cousins. The family, when it became aware of such abuse, usually reacted with shame, and attempted to cover up the incident, rather than to protect the abused.

This study finds that a large number of the person's peers attribute homosexuality as “unnatural” or as a “passing phase”. This encourages an individual to think his same sex attraction and some sex desire are “wrong” or “bad”, and he may often correlate or construct his sexuality and his behaviour as sinful. Many subjects revealed that sexual loving towards a person of the same sex is often associated with “shame”, “disgust or “illness”. This might inevitably lead to homosexually oriented men developing a negative self image. Some of the subjects of the study

(40%), tried to hide their feminine characteristics as they were often abused with such derogatory terms as "Baylo" (coward), "homo" etc. Some of the subjects group (10%) coped with the stresses associated with labeling by others by accepting it as a challenge for the development of their own identity. This is clearly evident from following remarks:

"...Dogs keep barking why should I be disturbed by them. There is nothing different in me. I am absolutely okay and my behaviour is normal they boys used to fully me by calling me "sister", which I liked to hear and later on I visualize myself as their sister. I tied rakhi to them on the occasion of Raskha Bandhan- Hindu festival where sister ties sacred thread (called rakhi) on the right wrist to brother".

In this case, the subject rejected the possible "shame" associated with being revealed as a sister/ female.

Discrimination and labelling creates the question of "why", and implies "why me?" or "How could this happen to me?" These are existential questions inherent in a reaction to discrimination and labeling by others.

Intimate Relationship:

Men who have sex with men share the common human need for meaningful intimate relationships in which the connection is genuine, open and honest. Childhood sexual abuse may lead to frustration and the child's sense of personal boundaries and affective relationship building is clearly impacted. Such experiences may foster a sense of isolation, creating a perspective of the world that is harsh and dangerous. This creates a spiral of difficulties whereby the child/developing adult may take enormous risks to "belong" or to avoid abandonment, often with profound consequences in terms of their psychological and emotional well being.

Do Wright, 2000, identified several factors which undermine gay men's ability to find meaning: (1) Socialized homophobia; of childhood sexual and physical abuse; (2) The highly sexualized nature of contemporary gay culture; (3) the cultural session with youth and beauty; (4) lack of intimate gay role models and (5) The prevalence of HIV and other serious STDs. These are some of the major forces compromising the search for intimacy. Emotional vulnerability also adds stress to their emotional life. The study reveals that steady, long-lasting relationships for members of the group were rare due to societal homophobia and pressures of marriage relationships. Such break ups are very stressful. No matter the age of the person, an important aspect of gay life involves looking for that perfect mate or "mature" relationship (Cristian and keebe, 1997). Most homosexual men continue to work toward a balance between intimacy and isolation. These men continue the search for the perfect partner in every partner. The following remarks illustrate the dilemma.

"In my life, I strive to find a person who understands me, someone with morals and someone who has some creditability but I have not yet found one. I would say that I probably have had 1000 Sex partners. Maybe more. I do not know over my life time, which isn't a huge amount as MSM culture goes. Now I do not believe in steady relationship and steady partner. They just keep sexual relationship but do not have heart to accept their sexual orientation and homosexual relationship".

Most of the subjects do not believe in the possibility of a steady relationship though they always desire it. This in turn may lead them to have multiple sexual partners. Their dream of having a steady relationship remaining unfulfilled creates a feeling of misfortune. They often feel jealous when they see very happy heterosexual couples or homosexual couples. Multiple sexual partners here may also be a coping strategy to deal with stress.

Support Groups:

The need for association is well accepted within psychology, Baumeister and Leary (1995) reviewed the literature to lend empirical support to what we all know to be true: that people need people. Their "Belongingness hypothesis" characterizes belonging as a basic human need and is supported by their findings that "the existence of or potential for social relationship shapes cognition and emotion, and this suggests that the need to belong is indeed fundamental pressure" (Mamstead, P. 240). This can be evidenced by the existence group of MSM in India.

Analysis of case histories shows that most of the participants became involved with MSM networks at the modal age of 21, while same sex attraction was felt as early as age 9. Participants reported feeling isolated during the long gap between their awareness of same sex attraction and their involvement in a support network. After joining MSM networks, most of the subjects of the study have developed a positive self image of being homosexual men. A MSM network or support group helps them to accept their sexual orientation and help to come out to family and the society.

MSM networks helped them to get in touch with other people thereby reducing feelings of being alone and isolated. A commonly observed coping style is social isolation by avoiding social interaction and becoming introverted. MSM networks or support groups encourage one to come out and accept ones sexual orientation.

Members report developing feelings of comfort after joining support groups. Most homosexual men maintain an incongruency between their public and private sexual identity. Hence, for many MSM, non-disclosure of their sexual identity in the social spheres is the best coping strategy for them. Most of them reported that they came to know about support groups from peers.

Conclusion

It can be concluded that psychosocial stresses lead to a spiral of psychological, emotional and behavioural reactions. Such situations often lead to the development of dual self image. One is a personal self-image of being homosexual. This core of self accepts and acknowledges one’s homosexuality. Another is Social self-image which is based on social construction and social norms. A social image of self consists of the desire for the idealized sexual orientation and status within society to be accepted in the society. Many men accept their homosexuality but often do not disclose their identity publicly because of prevalent stigma and discrimination. They tend to live heterosexually within society as most of the homosexual men in India are married, leading a homosexual life secretly. This duality may lead to intrapsychic stress which manifests itself in symptoms of anxiety and depression. Psychosocial dynamics can be explained as below.

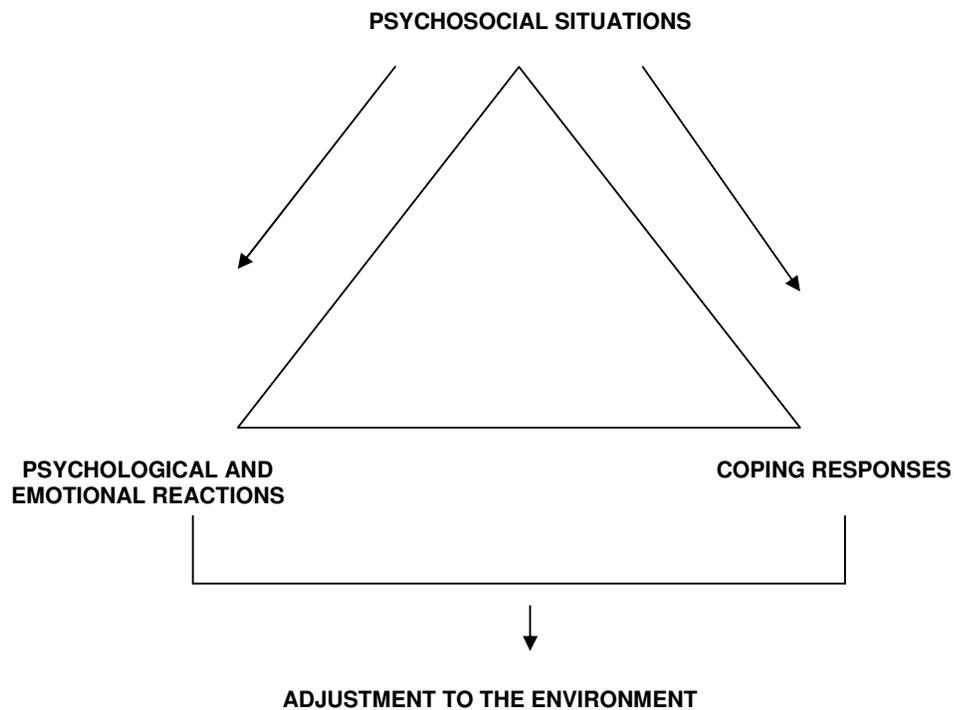


Figure: 1 Psychosocial Experience triad

Psychosocial situations often lead to psychological and emotional reactions which determine the coping responses of the subject. For example, relationship break ups produce depressed feelings and hence an individual tries to cope with the situation by self-destructive behaviours, take substances like alcohol, tobacco or drugs, or indulge in sexual relationships with multiple partners.

Detailed accounts of psychosocial situations and identified possible psychological, emotional and coping responses can be observed from the following table.

PSYCHOSOCIAL SITUATIONS	PSYCHOLOGICAL AND EMOTIONAL REACTIONS	BEHAVIORAL COPING RESPONSES
Childhood Experiences <ul style="list-style-type: none"> • Awareness of homosexuality • First Sexual experience • Sexual abuse 	<ul style="list-style-type: none"> • Confusion with gender and sexual identity • Shame, guilt • secrecy of one's sexuality • Self blame • Low self esteem 	<ul style="list-style-type: none"> • Select Support • Seek more information • Network with support group • Suicidal attempt
Societal homophobia <ul style="list-style-type: none"> • Social environment • Cultural impositions • Pressure of Marriage • Duality • Black mailing 	<ul style="list-style-type: none"> • Social phobia • Internalization of homophobia Anxiety • Identity confusion • Felling of worthless • Self hatred • Low self esteem 	<ul style="list-style-type: none"> • Sanctioning social interaction • Coming out • Try to change sexual orientation • Marriage • Secrecy of one's sexual identity.
Discrimination and abuse labels or Remarks	<ul style="list-style-type: none"> • Feeling of misfortune • Self hatred • Hatred forward society • Fear • Depressed feelings • Suicidal ideation • Low self esteem. 	<ul style="list-style-type: none"> • Tolerate discrimination and abuse. • Accept/ neglect labels or remarks • social withdrawal • self labelling
Intimate Relationship <ul style="list-style-type: none"> • Partners marriage • Emotional rejection by partners • Dealing with wife 	<ul style="list-style-type: none"> • Depressed feelings • Suicidal ideation • Feelings of being left out • Self blame • Low self esteem 	<ul style="list-style-type: none"> • Self destructive behaviour • Addiction • Multiple partners
Coming Out <ul style="list-style-type: none"> • Coming out to one's self • Coming out to closed friends • Coming out to closed family members • Coming out at workplace 	<ul style="list-style-type: none"> • Anxiety • Fear of unknown • Confusion with gender and sexual identity 	<ul style="list-style-type: none"> • Coming out of the family members • Remained unmarried • Accept marriage proposal and lead dual life.

Table: 1 Psychological / emotional reactions and coping responses of MSM

The above table provides a birds-eye view of a psychosocial situation that creates adverse psychological, emotional and behavioural reactions. It can be observed that there are multiple psychosocial stressors creating negative psychological affects and this influences adjustment to the social environment. The correlation between psychological, emotional reactions and behavioural coping responses need to be studied even more intensely.

References:

- American Psychological association (1992), Ethical principles of psychologists and code of conduct. *American Psychologists*, 47, pp. 1597-1611.
- Campell JD (1990), Self-esteem and clarity of the self concept. *Journal of Personality and social psychology*, 59, 538-549.
- Cass VC (1979), Homosexual identifies formation: A theoretical model. *Journal of Homosexuality*, 7(2/3), 31-43.
- Chan R. et. al., (1998), HIV and men who have sex with men: Perspective from selected Asian countries. *AIDS*, 12 (Supp/B): 559-568.
- Don Wright 2000, Gaymen and childhood sexual Trauma: Integrating the shattered self. *Journal of Gay and Lesbian Social Services* vol. 12, No. ½, 2000, pp. 117-126.
- Greenwald AG & Bangli MR (1995) Implicit Social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Reviews*, 102, 4-27.
- Gupta SC (1989), Editorial: Psychological Sequelae of AIDS. *Indian J. of Clinical Psychology*, 16(1): v-vi.
- Hite S (1981), *The Hite report on male sexuality*. New York: Alfred A. Knopf.
- Hohzen DW & Rgresti AA (1990), Parents responses to gay and lesbian children: Difference in homophobia, self esteem, and sex-role stereotyping. *Journal of Social and Clinical Psychology*, 390-399.
- Joseph Sherry (2004), *Social work practice and men who have sex with men*, Sage publication, New Delhi, pp 49-65.
- McDonald GJ (1982), Individual differences in coming out process for gay men. *Journal of Homosexuality*, 7(2/13), 31-43.
- McDonald GJ (1982), Individual difference in coming out process for gay men: implications for theoretical models. *Journal of Homosexuality*, 8(1), 47-60.
- Pradhan PV et al. (1982b), Male Homosexuality: A Psychiatric study of thirteen cases. *Indian J. of Clinical Psychiatry*, 24(2), 182-186.
- Vanita R. & Kidwai S (2000), *Same sex love in India: Readings from Literature and History*, Delhi: MacMillan India Ltd.
- Weinberg, M.S, & Williams, C.J. (1974) *Male homosexuals: Their problems and adaptations*, New York, London, & Toronto: Oxford University Press.