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‘Because Shade Never made Anybody Less Gay’; Exploring the Relationship between Perceived Social Support Family and the Trait and State anxiety of Bisexual Cis Indian Women

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The study was done on Bisexual Cis Indian Women aged 18-28. Bisexual women are a target of sexualization and harassment. Bi people suffer from bi invisibility and in India, corrective rape and therapy. To find the relationship between perceived social support and state and trait anxiety and to add to the existing literature gap on Indian bisexual women. Data collection was done using snowball sampling method. Google forms were used. The Perceived Social Support-Family scale and State Trait Anxiety Inventory was used for measurement. A multiple linear regression and two simple regressions were conducted and normality of the sample was established. A bi directional predictive relationship was found between trai-state anxiety and perceived family support. All of three regression coefficients were significant at a 0.01 level and were below 30% and indicated an inverse relationship.

Keywords: Bisexual Woman, Indian, Anxiety, Social support (family), Minority stress model

The LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) community have always existed in India. Homosexuality as a criminal and morally incorrect concept was introduced to India during colonialism. This was due to the then prevalence of the Christian religion which overwhelmingly looks at homosexuality as a sin. (Merchant,2016).

Since the British invasion of India, we have looked at the LGBTQ community primarily as those violating the principles of the law. However, in 2018, the Supreme Court ruled that Article 377 (the law criminalizing homosexuality) was ‘unconstitutional, irrational and arbitrary’ (Singh, 2018). This historic judgement brought in the hope that the new era would be kinder and more accepting of LGBTQ people. However, discrimination and homophobia are still rampant in our country, both in the domestic sphere and in the academic community (‘Section 377’,2021). Even today, women in rural and urban India who are ‘found out’ as lesbians are subjected to corrective rape. ‘Corrective’ therapy, prescribed to many members of the LGBT youth is also a current abusive practice. Hence, members of this community are facing abuse and torture from their own family, village medics, self-appointed ‘babas’, medical doctors etc. (Patel, 2016).

It is in this context that this study is done. Cis gender refers to identifying one’s gender identity with the biological sex they were born with (Merram-Webster,2022). Sexual orientation is a vital part of an individual’s identity which includes the individual’s sexual and emotional attraction to another person (APA, 2011). Bisexuality is a sexual orientation wherein a person engages in and experiences emotional, romantic and or sexual attraction to more than one gender (APA,2022).

The bisexual population faces very specific problems. Many believe bisexuality does not exist and hence, multiple bisexual people suffer from bi-invisibility. Additionally, it has been found that bisexual people face discrimination from both people from within the LGBTQ community and those from outside the community (APA, 2022). Even with regards to ‘coming out’ (implying revealing one’s sexual orientation willingly), it has been found that American bisexuals are less likely than lesbians and gays to tell one of their parents about their sexual-orientation (A

survey of LGBT Americans, 2013). This makes bisexual people a vulnerable group, exemplifying the need for an academic focus on them. Studies on bisexual women in India have been sparse. The literature review conducted revealed more studies were carried out on the Indian bisexual male population. This focus on bisexual males was predominantly from the perspective of sexual health and HIV (Dodge et al,2012). However, the bisexual women population are also quite vulnerable. Often the target of Unicorn hunting (wherein a heterosexual couple looks for a bisexual woman to enter their relationship), bisexual women are a target of sexualization and harassment (Laxman,2022). A poignant study even revealed the pressure on women to perform their bisexuality to accommodate the sexual fantasies of men (Fahs,2009).

The other variable this study considers is anxiety. APA dictionary describes anxiety as an "emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune". Physically, anxiety leads to muscles becoming tense, breathing increasing in speed and an increment in heart rate. (APA,2022). State anxiety reflects transient responses related to anxiety-provoking situations at a specific moment. Trait anxiety refers to anxiety which is a trait of the individual's personality (Leal,2017).Anxiety can have severe impacts; It can lead an impending sense of doom, headaches, irritability, and respiration problems. (Cherney,2020). Studies have found women are more likely to experience anxiety than men. (Remes et al,2016). The reasons are multifaceted- ranging from differences in brain chemistry and hormones to differences in coping strategies. One of the reasons cited for an increased predisposition of women to anxiety is the tendency for women to ruminate about their problems (Remes et al, 2016).

The final variable of interest in this study is perceived family support. Social support can be defined as the provision of comfort and help to others to assist them in coping with different types of stressors (APA,2022). A family can be defined as a kinship bond with individuals bound by blood or marital ties (APA, 2022). There are various types of families; an important one being the concept of 'chosen families' with regards to the LGBTQ community (Gates,2017). However, with regards to this study, the concept of family is tied to kinship. Perceived family support refers to the perception of the participant of their family as a source of physical, psychological and social support (Ioannou et al 2019)

Relevant to this study is also the minority stress model (Meyer,2003). According to Meyer (2003) and Pearlin, (1999) minority stress in the LGB population is based on various stressors. The minority stress theory posits that a disparity created by minority and dominant values creates a conflict between the minority identity and their social environment. Stressors specific to minorities would include homophobia, sexual stigma, experiences of rejection, concealment and hiding. The concept which underlies this theory is the belief that the LGB population faces unique chronic and socially based stressors. Since this study looks at the experience of perceived social support from the family, it is only fit to mention this relevant model.

Hence, the rationale for doing this study is two-pronged. Firstly, it is an attempt to close the gap in research when it comes to the bisexual population and specifically bisexual women. Second, it is to understand the impact of perceived family support on anxiety, to add to the existing knowledge of the minority stress model.

Prior studies have explored the relationship between perceived social support and anxiety. A study done by Roohafza et al (2014) showed that for adults above the age of 20, perceived social support acts as a protective factor against anxiety and depression. Biological research also shows that social support mediates the relationship between amygdala reactivity and trait anxiety (Hyde et al, 2011). The negative relationship between perceived social support and trait and state anxiety has also been explored (Legaki et al, 2020). The negative relationship between anxiety and perceived family support has also been reported. Though this relationship has been low it has been significant (Lee and Kang,2017). Lack of family support and its anxiety on children's anxiety have also been studied (Siqueland et al ,1996).

Studies of this nature in the bisexual community has been limited, specifically in India.

Research has delineated the importance of family support for the psychological wellbeing of LGBT youth (McConnell et al,2016). Meyer (2003) has also looked at the impact of homophobia and acceptance, in families and in general on the mental health of the LGBT community.

Studies have been done on anxiety in men who engage in sex with men in India (Sivasubramanian et al , 2011). However most of the research has been limited to HIV related studies (Tan et al,2018). With reference to bisexual women in India, a study was found discussing their sources of social support. The family of the bisexual woman was found to be a source of social support for some bi women ; however it was found that many filtered information about their sexual orientation when communicating with various support networks (Bowling et al,2018). An exploration into how discrimination affects the anxiety levels of bisexual women in India was also found (Joseph and Chacko, 2020). However a specific study delineating this relationship this study explores could not be found in the databases Google Scholar, Core and Pubmed.

Aims and Objectives

The aim of this cross-sectional study is to study the relationship between trait-state anxiety and perceived social support from the family for Bisexual Indian Cis women (aged 18-28).

The specific hypothesis were as follows:

Ho1 - There exists no change in trait anxiety due to change in perceived family support.

Ha1- There exists a change in trait anxiety due to change in perceived family support.

Ho2- There exists no change in state anxiety due to change in perceived family support.

Ha2- There exists a change in trait anxiety due to change in perceived family support.

Ho3- There exists no change in perceived family support due to a change in trait and state anxiety.

Ha3- There exists a change in perceived family support due to a change in trait and state anxiety.

Method

Research design

The study was done over a period of time spanning from June 1st 2022 to July 1st 2022. The information was collected over Google Forms as the participants were from different Indian states. Informed consent was obtained, and a quantitative regression analysis was done from the data collected. The study took the form of a cross-sectional study.

Respondents

The sample was collected using snowball method, a non-random sampling method. This was done as the author lacked institutional ties to LGBT organizations. Originally, data was collected from 50 bisexual adults. Out of the 50 members, 46 respondents were female and only 4 members were male. Due to the lack of representation in the sample and the scope of research in female bisexuality, these 4 data points were removed. The data was then cleaned and outliers were removed. Finally the sample that remained consisted of 40 individuals (aged 18-25).The average age was 21 years old and SD was 1.83. 21% of the females were 21 and 0.02% were aged 24 and 25. The study included individuals aged 18-28. This age group was chosen because as all the participants would then be adults, however none of them would be old enough to enter into late adulthood.

Exclusion and Inclusion criteria

Though the sample size is above 30, the exclusion and inclusion criteria prohibited multiple people from participating in this study. The inclusion criteria was as follows; The individual should be a bisexual adult (aged 18-28) who is of Indian nationality . The adult should also belong to a family of two parents of opposite sexes. This study thus excluded those who did not identify as bisexual- hence sexual identities

like bicurious, pansexual and lesbian and gays were not included

Measures

There were two measures used in this study; Perceived Social Support-Family (Procidano and Keller,1983) and the State-Trait Anxiety Inventory (Spielberger, et al, 1983). With regards to the PPS-F , construct validity was established in 1997 by Marshall, following the method established by Loevinger (1957). Procidano and Heller (!983) reported a stable test- retest reliability (r=0.83) over a one-month period. The scale specific to family has 20 items which can be scored as 'yes', 'no' or 'maybe'. Scoring for this scale is binary in nature (items indicative of social support is scored as 1 and the one indicative as the absence of social support is scored as 0). With regards to STAI, there are two forms- Form X and Y. Both forms have 20 items. Form Y measures trait anxiety and Form X measures state anxiety. Scoring is done on a 4-point Likert scale. STAI is appropriate for those can read at a sixth- grade level at least. Internal consistency coefficients revealed high internal consistency (ranging from .86 to .95). (APA,2011). Test-retest reliability was also established over a 2- month period with the coefficients ranging from .65 to.75 (Spielberger et al,1983). Construct and concurrent validity was also established for this scale (Spielberger,1989).

Procedure

Google Forms were prepared by including an informed consent sheet at the beginning, detailing the benefits and possible harm to the participants. The privacy policy of Google forms was carefully analysed, and only after ensuring that no humans would be able to see the confidential data , was google forms selected as an appropriate data collection method ('Privacy Policy',2022). The research design was then prepared and an ethical review was sought. Specific openly out bisexual influencers were contacted on Instagram and Facebook, and they were asked to send out the form to confidential bisexual friendly groups. The data was collected over a period of a month, as the response rate was falling over a period of three weeks. Data was then masked and put through statistical analysis (Linear regression).

Conclusions and implications were then drawn.

Data analyses

Using SPSS and Stats cloud , data analysis was carried out. Before beginning data analysis the data was masked so as to protect the confidentiality of the individuals (as Stats cloud is an online software which may collect data) and normality of all the three variables were established. This was done using the Shapiro Wilks test for STAI and Kolmogorov–Smirnov test for PSS-F. Due to the binary nature of responses for PSS-F, normality could not be established using the Shapiro Wilks test. However, the Kolmogorov-Smirnov value was 0.15 (p= .265 and hence above 0.05). With regards to state anxiety the W score was -.91 (p=0.82 and hence above 0.05) and for trait anxiety the W score was -0.36 (p=0.64 and hence above 0.05). Since normality of the three distributions were established and the sample size was above 30, parametric statistics (linear regression) was used.

Ethics

The consent forms and research design was shown to the resource person at Ummeed's research wing before the beginning of data collection. This particular population was allowed to be chosen only after the organization ensured that I held the competence required to do this study. Though most of the questions were deemed as non-triggering, some of the questions could cause stress t the individual. Hence, information about where to find LGBTQ friendly counselling was kept in hand and provided wherever required. Since the sample was vulnerable, extreme care was taken when handling and printing the data. Initials were asked and contact numbers were kept optional. Only email ID's were collected which was later masked. The location of the individual was not asked. Due to the risk of cookies and non-confidentiality of google meet or zoom, interviews were not collected. In the informed consent form, the participants were informed about how the data will be used, the purpose of this study and their right to withdraw consent. No monetary benefits were given as that may could have called into question ethical issues

(as we did not assess the economic status of the participants). Additionally, I made a conscious choice to not quantitatively assess the level of the bisexuality of the participant because that may have caused the individual embarrassment and made them doubt their sexual orientation causing them further harm.

Results

Descriptive Statistics

For the scores received by the participants

Table 1 :Simple Linear Regression results for Trait Anxiety and PSS-F

Group	Unstandardised Coefficients		Standardised Coefficients				Test statistics		
Outcome	Predictor	B	Std. Error	β	t	p	R	R^2	F
Trait anxiety	Constant	49.379	1.413	-	34.955	<.001	0.481	0.231	11.434
	Perceived social support (Family)	-0.467	0.138	-0.481	-3.381	0.002			

with regards to Ho1

Table 2: Simple Linear Regression results for State Anxiety and PSS-F

Group	Unstandardised Coefficients		Standardised Coef-ficients				Test statistics		
Outcome	Predictor	B	Std. Error	β	t	p	R	R^2	F	p
State anxiety	Constant	63. 911	3. 470	-	18. 416	< .001	0. 494	0. 244	12.293	0. 001
	Perceived social support (Family)	-	0. 339	-0.494	-	0. 001				
		1.189		3.506						

with regards to Ho2

Table 3: Multiple Linear Regression

Group	Unstandardised Coefficients		Standardised Coefficients					Test statistics	
Outcome	Predictor	B	Std. Error	β	t	p	R	R^2	F	P
Perceived social support (Family)	Constant	26.727	7.347	-	3. 638	<.001	0.517	0.268	6.763	0.003
	Trait anxiety	-	0.251	0. 231	-0.244	-	1.084	0.285		
	State anxiety	-	0.127	0. 093	-0.305	-	1.356	0.183		

with regards to Ho3

in the PSS-F, the mean was 8.5 and the SD was 5.7, The minimum value was 0 and the maximum value was 19. With respect to trait anxiety, the Mean was 45.5 and the SD was 5.6. The minimum value was 33 and the maximum value was 57. Finally, from the scores received for state anxiety, the mean was 53.775 and the SD was 13.789. The maximum score here was 79 and the minimum score was 22.

Regression:

Table 4 : Multicollinearity table

Group	Tolerance
Trait anxiety	0.39
State anxiety	0.39

Multicollinearity

For the regression model to be seen as reliable, the tolerance values should be high, in this case that would imply above .20 (Menard, 1995). Since the tolerance levels are 0.39 , the multiple regression analysis is reliable

Discussion

The primary aim of this study was to find out the relationship between the anxiety levels of perceived social support from the family for Indian bisexual women. All of the null hypotheses, as stated were rejected. Two simple linear regressions were carried out and one multiple linear regression was carried out. A multiple linear regression was also done so there was a two-way relationship that could be established. Hence both trait and state anxiety scores predicted an inverse 26.77% change in PSS-F. On the other hand, a change in the PSS-F score also predicted an inverse change in trait and state anxiety scores. All of these results were significant at a 0.01 level of significance.

However, the regression analysis revealed that the impact of trait and state anxiety on perceived social support from the family was below 30%. Though this was a significant effect, it was not quantitatively large. The author proposes that other extraneous variables were affecting this bi-directional relationship that the study does not take into consideration.

Prior research has explored the impact of lack of perceived family support on the anxiety of bisexual men primarily (See Meyer,2003). Studies done on bisexual men revealed that it was common for bisexual men to not feel belonging to any community and to fear the stigma that disclosure may lead to (Banik et al 2019). The family hence has an important role to play in the anxiety levels of the bisexual woman population. Family support is associated with greater self-esteem, greater general health status and fewer suicidal ideations in LGBTQ youth (Katz-Wise et al 2016). Another way in which lack of family support can negatively impact the individual's stress is through the intervening variable of forced homelessness.

Family rejection due to the individual's sexual orientation which leads them to become homeless can also be a pathway through which the individual's mental health is affected (Gaiba,2017). When family environments become a breeding ground for prejudice rather than a space of safety and support, the individual's well-being can be impacted (Goldfried and Goldfried,2001).

The humanistic school also provides evidence of the impact of family on anxiety. Rogers believed that those children who fail to obtain unconditional positive regard from their parents and family may develop harsh self-standards. These vulnerable children then try to meet their internalized unrealistic conditions of worth. Despite their best efforts, however, threatening self-judgements still manage to break through which causes them anxiety (Comer,2013). The attachment theory perspective (Bowlby,1969) can also explain the link between anxiety and perceived family support. The securely attached child who has a sensitive, supportive and caring family environment approaches anxiety-provoking situations in an adaptive manner which allows them to select a coping mechanism that eliminates or reduces the stressor (Rosario,2015).

The relationship between anxiety and perceived family support is bi-directional. That is, an increase in trait and state anxiety also causes a negative change in the reported levels of perceived social support. There are multiple probable reasons for this; One study revealed that anxiety in an individual can lead them to

withdraw from social contact. It can also impact their ability to function in familial relationships (Lincoln et al, 2011). This in turn can cause the individual's family environment to become unsupportive. Anxiety can cause symptoms of irritability, lack of sleep and poor concentration which can lead to difficulty for the individual in interacting with others, including their family members (Genre,2008).When it comes to trait anxiety, the anxiety is not situational. The psychological well-being of the families of these individuals can be impacted as many times they have to play a role similar to that of a caregiver to the individual. A caregiver is someone who attends to a person who, due to their disability is not fully independent (APA,2022). Our families are our primary caregivers (Hunter et al, 2017). Taking care of a continually anxious person may lead to behavioural and emotional responses in the family members which may tend to reduce perceived social support. These responses may include a poor diet, anger, irritation and lack of sleep (Peters & Jackson, 2009; Zegwaard et al, 2011).

As stated before, the author believes that certain extraneous variables affected the regression model. Many other factors can increase or decrease trait anxiety. This study has not taken into consideration three such important variables- peer relationships, employment/work environment and homophobia.

During COVID-19 specifically, several studies were done exploring the relationship between work stress and anxiety. A study with 798 medical workers found that working stress, directly and indirectly, affects anxiety through the intervening variable of a sense of control (Hou et al,2022). Additionally, income levels also can impact anxiety. A study found that a decrease in household income was linked to an increased risk for mood and anxiety issues (Sareen et al,2011). Since our study concerned adults, it is important to understand that for many adults, their peer groups tend to become their primary source of support (Fraley, 1997). Peer support can impact our well-being in general. In educational institutions specifically, peer support has been seen to improve self-esteem and reduce anxiety and depression (Suresh et al 2021). Even when it comes to workers, peer support has been shown to reduce anxiety, stress and anxiety (Palaniappan,2022). Another intervening variable specific to the population of interest in this study was homophobia. Studies have shown the biological shift that happens in an individual's systolic blood pressure and diastolic blood pressure and heart rate during homophobic or 'anti-gay' conditions. The study showed an elevation in the heart rate and blood pressure of the individuals when they were in homophobic conditions (Huebner et al,2021). An increase in heart rate and blood pressure has been linked to anxiety (Sheps,2022).

We can also find connections between the minority stress model and our findings. Prior research has revealed that psychological distress was associated to lower family support and enacted stigma (Sun et al 2021). Since this study found that a decrease in perceived family support could lead to a 23% change in trait anxiety and a 24% change in state anxiety, this study also adds to the existing literature on the minority stress model. The importance of the minority stress model cannot be understated as it provides a useful framework from which we can assess systemic causes of stress and health disparities.

Though the paper did not specifically study homophobia in families, we can assume that the sexuality of the individual had a role to play in their perceived family social support. This is because the scale included questions regarding the family being a source of emotional and moral support, the family being a safe space for sharing secrets and being sensitive to the individual's needs and the openness of the family in talking about things. All these items indicate that the individual's sexuality may have had a role to play in their PSS-F scores.

Conclusion

This study was carried out to fill in the literature gap when it came to bisexual Indian women adults, their family and anxiety levels. This relationship of causing change in the variables was found to be bi directional. The study was done on 40 bisexual adult Indian women following snowball sampling method. Parametric statistics was carried out because the

sample distribution followed normality. The study found a predictive negative relationship between trait-state anxiety and PSS-F, trait anxiety and PSS-F and state anxiety and PSS-F.

This study was conducted on a sample of 50 individuals, which was then reduced to 40 individuals. The sample size, though not technically small, could have influenced the findings of this paper. Additionally, a random sampling method could not be followed due to the nature of the population. As stated, before our study also did not consider multiple intervening variables. Finally a qualitative understanding of the individual's family support and sexuality could have also proven to be beneficial.

However, this study still has important implications; it adds to the research on minority stress model and bisexual women in India. It shines a light on a vulnerable population and their health. Given the findings, clinical and counselling practitioners can explore the family relations in anxious bisexual women in India and develop appropriate interventions. Additionally, this study highlights the importance of support groups and sensitivity programs for family members of the bisexual community. It also points to the need of more LGBT positive support groups and family therapy. Finally though this study was done on a sample of 40 people, it can be treated as a pilot study and further analysis of this relationship can be done by other researchers.

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