

**AN EXPLORATORY STUDY TO UNDERSTAND THE DIFFERENCE IN  
PERSONALITY CHARACTERISTICS OF LGBTQ+ AND  
HETEROSEXUAL INDIVIDUALS**

*A thesis submitted for the partial fulfillment of the requirement for the degree of*

**MASTER OF ARTS IN PSYCHOLOGY**

**SUBMITTED BY**

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**UNDER THE SUPERVISION AND GUIDANCE OF**

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**THAPAR INSTITUTE**  
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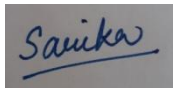
## CERTIFICATE

This is to certify that the thesis entitled, '**An exploratory study to understand the difference in personality characteristics of LGBTQ+ and heterosexual individuals**' is being submitted in partial fulfillment of requirements for the award the of the degree of **Master of Arts in Psychology**, presented in the **Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala** is a bonafide work carried out under the supervision of Dr. Sarika Alreja,, Assistant Professor, Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala and that no part of this project has been submitted for the award of any other degree.



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## CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, '**An exploratory study to understand the difference in personality characteristics of LGBTQ+ and heterosexual individuals**' submitted in partial fulfillment of requirements for the award the of the degree of **Master of Arts in Psychology**, presented in the **Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala**, is an authentic record of my work carried out under the supervision and guidance of Dr. Sarika Alreja, Assistant Professor, Thapar School of Liberal Arts & Sciences, Thapar Institute of Engineering and Technology, Patiala and refers other researchers' work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for awarding any other degree at this or any other university.

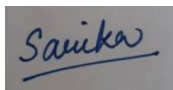
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## ABSTRACT

The study was to understand the difference in personality characteristics of LGBTQ+ and heterosexual individuals. Human figure drawing test was used as a tool to analyze the same. Sample size of 30 LGBTQ+ population and 30 heterosexual population was taken aged 18-25 years. Statistical analyses used to compute the difference was Chi square using SPSS. The results showed that there are differences in certain aspects of different personality characteristic analyzed through the drawings of individuals over different sexual orientation. Significant difference was found in features of anxiety among different sexual orientation, i.e., extreme asymmetry  $p < 0.05$  and sketching  $p < 0.01$ . Significant difference was found in features of positive self-concept among different sexual orientation, i.e., large size  $p < 0.05$  and addition of extraneous objects  $p < 0.01$ . No difference was found in features of negative self-concept among different sexual orientation. Significant difference was found in features of aggression among different sexual orientation, i.e., large size  $p < 0.05$ , spiked fingers  $p < 0.05$  and nostrils showing  $p < 0.05$ . Significant difference was found in features of sexual disturbance among different sexual orientation, i.e., disheveled hair  $p < 0.05$ , waist emphasis  $p < 0.05$  and nose omitted  $p < 0.05$ . No difference was found in features of developmental impairment/regression among different sexual orientation except for one feature, i.e., partially clothed  $p < 0.05$ .

**Keywords:** LGBTQ+, Heterosexual, Personality Characteristics

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## CHAPTER 1: INTRODUCTION

Drawing in psychology is considered as an interesting resource of evaluation and has been widely used as a tool to understand an individual's personality, intellectual abilities, cognitive abilities and more, thus making a contribution to intelligence tests and projective tests.

Projective tests are believed to channelize an individual's unconscious feelings, motives and traits. These tests also serve to be common ground for literate and illiterate people and even people of all age groups to participate. They are predicted to provide insight into personality aspects of an individual that are generally not directly accessible by conscious processes. Researchers believe that drawing produces better response or evidence in comparison to linguistic responses like writing or speaking.

Human Figure Drawing Test is one of the projective techniques originally developed by Machover who wanted to add to intelligence tests in psychology with some sort of non verbal measure, which helps assess an individual's unconscious feelings especially personality and cognitive flexibility and even measuring emotional and behavioral disorders. Drawing of human figure is seen as a representation for self expression. The bases of this test are done on a number of features or characteristics of the figure, 74 in total, that includes the figure's size, placement, line quality, clothing, aesthetic appearance etc. Initially this test only used to interpret the intellectual aspects of an individual. But later it was revealed that it could also reveal general conflicts and concerns of the client when considered along with other clinical assessments and clinical information. HFDT has been helpful in diagnosing organic disorders, symptoms of anxiety and depression, schizophrenia or other cognitive impairments. This test can be used in clinical practices as well as in educational settings. It is a popular mode of assessment especially amongst children as this test is easy to administer.

Sexual orientation is said to be an enduring pattern of emotional, romantic and or sexual attractions of men to women or women to men (heterosexual), of women to women or men to men (homosexual), or by men or women to both sexes (bisexual). (American Psychological Association, 2008). Sexuality is how you identify yourself with, how (and if) you experience sexual and romantic attraction, and your interest in and preferences around sexual and romantic relationships and behavior. In the present scenario of the world, there are a lot of sexual orientations, and people who identify themselves with one or more and may find that their sexuality changes over time. And this is absolutely normal as a person's orientation can be fluid. Demographics of sexual orientation, particularly orientations other than heterosexuality, vary significantly, and it is difficult to obtain precise figures because different methods of assessing sexual orientation exist (e.g., sexual attraction, sexual behavior, or sexual identity). In addition, extant research on the demographic characteristics of people with different sexual orientations is based on self-reported data that suffer from biases due to the sensitive subject matter (Coffman et al., 2017). Figures on homosexuality prevalence in different countries vary between 2 and 11% when assessed using sexual behavior, and between 3 and 21% when assessed using sexual or romantic attraction. There has been lots of conflicts and arguments in the society related to different sexual orientations and people belonging to it. Society for long has not been acceptable of people belonging to different sexualities and thus they have faced difficulties in the society. The term 'homosexual' was coined by Kertbeny, and popularized by Richard von Krafft-Ebing in 1886. However, it must be noted that Krafft-Ebing considered it a degenerative neurological disorder.

In 1905, Sigmund Freud published 'Three Essays on the Theory of Sexuality' he opposed to any claims of degeneracy in homosexuals. Instead, Freud approached homosexuality from the point of view of his psychosexual stages. He proposed that adults who achieved excitement by means other than penile-vaginal intercourse suffered from fixations or regressions in one of the psychosexual stages. However, he considered these acts to be expressions of sexual immaturity.

In 1940, Sandor Rado's views gained popularity. He believed that bisexuality was not a standard innate trait, the norm was heterosexuality. According to him, homosexuality was caused by a phobic avoidance of heterosexuality, caused by inadequate parenting in the individual years.

Similarly, Bieber (1962), Socarides (1968) and Ovesey (1969) all agreed that homosexuality was a deviant form of sexuality caused by some fear of normal sexual function. This post Freudian approach was a major contributing factor to homosexuality being classified as a mental illness in DSM-I and DSM-II. While many psychologists and psychiatrists maintained that homosexuality was a pathological illness, some argued against the classification. By the mid- 20th century, while psychologists were preoccupied with the concept of homosexuality as a disorder, sexologists focused on conducting research to explore and understand the orientation as a type of sexual behavior. This research later supported the view of homosexuality being a normal variation of sexual behavior. During this point, Kinsey's research (1948,1953) rose to prominence. He infamously proposed that statistically, homosexual was more common than it was previously assumed to be, and stated that 10% of the population was common than it was previously assumed to be inaccurate today, Kinsey revealed that homosexuality was certainly not rare.

Later, in 1973, in DSM-III, it was replaced by "Sexual Orientation Disturbance". This too led to controversy. Then, eventually in 1987, homosexuality completely fell out of DSM. And slowly, the general population's view began to shift accordingly. Individuals began to accept the normalization of homosexuality. By 1992, the world health organization adopted the APA's view of sexual orientation and eventually eliminated homosexuality from the International Classification of Diseases (ICD) in 1992. (Burton, 2015)

By 21st century, several changes had begun taking place. In 2001, the Journal of the American Psychoanalytic Association devoted an entire issue (Volume 49, Number 4) to non-pathologizing

papers on homosexuality. In 2001, the International Psychoanalytic Association (IPA) approved a statement opposing “discrimination of any kind. This includes, but is not limited to, any discrimination on the basis of age, race, gender, ethnic origin, religious belief or homosexual orientation”.

Lately, improvements have been seen and people have become a lot more accepting of individuals of different sexual orientations. However, with everybody this is not the case. There are still people who are not acceptable of it and thus makes it harder for individuals in the society. Homosexuals tend to still face criticism in society which thus results in them having low self esteem. It has been observed that self perception of an individual is majorly impacted by the environment. Thus, making it all dependent on how society reacts and accepts with individuals. Unhealthy environments results in an individual doubting their self perception and further having unhealthy mental well being which affects their personality characteristics.

The concept of social stress extends stress theory by suggesting that conditions in the social environment, not only personal events, are sources of stress that may lead to mental and physical ill effects. Social stress might therefore be expected to have a strong impact in the lives of people belonging to stigmatized social categories, including categories related to socioeconomic status, race/ethnicity, gender, or sexuality. According to these formulations, prejudice and discrimination related to low socioeconomic status, racism, sexism, or homophobia—much like the changes precipitated by personal life events that are common to all people—can induce changes that require adaptation and can therefore be conceptualized as stressful (Allison, 1998; Barnett, Biener, & Baruch, 1987; Clark, Anderson, Clark, & Williams, 1999; Meyer, 1995; Mirowsky & Ross, 1989; Pearlin, 1999b). Homosexual populations have been observed to experience social and institutional prejudice and oppression in social interaction, less social support than the heterosexual individuals, internalized shame, and are the targets of sexual minority violence. LGBTQ populations have shown higher psychiatric burden, including anxiety disorders, depression, drug use, an substance use than individuals who identify themselves as

heterosexuals. Higher levels of social anxiety (along with lower self esteem) have been found in LGBTQ populations when compared to heterosexual individuals.

Statistical data on homosexuals is blurry and most likely inaccurate due to large portion of population being discreet about their homosexuality due to discrimination. However, it is clear that although the data reported varies greatly, the homosexual population is certainly a minority. And furthermore, this minority is known to face stigmatization and discrimination, causing a range of psychological and social problems.

Minority stress is defined as “psychological stress derived from minority status”. The perspective, popularized by Meyer who applied the theory mainly to the homosexual population, indicates that minorities are subjected to large amount of stress due simply to their social environment and the stigmatization and negative attitude it contains. Meyer postulated that this stress can lead to adverse mental health outcomes. Stressors could cause internal stress processes like self hatred, internalized homophobia and a drastic lowering of self-esteem, all of which have a negative impact on resilience and mental health. (Meyer, 1995; Meyer, 2003)

When it comes to human figure drawing test as an effective measure of projective measure of sexual identity. There is much controversy over Machover’s (1949) contention that the sex of the first drawn figure on Human figure drawing, also known as Draw-a-person technique is related to the drawer’s psychosexual identity. Machover assumes that if the sex of the drawer’s first figure drawing is opposite to the drawer’s anatomical sex, then there is strong likelihood of the subject’s being sexually maladjusted. Although Swenson (1955, 1957) and others were critical of this position, the trend in the literature supports this contention.

Sundberg (1959) used a survey to determine which tests were mostly used by the psychologists in their clinical work and found that Human Figure Drawing test ranked two after Rorschach among all the 62 projective and objective diagnostic tests reported in the survey.

However the Human Figure Drawing test utilization in a clinical context has dropped to fifth from second and the terms have recently come under criticism in the *Journal of Personality Assessment* (Klopfer, Taulbee, 1976). There remain some controversy regarding the utility and validity of projective testing which is based on Freud concept of projecting one's own personality attributes onto a neutral stimulus. However, many practitioners continue to rely on projective testing.

The current study was designed to explore human figure test and analyzed personality characteristics of people having different sexual orientation. By comparing the heterosexual and homosexual population in terms of the sex of the human figure drawing, an important foci emerge that this study could provide further support or even disconfirmation of Machover's (1949) original hypotheses.



## **CHAPTER 2: REVIEW OF LITERATURE**

### **2.1 HFDT and sexual identification**

A study done by Daniel G. Brown and Alexander Tolor on assumption that a person tends to project his body image into his/her drawing, and that confusion in one's self concept and psychosexual identification is indicated when a figure of opposite sex is drawn first. It was performed on both homosexual and heterosexual people. The paper showed that heterosexual adults tend to draw their own respective sexes when drawing human figure. Also that majority of male homosexuals do not draw a figure of opposite sex first, which is very contrary to a wide spread hypothesis that drawing the opposite sexes figure first is indicative of homosexuality. It was concluded that adequacy of psychosexual identification or adjustment is reflected in the choice of sex in the drawing of human figures. The only valid conclusion is that the basis or significance of drawing a person of the opposite sex first is not know.

### **2.2 HFDT and personality**

A study was done by Peter, Rudolf and colleagues on Drawing Bizarreness and its relation to some parameters of personality. It involved 525 normal adult subjects. They hypothesized that there will be difference in the personality traits in selected type of drawings. Bizarre drawings proved to be an important indicator of intellectual abilities. Individuals making such drawings tend to be more emotionally instable, less emotionally resilient, less self controlling and anticipating and less oriented towards problems and tend to be more neurotic or show psychotic experiences.

### **2.3 HFDT and self esteem**

A study done by Joseph and Hendrickson to investigate the relationship between self esteem and human figure drawing. 76 individuals completed the Rosenbery self-esteem scale and drew the human figure. For only males. Significant relationship between the width of human figure drawn and self esteem was found as well as significant relationship between height and self esteem along with area taken by figure in human figure drawing and self esteem.

## **2.4 HFDT on gender problem children**

A study was done by Zucker, Finegan, Robert and Bradley in 1983 where draw a person test was used to evaluate a number of questions regarding children referred for potential problems in their gender identity development in the gender identity development children (N=36). Normal children (N=30), Psychiatric children (N=23) and siblings (N=31) served as comparison groups. The results concluded that the gender referred children were more likely to draw opposite sex person when asked to draw a person than were other three of the groups, gender referred children who drew an opposite sex person were more likely to play with opposite sex toys and dress up clothes on a free play task than were gender referred children who drew same sex person, the gender referred children drew taller opposite sex persons than same sex persons; and normal children had comparatively a smaller proportion of emotional disturbance indicators in their same sex drawings than the drawings by other three groups.

## **2.5 Anxiety among different sexual orientations**

Previous studies indicated increased risk of mental disorder symptoms, suicide and substance misuse among gay, lesbian and bisexual adults(LGB), in comparison to heterosexual adults. Study was done by Joanna, Michael, Varney and Johnsons in 2016 with the aim to determine association between sexual orientation identity and poor mental health and well being among adults from population surveys in UK, and to consider whether effects differed for specific subgroups of the population. A pool of 94,818 participants, 1.1% identified as gay/lesbian, 0.9% identified as bisexual, 0.8% as 'other' and 97.2% identified as heterosexual. Data regarding the same was pooled from British Cohort Study 2012, Health Survey for England 2011, 2012 and 201, Scottish Health Survey 2008 to 2013, Longitudinal Study of Young People in England 2009/2010 and Understanding Society 2011/12. Individual participant meta analysis was used to pool estimates from each stud, allowing for between study variation. It was found out that LGB adults have higher prevalence of poor mental health and low well being in comparison to heterosexuals, particularly younger and older LGB adults.

## CHAPTER 3: RESEARCH GAP

### 3.1 Research Gap

The aim of this research is to explore the differences in personality characteristics of among different sexual orientation. Most of the researches done are old, around 50-60 years old. The given literature is also very limited with respect to LGBTQ+ population. This field has been observed to be the least explored area of research.

### 3.2 Objective

To explore the relationship between personality characteristics of people having different sexual orientation

### 3.3 Theoretical Framework

**Objective:** The objective of the study is to explore the differences among personality characteristics of people with different sexual orientations.

**Problem:** People believe there are differences in many personality characteristics among people with different sexual orientations.

**Research Question:** If any, what aspects of personality do they differ in and by how much difference.

**Literature review:** There are many underlying assumptions and a few studies showing differences in certain aspects of difference in personality aspects like anxiety and sexual disturbances.

### 3.4 Rationale

Lately people have been seen exploring their sexualities. Over the time, people have become open about their sexuality, talking about it and accepting it. Human figure drawing test is a projective technique that assess unconscious feelings of an individual and serves as a representation of self. The study aims to understand the relationship and difference (if any)

between sexual orientation and personality characteristics of LGBTQ+ individuals and heterosexual individuals.

### **3.5 Hypotheses**

**H1:** There will be significant difference in anxiety as personality characteristics of LGBTQ+ and heterosexual individuals.

**H2:** There will be significant difference in positive self-concept as personality characteristics of LGBTQ+ and heterosexual individuals.

**H3:** There will be significant difference in negative self-concept as personality characteristics of LGBTQ+ and heterosexual individuals.

**H4:** There will be significant difference in aggression as personality characteristics of LGBTQ+ and heterosexual individuals.

**H5:** There will be significant difference in sexual disturbance as personality characteristics of LGBTQ+ and heterosexual individuals.

**H6:** There will be significant difference in developmental impairment as personality characteristics of LGBTQ+ and heterosexual individuals.

## **CHAPTER 4: METHODOLOGY**

### **4.1 Sample**

A sample of 30 LGBTQ+ individuals and 30 heterosexual individuals with the age range of 18-25 years. The sample was collected from participants belonging to different parts of country (India) for diversity.

### **4.2 Research Design**

Between subject design

Independent variable: sexual orientation

Dependent variable: personality characteristics

### **4.3 Tools Used**

#### **4.3.1 Demographic data sheet**

It was designed asking information about the participant about their name, education level, age, gender and their contact number.

#### **4.3.2 Kinsey Scale i.e. Sexual Orientation Scale**

Dr. Alfred Kinsey, Clyde Martin and Wardell Pomeroy developed the Heterosexual-Homosexual Rating Scale usually known as “The Kinsey Scale.” It was the first scale to suggest that human sexuality and sexual attraction are a continuum and not limited to solely heterosexuals or homosexual orientations. The Kinsey team interviewed several people about their sexual histories. The research showed that sexual behavior, thoughts, and feelings towards the same or opposite sex were not usually consistent across time. Rather than assigning people to three categories—heterosexual, bisexual, and homosexual—they used a seven-point scale. It ranges from 0 to 6 with an additional category labeled “X”. It consists of 7 questions in total.

### **4.3.3 Human figure drawing test**

This test was developed by Machover. The human figure drawing test is designed to support both quantitative and qualitative clinical interpretation of human to figure drawings. The individual is asked to draw two human figures one of each gender. The qualitative analysis assesses the cognitive and personality patterns of individuals on the basis of 74 drawing features. Some of them are: extreme asymmetry, unequal arms, light lines, shading (other than hair), large size, small size, stick figure, blank, teeth showing, nostrils showing, bare feet on clothed figure, bizarre hair, primitive appearance, genderless, childlike, developmental indistinguishable, naked without genitalia, eyes omitted, top placement, bottom placement, internal organ showing, gross disproportion etc

### **4.4 Procedure**

The participants were seated at a table, in a quiet room and free from distractions. They were given sexual orientation form to fill and two blank sheets of paper. Then, the participants were asked to draw a person. When the participants had completed the drawing, they were asked to take the second sheet of paper and draw person of opposite gender from the person that was drawn first. In case the participant attempted to draw a stick figure, he/she was asked to draw a complete figure or a whole figure instead. If participant still continued to do so, he/she wasn't instructed again and was allowed to continue. The first drawn gender was observed. After the completion of the test, the participant was asked to submit their response.

### **4.5 Statistical Analysis**

The data analysis was done using Statistical Package for Social Sciences. Chi square was computed to describe the result.

## CHAPTER 5: RESULTS

In order to interpret the results, the Human Figure Drawing was scored in terms of their drawing patterns, according to the standard procedure. For the data analyses, the chi-square test was performed to examine the relation between sexual orientation and personality characteristics.

The results have been classified into personality patterns i.e. anxiety, positive self-concept, negative self-concept, aggression, sexual disturbance and developmental impairment, which further includes their respective qualitative signs drawn by the participant.

*Table 1: Descriptive Statistics*

	LGBTQ+	Heterosexual
<b>Anxiety</b>		
Extreme Asymmetry	13%	0
Sketching	70%	10%
<b>Positive self-concept</b>		
Large Size	27%	6%
Addition of Extraneous Objects	23%	0
<b>Aggression</b>		
Spiked Fingers	17%	0
Nostrils Showing	20%	3%
<b>Sexual Disturbance</b>		
Disheived Hair	20%	3%
Elaborate Waist Emphasis	53%	27%
Nose Omitted	17%	0
<b>Negative self-concept</b>		
Small size	23%	37%
Effeminate Male drawn	6%	0
Masculine Female drawn	3%	0
<b>Developmental Impairment/Regression</b>		
Petal like Fingers	10%	23%
Genderless	6%	0
Childlike	3%	10%
Developmentally Indistinguishable	16%	16%
Partially Clothed	13%	0
Naked without Genitalia	10%	0

Pupils Omitted	13%	26%
Mouth Omitted	3%	3%
Hands Omitted	0	6%
Fingers Omitted	0	1

Table 1 explores the comparison of LGBTQ+ population and heterosexual population in terms of their drawing patterns, the response was obtained in terms of frequency and finally chi-square was computed to compare the difference between LGBTQ+ population and heterosexual population in terms of drawing pattern, which in turn depict the personality patterns of the same. The table reveals that significant difference was found between the personality characteristics of LGBTQ+ population and heterosexual population in aspects of anxiety, positive self concept, aggression and sexual disturbance. Drawing patterns are indicative of certain personality traits hence table is classified on the basis of personality patterns and corresponding scores.

**Table 2: Pearson Chi-square for Anxiety**

Features	Response	LGBTQ+	Heterosexual	Chi-square	Significance
Extreme Asymmetry	Yes	4	0	4.286*	0.038
	No	27	30		
Sketching	Yes	21	3	22.5**	0
	No	9	27		

\*p<0.05 level of significance, \*\*<0.01 level of significance

Table 2 shows there is significant relationship among LGBTQ+ and heterosexuals in feature of extreme asymmetry  $X^2(1,N=30) = 4.2$  , p<0.05. And, in feature of sketching  $X^2(1,N=30) = 22.5$  , p<0.01. LGBTQ+ are more likely than heterosexuals to experience anxiety.



**Table 3: Pearson Chi-square for Positive Self-Concept**

Features	Response	LGBTQ+	Heterosexual	Chi-square	Significance
Large size	Yes	8	2	4.320*	0.038
	No	22	26		
Addition of extraneous objects	Yes	7	0	7.925**	0.005
	No	23	28		

\*p<0.05 level of significance, \*\*<0.01 level of significance

Table 3 shows there is significant relationship among LGBTQ+ and heterosexuals in feature of large size  $X^2(1,N=30) = 4.3$  , p<0.05. And, in feature of addition of extraneous objects  $X^2(1,N=30) = 7.9$  , p<0.01. LGBTQ+ have more positive self concept in comparison to heterosexuals.

**Table 4: Pearson Chi-square for Aggression**

Features	Response	LGBTQ+	Heterosexual	Chi-square	Significance
Large size	Yes	8	2	4.320*	0.038
	No	22	26		
Spiked fingers	Yes	5	0	5.455*	0.02
	No	25	30		
Nostrils showing	Yes	6	1	4.043*	0.044
	No	24	28		

\*p<0.05 level of significance, \*\*<0.01 level of significance

Table 4 shows there is significant relationship among LGBTQ+ and heterosexuals in feature of large size  $X^2(1,N=30) = 4.3$  , p<0.05, in feature of spiked fingers  $X^2(1,N=30) = 5.4$  , p<0.05. And, in feature of nostrils showing  $X^2(1,N=30) = 4.03$  , p<0.05. LGBTQ+ are more likely than heterosexuals to show aggression.

**Table 5: Pearson Chi-square for Sexual Disturbance**

Features	Response	LGBTQ+	Heterosexual	Chi-square	Significance
Disheived hair	Yes	6	1	4.043*	0.044
	No	24	29		
Waist emphasis	Yes	16	8	4.444*	0.035
	No	14	21		
Nose omitted	Yes	5	0	5.455*	0.020
	No	25	28		

\*p<0.05 level of significance, \*\*<0.01 level of significance

Table 5 shows there is significant relationship among LGBTQ+ and heterosexuals in feature of disheived hair  $X^2(1,N=30) = 4.04$  , p<0.05, in feature of waist emphasis  $X^2(1,N=30) = 4.4$  , p<0.05. And, in feature of nose omitted  $X^2(1,N=30) = 5.45$  , p<0.05. LGBTQ+ are more likely than heterosexuals to present sexual disturbances.

**Table 6: Pearson Chi-square for Negative Self-Concept**

Features	Response	LGBTQ+	Heterosexual	Chi-square	Significance
Small size	Yes	7	11	1.27	0.26
	No	23	19		
Effeminate Male drawn	Yes	2	0	1.069	0.15
	No	28	30		
Masculine Female drawn	Yes	1	0	1.017	0.313
	No	29	30		

No significance difference found.

*Table 7: Pearson Chi-square for Developmental Impairment/Regression*

Features	Response	LGBTQ+	Heterosexual	Chi-square	Significance
Petal like fingers	Yes	3	7	1.92	0.166
	No	27	23		
Genderless	Yes	2	0	2.069	0.15
	No	28	30		
Childlike	Yes	1	3	1.071	0.301
	No	29	27		
Developmentally indistinguishable	Yes	5	5	0	1
	No	25	25		
Naked without genitalia	Yes	3	0	3.158	0.76
	No	27	30		
Partially clothed	Yes	4	0	4.286*	0.038
	No	26	30		
Pupils omitted	Yes	4	8	1.667	0.197
	No	26	22		
Mouth omitted	Yes	1	1	0	1
	No	29	29		
Hands omitted	Yes	0	2	2.069	0.15
	No	30	28		
Fingers omitted	Yes	4	7	1.002	0.317
	No	26	23		

\*p<0.05 level of significance, \*\*<0.01 level of significance

Table 7 shows there is significant relationship among LGBTQ+ and heterosexuals in feature of partially clothed  $X^2(1, N=30) = 4.2$ ,  $p < 0.05$ .

## CHAPTER 6: DISCUSSION

The current study aimed to explore the difference in personality characteristics between LGBTQ+ and heterosexual individuals with the use of human figure drawing test as a measure of analysis.

### 6.1 Personality Patterns of LGBTQ+ individuals

In terms of anxiety, more LGBTQ+ individuals had drawn figures with feature of extreme asymmetry and sketching which is indicative of anxiety, body awkwardness, in coordination, great physical inadequacy confusion of lateral dominance; and insecurity, uncertainty, meticulousness respectively. However, some LGBTQ+ individuals had drawn other features like unequal arms and shading which are indicative of emotional distress; and anxiety, sign of intelligence as well respectively, but it equals to same number of heterosexual individuals who had drawn such features.

In terms of positive self concept, more LGBTQ+ individuals had drawn figures with feature of large size and additional extraneous objects which is indicative of positive mood, fantasy self esteem, euphoria, grandiosity; and sign of narcissistic tendencies, expansiveness but also varies upon the object drawn respectively.

In terms of negative self concept, less LGBTQ+ individuals had drawn figures with feature of small size which is indicative of withdrawal tendencies, feeling of inadequacy and paranoia. However, few LGBTQ+ individuals had drawn feature of effeminate male and masculine female which is indicative of sexual maladjustment or effeminate personality characteristics; and interaction with strong male figures respectively.

In terms of aggression, more LGBTQ+ individuals had drawn figures with feature of large size, spiked fingers and nostrils showing which is indicative of positive mood, fantasy self esteem, euphoria, grandiosity; aggressiveness; and aggressive tendencies or excessive control of those tendencies respectively. However, few LGBTQ+ had drawn feature of bare feet on clothed figure which is also indicative of aggressive tendencies but it equals to same number of heterosexual individuals who had drawn this feature.

In terms of sexual disturbance, more LGBTQ+ individuals had drawn figures with feature of disheveled hair, waist emphasis and nose omitted which is indicative of sexual concerns, sexual impulsivity, thought disorder; conversion of covert tendencies to aesthetic interests or self display, separation of intellect from sexuality, conflict in sexual drives; and sexual implications respectively. However, few LGBTQ+ individuals had drawn feature of legs pressed together which is also indicative of sexual disturbance.

In terms of regression or developmental impairment, more LGBTQ+ individuals had drawn figures with feature of partially clothed which is indicative of self absorbed fantasy as opposed to sexual interaction. However, few homosexuals had also drawn feature of genderless and naked without genitalia which is indicative of emotional regression, sexual conflicts or denial of sexual issues; and denial, sexual conflicts respectively. Also, few LGBTQ+ individuals had also drawn feature of developmentally indistinguishable and mouth omitted which is indicative of regressed emotional states; and needs of affection, guilt feelings, feeling of rejection respectively which equals to same number of heterosexual individuals who had drawn these features. Along with that, less LGBTQ+ individuals had drawn feature of petal like fingers, childlike, pupils omitted and fingers omitted which are indicative of poor manual skills; fixed emotional states; immaturity, egocentricity; and feelings of interpersonal inadequacy respectively.

## **6.2 Personality Patterns of Heterosexual individuals**

In terms of anxiety, less heterosexual individuals had drawn figures with feature of extreme asymmetry and sketching which is indicative of anxiety, body awkwardness, in coordination, great physical inadequacy confusion of lateral dominance; and insecurity, uncertainty, meticulousness respectively in comparison to LGBTQ+ individuals. However, some heterosexual individuals had drawn other features like unequal arms and shading which are indicative of emotional distress; and anxiety, sign of intelligence as well respectively, but it equals to same number of LGBTQ+ individuals who had drawn such features.

In terms of positive self concept, less heterosexual individuals had drawn figures with feature of large size and additional extraneous objects which is indicative of positive mood, fantasy self esteem, euphoria, grandiosity; and sign of narcissistic tendencies, expansiveness but also varies upon the object drawn respectively. However, few heterosexual individuals had drawn features of large, dominant male which is indicative of possible depression and self inflation.

In terms of negative self concept, more heterosexual individuals had drawn figures with feature of small size which is indicative of withdrawal tendencies, feeling of inadequacy and paranoia.

In terms of aggression, less heterosexual individuals had drawn figures with feature of large size, spiked fingers and nostrils showing which is indicative of positive mood, fantasy self esteem, euphoria, grandiosity; aggressiveness; and aggressive tendencies or excessive control of those tendencies respectively. However, few heterosexual individuals had drawn feature of bare feet on clothed figure which is also indicative of aggressive tendencies but it equals to same number of LGBTQ+ individuals who had drawn this feature.

In terms of sexual disturbance, less heterosexual individuals had drawn figures with feature of disheveled hair and waist emphasis which is indicative of sexual concerns, sexual impulsivity, thought disorder and conversion of covert tendencies to aesthetic interests or self display, separation of intellect from sexuality, conflict in sexual drives respectively.

In terms of regression or developmental impairment, more heterosexual individuals had drawn feature of petal like fingers, childlike, pupils omitted, fingers omitted and hands omitted which are indicative of poor manual skills; fixed emotional states; immaturity, egocentricity; feelings of interpersonal inadequacy; and lack of confidence respectively. However, few heterosexual individuals had also drawn feature of developmentally indistinguishable and mouth omitted which is indicative of regressed emotional states; and needs of affection, guilt feelings, feeling of rejection respectively which equals to same number of LGBTQ+ individuals who had drawn these features.

### **6.3 Personality Differences**

Research in the past decade has identified risk and protective behavior for mental health and (2003) in minority stress model practices that may foster LGBTQ+ mental health. Mental health outcomes differed by sex and dimension of sexual orientation. It was found that bisexual and homosexual identity and behavior were strongly and persistently associated with heightened risk of mood and anxiety disorders for both men and women over lifetime and past year frames. Stating that increased risk for mood and anxiety disorders among sexual minority groups and demonstrates that different dimensions of sexual orientation are associated with varying prevalence estimates of DSM-IV manual mental health disorders. ( Bostwick, Boyd, Hughes and McCabe, 2010). The current study proves to be in support of this study in aspect of anxiety among LGBTQ+ population. LGBTQ+ individuals suffer higher than average levels of anxiety when compared to the heterosexual population. Now most common reason observed for LGBTQ+ individuals suffering from high anxiety levels is because of their experience as a

minority group which faces frequent discrimination and prejudice. Keeping minority stress model in mind (Meyer, 2003), LGBTQ+ population seems to experience more threats, assaults or traumatic events which further leads to increased levels of anxiety. This brings us to the partial acceptance of our hypotheses that there will be significant difference in anxiety as a personality trait of LGBTQ+ individuals and heterosexual individuals (H1).

Surprising results were shown in the current study when it comes to self esteem. Instead of negative self esteem, higher levels of positive self esteem were observed. A study showed that many individual who identified as lesbian, gay, queer and other non heterosexual orientations (LGBTQ+) experience stigma, prejudice, and/or discrimination because of their sexuality. According to minority stress theory, these experiences can contribute to difficulties with self acceptance of sexuality. Lower self acceptance is considered a risk factor for adverse mental health outcomes. The study found that LGBTQ+ individuals had lower general self acceptance compared to the heterosexual participants. (Taylor, Coulombe, Coleman, Wilson, Cameron, Woodford and Travers, 2020). This study serves to be in contrast with the present study. However, self esteem is considered to be on how one values and perceives themselves. The environmental and societal factors tend to influence it but it is based upon the opinion and beliefs of oneself. LGBTQ+ population in the society tends to face discrimination which can have an effect on their self esteem but as per the findings of the study, positive self concept could be observed in LGBTQ+ because they think positively of themselves and have some resilience towards the environmental factors which they don't let affect their image of themselves.

This brings us to the partial acceptance of our hypotheses that there will be significant difference in positive self concept as a personality trait of LGBTQ+ individuals and heterosexual individuals (H2) as well as rejection of our hypotheses that there will be significant difference in negative self concept as a personality trait of LGBTQ+ individuals and heterosexual individuals. (H3).



The field of study on different sexual orientations has been least explored. Results found here are indicative and in favor of assumptions that people hold in general life about LGBTQ+ population.

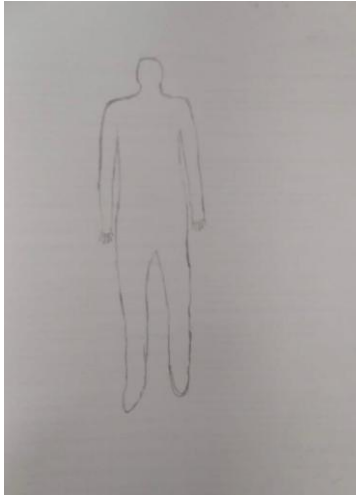
The current study showed increased level of aggression among the LGBTQ+ population than the heterosexual population. In society, homosexuals tend to be conscious about themselves, which at times can lead them to have aggressive outburst in situations of being unheard and facing discrimination or when being victimized. Since LGBTQ+ population as stated above tends to face a lot of prejudice and discrimination in the society. This brings us to the partial acceptance of our hypotheses that there will be significant difference in aggression as a personality trait of LGBTQ+ individuals and heterosexual individuals. (H4).

The study also showed increased sexual disturbance among the LGBTQ+ population than the heterosexual population. People of different sexual orientation face issues relating to their sexual identity and after coming out with their sexual identities often face issues in the society. As stated earlier, they tend to face 'minority stress' which results in the heightened levels of anxiety, mood and depression disorders. Such disorders have been linked with sexual issues among the individuals. Anxiety can induced by different stressors and can have different impact on different individuals. Anxiety related here could may be impacted by the fear of partner rejection which could lead to further dysfunctions. A study was done in which researchers manipulated aspects of anxiety response in erotic context to understand the conditions that may inhibit or have no effect on sexual arousal. It was found that factors like anxiety and various beliefs like body image were found to be major contributors to sexual dysfunctions and reduced sexual arousal.(Kane, Dawson, Reissing and Oimmet, 2019). This brings us to the partial acceptance of our hypotheses that there will be significant difference in sexual disturbance as a personality trait of LGBTQ+ individuals and heterosexual individuals. (H5).

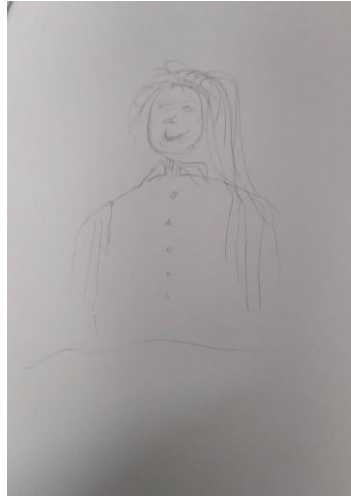
Regression is a defense mechanism where an individual seems to return to an earlier stage of development, adopting a more childish manner. It entails retreating to an earlier developmental form of function (emotionally, socially, and behaviorally) in times of stress. In this study, no difference among the features under regression except for one (among 10 features) was found among the LGBTQ+ population and heterosexual population. Individuals who experience conflict and stressful situations, could serve as a trigger to wide range of defense mechanisms. Which would justify that one feature which showed increased level of regression among LGBTQ+ population. However, this personality characteristic also includes features which are indicative of developmental impairment. No difference among this was found in the LGBTQ+ and heterosexual population indicating same levels in both. Earlier, homosexuality was considered to be a psychological disorder and was even mentioned in DSM-I and DSM-II manual as a mental health disorder. With time clinicians started comparing competing theories, ones that pathologized homosexuality and ones that viewed it as normal. This eventually resulted it in removing “homosexuality” as a disorder in DSM-III. Their functioning is no different from the general population which justifies no increase in developmental impairment among the LGBTQ+ population. This brings us to the rejection of our hypotheses that there will be significant difference in positive self concept as a personality trait of LGBTQ+ individuals and heterosexual individuals (H6).

## 6.4 Drawings by LGBTQ+ individuals and heterosexual individuals

### 6.4.1 By LGBTQ+ individuals



**Figure 1.1**



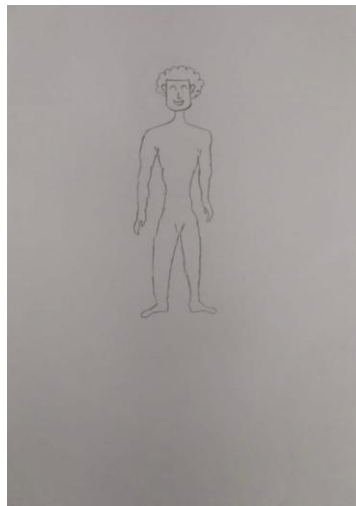
**Figure 1.2**



**Figure 1.3**



**Figure 1.4**



**Figure 1.5**

Figure 1.1 shows just an outline and so has great number of omissions which is indicative of regressed emotional states and needs of affection, feeling of rejection and feelings of interpersonal inadequacy. Figure 1.2 shows extreme asymmetry, sketching and omissions of certain features which is indicative of body awkwardness, anxiety and need of affection. Figure

1.3 shows features of large size and disheveled hair which is indicative of body awkwardness, fantasy self esteem and sexual concerns. Figure 1.4 shows features of shading, addition of extraneous objects, large size, waist emphasis, effeminate male drawn and partially clothed which is indicative of anxiety, fantasy self esteem, grandiosity, separation of intellect from sexuality, conflict in sexual desires, sexual maladjustment or effeminate personality characteristics and self absorbed fantasy as opposed to sexual interactions. Figure 1.5 shows features of omission of multiple features and partially clothed which is indicative of regression of emotional states, sexual concerns, self absorbed fantasy as opposed to sexual interaction and feelings of interpersonal adequacy.

#### 6.4.2 By Heterosexual individuals



**Figure 2.1**



**Figure 2.2**



**Figure 2.3**

**Figure 2.4****Figure 2.5**

Figure 2.1 shows features of large size and waist emphasis which is indicative of positive mood, euphoria, fantasy self esteem and sexual concerns. Figure 2.2 shows features of small size and waist emphasis which is indicative of withdrawal tendencies, feelings of inadequacy and covert tendencies of self display. Figure 2.3 shows sketching as an indicative of anxiety. Figure 2.4 shows feature of hands behind back which is not an indicative of any of the mentioned personality characteristics. Figure 2.5 shows features of partially clothed and unequal arms which is indicative of emotional distress or anxiety, sign of intelligence and self absorbed fantasy as opposed to sexual interaction.

## **CHAPTER 7: CONCLUSION, LIMITATIONS AND SCOPE FOR FUTURE RESEARCH**

### **7.1 Conclusion**

The aim of the study was to explore the personality differences between LGBTQ+ individuals and heterosexual individuals. The findings of the study indicate that there are significant differences in certain personality characteristics of individuals with different sexual orientation such as anxiety, positive self-concept, aggression and sexual disturbance. Many features indicating certain personality characteristics were drawn by both heterosexual and LGBTQ+ individuals but the frequency of them varied. Higher levels of anxiety and aggression were found in LGBTQ+ population. Surprisingly, higher levels of positive self concept was also observed in LGBTQ+ population. More sexual disturbances were observed in LGBTQ+ population. Whereas, no difference in negative self concept and developmental impairment/regression was observed . But here, only one aspect of it, i.e., partially clothed was more prominent in LGBTQ+ individuals than heterosexual individuals indicative of self absorbed fantasy as opposed to sexual interaction between LGBTQ+ and heterosexual population.

### **7.2 Implications**

Aggression has been observed to develop as a consequence of generally disrupted emotional regulation like high levels of anxiety. Whereas, anxiety has also been linked to sexual disturbances in individuals. To our surprise, as earlier studies suggest, negative self concept and anxiety are linked in LGBTQ+ population but here instead of negative self concept, more positive self concept was observed because of LGBTQ+ population thinking highly of themselves and believing in themselves. Developmental impairment/regression was almost the same in LGBTQ+ and heterosexual population. Several indicators of patterns drawn by the individuals helped identify the personality patterns of individuals among different sexual orientation.

### **7.3 Limitations**

The biggest limitation of this study was that the sample size was limited. Also, the participants seemed to be worried about their drawing skills being bad which could have led them being conscious and overdoing or missing some of the aspects of drawing the figure.

### **7.4 Future Scope for Future Research**

Considering there have been very limited studies looking at the relationship between sexual orientation and personality traits using human figure drawing test, more research is needed. Future research can concentrate on large sample size, along with specific sexual orientation. Environmental factors can also be considered valuable.

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## APPENDIX A

### SEXUAL ORIENTATION TEST

NAME-

#### INSTRUCTIONS

Below are a few. There is no right or wrong answer for any of the following statements. Kindly mark the option which suits you the best.

**Q1. To whom are you attracted to?**

- a. Both men and women
- b. Mostly people of the opposite sex from mine
- c. Mostly people of the same sex as mine
- d. Only people of the opposite sex from mine
- e. Only people of the same sex as mine

**Q2. Who have you had sex with?**

- a. Both men and women
- b. Both men and women, but I prefer people of the opposite sex from mine.
- c. Both men and women, but I prefer people of the same sex from mine.
- d. Only people of the opposite sex from mine
- e. Only people of the same sex as mine

**Q3. Who have you had sexual fantasies about?**

- a. Both men and women.
- b. Mostly people of the opposite sex from mine
- c. Mostly people of the same sex from mine
- d. Only people of the opposite sex from mine
- e. Only people of the same sex as mine

**Q4. With whom do you form strong emotional bonds?**

- a. Both men and women

- b. Mostly people of the opposite sex from mine
- c. Mostly people of the same sex as mine
- d. Only people of the opposite sex from mine
- e. Only people of the same sex as mine

**Q5. Who do you feel the most comfortable socializing with?**

- a. Both men and women.
- b. Mostly people of the opposite sex from mine
- c. Mostly people of the same sex as mine
- d. Only people of the opposite sex from mine
- e. Only people of the same sex as mine

**Q6. The idea of having sex with someone of the opposite sex from mine is**

- a. Desirable
- b. Interesting
- c. Tolerable
- d. Negative
- e. Disgusting

**Q7. The idea of having sex with someone of the same sex as mine is**

- a. Desirable
- b. Interesting
- c. Tolerable
- d. Negative
- e. Disgusting