



TRNC

NEAR EAST UNIVERSITY

GRADUATE SCHOOL OF EDUCATIONAL SCIENCES

**DEPARTMENT OF GUIDANCE AND PSYCHOLOGICAL
COUNSELING**

**HOPELESSNESS AND PESSIMISM AMONG LGBTs:
EFFECT OF COUNSELING ON PROBLEM COPING
STRATEGIES**

MASTER THESIS

ROZHAN ALI KHDIR

NICOSIA

June, 2019

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**We certify that this thesis is fully adequate in scope and quality for the degree of
Master of Arts in Guidance and Psychological Counselling**

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ETHICAL DECLARATION

I hereby declare that all the information in this document has been obtained and presented in accordance with the academic rules and ethical guidelines of the Graduate School of Educational Sciences. I have fully cited and referenced all materials and results that are not original to this study.

Rozhan ALI KHDIR

JUNE 2019

NICOSIA

ABSTRACT

HOPELESSNESS AND PESSIMISM AMONG LGBTs: EFFECT OF COUNSELLING ON PROBLEM COPING STRATEGIES

ROZHAN ALI KHDIR

Master Degree, Guidance and Psychological Counseling

Thesis Advisor: Assist. Prof. Dr. Gözde LATİFOĞLU

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The aim of this study is to develop effective counseling approach for the socially deprived and discriminated LGBT people in Northern Iraq to enhance the physical and mental well-being. The study aims to develop effective problem-coping strategies to deal with social, economic, and political setbacks.

The problem identified to conduct this study is that the LGBT people in Northern Iraq are not only unacceptable as normal members of the society but they also face rejection, isolation, and discrimination in society. This consistent hatred and discrimination against the LGBT people develop many psychological disorders that include anxiety, depression, isolation, pessimism, and hopelessness. These psychological disorders enforce suicide attempts and socially deviated behavior among the LGBT people.

The study has a qualitative research design and the researcher conducted 10 interviews with LGBTs in northern Iraq. The results of the study outlined that LGBTs in Iraq have social and psychological issues that contribute to hopelessness and pessimism among LGBTs. The society has zero tolerance in the name of religion and the conservative norms do not allow these people to live their life as normal people. They commit suicide or get into depression because of unending suffering. However, the LGBTs that received counseling improved their condition as compared to those that could not receive counseling services. Counseling helped these people to come out of depression and live a normal life by accepting the reality.

Keywords: LGBT, hopelessness, pessimism, problem coping strategies, counseling.

ÖZET

LGBT BİREYLERDE UMUTSUZLUK VE PESİMİZM: PROBLEMLERLE BAŞ ETME STRATEJİLERİ ÜZERİNDE PSIKOLOJİK ETKİSİ

ROZHAN ALI KHDİR

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Bu çalışmanın amacı, fiziksel ve zihinsel refahı artırmak için Kuzey Irak'ta sosyal açıdan mahrum ve ayrımcılığa uğramış LGBT bireyler için etkili danışmanlık yaklaşımı geliştirmektir. Bu çalışma, sosyal, ekonomik ve politik gerilemelerle başa çıkmak için etkili olan, problemlerle baş etme stratejileri geliştirmeyi amaçlamaktadır.

Bu çalışmayı yürütmek için belirlenen sorun, Kuzey Irak'taki LGBT halkının sadece toplumun normal üyeleri olarak kabul edilemez olmaları değil aynı zamanda toplumda reddedilme, izolasyon ve ayrımcılıkla karşı karşıya olmalarıdır. LGBT halkına yönelik bu tutarlı nefret ve ayrımcılık, endişe, depresyon, izolasyon, karamsarlık ve umutsuzluk gibi birçok psikolojik bozukluk geliştirir. Bu psikolojik bozukluklar LGBT halkı arasında intihar girişimlerini ve sosyal açıdan sapkın davranışları zorlamaktadır.

Çalışmada nitel yöntem kullanılmıştır ve araştırmada, Kuzey Irak'ta bulunan 10 LGBT bireyle görüşme yapıldı. Çalışmanın sonuçlarına göre, Irak'taki LGBT'ler umutsuzluğa ve karamsarlığa katkıda bulunan sosyal ve psikolojik sorunlar bulunduğunu belirtmişlerdir. Toplum, din adına sıfır tolerans göstermekte ve muhafazakar normlar bu insanların yaşamlarını normal insanlar olarak yaşamalarına izin vermemektedir. Bitmeyen acılar yüzünden intihar etmekte veya depresyona girmektedirler. Bununla birlikte, danışmanlık hizmeti alan LGBT'lerin, danışmanlık hizmeti alamayanlara kıyasla durumlarının iyileştiği görülmüştür. Danışmanlık, bu insanların depresyondan çıkmalarına ve gerçeği kabul ederek normal bir yaşam sürmelerine yardımcı olmaktadır.

Anahtar Sözcükler: LGBT, umutsuzluk, karamsarlık, sorunlarla baş etme stratejileri, psikolojik.

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ABBREVIATION

LGBT OR GLBT	Lesbian, Gay, Bisexual and Transgender
PTSD	Post-traumatic stress disorder
SES	Socio-economic status
SOCCS	Sexual Orientation Counselor Competency Scale
HVI	Hyper Vigilance
DEPI	Depression
CDI	Coping deficit

CHAPTER I

INTRODUCTION

1.1 Problem statement

The traditional and modern societies find it difficult to accept the gender that is not recognized as male or female. Hence, LGBT people are often left alone by not just their fellows and society members but even their own family and parents. Feelings of hopelessness and pessimism have been commonly experiences among these people. The rejection from family, friends, and society develops fear and sense of hatred among LGBT people. Counseling in this regard helps in providing some effective problem coping strategies that can help LGBT people to overcome these problems.

Hopelessness is one of the psychopathological state and recent studies have outlined its significance for many psychopathological situations. Beck (1963) stated that hopelessness is defined as one of the core characteristics leading depression, suicides, schizophrenia, sociopathy, psychical illness, and alcoholism. Some clinical researchers argued that hopelessness is just a diffused emotional state and it is too vague to be qualified for systematic research. Kazdin, French, Unis, Esveltd-Dawson and Sherick, (1983) argued that, a person's hopelessness can be developed or experienced by an individual during his/her bad or unlucky days and future. People that are sensitive well as people that experience any kind of rejection do not value themselves, not their life, and so does their experiences are shaped.

Beck, Weissman, Lestr and Trexler (1974) outlined pessimism is also one of the mental and psychological states that shapes the attitudes and perception of individuals suffering from emotional instability. Generally, pessimists are surrounded by negative feelings and thoughts in life. They are never optimistic or positive about whatever is happening in the life. Pessimists always perceive that nothing is there for them or something that is there is not enough for them. Pessimism impacts the thinking and cognition of people. Pessimism may influence on anxiety, fears, and depression. It is also important to note that pessimism can be influenced by different feelings and daily pressure of life.

Problem coping strategies are the skills that are individual to people for solving the problems that they face in life. Carver, Scheier and Weintraub (1989) argued that these are generally referred to the tactics that an individual adapts in most stressful situations. These skills and strategies differ individual to individual however; some of the commonly preferred and beneficent techniques include yoga, meditation, relaxation and breathing deep. These techniques are really helpful and allow releasing the stress. In comparison, some of people fail to cope with problems through these strategies and develop depression, anxiety, and feeling of pessimism and hopelessness that lead to more disturbed and imbalanced social and personal life.

1.2 Aim of the Study

The aim of this study is to identify the fundamental reasons for hopelessness and pessimism among LGBT in Iraq. The aim is also to identify the current problem coping strategies that these LGBT adopt to cope with these social problems and to develop effective counseling approach for the deprived and discriminated LGBT people in Northern Iraq to enhance the physical and mental well-being. The study aims to develop effective problem-coping strategies to deal with social, economic, and political setbacks.

1. What are the fundamental reasons for hopelessness and pessimism among LGBTs in Northern Iraq?
2. What are the current problem-coping strategies used by LGBTs in Northern Iraq?
3. How counseling can help in developing more effective problem coping strategies?

1.3 Significance of the Study

The problem identified to conduct this study is that the LGBT people in Northern Iraq are not only unacceptable as normal members of the society but they also face rejection, isolation, and discrimination in social, economic, and political arena (Ottosson, 2006). This consistent hatred and discrimination against the LGBT people develop many psychological disorders that include anxiety, depression, isolation, pessimism, and hopelessness. These psychological disorders enforce suicide attempts and socially deviated behavior among the LGBT people (Daher, 2018).

Thus, the study is significant because it adds knowledge to the existing literature. There are few studies conducted among LGBT people in Northern Iraq so, it can pave a way for development of LGBT status in Northern Iraq. The researcher will provide effective problem coping strategies through effective counseling that can help in improving

the social status and physical and mental well-being of the LGBT people in Northern Iraq (Ottosson, 2006).

1.4 Limitations of the study

- The study was conducted with a limited number of LGBT people so the results of the study cannot be generalized for all LGBT people.
- The study is limited to the questions that the researcher asked the LGBTs
- The study is limited to a short time and brief

1.5 Definitions of Key Terms

Asexual refers to people that do not have sexual desires or feelings.

Bigender refers to people who define themselves as having the behavioral, cultural or psychological characteristics associated with both the male and female genders.

Bisexual or "bi" refers to people whose sexual and romantic feelings are for both genders.

Heterosexual or straight refers to people whose sexual and romantic feelings are mostly for the opposite gender: Men who are attracted to women, and women who are attracted to men.

Homosexual or gay refers to people whose sexual and romantic feelings are mostly for the same gender: Men who are attracted to men, and women who are attracted to women.

Lesbian refers to women who are homosexual.

Transgender is an umbrella term that encompasses a diversity of gender expression including drag queens and kings, bi-genders, crossdressers, transgenderists, and transsexuals.

Transvestites are people who like to dress like members of the opposite sex.

Transsexuals are people who feel that their anatomical sex does not match the gender with which they identify.

Transgenderist describes someone who is gender variant or transgresses gender norms as part of their lifestyle or identity.

CHAPTER II

LITERATURE REVIEW

AND RELATED STUDIES

2.1 Lesbian Gay Bisexual Transgender LGBT

LGBT and/or GLBT stands for lesbian gay bisexual and transgender are those people that have gender other than the only recognized genders of the society male and female. The term initially focused on gay men only during the mid 1980s but later developed the concept of gay women termed as lesbian. The term LGBT is popular since 1990s. LGBT is a huge term that describes further the classification of gay, lesbian, bisexual, and transgender people and their relative culture (Cochran, Sulliva & Mays, 2003). According to researchers Mays and Cochran (2001), sexual orientation includes the following dimensions: sexual attraction; sexual behavior; sexual fantasies; emotional, social, and lifestyle preferences; and self-identification.

The study conducted by Hirsch, Cohn, Rowe, and Rimmer (2017) outlined the indirect hopelessness and depressive symptoms caused due to the minority sexual orientation, gender identity, and suicidal behavior. The research included a sample of 349 students of college which were used to determine the sexual identity of the students and its relationship to the suicidal behavioral and depressive symptoms. In the study, serial meditation method was used to identify the association of self-identification as LGBTQ and suicidal behavior. It considered hope and hopelessness as first-order mediators and depression as a second order mediator. The results of the study indicated that LGBTQ status was associated with the hopelessness and hope which also links to the depressive symptoms and the consequent suicidal behavior. The study indicated it has clinical implications as it can be used to heal the affected youth. The results revealed that LGBTQ in young adults can be reduced using Motivational Interviewing and Cognitive Behavioral Therapy strategies. It includes strategies like goal setting which helps in lowering the suicidal risk. The study also discovered the need for the development of different strategies to cope up with the depressive symptoms which arise due to hopelessness (Hirsch, Cohn, Rowe, & Rimmer, 2017).

The study conducted by Almeida, Johnson, Corliss, Molnar, and Azrael (2009) outlined the effect of perceived discrimination based on sexual orientation. The authors

used quantitative research method to find the relationship between sex and gender with emotional stress. The data was collected through the survey in a school in Boston. The sample size included 1032 students. Among them, 10% were lesbian, gay, bisexual, and transgender (LGBT) and, 58% were female students and 32% were male students. The students were 45% black, 31% were Hispanic and 14% were white. The depression was evaluated among all the students. The results of the study indicated that LGBT students reflected higher symptoms of depression. It was also discovered that LGBT's indicated more suicidal ideation and self-harm than heterosexual and non-transgendered youth. The results discovered that LGBT is more likely to hurt them or commit suicide, which demands the needs for their proper counseling. They should have access to get proper counseling to mitigate the discrimination which they feel in society. LGBT youth is suffering due to the perceived discrimination faced by them. The study can be used to lessen the discrimination faced by LGBT. It can be used to identify the needs for proper counseling and psychological guidance for LGBT which may stop them from committing suicide or hurting themselves (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

The study conducted by Horn (2006) outlined the belief of heterosexual students about their LGBT peers. The purpose of this study was to indicate the belief of heterosexual students about their gay and lesbian peers. The qualitative research method was used to study sexual prejudice. The participants of the study included 10th and 12th-grade students along with college-aged young adults. In this study, 119 10th grade students, 145 12 grade students and 86 college students completed the questionnaires which were designed to access their belief and attitude towards homosexuality. The questionnaire also investigated their comfort level with LGBT and the treatment of LGBT in school. The results of the study indicated that students aged between 14-16 years exhibit more prejudice to socially interact with LGBT. The study also showed that older adolescents (16–18) and young adults (19–26) are likely to exhibit lesser prejudice in social interaction with lesbian and gays fellow students. The study did not indicate the belief of students about the right and wrong of homosexuality. The results of the study indicated the need for the significance of using various actions in evaluating the development of this sort of prejudice. The study indicates the need for developing awareness among heterosexual students to interact with homosexual students in a better way. It may help LGBT to participate in society in a better way. This study can be used to

highlight the need for awareness in heterosexual youth which impacts LGBT mindset and their actions (Horn, 2006).

2.2 Hopelessness and Pessimism

Beck (1963) stated that hopelessness is defined as one of the core characteristics leading depression, suicides, schizophrenia, sociopathy, psychical illness, and alcoholism. Some clinical researchers argued that hopelessness is just a diffused emotional state and it is too vague to be qualified for systematic research. Kazdin, French, Unis, Esveltd-Dawson and Sherick, (1983) argued that, a person's hopelessness can be developed or experienced by an individual during his/her bad or unlucky days and future. Beck, Weissman, Lestr, and Trexler (1974) outlined pessimism is also one of the mental and psychological states that shapes the attitudes and perception of individuals suffering from emotional instability. Generally, pessimists are surrounded by negative feelings and thoughts in life. They are never optimistic or positive about whatever is happening in the life. Pessimists always perceive that nothing is there for them or something that is there is not enough for them.

Beck's main argument was that depression was instituted by one's view of oneself, instead of one having a negative view of oneself due to depression. This has large social implications of how we as a group perceive each other and relate our dissatisfactions with one another. Abela and D'Alessandro's (2002) study on college admissions is a good example of this phenomenon. In their study they found that the student's negative views about their future strongly controlled the interaction between dysfunctional attitudes and the increase in depressed mood. The research clearly backed up Beck's claim that those at risk for depression due to dysfunctional attitudes who did not get into their college of choice then doubted their futures, and these thoughts lead to symptoms of depression. Therefore, the students' self-perceptions became negative after failing to get into college, and many showed signs of depression due to this thinking. Other aspects of this study did not match up well with Beck. They elaborate: "As for participants' more enduring mood reactions, our findings are incongruent with Beck's theory. Therefore, one possible explanation of discrepancies between these studies is that immediately following the occurrence of a negative event, cognitively vulnerable individuals show marked increases in depressed mood. At the same time, they do not yet exhibit increases in other symptoms of depression. However, in vulnerable individuals such depressed mood may be to be accompanied by a host of other depressive symptoms. Their level of depressed mood,

however, was simply not more severe than individuals who did not possess dysfunctional attitudes" (Abela & D'Allesandro, 2002).

Another study, which was performed on Beck's Theory, was Sato and McCann's (2000) study on the Beck sociotropy-autonomy scale. The scale had originally meant to identify self-feelings that would lead to depression, mainly solitude/interpersonal insensitivity, independence, and individualistic achievement. However, the results of the study showed that the independence did not correlate with depression, and the sociotropy, not autonomy was a precursor of depression. As they described, "sociotropy can be characterized by an individual's emphasis on interpersonal interactions involving intimacy, sharing, empathy, understanding, approval, affection, protection, guidance, and help tend to place importance on seeking approval from others and on trying to avoid disapproval from others as much as possible."

Moilanen's (1995) study of adolescent depression also attempts to validate Beck's theory in a new way, as Beck worked mostly with adults. Indeed, she found that the student's depression was often associated with dysfunctional beliefs and negative future attitudes. She suggests that the cognitive theory has reasonable validity for describing the symptoms of depression for nonreferred adolescents, and that the subject's depression is closely correlated with his or her ability to deal with dysfunctional attitudes and beliefs, as well as doubt towards the future. Her findings may not sound truly convincing, because she did find some discrepancies: "However, the results of this study were not entirely consistent with Beck's theory, particularly the proposition that a predominantly negative self-schema underlies the information processing of depressed individuals." (Moilanen, 1995) We see how perhaps, at least in adolescents, the idea of the negative self-schema is not as clear as Beck wishes it to be.

An earlier study by Molianen (1993) showed even stronger results when evaluating college students. This study showed much clearer results: "In support of Beck's cognitive theory of depression, the student's current depressive states were consistently found to be related to their negative processing of personal information" (Moilanen, 1993). The students' cognitive thoughts were shown to be affecting them, and as a result they developed symptoms of depression. Molianen, impressed by the findings, seems to suggest that Beck's theory should be used in further research in the college student population and how depressed students are treated, as counselors and therapists would do well to closely

look at a student's cognitive thoughts as a way of assisting the student in recovery. These results are positive, because there is enough evidence for Molianen to suggest a cognitive treatment for depression via Beck's Theory. Molianen's work with Beck's Theory is no doubt a welcome look at cognitive thinking.

Erikson's theory

Erikson's core stages (trust, identity, and ego integrity) were modeled over 34 years from college through the late 1950s among 175 men and women tested on the Inventory of Psychosocial Development testing the hypothesis that each, although united by the theme of wholeness and continuity, would show distinct developmental trajectories. Stage 1 (Trust versus Mistrust) followed a positive linear trajectory and Stage 5 (Identity versus Diffusion) followed a curvilinear trajectory that leveled off in middle adulthood. Stage 8 (Ego Integrity versus Despair) followed a curvilinear trajectory with an increasing trend in middle adulthood. The unique trajectories for each of the psychosocial crisis stages were expected on the basis of Erikson's theory. In addition, there was also significant variability in either the mean or slope of each stage demonstrating individual differences in change, a central tenet of Erikson's life span developmental approach (Rosenthal, Gurney, & Moore, 1981).

Freud's psychosexual theory

Freud (1905) proposed that psychological development in childhood takes place in a series of fixed psychosexual stages: oral, anal, phallic, latency, and genital. These are called psychosexual stages because each stage represents the fixation of libido (roughly translated as sexual drives or instincts) on a different area of the body. As a person grows physically certain areas of their body become important as sources of potential frustration (erogenous zones), pleasure or both. Freud believed that life was built round tension and pleasure. Freud also believed that all tension was due to the build-up of **libido** (sexual energy) and that all pleasure came from its discharge. In describing human personality development as psychosexual Freud meant to convey that what develops is the way in which sexual energy accumulates and is discharged as we mature biologically. (NB Freud used the term 'sexual' in a very general way to mean all pleasurable actions and thoughts).

Freud stressed that the first five years of life are crucial to the formation of adult personality. The id must be controlled in order to satisfy social demands; this sets up a

conflict between frustrated wishes and social norms. The ego and superego develop in order to exercise this control and direct the need for gratification into socially acceptable channels. Gratification centers in different areas of the body at different stages of growth, making the conflict at each stage psychosexual.

Oral Stage (0-1 year)

In the first stage of personality development, the libido is centered in a baby's mouth. It gets much satisfaction from putting all sorts of things in its mouth to satisfy the libido, and thus its id demands. Which at this stage in life are oral, or mouth orientated, such as sucking, biting, and breastfeeding. Freud said oral stimulation could lead to an oral fixation in later life. We see oral personalities all around us such as smokers, nail-biters, finger-chewers, and thumb suckers. Oral personalities engage in such oral behaviors, particularly when under stress.

Anal Stage (1-3 years)

The libido now becomes focused on the anus, and the child derives great pleasure from defecating. The child is now fully aware that they are a person in their own right and that their wishes can bring them into conflict with the demands of the outside world (i.e., their ego has developed). Freud believed that this type of conflict tends to come to a head in potty training, in which adults impose restrictions on when and where the child can defecate. The nature of this first conflict with authority can determine the child's future relationship with all forms of authority.

Early or harsh potty training can lead to the child becoming an anal-retentive personality who hates mess, is obsessively tidy, punctual and respectful of authority. They can be stubborn and tight-fisted with their cash and possessions. This is all related to pleasure got from holding on to their faeces when toddlers, and their mum's then insisting that they get rid of it by placing them on the potty until they perform!

Phallic Stage (3 to 5 or 6 years)

Sensitivity now becomes concentrated in the genitals and masturbation (in both sexes) becomes a new source of pleasure. The child becomes aware of anatomical sex differences, which sets in motion the conflict between erotic attraction, resentment, rivalry, jealousy and fear which Freud called the Oedipus complex (in boys) and the Electra

complex (in girls). This is resolved through the process of identification, which involves the child adopting the characteristics of the same sex parent.

Latency Stage (5 or 6 to puberty)

No further psychosexual development takes place during this stage (latent means hidden). The libido is dormant. Freud thought that most sexual impulses are repressed during the latent stage, and sexual energy can be sublimated (re: defense mechanisms) towards school work, hobbies, and friendships. Much of the child's energy is channeled into developing new skills and acquiring new knowledge, and play becomes largely confined to other children of the same gender.

Genital Stage (puberty to adult)

This is the last stage of Freud's psychosexual theory of personality development and begins in puberty. It is a time of adolescent sexual experimentation, the successful resolution of which is settling down in a loving one-to-one relationship with another person in our 20's. Sexual instinct is directed to heterosexual pleasure, rather than self-pleasure like during the phallic stage. For Freud, the proper outlet of the sexual instinct in adults was through heterosexual intercourse. Fixation and conflict may prevent this with the consequence that sexual perversions may develop. For example, fixation at the oral stage may result in a person gaining sexual pleasure primarily from kissing and oral sex, rather than sexual intercourse.

The Role of Conflict

Each of the psychosexual stages is associated with a particular conflict that must be resolved before the individual can successfully advance to the next stage. The resolution of each of these conflicts requires the expenditure of sexual energy and the more energy that is expended at a particular stage, the more the important characteristics of that stage remain with the individual as he/she matures psychologically.

Frustration, Overindulgence, and Fixation

Some people do not seem to be able to leave one stage and proceed on to the next. One reason for this may be that the needs of the developing individual at any particular stage may not have been adequately met in which case there is frustration. Or possibly the

person's needs may have been so well satisfied that he/she is reluctant to leave the psychological benefits of a particular stage in which there is overindulgence. Both frustration and overindulgence (or any combination of the two) may lead to what psychoanalysts call fixation at a particular psychosexual stage. Fixation refers to the theoretical notion that a portion of the individual's libido has been permanently 'invested' in a particular stage of his development. It is assumed that some libido is permanently invested in each psychosexual stage and thus each person will behave in some ways that are characteristic of infancy, or early childhood.

Self concept

The term self-concept is a general term used to refer to how someone thinks about, evaluates or perceives themselves. To be aware of oneself is to have a concept of oneself. Baumeister (1999) provides the following self-concept definition: "The individual's belief about himself or herself, including the person's attributes and who and what the self is". The self-concept is an important term for both social and humanistic psychology. Lewis (1990) suggests that development of a concept of self has two aspects:

The Existential Self

This is 'the most basic part of the self-scheme or self-concept; the sense of being separate and distinct from others and the awareness of the constancy of the self' (Bee, 1992). The child realizes that they exist as a separate entity from others and that they continue to exist over time and space. According to Lewis awareness of the existential self begins as young as two to three months old and arises in part due to the relation the child has with the world. For example, the child smiles and someone smiles back, or the child touches a mobile and sees it move.

The Categorical Self

Having realized that he or she exists as a separate experiencing being, the child next becomes aware that he or she is also an object in the world. Just as other objects including people have properties that can be experienced (big, small, red, smooth and so on) so the child is becoming aware of him or herself as an object which can be experienced and which has properties.

The self too can be put into categories such as age, gender, size or skill. Two of the first categories to be applied are age (“I am 3”) and gender (“I am a girl”). In early childhood. The categories children apply to themselves are very concrete (e.g., hair color, height and favorite things). Later, self-description also begins to include reference to internal psychological traits, comparative evaluations and to how others see them.

Carl Rogers (1959) believes that the self-concept has three different components:

- The view you have of yourself (self-image): This does not necessarily have to reflect reality. Indeed a person with anorexia who is thin may have a self image in which the person believes they are fat. A person's self image is affected by many factors, such as parental influences, friends, the media etc.
- How much value you place on yourself (self-esteem or self-worth): Self-esteem (also known as self-worth) refers to the extent to which we like accept or approve of ourselves, or how much we value ourselves. Self-esteem always involves a degree of evaluation and we may have either a positive or a negative view of ourselves.
- What you wish you were really like (ideal-self): If there is a mismatch between how you see yourself (e.g., your self-image) and what you'd like to be (e.g., your ideal-self) then this is likely to affect how much you value yourself.

The study conducted by D'augelli (2002) outlined the mental health issues among gay, lesbian, and bisexual youths. The study was conducted to investigate the mental health issues, which can be developed in LGB youth. The sample of the study included 542 youths from community backgrounds. The quantitative research method was used to study and highlight the issues in gay, lesbian, and bisexual youth. The study indicated that mental health symptoms and suicidality are the cause of development of sexual orientation, issues related to sexual orientation, parent's reaction, and victimization based on sexual orientation. The results discovered that Lesbian, gays, and bisexuals exhibited more symptoms of mental issues and suicidality as compared to the heterosexual youth. The results of the study highlight that almost one-third of the sample tried to commit suicide in the past. The study also indicated the role of parents on the sexual orientation of their children. It was discovered that affected youth whose parents were unaware or non-supportive exhibited more mental issues. The study also revealed that more than three-quarters had been verbally abused and 15% of the youth were physically attacked by their

parents due to their sexual orientation. The study also revealed that youth who lost their friends and felt victimization were reported to have more mental issues. The study highlights the need for support and counseling for such youth. Mental health professionals should help this youth to deal with the hopelessness and issues. These LGBT's should be helped to deal with the conflicts with their families and peers (D'augelli, 2002).

Another study by D'Augelli, Grossman, and Starks (2006) was conducted to examine the childhood gender oddity, victimization, and Post-Traumatic Stress Disorder (PTSD) among lesbian, gay, and bisexual youth. The purpose of the study was to confirm the mental issues, which arise in LGBT youth due to victimization. The participants of the study included 528 gay, lesbian, and bisexual youth. The quantitative research method was used in this study. The results of the study confirmed that childhood uncommon gender becomes reasons for their victimization in society. This victimization faced by the participants was both physical (11%) and sexual (9%). The study discovered that male youth experience more victimization than others. The results of the study indicated that victimization starts at the age of 13 years. Verbal attacks and abusing starts at the age of the 6, whereas, the physical attacks begin at the age of 8. The study confirms that the youth, who were declared as gender uncommon in their childhood, face more mental issues and PTSD. The study discovered that almost 9% of the youth was affected by PTSD. The reason for the PTSD was considered as the victimization. The study highlighted the need for understanding such youth and giving proper help to deal with the depression and PTSD. PTSD becomes common due to abusing and victimization which was faced by such youth. The study highlighted the causes which can be helpful in abolishing it from roots. Such youth can be saved from mental issues and serious stress disorders if cooperation is done by parents and peers of the youth (D'Augelli, Grossman, & Starks, 2006).

The study conducted by McConnell, Birkett, and Mustanski (2015) different kinds of typologies of social support and its links with mental health outcomes which are common among LGBT youth. The mental negative mental health outcomes among LGBT are at higher risk. The purpose of this study was to indicate the need for social support which can bring positive change in the mental issues of LGBT. The participants of the study included 232 different LGBT youth who were aged 16 to 20 years. Different clusters of family, peers and social supports were identified which were used to examine the demographic and mental health differences in the sample youth. The k-mean cluster analysis was performed. The results indicated three main clusters; high support, low

support, and non-family support. High support cluster was largest with 44% of participants, the non-family cluster was 34.5 %, and low support cluster was 21.5%. Different Chi-square tests were used to inspect demographic differences between the defined clusters, which were found for socio-economic status (SES). The results also indicated that different health care issues were found due to victimization. The most common symptoms were loneliness, depression, anxiety, general symptom severity, stress, somatization hopelessness. The results also discovered that family support is the most significant support for LGBT youth. It also indicated that LGBT youth with higher socio-economic status (SES) get the support of their families, peers and significant others. Mental health and other depressive symptoms of such youth can be resolved by the proper support of the families and peers (McConnell, Birkett, & Mustanski, 2015).

2.3 Counseling and problem coping

Counseling is a process usually takes place between the counselor and the patient. It is a process which the counselor helps the patient to overcome some emotional challenges. These challenges include stress, anxiety, depression, pessimism, hopelessness, and other such feelings and emotions. It is kind of healing process that helps the client to think more clearly and enable him to deny the negative by considering different viewpoints. Cooper (2008) argued that the purpose of counseling is to produce more positive and optimistic thoughts by changing the behavior and the way to look at problems.

Another study conducted by Pelton-Sweet and Sherry (2011) indicated the advantages of using art therapy with LGBT clients. The purpose of the study was to examine the sexual identity development in the LGBT youth and the effects of art therapy in counseling with gay, lesbian, homosexuals and transgendered youth. The coming out process results in a decrease of self-confidence, emotional and physical well-being. Content analyses method was used in this study to study the effects of coming out effects on youth. The study also highlighted different emotional and physical changes which youth face. The results indicated that there is increasing evidence to support the association between sexual identity and personal creative expression. There is also a link between the expressiveness of personal emotion with physical and emotional health. The study indicated that art making therapy is used by many art-making therapists for LGBT to explore the sexual identities, emotions, trauma abuse, gay and lesbian culture, and attitude, gender identity, stereotypes, and depression and stress associated with the coming out process. Art therapy is also used to identify the panic, hopelessness, stress, lack of self-

confidence, low self-esteem and anxiety among the LGBT youth. The study indicated the need for knowledge and awareness about the social, economic and other cultural factors which affect the LGBT clients. The results of the study also indicated the need for expression by the LGBT youth as it will help them to protect their physical and emotional health. The study discovered the self-discovery process should be understood and supported by the therapists and families. The youth should be supported and helped to become their authentic self without the fear of being judged or developing low self-esteem (Pelton-Sweet & Sherry, 2011).

A study was conducted by Biçmen and Bekiroğulları (2014) to study the social problems of LGBT people in Turkey. The purpose of the study was to indicate the social issues which LGBT residing in Turkey face. Qualitative Research methods were used to examine the perceptions of different LGBT people in Turkey. Data was collected through interviewed which included thirty-four open and closed-ended questions. The participants of the study included thirty people; 12 females and 18 male LGBT living in different areas on Turkey. The results of the study indicated that different LGBT faces different issues which vary according to their age, origin, matrimonial status, religious conviction, education level, sexual category and the place they are living in present. The study indicated that social problems affect their life as a whole. The results of the study discovered that LGBT of Turkey is exposed to different family and social pressures which create issues for their emotional and mental strength. The results also revealed that most LGBT is left alone without any assistance at the time of need. The results also indicated that LGBT moved to different places but the effect of the society was found to be the same in the new places as well. they were exposed to facing the same social problems in different areas they lived (Biçmen & Bekiroğulları, 2014).

A study was conducted by Cohn and Leake (2012) to outline the affected distress among adolescents who exhibit sexual attraction between same-sex people. The study also indicated the urban and rural differences and the factors which can be taken to protect the mental illness of adolescents. The qualitative research method was used to examine the impact on school, families, and mentoring on the suffering of adolescents. The participants of the study included 469 youth and adolescents from rural areas. The results of the study indicated that homosexual adolescents reported a higher level of distress as compared to heterosexual adolescents. The study also revealed that school and family support were linked with the lower degree of distress among rural LGBT. When rural sexual minorities

were examined alone, it was reported that adolescents who were supported by their families were not affected by the higher level of stress, anxiety and mental illness. The study did not confirm the relationship between mentoring relationships and the level of distress. It indicated the significance of building a system of support for sexual minorities in rural areas (Cohn & Leake, 2012).

The study conducted by Bidell (2017) outlined the impact of a lesbian, gay, bisexual, and transgender graduate counseling course. The purpose of the study was to highlight the positive impact of the counseling course on graduate students. The participants of the study included 23 graduate students who enrolled in the LGBT-affirmative counseling course. They were examined using the Sexual Orientation Counselor Competency Scale (SOCCS) scale before and after the course. To make further assessments on the course effectiveness, a comparison study was used. The results of the study revealed the difference before and after taking the course. The students reflected significant developments in the sexual orientation counselor capability and self-efficacy. These students also performed better in the SOCCS score than those students who were enrolled in the course. The study discovered the positive role of counseling on the attitude of the students. It also indicates how awareness among students can be enhanced using these courses. It also helps students for better self-discovery and thoughtfulness which may help to stop them from hopelessness and stress (Bidell, 2013).

Gendron, Pendleton, and White (2015) outlined the advantages of mental health counseling of LGBT elders. The authors believed that lesbians, gays and bisexual and transgender suffer from different and complex mental issues. The long term issues can result in stigma and discrimination in the LGBT. The authors indicated the reason for depression and anxiety in the LGBT to be the low self-esteem, denial of their identity and the isolation from the society. The authors suggested equality and acceptance for the LGBT in our society. In this regard, they should not be isolated from society. For example, a welcoming environment should not make washrooms with labels male and female only restroom. The LGBT also face different barriers to serve the society which includes their fear of discrimination. These discriminations slowly become the reason of their hopelessness. This hopelessness can be mitigated through the counseling. The counselor competency requires understanding and awareness about all the experiences of the sexual minority groups. these experiences should be understood and training and education should be provided to abolish these experiences in the future. Authors also highlighted the

dissemination faced by the transgender in the form of physical abuse, verbal and physical harassment. The authors also indicated that mental health can be enhanced by accepting their own sexual orientation or gender identity (Gendron, Pendleton, & White, 2015).

The study conducted by Gonzalez (2016) outlined the negative attitudes as accusing and the effects on LGBT individuals. The research was done using Qualitative hermeneutics research methodology. The study also highlighted the positive impact of the support system which can help in decreasing self-harm and suicidal levels among the LGBT individuals. The study indicated that the LGBT community has faced long term rejection, discrimination, and oppression from society. These negative attitudes of the society have developed hopelessness and pessimism in the LGBT community due to which the LGBT community has suffered. The negative attitudes of society led to different suicidal attempts in the past. It indicated that the value of a support system for LGBT is significant. The study indicated the cyber bullying and bullying in the school has a negative impact on the LGBT. The study discovered the acceptance of the LGBT as their ultimate solution of their hopelessness and rejection. The study suggested that therapies should be provided which may help them in healing. It will also allow them to fight against the negative attitudes given by society (Gonzalez, 2016).

The study conducted by Bryan (2017) examined the LGBT micro-aggressions in counselor education programs. The purpose of the study was to highlight the micro-aggression faced by the LGBT community. The study used the qualitative research method to examine the micro-aggression experiences of different students in counselor education programs. It included 12 LGBT students who were interviewed about their experiences. The results of the study indicated different micro-aggression behavior. The study also indicated that for the well-being of LGBT students, microaggression should be removed from the counselor education programs. The study also indicated that LGBT students are affected by the prejudiced attitudes of their peers and teachers. The study also depicted that trainees who had more LGB-specific training reported more acceptance of bisexuality and positive attitude towards LGBT than others who do not have any awareness about LGBT. The study also indicated the need for counseling training for individuals to develop the acceptance of their gender and sexual preferences. It will help them to become emotionally stable and more positive towards society (Bryan, 2017).

The study conducted by Farnsworth (2016) conducted the study to examine the Internalized homonegativity and the hypervigilance (HVI), depression (DEPI), hopelessness, and coping deficit (CDI) personality traits. The study used the qualitative research method. The study included 67 participants and a demographic questionnaire was prepared to examine the disorders in the LGBT community. The study revealed that internalized homonegativity includes the manner in which homosexual individuals extract the negative messages from the hopelessness, depression and anxiety disorders. The study further examined the relationship between the CDI, HVI, DEPI using the Exner Scoring method. The result indicated the relationship of internalized homonegativity with the CDI. The study also suggested that resiliency could be used to moderate the effect (Farnsworth, 2016).

The study conducted by Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Charles A. Emlet, and Hooyman (2014) outlined the future strategies and key competencies for the future improvements in health and human services for the LGBT community. The content analysis was performed to highlight the competencies and strategies. The study indicated the needs of LGBT older adults, their families, and their communities. The competencies covered a wide range of issues and challenges which should be mitigated to develop best strategies. The study highlighted the role of society in this process and policy development. The study discovered the need to understand that larger social and cultural contexts may have negatively impacted LGBT older adults as a historically disadvantaged population. The study highlighted the need to understand the LGBT community and involve them in social development activities. The study indicated the need for their participation in the building of the entire society. It also revealed the need of developing human and health services which should be given to LGBT community to help them fight against their mental issues (Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Charles A. Emlet, & Hooyman, 2014).

The study conducted by Fergusson, Horwood, and Beautrais (1999) examined if sexual orientation is associated with mental well-being problems and suicidality in young individuals. The data was collected during the course of the Christchurch Health and Development Study. It was a study of 1265 children born in Christchurch, New Zealand. In this research, at the age of 21, 1007 members of the sample were interrogated about their sexual orientation and homosexuality which they experienced since the age of 16 years. The results indicated that 2.8 % of the sample belonged to gay, lesbian or bisexual

orientation. The results also indicated that LGBT 's are at risk of major depression or anxiety disorder. These mental disorders are due to their sexual orientations and their relationships. The increasing difficulties of the LGBT community lead to impact their social behavior and their capabilities to cope up with the situation. It leads to their suicidal behavior (Fergusson, Horwood, & Beautrais, 1999).

Johnson (2007) outlined the vital subjects that support the practice of suicidal distress amongst two groups of LGBT people. It includes young people and those who are suffering from mental health problems. The research was done using Participatory-action research method which included 12 different participants. The study indicated that suicidal distress is caused due to discrimination which is faced by the LGBT in various educational, religious, health, family, media and other gatherings. The discrimination makes it difficult for the LGBT to identify their self which affects their mental health. The study highlighted the need for different activities which can stop the suicidal thoughts in the LGBT community. The study indicated the need for support services which can focus on the care for the LGBT. The study also highlighted the need for training health professionals which interact with the LGBT. The study also discovered the need to train and support the LGBT on an individual level. It will help in the development of personal strength and power to cope up with the challenges and issues they face. The study also indicated the need for proper development of a monitoring system which should be capable of monitoring the housing needs and fulfilling the basic rights of LGBT (Johnson, 2007).

CHAPTER III

METHODOLOGY

3.1 Research design

This study is a qualitative research design. The study was conducted with semi-structured in-depth interviews with the LGBTs. The researcher conducted one interview in one day. The interviews were conducted in a place where the interviewee was more comfortable and relaxed. The researcher focused on observing the anxiety, feelings, situation, and opinions could only be done through semi-structured interviews for the description of a given situation. Qualitative research is a process of naturalistic inquiry that seeks in-depth understanding of social phenomena within their natural setting. It focuses on the "why" rather than the "what" of social phenomena and relies on the direct experiences of human beings as meaning-making agents in their everyday lives. Rather than by logical and statistical procedures, qualitative researchers use multiple systems of inquiry for the study of human phenomena including biography, case study, historical analysis, discourse analysis, ethnography, grounded theory and phenomenology (Toloie-Eshlaghy, Chitsaz, Karimian, & Charkhchi, 2011).

The three major focus areas are individuals, societies and cultures, and language and communication. Although there are many methods of inquiry in qualitative research, the common assumptions are that knowledge is subjective rather than objective and that the researcher learns from the participants in order to understand the meaning of their lives. To ensure rigor and trustworthiness, the researcher attempts to maintain a position of neutrality while engaged in the research process (Golafshani, 2003). The researcher selected 10 respondents from Foundations. The respondents of the study were considered for the variation in age, gender, education level, and employment. The researcher conducted semi-structured interviews to collect the data. A semi-structured interview is a meeting in which the interviewer does not strictly follow a formalized list of questions. They will ask more open-ended questions, allowing for a discussion with the interviewee rather than a straightforward question and answer format (Drever, 1995).

Table 1:

Demographics of the study group

Demographic	Frequency
Gender	
Gay/Lesbian	7
Celibate/Abstinent	3
Age	
18-20	1
21-25	7
26 and above	2
Level of education	
Primary school	1
High school	4
Undergraduate	3
Postgraduate	2
Relationship states	
In a relationship	6
Single	4
Religion	
Christianity	2
Islam	3
Other	5

Table 1 represents the demographic information for the study group. 7 participants were lesbian and gay and 3 were abstinent. 1 was between age of 18-20, 7 between 21-25 and 2 above 26 years of age. 4 had high school diploma, 3 had undergraduate, 2 had postgraduate and 1 had primary school diploma. 6 were in a relationship status and 4 were single. 5 participants were other religion (deist). 3 participants believe in Islam. 2 participants believe in Christianity.

3.2 Data collection Tools

3.2.1 Personal Information Form

The study is a qualitative design that focuses on interviews with 10 respondents with different gender, age, level of education and religious (see Appendix A).

3.2.2 Interview questions

The researcher used semi-structured 9 interview questions and then got 3Instructors opinion. The semi-structured in-depth interviews had two parts. The first part of the interview explored the fundamental reasons for hopelessness and pessimism among LGBTs and the second part addressed the current problem-coping strategies used by LGBTs. The researcher made sure that ethical limitations are followed throughout the study. The secondary data used for the general background of the study included the reports from human rights and the United Nations (UN). In addition, the scholarly sources, peer-reviewed journal articles, books, and newspapers were also consulted. The validity and reliability of the interview questions was ensure by consulting with the instructors of Guidance and Psychological Counseling Department of the Near East University. The questions were first presented to the instructors of the relevant department then to the participants of the study.

3.3 Data Collection and Procedure

The interviews were conducted by the researcher. The researcher did not record video rather just the voice with the consent of the participants to transcribe the interviews later on. The researcher conducted the in-depth and semi-structured interviews with the respondents in an informal setting administered as one to one. The researcher preferred conducting one to one interviews to preserve the confidentiality of the respondent's information and also make them feel free and comfortable. The LGBT individuals could be more sensitive and hence may not find it comfortable to express their thoughts and opinions especially their experiences being LGBT. For this reason, the researcher administered the interviews in one to one setting.

The place for conducting the interviews should be peaceful and relax to make the participants feel comfortable and relaxed. The researcher also focused on the fact that taking too much time for the interview could also bore the participants and/or distract the interviewer and the interviewee from the actual purpose of the study. The researcher

conducted one interview per day and each interview took approximately 1-2 hours and the participants were free to take a break whenever they needed.

The interviews were conducted in the Kurdish language and were transcribed in the English language by the professional translator. The researcher also took field notes that help in transcribing these interview and responses. The interviews were audio recorded for respondents. As the ethical limits do not allow forcing the participants for anything, the researcher took field notes for them and wrote down their responses. Thus, at the time of transcribing the interviews, there must not be any mistake in the actual and transcribed data. However, this did not affect the study in acquiring the information. In this way, the respondents who were comfortable with recording expressed themselves freely and so the respondents who were not comfortable with the recordings. All the respondents could freely share their experiences that enabled the researcher to be more specific and focused on transcribing the results and answering the research question.

3.4 Data analysis

The data collected to answer the research question was analyzed using simple descriptive statistics. To be aligned with the aim and objective of the study.

The interview data collected in the Kurdish language were translated into the English language by the researcher. However, the researcher made sure that the responses of the respondents are not misinterpreted as translated from the Kurdish language to the English language. The researcher also included and analyzed the data collected from the field observations as that of during the interviews. In the results of the study, the primary data was analyzed and the researcher also outlined direct quotes but with the participant code. The data was tabulated in the form of simple graphs.

The research did not harm any candidate or the participant of the study. The research included the participants with their written consent. The research did not emotionally or physically abuse or harm the participants and they were allowed to leave the research whenever they want even the researcher did not question them. The research did not include any sensitive information and the names of the participants were not included. The participants were given a serial number that is the participant numbers rather than participant name for the ethical concern. The research was focused on objectivity. The study did not manipulate the data collected and the results were presented objectively. The subjectivity and personal biases of the researcher were kept far away and the research was

within the ethical and moral limitations. The researcher was not placed in any hard to the vulnerable position before, during or after the research. The data was kept in electronic form in a locked folder that only the researcher can access.

3.5 Ethical Consideration

The researcher distributed the written consent forms among participants that outlined all the relevant information about the study and after reading the form carefully, participants returned the signed consent form back to the researcher. The aim and objectives of the study were deliberately described by the researcher. The participants of the study were not forced to take part in the study or to remain the part of the study. The participants of the study were allowed to withdraw from the research whenever they want without telling the reason to withdraw. The researcher did not collect any personal information of participants including their names. The participants of the study were kept anonymous. The data collected by the researcher was kept in an electronic safe where the researcher solely could access this data. The data of was further saved with the researcher so that it cannot be misused by other researchers. However, the researcher kept in mind the ethical consideration during data collection and analysis. The collected data was analyzed as it is without misinterpretation.

CHAPTER IV

FINDINGS AND DISCUSSION

This chapter represents the results and discussion of the study. The chapter has divided into three parts according to the research questions of the study to achieve the aim.

4.1 Fundamental reasons for hopelessness and pessimism

Table 2:

Aware of your sexual orientation

Responses	Frequency	Percentage
They were aware since age 16– 17 or teenagers. (P2, P3, P4, P5, P6, P10)	6	60%
They were aware since their adolescent age. (P1, P7, P9)	3	30%
She was aware since age 9. (P8)	1	10%

Table 2 outlines since how long respondents were aware of the sexual orientation. The results outline that 60% respondents were aware of their sexual orientation since their teenage, 30% respondents were aware of their sexual orientation since adolescent, and 10% respondents were aware of their sexual orientation since childhood. This is because in Iraqi society, the concept of LGBT is not given much attention or awareness.

There are many reasons for hopelessness and pessimism in LGBT. The findings of the research confirm the findings of Horn, (2006) about the self-perceptions of LGBT (Horn, 2006). The interview results indicated the lack of self-confidence and self-acceptance to be the main cause of depression. D'augelli (2002) also highlighted the mental issues which occur in LGBT. It indicated the suicide attempts committed by the individuals due to their belief that they are not wanted in society (D'augelli, 2002). From the interview results, it is observed that hopelessness and pessimism are generally due to the behavior of other people around. They feel hatred and awkward attitude from the people in their surroundings. D'Augelli, Grossman, and Starks (2006) findings match with

the interview results about the victimization provided to the LGBT. It indicated how LGBT's were victimized from their early childhood and adolescence. It became the reason for their pessimism and hopelessness (D'Augelli, Grossman, & Starks, 2006)

Participant I:

"Some of my friends knew about my situation after they talked to other students and teachers. Some of my teachers and almost all of the students looked at me as an awkward person."

The depression is also caused due to the demands and expectations of other people around. Biçmen and Bekiroğulları (2014) indicated similar results in Turkey. The LGBT face difficulty and issues in meeting the demands of the society which make them move to different areas (Biçmen & Bekiroğulları, 2014). Several LGBT moved to a different place but faced the same issues in the behavior of people around them. The findings of Cohn & Leake (2012) about the support system of families are confirmed through the interview results. The interview results confirm that LGBT's feel that no one understands their feelings and only care about sex. Many LGBT's questions the purpose of their existence which creates a sense of depression and pessimism. Many LGBT's hide their gender preference which develops a sense of depression. They do not share their feelings with their family or friends due to the fear of depression. This feeling becomes the reason for their depression. It was also observed that many LGBT's gets involved in a relationship (Cohn & Leake, 2012). They feel happy and accepted in their relationship. Hopelessness and pessimism start when the relationship ends. It matches the Gonzalez (2016) idea of the acceptance of the LGBT as their ultimate solution of hopelessness and rejection in them. LGBT's can happily live and survive in society if they get a feeling of acceptance (Gonzalez, 2016).

Table 3:

Problems faced since sexual-orientation

Responses	Frequency	Percentage
The problem is they are not accepted by Society. (P1, P5, P6, P7, P8, P10)	6	60%
Friends became problem for them (P2, P3, P4)	3	30%
His family is a big problem for him. (P9)	1	10%

Table 3 represents the problems faced since introduced to sexual orientation. The results of the study outline that majority of LGBT faced problems because of pressure of the society. Family and friends also become problem for the LGBT when they do not support them. This is because the people in Iraq are not much open to the acceptance of LGBT.

Participant V:

"My problem is that my situation is not acceptable in my society. Nobody knew about my situation. It made me feel so bad, lonely, sad, bored, and shameful."

The findings of the research confirmed that hopelessness is caused when LGBT's do not share their feelings with the other person they are attracted to. Many cases show that when the love of LGBT 's get married to any other person, they feel jealousy and hopelessness. It develops a sense of pessimism in them. It was observed that LGBT's wanted to die when they were unable to express their feelings to someone they love. Due to the conservative culture and fear of rejection, they hide their feelings. It makes them adopt drinking and other harmful activities. This is the reason they start feeling bad about

their life and existence. Similar conclusions were drawn by Fergusson, Horwood, and Beautrais (1999) about the negativity developed in the LGBT. Due to the negative and rejected attitude of society, LGBT gradually adopts drinking and other negative habits. They also try to end their life and make themselves free from the world (Fergusson, Horwood, & Beautrais, 1999).

Participant IX:

"My family is a big problem for me. They don't understand me. They ask me to get married but I cannot. It makes me feel depressed."

The role of parents is critical in handling the depression of LGBT children (D'Augelli, Grossman, & Starks, 2006). It was also observed that the attitude and harshness of parents to become straight push LGBT towards hopelessness and pessimism. Many LGBT was scolded and beaten. It caused depression in them. Few LGBT were depressed and pessimists because they were rapped. In many cases, when LGBT's disclosed their reality. People made fun of them and were left out alone. The results of the interview were similar to the findings of Almeida, Johnson, Corliss, Molnar, and Azrael (2009) which indicated such reasons of depression which make LGBT commit suicide (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). It was observed that LGBT's felt lonely, sad, bored, and shameful. It is because they hide their reality from their friends and parents. They isolated them from a society where they were not accepted. The feeling of unacceptance caused depression and hopelessness in them. Few LGBT's are often hit and beaten by other people of society. They feel bad about themselves due to the hatred and unwontedness they see in other eyes. LGBT's consider the physical and verbal abuse the biggest reason for their pessimism and hopelessness. It makes them afraid of the people which make them feel timid and isolated from society. Pelton-Sweet and Sherry (2011) also highlighted similar cases in which LGBT's were made unwanted in society through the attitudes and behavior of people (Pelton-Sweet & Sherry, 2011). It also supports the findings of Gendron, Pendleton, and White (2015) which proposed the physical and verbal physical harassment to the main cause of the depression and pessimism in the LGBT (Gendron, Pendleton, & White, 2015).

Table 4:

Introduced to sexual orientation

Responses	Frequency	Percentage
They were Attracted to same gender (P3, P4, P5, P6, P8, P9, P10)	7	70%
They did not feel attraction for any gender. (P1, P2, P7)	3	30%

Table 4 represents how participants were introduced to their sexual orientation. The results outline that mostly they felt attraction for same gender. This is because in Iraq there is not much interaction between opposite genders.

Participant IV:

“I must act like boys and this is so hard for me. So many times I acted like boys but people realize that I am not straight. Society made so many problems for me. They didn’t give me work. Some of them asked me to have sex with them. They looked at me as abnormal person.”

The LGBT’s were observed to be in the pressure of society. There were two kinds of LGBT’s in the interview; the ones who have accepted their reality and the ones who are struggling with their reality. It was observed that LGBT’s faced a great amount of stress and social pressure. It was also observed that hopelessness started when LGBT tried to act in a manner, what people wanted from them. They tried to meet the demands of the people around them to feel accepted and welcomed in society. The interviews findings indicated some cases in which LGBT’s were offered sex and other activities. They explained how sometimes they were offered to have sex, which they do not want. In other cases, gays felt issues because they wanted to act like girls but they cannot. It was also observed that the pressure from the family of getting married caused depression in the LGBT. It was observed that many lesbian girls hated men and do not want to get involved in any activity with them. It was mainly due to the abuse they faced from men in their childhood or adolescence. This feeling caused depression in them. It supports the findings of the Muholi

(2004) about the harassment faced by lesbian women. There are many hate crimes attempted against lesbian women (Muholi, 2004).

Participant X:

“I had a lot of problems some of them: I am afraid from men, I hate men, I do not like to live, I think everything is black for me and I am so unlucky.”

Table 5:

Attended a narrow-minded school/college

Responses	Frequency	Percentage
He/she did attend a narrow-minded school/college (P1, P3, P6, P8, P9)	5	50%
He/she did not attend a narrow-minded school/college (P2, P4, P5, P7, P10)	5	50%

Table 5 outlines that did participants attended a narrow-minded school/college. The results represent that there was equal ratio of students who attended narrow-minded schools and those who did not. This is because many people did not know that these individuals are among LGBT.

4.2 Current problem-coping strategies

LGBT's should be well aware of the problem-coping strategies in order to live their life happily. There are many problem-coping strategies which may be adopted by the LGBT to handle their issues. In this regard, Johnson (2007) suggested having a proper monitoring system which highlights and identifies the needs and demands of the LGBT. It will help in indicating the issues which should be solved for the betterment of LGBT. Johnson outlined different activities which need to be adopted by LGBT to avoid their depression and mental stress. These activities will also help in developing negative and suicidal thoughts in their minds (Johnson, 2007).

Table 6:

Cope with these problems

Responses	Frequency	Percentage
They have depression (P1, P2, P5, P6, P8, P9)	6	60%
They avoided everything. (P3, P4, P7, P10)	4	40%

Table 6 shows that how these participants cope with these problems. The results highlight that either they got into depression or they just avoided the problems. The results of the interview suggested that LGBT who faced depression tend to get rid of it. In this regard, they try to isolate them from society. It doesn't help in getting a better life. This is because people are not aware of the issues LGBTs come across therefore, they do not understand the correct approach to cope with their issues. However, it becomes reasons for constant depression and lack of confidence. This is confirmed by the findings of Gendron, Pendleton, and White (2015) that isolation gradually becomes the reason of their hopelessness. Therefore, there should be proper problem-coping strategies (Gendron, Pendleton, & White, 2015). It is observed that families of the LGBT's send such teenagers to the organizations for help. Many LGBT's tries to focus on their job and study which helps them to forget their issues. Few LGBT's have accepted that problems are part of life so they accept it. Others opt for counseling services when they do not get any help from their parents and friends. Many LGBT's are sent to therapists when they attempted to commit suicide due to their hopelessness and depression. The organizations for the help of LGBT are considered as the main source of their problem-coping strategies. Almeida, Johnson, Corliss, Molnar, and Azrael (2009) also found that counseling and proper guidance can make LGBT develop the strength to cope up with their problems (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

Table 7:

Feel hopeless and pessimistic

Responses	Frequency	Percentage
They feel hopeless and pessimism. (P3, P4, P6, P7, P9, P1)	6	60%
They felt hopeless but know they are good. (P2, P5, P8, P10)	4	40%

Table 7 shows the results for participants feeling hopeless and pessimistic. The findings suggest that most of them feel hopeless and pessimistic. This is because Iraq is a conservative society and the level of acceptance is little. LGBTs are not generally acceptable in Iraq.

Therefore, Pelton-Sweet and Sherry (2011) suggested the use of art therapy for LGBT. This therapy can make LGBT confess about their feelings and will give them the strength to face the world. If art therapy is used, it can help in the identification of hopelessness, lack of self-confidence, pressure, low self-esteem and anxiety among the LGBT youth (Pelton-Sweet & Sherry, 2011). The LGBT in the interviews seems to be less expressive at the start. However, they were found to be expressive when they tried to get rid of their depression and stress. The feelings of the LGBT should be heard and they should be supported to handle their issues. The self-discovery process and acceptance is found crucial in handling the issues of LGBT by themselves. The suggestions of Motivational Interviewing and Cognitive Behavioral Therapy can be used to enhance the confidence of the LGBT. The results indicated that motivational interviewing can help LGBT to share their feelings. They should be made realized that they are important for society. It can be used to make them believe in themselves and solving their issues of depression and hopelessness (Hirsch, Cohn, Rowe, & Rimmer, 2017).

Participant VII:

“I tried to accept myself first. After that I explained everything to this girl I love. We are in relationship now

Parental rejection is the root cause of the depression which is not understood by the parents of the LGBT. The parents preferred to send their children to counselors or other organizations rather than developing confidence in them. The recommendation and worth of family support, for handling depression, by McConnell, Birkett, and Mustanski, (2015) is justified by the findings of the research. It is observed that LGBT who do not get the support of their parents suffer more. They are unable to cope up with difficult situations without their parents. They tend to hide their feelings with the fear of rejection (McConnell, Birkett, & Mustanski, 2015). The result of the interview confirms that LGBT can get along with life in a better way if their parents accept their gender orientation and respect their choice.

Table 8:

Fundamental reasons for hopelessness and pessimism

Responses	Frequency	Percentage
They said no one is good with me. P1, P2, P3, , P6, P7, P8,	6	60%
They are alone acting opposite gender P4, P5, P9, P10	4	40%

Table 8 outlines the fundamental reasons for hopelessness and pessimism among these participants. The results outline that no one accepted them in the society and they have to act like gender so they are alone are among main reasons for hopelessness and pessimism. This is because LGBTs are seen as something against religion and social norms. That is why the people are not good with non-binary genders.

Participant I:

“I do not care about anything. I want to focus on having a job after my study to buy a small house far from everyone.”

It was observed that no support was provided by the schools and colleges. Instead, LGBT's were made unwanted and punished in their schools and college. The LGBT's were bullied in the schools which caused several issues for them. There was no evidence of support to stop the bullying and safeguard the self-esteem of LGBT in schools. The findings of Haas, et al. (2011) also demands anti-bullying and safe school legislation. It includes the acceptance of sexual orientation and gender identity in protective legislation which is also related to school safety. The findings can be used to develop the process in which nondiscrimination policies can be used to access the mental health in the students. The consequences of the inequalities in society should be monitored and the action should be taken to safeguard the respect of LGBT (Haas, et al., 2011).

Participant VI:

"I was so bad after those people abused me. I attempted suicide. The doctors from the hospital sent me to this organization to see a counselor."

Participant III:

"No one understood me even my father"

Many participants were trying to stay calm and explain their situation to their family. It reduces the chances of depression and hopelessness in them. Many LGBT tried to avoid problems and refrain from different activities. It helps them to escape their problems. The effort is done mainly by the counselors or the LGBTs themselves. The role of teachers and their peers in developing problem-coping strategies is minimal. The teachers of LGBT should develop guidelines for the treatment in all disciplines where they are presently deficient. The teachers and schools should develop different programs which help in training LGBT to handle the issues. They should be supported to maintain their psychological and mental health. There should be a special focus on LGBT groups to minimize suicidal risks (Haas, et al., 2011).

The results indicated the lack of awareness among parents, teachers, and friends is common which become the biggest hurdle in solving the concerns of LGBT. This problem should be addressed by different policymakers and awareness programs should be started. The purpose of these programs should be identifying the special needs of LGBT. Parents and teachers should be taught how to help LGBT in their surroundings. It was observed

that LGBT was often left alone to handle their problems. Due to unawareness and confusion about gender orientation, LGBT was unable to develop problem-solving techniques. It made many LGBT quit schools and their social circles as well. It is confirmed by the Kelleher (2009) how minority stress can damage the mental health of the LGBT. It confirms that the exploitive social setting created through sexual identity-related stigma destructively affects the wellbeing of LGBTQ youth (Kelleher, 2009). Steele, Daley, Curling, and Gibson (2017) also confirms that dissimilarities in social factors, absence of family support, discrimination, lower levels of social support, and systemic exclusion from healthcare contribute in the mental health issues of LGBT. There is a high need to treat the depression and pessimism in the LGBT people who face depression due to social behaviors (Steele, Daley, Curling, & Gibson, 2017). The interview results also indicate the need for a proper system to give equal rights to LGBT from their family, friends, government, and society.

Table 9:

Deal with these problems

Responses	Frequency	Percentage
Counseling helped them in coping up with problems. (P2, P5, P9, P10)	4	40%
They accepted their self and ignore the problems. (P1, P3, P4)	3	30%
They are trying to move with society. (P6, P7, P8)	3	30%

Table 9 outlines the strategies that the participants used to cope with their problems. The results represent that counseling is helpful for the LGBT who want to move on. It is effective to get back to life with hope. It also lowered the pressure and developed self-esteem. Few LGBT are ignoring the problems and trying to move on with society.

LGBT in Iraq do not know how to cope with these problems due to lack of awareness and availability of resources.

4.3 Counseling for developing more effective problem coping strategies

Counseling can have a positive impact on the mental health of LGBT. It was observed that the participants felt happy with the counseling. They faced the change in their personality before and after the counseling. LGBT also feel more comfortable to get counseling from specialized therapists. The counseling programs empowered the LGBT to share their thoughts. The main problems of LGBT are their perception of not being heard and understood. The therapy and counseling session ensures that they are being heard and understood. It helps in opening their heart and feeling more comfortable. The therapy programs are based on the willingness of the LGBT as well. If LGBT is not willing to take the therapy and counseling sessions, the counseling may not prove beneficial for them (Perey, 2015).

Table 10:

Received counseling services and perception about counseling

Responses	Frequency	Percentage
They came to organization (P3, P4, P6, P7, P8, P1, P2, P5, P9, P10)	10	100%
Counseling helps them to increase self-esteem. (P2, P3, P4, P5, P6, P7, P8, P9, P10)	9	90%
She thinks that they cannot do anything for her. P1	1	10%

Table 10 outlines that the participants received any counseling services before to cope with these problems or not. The results of the study represent that counseling was not received by majority of the LGBT. This is because not everyone is able to get counseling services among LGBT in Iraq thus, they remain hopeless and pessimistic.

Participant X:

“I received counseling serve after I attempted suicide 3 times. Now I feel better and decreased the level of my depression. I have Increase my self-esteem. I understand now that all men are not same and I have also decreased my fear about men.”

Counseling can help by making the LGBT feel that they are important for their society. Their feelings should be respected by others. It was witnessed that by developing a sense of acceptance and love, LGBT's can be taught how to cope up with their issues. Counseling can be effective to deal with the psychological and emotional issues caused due to the relationship issues of the LGBT. It can help in building their confidence again. It also supports them to follow their heart which can aid in giving them the motivation to live in society. The results of the therapy of the participants of the interview supported the LGBT-affirmative counseling course results of Bidell (2013) study. The results show that after the course, students were able to develop self-efficacy and motivation. It also made LGBT students in self-discovery and thoughtfulness about their role which stops pessimism and hopelessness in them (Bidell, 2013).

The results indicated that counseling should not only be provided to LGBT but also to other people of society who do not understand the feelings of LGBT. The counseling and awareness program can help people to understand the LGBT in their surroundings. It will help to stop the pressure, bullying, and pressure on the LGBT. It supported the Bryan (2017) idea of for training of individuals to develop the acceptance of other gender and sexual preferences (Bryan, 2017). The results of the interviews outlined the identification of prejudiced behavior which helps to develop the depression and pessimism in the LGBT. The training programs should ensure that equal treatment should be given to all LGBT. It is only possible when LGBT will be perceived and understood. As suggested by Haas, et al. (2011), the demands and needs of LGBT should be properly monitored and examined (Haas, et al., 2011).

The results of the interviews outlined the positive aspects of counseling for LGBT. It showed that counseling can be effective to motivate LGBT to struggle in their life. It can help LGBT to find the reason for living. It also makes them develop goals for their life which help them to move on in their life. The counseling helped the affected to come out of their internalized state which leads to the identity concealment. It was comprehended

that isolation can also cause self-hate, feelings of worthlessness, fear of rejection and gradually attempt to suicide. Whereas, counseling can be proved beneficial to regain lost confidence (Pelton-Sweet & Sherry, 2011). It was seen that many LGBT's started their new life after the therapy sessions. They become happy and started a new life by accepting their reality. It made them stop caring about society's perception of them. It gave them a sense of happiness and satisfaction. When LGBT's visit counselors, they get a chance to meet people like them. They help and support each other by listening and understanding the issues. They get a chance to meet someone who prefers them and it becomes a reason for their happiness. Such positive counseling effects were also pointed out by the Gendron, Pendleton, and White (2015) during the therapy sessions.

Participant VIII:

“I love myself now. The counselor helped me a lot. I know that all people are not same. I have no fear from the other people. But until now it is so hard for me.”

Counselors helped LGBT's rebuild their self-esteem. It also gave their courage to start afresh by accepting their gender orientation and preferences. This confidence gave them a chance to move with the world without any hesitation. It was only possible without the therapy session. Similar findings were supported by Hirsch, Cohn, Rowe, and Rimmer (2017) and Pelton-Sweet and Sherry (2011). The research confirmed that support is essential to make the LGBT self-confident and brave enough to fight with the circumstances. In this regard, the therapy sessions supported them to understand that people do not hate LGBT. Seeking help from counselors helped the LGBT's to lessen the depression they feel. Similar feelings were expressed by the lesbian girls after the therapy session. The therapy sessions helped lesbian girls to decrease the fear and hatred they felt for men. It developed their self-esteem and made them believed that everyone is one alike. It helps them to gain their lost confidence which strengths them to take decisions of their life. The findings confirm the perception of Manalastas & Torre (2016) about LGBT psychology in the Philippines. The findings also indicate the need for further research in the identification of the therapy effects on different LGBT (Manalastas & Torre, 2016).

People accessed counseling through different means and sources. It was observed that some of the LGBT are forced to seek counseling services. Whereas, few LGBT decide to get the help of counseling and therapy sessions. The therapy sessions can vary

depending on the type of counselor connected. Young people usually opt for counseling service which is referred to them through someone. Almost all interviewees described the counseling or any other therapeutic settings, they attended, as providing positive and valuable support. The research also indicated that the respondents felt respected, loved and admitted by their therapist or counselor. This sense of affirmation acted to be largely advantageous for the discussion of definite difficulties or challenges. The significance of freedom to reveal and discuss their sexual or transgender identity with a counselor was repetitively highlighted by respondents. Usually, these respondents were benefited from the therapy sessions. Similar observations were noted in the research of Mayock, Bryan, Carr, And Kitching (2008) about the positive outcomes of therapy sessions. The most eminent factor in the healing process was found to be acceptance by the therapists (MAYOCK, BRYAN, CARR, & KITCHING, 2008).

Participant V:

“The counselor introduced some other LGBTs people. Now we are friends. We understand each other and help each other. The most important thing for me is that she introduced a pretty girl. Now we are in a relationship. We are very happy now. Except our friends, no one else knows about us.”

It is not mandatory that counseling is provided by specialized people. The most important and essential counseling can be provided by the parents and the friends of the LGBT. Safe and supportive schools, Strong family bonds, and support from compassionate adults can help to save the LGBT youth from depression and suicidality (Team, 2013). The findings of the interview results support the existing literature and findings of the positive aspects of counseling and therapy. The research indicated that counseling from parents can build confidence in their LGBT to survive in society. The affirmation and acceptance of their children gender preference will allow the children to face the society. This counseling can also stop the children from adopting harmful habits and acts which can damage their personality in the future. This research is also supported by Ryan (2010) who outlined that LGBT youth with the least accepting families were more likely to attempt suicide as compared to those with highly accepting families (Ryan, 2003). It confirms the findings of the research as those participants of the interview tried to commit suicide who were pressurized and not accepted by their parents. The LGBT should be provided a safe

environment in which they feel accepted. It the only possible way to make them free from depression and pessimism. In this regard, the role of community is found critical. The research also suggests achieving social and institutional changes in the community which will be helpful in tackling LGBT minority stress and depression. The study by Perez-Brumer, A., Oldenburg, and Bockting (2015) also confirms that transgender adults living in states with more LGBT affirming atmospheres are less likely to have tried suicide (Perez-Brumer, A., Oldenburg, & Bockting, 2015).

CHAPTER V

CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Sexual minority people, comprising of gay, lesbians, and bisexual people, and transgender reported having affected by the depression and stress. Depression, stress, and anxiety are common amongst the LGBT people. There are different reasons which affect the mental health and strength of the LGBT people. It includes the attitude of their family, friends, relatives, society, school, and college. Self-perception is the significant factor which affects the depression and pessimism in the LGBT. Many LGBT tried to commit suicide due to hopelessness. This hopelessness is caused by the hatred and awkward attitude from the people in their surroundings. Victimization became the reason for their pessimism and hopelessness. LGBT face depression because they cannot meet the demands of society. It compels them to mitigate to different areas where they are accepted. The relationship status of LGBT is also crucial in determining their happiness and satisfaction in life. LGBT people stayed happy in their relationships until they were rejected by their partners. Their love relationships made them feel hope about spending the rest of their life. The research indicated that many LGBT's are forced to hide their reality from the world which develops a sense of depression in them.

Many LGBT people often hide their feelings and needs from their families and friends. They cannot bear the pressure along so they start feeling alone and depressed. The role of the family is critical in making them develop self-confidence and self-acceptance. If families accept their LGBT children, it makes it easier to fight for their rights. The area of the LGBT in which they are living defines the acceptance level of LGBT. If LGBT are feel accepted and approved by society, the risk of depression and anxiety is less. Drinking and other harmful activities are adopted by LGBT people when LGBT people become tired from the attitude of people. Many LGBT was scolded, raped and beaten which developed depression in them. LGBT people felt lonely, sad, bored, and shameful when people mocked and bullied them in their surroundings. Due to this attitude, many LGBT people isolated themselves from society. Physical and verbal abused is faced by the majority of the LGBT people. The study also clarified the difference before and after acceptance of LGBT's reality. It is observed that LGBT people who have admitted their own reality have

found their own of staying happy and away from depression. Whereas, the people who are still struggling face the issue of depression and anxiety. The depressed LGBT often started hating people who impose relationships on them.

LGBT's are trying to live their life without any pressure. Although, many attempted suicide. However, only a few have found their ways of handling issues. Some LGBT decided to choose therapist and counseling sessions while others were sent by their families. Counseling services have provided benefits for many LGBT people. The organizations for the help of LGBT are considered as the main source of their problem-coping strategies. The therapies and counseling helped LGBT to express their feeling in a better way. It also helped them to regain their lost confidence. Schools and colleges did not help the LGBT to develop confidence; rather, the behavior by people in school increased the stress and anxiety in LGBT students. The counseling helped the LGBT to feel more comfortable in counseling. Counseling helps LGBT people to find their own means of happiness. It provides strength to face the bullying and negative attitude of people around them. Counselors helped LGBT's to rebuild their self-esteem.

5.2 Recommendations

It is recommended to investigate further on the reasons for depression and anxiety in LGBT but it is more important to investigate the underlying reasons for the negative attitude of people around them.

The findings of the study can be further used to educate parents and teachers about the feelings of LGBT. These findings can be used to empower LGBT in different school and colleges about the development of self-confidence.

There is a need to highlight the perception of society which makes them hate LGBT. To mitigate the difference and negativity, students should also be educated about the way LGBT should be treated. There is a need to aware people about equality. It is only possible when people will understand their feelings and know their perception about life. In this regard, different awareness programs should be started by the communities. Gender-based discrimination should be lowered in the society which is only possible when people will be well aware of the rights and feelings of LGBT. The results of the findings are confined to the LGBT of a particular area. However, LGBT is treated differently in different parts of the world. The depression and anxiety depend on the social factors as well. Therefore, it should be researched on how LGBT are treated in different societies. It

includes different counties, cultures, and societies of both developed and underdeveloped countries.

This subject should be further used by the government and policymakers. Different policies should be made which ensure that basic rights should be given to LGBT. The stakeholders and decisions makers of the school should also participate in making schools and colleges safer for the LGBT.

The interview results have highlighted the positive impact of the counseling. Therefore, it should be understood by the parents and teachers and LGBT's should be encouraged to take counseling and therapies to regain their lost confidence. The findings of the research suggest a need to explore models of mental healthcare that can more effectively address the experience of social exclusion. Social exclusion may be proved essential to meet the mental health service requirements of LGBT. It demands the need for additional research to confirm these results using a population-based sample of a large sample group. It also requires enhancements to many population-based data sources. It is required to support the identification of sexual and gender minority people living in different states and countries. Further investigation is required to explore the intensity of mental health care issues. The findings indicated that the negative attitude of parents and loved ones lead to depression in LGBT.

Therefore, special focus should be given in order to involve parents and friends of LGBT in the recovery process. They should be educated and trained to support and accept their children irrespective of the judgments. It is only possible when they will try to understand their children and try to help them. The government should also use the findings and understand the needs of LGBT people and try to fulfill them. It can be made possible by using advertisements and awareness programs through the media. It is possible through the involvements of different groups and further research.

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Appendix –A:**Personal Information form**

Read the statements and questions below and select/ write/ tick the appropriate answer.

1-sex ☐ gay/lesbian ☐ celibate/abstinent ☐ transvestite

2- Age: ☐ 18-20 ☐ 21-25 ☐ 26 and above

3- What is your level of education?

Primary school ☐ high school ☐ undergraduate ☐ postgraduate ☐

4- Religion ☐ Islam ☐ Christianity ☐ other ☐

5- Were/are you married/in a heterosexual union? Yes ☐ No ☐

6- Are you a parent? Yes ☐ No ☐

7- Are you considering becoming a parent? Yes ☐ No ☐

8- Are you?

In a relationship ☐ single ☐

Appendix –B:***Interview questions***

1. How long have you been aware of your sexual orientation?
2. Did you attend a narrow-minded grade school/college?
3. How were you introduced into the genital area (hetero- and/or homo- sexual)?
How old were you?
4. What are some of problems that you faced and still facing since you were introduced into the genital area?
5. How do you cope with these problems?
6. Do you feel hopeless and pessimistic?
7. What are the fundamental reasons for hopelessness and pessimism among you and people in your community?
8. How do you deal with these problems?
9. Did you receive any counseling service to cope with these problems? Do you think the psychological counseling service you received, help you to cope with your problems?

APPENDIX – C:***Ethic Commotion report*****BİLİMSEL ARAŞTIRMALAR ETİK KURULU**

01.04.2019

Dear Rozhan Ali Khdir Ali

Your application titled **“Hopelessness and pessimism among LGBTs: Effect of counselling on problem coping strategies.”** with the application number YDÜ/EB/2019/317 has been evaluated by the Scientific Research Ethics Committee and granted approval. You can start your research on the condition that you will abide by the information provided in your application form.

Assoc. Prof. Dr. Direnç Kanol

Rapporteur of the Scientific Research Ethics Committee

Note: If you need to provide an official letter to an institution with the signature of the Head of NEU Scientific Research Ethics Committee, please apply to the secretariat of the ethics committee by showing this document.

APPENDIX –D:
Curriculum Vitae

CURRUCULUM VITAE

I'm, ROZHAN ALI KHDIR. I was born on 1 Jan 1993. I am from north Iraq. I started study from 1999 and obtained my first school certificate on 2004. I earned Secondary School and high school Certificate at (2007and 2010). I graduated from Koya University on 2014. I obtained a B.Sc. degree from Clinical Psychology department. On 2018-2019 academic years I attended Near East University, Northern Cyprus to obtain a Master's degree in Guidance and Psychological Counseling department.

Appendix_E:

بهژداربووی (۳)

بهشی یه کهم

زانباری که سیی

ئهم دهسته واژه وپرسپارانهی خواره وه بخوینه وه و پاشان ولامی دروست دهستنیشان بکه،
بنوسه یان سه حیان لی بده.

۱. ږه گهز: هاوړه گهز (نیر/ می) ☒ ږه بهن ☐ نیونی ☐

۲. ته مه ن: ۲۰-۱۸ ☐ ۲۵-۲۱ ☒ ۲۶ یان سه روتر ☐

۳. ئاستی خوینده واریت چه نده؟

ده ستپیکه ☐ سه ره تای ☐ مامناوه ندی ☒ پیگه یشتوو/ بالا ☐

۴. ئاین: موسولمان ☐ مه سیحی ☒ هی تر ☐

۵. هاوسه رداری / هاوسه رگیریت کردووه له گه ل ږه گه زی به رامبه ر؟ به لی ☐
نه خیر ☒

۶. ئایا بویت یان به نیازی ببیت به باوان؟ به لی ☐ نه خیر ☒

۷. ئایا تو:

له په یوه ندیدایت ☐ ته نیای ☒

1. له كهيهوه ئاگادارى له ئاراستهى/ جوړى رهگهزيى خوت؟

له تهمهني ۱۶ بؤ ۱۷ سالی زانيم که من هاوره گمزخوارم

۲. له قو تابخانه يان کولېژ ټکي، بير تهسک خو ښودو و ته؟

بەلەئى لە قوتابخانەيەكەى زۆربىر تەسك خويندومە چونكە سەرچاوەى زۆر كىشه بوو بۆ من.كايك لە مەكتەب بووم باسى خۆم بۆ ھاورىيەكەى نزىكى خۆم كرد لەسەر سىقە بەلام ھاورىكەم لاى ھەموو تەلەبەكانى تر قەسەى كردبوو، ھە گووتبووى كە من داواى سىكس م لىي كردو ھە كاتىكدا من داواى ئەوم نەكردبوو لىي تەنھە باسى خەمەكانم لاى ئەو كردبوون چونكە نەمدەزانى ھانا بۆ كى بەرم كەس نەبوو لىم تىيگات. دواتر ھىچ كەسەىك ھاورىيەتى منى نەدەكرد ھەموويان پىنم پىندەكەنەن گالتيەيان پىنم دەكرد بە چاويكى ترمو ھە سەيرى منيان دەكرد. نەمدەتوانى سەربەرز بەكەمەو ھە زۆر شەرم دەكرد وامدەزانى ھەر من ئاوام من كەسەكى نااسايەم. تا لەكو تايەدا وازم لە خوێندن ھىنا.

۳. چوَن ئاشنايويٖت به يوار يٖ، ر هگزي، خوت؟ ته مهنت چند يوو؟

لهوكتاهوى بېر مه و دزمان سيكس هميه من نارم زوم بو رهگمزي بهرامبهر نه بوو. زور جار نارم زوم بو كچ همبوو بهس وا همستم دهكرد نهو ئاساييه لمير زور خوشويستنه هستهكي ئاوام هميه، وه زور جار پيم خوشنه بوو هيچ كوورپك سميري هاورئ كچهكانم بكات.

٤. هندی لهو کیشانه چین که روبه‌رویان بویتموه و هیشتاخ روبه‌رویان دمبیهوه لهو کاتمویه که ناشناختیت لهو بواره پیدا کر دوه؟

توشى زۆر كېشە بووم لە ژياندا، بۆنمونه/ من دايك و باوكم جيابونەتموه، من لای باوكم دەژیم. باوكم ئەو بارودوخەى منى بەرگوى كەوتیو لە دەرموه نازانم چۆن بەلام هاتمه زۆر لێنى دام زۆر لێم توره بوو گوتى شتى وا بەهېچ شېومەك نیهى ناىیت تۆ كچیت و دەىیت ئارەزوت بۆ پیاو هەىیت جارێكیتر ئەو شتانه ببیستمه دەتكوژم. من زۆر خەفەتم خوارد نەمدەزانى چى بكەم هانا بۆ كى بەرم.

۵. چۆن لەگەڵ ئەو کێشانهدا هەڵدەکەیت؟

نەمدەزانى چۆن خۆم بىگونژنىم لەگەڵ كىشەكان. چونك بەراستى قورس بوو بۆم. ھەموو شتتەكم لى شىوا بوو نەمدەزانى چىدەكەم. بىريارمدا خۆم بىگونژم بەوھى كە دەبىت ئارەزوم بۆ پىاو ھەبىت. بىريارمدا ھاورى كورم ھەبىت. چەمە دانەيەكم گۆرى ھەردەمگوت لەگەڵ ئەويان باشدەم بەلام نەمدەتوانى بەردەوام بىم بەتايىبەت ئە كاتانەى كە داواى ماچ يان شتتەكيان دەكرد من ھەستم بە كرژى دەكرد ھەستم دەكرد بىزم لە و بارودۆخە دىتەوھ. تا جارىكيان يەكيكيان زۆر داواى سىكس ي كرد لىم من رازى نەبوم رەتم كەردەم بەلام ئە گووى لىم نەگرت دەستەريژى كەردە سەرم. ئەوھ بەتەواوى ژيانمى ويران كەرد. ھەستم بە تاريكى دەكرد ھەستم بە ترس دەكرد. زۆر ترسابووم لە داواى ئەو كاتەوھ زۆر لە پىاو دەترسام.

6. هست به پیهو ای و رهشینی دهکهی؟

بەلئى زۆر ھېيھيوا بووم زۆر رەشبين بووم

7. ھۆكارە سەرمكەيكەنى بى ھىوايوون و رەشبينى لای تۆ و خەللى كۆمەلگاكەي تۆ چين؟

ھېچ كەسلىك لە من تېنەدەگەيشت نەمدەزانی خەمى خۆم لايكى باس بكمە. تەنانەت نەمدەزانی چى بكمە. ھەموشتىك بو من تاريك بوو.

8. چۆن مامەلە لەگەل ئەو كىشانەدا دەكەيت؟

چەند جارلىك ھەولە خۆكوشتەندا بەلام سەركەوتو نەبووم. دكتورەكان منيان نارد بو سەنتەرى راوئىركارى دەرونى.

9. ھېچ خزمەتگوزارىيەكى راوئىركارىت پىگەيشتووە بۆئەوئە لەگەل ئەو كىسانەدا ھەل بکەي؟ ئایا پىنت وایە ئەو خزمەتگوزارىيە راوئىركارىيە دەروونىيەكى كە پىشكەشت كراوە، يارمەتیدەر بوو بۆ ھەلکردن لەگەل ئەو كىشانەدا؟

بەلئى من دواى ئەوئە راوئىركارى دەرونىم بىنى زۆر ھەست بە باشیدەكەم. ئىستا ھەست دەكەم منىش وەك ھەركەسلىكى تر ئاسايم. خۆم قبول كەردو. خۆم خۆشەوئ. گوئ بەقسەي ھېچ كەسلىك نادەم. خەلك ھەر قسە دەكات چى دەلئىن با بىلئىن. من ئىستا ژيانى خۆم دەژىم ئاوە دەكەم كە خۆم دەمەوئ و بە باشى دەزانم دور لە جىھانى پياو.

HOPELESSNESS AND PESSIMISM AMONG LGBTs: EFFECT OF COUNSELING ON PROBLEM COPING STRATEGIES

by Rozhan Ali Khdir

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CHAPTER I

INTRODUCTION

1.1 Background of the Study

The traditional and modern societies find it difficult to accept the gender that is not recognized as male or female. Hence, LGBT people are often left alone by not just their fellows and society members but even their own family and parents. Feelings of hopelessness and pessimism have been commonly experiences among these people. The rejection from family, friends, and society develops fear and sense of hatred among LGBT people. Counseling in this regard helps in providing some effective problem coping strategies that can help LGBT people to overcome these problems.

Hopelessness is one of the psychopathological state and recent studies have outlined its significance for many psychopathological situations. Beck (1963) stated that hopelessness is defined as one of the core characteristics leading depression, suicides, schizophrenia, sociopathy, psychical illness, and alcoholism. Some clinical researchers argued that hopelessness is just a diffused emotional state and it is too vague to be qualified for systematic research. Kazdin, French, Unis, Esveltd-Dawson and Sherick, (1983) argued that, a person's hopelessness can be developed or experienced by an individual during his/her bad or unlucky days and future. People that are sensitive well as people that experience any kind of rejection do not value themselves, not their life, and so does their experiences are shaped.

Beck, Weissman, Lestr and Trexler (1974) outlined pessimism is also one of the mental and psychological states that shapes the attitudes and perception of individuals suffering from emotional instability. Generally, pessimists are surrounded by negative feelings and thoughts in life. They are never optimistic or positive about whatever is happening in the life. Pessimists always perceive that nothing is there for them or something that is there is not enough for them. Pessimism impacts the thinking and cognition of people. Pessimism may influence on anxiety, fears, and depression. It is also important to note that pessimism can be influenced by different feelings and daily pressure of life.

Counseling is a process usually takes place between the counselor and the patient. It is a process which the counselor helps the patient to overcome some emotional challenges. These challenges include stress, anxiety, depression, pessimism, hopelessness, and other such feelings and emotions. It is kind of healing process that helps the client to think more clearly and enable him to deny the negative by considering different view-points. Cooper (2008) argued that the purpose of counseling is to produce more positive and optimistic thoughts by changing the behavior and the way to look at problems. The counselor tries to facilitate more positive change among patients to purify their feelings and thoughts from any emotional strain. However, the patient and client build this process on the basis of trust and confidentiality that is fundamental to counseling process. Although, professional will share their policy regarding protection of private information the law enforce them to disclose sensitive information if the life is in danger. Cooper (2008) identified some of the favorable approaches to successful counseling as: (a) Problem-solving Therapy that is effective for depression and Schizophrenia, (b) Mindfulness Cognitive Therapy is effective for panic disorder as enhance the physical and mental well-being. (c) Relaxation training is effective for phobia and anxiety.

Problem coping strategies are the skills that are individual to people for solving the problems that they face in life. Carver, Scheier and Weintraub (1989) argued that these are generally referred to the tactics that an individual adapts in most stressful situations. These skills and strategies differ individual to individual however; some of the commonly preferred and beneficent techniques include yoga, meditation, relaxation and breathing deep. These techniques are really helpful and allow releasing the stress. In comparison, some of people fail to cope with problems through these strategies and develop depression, anxiety, and feeling of pessimism and hopelessness that lead to more disturbed and imbalanced social and personal life.

1.2 Statement of the Problem and Aim of the Study

Thus, the problem identified to conduct this study is that the LGBT people in Northern Iraq are not only unacceptable as normal members of the society but they also face rejection, isolation, and discrimination in social, economic, and political arena (Ottooson, 2006). This consistent hatred and discrimination against the LGBT people develop many psychological disorders that include anxiety, depression, isolation, pessimism, and hopelessness. These psychological disorders enforce suicide attempts and socially deviated behavior among the LGBT people (Daher, 2018).

Therefore, the aim of this study is to develop effective counseling approach for the deprived and discriminated LGBT people in Northern Iraq to enhance the physical and mental well-being. The study aims to develop effective problem-coping strategies to deal with social, economic, and political setbacks.

1. What are the fundamental reasons for hopelessness and pessimism among LGBTs in Northern Iraq?
2. What are the current problem-coping strategies used by LGBTs in Northern Iraq?
3. How counseling can help in developing more effective problem coping strategies?

1.3 Significance of the Study

Consequently, the study is significant because it adds knowledge to the existing literature. There are few studies conducted among LGBT people in Northern Iraq so, it can pave a way for development of LGBT status in Northern Iraq. The researcher will provide effective problem coping strategies through effective counseling that can help in improving the social status and physical and mental well-being of the LGBT people in Northern Iraq.

1.4 Limitation of the study

- The study was conducted within a limited number of LGBT people so the results of the study cannot be generalized for all LGBT people in Northern Iraq.
- The study is limited to the questions that the researcher asked the LGBTs
- The study is limited to a short time and brief

1.5 Definitions of Key Terms

Asexual refers to people that do not have sexual desires or feelings.

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Heterosexual or straight refers to people whose sexual and romantic feelings are mostly for the opposite gender: Men who are attracted to women, and women who are attracted to men.

Homosexual or gay refers to people whose sexual and romantic feelings are mostly for the same gender: Men who are attracted to men, and women who are attracted to women.

Lesbian refers to women who are homosexual.

Bisexual or "bi" refers to people whose sexual and romantic feelings are for both genders.

Transgender is an umbrella term that encompasses a diversity of gender expression including drag queens and kings, bi-genders, crossdressers, transgenderists, and transsexuals.

Transvestites are people who like to dress like members of the opposite sex.

Transsexuals are people who feel that their anatomical sex does not match the gender with which they identify.

Bigender refers to people who define themselves as having the behavioral, cultural or psychological characteristics associated with both the male and female genders.

Transgenderist describes someone who is gender variant or transgresses gender norms as part of their lifestyle or identity.

CHAPTER II

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LITERATURE REVIEW

2.1 Lesbian Gay Bisexual Transgender LGBT

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LGBT and/or GLBT stands for lesbian gay bisexual and transgender are those people that have gender other than the only recognized genders of the society male and female. The term initially focused on gay men only during the mid 1980s but later developed the concept of gay women termed as lesbian. The term LGBT is popular since 1990s. LGBT is a huge term that describes further the classification of gay, lesbian, bisexual, and transgender people and their relative culture (Cochran, Sulliva & Mays, 2003). According to researchers Mays and Cochran (2001), sexual orientation includes the following dimensions: sexual attraction; sexual behavior; sexual fantasies; emotional, social, and lifestyle preferences; and self-identification.

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The study conducted by Hirsch, Cohn, Rowe, and Rimmer (2017) outlined the indirect hopelessness and depressive symptoms caused due to the minority sexual orientation, gender identity, and suicidal behavior. The research included a sample of 349 students of college which were used to determine the sexual identity of the students and its relationship to the suicidal behavioral and depressive symptoms. In the study, serial meditation method was used to identify the association of self-identification as LGBTQ and suicidal behavior. It considered hope and hopelessness as first-order mediators and depression as a second order mediator. The results of the study indicated that LGBTQ status was associated with the hopelessness and hope which also links to the depressive

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symptoms and the consequent suicidal behavior. The study indicated it has clinical implications as it can be used to heal the affected youth. The results revealed that LGBTQ in young adults can be reduced using Motivational Interviewing and Cognitive Behavioral Therapy strategies. It includes strategies like goal setting which helps in lowering the suicidal risk. The study also discovered the need for the development of different strategies to cope up with the depressive symptoms which arise due to hopelessness (Hirsch, Cohn, Rowe, & Rimmer, 2017).

The study conducted by Almeida, Johnson, Corliss, Molnar, and Azrael (2009) outlined the effect of perceived discrimination based on sexual orientation. The authors used quantitative research method to find the relationship between sex and gender with emotional stress. The data was collected through the survey in a school in Boston. The sample size included 1032 students. Among them, 10% were lesbian, gay, bisexual, and transgender (LGBT) and, 58% were female students and 32% were male students. The students were 45% black, 31% were Hispanic and 14% were white. The depression was evaluated among all the students. The results of the study indicated that LGBT students reflected higher symptoms of depression. It was also discovered that LGBT's indicated more suicidal ideation and self-harm than heterosexual and non-transgendered youth. The results discovered that LGBT is more likely to hurt them or commit suicide, which demands the needs for their proper counseling. They should have access to get proper counseling to mitigate the discrimination which they feel in society. LGBT youth is suffering due to the perceived discrimination faced by them. The study can be used to lessen the discrimination faced by LGBT. It can be used to identify the needs for proper counseling and psychological guidance for LGBT which may stop them from committing suicide or hurting themselves (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

The study conducted by Horn (2006) outlined the belief of heterosexual students about their LGBT peers. The purpose of this study was to indicate the belief of heterosexual students about their gay and lesbian peers. The qualitative research method was used to study sexual prejudice. The participants of the study included 10th and 12th-grade students along with college-aged young adults. In this study, 119 10th grade students, 145 12 grade students and 86 college students completed the questionnaires which were designed to access their belief and attitude towards homosexuality. The questionnaire also investigated their comfort level with LGBT and the treatment of LGBT in school. The results of the study indicated that students aged between 14-16 years exhibit more prejudice to socially interact with LGBT. The study also showed that ¹⁰older adolescents (16–18) and young adults (19–26) are likely to exhibit lesser prejudice in social interaction with lesbian and gays fellow students. The study did not indicate the belief of students about the right and wrong of homosexuality. The results of the study indicated the need for the significance of using various actions in evaluating the development of this sort of prejudice. The study indicates the need for developing awareness among heterosexual students to interact with homosexual students in a better way. It may help LGBT to participate in society in a better way. This study can be used to highlight the need for awareness in heterosexual youth which impacts LGBT mindset and their actions (Horn, 2006).

2.2 Hopelessness and Pessimism

Beck (1963) stated that hopelessness is defined as one of the core characteristics leading depression, suicides, schizophrenia, sociopathy, psychical illness, and alcoholism. Some clinical researchers argued that hopelessness is just a diffused emotional state and it is too vague to be qualified for systematic research. Kazdin, French, Unis, Esveldt-Dawson and Sherick, (1983) argued that, a person's hopelessness can be developed or experienced

by an individual during his/her bad or unlucky days and future. Beck, Weissman, Lestr, and Trexler (1974) outlined pessimism is also one of the mental and psychological states that shapes the attitudes and perception of individuals suffering from emotional instability. Generally, pessimists are surrounded by negative feelings and thoughts in life. They are never optimistic or positive about whatever is happening in the life. Pessimists always perceive that nothing is there for them or something that is there is not enough for them.

The study conducted by D'augelli (2002) outlined the ²² mental health issues among gay, lesbian, and bisexual youths. The study was conducted to investigate the mental health issues, which can be developed in LGB youth. The sample of the study included 542 youths from community backgrounds. The quantitative research method was used to study and highlight the issues in gay, lesbian, and bisexual youth. The study indicated that mental health symptoms and suicidality are the cause of development of sexual orientation, issues related to sexual orientation, parent's reaction, and victimization based on sexual orientation. The results discovered that Lesbian, gays, and bisexuals exhibited more symptoms of mental issues and suicidality as compared to the heterosexual youth. The results of the study highlight that almost one-third of the sample tried to commit suicide in the past. The study also indicated the role of parents on the sexual orientation of their children. It was discovered that affected youth whose parents were unaware or non-supportive exhibited more mental issues. The study also revealed that more than three-quarters had been verbally abused and 15% of the youth were physically attacked by their parents due to their sexual orientation. The study also revealed that youth who lost their friends and felt victimization were reported to have more mental issues. The study highlights the need for support and counseling for such youth. Mental health professionals should help this youth to deal with the hopelessness and issues. These LGBT's should be helped to deal with the conflicts with their families and peers (D'augelli, 2002).

Another study by D'Augelli, Grossman, and Starks (2006) was conducted to examine the childhood gender oddity, victimization, and ¹⁴ Post-Traumatic Stress Disorder (PTSD) among lesbian, gay, and bisexual youth. The purpose of the study was to confirm the mental issues, which arise in LGBT youth due to victimization. The participants of the study included 528 gay, lesbian, and bisexual youth. The quantitative research method was used in this study. The results of the study confirmed that childhood uncommon gender becomes reasons for their victimization in society. This victimization faced by the participants was both physical (11%) and sexual (9%). The study discovered that male youth experience more victimization than others. The results of the study indicated that victimization starts at the age of 13 years. Verbal attacks and abusing starts at the age of the 6, whereas, the physical attacks begin at the age of 8. The study confirms that the youth, who were declared as gender uncommon in their childhood, face more mental issues and PTSD. The study discovered that almost 9% of the youth was affected by PTSD. The reason for the PTSD was considered as the victimization. The study highlighted the need for understanding such youth and giving proper help to deal with the depression and PTSD. PTSD becomes common due to abusing and victimization which was faced by such youth. The study highlighted the causes which can be helpful in abolishing it from roots. Such youth can be saved from mental issues and serious stress disorders if cooperation is done by parents and peers of the youth (D'Augelli, Grossman, & Starks, 2006).

The study conducted by McConnell, Birkett, and Mustanski (2015) different kinds of ³ typologies of social support and its links with mental health outcomes which are common among LGBT youth. The mental negative mental health outcomes among LGBT are at higher risk. The purpose of this study was to indicate the need for social support which can bring positive change in the mental issues of LGBT. The participants of the study included 232 different LGBT youth who were aged 16 to 20 years. Different clusters

of family, peers and social supports were identified which were used to examine the demographic and mental health differences in the sample youth. The k-mean cluster analysis was performed. The results indicated three main clusters; high support, low support, and non-family support. High support cluster was largest with 44% of participants, the non-family cluster was 34.5 %, and low support cluster was 21.5%. Different Chi-square tests were used to inspect demographic differences between the defined clusters, which were found for socio-economic status (SES). The results also indicated that different health care issues were found due to victimization. The most common symptoms were loneliness, depression, anxiety, general symptom severity, stress, somatization hopelessness. The results also discovered that family support is the most significant support for LGBT youth. It also indicated that LGBT youth with higher socio-economic status (SES) get the support of their families, peers and significant others. Mental health and other depressive symptoms of such youth can be resolved by the proper support of the families and peers (McConnell, Birkett, & Mustanski, 2015).

2.3 Counseling and problem coping

Counseling is a process usually takes place between the counselor and the patient. It is a process which the counselor helps the patient to overcome some emotional challenges. These challenges include stress, anxiety, depression, pessimism, hopelessness, and other such feelings and emotions. It is kind of healing process that helps the client to think more clearly and enable him to deny the negative by considering different viewpoints. Cooper (2008) argued that the purpose of counseling is to produce more positive and optimistic thoughts by changing the behavior and the way to look at problems.

Another study conducted by Pelton-Sweet and Sherry (2011) indicated the advantages of using art therapy with LGBT clients. The purpose of the study was to examine the sexual identity development in the LGBT youth and the effects of art therapy

in counseling with gay, lesbian, homosexuals and transgendered youth. The coming out process results in a decrease of self-confidence, emotional and physical well-being. Content analyses method was used in this study to study the effects of coming out effects on youth. The study also highlighted different emotional and physical changes which youth face. The results indicated that there is increasing evidence to support the association between sexual identity and personal creative expression. There is also a link between the expressiveness of personal emotion with physical and emotional health. The study indicated that art making therapy is used by many art-making therapists for LGBT to explore the sexual identities, emotions, trauma abuse, gay and lesbian culture, and attitude, gender identity, stereotypes, and depression and stress associated with the coming out process. Art therapy is also used to identify the panic, hopelessness, stress, lack of self-confidence, low self-esteem and anxiety among the LGBT youth. The study indicated the need for knowledge and awareness about the social, economic and other cultural factors which affect the LGBT clients. The results of the study also indicated the need for expression by the LGBT youth as it will help them to protect their physical and emotional health. The study discovered the self-discovery process should be understood and supported by the therapists and families. The youth should be supported and helped to become their authentic self without the fear of being judged or developing low self-esteem (Pelton-Sweet & Sherry, 2011).

A study was conducted by Biçmen and Bekiroğulları (2014) to study the social problems of LGBT people in Turkey. The purpose of the study was to indicate the social issues which LGBT residing in Turkey face. Qualitative Research methods were used to examine the perceptions of different LGBT people in Turkey. Data was collected through interviewed which included thirty-four open and closed-ended questions. The participants of the study included thirty people; 12 females and 18 male LGBT living in different areas

on Turkey. The results of the study indicated that different LGBT faces different issues which vary according to their age, origin, matrimonial status, religious conviction, education level, sexual category and the place they are living in present. The study indicated that social problems affect their life as a whole. The results of the study discovered that LGBT of Turkey is exposed to different family and social pressures which create issues for their emotional and mental strength. The results also revealed that most LGBT is left alone without any assistance at the time of need. The results also indicated that LGBT moved to different places but the effect of the society was found to be the same in the new places as well. they were exposed to facing the same social problems in different areas they lived (Bıçmen & Bekiroğulları, 2014).

A study was conducted by Cohn and Leake (2012) to outline the affected distress among adolescents who exhibit sexual attraction between same-sex people. The study also indicated the urban and rural differences and the factors which can be taken to protect the mental illness of adolescents. The qualitative research method was used to examine the impact on school, families, and mentoring on the suffering of adolescents. The participants of the study included 469 youth and adolescents from rural areas. The results of the study indicated that homosexual adolescents reported a higher level of distress as compared to heterosexual adolescents. The study also revealed that school and family support were linked with the lower degree of distress among rural LGBT. When rural sexual minorities were examined alone, it was reported that adolescents who were supported by their families were not affected by the higher level of stress, anxiety and mental illness. The study did not confirm the relationship between mentoring relationships and the level of distress. It indicated the significance of building a system of support for sexual minorities in rural areas (Cohn & Leake, 2012).

The study conducted by Bidell (2017) outlined the impact of a ²lesbian, gay, bisexual, and transgender graduate counseling course. The purpose of the study was to highlight the positive impact of the counseling course on graduate students. The participants of the study included 23 graduate students who enrolled in the LGBT-affirmative counseling course. They were examined using the Sexual Orientation Counselor Competency Scale (SOCCS) scale before and after the course. To make further assessments on the course effectiveness, a comparison study was used. The results of the study revealed the difference before and after taking the course. The students reflected significant developments in the sexual orientation counselor capability and self-efficacy. These students also performed better in the SOCCS score than those students who were enrolled in the course. The study discovered the positive role of counseling on the attitude of the students. It also indicates how awareness among students can be enhanced using these courses. It also helps students for better self-discovery and thoughtfulness which may help to stop them from hopelessness and stress (Bidell, 2013).

Gendron, Pendleton, and White (2015) outlined the advantages of mental health counseling of LGBT elders. The authors believed that lesbians, gays and bisexual and transgender suffer from different and complex mental issues. The long term issues can result in stigma and discrimination in the LGBT. The authors indicated the reason for ²depression and anxiety in the LGBT to be the low self-esteem, denial of their identity and the isolation from the society. The authors suggested equality and acceptance for the LGBT in our society. In this regard, they should not be isolated from society. For example, a welcoming environment should not make washrooms with labels male and female only restroom. The LGBT also face different barriers to serve the society which includes their fear of discrimination. These discriminations slowly become the reason of their hopelessness. This hopelessness can be mitigated through the counseling. The counselor

competency requires understanding and awareness about all the experiences of the sexual minority groups. these experiences should be understood and training and education should be provided to abolish these experiences in the future. Authors also highlighted the dissemination faced by the transgender in the form of physical abuse, verbal and physical harassment. The authors also indicated that mental health can be enhanced by accepting their own sexual orientation or gender identity (Gendron, Pendleton, & White, 2015).

The study conducted by Gonzalez (2016) outlined the negative attitudes as accusing and the effects on LGBT individuals. The research was done using Qualitative hermeneutics research methodology. The study also highlighted the positive impact of the support system which can help in decreasing self-harm and suicidal levels among the LGBT individuals. The study indicated that the LGBT community has faced long term rejection, discrimination, and oppression from society. These negative attitudes of the society have developed hopelessness and pessimism in the LGBT community due to which the LGBT community has suffered. The negative attitudes of society led to different suicidal attempts in the past. It indicated that the value of a support system for LGBT is significant. The study indicated the cyber bullying and bullying in the school has a negative impact on the LGBT. The study discovered the acceptance of the LGBT as their ultimate solution of their hopelessness and rejection. The study suggested that therapies should be provided which may help them in healing. It will also allow them to fight against the negative attitudes given by society (Gonzalez, 2016).

The study conducted by Bryan (2017) examined the LGBT micro-aggressions in counselor education programs. The purpose of the study was to highlight the micro-aggression faced by the LGBT community. The study used the qualitative research method to examine the micro-aggression experiences of different students in counselor education programs. It included 12 LGBT students who were interviewed about their experiences.

The results of the study indicated different micro-aggression behavior. The study also indicated that for the well-being of LGBT students, microaggression should be removed from the counselor education programs. The study also indicated that LGBT students are affected by the prejudiced attitudes of their peers and teachers. The study also depicted that trainees who had more LGB-specific training reported more acceptance of bisexuality and positive attitude towards LGBT than others who do not have any awareness about LGBT. The study also indicated the need for counseling training for individuals to develop the acceptance of their gender and sexual preferences. It will help them to become emotionally stable and more positive towards society (Bryan, 2017).

The study conducted by Farnsworth (2016) conducted the study to examine the Internalized homonegativity and the hypervigilance (HVI), depression (DEPI), hopelessness, and coping deficit (CDI) personality traits. The study used the qualitative research method. The study included 67 participants and a demographic questionnaire was prepared to examine the disorders in the LGBT community. The study revealed that internalized homonegativity includes the manner in which homosexual individuals extract the negative messages from the hopelessness, depression and anxiety disorders. The study further examined the relationship between the CDI, HVI, DEPI using the Exner Scoring method. The result indicated the relationship of internalized homonegativity with the CDI. The study also suggested that resiliency could be used to moderate the effect (Farnsworth, 2016).

The study conducted by Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Charles A. Emlet, and Hooyman (2014) outlined the future strategies and key competencies for the future improvements in health and human services for the LGBT community. The content analysis was performed to highlight the competencies and strategies. The study indicated the needs of LGBT older adults, their families, and their communities. The competencies

covered ¹³ a wide range of issues and challenges which should be mitigated to develop best strategies. The study highlighted the role of society in this process and policy development. The study discovered the need to understand ² that larger social and cultural contexts may have negatively impacted LGBT older adults as a historically disadvantaged population. The study highlighted the need to understand the LGBT community and involve them in social development activities. The study indicated the need for their participation in the building of the entire society. It also revealed the need of developing human and health services which should be given to LGBT community to help them fight against their mental issues ⁶ (FREDRIKSEN-GOLDSSEN, HOY-ELLIS, GOLDSSEN, CHARLES A. EMLET, & HOOYMAN, 2014).

The study conducted by Fergusson, Horwood, and Beautrais (1999) examined if sexual orientation is associated with mental well-being problems and suicidality in young individuals. The data was collected during the course of the ¹¹ Christchurch Health and Development Study. It was a study of 1265 children born in Christchurch, New Zealand. In this research, at the age of 21, 1007 members of the sample were interrogated about their sexual orientation and homosexuality which they experienced since the age of 16 years. The results indicated that 2.8 % of the sample belonged to gay, lesbian or bisexual orientation. The results also indicated that LGBT 's are at risk of major depression or anxiety disorder. These mental disorders are due to their sexual orientations and their relationships. The increasing difficulties of the LGBT community lead to impact their social behavior and their capabilities to cope up with the situation. It leads to their suicidal behavior (Fergusson, Horwood, & Beautrais, 1999).

Johnson (2007) outlined the vital subjects that support the practice of suicidal distress amongst two groups of LGBT people. It includes young people and those who are suffering from mental health problems. The research was done using Participatory-action

research method which included 12 different participants. The study indicated that suicidal distress is caused due to discrimination which is faced by the LGBT in various educational, religious, health, family, media and other gatherings. The discrimination makes it difficult for the LGBT to identify their self which affects their mental health. The study highlighted the need for different activities which can stop the suicidal thoughts in the LGBT community. The study indicated the need for support services which can focus on the care for the LGBT. The study also highlighted the need for training health professionals which interact with the LGBT. The study also discovered the need to train and support the LGBT on an individual level. It will help in the development of personal strength and power to cope up with the challenges and issues they face. The study also indicated the need for proper development of a monitoring system which should be capable of monitoring the housing needs and fulfilling the basic rights of LGBT (Johnson, 2007).

METHODOLOGY**3.1 Research design**

This study is a qualitative research design. The study conducted semi-structured in-depth interviews with the LGBTs. The researcher conducted one interview in one day. The interviews were conducted in a place where the interviewee was more comfortable and relaxed. The researcher focused on observing the anxiety, feelings, situation, and opinions could only be done through semi-structured interviews for the description of a given situation.

3.2 Study group

The research focused on the purposive sampling technique to select 10 respondents from Foundations. The respondents of the study considered for the variation in age, gender, education level, and employment.

Table 1:

Demographics of the study group

Demographic	Frequency
Sex	
Gay/Lesbian	7
Celibate/Abstinent	3
Age	
18-20	1
21-25	7

26 and above	2
Level of education	
Primary school	1
High school	4
Undergraduate	3
Postgraduate	2
Relationship states	
In relationship	6
Single	4
Religion	
Other	5
Islam	3
Christianity	2

Table 1 represents the demographic statics for the study group. 7 participants were lesbian and gay and 3 were abstinent. 1 was between age of 18-20, 7 between 21-25 and 2 above 26 years of age. 4 had high school diploma, 3 had undergraduate, 2 had postgraduate and 1 had primary school diploma. 6 were in a relationship status and 4 were single. 5 participants were other religion (deist). 3 participants were Islam. 2 participants were Christianity.

3.3 Research instrument

The study is a qualitative design that focuses on interviews with 10 respondents. Therefore, it incorporated interview questions (see Appendix A) that would require descriptive answers from the respondents. The semi-structured in-depth interviews had two parts. The first part of the interview explored the fundamental reasons for hopelessness and pessimism among LGBTs and the second part addressed the current problem-coping strategies used by LGBTs. The researcher made sure that ethical limitations are followed throughout the study. The secondary data used for the general background of the study

included the reports from human rights and the UN. In addition, the scholarly sources, peer-reviewed journal articles, books, and newspapers were also consulted.

3.4 Procedure of the study

3.4.1 Data collection

The interviews were conducted by the researcher. The researcher did not record video rather just the voice with the consent of the participants to transcribe the interviews later on. The researcher conducted the in-depth and semi-structured interviews with the respondents in an informal setting administered as one to one. The researcher preferred conducting one to one interviews to preserve the confidentiality of the respondent's information and also make them feel free and comfortable. The LGBT individuals could be more sensitive and hence may not find it comfortable to express their thoughts and opinions especially their experiences being LGBT. For this reason, the researcher administered the interviews in one to one setting.

The place for conducting the interviews should be peaceful and relax to make the participants feel comfortable and relaxed. The researcher also focused on the fact that taking too much time for the interview could also bore the participants and/or distract the interviewer and the interviewee from the actual purpose of the study. The researcher conducted one interview per day and each interview took approximately 1-2 hours and the participants were free to take a break whenever they needed.

The interviews were conducted in the Kurdish language and were transcribed in the English language by the professional translator. The researcher also took field notes that help in transcribing these interview and responses. The interviews were audio recorded for respondents. As the ethical limits do not allow forcing the participants for anything, the researcher took field notes for them and wrote down their responses. Thus, at the time of transcribing the interviews, there must not be any mistake in the actual and transcribed

data. However, this did not affect the study in acquiring the information. In this way, the respondents who were comfortable with recording expressed themselves freely and so the respondents who were not comfortable with the recordings. All the respondents could freely share their experiences that enabled the researcher to be more specific and focused on transcribing the results and answering the research question.

3.4.2 Data analysis

The data collected to answer the research question was analyzed using simple descriptive statistics. To be aligned with the aim and objective of the study.

The interview data collected in the Kurdish language were translated into the English language by the researcher. However, the researcher made sure that the responses of the respondents are not misinterpreted as translated from the Kurdish language to the English language. The researcher also included and analyzed the data collected from the field observations as that of during the interviews. In the results of the study, the primary data was analyzed and the researcher also outlined direct quotes but with the participant code. The data was tabulated in the form of simple graphs.

The research did not harm any candidate or the participant of the study. The research included the participants with their written consent. The research did not emotionally or physically abuse or harm the participants and they were allowed to leave the research whenever they want even the researcher did not question them. The research did not include any sensitive information and the names of the participants were not included. The participants were given a serial number that is the participant numbers rather than participant name for the ethical concern. The research was focused on objectivity. The study did not manipulate the data collected and the results were presented objectively. The subjectivity and personal biases of the researcher were kept far away and the research was within the ethical and moral limitations. The researcher was not placed in any hard to the

vulnerable position before, during or after the research. The data was kept in electronic form in a locked folder that only the researcher can access.

CHAPTER IV

FINDINGS

This chapter represents the results and findings of the study. The chapter has divided into three parts according to the research questions of the study to achieve the aim.

4.1 Fundamental reasons for hopelessness and pessimism

Table 2:

Aware of your sexual orientation

Responses	Frequency	Percentage
They were aware since age 16– 17 or teenagers. (P2, P3, P4, P5, P6, P10)	6	60%
They were aware since their adolescent age. (P1, P7, P9)	3	30%
She was aware since age 9. (P8)	1	10%

The above table outlines since how long respondents were aware of the sexual orientation. The results outline that 60% respondents were aware of their sexual orientation since their teenage, 30% respondents were aware of their sexual orientation since adolescent, and 10% respondents were aware of their sexual orientation since childhood. This is because in Iraqi society, the concept of LGBT is not given much attention or awareness.

Table 3:

Problems faced since sexual-orientation

Responses	Frequency	Percentage
The problem is they are not accepted by Society. (P1, P5, P6, P7, P8, P10)	6	60%
Friends became problem for them (P2, P3, P4)	3	30%
His family is a big problem for him. (P9)	1	10%

Table 3 represents the problems faced since introduced to sexual orientation. The results of the study outline that majority of LGBT faced problems because of pressure of the society. Family and friends also become problem for the LGBT when they do not support them. This is because the people in Iraq are not much open to the acceptance of LGBT.

Table 4:

Introduced to sexual orientation

Responses	Frequency	Percentage
They were Attracted to same gender (P3, P4, P5, P6, P8, P9, P10)	7	70%
They did not feel attraction for any gender. (P1, P2, P7)	3	30%

Table 4 represents how participants were introduced to their sexual orientation. The results outline that mostly they felt attraction for same gender. This is because in Iraq there is not much interaction between opposite genders.

Table 5:

Attended a narrow-minded school/college

Responses	Frequency	Percentage
He/she did attend a narrow-minded school/college (P1, P3, P6, P8, P9)	5	50%
He/she did not attend a narrow-minded school/college (P2, P4, P5, P7, P10)	5	50%

Table 5 outlines that did participants attended a narrow-minded school/college. The results represent that there was equal ratio of students who attended narrow-minded schools and those who did not. This is because many people did not know that these individuals are among LGBT.

4.2 Current problem-coping strategies

Table 6:

Cope with these problems

Responses	Frequency	Percentage
They have depression (P1, P2, P5, P6, P8, P9)	6	60%
They avoided everything. (P3, P4, P7, P10)	4	40%

Table 6 shows that how these participants cope with these problems. The results highlight that either they got into depression or they just avoided the problems. The results of the interview suggested that LGBT who faced depression tend to get rid of it. In this

regard, they try to isolate them from society. It doesn't help in getting a better life. This is because people are not aware of the issues LGBTs come across therefore, they do not understand the correct approach to cope with their issues.

Table 7:

Feel hopeless and pessimistic

Responses	Frequency	Percentage
They feel hopeless and pessimism. (P3, P4, P6, P7, P9, P10)	6	60%
They felt hopeless but know they are good. (P2, P5, P8, P10)	4	40%

Table 7 shows the results for participants feeling hopeless and pessimistic. The findings suggest that most of them feel hopeless and pessimistic. This is because Iraq is a conservative society and the level of acceptance is little. LGBTs are not generally acceptable in Iraq.

Table 8:

Fundamental reasons for hopelessness and pessimism

Responses	Frequency	Percentage
They said no one is good with me. P1, P2, P3, , P6, P7, P8,	6	60%
They are alone acting opposite gender P4, P5, P9, P10	4	40%

Table 8 outlines the fundamental reasons for hopelessness and pessimism among these participants. The results outline that no one accepted them in the society and they have to act like gender so they are alone are among main reasons for hopelessness and pessimism. This is because LGBTs are seen as something against religion and social norms. That is why the people are not good with non-binary genders.

Table 9:

Deal with these problems

Responses	Frequency	Percentage
Counseling helped them in coping up with problems. (P2, P5, P9, P10)	4	40%
They accepted their self and ignore the problems. (P1, P3, P4)	3	30%
They are trying to move with society. (P6, P7, P8)	3	30%

Table 9 outlines the strategies that the participants used to cope with their problems. The results represent that counseling is helpful for the LGBT who want to move on. It is effective to get back to life with hope. It also lowered the pressure and developed self-esteem. Few LGBT are ignoring the problems and trying to move on with society. LGBT in Iraq do not know how to cope with these problems due to lack of awareness and availability of resources.

4.3 Counseling for developing more effective problem coping strategies

Table 10:

Received counseling services and perception about counseling

Responses	Frequency	Percentage
7 They came to organization (P3, P4, P6, P7, P8, P1, P2, P5, P9, P10)	10	100%
7 Counseling helps them to increase self-esteem. (P2, P3, P4, P5, P6, P7, P8, P9, P10)	9	90%
She thinks that they cannot do anything for her. P1	1	10%

Table 10 outlines that the participants received any counseling services before to cope with these problems or not. The results of the study represent that counseling was not received by majority of the LGBT. This is because not everyone is able to get counseling services among LGBT in Iraq thus, they remain hopeless and pessimistic.

CHAPTER V

DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussions

The discussions based on the findings of the study are divided into three main parts as below:

5.1.1 Fundamental reasons for hopelessness and pessimism

There are many reasons for hopelessness and pessimism in LGBT. The findings of the research confirm the findings of Horn, (2006) about the self-perceptions of LGBT (Horn, 2006). The interview results indicated the lack of self-confidence and self-acceptance to be the main cause of depression. D'augelli (2002) also highlighted the mental issues which occur in LGBT. It indicated the suicide attempts committed by the individuals due to their belief that they are not wanted in society (D'augelli, 2002). From the interview results, it is observed that hopelessness and pessimism are generally due to the behavior of other people around. They feel hatred and awkward attitude from the people in their surroundings. D'Augelli, Grossman, and Starks (2006) findings match with the interview results about the victimization provided to the LGBT. It indicated how LGBT's were victimized from their early childhood and adolescence. It became the reason for their pessimism and hopelessness (D'Augelli, Grossman, & Starks, 2006).

Participant I:

"Some of my friends knew about my situation after they talked to other students and teachers. Some of my teachers and almost all of the students looked at me as an awkward person."

The depression is also caused due to the demands and expectations of other people around. Biçmen and Bekiroğulları (2014) indicated similar results in Turkey. The LGBT face difficulty and issues in meeting the demands of the society which make them move to different areas (Biçmen & Bekiroğulları, 2014). Several LGBT moved to a different place but faced the same issues in the behavior of people around them. The findings of Cohn & Leake (2012) about the support system of families are confirmed through the interview results. The interview results confirm that LGBT's feel that no one understands their feelings and only care about sex. Many LGBT's questions the purpose of their existence which creates a sense of depression and pessimism. Many LGBT's hide their gender preference which develops a sense of depression. They do not share their feelings with their family or friends due to the fear of depression. This feeling becomes the reason for their depression. It was also observed that many LGBT's gets involved in a relationship (Cohn & Leake, 2012). They feel happy and accepted in their relationship. Hopelessness and pessimism start when the relationship ends. It matches the Gonzalez (2016) idea of the acceptance of the LGBT as their ultimate solution of hopelessness and rejection in them. LGBT's can happily live and survive in society if they get a feeling of acceptance (Gonzalez, 2016).

Participant V:

"My problem is that my situation is not acceptable in my society. Nobody knew about my situation. It made me feel so bad, lonely, sad, bored, and shameful."

The findings of the research confirmed that hopelessness is caused when LGBT's do not share their feelings with the other person they are attracted to. Many cases show that when the love of LGBT 's get married to any other person, they feel jealousy and hopelessness. It develops a sense of pessimism in them. It was observed that LGBT's wanted to die when they were unable to express their feelings to someone they love. Due to the conservative culture and fear of rejection, they hide their feelings. It makes them adopt drinking and other harmful activities. This is the reason they start feeling bad about their life and existence. Similar conclusions were drawn by Fergusson, Horwood, and Beautrais (1999) about the negativity developed in the LGBT. Due to the negative and rejected attitude of society, LGBT gradually adopts drinking and other negative habits. They also try to end their life and make themselves free from the world (Fergusson, Horwood, & Beautrais, 1999).

Participant IX:

"My family is a big problem for me. They don't understand me. They ask me to get married but I cannot. It makes me feel depressed."

The role of parents is critical in handling the depression of LGBT children (D'Augelli, Grossman, & Starks, 2006). It was also observed that the attitude and harshness of parents to become straight push LGBT towards hopelessness and pessimism. Many LGBT was scolded and beaten. It caused depression in them. Few LGBT were depressed and pessimists because they were rapped. In many cases, when LGBT's disclosed their reality. People made fun of them and were left out alone. The results of the

interview were similar to the findings of Almeida, Johnson, Corliss, Molnar, and Azrael (2009) which indicated such reasons of depression which make LGBT commit suicide (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). It was observed that LGBT's felt lonely, sad, bored, and shameful. It is because they hide their reality from their friends and parents. They isolated them from a society where they were not accepted. The feeling of unacceptance caused depression and hopelessness in them. Few LGBT's are often hit and beaten by other people of society. They feel bad about themselves due to the hatred and unwontedness they see in other eyes. LGBT's consider the physical and verbal abuse the biggest reason for their pessimism and hopelessness. It makes them afraid of the people which make them feel timid and isolated from society. Pelton-Sweet and Sherry (2011) also highlighted similar cases in which LGBT's were made unwanted in society through the attitudes and behavior of people (Pelton-Sweet & Sherry, 2011). It also supports the findings of Gendron, Pendleton, and White (2015) which proposed the physical and verbal physical harassment to the main cause of the depression and pessimism in the LGBT (Gendron, Pendleton, & White, 2015).

Participant IV:

"I must act like boys and this is so hard for me. So many times I acted like boys but people realize that I am not straight. Society made so many problems for me. They didn't give me work. Some of them asked me to have sex with them. They looked at me as abnormal person."

The LGBT's were observed to be in the pressure of society. There were two kinds of LGBT's in the interview; the ones who have accepted their reality and the ones who are struggling with their reality. It was observed that LGBT's faced a great amount of stress and social pressure. It was also observed that hopelessness started when LGBT tried to act in a manner, what people wanted from them. They tried to meet the demands of the people around them to feel accepted and welcomed in society. The interviews findings indicated

some cases in which LGBT's were offered sex and other activities. They explained how sometimes they were offered to have sex, which they do not want. In other cases, gays felt issues because they wanted to act like girls but they cannot. It was also observed that the pressure from the family of getting married caused depression in the LGBT. It was observed that many lesbian girls hated men and do not want to get involved in any activity with them. It was mainly due to the abuse they faced from men in their childhood or adolescence. This feeling caused depression in them. It supports the findings of the Muholi (2004) about the harassment faced by lesbian women. There are many hate crimes attempted against lesbian women (Muholi, 2004).

Participant X:

"I had a lot of problems some of them: I am afraid from men, I hate men, I do not like to live, I think everything is black for me and I am so unlucky."

5.1.2 Current problem coping strategies

LGBT's should be well aware of the problem-coping strategies in order to live their life happily. There are many problem-coping strategies which may be adopted by the LGBT to handle their issues. In this regard, Johnson (2007) suggested having a proper monitoring system which highlights and identifies the needs and demands of the LGBT. It will help in indicating the issues which should be solved for the betterment of LGBT. Johnson outlined different activities which need to be adopted by LGBT to avoid their depression and mental stress. These activities will also help in developing negative and suicidal thoughts in their minds (Johnson, 2007).

The results highlight that either they got into depression or they just avoided the problems. The results of the interview suggested that LGBT who faced depression tend to get rid of it. In this regard, they try to isolate them from society. It doesn't help in getting a

better life. However, it becomes reasons for constant depression and lack of confidence. This is confirmed by the findings of Gendron, Pendleton, and White (2015) that isolation gradually becomes the reason of their hopelessness. Therefore, there should be proper problem-coping strategies (Gendron, Pendleton, & White, 2015). It is observed that families of the LGBT's send such teenagers to the organizations for help. Many LGBT's tries to focus on their job and study which helps them to forget their issues. Few LGBT's have accepted that problems are part of life so they accept it. Others opt for counseling services when they do not get any help from their parents and friends. Many LGBT's are sent to therapists when they attempted to commit suicide due to their hopelessness and depression. The organizations for the help of LGBT are considered as the main source of their problem-coping strategies. Almeida, Johnson, Corliss, Molnar, and Azrael (2009) also found that counseling and proper guidance can make LGBT develop the strength to cope up with their problems (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009).

Therefore, Pelton-Sweet and Sherry (2011) suggested the use of art therapy for LGBT. This therapy can make LGBT confess about their feelings and will give them the strength to face the world. If art therapy is used, it can help in the identification of hopelessness, lack of self-confidence, pressure, low self-esteem and anxiety among the LGBT youth (Pelton-Sweet & Sherry, 2011). The LGBT in the interviews seems to be less expressive at the start. However, they were found to be expressive when they tried to get rid of their depression and stress. The feelings of the LGBT should be heard and they should be supported to handle their issues. The self-discovery process and acceptance is found crucial in handling the issues of LGBT by themselves. The suggestions of Motivational Interviewing and Cognitive Behavioral Therapy can be used to enhance the confidence of the LGBT. The results indicated that motivational interviewing can help LGBT to share their feelings. They should be made realized that they are important for

society. It can be used to make them believe in themselves and solving their issues of depression and hopelessness (Hirsch, Cohn, Rowe, & Rimmer, 2017).

Participant VII:

"I tried to accept myself first. After that I explained everything to this girl I love. We are in relationship now"

Parental rejection is the root cause of the depression which is not understood by the parents of the LGBT. The parents preferred to send their children to counselors or other organizations rather than developing confidence in them. The recommendation and worth of family support, for handling depression, by McConnell, Birkett, and Mustanski, (2015) is justified by the findings of the research. It is observed that LGBT who do not get the support of their parents suffer more. They are unable to cope up with difficult situations without their parents. They tend to hide their feelings with the fear of rejection (McConnell, Birkett, & Mustanski, 2015). The result of the interview confirms that LGBT can get along with life in a better way if their parents accept their gender orientation and respect their choice.

Participant I:

"I do not care about anything. I want to focus on having a job after my study to buy a small house far from everyone."

It was observed that no support was provided by the schools and colleges. Instead, LGBT's were made unwanted and punished in their schools and college. The LGBT's were bullied in the schools which caused several issues for them. There was no evidence of support to stop the bullying and safeguard the self-esteem of LGBT in schools. The findings of Haas, et al. (2011) also demands anti-bullying and safe school legislation. It

includes the acceptance of sexual orientation and gender identity in protective legislation which is also related to school safety. The findings can be used to develop the process in which nondiscrimination policies can be used to access the mental health in the students. The consequences of the inequalities in society should be monitored and the action should be taken to safeguard the respect of LGBT (Haas, et al., 2011).

Participant VI:

“I was so bad after those people abused me. I attempted suicide. The doctors from the hospital sent me to this organization to see a counselor.”

Participant III:

“No one understood me even my father”

Many participants were trying to stay calm and explain their situation to their family. It reduces the chances of depression and hopelessness in them. Many LGBT tried to avoid problems and refrain from different activities. It helps them to escape their problems. The effort is done mainly by the counselors or the LGBTs themselves. The role of teachers and their peers in developing problem-coping strategies is minimal. The teachers of LGBT should ¹⁷ develop guidelines for the treatment in all disciplines where they are presently deficient. The teachers and schools should develop different programs which help in training LGBT to handle the issues. They should be supported to maintain their psychological and mental health. There should be a special focus on LGBT groups to minimize suicidal risks (Haas, et al., 2011).

The results indicated the lack of awareness among parents, teachers, and friends is common which become the biggest hurdle in solving the concerns of LGBT. This problem should be addressed by different policymakers and awareness programs should be started. The purpose of these programs should be identifying the special needs of LGBT. Parents

and teachers should be taught how to help LGBT in their surroundings. It was observed that LGBT was often left alone to handle their problems. Due to unawareness and confusion about gender orientation, LGBT was unable to develop problem-solving techniques. It made many LGBT quit schools and their social circles as well. It is confirmed by the Kelleher (2009) how minority stress can damage the mental health of the LGBT. It confirms that the exploitive social setting created through sexual identity-related stigma destructively affects the wellbeing of LGBTQ youth (Kelleher, 2009). Steele, Daley, Curling, and Gibson (2017) also confirms that dissimilarities in social factors, absence of family support, ¹⁶discrimination, lower levels of social support, and systemic ⁵exclusion from healthcare contribute in the mental health issues of LGBT. There is a high need to treat the depression and pessimism in the LGBT people who face depression due to social behaviors (Steele, Daley, Curling, & Gibson, 2017). The interview results also indicate the need for a proper system to give equal rights to LGBT from their family, friends, government, and society.

5.1.3 Counseling for developing more effective problem coping strategies

Counseling can have a positive impact on the mental health of LGBT. It was observed that the participants felt happy with the counseling. They faced the change in their personality before and after the counseling. LGBT also feel more comfortable to get counseling from specialized therapists. The counseling programs empowered the LGBT to share their thoughts. The main problems of LGBT are their perception of not being heard and understood. The therapy and counseling session ensures that they are being heard and understood. It helps in opening their heart and feeling more comfortable. The therapy programs are based on the willingness of the LGBT as well. If LGBT is not willing to take the therapy and counseling sessions, the counseling may not prove beneficial for them (Perey, 2015).

Participant X:

"I received counseling serve after I attempted suicide 3 times. Now I feel better and decreased the level of my depression. I have Increase my self-esteem. I understand now that all men are not same and I have also decreased my fear about men."

Counseling can help by making the LGBT feel that they are important for their society. Their feelings should be respected by others. It was witnessed that by developing a sense of acceptance and love, LGBT's can be taught how to cope up with their issues. Counseling can be effective to deal with the psychological and emotional issues caused due to the relationship issues of the LGBT. It can help in building their confidence again. It also supports them to follow their heart which can aid in giving them the motivation to live in society. The results of the therapy of the participants of the interview supported the LGBT-affirmative counseling course results of Bidell (2013) study. The results show that after the course, students were able to develop self-efficacy and motivation. It also made LGBT students in self-discovery and thoughtfulness about their role which stops pessimism and hopelessness in them (Bidell, 2013).

The results indicated that counseling should not only be provided to LGBT but also to other people of society who do not understand the feelings of LGBT. The counseling and awareness program can help people to understand the LGBT in their surroundings. It will help to stop the pressure, bullying, and pressure on the LGBT. It supported the Bryan (2017) idea of for training of individuals to develop the acceptance of other gender and sexual preferences (Bryan, 2017). The results of the interviews outlined the identification of prejudiced behavior which helps to develop the depression and pessimism in the LGBT. The training programs should ensure that equal treatment should be given to all LGBT. It is only possible when LGBT will be perceived and understood. As suggested by Haas, et

al. (2011), the demands and needs of LGBT should be properly monitored and examined (Haas, et al., 2011).

The results of the interviews outlined the positive aspects of counseling for LGBT. It showed that counseling can be effective to motivate LGBT to struggle in their life. It can help LGBT to find the reason for living. It also makes them develop goals for their life which help them to move on in their life. The counseling helped the affected to come out of their internalized state which leads to the identity concealment. It was comprehended that isolation can also cause self-hate, feelings of worthlessness, fear of rejection and gradually attempt to suicide. Whereas, counseling can be proved beneficial to regain lost confidence (Pelton-Sweet & Sherry, 2011). It was seen that many LGBT's started their new life after the therapy sessions. They become happy and started a new life by accepting their reality. It made them stop caring about society's perception of them. It gave them a sense of happiness and satisfaction. When LGBT's visit counselors, they get a chance to meet people like them. They help and support each other by listening and understanding the issues. They get a chance to meet someone who prefers them and it becomes a reason for their happiness. Such positive counseling effects were also pointed out by the Gendron, Pendleton, and White (2015) during the therapy sessions.

Participant VIII:

"I love myself now. The counselor helped me a lot. I know that all people are not same. I have no fear from the other people. But until now it is so hard for me."

Counselors helped LGBT's rebuild their self-esteem. It also gave their courage to start afresh by accepting their gender orientation and preferences. This confidence gave them a chance to move with the world without any hesitation. It was only possible without the theory session. Similar findings were supported by Hirsch, Cohn, Rowe, and Rimmer

(2017) and Pelton-Sweet and Sherry (2011). The research confirmed that support is essential to make the LGBT self-confident and brave enough to fight with the circumstances. In this regard, the therapy sessions supported them to understand that people do not hate LGBT. Seeking help from counselors helped the LGBT's to lessen the depression they feel. Similar feelings were expressed by the lesbian girls after the therapy session. The therapy sessions helped lesbian girls to decrease the fear and hatred they felt for men. It developed their self-esteem and made them believe that everyone is one alike. It helps them to gain their lost confidence which strengthens them to take decisions of their life. The findings confirm the perception of Manalastas & Torre (2016) about LGBT psychology in the Philippines. The findings also indicate the need for further research in the identification of the therapy effects on different LGBT (Manalastas & Torre, 2016).

People accessed counseling through different means and sources. It was observed that some of the LGBT are forced to seek counseling services. Whereas, few LGBT decide to get the help of counseling and therapy sessions. The therapy sessions can vary depending on the type of counselor connected. Young people usually opt for counseling service which is referred to them through someone. Almost all interviewees described the counseling or any other therapeutic settings; they attended, as providing positive and valuable support. The research also indicated that the respondents felt respected, loved and admitted by their therapist or counselor. This sense of affirmation acted to be largely advantageous for the discussion of definite difficulties or challenges. The significance of freedom to reveal and discuss their sexual or transgender identity with a counselor was repetitively highlighted by respondents. Usually, these respondents were benefited from the therapy sessions. Similar observations were noted in the research of Mayock, Bryan, Carr, And Kitching (2008) about the positive outcomes of therapy sessions. The most

eminent factor in the healing process was found to be acceptance by the therapists (MAYOCK, BRYAN, CARR, & KITCHING, 2008).

Participant V:

“The counselor introduced some other LGBTs people. Now we are friends. We understand each other and help each other. The most important thing for me is that she introduced a pretty girl. Now we are in a relationship. We are very happy now. Except our friends, no one else knows about us.”

It is not mandatory that counseling is provided by specialized people. The most important and essential counseling can be provided by the parents and the friends of the LGBT. Safe and supportive schools, Strong family bonds, and support from compassionate adults can help to save the LGBT youth from depression and suicidality (Team, 2013). The findings of the interview results support the existing literature and findings of the positive aspects of counseling and therapy. The research indicated that counseling from parents can build confidence in their LGBT to survive in society. The affirmation and acceptance of their children gender preference will allow the children to face the society. This counseling can also stop the children from adopting harmful habits and acts which can damage their personality in the future. This research is also supported by Ryan (2010) who outlined that LGBT youth with the least accepting families were more likely to attempt suicide as compared to those with highly accepting families (Ryan, 2003). It confirms the findings of the research as those participants of the interview tried to commit suicide who were pressurized and not accepted by their parents. The LGBT should be provided a safe environment in which they feel accepted. It the only possible way to make them free from depression and pessimism. In this regard, the role of community is found critical. The research also suggests achieving social and institutional changes in the community which will be helpful in tackling LGBT minority stress and depression. The study by Perez-

Brumer, A., Oldenburg, and Bockting (2015) also confirms that transgender adults living in states with more LGBT affirming atmospheres are less likely to have tried suicide (Perez-Brumer, A., Oldenburg, & Bockting, 2015).

5.2 Conclusion

Sexual minority people, comprising of gay, lesbians, and bisexual people, and transgender reported having affected by the depression and stress. Depression, stress, and anxiety are common amongst the LGBT people. There are different reasons ⁵ which affect the mental health and strength of the LGBT people. It includes the attitude of their family, friends, relatives, society, school, and college. Self-perception is the significant factor which affects the depression and pessimism in the LGBT. Many LGBT tried to commit suicide due to hopelessness. This hopelessness is caused by the hatred and awkward attitude from the people in their surroundings. Victimization became the reason for their pessimism and hopelessness. LGBT face depression because they cannot meet the demands of society. It compels them to mitigate to different areas where they are accepted. The relationship status of LGBT is also crucial in determining their happiness and satisfaction in life. LGBT people stayed happy in their relationships until they were rejected by their partners. Their love relationships made them feel hope about spending the rest of their life. The research indicated that many LGBT's are forced to hide their reality from the world which develops a sense of depression in them.

Many LGBT people often hide their feelings and needs from their families and friends. They cannot bear the pressure along so they start feeling alone and depressed. The role of the family is critical in making them develop self-confidence and self-acceptance. If families accept their LGBT children, it makes it easier to fight for their rights. The area of the LGBT in which they are living defines the acceptance level of LGBT. If LGBT are feel accepted and approved by society, the risk of depression and anxiety is less. Drinking and

other harmful activities are adopted by LGBT people when LGBT people become tired from the attitude of people. Many LGBT was scolded, raped and beaten which developed depression in them. LGBT people felt lonely, sad, bored, and shameful when people mocked and bullied them in their surroundings. Due to this attitude, many LGBT people isolated themselves from society. Physical and verbal abused is faced by the majority of the LGBT people. The study also clarified the difference before and after acceptance of LGBT's reality. It is observed that LGBT people who have admitted their own reality have found their own of staying happy and away from depression. Whereas, the people who are still struggling face the issue of depression and anxiety. The depressed LGBT often started hating people who impose relationships on them.

LGBT's are trying to live their life without any pressure. Although, many attempted suicide. However, only a few have found their ways of handling issues. Some LGBT decided to choose therapist and counseling sessions while others were sent by their families. Counseling services have provided benefits for many LGBT people. The organizations for the help of LGBT are considered as the main source of their problem-coping strategies. The therapies and counseling helped LGBT to express their feeling in a better way. It also helped them to regain their lost confidence. Schools and colleges did not help the LGBT to develop confidence; rather, the behavior by people in school increased the stress and anxiety in LGBT students. The counseling helped the LGBT to feel more comfortable in counseling. Counseling helps LGBT people to find their own means of happiness. It provides strength to face the bullying and negative attitude of people around them. Counselors helped LGBT's to rebuild their self-esteem.

5.3 Recommendations

It is recommended to investigate further on the reasons for depression and anxiety in LGBT but it is more important to investigate the underlying reasons for the negative attitude of people around them. The findings of the study can be further used to educate parents and teachers about the feelings of LGBT. These findings can be used to empower LGBT in different school and colleges about the development of self-confidence. There is a need to highlight the perception of society which makes them hate LGBT. To mitigate the difference and negativity, students should also be educated about the way LGBT should be treated. There is a need to aware people about equality. It is only possible when people will understand their feelings and know their perception about life. In this regard, different awareness programs should be started by the communities. Gender-based discrimination should be lowered in the society which is only possible when people will be well aware of the rights and feelings of LGBT.

The results of the findings are confined to the LGBT of a particular area. However, LGBT is treated differently in different parts of the world. The depression and anxiety depend on the social factors as well. Therefore, it should be researched on how LGBT are treated in different societies. It includes different counties, cultures, and societies of both developed and underdeveloped countries. This subject should be further used by the government and policymakers. Different policies should be made which ensure that basic rights should be given to LGBT. The stakeholders and decisions makers of the school should also participate in making schools and colleges safer for the LGBT. The interview results have highlighted the positive impact of the counseling. Therefore, it should be understood by the parents and teachers and LGBT's should be encouraged to take counseling and therapies to regain their lost confidence. The findings of the research suggest a need to explore models of mental healthcare that can more effectively address

the experience of social exclusion. Social exclusion may be proved ⁵ essential to meet the mental health service requirements of LGBT. It demands the need for additional research to confirm these results using a population-based sample of a large sample group. It also requires enhancements to many population-based data sources. It is required to support the identification of sexual and gender minority people living in different states and countries. Further investigation is required to explore the intensity of mental health care issues. The findings indicated that the negative attitude of parents and loved ones lead to depression in LGBT. Therefore, special focus should be given in order to involve parents and friends of LGBT in the recovery process. They should be educated and trained to support and accept their children irrespective of the judgments. It is only possible when they will try to understand their children and try to help them. The government should also use the findings and understand the needs of LGBT people and try to fulfill them. It can be made possible by using advertisements and awareness programs through the media. It is possible through the involvements of different groups and further research.

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