

Depression, anxiety, and life satisfaction in gay and bisexual men in Lebanon: A cross-sectional correlational study

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Abstract

Minority stress theory postulates that exposure to distal and proximal stressors due to one's sexual orientation can undermine mental health outcomes and identity process theory posits that mental health is undermined when these stressors result in identity threat (i.e., decreased levels of self-esteem, self-efficacy, continuity and positive distinctiveness). Drawing upon tenets of these theories, this study examines the unique contributions of intrapsychic and group-based factors to predicting depression, anxiety and life satisfaction in a sample of 241 gay and bisexual men in Lebanon. Cross-sectional correlational survey data were analyzed using hierarchical multiple regression. Life satisfaction was predicted by sexuality-related identity threat, sexuality deflection as a sexuality management strategy, and identity resilience. Depression was predicted by sexuality-related identity threat, homophobic school bullying, and identity resilience. Anxiety was predicted by sexuality-related identity threat, sexuality acceptance as a sexuality management strategy, and general outness. Consistent with minority stress theory and identity process theory, the results show the significance of identity threat in the onset of poor mental health and the general importance of intrapsychic factors, over and above group-based variables, as risk or protective factors for mental health in gay and bisexual men in Lebanon. Culturally tailored mental health promotion strategies should focus on reducing sexuality-related identity threat, addressing societal stigma, and fostering protective factors, such as identity resilience and family support.

Keywords: Identity; depression; anxiety; life satisfaction; gay and bisexual men; Lebanon

Introduction

This study focuses on the social psychological factors that contribute to mental health outcomes among gay and bisexual men in Lebanon. Lebanon is considered to be a relatively progressive and liberal Middle Eastern society, although religion represents a significant identity for many people and is a source of deeply rooted conservative norms, including in relation to sexuality (Maatouk & Jaspal, 2020). Its capital Beirut, known as one of the most liberal cities in the Middle East, offers some visibility and support for gay and bisexual communities through social spaces, such as bars, clubs, and community centers (Maatouk & Jaspal, 2019). Despite these pockets of liberalism, societal stigma against homosexuality remains pervasive, impeding the development of a cohesive gay "community" and leaving many gay and bisexual individuals to navigate their identities in isolation or secrecy (Nagle & Fakhoury, 2018).

The interplay of cultural, religious, and political factors uniquely shapes the experiences of gay and bisexual people in Lebanon. Societal pressure to conform to heteronormative norms, alongside the limited public discourse on sexual minority rights, perpetuate marginalization and discrimination (Makarem, 2011). In addition, Lebanon's ongoing political and economic instability intensifies stress and limits access to essential resources, disproportionately affecting marginalized groups, including sexual minorities (Jaspal, Assi, & Maatouk, 2020). Therefore, the

pervasive stigma, lack of societal recognition, and absence of institutional support create what is referred to in identity process theory as a “threatening position” for gay and bisexual people in Lebanon (Breakwell, 2015; see also Maatouk, 2024). These challenges, which combine both traditional and context-specific pressures, can significantly undermine mental health (Hatzenbuehler, 2009; Meyer, 2003).

People from sexual minority groups experience distal stressors, such as homophobic bullying, that in turn increase their likelihood of experiencing proximal stressors, such as sexuality-related identity threat (Meyer, 2003). These stressors can predispose sexual minority individuals to poor mental health outcomes, such as depression and anxiety (Meyer & Frost, 2013). The combined effects of these stressors can be countered by proximal protective factors, such as identity resilience (Breakwell, 2021). Furthermore, strategies, such as support-seeking by coming out to others, can improve individual abilities to cope with, and overcome, threats to identity (Breakwell & Jaspal, 2022). However, in societies in which stigma is appended to homosexuality, such as that of Lebanon, coming out as a sexual minority can actually increase the risk of exposure to minority stressors and exacerbate feelings of threat (Maatouk 2024; Jaspal & Siraj, 2011). This study examines the associations between these potential stressors and protective factors and mental health outcomes in a sample of gay and bisexual men in Lebanon. Recognizing that demographic differences in relation to religiosity, ethnicity, and relationship status have been found in mental health outcomes among LGB people (Dulai & Jaspal, 2024; Jaspal, 2024; Maatouk & Jaspal, 2023), the effects of these factors are controlled for in this study.

Minority stress and identity processes

According to minority stress theory (Meyer, 2003), stigmatized groups, such as sexual minorities, experience distal stressors that occur at the group level (e.g., discrimination due to one’s LGB group membership) and proximal stressors that occur at the intrapsychic level (e.g., internalized homonegativity that involves feelings of self-loathing). These combined stressors can undermine psychological wellbeing (Frost & Meyer, 2023). For instance, school-based victimization has been found to be associated with depression and anxiety (Mittleman, 2019). The theory also identifies intrapsychic and group-level factors that can reduce the impact of minority stressors on mental health (Frost & Meyer, 2023). For instance, research suggests that family connectedness in the form of strong parental support can protect against depressive symptomatology among sexual minorities (Needham & Austin, 2010). In this study, we examine the effects of the distal stressors of homophobic school bullying, having a conservative family and reported pressure to conform, and the protective factor of parental support upon the mental health outcomes of life satisfaction, depression, and anxiety.

According to identity process theory (Breakwell, 2015; Jaspal & Breakwell, 2014), individuals strive to construct an identity that is characterized by feelings of self-esteem, self-efficacy, continuity, and positive distinctiveness. Exposure to minority stressors, such as discrimination, can undermine these principles and result in identity threat (Jaspal, 2025). Sexuality-related identity threat refers to threat in relation to one’s sexuality specifically. Identity resilience refers to the perceived overall extent to which one’s identity is characterized by self-esteem, self-efficacy, continuity and positive distinctiveness (Breakwell, 2021). It is a trait-like characteristic that is based on many group and individual factors. Individuals who report higher levels of identity resilience have been found to experience less identity threat upon exposure to a hazard (Breakwell & Jaspal, 2021; Jaspal, 2024) and to elect more sustainable and effective coping strategies in response to threat (Jaspal, Assi & Maatouk, 2022).

Group-based factors

Building on previous work using minority stress theory, our study focuses on the group-based factors of homophobic bullying (school stigma), parental support, experiencing social pressure to conform, and reportedly having a conservative family, which can operate as minority stressors or protective factors in relation to mental health in gay and bisexual men in Lebanon.

Sexuality-related victimization experienced during childhood is associated with poor mental health in adulthood (Hart et al., 2018). For instance, in their sample of sexual minorities, Wyman Battalen et al. (2021) found a positive association between discrimination and depression which was mediated by thwarted sense of belonging. Similarly, Seabra et al. (2022) found that experiences of homophobic bullying among non-heterosexuals were associated with depression.

Parental support is discussed in the literature as a key protective factor against depressive symptomatology in sexual minorities (Abreu et al., 2024). In a sample of 256 sexual minority adults, Puckett et al. (2015) found an association between parental rejection and current psychological distress. In a systematic review on mental wellbeing among sexual minorities, Hall et al. (2018) found that access to both family and general support was protective against depression.

Conversely, pressure to conform to prevailing conservative or heteronormative norms appears to be associated with poor psychological outcomes (Cooper et al., 2023). A study conducted among 748 Chinese sexual minority men found that poor self-acceptance mediated the association between norm conformity and decreased psychological wellbeing (Sun et al., 2021). In Lebanon, cultural and religious norms were identified as significant minority stressors in a cross-sectional study of 277 gay and bisexual men (Maatouk & Jaspal, 2020). These norms were found to discourage coming out and were associated with increased pressure to conform to heteronormative practices.

Intrapsychic factors

This study also examines the effects upon psychological wellbeing of the intrapsychic factors of sexuality-related identity threat, identity resilience, perceived happy family life while growing up, and sexuality-management strategies (sexuality acceptance, sexuality deflection, and “coming out”) in gay and bisexual men in Lebanon.

As noted above, identity resilience tends to facilitate greater adaptability in the face of stressors and higher wellbeing (Breakwell, 2021). Indeed, in a cross-sectional study of heterosexual and gay men, Jaspal (2024) reported a positive association between aspects of identity resilience and overall life satisfaction.

As a proximal stressor, sexuality-related identity threat may undermine mental health among sexual minorities (Breakwell, 2021). In a study analyzing data from two separate cross-sectional studies on LGB individuals in the United Kingdom, Jaspal, Lopes, and Breakwell (2023) found that sexuality-related identity threat was associated with both depression and anxiety. In an experimental study of 96 gay and bisexual participants in Lebanon, sexuality-related identity threat mediated the relationship between minority stressors and psychological distress (Maatouk, 2024).

Sexuality management strategies, including disclosure and coming out experiences (Pachankis, 2007), are initiated by the individual in response to experienced threats (Breakwell, 2021; Jaspal & Bayley, 2020). They can be adaptive or maladaptive but converge in their aim to protect the self from threat. Higher levels of identity resilience are associated with greater access to adaptive coping strategies (Jaspal, Assi & Maatouk, 2022). Sexuality management strategies are

not necessarily indicative of positive affect and improved mental health (Meyer, 2015) and there is evidence to suggest that the type of strategy deployed by sexual minorities in response to threats can have a range of mental health consequences (Varni et al., 2012). For instance, a US study of 876 gay and bisexual individuals found that coming out was linked to depressive symptomatology through the mediation of feeling like a burden in people's lives (Baams, Grossman & Russel, 2015). Furthermore, Lopes and Jaspal (2024) conducted an experimental study with 156 LGB participants, who were asked to recall coming out experiences. They found that the psychological impact of coming out differed depending on whether the recalled experience was positive or negative.

Hypotheses

Both group-based and intrapsychic factors contribute to the mental wellbeing of gay and bisexual individuals. This study examines their unique contributions to predicting the mental health outcomes of life satisfaction, depression, and anxiety. Gay and bisexual men in Lebanon may be disproportionately exposed to some distal and proximal stressors.

Sexuality-related identity threat appears to be universally linked to poor mental health outcomes and is included in the hypotheses as a common risk factor for this study. Conversely, identity resilience, reflecting a broader sense of self beyond sexuality, is hypothesized to serve as a protective factor against long-term mental health challenges by mitigating perceived threats in various contexts. Sexuality management strategies, including coming out as gay or bisexual, are expected to differ from patterns observed in Western contexts, likely undermining mental health due to societal and cultural pressures as well as stigma. Homophobic school bullying is anticipated to have a similarly negative impact on mental health, consistent with findings in Western contexts.

In summary:

1. Life satisfaction will be positively associated with identity resilience, and negatively associated with sexuality-related identity threat and sexuality management strategies (sexuality deflection).
2. Depression will be positively associated with homophobic school bullying and sexuality-related identity threat and negatively associated with identity resilience.
3. Anxiety will be positively associated with sexuality-related identity threat and sexuality management strategies (general outness and sexuality acceptance).

Methods

Ethics

Ethical approval for this study was granted by the Nottingham Trent University School of Business, Law and Social Sciences Research Ethics Committee (BLSS REC) (reference: 2022/76).

Participant sample, design and procedure

A convenience sample of 306 gay and bisexual men in Lebanon was recruited between May 2022 and October 2022 from service users in Beirut attending a private sexually transmitted infections (STI) clinic as well as premises of two non-governmental organizations that provide sexual health services to at-risk groups. After excluding individuals who did not identify as male or did not report their sexual orientation as gay or bisexual, the final sample consisted of 241 individuals. An a priori power analysis was conducted using F tests (Linear multiple regression: Fixed model, R^2 deviation from zero) in G*Power version 3.1.9.7 (Faul et al., 2007) for sample size estimation. The effect size was 0.15, with a significance criterion of $\alpha=0.05$ and power=0.95.

The minimum sample size required with this effect size was $N=172$. Thus, the sample size of $N=241$ was more than adequate to test the study hypotheses. Table 1 provides an overview of the key demographic characteristics of the participant sample.

A cross-sectional correlational survey design was used. Participants provided demographic information, including their age, gender, nationality, religion, highest qualification, sexual orientation, and relationship status. They then completed group-based measures, namely religious family, conservative family, parental support, and school stigma; intrapsychic measures, namely identity resilience, having a happy family life while growing up, general outness, internalized homonegativity, sexuality-related identity threat, sexuality management strategies; and the mental health measures of life satisfaction, depression, and anxiety. Informed consent was obtained from individual participants.

[Insert Table 1 here]

Measures

Having a religious family was measured on a 5-point scale using the following item developed for this study: “On a scale from 1 to 5, how religious would you describe your family to be?” A higher score indicates having a more religious family.

Having a conservative family was measured on a 5-point scale using the following item developed for this study: “On a scale from 1 to 5, how conservative would you describe your family to be?” A higher score indicates having a more conservative family.

Parental support was measured using the 9-item Parental Support for Sexual Orientation Scale (Mohr & Fassinger, 2003). The scale measures the perception of sexual minorities about parental support for their sexual orientation and includes items such as “My parents would be very supportive of my relationships” and was measured on a 7-point scale (1=strongly disagree, 7=strongly agree). A higher mean score indicates greater parental support ($\alpha=.85$).

Pressure to conform was measured using a 5-item scale that was developed for this study to measure the extent to which respondents are affected by the expectations of their surrounding environment. The scale included items such as “I feel pressure to conform to behaviors that are accepted by my family” and “I feel pressure into continuing my family lineage and giving my parents grandchildren” and was measured on a 5-point scale (1=strongly disagree, 5=strongly agree). A higher mean score indicates higher perceived pressure to conform ($\alpha=.81$).

Homophobic school bullying was measured using the 8-item homophobic bullying scale (Buck, 2015). The scale measures incidents of physical, verbal, and relational aggression experienced in school settings that leave the victim feeling defenseless. The scale included items such as “being punched, kicked, or physically hurt”, “being threatened”, and being bullied about how you look” and was measured on a 5-point scale (1=never, 5=very often). A higher mean score indicates more frequent homophobic school bullying ($\alpha=.87$).

Religiosity was measured using the 5-item Santa Clara Strength of Religious Faith Questionnaire (Plante et al., 2002). The scale includes items such as “I pray daily” and “I enjoy being among others who share my faith” and is measured on a 5-point scale (1=strongly disagree, 5=strongly agree). A higher mean score indicates higher religiosity ($\alpha=.87$).

Identity resilience was measured using the 16-item Identity Resilience Index (Breakwell, Fino, & Jaspal, 2021). The scale includes items such as “On the whole, I am satisfied with myself” and “I can always manage to solve difficult problems if I try hard enough” and is measured on a

5-point scale (1=strongly disagree, 5=strongly agree). A higher mean score indicates higher identity resilience ($\alpha=.84$).

Identity centrality was measured using the 4-item Lesbian, Gay, and Bisexual Identity Scale (de Oliveira et al., 2012). The scale includes items such as “My sexual orientation is a central part of my identity” and “Being a gay/bisexual person is a very important aspect of my life” and is measured on a 7-point scale (1=strongly disagree, 7=strongly agree). A higher mean score indicates higher identity centrality ($\alpha=.76$).

Reportedly growing up with a happy family life was measured on a 5-point scale (1=strongly disagree, 5=strongly agree) using the following item developed for this study: “When I was growing up, my family life was generally happy”. A higher score indicates the perception of having grown up with a happier family life.

Improved relationship with sexuality over the past five years was measured on a 5-point scale (1=very negatively, 5=very positively) using the following item developed for the purpose of this study: “Comparing yourself to five years ago, how has your relationship with your sexuality changed?”. A higher score indicates a more improved relationship with one’s sexuality over the past five years.

Poor perception of sexual orientation was measured using the 9-item Internalized Homophobia Scale (Herek, Gillis, & Cogan, 2009). The scale included items such as “I wish I weren’t gay” and “I have tried to stop being attracted to men in general” and is measured on a 5-point scale (1=strongly disagree, 5=strongly agree). A higher mean score indicates a poorer perception of one’s sexual orientation ($\alpha=.91$).

Sexuality-management strategies were measured using the Deflection and Acceptance subscales of the 20-item Coping with Identity Threat Scale that was originally constructed to measure different coping styles in response to identity threat (Jaspal, Lopes, & Wignall, 2020). The scale included items such as “I tend to hide my sexual identity”, “I tend to pretend to be straight”, and “I tend to engage with other people to raise awareness of LGBT issues/my sexuality” and is measured on a 5-point scale (1=not at all true of me, 5=very true of me). The subscales of Sexuality Deflection (items 1,2,3,4,5, and 6), and Sexuality Acceptance (items 7,8,9, and 10) were used. Higher mean scores indicate higher sexuality deflection ($\alpha=.91$) and sexuality acceptance ($\alpha=.81$), respectively.

Sexuality-related identity threat was measured using the 4-item Identity Threat Scale (Breakwell & Jaspal, 2022). The scale included items such as “My sexual identity makes me feel less competent” and “My sexual identity makes me feel less unique as a person” and is measured on a 5-point scale (1=strongly disagree, 5=strongly agree). A higher mean score indicates higher sexuality-related identity threat ($\alpha=.83$).

General outness was measured using the 11-item Outness Inventory (Mohr & Fassinger, 2000). The scale measures the extent to which an individual’s sexual orientation is known by and openly discussed with people, such as one’s “father,” “work peers,” “old heterosexual friends,” “strangers and new acquaintances,” and “leaders of religious community”. Responses were measured on an 8-point scale (0=not applicable; 1=person definitely does not know about sexual orientation status, 7= person definitely knows about sexual orientation status, and it is openly talked about). A higher mean score indicates higher general outness ($\alpha=.93$).

Life satisfaction was measured using the 5-item Satisfaction with Life Scale (Diener et al., 1985). The scale included items such as “The conditions of my life are excellent” and “I am satisfied with my life” and was measured on a 7-point scale (1=strongly disagree, 7=strongly agree). A higher mean score indicates higher life satisfaction ($\alpha=.93$).

Depression was measured using the 10-item Center for Epidemiological Studies Depression 10 (CES-D10) Self-Report Depression Scale (Björgvinsson et al., 2013). The scale included items such as “During the past week, I felt depressed” and “During the past week, I was happy” and was measured on a 4-point scale (1=rarely/never, 4=all of the time). A higher mean score indicates higher depression ($\alpha=.86$).

Anxiety was measured using the 7-item Generalized Anxiety Disorder Questionnaire (GAD-7) (Spitzer, 2006). The scale included items such as “During the past 2 weeks, did you have trouble relaxing?” and “During the past 2 weeks, were you unable to stop or control worrying?” and was measured on a 4-point scale (1=not at all, 4=nearly every day). A higher mean score indicates higher anxiety ($\alpha=.93$).

Statistical analyses

The data were analyzed using SPSS version 26. Three types of analyses were conducted for this study. First, descriptive analyses of the variables in the survey were performed by obtaining frequency counts and percentages of categorical variables and mean and standard deviations (SD) for the continuous variables measured in this study. Second, Pearson correlation tests were conducted to examine associations between the continuous variables. Third, hierarchical multiple regression models were built with demographics, group-based factors, and intrapsychic factors entered in blocks to predict the mental health outcomes of life satisfaction, depression, and anxiety. Demographics were entered in the first block to control for their effects; group-based variables were entered in the second block; and intrapsychic variables were entered in the third block. To assess multicollinearity, variance inflation factors (VIFs) were computed for all predictor variables. All VIF values were well below the threshold of 5, suggesting that multicollinearity was not a concern in the model.

Results

Descriptive statistics

Table 2 presents the means and standard deviations for all the continuous variables in this study.

[Insert Table 2 here]

Correlations

Table 3 presents the correlations between all the continuous variables in this study.

[Insert Table 3 here]

Hierarchical multiple regression models

Table 4 presents a summary of the three hierarchical regression models.

[Insert Table 4 here]

Life satisfaction

A hierarchical multiple linear regression was conducted to examine the effects of intrapsychic and group-based factors upon life satisfaction while controlling for those of the demographic variables. The continuous variables of religious family, conservative family, pressure

to conform, parental support, homophobic school bullying, religiosity, reportedly growing up with a happy family life, improved relationship with sexuality over the past five years, identity centrality, poor perception of sexual orientation, sexuality-related identity threat, sexuality deflection, and identity resilience, as well as the categorical variable of relationship status were inserted as predictors; and life satisfaction was inserted as the dependent variable.

At Step 1, the demographic variable was entered in the model and explained 0.3% of the variance in life satisfaction. At Step 2, the group-based factors of religious family, conservative family, parental support, pressure to conform, and homophobic school bullying were entered and explained 8.7% of the variance in life satisfaction. R-square change was 0.109 and F-change was 5.250 ($p < 0.001$). An additional 8.4% of the variance in life satisfaction was explained. At Step 3, the intrapsychic factors of religiosity, reportedly growing up with a happy family life, improved relationship with sexuality over the past five years, identity centrality, poor perception of sexual orientation, sexuality-related identity threat, sexuality deflection, and identity resilience were entered and explained 23.1% of the variance in life satisfaction. R-square change was 0.168 and F-change was 5.969 ($p < 0.001$). An additional 14.4% of the variance in life satisfaction was explained.

The regression model was statistically significant for life satisfaction [$F(8, 205) = 5.696$, $p < 0.001$; $R^2 = .231$]. Of the 14 predictors, sexuality-related identity threat with a $\beta = -.52$ S.E. = .217, 95% CIs (-.948, -.092) ($t = -2.397$, $p = .017$) was the most powerful followed by sexuality deflection as a sexuality management strategy with a $\beta = -.29$ S.E. = .115, 95% CIs (-.520, -.068) ($t = -2.563$, $p = .011$), and identity resilience with a $\beta = .16$ S.E. = .070, 95% CIs (.021, .296) ($t = 2.279$, $p = .024$). The variable of parental support was no longer significant when the intrapsychic factors were entered in the model.

In summary, results show a positive association between identity resilience and life satisfaction, and negative associations between sexuality-related identity threat and sexuality deflection as a sexuality management strategy and life satisfaction, thereby supporting Hypothesis 1.

Depression

A hierarchical multiple linear regression was conducted to examine the effects of intrapsychic and group-based factors upon depression while controlling for those of demographic variables. The continuous variables of conservative family, pressure to conform, parental support, homophobic school bullying, poor perception of sexual orientation, improved relationship with sexuality over the past five years, sexuality acceptance, sexuality deflection, reportedly growing up with a happy family life, identity resilience, and sexuality-related identity threat, as well as the categorical variables of nationality, religion, relationship status, and place of residence were inserted as predictors; and depression was inserted as the dependent variable.

At Step 1, the demographic variables were entered in the model and explained 10.1% of the variance in depression. At Step 2, the group-based factors of religious family, conservative family, parental support, pressure to conform, and school stigma were entered and explained 24.3% of the variance in depression. R-square change was 0.153 and F-change was 11.063 ($p < 0.001$). An additional 14.2% of the variance in depression was explained. At Step 3, the intrapsychic factors of identity resilience, poor perception of sexual orientation, sexuality acceptance, sexuality deflection, happy family life while growing up, and sexuality-related identity threat were entered in the model and explained 29.9% of the variance in depression. R-square

change was 0.076 and F-change was 3.402 ($p=0.002$). An additional 5.6% of the variance in depression was explained.

The regression model was statistically significant for depression [$F(7, 204)=7.224$, $p<0.001$; $R^2=.299$]. Of the 15 predictors, sexuality-related identity threat with a $\beta=.42$ S.E.=.153, 95% Cis (.116,.718) ($t=2.730$, $p=.007$) was the most powerful followed by homophobic school bullying with a $\beta=.25$ S.E.=.068, 95% Cis (.112,.380) ($t=3.621$, $p<.001$), and identity resilience with a $\beta=-.11$ S.E.=.049, 95% Cis (-.208,-.015) ($t=-2.282$, $p=.024$). The variable of parental support was no longer significant when the intrapsychic factors were entered in the model.

In summary, results show positive associations between sexuality-related identity threat and school stigma (homophobic bullying) and depression, and a negative association between identity resilience and depression, thereby supporting Hypothesis 2.

Anxiety

A hierarchical multiple linear regression was conducted to examine the effects of intrapsychic and group-based factors upon anxiety while controlling for those of demographic variables. The continuous variables of religious family, conservative family, pressure to conform, parental support, homophobic school bullying, reportedly growing up with a happy family life, general outness, identity centrality, sexuality deflection, sexuality acceptance, and sexuality-related identity threat, as well as the categorical variables of place of residence and place of origin were inserted as predictors; and anxiety was inserted as the dependent variable.

At Step 1, the demographic variables were entered in the model and explained 1.2% of the variance in anxiety. At Step 2, the group-based factors of religious family, conservative family, pressure to conform, parental support, and homophobic school bullying were entered and explained 16.5% of the variance in anxiety. R-square change was 0.170 and F-change was 8.936 ($p<0.001$). An additional 15.3% of the variance in anxiety was explained. At Step 3, the intrapsychic factors of reportedly growing up with a happy family life, general outness, identity centrality, sexuality deflection, sexuality acceptance, and sexuality-related identity threat were entered and explained 30.5% of the variance in anxiety. R-square change was 0.155 and F-change was 8.136 ($p<0.001$). An additional 14% of the variance in anxiety was explained.

The regression model was statistically significant for anxiety [$F(6, 206)=8.395$, $p<0.001$; $R^2=.305$]. Of the 13 predictors, sexuality-related identity threat with a $\beta=.652$ S.E.=.143, 95% Cis (.369,.935) ($t=4.546$, $p<.001$) was the most powerful followed by sexuality acceptance with a $\beta=.336$ S.E.=.111, 95% Cis (.117,.556) ($t=3.018$, $p=.003$), and general outness with a $\beta=.103$ S.E.=.046, 95% Cis (.013,.193) ($t=-2.262$, $p=.025$). The variables of homophobic school bullying and pressure to conform were no longer significant when the intrapsychic factors were entered in the model.

In summary, results show positive associations between sexuality-related identity threat, sexuality management strategies, and outness, and anxiety, thereby supporting Hypothesis 3.

Discussion

This article examines the intrapsychic and group-based predictors of life satisfaction, depression and anxiety in a sample of Lebanese gay and bisexual men, while controlling for the effects of demographic variables.

Mental health outcomes

Life satisfaction refers to an overall cognitive and emotional assessment of one's life in general and can be understood as a broad, overarching perspective on one's life. While often conflated with happiness (Badri et al., 2022), life satisfaction is conceptually distinct. Happiness is a temporary emotional state that may occur spontaneously, but as Gilbert (2009) explains, it is an immediate feeling that tends to be short-lived. The first hierarchical multiple regression analyses showed that the intrapsychic factors of sexuality-related identity threat and sexuality deflection as a sexuality management strategy were associated with decreased life satisfaction and that the intrapsychic factor of identity resilience was associated with increased life satisfaction.

Depression is characterized by overwhelming feelings of sadness, hopelessness, and a sense of personal defeat (Gilbert & Allan, 1998). It is primarily distinguished by inactivity, reflecting a resignation to the situation rather than the urge to fight or escape, and is often accompanied by feelings of self-defeat (Gilbert & Allan, 1998). The second set of hierarchical multiple regression analyses showed that the intrapsychic factor of sexuality-related identity threat along with the group-based factor of homophobic school bullying were positively associated with depression, and that the intrapsychic factor of identity resilience was inversely associated with depression.

Anxiety is characterized by excessive worry about potential negative outcomes in response to a perceived threat (DSM-5, American Psychological Association [APA], 2013). It is accompanied by the activation of the sympathetic nervous system, leading to the "fight or flight" response. This physiological reaction includes symptoms, such as excessive sweating, panic and heart palpitations, and is triggered by the anticipation of both internal and external threats, such as social risks, including victimization (Schmidt et al., 2008). The third set of hierarchical multiple regression analyses showed that the intrapsychic factor of sexuality-related identity threat, as well as sexuality acceptance and general outness as sexuality management strategies, were all risk factors for anxiety.

Risk factors for mental health outcomes

Sexuality-related identity threat was the most important predictor of, and common risk factor across, all three components of mental health. These findings are supported by research among LGB individuals in the UK that identifies sexuality-related identity as a risk factor for anxiety (Jaspal, Lopes & Breakwell, 2023) and by evidence from two cross-sectional surveys indicating a negative association between identity threat and life satisfaction among individuals with minority status in the UK (Dulai & Jaspal, 2024). This is consistent with identity process theory that describes threat to identity as harmful for psychological wellbeing (Breakwell, 2015). Threat may undermine life satisfaction and precipitate depression and anxiety in Lebanese gay and bisexual men.

It was also found that sexuality management strategies had negative effects upon life satisfaction and increased anxiety but no effect on depression. More specifically, sexuality deflection may undermine life satisfaction whereas sexuality acceptance and coming out were risk factors for anxiety. For gay and bisexual individuals in Lebanon, accepting their sexuality can increase awareness of social threats, triggering fears of prejudice and discrimination rooted in societal stigma (Makarem, 2011). Some individuals may resist fully accepting their sexuality as a way to suppress these fears and avoid facing societal rejection. However, strategies, such as denial and deflection of one's identity, can undermine a sense of authenticity, which itself may lead to reduced overall life satisfaction (Jaspal, 2024).

More generally, the literature indicates that sexuality management strategies, such as disclosure and coming out, can have varying effects on the mental health of LGB individuals (Feldman & Wright, 2013). Among ethnically diverse sexual minorities (Dulai & Jaspal, 2024; Riggle et al., 2017) and individuals in predominantly heteronormative environments, such as Lebanon (Maatouk, 2024), coming out experiences have been found to negatively affect mental health. In fact, early experiences of rejection from significant others can lead to traumatic memories that evoke feelings of shame, guilt, and hopelessness among LGB individuals (Negele et al., 2015). Effective peer support mechanisms may offer some protection as they have shown notable advantages in enhancing mental health compared to cognitive-based or intrapersonal coping strategies (Toomey et al., 2018). This benefit may operate partly by reducing feelings of loneliness, as a study among LGB individuals in China found that lower loneliness levels predicted higher life satisfaction (Hu et al., 2016).

The distal stressor of homophobic bullying at school was associated with higher depression and anxiety, but remained a risk factor only for depression when the intrapsychic factors were added to the hierarchical regression model. These findings are consistent with a systematic review of studies of mental wellbeing among sexual minorities in the United States, which identified homophobic school bullying as a significant risk factor for depression in all studies that examined school-related factors (Hall, 2018). The cognitive-behavioral approach (Beck, 1979) supports the link between situational stressors, such as homophobic school bullying, and depressive symptoms. The retention of this risk factor in the final model further emphasizes its significance in explaining depression among gay and bisexual men in Lebanon, accounting for variance beyond that already accounted for by proximal stressors. Experiencing pressure to conform was a risk factor for both decreased life satisfaction and anxiety whereas having a conservative family was a risk factor for anxiety only. These findings are supported by studies showing an association between norm conformity and decreased psychological wellbeing (Cooper et al., 2023; Sun et al., 2021). Crucially, these group-based factors ceased to be significant predictors when the intrapsychic factors were added to the hierarchical regression model.

Protective factors for mental health outcomes

Identity resilience was shown to be a protective factor for life satisfaction and against depression but not against anxiety. These findings are consistent with evidence from UK research into LGB people showing a positive association between identity resilience and increased life satisfaction (Jaspal, 2024). Similarly, findings from a UK study among LGB people reported the protective role of identity resilience against depression (Jaspal, Lopes, & Breakwell, 2023). In the two previously mentioned studies among LGB individuals in China, self-esteem was positively associated with life satisfaction (Hu et al., 2016) and identity resilience was protective against depression (Wang et al., 2022). Possessing higher levels of identity resilience alone may not inhibit the perception of an external threat, particularly in societies in which there is limited or no recognition for sexual minorities, which may explain why identity resilience was not a significant predictor of decreased anxiety.

In a similar vein, the group-based factor of parental support was protective in relation to life satisfaction and depression. These findings are supported by studies observing the protective role of parental support on mental wellbeing (Abreu et al., 2024; Puckett et al., 2015). However, parental support was not retained in any of the final models when the intrapsychic factors were added to the hierarchical regression models, suggesting their greater significance in mental health. This is also supported by a study conducted among gay and bisexual individuals in the US which

found that proximal stressors explained 15% more variance in mental health outcomes compared to distal stressors alone (Ramirez & Galupo, 2019).

Implications

The findings of this study offer important insights into the mental health challenges faced by Lebanese gay and bisexual men and highlight potential areas for intervention. The findings highlight the need for culturally tailored strategies to reduce sexuality-related identity threat, such as fostering inclusive environments in schools, workplaces, and communities. Effective interventions should aim to diminish societal stigma and promote acceptance to alleviate the psychological burden on sexual minorities.

The conflicting role of sexuality management strategies suggests that public health initiatives need to address the complexities of disclosure and sexuality acceptance in a conservative cultural contexts. Programs should emphasize resilience-building and facilitate peer support to mitigate the adverse effects of rejection and other social stressors.

Homophobic school bullying appears to be a key determinant of depression, which suggests the need to implement anti-bullying policies and education campaigns in Lebanese schools. Such measures can combat the long-term effects of early-life discrimination on mental health.

Protective factors, such as identity resilience and supportive family environments, further highlight the importance of enhancing interpersonal and intrapsychic resources. Interventions should aim to strengthen these protective factors by encouraging parental acceptance and supporting sexual minorities to derive self-compassion and resilience in the face of external threats.

The findings call for integrated mental health strategies that consider both group-based and intrapsychic factors. Policymakers, educators, and health practitioners must collaborate to create comprehensive support systems that address the unique socio-cultural dynamics influencing the mental health of sexual minorities in Lebanon. These insights are not only vital for improving the wellbeing of gay and bisexual individuals in Lebanon but may also offer a model for addressing minority stress in similarly conservative societies globally.

Limitations

First, the cross-sectional correlational survey design of the study does not allow causal relationships between the examined stressors, protective factors, and mental health outcomes to be established. Experimental and longitudinal studies are needed to ascertain their possible causal impact on mental health and how they evolve over time. Second, the convenience sampling strategy limits the generalizability of the findings. Participants were recruited from sexual health service users and NGOs in Beirut, which may introduce selection bias. This group may differ from other gay and bisexual men in Lebanon who do not seek such services or are not connected to these specific organizations. Research using representative samples that, for instance, include those living in more rural areas or those with less access to support services is needed to address cumulative layers of social challenges for sexual minorities. Third, the study did not account for other variables that could influence mental health outcomes, such as socio-economic status, employment instability, and access to healthcare services which have been shown in similar studies to influence mental health outcomes (Jaspal, 2024). Lebanon's ongoing political and economic crises might also exacerbate mental health issues among gay and bisexual men (Jaspal, Assi & Maatouk, 2020), a factor that was not directly explored in the study. Controlling for the effects of

these variables in future research is important in order to estimate with higher precision the impact of the variables explored in this study on mental health outcomes. Finally, other protective factors, such as level of LGBT community connectedness, sexuality-specific social support and access to LGBT-affirmative “safe” spaces, should also be examined in future research.

Conclusion

The findings of this study highlight the significant effects of both social stressors and protective factors on the mental health of gay and bisexual men in Lebanon. Identity resilience was consistently identified as a critical protective factor, positively correlating with life satisfaction and serving as a buffer against depression and anxiety. Conversely, sexuality-related identity threat was found to be a significant risk factor for all measured mental health outcomes. The results also confirm the long-term mental health consequences of homophobic school bullying, which was strongly associated with higher levels of depression in adulthood. Cultural and familial pressures, particularly the pressure to conform to conservative societal norms, further exacerbate feelings of anxiety and depression among gay and bisexual men in Lebanon.

While coming out is often viewed as a positive coping strategy in many societies, it was associated with increased anxiety in Lebanon’s heteronormative context. This finding demonstrates the complexity of managing sexual identity in restrictive environments, where efforts to assert one’s identity can paradoxically heighten vulnerability to poor mental health. However, the study also points to the protective role of supportive family dynamics, with individuals reporting a happy family life during childhood experiencing lower levels of anxiety. Overall, this research highlights the need for targeted mental health interventions that address identity-related stress and promote resilience, particularly within the unique cultural context of Lebanon. These findings contribute to a broader understanding of how social psychological factors influence the mental health of sexual minorities in Middle Eastern societies.

While stressors and protective factors that are distal in nature can influence mental health outcomes in LGB populations, their impact appears to be superseded by the role that intrapsychic factors play in shaping these outcomes. However, psychological stress tends to accumulate - both types of stressors appear to contribute cumulatively to poor mental health. Protective factors, such as positive family relationships, though not directly related to sexuality, can significantly bolster mental wellbeing and act as buffers against sexuality-specific stressors later in life. Moreover, identity resilience and self-compassion are rooted in early affirming experiences that reinforce self-worth, allowing gay and bisexual men to navigate societal challenges with greater psychological strength. In contexts, such as that of Lebanon, where coming out can entail both advantages and risks, sexuality management requires careful consideration due to the complex interplay of cultural, familial, and societal factors.

Statements and Declarations

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Declaration of interests statement

The authors have no relevant financial or non-financial interests to disclose.

Ethics

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Ethical approval for this study was granted by the Nottingham Trent University School of Business, Law and Social Sciences Research Ethics Committee (BLSS REC) (reference: 2022/76).

Data availability statement

The data are available on OSF: <https://doi.org/10.17605/OSF.IO/N4T6D>

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Table 1: Participant sample (N=241)

Variables	Frequency	Percentage
Gender		
<i>Male</i>	241	100%
Nationality		
<i>Lebanese</i>	161	66.8%
<i>Syrian</i>	39	16.2%
<i>Palestinian</i>	24	10.0%
<i>Other nationality</i>	17	7.1%
Religion		
<i>Maronite Catholic</i>	55	22.8%
<i>Greek Catholic</i>	24	10.0%
<i>Greek Orthodox</i>	30	12.4%
<i>Christian minorities (Armenian Catholic/Orthodox, Protestant, Syriac Orthodox)</i>	5	2.1%
<i>Sunni Islam</i>	48	19.9%
<i>Shia Islam</i>	28	11.6%
<i>Alawi Islam</i>	21	8.7%
<i>Druzism</i>	7	2.9%
<i>No religion</i>	23	9.5%
<i>Total Christians</i>	114	47.3%
<i>Total Muslims</i>	104	43.2%
Highest qualification		
<i>Attended school but never completed any level</i>	4	1.7%
<i>Primary school</i>	25	10.4%
<i>Complementary school</i>	12	5.0%
<i>Secondary school</i>	34	14.1%
<i>Vocational school</i>	9	3.7%
<i>University undergraduate degree</i>	69	28.6%
<i>University postgraduate degree</i>	88	36.5%
Employment status		
<i>Employed</i>	121	50.2%
<i>Self-employed</i>	30	12.4%
<i>Unemployed</i>	73	30.3%
<i>Student</i>	4	1.7%
<i>Other</i>	13	5.4%
Sexual orientation		
<i>Gay</i>	192	79.7%
<i>Bisexual</i>	49	20.3%
Relationship status		
<i>Single</i>	131	54.4%
<i>Married to a man</i>	13	5.4%
<i>Married to a woman</i>	18	7.5%
<i>Engaged to a man</i>	19	7.9%
<i>In a monogamous relationship</i>	15	6.2%
<i>In an open relationship</i>	36	14.9%
<i>Other</i>	9	3.7%
Living conditions		

<i>Living with my parents</i>	116	48.1%
<i>Living alone</i>	64	26.6%
<i>Living with roommates</i>	38	15.8%
<i>Living outside Lebanon</i>	9	3.7%
<i>Other</i>	14	5.8%
City/Governorate of residence		
<i>Beirut</i>	75	31.1%
<i>South</i>	15	6.2%
<i>Mount Lebanon</i>	125	51.9%
<i>Bekaa</i>	8	3.3%
<i>North</i>	13	5.4%
<i>Keserwan</i>	5	2.1%
City/Governorate of origin		
<i>Beirut</i>	50	20.7%
<i>South</i>	30	12.4%
<i>Mount Lebanon</i>	98	40.7%
<i>Bekaa</i>	25	10.4%
<i>North</i>	31	12.9%
<i>Keserwan</i>	7	2.9%

Table 2: Descriptive statistics

<i>Variables</i>	<i>Mean</i>	<i>SD</i>	<i>Minimum</i>	<i>Maximum</i>
Age	32.85	7.54	18	57
Religious family	3.36	1.15	1	5
Conservative family	3.27	1.26	1	5
Parental support	26.02	14.22	0	63
Pressure to conform	13.34	4.86	0	25
Homophobic school bullying	17.77	6.97	0	39
Religiosity	12.87	5.04	4	25
Identity resilience	52.88	9.61	13	74
Identity centrality	18.90	5.78	0	28
Reportedly growing up with a happy family life	3.83	2.09	0	7
Improved relationship with sexuality over the past five years	3.55	1.21	1	5
Poor perception of sexual orientation	18.63	9.23	0	43
Sexuality acceptance	11.98	4.09	0	20
Sexuality deflection	14.93	6.59	0	30
Sexuality-related identity threat	9.17	3.27	0	20
Overall outness	29.49	8.64	9	54
Life satisfaction	20.94	9.58	0	33
Depression	22.24	7.25	0	40
Anxiety	17.53	6.85	0	28

Table 3: Correlations between continuous variables

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Religious family	1																	
Conservative family	0.553 **	1																
Parental support	-0.349 **	-0.444 **	1															
Pressure to conform	0.241 **	0.243 **	-0.203 **	1														
Homophobic school bullying	0.242 **	0.344 **	-0.165 *	0.442 **	1													
Religiosity	-0.009	-0.067	0.036	0.149 *	-0.012	1												
Identity resilience	-0.111	-0.062	0.120	-0.090	-0.053	0.197 **	1											
Identity centrality	0.195 **	0.187 **	-0.083	0.114	0.226 **	0.032	0.109	1										
Reportedly growing up with a happy family life	0.250 **	0.131	-0.005	-0.163 *	-0.127	0.218 **	0.258 **	0.172 *	1									
Improved relationship with sexuality over the past five years	-0.075	-0.082	0.108	-0.068	-0.060	-0.015	0.400 **	0.179 **	0.160 *	1								
Poor perception of sexual orientation	0.055	0.166 *	-0.124	0.225 **	0.174 **	0.118	-0.071	-0.268 **	0.021	-0.237 **	1							
Sexuality acceptance	0.125	0.108	-0.109	0.409 **	0.323 **	0.099	0.059	0.344 **	0.034	0.131 *	-0.012	1						
Sexuality deflection	0.149 *	0.276 **	-0.212 **	0.420 **	0.256 **	0.061	-0.055	-0.113	0.023	-0.219 **	0.488 **	0.120	1					
Sexuality-related	0.134	0.358	-	0.360	0.359	0.009	-	-0.020	-	-	0.323	0.217	0.373	1				

identity threat	*	**	0.250 **	**	**		0.231 **		0.137 *	0.205 **	**	**	**					
Overall outness	0.030	-0.026	0.032	-0.023	0.029	-0.015	-0.100	0.054	-0.100	-0.098	-0.050	0.022	-0.028	0.096	1			
Anxiety	0.199 **	0.314 **	- 0.176 **	0.293 **	0.339 **	-0.019	-0.079	0.168 *	- 0.148 *	0.010	-0.050	0.316 **	0.135 *	0.423 **	0.168 **	1		
Depression	0.130	0.241 **	- 0.199 **	0.288 **	0.385 **	0.041	- 0.269 **	0.021	- 0.152 *	- 0.180 **	0.246 **	0.170 **	0.207 **	0.418 **	0.030	0.551 **	1	
Life satisfaction	- 0.149 *	- 0.151 *	0.148 *	- 0.195 **	- 0.211 **	0.154 *	0.307 **	0.136 *	0.210 **	0.248 **	- 0.151 *	-0.048	- 0.278 **	- 0.320 **	-0.023	- 0.211 **	- 0.267 **	1

* $p < .050$; ** $p < .010$

Table 4. Hierarchical multiple regression models predicting life satisfaction, depression and anxiety

LIFE SATISFACTION							
	<i>R</i> ²	<i>F</i>	<i>p</i>	β	<i>t</i>	<i>p</i>	95% <i>CI</i>
Model 1	0.003	0.646	>0.05				
Relationship status				0.24	0.804	0.423	-0.355, 0.843
Model 2	0.087	4.493	<0.001				
Relationship status				0.23	0.777	0.438	-0.351, 0.807
Religious family				-0.20	-0.308	0.758	-1.484, 1.082
Conservative family				0.14	0.228	0.820	-1.093, 1.379
Pressure to conform				-0.27	-1.811	0.072	-0.559, 0.024
Parental support				0.14	2.425	0.016	0.026, 0.249
Homophobic school bullying				-0.17	-1.659	0.099	-0.367, 0.032
Model 3	0.231	5.696	<0.001				
Relationship status				0.17	0.607	0.544	-0.388, 0.733
Religious family				-0.64	-1.004	0.317	-1.896, 0.617
Conservative family				0.59	0.976	0.330	-0.599, 1.772
Pressure to conform				-0.08	-0.557	0.578	-0.381, 0.213
Parental support				0.08	1.551	0.123	-0.023, 0.189
Homophobic school bullying				-0.12	-1.221	0.223	-0.314, 0.074
Religiosity				0.21	1.655	0.099	-0.039, 0.453
Reportedly growing up with a happy family life				0.33	0.983	0.327	-0.326, 0.976
Improved relationship with sexuality over the past five years				0.49	0.919	0.359	-0.560, 1.538
Identity centrality				0.17	1.423	0.156	-0.064, 0.396
Poor self-perception of sexual orientation				0.11	1.449	0.149	-0.039, 0.257
Sexuality-related identity threat				-0.52	-2.397	0.017	-0.948, -0.092
Sexuality deflection				-0.29	-2.563	0.011	-0.520, -0.068
Identity resilience				0.16	2.279	0.024	0.021, 0.296
DEPRESSION							
	<i>R</i> ²	<i>F</i>	<i>p</i>	β	<i>t</i>	<i>p</i>	95% <i>CI</i>
Model 1	0.101	7.172	<0.001				
Nationality				-0.36	-0.757	0.450	-1.296, 0.577
Religion				0.79	4.264	<0.001	0.424, 1.153
Relationship status				-0.23	-1.090	0.277	-0.655, 0.188
Place of residence				-0.84	-2.465	0.015	-1.514, -0.168
Model 2	0.243	9.789	<0.001				
Nationality				-0.41	-0.924	0.356	-1.279, 0.463
Religion				0.66	3.815	<0.001	0.319, 1.000
Relationship status				-0.22	-1.101	0.272	-0.609, 0.172

Place of residence	-0.05	-1.297	0.196	-0.125, 0.026			
Conservative family	0.23	0.588	0.557	-0.541, 1.000			
Pressure to conform	0.11	1.110	0.268	-0.086, 0.309			
Parental support	-0.73	-2.255	0.025	-1.367, -0.092			
Homophobic school bullying	0.30	4.425	<0.001	0.167, 0.435			
Model 3	0.299	7.224	<0.001				
Nationality	-0.19	-0.430	0.667	-1.032, 0.663			
Religion	0.47	2.648	0.123	-0.100, 0.834			
Relationship status	-0.32	-1.601	0.111	-0.709, 0.074			
Place of residence	-0.58	-1.825	0.069	-1.212, 0.047			
Conservative family	-0.13	0.318	0.751	-0.655, 0.907			
Pressure to conform	0.03	0.278	0.782	-0.177, 0.236			
Parental support	-0.03	-0.834	0.406	-0.107, 0.043			
Homophobic school bullying	0.25	3.621	<0.001	0.112, 0.380			
Poor self-perception of sexual orientation	0.05	0.938	0.349	-0.053, 0.149			
Improved relationship with sexuality over the past five years	-0.15	-0.391	0.697	-0.888, 0.594			
Sexuality acceptance	0.05	0.469	0.640	-0.172, 0.280			
Sexuality deflection	-0.04	-0.553	0.581	-0.203, 0.113			
Reportedly growing up with a happy family life	-0.20	-0.934	0.351	-0.613, 0.219			
Identity resilience	-0.11	-2.282	0.024	-0.208, -0.015			
Sexuality-related identity threat	0.42	2.730	0.007	0.116, 0.718			
ANXIETY							
	<i>R</i> ²	<i>F</i>	<i>p</i>	<i>β</i>	<i>t</i>	<i>p</i>	95% <i>CI</i>
Model 1	0.012	2.330	>0.05				
Place of residence				-0.77	-2.127	0.035	-1.491, -0.057
Place of origin				0.13	0.400	0.689	-0.494, 0.745
Model 2	0.165	7.170	<0.001				
Place of residence				-0.44	-1.264	0.208	-1.129, 0.247
Place of origin				-0.06	-0.204	0.839	-0.641, 0.521
Religious family				0.16	0.369	0.712	-0.712, 1.041
Conservative family				0.78	1.771	0.078	-0.088, 1.646
Pressure to conform				0.19	1.872	0.043	0.01, 0.392
Parental support				-0.03	-0.916	0.361	-0.111, 0.041
Homophobic school bullying				0.20	2.916	0.004	0.065, 0.336
Model 3	0.305	8.395	<0.001				
Place of residence				-0.55	-1.693	0.092	-1.181, 0.090
Place of origin				0.31	1.132	0.259	-0.234, 0.864
Religious family				0.46	1.089	0.277	-0.377, 1.305
Conservative family				0.60	1.420	0.157	-0.231, 1.422

Pressure to conform	0.01	0.135	0.893	-0.190, 0.217
Parental support	-0.02	-0.498	0.619	-0.090, 0.054
Homophobic school bullying	0.09	1.379	0.169	-0.039, 0.222
Reportedly growing up with a happy family life	-0.38	-1.816	0.071	-0.787, 0.032
General outness	0.10	2.262	0.025	0.013, 0.193
Identity centrality	-0.01	-0.138	0.890	-0.166, 0.144
Sexuality deflection	-0.09	-1.323	0.187	-0.235, 0.046
Sexuality acceptance	0.34	3.018	0.003	0.117, 0.556
Sexuality-related identity threat	0.65	4.546	<0.001	0.369, 0.935