

If they knew I was gay... would I be accepted? Anxiety and depression in gay men who have or have not come out in the context of acceptance

BACKGROUND

In Poland, exclusionary societal attitudes towards gay men continue to persist. The stress associated with a lack of acceptance is considered a significant component of minority stress, which, in turn, leads to anxiety and depression. The aim of the present research was to investigate whether coming out differentiates gay men in terms of the severity of anxiety and depression and to explore the factors that explain these differences.

PARTICIPANTS AND PROCEDURE

A total of 304 participants who identified themselves as gay men (age 18-44, $M = 27$, $SD = 6$) completed four questionnaires: the State-Trait Personality Inventory to measure anxiety and depression traits; the Attitudes Towards Homosexuality Scale (with modifications to assess the participant's beliefs about how heterosexual society perceives non-heteronormative sexual minorities); the Perceived Acceptance Scale to evaluate the perceived acceptance from mothers, fathers, family, and friends; and the Rosenberg Self-Esteem Scale to measure global self-esteem. They were also asked if they had come out. Participants were recruited using two social networking platforms: Facebook and Fellow. Hierarchical regression analysis was used.

RESULTS

In the case of non-disclosure of sexual identity, anxiety and depression were primarily explained by the lack of acceptance from friends, the perception that others fear homosexual individuals, and low self-esteem. In men who had come out, anxiety and depression were negatively associated with acceptance from friends and both parents, positively with perceiving others as discriminatory and critical. The percentage of variance explained by each variable was significant, ranging from 32% to 42%.

CONCLUSIONS

Perceiving others' attitudes as anxious may hinder the coming-out process, but also disclosing one's orientation is associated with experiencing discrimination and criticism. In both cases it relates to the intensification of anxiety and depression. The most protective factors seem to be experiencing acceptance, especially from friends.

KEY WORDS

self-esteem; acceptance; perceived social attitudes; coming out; gay men

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BACKGROUND

Sexuality is one of the key elements in constructing identity, including social identity. This process is much more challenging for gays and lesbians, as it entails confronting one's sexual orientation and disclosing it. The process becomes particularly difficult when sexual orientation may be perceived negatively by others. Poland is a society where such negative attitudes still persist and, in language, are more intensive towards gays (CBOS, 2021b).

In Poland, the support for the legalisation of same-sex relationships, which is currently about 36%, is still growing (Tilles, 2021). However, exclusionary attitudes towards gays and lesbians are still prevalent. About 60% of the population believe that same-sex partnerships should not be legalised, same-sex relationships should not be made public, and same-sex marriages should not be allowed (CBOS, 2021a). Lack of familiarity with a person of such orientation is a crucial factor in negative perceptions of gays and lesbians. Currently, knowing a gay or lesbian person contributes to a 60% acceptance rate, while not knowing such a person results in only 20% acceptance. According to the same sample, the latest study shows that over 50% of respondents believe that gay or lesbian sexual orientation should be tolerated, but at the same time, they believe it is not normative. Older people, men, people living in small towns and the country, and those less educated and more religious feel more animosity towards those with non-heterosexual orientation (CBOS, 2021b). Furthermore, Poland is a traditionally Catholic country, in which politicians warn of so-called "gender ideology" and claim that gay and lesbian people aim to deny the importance of the differentiation of men's and women's roles and destroy the family unit, which are the most important values for Catholics (Marchlewska et al., 2019). Also, dozens of municipalities in Poland have declared themselves as "LGBT-free zones", posing a threat to equality in Europe (Marchlewska et al., 2022). Thus, Poland is ranked as the worst country in Europe for LGBTQ people (<https://www.rainbow-europe.org>). There is also evidence of microaggressions, including homophobic language, lack of acceptance, denial of the existence of this part of society, and the belief that sexual orientations other than heteronormative are pathological (Iniewicz et al., 2017; Korolczuk, 2020; Nadal et al., 2011; Selinger, 2008). These factors may lead to lower self-esteem and increased stress levels, including minority stress. Minority stress, as defined by Meyer (2013), is an additional psychological burden in the form of tension experienced by a minority group within a society due to discrimination and stigmatisation. This stress is related to specific events and conflicts in values, lifestyles, and needs that differ from the majority in society. This stress can make the process of disclosing the sexual orientation of gays

more complicated and, as a result, may contribute to increased depression and anxiety (Cisek & Rogowska, 2023; Iniewicz, 2015).

The confrontation with one's sexual orientation and subsequent disclosure to others are processes characterised by several stages (Cass, 1984). The first stage is identity confusion, involving a conflict between perceiving oneself as heterosexual and realising that one might be gay. The next stage is identity comparison, during which partial acknowledgement of non-heterosexual orientation occurs, and individuals seek out and imitate role models with similar experiences. Positive contacts with such role models facilitate self-acceptance of one's sexual orientation. The third stage is identity acceptance, where people increase their contact with non-heterosexual individuals and accept them but still feel anxious about the potential lack of acceptance by the heterosexual part of society. Some non-heterosexual people remain at this stage for a long time. The penultimate phase involves pride in one's sexual orientation and the decision to disclose it to people in their environment. Adverse reactions from others limit them to this stage. However, with a supportive environment, they can progress to the final, sixth stage – identity synthesis (Cass, 1984). Thus, the coming out process can be understood initially as an internal acknowledgement of one's evolving orientation, which often does not involve publicly revealing one's sexual orientation (Orne, 2011). However, for the sexual orientation to be entirely accepted, the coming out process needs to be positively received by others and undergo normalisation and routinisation, leading to treating sexual orientation as something normal. Coleman (2022) presented a five-stage model of coming out in individuals with same-sex orientation. Telling others about one's sexual orientation is the second stage. One should go through all stages (pre-coming out, coming out, exploration, first relationships, identity integration) to incorporate public and private identities into one self-image (Coleman, 2022). In this study, coming out is understood narrowly as disclosing one's sexual orientation to at least one person.

However, in societies with low acceptance of sexual diversity, it may be difficult to decide to disclose one's sexual orientation to others. In such cases, where acceptance from close individuals, friends, and society at large is lacking, that decision process may have an effect on the development of mental health issues.

Acceptance may be understood in two ways. On the one hand, it refers to directly experienced support (or rejection) from close individuals (family) and acquaintances (friends). On the other hand, it relates to the perception of attitudes within society at large. Non-heterosexual people may perceive society as supportive (acceptance) or discriminatory (lack of acceptance). The present study focused specifically

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on gay men's expectations of acceptance or rejection from others. It was assumed that the decision to disclose the sexual orientation is usually made based on anticipated, not actual, reactions, because real acceptance or rejection can be experienced only after disclosure. If people expect acceptance, they are more likely to come out, but expecting rejection is more associated with hiding the truth.

Acceptance is particularly important in developing sexual identity in non-heteronormative individuals and gains utmost significance during the coming out process, influencing the long-term psychological well-being of homosexual individuals and potentially serving as a protective factor against depression (Juang et al., 2018). Feeling accepted, cared for, and supported reduces the risk of mental disorders, including depression (Laghi et al., 2016), and provides a sense of psychological comfort when perceiving oneself as a sexual minority. Lack of acceptance appears to be a crucial factor significantly influencing the experience of minority stress, the coming out process, and, consequently, the quality of mental health and self-esteem (Budge et al., 2014; Huang et al., 2020; Iniewicz, 2015; Meyer, 2013).

Regarding mental health issues, anxiety and depression are most commonly identified in gay and lesbian individuals. Studies by Winiewski and Bulska (2020) indicate that violence against LGBTQ+ individuals is associated with depression, suicidal thoughts, suicidal behaviours, and a decline in functioning quality. In Poland, 28.4% of non-heteronormative individuals suffer from depression, while approximately half of LGBTQ+ youth exhibit depressive symptoms. Furthermore, a link has been established between acceptance of one's sexual orientation by others and depressive symptoms in gay and lesbian individuals (Świder & Winiewski, 2021). Iniewicz et al. (2017) identified connections between depression and anticipated rejection. The level of depression intensity increases when individuals become a part of a minority group. Also, the younger the individuals, the higher level of depression symptoms they experience, which is related to facing developmental challenges, such as discovering their sexual orientation. For older LGBT+ people, depression may be related to non-disclosure of their orientation and to the lack of support, leading to withdrawal from social interactions due to fear of discrimination (Slimowicz et al., 2020). A younger age is also associated with greater victimisation based on orientation, leading to increased anxiety and depression in later years. Minority stress is also a mediating factor in anxiety, as described by Petterson et al. (2018). Anxiety, in particular, is the main reason why gays and lesbians refrain from coming out.

Regarding coming out, anxiety and depression, feeling accepted by parents, extended family, and friends plays a decisive role. Similarly, societal attitudes have a significant impact (Huang et al., 2020).

Consequently, the research question arises: Do gay men who have come out and those who have not differ in the level of anxiety and depression? What is the role of the experienced and expected acceptance or rejection in explaining the levels of anxiety and depression in these two groups? The potential explanatory factors are experiences of acceptance, perceived societal attitudes, and self-acceptance.

PARTICIPANTS AND PROCEDURE

PARTICIPANTS AND METHODS

The Ethical Committee approved the project under number KEBN_23/2021. Participants were recruited using two social networking platforms: Facebook and Fellow. A total of 1200 men declaring non-heterosexual orientation were invited individually. Inclusion criteria were: being/identifying as male, age over 18, sexual orientation identified as a gay man. Exclusion criteria were: being/identifying as female and having any other sexual orientation than gay man. Consent to participate in the study was obtained from 573 people who met the inclusion criteria. Participants' declaration was the only assessment of their sexual orientation. Each participant received a link to an online questionnaire consisting of an introductory section with information about the study's purpose and the researchers' identities, followed by a section explaining the anonymous nature of the study, offering the option to defer participation or withdraw from the study, and finally the main survey. A total of 378 participants returned the fully completed questionnaire (response rate: 31.5%), all of whom exclusively identified as gay men. After verification of the reliability of returned questionnaires, those with missing data or raising doubts about the reliability (e.g. having the same values in all items) were excluded from further analysis. Finally, the study group was composed of 304 gay men. The group's age range was 18 to 44 years ($M = 27$ years, $SD = 6$ years). Of that group, 206 (67.7%) gay men stated that they had disclosed their orientation, while 85 (28%) had not. Additionally, 13 respondents claimed they did not want to come out, but someone else had disclosed their orientation. That group was excluded from the analysis. The participants represent individuals from various educational and occupational backgrounds from Poland.

The participants were asked to give free answers to questions about their sexual orientation and coming out:

Which sexual orientation do you identify with?

Have you disclosed your sexual orientation to anyone?

Who was the first person you disclosed your sexual orientation to?

If they knew I was gay... would I be accepted?

Thus, sexual orientation is understood as a direction to whom a person feels attracted and coming out as revealing the truth about one's sexual orientation to at least one person.

MEASURES

To measure the levels of analysed variables, respondents completed four measurement questionnaires:

The State-Trait Personality Inventory (Spielberger & Reheiser, 2009; Polish adaptation: Wrześniewski & Oleś, 2009, unpublished translation) was used to assess anxiety and depression traits. The scale demonstrated adequate reliability with Cronbach's α coefficients ranging from .68 to .88. It consists of 40 items with a 4-point response scale, with theoretical scores ranging from 10 to 40. Only anxiety and depression scales were used for further analysis.

The Attitudes Towards Homosexuality Scale (Margiński, 2019) is a scale measuring society's attitudes toward non-heteronormative people. The original scale was modified to assess the participants' beliefs and expectations about how heterosexual society perceives non-heteronormative sexual minorities. For example, the item "I feel disgust towards gay men" was replaced with: "People feel disgust towards gay

men", and "I am afraid of contact with homosexual men" was replaced with: "People are afraid of contact with homosexual men". The scale comprises 26 items with a 5-point response scale, assessing four types of attitudes: anxiety, critical, supportive, and discriminatory. The original method demonstrated good reliability, with Cronbach's α ranging from .77 to .93.

The Perceived Acceptance Scale (PAS; Brock et al., 1998) was used to evaluate the perceived acceptance from mothers, fathers, family, and friends. The original version of the PAS demonstrated high internal consistency, with a Cronbach's α of .96 and subscale coefficients between .80 and .94. The scale includes 44 items with a 5-point Likert-type response scale. A translated version of the scale was used in the study after the pilot testing.

Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure global self-esteem, reflecting positively or negatively charged attitudes towards oneself. The scale consists of 10 items with a 4-point response scale, where 1 indicates strong agreement, and 4 indicates strong disagreement. The scale demonstrated a reliability coefficient of .83 in the present study.

Table 1 presents the reliability coefficients obtained in the study and the correlation matrix between variables. The normal distribution statistics allow for the use of parametric tests.

Table 1

Pearson's r and Cronbach's α coefficients for analysed variables

	1	2	3	4	5	6	7	8	9	10	11	α
Anxiety (1)	–											.88
Depression (2)	.89**	–										.93
Acceptance – mother (3)	–.36**	–.39**	–									.92
Acceptance – father (4)	–.36**	–.33**	.46**	–								.92
Acceptance – family (5)	–.46**	–.45**	.77**	.64**	–							.92
Acceptance – friends (6)	–.52**	–.53**	.34**	.28**	.49**	–						.87
Perceived attitude – supportive (7)	–.11*	–.18**	.15**	.17**	.13*	.07	–					.82
Perceived attitude – critical (8)	.09	.04	–.08	–.12*	–.17**	–.11*	–.28**	–				.62
Perceived attitude – fear (9)	.16**	.17**	–.15**	–.19**	–.22**	–.12*	–.42**	.49**	–			.88
Perceived attitude – discrimination (10)	.24**	.23**	–.17**	–.24**	–.25**	–.15**	–.55**	.58**	.73**	–		.91
Self-esteem (11)	–.13*	–.10	.03	.10	.10	.03	.06	–.07	–.17**	–.13*	–	.78

Note. * $p < .05$, ** $p < .01$

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RESULTS

The Mann-Whitney U test was used to examine whether men who had come out differed from those who had not in levels of anxiety and depression. The results indicated no significant differences (anxiety: $U = 11806.00$, $p = .493$; depression: $U = 12164.50$, $p = .801$). Additionally, the groups did not differ in terms of age and other variables, except for acceptance from their mothers ($p = .045$) and friends ($p < .001$). In both cases, men who had come out experienced higher levels of acceptance.

Next, hierarchical stepwise regression analysis was performed using the stepwise method due to the low number of observations in the group of those who had not come out. The following groups of variables were added sequentially: 1) age, 2) perceived societal attitudes, 3) experienced acceptance, and 4) self-esteem. The dependent variables were the intensity of depressiveness and anxiety in the group of men who did and did not disclose their sexual orientation. The aim of the analysis was to determine whether similar levels of anxiety and depression were associated with different explanatory factors in the analysed groups.

The results are presented in Table 2 and Table 3.

In the case of men who had not disclosed their sexual orientation, anxiety and depression were primarily explained by the lack of acceptance from friends and the perception that others fear contact with gays. Additionally, anxiety was higher when self-acceptance was lower. For depression, age also played a significant role: younger individuals experience higher levels of depression, although this relationship was weaker.

On the other hand, in men who had come out, anxiety and depression were negatively associated with acceptance from friends and both parents. Furthermore, anxiety and depression were positively explained by perceiving others as discriminatory (which may be related to coming out). Moreover, depression was positively associated with the belief that others are critical of homosexual individuals. Anxiety, however, was negatively associated with age, indicating that younger individuals experienced more anxiety.

The percentage of variance explained by each variable was significant, ranging from 32% to 42%, representing a relatively substantial amount of variability,

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Table 2

Regression weights for depression in the groups of gay men who had and who had not come out

Factor	Depression							
	Coming out – Yes				Coming out – No			
	B	β	t	p	B	β	t	p
Age					-.19	-.17	-2.34	.021
Perceived social attitudes								
Perceived attitude – supportive								
Perceived attitude – critical	-.44	-.23	-3.53	.001				
Perceived attitude – fear					.27	.22	3.05	.003
Perceived attitude – discrimination	.20	.22	3.31	.001				
Acceptance								
Acceptance – mother	-.17	-.22	-3.71	< .001				
Acceptance – father	-.09	-.13	-2.25	.026				
Acceptance – family								
Acceptance – friends	-.32	-.41	-7.29	< .001	-.42	-.54	-7.28	< .001
Self-esteem								
Model statistics								
R^2			.43				.42	
Adjusted R^2			.41				.40	
F			31.85				26.20	
p			< .001				< .001	

Table 3*Regression weights for anxiety in the groups of gay men who had and who had not come out*

Factor	Anxiety							
	Coming out – Yes				Coming out – No			
	<i>B</i>	β	<i>t</i>	<i>p</i>	<i>B</i>	β	<i>t</i>	<i>p</i>
Age	-.08	-.08	-1.46	.146				
Perceived social attitudes								
Perceived attitude – supportive								
Perceived attitude – critical								
Perceived attitude – fear					.20	.19	2.38	.019
Perceived attitude – discrimination	.07	.09	1.64	.103				
Acceptance								
Acceptance – mother	-.11	-.17	-2.81	.005				
Acceptance – father	-.12	-.20	-3.45	.001				
Acceptance – family								
Acceptance – friends	-.30	-.43	-7.60	< .001	-.35	-.50	-6.34	< .001
Self-esteem					-.37	-.17	-2.12	.036
Model statistics								
<i>R</i> ²			.44				.34	
Adjusted <i>R</i> ²			.43				.33	
<i>F</i>			33.52				19.06	
<i>p</i>			< .001				< .001	

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considering that explanatory factors were limited to perceived and experienced acceptance.

DISCUSSION

The aim of the present research was to investigate whether coming out is associated with different meanings of acceptance for anxiety and depression among gay men. Despite the lack of significant differences in the intensity of these traits between the groups, regression analysis revealed significant associations with anxiety and depression. In men who had disclosed their orientation, anxiety and depression were associated with a lack of acceptance from loved ones and the perception of others as discriminating and critical. On the other hand, men who had not come out perceived others as fearful of gays, which increased anxiety and depression. Anxiety in this group was also associated with self-non-acceptance. It is consistent with Cass' (1984) coming-out process, which indicates that non-acceptance of one's own identity not only hinders progress to subsequent stages but also correlates with increased psychological problems.

This significance of acceptance from loved ones (parents and friends) proven in this study aligns with other research. Lack of parental acceptance can lead to maladaptive behaviours and increases the risk of mental health disorders and higher neuroticism. On the other hand, acceptance promotes flexibility, which is a factor that weakens the intensification of depression and anxiety. Research by Huang et al. (2020) also indicated that experiencing parental acceptance is negatively associated with the deterioration of mental health. The present research suggests that acceptance from friends is the most significant factor explaining anxiety (at least in the Polish sample), and this applies to both groups of participants. It may be related to the fact that in Poland, younger people are more tolerant of non-heterosexual people than their parents' generation (CBOS, 2021b). Also, research by Poštuvan et al. (2019) indicated that support and social bonds are substantial protective factors against depressive and anxious behaviours.

In contrast, an expected lack of acceptance and anticipation of rejection can intensify anxiety responses (Iniewicz, 2015; Meyer, 2013). It can also be a factor explaining the fear of coming out. Non-disclosure

often has its roots in fear and is most commonly associated with the fear of others' reactions or the fear of losing someone or something, such as losing a friend or one's job. Hiding one's sexual orientation can also be a coping strategy related to experiences of stigmatisation. There are also concerns about rejection, discrimination, and threats to safety (Mizieleńska & Stasińska, 2020). How gays perceive societal attitudes is partly shaped by their experiences, emotions, and beliefs. These experiences often lead to perceiving society as discriminatory. Studies on violence against non-heterosexual individuals indicated that nearly every participant had experienced "mild" violence (98%). About one-third of them had experienced prejudice and discrimination. In Poland, over 68% of gays had experienced at least one act of violence. The most common forms were verbal violence, vandalism, and discrimination (Godzisz & Knut, 2018; Winiewski & Bulska, 2020). These experiences generally lower the quality of life for gays and slightly contribute to the intensification of depressive symptoms. The current study aligns with this understanding – perceiving societal attitudes as anxious explains anxiety, while perceiving them as discriminatory and critical explains depression in individuals who had come out. These attitudes do not significantly explain the variables in men who had not come out. It may suggest that coming out is associated with a higher frequency of experiencing such attitudes. The belief in being rejected due to one's sexual orientation (society will adopt a discriminatory or anxious stance) (Korolczuk, 2020; Selinger, 2008) may be associated with the long-term experience of unpleasant emotional states, which can intensify anxiety (Margański, 2016; Slimowicz et al., 2020) and depression, and may even lead to suicidal tendencies or attempts (Godzisz & Knut, 2018).

CONCLUSIONS

This research highlights the importance of differentiating the meaning of experienced and perceived acceptance in the context of coming out or non-disclosure, especially when societal attitudes are not supportive of gay men. Perceiving others' attitudes as anxious may hinder the coming-out process. On the other hand, it is possible that disclosing one's orientation is associated with experiencing discrimination and criticism from others. In both cases, this is related to the intensification of tendencies toward anxiety and depression. The most protective factors seem to be experiencing acceptance, especially from friends. However, these conclusions should be treated with caution, primarily due to the study's correlational nature and the relatively low number of gays who had come out. The study focused solely on gay men, so these conclusions cannot be generalised to the entire

LGB population. Cultural specificity and the level of social tolerance should also be taken into account.

DISCLOSURES

This research received no external funding. The study was approved by the Ethics Committee of the Catholic University of Lublin (Approval No. KEBN_23/2021).

The authors declare no conflict of interest.

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