

Internalized Homonegativity and Psychological Distress in Lesbian, Gay, and Bisexual Individuals : Self-compassion as Mediator

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ABSTRACT

Internalized homonegativity has been well documented to associate with psychological distress. Previous studies have found various factors which mediated the relationship between the two variables. The current study aimed to explore other factor which mediates the two variables, namely self-compassion. Participants were lesbian, gay, and bisexual individuals who recruited via online survey (N = 55). Data was analyzed using few steps of regression analysis. The results show that internalized homonegativity is not related to psychological distress and self-compassion in current sample. Self-compassion is found to be significantly predict psychological distress ($F(1,53) = 25,140, p < 0,01; R^2 = 0,322$), which affirms previous findings. Results imply that lesbian, gay, and bisexual individuals can exercise self-compassion to cope with psychological distress arising from their minority status.

Keywords: internalized homonegativity, psychological distress, self-compassion, LGB

INTRODUCTION

Lesbian, gay, and bisexual (LGB) individuals are prone to experience psychological distress. Previous studies have found that LGBs prone to experience distress symptoms which are shown by depression and anxiety symptoms (Cochran, Sullivan, & Mays, 2003; Herek, Cogan, Gilis, & Glunt, 1997; Guasp, 2013; Guasp & Taylor, 2012; King et al., 2003; Russell & Fish, 2016). The prevalence of distress experienced by LGBs is higher than heterosexual individuals (Balsam,

Beauchaine, Mickey & Rothblum, 2005; Cochran et al., 2003; Cochran & Mays, 2013; King et al., 2003).

Psychological distress and mental health disparities between LGBs and heterosexuals is related to LGBs' status as stigmatized minority group (Cochran & Mays, 2012; Meyer, 2003). LGBs as the member of stigmatized minority group experience specific stressor (Hatzenbuehler, 2009; Meyer, 2003). Meyer (2003) conceptualized the stress experienced by LGBs in a model called minority stress model.

According to minority stress model, LGBs experienced stressor from society in forms of stigma and discrimination based on their sexual orientation (Puckett, Levitt, Horne, & Hayes-Skelton, 2015). Stigma and discrimination experienced by LGBs are called homonegativity.

Homonegativity is a constellation of antigay responses, including attitudes, beliefs, and condemnation of homosexuality (Hudson & Ricketts, 1980; Bernat, Calhoun, Adams, & Zeichner, 2001). Societal homonegativity may results in psychological problems in LGBs (Balsam & Hughes, 2012). In minority stress model (Meyer, 2003), homonegativity is a distal stressor, which is objective and doesn't involve individual's perception of self. Societal homonegativity may internalized by LGBs, a phenomenon known as internalized homonegativity.

Internalized homonegativity (IH) is defined as the direction of societal negative attitudes of homosexuality into self (Meyer, 1995). LGBs internalized those negative attitudes toward homosexuality as a part of their self-image (Berg, Munthe-Kaas, & Ross, 2016; Meyer, 2003). The internalization manifest itself in the form of negative attitudes toward homosexuality in general and in themselves (Berg et al., 2016).

IH is a key proximal stressor in minority stress model, which is a stressor that involve internal process of an individual (Meyer, 2003). Meyer (2003) stated that IH is a covert and harmful stressor. IH make LGBs to stigmatize themselves even when there are no objective

homonegativity happened to themselves (Meyer & Frost, 2013).

IH is causing internal conflict because it creates dilemma between same-sex romantic attraction and negative beliefs about self (Berg et al., 2016; Williamson, 2000). The conflict cause LGBs to experience psychological distress and resulting in maladaptive behaviors (Meyer, 1995; Williamson, 2000).

The people of Indonesia have negative attitudes toward homosexuality which shown in the rejection of homosexuality (Pew Research Center, 2013). Societal negative attitude toward homosexuality in Indonesia is influenced by the majority's religion. Adamczyk and Pitt (2009) along with Pew Research Center (2013) have found that countries with the majority of citizen adhere to Islam have negative attitudes toward homosexuality. LGBs who grew up in Indonesia may internalized societal homongativity and show psychological distress symptoms.

IH in Indonesian LGBs was shown in a health consultation rubric in the country's news company Kompas.com and in a personal blog. Two gay individuals were reporting distress because of their sexual orientation (Candra, 2012; Sailendra, 2012). They held beliefs that homosexuality is abnormal, deviant, and contradict their faith (Candra, 2012; Sailendra, 2012). These beliefs lead them to experience psychological distress and causing them to express suicide ideation, disrupt in everyday functioning, and maladaptive behavior such as smoking and leaving home (Candra, 2012; Sailendra, 2012).

In the cases described above, the individuals internalized homonegativity, a belief that homosexuality is a sin and deviance, from their environment. This belief caused them to feel their sexuality as a bad thing. The negative beliefs about their sexuality prompted them to experience negative self-regard (Berg et al., 2016; Puckett et al., 2015), which manifested in shame and guilt because of their sexual orientation. This process resulted in psychological distress which followed by maladaptive behavior such as substance abuse and suicidal ideation.

Hatzenbuehler (2009) states a model to help researchers explains the relationship between stigma and psychological distress experienced by LGBs. Stigma that is experienced by LGB resulting in psychological distress because it was mediated by internal process within the individual (Hatzenbuehler, 2009). The internal process may take form in coping and emotional regulation, cognitive, or social/interpersonal process (Hatzenbuehler, 2009).

IH seems to make LGBs to have negative internal process. IH may lead an individual to experience maladaptive emotion regulation, such as ruminating why they are gay/lesbian/bisexual (Hatzenbuehler, 2009; Szymanski, Dunn, & Ikizler, 2014). Rumination in LGBs resulted in psychological distress (Hatzenbuehler, 2009; Hatzenbuehler, Nolen-Hoeksema, & Dovidio, 2009).

IH is influencing LGBs to have disrupted cognitive process, which manifested in negative self-schema (Hatzenbuehler, 2009). IH prompts

LGBs to think that they are unworthy or bad person (Berg et al., 2016). These thoughts then came in the form of self-criticism which resulted psychological distress (Puckett et al., 2015).

IH may function as a barrier in LGBs' social interaction. IH prompts LGBs to feel shame of their sexual orientation or fear in disclosing their sexual orientation (Berg et al., 2016; Dew, Myers, & Wightman, 2005; Herek et al., 1997; Rosser, Bockting, Ross, Miner, & Coleman, 2008). These feelings leads LGBs to cover their sexual orientation and reluctant to associate with other LGBs (Herek et al., 2009; Rosser et al., 2008). LGBs who disclose their sexual orientation tend to feel like they are living a lie and feeling alone and lonely (Berg et al., 2016; Dew, Myers, & Wightman, 2005; Herek et al., 1997; Rosser, Bockting, Ross, Miner, & Coleman, 2008), which in turn causing psychological distress from efforts of disclosing sexual orientation (Meyer, 2003).

The literature review described above suggests that the relationship between IH and psychological distress is mediated by negative attitude towards the self and maladaptive emotional regulation (Hatzenbuehler, 2009; Puckett et al., 2015).

Self-compassion is a variable which may mediate the relationship between IH and psychological distress. Self-compassion is a healthy attitude and regard toward self, and also an adaptive coping strategy (Neff, 2003a). Self-compassion has three components, that is self-kindness versus self-judgment, common humanity versus isolation,

and mindfulness versus over-identification or avoidance (Barnard & Curry, 2011; Germer & Neff, 2013; Neff, 2003a; Neff, 2003b).

Self-compassion was shown to negatively correlate with psychological distress. Previous studies found that high level of self-compassion is correlated with low levels of depressive and anxiety symptoms (Barnard & Curry, 2011; Neff, 2003b). Individuals with high level of self-compassion have positive self-worth and possess adaptive coping strategy (Barnard & Curry, 2011; Neff, 2003a), which avoid them from psychological distress.

Self-criticism, feelings of isolation, and rumination which shown to mediate the relationship between IH and psychological distress is a form of self-judgment, isolation, and over-identification, a negative component of self-compassion. In this point of view, the relationship between IH and self-compassion might mediated by low level of self-compassion. Previous studies found that self-criticism and rumination mediated IH and psychological distress (Puckett et al., 2015; Szymanski et al., 2014). Self-criticism is a form of self-judgment because self-criticism is a harsh and punishing attitude toward self which results in feelings of unworthiness (Puckett et al., 2015). Meanwhile, rumination is a form of over-identification because it involves focusing over and over in negative feelings and thoughts about oneself (Barnard & Curry, 2011). Self-criticism and rumination may lead an individual to feel isolated (Neff, 2003a). These mediating variables

between IH and psychological distress reflect self-compassion components. Nevertheless, there was no study which explores the role of self compassion as a mediator between IH and psychological distress.

This research aims to continue previous researchers' effort to examine factors that mediate the relationship between IH and psychological distress. Specifically, this research intends to know the role of self-compassion as the mediator. Liao, Kashubeck-West, and Deitz (2015) stated that IH might related with low level of self-compassion, but the authors aware no studies have conducted to examine it. Information about the mediator is beneficial to design an effective intervention for LGBs, so that they have a good mental health and avoided from psychological disorders (Hatzenbuehler, 2009).

METHOD

Participants were recruited using snowball sampling, a nonrandom sampling procedure which relies on social networks of respondents who have the characteristics of population, in this case LGBs (Meyer & Wilson, 2009). LGBs who participated in the study were asked to invite other LGBs to participate in the study. Acquired responses were sorted according to population characteristics and response's validity. Final sample consists of 55 self-identified LGB who consented to participate in the study.

Participants were given a set of research questionnaire consisting of scales measuring internalized

homonegativity, psychological distress, self-compassion, and demographic questionnaire.

1. **Internalized Homonegativity.**

IH was measured using Internalized Homonegativity Inventory (IHNI, Mayfield, 2001), which was translated and modified in regard of participants' sexual orientation. IHNI was initially designed to measure the level of IH in gay men (Mayfield, 2001). IHNI constructed using three factor of IH, which is personal homonegativity, gay affirmation, and morality of homosexuality (Mayfield, 2001). The translated IHNI consist of 23 items, but only 22 items were analyzed due to one aitem not having a good reliability. IHNI is measured using 6-point Likert scale (1 = *strongly disagree*, 6 = *strongly agree*). Sample item is, "Saya merasa malu dengan homo-/biseksualitas saya (I feel ashamed of my homo-/bisexuality)." Items from gay affirmation subscale are reverse scored. Scores from each item are summed and the higher the score indicate a higher level of IH. Cronbach's alpha in this sample is 0,943.

2. **Psychological Distress.**

Psychological distress was measured using a translated version of Kessler 10 (Kessler et al., 2002), which Indonesian version was published by Transcultural Mental Health Center (2015). K10 measures nonspecific psychological distress (Kessler et al., 2002). K10 consisted of sentences

indicating psychological distress, which is feeling depressed, very depressed, restless, very restless, nervous, very nervous, tired, hopeless, and everything was an effort (Kessler et al., 2002). K10 consist of 10 items measured using 5-point Likert scale (1 = *none of the time*, 5 = *all the time*). Sample item is, "Selama 4 minggu terakhir, seberapa sering Anda merasa gelisah/cemas (In the past 4 weeks, how often do you feel restless/fidgety)?" Scores from each item are summed and the higher the score indicate a higher level of psychological distress. Cronbach's alpha for current sample is 0,939.

3. **Self-compassion.**

Self-compassion was measured using a translation of Self-Compassion Scale (SCS; Neff, 2003b). SCS used to measure the level of self-compassion and constructed of 3 components, *self-kindness versus self judgment*, *common humanity versus isolation*, dan *mindfulness versus over-identification* (Neff, 2003b). The translated SCS consists of 26 items, but only 21 items were analyzed due to five items not having good reliability. SCS is measured using 5-point Likert scale (1 = *almost never*, 5 = *almost always*). Sample item is, "Saya berbaik hati pada diri saya ketika saya mengalami penderitaan (I'm kind to myself when I'm experiencing suffering)." Items from negative components of self-compassion (self-judgment, isolation, and

over-identification) are reverse scored (Neff, 2003b). Score obtained by calculating mean from each component, and then grand mean from each component is calculated (Neff, 2015). The higher the mean of SCS indicates the higher self-compassion level of a person. Cronbach's alpha from current sample is 0,891.

4. Demographics. Research participants are asked to provide demographic data such as age, sex, ethnicity, education, religion/spiritual beliefs, and sexual orientation identification.

Data was analyzed using few steps of regression analysis to test mediation model as suggested by Baron & Kenny (1986). As described by Baron & Kenny (1986), mediation occurs when there are significant prediction in the relationship between (a) independent variable (IH) to mediator variable (self-compassion), (b) mediator variable to dependent variable (psychological distress), and (c)

independent variable to dependent variable when mediator variable included in the analysis. Data was analyzed using SPSS.

RESULT

There is no significant relationship between participants' IHNI score with K10 score ($F(1, 53) = 0,719, p > 0,05; R^2 = 0,013$) and SCS score ($F(1,53) = 0,596, p > 0,05; R^2 = 0,011$). It means that in current sample, IH is not shown to be related to psychological distress or self-compassion. Meanwhile, participants' SCS score significantly predict K10 score ($F(1,53) = 25,140, p < 0,01; R^2 = 0,322$). It means that in current sample, self-compassion predicts psychological distress with self-compassion contributes 32% variation of psychological distress. Participants' predicted psychological distress is equal to $52,738 - 7,694$ self-compassion. This means that an increase in one point of self-compassion score will followed by a decrease of psychological distress by $-7,649$ points.

Table 1. *Self-Compassion as Mediator Between Internalized Homonegativity and Psychological Distress*

Path	df	B	F	R ²	p
IH to PD	1, 53	0,410	0,719	0,013	0,400
IH to SC	1, 53	-0.003	0,596	0,011	0,444
SC to PD	1, 53	-7,694	25,140	0,322	0,000*
IH to PD	2, 52	0,200	12,512	0,325	0,624

Note. IH = Internalized Homonegativity; PD: Psychological Distress; SC = Self-Compassion.

*significant in $p < 0,01$

In current study, the hypothesis that self-compassion as mediator in the relationship between IH and psychological distress was not supported by the data. IH was not

shown to relate with psychological distress (path c) or self-compassion (path a). It means that the first and second step of mediation analysis as described by Baron & Kenny (1986)

was not fulfilled. Therefore, there is no mediational relationship between the three variables.

Additional data analysis was performed to understand the relationship between factors/components of variables. Additional data analysis was performed using Kendall's Tau nonparametric correlation. For the record, reverse scored factors/components are interpreted reversely. This means if an individual has a high score in a factor/component, the level of that factor/component is low in the individual vice versa. The result of additional data analysis is served in Table 2 (Appendix).

The intercorrelation of factors/components shows that total score of IHNI is positively correlated with its factors. IH's components are also positively correlated with each other. This may suggest that IH is constructed by the interaction of its three factors. The score of SCS also positively correlated with its positive components' scores and reverse scores of its negative components. This suggests that higher level of self-compassion is constructed by high levels of positive components and low levels of negative components. Positive components of self-compassion interacted with each other building self-compassionate state of mind, while negative components of self-compassion interacted with each other constructing less self-compassionate state of mind.

Another findings from additional data analysis are the negative correlation between K10 score and scores of SCS components,

which is M score and the reverse score of SJ, I, and O. This suggests that high level of psychological distress in an individual is related to less mindfulness and high levels of self-judgment, feelings of isolation, and overidentification of a problem. Besides that, PH was found to be negatively correlated with CH ($r(55) = -0,205; p < 0,05$). This suggests that the more negative an individual feels about their homosexuality, the more isolated they feel in their problem.

DISCUSSION

This research aimed to understand the role of self-compassion as a mediator in the relationship between internalized homonegativity and psychological distress. The result shows that internalized homonegativity does not predict psychological distress and self-compassion. Higher level of self-compassion is found to predict psychological distress. Result suggests that in this study, self-compassion does not act as mediator between internalized homonegativity and psychological distress because it does not fit Baron & Kenny (1986) mediation model.

Additional data analysis provides an insight on how the variables interact. Internalized homonegativity factors are positively correlated with each other. This may provide an explanation on how negative beliefs about homosexuality and rejecting attitudes of homosexuality may result in negative feelings about homosexuality. This explanation is drawn by significant positive correlation between beliefs about morality of homosexuality

(MH), affirmation of homosexuality (GA), and feelings related to homosexual features of self (PH).

Negative feeling about homosexuality is related to feelings of inadequacy and isolation from other human being. This suggests that LGB individuals who have negative feelings related to their homosexuality may feel that they are alone in their struggles and failures. The feeling of isolation is related to lack of clarity in perceiving the problem and unkind attitude toward oneself. These attitudes interact to form uncompassionate attitude toward oneself. Low levels of self-compassion are then resulted in psychological distress.

The interaction between research variables shows an indirect relational pattern. It suggests that self-compassion may serve as mediating variable between internalized homonegativity and psychological distress. However, the result does not support clear mediation role of self-compassion as proposed by Baron & Kenny (1986).

The result also shows that high level of self-compassion predict low level of psychological distress. This finding supports previous studies examining similar relationship in general population (Neff, 2003b; see Barnard & Curry, 2011; MacBeth & Gumley, 2012). However, until this study is conducted, there is no study that examines the relationship between self-compassion and psychological distress in LGB individuals. Other studies which examine self-compassion in LGBs are focused in their well-being and found that high level of self-compassion predict good well-being

(Beard, Eames, & Withers, 2016). The result of this study may serve as additional information about the relationship between self-compassion and psychological distress in LGBs.

Additional data analysis shows that mindfulness component of self-compassion negatively correlated with psychological distress. Low levels of self-compassion's negative components (self-judgment, isolation, and overidentification) also related to low level of psychological distress. These findings confirmed the results of previous studies. Researchers found that a mindful individual tends to have low incidence of depression and anxiety symptoms, which indicates low psychological distress (Feldman, Hayes, Kumar, Greeson, & Laurenceau, 2007; Masuda & Tully, 2012). Meanwhile, a meta-analysis done by Muris & Petrocchi (2016) found that negative components of self-compassion are related to mental health problems, such as stress, depression, and anxiety. This suggests that low levels of self-judgment, isolation, and overidentification are related to low psychological distress risk.

The relationship between self-compassion and psychological distress can be explained by the function of self-compassion in a person, whether LGBs or heterosexuals. Self-compassion serves as adaptive attitude and coping strategy (Neff, 2003a; 2003b). Mindfulness, which is one of main self-compassion's component (Neff & Dahm, 2015), includes awareness of negative thoughts or feelings and nonjudgmental attitudes

toward self, which makes an individual maintain equanimity when unpleasant even happens. Mindfulness interacts with other components of self-compassion, self-kindness and common humanity, where an individual actively being compassionate to themselves when unpleasant event occurs and remind themselves that such event is part of human experience (Neff & Dahm, 2015). The interaction of those three components hinders the individual from psychological distress.

Individuals with high level of self-compassion are openly aware that they experience negative thoughts and feelings that result from unpleasant event. They are also actively calming and make themselves comfortable, yet remind themselves that bad events experienced by everybody else. These actions shows adaptive

attitude toward self and also adaptive coping strategy. The result of these actions is low level of psychological distress an individual experience as a result of unpleasant event.

CONCLUSIONS

Indonesian LGBs may learn to be self-compassionate toward themselves so they are alleviated from psychological distress. Neff (2017) in her blog offers various ways to improve self-compassion, such as aware of self-compassion, writing journal or self-compassion meditation. Mental health practitioners who treat LGB individuals may also deliver self-compassion based intervention to prevent them experiencing severe psychological distress, such as giving mindful self-compassion (MSC) training (Germer & Neff, 2009).

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Table 2. Intercorrelation, Mean, Standard Deviation of Variables' Factors/Components

Var	IH	PH	GA	MH	PD	SC	SK	SJ	CH	I	M	O
IH	-	0,805**	0,620**	0,700**	0,041	-0,058	-0,051	0,038	-0,127	0,006	-0,087	0,041
PH	0,805**	-	0,445**	0,563**	0,036	-0,134	-0,124	-0,035	-0,205*	-0,029	-0,179	-0,038
GA	0,620**	0,445**	-	0,478**	0,039	0,017	0,000	0,107	0,001	0,070	0,053	0,144
MH	0,700**	0,563**	0,478**	-	0,086	-0,024	-0,010	0,021	-0,070	-0,046	-0,0833	0,033
PD	0,041	0,036	0,039	0,086	-	0,370**	-0,150	0,371**	-0,055	0,329**	0,317**	0,367**
SC	-0,058	-0,134	0,017	-0,024	0,370**	-	0,509**	0,519**	0,456**	0,532**	0,543**	0,585**
SK	-0,051	-0,124	0,000	-0,010	-0,150	0,509**	-	0,176	0,524**	0,207	0,626**	0,190
SJ	0,038	-0,035	0,107	0,021	0,371**	0,519**	0,176	-	-0,119	0,426**	0,244*	0,485**
CH	-0,127	-0,205*	0,001	-0,070	-0,055	0,456**	0,524**	0,119	-	0,180	0,540**	0,231*
I	0,006	-0,029	0,070	-0,046	0,329**	0,532**	0,207	0,426**	0,180	-	0,236*	0,519**
M	-0,087	-0,179	0,053	-0,083	-0,317**	0,543**	0,626**	0,244*	0,540**	0,236*	-	0,292*
O	0,041	-0,038	0,144	0,033	0,367**	0,585**	0,190	0,485**	0,231*	0,519**	0,292*	-
<i>M</i>	61,47	32,51	16,45	12,51	28,73	3,07	3,22	2,71	3,20	2,31	3,09	2,42
<i>SD</i>	25,37	14,77	7,55	6,57	9,02	0,67	0,81	1,15	1,01	1,17	0,8	1,12

Note. IH = IHNI score; PH = Personal Homonegativity score; GA = Gay Affirmation score; MH = Morality of Homosexuality score; PD = K10 score; SC = SCS score; SK = Self-Kindness score; SJ = Self-Judgment score; CH = Common Humanity score; I = Isolation score; M = Mindfulness score; O = Overidentification score.

* correlation is significant in $*p < 0,05$; ** $p < 0,01$