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The Impact of Coming Out on the Mental Health of LGB Students

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Abstract:

Mental health issues of young LGB (les, gay, bisexual) have been the topic of numerous researches. The current research focuses on analyzing the impact of sexual orientation disposal or 'coming out' on mental health. In addition, personality traits including extraversion and neuroticism were examined as moderators of the above relationship. Data analysis with a sample of 250 LGB Vietnamese students indicates that coming out positively influences LGB students' mental health. The relationship between coming out and mental health was moderated by personality factors. The result of this research could serve as a reference for effective solutions to reduce LGB youth mental health related issues.

Keywords: Coming out, mental health, LGB, personality, moderation, students, Vietnam

1. Introduction

Mental health is of extreme importance in a person's well-being. Mental health disorders such as depression, bipolar disorders, schizophrenia, memory loss, etc. can seriously affect people's living quality and well-being (WHO, 2001). Recent research has highlighted the level of morbidity experienced by lesbian, gay, and bisexual (LGB) (Meyer, 2003). Comparing to people that belong to other sexual orientations, they have higher level of stress, anxiety, and depression threats. Many researches have shown that people who are LGB had experience of mental health's negative outcomes (Barber, 2009; Cochran & Mays, 2000). LGB individuals have more suicidal thoughts (Díaz et al., 2001; Gilman et al., 2001; Sandfort et al., 2001), more depression (Hatzenbuehler et al., 2008; Herek et al., 2009; Mohr & Daly, 2008), more anxiety (Hatzenbuehler et al., 2008; Sandfort et al., 2001).

According to The Institute for Legislative Studies (ILS) and The Institute for Studies of Society, Economy and Environment (ISEE), in 2013, Vietnam had 1,65 million lesbians, gays and bisexuals aged 15 to 59, compared to total population of 90.75 million (General Office for Population and Family Planning Vietnam). Obviously, the number of bisexual and homosexual in Vietnam accounts for only a small proportion (less than 2%) (in 2013), but they themselves are experiencing mental health-related problems in a more worrying way than non-LGB people. Although this problem deserves more study efforts, research on mental health of LGB people in Vietnam has received little attention. Therefore, it's important to enhance the public awareness about mental health issues, especially for those who are LGB. This research aims to deeply explore the impact of minority sexual orientation disclosure on mental health of LGB students in the context of Vietnam. Through it, researchers also have solutions and proposals to reduce stress in LGB student's mental health issues.

2. Literature Review

According to the World Health Organization (WHO, 2004), mental health is 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. Keyes (2014) identifies three components of mental health: emotional well-being, psychological well-being and social well-being.

Meyer (2003) found that the mental health of LGB people has many negative signs compared to those of people with sexual orientation because of minority pressure factors. Stress is contributed by factors related to minority status such as minority sexual orientation; experiences related to prejudice and discrimination; stigmatization; and hiding minority sexual orientation; etc.

In addition, there are many studies on factors influencing mental health issues of LGB people which have been carried out in many countries around the world. The identified factors are disclosure of the minority sexual orientation (Savin-Williams, 1998; Rosario et al., 1996; Wichstrøm & Hegna, 2003; etc.), the support or opposition of family members

(Floyd et al., 1999; Ryan et al., 2010; D'Augelli, 2002), verbal assault (Dean L. et al., 1992; Pilkington & D'Augelli, 1995; Bartholow et al., 1994), stigma and discrimination (Paula Mayock et al., 2009; Woodford et al., 2014).

Disclosure of the minority sexual orientation or 'coming out' is conceptualized as an event in which LGB individuals verbally communicate their sexual orientation to others (Holtzen et al., 1995). Coming out has never been an easy experience for homosexual and bisexual individuals. Disclosure of minority sexual orientation has a close relationship with the mental health of LGBs. On the one hand, the disclosure of consumer society has a positive impact on the mental health of homosexual and bisexual individuals; on the other hand, it also causes negative effects.

On the positive side, a number of studies have shown that adults have positive psychological adjustments when they disclosed their sexual orientation (Jordan et al., 1998; Lewis et al., 2001; Vaughan & Waehler, 2010). The LGBs also believe that the reduction of stress and pressure is due to their disclosure of sexual orientation to others (D'Augelli, 1991; LaSala, 2000). A number of other theories also report on the relationship between disclosure of sexual orientation and mental health, the disclosure of sexual orientation helps to improve the quality of life of LGB youth (Halpin and Allen, 2004; LaSala, 2000).

On the negative side, many studies have shown that the disclosure of minority sexual orientation seriously affected the LGBs' mental health. The more mental pain accumulates over time, the more likely it will lead to psychological illnesses such as emotional disturbances and depression (D'Augelli, 2002). The disclosure of minority sexual orientation is related to higher suicidal intentions among homosexuals because they face an increasing number of people stigmatizing after disclosure and it is difficult to overcome the stigma (Koh & Ross, 2006). D'Augelli & Hershberger (1993) also showed that the gay and bisexual after disclose sexual orientation have experienced more mental health problems by themselves, such as anxiety disorder, anxiety, depression, etc.

In the process of analyzing the effect of factor 'coming out' on the mental health of LGB students, we use the moderator variables 'personality'. The Big Five Personality Model mentioned has 5 components: Extraversion, Neuroticism, Openness to experience, Agreeableness and Conscientiousness. In these 5 characteristics, neuroticism and extraversion have a direct effect on the relationship between coming out and mental health. LGBs with high psychological instability often feel anxious and vulnerable to attack. They fear that their reputation, career or even safety will be harmed because of their own sexual orientation. Therefore, they will hide minority sexual orientation to protect themselves (Chekola, 2007). In terms of extraversion, Costa & McCrae (2013) argue that it is the factor that promotes interpersonal communication, the level of dynamism and excitement in life. Introversion, which is the opposition of extraversion, drives these factors in the contrary direction. For those who are extroverted and open-minded, they tend to accept themselves and feel the process of disclosing sexual orientation more easily and comfortably than those of introverted and self-contained students (Hunter, 2007).

Some researches indicated factors affecting to LGBs' disclosure of minority sexual orientation, such as age, gender (Savin-Williams & Diamond, 2000), religion (Rosario et al., 1996), family support (Waldner & Magrader, 1999). In the framework of research conducted in Vietnam, two factors were considered: family support and microaggressions. Family support is 'a constellation of formal and informal services and tangible goods that are determined by families' (Federation of Families for Children's Mental Health, 1992). The term 'microaggressions' is used to refer to unusual words, behaviors or environment, whether intentional or unintentional, showing hostility or insulting or negative towards culturally discriminated or marginalized groups (L. Nadal, 2018). Sexual Orientation Microaggressions is a subtle negative attitude conveying that one's sexual or gender identity is less-valuable than dominant culture's defining identities resulting in missed screening, late interventions, and avoidance of the healthcare system. Using improper terminology is one form of a sexual or gender microaggression.

Based on the theory mentioned and the result of in-depth interview, researchers have built the following models and 4 hypotheses:

Figure 1: Research Model

Hypothesis	Hypothetical Content
H1	Coming out positively effects to mental health
H1.1	Personality moderates the impact of coming out to mental health
H2	Family Support positively effects to coming out
H3	Microaggression negatively effects to coming out

Table 1: Hypothetical Content in Research

3. Method & Measure

3.1. Method

Our research was conducted by quantitative research method, the survey questionnaire was released via the internet, reaching out to suitable subjects of the study. Variables inherited from previous studies and adjusted to suit the scope of our research. 250 answers from 250 LGB Vietnamese students were selected for this research.

3.2. Measure

3.2.1. Mental Health

This research has used Mental Health Continuum - Short Form (MHC-SF) (Lamers et al., 2011) and Likert scale 5 - point to measure the LGBs' mental health. The scale mentioned includes 14 items and was selected from the Mental Health Continuum - Long Form. Survey participants answered the question 'During the past 6 months, how often did you feel...', with choices from 1- 'never' to 5- 'almost everyday'.

3.2.2. Coming Out

The Outness Inventory scale (OI: J. Mohr & Fassinger, 2000) have been used to evaluate the sexual orientation disclosure level of survey participants. The scale used Likert scale 7-point ranging from 1 (person definitely does not know about your sexual orientation status) to 7 (person definitely knows about your sexual orientation status, and it is openly talked about). For the full rating scale, see Mohr & Fassinger (2000).

3.2.3. Personality

The Big Five Inventory (BFI) personality scale by John, Donahue and Kentle was created in 1991, to meet the requirement for a scale that was both concise and able to measure the core elements of the five personality categories for convenient application in related studies, the scale includes 44 items. However, to reach the aim of this study, we inherited and adjusted the BFI-S scale (Big Five Inventory - Short) - which was a shorter scale of the BFI scale. We used the BFI-S scale of Lang et al. (2015) to measure extraversion and neuroticism only, including 4 items. The items were rated on the Likert scale, ranging from 1 - disagree to 5 - agree.

3.2.4. Family Support

The factor 'Family support' was measured by Family support scale (Mary E. Procidano & Kenneth Heller, 1983). Family support scale was used to evaluate the family support level of research participants through 20 related items. The items were rated on the Likert scale 5- point, ranging from 1 - disagree to 5 - agree.

3.2.5. Microaggression

The Sexual Orientation Microaggressions Scale - Initial scale - SOMS-I (L. Nadal, 2018) is a 50 item self-report measure that assesses the impact of various sexual orientation microaggressions. By conducting test and evaluating procedures, researchers decided to retain 24 items —resulting in the Sexual Orientation Microaggressions Scale (SOMS). The SOMS yielded five components, which contributed to 71.44% of the variance (38.41%, 12.12%, 8.70%, 6.60%, and 5.61%, respectively). The five components were labeled: Microinvalidations, Assumption of Pathology, Heterosexist Language, Enforcement of gender conformity and Environmental Microaggressions. The items were rated on the Likert scale 5 - point, ranging from 1 - never to 5 - very often.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14
14. Family's moral support	.432**	.414**	.244**	.212**	-.014	-.047	-.123	-.152*	-.133*	.189**	-.176**	.654**	.299**	1
13. Family intimacy	.164**	.185**	-.012	-.031	-.204**	-.281**	-.211**	-.352**	0.027	0.117	-.123	.295**	1	
12. Family trust	.432**	.375**	.339**	.176**	0.006	0.056	-.061	-.108	-.164**	.202**	-.189**	1		
11. Neuroticism	-.436**	-.305**	-.021	-.007	.162*	0.024	.133*	.164**	0.003	-.199**	1			
10. Extraversion	.428**	.272**	.231**	.252**	0.024	0.089	-.103	-.027	-.01	1				
9. Environmental Microaggression	-.175**	-.178**	-.184**	-.055	-.045	-.078	-.251**	-.188**	1					
8. Endorsement of gender conformity	-.051	-.074	.306**	.158*	.393**	.332**	.427**	1						

Table 2: Correlation Analysis Results

4.2. Results of Multivariate Regression Analysis

4.2.1. Effect of Family Support & Microaggression on Coming Out

	Coming out to family & friends			Coming out to society		
	Beta	t	Sig.	Beta	t	Sig.
(Constant)		5.315	0.000		5.469	0.000
Family trust	0.293	3.878	0.000	0.03	0.378	0.706
Family intimacy	0.013	0.197	0.844	0.004	0.06	0.952
Family's moral support	0.082	1.096	0.274	0.203	2.544	0.012
Endorsement of gender conformity	-0.331	-4.927	0.000	-0.142	-1.984	0.048
Assumption of deviance	-0.099	-1.534	0.126	-0.243	-3.539	0.000
Microinvalidations	-0.044	-0.65	0.517	-0.105	-1.447	0.149
Heterosexist Language	-0.096	-1.422	0.156	-0.17	-2.369	0.019
Environmental Microaggression	-0.077	-1.298	0.195	-0.015	-0.242	0.809

Table 3: Results of Multivariate Regression Analysis with Dependent Variable 'Coming Out'

4.2.2. Family Support

After EFA analysis, we divide family support into 3 groups: family trust, family intimacy and family's moral support. Multiple regression analysis interprets that family trust has a positive effect on coming out to family and friends. (sig. = 0.00). Meanwhile, coming out to society is influenced by family's moral support. (sig. = 0,012).

4.2.3. Microaggression

Microaggressions comprise 5 factor groups: microinvalidations, assumption of deviance, heterosexist language, endorsement of gender conformity and environmental microaggressions. By analyzing the multiple regression results, we realize that heterosexist language, endorsement of gender conformity and assumption of deviance have reverse impact on coming out to society; with sig. values are 0.019, 0.048 and 0.000 respectively. Endorsement of gender conformity negatively affects coming out family and friends (sig. = 0.0000).

4.3. Effect of Coming Out on Mental Health

	Emotional & Psychological Well-being			Social Well-being		
	Beta	t	Sig.	Beta	t	Sig.
(Constant)		18.906	0.000		15.336	0.000
Coming out to family & friends	0.283	3.829	0.000	0.176	2.328	0.021
Coming out to society	0.081	0.979	0.329	0.079	0.928	0.354
(MODERATE) Coming out to family & friends - Extraversion	-0.121	-1.684	0.093	-0.124	-1.686	0.093
(MODERATE) Coming out to society - Extraversion	0.005	0.059	0.953	0.119	1.473	0.142
(MODERATE) Coming out to family & friends - Neuroticism	-0.162	-2.163	0.032	-0.134	-1.74	0.083
(MODERATE) Coming out to society - Neuroticism	0.174	2.341	0.020	0.084	1.11	0.268

Table 4: Results of Multivariate Regression Analysis with Dependent Variable 'Mental Health'

The impact process of coming out on 2 indexes of mental health is moderated by 2 personality characteristics, which are neuroticism and extraversion. The research results indicate that coming out to family and friends has favourable impact on emotional & psychological well-being (sig. = 0.000) and social well-being (sig. = 0.021).

Neuroticism and extraversion are two elements that moderate the impact process of coming out on mental health. To be specific, with $\alpha < 0,1$ condition, 3 moderators 'Extraversion – coming out to family, friends', 'Neuroticism – Coming out to community', 'Neuroticism – Coming out to family, friends' have sig. values are 0.093, 0.020, 0.032 in order, statistical significance ensured. This proves that extraversion moderates the impact process of 'Coming out to family, friends' and neuroticism moderates the impact process of coming out on 'Emotional & Psychological well-being'.

About social well-being, with $\alpha < 0,1$ condition, the moderators 'Extraversion – Coming out to family, friends' and 'Extraversion - Coming out to family, friends' have sig = 0093 and sig = 0,083 respectively. It can be inferred that extraversion and neuroticism moderate the impact process of Coming out to family, friends on social well-being of LGB students.

5. Discussions and Limitations

In this study we used data from a representative sample of LGB university students in Vietnam. In accordance with Jordan and Deluty (1998); Lewis et al. (2002); Mohr and Fassinger (2003), this research shows that LGB young people who disclose their sexual orientations to their families, friends and community have lower level of stress, lower symptoms of depression and anxiety. However, we have deeper research on distal factors which impact LGB students' sexual orientations disclosure. To be specific, those factors are family support and microaggressions.

As expected, we found that family support, which includes family trust and family's morale support have positive effects on the coming out degree of LGB students. This result is in agreement with the outcome of Augelli (1993)'s research. The less the family support, the lower level of sexual orientation disclosure. This can be explained by their anxiety and fear of being exposed by their family member, whose reaction might be hasty and unbearable.

About the factor 'Microaggressions', research's result indicates that assumption of deviance, heterosexist language and endorsement of gender conformity have impinged on LGB people's coming out process. The more frequently LGB students have to cope with microaggressions, the lower the degree of their sexual orientation disclosure, which indirectly mitigates their emotional & psychological well-being and social well-being.

Our study has several limitations and should be considered carefully within the full body of literature on the mental health of LGB youth.

Firstly, the exact identification of sexual orientation of the survey participants is still limited. Respondents were asked about their specific sexual orientations, however, the survey participants' knowledge about LGB issues may not be right, leading to their own false awareness of their sexual orientations.

This research's subject is LGB students, but the number of students in universities and colleges has not been evenly distributed, which may lead to deviations due to differences in educational environment, school culture, etc. Due to the limitation in time and budget, we still have not done in-depth with many subjects to explore further issues of the questionnaire.

Finally, non-heterosexual community does not only include lesbian, gay and bisexual but it is greatly diverse with other criteria. such as asexuality and questioning - those who are still confused about the sexual orientations. In the same way, some of them are also struggling with mental health problems like LGB people are. Because of our restriction in related resources and previous studies, we are not capable enough to focus on those criteria.

6. Conclusion

The aim of our research is to analyze the association between sexual orientation disclosure and LGB students' mental health, thereby we can suggest certain appropriate solutions to enhance living quality of students who belong to minority sexual orientation groups (lesbian, gay, bisexual). By presenting this research, we want to clarify the importance of LGB students' mental health, as well as the impact levels of both direct and indirect elements to their emotional well-being, psychological well-being and social well-being. Moreover, based on the result of this research, we hope to propose some measures for families, school campuses and communities to improve LGB students' well-being and alleviate their mental health disorders due to the pressure from sexual orientation concealment.

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