

# Does Sense of Belonging Mediate the Relationship Between Internalized Homophobia and Depressive Symptoms Among Homosexual Individuals in Indonesia?

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## ABSTRACT

Society often regards homosexual individuals negatively. This phenomenon occurs worldwide but is particularly evident in places where the majority of the population holds conservative views on homosexuality, such as Indonesia. Homosexual individuals can direct society's negative attitudes onto themselves and develop a minority stress source specific to homosexuals called internalized homophobia. Internalized homophobia is associated with depressive symptoms through a low sense of belonging. This study examines the mediating effect that a sense of belonging has on the relationship between internalized homophobia and depressive symptoms among homosexual individuals in Indonesia. These variables were measured using the Internalized Homophobia Scale, the psychological scale of Sense of Belonging Instrument, and Beck's Depression Inventory-II. In total, 295 participants were recruited through social media (Instagram, Twitter) and messaging applications (Line, Whatsapp). The participants were 18- to 37-year-old Indonesian citizens who identified as gay or lesbian. A multiple regression analysis indicates that sense of belonging partially mediates the relationship between internalized homophobia and depressive symptoms. Based on these results, homosexual individuals can identify internalized homophobia as a risk factor for depressive symptoms and learn the importance of being involved in the general community to increase their sense of belonging, which can help reduce those symptoms.

**Keywords:** *depressive symptoms, homosexual, internalized homophobia, minority stress, sense of belonging.*

## 1. INTRODUCTION

As part of a sexual minority group, homosexual individuals are often subject to the negative attitudes of society. In Indonesia, the exact size of the homosexual population is not known, but there are an estimated 800,000–3,000,000 men who have sex with men, according to the Secretariat Coordinator of Gaya Warna Lentera Indonesia (Candra, 2011), and the

number may still be growing today. Even so, most Indonesians view homosexuality as deviance. A survey conducted by the Pew Research Center (2013) regarding people's attitudes toward homosexuality showed that 93% of Indonesian respondents reject homosexuality. Another survey on attitudes toward same-sex relations conducted in Indonesia in 2014 showed that as many as 70.59% of

respondents displayed strong anti-homosexual sentiments by expressing their dislike of same-sex sexual relations (ILO, 2016).

Depression is a prevalent mental health issue in homosexual individuals. The risk of depression is at least 1.5 times higher in lesbian, gay, and bisexual (LGB) individuals than in heterosexual individuals (King et al., 2008). According to the American Psychiatric Association (2013), people with depression are more likely to experience pain and degradation in physical, social, and role functions. Depression is also one of the biggest risk factors of suicide. The possibility of suicidal behavior increases when a person is experiencing a depressive episode (APA, 2013). Thus, depression is an urgent issue, particularly in a population where the risk of depression is higher.

Minority stress may play a role in depression among homosexual individuals. Discrimination faced by homosexual individuals can make them vulnerable to stress. This can be explained by the concept of minority stress, which is psychosocial stress that originates from an individual's status as a minority (Brooks, 1981 in Meyer, 1995). According to Meyer, similar to other members of minority groups, homosexual individuals experience chronic stress related to the stigma they face. When an individual is a minority in a discriminatory society, the conflict between them and the dominant culture can become burdensome and cause minority stress (Meyer, 1995). According to Meyer (1995), homosexual individuals can experience several sources of stress related to their minority status that may affect their mental health, including internalized homophobia, perceptions of

stigma, and events related to community prejudice (discrimination and violence). Meyer (1995) investigated the relationship between these sources of stress and psychological distress (demoralization, guilt, sex problems, suicide, stress related to AIDS). The results of this study indicate that internalized homophobia is associated with all five distresses, while the perception of stigma and events related to prejudice are related to four distresses. Meyer and Dean (1998) stated that internalized homophobia is the most dangerous form of minority stress because it can be self-generating and endure even when an individual no longer experiences devaluation from society. The impact is certainly dangerous for homosexual individuals and makes internalized homophobia an important minority stress source to study.

Homophobia not only increases an individual's fear of being judged by others, but it can also lead to a feeling of self-hatred. Directing society's negative attitudes regarding homosexuality onto the self is called internalized homophobia (Meyer, 1995). Several studies have shown an association between internalized homophobia and depression (Alexander, 1986; Herek, Cogan, Gillis & Glunt, 1997; Igartua, Gill & Montoro, 2003; Hoy-Ellis & Fredriksen-Goldsen, 2016). Another study conducted by McLaren (2015) evaluated the relationship between internalized homophobia and depressive symptoms and suicidal thoughts. McLaren (2015) found that in lesbian and gay individuals, high levels of internalized homophobia were associated with high levels of depressive symptoms, and high depressive symptoms were associated with high suicidal thoughts. In addition to

depression, internalized homophobia is associated with other psychological problems such as psychological distress (Xu, Zheng, Xu & Zheng, 2017), low self-esteem (Peterson & Gerrity, 2006), anxiety, and suicidal desire (Igartua et al., 2003).

Although internalized homophobia is often associated with depression, Lewis, Derlega, Griffin, and Krowinski (2003) found no significant relationship between the two variables. Lewis et al. (2003) then explained this finding as potentially caused by characteristics of the study population, which was quite open about their sexual orientation and experienced relatively low internalized homophobia. Lewis et al. (2003) said that further research is necessary on homosexual individuals who are not yet open about their sexual orientation because it is assumed that individuals who are not yet open about their sexual orientation will have different experiences and stress. Therefore, research on internalized homophobia and depressive symptoms is very interesting and significant in Indonesia because most Indonesians still have negative attitudes regarding homosexuality, which can make homosexual individuals feel that it is safer to keep their sexual orientation to themselves. A survey by ILO (2016) shows that many individuals from minority sexual groups in Indonesia still choose to cover up their sexual orientation for fear of being stigmatized. A study conducted by Rofiq (2014) in Indonesia also reported that as many as 81% of participants scored below 3.00 in the Outness Inventory measure, which indicates that the degree of openness (outness) of participants regarding their sexual orientation is still quite low.

Regardless of their sexual orientation, homosexual individuals are social beings who need to belong. In fact, according to Maslow (1970 in Feist, Feist & Roberts, 2013), belongingness is one of the five basic human needs. The feeling of belonging can best be described with the term “sense of belonging”, which is an individual's experience of being valued by or important to an external referent (other people, groups, objects, organizations, physical and social environment, or spiritual dimensions) and experiencing a fit between themselves and that referent (Hagerty, Lynch-Sauer, Patusk, Bouwsema & Collier, 1992). Previous studies have found that a sense of belonging can be a protective factor against depressive symptoms. McLaren, Jude, and McLachlan (2008) found that homosexual individuals who have a high sense of belonging to the community, both the general community and the gay community, have low levels of depression. Interestingly, a recent study by Davidson et al. (2017) found that there is an indirect relationship between internalized homophobia and depressive symptoms through a sense of belonging. The present study aims to determine the relationship between internalized homophobia and depressive symptoms via sense of belonging toward the general community, specifically among homosexual individuals in Indonesia. Therefore, the following research question was proposed in this study: “Does sense of belonging significantly mediate the relationship between internalized homophobia and depressive symptoms among homosexual individuals in Indonesia?”

## 2. METHODS

### 2.1. Study Design

This study used a non-experimental design, which means that the independent variables, internalized homophobia and sense of belonging, were not manipulated because they already existed even before the study was conducted. Furthermore, this was a quantitative, correlational, and cross-sectional study.

### 2.2. Participants

The participants were Indonesian citizens who identify themselves as gay or lesbian and were at least 18 years old. The minimum age was set to 18 because that is the age at which an individual is considered an adult according to Law No. 23 of 2002 on Child Protection and thus the age at which an individual can give consent. Using the G\*Power a priori analysis, a minimum sample size of 68 people was calculated. Data were collected from January 29<sup>th</sup>, 2019 until February 2<sup>nd</sup>, 2019. During the screening process, the participants answered questions about their sexuality before moving on to the main questionnaires. Online questionnaires using Survey UI were distributed through social media platforms (Instagram and Twitter) and broadcasted through messaging applications (Line and WhatsApp) with the help of online gay and lesbian communities in Indonesia. Survey UI allows participants to complete questionnaires while maintaining their anonymity. The questionnaires were also distributed offline to individuals who fit the criteria. After 295 participants were recruited (177 gay men and 118 lesbians), the data were analyzed via a multiple regression using PROCESS for SPSS model 4 (Hayes, 2012) to test the

relationship between the variables and the mediating role that sense of belonging has on the relationship between internalized homophobia and depressive symptoms. An additional analysis based on demographic data was also performed using an independent sample t-test.

### 2.3. Measurements

#### 2.3.1. Beck's Depression Inventory (BDI-II)

Depressive symptoms were measured using BDI-II, which was developed by Aaron T. Beck in 1961 and translated into Indonesian by Permatasari (2014). BDI-II is a questionnaire designed to assess depressive symptoms that consists of 21 sets of statements. Each set is sorted according to the severity and is scored from 0 to 3. The scores recorded for each item are summed to obtain a total score ranging from 0 to 63. Higher scores represent greater depressive symptoms. The translation of BDI-II to Bahasa Indonesia has a reliability of 0.928, which is considered good according to Kaplan and Sacuzzo (2009).

#### 2.3.2. Internalized Homophobia Scale (IHP Scale)

Internalized homophobia was measured using the IHP Scale, which was developed by Meyer (1995) and modified by Herek et al. (1997). The IHP Scale is a nine-item questionnaire designed to assess the degree to which a homosexual individual feels discomfort with their sexual orientation. The participants indicate their agreement with items using a Likert scale that ranges from 1 (strongly disagree) to 5 (strongly agree). The scores recorded for each item are summed to obtain a total score ranging from 9 to 45. Higher scores represent more internalized

homophobia. The IHP Scale used in this study was translated into Bahasa Indonesia and has a reliability of 0.911. It was also reviewed by specialists in the field.

2.3.3. *Sense of Belonging Instrument (SOBI-P)*

The SOBI-P was developed by Hagerty and Patusky (1995). The SOBI-P is an 18-item questionnaire designed to assess an individual’s experience of feeling valued by and fitting in with the local community. The participants indicate their agreement with items using a Likert scale that ranges from 1 (strongly disagree) to 4 (strongly agree). All items are scored in reverse except for one favorable item. The scores recorded for each item were then summed to obtain a total score ranging from 18 to 72, with higher scores representing a higher sense of belonging. The IHP Scale used in this study was translated into Bahasa Indonesia and has reliability of 0.939. It was also reviewed by specialists in the field.

3. RESULTS

There were 295 participants in this study. The minimum BDI-II score obtained by the participants was 0 whereas the maximum score was 55. The average BDI-II score was 17.64, with a standard deviation (SD) of 12.394. According to the guidelines, a score of 14–19 is considered indicative of mild depression (Smarr & Keefer, 2011). Next, internalized homophobia was measured using the IHP Scale. The minimum IHP score obtained by participants was 9 while the maximum score was 45. The average IHP score was 26.37 (SD = 9.384). Finally, sense of belonging was measured using the SOBI-P. The minimum SOBI-P score obtained by the participants was 18 while the maximum score was 72. The average SOBI-P score was 40.08 (SD = 12.486).

**Table 1.** Sense of belonging as a mediator of the relationship between internalized homophobia and depression symptoms

Variable	Outcomes									
	Sense of Belonging					Depressive Symptoms				
	Coef.	SE	t	p	Coef.	SE	t	p		
<i>Internalized Homophobia</i>	a	-0.35	0.08	-4.4	0.000	c	0.34	0.07	4.58	0.000
						c'	0.17	0.06	2.54	0.011
<i>Sense of Belonging</i>	-	-	-	-	-	b	-0.50	0.04	-10.62	0.000
	R <sup>2</sup> = 0.07					R <sup>2</sup> = 0.35				
	F (4.290) = 5.78, p < 0.05					F (5.289) = 32.07, p < 0.05				

Table 1 shows that there was a significant effect of internalized homophobia on the sense of belonging (a

= -0.35, p < 0.05), which indicates that an increase in internalized homophobia can predict a decrease in the sense of

belonging. The  $R^2$  value was 0.07, which indicates that as much as 7% of the variation of sense of belonging is determined by internalized homophobia. Table 1 also shows that internalized homophobia had a significant effect on depressive symptoms ( $c = 0.34$ ,  $p < 0.05$ ), which indicates that an increase in internalized homophobia can predict an increase in depressive symptoms. Furthermore, sense of belonging had a significant effect on depressive symptoms ( $b = -0.50$ ,  $p < 0.05$ ), which indicates that an increase in the sense of belonging can predict a decrease in depressive symptoms. The  $R^2$  value was 0.35, which indicates that as much as 35% of the variation of depressive symptoms was determined by internalized homophobia and sense of belonging. Finally, there was a significant indirect effect of internalized homophobia on depressive symptoms through the sense of belonging (indirect effect = 0.18, BootSE = 0.04, CI = [0.09 - 0.26]). Furthermore, the effect of internalized homophobia on depressive symptoms remained significant when the sense of belonging was included in the model ( $c' = 0.17$ ,  $p < 0.05$ ).

An additional analysis was also performed based on the demographic data using an independent sample t-test. When evaluated according to gender, the independent sample t-test showed that women reported significantly higher depressive symptoms than men ( $t(293) = -2.063$ ,  $p < 0.05$ ). Moreover, men reported significantly higher internalized homophobia than women ( $t(293) = 3.245$ ,  $p < 0.05$ ). When evaluated according to relationship status, the independent sample t-test showed that individuals who were not in a romantic relationship with the

same sex reported higher levels of internalized homophobia than individuals who were in a romantic relationship with the same sex ( $t(293) = -2.390$ ,  $p < 0.05$ ). When evaluated according to participation in communities related to homosexuality, the independent sample t-test showed that individuals who were part of a community reported higher depressive symptoms than individuals who were not part of a community ( $t(293) = 2.550$ ,  $p < 0.05$ ).

#### 4. DISCUSSION

The results of this present study found that internalized homophobia has a significant effect on depressive symptoms. Previous studies have found that lesbian and gay sexually oriented individuals have a higher risk of experiencing mental health problems, and internalized homophobia may contribute to that risk. Internalized homophobia can cause self-devaluation, internal conflict, and poor self-esteem (Meyer & Dean, 1998). This might be explained by Beck's theory (1967, in Kring et al. 2014) that depression is associated with negative triads, namely negative views about oneself, the world, and the future. As an individual begins to apply the label "homosexual" to themselves, they also begin to adopt negative attitudes toward themselves (Meyer, 1995). Furthermore, according to Beck's theory, negative schemes are obtained through experiences such as social rejection. Meyer (1995) says that minority stress results from conflicts between dominant individuals and cultures. Most people in Indonesia still reject homosexuality, and homosexual individuals may experience rejection from society because of the conflict between their personal experiences and the dominant culture.

Such rejection can form negative schemes, which can then lead to the tendency to process information in negative ways. This allows homosexual individuals who have high levels of internalized homophobia to experience more depressive symptoms, particularly in Indonesia, where homophobia remains quite strong in society.

Another result stated that the sense of belonging has a significant effect on depressive symptoms. This is in line with previous studies reporting that the lower a person's sense of belonging, the more depressive symptoms they report (McLaren et al., 2008; McCallum & McLaren, 2009). Sense of belonging was found to be associated with a person's psychological functioning, including depression (Hagerty et al., 1996). According to Maslow's hierarchy of needs, belonging itself is a basic human need that must be fulfilled (1970, in Feist et al., 2013), and research has found that there is a link between meeting those basic needs and mental health. Saunders, Munro, and Bore (1998) conducted a study to evaluate the relationship between the satisfaction of basic needs expressed by Maslow and one's mental health. They found that the satisfaction of basic needs was negatively correlated with depression, which indicates that the more a person is unable to meet their basic needs, the higher the level of depression they report. Homosexual individuals often accept discrimination from society because of the existing stigma regarding homosexuality. This can make them feel alienated from society, and as a result, homosexual individuals can have a low sense of belonging and experience symptoms of depression because their basic needs,

specifically belonging, are not fulfilled. This study focused on sense of belonging to the general community rather than a specific community. Based on the stages of identity development proposed by Cass (1979), homosexual individuals experience an identity synthesis in the final stage, during which there is an increase in relationships between homosexual individuals and supportive heterosexual people. Cass (1979) stated that at this stage, homosexual individuals no longer have the anger and pride found in the previous stages because they no longer see the homosexual and heterosexual worlds as two separate worlds. This indicates that the relationship of homosexual individuals with communities outside of homosexuals becomes important in the development of the last stage of homosexual individual identity, identity synthesis.

Finally, the results indicated that the sense of belonging significantly mediates the relationship between internalized homophobia and depressive symptoms. Similar to their heterosexual counterparts, since the early stages of life, homosexual individuals are continually exposed to anti-homosexual attitudes, which are spread in many ways through television, religion, law, social norms, and family structures (ILO, 2016). Homosexual individuals might grow up with the belief that homosexuality is wrong and may consequently develop negative attitudes toward their sexual orientation, or as Meyer calls it, internalized homophobia. Knowing that they are violating the values and culture espoused by the dominant culture, homosexual individuals may feel alienated from their society and therefore have a low sense of belonging. Then, because of the unfulfilled need for

belonging, they are at a greater risk of experiencing symptoms of depression. This explanation is supported by the results of this study, which indicated that the higher the level of internalized homophobia, the lower the sense of belonging, which then predicts higher depressive symptoms.

Additional analyses reported that there was a significant difference in internalized homophobia between lesbian and gay participants, with gay participants reporting higher internalized homophobia than lesbian participants. These results agree with previous studies that also found that men experience higher internalized homophobia than women (Herek et al., 1997; Hieu & Ng, 2015). This phenomenon may be rooted in gender roles that are espoused by society and have been taught to children from an early age. Gay men and lesbians are both considered a violation to society's values, but according to Archer (1989, in Davies, 2004), gender roles of men are more clearly defined in society than are women's roles, and there will be more sanctions imposed on men who violate their given roles rather than women. In line with this, Kite and Whitley (1996) found that heterosexual men perceive gay men as worse; this is because men tend to hold onto the norms of gender roles more than women, so they may have a higher expectation for other men to obey these norms.

Furthermore, individuals who were not in a romantic relationship with the same sex reported significantly higher internalized homophobia than individuals who were in a romantic relationship with the same sex. This is in line with Meyer and Dean's (1998, in Frost & Meyer,

2009) statement that gay men who have higher levels of internalized homophobia have a lower likelihood of being in an intimate relationship. Additionally, Frost and Meyer (2009) found that internalized homophobia was associated with problems in relationships among all participants, particularly couples. Frost and Meyer (2009) argue that in a same-sex relationship, the existence of a partner and shared experiences can be a reminder of an individual's sexual orientation, and as we have stated, individuals who have internalized homophobia have a poor view of themselves.

Additional analyses found that there was a significant difference in depressive symptoms between lesbians and gays, with lesbian participants experiencing higher depressive symptoms than gay participants. The DSM-5 states that the prevalence of major depressive disorder is as much as 1.5 to 3 times greater in women than in men starting in early adolescence (APA, 2013). Angst, Gamma, Gatspar, Lépine, Mendlewicz, and Tylee (2002) also reported a higher prevalence of depressive symptoms in women than in men. According to Hyde, Mezulis, and Abramson (2008), women have a higher likelihood of being exposed to negative life events and thus a more negative evaluation of these events, particularly during adolescence. Furthermore, according to Hyde et al. (2008), early puberty in girls can cause vulnerability to depression, and hormones associated with puberty may play a role in this association.

Moreover, individuals who were part of a community related to homosexuality reported higher depressive symptoms than individuals who were not a part of a community related to homosexuality. This



finding differs from a study performed by Ross, Doctor, Dimito, Kuehl, and Armstrong (2007), which found that group interventions are effective in reducing the severity of depression and increasing the self-esteem of the participants involved. In this study, the participants were only asked about their participation in general without further information on what activities are performed in the community, so there is no possible way of knowing whether the communities joined by the participants are sufficient to meet the needs or provide psychological support to the participants.

## 5. CONCLUSION

The current study results and data support the study hypothesis, which states that the sense of belonging significantly mediates the relationship between internalized homophobia and depressive symptoms among homosexuals in Indonesia. This study still has several limitations, primarily the failure to include homosexual individuals over the age of 37 years. According to Meyer (1995), internalized homophobia is crucial in the psychological adjustment of homosexual individuals throughout their lives, so future studies should cover a broader age range of participants. Furthermore, the analysis based on participation in communities related to homosexuality reported results that are not in line with existing theories and previous studies. The participants' demographic data were not sufficient to reach conclusions in this regard, so it will be interesting for future studies to specifically examine the participation of homosexual individuals in LGB communities and its relationship to depressive symptoms. Finally, this study

has some limitations associated with data retrieval, specifically that almost all of the questionnaires were completed online. Completing questionnaires online is advantageous for maintaining the anonymity of participants and makes data collection easier for researchers, but it has disadvantages such as the potential for participants to complete questionnaires more than once (Roberts & Allen, 2015). Although the effect may be small, these limitations can affect the quality of the data obtained.

Research on minority stress among homosexual individuals in Indonesia is still very rare. The results of this study can provide homosexual individuals with knowledge about internalized homophobia and its effects on mental health, particularly symptoms of depression. These results are also expected to help homosexual individuals learn the importance of involvement in society to reduce depressive symptoms. The results of this study can be used as a reference in providing psychoeducation to the public about homosexuality and mental health. Society plays a very important role in the mental health of homosexual individuals, so it is hoped that through this study the public can attain a deeper understanding of homosexuality and the psychological impact of the attitudes that they have on homosexual individuals. The results of this study can also be considered when creating interventions to avoid ones that perpetuate an individual's internalized homophobia and emphasize interventions that encourage individual involvement in their environment to increase the sense of belonging and thus reduce depressive symptoms in homosexual individuals.

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