

FAMILY CONTEXT AND OUTNESS AMONG LGB INDIVIDUALS: ASSOCIATIONS WITH SELF-ACCEPTANCE AND ANXIETY

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Abstract: *This study examined relationships among age, outness, self-acceptance, anxiety, parental support, and parents' political orientation in 77 LGB individuals. Older participants reported higher levels of disclosure across family and public contexts, but lower self-acceptance. A longer period passing since becoming aware of their sexual identity was associated with greater disclosure, higher self-acceptance, and lower anxiety. Disclosure to parents was linked to higher perceived parental support, but not to self-acceptance or anxiety. Outness was consistent across contexts except in religious settings, and maternal conservatism was associated with lower disclosure.*

Key words: *self-acceptance, self-disclosure, outness, parental support, anxiety.*

1. Introduction

The development of sexual identity among lesbian, gay, and bisexual (LGB) individuals remains a central topic in social psychology and mental health. Identity integration is strongly shaped by family, religion, and broader sociopolitical contexts, which can either foster acceptance and self-expression or exacerbate stigma and anxiety (Meyer, 2013).

Family relationships are particularly influential: parental acceptance or rejection affects not only perceived support but also self-acceptance and psychological well-being (Ryan et al., 2010). Disclosure of sexual orientation is a critical step in identity development, carrying both potential benefits, authenticity, reduced anxiety, and support, and risks, especially in conservative or religious settings where rejection is more likely (Cass, 1979; Mohr & Fassinger, 2000; Shilo & Savaya, 2012).

This study examines how age, outness, self-acceptance, anxiety, parental support, and parents' political orientation interrelate, and compares individuals who have disclosed their orientation to their parents with those who have not.

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2. Literature Review

2.1. Self-Acceptance, disclosure, and psychological well-being

Self-acceptance, defined as a realistic and positive attitude toward oneself, is central to psychological well-being in both humanistic and cognitive-behavioral models (Maslow, 1954/2023; Rogers, 1995). For LGB individuals, it precedes disclosure and supports identity integration (Cass, 1979). Higher self-acceptance correlates with greater self-esteem and lower depression and anxiety (Woodford et al., 2014), while lack of acceptance fosters internalized stigma (Torres Rosado, 2019).

Disclosure involves acknowledging and expressing one's sexual identity (Cass, 1979; McCurdy & Russell, 2024). The degree of outness varies across contexts: family, friends, workplace, or religious settings (Orne, 2011). Greater outness generally predicts improved mental health and reduced anxiety, though these effects depend on cultural climate and available support (Legate et al., 2012). In hostile or religious environments, however, disclosure can increase stress and risk of rejection (Barnes & Meyer, 2012; Shilo & Savaya, 2012; Sowe et al., 2014). Parents' responses to disclosure strongly influence relationship quality and perceived support (Ryan et al., 2010).

Minority stress theory (Meyer, 2013) explains the higher rates of psychological distress among sexual minorities. Concealment operates as a chronic stressor, heightening vulnerability (Pachankis & Goldfried, 2006). Disclosure can reduce anxiety in supportive environments (Legate et al., 2012), but in homophobic contexts it may intensify distress and risk of victimization (Riggle et al., 2014). Individuals with higher anxiety often delay disclosure (Mohr & Fassinger, 2003), although gradual openness can enhance coping and resilience (Camp et al., 2020).

2.2. Social and contextual influences on acceptance

Parental support strongly predicts LGB youths' mental health, self-esteem, and social integration, and reduces depression, anxiety, and risk behaviors (Ryan et al., 2010). Lack of support contributes to isolation, concealment, and internalized homonegativity (Dalton, 2015). Longitudinal findings highlight that consistent, affirming support can reduce stigma and improve family relationships (Lin et al., 2022).

Religious and political contexts shape parental responses. Religious identity often conflicts with sexual orientation, fuelling anxiety and stigma (Shilo & Savaya, 2012; Sowe et al., 2014). Conservative political orientations predict less supportive parental reactions (Baiocco et al., 2015; Herek, 2009), whereas liberal values are linked with greater acceptance (Pistella et al., 2016). In Romania, where Orthodoxy and conservative norms predominate, disclosure remains particularly challenging (Lăzărescu et al., 2023).

Identity development theories emphasize age and experience as key to integration (Cass, 1979). Early awareness of orientation is often associated with heightened anxiety in unsupportive contexts (Rosario et al., 2011). Later recognition may bring different barriers, including family stigma and relational constraints. While anxiety tends to decline with age, older cohorts often report lower self-acceptance, reflecting generational differences (Herek, 2009).

3. Objectives and Hypotheses

This correlational study investigates the relationships among the study variables and examines differences between individuals who have disclosed their sexual orientation to their parents and those who have not. The research hypotheses are:

- H1.** There are correlations between age, outness, self-acceptance, anxiety, perceived parental support, the difference between current age and the age of sexual orientation awareness, and parents' political orientation.
- H2.** Individuals who have disclosed their sexual orientation to their parents differ from those who have not disclosed it in terms of perceived parental support, self-acceptance, anxiety, and level of outness.

4. Methods

4.1. Participants

The study included 77 LGB individuals aged 14–58 years ($M = 25.7$, $SD = 8.8$): 42 females (54.5%), 33 males (42.9%), and 2 identifying with another gender (2.6%). Sexual orientation comprised 30 bisexuals (39.0%), 26 gay (33.8%), and 21 lesbians (27.3%). The mean age at which participants first became aware of their sexual orientation was 14.3 ($SD = 4.52$) years. Disclosure to parents was reported by 35 participants (54.5%) in relation to mothers and by 26 participants (33.8%) in relation to fathers. Participants came from diverse social backgrounds, age groups, and educational levels. Data were collected via an online questionnaire (Google Forms) from a convenience sample of LGB individuals. Inclusion criteria were experience with both parents, current or recent romantic involvement, and self-identification as LGB; exclusion criteria were lack of informed consent or incomplete responses.

4.2. Measures

Parental Support for Sexual Orientation, measured using the *Parental Support for Sexual Orientation Scale* (PSOS; Mohr & Fassinger, 2003), assesses the extent to which participants perceive their parents as supportive of their LGB identity. The scale comprises 18 items (9 maternal, 9 paternal) rated on a 7-point Likert scale. Mohr & Fassinger (2003) reported internal consistency of $\alpha = .92$ (mother), $\alpha = .91$ (father), and $\alpha = .93$ (overall). In the current study $\alpha = .90$ (mother) and $\alpha = .91$ (father). Items 5 (mother) and 14 (father) showed poor psychometric performance and problematic wording (regarding partner gender) and were excluded from final analyses.

Outness, measured using the *Outness Inventory* (OI; Mohr & Fassinger, 2000), evaluates the degree to which LGB participants disclose their sexual orientation across social domains. The inventory contains 11 items rated on a 7-point scale, yielding three subscales (*Out to Family*, *Out to World*, *Out to Religion*). Mohr & Fassinger (2000) reported good to excellent reliability (subscale α s = .74–.97; total $\alpha = .92$), while in the current study internal consistency was acceptable ($\alpha = .75$).

Self-Acceptance, measured using the *Self-Acceptance scale* from *Cloninger's Temperament and Character Inventory* (TCI; Goldberg et al., 2006), measures participants' level of self-acceptance as a personality characteristic. The original scale

comprises 8 dichotomous items (some reverse-scored). Previous research reported low reliability ($\alpha = .55$; Iliescu et al., 2019). Similarly, the initial α in the present study was .56; however, item analysis indicated that items 1, 2, and 7 had low item–total correlations, and their removal increased internal consistency to $\alpha = .63$.

Anxiety, measured using the *16 Personality Factors Questionnaire* (16PF; Goldberg et al., 2006), assesses trait anxiety (tendency toward worry, self-doubt, guilt and tension). The Anxiety factor comprises 10 dichotomous items (several being reverse-scored), and total scores indicate anxiety level. Previous research reported good reliability ($\alpha = .78$; Iliescu et al., 2019), replicated in the current study ($\alpha = .77$).

5. Data analysis

The data were analyzed using Jamovi (Version 2.7.6; The Jamovi project, 2025), with descriptive indicators calculated and the normality assumption met.

6. Results

H1. Correlations among age, outness, self-acceptance, anxiety, parental support, age of sexual identity awareness, and parents' political orientation

Correlation analyses revealed several significant relationships (Table 1). Participants' age was positively associated with sexual orientation disclosure: globally, within the family, and in public contexts (Table 1). These medium associations indicate that older individuals tend to be more open, consistent with stage models of sexual identity development, which describe coming out as a gradual, age-related process (Cass, 1979; Mohr & Fassinger, 2000). Identity development theories further emphasize that disclosure increases as individuals gain social experience (Legate et al., 2012).

At the same time, age was negatively correlated with self-acceptance and anxiety. The reduction in anxiety with age may reflect greater coping skills and emotional stability (Nelson, 2025), in line with minority stress theory, which suggests that repeated exposure to stigma can foster resilience (Meyer, 2013). In contrast, lower self-acceptance among older participants likely reflects generational effects: they formed their identity in less supportive sociocultural climates (Herek, 2009). Thus, while anxiety tends to decline with age, self-acceptance remains shaped by historical barriers.

Outness dimensions were strongly interrelated: Outness correlated with Out to Family and Out to World, while Out to Family and Out to World were also associated. These results suggest consistency across disclosure contexts (Mohr & Fassinger, 2003) and support the view that coming out often begins within close relationships before expanding outward (Rosati, 2020). Out to Religion, however, was only modestly related to global disclosure, confirming that religious environments remain difficult spaces for openness (Shilo & Savaya, 2012).

Disclosure showed psychological benefits: Outness was negatively correlated with anxiety, consistent with minority stress theory (Meyer, 2003) and studies showing that authenticity and visibility reduce distress (Legate et al., 2012). However, Outness correlated negatively with mothers' political conservatism, indicating that conservative family climates hinder disclosure (Doan & Haider-Markel, 2010; Herek, 2015). Mothers'

and fathers' political orientation were positively correlated, consistent with findings on value congruence within families (Goldberg, 2023).

Table 1

Correlations among age, outness, self-acceptance, anxiety, parental support, sexual identity awareness, and parents' political orientation

	1	2	3	4	5	6	7	8	9	10	11
1. Age											
2. Outness	.39***										
3. Out to Family	.49***	.85***									
4. Out to World	.26*	.90***	.57***								
5. Out to Religion	-.08	.26*	.12	.12							
6. Self-Acceptance	-.36***	-.19	.12	.12	.01						
7. Anxiety	-.40***	-.30**	-.15	-.15	-.21	-.16					
8. Support _{Mom}	-.13	-.12	-.10	-.13	-.12	-.09	-.12				
9. Support _{Dad}	-.04	.10	.10	.12	-.12	-.18	.01	.10			
10. Politics _{Mom}	.11	-.23*	-.24*	-.17	-.01	-.06	.06	.07	-.10		
11. Politics _{Dad}	-.01	-.05	-.07	-.07	.07	-.10	.07	.07	-.01	.41***	
12. Difference	.89***	.40***	.27 ^s	.27*	-.02	.22*	-.39***	-.17	-.05	.05	-.04

Note. $N=77$; $df=75$; * $p<0.05$; ** $p<0.01$; *** $p<0.001$;

Support Mom = Perceived parental support score for the mother; Support Dad = Perceived parental support score for the father; Politics Mom = Political orientation score for the mother; Politics Dad = Political orientation score for the father; Difference = the difference between current age and age of sexual identity awareness;

Correlation analysis identified several noteworthy, statistically significant relationships between the difference in current age and the age of becoming aware of their sexual orientation awareness and the study variables. This difference correlated positively with Outness, indicating a moderate-to-strong association, and with Out to Family, Out to World, and self-acceptance, reflecting small-to-moderate but meaningful effects. A negative correlation was found with anxiety, suggesting that earlier awareness is associated with lower anxiety levels.

These findings imply that becoming aware of one's sexual orientation earlier provides more time for identity processing, coping strategy development, and the cultivation of self-confidence. In line with minority stress theory (Meyer, 2003), a longer integration period may help reduce both external stressors (stigma, discrimination) and internal stressors (self-stigma, fear of disclosure), which explains higher levels of outness and self-acceptance alongside reduced anxiety.

The positive associations with outness dimensions are consistent with prior research linking disclosure to improved mental health and greater social support (Tabaac et al., 2015). Similarly, the link with self-acceptance underscores the importance of time in consolidating sexual identity and internalizing a positive self-concept (Riggle et al., 2014). The negative association with anxiety supports evidence that visibility and acknowledgment of identity are related to reduced psychological distress (Elmer et al., 2025). Nevertheless, the literature also highlights that coming out may entail heightened vulnerability in hostile environments, where disclosure can lead to rejection or discrimination (Pachankis et al., 2015). Thus, these associations should be interpreted in light of the broader social and cultural context.

Interestingly, no correlations emerged between parental support and self-acceptance or anxiety. This aligns with recent work showing that the effects of support are often indirect, mediated by communication quality and expression of acceptance (Ryan et al., 2010; Lefevor et al., 2023). Similarly, the absence of simple correlations between outness and self-acceptance or anxiety may reflect context-dependent effects: disclosure can promote well-being by enabling support but can also increase exposure to stigma (Pachankis, 2007; Herek, 2009). Individual differences, such as personality traits, may further moderate these effects (Shilo & Savaya, 2012).

Out to Religion showed no direct link to anxiety or self-acceptance, but prior studies indicate that religiosity affects mental health through mechanisms such as internalized stigma or identity conflict (Barnes & Meyer, 2012; Sowe et al., 2014). Likewise, parental conservatism may influence youth adjustment indirectly, through behaviors such as rejection or support, rather than through ideology alone (Baiocco et al., 2015).

Taken together, the results indicate that time and age are consistently linked with increased disclosure and reduced anxiety, while self-acceptance appears more sensitive to generational and contextual factors. The absence of simple correlations between parental support, political orientation, and mental health outcomes reflects the complexity of these processes, which often unfold through mediated and moderated pathways best captured in longitudinal designs.

Differences by maternal disclosure of sexual orientation

Table 2

	Disclosed	N	M	SD	SE	F	df	p
Parent. support	No	42	27.20	11.5	1.78	9.20	1, 75	.003
	Yes	35	36.40	14.4	2.44			
Self-Accept.	No	42	3.36	1.28	0.19	1.41	1, 75	.24
	Yes	35	2.97	1.52	0.25			
Anxiety	No	42	6.21	2.82	0.43	0.02	1, 75	.87
	Yes	35	6.11	2.56	0.43			
Outness	No	42	30.14	15.18	2.34	0.36	1, 75	.55
	Yes	35	28.31	11.50	1.94			

Note. Parent. support = Perceived parental support score for the mother;

Self-Accept. = Self-Acceptance.

H2. Differences in self-acceptance, anxiety, outness, and perceived parental support between individuals who disclosed and those who did not

The second hypothesis examined whether disclosure of sexual identity to parents was associated with differences in self-acceptance, anxiety, outness, and perceived support.

For coming out to mothers (Table 2), a significant effect emerged only for perceived maternal support: participants who had disclosed reported higher support. No significant differences were found for self-acceptance, anxiety, or outness. This suggests that disclosure primarily strengthens perceived maternal support, likely because coming out fosters authenticity, open communication, and parental responsiveness (Ryan et al., 2010). In contrast, self-acceptance and anxiety may depend more on broader social networks or long-term developmental processes (Mohr & Fassinger, 2003).

Differences by paternal disclosure of sexual orientation

Table 3

	Disclosed	N	M	SD	SE	F	df	p
Parent. support	No	51	24.0	13.6	1.91	4.60	1, 75	.03
	Yes	26	31.7	15.6	3.04			
Self-Acceptance	No	51	4.20	1.43	0.20	1.14	1, 75	.29
	Yes	26	4.58	1.50	0.29			
Anxiety	No	51	5.04	2.68	0.37	0.34	1, 75	.56
	Yes	26	6.42	2.74	0.53			
Outness	No	51	29.22	14.28	2.00	0.008	1, 75	.92
	Yes	26	29.50	12.35	2.42			

Note. Parent. support = Perceived parental support score for the father.

For coming out to fathers (Table 3), results followed a similar pattern. Perceived paternal support was higher among participants who had disclosed their sexual orientation to their fathers than those who had not. The effect size was smaller than for mothers, consistent with research suggesting that paternal reactions may be shaped by gender roles, cultural norms, or lower emotional involvement (LaSala, 2010). Psychological interpretation indicates that disclosure may enhance paternal support, though its impact appears more moderate than for mothers.

Taken together, these findings partially confirm the hypothesis: disclosure predicted differences in perceived support from both parents, but not in self-acceptance, anxiety, or outness. This pattern suggests that while disclosure may act as a catalyst for parental support, psychological adjustment reflects more complex mechanisms involving individual coping and social context (Rothman et al., 2012; Ryan et al., 2010).

The absence of significant effects on self-acceptance and anxiety is consistent with literature highlighting that disclosure does not uniformly improve well-being. Outcomes depend strongly on parental reactions: supportive responses enhance adjustment, while rejection may increase distress (Ryan et al., 2009; Legate et al., 2012). In cross-sectional analyses, such divergent experiences may statistically cancel each other out.

Moreover, disclosure is often strategic, guided by perceived risks and potential support (Pachankis, 2007). Individuals who remain non-disclosed may protect themselves from rejection and thus report similar levels of self-acceptance and anxiety as those who have disclosed their sexual identity (Schrimshaw et al., 2013). Cultural context also matters: in affirming environments, disclosure tends to promote well-being, whereas in stigmatizing contexts, it may exacerbate minority stress (Meyer, 2003; Riggle et al., 2014).

Differences between the consequences of disclosure to mothers and fathers should be noted. Prior studies show that disclosure usually occur earlier and more frequently with mothers, who tend to provide more nuanced responses (McCurdy & Russell, 2024). Fathers are often disclosed to later and perceived as more difficult to approach (McCurdy & Russell, 2024). Yet, variability in parental reactions may obscure consistent effects on self-acceptance or anxiety.

In conclusion, disclosure to parents is reliably associated with higher perceived support but not with direct differences in psychological outcomes. These findings are not contradictory to the literature but instead underscore that the effects of disclosure

are conditional: they depend on parental reactions, cultural context, and individual coping strategies (Schrimshaw et al., 2013; Legate et al., 2012).

7. Discussion

The results of this study partially confirm the proposed hypotheses and highlight the complexity of the process of assuming and integrating sexual identity. In line with Hypothesis 1, age was associated with higher levels of sexual orientation disclosure, both globally and within family and public contexts. This result is consistent with identity development models (Cass, 1979; Mohr & Fassinger, 2000), which conceptualize the coming-out process as gradual and dependent on life experience (Bishop et al., 2020). Age was also negatively correlated with anxiety, in line with the idea that the accumulation of coping strategies and increased emotional stability may reduce distress (Charles & Carstensen, 2010). However, the negative association with self-acceptance suggests a generational pattern: older individuals may have constructed their identities in a more hostile sociocultural climate (Herek, 2009), explaining lower levels of self-acceptance despite reduced anxiety.

A relevant finding concerned the time elapsed since becoming aware of their sexual orientation. A longer interval was associated with higher self-acceptance, greater disclosure, and lower anxiety. This pattern suggests that gradual consolidation of identity and progressive integration of sexual orientation are linked to higher psychological well-being (Rosario et al., 2011; Legate et al., 2012). According to minority stress theory (Meyer, 2003), extended time for identity integration may allow for the development of more effective coping strategies and a reduction of internal stressors, such as internalized stigma. These findings also align with studies showing that identity visibility and acknowledgment are related to lower distress (Elmer et al., 2024), although in hostile environments, coming out may involve risks of rejection (Pachankis et al., 2017).

Strong correlations among outness dimensions confirm the consistency of disclosure across contexts (Mohr & Fassinger, 2003). However, the lower level of openness in religious settings reflects the constraints of such spaces (Shilo & Savaya, 2012). The negative relationship between outness and maternal conservatism underscores the role of family environment in disclosure, suggesting that parental values can function as inhibiting factors in the coming-out process (Doan & Haider-Markel, 2010; Herek, 2015).

Hypothesis 2 was only partially supported: disclosure of sexual orientation to parents was associated with higher perceived support from both mothers and fathers but not with significant differences in self-acceptance or anxiety. This result suggests that the association between coming out and psychological health is not uniform but largely dependent on parental reactions (Ryan et al., 2009; Legate et al., 2012). While openness may facilitate authenticity and communication, psychological adjustment appears to be influenced by broader factors, including social context and individual coping strategies (Rosario et al., 2011; Goldbach & Gibbs, 2017; Ma & Li, 2024).

Differences between mothers' and fathers' reactions to their children's sexual disclosure also deserve emphasis. The association between disclosure and perceived support was stronger for mothers, consistent with research showing that disclosure tends to occur earlier and more frequently towards mothers, while fathers are often

perceived as more difficult to approach (McCurdy & Russell, 2024). Nevertheless, the varied parental reactions may help explain the absence of clear associations with self-acceptance and anxiety, as divergent experiences could statistically offset one another (Schrimshaw et al., 2013).

Overall, the results indicate that both age and time since becoming aware of their sexual orientation are related to identity integration and reduced anxiety, while self-acceptance remains strongly shaped by historical and contextual factors. Moreover, sexual orientation disclosure plays a critical role in strengthening parental support, though its associations with psychological adjustment depend largely on parental reactions and the broader cultural environment.

8. Limitations and Future Research Directions

This study highlights links between sexual identity assumption, parental support, self-acceptance, and anxiety, yet several limitations must be acknowledged. The cross-sectional design prevents causal inferences, and the modest sample size restricts power and generalizability. Selection bias is also possible, as participants more open about their identity may differ from less visible individuals. Moreover, several variables were measured through self-reports, which may increase social desirability bias and limit accuracy, underscoring the need for mixed methods. Finally, findings are context-specific, shaped by the socio-political environment.

Future research should examine mediation and moderation mechanisms (e.g., parental relationship quality, discrimination), use longitudinal designs to track identity and mental health over time, and conduct cross-cultural comparisons to clarify how policies and socio-political climates influence sexual identity development.

References

- Baiocco, R., Fontanesi, L., Santamaria, F., Ioverno, S., Marasco, B., Baumgartner, E., ... & Laghi, F. (2015). Negative parental responses to coming out and family functioning in a sample of lesbian and gay young adults. *Journal of Child and Family Studies*, 24(5), 1490-1500. <https://doi.org/10.1007/s10826-014-9954-z>
- Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry*, 82(4), 505. <https://doi.org/10.1111/j.1939-0025.2012.01185.x>
- Bishop, M. D., Fish, J. N., Hammack, P. L., & Russell, S. T. (2020). Sexual identity development milestones in three generations of sexual minority people: A national probability sample. *Developmental Psychology*, 56(11), 2177–2193.
- Camp, J., Vitoratou, S., & Rimes, K. A. (2020). LGBTQ+ Self-Acceptance and Its Relationship with Minority Stressors and Mental Health: A Systematic Literature Review. *Archives of Sexual Behavior*, 49(7), 2353-2373. <https://doi.org/10.1007/s10508-020-01755-2>
- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of homosexuality*, 4(3), 219-235. https://doi.org/10.1300/J082v04n03_01
- Charles, S. T., & Carstensen, L. L. (2010). Social and emotional aging. *Annual review of psychology*, 61(1), 383-409.

- Dalton, S. E. (2015). *LGB sexual orientation and perceived parental acceptance* (Doctoral dissertation, Duquesne University). <https://dsc.duq.edu/etd/453>
- Doan, A. E., & Haider-Markel, D. P. (2010). The role of intersectional stereotypes on evaluations of gay and lesbian political candidates. *Politics & Gender*, 6(1), 63-91. <https://doi.org/10.1017/S1743923X09990511>
- Elmer, E. M., van Tilburg, T. G., & Fokkema, T. (2025). Age and gender identity in the relationship between minority stress and loneliness: A global sample of sexual and gender minority adults. *The Journal of Sex Research*, 62(6), 1080-1099. <https://doi.org/10.1080/00224499.2024.2339511>
- Goldbach, J. T., & Gibbs, J. J. (2017). A developmentally informed adaptation of minority stress for sexual minority adolescents. *Journal of Adolescence*, 55, 36-50. <https://doi.org/10.1016/j.adolescence.2016.12.007>
- Goldberg, A. E. (2023). LGBTQ-parent families: Diversity, intersectionality, and social context. *Current Opinion in Psychology*, 49, 101517. <https://doi.org/10.1016/j.copsyc.2022.101517>
- Goldberg, L. R., Johnson, J. A., Eber, H. W., Hogan, R., Ashton, M. C., Cloninger, C. R., & Gough, H. G. (2006). The international personality item pool and the future of public-domain personality measures. *Journal of Research in Personality*, 40(1), 84-96. <https://doi.org/10.1016/j.jrp.2005.08.007>
- Herek, G. M. (2015). Beyond “homophobia”: Thinking more clearly about stigma, prejudice, and sexual orientation. *American Journal of Orthopsychiatry*, 85(5S), S29. <https://psycnet.apa.org/buy/2015-46587-005>
- Herek, G. M. (2009). Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework. In D. A. Hope (Ed.), *Contemporary Perspectives on Lesbian, Gay, and Bisexual Identities. Nebraska Symposium on Motivation* (pp. 65-111). Springer. https://doi.org/10.1007/978-0-387-09556-1_4
- Iliescu, D., Popa, M., & Dimache, R. (2019). Adaptarea românească a Setului Internațional de Itemi de Personalitate: IPIP-Ro. *Psihologia Resurselor Umane*, 13(1), 83–112. <https://hrp-journal.com/index.php/pru/article/view/148>
- LaSala, M. C. (2010). *Coming out, coming home: Helping families adjust to a gay or lesbian child*. Columbia University Press.
- Lăzărescu, G., Karner-Hutuleac, A., & Maftai, A. (2023). Modern homophobia among heterosexual Romanian adults: the roles of sexual orientation beliefs, religiosity, perceived social roles, and social media use. *Frontiers in Psychology*, 14, 1219442. <https://doi.org/10.3389/fpsyg.2023.1219442>
- Lefevor, G. T., Larsen, E. R., Golightly, R. M., & Landrum, M. (2023). Unpacking the internalized homonegativity–health relationship: How the measurement of internalized homonegativity and health matter and the contribution of religiousness. *Archives of Sexual Behavior*, 52(3), 921-944. <https://doi.org/10.1007/s10508-022-02436-y>
- Legate, N., Ryan, R. M., & Weinstein, N. (2012). Is coming out always a “good thing”? Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science*, 3(2), 145-152. <https://doi.org/10.1177/19485506114119>
- Lin, C. Y., Griffiths, M. D., Pakpour, A. H., Tsai, C. S., & Yen, C. F. (2022). Relationships of

- familial sexual stigma and family support with internalized homonegativity among lesbian, gay and bisexual individuals: The mediating effect of self-identity disturbance and moderating effect of gender. *BMC public health*, 22(1), 1465. <https://doi.org/10.1186/s12889-022-13815-4>
- Ma, C., & Li, J. (2024). Perceived stress and outness: examining the coping mediation framework among Chinese LGBTQ+ community. *Behavioral Sciences*, 14(11), 978. <https://doi.org/10.3390/bs14110978>
- Maslow, A. H. (1954/2023). *Motivation and personality: motivation and personality: unlocking your inner drive and understanding human behavior by AH Maslow*. Prabhat Prakashan. Retrieved from <https://books.google.com/>
- McCurdy, A. L., & Russell, S. T. (2024). Self-Disclosure and “Coming Out” to Parents among LGBTQ Youth. In J. G. Smetana, N. Campione-Barr, & L. C. Tilton-Weaver (Eds.), *The Cambridge Handbook of Parental Monitoring and Information Management during Adolescence* (pp. 342–366). Cambridge University Press.
- Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 3–26. <https://doi.org/10.1037/2329-0382.1.S.3>
- Mohr, J. J., & Fassinger, R. E. (2003). Self-acceptance and self-disclosure of sexual orientation in lesbian, gay, and bisexual adults: An attachment perspective. *Journal of Counseling Psychology*, 50(4), 482–495. <https://doi.org/10.1037/0022-0167.50.4.482>
- Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement and Evaluation in Counseling and Development*, 33(2), 66–90. <https://doi.org/10.1080/07481756.2000.12068999>
- Nelson, C. L. (2025). Coping with discrimination: A longitudinal study of health outcomes in lesbian, gay, and bisexual and heterosexual midlife and older adults. *Journal of Aging and Health*, 37(1-2), 18–30. <https://doi.org/10.1177/089826432312184>
- Orne, J. (2011). ‘You will always have to “out” yourself’: Reconsidering coming out through strategic outness. *Sexualities*, 14(6), 681–703. <https://doi.org/10.1177/1363460711420462>
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: a cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328–345. <https://doi.org/10.1037/0033-2909.133.2.328>
- Pachankis, J. E., & Goldfried, M. R. (2006). Social anxiety in young gay men. *Journal of Anxiety Disorders*, 20(8), 996–1015. <https://doi.org/10.1016/j.janxdis.2006.01.001>
- Pachankis, J. E., Cochran, S. D., & Mays, V. M. (2015). The mental health of sexual minority adults in and out of the closet: A population-based study. *Journal of Consulting and Clinical psychology*, 83(5), 890–901. <https://doi.org/10.1037/ccp0000047>
- Pistella, J., Salvati, M., Ioverno, S., Laghi, F., & Baiocco, R. (2016). Coming-out to family members and internalized sexual stigma in bisexual, lesbian and gay people. *Journal of Child and Family Studies*, 25(12), 3694–3701. <https://doi.org/10.1007/s10826-016-0528-0>
- Riggle, E. D., Mohr, J. J., Rostosky, S. S., Fingerhut, A. W., & Balsam, K. F. (2014). A multifactor lesbian, gay, and bisexual positive identity measure (LGB-PIM). *Psychology of Sexual Orientation and Gender Diversity*, 1(4), 398. <https://doi.org/10.1037/t37069-000>

- Rogers, C. R. (1995). *On becoming a person: A therapist's view of psychotherapy*. Houghton Mifflin Harcourt.
- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2011). Different patterns of sexual identity development over time: Implications for the psychological adjustment of lesbian, gay, and bisexual youths. *Journal of Sex Research*, 48(1), 3-15. <https://doi.org/10.1080/00224490903331067>
- Rosati, F., Pistella, J., Nappa, M. R., & Baiocco, R. (2020). The coming-out process in family, social, and religious contexts among young, middle, and older Italian LGBTQ+ adults. *Frontiers in Psychology*, 11, 617217. <https://doi.org/10.3389/fpsyg.2020.617217>
- Rothman, E. F., Sullivan, M., Keyes, S., & Boehmer, U. (2012). Parents' supportive reactions to sexual orientation disclosure associated with better health: Results from a population-based survey of LGB adults in Massachusetts. *Journal of homosexuality*, 59(2), 186-200. <https://doi.org/10.1080/00918369.2012.648878>
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. <https://doi.org/10.1542/peds.2007-3524>
- Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Schrimshaw, E. W., Siegel, K., Downing Jr, M. J., & Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology*, 81(1), 141-153. <https://doi.org/10.1037/a0031272>
- Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youth and young adults: Differential effects of age, gender, religiosity, and sexual orientation. *Journal of Research on Adolescence*, 22(2), 310-325. <https://doi.org/10.1111/j.1532-7795.2011.00772.x>
- Sowe, B. J., Brown, J., & Taylor, A. J. (2014). Sex and the sinner: comparing religious and nonreligious same-sex attracted adults on internalized homonegativity and distress. *American Journal of Orthopsychiatry*, 84(5), 530-544. <https://doi.org/10.1037/ort0000021>
- Tabaac, A. R., Perrin, P. B., & Trujillo, M. A. (2015). Multiple mediational model of outness, social support, mental health, and wellness behavior in ethnically diverse lesbian, bisexual, and queer women. *LGBT health*, 2(3), 243-249.
- Torres Rosado, C. A. (2019). *Heteronormative Beliefs and the Impact on Self-acceptance and Disclosure of Male Homosexuality in Portugal and Turkey* (Doctoral dissertation). Retrieved from <http://hdl.handle.net/10071/19833>
- Woodford, M. R., Kulick, A., Sinco, B. R., & Hong, J. S. (2014). Contemporary heterosexism on campus and psychological distress among LGBTQ students: the mediating role of self-acceptance. *American Journal of Orthopsychiatry*, 84(5), 519-529. <https://doi.org/10.1037/ort0000015>