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นิพนธ์ต้นฉบับ

อิทธิพลของการรับเอามุมมองทางลบต่อการรักเพศเดียวกันมาเป็นส่วนหนึ่งของตนเองต่อภาวะซึมเศร้าผ่านการเปิดเผยเพศวิถีและการรับรู้การกีดกันในคนกลุ่มน้อยทางเพศวิถี

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บทคัดย่อ

วัตถุประสงค์ การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาความสัมพันธ์ระหว่างการรับเอามุมมองทางลบต่อการรักเพศเดียวกันมาเป็นส่วนหนึ่งของตนเองกับภาวะซึมเศร้า โดยมีการเปิดเผยเพศวิถีและการรับรู้การกีดกันเป็นกลไกที่ร่วมอธิบายความสัมพันธ์ **วัสดุและวิธีการ** การศึกษาเชิงสำรวจแบบภาคตัดขวาง เก็บข้อมูลในคนกลุ่มน้อยทางเพศวิถีจำนวน 263 คนผ่านการตอบแบบวัดรายงานตนเองของตัวแปรที่ศึกษาทางออนไลน์และวิเคราะห์ข้อมูลโดยการวิเคราะห์เส้นทางอิทธิพล **ผลการศึกษา** โมเดลสมมติฐานมีความสอดคล้องกับข้อมูลจากหลักฐานเชิงประจักษ์พบอิทธิพลทางตรงและอิทธิพลทางอ้อมอย่างมีนัยสำคัญทางสถิติของการรับเอามุมมองทางลบต่อการรักเพศเดียวกันมาเป็นส่วนหนึ่งของตนเองต่อภาวะซึมเศร้า โดยพบอิทธิพลทางบวกของการรับเอามุมมองทางลบต่อการรักเพศเดียวกันมาเป็นส่วนหนึ่งของตนเองต่อภาวะซึมเศร้าในทางตรง และอิทธิพลทางอ้อมผ่านการรับรู้การกีดกันไปยังภาวะซึมเศร้า รวมถึงอิทธิพลทางอ้อมผ่านการเปิดเผยเพศวิถีและการรับรู้การกีดกันไปยังภาวะซึมเศร้า **สรุป** การวิจัยครั้งนี้เป็นการศึกษาในลำดับต้น ๆ ที่ศึกษาความสัมพันธ์ระหว่างการรับเอามุมมองทางลบต่อการรักเพศเดียวกันมาเป็นส่วนหนึ่งของตนเอง ภาวะซึมเศร้า การเปิดเผยเพศวิถี และการรับรู้การกีดกันของคนกลุ่มน้อยทางเพศวิถีในประเทศไทย ข้อค้นพบจากการศึกษาสามารถนำมาใช้ต่อยอดในการส่งเสริมประสิทธิภาพของการทำงานเชิงจิตวิทยาทั้งในแง่ของการป้องกันและการบำบัดภาวะซึมเศร้าในคนกลุ่มน้อยทางเพศวิถี

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Original Article

The Effect of Internalized Homonegativity on Depression Through Outness and Perceived Discrimination in Thai Sexual Minorities

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Abstract

Objectives: The current study aimed to examine the relationships that internalized homonegativity (i.e., the internalization of homosexuality negative self-perception) had with depression with outness and perceived discrimination as relevant mechanisms. **Materials and methods:** A cross-sectional study was conducted through an online survey. Data were collected from 263 sexual minority participants, using multiple self-report measures. Data were then analyzed using path analyses. **Results:** The hypothesized model of the relationships between internalized homonegativity had with depression fit with the empirical data. Both direct and indirect effects of internalized homonegativity (IH) on depression were noted. A positive effect of internalized homonegativity on depression was supported, as well as relevant indirect relationships. Internalized homonegativity had a positive direct effect on perceived discrimination and a negative indirect effect on outness, which in turn had a direct positive effect on perceived discrimination. The discrimination in turn had a positive direct effect on depression. **Conclusion:** This study is the first to clarify the associations among internalized homonegativity, depression, outness, and perceived discrimination with Thai samples. This knowledge could also enhance therapy's effectiveness by preventing and alleviating depression in sexual minorities that stemmed from internalized homonegativity.

Keywords: Depression, Homosexuality, Internalized homonegativity, Outness, Perceived discrimination

Introduction

Thailand was among the countries well recognized for being open to diversity and accepting toward the LGBT population. Still, Thai society's acceptance of sexual minorities was not without restrictions (Jarernpanit et al., 2019; United Nations Development Programme, 2014). There remained constant efforts made to promote equal rights and to increase social awareness. The legislation pertaining to same-sex marriage as well as other laws supporting and safeguarding LGBT equal rights were yet to be legalized. Further support for LGBT individuals remained. (United Nations Development Programme [UNDP], 2019)

Apart from structural limitations, Thai sexual minorities generally experience indirect discrimination on a regular basis. Whereas non-LGBT Thais expressed positive attitudes toward LGBT people in general (i.e., 69%) and rejected negative stereotypes about them, the same group of respondents reported lower support for these individuals. Lower willingness was also noted in their support of LGBT rights on a variety of issues, including legalizing same-sex marriage (i.e., 46%), LGBT child adoption (i.e., 48%), and changing their gender on the identification cards (i.e., 35%). These discrepancies suggested that sexual minorities might not have been fully accepted within Thai society (UNDP, 2019).

The Thai sexual minority could be impacted by the subtle conflicting messages that they obtained regarding Thai society's attitude toward the LGBT community. While not as overt as the violence, hate speech, or discrimination, subliminal biases and a lack of acceptance could have left them with insecurity about their sexual orientation (UNDP, 2019), which could potentially become a source of chronic and socially based stress for these individuals. The current study, hence, was

aimed to explore the relationship that minority stressors had with depression as well as the roles those relevant variables of internalized homonegativity, discrimination, and outness had in this relationship. Information about each of these variables is outlined below.

Stress and Minority Stress

Stress generally entailed a condition in which events or external factors were burdensome and beyond a person's ability to endure. Thus, it could cause physical or mental illness (Dohrenwend, 1998). Accordingly, stressors were defined as events or conditions that forced changes and caused the individuals to adapt to those situations (Meyer, 2003). For the sexual minority, LGBT people might have perceived the inconsistency between the dominant values and their minority values. Consequently, there could be conflicting feelings between sexual minorities and the social environment in which they live (Meyer, 1995).

The conflicts that sexual minorities potentially experienced, and hence leading to stress, could be viewed in two layers, according to Meyer (2003). One was the external factor-, which was generally depicted as an objective event or external factor that potentially left the sexual minority with stress. Among these was discrimination, which was shown to be most impactful for sexual minorities (Meyer, 2003). The other was proximal stressors, which resulted from the individuals' processing of the external event. For instance, discrimination, through internal processes could have become internalized homonegativity and subsequent sexual concealment. All three factors, both distal stressors (i.e., discrimination) and proximal stressors (i.e., internalized homonegativity and sexual concealment) could have resulted in depression in sexual minorities.

Depression in Sexual Minorities

Sexual minorities have been demonstrated to be at risk of experiencing mental health issues. When compared with the general population, LGBT individuals experienced a one and half times higher risk of depression and anxiety. Lesbian, gay, and bisexual had a two times higher risk of suicide than the general population (King et al., 2008), while LGBT adolescents were six times more likely to experience depression than other adolescents (Anxiety and Depression Association of America, n.d.).

Depression has been defined as a condition where a person experienced negative feelings and symptoms such as sadness, depression, fatigue, lack of energy, loss of interest in previously worthwhile activities, hopelessness, low self-esteem, and a negative view of themselves in various situations (Gilbert, 2007; National Mental Health Institution, 2022). These could cause negative cognitive, affective, and behavioral responses. They could also interfere with one's daily life, including indirectly affecting physical health and relationships with those around them (Katz, 1996). If this condition was not attended appropriately, it might have escalated into relevant psychological disorders. Of particular relevance was major depressive disorder, which inflicted more than 264 million individuals worldwide and one million Thai individuals (Roberts et al., 2019; Health Data Center, n.d.).

Various factors could have contributed to vulnerability to depression. These were, for example, genetics (Sullivan et al., 2000), adverse childhood experience (Heim et al., 2008), and negative belief (Beck, 1979); and they could be viewed from the biopsychosocial perspective (Schotte et al., 2006). Whereas each of the relevant factors could impact the vulnerability to different extents, for sexual minorities, the degree to which social factors could

instigate this vulnerability was undeniable. Social discrimination, a distal stressor, could gradually become internalized, transforming into a proximal stressor, and lead sexual minorities to develop negative self-views. Together with the compromised worldviews due to the discrimination, the negative self-view could contribute to depression. The self-view could be traced to the internalization of homonegativity.

Internalized homonegativity

The term "internalized homonegativity" was described by Meyer (1995) as the adoption of a negative view of homosexuality as a part of oneself due to socialization. This process could begin even before a person was aware of their homosexuality. Individuals would gradually adopt normative and anti-homosexual attitudes from society until a person began to perceive their same-sex attraction and define themselves as homosexual. At the same time, they would socially learn negative stereotypes about homosexuality and incorporate them into their identity. It should be noted that concerns have been noted regarding this terminology. Originally, the term was given as "internalized homophobia." However, due to its potentially misleading pathological connotations (Herek, 2004), Mayfield (2001) proposed the term "internalized homonegativity" instead.

Internalized homonegativity has been associated with depression. The association could be viewed in various aspects indirect as well as direct. Apart from the indirect relationships through outness and discrimination, there was a direct positive relationship between internalized homonegativity and depression. A meta-analysis by Newcomb and Mustanski (2010) found a moderate effect size ($\gamma = .27, p < .001$) in the association between internalized homonegativity

and internalizing mental health problems, which included multiple studies on depression.

According to the Homosexual Identity Development Model (Cass, 1979), individuals would achieve their sexual identities when they overcome discrepancies between their self-perception and others' perceptions. With the reduction of these discrepancies, the individuals became more accepting of their own sexual identities and less hesitant in concealing their sexual identities and engaging in outness.

Outness

Outness represented the degree to which people revealed their sexual orientation to others. Where and when the level of outness changed could be dependent on the context. An individual might avoid opening up about their sexual orientation with people or in situations where they expect disapproval and prejudice. Thus, after accepting one's sexual identity, outness would be an important step toward achieving full identity integration (e.g., Cass, 1979).

Whereas outness was viewed as an indicator that the individuals became more at ease with their sexual identity and no longer concealed it, a review of the psychological outcomes of outness remained inconsistent. Attempts were made to explain these inconsistencies. One was relevant to the outcomes of outness. Should revealing own sexual identity lead to positivity, such as social support, doing so was beneficial psychologically. In contrast, should negativities such as discrimination ensue, outness would lead to adverse psychological outcomes (Chang et al., 2021).

Perceived discrimination

Discrimination depicted unfair treatments or treatments with prejudice toward an individual and a group of individuals due to their personal

characteristics (American Psychological Association, 2019). Sexual orientation was one of such characteristics and sexual minority has been shown to be among individuals being discriminated against due to social prejudice. According to Mays and Cochran (2001), when compared with their heterosexual counterparts, homosexual individuals reported significantly higher discrimination both in lifetime events or on a day-to-day basis.

Whereas estimating the outcomes of discrimination required considerations of the individual's perceptions, such perceptions negatively impacted the individuals' adjustments and well-being. Positive associations were reported by discrimination and depression (Lee et al., 2021). Additionally, discrimination was shown to be associated with internalized homonegativity and depression. Walch et al., (2016) examined these associations in sexual minority participants with and without outness and reported that discrimination indirectly predicted depression through internalized homonegativity for those who were not out. For those who were out, the prediction was not significant. However, a recent work by Kittiteerasack et al., (2020) also showed intricate associations among these variables and suggested that discrimination, internalized homonegativity, and identity outness significantly predicted depression in Thai LGBT adults. Overall, these empirical findings suggested relationships among internalized homonegativity, outness, discrimination, and depression.

Hence, in addition to the direct positive relationship that internalized homonegativity had with depression, indirect relationships through discrimination and outness should not be overlooked. Internalized homonegativity could have a negative relationship with outness, which in turn might have led to discrimination and depression. Still, the association that discrimination had with internalized homonegativity, and depression was

yet to be demonstrated empirically. Nevertheless, internalized homonegativity might have had an impact on the person's perception of discrimination due to the projected negative view of their own sexuality as well as their heightened sensitivity. As previously outlined, the discrimination could, then, result in depression.

Research Objectives and Hypotheses

Whereas initial associations among internalized homonegativity, outness, discrimination, and depression were shown, the degree to which these would be generalizable to the Thai cultural context, particularly its sexual minority, remained questionable. This study, hence, will investigate the relationships that internalized homonegativity, discrimination and outness had on depression in the Thai sexual minorities. This study employed the cross-sectional design to gather data from Thai sexual minorities through self-report survey. Path analysis was conducted to test the relationships between the variables in the model.

It was hypothesized that internalized homonegativity could be positively associated with the perception of discrimination, which in turn was positively associated with depression. Additionally, we proposed that internalized homonegativity would be negatively associated with outness due to the individuals' insecurity. The discrimination, in turn, was hypothesized to be positively associated with depression.

Findings from the current study could help expand understanding about the relationships that internalized homonegativity had with depression and the roles that perceived discrimination and outness contributed to these relationships. These initial results within the Thai cultural context could help pave the way for relevant preventative and

therapeutic procedures for depression for the Thai sexual minority.

Materials and Methods

Participants

Participants were sexual minorities aged 18 years and above, according to Almeida et al. (2009). Sample size was determined using the G*Power program. The minimum sample size calculated was 150 participants, with the power set at .80 and effect size at 0.089, in reference to Kittiteerasack et al. (2020). Questionnaires were distributed to 275 individuals potentially eligible for study participation. Two-hundred sixty-three participants, constituting 95.64% of the initial pool, met the inclusion criteria of the study and were included in the analysis. 32.7% were male and 67.3% were female at birth. 35% identified themselves as bisexual, 25.5% as gay men, 22.8% as lesbian, 10.6% as other sexual orientations under the LGBTQ+ umbrella term, 1.9% as others. These participants fulfill the study inclusion criteria in experiencing feelings of attraction toward individuals with the same biological sex. Their age ranged between 18-50 years old ($M = 27.06$, $SD = 6.21$).

Materials

The researchers undertook a comprehensive process in literature review and scale translation to develop research measures, particularly the internalized homonegativity and perceived discrimination, which did not have the pre-existing Thai versions. Based on literature review, the selected measures were translated into Thai, using the back-translation process (Brislin, 1968) engaged by two English-Thai bilinguals and one native speaker from the field of psychology. The back-translated measures were then piloted in a

sample group of 61 sexual minorities. The item psychometric properties, assessed through the Corrected Item-total Correlation (CITC) (i.e., all significant) and the Cronbach's Alpha coefficients of both scales. The obtained coefficients obtained were satisfactory (i.e., .81 and .85 for the measures of internalized homonegativity and perceived discrimination, respectively).

Screening items In addition to age, a sexuality screening question was administered. The question was based on Almeida et al. (2009). The self-report item asked the participant to indicate their sexual orientation: (1) heterosexual, (2) mostly heterosexual, (3) bisexual, (4) mostly homosexual, (5) homosexual/gay or lesbian, and (6) not sure. Those aged 18 years and above who chose the options 2), 3), 4), or 5) were qualified as the research participants of this study.

Demographical information Participants responded to the questions regarding their biological sexes, sexual orientations, education levels, incomes, and relationship statuses.

Depression The degree to which the participants experienced depressive moods was measured using the adapted Thai version (Sahassanon, 2015) of the Center for Epidemiological Studies-Depression Scale (CES-D) by Radloff (1977). Participants responded to 10 items on a 4-point Likert-type format, ranging from (0) "Rarely or None of the Time" to (3) "Most or All of the Time. A higher score indicated a higher degree of depression. In the current study, the Cronbach's alpha was at .85.

Internalized homonegativity The degree to which the participants denied and avoided their homosexuality was measured using the Thai version of Internalized Homophobia Scale (IHP) by Herek et al. (1998). The measure was back translated, adapted into Thai and pilot tested satisfactorily. Participants responded to 9 items on a 5-point

Likert-type format, ranging from (1) "strongly disagree" to (5) "strongly agree". Higher score indicated higher degree of internalized homonegativity. In the current study, the Cronbach's alpha was .89.

Outness The degree to which the participants disclosed their sexuality to others was measured by the measure proposed by Walch et al. (2016). The measure was translated, adapted into Thai and pilot tested for comprehension. The question asked, "How open with others out (i.e., out) are you about your attraction toward same-sex individuals or your relationships with same-sex partners?" The participants responded using a Likert-type scale, ranging from (1) "not out to anyone (\approx 0%)," (2) "out to only a few people (< 50%)," (3) "out to half of the people I know (\approx 50%)," (4) "out to most of the people I know (> 50%)," and (5) "out to almost everyone (\approx 100%)". Higher score signified higher level of openness.

Perceived discrimination The degree to which the participant experienced and bothered by the experience of discrimination was measured using the adapted Thai version of the Daily Heterosexist Experiences Questionnaire (DHEQ) by Balsam et al., (2013). The measure was back-translated, adapted into Thai and pilot tested satisfactorily. Participants responded to 6 items on a 6-point Likert-type format, ranging from (0) "not at all", (1) "it happened, and it bothered me NOT AT ALL" to (5) "it happened, and it bothered me EXTREMELY" (5). Higher scores indicated a higher degree of distress. In the current study, the Cronbach's alpha was .89.

Procedure

Data collection commenced after an institution review board's permission was obtained (i.e., IRB number 2141.1/64). The researcher

distributed the Google Forms survey through various social media frequented by sexual minorities. Those who volunteered for the study would review the study information sheet and respond to screening questions. Those eligible for the study would respond to a set of online questionnaires for approximately 10-15 minutes. Random small monetary rewards (i.e., a drawing for a 200-baht online coupon) were offered.

Statistical Analyses

Descriptive statistics were first conducted where means, standard deviation of key study variables. These were followed by the inferential statistics for Pearson’s product-moment correlation coefficients and basic assumption testing using SPSS. As for hypothesis testing, path analyses were conducted using Amos.

Results

Descriptive Statistics

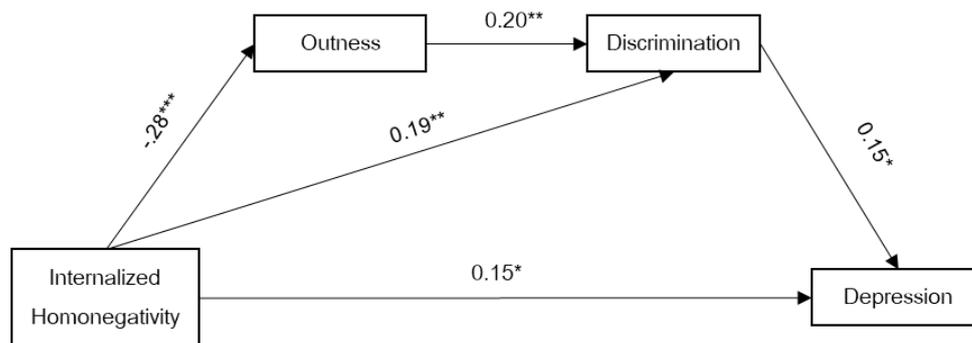
Descriptive statistics for key study variables, their associations, and their Cronbach’s alpha estimates, were shown in Table 1. Path analysis was conducted through IBM SPSS Amos 29. Results showed that the model fit with empirical data as demonstrated by the goodness-of-fit indices (i.e., $\chi^2 = 2.06, p = .15$; Relative Chi-square ($\chi^2/df = 2.06$), Comparative Fit Index (CFI) at .98, Tucker-Lewis Index (TLI) at .86, Root Mean Square Error of Approximation (RMSEA) at .06 (90% CI [.000, .190]), and Standardized Root Mean Square Residual (SRMR) = .03).

Table 1 Main Variables’ Descriptive Statistics, Correlational Coefficients, and Cronbach’s Alpha (N = 263)

Variable	M	SD	IH	OUT	DIS	DEP
1. IH	1.62	0.66	(.85)			
2. OUT	3.32	1.23	-.28**	-		
3. DIS	0.85	1.08	.14*	.14*	(.89)	
4. DEP	1.12	0.63	.17**	-.10	.17**	(.85)

Note. 1. IH = internalized homonegativity, OUT = outness, DIS = discrimination, DEP = depression
 2. * $p < .05$ (one-tailed), ** $p < .01$ (one-tailed), *** $p < .001$ (one-tailed), () = Cronbach’s alpha

Before conducting the path analyses, linearity, homogeneity, homoscedasticity, residuals normality, and multicollinearity (Garson, 2008) were first conducted. The data obtained met all of the relevant assumptions. The results of the path analysis revealed that internalized homonegativity exhibited both significant direct and indirect associations with depression. The first path, representing the direct effect of internalized homonegativity on depression, demonstrated a statistically significant and positive relationship ($\beta = .15, SE = .06, p < .05$). The second path, reflecting the indirect effect of internalized homonegativity on depression, indicated statistically significant and positive relationships. Specifically, internalized homonegativity was significantly related to perceived discrimination ($\beta = .19, SE = .10, p < .01$). Similarly, perceived discrimination was also positively and significantly related to depression ($\beta = .15, SE = .04, p < .05$). Lastly, there was a statistically significant negative relationship between internalized homonegativity and outness ($\beta = -.28, SE = .11, p < .001$), and outness exhibited a statically significant and positive relationship with discrimination ($\beta = .18, SE = .06, p < .01$).

Figure 1 Path coefficient of the studied variables

Note. * $p < .05$ (one-tailed), ** $p < .01$ (one-tailed), *** $p < .001$ (one-tailed)

Discussion

Findings from the current study helped clarify the relationships that internalized homonegativity had with depression. As hypothesized, the direct effect of internalized homonegativity on depression was confirmed. Additionally, indirect effects were noted. Internalized homonegativity had a direct positive association with perceived discrimination, which was positively associated with depression. Meanwhile, through outness, internalized homonegativity had an indirect negative association with discrimination.

The negative association that internalized homonegativity had with outness was consistent with past reports from the Homosexual Identity Development Model (Cass, 1979). According to the model, the more the individuals accepted their own sexual identity, the more likely they would reveal their sexual identities. With increased internalization of the negative perceptions towards homosexuality (i.e., increased internalized homonegativity) or less acceptance of their sexual identity, the less likely sexual minorities would engage in outness behavior.

Findings from the current study supported past findings (Chang et al., 2021; Riggle et al., 2017) that disclosing sexual orientations could potentially increase the vulnerability to depression

in sexual minorities. This association could be explained by the positive association between outness and perceived discrimination. It was possible that, with the disclosure of their sexual orientations, the individuals could encounter discrimination (Riggle et al., 2017). This finding was also consistent with a recent finding by Chang et al. (2021) of a mediation effect of discrimination on the relationships between outness and borderline personality disorder symptoms. For sexual minority individuals who were open about their sexual orientations and faced discrimination, the experience could create stressful environments, which reportedly resulted in negative self- and worldviews of the cognitive triad (Beck, 1979), and subsequently contributed to depression. This was consistent with the result from Sacco et al. (2023), which reported that perceived daily discriminations could instigate negative self-view and worldviews, which in turn led to depressive symptoms.

Even without outness, in and of itself, internalized homonegativity could lead to hostility and sensitivity to perceived discrimination, which in turn resulted in depression. A direct effect of internalized homonegativity found here was also supported by the cognitive triad of depression (Beck, 1979). Embracing the negative self-view about homosexuality could lead sexual minority individuals to become less accepting of themselves,

which could have contributed to high vulnerability to depression.

Lastly, the current findings that even when internalized homonegativity had a direct positive effect on discrimination and depression, it exerted a negative impact on outness, leading to negative indirect effects on these two variables. With these, internalized homonegativity could impact minority stress and influence psychological well-being in various aspects. Based on this model, internalized homonegativity also had a dual effect on discrimination both directly through the perception and emotional reaction toward this experience and indirectly through the impact of internalized homonegativity on outness and subsequently through perceived discrimination.

Application

The current study instigated the examination of ways in which multiple minority stressors affected depression in Thai sexual minority. Findings obtained helped enhance the understanding of how internalized homonegativity impacted outness, discrimination, and thus depression. Clarifications about the mechanisms and their associations should contribute to the prevention and alleviation of depression in the Thai sexual minority. Based on these findings, psychological interventions that aim to reduce internalized homonegativity should be prepared. However, the preparations for the disclosure of participants sexual orientations, should they desired, as well as facilitating skills to assist these individuals to cope with subsequent potential discriminations should not be overlooked. This would be beneficial in supporting clients with depression.

Aside from developing an intervention, findings from the current study should help mental health professionals (i.e., clinical psychologists, and counseling psychologists) to

recognize obstacles and challenges encountered by Thai sexual minorities. With this recognition, these professionals should become more effective in supporting and facilitating the growth process in these individuals. It is also important to keep in mind potential contributions of these stressors to the experience of depression in sexual minority clients as well.

Limitation & Research Suggestion

Similar to other studies, despite its potential contributions, the current study was not free of limitations. Firstly, the current study was conducted using a cross-sectional design. This restricted causal assumption. Future studies should benefit from using alternative research methodologies (e.g., experimental or longitudinal research designs) in order to clarify these causal relationships.

Secondly, in this initial study, convenience sampling was used. Hence, demographic characteristics of the participants (e.g., age, biological sex, sexual orientation, and education) were not controlled. This could have resulted in range restriction and limitations in finding generalizations. Subsequent studies should benefit from considering these individual differences and target specific participant groups. That way, a specific sampling scope can be engaged.

Thirdly, the current study collected data via self-report measures. It is impossible to rule out the possibilities that the result could have been impacted by respondent's subjective evaluations or social desirability.

Conclusions

This study was conducted to explore the mechanism between internalized homonegativity and depression through outness and discrimination

in Thai sexual minority individuals. The proposed model fit the empirical data. As hypothesized, internalized homonegativity had both direct and indirect effects on depression. Associations between relevant variables (i.e., outness and discrimination) were also clarified. These findings helped pave the way for the prevention and intervention of depression for the Thai sexual minorities.

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