

Predictors of Psychological Well-being in Lebanese Gay Men

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Contents

List of Tables	VIII
List of Figures	IX
Abstract.....	X
Predictors of Psychological Well-being in Lebanese Gay Men	1
Purpose of the Study.....	4
Rationale	5
Research Questions	8
Significance	9
Literature Review	11
Psychological Well-being	11
Authenticity.....	13
Outness	17
Community Connectedness	22
Outness x Community Connectedness	26
Self-Compassion.....	27
Conclusion.....	30
Methods.....	33
Research Design.....	33
Participants	33
Instruments.....	34
Demographic Sheet.....	34
Psychological Well-being.	34
Authenticity.....	35
Outness.	35
Community Connectedness.	36
Self-Compassion.....	36
Procedure.....	36
Ethical Concerns.....	37
Data Analysis.....	38
Results.....	40
Preliminary Analysis.....	40
Missing Value Analysis.	40

Reliability Analysis..... 41

Univariate and Multivariate Outliers. 41

Outliers in the Solution and Influential Cases..... 42

Sample Descriptives 42

Scale Descriptives..... 44

Differences between Arabic and English Versions 44

Correlation analysis..... 45

Multiple Regression Analysis: Predictors of Psychological Wellbeing 47

Mediation Analysis: Community Connectedness Mediating the Relation between Outness and Psychological Wellbeing..... 50

Moderation Analysis: Self-Compassion Moderating the Relation between Outness and Psychological Wellbeing 51

Discussion..... 53

Interpretation of the Findings..... 53

Authenticity..... 53

Outness 54

Community connectedness 55

Community Connectedness as a mediator between outness and well-being 56

Self-compassion 57

Self-Compassion as moderator between outness and well-being 57

Conclusion..... 58

Limitations 59

Clinical Implications 59

Future directions..... 60

References 62

Appendix A..... 77

Appendix B..... 78

Appendix C 79

Appendix D..... 80

Appendix E 82

Appendix F 83

Appendix G..... 84

Appendix H..... 85

Appendix I 87

Appendix J..... 88
Appendix K..... 88
Appendix L..... 91

List of Tables

Table 1: Reliability Analysis	41
Table 2: Sample Descriptives	43
Table 3: Sample Descriptives: Age and Income	43
Table 4: Scale Descriptives	44
Table 5: Independent Sample T-tests: Differences between Arabic and English Versions	45
Table 6: Spearman's Zero Order Correlation Matrix	46
Table 7: Regression: Model Summary Table.....	49
Table 8: Regression Coefficients	49

List of Figures

Figure 1: Normality of Residuals Assumption as Evident by the Histogram.....	47
Figure 2: Normality of Residuals Assumption as Evident by the P-P Plot.....	48
Figure 3: Homoscedasticity Assumption as Evident by the ZRESID versus ZPRED Scatterplot	48

Abstract

Lebanon has been a focal point of ongoing discussions and debates in the MENA region surrounding gay rights and well-being. Globally, studies on the psychological well-being of gay individuals have shifted from traditional models focusing on stressors and pathological outcomes to positive psychology frameworks examining the predictors of strength and resilience in the community. This study aimed to examine authenticity, outness, community connectedness, and self-compassion as predictors of psychological well-being among Lebanese gay men using a quantitative, correlational, and non-experimental design. A sample of (N=105) Lebanese gay men filled an online survey that included a demographic sheet along with the Outness Inventory (Mohr and Fassinger, 2000), LGB authenticity subscale of the LGB Positive Identity Measure (Riggle et al., 2014), Community Connectedness Scale (Frost and Meyer., 2012), Self-Compassion Scale-Short Form (Neff, 2003b), and the Psychological Well-Being Scale (Ryff and Keyes., 1995). Consistent with the study hypotheses, multiple regression analysis revealed that authenticity, outness, and self-compassion were significant predictors of psychological well-being. On the other hand, community connectedness did not appear as predictor of psychological well-being nor did it mediate the relationship between outness and well-being. Similarly, moderation analysis using regression analysis indicated that self-compassion did not significantly moderate the relationship between outness and psychological well-being in contrast to the study's hypothesis. Future studies are encouraged to replicate this study and target its limitations by selecting a larger sample size with a diverse population and to consider intrapersonal factors like authenticity and self-compassion in models targeting the well-being of Lebanese gay men.

Key words: Psychological well-being, outness, authenticity, community connectedness, self-compassion

Predictors of Psychological Well-being in Lebanese Gay Men

Lebanon is a prominent country in the Middle East when it comes to the advocacy and visibility of the gay community. Still, the state of gay men in Lebanon is a point of debate in different mediums. Homosexuality is still criminalized as per Article 534 of the Penal Code of the Lebanese law which condemns "unnatural intercourse" for individuals with non-normative sexual behavior (Helem, 2017; Proud Lebanon, 2017). The Lebanese people's perception of homosexuality is still concerning as incidents of discrimination and violence against the gay community have surged through the years (Nasr & Zeidan, 2015; Orr et al., 2019). Human rights violations against the gay community are continuously carried out by authorities, such as the raid of Hammam al Agha, the illicit detention of gay individuals, and the application of the degrading "egg test" (BBC, 2012; Helem, 2017). Most recently, a letter issued by the Interior Ministry banned gatherings that promote "sexual perversion" in response to lesbian, gay, bisexual, and transgender (LGBT) gatherings (Human Rights Watch, 2022). The LGBT pride parade was canceled after a Christian group called "Soldiers of God" threatened the community in light of anti-gay protests and campaigns across the country (Hayek, 2022). Meanwhile, safe spaces for the gay community have been depleted in recent years after a severe economic crisis coincided with the COVID-19 pandemic, and the unfortunate Beirut Port Explosion in August 2020 (Dandashly, 2022). All of which left many community members exposed to additional risk and vulnerability (Salem & Shaaban, 2020).

Despite the violence and social stigma, gay individuals in Lebanon have depicted a strong presence within the MENA region. Lebanon has a large number of gay-friendly spaces like bars and coffee shops concentrated in Beirut (Meuse, 2017). Local non-governmental organizations in Lebanon lead the activism for gay rights advocacy and provide specialized services for LGBT

individuals including legal counseling, healthcare, and psychological support such as the Arab Foundation for Freedom & Equality, Helem, Mosaic Mena, LebMash, SIDC, Marsa, etc (Fattal et al., 2018; Dandashly, 2022). Subsequently, a national directory for LGBT-affirming healthcare providers was developed to increase LGBT access to healthcare services (Naal et al., 2019). Civil society efforts coupled with targeted government programs resulted in advances for LGBT mental health advocacy on a national level (Dehghan, 2018, Fattal et al., 2018).

The Ministry of Public Health integrated considerations of LGBT mental health into its national strategic plan (Ministry of Public Health, 2015). Prior to that, the Lebanese Psychiatric Society issued a statement indicating that homosexuality is neither a mental illness nor related to troubled psychological development (Lebanese Psychiatric Society, 2013). In 2018, a district court of appeal issued an unprecedented ruling stating that consensual homosexual activity is not unlawful (Human Rights Watch, 2018). In addition, the international emergence of sexual politics in the West also facilitated the social and legal advocacy for LGBT rights in Lebanon (Elmslie, 2020).

It is conceivable that the milestones achieved by the gay community in Lebanon, regardless of the constant stressors, suggest factors of strengths and resilience that contribute to their psychological well-being (PWB). However, studies in Lebanon are still directed towards the negative aspect of the gay experience with limited emphasis on the resilient characteristics of the community (Khoury et al., 2021; Maatouk & Jaspal, 2022; Michli & Jamil, 2022). The existing efforts relating to the psychological well-being of the gay community are largely focused on outcomes of mental illness and psychological distress due to events of discrimination and heterosexism (Assi et al., 2020; Naamani & Jamil, 2021; Wagner et al., 2013, Wagner et al., 2019). This conception is consistent with a deficit model in the LGBT psychology literature

which focuses on predictors of negative mental health outcomes endured by a heterosexist social context (Bostwick et al., 2014; Meyer, 2003; Perez, 2015; Szymanski, 2006; Xu et al., 2017). In a historical context, the focus on stressors and pathological outcomes started after gay rights activists achieved a series of milestones. In 1973, the American Psychiatric Association (APA) depathologized "homosexuality" in the sixth printing of the 2nd edition of its Diagnostic and Statistical Manual (DSM). The World Health Organization (WHO) followed by declassifying "homosexuality" from the International Classification of Diseases (ICD) in 1992 (McHenry, 2022). The de-emphasis on homosexuality as a disorder allowed for its eventual removal from the DSM-5 (Drescher, 2015).

After this, issues related to gay well-being were explored through clinical outcomes and measured through scales of depression, anxiety, distress, and suicide. Subsequently, better well-being was indicated by achieving lower scores on these scales (Giano et al., 2020; Livingston et al., 2016; Michaels et al., 2016; Petruzzella et al., 2019). Leading theoretical frameworks like the minority stress model emphasized environmental and circumstantial stressors underlying negative psychological outcomes specific to sexual minorities (Bockting et al., 2013; Meyer 2003).

Studying processes and conditions that promote the flourishing and positive functioning of individuals and groups emerged with the positive psychology movement (Gable & Haidt, 2005). With the resurgence of the field of positive psychology, there has been a shift to focus on the positive aspects of LGBT identity (Lopez & Snyder, 2009). Psychological strengths associated with gay identity slowly emerged with strength-based themed articles focusing on predictors of positive psychological well-being among the gay population (Pedrotti & Edwards, 2014; Vaughan et al., 2014).

In a positive psychology view, psychological well-being is a construct that incorporates aspects of life experience and psychological functioning and can be adapted to health and distress. Positive health models argue that psychological distress and positive health are separate constructs yet can still be related (Keyes, 2002, Snyder et al. 2020). Positive well-being is conceptualized in a eudaimonic framework that focuses on happiness, self-acceptance, positive relationships with others, and personal growth (Riggle et al., 2009; Ryff, 1989, 2014). Strength-based research led the shift toward positive mental health perspectives and focused on predictors of well-being, strength, and growth since those factors support gay individuals to cope with their stigmatized identity (Vaughan & Rodriguez, 2014).

After the adaptation of LGBT strengths-based positive psychology models (Lopez & Snyder, 2009) research has shown increasing interest to examine predictors of psychological well-being among LGBT individuals (Burrows, 2022; Kavanaugh et al., 2019; Lopes & Jaspal, 2022). Outness (the degree to which an individual discloses their gender or sexual identity to others), authenticity, and community connectedness are among the most used LGB-related constructs explored in relation to psychological well-being (Petrocchi et al., 2020; Riggle et al., 2017; Roberts & Christens, 2020; Rivera et al., 2019). Self-Compassion; having a positive and caring attitude towards oneself; is related to different forms of well-being and has been studied increasingly among gay individuals (Zessin et al., 2015).

Purpose of the Study

The purpose of the study was to examine the predictors of the psychological well-being of gay individuals in a positive psychology framework within a sample of Lebanese gay men. This study also aimed to investigate whether the relation between outness and well-being is mediated by community connectedness.

Rationale

Several measures investigated outness about gay identity in terms of the quality of disclosure interactions, the extent of disclosure an individual engages in, and the impact of it on psychological well-being (e.g., Mohr and Fassinger, 2000). Although there is a consensus that outness increases psychological well-being, research findings have yet to agree on this conclusion (Kosciw et al., 2015). For instance, Riggle et al. (2017) found that outness does not predict well-being but rather depressive symptoms among LGB individuals. Kavanaugh et al. (2019) reached different findings indicating a direct positive relation between outness to psychological well-being. Other studies demonstrated varying findings for the relationship across ethnic and racial groups. Stuhlsatz et al. (2021) found that outness was a significant predictor of psychological well-being among a group of LGBT Muslims. Roberts and Christens (2020) found that outness predicted well-being among non-Hispanic white groups but not non-Hispanic black groups within the LGBT populations. The study also found that community connectedness mediated the association between outness and psychological well-being. Although outness and well-being are associated, it was evident that there is inconsistency in the results among global literature regarding the association of outness and well-being.

It appeared that the association varies between different contexts and among racial and ethnic groups (Giano et al., 2020). In addition, the conceptualization of well-being in these studies varies greatly between a positive psychology model and models of distress. Although outness generates inconsistent findings, the construct is rarely investigated in Lebanon (Maatouk & Jaspal, 2022), and has never been studied in association with psychological well-being.

In addition, the Western narrative conceptualizes "coming out" as a process of binary/closetedness (someone is either closeted or is out to everyone in his circle). In Lebanon,

however, "coming out" is a complex phenomenon open to many suggestions; for example, a gay man in Lebanon can be out to his immediate circle of friends but not to his co-workers (Moussawi, 2015). As such, outness in Lebanon depends on the experiences of individuals within their communities, including the LGBT community itself (Moussawi, 2018). It suggests different outcomes on mental health depending on the social surrounding (Maatouk & Jaspal, 2022). Community connectedness is defined by a sense of belongingness to a broader LGBT community as a whole, and the gay community specifically (Petruzzella et al., 2019). Community connectedness is associated with the well-being of gay individuals (Frost & Meyer, 2012). Having affirming thoughts about oneself for being a member of a community is important for LGBT well-being (Barr et al., 2016). Although community connectedness is considered important for LGBT well-being (Barr et al., 2016) there is no sufficient research on the construct among the gay population. Roberts and Christens (2020) found that community connectedness is a predictor of well-being among LGBT adults, while Kavanaugh et al. (2019) also found that community involvement is related to well-being among sexual minorities.

In addition, the psychological effects of community connections are different across communities (Stanton et al., 2017). This is a gap in literature which does not fully cover the effects of community connectedness in gay communities across different cultures. In Lebanon, studies that cover community connectedness are scarce, and they are not studied in models of strength and resilience but rather in relation to disorders among the community members (Naamani & Jamil, 2021).

Authenticity is a concept widely related to psychological well-being (Rivera et al., 2019) As an LGBT-specific construct, it pertains to comfort in one's gay identity and it is usually associated with LGB-positive identity measure models [LGB-PIM] (Riggle et al., 2014).

Researchers have agreed that authenticity predicts better psychological well-being. Rostosky et al. (2018) found that authenticity was related to all the factors of psychological well-being in Ryff's model (Ryff, 1989). More recent studies reached the same findings regarding the relationship (Riggle et al., 2017; Petrocchi et al., 2020). Although authenticity seems to be a significant predictor of positive psychological functioning, there have been no studies in Lebanon investigating the construct in any LGB sample, which posits another gap to fill.

Self-compassion entails having a kind and caring approach to oneself without judgment and criticism (Neff, 2003). Although not an LGBT-related construct like outness, authenticity, and community connectedness, research studies have shown interest to study self-compassion as a predictor of psychological well-being among gay individuals (Neff, 2003). Demirtas et al. (2018) found that higher levels of self-compassion predict higher levels of psychological well-being. Skinta et al. (2019) found moderating effects of self-compassion between HIV stigma and psychological well-being among gay men, and Beard et al. (2017) found that it plays a role in the well-being of gay men by buffering to effects of minority stressors. The construct is important to study especially in the Lebanese context where it might add to predictors of strength among the gay community. In Lebanon, a study by Michli and Jamil (2022) considered self-compassion a protective factor against internalized homonegativity faced by individuals with same-sex desires. Studying the construct as a predictor of psychological well-being will provide further information about factors relating to positive functioning and resilience among the gay community in Lebanon.

Based on the above, this study addressed the gaps in literature for predictors of psychological well-being among gay individuals. In addition, global studies examined gay individuals' well-being within a broader LGBT population or under sexual minority status

(Kosciw et al., 2015; Roberts & Christens, 2020). Few studies have investigated gay well-being as a specific subgroup (Beard et al., 2017; Petruzzella et al., 2019). One might argue that this posits a gap in literature since LGBT subgroups have different experiences and perceptions of psychological well-being (Riggle et al., 2009, Meyer, 2010). Gay Individuals have unique strengths and attributes which evolve from the complex understanding of their sexual orientation and minority status (Pedrotti & Edwards, 2014). LGBT subgroups employ different strategies to explore and manage their identity (King et al., 2017). Accordingly, the strength and resilience of gay subgroups might differ within the LGBT community (Meyer, 2010).

In Lebanon, there is a dearth of research on the psychological well-being of the gay population. The existing research highlights the negative psychological outcomes endured by gay persons in Lebanon (Assi et al., 2020; Wagner et al., 2019). Although advances in Lebanese gay rights have been well documented, and the community continues to thrive regardless, the factors that contribute to gay well-being in Lebanon have yet to be discovered. Until this moment, no studies have examined predictors of positive psychological well-being in the Lebanese context.

Research Questions

Based on the above brief review of literature and rationale, the present study aimed at answering the following research questions:

1. Is there a significant positive relationship between outness and psychological well-being among Lebanese gay men?
2. Is there a significant positive relationship between authenticity and psychological well-being among Lebanese gay men?

3. Is there a significant positive relationship between community connectedness and psychological well-being among Lebanese gay men?
4. Is there a significant positive relationship between self-compassion and psychological well-being among Lebanese gay men?
5. Does community connectedness mediate the relationship between outness and psychological well-being?
6. Does self-compassion moderate the relationship between outness and psychological well-being?

Significance

This study is the first study in Lebanon to tackle the psychological well-being of gay individuals from a positive psychology perspective. The study adds knowledge to literature on the predictors of positive psychological well-being and will be the first to investigate those predictors in the Lebanese context which imposes several constraints and stressors on the Lebanese gay community. This study also informs researchers about the factors that contribute to the strength and resilience of the gay community as a specific subgroup of the LGBT community. On a clinical level, this study guides therapy interventions addressed toward Lebanese gay men to focus on the factors predicting their well-being in order to enhance their positive functioning and quality of life rather than trying to reduce symptoms of pathological outcomes. It allows clinicians working with gay men in Lebanon to explore a positive psychological approach by integrating LGBT strengths factors specific to Lebanese gay men in their clinical work. In addition, considering gay-specific variables like outness, authenticity, self-compassion, and community connectedness that are examined within the Lebanese context during therapy will support gay individuals' well-being regardless of events of heterosexism. On a community level, it will guide non-governmental

organizations advocating for gay rights in Lebanon to design well-informed psycho-social interventions and policies that take into consideration a strength-based perspective. Predictors of well-being like outness and community connectedness are socially entrenched and can be targeted in programs and campaigns.

Chapter 2

Literature Review

Recent years have been marked by a methodical diversion in research literature from focusing on disorder and pathology to emphasizing positive mental health and well-being (Huppert, 2009). This shift has been gradually reflected in the field of LGBT psychology which focuses on the psychological experiences and perspectives of LGBT individuals (Ruth et al., 2017). Accordingly, researchers started investigating connections between positive psychology and LGBT-related strength-based concepts (Vaughan & Rodriguez, 2014; Riggle et al., 2014). Factors predicting positive psychological well-being of gay men specifically have been less probed (Karaiskos, 2020; Pedrotti & Edwards, 2014), especially in a country like Lebanon where LGBT activism coincides with conservative social environments (Naal et al., 2019; Dandashly, 2022). On that note, the purpose of this study is to examine the predictors of psychological well-being among Lebanese gay men from a positive psychology perspective. In this chapter, the aim is to investigate the prominent predictors of psychological well-being in research studies and reflect on their findings while shedding light on their limitations and implications. In the present section outness (Feinstein et al., 2019; Whitman & Nadal, 2015), self-compassion (Skinta et al., 2019), authenticity (Rostosky et al. 2018), and community connectedness (Szymanski et al., 2021) is studied in association with psychological well-being among LGBT individuals generally and gay populations specifically.

Psychological Well-being

Psychological well-being is a construct directly linked to mental health and is widely defined by positive functions including eudaimonic (e.g., fulfillment, meaning), hedonic (e.g., pleasure, enjoyment), and resilience (e.g., emotion regulation, coping) (Tang et al., 2019).

Psychological well-being (PWB) is reflected by a sense of flourishing in an individual's life and incorporates feeling good and functioning effectively both on intrapersonal and interpersonal levels (Huppert, 2009).

Research literature has notably shifted in defining psychological and mental well-being from an emphasis on disorders and dysfunction to a positive perspective of mental health. Keyes (2002) described the presence of mental health as a flourishing state with symptoms of better psychological functioning and positive emotions. Most notably, the shift was highlighted in the constitution of the World Health Organization which defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Grad, 2002). The US Department of Health and Human Services defined mental health as "The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity" (Rockville, 1999, p.4).

More recently, the World Health Organization considered positive mental health a state of well-being in which a person is aware of their own potential, able to deal with everyday stressors, capable of creative and profitable employment, and able to give back to their community (Brundtland, 2001).

Ryff (1989) operationalized clinical and theoretical concepts of positive functioning and has since moved the field towards a different understanding of well-being. She theorized that psychological well-being can be derived from a sum of loose conceptualizations from different positive psychology perspectives and put into one collective summary. She operationalized different aspects that contribute to the definition of psychological well-being, which this study will be based on. Ryff (1989) integrated theories from both philosophical and psychological

perspectives to come up with a definition of psychological well-being that consists of six domains. Autonomy is the first domain, and it is having confidence in one's opinions even if they conflict with the general consensus. Second is Environmental Mastery, the feeling of being in charge of the living circumstances, which includes controlling and manipulating complex environments. Third is Personal Growth, which requires a continuous expansion of personal potential to full capacity. Fourth is Positive Relations with others by being able to establish close unions with others as part of adult maturity and actualization. Purpose in Life is fifth, and it relates to having goals and working on them. The sixth and most recurrent criterion is Self-acceptance which is holding a positive view of one's characteristics. These domains are integrated into a Psychological Well-Being Scale (PWBS) that measures the total subscore of all six domains in an average total score that defines psychological well-being. However, chances to achieve high levels of psychological well-being are limited by having a stigmatized identity or being a member of a sexual minority like gay persons.

Authenticity

Authenticity refers to the individual level of being comfortable with their LGB identity and with expressing this identity during interactions with others. Authenticity also pertains to embracing one's homosexuality and having a sense of peace about LGB identity regardless of external influence (Rivera et al., 2019). Riggle et al. (2014) included authenticity in the multifactor LGB Positive Identity Measure and argued that subjective feelings of authenticity are associated with higher well-being and being authentic pertains to a positive LGB identity. On that note, the developed Authenticity subscale in the LGB-PIM (Riggle et al., 2014) indicates convergent validity with previously accepted and widely used authenticity scales in Literature (Wood et al., 2008). Although research data depict a significant relationship between authenticity

and psychological well-being (Petrocchi et al., 2020; Riggle et al., 2017; Rostosky et al., 2018), it was rarely measured with respect to the gay community as a subgroup with specific needs.

In a study by Rostosky et al. (2018), associations were examined between LGB-positive identity factors including authenticity and LGB community with domains of psychological well-being. The study was built on the rising interest in the positive psychology perspective after a prolonged emphasis on psychological distress among the LGB community. The study aimed to focus on strength of the LGB community rather than deficits per recent research efforts (Hobaica et al., 2018). The sample consisted of 332 LGB adults who were asked to complete an online survey. The purpose of the study was to understand LGB-positive identity factors with respect to psychological well-being domains. The 332 participants were individuals above 18 who identified as gay, lesbian, and bisexual and were recruited from LGB organizations and social media groups via email. Psychological well-being was measured using the PWB scale (Ryff, 1989; Ryff & Keyes, 1995). LGB positive identity measure was used to assess positive LGB identity through five aspects: Authenticity, Intimacy, Self-Awareness, Social Justice, and LGB Community. Results showed an association between LGB-positive identity factors and psychological well-being. Authenticity was uniquely associated with all 6 domains of PWB. The results were consistent with previous research which considered authenticity related to all factors of psychological well-being after accounting for outness and concealment (Riggle et al., 2017). Community belonging was an identity positively associated with well-being through 4 domains, which was constant with previous findings that associates psychological well-being and positive LGB identity with community connectedness. Some of the study's limitations were the overrepresentation of higher levels of education in the sample with an underrepresentation of people of color. The study was also of correlational design which hinders forming casual claims

especially since PWB and LGB-PIM can reciprocate influence. Researchers concluded that future studies should assess LGB identity positively as a strength and focus on authenticity and community connectedness, especially as facilitators of well-being.

Another study investigated the association of authenticity with psychological well-being and distress (Riggle et al., 2017). The study aimed to explore the unique contributions of authenticity in LGB individuals to psychological well-being and psychological distress (perceived stress and depressive symptoms). Similar to the previous study, authenticity was defined as a feeling of comfort with having an LGB identity. It was considered a unique construct although found in LGB positive identity model related to psychological well-being. The latter was defined according to Ryff (1989) multidimensional model. The study considered that LGB-specific models examining authenticity and well-being are scarce compared to those focusing on other constructs like outness and concealment. The scales employed to measure authenticity and well-being were the 5-item LGB authenticity subscale of the LGB positive identity measure (LGB-PIM; Riggle et al., 2014) and the 42-item version of the Psychological well-being Scale (PWBS; Ryff, 1989). Data were collected from 373 participants through an online survey. Findings supported the writers' argument stating that constructs like authenticity and concealment should be included in models that discuss the relationship between outness and LGB psychological well-being. High levels of LGB-specific authenticity were significantly related to higher psychological well-being. It was also related to lower levels of depressive symptoms and perceived stress. Results also reflected a high correlation between outness on one hand and authenticity on the other hand. Implications for future interventions included focusing on authenticity while encouraging individuals to make intentional decisions about concealment

to promote psychological well-being. It was also suggested that future research focuses more on specific groups rather than LGB people as a whole.

Another article by Petrocchi et al. (2020) also studied authenticity's association with well-being from the perspective of the LGB Positive Identity Measure (LGB-PIM) (Riggle et al., 2014). The study's rationale was to highlight the challenges that LGB individuals face in forming a positive identity while facing marginalization and stigma (Meyer, 2003). The study aimed to explore LGB individuals' different scores on LGB-PIM subscales to distinguish variability related to gender and sexual orientation. Another aim was to examine the different positive identity dimensions and their correlation to psychological well-being constructs. The differences between 327 gay, lesbian, and bisexual individuals were explored by evaluating the relationship between the dimensions of LGB-PIM facets and well-being. Participants were LGB individuals who were mostly recruited from LGB organizations in Rome, Italy, and completed an online survey. The scale used to measure well-being was the Well-Being Questionnaire Short-Form (W-BQ12) (Riazi et al., 2006) and the LGB Positive Identity. The Multifactor LGB-PIM (Riggle et al. 2014) is a 25-item measure designed to assess positive LGB identity. As hypothesized by the authors, the positive dimensions of intimacy, community, self-awareness, and authenticity were all correlated to well-being. Among the 5 dimensions, only authenticity showed unique relevance to positive psychological functioning. Among the dimensions, authenticity showed the strongest association with indicators of well-being. It also remained the only significant predictor of well-being even after controlling for all other variables in the study. This was consistent with previous research indicating that authenticity is associated with higher psychological well-being (Riggle et al. 2017). Among the limitations of the study was using convenience sampling with a predominantly white population, and the cross-sectional design which prevents causal links

between positive identity measures and well-being. The study suggested that sexual minority-specific aspects like authenticity may transform adversities into resilient behavior.

Outness

On a different dimension of the LGB experience, outness is a concept that has been used to assess the level at which LGB individuals disclose their orientation to others (Waldo, 1999). The conceptualization of outness can be challenging because an important criterion to be counted for is the occurrence of disclosure. Researchers have defined outness as when LGB individuals verbally reveal their sexual orientation to others (Holtzen et al., 1995). Outness can be defined with respect to different aspects of life such as family, friends, work, and the public. Berger (1990) considered that outness is a multi-dimensional construct and differentiated between outness to the public and outness to significant people. This strategy separated the unidimensional and multidimensional conceptualizations of outness by viewing it in a two-level structure. From another research perspective, Mohr and Fassinger (2000) focused on the general level of outness by defining outness in different levels of functioning. In this definition, outness is the level and degree of disclosure of sexual orientation to family (parents, extended family, siblings), friends (heterosexual, homosexual, peers), work peers (supervisors, colleagues), and insignificant others (community members, strangers) (Mohr & Fassinger, 2000). Although the variables of outness and well-being have been widely researched findings of associations have been inconsistent in literature. While some studies have demonstrated a significant positive direct effect of the construct on well-being (Kavanaugh et al., 2019; Stuhlsatz et al., 2021), other articles did not fully reach such conclusions (Riggle et al., 2017; Roberts & Christens, 2020). In the light of limitations demonstrated in the following studies, one might argue that literature still lacks clear evidence on the relation between outness and positive psychological functioning,

especially within unique subgroups of sexual minorities like the gay community and with diverse ethnic/racial communities.

In the study previously mentioned, Riggle et al. (2017) also examined outness as a unique LGB-related construct and its relation to psychological distress and psychological well-being. For measuring outness, researchers used The Outness Inventory (OI) (Mohr & Fassinger, 2000) which assesses the perception and quality in which an LGB identity is communicated to other persons or groups. The scale to measure psychological well-being was the 42-item version of the Psychological Well-Being Scale (PWBS) (Ryff, 1989). Oposing to the writer's hypothesis but consistent with previous research, outness did not significantly predict psychological well-being but it was a predictor of depressive symptoms. The results posed an argument by writers to include authenticity in addition to outness in models related to well-being in LGB individuals because models that measure outness alone have limited explanations. A limitation of the study was having a predominantly white sample that did not represent diverse ethnic/racial groups of LGB people. Writers suggested that future research focus beyond outness on positive identity factors while searching psychological outcomes among LGB individuals.

Another study had a different argument about the relationship between outness and well-being. Stuhlsatz et al. (2021) examined the relationship between outness and psychological well-being among LGBT Muslim participants. The study was formed on the premises suggesting that sexual identity conflicts with religion and will negatively impact psychological well-being (Berggren et al., 2017). Data for the study were taken from the Social Justice Sexuality Project in the United States. The sample constituted of LGBT participants who identified as and practiced Islam or were raised as Muslims (N=75). Researchers explained the small sample size stating that studies tackling LGBT+ Muslims are usually qualitative, and the associations haven't been

tackled quantitatively yet. The sample was divided into 3 main groups. The first group is born and raised as Muslims, the second is raised Muslim but converted to another religion or belief, and the third is people who newly converted to Islam. The study aimed to investigate how outness would affect the well-being of participants hypothesizing that high levels of outness would be positively related to psychological well-being. The latter was measured using an averaged four-item composite score from the Center for Epidemiologic Studies Depression Scale (CESD) (Radloff, 1977). Outness was measured through averaged five-question composite regarding participants' level of disclosure in specific contexts. The scale is an adapted version of Mohr and Fassinger's (2000) Outness Inventory but includes family, friends, coworkers, and religious community in a 5-point scale. Both measures have high internal consistency. Consistent with the hypothesis, results indicated that more outness across different contexts (i.e., at work, in the family, etc.) among LGBT + Muslims was positively associated with psychological well-being. Results were consistent with previous research that found higher levels of outness were associated with lower levels of depression (Juster et al., 2013; Kosciw et al., 2015). The study however cited an important finding stating that people who converted to Islam had significantly lower well-being than those born and raised in the faith since childhood. Thus, the experience of "coming out" is not reflective of the whole sample. An important limitation the study measured was the measure of psychological well-being as it was cited that there are conflicted points of view on how to measure the construct. The writers suggested that future research uses scales that reflect eudaimonic, wellness, and quality of life.

A research paper by Roberts and Christens (2020) suggested that associations between outness and well-being show varying findings across racial and ethnic identity groups. The study aimed to examine the factors that foster well-being among LGBT groups considering outness

and community connectedness as important factors that vary with race and ethnicity. Outness was defined as the degree to which an individual is open to others about their sexual identity and/or gender. Based on previous research, authors hypothesized that outness can facilitate connections to the LGBT community and would then increase well-being. Participants (N=4940) data were extracted from the Social Justice Sexuality Project (SJS Project) which was among the largest national and public datasets in the United States and Puerto Rico that surveyed adult LGBT people from different ethnic and racial backgrounds. Psychological well-being was measured using a scale developed by the SJS Project team using four items, while outness was assessed using 6 items measuring the extent to which an individual is out to various communities. Both measures had higher internal consistency. Outness had a significant positive direct effect on the well-being of LGBT non-Hispanic white groups but not on the LGBT non-Hispanic Black or Latinx/Hispanic groups. The study also found that community connectedness mediates the association between outness and psychological well-being. Among the limitations of the study was its cross-sectional nature which hinders causality although variables are likely bidirectional. The study also didn't cover psychological well-being as a global indicator with multiple aspects (relationship satisfaction, job satisfaction, and health) but rather focused on domains related to LGBT identity, which leaves a major variance of well-being unexplained by the research model. Another limitation of the study is that results were not generalizable across time and populations. Further, the outness measure used was composite and did not explore the effects of outness on well-being for different groups (e.g., family vs. friends) and the differences between disclosing and concealing the LGBT identity. Implications for future research to investigate the interrelationships of outness and well-being across different groups and contexts. The study also had implications for identity and community practice.

Another study by Kavanaugh et al. (2019) positioned a different argument on the relation between outness and well-being although it focused on LGBT individuals from different racial and ethnic backgrounds. Writers examined the associations of outness, sexual identity prominence, perceived neighborhood homophobia, and LGBT community involvement with psychological well-being. Writers considered that outness and sexual identity prominence would have a mediator effect on psychological well-being in the presence of other variables like LGBT community involvement. Psychological well-being was measured using the well-being items of the Center for Epidemiological Studies Depression (CES-D) scale (Radloff, 1977). Items in the scale demonstrated convergent validity of well-established scales of Psychological Well-being (Ryff, 1989). Sexual identity outness was measured by using a six-item scale assessing the extent to which participants were out to various groups. Data were extracted from the Social Justice Sexuality Project (Battle et al., 2013) in the United States. Participants (N=941) were between 18 and 24 years old and from diverse ethnic and racial identities, gender identities, and sexual orientations. Researchers hypothesized that sexual identity outness was positively associated with psychological well-being. In the results, their hypothesis was partially supported, but it was contradicting previous research that indicated negative effects between outness and well-being. Outness was the only variable with a direct positive relation to psychological well-being even when compared to other variables in the studies like sexual identity prominence. Also, only outness mediated the effect between LGBT community involvement and psychological well-being. Writers explained the findings stating that sexual identity outness is fluid and context-dependent and is more vital to well-being than other constructs like sexual identity prominence. The study had its limitations since it relied on cross-sectional data in which casual associations cannot be confirmed. Writers suggested that future research include samples from community

spaces where LGBT populations are not explicitly supported. Implications of the study included family and community-related policies and programs to foster acceptance of LGBT people of color and to strengthen resilience within the community.

Community Connectedness

In his minority stress model, Meyer (2003) considered LGBT community connectedness as a key factor of resilience within sexual minorities and a barrier for the effects of oppression and stigma leading to minority stress. It was considered that connecting to a community, especially with whom an individual shares similarity, allows positive rather than negative comparisons based on heterosexism (Meyer, 2003). Community connectedness is a construct defined by individual desires to engage with a larger group in a relationship that establishes a shared emotional connection and satisfies mutual interests and needs (McMillan & Chavis, 1986, Frost & Meyer, 2012). Community connectedness plays a unique role in well-being and has been studied in relation to psychological well-being subsumed or separate from social support (Detrie & Lease, 2007). As shown below, theory and research agree that community connectedness has an important association with LGBT well-being (Barr et al., 2016; Frost & Meyer, 2012; Kavanaugh et al., 2019; Roberts & Christens, 2020). However, relating its effects with positive psychological functioning has been scarce and inconsistent in terms of defining well-being in a positive psychology scope (Detrie & Lease, 2007; Szymanski et al., 2021). One might argue that the direct association of the construct with positive well-being on one hand, and its role in highlighting the experience of LGBT subgroups like the gay community in specific needs further exploration.

Roberts and Christens (2020) examined the association of family support, outness, and LGBT sociopolitical involvement with well-being while considering community connectedness as a moderator. The purpose of the study was to explore how those factors lead to well-being among

different racial and ethnic groups within the LGBT population. Well-being was defined in the context of the minority stress model that explores stressors unique to the LGB population and in turn cause discrepancies in their levels of well-being (Meyer, 2003). Authors hypothesized that community connectedness would first be generated and enhanced through outness and sociopolitical participation and would then moderate their relationship to well-being. They also posited that different models would apply across racial/ethnic groups. The sample (N=4940) contained a diverse population of racial and ethnic groups and was taken from the e Social Justice Sexuality Project (SJS Project) which collected data from a diverse LGBT population and different age groups in the US and Puerto Rico. The instruments used were adapted by the SJS Project and all showed accepted validity and reliability. Well-being was measured using 4 items developed by the SJS Project team and LGBT community connectedness was assessed using a three-item measure which was very similar to the LGBT community connectedness measure of Frost and Meyer's (2012) which showed consistency across sub-populations. Community connectedness showed a significant association with psychological well-being across all groups. It also mediated the relationship between outness and sociopolitical involvement and well-being, indicating that the only indirect relationship between sociopolitical involvement and well-being was through community connectedness, which was considered by the authors a unique finding for the study. Writers' hypotheses for LGBT people of color demonstrating weaker mediations to well-being through community connectedness were not supported. Among the limitations of the study previously mentioned is not covering the complex domains of well-being as a global indicator. Another limitation of the study is that it wasn't generalizable across populations and time, and causal inferences couldn't be made due to its cross-sectional nature.

The study previously mentioned by Kavanaugh et al. (2019) also examined LGBTQ community involvement and its relation to well-being. Six items were used to measure community involvement and they were developed by the Social Justice Sexuality Project (Battle, et al., 2013) with overall scores of responses = 0.73. As hypothesized by writers, LGBTQ community involvement was positively associated with psychological well-being. However, the limitation of the study was including the LGBTQ community as a whole rather than subgroups within the community. A significant implication of the study is suggesting LGBTQ community involvement be considered as community resilience, and thus developing interventions strengthening resilience rather than reducing risk.

To shed light on the psychological effects of connectedness to the community, Barr et al. (2016) studied the community belongingness, strength, and well-being of the transgender community citing that no prior study has discussed the topic. The research was based on MicMillan and Chavis's (1986) theory stating that a sense of community membership consists of a shared connection with similar group members. The study defined the construct of well-being as a collective measure of satisfaction with life, self-esteem, and psychological well-being. The authors hypothesized that community belonging would have a positive direct relationship with well-being. The sample (N=571) constituted transgender people who are over 18 and have completed their transition. They were recruited from organizations, universities, and LGBT-based centers in the United States and were asked to complete an online survey. To measure transgender community belongingness, authors adapted The language of the Lesbian Community Belongingness Scale (LCBS) (Doolin & Budge, 2015, as cited in Barr et al., 2016)). Psychological well-being was measured using the 18-item Scale of Psychological well-being (Ryff, 1995), which was not yet used with transgender populations. Other scales of well-being were assessed through Satisfaction

With Life Scale (SWLS) (Diener et al., 1985) and the Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965). All scales demonstrated high internal consistency. Community belonging mediated the relationship between the strength and well-being of the transgender community. Findings supported McMillan and Chavis's (1986) theory about the importance of a shared connection with community members and the relationship between community belongingness and well-being was also supported. Implications of findings suggested that the relation of connectedness to positive psychological outcomes resonates with inverted association between connectedness and negative mental health among sexual minorities. The findings indicated that a well-established transgender identity is only directly connected to well-being through the mediation of community belongingness. The first limitation of the study is that it did not cover the different gender identities of transgender people, including transgender men, transgender women, and genderqueer individuals. Second, the sample did not include diverse racial/ethnic groups, and the third five items failed to load in the Scale of Psychological Well-Being (Ryff, 1995) which entails more validation efforts.

Although studies that discuss the relation between positive psychological well-being and community connectedness are scarce, Gonçalves et al. (2019) highlighted an important finding of the role of LGBT community connectedness (LGBTCC) in relation to psychological distress. The study aimed to investigate the mediating effects of LGBT community connectedness on the effects of minority stress variables (internalized stigma, concealment of sexual orientation, and expectations of rejection) on psychological distress (PD). The sample of the study (n=110) was non-random and consisted of 110 elderly gay and bisexual men who ranged from 60 to 79 years old. Data was gathered through an online survey administered on dating apps and websites. Connectedness to the LGBTQ Community Scale (Frost & Meyer, 2012) was employed to measure

LGBTCC with an internal consistency of 0.91. Psychological distress was assessed through Kessler's Psychological Distress Scale (K6) (Kessler et al., 2002) with an internal consistency of 0.88. Out of the 3 stressors, LGBTCC only mediated the effect of concealment of sexual orientation but did not mediate the effect of internalized stigma and expectations of rejection. The results encouraged a promotion of a further sense of connection with the LGBT community to understand its association with the psychological functioning of gay and bisexual men in the light of other proximal stressors like internalized stigma and expectations of rejection.

Outness x Community Connectedness

The relationship between outness and community connectedness has been the subject of research studies, while only focusing on these two constructs as they are connected to internalized homonegativity and relationship satisfaction among gay men (Frost & Meyer, 2009). The two constructs are related to the well-being of gay individuals based on the notion that being connected to the gay community can help buffer the negative effects of discrimination and stigma associated with being out, and promote well-being among LGBTQ+ individuals (Christens, 2019).

In their study, Roberts & Christens (2020) suggested that community connectedness mediated the effect of outness on well-being either partially or fully. Kosciw et al. (2015) suggested that outness would only be considered a source of resilience for a member of the LGBT community only if the identity disclosure was within a close community context.

Sommantico et al. (2018) also investigated outness and LGBT community connectedness with respect to internalized sexual stigma and relationship satisfaction, which is an important aspect of positive psychological well-being. However, they found no relation between LGBT community connectedness to outness or relationship satisfaction.

Based on the above, one can argue that the relationship between outness, community connectedness, and psychological well-being is complex and studied from different perspectives. In addition, few studies established that community connectedness can have a mediation role between outness and well-being (Roberts & Christens, 2020; Kosciw et al., 2015). However, no studies that we are aware of have considered eudaimonic well-being that reflects positive functioning and flourishing.

Self-Compassion

Self-compassion is defined by the ability to be open to one's own pain and suffering without being judgmental or avoidant. It is the desire to treat the self with kindness and treat failures and inadequacies in a non-judgmental manner (Beard et al., 2019; Neff, 2003). Neff (2003) considered that self-compassion includes three main aspects. First is self-kindness which pertains to understanding oneself without judgment. Second is common humanity in which suffering is part of a human experience, and third is mindfulness in terms of awareness of one's experience and not identifying with them. Although the aspects are conceptually different, they enhance each other within the construct. They jointly form the items of the Self-Compassion Scale (SCS) (Neff, 2003) that are widely used in literature and will be applied through this study.

Self-compassion was the only predictor in this research paper that is not specific to sexual minorities like outness, authenticity, and connectedness to the community. Research established that among gender minorities, higher levels of self-compassion have been associated with lower levels of depression and distress and more well-being, social support, and outness (Carvalho & Guiomar, 2022). However, efforts seem to overlook this examination within the gay population. The operational definition of PWB in models examining compassion is also a point of discussion

as it does not convey the positive function of well-being that the self-compassion construct stems from.

In a research article, Skinta et al. (2019) explored the role of self-compassion in affecting the relationship between HIV stigma, internalized homophobia, and psychological well-being of gay men living with HIV. Researchers noticed that literature was scarce when exploring self-compassion with the population of gay men living with HIV although research and theory tie self-compassion with resilience. The writers hypothesized that high levels of self-compassion would have a moderating effect and reduce the links between HIV stigma, internalized homophobia, and psychological well-being. They also considered that low levels of self-compassion would not show an effect on the relationship. Psychological well-being was defined in terms of depression, anxiety, and positive and negative affect. Data for the study were utilized from a larger study investigating HIV stigma and health. A total of 281 participants were screened for eligibility, of whom a final sample of 90 was yielded. Self-Compassion Scale-Short Form (Neff, 2003) was used to measure self-compassion. Scales for psychological well-being incorporated the Center Epidemiologic Studies-Depression Index (CES-D; Radloff, 1977) for depression, the State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA) (Grös, Antony, Simms, & McCabe, 2007) for anxiety, and the Positive and Negative Affect Scale (Watson et al., 1988) for positive and negative affect. Findings were in line with the researchers' hypothesis and showed that high and medium levels of self-compassion buffered the effects of HIV stigma and internalized homophobia. Low levels of self-compassion did not cause an effect the relationship, and writers considered the lack of self-compassion as a vulnerability. Writers discussed that the positive effect is due to processes of attunement, self-warmth, and awareness of the connection that self-compassion exerts. Limitations of the study were in the convenience sampling and the cross-sectional nature of the study which

hinders generalizations and causation. Implications to include self-compassion in models of well-being among more diverse populations were stressed on.

Another study reached different findings while exploring the role of self-compassion as a resource of well-being among a sample of gay men. Beard et al. (2017) explored evidence of resilience that exists in the gay men population that couldn't be interpreted with deficit-based models. Researchers hypothesized that self-compassion would have a significant positive relation with well-being. The sample (n=139) included self-identifying gay men aged between 19 and 82 years old. Self-compassion Scale (Neff, 2003) was used to assess self-compassion and the BBC Well-Being Scale was used to assess well-being among the sample. Both scales yielded high internal consistencies. Interestingly, the results did reveal that self-compassion and well-being had a pronounced relationship, but some aspects of self-compassion appeared more important to well-being than others. In particular, isolation and self-kindness were the only two components that significantly predicted PWB. Writers interpreted the results as a potential suggestion for self-compassion to predict well-being in general, and it is important to extend research efforts to understand the other components' relationship to well-being. Writers considered that in the light of minority stress, treating yourself kindly might buffer the effects and perception of stress leading to better well-being. However, the cross-sectional correlational design of the study was a limitation due to explanatory mechanisms as the sense of well-being might be the factor helping people to be more self-compassionate. The lack of a comparison group was another limitation as other studies had not yet explored the variables properly in this population. The sample was also predominantly healthy self-identifying gay men, and the results couldn't be generalized. The study also suggested the need to include additional predictors such as social support, connectedness to the community, and coming-out growth have also been shown related to well-being.

Demirtas et al. (2018) discussed the importance of self-compassion by examining the relationship between self-compassion, social support, and subjective well-being among LGB individuals in Turkey. The study aimed to identify the relationship between the variables in a collectivist society like Turkey as research literature has focused more on western individualistic societies. The purpose was to include self-compassion as an intrapersonal factor correlated with well-being in literature on LGB individuals in Turkey. Writers hypothesized a positive relationship between self-compassion and well-being. The sample included 291 LGB persons between 18 and 28 years old and data was collected via an online survey. Well-being was assessed through the Positive and Negative Affect Schedule (Watson et al., 1988), and self-compassion was assessed through The Self-Compassion Scale (SCS) developed by Neff (2003). Scales were adapted to Turkish, and both reflected high internal consistency. In line with previous literature, findings showed that higher levels of self-compassion were associated with higher levels of well-being. Self-compassion also mediated the relationship between social support and well-being. Among the limitations is that the study could not be generalized because the population has specific characteristics. They were young, educated, affiliated with LGB organizations, had internet access, and lived in urban cities of Turkey. Also, the cross-sectional nature of the study could not infer causality.

Conclusion

As seen in the above review of literature, the association between outness and PWB generated inconsistent findings, so this study investigates the construct as a predictor of PWB of gay individuals in Lebanon. Authenticity is a significant predictor of PWB within the community (Rivera et al., 2019) but no research paper that I am aware of has examined the association in Lebanon. Connectedness to the community has been frequently studied within the LGBT

community (Stanton et al., 2017) but not enough information has been yielded about the relationship of the construct with the psychological well-being of the gay community specifically (Gonçalves et al., 2019), especially when conceptualizing well-being in a positive psychology model. In addition, community connection in itself is conceptualized differently in research between connection to an LGBT subgroup (Petruzzella et al., 2019) or having a sense of connection local community (family, friends, coworkers) in which studies are more oriented (Roberts & Christens, 2020) which is the reason this research paper will focus on connectedness to the gay community. Moreover, connectedness to the gay community in Lebanon has its own characteristics and has barely been looked into in Lebanon (Michli & Jamil, 2022). Accordingly, this study will investigate if the connectedness to the gay community will be a predictor of the PWB of Lebanese gay men. Self-compassion has not been studied with gay men in the Lebanese context to my knowledge and will accordingly be hypothesized as a predictor of PWB. Based on the above literature, the following hypotheses were investigated:

1. Higher scores on authenticity will predict higher scores of total PWB among Lebanese gay men.
2. Higher scores on Outness will predict higher scores on total PWB among Lebanese gay men.
3. Higher scores on gay community connectedness will predict higher scores of total PWB among Lebanese gay men.
4. Higher scores on self-compassion will predict higher scores of total PWB among Lebanese gay men.
5. Community connectedness will mediate the relationship between outness and PWB among Lebanese gay men.

6. Self-Compassion will moderate the relationship between outness and PWB among Lebanese gay men.

Chapter 3

Methods

This chapter aimed to cover the design of the study as well as the participants and their inclusion criteria. In addition, the instruments used are mentioned, which include the demographic information of participants, and the scales. The procedure of the study is mentioned including the ethical approval and ethical concerns.

Research Design

The design of the study was a quantitative, correlational, and non-experimental design that targeted Lebanese gay men residing in Lebanon. Participants were asked to fill out an online survey that was composed of a demographic sheet and five questionnaires measuring the variables of the study (psychological well-being, authenticity, outness, community connectedness, and self-compassion).

Participants

For this study, participants were recruited based on a non-random convenient sampling method. Once approved by the Social and Behavioral Sciences (SBS) Ethics Committee at Haigazian University (HU), the study was announced online using various social media platforms (Instagram, WhatsApp, Facebook, Twitter, and LinkedIn). The inclusion criteria for this study were being a Lebanese man, self-identified as gay, aged between 18 and 64, and currently residing in Lebanon for the past 3 years. Using G-power 3.1 with the following parameters: medium effect size, a statistical power of 0.95, and a probability of error of 5%, the target sample of this study was 129 participants. If a small effect size was applied, with a statistical power of 0.8, the total sample size would amount to 602 participants (Faul et al., 2009). Due to the difficulty in accessing the

population in Lebanon, the study targeted a medium effect size of 129 participants while trying to reach as many participants as possible. Despite the initial target sample size, the study was only able to attain a sample $N = 109$ participants due to the difficulties in attaining the sample in Lebanon.

Instruments

This study included a demographic form and five questionnaires measuring the variables of interest (psychological well-being, authenticity, outness, community connectedness, and self-compassion), as well as a purpose of the research form and a consent form (see Appendix A). It is noteworthy that the scales were translated and back-translated to Arabic.

Demographic Sheet.

The demographic sheet included seven questions pertaining to the following demographic variables: gender, age, sexual orientation, educational level, employment status, nationality, and years of residency in Lebanon.

Psychological Well-being.

The 18-item version of the Psychological Well-Being Scale (PWBS) is developed by Ryff and Keyes (1995). This measure assesses psychological wellness and positive functioning across six domains: positive relationships with others, personal growth, self-acceptance, purpose in life, autonomy, and environmental mastery. Participants indicated their agreement with each statement through a 7-point Likert scale, ranging from 1 (strongly agree) to 7 (strongly disagree). Negatively worded items were reverse scored and all item responses were averaged to create a PWBS score with higher scores indicating better psychological well-being. Unlike the 42-item version of the scale, in this version, the subscales often demonstrate poor internal consistency

ranging from 0.25 to 0.55 (Kertzner et al., 2009). In this study, only the total score of the scale was conceptualized as a single factor of well-being. The total scale demonstrated adequate internal consistency of 0.75 (Barr et al., 2016).

Authenticity

The *LGB authenticity subscale of the LGB Positive Identity Measure* is authored by Riggle et al (2014). This scale assesses the LGB individual's authenticity using five items. A sample item of this scale is "I feel I can be honest and share my LGB identity with others." Participants were asked to indicate their degree of agreement on the 5 items using a 7-point Likert scale, ranging from "1" strongly disagree to "7" strongly agree. The scoring of the scale was performed by averaging the scores of the 5 items: with a higher score indicating higher authenticity. The authenticity scale also demonstrated strong internal consistency with Cronbach's alpha of .92 (Riggle et al., 2014).

Outness.

The *Outness Inventory* is authored by Mohr and Fassinger (2000). This scale is composed of 11 items that assess perceptions of gay men on who knows about their LGB identity. Participants were asked to rate their degree of outness to their significant other using a 7-point Likert scale ranging from "1" (*the person definitely does not know about your sexual orientation status*) to "7" (*person definitely knows about your sexual orientation status, and it is openly talked about*). The scoring of the scale was executed by averaging the scores of the 11 items. An example of this scale would be "outness to participant's mother". The Outness Inventory scale has demonstrated good internal consistency with Cronbach's alpha of .90 (Mohr & Fassinger, 2000).

Community Connectedness.

Community Connectedness is measured using the 8-item developed by Frost and Meyer (2012) which assesses the LGBT community affiliation among respondents. Participants indicated how strongly they agree with each statement by placing their answers on a 4-point Likert scale ranging from one (Agree Strongly) to four (Disagree Strongly), with higher scores indicating a higher connection to the community. The scale has demonstrated strong internal consistency with Cronbach's alpha of .86 (Meyer et al., 2021)

Self-Compassion.

The Self-Compassion Scale-Short Form is authored by Neff (2003b). This scale is composed of 12 items on a 5-point Likert scale between 1 (almost never) to 5 (almost always). It includes six subscales that measure the overall construct of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification. Negative subscales items were reverse scored. The mean of the subscale item responses was used to calculate subscale scores. The negative subscale items of self-judgment, isolation, and over-identification were reverse scored in order to calculate a total mean score for self-compassion with scores ranging from 1 to 5. Internal consistency is .81 (Skinta et al., 2019).

Procedure

This study was submitted to the SBS Ethical Committee at HU for ethical approval. After receiving the committee's approval, the study was announced online using various social media platforms (Instagram, WhatsApp, Facebook, Twitter, and LinkedIn). The announcement of the study included the below text both in English and Arabic:

“I am Hussein Kleit, a graduate student at Haigazian University from the Faculty of Social and Behavioral Sciences. I am currently carrying out a research study titled “Predictors of Psychological Well-Being in Lebanese Gay Men”. Kindly fill this study if you are a self-identified Lebanese gay man and you live in Lebanon for more than 3 years. This survey is anonymous and will take around 10-15 minutes once initiated.”

The announcement also included the link to the LimeSurvey both English and Arabic versions. Participants who read the announcement and found themselves interested in the study pressed on the presented LimeSurvey link and were directed to the following informed consent (Participants Consent Form). The informed consent included detailed information on the aims of the study, study procedure including methodology of recruitment, inclusion criteria, associated risks and benefits of participation, privacy and confidentiality, and participants’ rights (voluntary participants and right of termination). Interested participants who voluntarily agreed to be part of the study, after reading the informed consent form, were directed to complete the online survey. The online survey included a demographic sheet and five questionnaires (psychological well-being, authenticity, outness, community connectedness, and self-compassion). To mitigate any potential carry-over or order effects, a counterbalancing procedure was implemented in which the five questionnaires measuring psychological well-being, authenticity, outness, community connectedness, and self-compassion were administered in different orders to different subsets of participants. The study was conducted over a time period of 21 days from the 2nd till the 23rd of March 2022.

Ethical Concerns

Before data collection, the study protocol was submitted to the SBS Ethical Committee at HU for ethical approval. In addition, interested participants were asked to read a detailed informed consent form that detailed the aims of the study, study procedure including methodology of recruitment, inclusion criteria, associated risks and benefits of participation, privacy and

confidentiality, and participants' rights (voluntary participants and right of termination). To ensure that the Arabic translation of the survey did not contain any unintentionally harmful wording, an expert in LGBT studies from the MENA region was consulted upon the approval of my advisor. The expert reviewed the translation and provided feedback on any potentially problematic phrasing or terminology. Participation in this study was completely voluntary without any form of coercion. Moreover, participants had the right to terminate their participation at any time during the completion of the study, by simply exiting the online survey. To ensure that the right of voluntary participation is protected, a "no answer" option was added next to each item of the questionnaire. It should be noted that no identifying information was collected in this study, and as such, participants' responses were kept fully anonymous by configuring LimeSurvey not to track IP addresses of the responders. It was also mentioned in the participant information letter that measures will be taken to ensure that data will not be traced back to participants. The data retrieved from the online survey was stored on the researcher's laptop using a password-encrypted file and will be destroyed after a period of ten years. Finally, participants at the beginning and the end of the online questionnaire were informed about Embrace hotline and mental health services in case they experienced any form of distress during filling out the online survey. Due to the sensitivity of the study's topic, it was expected that the survey itself might be subject to harassment or ill-intentioned actions from certain respondents, potentially compromising the quality of the data collected. However, these events did not occur.

Data Analysis

Participants' data collected using LimeSurvey were entered into Statistical Package for Social Sciences (SPSS) version 24. The data was then cleaned by conducting missing value analysis, reliability of scales, outliers, and influential cases. Next, sample descriptives were provided using

frequencies and percentages, and scale descriptives were provided using range, mean, and standard deviation. Finally, hypotheses testing was conducted using Pearson's zero-order correlation test, multiple regression analysis, and moderated-mediation path analysis to investigate the influence of the predictors (authenticity, outness, community connectedness, and self-compassion) on psychological well-being.

Chapter 4

Results

Preliminary Analysis

Preliminary analysis was conducted to check the presence of missing values, reliability of scales, univariate and multivariate outliers, outliers in the solution, and influential cases.

Missing Value Analysis.

The sample of the study was initially composed of $N = 109$ participants. The data for four participants was excluded from the study because they didn't meet the inclusion criteria for being Lebanese ($N = 2$) and for being gay ($N = 2$). As such, the final sample of the study was composed of $N = 105$ participants.

Missing value analysis was conducted to check for the percentage of missing values on each of the items of the questionnaire. The missing value analysis revealed that all items had less than 5% missing values except for income (5.7%), Community connectedness items two (7.6%), three (5.7%), four (5.7%), five (9.5%), six (5.7%), and eight (6.7%). The Little's MCAR test was significant; indicating that the data is not missing completely at random; $X^2(1597) = 1720.99, p = .016$ (Tabachnick & Fidel, 2007).

Since the data was not missing completely at random, several independent t-tests were conducted to check whether there were significant differences on the outcome variable (psychological wellbeing) between participants who filled out the questions (income, Community Connectedness items two, three, four, five, six, and eight) and those who didn't fill those questions. The independent sample t-tests revealed that there were no significant differences on psychological wellbeing between participants who filled the questions and those who didn't fill

the questions; $t(103) = 1.02, p = .310$, ; $t(103) = 0.74, p = .460$, ; $t(103) = 0.08, p = .939$, ; $t(103) = -0.63, p = .529$, ; $t(103) = -0.05, p = .957$, ; $t(103) = 1.85, p = .067$, and ; $t(103) = 0.58, p = .562$, respectively. As such, the missing data didn't indicate any significant pattern and we can proceed with the main data analysis.

Reliability Analysis

Table 1 below depicts the reliability analysis of the scales. The Cronbach's alpha (α) revealed that all scales in this study (outness, authenticity, community connectedness, self-compassion, and psychological wellbeing) were reliable with $\alpha > .60$.

Table 1: Reliability Analysis

	Previous Cronbach's Alpha	Current Cronbach's Alpha	N of items
Outness	0.90	0.76	11
Authenticity	0.92	0.90	5
Community Connectedness	0.86	0.86	8
Self-Compassion ¹	0.81	0.87	12
Psychological Wellbeing ²	0.75	0.79	18

Univariate and Multivariate Outliers.

Univariate outliers were inspected using z-scores with the criterion that any case with z-score $> |3.29|$ is considered to be a univariate outlier. The z-cores revealed that the variables (outness, community connectedness, self-compassion, and psychological wellbeing) didn't have any

¹ Items 1, 4, 8, 9, 11, and 12 were reverse coded.

² Items 4, 5, 6, 7, 10, 14, 15, and 16 were reverse coded.

univariate outliers (z -scores $< |3.29|$). The z -cores, however, revealed, that the variable authenticity had one univariate outlier (case # 6 with z -score = -3.49).

Multivariate outliers were inspected using Mahalanobis distances with the criterion that any case with Mahalanobis distance > 18.47 is considered to be a multivariate outlier. The inspection of Mahalanobis distances revealed that there was one multivariate outlier (case #6, Mahalanobis distance = 28.22); $X^2(4) = 28.22, p < .001$.

Although case# 6 was found to be both a univariate and multivariate outlier, it was retained in the final sample, to preserve the integrity of the data, since it is expected to have at least one percent of the data as outliers (Field, 2018).

Outliers in the Solution and Influential Cases.

Outliers in the solution were inspected using standardized residuals with the criterion that any case with standardized residual $> |3.29|$ is considered to be an outlier in the solution. The standardized residuals in this study ranged between -2.70 and 2.09; indicating that there were no cases of outliers in the solution.

Influential cases were inspected using Cook's distances with the criterion that any case with Cook's distance > 1 is considered to be an influential case. The Cook's distances in this study ranged between 0.00 and 0.34; indicating that there were no influential cases.

Sample Descriptives

Tables 2 and 3 below depict the descriptives of the study's sample. Around three quarter of participants (73.3%) filled the English version of the questionnaire, while around one-quarter of participants (26.7%) filled the Arabic version of the questionnaire. The age of participants ranged between 18 and 53 with mean age ($M = 28.06, SD = 7.23$). Concerning the educational

background of participants, 6.7% had a secondary school degree, 59% had a Bachelor's degree, and 34.3% had a Masters or PhD degree. In addition, the monthly income of participants ranged between 0 and 17,500 USD with a mean income ($M = 1086.59$, $SD = 1912.03$). Finally, concerning the employment of participants, 19% were unemployed, 29.5% were employed on part-time basis, and 51.4% were employed on full-time basis.

Table 2: Sample Descriptives

		N	%
Version	English	77	73.3%
	Arabic	28	26.7%
Education	Secondary School	7	6.7%
	Bachelor's Degree	62	59.0%
	Masters or PhD	36	34.3%
Employment	Unemployed	20	19.0%
	Part-time	31	29.5%
	Full-time	54	51.4%

Table 3: Sample Descriptives: Age and Income

Demographics	N	Min.	Max.	Mean	SD
Age	105	18	53	28.06	7.23
Income	99	0.00	17500	1086.59	1912.03
Valid N (listwise)	99				

Scale Descriptives

Table 4 below depicts the scale descriptives in terms of minimum, maximum, mean, and standard deviation. On average, participants had low levels of outness ($M = 2.67^3$, $SD = 1.14$), and high levels of authenticity ($M = 5.75^4$, $SD = 1.36$), community connectedness ($M = 2.79^5$, $SD = 0.56$), self-compassion ($M = 3.27^6$, $SD = 0.73$), and psychological wellbeing ($M = 4.93$, $SD = 0.81$).

Table 4: Scale Descriptives

Demographics	N	Min.	Max.	Mean	SD
Outness	104	0.00	5.36	2.67	1.14
Authenticity	105	1.00	7.00	5.75	1.36
Community Connectedness	105	1.20	4.00	2.79	0.56
Self-Compassion	105	1.50	4.83	3.27	0.73
Psychological Wellbeing	105	3.06	6.83	4.93	0.81
Valid N (listwise)	104				

Differences between Arabic and English Versions

Several independent t-tests were conducted to investigate whether there were significant differences on the studied variables between participants who filled the English version of the questionnaire and those who filled the Arabic version of the questionnaire. The independent sample t-tests revealed that there were no significant differences on outness, authenticity, community connectedness, self-compassion, and psychological wellbeing between participants who filled the English version and those who filled the Arabic version of the questionnaire; t

³ Midpoint of the outness scale = $(0+7)/2 = 3.5$

⁴ Midpoint of the authenticity scale and the psychological wellbeing scales = $(1+7)/2 = 4$

⁵ Midpoint of the community connectedness scale = $(1+4)/2 = 2.5$

⁶ Midpoint of Self-compassion scale = $(1+5)/2 = 3$

(102) = 1.94, $p = .055$, $t(103) = 1.28$, $p = .202$, $t(103) = -0.69$, $p = .492$, $t(103) = -1.54$, $p = .127$, and $t(103) = 0.90$, $p = .369$, respectively (Table 5).

Table 5: Independent Sample T-tests: Differences between Arabic and English Versions

	English		Arabic		Independent t-test		
	Mean	SD	Mean	SD	t	df	Sig.
Outness	2.80	1.07	2.31	1.29	1.94	102	.055
Authenticity	5.85	1.26	5.46	1.59	1.28	103	.202
Community Connectedness	2.77	0.55	2.85	0.61	-0.69	103	.492
Self-Compassion	3.21	0.76	3.45	0.62	-1.54	103	.127
Psychological Wellbeing	4.97	0.81	4.81	0.82	0.90	103	.369

Correlation analysis

Normality of the studied variables were inspected using KS-test ($100 < N < 300$). The KS-test revealed that the distributions of the variables outness and self-compassion were normally distributed; $D(104) = 0.07$, $p = .200$ and $D(105) = 0.08$, $p = .076$, respectively. The KS-test revealed, however, that the distributions of authenticity, community connectedness, and psychological wellbeing were not normally distributed; $D(105) = 0.20$, $p < .001$, $D(105) = 0.10$, $p = .013$, $D(105) = 0.10$, $p = .011$, respectively.

Since the normality of the outcome variable (psychological wellbeing) was not met, then Spearman's rho test was used to investigate the correlations between the predictors (outness, authenticity, community connectedness, and self-compassion) and the outcome variable (psychological wellbeing). The Spearman's rho correlation test revealed that there was a significant, positive, and large correlation between authenticity and psychological wellbeing; $r_s =$

.53, $p < .001$. This indicated that participants who had higher levels of authenticity were more likely to have higher levels of psychological wellbeing; hypothesis one is supported. The Spearman's rho correlation test also revealed that there was a significant, positive, and medium to large correlation between outness and psychological wellbeing; $r_s = .37, p < .001$. This indicated that participants who had higher levels of outness were more likely to have higher levels of psychological wellbeing; hypothesis two is supported.

In addition, the Spearman's rho correlation test revealed that there was a significant, positive, and small to medium correlation between community connectedness and psychological wellbeing; $r_s = .26, p = .003$. This indicated that participants who had higher levels of community connectedness were more likely to have higher levels of psychological wellbeing; hypothesis three is supported. Finally, the Spearman's rho correlation test revealed that there was a significant, positive, and large correlation between self-compassion and psychological wellbeing; $r_s = .52, p < .001$. This indicated that participants who had higher levels of self-compassion were more likely to have higher levels of psychological wellbeing; hypothesis four is supported (Table 6).

Table 6: Spearman's Zero Order Correlation Matrix

	Psychological wellbeing
Authenticity	.53***
Outness	.37***
Community Connectedness	.26**
Self-Compassion	.52***

*. Correlation is significant at the 0.05 level (one-tailed).

** . Correlation is significant at the 0.01 level (one-tailed).

***. Correlation is significant at the 0.001 level (one-tailed)

Multiple Regression Analysis: Predictors of Psychological Wellbeing

A multiple regression analysis was conducted to study the relations between the four predictors (authenticity, outness, community connectedness, and self-compassion) and the outcome variable (psychological wellbeing), using the forced entry method.

Concerning the assumptions of this multiple regression analysis, the assumption of independence of errors was met, as indicated by the Durbin Watson score = 1.89 (Durbin Watson between 1 and 3). The assumption of no multicollinearity was also met as indicated by the VIF scores < 10. The assumption of normality of residuals was met, as indicated by the bell-shaped curve in the histogram (Figure 1), and the overlapping of the observed cumulative probability and the expected cumulative probability in the P-P Plot (Figure 2). Finally, the assumption of the homoscedasticity was met, as indicated by the evenly scattered residuals in the ZRESID versus ZPRED scatterplot (Figure 3).

Figure 1: Normality of Residuals Assumption as Evident by the Histogram

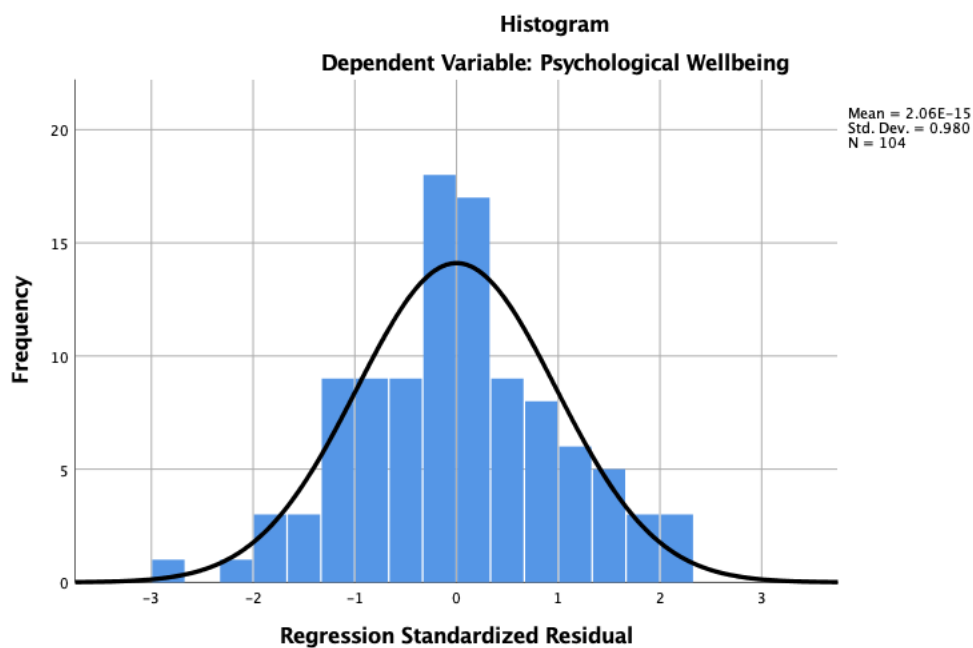


Figure 2: Normality of Residuals Assumption as Evident by the P-P Plot

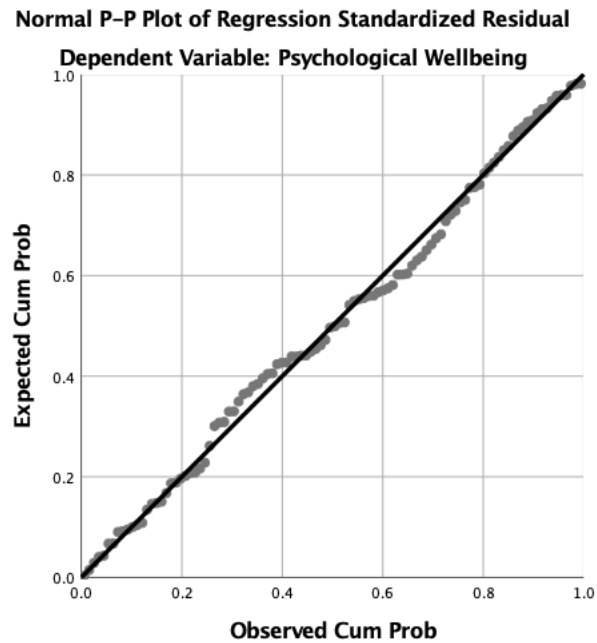
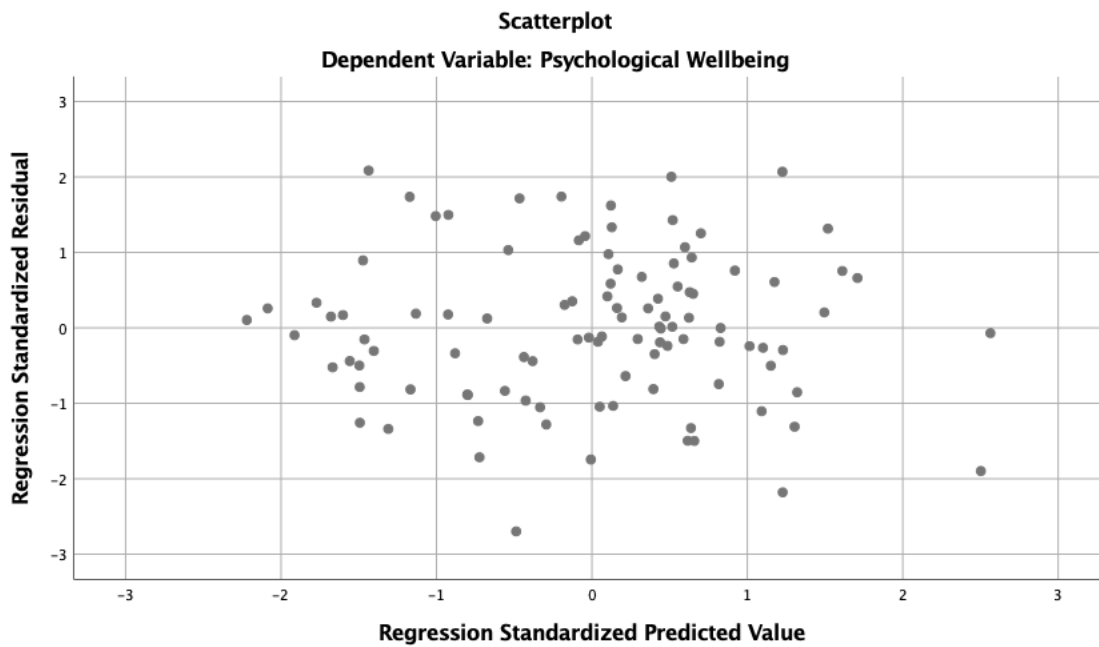


Figure 3: Homoscedasticity Assumption as Evident by the ZRESID versus ZPRED Scatterplot



The ANOVA F-test revealed that the regression model containing the four predictors (authenticity, outness, community connectedness, and self-compassion) was significantly better

than the mean in explaining the outcome variable (psychological wellbeing); $F(4, 99) = 23.91, p < .001$. This regression model explained 49.1% ($R^2 = .491$) of the variance in psychological wellbeing at the sample level and 47.1% ($R^2_{adjusted} = .471$) at the population level (Table 7).

By inspecting the table of coefficients (Table 8), it is evident that self-compassion was the highest positive predictor of psychological wellbeing; $b = 0.50, SE = 0.09, \beta = .45, t(99) = 5.91, p < .001$. Authenticity was the second highest predictor of psychological wellbeing; $b = 0.18, SE = 0.05, \beta = .31, t(99) = 3.85, p < .001$, while outness was the lowest predictor of psychological wellbeing; $b = 0.18, SE = 0.06, \beta = .25, t(99) = 3.29, p = .001$. As such, participants who had higher levels of authenticity, outness, and self-compassion were more likely to have higher levels of psychological wellbeing; hypotheses one, two, and four are supported. Finally, the inspection of the table of coefficients revealed that community connectedness was not a significant predictor of psychological wellbeing; $b = -0.01, SE = 0.12, \beta = -.01, t(99) = -0.06, p = .952$; hypothesis three was not supported.

Table 7: Regression: Model Summary Table

Model	R	R-Square	Adjusted R-Square	SE	F-change	Df1	Df2	Sig.	Durbin-Watson
1	.70	.491	.471	0.59	23.91	4	99	<.001	1.89

Table 8: Regression Coefficients

	b	SE	B
Constant	1.76	0.37	
Authenticity	0.18	0.05	.31***
Outness	0.18	0.06	.25***
Community Connectedness	-0.01	0.12	-.01

Self-Compassion	0.50	0.09	.45***
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p < .05, ** p < .01, * p < .001*

Mediation Analysis: Community Connectedness Mediating the Relation between Outness and Psychological Wellbeing

Mediation analysis was conducted using the PROCESS add-on macro in SPSS, using model four (Hayes, 2018). The bootstrap approach based on 10,000 (re)samples was implemented with the criterion that an effect was deemed significant if the 95% confidence intervals didn't include zero (Hayes, 2018).

Concerning the total effect of outness on psychological wellbeing, the path analysis revealed that the regression model containing outness was a significant model in predicting psychological wellbeing; $F(1, 102) = 18.59, p < .001 (R^2 = 15.4\%)$. The bootstrapped coefficient revealed that outness was a significant and positive predictor of psychological wellbeing; $b = 0.28, SE = 0.06, 95\%CI [0.15, 0.41]$.

Concerning the predictive relation between the predictor (outness) and the mediator (community connectedness); the path analysis revealed that the regression model containing outness was not a significant model in predicting community connectedness; $F(1, 102) = 3.64, p = .059 (R^2 = 3.5\%)$. The bootstrapped coefficient revealed that outness was not a significant predictor of community connectedness; $b = 0.09, SE = 0.05, 95\%CI [-0.004, 0.18]$.

Concerning the direct and indirect effect of outness on psychological wellbeing, the path analysis revealed that the regression model containing outness and community connectedness was a significant model in predicting the outcome variable (psychological wellbeing); $F(1, 101) = 13.10, p < .001 (R^2 = 20.6\%)$. The bootstrapped coefficient revealed that the direct effect of

outness was significant and positive; $B = 0.25$, $SE = 0.06$, $95\%CI [0.12, 0.37]$. The bootstrapped coefficient, however, revealed that the indirect effect of outness on psychological wellbeing (the effect of outness on psychological wellbeing through community connectedness) was not significant (*indirect effect* = 0.03, $SE = 0.02$, $95\%CI [-0.02, 0.09]$). This indicates that hypothesis five which states that community connectedness mediates the relation between outness and psychological wellbeing was not supported.

Moderation Analysis: Self-Compassion Moderating the Relation between Outness and Psychological Wellbeing

For this analysis, self-compassion was recoded into a dichotomous variable; low self-compassion (scores between 1 and 3) versus high self-compassion (scores > 3). Moderation analysis was conducted using the PROCESS add-on macro in SPSS, using model one (Hayes, 2018). The bootstrap approach based on 10,000 (re)samples was implemented with the criterion that an effect was deemed significant if the 95% confidence intervals didn't include zero (Hayes, 2018).

The path analysis revealed that the regression model containing outness, self-compassion recoded, and the interaction term (outness*self-compassion) was a significant model in predicting the outcome variable (psychological wellbeing); $F(3, 100) = 19.69$, $p < .001$ ($R^2 = 37.1\%$). The bootstrapped coefficients revealed that outness was a significant and positive predictor of psychological wellbeing; $b = 0.50$, $SE = 0.19$, $95\%CI [0.12, 0.88]$. The bootstrapped coefficients also revealed that self-compassion recoded was a significant and positive predictor of psychological wellbeing; $b = 1.16$, $SE = 0.33$, $95\%CI [0.51, 1.81]$. This indicated that participants who had higher levels of outness and self-compassion were more likely to have higher levels of psychological wellbeing. The bootstrapped coefficients, however, revealed that

the interaction term (outness*self-compassion) was not a significant predictor of psychological wellbeing; $b = -0.15$, $SE = 0.11$, $95\%CI [-0.38, 0.08]$. As such, hypothesis six which states that self-compassion moderates the relation between outness and psychological wellbeing was not supported.

Chapter 5

Discussion

The primary objective of the research at hand was to study the factors that predict psychological well-being among a sample of Lebanese gay men. Specifically, the aim was to investigate the potential roles of outness, authenticity, community connectedness, and self-compassion as predictors of psychological well-being within a positive psychology framework. Moreover, the study sought to determine whether community connectedness mediated the relationship between outness and well-being and whether self-compassion moderated the relationship between outness and well-being.

Following data analysis, the results presented in Chapter 4 will be discussed in this chapter in relation to the relevant literature. Additionally, we offer a thorough examination of the study's limitations, clinical implications, and recommendations for further research.

Interpretation of the Findings

Authenticity

The first hypothesis was that higher levels of authenticity will predict higher levels of psychological well-being among Lebanese gay men. This hypothesis was supported in this study as there was a significant, positive, and large correlation between authenticity and psychological well-being. This is consistent with previous research indicating that feelings of authenticity are associated with positive well-being among LGBT individuals (Petrocchi et al., 2020; Riggle et al., 2017; Rostosky et al., 2018). Authenticity in our study was the second highest predictor of psychological well-being after self-compassion among other variables. This result is consistent with previous research that has shown that authenticity is an important factor in predicting well-

being (Wood et al., 2008; Riggle et al., 2014). Another supportive finding in our study is participants' high levels of authenticity, on average, which reflected the importance of the construct for gay men as a subgroup of the LGBT community. Riggle et al.(2017) considered authenticity an intrapersonal measure of LGBT positive identity distinct from outness and concealment. In other words, an individual can have a "sense of inner peace" about their sexual identity whether they are able to disclose their identity or choose to leave it concealed. Based on that, one interpretation of the study's finding is that gay individuals who are authentic about their sexual identity are more likely to be high on well-being even if they are not able to disclose their identity to others around them.

Outness

Second, it was hypothesized in the study at hand that outness predicts psychological well-being among Lebanese gay men. This hypothesis was confirmed as outness was positively associated with psychological well-being. Findings are consistent with other studies that have found a positive relationship between outness and psychological well-being, such as Kavanaugh et al. (2019), who studied a diverse sample of LGBT individuals, and Stuhlsatz et al. (2021), who examined the relationship among LGBT Muslim participants. However, our findings were in contrast to studies such as Riggle et al. (2017) and Roberts and Christens (2020), which did not find a significant positive relationship between outness and psychological well-being. It is interesting to note that participants, on average, had a low level of outness and high levels on all the other variables. The result at hand is of significant importance as it delves far beyond the surface-level challenges faced by individuals disclosing same-sex desires in Lebanon(Maatouk & Jaspal, 2022; Wagner et al., 2013, Wagner et al., 2019). Noting that the study participants showed high levels of authenticity and community connectedness, this indicates a discrepancy between

gay specific variables. Additionally, the sample exhibited high levels of education, income, and employment, which can act as supportive factors for individuals to be open about their sexual identity. One compelling interpretation is that attitudes towards outness within the Lebanese gay community are unique to Lebanese context and require further investigation (Maatouk & Jaspal, 2022; Wagner et al., 2013, Wagner et al., 2019). This strongly implies that the nature of the relationship between outness and psychological well-being may be complex and influenced by various factors, and further research is needed to better understand this relationship.

Community connectedness

The third hypothesis in the study at hand examined whether higher scores on gay community connectedness will predict higher scores of psychological well-being among Lebanese gay individuals. On a correlational analysis level, results yielded a significant, positive, and small to medium correlation between the two variables. However, on a regression analysis level, the hypothesis was not supported, as community connectedness was not a significant predictor of well-being. Findings were not in line with previous literature suggesting an important association between LGBT connectedness and well-being (Barr et al., 2016; Frost & Meyer, 2012; Kavanaugh et al., 2019; Roberts & Christens, 2020). This present finding merited several compelling explanations. First, discourses of queer presence in Lebanon might vary, especially between central Beirut where several gay-friendly spaces, organizations, and clubs are centered, and other areas which do not foster spaces for sexual identity disclosure and opportunities for connecting or belonging to a community (Wagner et al., 2013). Second, the gay community in Lebanon has not witnessed a developmental trajectory that is independent of the "Western" models of LGBT organizing (Merabet, 2004; Moussawi, 2015). In other terms, one can assume that there is a lack of specific community structures supporting the unique needs of

the gay population in Lebanon. Current advocacy efforts and goals seem to be modeled after western narratives, which do not accurately capture the complex reality of a gay individual's cultural, social, and personal beliefs in Lebanon. This highlights the importance of creating a more culturally sensitive approach to promoting psychological well-being among the Lebanese gay population. Those models do not reflect the difficulties and complexities that relate specifically to the outness of gay individuals in Lebanon and opportunities for connectedness which affects their psychological well-being.

Community Connectedness as a mediator between outness and well-being

Results showed that outness was a significant and positive predictor of psychological well-being, but not a significant predictor of community connectedness. This suggested that outness may directly contribute to psychological well-being, but not necessarily through community connectedness, contradicting hypothesis five which suggested that community connectedness mediates the relationship between outness and psychological well-being. The findings emphasize the importance of considering both direct and indirect effects in understanding the relationship between outness and psychological well-being among the Lebanese LGBT community. Findings were not in line with past research efforts indicating a mediation role of community connectedness between outness and well-being (Roberts & Christens, 2020; Kosciw et al., 2015). However, it added to past research that did not find a significant relationship between the constructs (Somantico et al., 2018), especially in a positive psychology framework (Frost & Meyer, 2009; Meyer, 2003). Since the assumption of no multicollinearity was also met during the study, one can assume that other factors may be affecting the relationship. It is conceivable that those factors are specific to the Lebanese context, which is supported by a body of research that states that the interaction between outness and community connectedness is dependent on the surrounding

environment and social support (Frost & Meyer, 2012; Sommantico et al., 2018; Kosciw et al., 2015). The most compelling explanation for this result is that identifying as part of the gay community can still be associated with stigma and negative connotations. This may be linked to traditional views of gender roles within the community, which can reinforce stereotypical understandings about masculinity and femininity. Additionally, the wider societal disapproval of homosexuality in Lebanon could also contribute to this lack of community connectedness even for individuals who choose not to conceal their sexual identity.

Self-compassion

The findings of this study also supported the hypothesis that higher levels of self-compassion predict higher levels of psychological well-being among gay individuals in the Lebanese context. This was consistent with previous research studies that have shown self-compassion to be a predictor of psychological well-being in this population (Neff, 2003; Demirtas et al., 2018; Skinta et al., 2019). In the present study, self-compassion appeared to be the highest positive predictor of psychological well-being among other variables, providing further evidence for the importance of self-compassion in promoting positive functioning and resilience in the face of stressors. These findings suggested that interventions aimed at increasing self-compassion may be beneficial for promoting psychological well-being among gay individuals in the Lebanese context and highlight the need for further research on this topic.

Self-Compassion as moderator between outness and well-being

Finally, it was hypothesized in the study at hand that self-compassion will moderate the relationship between outness and psychological well-being. Although outness and self-compassion were each significant predictors of the well-being of the participants in the study, the interaction

did not predict well-being, indicating that the last hypothesis was not approved. The interaction between the two constructs was merely highlighted in the past literature (Beard et al., 2017; Michli & Jamil, 2022), and it requires further research in different settings. However, this finding strongly implied that gay individuals who have a self-compassionate approach to themselves will most likely score high on well-being regardless if they can disclose their sexual identity to others. In other words, self-compassion can be considered an asset for the well-being of gay individuals in Lebanon in different cultural contexts.

Conclusion

Taken together, the results of the study at hand indicated that participants who had higher levels of authenticity, outness, and self-compassion were more likely to have higher levels of psychological well-being. Moreover, in this study, community connectedness did not prove to be a predictor of psychological well-being. In addition, it was highlighted that outness was not a significant predictor of community connectedness, and the effect of outness on psychological well-being through community connectedness was not significant. A body of research shows that having connections with the gay community was a protective factor against discrimination and stigma and can help promote wellness (Christens, 2019; Meyer, 2010) but the relationship between the constructs was not significant when combined with other variables. An important finding in the study at hand was the role of self-compassion. Although, contrary to the last hypothesis, the construct did not yield as a moderator between outness and well-being, it appeared as the highest predictor of well-being among the variables which can be interpreted as a factor of strength for gay individuals that is independent of their surroundings.

Limitations

The first limitation was the correlational design of the study and the usage of convenience sampling in which results could not be generalized to other groups. In addition, the sample may not have represented the entire population. The correlational design of the study provided valuable information about the experiences of Lebanese gay men, but it did not infer causal relationships, so other factors could be taken into consideration to understand the interaction between well-being and other variables. The final sample of the study showed a high employment rate, as the majority were employed on a full-time or part-time basis. Also, the sample had a high-income rate, as the average income was around \$1087 in fresh USD which is relatively high in a country like Lebanon. The sample also had a very high education background with the vast majority having a bachelor's or a master's degree. Also among the limitations was the small sample size of the study (105) due to the challenge of accessing the sample in the Lebanese context. In addition, responses may have been affected by a social stigma on homosexuality in Lebanon which could result in underreporting and concealment of answers.

Clinical Implications

The present research, therefore, contributed to a growing body of literature shedding light on the strength and resilience of the LGBT community in general, and the gay community specifically (Riggle et al., 2017; Rostosky et al. 2018; Meyer, 2010; Frost & Meyer, 2012).

The clinical implication of the study is that it guides therapists and psychologists working with gay individuals in the Lebanese context to focus on factors relating to psychological well-being during their interventions. Although the generality of the current results must be established by future research, the present study has provided clear support that people who are high on outness,

authenticity, and self-compassion will most likely be high on psychological well-being. These factors do not only minimize the effects of potential stressors encountered by the community but also allow flourishing and functioning effectively within the self and the surrounding.

As self-compassion and authenticity appear to be the highest predictors, the study also encourages more compassionate and introspective approaches in therapeutic interventions with gay individuals. People seeking therapy due to stressors can be helped by therapists to focus on the main aspects of self-compassion like self-kindness, common humanity, and mindfulness. They can also be guided to work on their authenticity regarding their sexual identity. This can mitigate internalizing or identifying with any form of stigma or homophobic behaviors.

The study also encourages policymakers and non-governmental organizations to focus on factors of well-being among the gay community that are specific to the Lebanese context and to focus on intrapersonal factors (e.g., authenticity, self-compassion) because they are higher predictors of well-being among gay individuals. It also urges organizations to adopt a bottom-up approaches while designing the programs that aim to protect and support the gay community. This requires beginning at the micro-level considering the unique needs of the Lebanese gay community.

Future directions

Despite the limitations, this research can be seen as a first step towards integrating factors that foster resilience and strengths among gay LGBT individuals generally and gays specifically. This would allow for a more comprehensive understanding of the experiences of gay individuals in Lebanon. Researchers are also encouraged to consider longitudinal designs to assess changes in well-being over time and to investigate the long-term effects of intrapersonal factors, such as

authenticity and self-compassion, on psychological well-being. As community connectedness was not a significant predictor of psychological well-being in the study, future research is encouraged to look more into the factors that promote and obstruct the connectedness to the gay community. Also, further research about outness and community connectedness is required to examine the reaction of the variables within the Lebanese context and with respect to psychological well-being. In addition, it is important to research the role of technology as a topic of growing interest in research on gay individuals' mental health. Studies can explore the use of social media forums and gay dating apps and how they relate to social support and community building among the gay population.

References

- Assi, M., Maatouk, I., & Jaspal, R. (2020). Psychological distress and self-harm in a religiously diverse sample of Lebanese students. *Mental Health, Religion & Culture*, 23(7), 591–605.
<https://doi.org/10.1080/13674676.2020.1788524>
- Barr, S. M., Budge, S. L., & Adelson, J. L. (2016). Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology*, 63(1), 87–97. <https://doi.org/10.1037/cou0000127>
- Battle, J., Pastrana, A. J., & Daniels, J. (2013). Social Justice Sexuality Project: 2010 National Survey, including Puerto Rico. *Inter-University Consortium for Political and Social Research*.
<https://doi.org/10.3886/icpsr34363.v1>
- BBC News. (2012, August 8). *Outraged Lebanese demand end to anal exams on gay men*. Retrieved November 18, 2022, from <https://www.bbc.com/news/world-middle-east-19166156>
- Beard, K., Eames, C., & Withers, P. (2017). The role of self-compassion in the well-being of self-identifying gay men. *Journal of Gay & Lesbian Mental Health*, 21(1), 77–96.
<https://doi.org/10.1080/19359705.2016.1233163>
- Berger, R. M. (1990). Passing: Impact on the quality of same-sex couple relationships. *Social Work*, 35(4), 328–332. <https://doi.org/10.1093/sw/35.4.328>
- Berggren, N., Bjørnskov, C., & Nilsson, T. (2017dand). What aspects of society matter for the quality of life of a minority? global evidence from the New Gay Happiness Index. *Social Indicators Research*, 132(3), 1163–1192. <https://doi.org/10.1007/s11205-016-1340-3>

- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951. <https://doi.org/10.2105/ajph.2013.301241>
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951. <https://doi.org/10.2105/ajph.2013.301241>
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., West, B. T., & McCabe, S. E. (2014). Discrimination and mental health among lesbian, gay, and bisexual adults in the United States. *American Journal of Orthopsychiatry, 84*(1), 35–45. <https://doi.org/10.1037/h0098851>
- Brundtland, G. H. (2001). From the World Health Organization. Mental health: new understanding, new hope. *JAMA, 286*(19). <https://doi.org/10.1001/jama.286.19.2391>
- Burrows, M. (2022). *LGBTQ Community Belonging and Involvement as Predictors of Sexual Minorities' Well-Being*. [Doctoral dissertation, University of Maryland]. DRUM. <https://doi.org/10.13016/vozi-w3tm>
- Carvalho, S. A., & Guiomar, R. (2022). Self-compassion and mental health in sexual and gender minority people: A systematic review and meta-analysis. *LGBT Health, 9*(5), 287–302. <https://doi.org/10.1089/lgbt.2021.0434>
- Christens, B. D. (2019). *Community power and empowerment*. New York: Oxford University Press.
- Dandashly, A. (2022). The EU and LGBTI activism in the mena – the case of Lebanon. *Mediterranean Politics, 27*(4), 505–525. <https://doi.org/10.1080/13629395.2021.1883287>

- Dehghan, S. (2018, May 17). *Everyone is welcome: The only gay hangout in the arab world*. The Guardian. Retrieved November 18, 2022, from <https://www.theguardian.com/world/2018/may/17/beautiful-dream-the-beirut-lgbt-centre-offering-an-oasis-of-tolerance>
- Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, 53(4), 173–199. <https://doi.org/10.1080/00918360802103449>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
- Dr Massimiliano Sommantico, Dr Barbara De Rosa & Santa Parrello (2018): Internalized Sexual Stigma in Italian Lesbians and Gay Men: The Roles of Outness, Connectedness to the LGBT Community, and Relationship Satisfaction, *Journal of Sex & Marital Therapy*, DOI: 10.1080/0092623X.2018.1447056
- Drescher, J. (2015). Out of DSM: Depathologizing homosexuality. *Behavioral Sciences*, 5(4), 565–575. <https://doi.org/10.3390/bs5040565>
- El Khoury, C., Mutchler, M. G., Abi Ghanem, C., Kegeles, S. M., Ballan, E., Mokhbat, J. E., & Wagner, G. J. (2019). Sexual violence in childhood and post-childhood: The experiences of young men who have sex with men in Beirut. *Journal of Interpersonal Violence*, 36(19-20). <https://doi.org/10.1177/0886260519880164>
- Elmslie, J.R. (2020), 'The Postcolonial Legacy and LGBTQ+ Advocacy in Egypt and Lebanon', *Reinvention: an International Journal of Undergraduate Research*, Volume 13, Issue 2, <https://reinventionjournal.org/article/view/541>

Fattal, O., Mahmoud, H., & Bazzi, L. (2018). A brief overview of advances in LGBT mental health advocacy in Lebanon. *Harvard Review of Psychiatry*, 26(4), 237–240.

<https://doi.org/10.1097/hrp.0000000000000169>

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical Power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41(4), 1149–

1160. <https://doi.org/10.3758/brm.41.4.1149>

Feinstein, B. A., Dyar, C., Li, D. H., Whitton, S. W., Newcomb, M. E., & Mustanski, B. (2019). The longitudinal associations between outness and health outcomes among gay/lesbian versus bisexual emerging adults. *Archives of sexual behavior*, 48(4), 1111–1126.

<https://doi.org/10.1007/s10508-018-1221-8>

Field, A. P. (2018). *Discovering statistics using IBM SPSS statistics*. London: SAGE.

Gable, S. L., & Haidt, J. (2005). What (and why) is positive psychology? *Review of General*

Psychology, 9(2), 103–110. <https://doi.org/10.1037/1089-2680.9.2.103>

Giano, Z., Currin, J. M., Wheeler, D. L., & Hubach, R. D. (2020). Outness amplifies the negative effect of gay related rejection in rural, but not urban sexual minority men. *Psychology & Sexuality*,

13(2), 240–254. <https://doi.org/10.1080/19419899.2020.1765411>

Grad, F. P. (2002). The Preamble of the Constitution of the World Health Organization. *Bulletin of the World Health Organization*, 80(12), 981–984.

Grös, D. F., Antony, M. M., Simms, L. J., & McCabe, R. E. (2007). Psychometric properties of the state-trait inventory for cognitive and somatic anxiety (STICSA): Comparison to the state-trait

anxiety inventory (STAI). *Psychological Assessment*, 19(4), 369–381.

<https://doi.org/10.1037/1040-3590.19.4.369>

Harter, S. (2002). Authenticity. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 382–394). Oxford University Press.

Hayek, C. (2022, July 1). *Who are Ashrafieh's 'soldiers of god'?* L'Orient Today. Retrieved November 18, 2022, from <https://today.lorientlejour.com/article/1304447/who-are-ashrafiehs-soldiers-of-god.html>

Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis a regression-based approach*. New York: The Guilford Press.

Helem (2017). *Human Rights Violations against Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals in Lebanon*.

https://tbinternet.ohchr.org/Treaties/CCPR/Shared%20Documents/LBN/INT_CCPR_ICO_LBN_27152_E.pdf

Hobaica, S., Alman, A., Jackowich, S., & Kwon, P. (2018). Empirically based psychological interventions with sexual minority youth: A systematic review. *Psychology of Sexual Orientation and Gender Diversity*, 5(3), 313–323. <https://doi.org/10.1037/sgd0000275>

Holtzen, D. W., Kenny, M. E., & Mahalik, J. R. (1995). Contributions of parental attachment to gay or lesbian disclosure to parents and dysfunctional cognitive processes. *Journal of Counseling Psychology*, 42(3), 350–355. <https://doi.org/10.1037/0022-0167.42.3.350>

Human Rights Watch. (2018, July 19). *Lebanon: Same-sex relations not illegal*. Retrieved November 18, 2022, from <https://www.hrw.org/news/2018/07/19/lebanon-same-sex-relations-not-illegal>

- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>
- Juster, R.-P., Smith, N. G., Ouellet, É., Sindi, S., & Lupien, S. J. (2013). Sexual orientation and disclosure in relation to psychiatric symptoms, diurnal cortisol, and allostatic load. *Psychosomatic Medicine*, 75(2), 103–116. <https://doi.org/10.1097/psy.0b013e3182826881>
- Karaiskos, S. (2020). *Middle Aged Gay Men: Their Positive Psychological Approaches in Response to Suicidal Ideation*. [Doctoral dissertation, Northcentral University]. Association for Computing Machinery.
- Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry*, 79(4), 500-510. <https://doi.org/10.1037/a0016848>
- Keyes, C. L. (2002). The Mental Health Continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*, 43(2), 207–222. <https://doi.org/10.2307/3090197>
- Khoshnood, K., Smoyer, A. B., Maviglia, F., Kara, J., Khouri, D., Fouad, F. M., & Heimer, R. (2022). Stress, Marginalization, and Disruption: A Qualitative Rapid Situational Assessment of Substance Users and HIV Risk in Lebanon. *International Journal of Environmental Research and Public Health*, 19(15), 9242. <https://doi.org/10.3390/ijerph19159242>
- Kinderman, P., Schwannauer, M., Pontin, E., & Tai, S. (2011). The development and validation of a general measure of well-being: The BBC well-being scale. *Quality of Life Research*, 20(7), 1035–1042. <https://doi.org/10.1007/s11136-010-9841-z>

- King, E. B., Mohr, J. J., Peddie, C. I., Jones, K. P., & Kendra, M. (2017). Predictors of identity management: An exploratory experience-sampling study of lesbian, gay, and bisexual workers. *Journal of Management*, 43(2), 476-502. <https://doi.org/10.1177/0149206314539350>
- Kosciw, J. G., Palmer, N. A., & Kull, R. M. (2015). Reflecting resiliency: Openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for LGBT students. *American Journal of Community Psychology*, 55(1-2), 167–178. <https://doi.org/10.1007/s10464-014-9642-6>
- Lebanese Psychiatric Society. (2013, July). *Statement from the Lebanese Psychiatric Society*. The LPS Executive Committee.
- Livingston, N. A., Christianson, N., & Cochran, B. N. (2016). Minority stress, psychological distress, and alcohol misuse among sexual minority young adults: A resiliency-based conditional process analysis. *Addictive Behaviors*, 63, 125–131. <https://doi.org/10.1016/j.addbeh.2016.07.011>
- Lopes, B., & Jaspal, R. (2022). Identity processes and psychological wellbeing upon recall of a significant “coming out” experience in lesbian, gay and bisexual people. *Journal of Homosexuality*, 1–25. <https://doi.org/10.1080/00918369.2022.2111536>
- Maatouk, I., & Jaspal, R. (2022). Internalized sexual orientation stigma and mental health in a religiously diverse sample of gay and bisexual men in Lebanon. *Journal of Homosexuality*, 1–20. <https://doi.org/10.1080/00918369.2022.2030617>
- McHenry, S. E. (2022). “Gay Is Good”: History of Homosexuality in the DSM and Modern Psychiatry. *American Journal of Psychiatry Residents' Journal*, 18(1). <https://doi.org/10.1176/appi.ajp-rj.2022.180103>

- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology*, *14*(1), 6–23. [https://doi.org/10.1002/1520-6629\(198601\)14:1<6::AID-JCOP2290140103>3.0.CO;2-I](https://doi.org/10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I)
- Merabet, S. (2004). Disavowed homosexualities in Beirut. *Middle East Report*, (230), 30-33. <https://doi.org/10.2307/1559293>
- Meuse, A. (2017, May 23). *Beirut has become a relative refuge for members of the LGBT Community*. NPR. Retrieved November 18, 2022, from <https://www.npr.org/2017/05/23/529634880/beirut-has-become-a-relative-refuge-for-members-of-the-lgbt-community>
- Meyer, I. H. (2003). Prejudice, social stress, and Mental Health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, I. H. (2010). Identity, stress, and resilience in lesbians, gay men, and bisexuals of color. *The Counseling Psychologist*, *38*(3), 442–454. <https://doi.org/10.1177/0011000009351601>
- Meyer, I. H., Russell, S. T., Hammack, P. L., Frost, D. M., & Wilson, B. D. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A US probability sample. *PLoS One*, *16*(3), e0246827.
- Michaels, M. S., Parent, M. C., & Torrey, C. L. (2016). A minority stress model for suicidal ideation in Gay Men. *Suicide and Life-Threatening Behavior*, *46*(1), 23–34. <https://doi.org/10.1111/sltb.12169>

- Michli, S., & Jamil, F. E. (2022). Internalized homonegativity and the challenges of having same-sex desires in the Lebanese context: A study examining risk and protective factors. *Journal of Homosexuality*, 69(1), 75–100. <https://doi.org/10.1080/00918369.2020.1809893>
- Ministry of Public Health. (2015, August). *Mental health and substance use prevention, promotion, and treatment: Situation analysis and strategy for Lebanon 2015-2020*. Beirut, Lebanon.
- 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>
- Moussawi, G. (2015). (Un) critically queer organizing: Towards a more complex analysis of LGBTQ organizing in Lebanon. *Sexualities*, 18(5-6), 593-617. DOI: 10.1177/1363460714550914
- Moussawi, G. (2018). Queer exceptionalism and exclusion: Cosmopolitanism and inequalities in ‘gay-friendly’ Beirut. *The Sociological Review*, 66(1), 174-190. [i.org/10.1177/0038026117725469](https://doi.org/10.1177/0038026117725469)
- Naal, H., Abboud, S., & Mahmoud, H. (2019). Developing an LGBT-affirming healthcare provider directory in Lebanon. *Journal of Gay & Lesbian Mental Health*, 23(1), 107–110. <https://doi.org/10.1080/19359705.2018.1538919>
- Naamani, M., & El Jamil, F. (2021). Correlates of disordered eating among gay men in Lebanon. *Eating Behaviors*, 40. <https://doi.org/10.1016/j.eatbeh.2021.101477>
- Nasr, N., & Zeidan, T. (2015). “As Long as they Stay Away”: In *Exploring Lebanese attitudes towards sexualities and gender identities*. Arab Foundation for Freedoms and Equality.
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and identity*, 2(2), 85-101. <https://doi.org/10.1080/15298860309032>

- Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223–250. <https://doi.org/10.1080/15298860309027>
- Orr, L., Shebl, F. M., Heimer, R., Khoshnood, K., Barbour, R., Khouri, D., Aaraj, E., Mokhbat, J. E., & Crawford, F. W. (2019). Violence and discrimination against men who have sex with men in Lebanon: The role of international displacement and migration. *Journal of Interpersonal Violence*, 36(21-22), 10267–10284. <https://doi.org/10.1177/0886260519884684>
- Pedrotti, J. T., & Edwards, L. M. (Eds.). (2014). *Perspectives on the intersection of multiculturalism and positive psychology* (Vol. 7). Springer.
- Perez, A. (2015). *Internalized homophobia and psychological well-being among Latino gay men*. [Doctoral dissertation, University of La Verne]. Allen Institute.
- Petrocchi, N., Pistella, J., Salvati, M., Carone, N., Laghi, F., & Baiocco, R. (2020). I embrace my LGB identity: Self-reassurance, social safeness, and the distinctive relevance of authenticity to well-being in Italian lesbians, gay men, and bisexual people. *Sexuality Research and Social Policy*, 17(1), 75-86. <https://doi.org/10.1007/s13178-018-0373-6>
- Petruzzella, A., Feinstein, B. A., Davila, J., & Lavner, J. A. (2019). Moderators of the association between community connectedness and internalizing symptoms among gay men. *Archives of Sexual Behavior*, 48(5), 1519-1528. <https://doi.org/10.1007/s10508-018-1355-8>
- Proud Lebanon. (2017). *The LGBTI community in Lebanon*. http://proudlebanon.org/wp-content/uploads/2021/01/INT_CAT_CSS_LBN_26954_E.pdf
- Radloff, L. S. (1977). The CES-D scale. *Applied Psychological Measurement*, 1(3), 385–401. <https://doi.org/10.1177/014662167700100306>

- Ribeiro-Gonçalves, J. A., Costa, P. A., & Leal, I. (2019). Psychological distress in older Portuguese gay and bisexual men: The mediating role of LGBT community connectedness. *International Journal of Sexual Health, 31*(4), 407–413. <https://doi.org/10.1080/19317611.2019.1670315>
- 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), 398–411. <https://doi.org/10.1037/sgd0000057>
- Riggle, E. D., Rostosky, S. S., & Danner, F. (2009). LGB identity and eudaimonic wellbeing in midlife. *Journal of Homosexuality, 56*(6), 786–798. <https://doi.org/10.1080/00918360903054277>
- Riggle, E. D., Rostosky, S. S., Black, W. W., & Rosenkrantz, D. E. (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity, 4*(1), 54–62. <https://doi.org/10.1037/sgd0000202>
- Rivera, G. N., Christy, A. G., Kim, J., Vess, M., Hicks, J. A., & Schlegel, R. J. (2019). Understanding the relationship between perceived authenticity and well-being. *Review of General Psychology, 23*(1), 113–126. <https://doi.org/10.1037/gpr0000161>
- Roberts, L. M., & Christens, B. D. (2020). Pathways to well-being among LGBT adults: Sociopolitical involvement, family support, outness, and community connectedness with race/ethnicity as a moderator. *American Journal of Community Psychology, 67*(3-4), 405–418. <https://doi.org/10.1002/ajcp.12482>
- Rockville, M. D. (1999). *Mental health: A report of the Surgeon General*. US Department of Health and Human Services.

- Rostosky, S. S., Cardom, R. D., Hammer, J. H., & Riggle, E. D. (2018). LGB positive identity and psychological well-being. *Psychology of Sexual Orientation and Gender Diversity*, 5(4), 482–489. <https://doi.org/10.1037/sgd0000298>
- Ruth, R., & Santacruz, E. (Eds.). (2017). *LGBT psychology and mental health: Emerging research and advances*. ABC-Clio.
- Ryff, C. D. (1989). Happiness is everything, or is it? explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*, 57(6), 1069–1081. <https://doi.org/10.1037/0022-3514.57.6.1069>
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in the Science and practice of Eudaimonia. *Psychotherapy and Psychosomatics*, 83(1), 10–28. <https://doi.org/10.1159/000353263>
- Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727. <https://doi.org/10.1037/0022-3514.69.4.719>
- Salem, M., & Shaaban, Z. (2020). Queers in Quarantine: Between Pandemics and Social Violence in Lebanon. *Friedrich Erbert Stiftung Lebanon*.
- Skinta, M. D., Fekete, E. M., & Williams, S. L. (2019). HIV-stigma, self-compassion, and psychological well-being among gay men living with HIV. *Stigma and Health*, 4(2), 179–187. <https://doi.org/10.1037/sah0000133>
- Snyder, C. R., Lopez, S. J., Edwards, L. M., & Marques, S. C. (Eds.). (2020). *The Oxford handbook of positive psychology*. Oxford University Press.

- Stanton, M. C., Ali, S., & Chaudhuri, S. (2017). Individual, social and community-level predictors of wellbeing in a US sample of transgender and gender non-conforming individuals. *Culture, Health & Sexuality, 19*(1), 32–49. <https://doi.org/10.1080/13691058.2016.1189596>
- Stuhlsatz, G. L., Kavanaugh, S. A., Taylor, A. B., Nepl, T. K., & Lohman, B. J. (2021). Spirituality and religious engagement, community involvement, Outness, and family support: Influence on LGBT+ Muslim well-being. *Journal of Homosexuality, 68*(7), 1083–1105. <https://doi.org/10.1080/00918369.2021.1888585>
- Szymanski, D. M. (2006). Does internalized heterosexism moderate the link between Heterosexist events and lesbians' psychological distress? *Sex Roles, 54*(3-4), 227–234. <https://doi.org/10.1007/s11199-006-9340-4>
- Szymanski, D. M., Goates, J. D., & Strauss Swanson, C. (2021). LGBQ activism and positive psychological functioning: The roles of meaning, community connection, and coping. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000499>
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics*. Boston: Pearson Education.
- Tang, Y.-Y., Tang, R., & Gross, J. J. (2019). Promoting psychological well-being through an evidence-based mindfulness training program. *Frontiers in Human Neuroscience, 13*. <https://doi.org/10.3389/fnhum.2019.00237>
- Toplu-Demirtaş, E., Kemer, G., Pope, A. L., & Moe, J. L. (2018). Self-compassion matters: The relationships between perceived social support, self-compassion, and subjective well-being among LGB individuals in Turkey. *Journal of Counseling Psychology, 65*(3), 372–382. <https://doi.org/10.1037/cou0000261>

- Vaughan, M. D., & Rodriguez, E. M. (2014). LGBT strengths: Incorporating positive psychology into theory, research, training, and practice. *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 325–334. <https://doi.org/10.1037/sgd0000053>
- Vaughan, M. D., Miles, J., Parent, M. C., Lee, H. S., Tilghman, J. D., & Prokhorets, S. (2014). A content analysis of LGBT-themed positive psychology articles. *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 313–324. <https://doi.org/10.1037/sgd0000060>
- Wagner, G. J., Aunon, F. M., Kaplan, R. L., Karam, R., Khouri, D., Tohme, J., & Mokhbat, J. (2013). Sexual stigma, psychological well-being and social engagement among men who have sex with men in Beirut, Lebanon. *Culture, Health & Sexuality*, *15*(5), 570–582. <https://doi.org/10.1080/13691058.2013.775345>
- Wagner, G. J., Ghosh-Dastidar, B., El Khoury, C., Ghanem, C. A., Balan, E., Kegeles, S., Mutchler, M. G., & Mokhbat, J. (2019). Major depression among young men who have sex with men in Beirut, and its association with structural and sexual minority-related stressors, and social support. *Sexuality Research and Social Policy*, *16*(4), 513–520. <https://doi.org/10.1007/s13178-018-0352-y>
- Waldo, C. R. (1999). Working in a majority context: A structural model of heterosexism as minority stress in the workplace. *Journal of Counseling Psychology*, *46*(2), 218–232. <https://doi.org/10.1037/0022-0167.46.2.218>
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The panas scales. *Journal of Personality and Social Psychology*, *54*(6), 1063–1070. <https://doi.org/10.1037/0022-3514.54.6.1063>

- Whitman, C. N., & Nadal, K. L. (2015). Sexual minority identities: Outness and well-being among lesbian, gay, and bisexual adults. *Journal of Gay & Lesbian Mental Health, 19*(4), 370–396. <https://doi.org/10.1080/19359705.2015.1038974>
- Wood, A. M., Linley, P. A., Maltby, J., Baliousis, M., & Joseph, S. (2008). The authentic personality: A theoretical and empirical conceptualization and the development of the authenticity scale. *Journal of Counseling Psychology, 55*(3), 385–399. <https://doi.org/10.1037/0022-0167.55.3.385>
- Xu, W., Zheng, L., Xu, Y., & Zheng, Y. (2017). Internalized homophobia, mental health, sexual behaviors, and outness of gay/bisexual men from Southwest China. *International Journal for Equity in Health, 16*(1). <https://doi.org/10.1186/s12939-017-0530-1>
- Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being, 7*(3), 340-364.
doi:10.1111/aphw.12051

Appendix A

Participant Information letter

Dear Ms./Mr.

I am Hussein Kleit, a student at Haigazian University from the Faculty of Social and Behavioral Sciences. I am currently carrying out a research study titled Predictors of Psychological Well-Being in Lebanese Gay Men advised by Dr. Hanin Hout. You are being asked to take part in this study if you are a self-identified Lebanese gay man and you live in Lebanon for more than 3 years. Kindly read the below information to decide whether you would like to participate in this research study.

Purpose of the Research Project

This research study aims at exploring the predictors of psychological well-being of Lebanese gay men to add further academic knowledge about the factors supporting Lebanese gay men's positive psychological functioning and inform the interventions of clinicians and non-governmental organizations working with the community. This study will contribute towards the partial fulfillment of my academic study requirements at Haigazian University.

What will I be asked to do?

- If you choose to participate in this research study, your participation will involve completing a survey that entails statements that you will have to rate based on agreement and a demographic form for approximately 10-15 minutes. Participation in this project is voluntary. You are free to withdraw anytime without having to give any reason for your withdrawal.

What are my rights?

- Participation in this study is completely voluntary, anonymous, and confidential. Your name or any other identifying information will not be asked.
- Measures will be taken to ensure that data will not be traced back to participants to ensure privacy and safety.
- Data you provide along with data from all participants in the present research will be stored in aggregate in a password protected folder. The data will be analyzed and reported in aggregate. Only the principle investigators of this study will have access to the compiled data which will be stored for a period of 10 years post data. During this time, you have the right to inspect the data.
- You hold the right to decline to respond to any question(s) that you may feel uncomfortable with.
- You have the right to withdraw your consent or discontinue participation at any time for any reason. Your decision to refuse participation or withdraw will not involve any penalty.

or loss of benefits to which you are entitled. Discontinuing participation in no way affects your relationship with Haigazian University.

- This research study has been reviewed and has received clearance from [the Haigazian University ethics committee](#) and is advised by [Dr. Hanin Hout](#). If you have any further concerns about your rights as a research participant, please, do not hesitate to contact [Dr. Hanin Hout](#) at "hanine.hout@haigazian.edu.lb"

What are the risks and benefits of participation?

- Participation in this study does not involve any physical risk or emotional risk to you beyond the risks of daily life. [Participants who might experience emotional discomfort, fatigue, or boredom while completing the survey can contact the national hotline for emotional support and suicide prevention 1564.](#)
- You will receive no direct benefits from participating in this research; however, your participation does help researchers better understand the factors that predict psychological well-being among Lebanese gay men.

Contact information:

If you have any questions or concerns about the research, you may contact:

Name: Hussein Kleit

Affiliation(s): Haigazian University MA student

Email: HKLEIT@students.haigazian.edu.lb

Appendix B

Informed consent

Please read the [following](#) statements carefully before giving your informed consent.

I have volunteered to participate in this research project conducted for purposes of study. My participation is voluntary and does not involve payment of any kind.

I agree to participate in this research project conducted for purposes of study. My decision is voluntary and does not involve payment of any kind

I know that I can choose to withdraw from participation any time without any penalties or consequences whatsoever. I also hold the right to decline to respond to any question(s) that I may feel uncomfortable with.

My participation involves answering a questionnaire that will take approximately 10-15 minutes after initiating the survey.

I have been assured that the researcher will maintain my identity confidential.

I have been assured that the information from this survey will be used for the purpose of academic study only

I have received the assurance that this research study has been duly reviewed and approved by the Haigazian University ethics committee.

I agree that the data gathered be kept in a secure location under the care of the study investigators for a period of 10 years.

I have been assured that I can access my data (if identified) at any time.

I have read and fully understand the explanation given to me.

I, therefore, choose to voluntarily participate in this research study.

I have read and understood this form and I give my informed consent to be part of the study.

Yes

No

I am Lebanese.

Yes

No

I identify as a gay man.

Yes

No

I live in Lebanon for the past 3 years.

Yes

No

Appendix C

Demographic sheet

Age: _____ years

Nationality

- a. Lebanese
- b. Non-Lebanese

Educational Level

- a. No schooling
- b. Elementary School
- c. Intermediate School
- d. Secondary School
- e. Bachelor's Degree
- f. Masters or PhD

Employment Status

- a. Unemployed
- b. Employed on Part-time basis
- c. Employed on Full-time basis

Income: _____ in USD

Appendix D

Outness Inventory

Use the following rating scale to indicate how open you are about your sexual orientation to the people listed below. Try to respond to all the items, but leave items blank if they do not apply to you. If an item refers to a group of people (e.g., work peers), then indicate how

out you generally are to that group.

1 = person does not know about your sexual orientation status

2 = person might know about your sexual orientation status, but it is never talked about

3 = person probably knows about your sexual orientation status, but it is never talked about

4 = person probably knows about your sexual orientation status, but it is rarely talked about

5 = person definitely knows about your sexual orientation status, but it is rarely talked about

6 = person definitely knows about your sexual orientation status, and it is sometimes talked about

7 = person definitely knows about your sexual orientation status, and it is openly talked about

0 = not applicable to your situation; there is no such person or group of people in your life

1. mother 1 2 3 4 5 6 7 0

2. father 1 2 3 4 5 6 7 0

3. siblings (sisters, brothers) 1 2 3 4 5 6 7 0

4. extended family/relatives 1 2 3 4 5 6 7 0

5. my new straight friends 1 2 3 4 5 6 7 0

6. my work peers 1 2 3 4 5 6 7 0

7. my work supervisor(s) 1 2 3 4 5 6 7 0

8. members of my religious community (e.g., church, temple) 1 2 3 4 5 6 7 0

9. leaders of my religious community (e.g., church, temple) 1 2 3 4 5 6 7 0

10. strangers, new acquaintances 1 2 3 4 5 6 7 0

11. my old heterosexual friends 1 2 3 4 5 6 7 0

Appendix E

LGB authenticity subscale of the LGB Positive Identity Measure

We are going to ask you a series of questions about your identity as a Lesbian, Gay, or Bisexual identified (LGB) person. Please answer the questions by thinking about which response category best represents your feelings about your experiences. Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next. Choose the response that best reflects your feelings about your lesbian, gay, or bisexual identity.

1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree.

1. . I feel I can be honest and share my sexual identity with others.
2. I am honest with myself about my sexual identity.
3. I have a sense of inner peace about my sexual identity.
4. I embrace my sexual identity.
5. I am comfortable with my sexual identity.

Appendix F

Community Connectedness Scale

We're interested in understanding your relationship with the LGBT community. Please choose the most appropriate response

	Please choose the most appropriate response	Agree Strongly	Agree	Disagree	Disagree Strongly
1	You feel you're a part of Lebanon's LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Participating in Lebanon's LGBT community is a positive thing for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	You feel a bond with the LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	You are proud of Lebanon's LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	It is important for you to be politically active in Lebanon's LGBT community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	If we work together, gay, bisexual, and lesbian people can solve problems in Lebanon's LGBT community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	You really feel that any problems faced by Lebanon's LGBT community are also your own problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	You feel a bond with other gays in Lebanon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix G

Self-Compassion Scale-Short Form

Please respond to each item by marking one box per row		Never	Rarely	Sometimes	Often	Always
1	When I fail at something important to me, I become consumed by feelings of inadequacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I try to be understanding and patient towards those aspects of my personality I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	When something painful happens, I try to take a balanced view of the situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	When I'm feeling down, I tend to feel like most other people are probably happier than I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I try to see my failings as part of the human condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	When I'm going through a very hard time, I give myself the caring and tenderness I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	When something upsets me I try to keep my emotions in balance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	When I fail at something that's important to me, I tend to feel alone in my failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I'm disapproving and judgmental about my own flaws and inadequacies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I'm intolerant and impatient towards those aspects of my personality I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix H

Psychological Wellbeing Scale

Instructions: Circle one response below each statement to indicate how much you agree or disagree using the scale below:

1 = strongly agree; 2 = somewhat agree; 3 = a little agree; 4 = neither agree or disagree; 5 = a little disagree; 6 = somewhat disagree; 7 = strongly disagree.

1. "I like most parts of my personality."

2. "When I look at the story of my life, I am pleased with how things have turned out so

far.”

3. “Some people wander aimlessly through life, but I am not one of them.”
4. “The demands of everyday life often get me down.”
5. “In many ways I feel disappointed about my achievements in life.”
6. “Maintaining close relationships has been difficult and frustrating for me.”
7. “I live life one day at a time and don’t really think about the future.”
8. “In general, I feel I am in charge of the situation in which I live.”
9. “I am good at managing the responsibilities of daily life.”
10. “I sometimes feel as if I’ve done all there is to do in life.”
11. “For me, life has been a continuous process of learning, changing, and growth.”
12. “I think it is important to have new experiences that challenge how I think about myself and the world.”
13. “People would describe me as a giving person, willing to share my time with others.”
14. “I gave up trying to make big improvements or changes in my life a long time ago”
15. “I tend to be influenced by people with strong opinions”
16. “I have not experienced many warm and trusting relationships with others.”
17. “I have confidence in my own opinions, even if they are different from the way most other people think.”

18. "I judge myself by what I think is important, not by the values of what others think is important."

Appendix I

Arabic Translated & Back Translated The Outness Inventory

استخدم مقياس التصنيف التالي للإشارة إلى مدى انفتاحك على توجهك الجنسي للأشخاص المذكورين أدناه. حاول الرد على جميع العناصر ، لكن اترك العناصر فارغة إذا لم تكن تنطبق عليك. إذا كان أحد العناصر يشير إلى مجموعة من الأشخاص (على سبيل المثال ، زملاء العمل) ، فقم بالإشارة إلى مدى انفتاحك على توجهك الجنسي للأشخاص بهذه المجموعة بشكلٍ عام.

1 = لا يعرف الشخص عن توجهك الجنسي

2 = قد يعرف الشخص عن توجهك الجنسي ، لكن لا يتم الحديث عنه أبدًا

3 = من المحتمل أن يكون الشخص على دراية بتوجهك الجنسي ، لكن لا يتم الحديث عنه مطلقًا

4 = من المحتمل أن يكون الشخص على دراية بتوجهك الجنسي ، ولكن نادرًا ما يتم الحديث عنه

5 = يعرف الشخص بالتأكيد عن توجهك الجنسي ، ولكن نادرًا ما يتم الحديث عنه

6 = يعرف الشخص بالتأكيد عن توجهك الجنسي، ويتم الحديث عنه أحيانًا

7 = يعرف الشخص بالتأكيد عن توجهك الجنسي ، ويتم الحديث عنه بصراحة

0 = لا ينطبق على حالتك ؛ لا يوجد مثل هذا الشخص أو مجموعة من الناس في حياتك

1. الأم 0 7 6 5 4 3 2 1

2. الأب 0 7 6 5 4 3 2 1

3. الأشقاء (الأخوات ، الإخوة) 0 7 6 5 4 3 2 1

4. الأسرة الممتدة / الأقارب 0 7 6 5 4 3 2 1

5. أصدقائي المغايري الجنس الجدد 1 2 3 4 5 6 7 0
6. أقراني في عملي 1 2 3 4 5 6 7 0
7. مشرف/ين في عملي 1 2 3 4 5 6 7 0
8. أعضاء مجتمعي الديني (مثل الكنيسة والمسجد) 1 2 3 4 5 6 7 0
9. قادة مجتمعي الديني (مثل الكنيسة والمسجد) 1 2 3 4 5 6 7 0
10. الغرباء ، المعارف الجدد 1 2 3 4 5 6 7 0
11. أصدقائي القدامى من مغايري الجنس 1 2 3 4 5 6 7 0

Appendix J

Arabic Translated and Backtranslated Authenticity Subscale of the LGB Positive Identity

سنطرح عليك سلسلة من الأسئلة حول هويتك كشخص مثلي الجنس (Gay) . يرجى الإجابة عن الأسئلة بالتفكير في فئة الاستجابة التي تمثل شعورك حول تجاربك بالشكل الأنسب. حدد ما تشعر به الآن ، وليس ما تعتقد أنه يجب أن تشعر به. ليست هناك حاجة للتفكير كثيراً في أي سؤال واحد. أجب عن كل سؤال وفقاً لرد فعلك الأولي ثم انتقل إلى السؤال التالي. اختر الرد الذي يعكس شعورك حول هويتك كشخص مثلي الجنس.

1 = أوافق بشدة ؛ 2 = أوافق إلى حد ما ؛ 3 = أوافق قليلاً ؛ 4 = لا موافق ولا غير موافق ؛ 5 = أختلف قليلاً ؛ 6 = لا أوافق إلى حد ما ؛ 7 = أعارض بشدة.

1.. أشعر أنني أستطيع أن أكون صادقاً وأن أشارك هويتي الجنسية مع الآخرين.

2. أنا صادق مع نفسي بشأن هويتي الجنسية

3. لدي إحساس بالسلام الداخلي حول هويتي الجنسية.

4. أنا أتقبل هويتي الجنسية.

5. أنا مرتاح لهويتي الجنسية.

Appendix K

Arabic Translated & Backtranslated Community Connectedness Scale

نحن مهتمون بفهم علاقتك مجتمع الميم/عين (LGBT). الرجاء اختيار الرد الأنسب

لا أوافق بشدة	لا أوافق	أوافق	أوافق بشدة		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	تشعر أنك جزء من مجتمع الميم/عين في لبنان
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2	تعدّ أن المشاركة في مجتمع الميم/عين في لبنان أمرٌ إيجابيٌّ بالنسبة لك
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	تشعر بإرتباط وثيق مع مجتمع الميم/عين
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	أنت فخور مجتمع الميم/عين في لبنان
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	من المهم بالنسبة لك أن تكون ناشطاً سياسياً في مجتمع الميم/عين في لبنان
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	إذا عملنا معاً ، يمكن للمثليين ومزدوجي الميل الجنسي ومثليات الجنس حل المشكلات في مجتمع الميم/عين في لبنان
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	تشعر حقاً أن أي مشاكل يواجهها مجتمع الميم/عين في لبنان هي أيضاً مشكلاتك الخاصة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	تشعر بإرتباط وثيق مع مثليين آخرين في لبنان

دائمًا	غالبًا	أحيانًا	نادرًا	أبدًا	يرجى الرد على كل عنصر بوضع علامة على مربع واحد في كل صف

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 عندما أفشل في شيء مهم بالنسبة لي، أصبح منشغلاً بالشعور بعدم الكفاءة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 أحاول أن أكون منفتحاً وصبوراً تجاه تلك الجوانب من شخصيتي التي لا أحبها
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 عندما يحدث شيء مؤلم ، أحاول النظر إلى الموقف بطريقة متوازنة.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 عندما أشعر بالإحباط ، أميل إلى الشعور أن معظم الناس الآخرين ربما يكونون أكثر سعادة مني.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 أحاول أن أرى إخفاقاتي كجزء من الحالة الإنسانية
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 عندما أمر بوقت عصيب ، أمنح نفسي الرعاية والحنان اللذين أحتاجهما.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 عندما يزعجني شيء ما ، أحاول الحفاظ على توازن مشاعري.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 عندما أفشل في شيء مهم بالنسبة لي ، أميل إلى الشعور بأنني الوحيد في هذا الفشل
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 عندما أشعر بالإحباط ، أميل إلى الهوس في التركيز على كل ما هو خطأ.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 عندما أشعر بعدم الكفاءة بطريقة ما ، أحاول تذكير نفسي بأن مشاعر عدم الكفاءة مشتركة بين معظم الناس.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 أنا لا أتقبل وأصدر الأحكام على عيوبي وعدم كفائتي
				<input type="checkbox"/>	12 أنا غير متسامح وغير صبور تجاه تلك الجوانب من شخصيتي التي لا أحبها.

Appendix L

Arabic Translated and Backtranslated Psychological Well-being Scale

التعليمات: ضع دائرة حول إجابة واحدة أسفل كل عبارة للإشارة إلى مدى موافقتك أو عدم موافقتك باستخدام المقياس أدناه:

1 = أوافق بشدة ؛ 2 = موافق إلى حد ما ؛ 3 = أوافق قليلاً ؛ 4 = لا موافق ولا غير موافق ؛ 5 = أختلف قليلاً ؛ 6 = لا أوافق إلى حد ما ؛ 7 = أعارض بشدة.

"1. أحب معظم أجزاء شخصيتي".

"2. عندما أنظر إلى قصة حياتي ، يسعدني كيف سارت الأمور إلى حد الآن

"3. بعض الناس يتجولون في الحياة بلا هدف ، لكنني لست منهم".

"4. مطالب الحياة اليومية غالبًا ما تحبطني".

"5. أشعر بخيبة أمل من نواح كثيرة بشأن إنجازاتي في الحياة".

"6. لطالما كان الحفاظ على العلاقات الوثيقة أمرًا صعبًا ومحبطًا بالنسبة لي".

"7. أعيش الحياة يومًا بيوم ولا أفكر حقًا في المستقبل".

"8. بشكل عام ، أشعر أنني المسؤول عن الوضع الذي أعيش فيه".

"9. أنا جيد في إدارة مسؤوليات الحياة اليومية".

"10. أشعر أحيانًا كما لو أنني فعلت كل ما يمكنني فعله في الحياة".

"11. بالنسبة لي ، لطالما كانت الحياة عملية مستمرة للتعلم والتغيير والنمو".

12. "أعتقد أنه من المهم أن يكون لدي تجارب جديدة تتحدى طريقة تفكيري عن نفسي والعالم".

13. "قد يصفني الناس بأنني شخص معطاء ، وعلى استعداد لمشاركة وقتي مع الآخرين".

14. "لقد تخليت عن محاولة إجراء تحسينات أو تغييرات كبيرة في حياتي منذ وقت طويل"

15. "أميل إلى التأثر بأشخاص لديهم آراء قوية"

16. "لم أختبر الكثير من العلاقات الدافئة والثقة مع الآخرين".

17. "لدي ثقة في آرائني الخاصة ، حتى لو كانت مختلفة عن الطريقة التي يفكر فيها معظم الأشخاص الآخرين".

18. "أحكم على نفسي من خلال ما أعتقد أنه مهم ، وليس من خلال القيم التي يعتقد الآخرون أنها مهمة".