

REVISITING MINORITY STRESS THEORY TO UNDERSTAND PSYCHOLOGICAL DISTRESS AMONG CZECH SEXUAL MINORITIES

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ABSTRACT

Minority stress theory explains psychological vulnerability in sexual minorities; however, data is scarce in the Central and Eastern European region. Combining the minority stress model with the Psychological Mediation Framework, we tested a theoretically developed path model. Participants were 1452 ($M_{age} = 24.9$ years) Czech sexual-minority individuals (38.7% gay, 27.1% lesbian, 18.7% bisexual women). The model explained 55.5% of the variance of psychological distress in the overall sample, representing a total effect of 9.75% ($p < .001$) increase in measurement units by the modeled associations. Within the subsamples, the associations were similar between harassment and rejection, stigma awareness, and rejection sensitivity, as well as emotional dysregulation, rumination, and psychological distress. However, internalized homonegativity was a stronger factor of psychological well-being in gay men and lesbian women than in bisexual women. Bisexual women may have experienced less social support and more emotional dysregulation due to more concealment and rejection sensitivity, respectively. While we confirmed that the minority stress model applies to the Czech context and explained well psychological distress in sexual minorities, our data highlights notable differences between bisexual women who reported highest rates of distress compared to gay men and lesbian women.

MINORITY STRESS
SEXUAL ORIENTATION
PSYCHOLOGICAL DISTRESS
MEDIATION
REJECTION SENSITIVITY

KEYWORDS

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POWRÓT DO TEORII STRESU MNIejszościowego W CELU ZROZUMIENIA DYSTRESU PSYCHICZNEGO WŚRÓD CZESKICH MNIejszości SEKSUALNYCH

ABSTRAKT

Teoria stresu mniejszościowego wyjaśnia psychologiczną wrażliwość mniejszości seksualnych, jednak dane są niewystarczające w regionie Europy Środkowej i Wschodniej. Łącząc model stresu mniejszościowego z ramami mediacji psychologicznej, przetestowaliśmy teoretycznie opracowany model ścieżek. Uczestnikami było 1452 ($M_{age} = 24,9$ lat) czeskich osób należących do mniejszości seksualnych (38,7% gejów, 27,1% lesbijek, 18,7% kobiet biseksualnych). Model wyjaśnił 55,5% wariacji dystresu psychicznego w całej próbie, reprezentując całkowity efekt 9,75% ($p < 0,001$) wzrostu jednostek pomiaru przez modelowane powiązania. W podpróbach powiązania były podobne między nękaniem a odrzuceniem, świadomością stygmatyzacji i wrażliwością na odrzucenie, a także rozregulowaniem emocjonalnym, przeżywaniem i stresem psychicznym. Jednak zinternalizowana homonegatywność była silniejszym czynnikiem dobrostanu psychicznego u gejów i lesbijek niż u kobiet biseksualnych. Kobiety biseksualne mogły doświadczać mniejszego wsparcia społecznego i większego rozregulowania emocjonalnego z powodu odpowiednio większej wrażliwości na ukrywanie i odrzucenie. Chociaż potwierdziliśmy, że model stresu mniejszościowego odnosi się do kontekstu czeskiego i dobrze wyjaśnia stres psychiczny u mniejszości seksualnych, nasze dane uwydatniają znaczące różnice między kobietami biseksualnymi, które zgłosiły najwyższe wskaźniki stresu w porównaniu z homoseksualistami i lesbijkami.

SŁOWA KLUCZOWE

stres mniejszościowy, orientacja seksualna, cierpienie psychiczne, mediacja, wrażliwość na odrzucenie

Conflicts of interests

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Data accessibility statement

The data and codes that support the findings of this study are available from the corresponding author for statistical analyses, Z.C., upon request.

Author contribution statement

M.P.: conceptualization, writing – original draft; Z.C.: conceptualization, formal analysis, writing – original draft.

Revisiting minority stress theory to understand psychological distress among Czech sexual minorities.

INTRODUCTION

Research over previous decades has provided ample evidence of substantial mental-health disparities between heterosexuals and sexual minorities (Ross et al., 2018). To date, the prevailing explanation for these, often profound, mental health disparities is the minority stress framework that suggests unique, chronic, and societally based stigma-related stress requires additional adaptations on the side of sexual minorities (Brooks, 1981; Hatzenbuehler et al., 2009; Meyer, 2003).

According to Meyer (2003; 2015), minority stress processes can be distinguished by distal stressful experiences and proximal stressors. Distal stressful experiences, sometimes regarded as objective stressful events, may include a range of stressors: life events, chronic strains, everyday discrimination, microaggressions, non-events (anticipated life course events that have been thwarted), or other. Proximal stressors, sometimes regarded as individual or subjective stressors, are distinct because individuals' perceptions and appraisals influence them. They may include various internalized societal attitudes and norms such as heterosexism and internalization of homonegativity (or various forms of anti-LGB self-stigma), expectations of rejection, as well as complex processes related to sexual and gender identity visibility management (e.g., its concealment, disclosure, degree of outness).

Although some minority stressors are experienced also by other socially stigmatized groups (i.e., via prejudice/discrimination-related events, as well as anxious expectations of rejection), sexual-minorities face them under specific circumstances stemming mostly from the fact that their stigmatized identity is concealable and is connected to the onset of sexual attraction and human sexual development during adolescence (Quinn & Chaudoir, 2009). Consequently, sexual minorities are often subjected to minority stressors, even from their close friends and family, who may not know their sexual or gender identity. For these reasons, and in accord with the bulk of research that followed Meyer's (2003) framework (Feinstein, 2020; Hatzenbuehler et al., 2009; Timmins et al., 2020), we will consider both distal and proximal minority stressors as group-specific processes that gay men, lesbian women, and bisexual people experience.

As an extension of this original minority stress framework, Hatzenbuehler (2009) introduced the Psychological Mediation Framework (PMF) as an integrative framework that outlined potential complex psychological mechanisms and interactions between specific minority stress processes and various general psychological processes. The PMF proposed that minority stress processes, such as Internalized Homonegativity (IH), rejection Sensitivity (RS), and Sexual Identity Concealment (CONC), affect general psychological processes such as rumination and emotional dysregulation, social/interpersonal problems, and cognitive functioning, which together may further mediate the relationship between minority stress and psychological concerns. Studies testing PMF have specifically identified the importance of considering rejection sensitivity and social support as important mediators between heterosexist stigma and psychological distress (Dyar et al., 2016; Schwartz et al., 2016). The PMF thus approaches minority stressors both as distal as well as specific proximal predictors of psychological difficulties.

Recent research recognized the need for theoretical and empirical exploration to illuminate the precise pathways between both specific and general psychological processes and other factors. These pathways are also not yet fully understood regarding how they may compromise health and wellbeing in various sexual minority subgroups (Feinstein, 2020; Timmins et al., 2020). Before we propose our model, we discuss the three specific proximal minority stress processes in detail.

INTERNALIZED HOMONEGATIVITY

Internalized homonegativity is typically regarded as a form of self-stigmatization (Berg et al., 2016) related to one's negative feelings about their sexual orientation (Herek, 2004). As a result of the internalization of societal stigma about sexual minorities, IH is constitutive of a conflict between same-sex attraction and a perceived need to conceal or suppress one's minority sexuality before "coming out" (Frost & Meyer, 2009). IH has also been found to have negative associations with sexual minority involvement in the LGB+ community, the number of their LGB+ friends, and the degree of participation in LGB+ events such as pride parades (Ross & Rosser, 1996). Generally, IH is considered maladaptive because absorbing negative societal attitudes into one's self-perceptions can undermine psychological wellbeing and lead to mental health problems (Meyer, 2003), including a negative impact on self-esteem, feelings of inferiority, relationship strain, and depressive symptoms (Costa et al., 2013; Frost & Meyer, 2009; Nardelli et al., 2019).

REJECTION SENSITIVITY AND SEXUAL ORIENTATION

The concept of rejection sensitivity draws from the belongingness hypothesis, which posits that "all human beings have a pervasive drive to form and maintain at least a minimum quantity of lasting, positive, and significant interpersonal relationships" (Baumeister & Leary, 1995, p. 497). One of the central human motives is the desire to be accepted and avoid rejection. Some people may interpret rejection cues benignly and maintain subsequent equanimity. In contrast, others may perceive rejection even when cues are minor or imagined, driving them to overact in ways that negatively affect their relationships and wellbeing (Downey & Feldman, 1996). Feldman and Downey proposed that people's readiness to perceive and overreact to rejection may be facilitated by an anxious expectation of rejection from significant others. Hence, they applied the term rejection sensitivity to people who anxiously expect, readily perceive, and overreact to rejection (Feldman & Downey, 1994). They defined RS as a "tendency to expect and be concerned about rejection across various social situations" (Feldman & Downey, 1994, p. 223).

Nevertheless, rejection expectations are related but not identical to RS because the latter includes both a cognitive process (i.e., perceived likelihood of rejection – expectation) and an affective process (i.e., concern or anxiety about rejection). Pachankis et al. (2008) were the first to extend the RS construct to gay men and found that RS in gay men may function as a mediator between parental rejection and IH. Further research that included sexual minority women substantiated that RS is associated with experiences of heterosexual harassment and discrimination (Feinstein et al., 2012). It was also found that RS may be an essential mediator between the relationship of discriminatory experiences and IH, as well as motivations to conceal one's sexual identity, and the development of psychological problems (Dyar et al., 2018; Feinstein, 2020). RS in sexual minorities was associated with adverse mental health outcomes, including depression, anxiety, and posttraumatic stress (Dyar et al., 2016, 2018).

SEXUAL IDENTITY CONCEALMENT

Third of the originally proposed proximal minority stressors is related to the fact that sexual-minority status can be a concealable identity (Quinn & Chaudoir, 2009). For this reason, geographers of sexualities who employed various poststructuralist, queer, and feminist perspectives have been for some time pointing to the fact that LGB individuals' negotiation

of sexual identities both in public and private places need to be considered as complex context-dependent processes with both active, passive, conscious, and unconscious factors at play (Valentine, 1993). Also, in public health research, many studies show that sexual identity concealment is understudied as studies have failed to fully understand its effect on psychological wellbeing (Pachankis, Mahon, et al., 2020). In some contexts, like in highly stigmatizing environments, concealment may serve as a protective factor or an adaptation strategy (Pachankis & Bränström, 2018). In addition, a person's level of outness across multiple settings (e.g., home, at work, or school) and across different interpersonal contexts (e.g., family, significant others, acquaintances) may be different and dependent on multiple factors (Knoble & Linville, 2012). Sexual identity concealment may thus be driven by a diverse set of reasons, for example, by avoidance of prejudice, discrimination, or rejection. Still, "visibility management" was found to come at a cost to psychological wellbeing either because of its association with deprived social support (Mohr & Daly, 2008) or via increased emotional distress (Potoczniak et al., 2009).

AIMS AND RELEVANCE

Drawing from minority stress theory, the Psychological Mediation Framework (Hatzenbuehler, 2009), and advancements in the Rejection Sensitivity Model (Feinstein, 2020), we aim to better understand the roles of specific and general psychological processes associated with psychological distress in sexual minorities. By employing our recently developed measure of structural stigma awareness as a predictor of rejection sensitivity, we aim to provide more evidence of the appropriateness of minority stress theory and its derived explanatory frameworks and contribute to testing its cross-cultural robustness to answer calls raised by other authors (Sattler & Lemke, 2019).

Studies on the mental health of sexual minorities in Central and Eastern European countries are scarce (Ploderl & Tremblay, 2015). Meanwhile, sexual minority men experience more discrimination and structural stigma in Central and Eastern European countries than in other parts of Europe (Pachankis & Bränström, 2018). To account for this gap in data about psychological distress among sexual minorities in non-western countries, the present study represents the Czech Republic as a post-socialist environment.

Based on our theory-driven conceptual framework, we developed and tested a model in which we proposed that subjective perception of stigma mediates the relationship between discriminatory experiences and rejection sensitivity. Rejection sensitivity then relates to internalized homonegativity and concealment, which in turn, also act as mediators between rejection sensitivity and general psychological processes (i.e., emotional dysregulation, rumination) and social support that together negatively affect psychological distress (Figure 1).

METHODS

PROCEDURE

Participants completed an online self-administered questionnaire and were recruited via social networking sites and various LGB+ organizations that were proactively contacted by our research team members or by a group of volunteers. Participation was voluntary and without compensation. To advertise participation outside the internet, we also distributed printed posters, small adverts, and business cards in major Czech cities. Several key contacts were mobilized to recruit harder-to-reach LGB+ participants (e.g., seniors, and ethnic minorities).

The data collection was conducted between December 2019 and February 2020. The study was approved by the Ethics Committee of the National Institute of Mental Health, Klecany, Czech Republic (No. 122/18). All participants provided informed consent. This study was not preregistered.

PARTICIPANTS

Altogether 1,452 participants were included in the current study: 598 (41.2%) men, 702 (48.3%) women, 42 (2.9%) trans men, 11 (0.8%) trans women, 79 (5.4%) non-binary/gender queer/gender fluid, and 20 (1.4%) participants who selected "other" option in term of their gender identity. Among them, 562 (38.7%) identified as gay, 393, (27.1%) identified as lesbian, 77 (5.3%) as bisexual men (cis and trans), 272 (18.7%) as bisexual women (cis and trans), 18 (1.2%) as bisexual non-binary, 64 (4.4%) as pansexual, 34 (2.3%) as asexual, and 32 (2.2%) opted to describe their sexual identity by "other" option. Mean age of the participants was 24.90 (SD = 10.28) ranging between 15 to 70 (skewness = 1.44, kurtosis = 1.76).

MEASURES

We included measures that have been either validated for use in Czech language or we adapted them using the translation process that followed the *Principles of good practice for the translation and cultural adaptation process* by ISPOR Task Force for Translation and Cultural Adaptation (Wild et al., 2005). The adaptation process was performed by a group of five experts from different academic fields and backgrounds, diverse in their sexual orientation and gender identities. Five different versions of translations were harmonized and piloted prior to the launch of the final version.

To measure distal minority stressors, we used the harassment and rejection subscale of Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006). We translated an LGB-inclusive, adapted version of the scale (Feinstein et al., 2012). Participants reported their agreement (1 = "never happened to me"; 6 = "happened almost all the time") to seven items which we averaged into a single score (Cronbach's $\alpha = .82$).

To measure structural stigma awareness or subjective perception of minority stress at the societal level, we constructed a 4-item measure based on items used in the EU-wide Fundamental Rights Agency LGBT survey in 2012, which were also included in the Czech LGBT+ discrimination survey conducted by the Czech Ombudsman's office (Public Defender of Rights, 2019). Four items were included, for example: "In your opinion, how widespread is offensive language about lesbian, gay, bisexual and/or transgender people by politicians in Czech society?". For the analysis, we used averaged scores of the four items (1 = very rare; to 4 = very widespread; $\alpha = .73$).

We translated the 12-item Rejection Sensitivity Scale (Feinstein, 2012a) into Czech with minor adaptations to the local context. The questionnaire measures the degree of concern with sexual minorities-related rejection expectation and anxiety (e.g., "How concerned would you be that they don't talk to you because of your sexual orientation?", 1 = not concerned at all, 6 = very concerned) and likelihood (e.g., "How likely is it that they didn't talk to you because of your sexual orientation?", 1 = very unlikely, 6 = very likely). The anxiety scores and likelihood scores were then multiplied and divided by 72 forming the overall rejection sensitivity index (values thus ranged between 0.17 and 6; $\alpha = .90$).

Internalized Homonegativity (IH) was measured by a subscale of the Lesbian, Gay, and Bisexual Identity Scale (LGBIS), which is a revised (Mohr & Kendra, 2011) version of the former LGIS scale (Mohr & Fassinger, 2000). The partial Czech translation and its

psychometric evaluation were reported elsewhere (Pitoňák & Čihák, 2023). The IH subscale included three items, for example “If it were possible, I would choose to be straight” (1 = strongly disagree; 6 = completely agree; $\alpha = .84$).

The degree of sexual orientation concealment was measured by the Czech adaptation of the Sexual Orientation Concealment Scale (SOCS; Frost & Meyer, 2009). Our adapted version measured the sexual orientation identity openness toward family, friends, neighbors, and colleagues or schoolmates. The average of all four items was used to indicate identity openness ranging between 0 (out to all) to 3 (out to none; $\alpha = .84$).

We used the 12-item Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). Three subscales focused on different domains of social support (friends, family, and significant others). Our translated version obtained good internal consistency on the overall score (averaged scores ranging between 1 = strongly disagree, to 7 = very strongly agree; $\alpha = .92$).

The short version, 12-item Emotion Dysregulation Scale was used (Powers et al., 2015). The scale taps into three domains: emotional experiencing (e.g., “Emotions overwhelm me”), cognition (e.g., “When I’m upset, everything feels like a disaster or crisis”), and behavior (e.g., “When my emotions are strong, I often make bad decisions”), loading onto a general factor. Using our Czech translation, the average total scores ranged between 1 (not true) to 7 (very true) with excellent internal consistency ($\alpha = .95$).

We used the “brooding” subscale of the Ruminative Response Scale (RUM; Treynor et al., 2003), capturing the passive and repetitive thinking about negative life events (e.g., Think, “Why can’t I handle things better?”, 1 = almost never, 4 = almost always) with good internal consistency among the five items ($\alpha = .80$).

The Brief Symptom Inventory-18 (BSI-18), adapted into Czech by Tišanská et al. (2020), was employed to measure psychological distress. Three subscales measured depression, anxiety, and somatization symptoms (each measuring six items, 1 = not at all, 5 = very much) in the past week. As recommended, we used the average of all items ($\alpha = .94$).

DATA ANALYSIS

Based on our theoretical review, we built our model (Figure 1) in the following way. Psychological distress was regressed on harassment and rejection, structural stigma awareness, rejection sensitivity, internalized homonegativity, concealment, social support, emotional dysregulation, and rumination. The relationship between rejection sensitivity and harassment and rejection was mediated by structural stigma awareness. Rejection sensitivity was a mediator between internalized homonegativity and concealment and structural stigma awareness. Internalized homonegativity and concealment were included as mediators between rejection sensitivity and social support, emotional dysregulation, and rumination. We estimated correlations between the parallel mediators, that is, between internalized homonegativity and concealment, and among social support, emotional dysregulation, and rumination. Full information maximum likelihood method was used to estimate the missing values in Concealment ($N_{\text{missing}} = 238$). Maximum likelihood estimator was used estimating asymmetric confidence intervals with 10,000 bootstrap replications. Psychological distress significantly differed between gay, lesbian, bisexual men and women, and other sexual orientation subgroups ($F[4, 1447] = 47.17, p < .001, \eta_p^2 = .12$). Also, the subgroups coded as dummy variables were in a significant interaction with harassment and rejection (i.e., HHRDS, the main exogenous variable of the model) when predicting psychological distress (interaction $p = .003$ in bisexual women, $p = .004$ in lesbians group when gays group were set as the reference group). Further, because other research suggested that sexual identity concealment affected

psychological distress differently among gay/lesbian/bisexual individuals (Feinstein & Dyar, 2017), we analyzed the data on the complete sample and on the three largest subsamples each (gay, lesbian, and bisexual women). The analyses were conducted in SPSS 26 and Mplus 8.8. Data and Mplus codes can be obtained from the corresponding author for statistical analyses upon request.

RESULTS

Descriptive statistics, including zero-order correlations among the main study variables and their means and standard deviations in the overall sample and across the three main subsamples, are presented in Tables 1 and 2, respectively. Moderate correlations were found among harassment and rejection, structural stigma awareness, rejection sensitivity, emotional dysregulation, rumination, and psychological distress (Table 1). As expected, given the close relatedness of the constructs, particularly strong correlations were found between emotional dysregulation, rumination, and psychological distress. When comparing variable means among gay, lesbian, and women groups, although all variables differed, concealment ($\eta_p^2 = .08$), emotional dysregulation ($\eta_p^2 = .07$), and psychological distress ($\eta_p^2 = .09$) showed the biggest differences in effect size (Table 2). Bonferroni *post hoc* comparisons showed that bisexual women concealed their sexual identity more than gay and lesbian participants (both $p < .001$), experienced more emotional dysregulation (both $p < .01$), as well as more psychological distress (both $p < .001$) than gay and lesbian group. Lesbian participants also had more emotional dysregulation ($p < .001$) and psychological distress ($p < .001$) compared to gay group.

MULTIPLE MEDIATION MODEL TESTED ON THE OVERALL SAMPLE

Being a just identified model model, the multiple mediation model had a perfect model fit. The model explained 55.5% of the variance of psychological distress in our overall study sample. The model also explained the variance of social support (22.7%), rumination (20.7%), emotional dysregulation (19.3%), rejection sensitivity (15.8%), and structural stigma awareness (14.0%). However, internalized homonegativity (0.01%) and concealment (3.0%) were not strongly predicted by the model. Among all standardized regression paths, harassment and rejection strongly predicted structural stigma awareness ($\beta = 0.37, p < .001$), rejection sensitivity ($\beta = 0.24, p < .001$) and rumination ($\beta = 0.21, p < .001$) in a positive direction, and social support in a negative direction ($\beta = -0.31, p < .001$). The effect of structural stigma awareness on rejection sensitivity was also strong ($\beta = 0.24, p < .001$). Concealment also strongly predicted social support in a negative direction ($\beta = -0.28, p < .001$). Further, emotional dysregulation ($\beta = 0.40, p < .001$) and rumination ($\beta = 0.25, p < .001$) were strong predictors of psychological distress. Detailed results with all standardized regression coefficients are presented in Figure 1 and Table 3. Unstandardized coefficients can be found in Supplementary Table 1.

Notably, the total effect from harassment and rejection to psychological distress was 0.39 ($p < .001$) with an increase in psychological distress by each unit of increase in harassment and rejection (i.e., unstandardized model result). Because the BSI was measured on a 1 to 5 scale, this 0.39 total effect represented a 9.75% increase if we recalculate this in the questionnaire's unit range. The total effect was mediated for 71.8% by altogether structural stigma awareness, rejection sensitivity, social support, emotional dysregulation, rumination, internalized homonegativity, and concealment (i.e., all measures included in the model apart from

the exogenous HHRDS and outcome BSI variables). The independent direct effect of harassment and rejection on psychological distress after controlling for all mediator variables was significant ($B = 0.11, p < .001$) accounting for 28.2%.

Within the overall model, we also tested the mediating effect of structural stigma awareness between harassment and rejection and rejection sensitivity. We found that the total effect of harassment and rejection and structural stigma awareness on rejection sensitivity was significant ($B = 0.47, p < .001$), and the mediating indirect effect of structural stigma awareness was as well ($B = 0.13, p < .001$, i.e., 25.5% of the total effect). Also, as part of the overall model, the total effect of rejection sensitivity on psychological distress was significant ($B = 0.10, p < .001$), that effect was practically fully mediated (100%) by social support, emotional dysregulation, rumination, internalized homonegativity, and concealment (indirect effect: $B = 0.10, p < .001$). This strong indirect effect was the most articulated by emotional dysregulation ($B = 0.05, p < .001$), and rumination ($B = 0.03, p < .001$). We further tested the mediating effect of internalized homonegativity and concealment between rejection sensitivity and social support. The overall effect of rejection sensitivity on social support was significant ($B = -0.09, p = .004$), while the indirect effect was as well ($B = -0.04, p < .001$, i.e., 44.4% of the total effect). Here, concealment was a significant mediator (indirect effect: $B = -0.03, p = .001$), while the mediating indirect effect of internalized homonegativity was not significant.

MULTIPLE MEDIATION MODEL TESTED WITHIN GAY, LESBIAN, AND BISEXUAL WOMEN SUBGROUPS

Subsequently, we estimated the model results within three subsamples: gay, lesbian, and bisexual woman (Table 3). The model explained the variance of psychological distress in gay men (48.1%), lesbian woman (58.9%), and bisexual women (56.6%). Notable similarities were found between the three subsamples. The effect of harassment and rejection was particularly strong on structural stigma awareness as well as the effect of structural stigma awareness and harassment and rejection on rejection sensitivity in each subsample. Harassment and rejection had a particularly strong effect on social support in a negative direction, and on emotional dysregulation, and on rumination in a positive direction. Lastly, the three subgroups were also similar in the strong positive association from emotional dysregulation and rumination to psychological distress.

On the other hand, we found notable differences among the subsamples. In contrast to the other subsamples, the model of bisexual women showed strong effects of rejection sensitivity on internalized homonegativity ($\beta = 0.21, p = .002$). In contrast, the effect of rejection sensitivity on concealment was significant in the gay ($\beta = 0.14, p = .008$) and lesbian ($\beta = 0.15, p = .015$) subsamples, but not among bisexual women. Harassment and rejection also predicted lesbians' concealment ($\beta = 0.14, p = .007$) but not in the other subgroups. Although, concealment was a relatively strong negative predictor of social support in each sexual orientation group, it was less pronounced in bisexual women ($\beta = -0.16, p = .013$) than in gay ($\beta = -0.28, p < .001$) and lesbian groups ($\beta = -0.32, p < .001$). Internalized homonegativity was a negative predictor of social support among gay ($\beta = -0.13, p = .001$) and lesbian groups ($\beta = -0.16, p = .001$), but not in bisexual women. The effect of rejection sensitivity on emotional dysregulation was the most articulated among gay participants ($\beta = 0.27, p < .001$), while in contrast, the effect of structural stigma awareness on emotional dysregulation was the most articulated in bisexual women ($\beta = 0.18, p = .004$). The effect of internalized homonegativity on emotional dysregulation was significant but weak, only in the gay subsample ($\beta = 0.09, p = .018$). Concealment had an effect on emotional dysregulation in gays ($\beta = 0.18, p < .001$) and lesbian groups ($\beta = 0.18, p < .001$), but not in bisexual women. Similarly, rejection sensitivity, internalized homonegativity, and concealment significantly affected rumination in gay and lesbian group, but not in bisexual women. In contrast, structural stigma awareness

influenced rumination in bisexual women ($\beta = 0.17, p = .010$), which effect was absent in lesbian group and weak in gay group ($\beta = 0.09, p = .032$). The negative effect of social support on psychological distress was the most pronounced in bisexual women ($\beta = -0.20, p < .001$), also present in gay group ($\beta = -0.10, p = .008$), but not in lesbian groups. On the other hand, concealment affected psychological distress only in lesbian group ($\beta = 0.13, p = .004$), but not in gay group and bisexual women. See detailed standardized results in Table 3 and unstandardized results in Supplementary Table 1.

DISCUSSION

To date, most research on mental health in sexual minorities has focused on North Americans or Western Europeans. In turn, underrepresentation of sexual minorities in other regions is caused and sustained by the lack of socio-cultural awareness of the deteriorating stigma effects of minority stress on sexual minorities and gender diverse people within socio-political environments that are less inclined towards embracing “LGBT+ affirmative and inclusive” approaches. On the other hand, this situation leaves unanswered questions regarding cross-cultural robustness of the minority stress framework and its later derived frameworks, psychological mediation, or rejection sensitivity models (Sattler & Lemke, 2019).

All reviewed frameworks postulate that mental health in sexual minorities is compromised by stigma-related factors, which can be categorized on a spectrum from distal to proximal (Meyer, 2003) as well as ordered on multiple dimensions spanning from the systemic/structural, interpersonal, to individual factors (Pachankis et al., 2021). As a result of a single-state design of our study focusing on Czechia, a Central European country of ten million, we did not consider the inclusion of variables that could potentially detect objective variances at the level of structural stigma (e.g., differences in laws and cultural traditions). Hence our selected primary predicting variable (HHRDS) is aimed at the level of interpersonal experiences.

SHARED ASSOCIATIONS OF MINORITY STRESS PROCESSES

In alignment with previous findings, we confirmed that across our whole sample (and including within the gay, lesbian and bisexual women subsamples) heterosexist discriminatory experiences were associated with more structural stigma awareness, and both factors were found to be positively associated with rejection sensitivity as well as with general (non-specific) psychological processes, including rumination and emotional dysregulation, and negatively with social support. Szymanski et al. (2014), in their study of sexual minority women also found that the association between internalized homonegativity and distress is, among other processes, mediated via rumination; in our sample, it was only significant among gay men and lesbian women, suggesting that internalized stigma may be involved in different psychosocial processes in bisexual women. Similarly, Rendina et al. (2017) in their longitudinal study of sexual minority men living with HIV confirmed the mediating role of emotional dysregulation between internalized stigma and symptoms of psychological distress. Our sample confirmed this relatively weak mediation path only for the gay men subgroup.

The associations between the distal minority stressors and general psychological processes seem to contribute to negative psychological functioning in either sexual minority subgroup. However, confirming these relatively established findings was not our primary aim. Instead, we wanted to better understand the mediating roles and potentially different mechanisms of proximal minority stressors in our whole sample and within different subgroups. Here,

the theory or available research did not give us clear guidance because profound inconsistencies regarding the roles of the “traditional triad” of proximal minority stressors (RS, CONC and IH as proposed by Meyer 2003) were observed (Timmins et al., 2020). Thus, we decided to pay particular attention to each of the proximal minority stressors and included a measure to account for a subjective assessment of structural stigma, which we modeled as a proxy for the cognitive dimension of stigma awareness. We hypothesized that greater exposure to negative stimuli (i.e., experience with heterosexist discrimination in the past year) might relate to more structural stigma awareness. Nevertheless, because of the lack of consensus on the directions of causality between the proximal minority stressors and general psychological processes, we drew from theory and previous findings (Dyar et al., 2018; Feinstein, 2020) and expected that subject is first sensitized to a stimulus, for example, that rejection sensitivity is activated/preceded by discriminatory experience and stigma awareness. In other words, we found it theoretically sound to test measures of heterosexist discrimination and stigma awareness in our model as predictors of rejection sensitivity, which as a construct imbues the cognitive (i.e., stigma awareness) by affective (i.e., anxious expectation) dimension of minority stress.

PSYCHOLOGICAL MEDIATION FRAMEWORK MEDIATION PATHS

Although recent studies progressed with more understanding of the role of rejection sensitivity (Dyar et al., 2018; Feinstein, 2020), we still did not find a clear direction for our model construction in terms of other proximal minority stressors. Stigma awareness may do both: it may primarily motivate concealment or lead to the internalization of stigma. Thus, our model considered both (CONC and IH) as parallel, mutually associated mediators.

We observed only a weak association between internalized stigma and heterosexist discrimination, but this was not unexpected as authors tend to explain this weak association by mediating roles of anticipated stigma and rejection sensitivity and view them as maladaptive or stressful factors compared to the experiences of stigma (Berg et al., 2015). In other words, stigma awareness and rejection sensitivity may represent the stressful responses that negatively affect mental health in sexual minorities, whereas internalized stigma and concealment act as further mediators of their negative effect on psychological functioning. For example, Dyar et al. (2018) found that rejection sensitivity contributed to other rejection-related processes (e.g., preoccupation with stigma, concealment motivation, difficulty developing a positive sexual identity), which in turn contributed to depression and anxiety. Indeed, our results confirmed that the total effect of rejection sensitivity on psychological distress was practically fully mediated by emotional dysregulation and rumination, and to a lesser extent, by internalized homonegativity, concealment, and social support.

DISCUSSING SUB-GROUP DIFFERENCES

As the path coefficients differed between samples, it became clear that the “traditional triad” of the proximal minority stressors plays different roles within subgroups of sexual minorities. They were also differently associated with maladaptive coping mechanisms (emotional dysregulation and rumination) and social support. For example, although being significant in all subgroups, we found that rejection sensitivity impacted emotional dysregulation the most strongly in gay, compared to lesbian participants and bisexual women. This result may be perhaps explained by the effects of (toxic) masculine gender norms on emotion coping and help-seeking behavior in men.

However, we found the most pronounced differences between bisexual women and the other two groups. For example, rejection sensitivity in bisexual women was associated with emotional dysregulation and internalized homonegativity, but it did not predict concealment in contrast to gay and lesbian participants. In addition, rejection sensitivity, concealment, and internalized homonegativity were all significantly associated with rumination in gay and lesbian group but not in bisexual women. However, on the other hand, stigma awareness predicted emotional dysregulation most strongly among bisexual women. Similarly, the ameliorative psychosocial effects of social support as a parallel mediator with rumination and emotional dysregulation seems to be differently associated with the proximal minority stressors in bisexual women (as opposed to gay and lesbian participants whose effect was mediated by the proximal minority stressors).

Previous research shows that social support may be less available for people with concealable stigmatized identities (Quinn & Chaudoir, 2009). Hence, we expected that it would be negatively associated with both the distal minority processes (i.e., HHRDS, SSA) and with concealment and internalized stigma, which were found to mediate the effects of rejection sensitivity (Dyar et al., 2018; Feinstein, 2020). Perhaps because of its broader interpersonal psychosocial nature, being one of the most essential factors buffering against psychological distress, social support had the strongest association with concealment across all subgroups. Interestingly, based on our results, rejection sensitivity's effect on social support may be mediated by internalized stigma and its indirect association with concealment in bisexual women. Because the only proximal minority stressor that had a significant effect on social support in bisexual women was concealment, we believe it may be of primary interest of future research to explore the role of concealment among bisexual women, as also suggested by other, recent research (Timmins et al., 2020).

Generally, we can confirm that concealment had a most pronounced ill effect on psychological distress via its association with social support, especially in lesbian and gay participants and, to a lesser extent, in bisexual women. One possible motivation for sexual minorities to conceal their stigmatized identities is internalized stigma. Concealment may be a way to evade discrimination (Berg et al., 2015), and our data support this explanation. However, as current debates about this rather complex process show (Pachankis et al., 2020; Timmins et al., 2020), sexual minorities conceal their identities for several reasons, and depending on the context, it may be both protective and maladaptive (Pachankis & Bränström, 2018).

To summarize, our data show that the distal dimensions of minority stress may constitute such a broad cluster of factors that they are also sensitive to bisexual women's experiences. However, as our path analysis suggests, proximal minority stressors may act differently in bisexual women compared to gay and lesbian participants since their respective measures were less sensitive to detect distinct experiences of bisexual women. Literature focusing on understanding the differences between gay, lesbian and bisexual women experiences is still slim (Feinstein & Dyar, 2017), whereas the mechanisms of stigma and discrimination specific to bisexual people remain largely invisible (Ross et al., 2018). Future studies may investigate some of the specific bi-negative stigmas and discrimination sources identified, for example, by Israel and Mohr (2004): general negative attitudes toward same-sex relationships/attractions; contestations of bisexual identity authenticity; portrayals rendering bisexual people's sexuality as deviant or hypersexual; and perceived lower loyalty of bisexual people (especially women) as partners. Indeed, all these explanations and the relative exclusion and invisibility of bisexuality among the "LGBT+ community" have been recognized as potential sources of comparatively highest rates of psychological distress in bisexual people (Ross et al., 2018).

LIMITATIONS

As is typical for samples composed of lesbian, gay, bisexual, trans, and queer (LGBTQ) persons, the sample we used was a convenience sample, and thus, we cannot claim that our sample is representative of the underlying sexual minority population. Our sample involved predominantly young participants, and students, who had access to online resources. Harder-to-reach participants, especially those who do not identify with LGB+ communities have been underrepresented. Our internalized stigma measure may have been insufficiently sensitive to detect potential associations because our sample's diversity may have been insufficient to detect this variance.

Further, the cross-sectional character of our study did not allow for testing causal hypotheses. We fully accept this limitation. However, we are convinced that even stochastic associations identified in a robust sample from otherwise underrepresented regions such as Central and Eastern Europe may provide the scholarly community with important insights. Still, it is possible that the hypothesized relationships may have also been found in other orders (e.g., internalized homonegativity preceding rejection sensitivity). Additionally, our study design did not allow us to consider other factors known to affect psychological well-being and distress in sexual minorities, such as substance use (Bandermann & Szymanski, 2014), effects of self-acceptance (Woodford et al., 2014), or factors that detect variances in socio-political and (hetero)normative environments to which sexual minorities need to “compensate” (Meyer, 2015; Riggs & Treharne, 2017).

CONCLUSIONS

Our study is the first to consider the core tenets of minority stress theory, the psychological mediation framework, and the rejection sensitivity model as mutually complementing explanatory frameworks in Czechia, representing one of many Central and Eastern European post-socialist contexts that are so far largely underrepresented in research. Using a diverse convenience sample of Czech sexual minorities and established measures used in similar studies, we were able to construct a path model that explained 56% of the variance in psychological distress of sexual minority participants, clearly showing that both distal and proximal minority stressors are associated with psychological distress in sexual minorities. Although our design prevented us from making causal inferences, our model sustains that the proximal minority stress “triad” may be an outcome of interpersonal forms of stigma and discrimination.

This research supports that distal minority stress processes indeed compromise psychological wellbeing in sexual minorities. At the same time, it points out that the mediating pathways are better understood among gay men and lesbian women but require development of new measures inclusive of bisexual women and plausibly also bisexual men, specific experiences. Various therapeutic interventions have been developed to tackle these adverse effects of minority stress in sexual minorities (Pachankis, McConocha, et al., 2020). However, the societal, cultural, and political sources of minority stress need to be addressed at the systemic level (Pachankis et al., 2021) in the form of inclusive and affirmative legislation that will contribute to delegitimization of stigma as the fundamental cause of disparities that were the focus of this study.

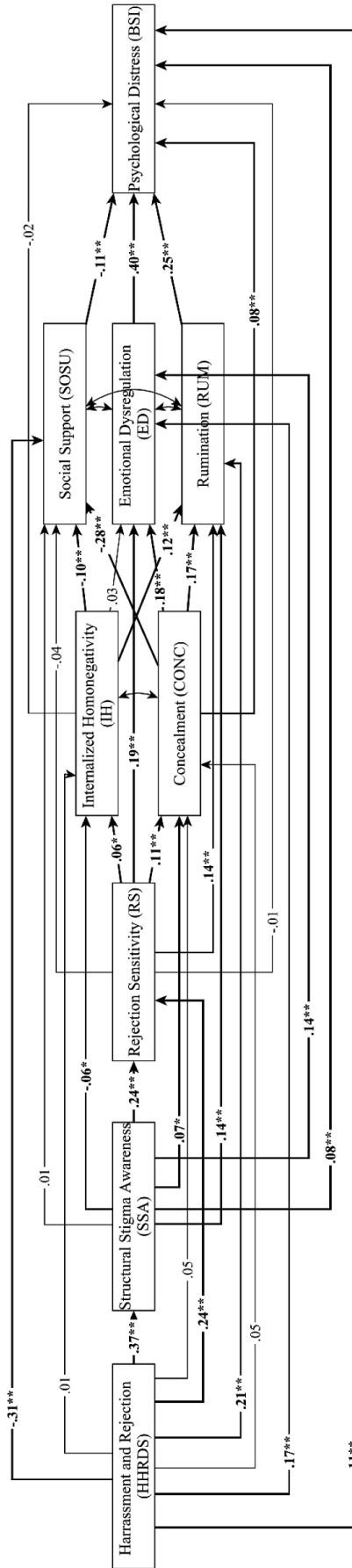


Figure 1. Multiple mediation model predicting Psychological Distress with Harassment and Rejection, mediated by Structural Stigma Awareness, Rejection Sensitivity, Internalized Homonegativity, Concealment, Social Support, Emotional Dysregulation, and Rumination. Standardized model results were presented on their respective lines. Significant paths were marked in bold. The correlation between IH and CONC was $.24$ ($p < .001$), between SOSU and ED was $-.20$ ($p < .001$), SOSU and RUM was $-.15$ ($p < .001$), and ED and RUM was $.60$ ($p < .001$).

* $p < .05$, ** $p < .01$.

Table 1. Descriptive statistics and zero-order correlations among all measurements

	1	2	3	4	5	6	7	8
1. Harassment and Rejection (HHRDS)	–							
2. Structural Stigma Awareness (SSA)	0.37**	–						
3. Rejection Sensitivity (RS)	0.33**	0.33**	–					
4. Internalized Homonegativity (IH)	0.01	-0.03	0.05	–				
5. Concealment (CONC)	0.11**	0.12**	0.15**	0.24**	–			
6. Social Support (SOSU)	-0.35**	-0.15**	-0.19**	-0.17**	-0.35**	–		
7. Emotional Dysregulation (ED)	0.30**	0.28**	0.32**	0.08*	0.25**	-0.34**	–	
8. Rumination (RUM)	0.32**	0.28**	0.29**	0.16**	0.26**	-0.32**	0.68**	–
9. Psychological Distress (BSI)	0.38**	0.33**	0.28**	0.08*	0.30**	-0.40**	0.68**	0.62**

* $p < .01$, ** $p < .001$.

Table 2. Means comparison between the three stratified subgroups

	Overall		Gay		Lesbian		Bisexual women		F^a	η_p^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Harassment and Rejection (HHRDS)	1.97	0.84	1.87	0.76	2.04	0.87	1.97	0.82	5.07**	.01
Structural Stigma Awareness (SSA)	2.49	0.61	2.34	0.60	2.48	0.59	2.63	0.63	21.64**	.03
Rejection Sensitivity (RS)	2.08	1.18	1.99	1.19	2.13	1.20	2.23	1.20	3.93*	.01
Internalized Homonegativity (IH)	1.93	1.11	2.01	1.18	1.82	1.03	1.99	1.12	3.44*	.01
Concealment (CONC)	1.38	0.87	1.14	0.85	1.22	0.82	1.75	0.76	44.52**	.08
Social Support (SOSU)	5.34	1.28	5.49	1.23	5.47	1.23	5.11	1.29	9.43**	.02
Emotional Dysregulation (ED)	4.06	1.54	3.55	1.43	4.20	1.51	4.55	1.53	48.17**	.07
Rumination (RUM)	2.26	0.71	2.09	0.68	2.26	0.72	2.41	0.72	20.38**	.03
Psychological Distress (BSI)	2.14	0.85	1.83	0.66	2.17	0.86	2.43	0.94	56.93**	.09

^a $df_1 = 2$ and $df_2 = 1224$ (or 1031 in concealment).

* $p < .05$, ** $p < .01$.

Table 3. Standardized model estimates within the overall sample and the subsamples

<i>N</i>	Overall	Gay	Lesbian	Bisexual women
	1452	562	393	272
Structural Stigma Awareness regressed on				
Harassment and Rejection	0.37**	0.40**	0.38**	0.34**
Rejection Sensitivity regressed on				
Structural Stigma Awareness	0.24**	0.24**	0.21**	0.34**
Harassment and Rejection	0.24**	0.21**	0.28**	0.21*
Internalized Homonegativity regressed on				
Rejection Sensitivity	0.06*	-0.01	0.05	0.21**
Structural Stigma Awareness	-0.06*	-0.05	-0.04	-0.05
Harassment and Rejection	0.01	0.04	0.03	0.01
Concealment regressed on				
Rejection Sensitivity	0.11**	0.14**	0.15*	0.09
Structural Stigma Awareness	0.07*	0.03	0.02	-0.06
Harassment and Rejection	0.05	0.01	0.14**	0.07
Social Support regressed on				
Internalized Homonegativity	-0.10**	-0.13**	-0.16**	-0.05
Concealment	-0.28**	-0.28**	-0.32**	-0.16*
Rejection Sensitivity	-0.04	-0.02	-0.05	-0.09
Structural Stigma Awareness	0.01	-0.02	0.04	0.04
Harassment and Rejection	-0.31**	-0.25**	-0.39**	-0.26**
Emotional Dysregulation regressed on				

N	Overall	Gay	Lesbian	Bisexual women
	1452	562	393	272
Internalized Homonegativity	0.03	0.09*	0.05	0.05
Concealment	0.18**	0.18**	0.18**	0.01
Rejection Sensitivity	0.19**	0.27**	0.14*	0.15**
Structural Stigma Awareness	0.14**	0.02	0.08	0.18**
Harassment and Rejection	0.17**	0.16**	0.21**	0.21**
Rumination regressed on				
Internalized Homonegativity	0.12**	0.18**	0.14**	0.08
Concealment	0.17**	0.15**	0.16**	0.05
Rejection Sensitivity	0.14**	0.16**	0.16**	0.10
Structural Stigma Awareness	0.14**	0.09*	0.07	0.17**
Harassment and Rejection	0.21**	0.21**	0.24**	0.29**
Psychological Distress regressed on				
Social Support	-0.11**	-0.10*	-0.08	-0.20**
Emotional Dysregulation	0.40**	0.39**	0.35**	0.33**
Rumination	0.29**	0.25**	0.29**	0.30**
Internalized Homonegativity	-0.02	0.03	-0.04	0.00
Concealment	0.08**	0.04	0.13**	0.04
Rejection Sensitivity	-0.01	0.04	-0.03	0.02
Structural Stigma Awareness	0.08**	0.08*	0.10**	0.04
Harassment and Rejection	0.11**	0.06	0.14**	0.11*
Internalized Homonegativity correlation with				
Concealment	0.24**	0.26**	0.25**	0.22**
Social Support correlation with				
Emotional Dysregulation	-0.20**	-0.18**	-0.22**	-0.20**
Rumination	-0.15**	-0.07	-0.19**	-0.16*
Emotional Dysregulation correlation with				
Rumination	0.60**	0.57**	0.59**	0.62**

* $p < .05$, ** $p < .01$.

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