



Probing Family Acceptance and Mental Health of Homosexual People

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Abstract

This study was aimed at probing the relationship between family acceptance and mental health of homosexual people. Correlational research design was used to conduct this quantitative research. Survey was administered with closed ended questionnaires as method of data collection. Snowball sampling technique was employed to select the sample of study 19 homosexual people. Results suggest that family acceptance plays a critical role in supporting the mental health of homosexual individuals. When families offer support, love, and validation, it significantly reduces the risk of mental health issues such as depression, anxiety, and stress. Conversely, family rejection has been linked to higher rates of mental health struggles. Homosexual individuals who experience rejection or lack of acceptance from their families are more likely to face emotional distress, substance abuse, self-harm, and other negative outcomes. Families that embrace and affirm their LGBTQ+ members can foster resilience, self-esteem, and overall well-being. The support often leads to better coping mechanisms and healthier psychological outcomes. The importance of family acceptance is influenced by cultural, societal, and religious contexts. In more conservative environments, the psychological toll of family rejection may be greater, which underscores the importance of promoting family education and awareness.

Keywords: Homosexuality, family acceptance, family rejection, mental health

1. Introduction

Homosexuality in Pakistan is considered taboo, with deeply rooted cultural and religious beliefs influencing societal attitudes toward LGBTQ+ individuals. Pakistan, an Islamic Republic, enforces conservative social norms, which often lead to the stigmatization of individuals who identify as homosexual. The legal framework also criminalizes same-sex sexual activity under Section 377 of the Pakistan Penal Code, further exacerbating the discrimination and marginalization faced by the LGBTQ+ community. As a result, many homosexual individuals in Pakistan face significant challenges in terms of acceptance from their families and broader social circles. Family support plays a critical role in the mental health and well-being of individuals, especially in cultures that place a high value on familial approval. In the context of Pakistani society, the lack of familial acceptance can lead to mental health issues such as depression, anxiety, and suicidal ideation. Research globally has demonstrated that family rejection is a strong predictor of mental health issues among LGBTQ+ individuals, particularly in conservative societies where LGBTQ+ identities are stigmatized. However, there is a dearth of focused research on the intersection of family acceptance and mental health within Pakistan's unique socio-cultural and religious landscape. In Pakistan, homosexuality is not only a personal issue but is often viewed through the lens of morality, religion, and national identity. Family members, including parents, may harbor feelings of shame or fear about the perceived social consequences of having a homosexual child, leading to rejection, emotional abuse, or even physical violence. On the other hand, some families may offer varying degrees of tolerance or acceptance, influenced by factors such as education, exposure to progressive ideals, or personal experiences. Given the strong familial ties in Pakistan, family dynamics are central to understanding the mental health experiences of homosexual individuals. It is essential to probe how family acceptance or rejection impacts psychological outcomes like self-esteem, stress levels, and overall mental well-being.

2. Theories of Parental Acceptance and Rejection

The continued importance of parents in the lives of youth is indisputable: beginning at birth, extending through adolescence and even into emerging adulthood, affecting all relationships beyond those with the parents, and determining the individual's own sense of self-worth. Attachment accounts for this vast reach and influence of parents. According to Bowlby (1973, 1980), attachment to the primary caretaker guarantees survival because the attachment system is activated during stress and concerns the accessibility and responsiveness of the attachment figure to the child's distress and potential danger. The pattern or style of attachment that develops is based on repeated interactions or transactions with the primary caregiver during infancy and childhood. Those experiences, in interaction with constitutional factors like temperament, influence the internal working model (i.e., mental representations of emotion, behavior, and thought) of beliefs about and expectations concerning the accessibility and responsiveness of the attachment figure. In time, this internal working model influences perception of others, significantly influencing patterns in relationships over time and across settings. The beliefs and expectations concerning the attachment figure also affect the internal working model of the self, meaning the individual's sense of self-worth. The three consistent patterns of attachment that arise in infancy and childhood are related to the internal working models of the self and other. The "secure" child has positive models of the self and other because the primary attachment figure has been accessible when needed and responsive in an attuned and sensitive manner to the child's needs and capabilities. Consequently, the securely attached child is able to regulate emotion, explore the environment, and become self-reliant in an age-appropriate manner. The "insecure" child has an inaccessible and unresponsive primary caregiver, who is intrusive, erratic or abusive. One of two insecure attachment patterns emerges. In the first pattern, the child dismisses or avoids the parent, becoming "compulsively" self-reliant and regulating emotion even when contraindicated (Bowlby (1973). This child with "avoidant/dismissive" attachment depends on the self, possessing a positive internal working model of the self but a negative one of the other. In the second insecure attachment pattern, the child is anxiously preoccupied with the

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caregiver but in a resistant (i.e., distressed or aroused) manner. The individual with “anxious/ preoccupied/resistant/ambivalent” attachment has a negative working model of the self, but a positive model of the other. Attachment patterns in childhood are partly related to character traits in adulthood, and have implications for emotion regulation from the perspective of coping with stress, as detailed elsewhere (Rosario, 2015; Khan, 2020). Based on positive working models of the self and other, the securely attached individual approaches a stressful situation in an adaptive manner that allows for a realistic appraisal of the situation and a selection of coping strategies most likely to reduce or eliminate the stressor or, at minimum, render the stressor tolerable. By comparison, insecurely attached individuals may distort reality because they may be more likely to appraise a situation as stressful even when it is not. They may also be maladaptive in their management of stress and use emotion-focused coping strategies, such as substance use, to improve mood and tolerate stress. These patterns of coping influenced by attachment are present by and common in adolescence (Seiffge-Krenke, 2006).

Coping is critical because sexual orientation and gender development are potentially stressful experiences for all youth, but especially for sexual and gender minorities, given the frequent stigmatization of homosexuality, gender non-conforming behavior, and gender-variant identities (Rosario & Schrimshaw, 2013; Russo, 2022). Levels of family acceptance and rejection may have implications for sexual minority youth’s identity development. A study of sexual minority adolescents and young adults examined associations between parental acceptance and identity profiles that were affirmed as opposed to being characterized by struggle (Bregman et al., 2013). Results indicated that less parental rejection was associated with a greater likelihood of having an affirmed identity than struggling with one’s identity, suggesting that the level of parental rejection may affect youths’ ability to accept their own sexual minority identity (Bregman et al., 2013). Pediatric care providers should be aware that family rejection may have serious consequences for LGBT youth’s physical and mental health (Ryan et al., 2009; Rahat & Hayat, 2020).

3. Literature Review

Studies have found that parental rejection is associated with health risk behaviors and poor mental and physical health outcomes among LGBT individuals. Sexual minority emerging adults with higher levels of family rejection were more likely to report attempted suicide, high levels of depression, and illegal drug use, and engagement in unprotected sexual intercourse (Ryan et al., 2009). Parental rejection negatively affects health among both transgender and cisgender adolescents. In the Thai study referenced earlier, family rejection predicted adolescents’ level of depression, suicidal thinking, and sexual risk behaviors among both transgender and cisgender youth (Yadegarfarid et al., 2014). Conversely, family acceptance may be protective for LGBT youth’s health. Among sexual minority youth, adolescents whose mothers responded positively to their sexual orientation disclosure were less likely to use substances compared to those who had not disclosed their orientation to their parents or whose mothers and fathers did not react positively (Padilla et al., 2010). In addition, family support and acceptance is associated with greater self-esteem, social support, general health status, less depression, less substance abuse, and less suicidal ideation and behaviors among LGBT youth (Ryan et al., 2010). Family support is also associated with less substance use among LGBT youth (Newcomb et al., 2014). Among transgender youth specifically, parental support is protective against depression and associated with having a higher quality of life (Simons et al., 2013).

3.1. Statement of the Problem

In Pakistan, where societal and cultural norms are largely conservative, the topic of homosexuality remains highly stigmatized and often viewed with strong disapproval. This creates a complex environment for individuals who identify as homosexual, especially when it comes to the acceptance and support they receive from their families. Family acceptance plays a critical role in the mental health and overall well-being of individuals, as it directly impacts their sense of belonging, self-esteem, and emotional stability. However, there is a significant lack of research into how the families of homosexual individuals in Pakistan respond to their sexual orientation, and how this acceptance or rejection affects the mental health of those individuals. The problem is further exacerbated by the societal pressure to conform to heteronormative expectations, often leading to isolation, anxiety, depression, and other mental health challenges for homosexual individuals. This situation is compounded by limited access to supportive mental health services, the criminalization of same-sex relationships in Pakistan, and a general lack of public discourse about LGBTQ+ rights and issues. Therefore, the need arises to investigate the degree of family acceptance experienced by homosexual individuals in Pakistan, how this acceptance influences their mental health, and what socio-cultural factors contribute to the challenges they face. This research aims to bridge the gap in understanding by examining the relationship between family dynamics, societal attitudes, and the mental health of homosexual individuals in a Pakistani context.

3.2. Rationale of the Study

The rationale for a study on “Probing Family Acceptance and Mental Health of Homosexual People” is rooted in the need to understand the complex interplay between family dynamics, societal attitudes, and mental health outcomes for homosexual individuals in a context where homosexuality is often viewed as taboo and stigmatized. In Pakistan, where cultural, religious, and legal factors may result in limited acceptance of homosexuality, understanding how family acceptance or rejection impacts mental health. The rationale for this study is to fill a significant gap in understanding the specific mental health challenges faced by homosexual individuals in Pakistan, particularly in relation to family acceptance, which is a critical factor in the overall well-being of LGBTQ+ individuals. The findings could provide valuable information for improving mental health services, family counseling, and policy changes in Pakistan and other similar cultural contexts.

3.3. Objectives of the Study

- To measure the relationship between family acceptance, family rejection, depression, anxiety and stress among homosexual people
- To investigate the effect of family acceptance, family rejection on mental health of homosexual people

3.4. Significance of the Study

The significance of studying family acceptance and mental health of homosexual people in Pakistan is multi-faceted and crucial for several reasons:

- **Social and Cultural Context:** Pakistan, like many countries in South Asia, has conservative cultural and religious norms that influence societal views on sexuality. Homosexuality is often seen as taboo, and in many cases, people who identify as LGBTQ+ face stigma, discrimination, and social exclusion. Exploring the dynamics of family acceptance in this context is important because families are central to an individual's social support system in Pakistani society.
- **Mental Health Outcomes:** Mental health among LGBTQ+ individuals is often negatively affected by societal rejection, discrimination, and a lack of support. In Pakistan, the lack of family acceptance can lead to significant psychological distress, depression, anxiety, and other mental health issues. This study would help shed light on the specific mental health challenges faced by homosexual individuals in Pakistan, emphasizing the need for mental health interventions.
- **Understanding Family Roles:** In Pakistan, family plays a critical role in shaping an individual's identity and sense of belonging. Family acceptance or rejection can significantly influence how a person navigates their sexual orientation. Investigating family dynamics can help understand the factors that influence acceptance, whether they are religious, cultural, or based on generational differences, and can provide insights into how these factors impact mental health.
- **Policy Implications:** Research on this topic can inform mental health professionals, policymakers, and human rights advocates about the specific needs of the LGBTQ+ community in Pakistan. It can contribute to the development of more inclusive policies and mental health programs tailored to supporting individuals facing familial rejection or discrimination.
- **Educational Value:** The study can educate the general public about the importance of family acceptance for the well-being of homosexual individuals. It can foster greater empathy, understanding, and acceptance of sexual minorities, leading to social change that may gradually reduce stigma and discrimination.
- **Human Rights and Advocacy:** The findings of such a study can also be a stepping stone for advocacy efforts aimed at advancing the rights of LGBTQ+ individuals in Pakistan. It can highlight the human rights issues that LGBTQ+ individuals face, including the right to family acceptance and mental health care.
- **Global Relevance:** While the focus is on Pakistan, the study's findings could have broader implications for other countries with similar cultural and religious contexts. It could contribute to a global understanding of the intersection between family acceptance, mental health, and sexual orientation in non-Western societies. Overall, this research is significant because it addresses a critical gap in understanding the challenges faced by homosexual individuals in Pakistan and how family acceptance or rejection directly influences their mental health and well-being.

4. Method

4.1. Participants

Correlational research design was used to conduct this quantitative research. Survey was administered with closed ended questionnaires as method of data collection. Snowball sampling technique was employed to select the sample of study 19 homosexual people.

4.2. Instrument

Parental Acceptance-Rejection Questionnaire: The Adult PARQ is designed to be used whenever researchers or practitioners want respondents to reflect back onto an earlier time in childhood with parents. The Parent PARQ is used when parents want to reflect on their current accepting-rejecting behaviors toward their child (Rohner & Khaleque, 2005).

Depression, Anxiety and Stress Scales (DASS-21): The Depression, the Anxiety and Stress Scales (Lovibond, 1995) is used in the study to measure and assess the psychological burden in life of diabetic patients. It is a quantitative measure of distress with 3 axes stress, anxiety and depression and not used for clinical diagnoses as a categorical measure. DASS is useful for assessing the disturbance and lot of other complication. It has 21 items that indicates and describes the level of depression, the anxiety and stress and the responses on this scale are listed as; 0 score means, it is statement of response which is not applied for that person. 1- Responses which are given on 1 number denote the situation that is matched with person sometimes and at some extend. The responses on the situation 2 express the statement about the individual for a good time. The responses on the category of 3 numbers, which finds the condition which, is related to very much close to that person. The normal score of the depression is ranged from (0-4), and as well as anxiety is separated from (0-3) and stress is moving the value from (0-7). The mild score of the depression of the people is start from the figure (5-6), while the anxiety is situated between these numbers (4-5) and the stress as well as is comes between this group (8-9). The moderate score of depression is ranging from (7-10), and the anxiety that is categorized between such type of values (6-7) and the stress values are ranged into this condition that is lies between these values (10-12). Severe and chronic level of the depression is categorized into these numbers (11-13), and the severe condition of anxiety lies between this group (8-9) and the stress is divided for it severity is ranged between such condition (13-16) while the extreme scores of the depression is indicated to this particularly is (14+), anxiety is related to this figure (10+) and the stress severe level is always indicates this category of score (17+). Scores of the individuals do not mean appropriate interventions.

5. Results

Table 1: Correlation among Family Acceptance, Family Rejection, Depression, Anxiety, and Stress among Homosexual People

	FA	FR	D	A	S
Family Acceptance	1	-.629**	-.783**	-.579**	-.613**
Family Rejection		1	.581**	.491**	.729**
Depression			1	.583**	.607**
Anxiety				1	.793**
Stress					1

Table 1 shows the correlation of family acceptance, family rejection, depression, anxiety, and stress among homosexual people. There is negative relationship between family acceptance and mental health and moreover, there is positive correlation between family rejection and mental health.

Table 2: Effect of Family Acceptance, Family Rejection on Mental Health

Model	Unstandardized Coefficient		Standardized Coefficients		T	p-value
	B	Std. Error	Beta			
(Constant)	23.734	3.912			24.785	.000
FA	-.492	.092	-.742		13.210	.000
FR	.622	.086	.591		17.801	.000

Table 2 depict that family acceptance is a negative predictor of depression, anxiety and stress among homosexual people. Furthermore, family rejection is positive predictor of depression, anxiety and stress.

5.1. Discussion

Homosexuality in Pakistan is considered taboo, with deeply rooted cultural and religious beliefs influencing societal attitudes toward LGBTQ+ individuals. Pakistan, an Islamic Republic, enforces conservative social norms, which often lead to the stigmatization of individuals who identify as homosexual. Findings of the current study reveal that family acceptance plays a critical role in supporting the mental health of homosexual individuals. When families offer support, love, and validation, it significantly reduces the risk of mental health issues such as depression, anxiety, and suicidal ideation. Conversely, family rejection has been linked to higher rates of mental health struggles. Homosexual individuals who experience rejection or lack of acceptance from their families are more likely to face emotional distress, substance abuse, self-harm, and other negative outcomes. Studies have found that parental rejection is associated with health risk behaviors and poor mental and physical health outcomes among LGBT individuals. Sexual minority emerging adults with higher levels of family rejection were more likely to report attempted suicide, high levels of depression, and illegal drug use, and engagement in unprotected sexual intercourse (Ryan et al., 2009). Parental rejection negatively affects health among both transgender and cisgender adolescents. In the Thai study referenced earlier, family rejection predicted adolescents' level of depression, suicidal thinking, and sexual risk behaviors among both transgender and cisgender youth (Yadegarfar et al., 2014). Conversely, family acceptance may be protective for LGBT youth's health. Among sexual minority youth, adolescents whose mothers responded positively to their sexual orientation disclosure were less likely to use substances compared to those who had not disclosed their orientation to their parents or whose mothers and fathers did not react positively (Padilla et al., 2010). In addition, family support and acceptance is associated with greater self-esteem, social support, general health status, less depression, less substance abuse, and less suicidal ideation and behaviors among LGBT youth (Ryan et al., 2010). Family support is also associated with less substance use among LGBT youth (Newcomb et al., 2014). Among transgender youth specifically, parental support is protective against depression and associated with having a higher quality of life (Simons et al., 2013).

6. Conclusion

Family acceptance plays a critical role in supporting the mental health of homosexual individuals. When families offer support, love, and validation, it significantly reduces the risk of mental health issues such as depression, anxiety, and suicidal ideation. Conversely, family rejection has been linked to higher rates of mental health struggles. Homosexual individuals who experience rejection or lack of acceptance from their families are more likely to face emotional distress, substance abuse, self-harm, and other negative outcomes.

6.1. Contribution of the Study

The study on "Probing Family Acceptance and Mental Health of Homosexual People in Pakistan" would offer valuable insights into the complex relationship between family acceptance and the mental well-being of LGBTQ+ individuals in a conservative society like Pakistan. The contribution of such a study would be multifaceted:

- **Cultural Understanding:** It would deepen the understanding of how cultural norms, religious beliefs, and societal expectations influence family acceptance of homosexual individuals in Pakistan. This would shed light on the unique struggles faced by LGBTQ+ people in a predominantly heteronormative society.
- **Mental Health Implications:** The study would provide important evidence on how the lack of family acceptance negatively impacts the mental health of homosexual individuals. It could highlight issues such as depression, anxiety, suicidal ideation, and low self-esteem, which are commonly linked to social rejection or stigmatization in such contexts.
- **Social Change:** By identifying the barriers to acceptance, the research could help advocate for policies and interventions that promote understanding and inclusivity in families. It could influence public discourse, leading to more supportive environments for LGBTQ+ individuals.
- **Guidance for Mental Health Professionals:** The findings could serve as a resource for psychologists, counselors, and social workers, providing them with a better understanding of the specific mental health challenges faced by LGBTQ+ individuals in Pakistan. This would assist professionals in developing culturally sensitive therapeutic approaches.
- **Legal and Policy Advocacy:** Given the legal challenges LGBTQ+ people face in Pakistan, the study could contribute to advocating for legal reforms to protect the rights of sexual minorities and create more inclusive social policies.
- **Educational Awareness:** The research might help in creating educational programs aimed at reducing stigma, promoting tolerance, and improving family dynamics in relation to homosexuality. These programs could be implemented in schools, universities, and community centers.
- **Empowerment of the LGBTQ+ Community:** By highlighting the experiences of homosexual individuals, the study could empower the LGBTQ+ community in Pakistan to speak out about their needs and challenges. It may inspire more people to come forward and seek support, knowing their issues are being researched and addressed. In summary, this study would

contribute to a greater understanding of the intersection between family dynamics, societal attitudes, and mental health outcomes for homosexual people in Pakistan, potentially leading to positive social change, improved mental health care, and enhanced support for marginalized communities.

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