

To What Extent Does Perceived Social Support/Family Acceptance Affect LGBTQ+ Adolescents' Mental Health in China?

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Abstract: Given the global discussion surrounding LGBTQ+ rights and welfare, this research addresses mental health nuances specific to Chinese adolescents who identify as LGBTQ+. Understanding how perceptions of social support work within Chinese societal structures shaped by historical and Confucian values is paramount. Adolescence, which is already a challenging stage of identity formation, becomes even more so for LGBTQ+ individuals due to society's recognition and acceptance that can directly impact their mental well-being. Utilizing positive psychology, this research investigates the protective role that social support has for its recipients. Through the Multidimensional Scale of Perceived Social Support (MSPSS) and General Health Questionnaire-12 (GHQ-12), this research seeks to understand the relationship between perceived social support and mental health in this demographic. Due to the sensitivity surrounding LGBTQ+ identities in China, an online survey method was selected and distributed via key Chinese platforms. Our findings indicated a striking negative correlation between perceived social support and psychological distress - emphasizing the significance of peer and family acknowledgment for individual well-being. This study provides a platform for understanding LGBTQ+ experiences in China and developing interventions that address their mental well-being.

Keywords: LGBTQ+ Adolescents, Mental Health, and Social Support

1. Introduction

1.1. Background

Amid global discourse surrounding LGBTQ+ rights and well-being, understanding their mental health nuances is becoming more significant. Studies on mental health are becoming even more pertinent when considering the profound ramifications of adolescence. Family acceptance and support can often be affected by Confucian values, which emphasize familial bonds and harmony [1]; so, cultural expectations combined with individual identity can either enhance or weaken mental health outcomes. This research integrates positive psychology to understand, nurture, and enhance human strengths and virtues [2]. Empirical data supports these relationships, so this study uses the

Multidimensional Scale of Perceived Social Support (MSPSS) and General Health Questionnaire-12 (GHQ-12) instruments to substantiate them.

1.2. Literature Review

1.2.1. Studies About the Mental Health of LGBTQ+ Adolescents in China

The term LGBTQ+ refers to an array of marginalized sexualities and gender identities, an umbrella term representing Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning. According to Meyer's Sexual Minority Stress Model (SMSM) [3], these individuals often encounter exogenous and endogenous pressures relating to discrimination, stigmatization, and homophobia related to their sexual orientation [4]. In China, Hua et al.'s study revealed that sexual minority adolescents had elevated suicidal risks and faced substantial mental health challenges [5].

1.2.2. The Importance of Social Support to The Mental Health of LGBTQ+ Adolescents

Abbey et al. [6] established that LGBTQ youths in communities with inadequate support exhibit higher risks for adverse mental health outcomes [7]. In Chinese society, emphasizing the necessity of maintaining and expanding family lineages is crucial [9]. However, such social constructs often result in families [9], particularly parents, disapproving of LGBTQ+ children.

1.2.3. Review Summary and Research Gap

Existing literature underscores the significant mental health challenges experienced by LGBTQ+ adolescents in China. Social support is revealed as a crucial element in mental well-being [10], but there is still an apparent gap in research regarding this demographic.

1.3. Hypothesis Development

Mental health for LGBTQ+ adolescents in sociocultural contexts such as China is closely connected with social support and is identified as one of the primary determinants of psychological well-being [10]. Given these establishments, the study holds three initial hypotheses:

H1: Perceived social support influences LGBTQ+ adolescents' mental health positively in China.

H2: Family acceptance positively impacts LGBTQ+ adolescents' mental health in China.

H3: Peer acceptance positively impacts LGBTQ+ adolescents' mental health in China.

2. Methodology

2.1. Research Philosophy

Using the positivism philosophy, this study operates under the assumption that objective truths exist in the world and can be assessed objectively using empirical and observational methods [11].

2.2. Research Approach

This research adopted a deductive methodology, so it began with an overarching theory about LGBTQ+ adolescents' mental health in China before narrowing it down further into hypotheses tested empirically against this initial theory [12].

2.3. Research Method

A quantitative method was utilized, employing structured mechanisms to collect and analyze numerical data. The quantitative techniques helped facilitate statistical, mathematical, or computational approaches to establish relationships among various constructs [17].

2.4. Research Strategy

Given the delicate nature of LGBTQ+ identities and mental health, an online questionnaire was selected as the primary data collection method. The format offered greater anonymity for participants while creating an environment conducive to honest responses.

2.5. Sampling

To reach China's LGBTQ+ community, the study recruited through referrals, where first recruits reached out to acquaintances aged between 13 and 18.

2.6. Distribution and Duration

An online survey was distributed via Chinese platforms, including WeChat, QQ space, Weibo, and TikTok China, to maximize reach and response. This strategy ensured a broad pool of potential participants for optimal reach and response rates; once response rates reached plateau status [13], closing procedures took place to protect data integrity and manageability.

2.7. measurements

2.7.1.Measurement of Social Support

This research took inspiration from the Multidimensional Scale of Perceived Social Support (MSPSS) by Zimet et al. 1988. It is a 12-item questionnaire measuring perceived social support from three key sources - families, friends, and significant others. A 7-point Likert scale was chosen due to its validation in prior LGBTQ+ research and being reliable and brief enough for online surveys.

2.7.2.Measuring Mental Health

This study used David Goldberg's 1970s GHQ-12 questionnaire to assess psychological distress [15]. Utilizing a scoring mechanism (0-1-1-1-2-2-3), higher scores correlate to increased distress levels; its short length, appropriateness for adolescents, and empirical validations made it the ideal candidate for use in this research [15].

2.8. Data Analysis

The raw data were initially processed using Excel to generate MSPSS and GHQ-12 scores and create visual representations such as bar charts. In-depth analyses were then completed in SPSS. Correlogram analysis was then employed to examine correlational relationships between scores on MSPSS and GHQ-12 questionnaires and scatter diagrams, with lines of best fit utilized to illustrate such associations, and descriptive statistics, like means, standard deviations, and frequency distributions calculated to provide a complete picture of this dataset.

2.9. Ethical Considerations

Before undertaking the questionnaire, participants were made fully aware of its objectives and rigorous confidentiality measures in place. Participation was entirely voluntary.

3. Findings

3.1. Descriptive Statistics

The study first had 75 respondents aged 13-18, but 21 were excluded after failing to meet the inclusion criteria. Exclusion criteria regarded consistency and logic of responses and duration required to complete the questionnaire; quality control ensured more reliable data collection. Figure 1 shows how the participants identified. The figure shows the diverse representation within the LGBTQ+ sphere, with Bisexuals comprising the largest subgroup, followed by Transgender individuals. Most participants fell within the upper end of adolescence (Figure 2); 40 were 18, and 27 17-year-olds.

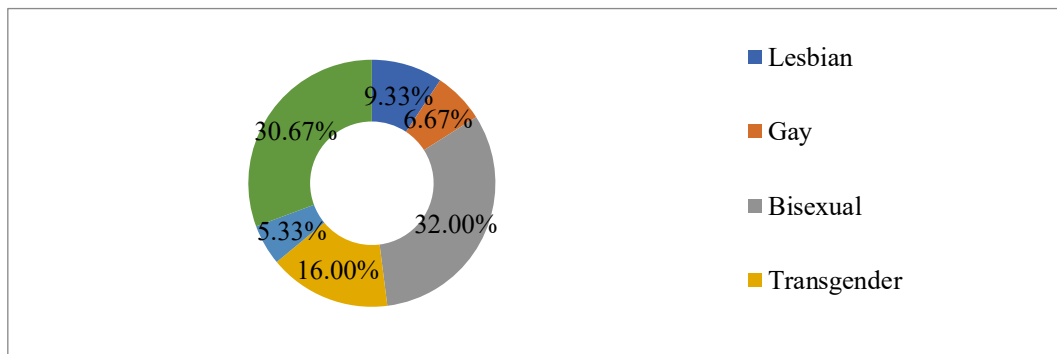


Figure 1: Which of the following LGBTQ people does your sexual orientation belong to?

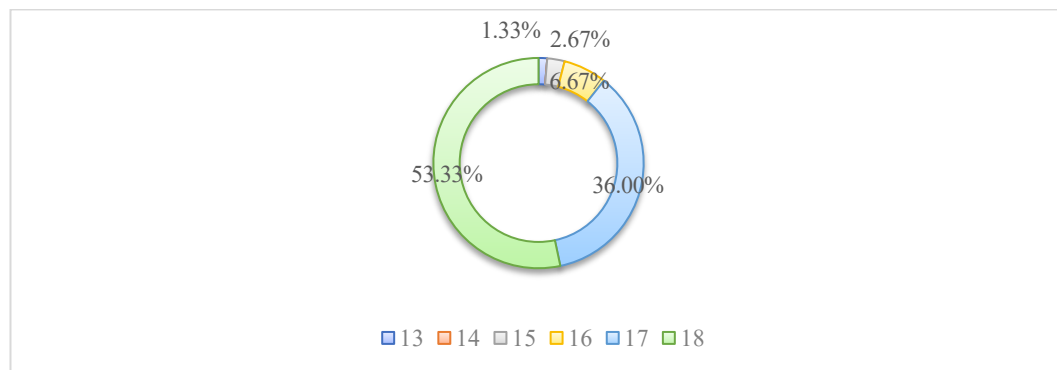


Figure 2: Age distribution

3.2. Correlational Analysis

The Pearson correlation analysis was used to measure linear relationships between two variables. A correlation coefficient value typically ranges between -1 and 1. A value near 1 indicates a strong positive correlation. A value near -1 suggests a strong negative correlation. Finally, values closer to zero represent weak or no linear relationships between variables. If correlations are significant at 0.01 level or lower, there's less than a 1% chance they are due to random variation, providing strong evidence of genuine relationships. As seen in Table 1, the correlation coefficient between GHQ-12 and MPSS was found to be -0.444, indicating a moderate negative correlation (Figure 3) that suggests that as perceived social support (measured by MPSS) increases, psychological distress (as measured by GHQ-12) decreases, supporting the hypotheses.

Table 1: The correlation between GHQ-12 and MPSS

| | | | |
|-------|---------------------|---------|---------|
| GHQ12 | Pearson Correlation | 1 | -.444** |
| | Sig. (2-tailed) | | <.001 |
| | N | 54 | 54 |
| MPSS | Pearson Correlation | -.444** | 1 |
| | Sig. (2-tailed) | <.001 | |
| | N | 54 | 54 |

** . Correlation is significant at the 0.01 level (2-tailed).

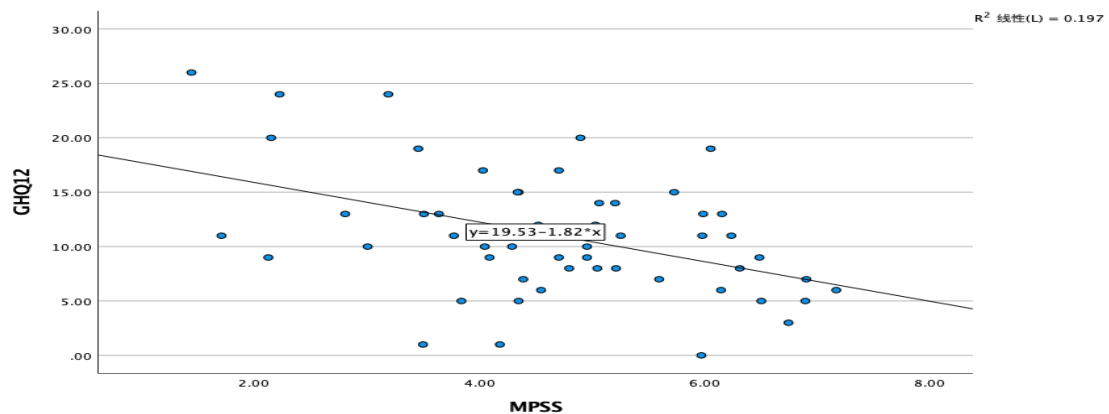


Figure 3: The correlation between GHQ-12 and MPSS

GHQ-12 and family support showed a correlation coefficient of -0.407, statistically significant at the 0.01 level (Table 2). This indicates a moderate negative correlation, suggesting that as family support increases, psychological distress tends to diminish (Figure 4).

Table 2: The correlation between GHQ-12 and family support

| | | | |
|--------|---------------------|---------|---------|
| | | GHQ12 | Family |
| GHQ12 | Pearson Correlation | 1 | -.407** |
| | Sig. (2-tailed) | | <.001 |
| | N | 54 | 54 |
| Family | Pearson Correlation | -.407** | 1 |
| | Sig. (2-tailed) | <.001 | |
| | N | 54 | 54 |

** . Correlation is significant at the 0.01 level (2-tailed).

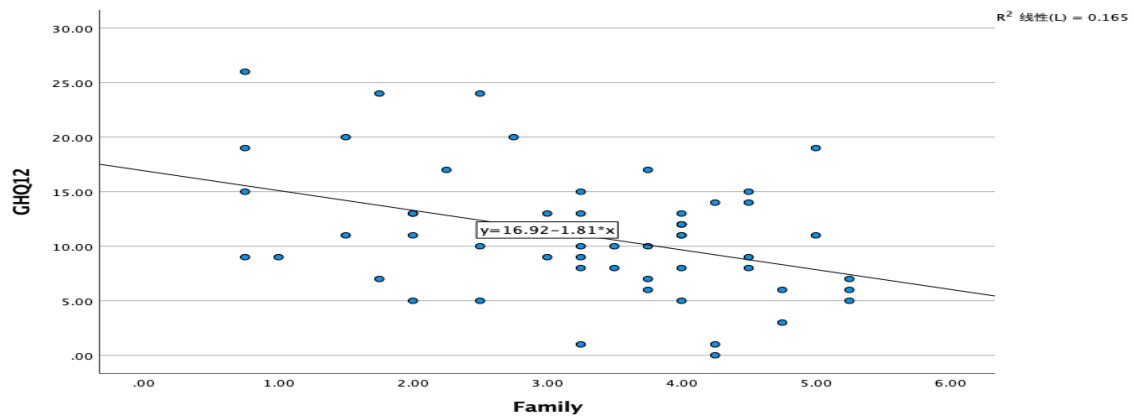


Figure 4: The correlation between GHQ-12 and family support

As for GHQ-12 and friend support (Table 3), its correlation coefficient stands at -0.462; this number is statistically significant at the 0.01 level and indicates a slightly stronger negative relationship (Figure 5). This data suggests that increasing social support helps decrease psychological distress more rapidly than increased family support does.

Table 3: The correlation between GHQ-12 and friend support

| | | GHQ12 | Friend |
|--------|---------------------|---------|---------|
| GHQ12 | Pearson Correlation | 1 | -.462** |
| | Sig. (2-tailed) | | <.001 |
| | N | 54 | 54 |
| Friend | Pearson Correlation | -.462** | 1 |
| | Sig. (2-tailed) | <.001 | |
| | N | 54 | 54 |

**. Correlation is significant at the 0.01 level (2-tailed).

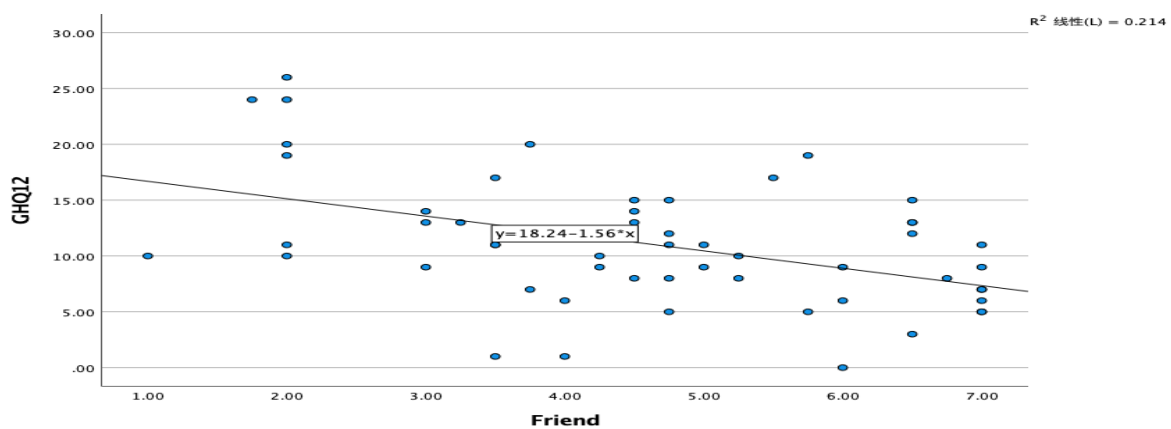


Figure 5: The correlation between GHQ-12 and friend support

3.3. Discussion

The study identifies significant negative correlations between perceived social support measured using the MPSS and psychological distress measured by GHQ-12 [8]. Many studies have confirmed

this relationship, including positive correlations between MPSS and GHQ-12 scores and decreased psychological distress levels [14]. Family is the primary socialization agent for LGBTQ+ adolescents. Therefore, familial acceptance could reduce psychological distress levels as an external stigmatization can have on those experiencing internalized stigmatization. Friends also play an essential role in providing peer validation and providing a sense of belonging for LGBTQ+ individuals in unsupportive or hostile family environments [16].

4. Conclusion

The study's findings are consistent with other studies' findings that there exist significant negative correlations between perceived social support and psychological distress. The paper underscores the role of schools, families, and communities, emphasizing creating inclusive spaces that promote psychological well-being. However, this study has limitations. The online survey may exhibit selection bias, given the likelihood that participants with internet access and active accounts on platforms like WeChat may have more influential socio-economic or educational backgrounds than those without access. Furthermore, its reliance on self-reported data may lead to potential biases given the sensitive topics explored; furthermore, its cross-sectional design prevents conclusions regarding causality. Nonetheless, future research can take advantage of adopting a longitudinal approach to understand the shifting dynamics of social support and psychological well-being among LGBTQ+ adolescents. Also, expanding sample size and diversifying data collection methods could yield richer, multifaceted insights into LGBTQ+ adolescents' lived experiences in China and beyond.

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