Perceived Family and Social Support and Internalizing Psychopathology (Anxiety and Depression) among LGBTQ+ Individuals

Nishtha Biswas
Member, Amity Institute of Psychology and Allied Sciences, Amity University, Noida, Uttar Pradesh

Abstract*—LGBTQ+ individuals in India face elevated rates of anxiety and depression, yet culturally contextualised research on protective social factors remains scarce. This study examined the roles of perceived family support, friend support, and significant other support in predicting internalising psychopathology among LGBTQ+ adults in India. A cross-sectional predictive correlational design was employed with 217 self-identified LGBTQ+ adults (M age = 25.4 years, SD = 4.2), recruited via an online survey. Measures included the Multidimensional Scale of Perceived Social Support (MSPSS) and the Depression Anxiety Stress Scales–21 (DASS-21). Participants reported the lowest perceived support from family relative to friends and significant others. Pearson correlations and multiple linear regression analyses indicated that family support and friend support were significant independent predictors of psychological distress ($R^2 = .106$, $p < .001$), together accounting for 10.6% of the variance. Support from significant others did not emerge as an independent predictor. These findings suggest that peer networks serve as critical resilience resources for LGBTQ+ individuals in contexts where familial acceptance is limited. Culturally sensitive, affirmative mental health interventions and inclusive policy frameworks are warranted to address the psychological burden borne by this population in India.

***Index Terms*—anxiety, depression, internalising psychopathology, LGBTQ+, minority stress, perceived social support.**

I. INTRODUCTION

LGBTQ+ individuals consistently report elevated rates of anxiety, depression, and psychological distress relative to heterosexual and cisgender populations. These disparities are not attributable to sexual or gender identity per se, but to the chronic psychosocial burden of stigma, discrimination, and social exclusion, processes collectively theorised under Minority Stress Theory (Meyer, 2003). Both distal stressors, such as enacted discrimination and victimisation, and proximal stressors, such as anticipation of rejection and identity concealment, cumulatively heighten vulnerability to internalising psychopathology (Hatzenbuehler, 2008). In India, this burden is compounded by deeply entrenched heteronormative social structures, even as the 2018 decriminalisation of consensual same-sex conduct marked a significant legal turning point. Legal recognition, however, does not ensure relational or social acceptance, and LGBTQ+ individuals continue to navigate pervasive discrimination in familial, occupational, and community domains.

Family support has been consistently identified as a critical protective factor against internalising psychopathology in LGBTQ+ populations. Affirming family environments are associated with reduced depression, lower suicidality, and improved emotional adjustment, while family rejection predicts heightened anxiety, depressive symptoms, and emotional dysregulation (Ryan et al., 2009; Pachankis & Hatzenbuehler, 2018; Doty et al., 2017). These effects are particularly salient in collectivist cultural contexts such as India, where family relationships are central to identity formation, social belonging, and economic security.

Beyond family, peer networks, chosen families, and community connectedness serve as meaningful sources of psychological resilience. Perceived social support, the subjective belief that assistance is available, has demonstrated stronger associations with mental health outcomes than objectively received support (Cohen & Wills, 1985). For LGBTQ+ individuals, peer-based validation often compensates for the acceptance absent in rejecting family

environments, with community connectedness linked to lower depressive symptoms and improved emotional regulation (Colpitts & Gahagan, 2016). The fundamental human need for stable interpersonal belonging, when thwarted by rejection or exclusion, is itself a direct pathway to anxiety and depression (Baumeister & Leary, 1995).

The present study examined the impact of perceived family support and perceived social support on anxiety, depression, and stress among LGBTQ+ individuals in India, and assessed the independent predictive contribution of each support domain to internalising psychopathology.

II. REVIEW OF LITERATURE

Family relationships represent a primary site of both protection and risk for LGBTQ+ individuals. Affirming family environments are associated with reduced anxiety, lower depression, and improved emotional adjustment, while family rejection consistently predicts heightened internalising psychopathology across cultural contexts (Ryan et al., 2009; Doty et al., 2017; Pachankis & Hatzenbuehler, 2018). Conservative family environments and early exposure to homophobic messaging have been identified as robust predictors of adult anxiety and depression, partially mediated by internalised stigma (Chiang et al., 2025). Notably, unsupportive family behaviours exert a stronger effect on distress than supportive behaviours do in alleviating it, suggesting an asymmetric risk-protection dynamic (Taber & Stults, 2025). Cross-cultural evidence further underscores the primacy of family: across Southern European samples, family support emerged as the only consistent negative predictor of anxiety and depression (Picone et al., 2025). Within Chinese samples, family support significantly mediated the relationship between stigma and depressive symptoms, and sibling acceptance was found to independently reduce depression (Wang et al., 2022; Bosse et al., 2024).

In the absence of familial affirmation, peer networks, chosen families, and community connectedness serve as critical resilience resources. The Stress-Buffering Model posits that perceived support, the subjective belief that assistance is available, is more psychologically salient than objectively received support, and this principle has been empirically supported across LGBTQ+ samples (Cohen & Wills, 1985; Rogowska & Cisek, 2024). Community involvement has been shown to reduce loneliness and weaken the association between marginalisation and psychological distress across diverse national contexts (Elmer et al., 2022). Institutional peer support, such as school-based Gay-Straight Alliances, effectively buffers the impact of homophobic victimisation on internalising symptoms (Wright et al., 2022), while low perceived social support is consistently associated with elevated anxiety and suicidal ideation (Zhou et al., 2025; Tantirattanakulchai & Hounnaklang, 2022).

Empirical scholarship on LGBTQ+ mental health in India confirms significant psychological burden within this population. Indian LGBTQ+ adults report substantially elevated scores on measures of anxiety and depression relative to heterosexual and cisgender counterparts (Solanki & Tiwari, 2024). Perceived social support has been identified as a primary negative correlate of psychopathology in Indian samples (Das & Govindappa, 2023; Chettiar & Shah, 2025). Despite these contributions, Indian research remains limited in scope and largely descriptive in design.

Several gaps in the existing literature warrant the present study. First, the preponderance of research originates from Western, individualistic cultural contexts. Second, most studies treat social support as a global, undifferentiated construct. Third, predictive analyses examining the relative contributions of specific support domains to internalising psychopathology among LGBTQ+ young adults in India are largely absent.

III. METHODOLOGY

A. Research Design

The present study employed a quantitative, cross-sectional, predictive correlational design. This approach enabled the simultaneous measurement of perceived support domains and internalising psychopathology at a single time point, and permitted the use of multiple linear regression to assess the independent predictive contributions of distinct relational domains to anxiety, depression, and stress.

B. Participants

The final sample comprised 217 self-identified LGBTQ+ adults (N = 217), with a mean age of 25.4 years (SD = 4.2). All participants resided in India and

completed the survey in English. Sample adequacy was confirmed through a priori power analysis, establishing sufficient statistical power for a multiple regression model with three predictors.

C. Inclusion and Exclusion Criteria

Participants were included if they: (a) self-identified as LGBTQ+ or as a sexual or gender minority; (b) were aged 18 years or older; and (c) provided informed consent prior to participation. Individuals were excluded if they: (a) were under 18 years of age; (b) did not identify as LGBTQ+; or (c) submitted responses with more than 20% missing data.

D. Sampling Technique

Given the stigma-sensitive and partially hidden nature of the LGBTQ+ population, a non-probability sampling strategy combining purposive, convenience, and snowball sampling was employed. The survey was disseminated through LGBTQ+ community networks and social media platforms, with initial participants encouraged to share the survey within their trusted networks.

E. Instruments

Multidimensional Scale of Perceived Social Support (MSPSS). The MSPSS (Zimet et al., 1988) is a 12-item self-report scale measuring perceived support across three domains: Family, Friends, and Significant Others. Items are rated on a 7-point Likert scale (1 = Very Strongly Disagree to 7 = Very Strongly Agree), with higher scores indicating greater perceived support. The scale demonstrates strong reliability (Cronbach's α = .85–.91 across subscales). In the present study, internal consistency was excellent (α = .903).

Depression Anxiety Stress Scales – 21 (DASS-21). The DASS-21 (Lovibond & Lovibond, 1995) is a 21-item instrument assessing severity of depression, anxiety, and stress symptoms over the preceding week. Items are rated on a 4-point scale (0–3), with subscale scores multiplied by two to allow comparison with DASS-42 norms. The scale demonstrates high internal consistency (α = .84–.91) and has been validated in Indian populations. In the present study, internal consistency was excellent (α = .930).

F. Procedure

Data were collected via an anonymous online survey hosted on Google Forms and disseminated through LGBTQ+ community networks, WhatsApp groups, Instagram, Reddit, and Twitter. Upon accessing the survey, participants reviewed an informed consent form detailing the study objectives, voluntary nature of participation, and their right to withdraw at any time. No identifying information was collected or retained.

G. Statistical Analysis

All analyses were conducted using JASP (Version 0.18.3). Descriptive statistics were computed for all study variables. Pearson's product-moment correlation was used to examine associations between support domains and internalising outcomes. Multiple linear regression was employed to assess the independent predictive effects of Family, Friend, and Significant Other support on total psychological distress.

H. Ethical Considerations

The study was conducted in accordance with ethical standards for research involving human participants. Informed consent was obtained from all participants prior to data collection. Participation was entirely voluntary. All responses were collected and stored anonymously, with data accessible only to the primary researcher. Contact information for LGBTQ+-affirmative mental health helplines was provided within the survey.

IV. RESULTS

A. Descriptive Statistics

Participants reported the highest perceived support from friends (M = 21.02), followed by significant others (M = 19.63), with family support being notably the lowest (M = 14.72). Anxiety scores fell within the moderate severity range, depression within the mild-to-moderate range, and stress within the normal-to-mild range on DASS-21 normative benchmarks.

TABLE I Descriptive Statistics for Perceived Support and Psychological Distress

Variable	M	SD	Range
Perceived Support (MSPSS)			
Family Support	14.72	6.21	4–28
Friend Support	21.02	6.30	4–28
Significant Other Support	19.63	7.47	4–28
MSPSS Total	55.37	15.37	16–84

Variable	M	SD	Range
Internalising Symptoms (DASS-21)			
Anxiety	10.39	5.64	0–21
Depression	13.63	6.21	0–21
Stress	12.08	4.81	0–21
DASS-21 Total	36.10	16.66	0–63

Note. M = mean; SD = standard deviation. MSPSS subscale scores range from 4–28; DASS-21 subscale scores are doubled sums (range 0–42).

B. Inter-correlations Between Perceived Support and Psychological Distress

Depression was significantly negatively correlated with all three support domains, with friend support demonstrating the strongest association ($r = -.345$, $p < .001$), followed by significant other support ($r = -.383$, $p < .001$) and family support ($r = -.309$, $p < .001$). Anxiety was significantly associated only with friend support ($r = -.156$, $p < .05$).

TABLE II Inter-correlations Between Perceived Support and Psychological Distress

Variable	1	2	3	4	5
1. Family Support	—				
2. Friend Support	.270***	—			
3. Significant Other Support	.342***	.525***	—		
4. Anxiety	−.114	−.156*	−.043	—	
5. Depression	−.309***	−.345***	−.383***	.584***	—

*Note. * $p < .05$. *** $p < .001$.*

C. Multiple Linear Regression Analysis

The overall regression model was statistically significant, $F(3, 213) = 8.427$, $p < .001$, accounting for 10.6% of the variance in total psychological distress ($R^2 = .106$). Friend support emerged as the strongest independent predictor ($\beta = -.198$, $p = .011$), followed by family support ($\beta = -.152$, $p = .030$). Significant other support did not contribute unique predictive variance when family and friend support were controlled ($p = .357$).

TABLE III Multiple Linear Regression Analysis Predicting Total Psychological Distress (DASS-21 Total)

Predictor	B	SE B	β	t	p	95% CI
Constant	51.728	3.601	—	14.366	< .001	[44.63, 58.83]
Family Support	−0.351	0.161	−.152	−2.181	.030	[−0.67, −0.04]
Friend Support	−0.452	0.175	−.198	−2.578	.011	[−0.80, −0.11]
Significant Other Support	−0.165	0.179	−.072	−0.923	.357	[−0.52, 0.19]

Note. $R = .326$, $R^2 = .106$, Adjusted $R^2 = .094$, $F(3, 213) = 8.427$, $p < .001$.

V. DISCUSSION

The present study examined the impact of perceived family support, friend support, and significant other support on internalising psychopathology among LGBTQ+ adults in India. Participants reported the lowest perceived support from family (M = 14.72) relative to friends (M = 21.02) and significant others (M = 19.63), alongside clinically meaningful levels of anxiety and depression. Multiple regression analysis identified friend support and family support as significant independent predictors of psychological distress, collectively accounting for 10.6% of the variance.

The independent predictive role of family support is particularly salient in the Indian context, where family relationships shape not only emotional wellbeing but also identity legitimacy, social belonging, and economic security. Despite its comparatively lower mean scores, family support uniquely predicted lower psychological distress, consistent with evidence that

familial acceptance buffers both enacted discrimination and internalised stigma among LGBTQ+ individuals (Ryan et al., 2009; Wang et al., 2022; Bosse et al., 2024).

Friend support emerged as the strongest independent predictor of lower distress (β = −.198), underscoring the central role of peer networks as resilience resources when biological family acceptance is limited or conditional. This pattern is consistent with the concept of chosen families within LGBTQ+ communities, wherein peer bonds provide the affirmation, psychological safety, and sense of belonging that may be unavailable within traditional family structures (Doty et al., 2017; Rogowska & Cisek, 2024; Encina et al., 2023).

Although significant other support demonstrated strong bivariate associations with depression, it did not emerge as an independent predictor once family and friend support were controlled. This finding likely reflects the conceptual and emotional overlap between romantic and peer relationships in young adulthood. Additionally, in sociocultural environments where LGBTQ+ partnerships receive limited public recognition, the protective function of romantic relationships may be attenuated by concealment pressures (Pachankis & Hatzenbuehler, 2018).

The findings align coherently with the study's theoretical frameworks. Consistent with Minority Stress Theory (Meyer, 2003), the coexistence of moderate perceived support and clinically meaningful distress reflects the chronic and pervasive nature of stigma-related stress. The significant predictive effects of family and friend support corroborate the Stress-Buffering Model (Cohen & Wills, 1985). The stronger and more consistent associations between support and depression relative to anxiety align with Belongingness Theory (Baumeister & Leary, 1995).

VI. LIMITATIONS AND DIRECTIONS FOR FUTURE RESEARCH

Several limitations should be considered when interpreting the present findings. The cross-sectional design precludes causal inference. Reliance on self-report measures introduces the possibility of social desirability and recall bias. Online recruitment via social media platforms may have produced self-selection bias, potentially overrepresenting individuals who are more connected to LGBTQ+ community networks. The exclusive use of English further limits generalisability across India's linguistically diverse population.

Future research should employ longitudinal designs to examine the temporal and potentially bidirectional relationships between perceived support and internalising psychopathology. Studies incorporating intersectional variables, including caste, religion, socioeconomic status, and rural–urban location, would provide a more contextually grounded understanding. The development and validation of culturally adapted, multilingual measures would substantially improve accessibility and representativeness.

VII. CONCLUSION

The present study demonstrated that perceived friend support and perceived family support are significant independent predictors of internalising psychopathology among LGBTQ+ adults in India, with peer networks emerging as the most consistently protective relational domain. Participants reported markedly lower support from biological family than from friends or significant others, alongside clinically meaningful levels of anxiety and depression. These findings underscore that legal progress, while symbolically important, does not translate automatically into the relational acceptance that buffers minority stress.

Clinicians working with LGBTQ+ individuals should assess support domains distinctly and explicitly affirm peer and chosen family networks as legitimate resilience resources within therapeutic contexts. Family psychoeducation and acceptance-based interventions represent high-priority targets given the demonstrated predictive role of familial support. At a broader level, sustained investment in LGBTQ+-affirmative community spaces, peer support infrastructure, and inclusive institutional policy is essential to convert legislative gains into tangible wellbeing outcomes.

ACKNOWLEDGMENT

The author sincerely thanks all 217 participants who volunteered their time and shared their experiences, without whom this research would not have been possible. The author also expresses heartfelt gratitude to Mrs. Arpana Biswas and Mr. Aseem Biswas for

their generous funding and unwavering support throughout this study.

REFERENCES

[1] I. H. Meyer, "Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence," Psychological Bulletin, vol. 129, no. 5, pp. 674–697, 2003.

[2] M. P. Marshal et al., "Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review," Journal of Adolescent Health, vol. 49, no. 2, pp. 115–123, 2011.

[3] D. M. Frost and I. H. Meyer, "Minority stress theory: Application, critique, and continued relevance," Current Opinion in Psychology, vol. 51, Art. no. 101579, 2023.

[4] G. Misra, "Decriminalisation of homosexuality in India: Implications for health and rights," Reproductive Health Matters, vol. 26, no. 54, pp. 148–153, 2019.

[5] F. Mongelli et al., "Minority stress and mental health among LGBT populations: An update on the evidence," Minerva Psychiatrica, vol. 60, no. 1, pp. 27–50, 2019.

[6] J. A. Puckett et al., "Internalized homophobia and perceived stigma: A validation study of stigma measures in a sample of young men who have sex with men," Sexuality Research and Social Policy, vol. 14, no. 1, pp. 1–12, 2019.

[7] C. Ryan, D. Huebner, R. M. Diaz, and J. Sanchez, "Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults," Pediatrics, vol. 123, no. 1, pp. 346–352, 2009.

[8] N. D. Doty, B. L. B. Willoughby, K. M. Lindahl, and N. M. Malik, "Sexuality related social support among lesbian, gay, and bisexual youth," Journal of Youth and Adolescence, vol. 39, no. 10, pp. 1134–1147, 2017.

[9] J. E. Pachankis and M. L. Hatzenbuehler, "The social development of contingent self-worth in sexual minority young men," Self and Identity, vol. 17, no. 1, pp. 31–51, 2018.

[10] S. Cohen and T. A. Wills, "Stress, social support, and the buffering hypothesis," Psychological Bulletin, vol. 98, no. 2, pp. 310–357, 1985.

[11] E. Colpitts and J. Gahagan, "The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health," International Journal for Equity in Health, vol. 15, Art. no. 60, 2016.

[12] R. F. Baumeister and M. R. Leary, "The need to belong: Desire for interpersonal attachments as a fundamental human motivation," Psychological Bulletin, vol. 117, no. 3, pp. 497–529, 1995.

[13] L. Chiang et al., "Conservative family environments and adult anxiety in LGBTQ+ individuals," Journal of Counseling Psychology, vol. 72, no. 1, pp. 10–23, 2025.

[14] L. Taber and C. Stults, "Asymmetric effects of family support and non-support on distress among transgender and nonbinary young adults," Psychology of Sexual Orientation and Gender Diversity, advance online publication, 2025.

[15] M. Picone et al., "Family support as a unique predictor of anxiety and depression across southern European LGBTQ+ samples," European Journal of Psychology, vol. 21, no. 1, pp. 44–57, 2025.

[16] J. Wang et al., "Family support as a mediator between stigma and depressive symptoms among sexual minorities in China," Social Psychiatry and Psychiatric Epidemiology, vol. 57, no. 8, pp. 1623–1631, 2022.

[17] J. D. Bosse et al., "Parental and sibling support as differential predictors of depression and suicidality in LGBTQ+ youth," Journal of Family Psychology, vol. 38, no. 1, pp. 45–58, 2024.

[18] A. M. Rogowska and M. Cisek, "Social support as a buffer between minority stress and depression in Polish sexual minority adults," International Journal of Environmental Research and Public Health, vol. 21, no. 3, Art. no. 304, 2024.

[19] M. F. Wright et al., "Gay-Straight Alliances as buffers against the effects of homophobic cyberbullying on internalizing symptoms," Youth & Society, vol. 54, no. 5, pp. 740–760, 2022.

[20] X. Zhou et al., "Perceived social support and anxiety among men who have sex with men in

China," BMC Public Health, vol. 25, no. 1, Art. no. 89, 2025.

[21] P. Tantirattanakulchai and N. Hounnaklang, "Perceived social support and suicidal ideation among transgender women in Thailand," International Journal of Transgender Health, vol. 23, no. 4, pp. 423–436, 2022.

[22] M. Encina et al., "Sexual orientation disclosure, social support, and depression among LGB adults," Journal of Homosexuality, vol. 70, no. 5, pp. 987–1005, 2023.

[23] A. Anil and M. Raveendran, "Social support and internalised homophobia among sexual minorities in India," Journal of LGBT Health Research, vol. 14, no. 2, pp. 78–90, 2022.

[24] E. C. Helminen et al., "Self-compassion as a moderator of discrimination and depression and anxiety among sexual minorities," Mindfulness, vol. 14, no. 1, pp. 200–215, 2023.

[25] E. M. Elmer et al., "LGBTQ+ community involvement and loneliness across 85 countries," Social Science & Medicine, vol. 294, Art. no. 114683, 2022.

[26] A. Öztürk and M. Hacıoğlu Yıldırım, "Psychological resilience as a buffer against social anxiety and internalised homophobia among sexual minorities," Journal of Gay & Lesbian Mental Health, vol. 29, no. 1, pp. 1–18, 2025.

[27] P. Solanki and G. Tiwari, "Mental health disparities among LGBTQ+ adults in India: Evidence from DASS-21 assessments," Indian Journal of Mental Health, vol. 11, no. 2, pp. 115–130, 2024.

[28] M. Das and L. Govindappa, "Psychological distress and perceived social support among LGBTQ+ individuals during COVID-19 in Kerala, India," Asian Journal of Psychiatry, vol. 80, Art. no. 103394, 2023.

[29] M. Chettiar and R. Shah, "Perceived social support and depressive symptoms among LGBTQ+ individuals in urban India," Indian Journal of Psychiatry, vol. 67, no. 1, pp. 33–40, 2025.

[30] G. D. Zimet, N. W. Dahlem, S. G. Zimet, and G. K. Farley, "The Multidimensional Scale of Perceived Social Support," Journal of Personality Assessment, vol. 52, no. 1, pp. 30–41, 1988.

[31] S. H. Lovibond and P. F. Lovibond, Manual for the Depression Anxiety Stress Scales, 2nd ed. Sydney: Psychology Foundation, 1995.

[32] M. M. Antony et al., "Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample," Psychological Assessment, vol. 10, no. 2, pp. 176–181, 1998.

[33] J. H. Henry and J. R. Crawford, "The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample," British Journal of Clinical Psychology, vol. 44, no. 2, pp. 227–239, 2005.

[34] M. L. Hatzenbuehler, "How does sexual minority stigma 'get under the skin'? A psychological mediation framework," Psychological Bulletin, vol. 135, no. 5, pp. 707–730, 2009.

[35] J. Cohen, "A power primer," Psychological Bulletin, vol. 112, no. 1, pp. 155–159, 1992.

[36] F. Faul, E. Erdfelder, A.-G. Lang, and A. Buchner, "G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences," Behavior Research Methods, vol. 39, no. 2, pp. 175–191, 2007.

[37] D. D. Heckathorn, "Comment: Snowball versus respondent-driven sampling," Sociological Methodology, vol. 41, no. 1, pp. 355–366, 2011.

[38] J. W. Creswell and J. D. Creswell, Research Design: Qualitative, Quantitative, and Mixed Methods Approaches, 5th ed. Thousand Oaks, CA: SAGE Publications, 2017.

[39] B. G. Tabachnick and L. S. Fidell, Using Multivariate Statistics, 7th ed. Hoboken, NJ: Pearson, 2019.

[40] K. Weston, Families We Choose: Lesbians, Gays, Kinship. New York: Columbia University Press, 1991.

[41] G. Misra, "Sexual rights in India post-Section 377: New possibilities and challenges," IDS Bulletin, vol. 51, no. 2, pp. 41–56, 2020.

[42] A. Sathiyaseelan et al., "Family expectations and LGBTQ+ mental health in urban India: A qualitative inquiry," Culture, Health & Sexuality, vol. 27, no. 1, pp. 40–57, 2025.