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Rejection Sensitivity and Peer Support on Suicidal Ideation among Filipino Lesbian, Gay, and Bisexual Men and Women	
A Research Paper Submitted to the Department of Psychology College of Science University of Santo Tomas	
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Abstract

In the Philippines, the LGBT community continues to be very influential in this day and age, however, there are still issues of victimization and prejudice. With this, numerous factors play a role in the everyday stresses of their lives. Grounded on the Minority Stress Theory and the Social-Buffering Model, the study examined the relationship of rejection sensitivity, peer support, and suicidal ideation using a correlational study involving 18 to 28-year-old Filipinos who self-identifies as lesbian, gay, or bisexual. Through the use of the Scale for Suicidal Ideation (SSI), Adult Rejection Sensitivity Questionnaire (A-RSQ), and The Network of Relationships Inventory—Relationship Quality Version (NRI-RQV), data was collected from 319 LGB individuals (43 lesbians, 66 gays and 210 bisexuals) and determined a relationship between, (i) rejection sensitivity and suicidal ideation, (ii) peer support and rejection sensitivity, and (iii) peer support and suicidal ideation. It was then determined if rejection sensitivity and peer support predicts suicidal ideation. Correspondingly, it showed that there was a significantly positive relationship between rejection sensitivity and suicidal ideation. Whereas, a significantly negative relationship was found between peer support and rejection sensitivity, and between peer support and suicidal ideation. Furthermore, it was found that rejection sensitivity, as well as peer support, was a predictor of suicidal ideation. However, rejection sensitivity predicted suicidal ideation better than peer support.

Keywords: lesbian, gay, bisexual, suicidal ideation, rejection sensitivity, peer support

Rejection Sensitivity and Peer Support on Suicidal Ideation among Filipino Lesbian, Gay, and Bisexual Men and Women

Background of the study

Rejection sensitivity, peer support, and suicidal ideation are linked with each other. Moreover, rejection sensitivity and peer support are strong predictors of suicidal ideation. Research has shown that society's view of homosexuality increases the stigmatization of the lesbian, gay, bisexual, and transgender (LGBT) population despite the finding that the Philippines is an LGBT-friendly country (Manalastas, 2013, 2016). This makes the lesbian, gay, and bisexual (LGB) youth have a higher likelihood of developing depression, substance use disorder, and self-destructive behaviors. According to a study done by Manalastas & del Pilar (2005) and Manalastas (2015), 28% of Filipinos believe that being lesbian is morally wrong. Also, chronic victimization and financial barriers that affect LGBT individuals significantly predicts poor health outcomes (Fredricksen-Goldsen, Emlet, Kim, Erosheva, Goldsen, & Ellis, 2012).

Due to these stressors, sexual orientation continues to be a principal factor in suicidality. The stigma surrounding homosexuality causes the likelihood of social withdrawal, which is also a risk factor for suicide in general. Furthermore, physical abuse, problems regarding peers, and humiliation predicts suicidal attempts, majority of which deals with LGB youth specifically (Toros & colleagues, 2004 as cited by King & Merchant, 2008). Correspondingly, rejection of lesbians and gay people is

done by 1 out of 4 Filipinos (Manalastas & del Pilar, 2005; Manalastas, 2015) which can lead to an apprehension to be rejected due to their sexual orientation called 'rejection sensitivity', a risk factor under the minority stress theory. Rejection by others and the perception of being rejected has a significant impact on them (Watson & Nesdale, 2012). Similar to suicidal ideation, rejection sensitivity has the same negative consequences (e.g. depression, emotional distress, etc.) on the LGB youth. With this, possible rejection is seen as the situation that LGB individuals feel the need to protect themselves from (Sintos, 2017). With all the stresses faced by the LGB youth, it is vital for this population to feel love and belongingness. Given the difficulties in obtaining acceptance, LGB individuals consider peer relationships vital to them. Peer support is more valued than acquiring support from their parents, since the latter is more difficult to obtain (Roe, 2015). The support that the LGB youth receives can serve as a buffer and protective factor that hinders the development of adverse outcomes (Shilo & Savaya, 2011).

This study focuses on the relationship of the variables suicidal ideation, peer support, and to a more specific part of the minority stress theory – rejection sensitivity on lesbian, gay, and bisexual Filipinos. Despite the limited studies conducted regarding rejection sensitivity, studies have shown that rejection sensitivity affects mental health in general and can lead to psychological distress. Also, past studies have hypothesized that suicidal ideation is associated with general and LGBT-specific risk factors (Liu & Mustanski, 2012).

The aim of this study is to determine how the three variables, namely: rejection sensitivity, peer support, and suicidal ideation play a role in the lives of lesbian, gay, and bisexual men and women. It also examines rejection sensitivity and peer support as predictors of suicidal ideation, as well as to establish a relationship between each variable. Since LGBT Psychology is a newly established field in psychology, this study would be able to help in the knowledge regarding suicide and social support in the community. It will also open doors to more in-depth studies on the psychological well-being of the LGBT community in the Philippines.

Literature review

In the Philippines, the LGBT community is tolerated as a whole by the society. Despite ranking 10 out of 39 of the most "gay-friendly" countries (Tubeza, P.C., 2013), majority of the people still do not accept anything that sways away from heteronormativity. Due to this, suicide in the lesbian, gay, and bisexual community has risen over the decade because of the stigma surrounding them. Even if the majority of people do not carry out the suicide, one of the predictors is suicidal ideation or thoughts, which can range from having detailed plans to fleeting thoughts. The rejection that the LGB individuals receive from their surroundings in numerous situations contribute in the development of their sensitivity to facing possible future rejection. Such negative experiences can be buffered by the support that the LGB individuals obtain from their peers, romantic relationships, and social circles. In the Philippine setting, such studies had been conducted regarding the

suicidality of LGB youth. However, studies on LGB youth in terms of their rejection sensitivity and how peer support plays a role in their lives are limited.

Suicidality and LGBT

According to the World Health Organization (2018), suicide is the second leading cause of death among 15–29-year-olds, making this a cause for major public concern which makes the LGBT community particularly at risk for engaging in these behaviors (Liu & Mustanski, 2012). Studies on suicidality assumed that sexual orientation is of greater importance as its central factor and that any predicaments presented were seen as a 'homosexual' problem that further stigmatizes the LGBT population (Manalastas, 2013). According to Balsam, Molina, Beadnell, Simoni, & Walters (2011), there is a higher risk for mental disorders on sexual minorities such as depression, substance use disorder, and suicidality that is linked to the discrimination and stigma that accompanies their identity. 'Sexual minority' is the term coined for youth who engage themselves sexually or romantically with the same-sex and who identify themselves as lesbian, gay, or bisexual. (Collier, Beusekom, Bos, & Sandfort, 2013). Victimization based on sexual orientation affects levels of depression and suicidal ideation negatively and can be explained by perceived burdensome to others by the LGBT youth (Baams, Grossman, & Russell, 2015).

Family conflict, which can be in the form of familial disharmony, domestic violence, familial stress, and perceptions of being a family burden; and social isolation, which is the strongest and most reliable predictor of suicidal ideation and can have associations on loneliness, social withdrawal, having few social supports, and losing a loved one, are also risk factors for suicide in general (Van Orden, Witte, Cukrowicz, Braithwaite, Selby, & Joiner, 2010).

According to a study by Rivers (2000) as cited by Mcdermott, Rogen, & Scourfield (2008), self-destructive behavior was tried once by 19% and was tried more than once by 8% across his LGB participants due to difficulties in sexual orientation. Also, there is no official or large dependable approach to decide rates of finished suicide in LGB individuals since death records do not routinely incorporate the late individual's sexual orientation. A few specialists have endeavored to decide if these gatherings are overrepresented among the individuals who pass on by suicide, utilizing the so called 'mental post-mortem examination' reports of family and companions to decide the descendants' sexual introduction (Haas et al., 2011). In contrast, marriage, children, and having a vast number of friends and family are related with a decreased risk for suicidal behavior (Van Orden et al., 2010).

Suicidal ideation is a significant precursor of suicide attempts, with approximately 29% of people who have these ideations developing into an attempt (Liu & Mustanski, 2012). In the Philippines' Global School-Based Student Health Surveys (2015), new data shows 11.6% of 13- to 17-years-olds reported bearing suicide in mind, whereas the rate of the Filipino adolescents reported suicide attempt

is 16.8%. However, there are little known studies regarding the prevalence of suicidal ideation of the LGB community in the Philippines.

In a study by Manalastas (2013, 2016), 16% of gay men reported having suicidal ideation, whereas 27% of lesbian women reported having thoughts of suicide. There is an eminent number of young Filipino sexual-minority men and women who are at high risk for non-lethal suicidal behaviors compared to their heterosexual peers, regardless of the possibility that there is no significant report on suicidal attempt or ideation.

Sexual minority status still remained partially deemed for suicide risk regardless of the results indicating experiences of threat, victimization, and depression as a predictor for suicidal ideation among the youth (Manalastas, 2013, 2016).

The Minority Stress Theory

Minority stress theory describes the effects of stressors on the mental health of sexual minority people (Baams et al., 2015); such stressors can be caused by one's homophobic environment, prejudice (Dentato et al., 2013), victimization (Baams et al., 2015), and discrimination (Grollman, 2012). According to Grollman (2012), those who were discriminated more frequently experienced more symptoms of depression and had worse health. Heightened levels of depression, substance use, sexual risk behavior, and suicidal ideation, as well as lowering of wellness, is linked to the minority youth's experience of injury or threat (Baams et al., 2015).

Vulnerability to experiencing gender discrimination had harmful effects on one's health, specifically gender discrimination (Grollman, 2012). With this, some gay and bisexual men may develop vigilance when interacting with others, may expect rejection, or may opt to keep their identity to themselves (Dentato et al., 2013). Avoidant behaviors that may also serve as a way of coping with minority stress situations can lead to risky behaviors.

In the Philippine setting, LGBT Filipinos' minority status is apparent and is not a protected category—no national law prohibiting anti-LGBT discrimination and no acknowledgment of same-sex partnerships in the society (Manalastas, 2013). However, just recently, House Bill 4982: an anti-discriminatory bill for sexual orientation, gender identity and expression has been presented and is still being pushed on senate by Rep. Geraldine Roman of the 1st district of Bataan (Bueno, 2016) and has been approved on its final reading (Cayabyab, 2017). Still, according to Manalastas (2013), there are organizations that force anti-LGBT on society; thus, affecting the representation of the LGBT community when it comes to imposing state policies about them and affects their coping strategies and mental health (Denato et al., 2013; Balsam et al., 2011).

Consequently, distress is strongly predicted by the experiences of heterosexism among the youth. It consists of a wide range of hurtful behaviors from homophobic jokes to getting hurt physically (Kelleher, 2009). When the youth's expectation for rejection is high because of their sexual identity, more likely are there symptoms of depression and suicidal ideation and an increase chance of

psychiatric morbidity and comorbid conditions (Kelleher, 2009; Hatzenbuehler, 2009). These illnesses start early in the life of sexual minority and LGB youths; and they have elevated symptoms like substance use and tobacco use when compared to heterosexuals (Hatzenbuehler, 2009). According to Kelleher (2009), with these stressors, an environment is then deemed to be hateful and unreliable which will then lead to an increase in burden and distress. Prolonged exposure to these minority stresses might result in feelings of hopelessness (Hatzenbuehler, Nolen-Hoeksema & Erickson, 2008); and high expectations for rejection because of sexual identity, thereby also increasing the symptoms of depression and suicidal ideation (Kelleher, 2009).

Rejection Sensitivity

One of the risk factors for mental health problems under the minority stress theory is the construct of rejection sensitivity (RS). It is under the second tenet of the minority stress theory which explains the exposures to proximal internal stress (John, 2014). The feeling of being rejected is one of the reasons why people become vulnerable because they feel that they do not belong to a particular group of people (Sintos, 2017). Rejection from society is equivalent to living in a predominantly negative world, especially when rejection stems from the family. Parental rejection based on an individual's sexual orientation may lead to negative outcomes (Pamiloza & Bullecer, 2017). However, there had been few attentions when it came to

researches on gays' and bisexuals' mental health (Cohen, Feinstein, Rodriguez-Seijas, & Taylor, 2016).

There is a great difference between RS and expectations of rejection; that is, RS encompasses both the affective and cognitive reactions to rejection. It is the combined feelings of anxiousness with the expectation of possible rejection. On the other hand, expectations of rejection only encompass the cognitive aspect (Cohen et al., 2016). In a rejection relevant situation, expectations for rejection are automatically activated. Thus, preparing people with high rejection sensitivity to readily perceive the eventuality of rejection in their behavior and to respond defensively (Downey & Feldman, 1996 as cited by Marston, Hare, & Allen, 2010).

People going to considerable lengths to be liked and accepted by others is a social axiom (Watson & Nesdale, 2012) and is one of the most exhaustive of all human motivations (Butler, Doherty, & Potter, 2007). In the context of survival, humans have grown to track the level of acceptance-rejection and to do something in order to enhance acceptance when rejection is perceived (Ayduk, Gyurak, & Luerssen, 2007). Since approval and inclusions are certainly significant to people, it trails that rejection by others and a threat of rejection has the probability to have a considerable bearing on them (Watson & Nesdale, 2012) and that failure in attempting to belong leads to many unpleasant results such as aggression, depression, and reduction of interpersonal relationships (Ayduk et al., 2007).

Rejection sensitivity relies on understanding an individual's problem in forming important interpersonal relationships with others (Pachankis, Goldfried, &

Ramrattan, 2008). Furthermore, rejection sensitivity has already been studied to be associated with social anxiety (Cohen et al., 2016), depression, and generalized anxiety (Feinstein, Goldfried, & Davila, 2012).

According to Feinstein et al. (2012), as it relates to sexual minorities, rejection sensitivity is the inclination to anxiously anticipate to be rejected because of one's sexual orientation. Rejection regarding one's sexual orientation can start as early as childhood. According to Castañeda (2017), the most notable rejection from family members of LGBT children is through direct verbal denial of having a child within the community; as well as subtler versions of rejection like talking badly about the community in front of the child, which may lead to internalized homophobia. Sexual minority individuals, when compared with heterosexuals, show greater psychological distress most often caused by the distinct stressors they encounter as rejects from society (Pachankis et al., 2008); and received successive unfairness in specific areas of life including job discrimination, police violence, limited education, and limited medical care (Mays & Cochran, 2001 as cited by Pachankis, Goldfried, & Ramrattan, 2008).

Acceptance from one's family in lesbian and gay adolescents coincides with positive mental health, while rejection from one's family coincides with poor mental health (Reyes, Victorino, Chua, Oquendo, Puti, & Reglos, 2015). Although members of the sexual minority may in fact "choose their own families" and surround themselves with people who understand and support them (Castañeda, 2017). According to Roe (2015), members of the LGBT community are fearful that their

peers would form a negative opinion on them based on their sexual orientation instead of their attributes as a person. Given the stigma that the society has on minority group members, rejection sensitivity is one of a kind in which it acknowledges the minorities' everyday life concerns regarding rejection (Feinstein et al., 2012).

Further research associated with adolescence and adults has shown that chronic rejection is linked with an increasingly serious array of self-destructive and antisocial behaviors, cognitive disorientation, emotional distress, and depression (Watson & Nesdale, 2012; Liu et al., 2014). There is also a likelihood that early rejection occurrences (Butler et al., 2007) and chronic exclusion (Watson & Nesdale, 2012) could lessen one's ability to manage with future social relations and can actually lead to the development of a disposition of rejection sensitivity.

Defensive emotional states, which are anxiety and anger, are supplemented with anticipations of rejection that become triggered in situations where rejection is a probability (London, Downey, Bonica & Paltin, 2007). Some people may be more disposed to respond to rejection with anxiety while others may be more likely to counter with anger (McDonald, Bowker, Rubin, Laursen, & Duchene, 2010). Rejection sensitivity can destabilize one's ability to develop and profit from optimistic relationships by nurturing an inclination to expect, perceive, and react in tremendous means to rejection and thus have the probability to provide to feelings of loneliness (London et al., 2007).

Peer Support and LGBT

Sexual minority youths experience harassment, victimization, and rejection by family and peers more often than sexual majority youths (Wells, Asakura, Hoppe, Balsam, Morrison, & Beadnell, 2012). They also experience negative mental health outcomes like higher rates of depression, suicide, substance abuse, and poor school performance due to the stigmatization of their sexual orientation and their lack of support from adults and peers (Wells et.al, 2012). The relationship of LGB individuals with their families and peers can have various psychosocial adjustment effects on adolescents and young adults from the LGB community (Shilo & Savaya, 2011 as cited by Parra, Bell, Benibgui, Helm, & Hastings, 2017). According to the Minority Stress Model, social support from peers when not readily available from family members serves as a buffer for the negative events that stem from being part of the sexual minority because of their sexual orientation (Meyer, 2007 as cited by Shilo & Savaya, 2011). Members of the LGBT community are more likely to express themselves freely, feel accepted for their sexual orientation, and depend on others when they feel that they are in autonomy-supportive contexts than when they are in controlling contexts that pressure them to act in a heteronormative way (Legate et al., 2012 as cited by Rances & Hechanova, 2014). The youth from the LGBT community report that they garner more positive experiences from peer support which is why they describe peers as their primary source of support

(McConnell, Birkett, & Mustanski, 2016). Peers are considered an important source of support because they are the first people that an LGB individual entrusts information to about their sexual orientation. According to Torre & Manalastas (2013) research has shown that friendships between straight women and gay men in certain cultural contexts are connected with positive effects on both parties. With regards to the stigmatization about their sexual orientation and relationships, homosexual men have stated that their friendships with heterosexual women have provided them with support (Grigoriou, 2004 as cited by Torre & Manalastas, 2013). LGB individuals feel supported when peers stand by their side because it shows that they are receiving verbal support from their friends (Roe, 2015). When a person feels autonomy-supported by his family and peers, he feels his entire true self being accepted, which includes his sexual orientation (Rances & Hechanova, 2014). Also, when in a safe environment, peers provide positive relationships so that LGB individuals can develop healthy individual and social adjustments (Parra et al., 2017). Intimate relationships also play a dynamic role in the overall well-being of a person (Kazan, Calear & Batterham, 2016). According to Graham & Barnow (2013)'s study, same-sex couples may be more vulnerable to issues regarding their mental health due to the heightened stress than people who are in different-sex relationships. With this, one should understand the positive influence of social support on the health of people, especially to those who are in same-sex relationships.

The service most sought after by the sexual minority youth are support and guidance from their peers (Wells et al., 2012). Sexual minority youths live in social environments where they are exposed to stressors and negative experiences such as social rejection and isolation (Almeida, Johnson, Corliss, Molnar, & Azrael, 2013). This leads to peer victimization, which contributes to the sexual minority youths' increased risk for suicide (Collier et al., 2013). Regarding rejection sensitivity, angry rejection sensitivity was related to symptoms of depression only when adolescent youths narrated low social support from family and friends. This means that peer support acted as a mediator between anger rejection sensitivity, social anxiety, and depressive symptoms (McDonald, Bowker, Rubin, Laursen, & Duchene, 2010). Sexual minority individuals face distinctive barriers to the establishment of interpersonal expectancies consistent with secure attachment (Starks, Newcomb, & Mustanski, 2015). Due to their sexual orientation, these individuals are more likely to anticipate rejection from parents and peers, particularly during the early stages of the coming out process. According to Rances & Hechanova (2014), the more peer autonomy support a person has, the more likely that person discloses their sexual orientation to their peers. This lack of support may increase social isolation and intensify negative self-image in a manner that may decrease the likelihood of encountering social interactions (Starks et al., 2015). Victimization, rejection sensitivity, concealment of sexual orientation, and internalized homonegativity have negative effects on mental health. Coping and social support—at an individual or a group level-moderate this effect (Meyer, 2007 as cited by Sattler, Wagner &

Christiansen, 2016). Rejection sensitivity is a gay-related minority stressor that positively predicts problems concerning mental health (Sattler et al., 2016).

Social-Buffering Model

Social support is a type of support one perceives from their family, friends, or social networks (McConnell et al., 2016). Social support plays two roles: a buffering role regarding negative outcomes and a main effect role regarding mutual beneficence for everyone. The buffering model sees social support as working for people who are experiencing stress presently, effectively "buffering" the stressors' negative effects (Roe, 2015). According to the stress-buffer hypothesis, social support serves as a protective barrier against the adverse effects of stress and the person, which indicates that people with little to no social support from their social networks result in poorer outcomes when faced with adversity (King & Merchant, 2008). Also, when numerous predicaments gradually acquire, prolonging and straining the individual's problem-solving capacity, possible serious forms of illnesses will be produced (Cohen & Wills, 1985). Supportive relationships serve as buffers against negative stressful experiences. Thus, social support from different individuals such as family and friends have positive outcomes of emotional support (i.e. the attainable love, care, compassion, etc. from others) in the LGB community (Newcomb, Ryan, Garofalo & Mustanski, 2014). Although the occurrence of stressful experiences negatively affects the lives of an individual and to their health, the presence of such support may be able to protect the person when it comes to

having high levels of stress (Graham & Barnow, 2013). In Zickar, Balzer, Aziz & Wryobeck (2008)'s study, the origin of social support produced a significant difference in reducing the consequences of stressors. LGB youths usually experience high peer victimization in middle school, but it slowly reduces throughout adolescence because social support from their peers inclines during the adolescent stage. As a result, both positive social support and insufficient social undermining affects LGB individuals' mental health by ultimately buffering the impact of stressful events in their lives (Shilo & Savaya, 2011).

Suicidality among LGBT youth has been a central topic that results from stressors and stigmatization. Following the minority stress theory, heightened levels of suicidal ideation is one of the many negative outcomes of encountering the stressors; and rejection sensitivity as one of the risk factors under the theory. Social support involves peer and parental support, with our study focusing on peer support. With the stigma that is imposed on the LGB youth, there has still been few researches regarding rejection sensitivity, it's relation to suicidal ideation; and how peer support is related to both, in the Philippine setting.

The present study

Research questions and hypotheses

The study determined if anticipated or actual rejection and lack of social support, particularly peer support, is significantly related with each other and to suicidal ideation. The study also extended to determining if rejection sensitivity and

peer support predicts suicidal ideation among self-identified LGB (Lesbian, Gay, and Bisexual) Filipino youths aged 18-28 years old living within and outside Metro Manila, but not outside of the Philippines.

Specifically, the study aimed to answer the following questions:

- 1. What is the profile of the respondents in terms of:
 - 1.1 Rejection Sensitivity, as measured by the Adult Rejection Sensitivity Questionnaire (A-RSQ);
 - 1.2 Peer Support, as measured by The Network of Relationships
 Inventory—Relationship Quality Version (NRI-RQV);
 - 1.3 Suicidal Ideation, as measured by the Scale for Suicidal Ideation;
- 2. Is there a relationship between:
 - 2.1 rejection sensitivity and suicidal ideation?
 - 2.2 peer support and rejection sensitivity?
 - 2.3 peer support and suicidal ideation?
- 3. Is rejection sensitivity a predictor of suicidal ideation?
- 4. Is peer support a predictor of suicidal ideation?

Based on the specific questions above, the following hypotheses were formulated:

- 1. There is a significant relationship between:
 - a. rejection sensitivity and suicidal ideation,
 - b. peer support and rejection sensitivity, and

- peer support and suicidal ideation on lesbian, gay, and bisexual
 Filipinos.
- 2. Rejection sensitivity is a predictor of suicidal ideation.
- 3. Peer support is a predictor of suicidal ideation.

Theoretical and conceptual framework

The Minority Stress Theory

The minority stress theory is one of the most well-known theoretical framework when talking about sexual minority health risk. Proposed by Ilan H. Meyer in 1995, it states that the health disparities of minority people, either race-based or sexuality-based discrimination, is largely because of the stressors caused by the homophobic culture, harassment, victimization, and maltreatment that they experience. It consists of unique, long-lasting, psychological and social stressors that, in effect, leads to health problems (Kelleher, 2009). The theory also talks about a person's expectations of rejection solely because of their sexual orientation and the stigma that surrounds it.

Minority stress has three tenets, exposure to: distal or external stress, proximal or internal stress, and poor health behaviors and results in response to the stressors (John, 2014).

Distal stressors

The first tenet, which talks about the distal stressors, are the discriminatory experiences and prejudices that minority people encounter. These are external events

that are objective and do not occur inside an individual's mind; rather, it occurs outside the person (Outland, 2016). This can take in the form of discrimination, victimization, homophobic attacks, maltreatment, microaggressions, and prejudice (Meyer, 2015). Due to these encounters, minorities have low socioeconomic status and have limited access to the benefits that the majority gets. An individual may experience these stressors if the external environment sees him or her as a minority, regardless of how he or she identifies himself or herself (Meyer, 2003 as cited by Outland, 2016).

Proximal stressors

The second tenet, which talks about the proximal stressors, presents the consequence of experiencing discrimination and prejudice which are internal and subjective (Outland, 2016). It is by socialization that these stressors are transposed (Meyer, 2015). In turn, minorities develop coping responses that includes keeping sexual and gender identity to oneself, internalized homophobia, having negative feelings, and rejection sensitivity. These coping strategies are enhanced when a minority individual recognizes a threat. When threat is perceived, these strategies can provide a buffer between the external distress and the psychophysical distress. However, self-protecting may actually be a disadvantage for the individual since the delay triggers an additional stressor (John, 2014).

Poor health behaviors

The last tenet, which talks about the poor health behaviors, explains the minorities' response to stress. The response may be either physiological or

psychological but it still elevates mental health-related issues like depression, anxiety, and substance abuse. Psychological and physiological responses to incidents of discrimination and other stressors increase health issues, both physical and mental (John, 2014). These tenets make up the minority stress theory and further explains the external or internal hardships that minority individuals experience.

Social Buffering Model

Another theory that was used is the Social-Buffering Model. It states that people who experience stress with little to no social support will have more detrimental effects to their physiological and psychological well-being as opposed to people who have had continuous social support. Also, the social support the individual receives acts as a buffering agent that protects the individual from the harmful effects of the stress the individual is going through, thereby lessening the effects of the stress (Cohen, S. & Wills, T., 1985 as cited by King & Merchant, 2008). According to Meyer (2015)'s Minority Stress Theory, the effects of stressors will be buffered by social support and coping.

According to the Social-Buffering Model, there are two forms of social support: Psychological social support and Non-psychological social support.

Psychological social support pertains to providing information to support the individual, while non-psychological social support pertains to providing material things to support the individual. The psychological social support is further divided into two parts: Appraisal support, which helps support the cognitive or intellectual

aspect of the individual, and emotional support, which helps in meeting the individual's social and emotional needs.

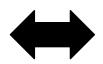
According to the buffering hypothesis, the sequence of events should happen with the stressful event first, which will then proceed to the appraisal process. The appraisal process is where the individual decides if the event is deemed as stressful and it is here that the appraisal social support from peers may either buffer or let the stress proceed. Should it not be buffered, the event will be seen as stressful by the individual and he/she will produce an emotional and physiological response to the event. This is where the emotional social support happens which may result in three outcomes: reappraisal, inhibition of maladjusted responses, or facilitation of adjusted counter responses (Cohen, S. & Wills, T., 1985 as cited by King & Merchant, 2008). This theory also alludes to the apparent accessibility of social help, which is accepted to dispense with or debilitate the negative connection between stress that is perceived subsequently of a chronic condition on one's well-being and personal satisfaction in life (Gellert et al., 2018).

18 to 28-YEAR-OLD LESBIAN, GAY, AND BISEXUAL

MEN AND WOMEN

PEER SUPPORT

categorized as the closeness and support an individual receives from their friends, romantic partners, or social circle.



REJECTION SENSITIVITY

the interaction of affective and cognitive reactions to rejection.





SUICIDAL IDEATION

categorized as thoughts and contemplations about ending one's life

Figure 1. Relationship of Rejection Sensitivity and Peer Support on Suicidal

Ideation Among Lesbian, Gay and Bisexual Filipinos

Method

Research design

A quantitative research was done and made use of a correlational design. A correlational design is a design used to determine the relationship of two variables. The research determined if there is a relationship between: (i) rejection sensitivity and suicidal ideation, (ii) peer support and suicidal ideation and (iii) rejection sensitivity and peer support. For this research, Rejection Sensitivity (RS) was defined as an anticipated rejection from one's family or peers because of an individual's sexual orientation. Peer Support (PS) was defined as the combination of companionship, disclosure, emotional support, approval, and satisfaction a sexual minority gets from his/her friends that may act as a stress-buffer in terms of the negative connotations the minority receives from society. Suicidal Ideation (SI) was defined as any thought of wanting to commit suicide.

The correlations were determined through a questionnaire study using three different questionnaires: (i) Scale for Suicidal Ideation, (ii) Adult Rejection Sensitivity Questionnaire, and (iii) The Network of Relationships Inventory focusing on relationship quality of friends. The predictions were determined through the use of multiple regression analysis.

Ethical Consideration

The researchers acquired the informed consent of the participants along with their personal information to confirm their willingness to participate. Confidentiality

and test security was also considered in the study in order to protect the results and interpretation of the test to other people. Before the test administration, information about the tests were discussed. It was implied that if the participant becomes uncomfortable in answering the tests, especially the Scale for Suicidal Ideation, he or she is free to discontinue. Next, the researchers had a full disclosure of the test results to the participants who would want to know the outcomes of the tests used.

Participants

For the purpose of this study, the researchers administered to 319 lesbian, gay, and bisexual individuals ranging from 18 to 28 years old. The participants were not required to be "out", but must self-identify as either lesbian, gay, or bisexual. Lesbian pertains to women who experience sexual attraction to other women, gay pertains to men who experience sexual attraction to other men, and bisexual pertains to people who experience sexual attraction to both opposite and same-sex individuals.

Convenience sampling was used on people who identify as lesbian, gay and bisexual. The participants were screened through an online form constructed through Google documents. The participants were also recruited through selected universities, LGBT support groups within these universities, and non-profit LGBT organizations across Metro Manila.

Research instruments

To gather the data needed, the following instruments will be used:

Scale for Suicidal Ideation (SSI; Beck, Kovacs, & Weissman, 1979). The SSI is designed by Beck, Kovacs & Weismann (1979) and consists of a 19-item scale, that was used to evaluate, assess and quantify a person's suicidal intentions. It has three factors namely: Active Suicidal Desire, Passive Suicidal Desire, and Preparation. Each item consists of three alternative statements graded in intensities from 0 to 2. The total item was computed by adding all of the individual scores, which ranges from 0 to 38. The scale was found to have high internal consistency with moderately high correlations which has clinical rations of suicidal risk and self-administered of self-harm (Beck, Kovacs, & Weissman, 1979). The inter-rater reliability of this scale is 0.83 and has a reliability coefficient of 0.89. According to Range (2005), validity of this study that it correlates with everyday self-observed suicidal thoughts and reactions to a self-hurt inquiry. This questionnaire was used to determine the participants' level of suicidal ideation (Range, 2005).

In the current study, the instrument shows a strong internal consistency of a = 0.852

Adult Rejection Sensitivity Questionnaire (A-RSQ; Berenson, Gyurak, Downey, Ayduk, Mogg, Bradley, & Pine, 2009). The A-RSQ is revised by Berenson, Gyurak, Downey, Ayduk, Mogg, Bradley, & Pine (2009) and is an adaptation of the Rejection Sensitivity Questionnaire originally created by Downey

and Feldman (1996). It is a nine-item questionnaire, with two situations per item, that is used to assess Rejection Sensitivity in adult research participants wherein measures the disposition to anxiously expect, readily perceive, and intensely react to rejection (Berenson et al., 2009). Items were rated on a six-point Likert scale from 1 ("very unconcerned") to 6 ("very concerned"). Inclusion criteria is 18 to 64 years old. This questionnaire showed correlations with related constructs including: neuroticism, social avoidance or distress, self-esteem, attachment anxiety, and attachment avoidance. It was computed by multiplying the level of rejection concern by the level of rejection expectancy. Then, by getting the mean, it revealed the rejection sensitivity score for the nine situations. It has an internal consistency of 0.89 alpha and it also has a test retest reliability of 0.91. The validity of the A-RSQ gets from its capacity to reflect the individual differences in RS related with serious forms of psychopathology in which rejection concerns are conspicuous (Berenson et al., 2009). This was used to determine the rejection sensitivity of the participants for the research.

In this study, the instrument shows a strong internal consistency of $\alpha = 0.832$ alpha.

The Network of Relationships Inventory—Relationship Quality Version

(NRI-RQV; Furman & Buhrmester, 2008). The NRI-RQV is a combination of of
Furman & Buhrmester's (1985) Network of Relationships Inventory, and
Buhrmester, Camparo & Christensen's (1991) family relationship measure. It is a
30-item survey used to measure and assess the relationships the participants have

with their family and friends. For the purpose of this study, the ratings for the mother, father, and sibling were eliminated in order to focus on the peers. The questionnaire first asked a description of the people ("Best Same-Sex Friend"; "Closest Opposite-Sex Friend"; and "Boyfriend or Girlfriend") that the participants later rated on the survey. It has ten scales with three items per scale. Items were rated on a five-point Likert scale from 1 ("never or hardly at all") to 5 ("always to extremely much"). It assessed five positive features (companionship, disclosure, emotional support, approval, and satisfaction), which determines the score for closeness. It also assessed the five negative features (conflict, criticism, pressure, exclusion and dominance), which determines the score for discord. The scale is appropriate for ages 11 and above. It was scored by averaging the three items making up the scale. This survey was used to determine the degree of social support the participants have experienced, focusing on the peers as opposed to the familial.

In this study, the instrument shows a strong internal consistency of $\alpha = 0.936$. The participants answered 30 items with three categories to answer per item. Studies by regarding the validity of NRI composite scores have already been established (Furman & Buhrmester, 2009 as cited by Buhrmester & Hibbard, 2010). Also, the researchers focused on the results for closeness of the participants.

Research procedures

The data for this research was collected using questionnaires. The researchers asked for permission from the people in charge of the Adult-Rejection Sensitivity

Questionnaire (A-RSQ), Scale for Suicidal Ideation by Aaron Beck, and The Network of Relationships Inventory – Relationship Quality Version (NRI-RQV) in order to be used. The participants, ranging from 18-28 years old, who self-identified as lesbian, gay, and bisexual were located in the National Capital Region (NCR), Region III (Central Luzon), Region VI (Western Visayas), Region XI (Davao Region), and Cordillera Administrative Region (CAR) and were obtained through convenience sampling. The researchers also submitted endorsement letters to different universities to interact with the members of their LGBT organizations.

During test administrations, two of the researchers handed out the informed consent to the participants, followed by a sheet of paper where they can indicate their sexual orientation and the A-RSQ, the Scale of Suicidal Ideation by Aaron Beck, and the NRI-RQV. The scores for all questionnaires were then scored and interpreted. The participants were able to obtain their results on the questionnaires if they wished to have it. The results between rejection sensitivity and peer support, between rejection sensitivity and suicidal ideation, and between peer support and suicidal ideation were correlated using Pearson Product Moment Correlation Coefficient. In order to analyze if rejection sensitivity and peer support are predictors of suicidal ideation, the Multiple Linear Regression Analysis was used.

Data analysis

In this study, the level of significance used was 0.01 alpha, two-tailed and the

computation was done with the use of the IBM SPSS Statistics v23.0.0 and the Microsoft Excel 2016 (v16.0).

For the statistical technique, the Pearson Product Moment Correlation Coefficient was used in order to better see a correlation and assess whether rejection sensitivity and peer support, rejection sensitivity and suicidal ideation, and peer support and suicidal ideation were related to each other. Pearson Correlation Coefficient (r) is a measure of the straight connection between two factors, X and Y. It has an incentive amongst +1.00 and -1.00, where 1.00 is add up to positive direct connection, 0 is no linear relationship, and -1.00 is add up to negative direct relationship. The Pearson Product Moment Correlation Coefficient formula was used in order to know the linear relationship of two separate sets of data, measuring the strength between the variables. In determining whether rejection sensitivity and peer support predicts suicidal thoughts, Multiple Regression analysis was used to identify the strength of the effect of rejection sensitivity and peer support on suicidal ideation. It measures one dependent variable, which is suicidal ideation, and two or more independent variables, which are rejection sensitivity and peer support.

Results and discussion

A total of 319 participants from the lesbian, gay, bisexual (LGB) community partook in the study. Specifically, 61.1% females (n=195) and 38.9% males (n=124). The participants consisted of n=210 bisexuals (65.8%, 53 males, 157 females), n=66 gays (20.7%), and n=43 lesbians (13.5%). The age range was 18-28

years old with the mean age of 19.97 years old (SD=2.07). Table 1 shows the descriptive statistics for all three variables.

Table 1
Profile of Respondents

	M	SD	Maximum Score	Minimum Score
Rejection Sensitivity	12.72	5.13	28.63	3.63
Peer Support	9.69	2.63	14.67	3.53
Suicidal Ideation	12.79	7.16	31	0

With regards to the profile of the respondents in terms of rejection sensitivity, the mean of the results of the respondents was M=12.72 (SD=5.13), the maximum score being 28.63 and the minimum score being 3.63. Among the 319 participants, 10 (3.1%) respondents had the same score of 9.50.

In terms of the profile on peer support, the mean of the results was M=9.69 (SD=2.63), the maximum score being 14.67 and the minimum score being 3.53. Multiple modes exist in this test, with six (1.9%) respondents among the 319 participants had a score of 7.07 and six (1.9%) respondents had a score of 7.13.

In the profile of respondents in terms of suicidal ideation, the results have a mean of M=12.79 (SD=7.16), the maximum score being 31 and the minimum score being 0. Among the 319 participants, 23 (7.2%) of the respondents had the mode in the test of 8).

Correlation between Rejection Sensitivity, Peer Support, and Suicidal Ideation

Three variables were correlated with each other, namely: rejection sensitivity, peer support, and suicidal ideation. Table 2 presents the correlation matrix for the study variables.

Table 2
Correlation between Rejection Sensitivity, Peer Support, and Suicidal Ideation

	Rejection Sensitivity	Peer Support	Suicidal Ideation
Rejection Sensitivity	1	301*	.719*
Peer Support	301*	1	477*
Suicidal Ideation	.719*	477*	1

Note: N = 319, p < 0.01, *- significant at p < 0.01

The study intended to look into the relationship of rejection sensitivity, peer support, and suicidal ideation to each other among the lesbian, gay, and bisexual (LGB) community. The Minority Stress Model expresses that the excluded minority is subjected to greater stressors than the pressure experienced by the majority individuals through the additional impacts of prejudice and discrimination, which also includes detrimental physical and psychological health outcomes as a consequence (Wei, Ku, & Liao, 2011). With this, the findings of this study extend the research on the meaning of these relationships.

For the profile of the respondents with regards to rejection sensitivity, the mean of the results of the respondents was M=12.72 (SD=5.13). With a score of 36

as the maximum score that can be obtained in the test, anything above or below the mid score of 18, results in having either high or low rejection sensitivity. There are more participants who received a low score than a high score in the test. Out of the 319 participants, a high percentage of participants, n=263 (82.45%), scored low on the test meaning that they have less expectations and concerns when it comes to rejection. Based on the test, the participants expected that they will receive help in the situations given and are not concerned about possible rejection. On the other hand, n=56 (17.55%) respondents scored high, which means that the respondents have expected the rejection and are still concerned with them being rejected in that particular situation.

For the profile of respondents with regards to suicidal ideation, the results had a mean of M=12.79 (SD=7.16). With a score of 38 as the maximum score that can be obtained in the test, anything above or below the mid score of 19, results in having either high or low suicidal ideation. Out of 319 participants, 257 (80.56%) scored low on the test, this indicates that these participants rarely experience having thoughts of suicide and are able to move past those thoughts if they ever do occur. In contrast to this, 62 (19.43%) participants scored high on the test, which indicates that these participants experience frequent thoughts of suicidal ideation and are more likely to act out these thoughts than their lower scoring counterparts. These data indicate that most of the participants in the study have minimal thoughts of suicide.

For the profile of the respondents with regards to peer support, the results had the mean of M=9.69 (SD=2.63). With a score of 15 as the maximum score that can

be obtained in the test, anything above or below the mid score of 7.5, results in having either high or low peer supports. A total of n=235 (73.66%) out of 319 respondents were able to yield high scores on peer support which means that they have the utmost support of their peers. On the other hand, n=84 (26.58%) out of 319 respondents yielded low scores on peer support which means that these particular respondents lack support from their peers. Based on these results, it can be said that majority of the respondents receive positive support from their peers, which indicates a positive effect on their well-being and also highlights the importance of social impressions to the LGB individuals in their everyday lives.

Rejection Sensitivity and Suicidal Ideation

Following the Minority Stress Theory, the findings confirm that of the first hypothesis which indicates that the risk factor, rejection sensitivity (RS), is correlated with suicidal ideation. There was a significant positive correlation between the two with r=.719, p < 0.01. With low scores on the Adult Rejection Sensitivity Questionnaire (A-RSQ) indicating the presence of patterns of behavior that are extremely sensitive to rejection, low scores on the Scale for Suicidal Ideation (SSI) were also obtained. Moreover, some participants who scored high on the SSI also scored high on the A-RSQ. This indicates that members with low rejection sensitivity rarely experience suicidal thoughts. Consequently, members of the lesbian, gay, and bisexual community with high sensitivity to rejection are also susceptible to frequent thoughts of suicide. These findings are consistent with

findings of Kelleher (2009) wherein young persons with expectations for rejection that is rooted from their sexual or gender identity are more likely to have symptoms of suicidal ideation. This is due partly because youths that are part of the sexual minority are more likely to receive rejection from other people more often than youths who are not (Pilkington & D'Augelli, 1995; Ryan, Huebner, Diaz, & Sanchez, 2009 as cited by Wells et al., 2012).

The A-RSQ, containing situations that involve seeking help from family members and peers, show results that indicates the participants' sensitivity to possible rejection. With 82.45% of the participants scoring low on the questionnaire, it shows that they are less likely to expect and feel possible rejection from their family and peers. Still, problems concerning rejection is at the top of the demographics' difficulties (Pachankis, Goldfried, & Ramrattan, 2008). Data from the participants who scored high in the A-RSQ also show that, more often, participants are both highly concerned if their family or peers will help them; and expects that the help they need will be rejected.

Rejection sensitivity, being a combination of both affective and cognitive reaction to possible rejection (Cohen, Feinstein, Rodriguez-Seijas, & Taylor, 2016), imposes a greater problem due to it being positively related to suicidal ideation.

In looking at the participants who scored high for both rejection sensitivity and suicidal ideation, it can then be a point of interest when preventing or decreasing suicidal thoughts considering the association of high rejection sensitivity to high suicidal ideation. Preventing rejection and future occurrences of it drive individuals

with high RS to practice pro-social behaviors (Ayduk et al., 2007). In today's situation wherein, acceptance and inclusion are vital to the well-being of minorities, their mindset on rejection should be delved into as it has been seen to be associated with suicidal thoughts.

Peer Support and Rejection Sensitivity

The findings confirm that there is a correlation between peer support and rejection sensitivity as in accordance with the second hypothesis. However, the results of the correlation have a moderate relationship of r=-.301, p < 0.01. The significantly negative relationship showed that some participants with high peer support scores obtained low rejection sensitivity scores. This finding indicates that although peer support is associated with rejection sensitivity, it does not mean that peer support alone is enough to buffer rejection sensitivity. A link has been found between rejection sensitivity and decrease of social competence in adolescents, suggesting that expectations of rejection may lead the adolescents to behave in ways that will confirm their expectations and bring forth rejections from their peers (Miller & Turnbull, 1986 as cited by Marston et al., 2010). Since the members of the lesbian, gay, and bisexual community are classified as sexual minorities, they may have a difficult time acquiring support from their parents, which makes the importance of the support from their peers twice as important (Austin, 2010 as cited by Roe, 2015).

In the Philippine setting, family is much more impactful in the Filipino culture, as such that Filipinos would rely on their familial relations rather than the self. This idea is supported by Nadal & Corpus (2013) wherein family appeared to be viewed as key to the individuals' personalities, underscoring that familial community trumps independence. This would mean that the culture of the LGB Filipinos does not depend entirely on their peers as a buffer for rejection sensitivity and suicidal ideation, the familial factor plays a significant role in mediating the two variables. According to a study conducted by Pamiloza & Bullecer (2017), majority of lesbian women overcome parental rejection by acquiring acceptance and support from other relatives, their significant others, and their friends which helped with the negative effects stemming from the rejection like loneliness and depression.

Another factor on its moderate correlation would be having no intimate relationships as cited by Kazan, Calear & Batterham (2015). Moreover, 133 out of 319 (41.7%) participants stated that they do not have a romantic friend or a boyfriend or girlfriend; this has affected the results of the peer support with its relationship on suicidal ideation. With that, 36 out of 319 (11.3%) participants also indicated that although they share an intimate relationship with the people they are involved in, they answered "I like him/her, but I'm not sure he/she really likes me." in the test for peer support (Berenson, Gyurak, Downey, Ayduk, Mogg, Bradley & Pine, 2009). As peer relationships become important, it is very likely that rejection sensitivity will be an important role in the development of interpersonal relationship quality with peers (Buhr, 1990; Harris, 1995 as cited by Marston et al., 2010). Due

to this, the uncertainty and dissatisfaction of the individuals' relationships affect how they perceive they are supported. Although this may be true, many studies have also shown that peer support is still a big factor in helping decrease the many negative effects of rejection.

Peer Support and Suicidal Ideation

The findings confirm that there is a correlation between peer support and suicidal ideation. Like the relationship between peer support and rejection sensitivity, the relationship is also deemed moderate having a correlation of only r=-.477, p < 0.01. The significantly negative correlation of the two variables indicated that some individuals with high scores on peer support have low scores on suicidal ideation. This means that although the presence or absence of peer support in the lives of the members of the lesbian, gay, and bisexual community may be associated with the increase or decrease of their suicidal ideation, this does not mean that it is solely associated to peer support.

According to Page, West, & Hall (2011), adolescents from the Philippines who have contemplated suicide itself have experienced increased feelings of loneliness and hopelessness than people who have not yet attempted. They also state that loneliness and having no close friends were associated with the adolescents' suicidal ideation, which may eventually lead to the actual attempt. This indicates that although the relationship between peer support and suicidal ideation is moderate, it is still very important to consider peer support when dealing with the decrease of

suicidal ideation in order to decrease actual suicidal attempts within the Filipino community, specifically members of the lesbian, gay, and bisexual community. Studies suggest that social support can be linked with suicidal thoughts and behaviors among LGB youth. According to McConnell et al. (2016), LGBT youth receive various forms of support from different platforms, and these forms of support may be differently associated with health issues such as attempts of suicide.

Similar to the finding of the relationship between peer support and rejection sensitivity that some participants have uncertainties and possible unresolved issues regarding their relationships, it can be said that these uncertainties reflect risk factors for higher levels of suicidal ideation. This finding is supported by the study of Till, Tran, & Niederkrotenthaler (2016) which indicated that people with low relationship satisfaction have higher levels of suicidal ideation. Thus, a holistic perspective that moves beyond a single area (e.g. peers) is opted for consideration on how multiple forms of support may ultimately impact one's wellbeing.

The results of the study indicated that there was a strong positive correlation between rejection sensitivity and suicidal ideation, while there was a moderate negative relationship between rejection sensitivity and peer support, and a moderate negative relationship between peer support and suicidal ideation. The findings indicate that individuals who are highly sensitive to rejection may have more frequent suicidal thoughts. Similarly, individuals with less sensitivity to rejection may experience less suicidal thoughts. The correlation between peer support and rejection sensitivity shows that the LGB individuals' affective and cognitive

perception of rejection is associated by the support they get from their peers, although not solely as other kinds of support may be more important. Lastly, the same association can be said about peer support and suicidal ideation. More support from peers show less suicidal ideation.

Rejection Sensitivity and Peer Support as predictors of Suicidal Ideation

Using regression analysis, the study examined both rejection sensitivity and peer support as possible predictors of suicidal ideation and how much they contribute to the development of suicidal thought within the individual. Table 3 and table 4 shows the prediction values and the regression coefficients, respectively, of rejection sensitivity and peer support on suicidal ideation.

Table 3
Prediction Values of Rejection Sensitivity and Peer Support on Suicidal Ideation

	R	R Square	Adjusted R Square	Std. Error of the Estimate
Rejection Sensitivity	.719 ^a	.516	.515	4.98946
Rejection Sensitivity & Peer Support	.769 ^b	.591	.589	4.59371

a. Predictors: (Constant), Rejection Sensitivity

b. Predictors: (Constant), Rejection Sensitivity, Peer Support

Table 4
Regression Coefficients of Rejection Sensitivity and Peer Support on Suicidal Ideation

_	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	β	Std. Error	β		
(Constant)	.014	.748		0.18	.985
Rejection Sensitivity	1.004	.055	.719	18.397	.000
(Constant)	9.138	1.382		6.611	.000
Rejection	.884	.053	.632	16.763	.000
Sensitivity Peer Support	783	.103	287	-7.614	.000

*df: 1,317

The results of the regression indicated that the two predictors explained 58.9% of the variance (R^2 =.589, F(1,317) = 338.460, p<.000). It was found that rejection sensitivity significantly predicted suicidal ideation (β = .719, p<.000), as well as peer support (β = -.287, p<.000).

Rejection Sensitivity as a predictor of Suicidal Ideation

Findings reveal that rejection sensitivity strongly predicts suicidal ideation with the adjusted $R^2 = .515$, p<.000. This reveals that 51.5% of suicidal ideation can be predicted by the level of rejection sensitivity. This indicates that more than half of the amount of suicidal ideation that an individual experience can be explained by his or her levels of rejection sensitivity. Rejection sensitivity is a gay-related minority stressor that positively predicts problems concerning mental health (Sattler et al., 2016). Previous experience of the pain of being rejected leads to the stimulation of

the individual's thoughts of possible future rejection by others; thus, contributing to the continuous cycle of distresses (Berenson et al., 2009). In turn, it is vital that there is a recovery from perceived rejection (John, 2014) that can hinder frequent suicidal thoughts. A change in an individual's sensitivity to rejection can predict a change in their experience of suicidal thoughts. Given that only 48.5% of the predictors of suicidal ideation can be attributed to other proximal and negative stressors, looking into an individual's sensitivity to rejection can help in anticipating the development of suicidal thoughts. This result is support by a study done by Breines & Ayduk (2013) wherein rejection sensitivity, being vulnerable to maladaptive cognitions, is also vulnerable to self-directed hostile behaviors that are predictive of self-harm behaviors.

Exposure to stress, when compared with heterosexuals, is experienced greater by sexual minorities. It increases the frequency of having psychopathology among sexual minority individuals (Hatzenbuehler, 2009). LGBT youth produce awareness of the negative connotation of all things that sways away from heterosexual or gender norms and they apply these negative things to themselves. Thus, developing negative self-regard and internal problems (Kelleher, 2009).

Rejection evokes motivation to mend relationships and obtain acceptance (Ayduk et al., 2007); and it is most especially important when obtaining acceptance from family members is the goal (Pamiloza & Bullecer, 2017). According to a study conducted by Eisenberg & Resnick (2006), multiple studies done in the past have emphasized the effect of rejection from one's families and the expectation of these

rejections to suicidal ideation. Due to this, their study concluded that having protective factors such as familial support and peer support decreases the contemplation and attempt of suicide among their LGB participants by 5.8%. In the unfortunate event that family acceptance does not happen, frequent stresses and suicidal thoughts are predicted to occur given that rejection that stems from the parents are a frequent source of stresses related to rejection (Pachankis et al., 2008). One qualitative study showed that when asked during an interview, majority of the participants who were all parts of the LGBT community stated that the biggest contributor to their contemplations of suicide was the rejection of their families due to their sexual orientation (Diamond, G., Shilo, G., Jurgensen, E., D'Augelli, A., Samarova, V., & White, K., 2011). Another study done by D'Amico & Julien (2012), concluded that perceived parental rejection regarding one's sexual orientation predicted higher levels of alcohol and drug consumption among LGB youths.

Unsuccessful attainment of maintaining relationships and avoiding rejection is an antecedent for having depressive rumination and brooding (Pearson, Watkins, & Mullan, 2011). Thus, individuals who are more sensitive to rejection and are at risk for engaging in self-injurious behaviors can benefit on interventions that focuses on bringing back self-worth after experiencing rejection (Breines & Ayduk, 2013).

Peer Support as a predictor of Suicidal Ideation

Findings reveal that peer support alone has a low predictability for suicidal ideation. With rejection sensitivity and peer support combined, the adjusted $R^2 = .589$, p<.000 giving peer support an adjusted $R^2 = .074$, p<.000 only. This indicates that high levels of peer support helps buffer suicidal ideation, but there are other factors that may play a greater role in buffering the contemplation of suicide among the LGB community. These results show that obtaining support from peers, romantic relationships, and social circles only contributes 7.4% in predicting suicidal ideation.

Low quality of friendship has been linked to suicidal ideation. Hanging out with cliques like the so called "jocks", "populars", "nerds", etc. provides valuable information which has been related with suicide domains such as delinquency, impulsivity, and substance use behavior (Prinstein, Boergers, Spirito, Little, Grapentine, 2000 as cited by Marston et al., 2010). Results from the study of Bruns (2014) concluded that high levels of peer support predicted low levels of suicide risk. This is in line with the current study which shows that peer support predicts suicidal ideation.

With regards to peer support weakly predicting suicidal ideation, a significant factor that could have overshadowed peer support is that of cultural dynamics in the Philippines. Although members of the sexual minority may in fact "choose their own families" and surround themselves with people who understand and support them, in the Filipino culture, the impact of rejection from the family that they cannot choose

has a significant negative impact on their well-being like self-doubt, shame, and grief (Castañeda, 2017). Low levels of expected support from parents of lesbian and gay adolescents are connected with heightened levels of having contemplations of suicide; as well as, having poor mental health (Reyes et al., 2015). This indicates that in the Philippine setting, rejection from one's family has a worse negative impact on members of the LGB community than rejection from one's peers. Also, it has been found that feelings of loneliness and isolation predict suicidal thinking among the youth (King & Merchant, 2008).

Findings from the study of Midgley (2013) showed that peer support alone does not have a correlation with depressive symptoms among the LGBT youth in both directions. However, according to the same study, this does not indicate that peer support is of no significance to the life of an LGBT individual. Members of the LGBT community who mingle with peers who know their sexual orientation but are unsupportive of it experienced more suicidal ideation than members who were supported. Furthermore, peer support combined with other protective factors such as familial support, school faculty support, and support gained from organizations in schools reported lower levels of bullying victimization.

Conclusions and Recommendations

To conclude, rejection sensitivity had a strong positive relationship with suicidal ideation indicating the importance of looking into the level of sensitivity LGB individuals have to rejection. Meanwhile, peer support had a moderate negative

relationship with rejection sensitivity showing that lack of support from peers is associated with having a high sensitivity to rejection. Peer support also had a moderate negative relationship with suicidal ideation indicating that the presence or absence of peer support is associated with the increase or decrease of suicidal thoughts. It is important to state that the quality of the LGB individuals' relationship to his or her peers is linked to the frequency of suicidal thoughts and to the level of sensitivity to rejection.

Consequently, suicidal ideation can be highly predicted by an individual's level of rejection sensitivity indicating that when rejection sensitivity changes, it significantly affects the level of a person's suicidal ideation. Meanwhile, peer support has a weak effect in predicting suicidal ideation. This implies that peer support alone does not have a notable impact on the levels of suicidal ideation.

For future researchers, rejection sensitivity, suicidal ideation, and peer support are recommended to be seen in a qualitative perspective, focusing on the processes and the dynamics of how the three variables work together. An in-depth look on the experiences of LGBT individuals regarding their quality of friendships in association to rejection sensitivity or other risk factors under the Minority Stress Model should also be looked up on. Correspondingly, it can also be a point of interest for future researchers to determine if peer support can act as a buffer for other factors, aside from rejection sensitivity, under the Minority Stress Theory and see if it has stronger correlations with those factors compared to its correlation with rejection sensitivity.

As LGBT Psychology is expanding, the need to have more study regarding members of the transgender community is warranted, as the experiences of the transgender community are different and more complex. Correspondingly, their level of sensitivity to rejection with regards to their gender identity is encouraged to be focused on.

With regards to the clinical setting, it is recommended for clinicians to take the results of this study into consideration seeing that rejection sensitivity highly predicts suicidal ideation. When handling clients that are part of the sexual minority, it can be said that focusing on the individual's rejection sensitivity is important in order to lessen and hinder suicidal thoughts to develop. Apart from this, it is also recommended for said clinicians and guidance counselors to introduce the proper therapeutic interventions and psychological tests to administer to their clients who are part of the LGBT community in order to provide the proper support.

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