

**The Impact of Concealment, Impostor Phenomenon, and Internalized Homonegativity on
the Mental Health of Sexual Minority Adults**

Ronald S. Cox

Stockton University

Colleen A. Kase, Ph.D.
Committee Chair

Jennifer A. Lyke, Ph.D.
Committee Member

Keith B. Williams, Ph.D.
Committee Member

Abstract

Previous research has demonstrated that concealment of a minority sexual orientation is

The Impact of Concealment, Impostor Phenomenon, and Internalized Homonegativity on the Mental Health of Sexual Minority Adults

Identity management refers to the process of making decisions about how to present

ir & Fisher, 2010; Mollet, 2023).

Engagement in this process can either be conscious or unconscious (Talbot et al., 2020). How individuals choose to manage their stigmatized identities shapes the relationships they have with others and themselves (Chaudoir & Fisher, 2010). Sexual minority individuals (i.e., individuals with a sexual orientation that is not heterosexual) regularly engage in identity management by making decisions about how, when, and to whom they disclose their sexual orientation (King et al.,

of coming out is not a single event but an ongoing process (Talbot et al., 2020).

Due to internalized shame and the potential for heterosexist discrimination and harassment, disclosure can be psychologically, socially, and physically risky for sexual minority people (Legate et al., 2012; Riggle et al., 2017). Thus, some sexual minority individuals may choose to engage in the strategy of concealment (Huang & Chan, 2022; Pachankis et al., 2020).

Concealment

(Jackson & Mohr, 2016). Concealment behaviors may include avoiding conversations or

gender; Brennan et al. 2021). The degree to which sexual minority individuals conceal can vary from context to context (Beals et al., 2009). Concealment is thought to be a key aspect of many

Concealment and Mental Health Challenges

Sexual minority individuals are at substantially increased risk for a variety of mental health challenges, such as depression and anxiety, compared to heterosexual individuals (Brennan et al., 2021; Walch et al., 2016). The link between sexual minority identity and mental health is likely multifaceted; however, there is theoretical reason to believe that concealment of identity may lead to negative cognitive (e.g., preoccupation, vigilance, suspiciousness), affective (e.g., depression, anxiety, shame), self-evaluative (e.g., diminished self-efficacy, identity ambivalence, negative view of self), and behavioral (e.g., impaired close relationship functioning) consequences for the sexual minority person (Pachankis, 2007). Furthermore, concealment may (2022).

Previous research has demonstrated that concealment of sexual orientation is correlated with mental health challenges (Jackson & Mohr, 2016; Lehavot & Simoni, 2011). For instance, Brennan et al. (2021) found that anxiety, depression, and stress were correlated with higher levels of concealment among gender and sexual minorities. In one of the few longitudinal studies was associated with lower levels of subjective well-being one year later. On the other hand, another longitudinal study conducted by Pachankis et al. (2018) did not find a significant relationship between concealment and symptoms of anxiety and depression one year later (though the associations approached significance; $ps < .10$). Given these mixed findings, more research on the topic of concealment and mental health challenges among sexual minority adults is needed. The current study examines concealment as a predictor of symptoms of anxiety and depression.

Hypothesis 1: Concealment will predict (a) higher levels of anxiety symptoms and (b) higher levels of depressive symptoms.

Impostor Phenomenon

Impostor phenomenon known colloquially as impostor syndrome refers to a range of competence and abilities (Clance & Imes, 1978). According to Nadal et al. (2021), impostor phenomenon involves the following characteristics: diminishing one's own intelligence and past accomplishments in spite of previous success; feelings of inadequacy, inauthenticity, and doubt; a general sense of that one does not belong de -achieving; feeling that one is not smart enough; and praise and recognition from others. It is theorized that impostor phenomenon may arise when one ies). However, impostor phenomenon is not thought to develop due to sociodemographic characteristics alone. Rather, impostor phenomenon develops because a person with a minoritized social identity receives and internalizes negative messages about their abilities from an early age (Nadal et al., 2021).

The term *impostor phenomenon* was first coined by Clance and Imes (1978), who examined high-achieving women in professional settings and found that many of them were experiencing feelings of impostorism. Traditionally, impostor phenomenon has been conceptualized as a potential contributing factor to mental health challenges. Indeed, the women depression, anxiety, and self-confidence issues. Subsequent research has demonstrated the presence of impostor phenomenon among other minority groups, such as African American

(Bernard et al., 2017) and Latino (Mendoza, 2023) undergraduate students. Interestingly, Bernard et al. (2017) found that individuals who belonged to more than one marginalized identity group (i.e., Black women) experienced higher rates of impostorism than individuals who held a single marginalized identity (i.e., Black men). Additional research has demonstrated links between impostor phenomenon and mental health challenges; for instance, two studies found that impostor phenomenon was associated with lower levels of well-being (Cusack et al., 2013; McGregor et al., 2008).

Scholars have suggested that impostor phenomenon may be an integral part of the experiences of sexual minority individuals (Nadal et al., 2021). Sexual minority individuals may experience impostor phenomenon because they internalize negative societal messages about non-heterosexual identities, experience frequent microaggressions, or do not see sexual minority people represented in position. Sexual minority orientation may lead to feelings of fraudulence and a sense that one does not belong (Riggle et al., 2017; Lattanner & Hatzenbuehler, 2023). However, empirical research has yet to examine impostor phenomenon among sexual minority individuals.

Conceptually, impostor phenomenon is linked to the psychological construct of authenticity. Prior research has found an association between feelings of authenticity and well-being in sexual minority individuals (Sutton, 2020; Brownfield & Brown, 2022; Riggle et al., 2017). For instance, Sutton (2020) conducted a meta-analysis of 75 studies which found a strong positive correlation between authenticity and general well-being. Additionally, Brownfield and Brown (2022) found that authenticity mediated the relationship between concealment and well-being in bisexual adults.

Many previous studies on this topic have focused on authenticity (or inauthenticity)

a more general construct that captures feelings of fraudulence and negative p

I theorize that feelings of impostorism will generalize beyond one's sexual orientation into unrelated achievement domains such as career and academics. Moreover, as with the related construct of authenticity, impostor phenomenon may help explain the link between concealment and mental health challenges that has been found in previous research.

Hypothesis 2: Impostor phenomenon will mediate the link between concealment and mental health challenges.

Internalized Homonegativity

Internalized homonegativity also known as internalized homophobia or internalized heterosexism minority sexual orientation (Liu et al., 2022; Shidlo, 1994). Internalized homonegativity may sexual minority people. This internalization may lead to feelings of guilt and shame (Liu et al. 2022). Meyer (2003) asserts that while internalized homonegativity may be felt most acutely early in the coming out process, sexual minority individuals will likely carry the internalization of anti-gay stigma throughout their lives due to early socialization. The link between internalized homonegativity and mental health challenges has been well established in previous research (e.g., Walch et al., 2016; Velez et al. 2013). For example, a meta-analysis conducted by Newcomb & Mustanski (2010) found a small-to-moderate correlation between internalized

homonegativity and mental health challenges, including anxiety and depression, in sexual minority individuals.

Sexual minority individuals may conceal their sexual orientation for a variety of reasons. For instance, some may conceal due to concerns about discrimination and lack of physical and emotional safety (Brennan et al., 2021). Others may conceal because they have internalized negative stigma about their sexuality and feel ashamed or embarrassed about their identity (Lyons et al., 2017). Indeed, Velez et al. (2013) discovered that internalized homonegativity predicted concealment among sexual minority adults in the workplace. Theoretically, sexual minority individuals who are concealing due to internalized stigma—that is, sexual minority individuals with higher levels of internalized homonegativity—are likely to be more negatively impacted by concealment than those concealing for other reasons. Rather than attributing their concealment to a discriminatory social context, sexual minority individuals with high levels of internalized homonegativity may interpret their own concealing behavior as a signal that their sexual orientation is shameful (Walch et al., 2016). This feedback loop may lead to greater concealment-related mental health challenges among sexual minority individuals with high levels of internalized homonegativity. Similarly, a higher level of internalized homonegativity may lead to heightened feelings of impostorism within sexual minority individuals who conceal. Individuals who conceal due to negative feelings about their sexual orientation, as opposed to those who conceal due to a discriminatory social context, may be more likely to experience feelings of inauthenticity regarding their sexual orientation. This inauthenticity may generalize beyond sexual orientation and impact ongoing evaluation of self.

Hypothesis 3: Internalized homonegativity will moderate the link between a) concealment and mental health challenges, and b) concealment and impostor phenomenon.

Current Study

The purpose of the current study was to examine impostor phenomenon as a potential mediator of the relationship between concealment of a minority sexual orientation and mental health challenges. Previous literature has demonstrated a link between concealment and mental health challenges (Brennan et al., 2021; Jackson & Mohr, 2016; Lehavot & Simoni, 2011; Huang & Chan, 2022). However, to my knowledge, no previous research has examined whether impostor phenomenon plays a role in the association between concealment and mental health. Based on pre-existing research on other minority populations and theory related to sexual minority psychology, there is reason to believe that impostor phenomenon may play a significant role in the lives of sexual minority individuals. Thus, this study fills an important gap in the literature by introducing the construct of impostor phenomenon to the field of sexual minority mental health. The current study also adds to the literature by examining internalized homonegativity as a moderator of the links between concealment and impostor phenomenon and mental health challenges. Participants in this study were sexual minority adults, who completed an online cross-sectional survey measuring concealment, impostor phenomenon, mental health challenges, and internalized homonegativity. The specific mental health challenges that were examined were depression and anxiety. Fostering a deeper understanding of the mental health issues that sexual minority individuals face will help advance treatment and prevention options for this population.

Methods

Participants

A priori power analyses were conducted using G*Power 3.1 (Faul et al., 2009). Analyses with power set at 0.80 and alpha set at .05 indicated that 148 participants would be needed to

Impostor Phenomenon. The Clance Impostor Phenomenon Scale (CIPS) was used to measure impostorism (Clance, 1985). The CIPS includes 20 items, which direct participants to present success because I happened to be in the right place at the right time or knew the right *not at all true*) to 5 (*very true*). The CIPS has demonstrated high (0.84) and scores on the CIPS are associated with scores on established measures of constructs related to impostorism, such as the Perceived Fraudulence Scale (Chrisman et. al., 1995). In the current sample, for the CIPS was 0.92.

The data were analyzed using SPSS Statistics 28 (IBM Corp., 2021). Descriptive statistics were first calculated for all key study variables. Mediation and moderation analyses were completed using the SPSS PROCESS macro (Hayes, 2018).

Hypothesis 1

The first hypothesis was

examine whether concealment predicted anxiety symptoms. The overall regression model was statistically significant, $R^2 = .06$, $F(1, 586) = 37.67$, $p < .01$. Concealment significantly predicted anxiety scores, $\beta = .25$, $t(586) = 6.14$, $p < .01$.

My first mediation model tested the effect of concealment on depression through the

between concealment and both depression and anxiety. This finding helps explain the link between concealment and mental health challenges found in previous research. My initial theory was grounded in the commonality of inauthenticity between both concealment behaviors and impostor phenomenon. Concealment may produce other feelings associated with impostor phenomenon, such as a sense of fraudulence and inadequacy. Sexual minority individuals may feel like they are a fraud or inadequate because their true experiences are incongruent to the expectations others have of them. This finding is consistent with previous research on other minority or marginalized groups such as African Americans (Bernard et. Al., 2018), which found that concealment impacts on unrelated achievement domains such as career and academics. However, the findings only indicated a partial mediation, suggesting that other factors such as identity centrality or shame may also explain the link between concealment and mental health.

Based in theory, I speculated that sexual minority individuals who conceal their sexual orientation due to internalized homonegativity might be more negatively impacted by concealment than those concealing for other reasons. Similarly, I hypothesized that a higher level of internalized homonegativity may lead to heightened feelings of impostorism within sexual minority individuals who conceal. However, the current study found that internalized

my third hypothesis, demonstrating that internalized homonegativity does not contribute to variability in these processes. An individual who conceals their sexual orientation with lower internalized homonegativity may experience the same levels of mental health challenges or impostor phenomenon as an individual who conceals their sexual orientation with higher levels of internalized homonegativity. This finding contrasts with previous theorizing, which suggested that sexual minority people with higher levels of internalized homonegativity may be more

individuals reported higher levels of impostor phenomenon than cisgender individuals, while cisgender individuals reported higher levels of internalized homonegativity. I speculate that transgender and non-binary individuals who are sexual minorities may experience more impostor phenomenon due to their multiple marginalized identities. The moderation analysis may have found a significant moderation of internalized homonegativity in both the depression and anxiety models if the population was narrowed to cisgender individuals. Readers should exercise caution when applying the results of the current study to entirely cisgender or transgender LGBTQ samples.

A further limitation is the demographic characteristics of this sample. Most participants were young, white, and college -educated. Results may have differed in a sample with more diversity in race, age, and education level. Previous research has found that individuals belonging to more than one marginalized identity group experienced higher rates of impostor phenomenon than individuals who belonged to only one single marginalized identity (Bernard et al. (2017). As such, it is likely that a sample of racial/ethnic minority individuals may have reported higher levels of impostorism. I also speculate that an older sample may have had higher levels of internalized homonegativity because of the elevated stigma of homosexuality in previous generations. Roughly half (50.58%) of participants reported having at least a four-year degree. I speculate that if the average level of education was lower, results may have produced higher rates of concealment. Due to higher risk of victimization, sexual minority individuals of lower socioeconomic status may find themselves in less affirming spaces (Bränström et al., 2023). Caution should be exercised when attempting to apply these findings to individuals of other demographic characteristics.

Due to the nature of the recruitment process, people who regularly conceal their sexualities may have been less likely to participate in this study. It is unlikely that the individuals who are engaging the most in concealing behaviors would be targeted through online advertisements or snowball sampling. Individuals who have not come out to anyone were unlikely to receive the survey from friends and family. Additionally, they may have feared that participation would expose their identity to others. Results may differ with a sample higher in concealment; I speculate that individuals who engage in more concealment may have demonstrated a stronger link between concealment and mental health. Similarly, these individuals may have reported worse rates of impostorism since they have fewer social outlets for authenticity. However, the difficulty in recruiting these high-concealment individuals is an expected limitation when studying sexual minority populations.

Furthermore, this study is limited by its correlational, cross-sectional design. The current study is neither longitudinal nor experimental. As such, we can only speculate about the directionality of the relationships among the variables. For instance, though we suggest that concealment leads to mental health challenges, we cannot be certain that mental health challenges do not cause higher levels of concealment. This study is also limited by its use of self-report data. Participants may have intentionally or unintentionally misrepresented their experiences while taking part in the study. For instance, if a participant was having an especially stressful week, they may have scored higher on the anxiety scale than they would have otherwise.

Implications & Future Directions

The current study has several implications for clinical practice. When working with

experiences with impostor phenomenon. Assisting clients in reducing concealment behaviors and impostorism may help to reduce mental health challenges. An integral aspect of the counselor-
periences with
impostorism and heightening their sense of authenticity will strengthen this relationship along

References

- Bariola, E., Lyons, A., & Lucke, J. (2017). Flourishing among sexual minority individuals: Application of the dual continuum model of mental health in a sample of lesbians and gay men. *Psychology of Sexual Orientation and Gender Diversity, 4*(1), 43–53. <https://doi.org/10.1037/sgd0000210>
- Beals, K. P., Peplau, L. A., & Gable, S. L. (2009). Stigma management and well-being: the role of perceived social support, emotional processing, and suppression. *Personality & Social Psychology Bulletin, 35*(7), 867–879. <https://doi.org/10.1177/0146167209334783>
- Bernard, D. L., Lige, Q. M., Willis, H. A., Sosoo, E. E., & Neblett, E. W. (2017). Impostor phenomenon and mental health: The influence of racial discrimination and gender.

Brownfield, J. M. & Brown, C. (2022) The relations among outness, authenticity, and well-being for bisexual adults. *Psychology of Sexual Orientation and Gender Diversity*, 9(1), 71-80.

<https://doi.org/10.1037/sgd0000390>

Chaudoir, S. R., & Fisher, J. D. (2010). The disclosure processes model: Understanding disclosure decision making and postdisclosure outcomes among people living with a concealable stigmatized identity. *Psychological Bulletin*, 136, 236

256. <https://doi.org/10.1037/a0018193>

Ca51PAfield, J. M. & Brown, C.

Hayes, A. F. (2018). Partial, conditional, and moderated moderated mediation: Quantification, inference, and interpretation. *Communication Monographs*, 85(1), 4–40.

<https://doi.org/10.1080/03637751.2017.1352100>

Huang, Y.-T., & Chan, R. C. H. (2022). Effects of sexual orientation concealment on well-being among sexual minorities: How and when does concealment hurt? *Journal of Counseling Psychology*, 69(5), 630–641. <https://doi.org/10.1037/cou0000623>

Jackson, S. D., & Mohr, J. J. (2016). Conceptualizing the closet: Differentiating stigma concealment and nondisclosure processes. *Psychology of Sexual Orientation and Gender Diversity*, 3, 80–92. <https://doi.org/10.1037/sgd0000147>

King, E. B., Mohr, J. J., Peddie, C. I., Jones, K. P., & Kendra, M. (2017). Predictors of identity management: An exploratory experience-sampling study of lesbian, gay, and bisexual workers. *Journal of Management*, 43, 476–502.

<https://doi.org/10.1177/0149206314539350>

Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606–613.

<https://doi.org/10.1046/j.1525-1497.2001.016009606.x>

Lattanner, M.R. & Hatzenbuehler, M.L. (2023) Thwarted belonging needs: A mechanism prospectively linking multiple levels of stigma and interpersonal outcomes among sexual minorities. *Journal of Social Issues*, 79, 410–445. <https://doi.org/10.1111/josi.12564>

Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science*, 3(2), 145–152.

<https://doi.org/10.1177/1948550611411929>

- Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among SM women. *Journal of Consulting and Clinical Psychology, 79*, 159–170. <https://doi.org/10.1037/a0022839>
- Liu, F., Ye, Z., Chui, H., & Chong, E. S. K. (2022). Effect of perceived public stigma on internalized homophobia, anticipated stigma, shame, guilt: Outness as a moderator. *Asian Journal of Social Psychology, 12*(1), 1–12. <https://doi.org/10.1111/ajsp.12552>
- Lyons, A., Alba, B., & Pepping, C. A. (2017). The impact of social support and mindfulness on the mental health of middle-aged and older gay men: A longitudinal cohort analysis. *Psychology of Sexual Orientation and Gender Diversity, 4*(4), 472–480. <https://doi.org/10.1037/sgd0000247>
- Mak, W. W. S., & Cheung, R. Y. M. (2010). Self-stigma among concealable minorities in Hong Kong: Conceptualization and unified measurement. *American Journal of Orthopsychiatry, 80*(2), 267–281. <https://doi.org/10.1111/j.1939-0025.2010.01030.x>
- McGregor, L. N., Gee, D. E., & Posey, K. E. (2008). I feel like a fraud and it depresses me: The relation between the impostor phenomenon and depression. *Social Behavior and Personality: An International Journal, 36*(1), 43–48. <https://doi.org/10.2224/sbp.2008.36.1.43>
- Meerwijk, E. L., & Sevelius, J. M. (2017). Transgender population size in the United States: a meta-regression of population-based probability samples. *American Journal of Public Health, 107*, e1–e8. <https://doi.org/10.2105/AJPH.2016.303578>
- Mendoza, J. (2023). *The effect of the imposter syndrome on psychological well-being in latino undergraduate students* [Doctoral dissertation, The Chicago School of Professional Psychology]. ProQuest Dissertations Publishing.

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674-697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology*, *58*(2), 234-245. <https://doi.org/10.1037/a0022858>
- identity management. *Journal of Diversity in Higher Education*, *16*(1), 13-25. <https://doi.org/10.1037/dhe0000210>
- Nadal, K. L., King, R., Sissoko, D. R. G., Floyd, N., Hines, D. (2021). The legacies of systemic and internalized oppression: Experiences of microaggressions, impostor phenomenon, and stereotype threat on historically marginalized groups. *New Ideas in Psychology*, *63*, Article 100895. <https://doi.org/10.1016/j.newideapsych.2021.100895>
- Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review*, *30*, 1019-1029. <https://doi.org/10.1016/j.cpr.2010.07.003>
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, *133*, 328-345. <https://doi.org/10.1037/0033-2909.133.2.328>
- Pachankis, J. E., Mahon, C. P., Jackson, S. D., Fetzner, B. K., & Bränström, R. (2020). Sexual orientation concealment and mental health: A conceptual and meta-analytic review. *Psychological Bulletin*, *146*(10), 831-871. <https://doi.org/10.1037/bul0000271>

Pachankis, J. E., Sullivan, T. J., Feinstein, B. A., & Newcomb, M. E. (2018). Young adult gay
-year longitudinal

study. *Developmental Psychology*, *54*, 1381–1393. <https://doi.org/10.1037/dev0000518>

Riggle, E. D. B., Rostosky, S. S., Black, W. W., & Rosenkrantz, D. E. (2017). Outness,

and well-being. *Psychology of Sexual Orientation and Gender Diversity*, *4*(1), 54–62.

<https://doi.org/10.1037/sgd0000202>

Shidlo, A. (1994). Internalized homophobia: Conceptual and empirical issues in measurement. In

B. Greene & G. M. Herek (Eds.), *Lesbian and gay psychology: Theory, research, and clinical applications* (pp. 176–205). Sage Publications, Inc.

<https://doi.org/10.4135/9781483326757.n10>

Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing
generalized anxiety disorder: the GAD-7. *Archives of internal medicine*, *166*(10), 1092

1097. <https://doi.org/10.1001/archinte.166.10.1092>

Sutton, A. (2020). Living the good life: A meta-analysis of authenticity, well-being and
engagement. *Personality and Individual Differences*, *153*, Article 109645.

<https://doi.org/10.1016/j.paid.2019.109645>

Talbot, C. V., Talbot, A., Roe, D. J., & Briggs, P. (2020). The management of LGBTQ+
identities on social media: A student perspective. *New Media & s Society*, *24*(8), 1729-

1750. <https://doi.org/10.1177/1461444820981009>

Velez, B. L., Moradi, B., & Brewster, M. E. (2013). Testing the tenets of minority stress theory
in workplace contexts. *Journal of Counseling Psychology*, *60*(4), 532–542.

<https://doi.org/10.1037/a0033346>

Walch, S. E., Ngamake, S. T., Bovornusvakool, W., & Walker, S. V. (2016). Discrimination, internalized homophobia, and concealment in SM physical and mental health. *Psychology of Sexual Orientation and Gender Diversity*, 3(1), 37–48.

<https://doi.org/10.1037/sgd0000146>

