

## Predictors of Attitudes towards LGB in Greece

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### Abstract

The aim of the research is to examine the predictors of attitudes towards LGB in Greece and especially the role of psychopathology (depression, suicidality, perceived stress, gay-related stress). A questionnaire was distributed to a sample of 112 participants. 64 of them were self-defined as LGB. The results showed that transgender, Greek participants, and those with higher suicidality risk have more positive attitudes towards LGB. Older, Christian Orthodox, not religious participants and those with more depression symptoms have more negative attitudes towards LGB. The regression for the LGB participants showed that women with more depression symptoms and higher internalized homophobia levels have more negative attitudes towards LGB. Most of the participants with higher suicidality risk have more positive attitudes towards LGB.

**Keywords:** LGB; attitudes; depression; suicidality; minority stress

## Introduction

In Greece, LGB rights have not been fully acknowledged, although there has been significant progress over the last years. To begin with the legal context, the country's constitution does not make any reference to sexual discrimination, but sexual intercourse between people of the same gender is legal since 1951. In 2005, the Greek parliament has passed a law that protects homosexual people from discrimination. Law 3896/2010 forbids any discrimination against transgender people. Furthermore, transgender individuals have the right to change their gender and name in their birth certificate. Later, in 2015, civil partnership between individuals of the same gender has been legalized [1].

ILGA-Europe which assesses progress in legal and policy context in 49 European countries with the use of the Rainbow Index, ranked Greece in the 15th position in 2016, because of civil partnership legalization. However, this progress did not continue, since according to the recent data Greece fell to the 18th position. It is notable that none of the European countries made any significant progress during 2021. Up to date, there is not any specific legislation that allows same-sex marriage and child adoption in Greece, so there is space for improvement in this area [2].

To continue with the attitudes toward LGB individuals in Greece, FRA's online survey provided useful insights about LGBTI. In terms of openness, LGBTI in Greece scored lower than their EU-28 counterparts. Furthermore, they seem to experience more discrimination in Greece, but in terms of harassment and violence as well as hate-motivated discrimination and violence they are subject to similar incidents as in other EU-28 countries. There is an encouraging result in terms of intolerance and prejudice, as the majority of LGBTI considers it has dropped over the last years (57%). This percentage is higher compared to the EU-28 average (40%). In school, although a significant percentage of students hide their sexual identity, they believe that their peers and teachers support LGBTI rights. Those results are comparable with the EU-28 average. However, the education system in Greece does not seem to effectively deal with LGBTI issues compared to the EU-28 average [3].

Having presented the situation in Greece, it is evident that there is room for progress in specific areas. LGB rights will be fully acknowledged when the aspects of openness and discrimination improve, shaping more positive attitudes towards LGB individuals. Hence, it is very important to study the predictors of attitudes, as they provide the risk factors of potential negative attitudes.

### Socio-Demographic Characteristics as Predictors of Attitudes towards LGB

Several socio-demographic characteristics have been found to be associated with attitudes toward LGB in recent literature. To begin with gender, some studies found that men have more negative attitudes compared to women [4-16], while other studies did not find any significant effect of gender on attitudes [17-21].

Age seems to be also a significant predictor of negative attitudes. A number of studies conclude that older people tend to have more negative attitudes compared to the younger ones [4, 8, 9] [11-12], [17-19], while other researchers did not find such a statistically significant effect [6, 7, 10], [20-21].

As regards the educational background, again the results from recent research are mixed, since some studies found that it affects attitudes toward LGB, i.e individuals of higher education tend to have more positive attitudes toward LGB [4, 11,15],[17-20], while others did not find any statistically significant impact [8, 21].

All recent papers which involved religion as a potential predictor of attitudes towards LGB, concluded that more religious people demonstrate more negative attitudes toward LGB [4-9], [11],[14-17], [19-21].

When studying the effect of specific religions, Xie and Peng found that Muslims had more negative attitudes compared to other religion groups, while Yeo and Chu concluded that Buddhists had more negative attitudes compared to Christians. Furthermore,

Garrido-Hernansaiz et al. found that Christians had more negative attitudes compared to atheists.

Nationality and race have been involved in recent research as a potential factor explaining attitudes toward LGB. Only two recent papers concluded that nationality does not constitute a significant predictor of attitudes [9, 20]. The research of Donaldson et al. revealed that the country of residency differentiated significantly attitudes toward LGB in EU-28. Furthermore, the research of Bettinsoli et al. which was conducted in Western and non-Western countries showed that in non-Western countries' attitudes toward LGB were more negative.

Yeo and Chu found that in Hong-Kong individuals, Chinese orientation of participants suggested lower social acceptance of LGB compared to Western orientation. Ciocca et al. in their research involving participants from Italy, Ukraine and Albania found that Ukrainians had more negative attitudes compared to the rest participants. Latin-American individuals had more negative attitudes compared to Eastern European, Spanish and participants of other nationalities in the research of Garrido-Hernansaiz et al. In the research of Hall and Rodgers white individuals have more positive attitudes compared to black and other races.

Sexual orientation also emerged as a factor which differentiates attitudes with heterosexuals having more negative attitudes compared to the rest [18,12, 14], but there are some studies which do not consider that sexual orientation is a significant factor that shapes attitudes toward LGB people [8, 19].

Marital status does not have significant impact on attitudes toward LGB according to recent studies [5,8, 16, 21]. Place of residence (urban and rural areas) has been studied as potential predictor of attitudes toward LGB, but it does not seem to affect them significantly [17, 19].

Attitudes toward LGB have been associated with homonegativity which reflects the level of internalized homophobia. Higher levels of homonegativity and hence homophobia is associated with more negative attitudes toward LGB [18, 14].

Two recent research were conducted in Greece. Georgiou et al. investigated the predictors of attitudes toward LGB and found that religious men were less tolerant toward both male and female homosexuals. Place of residence did not seem to affect attitudes. Grigoropoulos found that older, religious men are less tolerant toward LGB individuals.

### **The Role of Psychopathology in Attitudes towards LGB**

Psychopathological symptoms seem to differentiate attitudes toward LGB, although only a small number of studies investigated their effect. Ciocca et al. concluded that the existence of depression is related to lower levels of homophobia. Psychoticism is related to negative attitudes towards homosexuals. D'Urso et al. examined the impact of psychopathology in homophobic bullying in adolescence. Individuals who engaged in homophobic bullying had paranoid destructiveness. Anxious exhaustion was associated with lower levels of homophobic bullying social desolation did not have significant impact on homophobic bullying.

Huang et al. studied the role of psychopathology in attitudes toward same-sex marriage using the 5-item Brief Symptom Rating Scale (BSRS-5). The scale measures anxiety, depression, hostility, inferiority, and insomnia. They found that the existence of psychopathology is related with less negative attitudes toward LGB.

The research of Falgares et al. also concluded that psychopathology is associated with less negative attitudes toward LGB. The researchers used the Symptom Check List-90-R, which evaluates 90 symptoms and 9 dimensions: obsessive-compulsive disorder, psychoticism, somatisation, interpersonal sensitivity, anxiety, phobic anxiety, depression, hostility, and paranoid ideation.

### **The Present Study**

Having present recent research concerning the factors affecting attitudes towards LGB as well as the situation in Greece, the pre-

sent study examines apart from all other factors already studied in literature the role of psychopathology. As it has already been mentioned above, few research focused on mental health of individuals as a factor shaping attitudes towards LGB. Here, focus is made on specific mental health conditions and specifically depression, suicidality, sexual orientation-related stress and perceived stress. Since in Greece there is space for improvement in terms of LGB rights, it is important to build a model that detects the risk factors for possible negative attitudes towards LGB. Although there are a few previous studies in Greece investigating the predictors of attitudes towards LGB, none of them involved psychopathology.

## Methods

### Participants

Participants were recruited from the beneficiaries in the Department of Infectious Diseases in the General Hospital of Chania “St. George”, from the Psychological Centre of Chania- Field of Adult Psychological Therapy and from the European Institute of Education and Psychotherapy-Centre for Lifelong Learning. Furthermore, participants were recruited from the members of “LGBTQ Greek Community” on Facebook. This way, the final sample comprised of clinical samples as well as LGBTQ samples. The questionnaire was administered via Google Forms. The questionnaire was uploaded on social media pages. The final sample consists of 112 participants, out of which 64 participants belong to the LGB community.

Based on their socio-demographic characteristics, 56.3% were male, 37.5% female and the rest 6.3% transgender. As regards their sexual orientation, 47.3% of the participants were homosexuals, 9.8% bisexuals while the rest 42.9% are heterosexuals. Most participants belonged to the over 25 age group (82.9%), while the average age is 36.81 and the standard deviation is 10.54. Most participants had Greek nationality (93.8%), followed by those with Albanian nationality (5.4%) and those with Belgian nationality (0.9%).

As far as concerns educational background, most participants had at least completed compulsory education. In detail, 1.8% had completed junior high school, 30.4% senior high school, 43.8% had a university degree, 20.5% had a master’s degree and the rest 3.6% had a PhD. When it comes to the area of residency, 7.1% lived in rural areas, 42.0% lived in a small city, while almost half of the participants lived in a large city. Finally, regarding religious beliefs, 59.8% of the participants are Christian Orthodox, 34.8% of participants are atheists, 1.8% are not religious, while in smaller percentages are protestants, agnostics, and Buddhists (0.9%). A small percentage of participants also declared that are not sure yet (0.9%).

### Measures

Current sexual orientation scale. The self-assessment of sexual orientation was feasible with the use of four questions involved in the research of Rosario et al. (1996) as referred in Rosario et al. (2004) Those questions focus on recent sexual fantasies of individuals and whether they address the same or the opposite gender while in public areas, during masturbation or during watching erotic content. Answers were given in a five-point scale and measure frequency (1=Always focused on the same gender-5=Always focused on the opposite gender). Rosario et al.(2002) showed that the internal consistency reliability of the scale is high ( $\alpha = .91$ ).

Attitudes towards Lesbian and Gay Men (ATLG). The original version of the scale was developed by Herek as referred in Herek. In this study, the Greek version was used [22]. The scale involves 20 items in a five-point Likert scale (1=Totally disagree, 5=Totally agree). A higher score in this scale shows a more negative attitude towards LG. The scale has high internal consistency reliability ( $\alpha = .91$ ) and high repeated measurement reliability ( $r = .82$ ), while it has been weighted for the Greek population [22].

Internalized Homophobia Scale. The scale was developed by Szymanski and Chung and consists of 52 items in a five-point Likert scale (1=Totally disagree, 5=Totally agree). It measures five factors: ethical and religion attitudes to homosexuality, attitudes towards other homosexual individuals, communication with the members of the LGB community, public coming out of homosexuality and personal feelings about homosexuality. The scale is addressed to LGB individuals. Szymanski and Chung showed that it has

high internal consistency reliability ( $\alpha = .94$ ). A higher score in the scale shows higher internalized homophobia.

Gay-related stressful events scale. The scale was developed by **Rosario et al. (1997)** and is addressed to LGBTQ+ individuals. It measures the stressful events they experienced during the past three months due to their sexual orientation at work and with family and friends. The scale involves 12 stressful events in which the participants had to report if they experienced them during the past three months (yes/no). A higher score shows higher levels of sexual orientation-related stress.

Depression scale. Beck's Depression Inventory (BDI) was used to measure self-reported levels of depression as its psychometric qualities are empirically validated [23]. The scale comprises of 21 items. According to the scoring instructions of the scale, a score higher than 19 indicates the presence of at least medium level depression symptoms. BDI has high internal consistency reliability ( $.81 \leq \alpha \leq .96$ ) in a series of empirical studies [24-25].

Risk-Assessment Suicidality Scale (RASS). It was developed by Fountoulakis et al. to assess the risk of the manifestation of suicidal behaviors. The scale involves 12 items in a four-point Likert scale (1=Not at all, 4= Very much). Internal consistency reliability is satisfactory ( $.72 \leq \alpha \leq .78$ ) [26,]. Higher scores in the scale indicate higher suicidality levels.

Perceived Stress Scale (PSS). The scale was originally developed in 1983 as Cohen et al. refer. It is widely used to assess the perceived stress levels during the past month. It comprises of 10 items in a five-point Likert scale (1=Never, 5=Very often). According to Cohen et al. a score higher than 13 indicates at least moderate stress levels. Lee's (2012) meta-analysis including the findings of 19 studies showed that the scale has high internal consistency reliability ( $.75 \leq \alpha \leq .91$ ) and satisfactory repeated measurement reliability ( $.55 \leq r \leq .85$ ).

## Procedure

As the research was conducted during the Covid-19 pandemic, the research instrument was distributed through Google Forms. When participants opened the form, they were informed about the content of the questionnaire. Then, they were informed about the use of their answers and were ensured that their personal data will not be publicized without their consent. They were also informed about the anonymity of their answers. If participants were willing to participate in the research, they continued to the next stage of the questionnaire.

In the first part of the questionnaire participants were required to declare some demographic data concerning gender, age, nationality, marital status, educational background, area of residency and religious beliefs. Then, participants were required to answer the scale concerning sexual orientation which indicated the number of questionnaires they fulfilled. In detail, heterosexual participants completed the Current Sexual Orientation Scale [27], the ATLG scale [22], Beck's Depression Inventory [28], RASS (26) and PSS [29]. Homosexual and bisexual participants completed the above-mentioned scales as well as the Internalized Homophobia Scale [30] and the Gay-Related Stressful Events Measure [31].

## Analysis Plan

To find the relationship between attitudes towards LGB with socio-demographic data and mental health, first non-parametric tests were performed and specifically tests for equality of medians as well as distribution tests (Mann-Whitney U-test, Kruskal-Wallis's test). The selection of non-parametric tests was based on the result of the Kolmogorov-Smirnov test, which revealed that the distribution of attitudes towards LGB is not normal ( $KS=0,205, p<.001$ ).

Then, since Pearson's correlation coefficient was calculated in order to study the relationship between attitudes and mental health indicators, i.e depression, suicidality and perceived stress for the total sample, adding gay-related stress and internalized homophobia for the LGB sub-sample.

The final step was to perform multiple linear regressions setting as dependent variable attitudes towards LGB. Two different regressions were performed, one for the total sample of heterosexual and LGB participants and the other only for the LGB participants. The models involved socio-demographic data as predictors, as well as mental health indicators. The model of LGB involved also gay-related stress and internalized homophobia as possible predictors.

## Results

### Descriptive Statistics

In this section, the descriptive statistics concerning the variables involved in the analysis are presented. Those are presented for the total sample as well as for sexual identity group separately. Internalized homophobia and gay-related stressful events scales were only distributed to LGB participants and therefore the descriptive statistics do not concern heterosexual participants of the sample. Descriptive statistics are presented in Table 1 below:

**Table 1:** Descriptive Statistics

Attitudes Towards Homosexual Women and Men							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
30	31,28 (9,21)	30	36,36 (19,12)	45,5	49,96 (25,76)	32	39,79 (20,84)
Depression							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
16	18,28 (10,80)	14	18,82 (9,35)	5	7,17 (5,86)	16	18,38 (10,49)
Suicidality							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
23	23,19 (3,69)	25	25,09 (4,44)	20	20,67 (2,23)	23	23,52 (3,85)
Perceived Stress							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
30	31,74 (7,61)	33	32,09 (8,89)	24	24,13 (6,13)	30,5	31,80 (7,77)
Internalized Homophobia							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
127	138,83 (42,17)	113	130,73 (57,17)	-	-	126,5	137,44 (44,68)
Gay-Related Stressful Events							
Homosexuals		Bisexuals		Heterosexuals		Total sample	
Median	M (SD)	Median	M (SD)	Median	M (SD)	Median	M (SD)
6	5,19 (3,90)	7	6,36 (4,57)	-	-	6	5,39 (4,01)

The inspection of table 1 reveals that heterosexuals have both on average (49,96) and median terms (45,50) more negative attitudes towards homosexual women and men compared to their homosexual and bisexual counterparts. However, since the maximum

score in the scale is 100, almost have of the participants seem to have When it comes to mental health, homosexual and bisexual participants have more depression symptoms, higher suicidality risk and perceived stress compared to the heterosexual participants. As regards internalized homophobia and gay-related stressful events, bisexual participants seem to experience lower levels of internalized homophobia, but higher levels

### Non-Parametric Tests

Both the independent samples median test ( $p=0,079$ ) as well as Kruskal Wallis test ( $p=0,185$ ) showed that gender does not lead to statistically significant differences in the median and distribution of attitudes towards LGB. The same applies for nationality (median test  $p=0,369$ , K-W test  $p=0,310$ ), educational background (median test  $p=0,513$ , K-W test  $p=0,771$ ) and area of residency (median test  $p=0,610$ , K-W test  $p=0,904$ ).

When it comes to marital status, although the median is not statistically different among groups ( $p=0,160$ ), the distribution is statistically different ( $p=0,011$ ). Pairwise comparisons revealed that there is statistically significant difference in attitudes' distribution between not married and married participants ( $p=0,005$ ). Religion seems to lead to statistically significant differences both in medians and in distributions among different religion groups (median test  $p=0,014$ , K-W test  $p=0,003$ ). Pairwise comparisons revealed that there is statistically significant difference between atheists and Christian Orthodox participants ( $p=0,001$ ). Specifically, Christian Orthodox participants have more negative attitudes compared to atheist participants. The same applies for the pairwise comparisons following the Kruskal-Wallis's test ( $p=0,001$ ).

Finally, sexual identity leads to statistically significant differences in median attitudes as well as in the distribution of attitudes among different groups (median test  $p=0,024$ , K-W test  $p=0,002$ ). Pairwise comparisons for median showed that there is statistically significant difference between homosexual and heterosexual participants ( $p=0,002$ ) as well as between bisexual and heterosexual participants ( $p=0,023$ ). Heterosexual participants have more negative attitudes compared to homosexual and bisexual participants. Pairwise comparisons following the Kruskal-Wallis's test showed that the distribution of attitudes is statistically different between homosexual and heterosexual participants ( $p=0,001$ ). The median and Mann-Whitney U-tests which were performed in the groups of heterosexuals and the rest participants showed that there are statistically significant differences (median test  $p=0,015$ , U-test  $p=0,001$ ). Heterosexual participants had more negative attitudes than the rest participants in median terms.

### Correlations

In this section, correlations between attitudes and variables that capture mental health of participants are presented, with the use of Pearson's  $r$  correlation coefficient. Table 2 below presents those correlations:

**Table 2:** Correlation between attitudes towards LGB and mental health

Correlations						
		Internalized Homophobia	Gay-Related Stressful Events	Depression	Suicidality	Perceived Stress
Attitudes	<b>Pearson Correlation</b>	,688**	,458**	-,213*	-,258**	-,258**
	<b>Sig. (2-tailed)</b>	0,000	0,000	0,024	0,006	0,006
	<b>N</b>	64	64	112	112	112

\*\*significant at 5% significance level \* significant at 10% significance level

Table 2 shows that all correlations are statistically significant at 5% significance level. There are positive correlations between attitudes towards LGB, internalized homophobia [ $r(64)=0,688$ ,  $p<.001$ ] and gay-related stressful events [ $r(64)=0,458$ ,  $p<.001$ ]. There-



fore, more negative attitudes towards LGB are related with higher levels of internalized homophobia and gay-related stressful events. There are negative correlations between attitudes towards LGB, depression [ $r(112) = -0,213, p=0,024$ ], suicidality [ $r(112) = -0,254, p=0,006$ ] and perceived stress [ $r(112) = -0,258, p=0,006$ ]. That is, more negative attitudes towards LGB are related to lower depression levels, lower suicidality risk and lower perceived stress levels. It is important to note at this point that since the variable of age is continuous, Pearson's correlation coefficient was calculated and showed that more negative attitudes are related to older-aged participants [ $r(112) = 0,281, p=0,003$ ].

## Regressions

Table 3 below presents the regressions for the total sample and for the sample of homosexual and bisexual participants separately.

**Table 3:** Predictors of attitudes towards LGB

Attitudes towards LGB								
	$\beta$	t	p	Adj. R2	$\beta$	t	p	Adj. R2
Constant term	133,109***	3,559	0,001		75,321***	4,119	0,000	
Gender woman	-4,112	-1,001	0,319		6,800**	2,109	0,041	
Gender transgender	-21,393*	-1,901	0,061		-3,385	-0,410	0,684	
Age	0,399*	1,675	0,098		-0,077	-0,580	0,565	
Nationality Greek	-62,588***	-2,755	0,007		-43,060***	-3,551	0,001	
Nationality Albanian	-38,826	-1,636	0,105		-28,338**	-2,250	0,030	
Marital Status not married	1,002	0,161	0,872		2,884	0,760	0,452	
Marital Status married	3,538	0,584	0,560		1,423	0,322	0,749	
Educational Level junior high school	10,469	0,521	0,603		12,187	1,320	0,194	
Educational Level senior high school	-11,209	-1,146	0,255		-4,389	-0,941	0,353	
Educational Level university	-11,619	-1,215	0,228		-4,674	-1,007	0,320	
Educational Level master	-9,848	-0,971	0,334		2,776	0,578	0,566	
Residency village	-6,039	-0,725	0,471		-1,433	-0,269	0,789	
Residency small city	4,196	0,942	0,349		-0,600	-0,227	0,821	
Religion Christian	25,352*	1,894	0,062		7,930	1,032	0,308	
Religion Protestant	26,584	1,180	0,241		7,566	0,738	0,465	
Religion Atheist	17,078	1,255	0,213		4,204	0,567	0,574	
Religion Not religious	36,101*	1,818	0,072		11,993	1,244	0,221	
Religion Agnostic	20,284	0,863	0,391		5,355	0,476	0,637	
Sexual Identity heterosexual	5,334	0,696	0,488		-	-	-	
Sexual Identity homosexual	-9,298	-1,295	0,199		-4,512	-1,410	0,167	
Depression	0,808**	2,200	0,030		0,462**	2,171	0,036	
Suicidality	-2,434***	-2,712	0,008		-1,031**	-2,287	0,028	
Perceived Stress	-0,485	-1,294	0,199	0,269	-0,211	-1,016	0,316	
Internalized Homophobia					0,131***	2,846	0,007	



Gay-Related Stressful Events					0,349	0,724	0,474	0,679
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\*\*\* Significant at 1% significance level \*\*significant at 5% significance level \* significant at 10% significance level.

The regression for the total sample is overall statistically significant [ $F(23, 110)=2,757, p<.001$ ] but according to the adjusted  $R^2$ , only the 27% of the variability of attitudes towards LGB is explained by the model. Transgender participants ( $\beta=-21,39, p=0,061$ ), Greek participants ( $\beta=-62,59, p=0,007$ ) and those with higher suicidality risk ( $\beta=-2,434, p=0,008$ ) seem to have more positive attitudes. Older participants ( $\beta=0,399, p=0,098$ ), Christian Orthodox ( $\beta=25,35, p=0,062$ ), not religious participants ( $\beta=36,10, p=0,072$ ) and those with more depression symptoms ( $\beta=0,81, p=0,030$ ) seem to have more negative attitudes towards LGB.

The regression for the LGB participants is overall statistically significant [ $F(24, 63)=6,559, p<.001$ ]. The model explains 68% of the variability of attitudes towards LGB. Of the sample of LGB, women ( $\beta=6,80, p=0,041$ ), participants with more depression symptoms ( $\beta=0,462, p=0,036$ ) and higher internalized homophobia levels ( $\beta=0,131, p=0,007$ ) have more negative attitudes towards LGB. Greek participants ( $\beta=-43,06, p=0,001$ ), Albanian participants ( $\beta=-28,39, p=0,030$ ) and those with higher suicidality risk ( $\beta=-1,03, p=0,028$ ) have more positive attitudes towards LGB.

## Discussion

The results showed that socio-demographic characteristics continue to be some of the predictors of attitudes towards LGB, both in the total sample and in the sample of LGB. Transgender participants have more positive attitudes on average. However, in the sample of LGB, women seem to have more negative attitudes compared to the rest genders. This contradicts previous research conducted in samples of heterosexual women [4-16] and reveals some important insights for the LGB community.

Older participants seem to have more negative attitudes towards LGB, but only in the total sample. The latter is in line with previous research [4], [8-9], [11, 12], [17-19], [32]. Age does not seem to predict attitudes for the LGB sample.

Educational background does not seem to predict attitudes towards LGB, a finding which is corroborated by few previous research [8, 21]. Religion is also in this research an important factor predicting attitudes, validating the results of previous studies [4- 9], [11], [14-17], [19-21], [32, 33], but not for the LGB sample. The latter especially holds for Christian Orthodox and not religious participants who have more negative attitudes. Furthermore, the non-parametric tests revealed statistically significant differences between Christian Orthodox and Atheist participants, which Christian Orthodox ones having more negative attitudes in median terms. This is in line with the research of Garrido-Hernansaiz [10].

Nationality has been found as an important predictor of attitudes towards LGB in the total and LGB sample regression. This is in line with previous research [4-5], [10-11], [18-19]. Here, although the non-parametric tests revealed that sexual orientation differentiates attitudes towards LGB with heterosexuals having more negative attitudes compared to the rest [12, 14, 18], the results from regressions did not return any statistically significant impact, validating the strand of literature which concludes that sexual orientation is not a significant predictor of attitudes [8, 19].

Marital status did not have significant impact on attitudes toward LGB, a result in line with recent studies [5, 8, 16, 21]. Place of residence also did not have statistically significant impact which validates the findings of recent studies [17, 19, 32]. Furthermore, another finding consistent with the respective literature is that higher levels of internalized homophobia are related to more negative attitudes towards LGB [18,14]. Finally, although mental health seems to be important in both regressions as few previous studies suggested [5,12, 16, 34], here depression is associated with more negative attitudes towards LGB, but suicidality with more positive attitudes towards LGB.

## Limitations

The most important limitation of the research is that questionnaires were only distributed online and hence only those participants who were willing to participate in the research were included in the final sample. The latter led to a convenient sample which was not representative of the population under examination. Therefore, results cannot be generalized to the Greek population. Furthermore, although psychopathology was found here a significant predictor of attitudes towards LGB, the reason this relationship is observed is not clear. Perhaps semi-structured interviews would have helped in examining this relationship in depth. A qualitative analysis of the interviews with LGB participants would be useful to compare qualitative and quantitative data.

It's important the future research to include a larger sample and more psychometric tools to explore the relationship between minority stress and psychopathology.

## Conclusions

The results of the present study are in line with recent literature. For the total sample of participants, transgender, Greek participants, and those with higher suicidality risk seem to have more positive attitudes towards LGB. Older, Christian Orthodox, not religious participants and those with more depression symptoms seem to have more negative attitudes towards LGB. The regression for the LGB participants showed that women with more depression symptoms and higher internalized homophobia levels have more negative attitudes towards LGB. Greek and Albanian participants and those with higher suicidality risk have more positive attitudes towards LGB. The results suggest that the predictors of attitudes for LGB may be different from the ones of heterosexuals. In fact, religion does not play a significant role for LGB participants. However, mental health has similar impact on attitudes towards LGB in both regressions.

It would be interesting in the future to compare the predictors of attitudes towards LGB separately for heterosexuals and separately for the LGB participants. This could be another way to assess the role of sexual orientation in forming the aforementioned attitudes. Additionally, mixed research can assist in understanding how psychopathology is related to attitudes towards LGB. As few research exist that involve the role of psychopathology, more research is needed in this area.

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