



The Relationship Between Rejection Sensitivity And Depression In Indian Gay Men

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Abstract

Rejection sensitivity has been identified as an important psychological factor influencing mental health outcomes among sexual minority individuals. The present study examined its relationship with depressive symptoms among Indian gay men, a population that experiences distinct psychosocial challenges within a stigmatizing sociocultural context. A sample of 100 participants was assessed using the Gay-Related Rejection Sensitivity Questionnaire (GRSQ) and the Beck Depression Inventory-II (BDI-II). Both instruments demonstrated high internal consistency (GRSQ $\alpha = .965$; BDI-II $\alpha = .939$). Pearson correlation analysis revealed a statistically significant positive relationship between rejection sensitivity and depression, $r(98) = .356$, $p < .001$, indicating that individuals who are more likely to anticipate social rejection also tend to report higher levels of depressive symptoms. These findings highlight the role of rejection-related cognitive and emotional processes in shaping mental health outcomes. Although the cross-sectional design limits causal interpretation, the study provides important insight into factors associated with depression among Indian gay men.

Index Terms : Rejection sensitivity, Depression, Sexual minority, Minority stress, Indian gay men

Introduction

Mental health concerns have become a major public health issue, with depression identified as one of the leading causes of disability worldwide. According to the World Health Organization (WHO, 2023), depression affects approximately 280 million people, reflecting its widespread impact across diverse populations and cultural contexts. Despite increasing awareness and advancements in mental health care, disparities in psychological well-being continue to persist across different social groups.

Research has consistently demonstrated that individuals belonging to sexual minority groups experience disproportionately higher levels of psychological distress compared to heterosexual populations, particularly in the form of depressive and anxiety symptoms (Frost & Meyer, 2023; Meyer, 2003). These disparities are widely understood to be shaped by broader social and environmental conditions.

One of the most influential explanations for these disparities is Minority Stress Theory, which provides a framework for understanding how social environments contribute to mental health inequalities (Meyer, 2003).

The theory proposes that individuals with stigmatized identities are exposed to chronic and unique stressors in addition to general life stress. These include external stressors such as discrimination and stigma, as well as internal processes such as internalized stigma and expectations of rejection (Meyer, 2003; Frost & Meyer, 2023). Over time, the cumulative burden of these stressors increases vulnerability to depression.

Among the various stress processes highlighted within this framework, rejection sensitivity has emerged as an important psychological construct. It refers to a cognitive–affective tendency in which individuals anxiously expect, readily perceive, and strongly react to potential rejection in interpersonal situations (Downey & Feldman, 1996). This tendency typically develops through repeated experiences of interpersonal rejection, which heighten expectations of future rejection.

Although such heightened vigilance may initially function as a protective mechanism, it can also lead to maladaptive behavioral patterns. Individuals with high rejection sensitivity may withdraw socially, interpret neutral interactions negatively, or adopt defensive responses that interfere with the development of supportive relationships. Consequently, rejection sensitivity has been linked to loneliness, social isolation, and increased psychological distress (Downey & Feldman, 1996; Pachankis et al., 2008).

For sexual minority individuals, rejection sensitivity often takes a status-based form, where expectations of rejection are directly linked to one’s minority identity (Mendoza-Denton et al., 2002; Slimowicz et al., 2020). In the case of gay men, this may manifest as heightened awareness of potential discrimination or negative evaluation in everyday interactions. Empirical research has demonstrated that sexual orientation–related rejection sensitivity is significantly associated with symptoms of depression and anxiety among gay men (Cohen et al., 2016; Slimowicz et al., 2020).

The Indian sociocultural context presents additional challenges that may intensify these experiences. Although the decriminalization of same-sex relationships marked a significant legal advancement, societal attitudes toward sexual minorities remain largely conservative, and stigma continues to persist in many parts of India (Soohinda et al., 2026). Consequently, gay men in India may encounter considerable social challenges that negatively affect their psychological well-being.

Societal prejudice and limited awareness about sexual diversity often lead to expectations of rejection from family members, experiences of social exclusion, and fears of discrimination or violence. Continuous exposure to such stressors frequently results in identity concealment, which operates as a proximal stressor within the minority stress framework (Meyer, 2003). This concealment may restrict access to emotional support and contribute to increased psychological distress.

Many individuals navigate what is often described as a “double life,” conforming to societal expectations while suppressing their authentic identity. Over time, such experiences may lead to internalized homonegativity and increased depressive symptoms (Frost & Meyer, 2023; Meyer, 2003). Studies conducted in India have similarly reported that internalized stigma and social stressors are significantly associated with depression among men who have sex with men (Soohinda et al., 2026).

Empirical research further highlights the substantial mental health burden within this population. Studies have reported high levels of depressive symptoms and suicidal ideation among men who have sex with men in India, along with low utilization of mental health services (Sivasubramanian et al., 2011; Tomori et al., 2016). Broader evidence also indicates that multiple psychosocial factors, including stigma, substance use, and social isolation, interact to increase vulnerability to psychological distress (Chakrapani et al., 2023).

Taken together, these findings suggest that depression among Indian gay men emerges from a complex interaction of social, cultural, and psychological factors. While existing research has extensively documented the role of stigma and discrimination, relatively limited attention has been given to rejection sensitivity as a distinct psychological mechanism within the Indian context.

In light of this gap, the present study aims to examine the relationship between rejection sensitivity and depression among Indian gay men, with the goal of contributing to a more nuanced understanding of mental health disparities in this population.

Literature Review

Theoretical Foundations: Minority Stress and Rejection Sensitivity

The persistent mental health disparities observed between sexual minority populations and heterosexual individuals have prompted extensive scholarly inquiry into the factors contributing to these differences. Research consistently shows that gay and bisexual men experience higher rates of psychological distress, particularly mood and anxiety disorders such as depression (Cohen et al., 2016; Frost & Meyer, 2023). Among the theoretical frameworks developed to explain these disparities, Minority Stress Theory, originally proposed by Meyer (2003), remains one of the most influential.

Minority Stress Theory suggests that individuals who belong to stigmatized social groups are exposed to unique stressors directly linked to their marginalized identities. These stressors exist in addition to the general stressors faced by the broader population and arise from experiences of social stigma, discrimination, and prejudice (Meyer, 2003). According to the theory, minority stressors can be broadly categorized as distal or proximal. Distal stressors refer to external experiences such as overt discrimination, victimization, and institutionalized stigma. In contrast, proximal stressors are internal psychological processes that arise in response to these external conditions and include internalized homophobia, concealment of sexual identity, and expectations of rejection (Meyer, 2003).

Prolonged exposure to these stressors contributes significantly to adverse psychological outcomes among sexual minority individuals. In particular, the accumulation of minority stress has been closely associated with depressive symptoms and other forms of psychological distress among gay and bisexual men (Meyer, 2003). Meyer's model also highlights the role of coping resources and social support as moderating factors that may buffer the impact of minority stress on mental health outcomes.

Within this framework, rejection sensitivity has gained recognition as an important psychological mechanism through which minority stress may influence mental health (Feinstein, 2020; Pachankis et al., 2008). Rejection sensitivity refers to a cognitive–emotional disposition characterized by heightened expectations of rejection, increased vigilance toward potential signs of rejection in ambiguous situations, and strong emotional responses when rejection is perceived or experienced (Downey & Feldman, 1996; Slimowicz et al., 2020). This tendency is typically shaped by repeated experiences of interpersonal rejection, which condition individuals to anticipate similar outcomes in future social interactions (Pachankis et al., 2008).

Although heightened sensitivity to rejection may initially serve as a protective response within stigmatizing environments, it can ultimately produce negative psychological consequences. Individuals who anticipate rejection may misinterpret neutral interactions as hostile, withdraw from relationships, or engage in defensive behaviors that undermine social connections. Such patterns are associated with emotional dysregulation, loneliness, and social withdrawal (Pachankis et al., 2008).

Among sexual minority populations, rejection sensitivity often manifests as status-based rejection sensitivity, which refers to the expectation of rejection specifically related to one's minority identity, such as sexual orientation (Pachankis et al., 2008; Slimowicz et al., 2020). Empirical evidence suggests that sexual orientation–related rejection sensitivity is strongly associated with symptoms of depression and anxiety among gay men (Slimowicz et al., 2020).

Additionally, rejection sensitivity has been conceptualized as a transdiagnostic vulnerability factor, meaning that it may contribute to a wide range of internalizing psychological disorders rather than a single diagnostic condition. Studies have linked rejection sensitivity with depression, generalized anxiety, and post-traumatic stress symptoms among sexual minority men (Cohen et al., 2016; Feinstein, 2020). By explaining how expectations of rejection shape cognitive interpretations and emotional responses to social situations, the rejection sensitivity framework provides an important extension to Minority Stress Theory.

Although Meyer's model recognizes expectations of rejection as a proximal minority stressor, research focusing specifically on rejection sensitivity as a measurable cognitive-affective construct has gained momentum more recently within sexual minority mental health research (Feinstein, 2020). Emerging studies

indicate that rejection sensitivity operates through interconnected cognitive, emotional, and behavioral pathways. Individuals high in rejection sensitivity are more likely to interpret ambiguous social cues as threatening, which may intensify emotional distress and increase vulnerability to depressive symptoms (Slimowicz et al., 2020).

Mental Health Disparities and Contributing Factors Among Indian Gay Men

Gay men in India face a substantial mental health burden, with research consistently documenting elevated levels of depression, anxiety, and suicidal ideation when compared with the general population. These disparities are best understood within the broader context of India's sociocultural environment, familial structures, and historical legal framework, where sexual minority identities have long been subject to stigma, discrimination, and social marginalization.

One of the early quantitative studies examining psychiatric conditions among Indian men who have sex with men (MSM) was conducted in Mumbai by Sivasubramanian and colleagues (2011). Using the Mini International Neuropsychiatric Interview to assess DSM-IV diagnoses, the researchers evaluated a sample of 150 MSM. Their findings revealed that 45% of participants reported current suicidal ideation, while 29% met the diagnostic criteria for major depressive disorder (Sivasubramanian et al., 2011; Tomori et al., 2016). Although the use of a structured diagnostic tool strengthened the reliability of the findings, the cross-sectional design limited causal interpretation, and recruitment through a nongovernmental organization may have affected the representativeness of the sample.

Expanding on this research, Tomori et al. (2016) conducted a large multi-site study across 12 cities in India, recruiting nearly 12,000 MSM through respondent-driven sampling. Depression was measured using the Patient Health Questionnaire-9, which indicated an overall prevalence of approximately 11%, with considerable variation across regions and identity subgroups. The study found that identifying as kothi, disclosing MSM identity to others, revealing HIV status, and substance use were all associated with higher odds of depression. Qualitative findings also emphasized the severe consequences of identity disclosure within family contexts, including increased risk of suicidal ideation (Tomori et al., 2016). The large sample and systematic recruitment approach were significant strengths, although reliance on self-report measures and cross-sectional data represented limitations.

Further evidence of mental health disparities was reported by Wilkerson et al. (2018), who examined depressive symptoms among MSM in Maharashtra. Their study found that 57.5% of participants scored above the clinical cutoff on the CES-D-10 depression scale, a prevalence considerably higher than that observed in the general Indian population. Despite this high level of distress, only about half of the participants disclosed their symptoms to friends or family members, and merely 4.3% sought professional mental health services (Wilkerson et al., 2018). These findings highlight both the extent of psychological distress and the significant barriers to mental health care experienced by sexual minority individuals.

A comprehensive scoping review conducted by Chakrapani et al. (2023) synthesized research on LGBTQI+ health in India and documented consistently high rates of depression, anxiety, suicidal ideation, and suicide attempts among MSM and other sexual minority groups. The review identified several contributing factors, including stigma, discrimination, internalized homonegativity, and co-occurring psychosocial conditions such as substance use. These interacting conditions may function syndemically, meaning that they collectively intensify vulnerability to both poor mental health and HIV-related risk behaviors.

The broader sociocultural environment in India also plays an important role in shaping mental health outcomes. Societal disapproval of same-sex relationships, fear of family rejection, and limited social acceptance often lead individuals to conceal their sexual identity, which constitutes a proximal minority stressor (Meyer, 2003). Concealment may result in individuals maintaining a "double life," where they outwardly conform to societal expectations while privately suppressing their authentic identity. This process can generate persistent stress, guilt, and internalized stigma (Meyer, 2003).

Over time, exposure to negative societal attitudes may lead to internalized homonegativity, a process through which individuals absorb and accept society's negative beliefs about homosexuality. Internalized stigma has been repeatedly associated with higher levels of depression among sexual minority individuals (Meyer, 2003). Investigating the impact of legal changes, Soohinda et al. (2026) compared two groups of Indian gay men surveyed before and after the decriminalization of Section 377. Their results showed that internalized homophobia decreased significantly following decriminalization. However, rates of depression and suicidal behaviors remained largely unchanged. Internalized homophobia continued to show strong associations with depressive symptoms and suicidality in both groups, suggesting that legal reforms alone may not eliminate psychological distress rooted in longstanding social stigma (Soohinda et al., 2026).

Additional insights were provided by Sharma and Subramanyam (2020), who explored mental health among middle-aged and older queer men in India. Their mixed-methods study included survey data from 207 non-heterosexual men aged 40 years and older. The findings indicated that internalized homophobia, loneliness, and fear of aging were all significantly correlated with depressive symptoms. Qualitative interviews further revealed long-term experiences of concealment, isolation, and cumulative minority stress across the life course (Sharma & Subramanyam, 2020). Although the study's mixed-methods design and focus on an underrepresented age group were important strengths, the cross-sectional design limited causal interpretation.

The Research Gap: Rejection Sensitivity and Depression in Indian Gay Men

Despite extensive research documenting the prevalence of depression and the role of minority stressors among Indian gay men, a significant gap remains in understanding the role of rejection sensitivity within this context. Most existing Indian studies have focused on stigma, discrimination, and internalized homophobia, yet relatively few have empirically examined rejection sensitivity as a distinct psychological construct.

Specifically, research in India has rarely investigated rejection sensitivity—either as a general interpersonal tendency or as a sexual orientation-specific phenomenon—as a direct predictor of depressive symptoms. As a result, the psychological processes through which experiences of social stigma and interpersonal rejection translate into depressive outcomes remain insufficiently understood.

Addressing this gap is particularly important because rejection sensitivity offers a theoretically grounded and empirically measurable mechanism linking external experiences of stigma with internal psychological distress (Feinstein, 2020; Pachankis et al., 2008; Slimowicz et al., 2020). Exploring this construct within the Indian sociocultural context may therefore provide valuable insights into the pathways through which minority stress contributes to depression among gay men.

Extrapolating Rejection Sensitivity Research to the Indian Context

Because empirical research examining rejection sensitivity among Indian gay men remains limited, it is useful to consider findings from international studies, particularly those conducted in Western contexts where this construct has been more extensively explored. Although cultural differences must be acknowledged, these studies provide important theoretical and empirical insights into how rejection sensitivity may function as a vulnerability factor for psychological distress among sexual minority individuals.

Slimowicz et al. (2020) conducted a quantitative cross-sectional study investigating the relationship between status-based rejection sensitivity and mental health outcomes among gay men. Their results indicated that sexual orientation-related rejection sensitivity significantly predicted symptoms of depression and anxiety. While the study provided valuable evidence by directly measuring rejection sensitivity related to sexual orientation, its cross-sectional design and Western cultural context limit its direct generalizability to India.

Similarly, Cohen et al. (2016) examined rejection sensitivity as a transdiagnostic risk factor among young gay and bisexual men in the United States. The study involved 101 participants and explored associations between rejection sensitivity and various internalizing symptoms, including social anxiety, generalized anxiety, panic symptoms, and post-traumatic stress symptoms. Although rejection sensitivity was significantly associated

with several anxiety-related outcomes, its relationship with depressive symptoms was not significant within that specific sample. The authors suggested that the relatively young age and low symptom severity of participants might explain this finding (Cohen et al., 2016).

Pachankis et al. (2008) further advanced rejection sensitivity research by developing and validating a measure of gay-related rejection sensitivity. Their findings supported a mediational model in which perceived parental rejection contributed to internalized homophobia, which in turn predicted greater rejection sensitivity and poorer psychological outcomes. This work provided an important methodological contribution by operationalizing rejection sensitivity in relation to sexual identity. Subsequent research has continued to support the relevance of rejection sensitivity for understanding mental health outcomes among sexual minority men. For example, Glon et al. (2021) found that rejection sensitivity predicted higher levels of anxiety, depression, and internalized homophobia while also being negatively associated with resilience factors such as hope and self-compassion.

Other studies have emphasized the role of intersecting minority stressors. Research involving HIV positive Latino gay men demonstrated that discrimination related to both sexual orientation and ethnicity was associated with depressive symptoms (Reisen et al., 2013). Similarly, Bogart et al. (2011) found that discrimination based on race, sexual orientation, and HIV status independently predicted depressive symptoms among Black MSM.

Studies conducted in other cultural contexts also highlight similar patterns. For example, research in the United Kingdom found that perceived discrimination and rejection from family or friends were strongly associated with depressive symptoms among lesbian, gay, and bisexual individuals (Jaspal et al., 2023). Comparative studies have further shown that interpersonal vulnerability is more strongly associated with depression among gay men than among heterosexual men (Shenkman et al., 2019).

Large-scale research examining structural stigma across 48 countries has also demonstrated that higher levels of societal stigma are associated with increased depression, suicidality, concealment, and internalized homonegativity among sexual minority men (Pachankis et al., 2021). Importantly, individuals who migrated from high-stigma environments to more accepting societies showed improvements in mental health over time. Additional theoretical work highlights how stigma-related stress may affect psychological functioning. Hatzenbuehler's psychological mediation framework proposes that stigma contributes to internalizing disorders through cognitive and emotional processes such as pessimism, negative self-schemas, and emotion dysregulation (Hatzenbuehler, 2009). Similarly, experiences of parental or peer rejection during early life may contribute to the development of heightened rejection sensitivity among sexual minority individuals.

Collectively, these findings demonstrate that experiences of discrimination, anticipated rejection, and heightened vigilance for social exclusion are consistently associated with depression and related psychological difficulties among sexual minority men. These mechanisms—including internalized stigma, concealment of identity, shame, and fear of rejection—closely correspond with the central components of rejection sensitivity (Downey & Feldman, 1996).

Taken together, the international literature strongly suggests that similar psychological processes are likely to operate within the Indian sociocultural context. Given the continued presence of stigma, strong familial expectations, and social surveillance in India, rejection sensitivity may play an especially significant role in shaping the mental health experiences of Indian gay men.

Methodology

Research Design

The present study employed a quantitative, correlational research design to examine the relationship between rejection sensitivity and depression among Indian gay men. The study aimed to determine whether higher levels of rejection sensitivity are associated with increased levels of depressive symptoms. A correlational design was considered appropriate as it allows for the examination of relationships between variables without any manipulation.

Participants

The sample consisted of 100 participants who identified as Indian gay men. Participants were recruited using convenience sampling and snowball sampling techniques, primarily through online platforms and personal networks. This method was considered suitable due to the sensitive nature of the population and the difficulty in accessing participants through random sampling methods. Participants were included in the study if they identified as male, identified as gay, were 18 years of age or older, and were residents of India. Individuals who did not meet these criteria or who provided incomplete responses were excluded from the study. Only complete and valid responses were considered for analysis.

Variables

The study included two primary variables. Rejection sensitivity was treated as the independent variable, while depression was treated as the dependent variable. The study focused on examining the relationship between these variables among Indian gay men.

Hypothesis

Based on the objectives of the study and existing literature, the following hypothesis was formulated: H1: There will be a significant positive relationship between rejection sensitivity and depression among Indian gay men.

Instruments

Data for the present study were collected using two standardized self-report measures.

- The Gay-Related Rejection Sensitivity Questionnaire (GRSQ) was used to assess rejection sensitivity related to sexual orientation. The scale consists of 14 hypothetical interpersonal situations, where participants are required to rate their level of anxiety or concern and the perceived likelihood of rejection. Scores are calculated by combining these responses, with higher scores indicating greater rejection sensitivity. Since the GRSQ has not been widely used in the Indian context, its reliability was examined in the present study to ensure its suitability for the sample.
- The Beck Depression Inventory-II (BDI-II) was used to assess levels of depression. It consists of 21 items, each rated on a four-point scale ranging from 0 to 3, measuring various symptoms such as sadness, loss of interest, and fatigue. Higher scores indicate greater severity of depressive symptoms. The BDI-II is a well-established and widely used measure of depression.

Procedure

Data were collected using an online survey method. Participants were provided with a questionnaire link that included an informed consent form, followed by demographic details, the GRSQ, and the BDI-II.

Participants were informed about the purpose of the study, the voluntary nature of participation, and their right to withdraw at any time without any negative consequences. They were also assured that their responses would remain confidential and anonymous, and no personally identifying information was collected. Only participants who provided informed consent were allowed to proceed with the survey.

In addition to data collection, informal feedback was obtained from participants regarding the clarity, comprehensibility, and relevance of the questionnaire items. The feedback was largely positive, with participants reporting that the items were easy to understand and reflective of their experiences. This further supported the appropriateness of the instruments, particularly the GRSQ, for use in the present sample. Incomplete responses were excluded from the final dataset.

Statistical Analysis

The collected data were analyzed using the Statistical Package for the Social Sciences (SPSS). Initially, a reliability analysis was conducted using Cronbach's alpha to assess the internal consistency of both instruments. This step was particularly important given the limited use of the GRSQ in the Indian context. Following this, descriptive statistics, including mean and standard deviation, were calculated to examine the levels of rejection sensitivity and depression among participants. A Pearson product-moment correlation analysis was conducted to examine the relationship between the variables.

Ethical Considerations

The study adhered to standard ethical guidelines for psychological research. Informed consent was obtained from all participants prior to data collection. Participants were informed about the purpose of the study, their rights, and the voluntary nature of participation.

Confidentiality and anonymity were strictly maintained, and no personally identifiable information was collected. Given the sensitive nature of the topic and population, special care was taken to ensure that participants felt safe, respected, and comfortable while responding to the questionnaire.

Justification of Measures

Although the BDI-II is a well-established measure of depression, its reliability was reassessed in the present study to ensure its suitability for the specific sample. Additionally, since the GRSQ has limited use in the Indian context, a reliability analysis was conducted to confirm its internal consistency. Furthermore, positive participant feedback regarding the clarity and relevance of the items provided additional support for the appropriateness of the instruments. These findings indicate that both measures are reliable and suitable for assessing rejection sensitivity and depression among Indian gay men.

Analysis and Results

The present study aimed to examine the **relationship between rejection sensitivity and depression among Indian gay men**. The sample consisted of **100 participants** who identified as Indian gay men. Data were analyzed using SPSS.

Since the Gay-Related Rejection Sensitivity Questionnaire (GRSQ) has not been widely used in the Indian context, a **preliminary reliability analysis** was conducted to assess the internal consistency of the instruments. Additionally, the reliability of the Beck Depression Inventory-II (BDI-II) was examined to ensure its suitability for the present sample.

Reliability Analysis

Cronbach's alpha was computed to assess the internal consistency of both instruments.

Table 1: Reliability Analysis of Study Variables ($N = 100$)

Scale	Number of items	Cronbach's alpha (A)
GRSQ	14	.965
BDI-II	21	.939

The results indicated that the GRSQ demonstrated excellent reliability ($\alpha = .965$), while the BDI-II showed high reliability ($\alpha = .939$). These findings suggest that both instruments exhibit strong internal consistency in the present sample and are suitable for assessing rejection sensitivity and depression among Indian gay men.

Descriptive Statistics

Descriptive statistics were calculated to examine the levels of rejection sensitivity and depression.

Table 2 : Descriptive Statistics of Study Variables ($N = 100$)

Variable	M	SD
Depression (BDI-II)	25.80	12.24
Rejection sensitivity (GRSQ)	16.41	8.89

The results indicate that participants reported **moderate levels of depression** and **moderate levels of rejection sensitivity**. These findings suggest that the sample experienced noticeable levels of psychological distress along with sensitivity to perceived social rejection.

Correlation Analysis

To test the primary hypothesis of the study, a **Pearson product-moment correlation** was conducted to examine the relationship between rejection sensitivity and depression.

Table 3: Correlation between rejection sensitivity and depression ($N = 100$)

Variables	1	2
1. Depression (BDI-II)	—	
2. Rejection sensitivity (GRSQ)	.356***	

Note. *** $p < .001$

The results revealed a **statistically significant positive correlation** between rejection sensitivity and depression, $r(98) = .356$, $p < .001$. This indicates that individuals with higher levels of rejection sensitivity tend to report higher levels of depressive symptoms.

Discussion

The primary objective of this study was to examine the relationship between rejection sensitivity and depression among Indian gay men, a population that faces unique psychosocial challenges within the Indian cultural context, including stigma, discrimination, and limited social acceptance, as highlighted in the Introduction. Given these challenges, individuals in this population may develop heightened expectations of social rejection, which can contribute to psychological distress. Consistent with the study's aim of exploring these dynamics, Pearson correlation analysis revealed a moderate positive relationship between rejection sensitivity and depression, $r(98) = .356$, $p < .001$, indicating that participants with higher anxious expectations

of rejection also reported higher levels of depressive symptoms. These findings support the premise outlined in the Introduction that rejection sensitivity is an important factor influencing mental health outcomes among Indian gay men.

Descriptive statistics showed moderate levels of depression ($M = 25.80$, $SD = 12.24$) and rejection sensitivity ($M = 16.41$, $SD = 8.89$), highlighting that participants reported ongoing psychological distress and heightened vigilance toward social evaluation. The instruments used in this study demonstrated high internal consistency, with Cronbach's alpha values of .939 for the Beck Depression Inventory-II (BDI-II) and .965 for the Gay-Related Rejection Sensitivity Questionnaire (GRSQ). These reliability coefficients, supported by preliminary pilot testing, indicate that the measures were suitable for use within the present sample.

These findings can be interpreted through the lens of Minority Stress Theory, which proposes that sexual minority individuals experience both distal stressors (such as discrimination and stigma) and proximal stressors (such as internalized expectations of rejection) that contribute to adverse mental health outcomes. In this study, rejection sensitivity functioned as a proximal stressor, reflecting a heightened sensitivity to potential social rejection due to repeated experiences of marginalization. Despite legal progress, such as the decriminalization of consensual same-sex acts in India, social and familial acceptance remains inconsistent, creating a chronic state of psychological tension that can exacerbate depressive symptoms. The present results align with international research showing that rejection sensitivity is a transdiagnostic risk factor for internalizing problems, including depression and anxiety, among gay and bisexual men across cultural contexts.

From a clinical perspective, the association between rejection sensitivity and depression suggests that mental health interventions should specifically address cognitive and emotional processes related to anticipated rejection. Cognitive-Behavioral Therapy could help individuals identify and modify maladaptive thought patterns, such as over-interpreting ambiguous social cues as rejection, while community-based programs and social support networks may buffer the negative psychological effects of minority stress.

Several limitations should be acknowledged. The sample size was relatively small ($N = 100$), and the use of convenience and snowball sampling limits the generalizability of the results. Participants were primarily recruited through online platforms, which may bias the sample toward individuals who are more urban, educated, and socially connected. Additionally, the cross-sectional design prevents causal interpretation, and reliance on self-report measures may introduce response bias. The study also did not account for other psychosocial variables such as internalized homophobia, perceived social support, and the degree of sexual identity disclosure, which may influence depressive symptoms and interact with rejection sensitivity. Future research may explore potential mediating mechanisms, such as loneliness, internalized homophobia, or emotion regulation, through which rejection sensitivity impacts depressive symptoms.

Overall, the present study demonstrates that rejection sensitivity is significantly associated with depression among Indian gay men, confirming the rationale highlighted in the Introduction that higher levels of anxious expectations of social rejection are linked to elevated depressive symptoms. The integration of pilot study findings reinforces the reliability of the measurement tools, confirming that the observed relationships are robust and meaningful. These findings underscore the need for targeted mental health support and inclusive social environments to improve the psychological well-being of sexual minority populations in India.

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