

# Sex and the Sinner: Comparing Religious and Nonreligious Same-Sex Attracted Adults on Internalized Homonegativity and Distress

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Homonegative prejudice has long been connected with poor psychological outcomes. These have often been purported to include internalized homonegativity (IH), an outcome regarded as especially detrimental given its association with a large number of adverse mental health correlates. Given the evidence that homonegative prejudice often prevails most strongly within many mainstream religious contexts, the current study examined whether religious lesbian, gay, and bisexual (LGB) individuals would possess higher levels of internalized homonegativity than their nonreligious, and formerly religious, LGB counterparts. To test this hypothesis, Christian, formerly Christian, and nonreligious Australian LGB respondents ( $N = 579$ ), recruited through social media platforms and a diverse range of community groups, completed an online survey assessing IH; religion-sexuality distress; religious and familial homonegativity; sense of self; and outness. Ordinal logistic regressions revealed that Christian LGB respondents possessed significantly more IH than nonreligious respondents. Furthermore, perceiving greater homonegativity in one's religious and familial environments predicted higher levels of distress and IH among Christians specifically. Despite having apostatized, former Christians still reported greater religion-sexuality distress than nonreligious individuals, suggesting that the psychological effects of homonegative religious environments are potentially enduring. Across all respondents, IH was also greater for males, those who were less "out," and those who possessed a weaker sense of self. Findings generally support the premise that religious homonegativity places LGB Christians at additional psychological risk, with particular regard to IH and religion-sexuality identity conflict, and that both personal and interpersonal characteristics may exacerbate this risk.

*"I was in extreme conflict, believing in God destroying me if I remain homosexual. I wanted to die. I wanted to commit suicide and maybe it would have been better to have taken my own life . . . The pain was excruciating, as if I was really dead but in a psychological, mental, emotional and spiritual way."*

—Female, 21

For many LGB (lesbian, gay, bisexual, or otherwise same-sex attracted) persons, homonegative prejudice is regularly, and recurrently, endured. Homonegativity refers to any negative attitude toward homosexuality, or any devaluation of LGB persons, by an individual, group, or society (Mayfield, 2001). Prejudice is widely thought to underpin the disproportionately high rates of psychological problems generally observed in LGB populations (e.g., Lewis, 2009). Researchers have also often noted that homonegative prejudice is nowhere more apparent than among mainstream religious bodies and adherents (e.g., Allport & Ross, 1967; van den

Akker, van der Ploeg, & Scheepers, 2013). Some researchers have further described the inner conflicts that ensue when religious LGB persons suffer religious rejection or internalize homonegative religious attitudes (e.g., Rodriguez, 2009). Building upon these findings, the current study sought to empirically compare the homonegative internalizations of religious versus nonreligious LGB persons, with particular regard to the psychosocial factors surrounding religion-sexuality conflict.

## Prejudice and Harm

LGB individuals have endured a long history of prejudice. For many decades, homosexuals were criminalized by Western lawmakers, detested by mainstream society, and set upon with a range of objectionable medical and mental health treatments (e.g., Haldeman, 2002). Despite numerous reforms, prejudice has persisted to the present day. In legal and political arenas, for example, LGB persons are still subjected to dehumanizing antigay campaigns and the denial of basic civil rights (Kertzner, 2012; Russell & Richards, 2003). In clinical settings, a number of psychotherapeutic practitioners still adhere to "illness" models of homosexuality and may advocate the use of questionable reorientation therapies (Bartlett, Smith, & King, 2009; Haldeman, 1994). In daily life, many LGB persons encounter harassment and discrimination at home,

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school, or in the workplace, or are targets of verbal and physical abuse (e.g., Hillier et al., 2010).

The impact of such pervasive and long-standing prejudice in social, institutional, and interpersonal environments can be devastating. Literature suggests that when LGB persons are faced with homonegative stressors and discriminatory treatment, a range of mental and behavioral ramifications may ensue. These include psychological distress (Szymanski, 2009); anger and anxiety (Swim, Johnston, & Pearson, 2009); depressive symptoms, substance abuse, and sexual risk behaviors (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008); as well as self-harm and suicidality (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Hillier et al., 2010). Because homonegative experiences seem to be widespread (e.g., D'Augelli, 2002), it is not surprising that LGB samples tend to show poorer mental and behavioral outcomes than their heterosexual counterparts (e.g., Rossen, Lucassen, Denny, & Robinson, 2009).

### Religious Prejudice as a Risk Factor

In general, religion may be an especially prejudicial force for many LGB persons, in social, institutional, and interpersonal contexts. In fact, research has connected (predominantly Christian<sup>1</sup>) religion with prejudice for many decades (Allport & Ross, 1967; van den Akker, van der Ploeg, & Scheepers, 2013). Using selective biblical texts, much of the traditional Church has historically opposed the abolition of slavery, equal rights for people of color, interracial marriages, and equality for women (Thatcher, 2008). In similar fashion, conservative Christian groups have vigorously lobbied against civil rights for LGB persons, denouncing them as dangerous to society and family life, and an abomination against God (e.g., Burdette, Ellison, & Hill, 2005). Studies repeatedly show that prejudice toward LGB persons, and homosexuality in general, is greatest among those who are highly religious (e.g., Marsh & Brown, 2011), who score highly on religious fundamentalism (e.g., Hunsberger, Owusu, & Duck, 1999), who have a more conservative Christian ideology (e.g., Plugge-Foust & Strickland, 2000), who attend Church more regularly (e.g., Fisher, Derison, Polley, Cadman, & Johnston, 1994), and among those who view homosexuals as desecrators of Christianity (Trevino, Desai, Lauricella, Pargament, & Mahoney, 2012). Specifically, those of Protestant affiliation have been found more likely to attribute homosexuality to sinful choices (Haider-Markel & Joslyn, 2008), to view homosexuals as “contaminates” in society (Burdette et al., 2005), and are among those most opposed to same-sex unions (Olson, Cadge, & Harrison, 2006). Similarly, the Roman Catholic Church regards homosexuals as intrinsically disordered toward evil (Congregation for the Doctrine of the Faith [CDF], 1986), requires seminary candidates to be screened for homosexual tendencies (Songy, 2007), and urges the “crucifying” of same-sex attractions in pastoral care (Crowley, 2004). Furthermore, in mental health services, some Christian practitioners may address LGB clients with the presumption that homosexuality is unhealthy, ungodly, and indefensible. In the disturbing words of Gagnon (2005, pp. 301–302): “Christian psychologists should be careful not to short-circuit, by compromising God’s standards, any work that God might be doing in the lives of [LGB] persons experiencing distress. . . . Often God uses the experience of deprivation as a means of shaping Christ in us.” Taken together, this suggests that

homonegative prejudice may be at its strongest within many Christian contexts.

Considering the extent of such prejudice in socioreligious settings, one might expect Christian LGB persons to be at additional psychological risk, relative to nonreligious LGB persons. Preliminary evidence points in this direction. In a study by D'Augelli (2002), the reconciling of one’s religious beliefs and nonheterosexuality was substantially distressing for more than two-thirds of those surveyed. An Australian national study on health and well-being (Hillier et al., 2010) also found that nonheterosexual youth who broached religion in a qualitative survey response felt worse about their sexuality, were more likely to self-harm, and were more likely to report suicidal ideation than those who did not discuss religion. Rodriguez (2006) also explored these themes, conducting a secondary analysis of data from the Northern California Health Study. It was concluded that LGB respondents involved in established religion or who held religious beliefs showed evidence of greater identity conflict, which was in turn associated with negative perceptions of homosexuality. In addition, respondents classified as struggling with their gay identity demonstrated the most negative psychological outcomes in the study. More recently, qualitative research by Subhi and Geelan (2012) revealed that individuals gripped by religion-sexuality conflict experienced a range of ensuing mental and emotional difficulties, while Shilo and Savaya (2012) found that LGB youth had less acceptance of their sexuality if they scored highly on religiosity. Of further relevance, Yakushko (2005) noted that even if LGB persons had attended a conservative Church at *any point in their lives* they had higher stress over their sexual orientation and lower self-esteem than those who had not. In light of these findings, it becomes evident that religious-based homonegative prejudice may contribute to substantial distress and inner turmoil among LGB individuals of a Christian background.

### Religious Prejudice and Internalized Homonegativity

In particular, widespread religious prejudice may cause enduring harm by fostering internalized homonegativity (IH)—the negative attitudes toward homosexuality that LGB persons eventually come to adopt about themselves (Mayfield, 2001). Such an outcome is widely considered detrimental given the connection of IH with a number of adverse mental and behavioral correlates (e.g., psychological distress and poor self-esteem, Szymanski & Gupta, 2009; depression, dysthymia, and poor sexual health, Rosser, Bockting, Ross, Miner, & Coleman, 2008; sexual risk behaviors, Hatzenbuehler et al., 2008; rejection sensitivity, Pachankis, Goldfried, & Ramrattan, 2008; problems with interpersonal relationships, Frost & Meyer, 2009; and the propensity to seek conversion

<sup>1</sup>The use of the term “Christian” is admittedly diverse given the broad array of traditions, doctrines, beliefs, and practices associated with the term, and the various levels of meaning it holds for those who identify with it. The use of the term Christian in the current context of discussion (and the basis by which Christians have been generally identified in empirical literature) refers most broadly to those who profess a belief in Jesus Christ as the Son of God, or who otherwise self-identify as Christian or report affiliation with a Christian church or tradition.

therapy, [Tozer & Hayes, 2004](#)). The development of IH is outlined by social psychological theories. For example, [Herek, Gillis, and Cogan \(2009\)](#) view IH as a manifestation of sexual stigma, in that it is based upon the collective devaluation of homosexuality, and the inferior social status accorded to homosexuals, by members of a society. This becomes internalized when individuals align their self-concept with the stigmatizing responses of society around them. Similarly, minority stress theory describes IH among sexual minorities as a stress process stemming directly from the homonegative conditions of one's wider social context, which entrenches negative perceptions and appraisals of homosexuality among members of that context ([Meyer, 2003](#)). Accordingly, when religious contexts are pervasively homonegative, LGB Christians may be more prone to regard their own sexuality as evil or inferior, and show a greater degree of IH as a result.

To the contrary, those religious environments that embrace LGB identities may actually help to reduce or prevent IH ([Wagner, Serafini, Rabkin, Remien, & Williams, 1994](#)). These spaces may protect against IH by affirming the inherent goodness of LGB persons and refuting religious teachings that condemn homosexuality ([Lease, Horne, & Noffsinger-Frazier, 2005](#)). As a result, LGB persons may be able to positively integrate their religious and sexual identities so that they do not experience distress ([Rodriguez & Ouellette, 2000](#)).

A recent study by [Barnes and Meyer \(2012\)](#) found support for such a connection between LGB persons' perceptions of their religious worship environments and IH. Specifically, LGB persons who attended religious settings perceived as nonaffirming reported higher IH than those who participated in affirming religious settings, or who did not attend religious services at all. These findings are instrumental in providing some of the first empirical evidence of LGB individuals being at additional risk of IH within prejudicial religious contexts. However, such findings are also somewhat limited, or potentially impaired, by methodological restraints. For example, "approving" versus "nonapproving" religious environments were crudely determined by whether or not religious services were directed toward the LGB community, and hence the perceived extent of homonegativity in these environments was not actually measured. Second, past religious affiliation was not taken into consideration, even though the nature of past religious settings may have an enduring psychological impact ([Rodriguez, 2006](#); [Yakushko, 2005](#)), potentially affecting current levels of IH among religious and no-longer-religious individuals. Third, and perhaps most problematic, is that religious "setting" was narrowly operationalized through individuals' perceptions of an *attended* worship environment. This presumably resulted in a limited representation of both religious LGB persons and nonaffirming religious contexts. This is because (a) religious prejudice undoubtedly operates outside the context of religious services and (b) many religious LGB persons who experience such prejudice may not participate in worship services altogether. Given that LGB persons also appear to attend religious services less frequently than the general population ([Herek, Norton, Allen, & Sims, 2010](#); [Rodriguez, 2006](#)), worship service attendance is likely to be a particularly constricted measure of one's religious sphere in general.

In support of this, research indicates that homonegative religious prejudice may permeate a number of interpersonal avenues beyond an immediate place of worship. For example, children raised by

religious parents appear to develop greater prejudice toward homosexuals than those raised in nonreligious home environments ([Scheepers, Te Grotenhuis, & van der Slik, 2002](#); [Sharpe, 2002](#)). Accordingly, religious parents and siblings are likely to express homonegativity toward their LGB family members. Similarly, students and peers who are more religious are more likely to see homosexuality as a disorder ([Hon et al., 2005](#)), are less open to interpersonal contact with other LGB peers ([Waldo, 1998](#)), and may be less likely to help individuals if they are gay ([Batson, Floyd, Meyer, & Winner, 1999](#)). Hence, LGB Christians will potentially face religious prejudice, and also lose social support, from a variety of significant others. Concordantly, [Rodriguez \(2006\)](#) found that relative to other LGB respondents, those purportedly struggling with their gay identity—who were also generally above average on religiosity—scored the highest on loneliness and had the least social support. [Shilo and Savaya \(2012\)](#) similarly found that higher levels of religiosity among LGB youth coincided with a lack of acceptance and social support from their family and friends. Because social support around one's sexuality is an additional factor known to be negatively associated with IH (e.g., [Chow & Cheng, 2010](#); [Pachankis et al., 2008](#)), this is further reason to expect higher levels of IH among LGB Christians.

## LGB Social Support and Outness

In the absence of support from significant heterosexual others, developing supportive networks with other LGB persons may become all the more critical. Research demonstrates that for stigmatized individuals generally, and LGB persons specifically, the presence of similar others is important for mental health (e.g., [Frable, Platt, & Hoey, 1998](#)). In particular, having less connection with the LGB community, or reporting less social support from similar LGB others, has been linked to higher levels of IH ([Herek, Cogan, Gillis, & Glunt, 1998](#); [Rosser et al., 2008](#)). Whether religious or nonreligious, interaction with similar others can provide LGB persons with a degree of affirmation and belongingness that may be starkly absent in other contexts. As a result, individuals may feel less alienated by their sexual difference, and less isolated in dealing with homonegative stressors.

Gaining support from other LGB persons, however, presumably requires a degree of openness—or outness—about one's sexuality. [D'Augelli, Hershberger, and Pilkington \(1998\)](#) found that those who were less comfortable disclosing their sexuality to others also reported having fewer LGB friends. Aside from lacking the support potentially found among similar others, the concealment of one's sexuality can also be highly stressful and may require constant vigilance and secrecy ([Meyer, 2003](#)). Although this may protect LGB individuals from events of discrimination, concealment may also be a reflection of deeply held homonegative self-views. In fact, a number of studies have found that less openness about one's sexuality with friends, family members, colleagues, and in general, is indeed associated with higher levels of IH (e.g., [Frost & Meyer, 2009](#); [Herek et al., 1998](#); [Pachankis et al., 2008](#); [Rosser et al., 2008](#)). To the contrary, the ability to be open about one's sexuality may in many cases be a prerequisite for developing a positive identity ([Wells & Kline, 1987](#)).

## Sense of Self Characteristics

When individuals experience rejection around their sexuality over long periods of time, positive identity development may be undermined. The emergence of IH is itself a reflection of a distorted self-schema whereby individuals view themselves as abnormal or inferior in relation to heterosexual others (Pachankis et al., 2008). In addition, histories of rejection and disapproval may mean that LGB persons come to develop a fragmented sense of self, such that they feel divided between the acceptable and the unacceptable parts of who they are as deemed by others (Hillier, Mitchell, & Mulcare, 2008). Literature conceptualizes a weakened sense of self as involving a lack of understanding of oneself or impoverished self-definition; the tendency to base one's own thoughts, feelings, and perspectives on those of other people or deciphering oneself through others; fluctuations in one's values, feelings, and opinions; and even a tenuousness of being—a dubious or shaky sense of personal existence (Flury & Ickes, 2007). Considering these elements, establishing a concrete and positive identity would seem to hinge upon LGB individuals developing a cohesive and congruent sense of self, and crucially, a view of self that is less vulnerable to the prescriptions of others.

Research accordingly indicates that possessing a weaker sense of self is associated with greater identity impairment, poorer self-esteem, and the general propensity to construe oneself through the opinions and attitudes of others (Flury & Ickes, 2007). On the other hand, among LGB persons, those who possess a stronger and more positive self and sexual identity tend to show greater acceptance of their sexuality and exhibit less IH (Chow & Cheng, 2010; Elizur & Mintzer, 2001). For LGB Christians, a stronger sense of self may mean that individuals are less likely to internalize homonegative religious doctrines, being less inclined to define themselves by the prejudicial views of others, and more inclined to guide their lives via an autonomous, internal locus of control (e.g., Roseborough, 2006; Yip, 2002).

Furthermore, the sense of self features that LGB Christians possess may reflect the religious internalization styles by which they operate. Internalization styles describe the ways in which individuals come to take on external beliefs, doctrines, and behaviors as their own. Ryan, Rigby, and King (1993) outline two types of internalization among religious individuals. The first, "identification," is regarded as a healthy style of internalization. Here, individuals thoughtfully and freely integrate religious teachings into chosen and personal values. These values are lived out autonomously and willfully, as meaningful elements of their lives. "Introjection," however, is seen as less healthy because beliefs are internalized as a way of avoiding guilt or shame, or from fear of losing the approval of oneself or others. Individuals adopt values and behaviors less volitionally, as a way of appeasing these internal pressures and conflicts (e.g., praying to God to avoid feeling guilty). As such, introjection is thought to be associated with a weaker, less coherent sense of self, and with poorer mental health outcomes (see Ryan et al., 1993). Of particular relevance to the current study, if LGB Christians internalize their religious beliefs in this way—from self-and other approval-based pressures—they may be more prone to viewing their sexuality negatively, in line with mainstream religious prejudice.

## Hypotheses

Although several studies have described the conflict that can arise when religious and sexual identities collide, the factors implicated in such conflicts have not been widely explored. Nor has the impact of religious prejudice versus affirmative religious support been widely measured. Similarly, it is not known whether Christian religious LGB persons subsequently differ from nonreligious LGB persons on inherent mental health indicators, such as IH. Considering the homonegative nature of many religious environments, together with the self and social support factors outlined previously, the following hypotheses (from general to specific) were formed:

*Hypothesis 1:* First, among LGB persons *generally*, it was hypothesized that higher levels of IH and distress would be predicted by (a) lower levels of outness around one's sexuality, (b) less connection with the LGB community, and (c) a poorer sense of self.

*Hypothesis 2:* More specifically, it was hypothesized that LGB *Christians* would report both higher levels of IH, and more distress over their sexuality, than *nonreligious* LGB persons.

*Hypothesis 3:* Assuming support for Hypothesis 2, it was further hypothesized that among LGB *Christians*, higher levels of IH and distress would be predicted by (a) perceiving one's religious and family environments as more homonegative, and (b) possessing higher levels of religious introjection.

## Method

### Participants

Meyer and Wilson (2009) describe the difficulties inherent in sampling sexual minority populations because random and fully representative samples are almost impossible to obtain. To improve the breadth of the current sample, a variety of recruitment strategies were used including word of mouth and snowballing techniques, advertisements on social networking Web sites, as well as print and online advertisements in diverse LGB, religious, and community organizations. To limit the likelihood of respondents deducing hypotheses, which could otherwise make the study more appealing to those with a grievance against religion, the content of advertisements was kept as brief and general as possible. The description indicated that the study sought to understand the lives and experiences of LGB individuals, and was relevant to those of both religious and nonreligious backgrounds.

The final Australia-wide sample consisted of 579 respondents (51.6% male, 46.8% female, and 2.4% "other") who identified as either Christian or nonreligious, with ages ranging from 18 to 74 years ( $M = 31.76$  years,  $SD = 11.73$  years). Although a variety of ethnic backgrounds were present in the sample, 76.2% of respondents identified as White Australian. Most respondents identified as either "gay" (45.8%), "lesbian" (26.1%), or "bisexual" (17.1%) although 8.6% identified as other (e.g., "queer") and 2.4% identified as "straight." Relationship status varied with 44.9% of respondents currently in a same-sex relationship, 7.8% in an opposite sex relationship, 2.9% in multiple relationships, and 44.4% not in any relationship. At the time of respondents' first awareness of their same-sex attraction, 74.4% reported a Christian affiliation, com-

pared with only 40.9% who reported a Christian affiliation currently. It was evident from those who opted to provide denominational data that a broad spectrum of denominational affiliations existed in the sample. As a result, an immensely diverse range of Christian backgrounds were represented that included various Protestant, Catholic, and Orthodox traditions, as well as mainstream, liberal, conservative, Evangelical, Pentecostal, and fundamentalist divisions.

## Measures

An online survey contained several scales together with extensive demographic items. These items covered age, sex and gender information, ethnicity, sexual and relational history, as well as past and current religious and family background data. Short-answer options were also included for Christian respondents who wished to describe their denominational affiliations, past and current. In addition, an individual's level of LGB community connectedness was gauged using a single-item measure "*How much do you feel personally connected to, and a part of, the LGB community?*" with responses given on a 7-point Likert-type scale (1 = *no connection at all* to 7 = *extremely connected*). Same-sex attraction was confirmed using five items spanning sexual attraction, behaviors, and fantasies, as well as social and emotional preferences. Responses were again recorded on a 7-point Likert-type scale where 1 = *opposite sex only* to 7 = *same sex only*. Respondents also indicated on a 7-point Likert-type scale how much distress they experienced when thinking about their sexuality and religious beliefs (1 = *no distress at all* to 7 = *extremely distressed*), both currently and at the time they were first aware of their same-sex attraction, with the option for extended response.

Factors were created for key religious and family background questions in the survey ("*How would you rate your current religious environment generally in terms of issues of same-sex sexuality?*" from 1 = *rejecting* to 5 = *affirming*, "*How would you rate your current family environment generally in terms of issues of same-sex sexuality?*" from 1 = *rejecting* to 5 = *affirming*, "*How important is religion to your parents/family in everyday life currently?*" from 1 = *completely unimportant* to 7 = *extremely important*, "*How important is religion to you in your everyday life currently?*" from 1 = *completely unimportant* to 7 = *extremely important*, "*How would you rate your level of current religious involvement?*" from 1 = *no involvement at all* to 7 = *extremely involved*). Responses to these items were subjected to exploratory factor analysis (EFA) to avoid multicollinearity among items that were highly related and measured very similar constructs. Principal components analysis was used to reduce these items to sets of uncorrelated components, selecting for Eigenvalues of at least 1.0 (using varimax rotation with Kaiser normalization). The first emerging component, referred to as the "*prominence of religion*" (PR), included the latter two items assessing how central religion was in one's life (eigenvalue = 1.9, accounting for 37.1% of total variance). The second emerging component, referred to as one's "*perceived environment*" (PE), incorporated the three remaining items addressing the homonegativity (and religiosity) perceived in one's religious and family circles (eigenvalue = 1.6, accounting for 31.5% of total variance).

**The Outness Inventory.** The Outness Inventory (OI; Mohr & Fassinger, 2000) was used to measure the degree to which LGB respondents were open about their sexuality with different people in their lives. The three-factor structure includes 10 items, measuring outness to one's "family," "world" (heterosexual friends, strangers, and workplace personnel), and "religion." These are rated via an 8-point Likert-type scale (1 = *person definitely does not know about your sexual orientation status* to 7 = *person definitely knows about your sexual orientation status, and it is openly talked about*-with the option of nonapplicable). Cronbach's  $\alpha$  coefficients for family, world, and religion factors were reported to be .74, .79, and .97, respectively, and were slightly better in the current study at .82, .82, and .96, respectively. Given that each of these factors measured the same underlying construct, a single factor from the three was chosen for use in the current study to avoid multicollinearity when conducting statistical analyses. Because outness to family and religion would appear to measure somewhat more circumscribed domains of outness, and because many respondents would undoubtedly have missing data on family and religious factors because of their life circumstances, the world factor seemed to be the most suitable choice. Not only did the world factor offer a better indication of outness in life more generally, but individuals could also choose not to be out in family or religious contexts for a number of potentially adaptive reasons (e.g., to avoid being thrown out of home, the potential loss of financial support, or religious employment ramifications) despite being comfortable and open about their sexuality otherwise.

**The Sense of Self Scale.** The Sense of Self Scale (SOSS; Flury & Ickes, 2007) is a 12-item, single-factor scale assessing the fragility and instability that individuals experience regarding their sense of who they are, their beliefs and opinions, and their feelings about themselves. Responses are recorded using a 4-point Likert-type scale ranging from 1 = *very uncharacteristic of me* through to 4 = *very characteristic of me*. A weaker sense of self has been associated with lower self-esteem, greater fear of rejection, greater identity impairment, and more borderline personality symptomology, demonstrating good convergent validity. Cronbach's  $\alpha$  was reported to be .86 with a test-retest reliability of .83. Although a lower  $\alpha$  coefficient of .67 was obtained in the current study, confirmatory factor analyses (CFA) produced reasonable goodness of fit indicators (TLI = 0.926, CFI = 0.939, RMSEA = 0.067) verifying that the scale was suitable for use in its current form. A significant overall CFA  $\chi^2$  result (CMIN = 235.723,  $p < .0001$ ) was not surprising nor considered problematic given that this statistic is very much affected by sample size.

**The Christian Religious Internalization Scale.** The Christian Religious Internalization Scale (CRIS; Ryan et al., 1993) contains 12 items measuring the religious internalization styles of individuals across two factors: identification, and introjection. Items are scored on an 8-point Likert-type scale from 1 = *not at all true* to 7 = *very true* (with the option of nonapplicable). Reported  $\alpha$  coefficients across three studies varied for both identification, .82, .69, and .79, and introjection, .82, .82, and .64. However, CFA did not sufficiently support the established factor-loading patterns, resulting in a two-factor solution that retained nine of the original items. The resulting  $\alpha$  coefficients were .96

(identification) and .95 (introjection), suggesting excellent internal consistency.

**The “Age Universal” I-E Scale-12.** Measures of religious orientation are among those most widely used and reported on in literature examining religious involvement. Of note, having an intrinsic religious orientation has previously been linked with possessing higher levels of IH, and in turn the propensity to seek out conversion therapy (Tozer & Hayes, 2004). As such, it seemed appropriate to include the Age Universal I-E Scale-12 (IE-12; Gorsuch & Venable, 1983; Maltby, 1999) alongside key religious variables in the study to ascertain whether it demonstrated any additional utility in predicting outcomes. This particular measure is a shortened and revised version of the Religious Orientation Scale (Allport & Ross, 1967). It contains 12 items spanning three factors measuring different religious orientations: intrinsic (religion involves deeply held convictions that are personally lived out); extrinsic-personal (such that religion is a source of comfort); and extrinsic-social (whereby religion provides social benefits). Responses are made on a 3-point Likert-type scale (1 = *yes*, 2 = *not certain*, and 3 = *no*) allowing use among both religious and nonreligious individuals. To accommodate religious variation among respondents, the wording “church” was adapted to “place of worship.” Maltby (2002) reported good internal reliability for each of the three factors (intrinsic = .87, extrinsic-personal = .83, and extrinsic-social = .87), and this was also the case for the current sample (intrinsic = .91, extrinsic-personal = .83, and extrinsic-social = .87). The potential for multicollinearity among these factors, however, meant they needed to be subjected to principal components analysis, which reduced them to a single uncorrelated component as a result.

**The Internalized Homonegativity Inventory.** The Internalized Homonegativity Inventory (IHNI; Mayfield, 2001) is a 23-item scale that assesses gay men’s negative attitudes toward their own homosexuality, and homosexuality in general. The scale is particularly useful in that it overcomes a number of serious content validity flaws apparent in other measures of IH. The three-factor structure spans “personal homonegativity” (e.g., “*I feel ashamed of my homosexuality*”;  $\alpha = .89$ ), the “morality of homosexuality” (e.g., “*I believe it is morally wrong for men to be attracted to each other*”;  $\alpha = .70$ ), and reverse-scored “gay affirmation” (e.g., “*I am proud to be gay*”;  $\alpha = .82$ ) with an overall  $\alpha$  coefficient of .91. Responses are scored on a 6-point Likert-type scale from 1 = *strongly disagree* through to 6 = *strongly agree*. The wording of items was also made inclusive for both male and female same-sex attraction. However, because CFA did not report optimal factor-loading patterns, the final three-factor structure included all items of the personal homonegativity ( $\alpha = .92$ ) factor, and retained four items on both the gay affirmation ( $\alpha = .73$ ) and morality of homosexuality ( $\alpha = .73$ ) factors.

## Procedure

The full details of the study were reviewed and approved by the Macquarie University Human Research Ethics Committee. The full questionnaire was administered online to enable privacy and anonymity, and was accessible via URLs imbedded into online advertisements, or displayed on printed flyers. Upon accessing the survey, respondents were directed to an information page explain-

ing the survey would require ~30 min to complete, that participation was voluntary, and that respondents could choose to enter a prize draw to win one of four double movie passes as a small token of thanks. Respondents were required to confirm that they were 18 years or over and currently living in Australia, before they could continue. Respondents first completed demographic information, including the OI, before answering the SOSS, IE-12, CRIS, and IHNI scales, in that order. To avoid missing data, respondents were required to answer all questions on each Web page before they could advance to the next page, and consent was indicated by choosing to submit responses at the conclusion of each set of questions.

## Results

### Data and Analyses

Data were analyzed using SPSS 19.0, and AMOS was used for CFA. Across all 579 respondents, the mean same-sex orientation score was 5.8 with a *SD* of 1.3 (minimum possible mean score = 1, completely heterosexual orientation; maximum possible mean score = 7, completely homosexual orientation), indicating a reasonably high degree of same-sex attraction. Those respondents who claimed a non-Christian religious affiliation (Muslim [ $n = 2$ ], Hindu [ $n = 2$ ], Jewish [ $n = 3$ ], Buddhist [ $n = 20$ ], Other non-Christian [ $n = 102$ ]) were not included in current analyses. The remaining respondents were classified as “nonreligious” ( $n = 148$ ; those with no current or prior religious identification), “former-Christian” ( $n = 194$ ; those who previously identified as Christian when first aware of their same-sex attraction, but who no longer reported any religious affiliation), or Christian ( $n = 237$ ; those with a Christian identification both currently and when first aware of their same-sex attraction). Because almost no respondents had “become” Christian after having no religious affiliation in the past, this category was not included. Data relating to denominational affiliation was also not included in analyses for several reasons, most notably because an extremely broad denominational spectrum was evident among respondents, and even respondents reporting similar current affiliations nevertheless reported divergent histories of affiliation previously, and vice versa. In addition, many participants described themselves as nondenominational, multid denominational, unsure, or alternatively opted not to describe their affiliation in extra detail. Furthermore, because many items were relevant to religious individuals only, to avoid a listwise deletion of cases from missing data these religiosity measures were only included in analyses that separately examined Christian respondents.

For statistical reasons, the demographic variable “identity” (categorizing respondents as gay, lesbian, bisexual, or straight/other) could not be used in original form because it was impossible to disentangle the effects of sexual identity (e.g., lesbian) from the variable of sex (e.g., female). Because most male and female respondents already identified as gay and lesbian, respectively, a separate variable for bisexuality was assigned to see if this identity variable had any additional effect beyond simple male and female categories. Unlike gay and lesbian identities, bisexuality was not confounded with sex given that both males and females could identify this way.

**Outcome variables.** Data from nonclinical community-based LGB samples often tend toward lower levels of IH and psychopathology (e.g., Gold, Dickstein, Marx, & Lexington, 2009; Herek et al., 1998). Unsurprisingly then, the outcome variables in the current study (IH scores; current religion-sexuality distress [RSD]) were also skewed in this way and treated as ordinal rather than numeric. As such, RSD was collapsed into three ordinal categories where 1 = *no distress at all*, 2 = *very little distress*, and 3 = *somewhat to extremely distressed*. This meant the measure remained applicable to both religious and nonreligious respondents, and because many nonreligious respondents nevertheless reported some degree of religion-sexuality distress, it was suitable for inclusion as an outcome variable. Each numeric IH scale was also divided into a smaller number of response categories, with cut-points determined such that a minimum of three categories were retained for an adequate representation of data variability. The lowest number of cases in a category was 83, which allowed for stable parameter estimates.

Given the nature of the outcome variables, ordinal logistic regression models were used to predict levels of IH and RSD. Logistic regression analyses produce coefficients that show the effect of a one-unit increase on the log(odds) of an event occurring. In the case of ordinal logistic regression, this refers to the log(odds) of an outcome being in a higher category of the dependent variable (e.g., *higher* levels of IH or RSD), rather than a lower category. Results are usually denoted in terms of odds ratios (OR), which show how the odds of an outcome being in a higher (rather than a lower) category of the dependent variable change with a one-unit increase in the independent variable. For interpretative purposes, these will be described in terms of positive and negative relationships.

**General Analyses (All Respondents): Hypotheses 1 (a + b + c) and 2**

Nonparametric correlations (see Table 1) confirmed that outcome variables were typically correlated with general predictor variables of interest. Hence, for the overall analyses, the variables *sense of self (SOS)*, *outness*, *LGB community connectedness*, as well as *age*, *sex*, and *bisexuality* were entered into the model together with past and current *religious identification*. Variables were entered into the model one at a time, but removed if they added no significant effect in predicting IH or RSD. *Religious identification* was retained in the model regardless because it was central to hypotheses (contrasts were coded 0 = *nonreligious*, 1 = *former-Christian*, and 2 = *Christian* with SPSS treating the highest numbered category as the reference category). *Age*, *sex (female treated as reference category)*, and *bisexuality (bisexual—vs. non-bisexual—as the reference category)* were also retained as control variables across analyses. The latter was included as a control in every analysis to account for any additional effect of bisexual identity over and above that of being simply male or female (categories confounded with being gay and lesbian, respectively). Hence, similar to *sex*, it was thought best to control for the effect of this variable uniformly across all analyses. Considering the large sample size and the number of different analyses, the overall significance level was set at  $\alpha = .01$  ( $\alpha = .01/3$  for follow-up contrasts) to exercise some control over Type I error.

**Table 1.** Spearman's  $\rho$  Correlations for Predictor (General, Religious, and Control) and Outcome Variables

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(1) P.H. (IH)	1.000	.395***	.473***	.426***	.375***	-.396***	-.230***	-.097*	-.161***	.050	.327***	.074	.055	-.383***	.078
(2) Morality (IH)		1.000	.257***	.392***	.112**	-.211***	-.115**	.058	-.180***	.076	.354***	.274***	.307***	-.323***	.181*
(3) G.A. (IH)			1.000	.194***	.174***	-.302***	-.259***	-.042	-.088*	.112**	.166**	.022	.028	-.274***	-.024
(4) Distress (RSD)				1.000	.176**	-.199***	-.036	.105*	-.041	.009	.359***	.210**	-.005	-.335***	.068
(5) Sense of self					1.000	-.263***	-.207***	-.144**	.052	.147***	.271***	-.083	-.090	-.205***	.044
(6) Outness (world)						1.000	.302***	.072	-.042	-.275***	-.214***	-.078	-.085	.323***	-.084
(7) LGB connect.							1.000	.059	-.062	-.101*	-.027	.006	.007	.232**	.119
(8) Age								1.000	-.049	-.207***	-.143*	.105	.288***	.086	.193**
(9) Sex <sup>a</sup>									1.000	.221***	-.047	-.021	-.244**	.072	-.145
(10) Bisexuality <sup>b</sup>										1.000	.059	.036	-.122	-.078	-.081
(11) Introjection											1.000	.243**	.162*	-.199**	.352***
(12) Identification												1.000	.545***	.005	.460***
(13) Prom. religion													1.000	.003	.501***
(14) Perc. environ.														1.000	.063
(15) Int.-ext.															1.000

Note. P.H. = personal homonegativity; G.A. = gay affirmation; RSD = religion-sexuality distress; LGB connect = LGB community connectedness; Prom. religion = prominence of religion; Perc. environ. = perceived environment; Int.-ext. = intrinsic-extrinsic religious orientation.  
<sup>a</sup> Sex: 0 = male, 1 = female. <sup>b</sup> Bisexuality: 0 = Not bisexual, 1 = bisexual.  
 \*  $p < 0.05$ . \*\*  $p < 0.01$ . \*\*\*  $p < 0.001$  Sig. (two-tailed).

**Personal homonegativity (IH).** In predicting personal homonegativity, the overall model was statistically significant,  $\chi^2(8) = 188.206, p < .0001$ , with a Nagelkerke Pseudo  $R^2$  (NPR) of 0.31. The test of parallel lines was not significant,  $\chi^2(16) = 16.446, p = .442$ , indicating that the assumption of proportional odds was met. The deviance goodness-of-fit statistic, a test of the discrepancy between predicted and actual values, was also not significant,  $\chi^2(1627) = 1310.486, p = 1.000$ , suggesting the model fit well. Table 2 outlines the Wald's  $\chi^2$  values, ORs and 95% confidence intervals (CI) for significant predictors of personal homonegativity, which remained in the model. These included *SOS*, which was positively associated with personal homonegativity, as well as *outness* and *LGB community connectedness*, which were negatively associated with personal homonegativity. *Sex* was also a significant categorical predictor, as was *religious identification* with follow-up contrasts revealing a significant difference between *nonreligious* and *Christian* respondents, OR = 2.3, 95% CI: 1.5–3.5, Wald's  $\chi^2(1) = 15.029, p < .0005$ . No significant differences existed between *nonreligious* and *former-Christian* respondents, or between *former-Christian* and *Christian* respondents, although the latter contrast was approaching significance, Wald's  $\chi^2(1) = 5.252, p = .020$ . In summary, identifying as a Christian (relative to being nonreligious), being male, being less open about one's sexuality, having less connection with similar LGB others, and having a poorer sense of self predicted higher levels of personal homonegativity. Hence, Hypotheses 1 (a, b, and c) and 2 were supported for the primary IH factor of interest.

**Morality (IH).** In predicting the "morality" factor of IH, the overall model was also statistically significant,  $\chi^2(6) = 82.636, p < .0001$ , but featured a smaller NPR of 0.18. Both the test of parallel lines,  $\chi^2(6) = 5.096, p = .532$ , and the deviance goodness-of-fit statistic,  $\chi^2(1028) = 724.307, p = 1.000$ , were not significant, again suggesting the model fit well. Table 2 outlines significant predictors in the model, including *outness*, which was negatively associated with the morality factor of IH,

and *sex*. *Religious identification* was also significant overall with follow-up contrasts confirming differences existed between *Christian* and *nonreligious* respondents, OR = 3.4, 95% CI: 1.9–5.9, Wald's  $\chi^2(1) = 17.466, p < .0001$ , and between *Christian* and *former-Christian* respondents, OR = 2.8, 95% CI: 1.7–4.6, Wald's  $\chi^2(1) = 17.542, p < .0001$ . However, no significant difference existed between *nonreligious* respondents and *former-Christians*. Overall then, Christians (relative to nonreligious and former-Christian respondents), and males (relative to females) viewed homosexuality as more immoral, as did those who were less open about their sexuality, on average. Hence, support for Hypothesis 1a (but not 1b or 1c) and Hypothesis 2 was found for the second IH factor of morality.

**Gay affirmation (IH).** In predicting the gay affirmation factor of IH, again the overall model was significant,  $\chi^2(7) = 88.596, p < .0001$ , with an NPR of 0.16. In confirming assumptions and model fit, the test of parallel lines was not significant,  $\chi^2(14) = 8.437, p = .865$ , nor was the deviance goodness-of-fit statistic,  $\chi^2(1,616) = 1378.216, p = 1.000$ . This factor was reverse-scored such that higher scores indicate higher levels of IH (and less affirmation). Significant predictors (see Table 2) included *outness* and *LGB community connectedness*, both of which were negatively associated with IH. *Sex* was also significant, however *religious identification* was not, Wald's  $\chi^2(2) = 0.466, p = .792$ . In summary, being male, being less open about one's sexuality, and having less connection with LGB others was predictive of lower levels of gay affirmation, and therefore, higher levels of IH. Hence, with regard to gay affirmation, support was found for Hypotheses 1a and 1b only.

**Current RSD.** The overall model was also significant when predicting levels of RSD,  $\chi^2(7) = 179.429, p < .0001$ , with an NPR of 0.32. Both the test of parallel lines,  $\chi^2(7) = 9.984, p = .190$ , and the deviance goodness-of-fit statistic,  $\chi^2(1,135) = 911.227, p = 1.000$ , were not significant. RSD was predicted by *SOS*, which was positively associated with distress, and by *out-*

**Table 2.** General Analyses (All Respondents): Significant Predictors of IH and RSD

Predictor	Estimate (SE)	Wald $\chi^2$	df	Sig.	Odds ratio	95% CI for OR
Personal homonegativity (IH)						
SOS	1.028 (.144)	50.990	1	<.0001	2.8	2.1–3.7
Outness	–.293 (.050)	34.734	1	<.0001	0.7	0.67–0.8
LGB connectedness	–.163 (.047)	12.246	1	.0005	0.8	0.77–0.9
Sex	.756 (.168)	20.317	1	<.0001	2.1	1.5–3.0
Religious identification	—	15.481	2	.0004	—	—
Morality (IH)						
Outness	–.222 (.058)	14.908	1	.0001	0.8	0.7–0.9
Sex	.900 (.220)	16.752	1	<.0001	2.5	1.6–3.8
Religious identification	—	27.517	2	<.0001	—	—
Gay affirmation (IH)						
Outness	–.259 (.048)	29.599	1	<.0001	0.8	0.7–0.85
LGB connectedness	–.225 (.046)	23.952	1	<.0001	0.8	0.7–0.9
Sex	.470 (.163)	8.308	1	.0039	1.6	1.2–2.2
Religion-sexuality distress (RSD)						
SOS	.523 (.157)	11.146	1	.0008	1.7	1.2–2.3
Outness	–.163 (.053)	9.548	1	.0020	0.8	0.77–0.9
Religious identification	—	107.946	2	<.0001	—	—

ness, which was negatively associated with distress (see Table 2). *Religious identification* was also significant with follow-up contrasts revealing that the odds of *Christians* scoring in a higher category of religion-sexuality distress were almost 18 times the odds of *nonreligious* respondents, OR = 17.7, 95% CI: 9.6–32.6, Wald's  $\chi^2(1) = 84.603$ ,  $p < .0001$ , and more than 4 times the odds of *former-Christians*, OR = 4.5, 95% CI: 3.0–6.7, Wald's  $\chi^2(1) = 52.442$ ,  $p < .0001$ . Furthermore, despite no longer claiming a religious identity, *former-Christians* still experienced significantly more religion-sexuality distress than those who had never been religious, OR = 3.9, 95% CI: 2.1–7.4, Wald's  $\chi^2(1) = 18.137$ ,  $p < .0001$ . In summary then, identification as a Christian (relative to nonreligious and former-Christian respondents) or as a former-Christian (relative to nonreligious respondents), being less open about one's sexuality, and having a poorer sense of self, were all predictive of higher self-reported levels of distress. Hence, Hypotheses 1a and 1c, as well as Hypothesis 2, were supported.

### Supplementary Analyses (Christian Respondents): Hypothesis 3 (a + b)

Because Christian respondents reported significantly more distress and IH (for two of three IH factors) than others in the sample, the second stage of analyses investigated which personal, religious, and environmental factors were contributing to these significantly different outcomes. Further ordinal logistic regression analyses were therefore conducted for Christian respondents alone. Variables that were significant in general analyses (*SOS*, *outness*, and *LGB community connectedness*), control variables (*age*, *sex*, and *bisexuality*), as well as religiosity measures (*PR*, *PE*, *introjection*, *identification*, and *intrinsic-extrinsic* religious orientation) were entered into the model one at a time. Nonparametric correlations between these variables are presented in Table 1.

**Personal homonegativity (IH).** In predicting personal homonegativity among Christian respondents, the overall model was significant,  $\chi^2(6) = 55.615$ ,  $p < .0001$ , with an NPR of 0.29. Both the test of parallel lines,  $\chi^2(12) = 6.006$ ,  $p = .916$ , and the deviance goodness-of-fit statistic,  $\chi^2(522) = 395.837$ ,  $p = 1.000$ , were nonsignificant. Table 3 shows the Wald's  $\chi^2$  values, ORs and 95% CIs for significant predictors of personal homonegativity among LGB Christians. These included *SOS*, which was positively associated with personal homonegativity, whereas *LGB community*

*connectedness* was negatively associated with personal homonegativity. *PE* was also negatively associated with personal homonegativity, however, because *PE* was created using factor analysis, the factor weightings of the underlying items must also be considered. The rotated component matrix assigned a positive weighting to the two items measuring the nature of one's religious and family environments, in contrast to the negative weighting assigned to the item regarding the importance of religion to one's family. This indicates that for *PE*, higher personal homonegativity was associated with perceiving religious and family environments as being *less* affirming of same-sex sexuality, and with religion being of *more* importance to one's family. As indicated above, higher personal homonegativity among Christians was also associated with possessing a poorer sense of self, and having less connection with the LGB community. Hence, Hypothesis 3a (but not 3b) was supported for personal homonegativity.

**Morality (IH).** In predicting the morality factor of IH among Christian respondents, the model was also significant overall,  $\chi^2(6) = 53.502$ ,  $p < .0001$ , with an NPR of 0.30. Neither the test of parallel lines,  $\chi^2(6) = 5.545$ ,  $p = .476$ , nor the deviance goodness-of-fit statistic,  $\chi^2(346) = 305.949$ ,  $p = .941$ , were significant. Table 3 outlines predictors that remained in the model. Religious *introjection* was positively associated with viewing homosexuality as immoral. *PE* was also significant, as was *PR*, which contained two underlying items weighted in the same direction, regarding the importance of religion to an individual and their involvement in it. Taken together, homosexuality was viewed as more immoral when Christian respondents were *more* involved in religion, or viewed religion as *more* personally important. Homosexuality was also viewed as more immoral by Christians who reported *less* affirming religious and family environments, or who rated religion as being of *more* importance to their family. Because Christians reporting a higher level of *introjection* also viewed homosexuality as more immoral, Hypotheses 3a and 3b were supported for this factor.

**Current RSD.** Finally, in predicting RSD among Christian respondents, the overall model was again significant,  $\chi^2(5) = 39.104$ ,  $p < .0001$ , with an NPR of 0.22. The test of parallel lines,  $\chi^2(5) = 1.406$ ,  $p = .924$ , and the deviance goodness-of-fit statistic,  $\chi^2(351) = 340.807$ ,  $p = .642$ , were both nonsignificant. Once again, religious *introjection* and *PE* were significant predictors in

**Table 3.** Supplementary Analyses (Christians): Significant Predictors of IH and RSD

Predictor	Estimate (SE)	Wald $\chi^2$	df	Sig.	Odds ratio	95% CI for OR
Personal homonegativity (IH)						
SOS	.741 (.260)	8.126	1	.0044	2.1	1.3–3.5
LGB connectedness	-.302 (.083)	13.273	1	.0003	0.7	0.6–0.9
Perceived environment	-.620 (.159)	15.293	1	.0001	0.5	0.4–0.7
Morality (IH)						
Introjection	.469 (.170)	7.588	1	.0059	1.6	1.1–2.2
Perceived environment	-.663 (.167)	15.757	1	.0001	0.5	0.4–0.7
Prominence of religion	.731 (.182)	16.149	1	.0001	2.1	1.5–3.0
Religion-sexuality distress (RSD)						
Introjection	.489 (.167)	8.615	1	.0033	1.6	1.2–2.3
Perceived environment	-.759 (.166)	20.870	1	<.0001	0.5	0.3–0.6

the model (see Table 3). Results, therefore, indicate that among Christians, a greater degree of religious introjection is predictive of higher levels of religion-sexuality distress. Furthermore, higher levels of distress are predicted by perceiving one's religious and family environments as *less* affirming, and by reporting religion to be of *greater* importance to one's family. Again, Hypotheses 3a and 3b were supported, in predicting RSD.

## Discussion

Considering (a) that mainstream Christian religion has often been connected with pervasive homonegative prejudice, and (b) the psychological ramifications that prejudice in general can forge, it was hypothesized that LGB Christians would report higher levels of IH and distress over their sexuality than their nonreligious counterparts. This result was generally obtained for both outcome measures of interest, in support of hypotheses, and in line with previous studies outlining the distress and conflict when religion and sexuality collide (D'Augelli, 2002; Hillier et al., 2010). Such results are among the first to specifically demonstrate that LGB Christians are more at risk of certain psychological vulnerabilities than the general (nonreligious) LGB population. This finding is remarkable considering the disproportionately high mental illness rates already evident in LGB communities, not taking religious identification into account (e.g., Rossen et al., 2009; Thompson & Johnston, 2003). Of note, religious identification was not a significant predictor of the gay affirmation measure of IH. However, this is most likely a reflection of the weakness of the gay affirmation factor given the relatively poor fit of its underlying items for the current sample.

Of further relevance, former Christians who had apostatized reported less current distress over their sexuality, and viewed homosexuality as less immoral than those who still identified as Christian. This makes intuitive sense should such distancing have eliminated a potent source of prejudice. Nevertheless, even past prejudice may cultivate enduring psychological harm, because former Christians still reported higher levels of religion-sexuality distress than those who had never been religious at all, in concordance with the findings of Yakushko (2005). The results of the current study, therefore, suggest that past religious affiliation is an important variable to consider in religion-sexuality studies.

In examining the contributions of prejudice, it was hypothesized that greater distress and IH among LGB Christians would be predicted by higher levels of homonegativity within respondents' religious and family environments—for the above measures where Christians outscored their nonreligious counterparts. Results supported such predictions: The more individuals felt same-sex sexuality was rejected by those in their religious and family environments—and the more important they felt religion was to their family—the more distress and IH they reported. This is in line with broader literature on the mental health consequences of environmental prejudice. In particular, both minority stress and sexual stigma theories assert that chronically prejudicial environments are not only highly stressful and disempowering for sexual minority persons, but also foster the internalization of such prejudice (Herek et al., 2009; Meyer, 2003). Consistent with these theories, the flipside of current findings suggests that psychological outcomes were in fact better where supportive religious and family environments existed. Past research (e.g., Lease et al., 2005) has similarly

shown that LGB persons had greater wellbeing within more affirming religious and family contexts. Barnes and Meyer (2012), although restrictively operationalizing religious settings and affiliation, also found that LGB persons attending more gay-friendly religious services had less IH than those who participated in nonaffirming settings. Hence, safe and supportive spaces, where LGB Christians and their sexuality are affirmed as inherently good may provide a platform for healthy development.

Apart from the impact of external prejudice, it was also hypothesized that the manner in which LGB Christians internalized their religious beliefs would be salient, such that higher levels of introjection would predict greater distress and IH. In fact, the current study is among the first to consider this predictor in the context of religion-sexuality conflict, and is one of only a few existing studies to explore both the personal and interpersonal characteristics that predict distinctive outcomes among LGB Christians. This hypothesis was partially supported such that Christians who reported higher levels of introjection viewed homosexuality as more immoral, and felt greater distress over their sexuality. Given that introjection is a less self-determined style of internalization (Ryan et al., 1993), this finding may suggest that individuals are more likely to adopt homonegative attitudes toward their sexuality because they feel they "ought" to, and because they would feel guilty, conflicted, or anxious about religious disapproval if they did not. Furthermore, homosexuality was viewed as more immoral when LGB Christians were more involved in, and attached more importance to, religion overall—that is, religion played a more prominent role in their lives. Because a central component of Christian religion is the provision of (often homonegative) moral instruction, this result is not surprising among those more religiously engaged. Examining the prominence of religion among LGB individuals, rather than using circumscribed measures of service attendance (e.g., Barnes & Meyer, 2012), is potentially more informative because LGB persons typically attend services less often than the general population (Herek et al., 2010). Additionally, measures of religious prominence, internalization, and environment appeared to be more informative than traditional measures of religious orientation. That is, when religious orientation was included in analyses alongside these variables, it failed to predict IH or distress. Altogether, when reviewing religious variables, these results show that not only the nature of religious environments, but also how one connects with and internalizes teachings from these environments will influence the psychological outcomes that LGB Christians experience.

However, the degree to which LGB individuals esteem, or internalize, external religious doctrines may also depend upon their general sense of self. For both Christians and non-Christians alike, operating from a strong, cohesive, and internally grounded sense of self may leave individuals less susceptible to the internalization of homonegative discourse or doctrine, and more capable of rebutting the prejudice of others. Hence, for LGB persons in general, it was hypothesized that a stronger sense of self would be predictive of less distress and IH. Results supported this hypothesis in predicting both current distress and personal homonegativity in the overall sample. Furthermore, among LGB Christians specifically, a stronger sense of self was again predictive of less personal homonegativity. Roseborough (2006) similarly reported stronger sense of self characteristics among individuals with more highly

reconciled religious and sexual identities, who operated from a predominantly internal locus of control.

Finally, it was hypothesized that being less open about one's sexuality, and having less connection with LGB others, would also be predictive of greater distress and IH, for LGB persons in general. Although higher levels of outness did predict less distress, and lower scores on every IH factor, higher LGB connectedness predicted only less personal homonegativity - among LGB persons generally, and among Christians specifically. A sense of connectedness and solidarity may reduce feelings of isolation and buffer against the stress of environmental prejudice, because the presence of similar others has been found to assist the wellbeing of stigmatized individuals (see Frable et al., 1998). It may also provide social support and affirmation, potentially missing from other contexts. Nevertheless, such connectedness would ordinarily require a degree of openness to begin with, a factor long associated with IH and distress (e.g., Rosser et al., 2008). Of course, the benefits of openness may depend upon environmental constraints and the support that is available at the time (Thompson & Johnston, 2003). As such, not only the capacity for disclosure, but also reactions to this disclosure, may influence mental health trajectories. Similarly, should disclosure have foreseeable harmful consequences, a lack of outness may not always be reflective of IH.

Furthermore, in the overall sample, males experienced significantly more IH on average than females. Although it could be argued this was because the IHNI measure was originally devised for use among gay men, this same pattern has been found in past research (e.g., Herek et al., 1998) and makes sense when considering prevalent socializing influences. For example, masculine ideals often discourage any form of femininity or softness—a stereotype applied to gay men—such that males may actively distance themselves from anything nonheterosexual to preserve a strong sense of masculine identity (Herek, 1986). Accordingly, studies repeatedly show that males are generally more negative toward homosexuality than females (e.g., Hunsberger et al., 1999), and especially toward gay men rather than lesbians (e.g., Herek, 2000). Taken together, this makes positive identity development for same-sex attracted men a sizable challenge.

Overall, in view of these results, the current findings would appear to have extensive implications. Most obviously, inasmuch as religious bodies practice discrimination around the religious participation of LGB persons, or preach against the abhorrent sinfulness of same-sex attraction, or situate LGB persons outside all that is good and acceptable, then the mental health and development of LGB persons is likely to be compromised. The same may be said of any homonegative context, religious or otherwise, where sexual minority persons are devalued. To the contrary, supportive and compassionate religious and family environments are likely to provide a platform for healthy identity integration. This is not to say that improvements in wellbeing cannot also be achieved through individualized treatment. In fact, the current study points to a number of areas where this may be beneficial, particularly in regard to addressing maladaptive sense-of-self characteristics, challenging self-and other-based approval pressures, and resolving the negative affects and attitudes that foster IH. However, to concentrate on internal forces of conflict without considering the external factors, policies, and systems that sustain them may be addressing symptoms rather than sources of the problem.

In this regard, clinicians must be able to discern—in addition to organic factors—the challenges that environmental homonegativity presents for the mental wellbeing of LGB persons. In recognizing these elements, it is imperative that clinicians do not overlook or dismiss the significance of religion and spirituality among their LGB clients; the deep-seated religious fears and convictions these clients may firmly hold; the depth of loss that clients may experience when alienated outside their foremost circles of belief and belonging; and therefore, the painful and potentially harmful disconnection that may result if clinicians direct clients to dis sever their religious identity. Rather than marginalizing this identity in an effort to resolve inner conflict, clinicians might encourage religious LGB clients to explore alternative religious expressions, to consider affirmative religious contexts, and to develop more self-determined styles of internalization. In local communities, a number of LGB-affirming churches or networks may exist along various denominational lines, which may prove a useful resource for clinicians assisting individuals in this way. Such efforts may be valuable for facilitating an identity-integrative wholeness where this is considered meaningful for the client.

In line with current findings and literature, clinicians should also be aware that LGB clients who present with negative feelings and attitudes toward their sexuality may have limited social support available, histories of rejection and devaluation, and may be at greater risk of further mental health problems as a result of IH. Where such IH is propped up by homonegative religious doctrines, LGB clients may be more inclined to present for help in resolving “unwanted” same sex attraction (e.g., Shidlo & Schroeder, 2002). Those most vulnerable in this regard may be individuals with a fragmented or weakened sense of self, who are more prone to approval-based pressures, more susceptible to external religious prescriptions, and more inclined to define their sexuality in line with mainstream socioreligious prejudice. Here, in particular, clinicians have an advocacy responsibility (Melton, 1989). Essentially, clinicians must avoid perpetuating a negative therapeutic legacy that in the past centered on ignorance around sexual diversity, involved ethical and professional violations, and resulted in ill-informed attempts at sexual reorientation often on religious grounds (Ritter & O'Neill, 1989). To collaborate or assent with clients in the devaluation of their sexuality would only sustain a legacy of prejudice and reinforce the IH that these individuals have acquired.

Instead, clinicians assisting LGB clients should ideally have competence working within an appropriate affirmative framework. Gay affirmative therapy, for example, requires that clinicians are not only supportive of LGB persons, but are also properly informed on all aspects of working with LGB clients; are able to recognize the pervasiveness of heterosexual privilege; and are extensively educated on the history and enduring impact of prejudice faced by sexual minority persons (Kort, 2008). It also means that clinicians must be able to examine and combat their own sexual prejudices to avoid fostering harmful therapeutic events. Where positive affirmation is not possible, clinicians must—at the least—ensure they “bracket” their homonegativity in the interests of client welfare and in line with an empathic nondirective approach, or alternatively refer the client to an appropriate affirmative practitioner. Encouragingly, research suggests that practitioners are in general becoming increasingly positive in their attitudes toward LGB clients and

less supportive of aversive reorientation techniques—although female practitioners appear the most likely to take an affirmative therapeutic approach (Kilgore, Sideman, Amin, Baca, & Bohanske, 2005). Ultimately, because the current findings suggest that additional layers of prejudice carry with them additional mental health risk, practitioners in general must be wary of the ways in which their own homonegativity can oppress their LGB clients.

### Limitations and Recommendations for Future Research

Although the findings of the current study offer a number of useful insights, several limitations also warrant discussion. Statistically, regression analyses cannot denote causality between variables, and therefore, inferences about these relationships cannot be interpreted as definitive. However, where certain pathways are both intuitively and theoretically sensible, tentative directionality may be established. For example, in accordance with minority stress theory, IH is more plausibly explained as a consequence of homonegative environments (as echoed in the stories of respondents), rather than as an antecedent of prejudice. Furthermore, since CFA did not provide strong support for certain factor-loading patterns (e.g., IHNI gay affirmation factor), results based upon such measures should be interpreted cautiously. EFA did confirm, however, that once small item changes were made, such factor structures took shape as expected, with suitable internal consistency.

Additionally, assessing religion-sexuality distress using a single-item measure may be considered overly simplistic. However, extended response options provided additional verification of distress and conflict, alongside measures of IH. If anything, these findings are likely to be a conservative indication of distress among LGB persons generally, because recruitment required at least a small degree of discernable outness. Those who were more closeted, or less connected with LGB friends and organizations, were most likely undersampled. Moreover, the skewed nature of the outcome variables suggests that most respondents experienced relatively little IH or distress, suggesting that data from a more representative sample would likely strengthen these results.

Furthermore, the current study relied upon respondents' self-classification as Christian or otherwise, and did not explicitly capture the full variety of meanings associated with any particular religious label. To partly address this, items addressing the prominence of religion in one's life were included, although it is remarkable that merely identifying with the broad label Christian was indicative of poorer outcomes nonetheless. Similarly, environmental prejudice relied upon respondents' own personal perceptions of their circumstances and could not be independently verified. Nevertheless, it is these subjective perceptions of homonegativity, informed by experience and observation, which are likely to influence how individuals feel about themselves and their sexuality.

Taken together, these limitations provide a number of valuable avenues for future research. In particular, these research themes and findings should be explored and corroborated using further studies with large samples that are more representative of LGB respondents at all stages of identity development. This

may require utilizing avenues other than LGB community groups, organizations, and peer networks, because these methods cannot sample individuals who are highly "closeted" and less connected with the LGB community. Additionally, the literature would benefit from in-depth qualitative studies examining the psychosocial differences between conflicted and non-conflicted religious LGB individuals. Ideally, this would shed light on the factors that give rise to, sustain, and resolve this conflict.

Research in this area would also be aided by the development of more robust measures of religiosity. Importantly, such measures should distinguish between religious and nonreligious LGB individuals, while still enabling comparisons based on denominational differences, levels of fundamentalism or biblical literalism, and degree of religious commitment versus nominal affiliation. Attention should also be given to the development of further research tools for assessing religion-sexuality conflict and distress. On this matter, Rodriguez (2006) found that when a single-item measure of "political view" was controlled for, religious affiliation was no longer significantly related to scores on a measure of conflict. As such, future research should endeavor to assess political views when examining religious affiliation and conflict.

Given the results of the current study, assessing the mental health of religious versus nonreligious LGB individuals more broadly also seems warranted. Future studies should extend the use of mental health measures to include indices of depression, anxiety, shame, suicidality, and other outcomes commonly reported in the broader mental health literature. Whereas Rodriguez (2006) noted poor mental outcomes among those potentially experiencing identity conflict, Barnes and Meyer (2012) found no main effect of nonaffirming religion on mental health beyond IH. To ascertain whether any differences exist between religious and nonreligious LGB individuals on common mental health indices, and whether these outcomes are because of levels of prejudice, robust measures of environmental homonegativity that are applicable to all respondents—not only religious individuals—may be required. Here again, future research would be valuable in the development of these tools, and in clarifying the relationship between religious prejudice, identity conflict, and broader mental health.

### Conclusion

In summary, it becomes apparent, as Rodriguez (2009, p.10) noted, that causes of religion-sexuality conflict "are both extrinsic, coming from outside of the individual and more dependent on acceptance by others, and intrinsic, coming from within the individual and generally held as internalized moral ideals." Intrinsically, Christians more likely to internalize homonegative attitudes, and find their sexuality particularly distressing, are those who lack the sense of self characteristics required to volitionally determine their own systems of belief and morality absent from guilt and anxiety. However, beyond the adoption of one's personal beliefs, the extrinsic attitudes, actions, and beliefs of others stand tantamount. The current study shows that the distress and self-deprecation that LGB Christians exhibit is concordant with the homonegativity they perceive from religious and familial others. Hence, although a number of thera-

peutic avenues exist for clinicians working with religious LGB clients, more widespread mental health change may only be realized with the rectifying of such prejudice in socioreligious contexts.

**Keywords:** prejudice; internalized homonegativity; homosexuality; religion; distress

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