

RELIGIOSITY, INTERNALIZED HOMOPHOBIA, AND MENTAL HEALTH
OUTCOMES IN LGB INDIVIDUALS IN THE SOUTHEAST

by

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I dedicate this thesis to Melissa, Molly, Bailey, Elliot, and most importantly, my wife Erika. You are the reason for the topic of this research.

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ABSTRACT

Internalized homophobia refers to self-loathing by LGB individuals who have internalized society's negative homophobic attitudes (Meyer & Dean, 1998). Research has demonstrated a positive correlation between internalized homophobia and poor mental health outcomes, such as depression and anxiety (Frost & Meyer, 2009). These mental health problems are related to experienced homophobia, not homosexuality. In other research, religiosity is positively related to homophobia (Jäckle & Wenzelburger, 2014); the southeast is the most religious region of the United States (Pew Research Center, 2016). The present study examined the relations among religiosity, internalized homophobia/homophobia, and mental health outcomes in 279 LGB and heterosexual individuals. Participants completed an online survey that assessed their religiosity, internalized homophobia/homophobia, psychological well-being, and evangelism. Religiosity was positively related to both homophobia and psychological well-being in heterosexual individuals, but not in LGB individuals. There were no differences in either group based on region of the country where participants lived.

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CHAPTER I

INTRODUCTION

Modern movements toward understandings of marginalized gender and sexual identities as innate qualities have led to more protective and equalizing legislation in the United States, such as the legalization of same-sex marriage in 2015 (*Obergefell v. Hodges*, 2015). However, after decades of fighting to be seen as equal and deserving of civil rights, the LGB community still faces discrimination and violence in social and political spheres. For instance, the 2016 mass shooting of gay nightclub Pulse in Orlando, Florida killed 49 and injured 53 others (Hayes et al., 2017). Also, in June 2019, the Trump administration introduced legislation banning transgender individuals from serving openly in the U.S. military.

Although different individuals and organizations cite various reasons for not supporting pro-LGB legislation or rights, religion seems to be at the center of oppositional beliefs. The “Adam and Eve, not Adam and Steve” argument has long been held up to defend the concept of “traditional marriage,” or the union of one man and one woman, according to the Republican party’s 2016 running platform (Republican National Committee, 2016). It has been well documented that participation in religion is positively related to negative mental health outcomes in LGB individuals, including depression (Barnes & Meyer, 2012; Bourn, 2016; Kappler et al., 2012; Meanley et al., 2015), anxiety (Bourn, 2016; Kappler et al., 2012) and other mood disorders (Kappler et al., 2012). Perhaps the most detrimental phenomenon related to religious participation for LGB individuals is internalized homophobia (Barnes & Meyer, 2012; Kappler et al.,

2012; Meanley et al., 2015; Wagner et al., 1994). Internalized homophobia is described as a self-directed prejudice by lesbian, gay, or bisexual individuals caused by the internalizing of negative beliefs about their sexuality (Herek, 2009). The outcomes of this anti-self attitude will be discussed later. However, previous research has not explored the mental health-related consequences for LGB individuals who reside in the southeastern United States (which tends to be show more self-reported religiosity than other US regions). The purpose of the proposed study is to explore the relationships among mental health, internalized homophobia, and religiosity in LGB individuals who live in the southeast.

It should be noted that because transgender is a gender identity, it does not imply sexuality and so it is not always included in some of the papers or scales referenced in this study. This topic as it relates to religiosity and the southeast will be discussed further in the discussion section of this paper.

Internalized Homophobia

Internalized homophobia refers to the phenomenon of self-loathing by LGB individuals who have internalized society's negative beliefs and attitudes about them (Meyer & Dean, 1998). It is the result of living in a heterosexist society; that is, a society that values heterosexuality as the only normal and acceptable sexual orientation (Meyer, 2003). Internalized homophobia is related to multiple negative mental health outcomes, including depression, anxiety, and insecure attachment styles (Frost & Meyer, 2009; Sherry, 2007).

Sherry (2007) surveyed 286 LGB individuals on feelings of shame and guilt, internalized homophobia, and relationship attachment styles. Shame and guilt were significantly positively correlated with internalized homophobia, as well as fearful attachment styles. This suggests that individuals who suffer from internalized homophobia also often suffer from poor relationship quality.

Internalized homophobia is also positively related to psychache (Bourn, 2016), a psychological construct that can predict suicidality better than hopelessness or depression (Pereira et al., 2010; Ribeiro et al., 2013). It is defined by feelings of excessive shame, guilt, humiliation, loneliness, fear, etc. Very little research, however, has been conducted on psychache in LGB individuals. Crain-Gully (2011) conducted a study on a small sample ($N = 30$) of LGB individuals. Participants took three separate surveys on sexual identity, psychache, and suicidality. Results indicated a strong, positive correlation between psychache and homosexual identity formation, the process of identifying and accepting a lesbian, gay, or bisexual identity.

There are multiple theorized causes for internalized homophobia. Ryan et al. (2017) suggest that autonomy-supportive social contexts can foster a sense of well-being and safety in coming out as LGB. Essentially, having supportive social circles that encourage an individual identity as LGB can have positive mental health consequences. The researchers found that this is particularly true of individuals who are high in internalized homophobia (Ryan et al., 2017). Similarly, Hatzenbuehler (2011) found that LGB teenagers who live in environments unsupportive of their sexual identity had a 20% higher chance of attempting suicide than LGB teenagers in supportive environments.

Results of another study from 2008 regarding mental health in gay men indicate that internalized homonegativity (synonymous with homophobia), and not identifying as homosexual, is positively correlated with negative mental health outcomes including depression (Rosser et al., 2008). These studies suggest that extrinsic factors influence the internalized impact of homophobia rather than simply being LGB. This further implicates negative stereotypes and beliefs held by society, or in this case churches, as potential causes.

Essentially, internalized homophobia is form of homophobia turned inwards towards the lesbian, gay, or bisexual individual (Meyer & Dean, 1998). The negative consequences are numerous (Crain-Gully, 2011; Frost & Meyer, 2009; Pereira et al., 2010; Ribeiro et al., 2013; Rosser et al., 2008; Sherry, 2007) and as far as we know, extrinsic factors could be at the root of this psychological ailment (Hatzenbuehler, 2011; Ryan et al., 2017).

Religious Division over Homosexuality

The topic of homosexuality has been extremely divisive in religious institutions, particularly in Christianity; 76% of adults in the South identify as Christian, and 61% identify as Protestant, a form of Christianity (Pew Research Center, 2015^a). The various branches of Protestantism, however, do not all share identical beliefs about same-sex marriage or the allowance of LGBT clergy. One well-publicized opponent of same-sex marriage and all LGBT rights is the Westboro Baptist Church; the church's official website is titled "www.godhatesfags.com" (Westboro Baptist Church, 2019). In 2009, members of the church attempted to enter the United Kingdom with plans to protest a

production of a play about a gay man who had been tortured and murdered. Multiple United Kingdom-based churches, including the Baptist Union of Great Britain, the Evangelical Alliance, Faithworks, and the Methodist Church made statements in opposition to the protest, citing that they do not share the Westboro Baptist Church's aggressively anti-LGBT attitudes (Lyle, 2009).

Even so, some branches are divided within their own church. In recent years, the Lutheran Church split over allowing LGB individuals to serve as clergy members. The International Lutheran Council provided a statement on August 31, 2009 indicating their disapproval of homosexuality (International Lutheran Council, 2009). However, a separate Lutheran organization, named Reconciling Works, has stated that they are in support of LGBT church members and clergy (Reconciling in Christ, 2019).

Similarly, the United Methodist Church came to a decision regarding homosexuality in February 2019 and passed a movement titled the "Traditional Plan ;" this movement bars LGBT individuals from becoming clergy or from having their marriages officiated by the church (United Methodist Church, 2019). Like the Lutheran Church, some Methodist organizations have decided not to follow the Traditional Plan and instead continue to allow for homosexual marriages and clergy, such as the North Central Jurisdiction (Alsgaard & Mulenga, 2016) and the Northeastern Jurisdiction (Gilbert, 2016).

Despite homosexuality being present in ancient societies 8000 years before the birth of Christianity (Wilhelm, 2010), it is still an incredibly divisive issue among religions. No one branch of Christianity shares the same opinions on LGBT issues with

even all of its own members, including the Baptist Church (Lyle, 2009), the Lutheran Church (International Lutheran Council, 2009; Reconciling in Christ, 2019), and the Methodist Church (Alsgaard & Mulenga, 2016).

Religiosity and Homophobia

Typically, more conservative religious beliefs lead to more anti-LGB attitudes (Rosik et al., 2007). The southeastern United States is the most politically conservative region in the country (Pew Research Center, 2015^b) and the most religious (Pew Research Center, 2016).

Previous research has attempted to explain the relationship between religiosity and homophobic attitudes. Religiosity, however, is a psychologically amorphous concept that can be better defined by its components than by its meaning. Mather (2012) explains religiosity as the degree of participation in affiliation, activity, and corresponding beliefs in a religion. Researchers describe religiosity as a combination of connection with the transcendent, sense of support from the transcendent, strength and comfort, perceived love, transcendent sense of self, inspiration discernment, sense of awe, sense of wholeness/internal integration, sense of gratitude, sense of compassion, sense of mercy, and longing for the transcendent (Fetzer, 1999).

A 2014 multilevel analysis of homophobia and religiosity in 79 countries revealed a significant positive correlation between the two constructs. The highest levels of homophobic attitudes were associated with Islam, orthodox Christianity, and Free Church Protestantism. Although the United States was not ranked among countries having the most negative attitudes towards homosexuality (Jäckle & Wenzelburger, 2014), it is a

country religiously dominated by Christianity, and specifically Protestantism (Pew Research Center, 2015^a).

A 2009 study surveyed 885 students enrolled in a southern university's introductory sociology course on attitudes towards gender and sexuality, religiosity, and gay contact. Gay contact in this study was the amount of exposure to lesbian or gay individuals that people have had in their life. The survey's results indicated that exposure to lesbian and gay individuals is significantly negatively related to prejudice against them, whereas religiosity was significantly positively related to prejudice. The summation of the results was that more church attendance was positively correlated with less exposure to lesbian and gay individuals, which in turn is correlated with more prejudice against them (Baunach et al., 2009).

Although we cannot say for sure that religion causes homophobia or internalized homophobia, previous studies have shown religiosity can be positively correlated with less exposure to LGB individuals (Baunach et al., 2009) and homophobia (Jäckle & Wenzelburger, 2014). However, exposure to LGB individuals might moderate this relationship (Baunach et al., 2009).

Conservatism and Anti-LGB Legislation

Out of the two primary political parties in the United States, Republicans and Democrats who identify as more conservative than the rest of their respective party members show less support for same-sex marriage (Pew Research Center, 2019). The southeast is the most politically conservative region of the United States (Pew Research Center, 2015^b). It follows suit that this region has less pro-LGB legislation than other

regions. Of the 12 states in the region, only Kentucky and Virginia protect individuals from both sexual orientation-based and gender-based discrimination in the workplace. North Carolina protects individuals from sexual orientation-based discrimination only in the work place. There are no legal protections for individuals based on gender or sexual identity in the other nine states (Human Rights Campaign, 2019). This lack of protection can lead to serious mental health issues. For instance, a 2010 study found that LGB populations in states without protective legislation have higher incidences of psychiatric disorders (Hatzenbuehler et al., 2010).

A 2007 study by Rosik et al. surveyed students at a Christian university in California on their religious beliefs. Researchers found that students with more conservative religious beliefs had generally more homophobic attitudes than those with less conservative beliefs. Not only is the southeast the most conservative region of the United States, but it is also the most religious (Pew Research Center, 2015^a).

So far, research has shown that conservatism (Pew Research Center, 2019), conservative religiosity (Pew Research Center, 2015^a), and lack of legal protections (Hatzenbuehler et al., 2010), which usually occurs in states in the southeast US (Human Rights Campaign, 2019), can lead to negative consequences for members of the LGB community.

Rationale and Hypotheses

Internalized homophobia is the result of living in a society that places greater value on heterosexuality and perpetuates negative stereotypes of homosexuality (Meyer, 2003). The mental health consequences of internalized homophobia can be detrimental, if

not fatal. Previous research has shown that internalized homophobia can lead to poor relationship quality (Sherry, 2007), depression, anxiety (Frost et al., 2009), and psychache (Bourn, 2016), a condition that is a better predictor of suicidality than depression (Pereira et al., 2010). LGB individuals have at least twice the risk of suicide attempts compared to heterosexual individuals (King et al., 2008). A 2016 study published by the Centers for Disease Control and Prevention found that 29.4% of LGB high school students reported attempting suicide in the last 12 months, compared to 6.4% of heterosexual high school students (Kann et al., 2016).

Religiosity has already been positively correlated with homophobia across the world (Jäckle & Wenzelburger, 2014). Specifically, more conservative religiosity is positively correlated with homophobia (Rosik et al., 2007). The southeastern United States is both the most conservative (Pew Research Center, 2015^b) and most religious region of the U.S. (Pew Research Center, 2016). Research, however, has yet to explore mental health-related consequences for LGB individuals who live in this region to determine if the combination of the two might lead to worse mental health outcomes or higher levels of internalized homophobia.

Preceding literature on internalized homophobia has indicated that it deeply and negatively impacts quality of life for LGB individuals in terms of psychological well-being. It is important to study the relationship among these constructs as they contribute to an understanding of mental health related concerns and fatality in the LGB community, as well as how to solve them. The present study examined the relationships among religiosity, internalized homophobia, and mental health outcomes in LGB individuals in

the southeast US. Participants completed an online survey in which they answered questions regarding their own feelings towards their sexuality, religion, evangelism, and psychological well-being. Questions were drawn from the Internalized Homonegativity Scale (Mayfield, 2001), the Centrality of Religiosity 10 Scale (Huber & Huber, 2012), and the Psychological Well-Being Scale (Ryff, 1989).

Based on the literature, the following hypotheses were proposed:

Hypothesis 1: Living in the southeast US will be associated with increased internalized homophobia in LGB individuals and increased homophobia in heterosexual individuals compared to individuals from other regions of the United States.

Hypothesis 2: Higher levels of religiosity will be associated with higher levels of internalized homophobia in LGB individuals and higher levels of homophobia in heterosexual individuals who live in the southeast US.

Hypothesis 3: Higher levels of religiosity will be negatively correlated with favorable mental health outcomes in LGB individuals and positively correlated with favorable mental health outcomes in heterosexual individuals who live in the southeast US.

Hypothesis 4: Living in the southeast US will be related to poorer mental health outcomes in LGB individuals compared to LGB individuals in other regions of the United States.

Hypothesis 5: Higher levels of evangelism will be associated with higher levels of internalized homophobia in LGB individuals from all regions.

Hypothesis 6: Higher levels of evangelism will be associated with higher levels of religiosity in both LGB and heterosexual participants.

CHAPTER II

METHOD

Participants

Participants were 304 18- to 66-year-old individuals ($M = 23.76$, $SD = 9.25$) who were recruited from different regions of the United States using social media platforms including Facebook, Instagram, and Twitter, as well as the online recruitment website Sona System through the Middle Tennessee State University psychology program. Of the 304 participants who took the survey, one participant's data was removed from the final data set for failure to give consent at the beginning of the survey, and 25 more were excluded because they failed to complete multiple scales of the survey.

Of the remaining 279 participants in the final sample, the majority indicated they were cisgender ($n = 107$) and (a) 59 identified as cisgender male, (b) 195 identified as cisgender female, (c) 1 identified as transgender male, (d) 4 identified as transgender female, (e) 10 identified as nonbinary, (f) 3 wrote in "female," (g) 4 wrote in "male," (h) 1 wrote in "straight," (i) 1 wrote in "agender," (j) 1 wrote in "genderqueer transman," and (k) 1 wrote in "genderfluid."

The majority of participants ($n = 190$) identified their sexuality as heterosexual. Of the remaining participants, (a) 6 responded gay, (b) 46 responded bisexual, (c) 12 responded pansexual, (d) 11 responded lesbian, (e) 7 responded asexual, (f) 1 wrote in "gay and asexual," (g) 3 wrote in "queer," (h) 1 wrote in "mostly straight," (i) 2 wrote in "straight," and (j) 1 participant indicated being intersex.

The majority of participants ($n = 177$) reported being white. Of the remaining participants, (a) 40 responded Black/African American, (b) 16 responded Latinx, (c) 3 responded Native American, (d) 7 responded East Asian, (e) 8 responded Middle Eastern, and (f) 4 responded “other.” Other demographic information, including education, political and religious beliefs, and their geographical location can be found in Tables 1, 2, and 3.

Materials

Demographic questionnaire. The demographic portion of the survey is composed of questions regarding age, sexual orientation, gender identity, religion, geographical location, education, parent’s education, and political beliefs. Demographic questions are listed in Appendix A.

Internalized homophobia. For the purpose of this study, a modified version of Mayfield’s (2001) Internalized Homonegativity Scale was used to measure internalized homonegativity, which is synonymous with internalized homophobia. This 23-item scale was originally designed to measure internalized homonegativity in gay men; for purposes of the present study, items 2, 4, 7, 8, 11, 14, 19, and 23 were modified to be more inclusive of different sexual orientations. For example, item 7 originally stated “When I think about my attraction towards men, I feel unhappy” and was modified to read “When I think about my attraction towards same-gender individuals, I feel unhappy” and item 9 was changed from “I see my homosexuality as a gift” to “I see my sexual orientation as a gift.”

Table 1*Education and Religion of Participants*

Characteristics	<i>n</i>	%
Education		
Currently enrolled in college	207	74.2
LGB	56	65.1
Heterosexual	151	79.5
High school degree or GED	16	5.7
LGB	5	5.8
Heterosexual	11	5.8
Some college	31	11.1
LGB	13	15.1
Heterosexual	18	9.5
Bachelor's degree	37	37.0
LGB	18	28.9
Heterosexual	19	10.0
Graduate degree	15	5.4
LGB	5	5.8
Heterosexual	10	5.3

Table 1

Characteristics	<i>n</i>	%
Household religious beliefs		
Agnostic	10	3.6
LGB	3	3.5
Heterosexual	7	3.7
Atheist	9	3.2
LGB	2	2.3
Heterosexual	7	3.7
Muslim	6	2.2
LGB	0	0.0
Heterosexual	6	3.2
Catholic	48	17.2
LGB	16	18.6
Heterosexual	32	16.8
Protestant	94	33.7
LGB	32	37.2
Heterosexual	62	32.6
Mormon	3	1.1
LGB	1	1.2
Heterosexual	2	1.1

Table 1

Characteristics	<i>n</i>	%
Other	103	36.9
LGB	32	37.2
Heterosexual	71	37.4
Current religious beliefs		
Agnostic	71	25.4
LGB	34	39.5
Heterosexual	37	19.5
Atheist	27	9.7
LGB	14	16.3
Heterosexual	13	6.8
Hindu		
LGB	0	0.0
Heterosexual	1	0.5
Muslim	4	1.3
LGB	0	0.0
Heterosexual	4	1.4
Catholic	10	4.3
LGB	2	2.3
Heterosexual	17	8.9

Table 1

Characteristics	<i>n</i>	%
Protestant	51	18.3
LGB	9	37.2
Heterosexual	42	22.1
Other	90	39.0
LGB	27	31.4
Heterosexual		

Note. *N* = 279

Table 2*Political Beliefs and Upbringing of Participants*

Characteristics	<i>n</i>	%
Household political beliefs		
Conservative	147	52.7
LGB	46	53.5
Heterosexual	101	53.2
Liberal	63	22.6
LGB	21	24.4
Heterosexual	42	22.1
Independent	29	10.4
LGB	8	9.3
Heterosexual	21	11.1
Centrist	12	4.3
LGB	5	5.8
Heterosexual	7	3.7
Other	24	8.6
LGB	6	7.0
Heterosexual	18	9.5

Table 2

Characteristics	<i>n</i>	%
Current political beliefs		
Conservative	60	21.5
LGB	5	5.8
Heterosexual	55	28.9
Liberal	112	40.1
LGB	53	61.6
Heterosexual	59	31.1
Independent	59	21.1
LGB	15	17.4
Heterosexual	44	23.2
Centrist	10	3.6
LGB	2	2.3
Heterosexual	8	4.2
Other	34	12.2
LGB	11	12.8
Heterosexual	23	12.1

Note. *N* = 279

Table 3*Region in Which Participants Were Born or Currently Living*

Characteristics	<i>n</i>	%
Region born		
Southeast	190	68.1
LGB	56	65.1
Heterosexual	131	68.9
Northeast	14	5.0
LGB	5	5.8
Heterosexual	9	4.7
Midwest	31	11.1
LGB	11	12.8
Heterosexual	20	10.5
West	18	6.5
LGB	6	7.0
Heterosexual	12	6.3
Southwest	10	3.6
LGB	3	3.5
Heterosexual	12	3.7

Table 3

Characteristics	<i>n</i>	%
Region currently living		
Southeast	231	82.8
LGB	75	87.2
Heterosexual	153	80.5
Northeast	7	2.5
LGB	3	3.5
Heterosexual	4	2.1
Midwest	15	5.4
LGB	3	3.5
Heterosexual	12	6.3
West	9	3.2
LGB	3	3.5
Heterosexual	6	3.2
Southwest	6	2.2
LGB	0	0
Heterosexual	6	3.2

Note. *N* = 279

For purposes of the present study, the original rating scale also was modified from a 6-point Likert scale (1 = *strongly disagree*, 2 = *moderately disagree*, 3 = *slightly disagree*, 4 = *slightly agree*, 5 = *moderately agree*, 6 = *strongly agree*) (Mayfield, 2001) to a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*) to allow for a centered, neutral rating. Higher scores indicate higher degrees of internalized homophobia. Statistical analysis of the scale revealed great internal consistency reliability ($\alpha = 0.91$) (Mayfield, 2001). This scale can be found in Appendix B.

Religiosity. The Centrality of Religiosity Scale 10 (CRS-10; Huber & Huber, 2012) measures religiosity in participants. This scale has 10 items that are rated on one of five different 5-point Likert scales (1 = *never* to 5 = *very often*; 1 = *strongly disbelieve* to 5 = *strongly believe*; 1 = *never* to 5 = *several times a day*; 1 = *not at all interested* to 5 = *very interested*; 1 = *not at all important* to 5 = *very important*). Example items are “How often do you pray?” and “How important is it to take part in religious services?” Higher scores indicate higher degrees of religiosity. Internal consistency measures revealed a reliability score of 0.93 (Huber & Huber, 2012). This scale can be found in Appendix C.

Mental health. Ryff’s (1989) Psychological Well-Being Scale measures mental health outcomes in participants regardless of sexual orientation. The 56-item scale is composed of four sub-scales, referred to as factors: (a) self-acceptance (e.g., “I like most aspects of my personality.”); (b) positive relations with others (e.g., “I find it difficult to really open up when I talk to others.”); (c) autonomy (e.g., “I often change my mind about decisions if my friends or family disagree.”); and (d) personal growth (e.g., “I am the kind of person who likes to give new things a try.”). Each factor has 14 questions.

For the purpose of this study, the original rating scale was modified from a 6-point Likert scale (1 = *strongly disagree*, 2 = *moderately disagree*, 3 = *slightly disagree*, 4 = *slightly agree*, 5 = *moderately agree*, 6 = *strongly agree*) to a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*) to allow for a centered, neutral rating. Higher scores indicate greater psychological well-being. Internal consistency reliability coefficients for the factors range from 0.86 to 0.93 (Ryff, 1989). This scale can be found in Appendix D.

Evangelical beliefs. The Evangelical Beliefs Survey has four items rated on a 4-point Likert that measure evangelism, or how strictly an individual adheres to the scripture of the Bible (NAE Lifeway Research, 2015). For the purpose of this study, the Likert scale was modified from four points to five points (1 = *strongly disagree* to 5 = *strongly agree*) to allow for a centered, neutral rating. Higher scores indicate higher evangelism. Internal consistency measures of reliability indicate high validity ($\alpha = 0.91$) (NAE Lifeway Research, 2015). This scale can be found in Appendix E.

Procedure

The Institutional Review Board (IRB) granted approval before participants were recruited. The IRB approval letter can be found in Appendix F. Participants who were recruited using Sona System were provided a link to the survey through the system and earned one course credit for their participation. Participants who were recruited through social media platforms including Facebook, Instagram, and Twitter were provided a link to Qualtrics from posts made by the researcher. The link was posted directly to the

researcher's social media profiles and LGBT+ groups on social media. These participants also had the option to enter a drawing to win \$25 at the end of the study.

Participants first received a consent form to which they had to agree in order to continue on to the survey. Then, all participants answered 15 questions regarding their age, sexual orientation, gender identity, religion, geographical location, education, parents' education, and political beliefs. Participants who identified as LGB were then asked how long they had identified as they do now and how long they had known themselves to be such. Participants who identified as LGB in the demographic portion of the survey were then asked to respond to all 23 items of the Internalized Homonegativity Scale (Mayfield, 2001). Participants who identified as heterosexual in the demographic portion of the survey were asked to respond to items 2, 4, 6, 8, 12, 14, 16, 19, 22 because the remaining 14 questions assume that the respondent is homosexual or bisexual and would thus be irrelevant for heterosexual participants. The averages of participants' scores were used in the final analyses. Next, all participants responded to all 10 items of the Centrality of Religiosity - 10 Scale (Huber & Huber, 2012). Then, participants responded to all items of the Psychological Well-Being Scale (Ryff, 1989). Last, all participants who identified as Christian in the demographic portion of the survey answered all items on the Evangelical Beliefs Survey (NAE Lifeway Research, 2015). Participants' individual responses to each item within individual scale were averaged for the final analyses.

Participants were then debriefed and thanked for their time. The final page of the survey provided information on resources for mental health care, including Middle

Tennessee State University's mental health counseling office, the phone number for the National Suicide Prevention Lifeline, and the phone number for the Trevor Project, an association that provides mental health counseling to LGB youth.

CHAPTER III

RESULTS

Hypothesis Testing

Data were analyzed using a series of correlations (Hypotheses 2, 3, 5, and 6). Hypotheses 1 and 4 were analyzed using a simple regression method, with living in the southeast US versus living in any other region as predictors for poorer mental health outcomes and increased internalized homophobia in LGB individuals. Hypotheses 1 and 4 were also assessed using *t*-tests.

The first hypothesis, that living in the southeast would be associated with increased internalized homophobia in LGB individuals and increased homophobia in heterosexual individuals compared to individuals from other regions of the United States, was not supported by the data. The data showed no significant difference in internalized homophobia in LGB individuals from the southeast ($M = 2.34, SD = 0.28$) compared to LGB individuals from other regions of the United States ($M = 2.74, SD = 0.22$), $\beta = -0.03, t(83) = -0.75, p > .05$. There was also no significant difference in homophobia in heterosexual individuals from the southeast ($M = 2.67, SD = 0.44$) compared to heterosexual individuals from other regions of the United States ($M = 2.59, SD = 0.39$), $\beta = -0.05, t(180) = -1.54, p > .05$.

A simple linear regression also was conducted to test this hypothesis, for which region was the predictor. Region did not explain a significant proportion of variance in internalized homophobia, $R^2 = 0.01, F(1, 84) = 0.56, p = .92$, or in homophobia, $R^2 = 0.01, F(1, 188) = 2.40, p = .12$.

The second hypothesis, that higher levels of religiosity would be associated with higher levels of internalized homophobia in LGB individuals and higher levels of homophobia in heterosexual individuals who live in the southeast, was partially supported by the data. In order to test this hypothesis, bivariate correlations among these variables were calculated. In LGB individuals, religiosity was not significantly correlated with internalized homophobia. For heterosexual individuals, however, religiosity was significantly and positively correlated with homophobia. Thus, for heterosexual individuals in this sample, higher religiosity was associated with greater homophobia. This was not true for LGB individuals in the sample. This hypothesis was partially supported by the data. Correlation coefficients for these analyses can be found in Tables 4 and 5.

The third hypothesis, that higher levels of religiosity would be negatively correlated with favorable mental health outcomes in LGB individuals and positively correlated with favorable mental health outcomes in heterosexual individuals who live in the southeast, also was partially supported. In order to test this hypothesis, bivariate correlations were calculated. For LGB individuals, there was no significant correlation between psychological well-being/mental health and religiosity. In heterosexual individuals, however, psychological well-being/mental health was positively correlated with religiosity and with evangelism. This hypothesis was partially supported. Correlation coefficients can be found in Tables 4 and 5.

Table 4

Descriptive Statistics and Correlations for Study Variables for LGB Participants from the Southeast

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1. Internalized homophobia	75	2.34	0.28	—	.18	.10	.17
2. Religiosity	75	2.62	1.03	.18	—	.04	.78**
3. Psychological well-being	74	3.33	0.22	.10	.04	—	.02
4. Evangelism	69	1.99	1.37	.17	.78**	.02	—

** $p < .01$.

Table 5

Descriptive Statistics and Correlations for Study Variables for Heterosexual Participants from the Southeast

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1. Internalized homophobia	152	2.67	0.44	—	.31**	.13	.34**
2. Religiosity	151	2.62	1.03	.31**	—	.18*	.81**
3. Psychological well-being	151	3.33	0.22	.13	.18*	—	.20*
4. Evangelism	150	1.99	1.37	.34**	.81**	.20*	—

* $p < .05$. ** $p < .01$.

The fourth hypothesis, that LGB individuals living in the southeast would report poorer mental health outcomes (psychological well-being) ($M = 3.32, SD = 0.22$) than those living in other regions of the United States ($M = 3.24, SD = 0.17$), was not supported, $t(84) = 1.38, p = .17$. A simple regression also was used to test this hypothesis with region being the predictor; region did not explain a significant proportion of variance in psychological well-being, $R^2 = 0.01, F(1, 83) = 0.56, p = .46$.

The fifth hypothesis, that higher levels of evangelism would be correlated with higher levels of internalized homophobia in LGB individuals from all regions, was not supported; there was not a significant correlation between evangelism and internalized homophobia in LGB individuals. Correlation coefficients can be found in Table 6.

Finally, the sixth hypothesis, that higher levels of evangelism would be associated with higher levels of religiosity in both groups of individuals, was supported. In both groups, evangelism was strongly correlated with religiosity; LGB individuals and heterosexual individuals who were higher in reported evangelism were also higher in religiosity. Correlation coefficients can be found in Tables 6 and 7.

In summary, the sixth hypothesis was the only one fully supported by the data. The second and third hypotheses were partially supported, and the first, fourth, and fifth hypotheses were not supported by the data. The hypotheses set forth at the beginning of the study, however, attempted only to differentiate between heterosexual and non-heterosexual individuals or individuals living in the southeast versus not the southeast.

Table 6*Descriptive Statistics and Correlations for Study Variables for All LGB Participants*

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1. Internalized homophobia	86	2.34	0.27	—	.14	.11	.15
2. Religiosity	86	2.58	0.99	.14	—	.04	.77**
3. Psychological well-being	85	3.32	0.22	.11	.04	—	.03
4. Evangelism	79	1.96	1.37	.15	.77**	.03	—

** $p < .01$.

Table 7

Descriptive Statistics and Correlations for Study Variables for All Heterosexual Participants

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	1	2	3	4
1. Internalized homophobia	189	2.66	0.43	—	.34**	.14*	.35**
2. Religiosity	188	3.24	1.06	.34*	—	.15*	.78**
3. Psychological well-being	188	3.30	0.23	.14*	.15*	—	.20**
4. Evangelism	69	2.96	1.48	.35**	.78**	.20**	—

* $p < .05$. ** $p < .01$.

Follow-up exploratory analyses were conducted next to investigate relationships among the different sexualities of LGB participants (lesbian, gay, bisexual) and the following dependent variables: (a) religiosity; (b) internalized homophobia; (c) homophobia; (d) evangelism; and (e) psychological well-being.

Exploratory Analyses

In the first set of exploratory analyses, correlations among religiosity, internalized homophobia, psychological well-being, and evangelism were investigated for each individual sexuality indicated by participants (heterosexual, gay, lesbian, bisexual, pansexual, and asexual) within each individual region of the United States. Lesbians in the southeast showed a strong, positive correlation between religiosity and internalized homophobia, $r(10) = .64, p \leq .05$. Although correlations were conducted for the other sexualities and all regions, there were no other demonstrated significant results.

Next, correlations were used to examine men and women from different regions of the country for the relation between religiosity and homophobia. Overall, both heterosexual male and female participants demonstrated significant relationships between religiosity and homophobia. Specifically, within the southeast, heterosexual women showed a moderate correlation between these variables, $r(101) = .33, p \leq .01$, and heterosexual men showed a similar correlation, $r(42) = .43, p \leq .01$. There were not enough heterosexual participants from other regions of the country, however, to make the same comparisons for other regions.

Regression analyses also were conducted to examine where the region of upbringing (but not currently living in) predicted homophobia in heterosexual

participants and internalized homophobia in LGB participants. Region of upbringing was a significant predictor of homophobia in heterosexual participants, $R^2 = 0.04$, $F(4, 185) = 6.37$, $p = .010$, but not a significant predictor of internalized homophobia in LGB participants, $R^2 = 0.001$, $F(4, 81) = 0.06$, $p = .813$.

Next, correlations were conducted to assess the relations between dependent variables among heterosexual participants who were brought up in different regions of the country (as opposed to living in now). For heterosexual participants who were brought up in the southeast, homophobia had a significant, positive correlation with religiosity, $r(130) = 0.37$, $p \leq .01$. This relationship, however, was not found for heterosexual participants who were brought up in the northeast ($r(18) = .66$), the west ($r(11) = 0.20$), the southwest ($r(6) = 0.08$), or the midwest ($r(19) = 0.15$), all $ps > .05$.

A correlation was also conducted to assess the relationship between age of LGB participants and different dependent variables, such as internalized homophobia and the four factors of the Psychological Well-Being Scale (Ryff, 1989). First, there was a modest positive correlation for age and internalized homophobia, $r(85) = 0.28$, $p \leq .05$; internalized homophobia increased with age. There were significant, negative relationships among age and three of the four factors of the Psychological Well-Being Scale: (a) positive relationships ($r(80) = -0.37$, $p \leq .01$); (b) autonomy ($r(80) = -0.35$, $p \leq .01$); and (c) self-acceptance ($r(84) = -0.27$, $p \leq .05$).

For the final exploratory analysis, LGB participants were divided into four age groups: (a) 18 to 29.5 years; (b) 30 to 41.5 years; (c) 42 to 53.5 years; and (d) 54 to 66.5 years. Then, a series of regressions were used to analyze whether age of participants

predicted participants scores on the four factors of the Psychological Well-Being Scale (Ryff, 1989). The data indicated that age group was a significant predictor of autonomy, $R^2 = 0.08$, $F(3, 77) = 7.10$, $p = .010$, positive relationships with others, $R^2 = 0.10$, $F(3, 77) = 8.78$, $p = .004$, and personal growth, $R^2 = 0.10$, $F(4, 75) = 8.73$, $p = .004$.

CHAPTER IV

DISCUSSION

The purpose of this study was to determine whether relationships among religiosity, psychological well-being, and internalized homophobia were different for LGB individuals in the southeast US compared to LGB populations from other regions, as well as heterosexual individuals from different regions of the country. Internalized homophobia results from negative feelings towards one's own same-gender attraction caused by negative societal stereotypes about homosexuality (Meyer, 2003). It can be damaging to mental health (Bourn, 2016; Frost et al., 2009; Meyer, 2003) and relationships (Sherry, 2007). In the United States, more conservative religiosity is positively correlated with homophobia (Rosik et al., 2007). The southeastern United States is both the most conservative (Pew Research Center, 2015^b) and the most religious region of the U.S. (Pew Research Center, 2016).

In the present study, the hypotheses were partially supported. For instance, individuals living in the southeast (both LGB and heterosexual) were not more likely to report increased internalized homophobia/homophobia than similar individuals living in other regions of the United States. Religiosity, however, was positively correlated with homophobia in heterosexual individuals but was not correlated with internalized homophobia in LGB individuals. Higher levels of religiosity were not negatively or positively correlated with mental health outcomes in LGB individuals who live in the southeast, but mental health outcomes were positively correlated with religiosity and evangelism in heterosexual individuals from the southeast. Also, living in the southeast

was not related to poorer mental health outcomes in LGB individuals compared to LGB individuals in other regions of the United States. For LGB individuals, regardless of the region in which they lived (although individual regions could not be examined; for example, no participants from the northeast identified as LGB), higher levels of evangelism were not associated with higher levels of internalized homophobia; however, higher levels of evangelism were associated with higher levels of religiosity in both groups of individuals. Thus, LGB individuals in the southeast, compared to those living in other regions, do not appear to experience more internalized homophobia or poorer mental health outcomes.

A consistent pattern, however, was found among heterosexual participants. For heterosexual participants from the southeast, religiosity and evangelism were found to have significant, positive relationships with homophobia, as well as psychological well-being.

These results are in line with previous research that discusses the relationship between homophobia and religion in heterosexual individuals. Baunach et al. (2009) reported religiosity to be a predictor of homophobia among heterosexual adults in the south. Rosik et al. (2007) reported the same relationship among heterosexual adults in the United States, whereas Jäckle and Wenzelburger (2014) completed a multi-level analysis that reported this relationship across 79 countries, including the United States.

This study's results, however, did not find any differences in the relationships between these variables for different regions of the United States although it was not possible to examine participants from some regions because of small sample size. In the

present study, religiosity was related to increased homophobia in heterosexual participants, regardless of the region in which they lived and for those from the southeast.

The research cited earlier in the literature review found that religiosity is related to negative mental health outcomes, and those outcomes include internalized homophobia (Barnes & Meyer, 2012; Kappler et al., 2012; Meanley et al., 2015). The current study's results did not support these findings. Also, these findings do not indicate that LGB individuals living in the southeast are worse off than those living in other regions of the country, regardless of their religiosity. The present study contributes to the existing research and our understanding of the relations among religiosity, psychological well-being, evangelism, and homophobia in LGB individuals because previous research has not focused on differences as a function of region of the country.

Implications

These results may be useful to more progressive churches who wish to preach anti-homophobia beliefs while encouraging religious practice, especially considering that church attendance (i.e., religiosity) is positively correlated with homophobia (Baunach et al., 2009). LGB ally groups can also use this information to lead discussions on religion and how it relates to and differs between the religious experiences of their friends, family members, and the general LGB population. Although we have seen that religion has a positive relationship with mental health in heterosexual individuals, the same may not be true for LGB individuals.

Limitations

There are several limitations of the present study that affect the kinds of conclusions that can be made. First, only 86 participants identified themselves as part of the LGB community, compared to the 190 participants who identified themselves as heterosexual. Other studies have reported having larger LGB samples, and some have only used data from LGB participants (Bourn, 2016; Kappler et al., 2012; Meanley et al., 2015; Ryan et al., 2017). Results regarding differences in the experiences of individuals living in different regions of the country were also limited by the fact that 231 of the participants reported currently live in the southeast; thus, very few participants, namely LGB participants, reported living outside the southeast, and there were no LGB participants from the northeast. Therefore, some comparisons could not be made between the LGB population in the southeast and the LGB populations in other regions due to too few participants from other regions of the country.

Another possible limitation concerns how religiosity was measured in the present study. Only one religiosity scale was used to survey participants, but there are many other different scales that measure various other dimensions of religiosity. The scale used for this study had 10 items, and many of the items asked for very straightforward answers. For example, participants were asked how often they pray or take part in religious services. Other scales, on the other hand, focus more on the supernatural or metaphysical components of religiosity that may have been useful to the purpose of this study. For example, the Daily Spiritual Experiences scale was developed at the same time as the Centrality of Religiosity Scale 10 and includes a sense of mercy and awe, compassion,

and transcendence (Fetzer Institute, 1999). The Brief RCOPE (Pargament, 2001) measured negative and positive ways of using religion as a coping mechanism using items such as “sought God’s love” and “tried to see how God might be trying to strengthen me in this situation.” This scale was used in one of the studies cited in this paper (Bourn, 2016). The later developed Dimensions of Religiosity Scale attempts to understand the relationship between a spiritual approach to religion and mental health (Joseph & DiDuca, 2007); this survey may have been beneficial if used in combination with the scale that was already being utilized for the purpose of this study. The Dimensions of Religiosity Scale (Joseph & DiDuca) combines two of the variables that were already measured independently of each other in this study, religiosity and psychological well-being. These variables were initially left separated from each other to be able to determine specific relationships between them and among the other variables in this study: internalized homophobia and evangelism.

Another limitation is that this study used a more general than diagnostic measure of participants’ mental health. The Psychological Well-Being Scale (Ryff, 1989) was not intended to diagnose participants or point towards any particular disorder. This might have limited the understanding of mental health that this study set out to examine. Because internalized homophobia has been linked to depression, anxiety, etc., more direct measures that assess or identify these disorders may have yielded different results.

Future Directions

The results of this study do have implications also for future research. The simplest change that could be made in the future would be to include larger LGB

populations from other regions of the United States than the southeast. Conclusions could not only be drawn about comparisons between the southeast and other regions but also about the individual regions themselves.

Also, although transgender individuals are considered part of the LGBT+ community, they were not included in the analyses of the present study as gender identity does not imply sexuality. It would be worthwhile to explore the impact of religion on transgender individuals and internalized transphobia. This may also include discussions of sexuality and sexism that could parallel the problems of LGB individuals.

As mentioned in the section on exploratory analyses, lesbians in the southeast were the only group among LGB individuals in any of the regions to demonstrate a significant, positive relationship between religiosity and internalized homophobia. This finding has implications for research on women, or specifically women who are attracted to women, in the church. Interestingly, this relationship was not demonstrated in gay men, who are also non-heterosexual and mono-sexual like lesbians, or in bisexual women, who, like lesbians, are attracted to women. This compels even deeper research into comparisons among bisexual women, gay men, and lesbians in a religious, southeastern context.

The exploratory analyses also revealed relationships among the regions in which participants were brought up and all dependent variables. The data were very telling, and suggests that region of upbringing may provide more robust answers to our questions. These preliminary findings certainly points to the need for future research that could elaborate on the effect of region on LGB and heterosexual individuals.

Age also had significant implications that were not addressed by the original hypotheses but were very revealing. For LGB participants, age was positively related to internalized homophobia, but negatively related to measures of psychological well-being. In this study, the average age of participants was about 24, so the data was more representative of younger participants than older participants. It is possible that the lack of relationship found between internalized homophobia and religiosity in the initial analyses reflects a shift in the times. About half of the youngest participants, ages 18 to 30, identified as agnostic/atheist, whereas the other half identified as various forms of Christianity, Hindu, and Muslim. This percentage was not represented in any of the other age groups. If younger LGB participants have better mental health and less internalized homophobia than older participants, it may be because they have less of an association with religion. A Pew Research Center poll from 2019 indicated that approval of same-sex marriage by United States adults has gone up 26% from 2002 to 2019. It makes sense that as the United States becomes more approving of same-sex relationships, LGB individuals experience less internalized homophobia. This is an exciting implication of this study and certainly warrants more exploration.

Previous research has indicated that LGB individuals have a stronger relationship with spirituality compared to religion than the general population (Barnes & Meyer, 2012). Religiosity and spirituality are considered to be two different constructs by some researchers. Peterman et al. (2002) defined religiosity as societal beliefs and practices that relate to a higher power and are usually associated with a religious group, whereas spirituality is more metaphysical and involves the experiences and feelings associated

with the quest for meaning and purpose in life without ties to a group or institute (Brinkerhoff & Jacob, 1987). The relations among same-gender attraction, spirituality, and religion might reveal more about mental health than religiosity alone. The religiosity scales mentioned above, Dimensions of Religiosity Scale (Joseph & Diduca, 2007) and the Daily Spiritual Experiences (Fetzer, 1999) focus on more spiritual components of religion and might provide more, unique insight into the relationships between these variables.

Overall, this study did not find exactly what it set out to find about LGB individuals in the southeast (in that many of the hypotheses were not supported or only partially supported), but the data do suggest even more compelling directions for future research. Although the data did not provide many specific answers on the status of LGB individuals who live in the southeast, they do provide a foundation on which further research can be built.

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APPENDICES

Appendix A
Demographic Questionnaire

1. My age is:
2. I was born in:
3. The county in which I was born is:
4. Gender
 - a. Cisgender male (identify as the gender you were assigned at birth)
 - b. Cisgender female (identifying as the gender you were assigned at birth)
 - c. Transgender male
 - d. Transgender female
 - e. Nonbinary (identifying outside the gender binary)
 - f. Other
5. I have spent the majority of my life in:
6. The county in which I have spent the majority of my life in is:
7. My political beliefs are:
 - a. Conservative
 - b. Liberal
 - c. Independent
 - d. Centrist
 - e. Other

8. The primary political beliefs of the household I grew up in were:
 - a. Conservative
 - b. Liberal
 - c. Independent
 - d. Centrist
 - e. Other:

9. I am:
 - a. Intersex (having both male and female sex organs/characteristics)
 - b. Not intersex

10. My race is (check all that apply):
 - a. Black/African American
 - b. Latinx
 - c. White
 - d. Native American
 - e. East Asian
 - f. South Asian
 - g. Middle Eastern
 - h. Other:

11. If you are transgender or non-heterosexual, how many years have you identified as you do now?

12. If you are transgender or non-heterosexual, how many years have you known yourself to be such?

13. The primary religion of the household I grew up in was:

- a. Agnostic
- b. Atheist
- c. Hindu
- d. Jewish
- e. Muslim
- f. Catholic
- g. Protestant
- h. Mormon
- i. Other

14. The religion I identify as now is:

- a. Agnostic
- b. Atheist
- c. Hindu
- d. Jewish
- e. Muslim
- f. Catholic
- g. Protestant
- h. Mormon
- i. Other

15. The highest education achieved by at least one of my parents is:
- a. High school degree or GED
 - b. Some college
 - c. Associate's Degree
 - d. Bachelor's Degree
 - e. Graduate Degree
 - f. None of the above
16. Are you currently enrolled in college?
17. If you are not currently enrolled in college, what is the highest level of education you have achieved?
- a. High school degree or GED
 - b. Some college
 - c. Associate's Degree
 - d. Bachelor's Degree
 - e. Graduate Degree
 - f. None of the above
18. If you attended college, in what state is/was your college located?

19. On a scale of 1 to 5 (1 = not at all, 5 = extremely), how LGBT friendly would you rate your college?

- a. 1
- b. 2
- c. 3
- d. 4
- e. 5

20. I identify as:

- a. Heterosexual
- b. Gay
- c. Bisexual
- d. Pansexual
- e. Lesbian
- f. Asexual
- g. Other:

Appendix B

Internalized Homonegativity Scale

(1 = *strongly disagree* to 5 = *strongly agree*)

1. I believe my sexual orientation is an important part of me
2. I believe it is OK for men to be attracted to other men and for women to be attracted to women in an emotional way, but it's not OK for them to have sex with each other
3. When I think of my sexual orientation, I feel depressed
4. I believe that it is morally wrong for men to have sex with other men and for women to have sex with other women.
5. I feel ashamed of my sexual orientation
6. I am thankful for my sexual orientation
7. When I think about my attraction towards same-gender individuals, I feel unhappy
8. I believe that more non-heterosexual individuals could be shown in TV shows, movies, and commercials
9. I see my sexual orientation as a gift
10. When people around me talk about same-gender attraction, I get nervous
11. I wish I could control my feelings of attraction toward other same-gender individuals
12. In general, I believe that same-gender attraction is as fulfilling as heterosexuality
13. I am disturbed when people can tell I am not straight

14. In general, I believe that non-heterosexual individuals are more immoral than straight individuals
15. Sometimes, I get upset when I think about being attracted to same-gender individuals
16. In my opinion, same-gender attraction is harmful to the order of society
17. Sometimes I feel that I might be better off dead than not straight
18. I sometimes resent my sexual orientation
19. I believe it is morally wrong for men to be attracted to each other and for women to be attracted to each other
20. I sometimes feel that my same-gender attraction is embarrassing
21. I am proud of my same-gender attraction
22. I believe that public schools should teach that same-gender attraction is normal
23. I believe it is unfair that I am attracted to same-gender individuals instead of only opposite-gender individuals

Appendix C

Centrality of Religiosity - 10 Scale

(1 = *never* to 5 = *several times a day*)

1. How often do you think about religious issues?
2. How often do you take part in religious services?
3. How often do you pray?

(1 = *never* to 5 = *very often*)

4. How often do you experience situations in which you have the feeling that God or something divine intervenes in your life?
5. How often do you experience situations in which you have the feeling that God or something divine wants to communicate or to reveal something to you?

(1 = *strongly disbelieve* to 5 = *strongly believe*)

6. To what extent do you believe that God or something divine exists?
7. To what extent do you believe in an afterlife—e.g. immortality of the soul, resurrection of the dead or reincarnation?

(1 = *not at all interested* to 5 = *very interested*)

8. How interested are you in learning more about religious topics?

(1 = *not at all important* to 5 = *very important*)

9. How important is it to take part in religious services?
10. How important is personal prayer for you?

Appendix D

Psychological Well-Being Scale

(1 = *strongly disagree* to 5 = *strongly agree*)

Factor 1: Self-Acceptance

1. For the most part, I am proud of who I am and the life I lead.
2. When I compare myself to friends and acquaintances, it makes me feel good about who I am.
3. When I look at the story of my life, I am pleased with how things have turned out.
4. The past had its ups and downs but in general, I wouldn't want to change it.
5. In general, I feel confident and positive about myself.
6. I like most aspects of my personality.
7. In many ways, I feel disappointed about my achievements in life.
8. I made some mistakes in my past, but I feel that all in all, everything has worked out for the best.
9. Many days, I wake up feeling discouraged about how I have lived my life.
10. Everyone has their weaknesses, but I seem to have more than my fair share.
11. I feel like many people I know have gotten more out of life than I have.
12. I envy many people for the lives they lead.
13. Given the opportunity, there are many things about myself I would change.
14. My attitude about myself is probably not as positive as most people feel about themselves.

Factor 2: Positive Relations with Others

1. I often feel as though I'm on the outside looking in when it comes to friendships.
2. I have not experienced many warm and trusting friendships with others.
3. It seems to me that most other people have more friends than I do.
4. I don't have many people who want to listen when I need to talk.
5. I often feel lonely because I have few friends with whom I can share my concerns.
6. I feel like I get a lot out of my friendships.
7. I know that I can trust my friends and they know they can trust me.
8. My friends and I sympathize with each other's problems.
9. Maintaining close relationships has been difficult and frustrating for me.
10. People would describe me as a giving person, willing to share my time with others.
11. I find it difficult to really open up when I talk to others.
12. Most people see me as loving and affectionate.
13. It is important to me to be a good listener when close friends talk to me about their problems.
14. I enjoy personal and mutual conversations with family members and friends.

Factor 3: Autonomy

1. I have confidence in my opinions, even if they are contrary to the general consensus.
2. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
3. My decisions are not usually influenced by what everyone else is doing.
4. I often change my mind about decisions if my friends or family disagree.
5. I tend to worry about what other people think of me.
6. It is more important to me to fit in with others than to stand alone with my principles.
7. I am not a person affected by social pressures when it comes to thinking and acting in certain ways.
8. Sometimes I change the way I act or think to be more like those around me.
9. It's difficult for me to voice my opinions on controversial matters.
10. I tend to be influenced by people with strong opinions.
11. I am concerned about how other people evaluate the choices in my life.
12. I judge myself by what I think is important, not by the values of what others think is important.
13. People rarely talk me into doing things I don't want to do.
14. Being happy with myself is more important to me than having others approve of me.

Factor 4: Personal Growth

1. I think it is important to have new experiences that challenge how you think about yourself and the world.
2. For me, life has been a continuous process of learning, changing, and growth.
3. I am the kind of person who likes to give new things a try.
4. I don't want to try new ways of doing things. My life is fine the way it is.
5. In general, I feel that I continue to learn more about myself as time goes by.
6. I enjoy seeing how my views have changed and matured over the years.
7. In my view, people of every age are capable of changing and growing.
8. With time, I have gained a lot of insight about life that has made me a stronger, more capable person.
9. I am not interested in activities that will expand my horizons.
10. I have the sense that I have developed a lot as a person over time.
11. I do not enjoy being in new situations that require me to change my old, familiar ways of doing things.
12. I gave up trying to make big improvements or changes in my life a long time ago.
13. There is truth to the saying that you can't teach an old dog new tricks.
14. When I think about it, I haven't really improved much as a person over the years.

Appendix E

Evangelical Beliefs

(1 = *strongly disagree* to 5 = *strongly agree*)

1. The Bible is the highest authority for what I believe.
2. It is very important for me personally to encourage non-Christians to trust Jesus Christ as their Savior.
3. Jesus Christ's death on the cross is the only sacrifice that could remove the penalty of my sin.
4. Only those who trust in Jesus Christ alone as their Savior receive God's free gift of eternal salvation.

Appendix F

IRB Approval Letter

IRB**INSTITUTIONAL REVIEW BOARD**

Office of Research Compliance,
010A Sam Ingram Building,
2269 Middle Tennessee Blvd
Murfreesboro, TN 37129

**IRBN007 – EXEMPTION DETERMINATION NOTICE**

Monday, February 03, 2020

Principal Investigator **Emily Gildea** (Student)
 Faculty Advisor Michelle Boyer-Pennington
 Co-Investigators NONE
 Investigator Email(s) *eg3k@mtmail.mtsu.edu; michelle.boyer-pennington@mtsu.edu*
 Department Psychology

Protocol Title ***Religiosity, internalized, homophobia, and mental health outcomes in LGB individuals in the Southeast***
 Protocol ID **20-1107**

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXEMPT** review mechanism under 45 CFR 46.101(b)(2) within the research category (2) *Educational Tests*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated as shown below:

IRB Action	EXEMPT from further IRB review***	Date	2/3/20
Date of Expiration	12/31/2020		
Sample Size	100 (ONE HUNDRED)		
Participant Pool	Healthy adults (18 or older) - MTSU students recruited through the SONA system		
Exceptions	1. Online consent followed by internet-based survey using Qualtrics is permitted (Qualtrics links on file). 2. Participant information retention for course grade confirmation is permitted.		
Mandatory Restrictions	1. Participants must be 18 years or older 2. Informed consent must be obtained from the participants 3. Identifying information must not be collected		
Restrictions	1. All restrictions for exemption apply. 2. Mandatory active informed consent with age-verification. 3. NOT approved for in-person data collection.		
Approved IRB Templates	IRB Templates: Online Informed Consent, Psychology SONA recruitment and Email Recruitment Non-IRB template: Social media recruitment scripts		
Funding	NONE		
Comments	NONE		

***Although this exemption determination allows above defined protocol from further IRB review, such as continuing review, MTSU IRB will continue to give regulatory oversight to ensure compliance.