EXPLORATION OF COMING OUT, LEVEL OF CHURCH ACTIVITY, SELF-

SATISFACTION, AND ORTHODOXY IN LESBIAN, GAY, BISEXUAL, AND

QUEER CHRISTIANS

by

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ABSTRACT

The purpose of this study was to better understand the intersections between lesbian, gay, bisexual, transsexual, and queer (LGBTQ) sexual orientation and Christian-based religious affiliations. One hundred and twenty-seven participants who identified LGBTQ completed an online survey to assess level of coming out, church activity, religious orthodoxy, and self-satisfaction. Survey results indicated that LGBTQ individuals who were active in a church community disclosed their sexual orientation to significantly fewer people compared to LGBTQ individuals who were inactive or had left a church community. There was not a significant difference in levels of self-satisfaction when comparing religiously active and inactive LGBTQ individuals. Participants also indicated a significant decrease in religious commitment to Christian doctrine after they acknowledged their own LGBTQ sexual orientation. Together, these findings highlight many of the challenges that LGBTQ individuals experience when integrating their sexual orientation and religious identity.

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CHAPTER I

Introduction

The purpose of the current study was to gain a better understanding of the experiences of and psychosocial health of sexual minority adults (lesbian, gay, bisexual, transgender, and queer; LGBTQ) who affiliate or have affiliated with a Christian-based community. First, this study compares the religiosity of LGBTQ individuals who have disclosed their sexual orientation to others and those who have not. Second, this study compares the self-satisfaction of LGBTQ individuals who are active in a church community and those who are not. Thirdly, this study will examine how religious orthodoxy changes in LGBTQ individuals when they acknowledge their LGBTQ sexual orientation.

Below, a literature review is provided that, first, operationally defines sexual identity and introduces developmental theories of sexual identity. Second, the prevalence of LGBTQ sexual orientation and same-sex sexual experiences are presented. Third, theory and research pertaining to the coming out experience for LGBTQ individuals is reviewed. Fourth, religion is defined and two key variables, religiosity and orthodoxy, are operationalized. Fifth, theoretical models of religious identity development are presented. Sixth, research pertaining to the challenges and risk factors associated with integrating LGBTQ sexual orientation and religion into an identity are reviewed. Seventh, self-satisfaction is defined and corresponding research related to LGBTQ populations are discussed. Finally, the objectives for this study and corresponding hypotheses are presented.

Sexual Identity Development

Historically, identity development has been conceptualized as a major adolescent task (e.g., Erikson, 1968; Marcia, 1987), but is increasingly recognized as extending well into adulthood (Arnett, 2000; Schwartz, 2001). Integrating a coherent sense of one's beliefs, goals, life roles, and values is regarded as a fluid process that takes time (Marcia, 1987). Many dimensions of identity may be explored and assessed early in life but can be reassessed over time due to a variety of factors such as life experiences and social constructs, among others (Rust, 1993).

Sexual identity is the first broad construct of this study. It is recognized as a core component of identity (Dahl & Galliher, 2012). Though currently there is not an agreed upon definition, researchers generally acknowledge sexual identity as comprised of a variety of dimensions such as sexual attraction, desire, behavior, fantasy, emotional response, and preference (Dillon, Worthington, & Moradi, 2011). For example, Morgan (2013) defines sexual identity as a "physiological predisposition toward patterns of sexual and romantic thoughts, affiliations, affection or desires with members of one's sex, the other sex, both sexes, or neither sex" (p. 53). Similarly, Dillon, Worthington, and Moradi (2011) define sexual identity as an individual's cognitive and emotional understanding of their own thoughts, feelings, behaviors, and relationships. Contemporary theorists, such as Savin-Williams (2005) describe sexual identity as a fluid, personal belief about one's own sexual orientation that can change over time. Contemporary definitions also tend to incorporate a continuum of sexual orientation that go beyond the traditional tri-definition of sexual orientation, namely, heterosexual,

homosexual, and bisexual, by exploring sexual identity as lying along a continuum and including multiple dimensions and facets of sexuality (Dahl, 2011).

Currently, there are many questions about the variables that intersect and interact to form one's sexual identity (Dahl & Galliher, 2012). In an effort to address these questions, researchers have proposed a variety of theories and models of sexual identity development. These models can be grouped according to three theoretical frameworks, namely, 1. essentialism, 2. social constructionism and 3. differential developmental systems. Each of these theoretical frameworks and corresponding models are reviewed below.

First, essentialism is a theoretical framework that defines sexuality as an essential part of a person; it emphasizes the biological aspects of etiology (Green, 1985; Seidman, 2003). Essentialism theorizes that heterosexuality is the naturally occurring condition of sexuality. Homosexuality on the other hand is viewed as a faulty, biologically bound condition that deviates from the norm (Bernstein, 1997). This theory proposes that sexual orientation is a predetermined "essence." In other words, an individual is born with homosexual tendencies that need to be treated in order to negate the homosexual behaviors and feelings (Cass, 1979). Beginnings of the essentialist theory of sexuality can be attributed to Freud and his psychoanalytic theory (Beard & Glickhauf-Hughes, 1994). Freud theorized that homosexuality was indeed a natural process. Even so, he appeared to view it as a deviation from typical development as a result of biological and psychological processes (Freud, 1920). Fundamentally, this essentialist approach assumes that homosexuality is naturally occurring, difficult to change, and deviant from the norm

(Thorp, 1992). It also assumes that individuals discover their innate sexual identity through introspection and self-discovery (Patterson, 2009).

Many theoretical models of sexual identity development have essentialist characteristics though to varying degrees. For example, Cass (1979), proposed an influential six stage model of gay and lesbian identity development that is described below. This model incorporates a linear stage theory of "homosexual identity formation" that is typical of the essentialists approach (Peel, Ellis, & Clarke, 2010). It assumes that individuals discover their fixed sexual orientation as they move through stages of understanding their thoughts, feelings, and behaviors. The model includes the following stages: 1. identity confusion, 2. identity comparison, 3. identity tolerance, 4. identity acceptance, 5. identity pride, and 6. identity synthesis. First, identity confusion is the stage when a person experiences inner turmoil and confusion when experiencing gay or lesbian thoughts, feelings, and attractions. For example, a young female might experience confusion and uncertainty when she first experiences feelings of sexual attraction toward another female. Second, identity comparison is the stage when a person accepts the possibility of being gay or lesbian and begins to examine their role within a predominately heterosexual society. An individual at this stage accepts the possibility of their homosexuality and starts to consider the societal implications of this identity. For example, a male may alienate themselves from both homosexual and heterosexual communities to further explore homosexual thoughts which can result in feelings of isolation. Third, identity tolerance is the stage when an individual seeks to overcome feelings of alienation by increasing commitment to a LGBT identity. The individual may seek out others who also identify as LGBT. For example, a male might look for and

attend a local community support group for individuals who are LGBT to combat feelings of isolation and find a community of support. Fourth, identity acceptance is the stage when a person begins to accept their sexual identity and view it in a positive light. They may increase their relationships with a LGBT community and decrease their time with a heterosexual community. For example, a female may start to spend considerably more time with those who identify as LGBT by attending a pride parade with other females who identify as lesbian and less time with friends who do not identify as LGBT. Fifth, identity pride is the stage when an individual discloses their sexual identity in a manner that deeply immerses them within a gay or lesbian community. Correspondingly, they limit their contact with a heterosexual community. For example, a male may disassociate with those who are not members and/or allies of a LGBT community. He may also be less willing to blend in or hide his identity which may result in internal or external anger toward a heterosexual community. Sixth, identity synthesis is a stage when a person integrates sexual identity with other aspects of their identity. Sexual identity becomes only one characteristic, not their whole self. For example, a male may feel comfortable expanding their social interactions more fully beyond the LGBT community to other areas such as youth groups or churches and coming out to their coworkers and church members.

This model does not view homosexuality as deviant. Rather, this model was one of the first to describe homosexuality as a normal part of sexual development (Levine, 1997).Though Cass' model has been the most cited stage model of homosexual identity development, there are several limitations that have been noted (Peel, Ellis, & Clarke, 2010). For example, researchers have suggested that few sexual minority individuals

actually undergo these stages (Halpin & Allen, 2004; Johns & Probst, 2004). Other theorists have criticized the model for its linear trajectory of development, claiming that it is stagnant and does not allow for individual differences. Additionally, Cass' model should more fully incorporate race, culture, and gender (Halpin & Allen, 2004). Though Cass' model goes beyond an essentialist approach in some ways (e.g. believing that homosexuality is naturally occurring and does not need to be changed), the noted criticisms are often associated with the essentialist approach. Namely, the model fails to account for environmental influences, historical developments, and research evidence revealing an inconsistent route to sexual identification (Halpin & Allen, 2004).

Second, social constructionism is a theoretical framework that defines the notion of sexual identity as culturally derived. The underlying assumption is that individuals construct beliefs about homosexuality and its development is based on cultural values and historical factors (Vance, 1989). Correspondingly, sexual identity is conceptualized differently from society to society (Lorber, 1994). Though biological underpinnings may be acknowledged, this approach incorporates many more socialization processes, such as history, social influences, and culture that influence feelings of attraction and desire (Seidman, 2003). For example, if a male is born into a society that views homosexuality as deviant, he may experience internal conflict with his personal views and his homosexual feelings, believing his sexual identity to be an obstacle or challenge that can only be conquered within the confines of current societal values.

Hammack (2005) proposed a social constructionism model of sexual identity development that integrates three facets of sexual identity, namely, 1. historical, 2. social, and 3. cultural. First, historical influences are the developmental trajectories that are

changed by historical events. These influences may include past persecution of LGBTQ individuals, laws influencing a LGBTQ community, and an individual's personal history with the heterosexual and LGBTQ community. Second, social influences are the context of microsystems and macrosystems under which a LGBTQ person develops. Social influences may include current involvement in the heterosexual and homosexual communities, friends or family that are LGBTQ or allies of the community. Third, cultural influences are viewed as shared attitudes and practices in which development occurs. These may include values and belief systems, languages, gender roles, and social structures. Together, these historical, social, and cultural variables culminate into a changing course of sexual identity development.

Though social constructionism dimensions are found in many theories of sexual identity development, researchers have criticized that the approach has difficulty identifying the changing aspects of sexual identification. For example, D'Augelli (1998) argues that it does not recognize that identity development is ever changing and is at no point stagnant. This theory also poses new questions about how development occurs within social constructs. Moreover, it fails to fully consider the impact of age, race, and gender.

Third, differential developmental trajectory (DDT) is a theoretical model that defines the development of sexual identity as an interactive process unique to each individual. Based on this approach, complex development cannot be adequately captured in a linear, universal stage model (Morgan, 2013). According to Savin-Williams (2005) a prominent developmental psychologist, there are four major tenets of the DDT approach. First, regardless sexual orientation, all individuals develop under biological,

psychological, and social influences. Second, same-sex oriented youth differ in their development due to social prejudice and their unique biological make-up. Third, same-sex oriented youth differ from one another based on their individual experiences. Fourth, no same-sex individual will develop in exactly the same fashion, they have unique trajectories. These tenets have been utilized to supplement other generic models of development (Patterson, 2009). In general, DDT's main emphasis is on the broad range of distinctive experiences, social influences, biological make-up, and geographical variables that an individual has across the lifespan.

Researchers have used the DDT approach in efforts to capture the varying development and variables that influence sexuality development. For example, Diamond (2008) conducted an eight year longitudinal study on 89 young sexual minority women with a mean age of 19. Each participant was interviewed individually four times. Each time, women were asked to report a variety of information such as their sexual attractions to the same-sex, type and amount of sexual contact with the same-sex and opposite-sex, number of relationships with a same-sex partner, positive and negative personality traits of themselves, and positive and negatives thoughts about their current sexuality. Results of the study indicated that nearly 2/3's of the participants reported having sexual contact with a man over the 8-year period, 70% of the participants changed their sexual identity label at least once over the 8-year period, and 37% of these same women preferred not to have a label. The authors concluded that the results highlighted the complex interplay of cultural norms and personal characteristics in the development of sexual identity. The authors also noted that the DDT approach was important for understanding the shifting

and changing nature of sexual identity development as was reported by many of the study's participants.

Despite the variance in models of sexual identity development, contemporary scholars generally agree that biological, psychological, and social aspects contribute to the development of sexual identity. It is thought that the interaction of these variables account for the complex individual differences and experiences of sexual identity (Patterson, 2009). For the purpose of this study, the DDT model will be utilized. The primary goal of the study is to better understand the individual experiences of the LGBTQ community as well as how unique factors affect their sexual identity development.

LGBTQ Prevalence

Sexual orientation demographics typically rely on self-report surveys that ask participants to personally identify themselves (i.e. Lesbian, Gay, Bisexual, Transgender, Queer; LGBTQ) or to report same-sex sexual contact and attraction (Taylor, Rosen & Leiblum, 1994). Regarding LGBTQ identification, according to a 2012 Gallup Poll, 3.4% of Americans currently identify as being LGBTQ. Similarly, Gates (2011) reported that 3.5% of adults identify as LGBTQ. In a 2010 National Survey of Sexual Health and Behavior (N = 6,000), findings indicated that 7% of adult women and 8% of adult men in the US self-reported LGBTQ sexual orientation. Regarding reports of same-sex contact and attraction, McCabe, Brewster, & Tillman (2011), analyzed survey responses of 2,688 men and women aged 15-21 and reported that 4% of males and 11% of females had experienced some form of same-sex sexual contact before the age of 18.

Similarly, Chandra, Mosler, Copen, & Sionean (2011) interviewed 22,682 men and women in the United States using audio computer-assisted technology that allowed respondents to answer interviewer questions anonymously. Moreover, women interviewers were paired up with women respondents and likewise for males. Results indicated that twice as many women (12%) reported same-sex contact than men (5.8%). In addition, results also indicated that 10% of women and 4% of men reported that they were attracted "mostly to the opposite sex" with 1% of both women and men reporting that they were attracted "mostly to the same sex" and 1% of women and 2% of men reporting attraction to "only same sex" partners. Researchers concluded that while men are more likely to identify as LGBTQ, women are more likely to engage in same-sex sexual contact.

Overall, LGBTQ prevalence rates are difficult to obtain given that individuals who experience same-sex sexual attraction may not identify as LGBTQ. Even so, these studies and others suggest that LGBTQ individuals are indeed a sexual minority group.

Coming Out Process

One of the main variables of this study is the degree that LGBTQ individuals disclose their sexual orientation to others. Colloquially, this has been termed "coming out" or "coming out of the closet" (Seidman, 2003). LGBTQ individuals who no longer conceal their sexual identity are referred to as 'out.' Conversely, those who have not revealed their orientation are considered 'closeted' (Jordan & Deluty, 1998). Researchers have proposed a variety of models for the coming out process. These have been proposed to better understand the experiences of LGBTQ individuals as they tell others about their sexual orientation. For example, researchers have proposed a development stage model of

coming out (Coleman, 1982; Dube, 2000; Floyd & Stein, 2002). This model includes five developmental stages, namely, 1. pre-coming out, 2. coming out, 3. exploration, 4. first relationships, and 5. integration. Each of these stages are described below.

First, pre-coming out is defined as the stage where an individual experiences confusion with regard to their own sexual orientation (Newman and Muzzonigro, 1993). Individuals may feel different, but do not recognize their same-sex attractions. This stage is associated with feelings of denial, guilt, and shame due to societal repercussions of homosexual identification. These feelings may contribute to the person's reluctance to recognize their sexual orientation. (Coleman, 1982). Second, coming out is defined as the stage in which an individual acknowledges their sexual orientation (Coleman, 1982). Individuals may disclose their sexual orientation to some people, such as friends or other LGBTQ individuals, and not to others. Third, exploration is defined as the stage in which an individual experiments with their new identity. This is a period of firsts, from social interactions to sexual contact. Dube (2000) noted that this stage is often an affirmation of what the person has known for some time. During this stage, the person explores their new identity within new social groups. Fourth, first relationships is defined as the stage in which an individual seeks for a committed relationship rather than experimentation (Coleman, 1982). During this stage, the desire emerges to build a relationship centering on emotional and physical attraction. The stage might be summarized by the question "is there someone out there for me?" This stage can be full of trial and error much like first relationships for heterosexual individuals (Dube, 2000). However, for many LGBTQ individuals, first relationships are often kept secret due to the negative reactions from society (Coleman, 1982). Fifth, integration is defined as the stage in which an individual

integrates their private and public sexual identity (Groves, 1983). This stage may take a lifetime to achieve and is characterized by fulfilling relationships and a unified self-concept. As LGBTQ individuals move toward integration, social support and acceptance is particularly important, though it can be difficult to find (Coleman, 1982; Dube, 2000).

Researchers theorize that development through the coming out stages varies across individuals (Grov, Bimbi, NaníN, & Parsons, 2006). For example, individuals may go back and forth between stages throughout their lifespan. Moreover, factors such as age, social support structure, and social economic status most likely have considerable effects. In general, the process of coming out appears to be idiosyncratic (Dube, 2000; Floyd & Stein, 2002).

Recent research has investigated the psychosocial impacts that LGBTQ individuals experience when coming out to others. For example, Floyd & Bakeman (2006) investigated the age of coming out to parents. Participants (N = 767), ages 18-74, were administered a questionnaire based on the Maguen, Floyd, Bakeman, & Armistead (2002) survey of coming-out milestones. Results indicated that participants disclosed their sexual orientation significantly earlier to their mothers as compared to fathers. Female participants, in comparison to males, reported older ages for first awareness of same-sex attraction, first consensual same-sex experience, and self-identification as LGBTQ. Additionally, a majority of participants reported that they identified as LGBTQ prior to any same-sex experience. The authors noted that LGBTQ individuals appear to be experiencing coming-out milestones at younger ages, often under the age of 18. Furthermore, it appears that individual's first sexual experiences are occurring after disclosure of LGBTQ identity, but not much later.

Vaughan (2007) also investigated the coming out process for LGBTQ individuals. Participants (N = 959), ages 20-54, completed a variety of surveys anonymously such as the Coming Out Growth Scale (Vaughan & Waehler, 2010), the Outness Inventory (Mohr & Fassinger, 2000), the Stress-Related Growth Scale-Short Version (Park, Cohen, & Murch, 1996), the Life Orientation Test-Revised (Scheier, Carver & Bridges, 1994), the Gay Identity Questionnaire-Revised (Fassinger, 2001), and the Balanced Inventory of Desirable Responding-Impression Management Scale (Paulhus, 1994). Results indicated that coming out was significantly related to participants' level of stress-related growth. In other words, coming out, though stressful, appeared to result in personal growth. The authors concluded that the coming out process is a particularly trying time for LGBTQ youth. However, participants experienced an increased sense of belonging, authenticity, and positive shifts in the perceptions of others and self.

LaSala (2000) also investigated the difficulties associated with coming out to family members. Qualitative data was obtained from interviews with LGBTQ individuals who were in the process of coming out and receiving family therapy. Many LGBTQ individuals reported that negative or disapproving reactions from parents and family members produced strong feelings of distress and emotional pain. For some LGBTQ participants coming out resulted in estrangement from their family. However, supportive peers and partners apparently assisted in alleviating emotional stress and improved resiliency for the future. In general, these qualitative results highlighted the importance of supportive family reactions. Family therapy also was identified as a useful resource to assist family members in better understanding sexual minority individuals and alleviating many of the difficulties associated with coming out

Together, these studies and others suggest that the coming out process for LGBTQ individuals is difficult and is often associated with stress, emotional pain, family turmoil, and rejection. However, proceeding through the stages of coming out is also associated with positive outcomes such as increased resiliency and positive self-perceptions (LaSala, 2000; Vaughan & Waehler, 2010).

Religion and Religiosity

The second broad construct in this study is religion. First, the construct of religion will be defined. After, closely related facets of religiosity will be reviewed. First, religion can be defined as an organized belief and cultural system that seeks the guidance of a higher power (Geertz, 1973). Others have defined religion as a worldview that provides insight into why events occur and offers direction for the future (Bell, Johnson & Peterson, 2009; Zinnbauer & Pargament, 2005). Though there are a variety of definitions, researchers generally agree that religion is an individual's relationship with divinity (Gunn, 2003; James, 2003).

Religiosity is a facet of religion that is of particular interest to this study. It is defined as the behaviors that an individual participates in within a religious community (Hoffmann, 2006). Amey, Albrecht, & Miller (1996) defined religiosity in a multidimensional manner that highlighted external behaviors (e.g., participation in religious activities) and internal attitudes and behaviors (e.g., private prayer). Cornwall, Albrecht, Cunningham and Pitcher (1986) used factor analysis and identified three broad components of religiosity, namely, 1. affect (feeling), 2. behavior (doing), and 3. knowing (cognition). Each of these components of religiosity are described below.

First, affect is defined as the feelings an individual holds towards religious institutions, beings, and objects (Becker, 1960). This dimension of religiosity has also been conceptualized as spiritual and physical religious commitment (Mol, 1977). Second, behavior is conceptualized as religious participation or visible involvement. This may include behaviors such as attending a sermon, praying at dinner, or being baptized (Dittes, 1971). Historically, researchers have measured religious behavior in a unidimensional manner (Wilkinson, 2004). For example, Fichter (1969) utilized the frequency of church attendance as a primary measure of religiosity. Berger (1967) and Welch (1981) used ratings of importance of religion in an individual's life as a main indicator. However, other researchers have taken a multidimensional approach to more accurately portray behavioral religiosity and prevent construct underrepresentation (Amey, Albrecht, & Miller, 1996). For example, Lenski (1961) used the frequency of church attendance and the number of close friends one has in a religious community to measure the construct. For the purposes of this study, the construct will be measured based on participants' behaviors that would indicate group involvement or activity in a Christian community.

Third, cognition is a dimension of religiosity that is defined as the ideology or understanding of one's religion. This component incorporates an individuals' level of orthodoxy or their adherence to religious norms. King and Hunt (1975) referred to this as "creedal assent." Generally, this component refers to the extent that an individual believes and accepts the creeds and doctrines of a given religion. This dimension of religiosity is also an important component of the current study. Specifically, this study

focuses on an individuals' level of orthodoxy, or the level of commitment to Christian doctrine.

Recently, researchers have investigated individual differences in orthodoxy. For example, Steffy (2013) investigated how individuals' religious orthodoxy levels impacted their behavior and decision-making in the work place. Participants ($N = 1479$) completed the Economic Values Survey (Jones, Cox, Navarro-Rivera, Dionne, & Galston, 2012), that measured beliefs on dimensions of economic and religious matters. Generally, results indicated that religious orthodoxy was a significant predictor of work conduct. In other words, increased level of religious orthodoxy appears to serve as a direct influence in social life settings such as the work place. Pancer, Jackson, Hunsberger, Pratt, & Lea (1995) compared the complexity of thinking in religious orthodox individuals and less orthodox individuals. Participants' ($N = 165$) completed a writing task that focused on religious and nonreligious issues. Each subject's writings were analyzed to obtain a measure of complex thinking. When asked to write about religious issues, orthodox individuals demonstrated significantly lower levels of complex thinking compared to less orthodox individuals. When asked to write about a non-religious issue, no significant differences were found between groups. In general, the cognitive dimension of religiosity, orthodoxy, has been investigated and measured in various ways. For the purposes of this study, orthodoxy will be measured based on participant's self-ratings of adherence to Christian doctrines.

Religious Identity Development

Religious identity is another component of this study. This is viewed as a sense of group membership that provides a source of guidance, culture traditions, values,

community, and strength (Dahl, 2011). Constructing a religious identity appears to be a fluid process involving many variables such as religious activity, knowledge, and beliefs. These variables undergo continual change throughout the lifespan (Rosario, Yali, Hunter, & Gwadz, 2006). In general, researchers agree that the key component of religious identity is self-concept (Rosario, Yali, Hunter, & Gwadz, 2006). Researchers have proposed a variety of models to better understand religious identity formation. These models can be grouped according to two theoretical frameworks, namely, 1. a developmental approach and 2. a life course approach (Dahl, 2011). Both of these theoretical frameworks are defined below.

First, a developmental approach to religious identity typically integrates a linear series of stages that an individual must progress through as they begin to form their identity (Beilin, 1992). This stepwise approach can be attributed to Jean Piaget's stage theory of cognitive development (Beilin, 1992; Piaget & Cook, 1952). Piaget & Cook (1952) theorized that children progress through sequential stages of cognitive development as they construct their understanding of the world. This stage model approach has been applied to religious identity formation. For example, Fowler (1981) introduced an influential stages of faith model that outlines an individual's search for meaning, purpose, and enlightenment across the lifespan. This model is composed of seven stages, namely, 0. primal 1. intuitive-projective stage, 2. mythic-literal, 3. synthetic-conventional, 4. individuative-reflective, 5. conjunctive, and 6. universalizing.

Stage 0, the primal stage (ages 0-2) is characterized by the sense of safety and trust, or conversely distrust, that a child experiences early in life. For example, a child at this stage may experience neglect and abuse from a primary caretaker. These negative

experiences may set the stage for distrust with a higher power later in life. First, the intuitive-projective stage (ages 3-7) is characterized by the experiences, stories, and adult portrayals that a child encounters. These culminate to form a child's early religious understandings. For example, a child may form reassuring or threatening representations of the world based on biblical stories that she hears her mother tell. Third, the mythic-literal stage (ages 8-11) is characterized by the focus on right versus wrong, and moral versus immoral. Children at this stage tend to focus on imminent justice based on reciprocity. For example, a child in this stage may view their behavior in terms of whether or not it will be rewarded or punished. In addition, this stage is associated with a more literal interpretation of religious stories and a general difficulty understanding abstract and symbolic meanings. Fourth, the synthetic-conventional stage (age 12-early 20s) is characterized by conformity. Individuals in this stage tend to adhere closely to social expectations and authority figures. Internal conflicts can occur within this stage when inconsistencies develop between religious group involvement and the increasing formation of self-identity. For example, an individual in this stage may be very sensitive to the expectations of church authorities. They may also experience conflict when friends or family hold different expectations. A key characteristic of this stage is that action and belief are more externally driven rather than internally. Fifth, the individuative-reflective stage (25- mid-30s) can be a particularly difficult stage. This is characterized by a sense of struggle as individuals increasingly experience a sense of responsibility for their beliefs and actions. At times this may result in a crisis of belief as individuals recognize the complexities of faith and strive to find a balance between group membership and individuality. For example, an individual in this stage may experience distress as they

reconceptualize their faith. In this instance, the individual may separate from their childhood faith tradition and find other commitments to express personal belief. Sixth, the conjunctive stage (mid-life) is characterized by working through faith crises in a manner that leads to a "second naivete" or a more dialectic approach that acknowledges the paradoxical elements of life. Individuals at this stage may see the limits of dichotomizing logic and become more open to conflicting viewpoints that, at times cannot be explained. For example, an individual at this stage may approach life inconsistencies, such as a senseless death, or conflicts between group membership and individuality with less angst and more openness compared to previous stages. Seventh, the universalizing stage was outlined by Fowler as an aspirational stage that is rarely fully obtained. This stage is characterized by the attributes of love and compassion. The primary emphasis of this stage is faith in action. For example, an individual at this stage devotes their life to authentically serving others.

Though Fowler's stages of faith model has been influential, several limitations have been noted. For example, researchers have criticized the model for placing religious development into a linear series of overly simplistic steps. Theoretically, many trajectories are likely to exist depending on individual characteristics (McCullough, Enders, Brion, & Jain, 2005). Correspondingly, scholars emphasize that developmental stage models can more fully incorporate individual differences, social contexts, and the many emotional aspects of faith (Coyle, 2011; Elder, 1994).

Second, a life course approach to religious identity development focuses on an individual's history and associated variables such as socioeconomic background, biology, education, and geographic location. The underlying assumption of this multifactor

framework assumes that all development occurs in circumstances unique to the individual. Furthermore, to understand religious identity, the interplay of these factors must be taken into account (Bengtson & Allen, 1993). For example, Ingersoll-Dayton, Krause, & Morgan (2002) proposed a life course model of religious identity that integrates four religious dimensions. The first is religious participation. These are the formal activities that an individual participates in, such as attending communion or celebrating Ramadan. The second is religious beliefs. This dimension refers to convictions that relate to doctrine or spiritual aspects such as a belief in a certain higher power. The third is religious commitment. This dimension refers to an internal self-rating of religiosity. An individual may evaluate the degree that they adhere to religious teachings. The fourth is religious affiliation. This dimension refers to the outward declaration of religious membership. This may include publically stating to friends, family, and others religious beliefs and associations.

In comparison to the more linear developmental approach to religious identity (e.g., Fowler's stages of faith), the life course approach in general seeks to capture the individual's fluid and dynamic development. This approach recognizes religious identity development is a complex process that varies from individual to individual (Hutchison, 2001).

Sexual Minorities and Religious Contexts

The intersections between LGBTQ sexual orientation and Christian-based religious affiliations are the key focus of this study. Currently, 76% of individuals in the US report a religious affiliation that is Christian (U.S. Census Bureau, 2010). This majority appears to have numerical, social, and political power. Borgman (2009) noted

that being Christian appears to be associated with privilege. Opposition to sexual

minorities may be intense as many religious communities maintain that homosexuality is

morally wrong and regard homosexuality as a sin (Buchanan, Dzelme, Harris, & Hecker,

2001; Sherkat, 2002). Moreover, in the US, religious affiliation appears to be one of the

strongest predictors of negative attitudes toward the LGBTQ community (Hill, Burdette,

Ellison, & Musick, 2006; Olson, Cadge, & Harrison, 2006; Rowatt, Tsang, Kelly,

LaMartina, McCullers, & McKinley, 2006; Schulte & Battle, 2004). For many religious

LGBTQ individuals this will create a conflict between their sexual identity and Christian

communities and beliefs (Borgman, 2009; Dahl, 2011; Dahl & Galliher, 2012;

Rodriguez, 2009).

Researchers have begun to investigate the impact of being raised in a Christian

context on LGBTQ individuals. For example, Dahl and Galliher (2012) conducted a

mixed methods study with 19 LGBTQ adolescents and young adults, ages 15-24, raised

in a religious context. Participants were from various religious affiliations including the

Church of Jesus Christ of Latter-Day Saints, Catholic, and Presbyterian. Three phases of

the study consisted of in-depth interviews, journal entries, and focus groups. Results

indicated that eight of the 19 participants experienced feelings of inadequacy. Nine of the

participants experienced religious-related guilt regarding their sexual orientation. In

addition, eight participants reported social strain, particularly within the context of their

religious community. Additionally, participants indicated four positive outcomes

associated with being raised in a Christian context. Eleven of the participants reported

that being raised in a religious community significantly contributed to self-acceptance.

Six individuals reported a higher level of acceptance of others. Sixteen of the participants

reported that with social support they had more positive social experiences. In general, the authors concluded that being raised in a Christian context may have negative impacts on LGBTQ individuals such as increased social strain, feelings of guilt and worthlessness, and internalized homophobia. However, multiple positive impacts were also reported such as greater acceptance and social support.

Walker and Longmire-Avital (2013) also investigated the impact of religious faith on LGBTQ individuals. African-American males (N=175), ages 18-25, completed a variety of surveys to assess psychological well-being such as the Santa Clara Strength of Religion Questionnaire (Plante & Boccaccini, 1997), the Resiliency Scale (Wagnild & Young, 1993), the Internalized Homonegativity Scale (Mayfield, 2001), the State-Trait Personality Inventory (Spielberger, Gorsuch, Lushene, & Vagg, 1983), and the Center for Epidemiologic-Depression Scale (Radloff, 1977). Results indicated that LGBTQ individuals' feelings of negative thoughts regarding their same-sex sexual behavior moderated the relationship between religious faith and resiliency. That is, participants' religious faith appeared to be a significant contributor to resiliency only when they reported more negative feelings about homosexuality.

In general, studies that investigate the interplay of religious faith and LGBTQ sexual identity suggest a complex interplay of negative and positive outcomes. More research is needed that explores how religiosity influences LGBTQ individuals' propensity to disclose sexual orientation, activity in a Christian community, and self-satisfaction. Below, the final variable of this study, self-satisfaction, is reviewed.

Self-Satisfaction

One of the main purposes of this study is to investigate the self-satisfaction of LGBTQ individuals in regards to their level of activity in the Christian community. First, self-satisfaction has been defined in different ways. Bailey, Frisch & Snyder (2007) defined the construct as general life satisfaction with regard to hope and optimism. Similarly, Diener, Oishi & Lucas (2003) conceptualized self-satisfaction as self-esteem, well-being, and overall life happiness. Additionally, Wu, Tsai & Chen (2009) define self-satisfaction as an attachment to interpersonal relationships over material items. While there is not an agreed upon definition, most researchers agree that the key component of self-satisfaction is overall well-being (Diener, Oishi, & Lucas, 2003).

Researchers have recently begun to investigate the self-satisfaction of LGBTQ individuals. For example, Szymanski & Gupta (2009) investigated the relationship between self-satisfaction or self-esteem in sexual minority individuals ages 18 to 60. The sample was composed of individuals who self-identified as lesbian/gay (70%), bisexual (26%), and questioning (4%). Participants were administered an online version of the short form of Martin and Dean's (1987) Internalized Homophobia Scale (Herek, Cogan, & Gillis, 2000), the Rosenberg (1965) Self-Esteem Scale, and the Hopkins Symptoms Checklist (Derogatis, Lipman, Rickets, Uhlenhuth, & Covi, 1974). Results indicated that sexual minority participants internalized homophobia scores, or the negative beliefs and prejudices about homosexuality that these participants turned inward, was a significant and unique predictor of self-esteem. In other words, increased internalized homophobia predicted lower levels of self-esteem.

Greene & Britton (2013) investigated the relationship between self-esteem, shame, and forgiveness in a sample of 657 individuals who self-identified as LGBTQ. Participants completed a variety of online surveys anonymously. Each participant was administered the Rosenberg Self-Esteem Scale (Rosenberg, 1965), the Experience of Shame Scale (Andrews, Qian, & Valentine, 2002), and the Heartland Forgiveness Scale (Yamhure, Thompson, Snyder, & Hoffman, 2005). Results indicated a significant relationship between shame proneness and self-esteem. More specifically, as LGBTQ individuals shame levels increased, self-esteem decreased. Additionally, the ability to forgive oneself accounted for 44% of the variance in self-esteem. This suggests a correspondence between a LGBTQ individual's ability to forgive and their ability to accept themselves.

Similarly, Frable, Wortman, & Joseph (1997) investigated the relationship between self-esteem, well-being, and experiences with gay stigma. Participants (N = 825), men who self-identified as either homosexual or bisexual, were administered the Rosenberg Self-Esteem Scale (Rosenberg, 1965) and the Hopkins Symptoms Checklist (Derogatis, Lipman, Rickets, Uhlenhuth, & Covi, 1974). Scales were administered via an online survey site. Results indicated that cultural stigma was negatively associated with positive self-perceptions. In other words, the more stigmas attached to LGBTQ individuals the more negative their self-perceptions are.

Together, these studies and others suggest that LGBTQ individual's self-satisfaction levels are associated with many factors such as psychological distress, coping with difficult relationships and situations, feelings of shame or homophobia, and negative reactions in the social environment (Frable, Wortman, & Joseph, 1997; Greene & Britton,

2013; Szymanski & Gupta, 2009). In general, research has highlighted the importance of social stigma, shame, and forgiveness in relation to self-satisfaction levels. In addition, more research is needed that focuses on religion and self-satisfaction.

Purpose of Current Study

The main purpose of the current study is to gain a better understanding of the experiences and psychosocial health of sexual minority adults who are affiliated with Christian-based religious communities. Generally, the study of LGBTQ individuals is not a new endeavor. Studies of homosexuality were conducted as early as 1886. Moreover, the field of psychology was the first to systematically research homosexuality (Johnson, 1973). The study of religion also has a long, though strained, history in the field of psychology. Studies that investigated the religious experiences of individuals began as early as 1842 (Schultz & Harvey, 2010). Despite this, psychology researchers and practitioners generally neglected the construct (Christiano, 2008). Today, religion is an active area of investigation in the field of psychology (Robinson, 2010; Rodriguez, 2009). However, empirical studies of LGBTQ individuals in a religious context is in its infancy. Research has documented that gay men and lesbians continue to have active religious lives, though more research is needed to understand their experiences and social-emotional well-being (Barret & Barzan, 1996a). Rodriguez (2009) also reported that the few studies that incorporate religion and homosexuality often have small sample sizes and focus too narrowly on specific subgroups. To date, researchers have not investigated the religiosity of LGBTQ individuals as they come out to friends, family, and acquaintances. Studies have also not investigated LGBTQ individuals' self-satisfaction in the context of religious participation. Many studies have linked

participation in religious communities to mental and physical protective factors

(McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000; Wallace & Forman, 1998;

Walsh, 1998). However, it is unclear whether or not these findings apply to LGBTQ

individuals and their level of self-satisfaction. More research is also needed to better

understand how LGBTQ individuals' level of adherence to faith and religion changes as

they develop their sexual identity. To address these shortages, the following research

hypotheses are provided. Each hypothesis and corresponding rationales are presented

below.

Hypothesis One

It is hypothesized that LGBTQ individuals who report that they have come out to

friends, family, coworkers, and schoolmates will report significantly lower levels of

church activity when compared to LGBTQ individuals who have not come out.

The first hypothesis compares levels of church activity between LGBTQ

individuals who are out and those who are not. It is anticipated that LGBTQ individuals

who report that they are out will report significantly less participation in church activities.

Conceptually, it is feasible that individuals who disclose their sexual orientation may

sense tension between their identity and religious group norms and beliefs. As previously

noted, many US religious communities view homosexuality in a negative light (Clingman

& Fowler, 1976). As a result, LGBTQ individuals who are out may distance themselves

from religious communities and be less likely to participate in church related activities.

Similarly, it is also feasible that individuals who report church participation may be less

prone to come out to friends, family, coworkers, and schoolmates.

Hypothesis Two

It is hypothesized that LGBTQ individuals who report that they are active in a Christian community report will report significantly lower levels of self-satisfaction when compared to individuals who are inactive or have left a Christian community.

The second hypothesis compares levels of self-satisfaction between LGBTQ individuals who participate in a Christian community and those who do not. It is anticipated that LGBTQ individuals who report activity in a Christian community will report lower self-satisfaction compared to LGBTQ individuals who report no activity. Conceptually, this is feasible because homosexuality is often viewed negatively in Christian communities. LGBTQ individuals who are active in such communities may internalize these attitudes and experience decreased self-satisfaction.

Hypothesis Three

It is hypothesized that LGBTQ individuals' religious orthodoxy levels will be significantly lower after acknowledging their sexual orientation.

The third hypothesis examines level of orthodoxy before and after acknowledging LGBTQ sexual orientation. It is anticipated that individuals who have high levels of orthodoxy before acknowledging their LGBTQ orientation will have lower levels of orthodoxy following their acknowledgement of LBGTQ orientation. Conceptually, as a LGBTQ individual acknowledges their same-sex attraction and discloses it to others, they may be at odds with Christian religious norms and beliefs. This may necessitate restructuring one's understanding of religious doctrine or adherence to religious norms in a less orthodox manner.

CHAPTER II

Methods

One hundred and twenty-seven participants were recruited online through the social media Facebook. Inclusion criteria were: a) over the age of 18, and b) sexual preference was not heterosexual. Exclusion criteria were a) under the age of 18, and b) heterosexual. Before contacting potential participants and conducting the survey, approval was secured through the Middle Tennessee State University (MTSU) Human Subjects Committee (Institutional Review Board [IRB]) (See Appendix A). Participant informed consent was obtained from each participant before their information was collected. Before the data were collected, each participant was informed that he/she had the option to decline participation in the study and was free to stop at any time (See Appendix C). After the participants submitted their responses, they were presented with a list of online resources to assist in any negative feelings that may have arisen during the completion of the survey. These resources include: It Gets Better http://www.itgetsbetter.org/, The Trevor Project http://www.thetrevorproject.org/, Parents, Families, and Friends of Lesbians and Gays http://community.pflag.org/Page.aspx?pid=194&srcid=-2, Gay, Lesbian, and Straight Education Network http://www.glsen.org/cgi-bin/iowa/all/home/index.html, and The Gay Christian Network http://www.gaychristian.net/.

Participants

The sample was composed of 127 participants from the following ages: 26.5% (n = 34) were 18-25 years old, 31.5% (n = 40) were 26-35 years old, 12.7% (n = 16) were

36-45 years old, and 14% (n = 10) were 46 years old or older. In the sample, 51.2 % (n =

65) were female. Based on the participants' report of their ethnicity 83.5% (n = 106) were

White or Caucasian, 3.9% (n =5) were Black or African American, 1.6% (n = 2) were

Asian, 1.6% (n = 2) were Native American, 1.6% (n = 2) were "other," and 7.8% (n = 10)

were unknown. 77.1% (n = 98) reported their sexual orientation as gay/lesbian/queer,

5.5% (n = 7) were bisexual, 4.7% (n = 6) were heterosexual, 2.4% (n = 3) were

pansexual, and 2.4% (n = 3) were "other." Based on the participants' report of their

religion 26% (n = 33) reported none, 2.4% (n =3) were Agnostic or Atheist, 9.4% (n =

12) were Baptist, 17.3% (n = 22) were Catholic, Episcopalian, or Lutheran, 1.6% (n = 2)

were Jewish, 7.9% (n = 10) were Methodist, 3.9% (n = 5) attended the Metropolitan

Community Church, 1.6% (n = 2) were Unitarian Universalist, 11% (n = 14) were

Church of Christ, 11% (n = 14) reported other, and 7.9% (n = 10) were unknown.

Measures

Participants completed a survey designed to explore and understand the

experience and psychosocial health of sexual minority adults (lesbian, gay, bisexual,

transgender, and queer; LGBTQ) who affiliate or have affiliated with a Christian-based

community. The collection of surveys was based on a previous study conducted by Dr.

Renee Galliher at Utah State University. The complete survey consisted of 142 questions.

Descriptions of each of the scales utilized within the survey are provided below.

Benefits of Same Sex Attraction Scale. This scale is based on results from Riggle,

Whitman, Olson, Rostosky, & Strong (2008) qualitative study examining the positive

aspects of being lesbian or gay. Several quantitative items as well as one open-ended

response item, was developed for the current study to evaluate the socio-emotional benefits or positive aspects of being same-sex attracted.

   Lesbian, Gay, Bisexual Identity Scale. This scale by Mohr & Fassinger (2000) is a 27-item measure that assesses six dimensions of lesbian, gay and bisexual identity including, internalized homonegativity/binegativity (internalized homophobia, 5-items), need for privacy or concealment (6-items), need for acceptance (5-items), identity confusion (4-items), difficult process (difficulty in coming to terms with and disclosing sexual identity or orientation, 5-items), and superiority (prejudice against heterosexual individuals, 2-items). Sub-scales for the LGBIS are scored by reverse scoring 4 of the 27-items such that high scores on each sub-scale indicate greater negativity with regard to specific aspects of identity development. Although a revised version of this measure has been published recently (Mohr & Kendra, 2011), at the time data was collected for the current study, reliability and validity information had not yet been published; however, according to the authors, reliability estimates for the LGBIS are consistent with a previous version of the measure (Mohr & Fassinger, 2000) suggesting that the measure demonstrates overall good internal consistency for each of the six aforementioned sub-scales (α=.81, α=.75, α=.79, α=.79, α=.77, and α=.65) respectively.

   The Sexual Identity Distress Scale. This scale is a 7-item scale (Wright & Perry, 2006), that assesses identity-related distress associated with sexual orientation. Total SID scores are calculated by summing each of the items after reverse coding negative items, so that higher scores indicate greater identity-distress. Wright and Perry (2006) reported good reliability for the measure with Cronbach's α=.83.

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (RSES) is a 10-item global measure of self-esteem. A Likert-type scale from 1 to 4 is used; negatively worded items are reverse scored so that higher scores indicate higher self-esteem. Scaled scores are calculated as the mean across items. Rosenberg (1965) reported test-retest reliability of .85 and demonstrated good validity. Hagborg (1993) reported that the RSES is a widely used measure with acceptable reliability and validity.

Quality of Life Scale. This scale (Burckhardt, Woods, Schultz, & Ziebarth, 1989) assesses satisfaction across a broad range of daily activities and aspects of personal and professional life. One total score is calculated as the mean across items. The QOLS has demonstrated good reliability (alphas ranging from .82 - .92) and strong positive correlations with life satisfaction and psychosocial health.

Counseling Center Assessment of Psychological Symptoms (CCAPS-34). The CCAPS-34 (Center for Collegiate Mental Health; 2010) is an abbreviated version of the CCAPS-62, both of which have become widely researched and implemented assessments used at college counseling centers to evaluate psychological symptoms among college students. Items are scored on a 5-point scale (0=Not at all like me, and 5=Extremely like me). Negative items are reverse scored such that higher scores indicate more severe symptoms. Seven sub-scales are yielded by averaging the items included on each subscale (Depression, Eating Concerns, Alcohol Use, Generalized Anxiety, Hostility, Social Anxiety, and Academic Distress). The CCAPS-34 demonstrates test-retest reliability between .71 (Academic Distress) to .84 (Eating Concerns).

Following, the participant is asked to expand on their efforts to understand, cope with, or change their sexual orientation. This is revealed through the types of effort to

change variable which includes informal therapy (personal righteousness and individual efforts) and formal therapies (Psychotherapy, Psychiatry, Group Therapy, Group Retreats, Support Groups, Church Counseling, Family Therapy, and other). Within these therapies age, duration, goals, effectiveness, and open-ended descriptions as well as therapist/therapy descriptions are asked. These mental health care experience items were created for this study to assess participants experiences with formal and informal services intended to address discomfort or confusion related to same-sex attraction.

Lastly, the religious experiences and history of participants are revealed through questions that include their relationships with a Christian church and their feelings on the origin and outcomes of having same-sex attraction. These variables include being born or converted into the church, activity levels and leadership roles-past and present, current church status, current commitment, and attitudes about church and doctrine. Religious history and involvement items were developed for this study to assess participants' past and current attachment to and engagement in Christian religious life. Several open-ended questions are asked and include: describe early teachings, describe God's response and experiences of affirmation/condemnation from God, early experiences with stigma and early reactions, benefits of same-sex attraction, efforts to change sexual orientation, and current attitudes about church- if asked to leave the church, what would change that.

CHAPTER III

Results

For this study, three hypotheses were addressed. Below, descriptive statistics are provided for each variable. Further below, each hypothesis is reviewed and the corresponding *t* test results are presented (see Table 1).

Table 1

Means and Standard Deviations for Outcome Variables (N = 117)

Variable	N	M	SD
Degree of Being Out			
Active in a church	72	1.65	0.479
Inactive in a church	42	1.88	0.328
Self-Satisfaction			
Active in a church	70	13.10	2.01
Inactive in a church	45	13.02	1.79
Self-Satisfaction			
Female	64	13.34	2.05
Male	51	12.73	1.20
Self-Satisfaction Female			
Active in a Church	48	13.24	2.08
Inactive in a Church	14	13.67	1.99
Self-Satisfaction Male			
Active in a Church	20	12.76	1.84
Inactive in a Church	29	12.70	1.62
Orthodoxy Level			
Before Same-Sex Acknowledgement	84	2.56	1.55
After Same-Sex Acknowledgement	84	3.81	1.43

Degree of Being Out Predicting Levels of Church Activity (Hypothesis One)

The first hypothesis concerned comparing the degree of being out with level of church activity. To address the first hypothesis, an independent-samples *t* test was conducted to evaluate whether LGBTQ individuals who are active in a Christian church community disclose their sexual orientation to less people compared to LGBTQ individuals who are inactive in a church community. Participants were divided into two groups, active or inactive. Active was operationalized as attending church at least one time a month. Inactive was defined as attending church less than one time a month. Individuals who indicated that they left a church were also included in the inactive group. Participants were also divided into two groups based on their level of being out or disclosing their sexual orientation to others. One group was comprised of individuals who reported they had disclosed their sexual orientation to only a few of the people they trust or to less than half of their acquaintances. The other group was comprised of individuals who reported that they had disclosed their sexual orientation to more than half of their acquaintances or deemed themselves completely open about their sexual orientation. The *t* test comparing the inactive group with the active group with the degree of being out was significant. Participants in the inactive group ($n = 72$, $M = 1.65$, $SD = .479$) on the average reported that they had come out to more people than the active group ($n = 42$, $M = 1.88$, $SD = .328$); $t(112) = -3.01$, $p=.00$). The 95% confidence interval for the mean difference between the two ratings was -.38 to -.08. The two groups were significantly different from one another, $F(1,112) = 7.464$, $p=.007$.
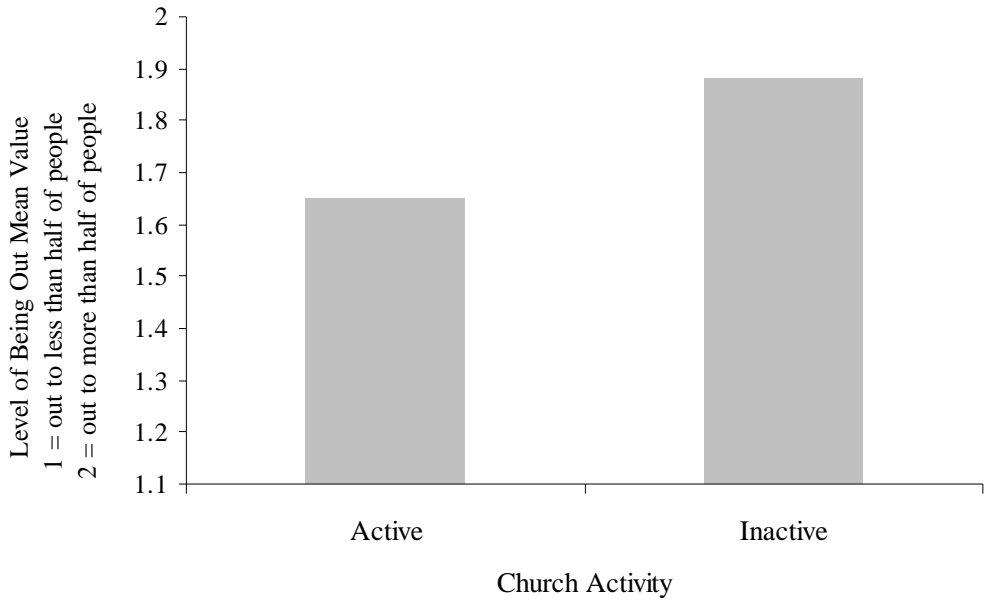
Figure 1

Bar Graph for Church Activity Versus Level of Disclosure

Table 2

t test summaries for Hypothesis One (N = 114)

			95% CI	
Contrast group	*t*	*p*	*LL*	*UL*
Active-Inactive	-3.01	.00	-.38	-.08

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit

Church Activity Predicting Self-Satisfaction (Hypothesis Two)

The second hypothesis concerned comparing level of church activity with self-satisfaction among LGBTQ individuals. To address the second hypothesis, an

independent samples *t* test was conducted to evaluate the hypothesis that LGBTQ

individuals who reported that they are active in a church community will have lower

levels of self-satisfaction when compared to those who are inactive in a church

community. Similar to the first hypothesis, participants were divided into two groups,

active or inactive. Active was operationalized as attending church at least one time a

month. Inactive was defined as attending church less than one time a month. Individuals

who indicated that they left a church were also included in the inactive group. Each

participants' self-satisfaction score was based on responses to the Rosenberg self-esteem

scale. The test was not significant. Participants in the active group (n = 70, M = 13.10, SD

= 2.01) on the average reported similar levels of self-satisfaction as the inactive group (n

= 45, M = 13.02, SD = 1.79); $t(113)$ = .211, p=.83). The 95% confidence interval for the

mean difference between the two ratings was -.651 to -.807.

A follow up *t* test was conducted to investigate differences in self-satisfaction

between LGBTQ males and females. The test was not significant. Females (n = 64, M =

13.34, SD = 2.05) on the average reported the same level of self-satisfaction as males (n =

51, M = 12.73, SD = 1.70); $t(113)$ = .618, p=.09). The 95% confidence interval for the

mean difference between the two ratings was -.089 to 1.325.

Additionally, a *t* test was conducted to investigate significance between church

activity and self-satisfaction levels in females and males individually. Participants were

separated into two groups based on gender, females (n = 63) and males (n = 51). The test

for females was not significant (Active: M = 13.24, SD = 2.08; Inactive: M = 13.67, SD =

1.99; $t(62)$ = -.422, p=.49). The 95% confidence interval for the mean difference between

the two ratings was -1.635 to .792.   The test for males was not significant (Active: M =

12.76, *SD* = 1.84; Inactive: *M* = 12.70, *SD* = 1.62; *t*(49) = .127, *p*=.90). The 95%

confidence interval for the mean difference between the two ratings was -.919 to 1.042.

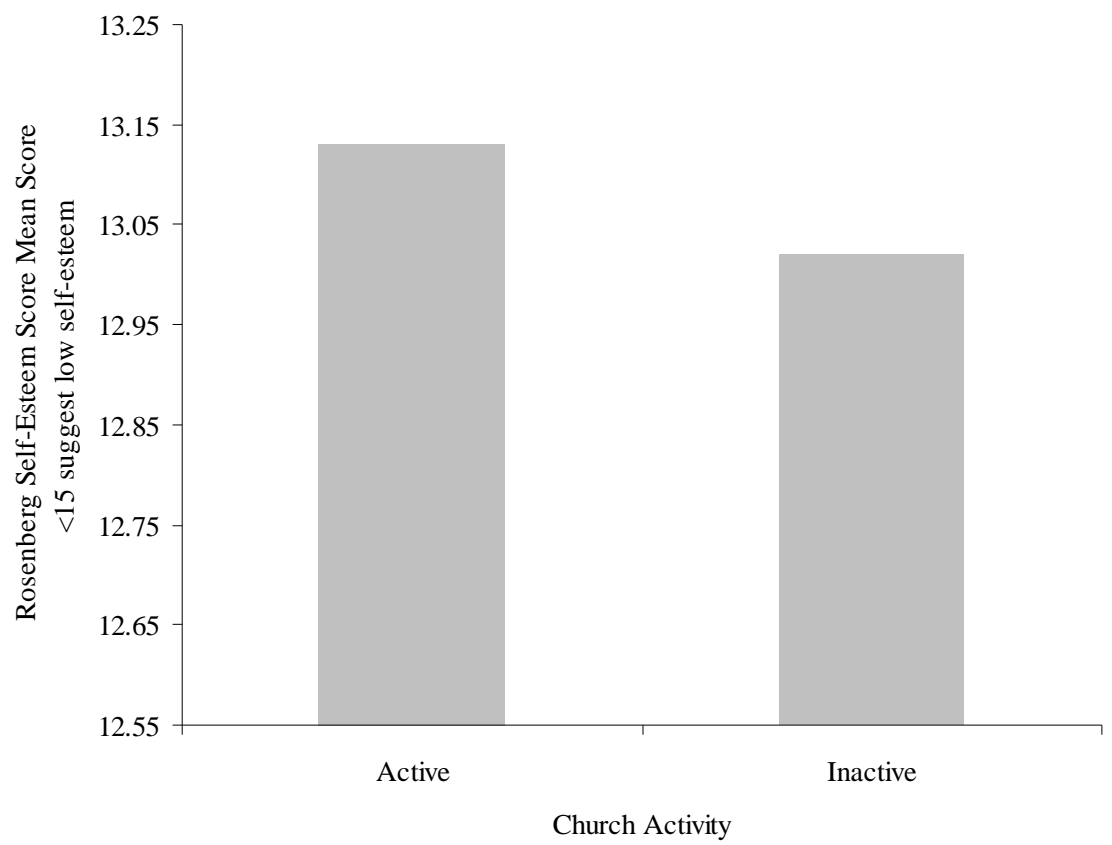Figure 2

Bar graph for Church Activity and Self-Satisfaction

Table 3

t test summaries for Hypothesis Two (N = 84)

Contrast group	*T*	*p*	95% CI	
			LL	*UL*
Active-Inactive	.211	.83	-.651	-.807

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit

Levels of Orthodoxy Before and After Acknowledgment of Sexual Orientation (Hypothesis Three)

The third hypothesis concerned comparing level of orthodoxy before and after acknowledging same-sex sexual orientation. To address the third hypothesis, a paired samples *t* test was conducted to evaluate the hypothesis that LGBTQ individuals will report higher levels of orthodoxy before acknowledging same-sex attraction compared to after acknowledging same-sex attraction. Each participant answered both questions indicating their level of orthodoxy before acknowledging same-sex attraction and their level of orthodoxy after acknowledging same-sex attraction. Participants were paired with their responses. The test was significant. Participants before acknowledging same-sex attraction ($N = 84$, $M=2.56$, $SD=1.55$) on average reported higher levels of orthodoxy when compared to after acknowledging same-sex attraction ($M=3.81$, $SD=1.43$); $t(84)= -6.10$, $p=.00$). The 95% confidence interval for the mean difference between the two ratings was -1.65 to -.84. Further analysis indicated that of the 84 participants, 61% ($n = 53$) of the participants reported a decrease in orthodoxy after acknowledging same-sex

attraction. However, 13% ($n =11$) of participants reported an increase in orthodoxy after acknowledging same-sex attraction.
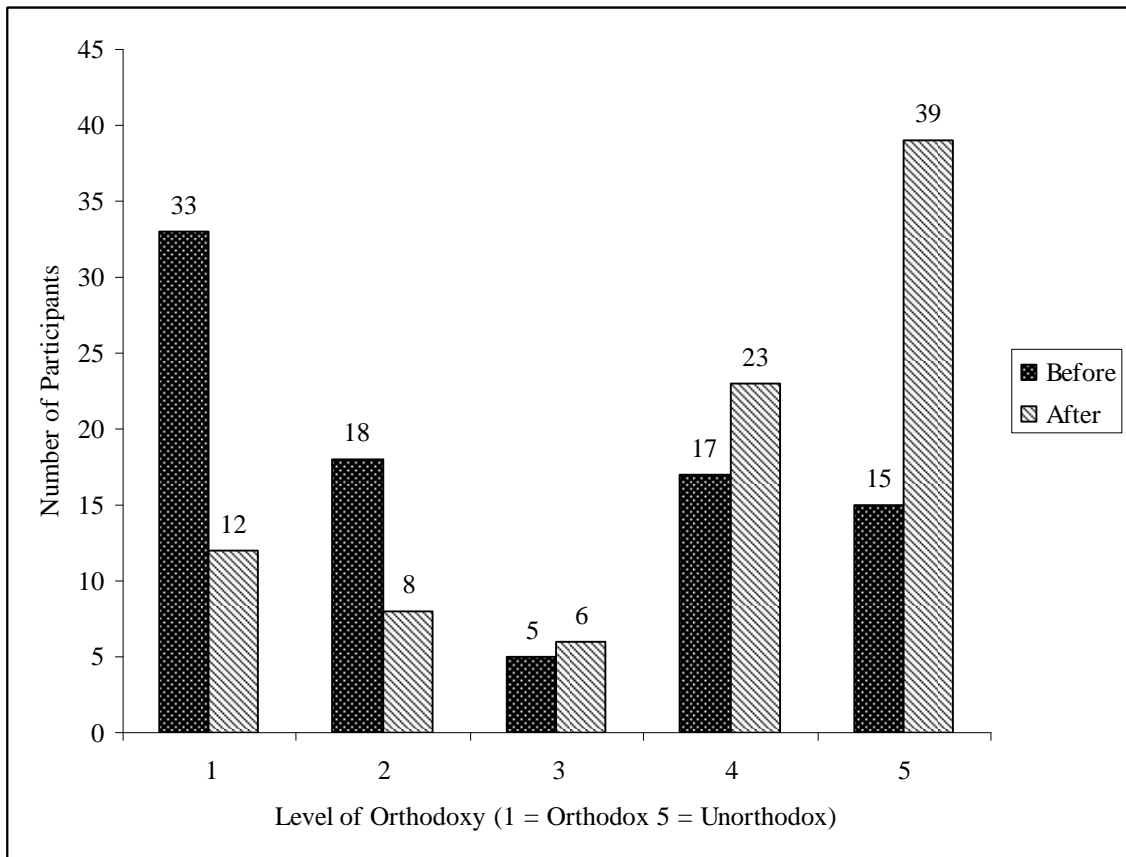

Figure 3

Bar graph Comparing Level of Orthodoxy Before and After Acknowledging Same-Sex

Attraction

Table 4

t test summaries for Hypothesis Three (N = 84)

Contrast group	t	P	95% CI	
			LL	*UL*
Before/After Same-Sex Acknowledgment	-6.10	.00	-1.65	-1.84

Note. CI = confidence interval; *LL* = lower limit; *UL* = upper limit

CHAPTER IV:
Discussion

Currently, there is a shortage of studies that investigate how religious beliefs and participation in a Christian community influence the coming out process for LGBTQ individuals. Additionally, there is a lack of research that explores how church participation impacts LGBTQ individuals' self-satisfaction (Dahl & Galliher, 2010). To address this, the current study first investigated how religiosity influenced the number of persons an LGBTQ adult disclosed their sexual orientation to. Second, this study compared self-satisfaction of LGBTQ adults who are active in a church community and those who are not. Thirdly, this study examined how LGBTQ individuals' religious orthodoxy levels changed after disclosing their sexual orientation to others. Below, the main hypotheses of this study are discussed. Limitations and suggestions for future research are also presented.

Church Activity and Coming-Out

It is hypothesized that LGBTQ individuals who report that they have come out to friends, family, coworkers, and schoolmates will report significantly lower levels of church activity when compared to LGBTQ individuals who have not come out.

As hypothesized, participants who stated that they were inactive or had left a church community reported disclosing their sexual orientation to more people compared to individuals who indicated they were currently active in a church community. One potential explanation of this finding may be related to the intersection of religious affiliation and sexual orientation. As reviewed earlier, studies suggest that a Christian religious affiliation in the United States appears to be a predictor of negative attitudes

toward LGBTQ sexual orientation (Trevino, Desai, Lauricella, Pargament, & Mahoney, 2012). These negative attitudes may deter religious LGBTQ individuals from coming out to friends, family, and other acquaintances. Presumably, a religious community's negative views of LGBTQ sexual orientation may contribute to the lower rates of coming out. Another potential explanation is the internal tension that a religious LGBTQ individual may experience between their sexual identity and religious identity. Previous research (e.g., Dahl & Galliher, 2012) has indicated that religious LGBTQ individuals experience internalized conflict when developing their sexual identities. These individuals may be more prone to deny same-sex attraction and/or attempt to change their sexual orientation. Conversely, it is feasible that LGBTQ individuals who do not affiliate with, or have left, a Christian community may experience less tension. This may account for the finding that indicates that these individuals have disclosed their sexual orientation to more friends, family, and acquaintances.

Overall, findings based on the current hypothesis lend credence to previous research exploring the coming out process. Specifically, findings suggest that religiosity plays a role in the amount of persons an LGBTQ adult comes out to. In general, previous research has indicated that coming out can be a stressful experience when there is a lack of a supportive social environment (LaSala, 2000). Grov, Bimbi, NaniN, & Parsons (2006) theorized that factors such as age, social support structure, and social economic status may affect how and when LGBTQ individuals disclose their sexual identity. Findings from the present study extend this literature and highlight religiosity as an important variable that impacts the coming out process. To date, this appears to be one of

the first studies to document how religiosity influences the extent that LGBTQ individuals disclose their sexual orientation to others.

Church Activity and Self-Satisfaction

It is hypothesized that LGBTQ individuals who report that they are active in a Christian community will also report significantly lower levels of self-satisfaction when compared to individuals who are inactive or have left a Christian community.

Contrary to the hypothesis, there was not a significant difference in self-satisfaction between individuals who reported that they were active in a Christian community and participants who reported they were inactive or have left a Christian community. Initially, it was anticipated that individuals who were active in a Christian community would report significantly lower levels of self-satisfaction. This assumption was based on previous research that suggested that religious LGBTQ individuals experience increased internalized tension (Borgman, 2009; Dahl, 2011; Dahl & Galliher, 2012; Rodriguez, 2009). However, the current study does not support this supposition. Church participation does not appear to decrease self-esteem for LGBTQ individuals. To some degree, this corresponds with previous research conducted with heterosexual adults. Multiple studies have indicated that active religious participation served as a protective factor in many areas such as life expectancy, physical activity, and antisocial behavior (Laird, Marks, & Morrero, 2011; McCullough, Hoyt, Larson, Koenig, & Thoresen, 2000; Wallace & Forman, 1998). Similarly, Dahl & Galliher (2012) report that being raised in a religious community was associated with positive and negative factors for LGBTQ individuals. One of the positive factors reported was increased self-acceptance. Though the current study did not demonstrate increased protective factors, it is noteworthy that

LGBTQ church goers did not demonstrate decreased self-satisfaction compared to LGBTQ non-church goers.

Follow up analyses for this hypothesis indicated self-satisfaction levels did not vary between LGBTQ males and females. This finding is indicative of previous self-esteem research. For example, Gentile, et. al (2009) conducted a meta-analysis that included 115 self-esteem studies and 32,486 individuals. Results indicated no significant self-esteem gender differences in many areas such as academic, social acceptance, family, and affect self-esteem. However, significant gender differences were reported in physical appearance, personal self, self-satisfaction self-esteem, behavioral conduct, and moral– ethical self-esteem. As for the current study, LGBTQ individuals' self-satisfaction did not vary based on religious participation status or gender.

Religious Orthodoxy and LGBTQ Acknowledgement

It is hypothesized that LGBTQ individuals' religious orthodoxy levels will be significantly lower after acknowledging their sexual orientation.

As hypothesized, level of religious orthodoxy significantly decreased after participants acknowledged their sexual orientation. This hypothesis was based on the apparent conflict between LGBTQ sexual orientation and traditional religious doctrine that views homosexuality as a sin (Dahl, 2011; Dahl & Galliher, 2012). The assumption was that LGBTQ individuals who acknowledge their same-sex orientation may be more prone to espouse less religious orthodoxy. Indeed, when indicating their commitment to Christian doctrine after acknowledging same-sex attraction, LGBTQ individuals rated themselves as "more liberal and questioning" as opposed to "traditional and conservative" (see Appendix D). Presumably, this shift can be viewed as an important

step in the development of a unified self-concept. Carl Rogers (1959) explained that when individuals strive toward optimal development, they will often move away from worrying about other's expectations and move toward self-acceptance. Essentially, LGBTQ individuals may be less prone to maintain religious beliefs and commitments to teachings that have been documented to increase feelings of guilt, worthlessness, and internalized homophobia (Borgman, 2009; Dahl and Galliher, 2012; Rodriguez, 2009). This may also lead to increased feeling of disconnectedness from one's religious community (Buchanan, Dzelme, Harris, & Hecker, 2001; Sherkat, 2002). Likewise, the current study indicates that LGBTQ individuals may embrace more unorthodox religious beliefs and commitments that do not view same-sex orientation in such a negative manner.

Overall, results based on this hypothesis lend credence to previous research that illustrates the difficulty integrating same-sex attraction with Christian beliefs (Borgman, 2009; Dahl, 2011; Dahl & Galliher, 2012; Rodriguez, 2009). Particularly, this study extends the literature by highlighting an orthodoxy shift in LGBTQ adults upon acknowledging their same-sex attraction.

Limitations and Future Directions

This study has several limitations. First, religion is a broad and multidimensional construct (Amey, Albrecht & Miller, 1996). This study focused on only two religious dimensions namely, religiosity and orthodoxy. There are many other components that were not investigated such as affective dimensions of religiosity. Future research might incorporate this dimension that encompasses one's feelings or emotions through religious involvement. Similar to the orthodoxy shift that was apparent in this study, it would be

interesting to investigate whether or not a similar shift occurs for affective dimensions as LGBTQ individuals recognize their sexual orientation and disclose it to others.

Future research might also investigate the impact of various therapies for LGBTQ individuals. It is well documented that many LGBTQ individuals utilize a variety supports to cope with the coming out process. Examples of supports might include individual, group, and family psychotherapy, psychiatric medication, support groups, and church counseling. It would be important to better understand how these therapies influence the constructs examined in this study (i.e. self-satisfaction and religious orthodoxy) and other variables such as depression, anxiety, suicidal ideation, and self-acceptance.

A third limitation concerns the sample used in this study. All participants indicated that they had disclosed their sexual orientation to at least one person. This was an unexpected feature. Initially, the assumption was that many of the participants would report that they had not come out to other people. It is fair to assume that the results of this study might be somewhat different if a sample of LGBTQ individuals who had not yet disclosed their sexual orientation was included.

Summary

In conclusion, participants who stated they were inactive or had left a church community reported disclosing their LGBTQ sexual orientation to more people compared to individuals who indicated they were currently active in a church community. Self-satisfaction levels did not vary between LGBTQ adults who were active in the Christian community and those that were inactive or had left the church. Religious orthodoxy significantly decreased after acknowledgment of same-sex attraction. Broadly, findings

from the current study assist in understanding the complex religious and psychosocial

variables that intersect to impact the development and experiences of LGBTQ

individuals.

References

Amey C. H., Albrecht S. L., & Miller M. K. (1996). Racial differences in adolescent drug use: The impact of religion. *Substance Use and Misuse*, 31(10), 1311–1332. http://dx.doi.org/10.3109/10826089609063979

Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The Experience of Shame Scale. *British Journal of Clinical Psychology*, 41(1), 29-42. http://dx.doi.org/10.1348/014466502163778

Arnett, J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55, 469-480. http://dx.doi.org/10.1037//0003-066X.55.5.469

Bailey, T. C., Frisch, M. B., & Snyder, C. R. (2007). Hope and optimism as related to life satisfaction. *Journal of Positive Psychology*, 2, 168-175. http://dx.doi.org/10.1080/17439760701409546

Barret, R., & Barzan, R. (1996). Spiritual experiences of gay men and lesbians. *Counseling and Values*, 41(1), 4-15. http://dx.doi.org/10.1002/j.2161-007X.1996.tb00858.x

Beard, J. & Glickhauf-Hughes, C. (1994). Gay identity and sense of self: Rethinking male homosexuality. *Journal of Gay and Lesbian Psychotherapy*, 2(2), 21-37. http://dx.doi.org/10.1300/J236v02n02_02

Becker, H. S. (1960). Notes on the concept of commitment. *American Journal of Sociology*, 32-40. http://dx.doi.org/10.1086/222820

Beilin, H. (1992). Piaget's enduring contribution to developmental psychology. *Developmental Psychology*, 28(2), 191. http://dx.doi.org/10.1037//0012-1649.28.2.191

Bell, N., Johnson, S., & Petersen, J. (2009). Strength of religious faith of athletes and nonathletes at two NCAA Division III institutions. *Sport Journal*, 12(1).

Bengtson, V. L., & Allen, K. R. (1993). The life course perspective applied to families over time. *Sourcebook of Family Theories and Methods*. 469-504. http://dx.doi.org/10.1007/978-0-387-85764-0_19

Berger, P. L. (1967). *The Sacred Canopy*. Garden City, New York: Doubleday.

Bernstein, M. (1997). Celebration and suppression: The strategic use of identity by the lesbian and gay movement. *American Journal of Sociology*, 103(3), 531-565. http://dx.doi.org/10.1086/231250

Borgman, A. L. (2009). LGB allies and christian identity: A qualitative exploration of resolving conflicts and integrating identities. *Journal of Counseling Psychology*, 56(4), 508. http://dx.doi.org/10.1037/a0016691

Buchanan, M., Dzelme, K., Harris, D., & Hecker, L. (2001). Challenges of being simultaneously gay or lesbian and spiritual and/or religious: A narrative perspective. *The American Journal of Family Therapy*, 29, 435-449. http://dx.doi.org/10.1080/01926180127629

Burckhardt, C.S., Woods, S.L., Schultz, A.A., & Ziebarth, D.M. (1989). Quality of life of adults with chronic illness: A psychometric study. *Research in Nursing & Health*, 12(6), 347-354. http://dx.doi.org/10.1002/nur.4770120604

Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4, 219-235. http://dx.doi.org/10.1300/J082v04n03_01

Center for Collegiate Mental Health (2010). *CCAPS 2010 User Manual*. University Park, PA

Chandra A., Mosher, W., Copen, C., & Sionean, C. (2011). Sexual behavior, sexual attraction, and sexual identity in the United States [Data from the 2006-2010 national survey of family growth]. *National Health Statistics Reports: No. 36. International Handbooks of Population*. http://dx.doi.org/10.1007/978-94-007-5512-3_4

Christiano, K. J. (2008). *Sociology of religion: Contemporary developments*. Lanham, Maryland: Rowman & Littlefield.

Clingman, J., & Fowler, M. G. (1976). Gender roles and human sexuality. *Journal of Personality Assessment*, 40(3), 276-284. http://dx.doi.org/10.1207/s15327752jpa4003_7

Coleman, E. (1982). Developmental stages of the coming out process. *American Behavioral Scientist*, 25(4), 469-482. http://dx.doi.org/10.1177/000276482025004009

Cornwall, M., Albrecht, S. L., Cunningham, P. H., & Pitcher, B. L. (1986). The dimensions of religiosity: A conceptual model with an empirical test. *Review of Religious Research*, 27(3), 226–244. http://dx.doi.org/10.2307/3511418

Coyle, A. (2011). Critical responses to faith development theory: A useful agenda for change? *Archive for the Psychology of Religion*, 33(3), 281-298. http://dx.doi.org/10.1163/157361211X608162

D'Augelli, A. (1998). *Developmental implications of victimization of lesbian, gay, and bisexual youths. Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals*. (pp. 211-216). Thousand Oaks, CA: SAGE Publications. http://dx.doi.org/10.4135/9781452243818.n9

Dahl, A.L. (2011). *Sexual and religious identity development among adolescent and emerging adult sexual minorities*. (Doctoral dissertation). Retrieved from http://www.digital commons.usu.edu/etd/995/.

Dahl, A., & Galliher, R. (2010). Sexual minority young adult religiosity, sexual orientation conflict, self-esteem and depressive symptoms. *Journal of Gay & Lesbian Mental Health*, 14(4), 271-290. http://dx.doi.org/10.1080/ 19359705.2010.507413

Dahl, A., & Galliher, R. V. (2012). The interplay of sexual and religious identity development in LGBTQ adolescents and young adults a qualitative inquiry. *Identity: An International Journal of Theory and Research*, 12(217), 217-246. http://dx.doi.org/10.1080/15283488.2012.691255

Derogatis, L. R., Lipman, R. S., Rickets, K., Uhlenhuth, E. H., & Covi, L. (1974). The Hopkins Symptom Checklist (HSCL): A self-report symptom inventory. *Behavioral Science*, 19, 1–14. http://dx.doi.org/10.1002/bs.3830190102

Diamond, L. M. (2008). *Sexual fluidity: Understanding women's love and desire*. Cambridge, MA: Harvard University Press.

Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology*, 54(1), 403-425. http://dx.doi.org/10.1146/annurev.psych.54.101601.145056

Dillon, F. R., Worthington, R. L., & Moradi, B. (2011). *Handbook of identity theory and research*. New York, NY: Springer.

Dittes, J. E. (1971). *Two issues in measuring religion. Research on Religious Development.* New York: Hawthorne.

Dube, E. M. (2000). The role of sexual behavior in the identification process of gay and bisexual males. *The Journal of Sex Research*, 37(2), 123-132. http://dx.doi.org/10.1080/00224490009552029

Elder, G. H. (1994). Time, human agency and social change: Perspectives on the life course. *Social Psychology Quarterly*, 57, 4-15.

Erikson, E. H. (1968). Identity: Youth and Crisis. New York, NY: Norton.

Fassinger, R. (2001). *Gay identity questionnaire*. Unpublished manuscript.

Fichter, J. H. (1969). Sociological measurement of religiosity. *Review of Religious Research*, 10, 169–77. http://dx.doi.org/10.2307/3510744

Floyd, F. J., & Bakeman, R. (2006). Coming-Out across the life course: Implications of age and historical context. *Archives of Sexual Behavior*, 35(3), 287-296. http://dx.doi.org/10.1007/s10508-006-9022-x

Floyd, F. J., & Stein, T. S. (2002). Sexual orientation identity formation among gay, lesbian, and bisexual youths: Multiple patterns of milestone experiences. *Journal of Research on Adolescence*, 12(2), 167-191. http://dx.doi.org/10.1111/1532-7795.00030

Fowler, J.W. (1981). *Stages of faith: the psychology of human development and the quest for meaning*. New York: Harper.

Frable, D. E., Wortman, C., & Joseph, J. (1997). Predicting self−esteem, well−being, and

    distress in a cohort of gay men: The importance of cultural stigma, personal

    visibility, community networks, and positive identity. *Journal of Personality*,

    65(3), 599-624. http://dx.doi.org/10.1111/j.1467-6494.1997.tb00328.x

Freud, S. (1920). *A General Introduction to Psychoanalysis*. New York: Boni and

    Liveright.

Gates, G.J. (2011). *How many people are lesbian, gay, bisexual, and transgender?*. The

    Williams Institute.

Geertz, C. (1973). *The interpretation of cultures*. New York: Basic Books.

Gentile, B., Grabe, S., Dolan-Pascoe, B., Twenge, J. M., Wells, B. E., & Maitino, A.

    (2009). Gender differences in domain-specific self-esteem: A meta-analysis.

    Review Of General Psychology, *13*(1), 34-45. doi:10.1037/a0013689

Gunn, T. J. (2003). Complexity of religion and the definition of religion in

    international law. *The Harvard Human Rights*, 16, 189.

Green, R. (1985). Potholes on the research road to sexual identity development. *Journal*

    of Sex Research, 21(1), 96-102. http://dx.doi.org/10.1080/00224498509551248

Greene, D. C., & Britton, P. J. (2013). The influence of forgiveness on lesbian, gay,

    bisexual, transgender, and questioning individuals' shame and self‐esteem.

    Journal of Counseling & Development, 91(2), 195-205. http://dx.doi.org/

    10.1002/j.1556-6676.2013.00086.x

Grov, C., Bimbi, D. S., NaníN, J. E., & Parsons, J. T. (2006). Race, ethnicity, gender, and generational factors associated with the coming‑out process among gay, lesbian, and bisexual individuals. *Journal of Sex Research*, 43(2), 115-121.

Groves, P. A. (1983). The lesbian coming out process: Therapeutic considerations. *The Personnel and Guidance Journal*, 62(3), 146-149. http://dx.doi.org/10.1111/ j.2164-4918.1983.tb00172.x

Hagborg, W.J. (1993). The Rosenberg self-esteem scale and self-perception profile for adolescents: A concurrent validity study. Psychology in the *Schools*, 30, 132-136. http://dx.doi.org/10.1002/1520-6807(199304)30:2<132::AID- PITS23103 00205>3.0.CO;2-Z

Halpin, S. A., & Allen, M. W. (2004). Changes in psychosocial well-being during stages of gay identity development. *Journal of Homosexuality*, 47, 109-126. http://dx.doi.org/10.1300/J082v47n02_07

Hammack, P.L. (2005). The life-course development of human sexual orientation: An integrative paradigm. *Human Development*, 48, 267–290.

Herek, G. M., Cogan, J. C., & Gillis, J. R. (2000). *Psychological well-being and commitment to lesbian, gay, and bisexual identities*. Washington, DC: American Psychological Association.

Hill, T. D., Burdette, A. M., Ellison, C. G., & Musick, M. A. (2006). Religious attendance and the health behaviors of Texas adults. *Preventive Medicine*, 42(4), 309-312. http://dx.doi.org/10.1016/j.ypmed.2005.12.005

Hoffmann, R. J. (2006). *The just war and jihad: violence in Judaism, Christianity, and Islam*. Prometheus Books.

Hutchison, W. R. (2001). *Church History*, (2), 389. doi:10.2307/3654488

Ingersoll-Dayton, B., Krause, N., & Morgan, D. (2002). Religious trajectories and

transitions over the life course. *The International Journal of Aging and Human

Development*, 55(1), 51-70. http://dx.doi.org/10.2190/297Q-MRMV-27TE-VLFK

James, W. (2003). The varieties of religious experience. *American Religious

History* (pp. 244-253).

Johns, D. J., & Probst, T. M. (2004). Sexual minority identity formation in an adult

population. *Journal of Homosexuality*, 47, 81-90.

Johnson, J. (1973). Psychopathia sexualis'. *The British Journal of Psychiatry*, 122(567),

211-218. http://dx.doi.org/10.1192/bjp.122.2.211

Jones, R. P., Cox, D., Navarro-Rivera, J., Dionne, E. J. & Galston, W.A. (2012).

*Capitalism & government are working? Religious left, religious right & the future

of the economic debate*. Public Religion Research Institute.

Jordan, K. M., & Deluty, R. H. (1998). Coming out for lesbian women: Its relation to

anxiety, positive affectivity, self-esteem, and social support. *Journal of

Homosexuality*, 35(2), 41-63. http://dx.doi.org/10.1300/J082v35n02_03

King, M. B., & Hunt, R. A. (1975). Measuring the religious variable: National

replication. *Journal for the Scientific Study of Religion*, 13-22.

http://dx.doi.org/10.2307/1384452

Laird, R. D., Marks, L. D., & Marrero, M. D. (2011). Religiosity, self-control, and

antisocial behavior: Religiosity as a promotive and protective factor. *Journal Of

Applied Developmental Psychology*, 32(2), 78-85. http://dx.doi.org/10.1016

/j.appdev.2010.12.003

LaSala, M. C. (2000). Lesbians, gay men, and their parents: Family therapy for the

coming‐out crisis. *Family Process*, 39(1), 67-81.

http://dx.doi.org/10.1111/j.1545-5300.2000.39108.x

Lenski, G. E. (1961). *The religious factor*. Garden City, New York: Doubleday.

Levine, H. (1997). A further exploration of the lesbian identity development process and

its measurement. *Journal of Homosexuality*, 34(2), 67-76. http://dx.doi.org

/10.1300/J082v34n02_03

Lorber, J. (1994). Paradoxes of gender. Yale University Press.

Maguen, S., Floyd, F. J., Bakeman, R., & Armistead, L. (2002). Developmental

milestones and disclosure of sexual orientation among gay, lesbian, and bisexual

youths. *Applied Developmental Psychology*, 23, 219–233. http://dx.doi.org/

10.1016/S0193-3973(02)00105-3

Marcia, J. E. (1987). *The identity status approach to the study of ego identity*

development, self and identity: Perspectives across the lifespan (pp. 161-171).

New York, NY: Routledge.

Martin, J. & Dean, L. (1987). Ego-dystonic homosexuality scale. Columbia University.

Mayfield, W. (2001). The development of an internalized homonegativity inventory for

gay men. *Journal of Homosexuality*, 41(2), 53-76. http://dx.doi.org/10.1300/

J082v41n02_04

McCabe, Brewster, & Tillman (2011). Patterns and correlates of same-sex sexual

activity among U.S. teenagers and young adults. *Perspectives on Sexual and*

Reproductive Health, 43(3). http://dx.doi.org/10.1363/4314211

McCullough, M. E., Enders, C. K., Brion, S. L., & Jain, A. R. (2005). The varieties of
religious development in adulthood: a longitudinal investigation of religion and
rational choice. *Journal of Personality and Social Psychology*, 89(1), 78.
http://dx.doi.org/10.1037/0022-3514.89.1.78

McCullough, M. E., Hoyt, W. T., Larson, D. B., Koenig, H. G., & Thoresen, C. (2000).
Religious involvement and mortality: a meta-analytic review. *Health Psychology*,
19(3), 211. http://dx.doi.org/10.1037//0278-6133.19.3.211

Mohr, J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male
experience. *Measurement and Evaluation in Counseling and Development*, 33(2),
66-90.

Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional
measure of sexual minority identity: The lesbian, gay, and bisexual identity scale.
Journal Of Counseling Psychology, 58(2), 234-235. http://dx.doi.org/10.1037
/a0022858

Mol, Hans. 1977. *Identity and the sacred: A sketch for a new social-scientific theory of
religion*. New York: Free Press.

Morgan, E.M. (2013). Contemporary issues in sexual orientation and identity
development in emerging adulthood. *Emerging Adulthood*, 1, 52.
http://dx.doi.org/10.1177/2167696812469187

Newman, B. S., & Muzzonigro, P. G. (1993). The effects of traditional family values on
the coming out process of gay male adolescents. *Adolescence*, 28(109), 213-227.

Olson, L. R., Cadge, W., & Harrison, J. T. (2006). Religion and public opinion about
same-sex marriage. *Social Science Quarterly*, 87(2), 340-360.

Pancer, S., Jackson, L. M., Hunsberger, B., Pratt, M. W., & Lea, J. (1995). Religious
orthodoxy and the complexity of thought about religious and nonreligious issues.
Journal Of Personality, 63(2), 213-232. http://dx.doi.org/10.1111/j.1540-
6237.2006.00384.x

Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Stress-Related Growth Scale. *Journal
Of Personality*, *64*(1), 71-105.

Paulhus, D. L. (1994). *Balanced inventory of desirable responding. Unpublished
manuscript.* Vancouver, Canada: University of British Columbia.

Patterson, D. (2009). *Exploring sexual identity through essentialism, social
constructionism, and Goffman's stigma.*

Peel, E. E., Ellis, S. J., & Clarke, V. V. (2010). *Lesbian, gay, bisexual, trans & queer
psychology: an introduction.* Cambridge University Press.

Piaget, J., & Cook, M. T. (1952). *The origins of intelligence in children.*

Plante, T. G., & Boccaccini, M. T. (1997). The Santa Clara strength of religious faith
questionnaire. *Pastoral Psychology*, 45(5), 375-387. http://dx.doi.org/10.1007
/BF02230993

Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the
general population. *Applied Psychological Measurement*, 1(3), 385-401.
http://dx.doi.org/10.1177/014662167700100306

Riggle, E. D. B., Whitman, J. S., Olson, A., Rostosky, S. S., & Strong, S. (2008). The

positive aspects of being a lesbian or gay man. *Professional Psychology:*

Research and Practice, 39, 10-21. http://dx.doi.org/10.1037/0735-7028.39.2.210

Robinson, B. A. (2010). *Divergent beliefs about the nature of homosexuality*. Religious

Tolerance.org. Retrieved September 12, 2011.

Rodriguez, E. (2009). At the intersection of church and gay: A review of

the psychological research on gay and lesbian Christians, *Journal of*

Homosexuality, 57:1, 5-38. http://dx.doi.org/10.1080/00918360903445806

Rogers, C. R. (1959). The Way to do is to Be. *Psyccritiques*, 4(7), 196-198.

doi:10.1037/006081

Rosario, M., Yali, A. M., Hunter, J., & Gwadz, M. V. (2006). *Religion and health among*

lesbian, gay, and bisexual youths: An empirical investigation and theoretical

explanation. http://dx.doi.org/10.1037/11261-006

Rosenberg, M. (1965). *Rosenberg self-esteem scale (RSE).* Acceptance and Commitment

Therapy. Measures Package, 61.

Rowatt, W. C., Tsang, J. A., Kelly, J., LaMartina, B., McCullers, M., & McKinley, A.

(2006). Associations between religious personality dimensions and implicit

homosexual prejudice. *Journal for the Scientific Study of Religion*, 45(3), 397-

406. http://dx.doi.org/10.1111/j.1468-5906.2006.00314.x

Rust, P. C. (1993). ''Coming out'' in the age of social constructionism: Sexual identity

formation among lesbian and bisexual women. *Gender & Society*, 7, 50-77.

http://dx.doi.org/10.1177/089124393007001004

Savin-Williams, R.C. (2005). *The new gay teenager*. Cambridge, MA: Harvard University Press.

Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A reevaluation of the life orientation test. *Journal of Personality and Social Psychology*, 67(6), 1063-1078. http://dx.doi.org/10.1037//0022-3514.67.6.1063

Schulte, L. J., & Battle, J. (2004). The relative importance of ethnicity and religion in predicting attitudes towards gays and lesbians. *Journal of Homosexuality*, 47(2), 127-142. http://dx.doi.org/10.1300/J082v47n02_08

Schultz, K. M., & Harvey, P. (2010). Everywhere and nowhere: Recent trends in American religious history and historiography. *Journal of the American Academy of Religion*, 78(1), 129-162. http://dx.doi.org/10.1093/jaarel/lfp087

Schwartz, S. J. (2001). The evolution of eriksonian and neo-eriksonian identity theory and research: a review and integration. *Identity: An International Journal of Theory and Research*, 1(1), 7-58. http://dx.doi.org/10.1207/S1532706XSCHWARTZ

Seidman, S. (2003). *The social construction of sexuality*. New York: W.W. Norton & Company.

Sherkat, D.E. (2002). Sexuality and religious commitment in the United States: An empirical examination. *Journal for the Scientific Study of Religion*, 41(2), 313-323. http://dx.doi.org/10.1111/1468-5906.00119

Spielberger, C. D., Gorsuch, R. L., Lushene, R. E., & Vagg, P. R. (1983). *State-Trait Anxiety Inventory (STAI).* 180.

Steffy, K. (2013). Religious orthodoxy and the American worker. *Sociology of Religion*, 74(1), 1-29. http://dx.doi.org/10.1093/socrel/srs074

Szymanski, D. M., & Gupta, A. (2009). Examining the relationship between multiple internalized oppressions and african american lesbian, gay, bisexual, and questioning persons' self-esteem and psychological distress. *Journal of Counseling Psychology*, 56(1), 110-118. http://dx.doi.org/10.1037/a0013317

Taylor, J. F., Rosen, R.S., Leiblum, S. R. (1994). Self-report assessment of female sexual function: Psychometric evaluation of the brief index of sexual functioning for women. *Archives of Sexual Behavior*, 23 (6), 627-643. http://dx.doi.org/10.1007/BF01541816

Thorp, J. (1992). *The social construction of homosexuality*. Phoenix, 46(1), 54-65. http://dx.doi.org/10.2307/1088774

Trevino, K. M., Desai, K., Lauricella, S., Pargament, K. I., & Mahoney, A. (2012). Perceptions of lesbian and gay (LG) individuals as desecrators of Christianity as predictors of anti-LG attitudes. *Journal Of Homosexuality*, *59*(4), 535-563. doi:10.1080/00918369.2012.665672

U.S. Census Bureau. (2010). *Census bureau releases estimates of same-sex married couples.* Retrieved May 15, 2013, from http://www.census.gov/newsroom /releases/ 2010_census/cb11-cn181.html.

Vance, C. (1989). *Social construction theory: Problems in the history of sexuality. homosexuality, which homosexuality?* Essays from the International Conference on Lesbian and Gay Studies (pp. 13-34). London: Gay Men's Press.

Vaughan, M. D. (2007). *Coming-out growth: Conceptualizing and measuring stress-related growth associated with coming out to others as gay or lesbian.* (Order No. 3280833, The University of Akron). ProQuest Dissertations and Theses, 303.

Vaughan, M. D., & Waehler, C. A. (2010). Coming out growth: Conceptualizing and measuring stress-related growth associated with coming out to others as a sexual minority. *Journal of Adult Development*, 17(2), 94-109. http://dx.doi.org/10.1007/s10804-009-9084-9

Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the resilience scale. *Journal of Nursing Measurement*.

Walker, J. J., & Longmire-Avital, B. (2013). The impact of religious faith and internalized homonegativity on resiliency for black lesbian, gay, and bisexual emerging adults. *Developmental Psychology*, 49(9), 1723-1731. http://dx.doi.org /10.1037/a0031059

Wallace, J. M., & Forman, T. A. (1998). Religion's role in promoting health and reducing risk among American youth. *Health Education & Behavior*, 25(6), 721-741. http://dx.doi.org/10.1177/109019819802500604

Walsh, A. (1998). Religion and hypertension: testing alternative explanations among immigrants. *Behavioral Medicine*, 24(3), 122-130. http://dx.doi.org/10.1080 /08964289809596390

Welch, K.W. (1981). An interpersonal influence model of traditional religious commitment. *Sociological Quarterly*, 22: 81-92. http://dx.doi.org/10.1111/j.1533-8525.1980.tb01937.x

Wilkinson, W. W. (2004). Research: Religiosity, authoritarianism, and homophobia: A multidimensional approach. *The International Journal for the Psychology of Religion*, 14(1), 55-67. http://dx.doi.org/10.1207/s15327582ijpr1401_5

Wright, E. R. & Perry, B. L. (2006). Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*, 51(1), 81-109. http://dx.doi.org/10.1300/J082v51n01_05

Wu, C. H., Tsai, Y. M., & Chen, L. H. (2009). How do positive views maintain life satisfaction?. *Social Indicators Research*, 91(2), 269-281. http://dx.doi.org/10.1007/s11205-008-9282-z

Yamhure, Thompson, L., Snyder, C. R., & Hoffman, L. (2005). *Heartland Forgiveness Scale.*

Zinnbauer, B. J., & Pargament, K. I. (2005). Religiousness and spirituality. *Handbook of the psychology of religion and spirituality*, 21-42.

APPENDICES

Appendix A

IRB Approval Letter

August 3, 2012

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Protocol Title: "Exploration of, Experiences of, and Resources for Same-Sex Attracted Christians"

Protocol Number: **13-023**

Dear Investigator(s),

The MTSU Institutional Review Board, or a representative of the IRB, has reviewed the research proposal identified above. The MTSU IRB or its representative has determined that the study poses minimal risk to participants and qualifies for an expedited review under the 45 CFR 46.110 Category 7.

Approval is granted for one (1) year from the date of this letter for 500 participants.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to provide a certificate of training to the Office of Compliance. **If you add researchers to an approved project, please forward an updated list of researchers and their certificates of training to the Office of Compliance (c/o Emily Born, Box 134) before they begin to work on the project.** Any change to the protocol must be submitted to the IRB before implementing this change.

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918.

You will need to submit an end-of-project form to the Office of Compliance upon completion of your research located on the IRB website. Complete research means that you have finished collecting and analyzing data. **Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date.** Please allow time for review and requested revisions. Your study expires **August 3, 2013**.

Also, all research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Emily Born
Research Compliance Officer
Middle Tennessee State University

Appendix B

IRB Approval for Continuation

MIDDLE TENNESSEE
STATE UNIVERSITY

July 31, 2013

Emily Green
Department of Psychology
emn2j@mtmail.mtsu.edu , seth.marshall@mtsu.edu

Protocol Title: "Exploration of, Experiences of, and Resources for Same-Sex Attracted Christians"

Protocol Number: **13-023**

Dear Investigator(s),

I have reviewed your research proposal identified above and your request for continuation and your requested changes. Approval for continuation is granted for one (1) year from the date of this letter. Any changes to the originally approved protocol must be provided to and approved by the research compliance office.

You will need to submit an end-of-project report to the Office of Compliance upon completion of your research. Should the research not be complete by the expiration date, **July 31, 2014,** please submit a Progress Report for continued review prior to the expiration date.

According to MTSU Policy and Procedure, a researcher is defined as anyone who works with data or has contact with participants. Therefore, should **any individuals be added to the protocol that would constitute them as being a researcher, please identify them and provide their certificate of training to the Office of Compliance.** Any change to the protocol must be submitted to the IRB before implementing this change.

Please note that any unanticipated harms to subjects or adverse events must be reported to the Office of Compliance at (615) 494-8918.

Also, all research materials must be retained in a secure location by the PI or **faculty advisor (if the PI is a student) for at least three (3) years** after study completion. Should you have any questions or need additional information, please do not hesitate to contact me.

Sincerely,

Kellie Hilker
Compliance Officer
Research Compliance Office
494-8918
Compliance@mtsu.edu

Appendix C

IRB Participant Consent Form

Exploration of Experiences of and Resources for Same-Sex Attracted Christians

This study is being conducted by Emily Green – graduate student at Middle Tennessee State University and Dr. Seth Marshall – Assistant Professor in Psychology Department. The questions in this survey focus on how Christian (or previously Christian) people have experienced same-sex attraction through time, their beliefs about the nature of homosexuality, any experience they may have had in attempting to understand or alter their orientation, the current state of satisfaction with their lives and their feeling about and relationship with their church. We believe that the overall impact of this study will be positive; that is, that the information obtained will be accurate, dispel myths, and promote understanding and good will.

Please be candid; answer as honestly and as completely as you can. Your responses are confidential and no individual will be identifiable in any report of the results of this study. It will require about 30-45 minutes of your time to complete this survey.

There are 139 questions in this survey

Informed Consent

Please read the following Informed Consent form and indicate your consent by clicking "yes" at the bottom of this page.

1 [IC]

Informed Consent

Exploration of Experiences of and Resources for Same-sex Attracted Christians

Introduction/ Purpose: Emily Green and Dr. Seth Marshall in the Department of Psychology at Middle Tennessee State University are conducting a study to understand the experiences of same-sex attracted Christians. You do not have to identify as gay or lesbian in order to participate in this study, nor do you have to be currently active in the Christian church. Approximately 200 individuals who have experienced same-sex attraction and who have at some time been affiliated with the Christian church will participate in this study.

Procedures: If you agree to participate in this study, you will be asked to complete a 30-45 minute online survey at your convenience on a computer of your choice. The questions in this survey focus on how Christian people have experienced same-sex attraction through time, their beliefs about the nature of homosexuality, any experience they may have had in attempting to understand or alter their orientation, the current state of satisfaction with their lives and their feeling about and relationship with their church.

Risks: There are minimal risks to this study. If you feel uncomfortable answering a question you may skip the question(s) and proceed with the questionnaire. There is minimal risk of being identified as a research participant via your email address.

Benefits: There may not be any direct benefits to you from participating in this study; however, you may benefit from the opportunity to reflect on your experience. The researchers hope this study may provide insights into the experiences of same-sex attracted Christians, increasing the competence and sensitivity of the consumers of this research, who could potentially be psychologists, researchers, educators, and other service providers interacting with individuals who identify with these experiences.

Explanation & offer to answer questions: If you have any questions, concerns, complaints, or research-related problems, please contact Emily Green at (615) 663-1774 or by e-mail at emn2j@mtmail.mtsu.edu.

Payment/Compensation: To thank you for your participation in this research, you may choose to submit your email address to receive one of 5 randomly drawn $10 gift certifiactes as compensation for your time. In addition, you may request to receive a summary of the results of this study by email. If you would like to be entered into the drawing, please submit your e-mail address to Emily Green at the e-mail listed above.

Voluntary nature of participation and right to withdraw without consequence: Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without consequence

Confidentiality: All survey responses will be kept confidential, consistent with federal and state regulations. Only the investigators will have access to the data, which will be downloaded and stored on a password protected computer. Email addresses will be separated from survey responses and stored in a separate file until the Target gift cards and results of the study are disseminated. Upon completion of the study, all email addresses will be destroyed.

IRB Approval Statement: The Institutional Review Board (IRB) for the protection of human participants at MTSU has reviewed and approved this research study. If you have any questions or concerns about your rights or think the research may have harmed you, you may contact the IRB Administrator at compliance@mtsu.edu. If you have a concern or complaint about the research and you would like to contact someone other than the research team, you may contact the IRB Administrator to obtain information or to offer input.

Copy of Consent: Please print a copy of this informed consent for your files.

Emily Green, Principal Investigator
Dr. Seth Marshall, Faculty Advisor

Participant Consent: If you have read and understand the above statements, please click on the "CONTINUE" button below. This indicates your consent to participate in this study.

Thank you very much for your participation! Your assistance is truly appreciated.

Appendix D

Selected Questions from Survey

33 [Openness]

Overall, to what degree are you "out" regarding your sexual orientation:

Please choose only one of the following:
I have not told anyone about my sexual orientation
I have told only a few of the people I trust the most.
I have told less than half of the people about my sexual orientation
I have told more than half of the people about my sexual orientation
I have disclosed to most people in most settings (e.g., work, school, friends, family)
I am totally open about my sexual orientation

53 [ROSE] Please use the scale below to respond to the following statements.

Please choose the appropriate response for each item:

	1 - Strongly agree	2- Agree	3 - Disagree	4 - Strongly disagree
I feel that I am a person of worth, at least on an equal plane with others.	O	O	O	O
All in all, I am inclined to feel that I am a failure.	O	O	O	O
I feel that I have a number of good qualities.	O	O	O	O
I feel I do not have much to be proud of.	O	O	O	O
I am able to do things as well as most other people.	O	O	O	O
I wish I could have more respect for myself.	O	O	O	O
I take a positive attitude toward myself.	O	O	O	O
I certainly feel useless at times.	O	O	O	O
On the whole, I am satisfied with myself.	O	O	O	O
At times I think I am no good at all	O	O	O	O

128 [Christian status]What is your current status in the Christian Church?

Please choose only one of the following:

Active (attend church at least 1x/month)

Inactive (attend church less than

1x/month) Left the church

129 [OrthodoxBefore]

Using a scale of 0 to 5, where 0 indicates orthodox (a traditional, conservative believer) and 5 indicates unorthodox (more liberal and questioning), please indicate your commitment Christian doctrines <u>before</u> acknowledging same-sex attraction.

Please choose only one of the following:

0 – Orthodox (a traditional, conservative believer)

1

2

3

4

5 – Unorthodox (more liberal and questioning)

6 – N/A I have not acknowledged same sex attraction

130 [OrthodoxAfter]

Using a scale of 0 to 5, where 0 indicates orthodox (a traditional, conservative believer) and 5 indicates unorthodox (more liberal and questioning), please indicate your commitment to Christian doctrines <u>after</u> acknowledging same-sex attraction.

Please choose only one of the following:

0 – Orthodox (a traditional, conservative believer)

1

2

3

4

5 – Unorthodox (less rigid)

6 – N/A I have not acknowledged same sex attraction