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## Religious Identity, Sexual Identity, and Internalized Homophobia in Adults Who Have Deidentified From Christianity

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# Walden University

College of Psychology and Community Services

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Walden University  
2025

Abstract

Religious Identity, Sexual Identity, and Internalized Homophobia in Adults Who Have

Deidentified From Christianity

by

Kevin Roun

MA, Northwestern University, 2020

MS, Northcentral University, 2017

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Department of Psychology

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## Abstract

Over the past three decades, the percentage of the United States population that identifies as Christian has dropped significantly. At the same time, the level of acceptance of gay, lesbian, and bisexual identities has increased. However, this overall acceptance does not necessarily lead to an acceptance of these identities within specific Christian communities, leading to gay, lesbian, and bisexual individuals having contradictory experiences between their Christian upbringing and secular society. Individuals who no longer identify as Christian after being so raised may experience additional dissonance as their sexuality identity conflicts with the teachings they were raised to believe yet no longer endorse. Research has suggested that individuals who deidentify from a religion tend to retain cognitive, emotional, and behavioral patterns that may lead to identity conflicts. Using religious residue and social identity theories as a theoretical framework, this cross-sectional, correlational quantitative study utilizing survey methodology sought to identify the relationships between sexual identity and religious identity variables in gay, lesbian, and bisexual adults who were raised in a Christian religious tradition and have since deidentified from that faith. Results of this study, using backwards regression and moderation analysis, found that religious fundamentalism, religiosity, outness, current and former religious identity, and geographic location all significantly predicted internalized homophobia. As more adults are identifying as nonreligious, it is important to better understand the experiences of those who change religious identities and how those former identities impact present psychological functioning, identity formation, and mental health.

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## Chapter 1: Introduction to the Study

### Introduction

Over the past 2 decades, a larger portion of the population of the United States and other western countries have endorsed a lack of religious identity. According to the Public Religion Research Institute's Census of American Religion update to the 2020 PRRI Census of American Religion, 26.4% of the population in the United States is religiously unaffiliated (Public Religion Research Institute, 2023). This unaffiliated population is not as homogenous as it might appear at first glance. Individuals, called religious nones, may have had a lifetime of nonbelief along with a lack of participation in religious activities or organizations, or they may have been raised in a religious community with the accompanying beliefs and then left at some point, called religious dones (McLaughlin et al., 2022; Van Tongeren et al., 2023b). Religious dones may have been influenced by specific religious teachings in their youths, which impacted their development in a variety of ways that differs from individuals whose development did not include those teachings. Differentiating between the experiences of these groups has been the subject of several recent studies (Schwadel et al., 2021; Van Tongeren et al., 2021a).

Attitudes toward homosexuality and same-sex sexual behavior has been a clear component of religious belief within the tenets of Christianity (Moore, 2003). Since the beginning of formalized Christian belief, homosexuality has been viewed as morally wrong, advocating for heterosexual marriage as the ideal (Rodriguez, 2009). As homosexual relationships became more accepted in the secular world over the past

several decades in the West, including the legalization of gay marriage, conflict has existed for gay Christians, those who were raised Christian, or were raised in a society with strong Judeo-Christian norms. This conflict between traditional Christian beliefs and changing secular norms can be challenging considering the experience of those who are separating from one's faith and still maintaining contact with those who live by more traditional Christian values. Individuals experiencing this conflict may experience confusion, denial, depression, anxiety, and shame, as well as engaging in behaviors such as bargaining with God to remove the related feelings and anger toward God for their feelings and sexual development (Masson & Nkosi, 2017; Subhi & Geelan, 2012).

Research has shown that younger individuals are less likely to be religious and more likely to leave a religion than are older adults (Hardy & Taylor, 2024).

Understanding the dynamics of religious identity change within the context of inner religious conflict related to sexual identity development is complex and crucial. The identify conflict inherent in developing a sexual identity that is contrary to the social norm in the context of growing up with a religious identity that explicitly forbids behaviors and relationships associated with that sexual identity may result in a variety of mental health concerns such as depression and anxiety as well as problems with solidifying social and individual identities (Barnes & Meyer, 2012; Ganzevoort et al., 2011). Such identity conflicts and mental health experiences may result in internalized homophobia, which is a collection of stable negative views of homosexuality learned during a period before the development of a sexuality identity and may contribute to those mental health challenges (Meyer & Dean, 1998).

In this chapter, I describe the background of this topic in more detail as well as discuss the overall problem that necessitates this study. I describe the research questions, provide information on theoretical frameworks that guided the conceptualization of the underlying concepts, and define specific terms and concepts to be used in the study. This chapter concludes with a discussion of the assumptions of the study and its significance for future research and social change.

### **Background**

In the past, Western countries were predominantly Christian, and those who were not were largely invisible or were members of another Abrahamic faith such as Judaism or Islam. That has been changing for the past several decades in many Western nations, including the United States. In 1970, approximately 90% of the United States population identified as a member of a Christian denomination, while in 2023 that same percentage was 68% according to recent polling (Gallup, 2024). These changes have accompanied shifts in social norms, which include a greater acceptance of homosexuality compared with the past. Evidence of this comes in the form of public opinion regarding same-sex marriage. According to Gallup polling, in 1996, 27% of those polled agreed with the statement that same-sex marriages should be legally recognized and afforded the same rights as heterosexual marriages, while in 2023, that number increased to 71% (Gallup, n.d.). The changing social norms regarding LGBTQ+ acceptance conflict with traditional Christian views can result in inner conflict, particularly for those LGBTQ+ individual who were raised Christian, or a particularly traditional fundamentalist approach to that religion.

It cannot be assumed that when an individual changes their religious identity that the underlying foundational beliefs that have been taught will change along with the identity. The concept of religious residue posits that individuals who were formerly religious differ in cognitive, emotional, and behavioral processes compared with those who were never religious (Van Tongeren et al., 2021a). Individuals who deidentify from their faith also may not disengage from religious practices due to factors such as family or community pressure. Those individuals who have left a religion may have maintained certain patterns of belief related to their former religions, which may result in distress when those beliefs are in conflict with current stated values (Van Tongeren & DeWall, 2021), particularly for those who continue to engage in religious practices (McLaughlin et al., 2022). This dynamic may be particularly problematic when related to sexual identity. While religiosity has been associated with positive mental health outcomes overall (Vitorino et al., 2018), these benefits are not necessarily present in sexual minority populations (Lefevor et al., 2021). A gay individual growing up learning traditional Christian teachings on homosexuality from either the church or parents, who then leaves that faith, may have conflicting views of the self, experience depression, and cognitive dissonance (Gibbs & Goldbach, 2015; Gibbs et al., 2024).

Internalized homophobia has been identified as a significant issue negatively affecting gay, lesbian, and bisexual individuals in prior studies (Newcomb & Mustanski, 2010; Puckett et al., 2017; Walch et al., 2016). The conflict between the childhood religious teachings and the lived experiences of gay, lesbian, and bisexual adults can affect many domains of life. Several studies, which will be described in detail in Chapter

2, identified correlations between increased levels of religiosity and increased internalized homophobia. This leads to a consideration of gay, lesbian, and bisexual adults who no longer identify with a religion that they grew up with. Determining the extent to which religious teachings remain internalized and remained influential after an identity change may help explain the lasting mental health effects that impact relationships and social identity. Identifying the correlates related to internalized homophobia in those who have deidentified from Christianity may lead to a further understanding of the identify conflicts in this population related to the intersection of different social identities.

### **Problem Statement**

A lower percentage of adults in Western nations, including the United States, identify as Christian compared with any other time in history (Gallup, 2024). There are many reasons for this shift which have been documented. In a 2016 Pew Research study, four major domains of explanations for this trend toward leaving Christianity were identified. They included no longer believing in Christian teachings, having problems with organized religion, not being sure of what they believe, and being a non-practicing believer. In the category of issues with organized religion is the subcategory of problems with the church's teachings on homosexuality (Lipka, 2016). While Christianity teaches that homosexuality is wrong and/or a sin, it cannot be assumed that those raised in a secular environment without religion have not been exposed to these teachings since secular is not the opposite of religious, but both mutually interact (Chavura, 2021).

Deidentifying from a religion does not mean that the teachings of that religion will no longer influence the individual for a variety of reasons.

Religious deconstruction of beliefs and/or deidentification with a religious identity can be a difficult process. Saroglou (2011) identified four dimensions of religious belief that include: the cognitive aspects of a religion including its tenets, the bonding aspect fostered through ritual, the moral behavior component, and the sense of social belonging. Van Tongeren and DeWall (2021) and McLaughlin et al. (2022) identified patterns in religious deidentification that align with these dimensions to explain the process of leaving a religious identity. An individual deidentifying with their faith may first begin to question or doubt the validity of various religious beliefs, disengage from the emotional and behavioral components of religious practice, and finally disaffiliate from the religious group to which they once belonged. This process may lead to a variety of experiences that may include a positive mental health benefit that comes from separating from the religious teachings that condemn their sexual identity, to the individual feeling disconnected from their primary source of emotional and social support, to feeling a disconnection from the cognitive foundation for their understanding of life (Streib, 2021).

For individuals with a minority sexual identity, this process may be more complex considering the added component of the conflict between the teachings of their religious identity and their sexual identity. Understanding the relationship between religious identity and sexual identity may help to explain the development and maintenance of internalized homophobia and the resulting negative mental health impacts in those

individuals who are transitioning away from their religious identity yet still demonstrate internalized homophobia. Several studies have been conducted into the experience of internalized homophobia in individuals who identify as religious (McCann et al., 2020; Stern & Wright, 2018; Wolff et al., 2016) and those who have deidentified with a religion (Heiden-Rootes et al., 2020; Saunders et al., 2023), but few have explored the experience of internalized homophobia and sexual identity development during the process of religious transitioning. There have been different outcomes in those who have struggled to integrate competing religious and sexual identities, with half of the participants in one study unable to integrate these two identities (Meladze & Brown, 2015). In this study, I sought to identify possible contributing factors to this difficulty in identity clarity and addressing internalized homophobia in those in the process of transitioning from a religious identity.

### **Purpose of the Study**

The purpose of this quantitative study was to determine the level to which factors, including religiosity, religious fundamentalism, religious identity transition, outness, and perceived social support predict internalized homophobia in gay, lesbian and bisexual adults. Findings from this study may help better understand this population regarding identity conflict and the barriers to identity integration. Determining the extent to which religious teachings that are perceived as negative toward homosexuality or bisexuality remain after deidentification may suggest the strength of these teachings and how they contribute to cognitive dissonance and internalized homophobia. Beyond contributing to the emerging hypothesis of religious residue, this study may also contribute to the

understanding of the impacts of religious residue on sexual identity openness and internalized homophobia.

### **Research Questions**

Research question (RQ)1: To what extent does religious identity transition predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>1*: Religious identity transition is not a significant predictor of internalized homophobia.

*H<sub>1</sub>*: Religious identity transition is a significant predictor of internalized homophobia.

RQ2: To what extent does religiosity predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>2*: Religiosity is not a significant predictor of internalized homophobia.

*H<sub>2</sub>*: Religiosity is a significant predictor of internalized homophobia.

RQ3: To what extent does religious fundamentalism predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>3*: Religious fundamentalism is not a significant predictor of internalized homophobia.

*H<sub>3</sub>*: Religious fundamentalism is a significant predictor of internalized homophobia.

RQ4: To what extent does outness predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>4*: Outness is not a significant predictor of internalized homophobia.

*H4*: Outness is a significant predictor of internalized homophobia.

RQ5: To what extent does perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>5*: Perceived social support is not a significant predictor of internalized homophobia.

*H5*: Perceived social support is a significant predictor of internalized homophobia.

RQ6: To what extent does religious fundamentalism, as measured by the Intratextual Fundamentalism Scale (IFS), moderate the relationship between religiosity, as measured by the Centrality of Religiosity Scale (CRS), and internalized homophobia, as measured by the Internalized Homophobia Scale – Revised (IHP-R), among gay, lesbian, and bisexual adults who have endorsed a religious transition from Christianity to a nonreligious identity?

*H<sub>0</sub>6*: Religious fundamentalism does not significantly moderate the relationship between religiosity and internalized homophobia.

*H6*: Religious fundamentalism significantly moderates the relationship between religiosity and internalized homophobia.

### **Theoretical Framework for the Study**

The theories of social identity and religious residue were used to frame the phenomena studied. Social identity theory considers the social context in the ways that an individual might self-identify (Tajfel, 1974). The ways that human adults think of themselves often involve individual characteristics such as being a student, a female,

bisexual, and various immutable aspects of the self, such as race or height. Humans do not exist solely in an individual context, and identity also involves how the individual interacts with others both interpersonally and within groups. A religious identity may fall into this category as may sexual identity. An individual may identify as Roman Catholic, which involves membership in an organization that has specific norms and traditions. Likewise, being a homosexual female may involve membership in a subculture with its own norms. Social identity theory describes the dynamics of these social relationships and how multiple social identities interact.

Within social identity theory, social categorization theory was also considered. Social categorization theory explains how humans mentally understand groups, and may group identities at the individual level, an interpersonal relational level, a small group level, and a large group level (Turner et al., 1987). Within religious identity, an individual may categorize themselves as Christian, and also Protestant, and a member of a specific church that is distinct from another nearby church of the same denomination. The dynamics related to social identity within these different layers of groups allow for understanding of self through comparison with others. Membership in groups may lead to schemas, or cognitive conceptualizations of what that membership means. Schemas allow for quick processing of social interactions and how to understand other people in relation to the self and one's own group. However, these schema may lead to depersonalization based on stereotypes (Hogg, 2001). The strength of the internalization of these categorization schema impacts the degree to which social identities are incorporated into individual identities (Wright et al., 2014), which is important to consider because the

intersection of religious and sexual identities can result in the identity conflict at the core of this study.

Religious residue theory has developed over past several years to explain how strongly held beliefs formed through religious socialization may remain influential on cognition, affect, and behavior after an individual separates from the religious organization or beliefs that were socialized (Van Tongeren et al., 2021b). The process of religious deidentification or religious deconstruction is a deliberative process by which an individual separates from a religious identity. Religious identity can be both social and individual (Ysseldyk et al., 2010). Religious identity is not considered stable, according to research conducted in the United States that indicated approximately one-third of respondents have changed their religious identity within their lifetimes (Suh & Russell, 2015). For the purposes of this study, religious identification refers to any change in an individual's religious identity from religious to nonreligious (see Van Tongeren & DeWall, 2021).

Religious residue theory advances the concept that the teachings of religious beliefs result in cognitive, emotional, and behavioral patterns that do not automatically change when an individual deidentifies from that religion (DeWall & Van Tongeren, 2022). These patterns may involve the consideration of a particular behavior as sinful or the appropriateness of a particular relationship. These residual beliefs concerning homosexuality and sin may conflict with the sexual identity of being homosexual or bisexual resulting in cognitive dissonance and distress (Gibbs & Goldbach, 2015; Lefevor et al., 2021; Parmenter et al., 2022). These beliefs can be difficult to change when

experiencing an identity change due to their association with values and social attachment leaving an individual with a potentially dissonant experience having behavior and thoughts not matching their identity (Streib, 2021).

### **Nature of the Study**

This quantitative study used survey methodology to determine that extent to which religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults. Because I sought to understand the relationship between variables, a quantitative study was appropriate. The target population for the study included adult men and women who acknowledged same-sex attraction (SSA) and/or identified as gay, lesbian, or bisexual and endorsed a transition from a religious identity related to Christianity to a nonreligious identity. The survey instrument was administered through the third-party vendor Momentive, also known as Survey Monkey. Social media were also used to identify potential participants who meet the criteria of inclusion. The Statistical Package for Social Sciences (SPSS) Version 29.0 was used to analyze the resulting data. A backwards stepwise regression was conducted to explore which independent variables were the most strongly associated with the dependent variable of internalized homophobia (see Henderson & Denison, 1989). Moderation analysis was conducted to determine the extent to which religious fundamentalism strengthens or weakens the relationship between religiosity and internalized homophobia in the population of adults who deidentified from Christianity. Moderation analyses are conducted when the researcher seeks to determine how one variable of interest influences the relationship between two

other variables (Hayes, 2022). In this study, the influence of religious fundamentalism on the relationship between religiosity and internalized homophobia was explored.

### **Definitions**

The following is a list of terms used in this study:

*Internalized homophobia:* Meyer (1995) defined internalized homophobia as the redirection of negative societal attitudes toward homosexuality inwardly. The negative attitudes toward being gay, lesbian, or bisexual are considered culturally shared knowledge, and when these attitudes are directed toward the self, rather than others, the internalized of this stigma results (Herek, 2009).

*Outness:* Outness is the degree to which an individual is open to others regarding their sexual orientation. Considering the societal stigma regarding being a member of sexual minority, which may vary depending on the specific communities the individual is a part of, the decision to be open about one's sexual identity may be difficult and/or conflictual (Suppes et al., 2021).

*Perceived social support:* Social support is defined in this study as the experience of being cared for and supported by others within a mutually supportive and beneficial community. Perceived social support makes the distinction between enacted social support, which refers to actual words and behaviors of support, and the perception that this support would be available from the supportive community if sought (Haber et al., 2007). This distinction is an important one in the context of this study because a member of a sexual minority may perceive that an individual or community member is supportive in general, yet may not be as supportive regarding the perceiver's sexual identity.

*Religiosity*: Religiosity can be defined as endorsing a belief in a deity, as well as participating in individual and social activities related to that belief such as worship services, reading holy book(s), and faith-based community engagement (Adeyemo & Adeleye, 2008; Sedikides, 2010). Huber (2003) conceptualized religiosity as consisting of five dimensions: intellectual, ideological, public practice, private practice, and emotional/experiential regarding connection with this deity. Religiosity can be measured in terms of its salience and importance in a person's life (Huber & Huber, 2012) which may impact social attitude expression (Stavrova & Siegers, 2014).

*Religious fundamentalism*: Religious belief may be expressed in a number of ways. Religious fundamentalism posits that there is a single approach to understanding religious teachings that see them as containing the timeless, unchanging truth about humanity, and humanity's relationship with a deity (Altemeyer & Hunsberger, 1992). Five characteristics have been identified that are common to religious fundamentalist approaches: reactivity to the secular world, a dualistic outlook, a reliance on authority, selectivity in seeing a particular holy book or approach as being the correct one, and the endorsement of the belief that their deity will prevail and establish a kingdom on earth at some point in the future in which believers will be rewarded (Almond et al., 2011).

### **Assumptions**

The primary assumption in this study was that the theoretical orientations for this study were appropriate and justified as an approach to these RQs. While there are multiple paradigms through which to view internalize homophobia and religion, it was assumed that social identity theory and religious residue theory adequately described the

foundations of the relationship between these, and related, variables. It was also assumed that participants would respond authentically and honestly.

### **Scope and Delimitations**

This study was designed to determine the extent to which religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults. Many adults whose sexual identity is considered a minority experienced internalized homophobia, which is a distress-inducing experience (Newcomb & Mustanski, 2010). The experience of internalized homophobia has been linked to previously learned religious-based teachings regarding homosexuality (Heiden-Rootes et al., 2020). Adults who were/are members of a Christianity-aligned community reported difficulties trying to reconcile their religious and sexual identities, leading to significant distress (Bridges et al., 2020; Wedow et al., 2017). This study included those individuals in the population of adults who were raised within a Christian-based faith and have since deidentified from that faith. Those who grew up without a faith based in Christianity were excluded, as will potential participants who were raised in other faith traditions.

Social identity theory and religious residue theory were selected as theoretical frames for this study because they provide a foundational understanding of how sexuality and religion are internalized as parts of one's identity. These aspects of social identity can be conflictual because many Christian denominations or communities hold to the belief that engaging in homosexual behavior is sinful (Lipka, 2016; MacArthur, 2008). This conflict has been shown to lead to distress as some individuals perceive being placed in a

situation where they need to choose one identity over the other. Integrating these identities has been shown to be protective regarding internalized homophobia or internalized sexual prejudice (Anderson et al., 2021). However, this integration can be difficult for many LGB adults (Kappler et al., 2013; Ream & Savin-Williams, 2005). Religious residue theory may provide context to this conflict as it considers the cognitive, emotional, and behavioral patterns learned and internalized as a part of religious education, which may not be consistent with currently endorsed identity of those who have deidentified with that religion (DeWall & Van Tongeren, 2022). The intersection of identities, along with their potential remnants when changing a religious identity, may contribute to the experiences of internalized homophobia and other related variables to be explored in this study.

### **Limitations**

One limitation of the study is the heterogeneity of the experiences of Christianity in the United States. At present, there are approximately 45,000 Christian denominations worldwide (Center for the Study, n.d.). There is a variance in beliefs among Christians by denomination, region of the country, and individual congregation (Cadge et al., 2008; Greeley & Hout, 2008; Kapinus et al., 2010), which may make generalization problematic. Another limitation involves the self-selection of participants in internet surveys, which may also affect the generalizability of the results. Individuals who complete surveys through Momentive or other services may not represent the larger population of individuals within the study sample criteria constituting a convenience sample rather than a probability sample, which limits generalizability (Jager et al., 2017).

Social desirability is a potential limitation to this study. Despite the anonymous nature of the study, many within the population of interest may still live embedded in the culture of their former religious identity. This dynamic may make sufficient openness an issue to both participation and accurate responses. Social desirability bias is the tendency of survey participants to respond in accordance with perceived social norms or expectations rather than from a place of authentic representation of their experiences or beliefs. Surveys that have sensitive subjects, which religion and sexual identity may be for some respondents, have been shown to have lower honest response rates (Tourangeau & Yan, 2007). Social research with religious content has also been shown to be subject to response and social desirability biases (de Oliveira Maraldi, 2020). To address this, the anonymity of the respondent was explicitly stated within the consent document, including how potentially identifiable information will be obscured or not recorded at all. Additionally, the survey was completed online, and I had no direct contact with any potential participants.

### **Significance**

Over the past 30 years, the percentage of Americans who identify as Christian has dropped from 90% to 68% (Gallup, 2024). Some adults have changed their religious identities from one that aligns with Christian beliefs to one that endorses a nonbelief in a deity. This population has been shown to differ from those who either maintain a religious identity or have never endorsed a religious belief. Changing a religious identity does not mean that the underlying foundational beliefs that had previously been internalized as schema will change along with the identity. Those who have engaged in

an identity change may still maintain those cognitive, emotional, and behavioral patterns consistent with their former beliefs, which may impact their mental health (Sowe et al., 2014). The population of gay, lesbian, and bisexual adults who once identified as Christian may have been exposed to religious beliefs that frame homosexuality negatively and sinful. In this study, I investigated the extent to which various demographic, social, and religious variables predict internalized homophobia. Better understanding the variables associated with deidentifying from a religion for LGB adults may help future researchers develop programs to address the specific mental health needs of this population as they go through the process of deidentification and/or identity integration.

### **Summary**

The population of adults in the United States who have transitioned from a religious identity to a nonreligious identity has been growing over the past 3 decades. As religious identity becomes more heterogenous and Christianity can no longer be considered an assumed status, it is an important to explore the social constructs involved in deidentifying from a religion. Considering the teachings of Christianity that may be perceived as negative toward homosexuality, understanding the relationship between internalized homophobia and religious transition, religiosity, religious fundamentalism, outness, and perceived social support may help better understand the identity conflict that results between religious identity and sexual identity in gay, lesbian, and bisexual adults who have deidentified from Christianity. Living with an identity conflict such as that between a religious identity and sexual identity can lead to the experience of cognitive

dissonance, depression, and anxiety (Anderton et al., 2011; Gibbs & Goldbach, 2015).

Better understanding the pathways of these conflicts may help future researchers develop programs and interventions to address these needs. In the next chapter, I will go into greater details of the theoretical frameworks, which include an overview of the literature search strategy and an exhaustive review of the current literature about religious residue, internalized homophobia, religiosity, religious fundamentalism, perceived social support, and outness.

## Chapter 2: Literature Review

### Introduction

Internalized homophobia, or sexual stigma, is a significant issue for many gay, lesbian, and bisexual adults that may affect their mental health (Newcomb & Mustanski, 2010). There are a number of contributing factors to the experience of internalized homophobia. One of these is related to the internalization of religious teachings and the interaction between sexual and religious identities (Heiden-Rootes et al., 2020). LGB identified adults who were raised as members of a religious community, such as Christianity or Mormonism, reported significant struggles trying to balance or reconcile their religious and sexual identities, experiencing distress in the process (Bridges et al., 2020; Wedow et al., 2017). The purpose of this quantitative study was to determine the extent to which religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support predict internalized homophobia in gay, lesbian and bisexual adults.

Prior research has investigated the relationship between internalized homophobia and identifying with a religion such as Christianity, finding that this population experienced shame related to sexual identity disclosure, the internalization of discriminatory attitudes, and reported increased difficulties in acknowledging and accepting their sexual identity (McCann et al., 2020; Wolff et al., 2016). Research has also demonstrated a negative relationship between internalized homophobia, mental health, religious identity, and religious affiliation in LGB-identified adults (Heiden-Rootes et al., 2020; Saunders et al., 2023). Religious identity in this context refers to how

an individual identifies regarding religion, while affiliation refers to a public religious group in which the individual might hold membership. For example, a person might identify as Christian and affiliate with the Roman Catholic Church or may not be a member of any denomination thus being unaffiliated yet still identify as Christian. This becomes a research issue when collecting demographic data leading to the importance of capturing this distinction (Dougherty et al., 2007).

What is less clear in the existing research is the experience of internalized homophobia in adults with gay, lesbian, and bisexual (LGB) adults who have deidentified from a religion. Research has shown that cognitive and emotional patterns consistent with a religious identity may remain after an individual has left that religion (Van Tongeren & DeWall, 2021). The process of religious identity transition can take place over a number of weeks, months, and years. During this process of religious transition many life factors may change such as mental health (Saunders et al., 2023), values and beliefs (Schwadel et al., 2021), and social affiliation (Van Tongeren et al., 2021b).

Social groups may allow for self-categorization in terms of inclusion as well as exclusion (Abrams & Hogg, 1990). These different identities may be categorized or seen as a hierarchical structure based on which identity is more salient in a given social situation (Stryker & Serpe, 1994). The salience of the particular social identity influences perceptions of the social situation, including stereotypes (Haslam et al., 1999). Sexual identity involves sexual orientation as well as social affiliations, emotional attachment preferences, and gender roles, and social affiliations (Dillon et al., 2011). A religious identity is typically one that is born into rather than chosen, tying it into family and

community socialization (Beit-Hallahmi, 1991). Religious identity may involve both personal meaning providing a guide how life should be lived (Pargament, 1997), and the social and affiliative component of association with others who share this belief and identity (Ysseldyk et al., 2010). The social support received through religious affiliation may regularly reinforce the personal and collective sense of meaning and strengthen the common values of the group (Krause & Wulff, 2005; Park, 2007). The strength of this identity and the depth of religious affiliation may be a source of those values (Herriot, 2007) and impact attitudes through religious and cultural socialization (Cohen-Malayev et al., 2014).

Chapter 2 reviews the literature search strategy followed by a detailed review of religious residue theory and social identity theory, and how they relate to my study. The literature review includes a discussion of internalized homophobia, outness, perceived social support, religiosity, religious transition, and fundamentalism. A summary and conclusions are provided at the end of the chapter.

### **Literature Search Strategy**

An exhaustive literature search was conducted using peer-reviewed journal articles, books, and academic conference reports. Seminal works were accessed to establish the theoretical foundations being utilized. These include social identity theory and religious residue theory. The following databases were searched: Google Scholar, APA PsycInfo, APA PsycArticles, LGBTQ+ Source, SocIndex with Full Text, Academic Search Complete, ProQuest One Academic. The following keywords were used in various combinations to search these databases: *religious identity*, *sexual identity*,

*religious cognitive dissonance, religiosity, internalized homophobia, internalized homonegativity, religious homonegativity, religiosity, Christianity homonegativity, religious residue, LGBT identity, religious dissonance, sexual identity conflict, religious transition, perceived social support, outness, internalized homonegativity, social dominance orientation, right-wing authoritarianism, fundamentalism, system justification, and identity compartmentalization.* Articles in the literature review process focused primary on those written and published in peer-reviewed journals between the years 2015 and 2023.

## **Theoretical Foundation**

### **Religious Residue Theory**

Religious residue theory describes the phenomenon by which strongly held beliefs formed through religious socialization may influence cognitions, affective responses, and behavior of individuals who have since separated from that religion both in terms of belief and behavior (Van Tongeren et al., 2021b). For the year 2020, it was estimated that 30% of the United States population was religiously unaffiliated (Pew Research Center, 2022). This represents a significant change as individuals have become less religiously identified and more secular (Lipka, 2015). Understanding this population of people who have changed their religious identity from having a religion to having no religion has become important in attempting to understand this phenomenon, as this is not a homogenous experience (Streib, 2021).

Religious deidentification has not been as simple as a declaration of no longer being religious. The associated beliefs, habits, thoughts, and behaviors that were

associated with the former religion may not change as easily as declaring an identity change (Van Tongeren et al., 2021b). This theory assumes that social identities contain features that are particularly resistant to change and may remain despite no longer endorsing that particular identity (Van Tongeren et al., 2023b). Religious residue theory has identified three primary pathways to this phenomenon. The first is the cognitive dimension which includes the mental conceptualization of religious information. The second mechanism is behavioral habits, which include implicit behaviors. The third mechanism is socialization which includes childhood introduction to a religion.

Van Tongeren and DeWall (2021) explored the phenomenon of religious deconversion, or deidentification, to understand this trend more thoroughly and develop an integrative framework. The authors proposed a theoretical framework of understanding religious deidentification that mirrors Saroglou's (2011) four dimensions of religion. These dimensions include belief, which represents the cognitive aspect of religion; bonding, which involved ritual and represents the emotional quality of religion; behavior, which includes the actions or behavioral decisions influenced by moral teachings; and belonging, which encompasses the social component (Saroglou, 2011; Van Tongeren & DeWall, 2021). The model presented by Van Tongeren and DeWall (2021) for religious deidentification maps onto these four concepts.

McLaughlin et al. (2022) explored factors leading to individuals deidentifying with their religious identities and Van Tongeren and DeWall (2021) used those results to identify themes that map onto Saroglou's dimensions of religious belief. One deidentification factor is related to the experience of having significant religious doubts

or “outgrowing” religious beliefs, which aligns with the cognitive aspect of religion (McLaughlin et al., 2022; Van Tongeren & DeWall, 2021). Some individuals identified experiencing religious trauma or having issues with religious morality leading to deidentification, which relates to the factor of bonding as they discontinue their religious identity (Van Tongeren & DeWall, 2021). Disengagement was also identified as a reason some deidentified, which maps to the emotional component of religion. Finally, some experienced negative experiences such as not feeling welcome in their religious community, which led to the behavior change of no longer affiliating with the religious group (Van Tongeren & DeWall, 2021). Understanding the factors leading people to change their religious identities directly relates to the concept of religious residue and how time may impact those factors.

Religious residue theory considers the power of religious beliefs and cognitive patterns, while predicting that those who change their religious identity will maintain the behavioral, cognitive, and affective patterns related to their previous belief as new schemas are formed and incorporated over time (DeWall & Van Tongeren, 2022). Early religious socialization makes an impact on the social and religious beliefs, cognitions, and affect of the receiver. Comparing this group to those never having a religious identity may be helpful in increasing understanding of this phenomenon (Bebiroglu et al., 2015; Petts & Desmond, 2016; Pusztai & Demeter-Karászi, 2019). Religious belief can be seen as a cognitive schema that organizes beliefs resulting from socialization and personal experience. This schema then provides the framework through which subsequent events are viewed and interpreted (McIntosh, 1995). Prior research has indicated that individuals

who have deidentified from a religious identity have maintained certain beliefs and schema that may misalign with current conscious values, leading to distress or cognitive dissonance (Sowe et al., 2014). Religious residue theory proposes that religious belief and identity are strong and difficult to change due to its relationship with attachment and values (Streib, 2021), and the difficulty in changing a cognitive schema (Leahy, 1996).

As more individuals deidentify with their religious identities, it may be helpful to understand this process and how it affects the individual. According to religious residue theory, there are three general categories of adults with regard to religious identity: religious donees (i.e., those who identified as one religion and have since deidentified from that religion), religious nones (i.e., those who never had a religious identity and maintain that lack of belief), and the currently religious (Van Tongeren et al., 2021a, 2021b). Significant differences were found between formerly religious and never religious regarding their early socialization, attitudes toward other religious people, certainty of religious beliefs, and the frequency of interaction with religious individuals (Van Tongeren et al., 2021a).

These differences involve the early socialization differences between those raised in a religious tradition compared with those who are not. Those raised with a religious tradition receive immediate context pathway socialization from parents and religious educators, such as in a church Sunday school. As development continues and the adolescent navigates the identity development process, these teachings are likely to influence this process. A child seeing parents and other adults engaging in higher cost behaviors, credibility enhancing displays such as sacrificing time to engage in religious

practices, these values may be ingrained into the child's schema, which would be far less likely to occur in the population of religious nones who did not have these early socialization experiences (Lanman & Buhrmester, 2017; Van Tongeren et al., 2021a).

Van Tongeren et al. (2021a) theorized that the experiences, cognitive processes, and emotional responses of religious donees would more closely resemble the currently religious than they would religious nones. They also proposed that this prediction would be cross-cultural. To test this theory, they designed a series of three studies that used representative samples from the United States, the Netherlands, New Zealand, and Hong Kong. The first study had 3,071 participants across the United States, Hong Kong, and the Netherlands; 20.94% of whom identified being formerly religious. These individuals displayed significant religious residue including their attitudes toward God, religious-related behaviors and practices, interacting with religious individuals, and positive beliefs about religion. This population, along with the participants who were currently religious, reported higher explicit negative attitudes toward compared with those who were never religious establishing a predicted similarity. Implicit attitudes toward God were also measured with positive attitudes identified for religious individuals, religious donees, and religious nones in descending order. The second study replicated the first while the third study in the series assessed possible residual prosocial behavior in religious donees. The cumulative results found that religious donees significantly differed from religious nones in the attitudes toward religion, God, religious-based practices, and prosocial behaviors including charitable donations.

Van Tongeren et al. (2021a) assessed currently religious, religious donees, and religious nones samples on the five moral foundations of harm/care, fairness/cheating, ingroup loyalty/betrayal, authority/subversion, and purity/degradation. A total of 1,269 participants were included over two studies that tested the hypothesis that there would be a stepwise endorsement of the moral foundations with religious participants rating the highest, followed by religious donees, and followed by religious nones. A third confirmatory study used the longitudinal data of 3,290 adolescents from the National Study of Youth and Religion. The results overall confirmed this staircase hypothesis as predicted. This study also identified two significant aspects to this phenomenon of note. The first is the suggestion that social influence was a possible explanation for this effect, which was supported by the longitudinal study. This study also demonstrated that the religious residue effect may be time limited due to the findings that those who recently changed religious identities had results that more closely resembled the currently religious compared with those who had changed identities longer ago who had more similar results with the never religious. This study contributed to the overall theory and confirmed that the religious residue effect is applicable to morality and may be time bound.

Another recent study explored attitudes held by religious donees and the perceptions others held of religious donees. Van Tongeren et al. (2023b) explored this aspect of identity within the religious residue theory by exploring intergroup bias among religious nones as well as towards this population by the currently religious and religious nones. The purpose was to determine if religious nones affiliate more with religious

nones or with currently religious persons, and if their behaviors and judgments also align with that pattern. This paper reported a series of different studies to address these questions of affiliation.

The first study involved archival data from a previous study using a ball throwing game between a total of 353 participants with different religious identities: atheist, Christian, and unknown. Studying the exclusionary behaviors in the game allowed the researchers to determine that religious dones tended to include religious nones while excluding currently religious participants. Studies two and three in the series used a moral judgment activity, the conjunction fallacy, to examine ingroup bias or preference between the three groups. These studies found that religious dones demonstrated a preference towards the never religious and assessed either group of religious or never religious based on their current religious identity. Regarding the perception of religious dones, the currently religious groups preferred religious dones over the never religious on moral tasks, suggesting that a consideration of the individual's religious past was given consideration. There were slight variations in the third study however, as there was more variance in this study in how they perceived the religious participants, showing more implicit prejudice towards that group.

The fourth study extended the general hypothesis by testing 900 participants on the extent to which group preferences would impact decisions to engage in high-cost behaviors that benefitted others. The results showed that those who identified as formerly religious were more willing to sacrifice for the never religious group demonstrating an affiliation for those that shared a current level of belief identity, and distancing

themselves from the identity they left. This affiliative preference was not reciprocated by the never religious. This study differentiated belief and identity to test the transitional identity population to determine if the population of religious donees was negatively viewed by other groups due to a lack of identity. Considering that the first four studies demonstrated that religious residue appeared not to extend to affiliation, the researchers adjusted their predictions for the final two studies. They explored the potential mediating role of belief superiority or contamination on prejudicial behaviors related to inclusion or exclusion, and the perception by the religious and never religious that the religious donee participants were seen as having a transitory identity making them less stable in behavior or judgment. These studies found similar affiliative patterns that were identified in the first four studies as well as evidence of decreased trust and less ingroup identification among the never religious towards both groups related to religion with the suggestion that either currently believing, or having previously believed, has a negative effect on trust and inclusion for this population. The question of transitory identities revealed an attitude among the currently religious that the religious donees group have a temporary identity and would eventually return to belief in the tenets of religion, possibly explaining their inclusionary results in the prior studies.

This study demonstrates the religious residue effect because it showed that the effect may not be as strong in the area of social affiliation. Those who have left a religion prefer to affiliate with other religious donees and those who never had a religion (Van Tongeren et al., 2023a). Van Tongeren et al. (2021a) established that religious psychology, referring to beliefs, motives, and attitudes (McLaughlin et al., 2022), can be

prone to religious residue, while social affiliation may not be (Van Tongeren et al., 2023a).

Researchers also found differences in how religious doers and religious nones spend money with religious doers more willing to spend money on religious-themed items than religious nones, but less than the currently religious placing them between the nones and the religious (DeWall & Van Tongeren, 2022). Religious doers also reported participating in religious-based rituals more than religious nones and less than the currently religious, indicating that it cannot be assumed that this change in identity results in immediate behavioral changes (DeWall & Van Tongeren, 2022; McLaughlin et al., 2022), or that it occurs quickly. This is a significant finding and reinforces the finding in Van Tongeren et al. (2021b) that religious residue is affected by time and may decay.

Some individuals may maintain their religious identity yet behaviorally disengage from religious practice (Fuller, 2001; Itzhaki et al., 2020), while others abandon their religious identity and either continue to engage in religious practice or abandon that as well (Van Tongeren et al., 2021a). In prior research on religious disengagement of deidentification, divine struggles or abandonment, demonic struggles, interpersonal difficulties with other religious people or within communities, moral struggles involving issues with transgressions leading to guilt and/or shame, ultimate meaning issues, and doubt related struggles were identified as impactful in deidentification (Exline et al., 2014, 2022). Some of these struggles were associated with different reactions related to religious or spiritual identity. For example, study participants who pulled away from organized religion reported the highest levels of religious/spiritual struggle and endorsed

doubt, moral, and ultimate meaning issues, while those maintaining some affiliation, but did not overtly consider themselves religious, struggled with moral issues (Exline et al., 2022).

Understanding the diversity and heterogeneous nature of this population of individuals who have changed their religious identity in some way is important in understanding the residue that remains after this identity abandonment. Morality and social attitudes are specifically addressed in religious teaching and belief. One of the insights gained from religious residue theory is in the social influence that religion has on behavior and attitude. This social influence may help to explain why some maintain religious practices and moral attitudes even after no longer identifying as religious (Van Tongeren et al., 2021a). Saroglou and Cohen (2013) suggested that there are universal features of religion, believing, bonding, behaving, and belonging; and these features are aligned with the findings of Van Tongeren et al. (2021a, 2021b, 2023b). The conclusions reached by Van Tongeren and others are consistent with prior research that demonstrated the gradual nature of identity change (Burke, 2006), and, in particular, religious identity change (Ysseldyk et al., 2010).

Religious residue can be understood through three main mechanisms as discussed above: through cognitive schemas, habits, and socialization. Van Tongeren et al. (2023a) explored religious residue across all three of these mechanisms. To accomplish this, the researchers utilized four domains that represent these mechanisms. The first is negative religious beliefs, which may include thoughts and beliefs about hell or the devil. Superstitious thoughts were included to capture factors related to desire for control, or the

illusion of control, through the mechanism of using irrational or unsubstantiated beliefs to achieve these ends. Attitudes toward religious taboos were included to assess individual attitudes toward behaviors that religions typically consider wrong or outright prohibit. The final domain included in this study is illusory pattern detection, which has been associated with religious belief and is also related to achieving a sense of control. This domain is related to the mechanism of religious habits and is related to a tendency to attribute random occurrences to a supernatural being such as God rather than to a random occurrence (Van Tongeren et al., 2023a).

The study involved a total of 833 adults from the United Kingdom and United States between the ages of 17 and 77, with the majority being female (69.4%). The participants were assessed on the four domains of negative religious beliefs, attitudes toward religious taboos, superstitious thinking, and illusory pattern detection through measures developed by the authors for this study. The results found that religious donees endorsed significantly more negative religious beliefs compared with the currently religious, indicating an endorsement of concepts such as the existence of hell and/or “the devil.” This further indicates the retention of some beliefs related to negative consequences of going against the tenets of a religion or deity (Van Tongeren et al., 2023a).

There was no direct religious residue effect identified for the other three domains studied. The researchers theorized based on these results that the endorsement of negative beliefs mediated the role of the other variables. The example presented by Van Tongeren et al. (2023a) was that a fear of retribution or other negative impact from violating a

religious taboo could be the motivating factor behind this behavioral avoidance. To test this, the researchers conducted an analysis that examined the residual associations of negative beliefs on the other three variables. The results showed significant indirect effects of negative religious beliefs on the endorsement of each of the variables religious taboo beliefs, illusory pattern detection, and superstition. Religious donees were less likely in this analysis than religious nones to endorse these taboo beliefs, while also being more likely to perceive a pattern where none was, suggesting a religious residue effect (Van Tongeren et al., 2023a).

### **Social Identity Theory**

Social identity theory was first developed by Tajfel (Tajfel, 1974; Tajfel et al., 1971) and expanded upon by Turner (1975, 1991), and Abrams and Hogg (1990, 1998). Tajfel was interested in investigating concepts such as intergroup conflict and prejudice since he did not see these phenomena as fully explainable by personality or individual differences (Hogg, 2018). Tajfel and Turner (1979) established this significant underlying theoretical assumption that understanding intergroup conflict and identity requires the consideration of the social situation and how individuals viewed themselves as members of a group. A social identity results from being a part of a social group, which may be defined as two or more people who consider, evaluate, and define themselves in the same way, share similar attributes, and how they relate to others who also share this identity as well as to those who do not (Hogg, 2018). Part of the individual's self-concept comes from the perception of being a member of those social groups (Hogg & Reid, 2006). An emotional connection to the group is also typically present around which a social

consensus may be reached (Tajfel & Turner, 1986). There may be multiple social identities and the most salient one in the social situation is likely to take precedence (Grant & Hogg, 2012). This group identity often results in a dualistic view.

Social categorization theory was developed out of social identity theory by Turner and others (Turner et al., 1987) and involves the cognitive processes of social identity. This theory explains how humans mentally conceive of groups and may group identities at the individual level, an interpersonal relational level, a small group level, and a large group level (Turner et al., 1987). It involves the cognitive associations and schema that the human brain uses to quickly categorize and understand who a person is in relation to themselves. These cognitive representations are referred to as prototypes and involve perceptions, overt behaviors, affective responses, and attitudes that allow humans to see how they are similar and how they are different from that other person (Hogg & Terry, 2000; Turner et al., 1987). A result of this categorization process is that it may depersonalize others. Depersonalization refers to the process of seeing another, or oneself, as a prototype and having a collection of characteristics representative of their social category (Hogg, 2001). This phenomenon may lead to stereotyping and applies to others, members of the ingroup, and oneself. Wright et al. (2014) proposed the concept that the strength of this internalization of categories impacts the degree to which the group identity is integrated into the individual identity. Swann et al. (2012) expanded upon this concept and discussed how extreme behaviors may result when the collective identity of the group is highly integrated with the individual identity of the person. How individuals categorize themselves and others is directly related to how they perceive

themselves and these others, which may strengthen those ingroup similarities and outgroup differences, leading to stereotyping and prejudicial behavior (Brewer, 2007).

### ***Structural Components of the Social Identity Approach***

There are four types of social identity that need to be considered. The first is person-based, which describes the ways in which aspects of the group are internalized by the individual (Brewer, 2001). The second type of social identity is the relational social identity exemplified by the ways a person might interact with others in a group context that might suggest a level of group assimilation (Brewer & Gardner, 1996). The next type of social identity is group-based, which allows for an individual to conceive of the self as a member of one or more groups of three or more individuals (Brewer, 2001; Haslam et al., 2022). Collective identities involve behaviors that promote a specific image of what the salient group represents and is not just an internal representation of what it means to be a member of group (Brewer, 2001).

Group membership and perception of both one's own group as well as members of others' groups may influence how those groups and their members are evaluated as both groups and as individuals. Preferences and biases may form towards an individual's own group as well as other groups, called the ingroup and the outgroup (Tajfel, 1982). The way that these social identity processes work on a cognitive level may be described through social categorization theory. When a person comes into contact with another person they do not know, it is natural to categorize them based on what is relevant in that social situation. The concepts of accessibility and fit of the category play a significant role in the social situation (Oakes et al., 1994). Accessibility refers to the activation or

priming of a category (Hornsey, 2008). For example, if I was in a church and another person entered, I might categorize them as “Christian,” whereas I might not necessarily group them so if we met in a grocery store. Fit refers to the consistency of the observed behavior or presentation of the individual with general stereotype of that category (Oakes et al., 1994). To continue the example, if the person coming into church on a Sunday was dressed appropriately for the setting and behaved in a stereotypical “Christian” way, I might categorize them as Christian as opposed to a person walking in dressed in clothes suggestive of nightlife and appearing slightly intoxicated, I might not categorize them as “Christian.”

The way that this categorization takes place is through an association of the individual(s) based on their perceptions, attitudes, thoughts, beliefs, and behaviors about that person that allows them to determine how similar or different they are compared to their own group (Hogg, 2018). This group of perceptions, attitudes, and observations allow for the categorization of others while comparing them to group prototypes, which is a key element of social categorization theory. The purpose of this categorization is for the individual to quickly make sense of a specific social situation in a way that maximizes the similarities between people within a group and the differences between one’s own group and other groups (Hogg & Terry, 2000; Roccas & Brewer, 2002).

A social group around which identity forms may have a status within the larger culture in which the individual lives. Certain racial groups, sexual identity groups, sport team affiliations, or others may have a specific status either perceived or real. Members of a group that perceive a lower status may internalize that negativity and desire to be

part of the preferred group rather than their own (Hogg & Terry, 2000). Children as young as 3 from non-White cultures have been shown to prefer White dolls over dolls that represent their own identities (Gibson et al., 2015), and many homosexuals have actively rejected that social identity in exchange for the status-preferred heteronormative one (Adams, 2010; Boucai, 2022). Understanding how various social identities compete, and are expressed or suppressed, is a core feature of this model and important to understand how different social identities interact.

### ***Recent Studies in Social Identity in Context of Sexual Identities***

Hajek (2016) conducted a qualitative study that examined the experience of self-identified gay men in midlife, regarding the navigation of their social identities related to sexuality and age. Tajfel and Turner's (1986) social creativity concept was used to conceptualize how gay men converted negative identity-related values into positive ones. According to this aspect of social identity theory, individuals may use social creativity strategies to create more positive social identities (Tajfel & Turner, 1986). This strategy shifts from social identity enhancement through criticizing the outgroup to reinterpreting or redefining the characteristics of the ingroup that may have been problematic (van Bezouw et al., 2021). Hajek's study included 40 participants between the ages of 40 and 53 with a mean age of 46.5 years. Semistructured, in-person interviews were conducted concerning their experiences with aging as gay men in midlife, how their collective identities have shifted, and how their self-categorizations have shifted. The researcher identified three themes that are relevant to social identity theory.

The first theme related to identity conflict as the participants reported misalignment between their sexual identity and their identity as men in midlife. This theme relates to attempts to resolve the identity conflict between age and sexual identity. This entailed releasing aspects of their social identity as gay men they found no longer had utility or from which they perceived disenfranchisement. Many shifted their identity in midlife from being gay and participating in what they saw as gay culture to being to what Hajek refers to as being incidentally gay. These participants saw themselves as being gay as a sexual orientation rather than reflecting a deeper engagement in gay culture that impacted their perceived social identity. In doing so, they let go of the self-categorizations and self-stereotypes they engaged in as younger men, similar to what Turner et al. (1987) referred to as depersonalizing from a self-stereotype, evidenced by their disconnection from being interchangeable representatives of the social category to self-defining in new ways (Hajek, 2016).

The second theme related to power and control, specifically to the participants' locus of control. Many of the participants identified a shift from being externally to internally focused and did so in an intentional manner. This was specifically related to the realization in some that they did not need external validation from the larger gay culture for validation. This shift occurred as participants reframed a formerly perceived negative trait, such as getting grey hair, to a positive one. This change occurred for several participants as the intersection of their sexuality identity converged with their identity as men in midlife. This reflects the malleability of social identity as well as the importance of salience.

The final theme identified the shift of perceiving negative outcomes from social comparison to accepting, reframing, and transcending feelings of irrelevance and stagnation for personal growth. Participants accomplished this through acceptance of their age and not trying to maintain the definition of their social identity as they did when they were younger. Accepting their age and becoming a mentor to younger gay men was a meaningful method for some. Redefining their social identity was also key to others as they moved from a nightlife-based concept to one they saw as being more age appropriate. This study demonstrated the relevance of social identity and social categorization related to sexual identity.

Coker and Kahlow (2021) conducted a quantitative study to explore the concept of group commitment and its relationship with social identity. The social identity being studied was sexual identity and was evaluated using usage of a smartphone application for men to meet other men for the purposes of sex. The study included 102 adult male participants who confirmed that they used GPS-based applications to meet other men for sexual purposes. Participants completed a survey to assess their motivations to use these apps, frequency of app usage, commitment to the group, and sexual identity commitment. The results found a positive correlation between group commitment and sexual identity commitment. This suggests that sexual identity is a category of social identity and supports the theoretical argument that individual identity is strengthened through the experience of connectedness (Tajfel, 1978). This study provided support for the theoretical concepts related to sexual identity as well as the importance of salience also shown in Hajek's study (2016).

Van Droogenbroeck and Spruyt (2020) conducted a quantitative study to explore the effects of social pressure on Muslim and Christian youth regarding religious conformity and antigay prejudice. The study was conducted with 2,765 public school students, 1,840 Christian and 925 Muslim, between the ages of 14 and 23 living in Belgium. The questionnaire included measures for antigay sentiment, perceived social pressure for religious conformity, religious identity and behavior, and school-level variables to identity differences within school. In both Christian and Muslim groups, higher levels of religiosity predicted higher levels of perceived social pressure to religiously conform. Likewise, in both groups perceived social pressure for religious conformity also predicted antigay sentiment and was fully mediated by the strength of self-reported religiosity for Muslim, and partially mediated for Christians (Van Droogenbroeck & Spruyt, 2020). This mediation and the effect that the strength of religiosity, and the associated social identity, plays in antigay sentiment suggested that the perceived social pressure to conform strengthened individual religious identification which resulted in increased anti-gay sentiment.

The results from Van Droogenbroeck and Spruyt lends support to the concept that the salience of the social identity, in this case the religious identity, can lead individuals to attend to that identity, which leads them to behave in accordance with that prototype (Hogg, 2016). This is particularly apt if that religious identity is in a superior social position and perceives receiving preferential treatment as that increases group identity salience (Rowatt et al., 2014). They also may be more prone to view others, in this case members of the gay and lesbian community, as prototypes of their own group rather than

individuals (Turner, 1991; Van Droogenbroeck & Spruyt, 2020). It becomes clear from all three studies discussed in this section that the salience of social identities is important as it relates to which social norms become prevalent. The malleability of social identities within changing salience as demonstrated across studies is also an important consideration that I review in the next section.

### ***Recent Studies in Social Identity in Context of Religious Identities***

In a systematic review, Ysseldyk et al. (2010) examined empirical studies related to religion as identity. Religious identity involves the social aspect of being in community of fellow believers and includes specific behaviors such as attending services, fellowship with other members, and prayer. It also involves adopting specific beliefs such as the existence of a deity or the accuracy of an ancient text. The belief that the religion one follows is the truth is a key component to religious identity and impacts outgroup perception because if one group has the truth, the other cannot (Kinnvall, 2004; Ysseldyk et al., 2010). Religious identity also involves the alleviation of uncertainty through the processes of specific beliefs, which can be seen as motivating and reinforcing of those beliefs (Hogg et al., 2010). Exploring the patterns of this motivation in relation to social identity is the purpose of this article.

Ysseldyk et al. (2010) reviewed several studies related to intergroup conflict particularly related to the comparison between ethnic identity and religious identity. The authors discussed the distinction between these two identity types related to conflict regarding motivations. Ethnic identities, not being changeable, do not typically involve interpersonal conflicts aimed toward convincing others to join them, rather to defend

against an outgroup or get rid of them altogether. Religious identity is seen by the authors as more comprehensive than others as it contains elements of meaning, belonging, controllability, and well-being in the physical and spiritual sense. Religious identity conflict is seen as being a battle for the mind rather than over the body considering that the power of the group is determined in part with the number of adherents and members of the social group (Ysseldyk et al., 2010).

The authors made the point that multiple identities are often involved with religious and nationalistic identities (Ysseldyk et al., 2010). Salience of multiple identities was found in a variety of situations. For example, religious identities among Christian and Jewish students as well as Muslims were more salient in the days following the 9/11 attack. The perception of threat to the social group also increases the salience to that social identity. The authors concluded that religious identity may be a source of both comfort and threat (Ysseldyk et al., 2010).

Ysseldyk et al. (2010) also examined religious social identity involving extreme beliefs. Regarding fundamentalism and its relationship with social identity, several factors were identified. These include dualism, authoritarian structures, selectivity in belief, and confidence in God's will, known as millennialism. Perhaps the most impactful on identity and behavior is the factor of reactivity, particularly toward the secular world (Herriot, 2007; Ysseldyk et al., 2010). Reactivity in this context may refer to views of the outgroup, which would include those outside of their particular religion or denomination, or perhaps even individual organization or place of worship. There are also elements of dimension that were identified such as seeing others within their larger

ingroup as insufficiently devout or religious enough (Herriot, 2007; Ysseldyk et al., 2010). The authors suggested that this may lead to increased fundamentalism as more and more people become part of the outgroup and increasing perceptions of threat to their own social identity (Ysseldyk et al., 2010).

### **Relationship Between Theoretical Orientations and the Current Study**

The present research was designed to determine the extent to which religious transition, religiosity, outness, and perceived social support predict internalized homophobia. The social identity approach, which includes social identity and social categorization theories, explains the ways humans conceptualize various social identities as well as how they are expressed in group contexts. The religious residue theoretical perspective helps to explain the retention of beliefs, thoughts, and emotions from a social identity that is no longer endorsed or maintained. Internalized homophobia may reflect a similar maintenance of belief that is inconsistent with current belief endorsement. Considering both of these theories, greater understanding of identity change may impact understanding of internalized homophobia.

### **Literature Review Related to Key Variables and/or Concepts**

#### **Internalized Homophobia**

##### ***Internalized Homophobia and Terminology***

Homophobia has been defined in various ways over the past 5 decades. Weinberg (1972) may have coined the term homophobia by defining it as a fear experienced by heterosexuals being in close proximity to homosexuals, as well as encompassing self-hatred on the part of homosexuals towards themselves or their own identified group. Two

decades later, Haaga (1991) considered homophobia as encompassing any negative attitude, belief, or behavior toward homosexuals. The shift from a fear-based term suggested by the use of the word phobia, toward an inclusion of negative belief and behavior has been considered problematic by some researchers.

Meyer (1995) defined internalized homophobia as the redirection of negative attitudes of a society inwardly. Understanding the mechanisms of this redirection, and the social motivators have been the goals of researchers for the past several decades. Several researchers concluded that anger and disgust were the primary factors in the negative responses toward homosexuals rather than fear (Bernat et al., 2001; McGonigal et al., 2023). Others maintained that fear was the central factor (Green, 2005). Homophobia is not a true phobia, and those who experience it may not necessarily want it to change (Herek, 2015). In this section, I will discuss internalized homophobia and stigma.

Sociologist Erving Goffman described stigma as noticing and reacting to an undesirable difference (Goffman, 1963, as cited in Stafford & Scott, 1986). Sexual stigma was defined by Herek et al. (2009) as the societal-level negative attitudes and opinions that result in the lower status and diminished power and influence of those who endorse non-heterosexist identities and communities. The negative regard towards sexual minorities is a cultural factor as it is shared knowledge (Herek, 2009). A homosexual, or non-heterosexual, orientation begins to develop prior to puberty in most children and involves a sense of being different (Isay, 1991). The vast majority of homosexual individuals were raised by heterosexuals and socialized to also be heterosexuals, potentially adding to that sense of difference. Important factors in internalized sexual

stigma are the desire or pressure to be heterosexual (Herek, 2004), a desire to not have their sexual orientation disclosed, and a discomfort with same-sex sexual behaviors (Newcomb & Mustanski, 2010). Identification as a sexual minority during an individual's development works against the socialization received since early childhood, creating an inner conflict. This conflict goes largely without support because unlike racial or other minority groups, there is more likely to be an absence of the self-protecting and affirming collective experience shared by one's family (Meyer & Dean, 1998). For example, a Latinx child growing up in a predominantly White neighborhood may feel culturally isolated, yet has her family who is also Latinx to provide support and a sense of collective identity that is distinct from the larger culture that surrounds them.

### ***Internalized Homophobia and Social Norms***

Heterosexuality is the assumed norm in most cultures and is generally taken as a given until an individual demonstrates or states otherwise, a norm that is socialized from the start (Wilkinson & Kitzinger, 1994). In many ways, this heteronormativity promotes traditionalism and conformity, with heterosexuality being the preferred norm (Oswald et al., 2005). Herek et al. (2009) described homonegative attitudes and beliefs as being manifested in three major ways. Sexual stigma may be experienced behaviorally in the form of ostracization, shunning, overt discrimination, violence, and other means, which demonstrated enacted stigma. Felt stigma may also be experienced due to the societal norm of heterosexuality resulting in the change of behavior or self-presentation to better conform to this norm despite the lack of alignment with the individuals' authentic persona. The third manifestation of sexual stigma is its internalization. This

internalization may occur in homosexuals as the negative concept of homosexuality held by society is incorporated into the self as part of the individual's self-concept. That negative concept results in an inwardly directed attitude resulting in self-prejudice. Heterosexuals may also experience internalization of sexual stigma as the societal beliefs become outwardly directed attitudes (Herek et al., 2009).

### ***Primary Studies in Internalized Homophobia***

An early study on internalized homophobia was conducted by Meyer (1995). In this study, Meyer identified three stressors that contribute to psychological distress in gay men which included internalized homophobia, perceived stigma, and prejudicial events which include discrimination and violence. It was hypothesized that each of these stressors would show an independent effect on the five identified models of distress: demoralization, guilt, suicidal ideation, AIDS-related stress responses, and sexual problems. It was further hypothesized that the combined effects of these stressors would be greater than the individual effects. This study was conducted using data from a population of gay men living in New York in 1985 participating in a longitudinal study. The sample was 741 gay men who were interviewed in 1987. The independent variables of internalized homophobia and stigma were measures via validated instruments, the IHP and the Stigma Scale respectively. Prejudicial events were recorded by self-report of antigay violence or antigay discrimination. The dependent variables of psychological distress dimensions were measured through the Psychiatric Epidemiology Research Instrument (PERI). The demographic variable of identity was also measured through a Likert scale assessment of outness and gay community participation (Meyer, 1995).

The results showed that there was a significant association between all five dimensions of psychological distress and internalized homophobia. Stigma and prejudicial events were significantly associated with four of the dimensions, sex problems not being predicted by these stressors. This study demonstrated the association between internalized homophobia and five measured domains of psychological distress leading to the conclusion that internalized homophobia impacts the mental health of gay men. This study is limited due to the cross-sectional nature, which prevents causal conclusions, the limitation to gay men, the time in which it was conducted, as well as the place (Meyer, 1995).

Herek et al. (1998) further investigated internalized homophobia in both gay men and lesbians, while attempting to identify its correlates in their sample. The purpose of the study was to further understand the correlates to better operationalize the construct. To do so, Herek et al. utilized a measure, the IHP scale, which focuses on the dissatisfaction with being homosexual and desiring a heterosexual orientation. By eliminating other phenomena such as outness from the measure, they hoped to be able to operationalize the construct more accurately by eliminating a potential confounding variable. They sought to explain the relationship between internalized homophobia and psychological well-being, identity integration, and community perception.

The participants included 75 women and men who identified as gay, lesbian, and bisexual. They were recruited for participation at an LGBTQ+ street fair in Sacramento, California. There were four variables of interest. The first was internalized homophobia which was measured via the IHP scale. Psychological well-being, which included

depression symptoms, demoralization, and self-esteem, all of which were measured via validated instruments. The next variable was disclosure of sexual orientation, which was measured through the means of three items assessing the level of outness to current heterosexual friends, heterosexual friends they had prior to disclosure, and heterosexual acquaintances. The perceptions of community variable were measured through a 10-item measure of collective self-esteem measuring a participant's perception of the LGBTQ+ community, and a 7-item measure of perceived stigma in the local community. The final variable was developmental milestones, which recorded the ages at which the reached certain milestones such as being attracted to members of the same sex, first sexual experience with a same-sex partner, when they first acknowledged their sexual orientation to themselves, and when they disclosed their homosexuality to another person (Herek et al., 1998).

The results of the study showed a gender difference with men scoring significantly higher than women on the internalized homophobia measure, and bisexuals scored higher than gay men. Internalized homophobia was not shown to have any significant associations with the development milestones, and further analyses were not conducted for this variable. It was shown that higher levels of internalized homophobia were significant associated with more depression and more demoralization for both men and women. There were gender differences in the associations between internalized homophobia and self-esteem with men showing a significant association and less so for females. This indicates a possible gender difference in the relationship between internalized homophobia in women compared with men (Herek et al., 1998).

Herek et al. (2009) investigated further the correlates and social psychological factors in internalized homophobia, which they described as internalized sexual stigma. This study utilized Herek's (2009) sexual stigma conceptualization that includes enacted stigma, which are behaviors such as ostracism or use of antigay language, felt stigma referring to the expectations of stigma in social situations that may lead to behavioral changes in self-presentation or constriction, and internalization, which refers to aligning one's self-concept with the stigmatizing attitudes of society. Viewing self-stigma, or homophobia, as an attitude, Herek et al. explored the relationship between internalized homophobia and self-esteem and its subsequent relationship with psychological distress. This was explored through an analysis of previously unpublished data collected by the researchers. This data was a sample of 2,259 adult gay men, lesbian women, and bisexuals of both gender identities, with 1,321 of them included for additional data collection 1 year after the initial contact and study completion (Herek et al., 2009).

The first exploration from the data involved the empirical support for the conceptual model described briefly above. A series of ANOVA analyses using the baseline internalized homophobia scores showed that there were higher levels of self-stigma among males, religious participants, and those who identified as politically conservative. The next area of investigation concerned the relationship between beliefs and self-stigma. Two scales were used to assess beliefs, one for beliefs about the costs and benefits of being nonheterosexual, and one for essentialist beliefs related to sexual stigma. Herek et al. (2009) used the example for an essentialist belief that being gay, lesbian, or bisexual is unchangeable. The results showed that essentialist beliefs were

positively associated with less stigma compared with the belief that sexual orientation is a choice. Further analyses also showed the perceptions of the cost and benefits of the participants' sexual orientation predicted internalized homophobia scores, and that the variance in self-stigma was accounted for these belief variables (Herek et al., 2009).

The results also showed effects related to affect and behavior. The relationship between affect and self-stigma were examined by using two items from the Collective Self-Esteem Scale, which showed that a less positive affect related to belonging to the LGB community was significantly associated with participant negative self-attitudes, which signifies that those participants who had more negative attitudes about themselves also tended to have less positive feelings toward the LGB community. Behaviorally, the researchers used levels of outness to five categories of non-family members to measure associations with internalized homophobia. These results showed that homosexual participants whose sexual orientation was not known to either parent had significantly higher scores on the IHP-R compared with participants who had disclosed their sexual orientation to one or both parents. When belief, affect, and behavioral variables were regressed together, 22.5% of the variance in internalized homophobia scores was explained (Herek et al., 2009). Overall, the findings also demonstrated increased internalized homophobia or sexual stigma among bisexual men compared with either gay men or lesbian women, which is consistent with the gender differences identified in Herek et al. (1998).

### *Internalized Homophobia and Christianity*

Traditional Christianity has taught that homosexuality is immoral and sinful (DeYoung, 2015; Moore, 2003). These moral and religious lessons are taught to some Christian children often at times prior to the development of their sexuality. Considering the focus of this study is the intersection of religious and sexual identities, internalized homophobia is a strong variable through which to attempt to measure this potential relationship. Wilkerson et al. (2012) explored the relationship between religiosity, internalized homophobia, and outness. This study sampled a total of 2,716 men who have sex with men (MSM) with an intentional oversampling of those with an ethnic/minority background to achieve a balanced representation of different groups. A final subsample of 1,165 men were included based on their identification as Christian. Measures in this quantitative study included current religious affiliation within Christianity, religiosity, internalized homonegativity, outness, and demographic variables such as age, education level, and race/ethnicity. Wilkerson et al. hypothesized that MSM who were affiliated with Evangelical Protestant faith would have higher internalized homonegativity scores and lower levels of outness compared with other groups based on the fundamentalist nature of these groups as seen in previous research (Herek, 1994).

The results showed demographic differences related to race/ethnicity and Christian denomination with Latinos being more associated with Roman Catholicism, White respondents affiliated with mainstream Protestantism, and Black participants more likely to identify with Evangelical Protestant groups. Evangelical Protestant participants also were younger, less educated, and had a higher correlation with religiosity as well as

internalized homonegativity compared with Catholic or mainline Protestant participants. The results showed significant differences between Christian affiliations regarding the relationship between religiosity and internalized homophobia. There was a positive correlation identified between increased religiosity and increased internalized homonegativity in the Evangelical Protestant group that was moderately significant. For the Catholic and Mainline Protestant groups, there was not a significant correlation between religiosity and internalized homonegativity. The main conclusion Wilkerson et al. (2012) reported was related to the differences in correlations between religiosity and internalized homophobia between Christian group affiliations with the more fundamentalist groups having higher correlations than Catholic or Mainstream Protestant groups.

Szymanski and Carretta (2020) continued this line of inquiry by exploring the potential mediators and moderators of the relationship between religious-based sexual stigma and mental health outcomes. The researchers proposed a moderation mediation model to explain this relationship. It was hypothesized that internalized heterosexist beliefs and religious belief struggle would mediate the relationship between religious-based sexual stigma and psychological distress. They also predicted that religiosity would moderate the direct relationship between religious-based sexual stigma and psychological distress with higher levels of religiosity leading to greater effect on the relationship. There was also a predicted stronger indirect effect of religious-based sexual stigma on psychological distress through internalized heterosexist beliefs religious struggle when

religiosity was rated highly compared with when it was low (Szymanski & Carretta, 2020).

The study included a sample of 193 adults who identified as being gay or lesbian and confirmed a religious identity. The variables of interest included internalized heterosexism, religious-based sexual stigma, religious struggle, religiosity, psychological distress, and wellbeing. All variables were measured through validated instruments with the exception of religious-based sexual stigma for which a 6-item scale was created for the purposes of this study. Internalized heterosexism was measured using the IRP – Revised, leading to the conclusion that the variables of internalized heterosexism and internalized homophobia are equivalent in the context of this study. The results demonstrated a significant and positive relationship between religiosity and internalized homophobia.

Similar to the findings of Herek et al. (2009), the results of this study (Szymanski & Carretta, 2020) showed significant correlations between being bisexual and less psychological wellbeing. This further indicates that sexual and gender identities are significant variables evidenced by the researchers controlling for these variables along with age in subsequent analyses. The results confirmed the first hypothesis that both internalized heterosexism and religious struggle would mediate the relationship between religious-based social stigma and psychological distress. However, while religiosity did not moderate the relationships between religious-based sexual stigma and psychological distress, it did moderate the relationship between religious-based sexual stigma and internalized heterosexism. The indirect effect of religious-based sexual stigma on psychological distress moderated by religiosity was also confirmed. This study confirmed

the findings of Herek et al.'s (2009) framework of the relationship between sexual stigma and psychological wellbeing in LGB populations. This study also demonstrated the pathways between stigma and distress through the moderating variable of religiosity. This study is limited in its generalizability due to the recruitment of LGB participants through religiously associated organizations which may have produced a population more attuned to religion than might a more secular sample (Szymanski & Carretta, 2020).

Leach and Gore (2022) sought to explore the experience of internalized homonegativity within the individual and a societal context. Working off studies such as Herek et al. (2009) and Szymanski and Carretta (2020), which explored the associations between religion and internalized homophobia, Leach and Gore sought to investigate variables such as societal threat and individual-level contributors such as cultural tightness that might contribute to religiosity on the individual level. The researchers predicted in this study that higher levels of societal threats and individual values of tightness would predict a more orthodox, or fundamentalist, religious orientation, and both an intrinsic and extrinsic orientation. Tightness refers to the strength of societal norms and how punitive a society might respond to norm violations (Gelfand et al., 2006). The tightness of a society may impact the behavior and/or beliefs of an individual within that society due to the internalization of social norms and the consequences of violating them (Leach & Gore, 2022). The researchers also predicted that higher levels of orthodox, intrinsic, and extrinsic religious orientation would be positively correlated with homonegative beliefs while a quest orientation toward religion and having a secular orientation would negatively predict homonegativity.

The results validated the prediction that societal threats predicted that participants would endorse orthodoxy/fundamentalist approaches to religion and would negatively predict secularism. The hypothesis that tightness would predict an orthodox religious orientation was not confirmed. In the presence of societal threat, orthodox, extrinsic, quest and secularism all predicted homonegativity. This study demonstrated the relationship between societal factors and religious beliefs which then influence homonegativity. When an individual experiences or perceives a threat to society or social norms, tightness may result as demonstrated in this study. Significant evidence was demonstrated connection religious orthodoxy or fundamentalism with homonegativity (Leach & Gore, 2022).

### ***Internalized Sexual Stigma in Recent Research***

Salvati et al. (2023) investigated the extent to which internalized homonegativity, a positive LGB positive identity, gender, and traditional masculinity/femininity would predict self-perceptions of leadership effectiveness. It was predicted that participants with high levels on internalized homonegativity would decrease self-perceptions of leadership effectiveness while high levels of positive LGB identity and adherence to traditional gender values would increase self-perceptions of leadership effectiveness. A total of 449 gay men, lesbian women, and bisexual participants of both genders completed the online questionnaire. To measure internalized sexual stigma the researchers employed the 27-item measure Lesbian, Gay, and Bisexual Identity Scale (LGBIS). The variable of LGB positive identity was measured within the LGBIS using the Identity Affirmation three-item subscale. Traditional gender role attitudes were measured using the 6-item

Traditional Masculinity and Femininity Scale (TMF). The dependent variable of leadership self-effectiveness was measured using an adapted form of the 10-item leadership effectiveness scale (EFF), that was previously validated for gay and lesbian leaders.

The results confirmed the hypothesis that internalized sexual stigma is negatively correlated with leadership self-effectiveness (Salvati et al., 2023). This is consistent with prior research (Salvati et al., 2021) and links the internalization of sexual stigma with perceptions of participants' leadership skills. This is consistent with Herek et al.'s (2009) concept that sexual stigma is perceived then internalized. The results also showed that traditional male/female roles were positively associated with leadership self-perception only in male participants within this regression model. This is consistent with the concept that gay men who internalize sexual stigma may compensate by embracing more traditional gender roles to enhance their positive leadership perception (Salvati et al., 2023).

Lefevor et al. (2021) explored internalized sexual stigma within the context of religiosity and religious experience. In this quantitative study, the relationships between internalized homonegativity, religiosity, and depression were explored. Lefevor et al. proposed that religiousness would be negatively correlated with depression and that internalized homonegativity would moderate this relationship. The third RQ related to the operationalization of internalized homonegativity resulting from religious organization messaging. The study was conducted with 260 participants all of whom endorsed having a sexual identity other than heterosexual and 73% were raised with some form of

religious engagement (Lefevor et al., 2021). The study measured personal religiousness using three scales to assess service attendance, religious commitment, and positive religious coping. Contextual religiousness was assessed on the domains of current family religiousness and how religious their families were while growing up. The Internalized Homonegativity Inventory (IHI) was used to measure this variable, which includes three subscales: gay affirmation, morality of homosexuality, and personal homonegativity.

The sample in this study reported moderate to low religiousness. Hierarchical regressions were run for all three RQs with internalized homophobia being regressed for each separate subscale discussed above. The subscale of gay affirmation was not found to be significantly correlated with depression. The morality of homosexuality subscales showed positive correlations on religiousness measures. The results also showed that religiosity was correlated with greater depression when same-sex behavior was considered immoral, and less correlated when it was not. Self-stigma moderated the experience of depression (Lefevor et al., 2021).

The personal homonegativity subscale demonstrated significant correlations with depression in each of the five models related to religiousness. In the model regressing personal homonegativity and current family religiousness, a stronger relationship was identified. The results showed that when the participant's family was more religious there was a stronger relationship with personal homonegativity compared with when the participant's family was less religious. This study demonstrated the moderating effect of internalized homonegativity on the relationship between religiousness and depression. This study confirmed Salvati et al.'s (2023) findings that internalized homonegativity

impacts the inner experience of the individual as well as being impacted by other variables, particularly those related to religious identity. The correlations between negative self-assessment such as leadership (Salvati et al., 2023) or negative experiences such as depression (Lefevor et al., 2021) demonstrate the importance of exploring this variable further, and particularly how it relates to sexual and religious identities.

### **Perceived Social Support**

Being a part of a social network or circle, large or small, is a part of the human experience. Social support may be defined as the experience or perception of being cared for, supported, and valued by others within mutually supportive and affirming relationships (Cohen & Wills, 1985). Social support may be expressed in three distinct ways. Support may be provided in the form of information, such as informing a nonheterosexual friend of a support group and community resources that might be helpful. Support might also be instrumental in the form of action, such as accompanying that person to a support group or financial assistance to help pay rent if they had issues with housing. That individual might also receive emotional support in the form of being affirmed by another person who demonstrates in word and deed that they are inherently valued and loved (Taylor, 2011).

There are significant differences between enacted and perceived social support. Enacted social support describes specific quality words and behaviors that an individual experienced by their social support network (Sarason et al., 1990). Perceived social support describes the individual's perception that such or similar support would be available if sought (Haber et al., 2007). The correlation between enacted support and

perceived support is high, approximately  $r = .30$  (Lakey et al., 1994). In a more recent study, Haber et al. (2007) found a Pearson correlation between received support and perceived support of  $r = .32$ . A subsequent study found correlations of  $r = .34$  for emotional support and  $r = .36$  for instrumental support and perceived support (Melrose et al., 2015).

Lorenzi et al. (2015) explored the potential relationship of perceived social support, internalized homophobia and mental health within a larger study. In this particular study, the researchers used a sample of participants in Italy and Belgium for the specific reason that Italy was perceived to be more of a heterosexually normative country, and these differing sociocultural environments would impact experiences of internalized homophobia (Lorenzi et al., 2015). It was hypothesized that levels of internalized homophobia would be negatively correlated with perceived social support, which would suggest a moderating influence between internalized homophobia and good mental health. The sample of 86 Italian adults and 108 Belgian adults comprised the participant sample. To measure perceived social support, participants completed the Multidimensional Scale of Perceived Social Support (MSPSS) in addition to other instruments to measure mental health and internalized homophobia (Lorenzi et al., 2015). As hypothesized, the results demonstrated a negative correlation between perceived social support and internalized homophobia with little difference between the two nations. This indicates the importance of perceived social support and impacts on mental health when individuals experiencing internalized homophobia do not perceive they have access to this support (Lorenzi et al., 2015). This finding also aligns with Pan et al.

(2022), who found a significant negative correlation between perceived social support and depression and anxiety in a sample of gay men and lesbians in China, which I will discuss below.

Pan et al. (2022) explored the relationship between perceived social support in homosexuals and mental health. Including this study demonstrates the cross-cultural nature of this variable as Lorenzi et al. (2015) found support for this relationship in western populations and Pan et al. utilized a population in a collectivist culture, which values filial piety. The researchers hypothesized that self-efficacy and perceived social support would negatively predict depression and anxiety. They also predicted that self-efficacy would mediate the relationship between perceived social support and mental health. The study included 197 individuals who identified as being homosexual. The results confirmed the hypothesis that perceived social support would negatively predict both anxiety and depression. The researchers also found that self-efficacy mediated the relationship between perceived social support and depression, yet not with anxiety (Pan et al., 2022). The results of this study and Lorenzi et al. (2015) support the suggestion that perceived social support is a protective factor in positive mental health for LGB individuals regardless of culture.

VanderWaal et al. (2017) explored perceived social support within a religious context. This study explored the relationship of rejection/acceptance of LGBT community members within the Seventh Day Adventist church and social support with various mental health outcomes. To measure social support, the MSPSS was utilized within three categories: support from friends, support from family, and support from

professional caregivers, clergy, or the religious congregation. Results showed that family and clergy were less available and supportive compared with friends (VanderWaal et al., 2017). Families in the study were perceived to be available for emotional support in this population at a rate of 25%. The relationship between social support and religious belief was also a factor as 82.4% of respondents endorsed the difficulty parents had been supportive of their LGBT children due to those beliefs. Almost two-third of the parents actively prayed for God to change their child's sexual orientation or identity (VanderWaal et al., 2017). The difficulty these individuals had in offering social support to their children due to a sexual identity that ran counter to their religious identity has been shown to contribute to negative mental health outcomes in this population (D'augelli et al., 2008; Parra et al., 2018; VanderWaal et al., 2017).

### **Outness**

Outness refers to the degree to which individuals are open about their sexual orientation and/or identity. In many ways, this concept is peculiar to sexual identity due to its hidden nature. Being a stigmatized identity in many societies, LGBTQ+ individuals face a decision and conflict over whether to reveal their true selves regarding sexuality (Suppes et al., 2021). Carrion and Lock (1997) proposed a model of sexual identity development and consolidation that involved eight distinct stages. These stages begin with inner discovery and exploration of sexual attraction and identity, early acceptance, creating congruence between sexual identity and self-concept, further acceptance, further integration with self-esteem and concept, identity integration, and social identity integration (Carrion & Lock, 1997). Self-acceptance was identified as a crucial

component of sexual identity development (D'agueli et al., 2008). "Coming out," or acknowledging one's sexual identity or orientation to others, is a continuous rather than a singular occurrence (Legate et al., 2017; Mohr & Fassinger, 2000) and may occur in any of these stages not only at the point of social identity integration. Vincke and Bolton (1996) described this as the socially visible portion of the development of nonheteronormative feelings, thoughts, or behaviors.

Frost and Meyer (2009) sought to distinguish internalized homophobia and outness as separate constructs. The researchers hypothesized that internalized homophobia would positively predict relationship problems independent of other variables including outness. They also hypothesized that higher levels of internalized homophobia would correlate with lower levels of outness and LGBTQ+ community involvement. This study analyzed data collected as part of Project Stride, which was a large study conducted between 2004 and 2005 in New York City. The data analyzed for this study included 396 LGB adults who completed instruments related to internalized homophobia, utilizing the IHP, and outness, which used a 4-point scale to assess levels of disclosure to family, heterosexual friends, LGB friends, and co-workers. A variety of mental health factors were also assessed, including depression, relationship problems, and sex problems. The results confirmed the positive relationship between internalized homophobia and relationship problems. Outness was shown to be negatively associated with internalized homophobia yet was not a significant predictor of relationship issues, demonstrating the distinctness between the constructs of internalized homophobia and outness (Frost & Meyer, 2009).

Suppes et al. (2021) investigated the relationship between openness, subjective well-being, and mental health outcomes. The first part of the study used the 2010 Social Justice and Sexuality survey, and specifically 362 participants of that sample who identified as LGBTQ+. Measuring outness was accomplished by the single self-report question “How many of your {Family/Friends/Co-workers/people online} are you out to?” This single item measure reported a Cronbach’s alpha of .85 (Suppes et al., 2021). The results found a significant and direct effect of openness on subjective well-being. Similar to Sowe et al. (2014), Suppes et al. found that the effect of openness on subjective wellbeing was facilitated through the community integration that openness may lead to. Openness, leading to greater community integration, may increase well-being while at the same making the participants more aware of discrimination based on their sexual identity (Suppes et al., 2021).

The second study reported in Suppes et al. (2021) utilized data from Project Stride, which was conducted between February 2004 and January 2005 in New York City, which was also utilized by Frost and Meyer (2009). The sample from Project Stride that was utilized in this study was 396 nonheterosexual adults. This study sought to replicate the mediation process of the first study and deepen the understanding of the perception of discrimination within the context of openness and mental health outcomes. In this study, openness was measured with the mean score of the response to each of the categories of the question “How much are you out of the closet to the following groups of people [family/GLB friends/straight friends/co-workers/healthcare providers].” The results of this study showed a positive direct effect of openness on both group and

personal-level discrimination (Suppes et al., 2021). This suggests that openness led to a greater awareness which was also impacted by the participant's identity importance, while also experiencing more discrimination (Suppes et al., 2021). However, the study also found that those who experienced greater integration with their community experienced better mental health, while those who perceived more discrimination had worse mental health reports.

Sowe et al. (2014) explored the factors involved in internalized sexual stigma and distress with outness and religious identity as potential predictor variables. This study surveyed 579 participants in Australia who identified as either Christian or nonreligious. Variables of interest in the study included outness, a sense of self, Christian religious identification, and internalized homonegativity. Outness was measured using the Outness Inventory, and it was hypothesized that being less open about sexuality and having less contact with other LGB individuals would predict higher levels of homonegativity and distress in the participants who identified as LGB themselves. The results did show that higher levels of outness predicted less distress and internalized homonegativity while the connectedness factor only predicted less personal internalized homonegativity (Sowe et al., 2014). The relationship between outness and connectedness with members of the community was demonstrated because it would require openness to engage with members of a community experiencing stigma. This study confirms the relationship between outness, and internalized sexual stigma shown in Frost and Meyer (2009), endorsing its usefulness as a potentially important variable contributing to the experience of internalized sexual stigma.

Riggle et al. (2017) sought to include the psychological factor of authenticity to the associations between outness and depression related to perceived stress. The researchers proposed a model that considered outness, concealment of sexual identity, and authenticity as independent contributors to psychological well-being and distress. This model was proposed to capture the social component of disclosure of outness as well as the internal context of identity. In this study, the researchers hypothesized that higher levels of psychological well-being and lower levels of stress and depression would be predicted by higher levels of outness and LGB-related authenticity scores, while LGB identify concealment scores would predict the opposite. The participants for this study included 373 adults who identified as gay, lesbian, or bisexual. Outness was measured through the use of the Outness Inventory (OI). The variable of disclosure was measured through five categories of individuals identified in the OI with participants being asked to identify a percentage between 0 and 100% to which they have disclosed their sexual identity to that category of people. Concealment, LGB authenticity, psychological well-being, and depressive symptoms were all measured through the use of previously validated instruments (Riggle et al., 2017).

The results showed a high correlation between outness and disclosure leading the researchers to use only the outness variable in their regression models. The results of the regression analyses showed that outness was significantly associated with the dependent mental health variables in a model with race/ethnicity and education level. Outness was not a significant predictor of perceived stress or psychological well-being when regressed in models with concealment or authenticity. Outness did significantly predict depression

with increased levels of outness being associated with increased levels of depression (Riggle et al., 2017). The researchers noted the distinction that outness and concealment are associated and may be passive or active. Passive concealment may involve an LGB individual allowing a person to assume they are heterosexual, or active whereby an individual may correct a false assumption about identity. This study suggested distinctions in the dynamics of outness beyond the binary conceptualization of this variable.

### **Religiosity**

Religiosity can be defined as having and/or demonstrating a belief in a deity, as well as participating in both social and solitary activities related to that belief such as worship services, reading holy book(s), and faith-based community engagement (Adeyemo & Adeleye, 2008; Sedikides, 2010). Definitions have also included the degree to which an individual adheres to religious beliefs and uses them in life in making daily decisions (Worthington et al., 2003). Religiosity has been shown to have positive mental health benefits, which include greater life satisfaction (Bergan & McConatha, 2001; Sholihin et al., 2022), lower levels of depression (Paine & Sandage, 2017) and other factors (AbdAleati et al., 2016). These results are not homogenous, however. Various socio-cultural contexts may be impactful in this experience, including the religious predominance of the community or nation, with the mental health benefits decreasing or becoming negative where religious beliefs are not as highly valued (Stavrova, 2015). Members of the LGBT communities may have heterogeneous experiences with

religiosity that may impact their mental health experiences and with internalized sexual stigma (Boppana & Gross, 2019; Gibbs & Goldbach, 2015).

Religiosity is a multifactoral concept rather than a single entity. Several models of religiosity began to be developed in the 1960s attempting to conceptualize this construct that included dimensions such as cognitive, cultural, creedal, and devotional (Fukuyama, 1961); as well experiential, ritualistic, ideological, intellectual, and consequential (Glock, 1962). Issues have been identified with these models however, including a lack of validity based on the small, nonrepresentative study sample sizes, and not fully addressing potential changes in religiosity across the lifespan (Hayward, 2021). Subsequent models have been developed that seek to address these concerns and test a comprehensive model.

Glock's (1962) original model described the dimensions of experiential, ritualistic, ideological, intellectual, and consequential religiosity. Subsequent researchers (Huber, 2003; Wimberley, 1989) did not find this model sufficiently explanatory of how important religion was to respondents of an instrument utilizing single-item scales (Huber & Huber, 2012). Huber (2003) reformulated Glock's model into five similar, but new dimensions. The intellectual dimension is the first Huber identified, which refers to the ability of a religious person to describe their beliefs regarding religion, faith, and spiritual beliefs. Ideology is the social expectation that a religious individual will hold specific beliefs regarding a transcendent reality and how they relate to this reality. The dimension of public practice refers to membership in religious communities and participation in various social/interpersonal rituals and activities. The private practice dimension refers to

the individual rituals and practices that an individual would engage in at home or in private. The fifth dimension is that of religious experience, which involves the emotional effect and experience of perceived contact with a divine reality (Huber, 2003; Huber & Huber, 2012).

Boppana and Gross (2019) explored the relationship between religiosity and psychological well-being in Christians identifying as LGBT because, as stated above, a positive association has been identified between religiosity and psychological well-being in general (Bergan & McConatha, 2001; Koenig, 2012; Sholihin et al., 2022).

Considering that members of the LGBT community have been shown to be at higher risk for multiple mental health outcomes (Gnan et al., 2019), this study explored possible relationships between religiosity and psychological well-being that might explain different outcomes between LGBT and heteronormative populations. The researchers predicted that the church or denomination's teachings regarding LGBT activity or relationships would impact the psychological well-being of LGBT members of that church or denomination. Specifically, it was predicted that LGBT participants who attended a church that rejected homosexuality would report lower scores of psychological well-being, while those who attended a church that accepted homosexuality reported higher scores on psychological well-being measures. It was also predicted that internalized homophobia would moderate the relationship between religiosity and measures of psychological well-being (Boppana & Gross, 2019).

To test these predictions, 277 adults who identified as Christian as well as gay, lesbian, bisexual, or transgender completed an online survey. Religiosity was measured in

two ways. The first was through a self-report of attitudes toward homosexuality held by the participants' religious organization. Participants were given four choices: rejective-punitive, rejecting nonpunitive, qualified acceptance, and full acceptance. The General Religiousness and Religious Practices instrument was also utilized which assesses general religiousness, religious practices both personal and corporate. Other variables included psychological well-being and homonegativity. The results showed that participants who reported high levels of religiosity also had higher levels of psychological well-being and less depression, anxiety, and stress. The participants who attended an accepting church reported greater levels of psychological well-being with less depression and lower scores on internalized homonegativity scales while attending a rejecting church was associated with lower levels of psychological well-being and higher levels of depression and internalized homonegativity. Stress and anxiety scores did not correlate with the attitude of a church toward homosexuality. The results did not demonstrate that internalized homonegativity mediated the relationship between religiosity and well-being. However, the results did demonstrate that frequency of attendance moderated this relationship with greater attendance leading to higher scores of psychological well-being (Boppana & Gross, 2019).

Van der Toorn et al. (2017) explored the relationships among religiosity, conservatism, sexual prejudice, and attitudes toward same-sex marriage. To accomplish this, a series of studies was designed to explore these relationships and potential correlations to determine what specific factors were associated with these attitudes toward same-sex marriage. The first two studies explored the possible mediation of the

relationship between religiosity and negative attitudes toward same-sex marriage by sexual prejudice using a total of 362 participants where were undergraduate student. Religiosity in both studies was measured with a single-item question asking participants to rate how religious they are on a Likert scale from *not at all religious* to *extremely religious*. The results of these two studies demonstrated that there was a correlation between higher levels of religiosity and higher levels of sexual prejudice with a demonstration of increased opposition with increased prejudice. The opposition that participants had to same-sex marriage was indirectly influenced by religiosity as well. Ingroup bias was eliminated as a potential mediator in the relationship between religiosity and opposition to same-sex marriage, indicating a different pathway to this prejudicial attitude (van der Toorn et al., 2017).

In the third study in the research project, it was hypothesized that religiosity, sexual prejudice, and opposition to same-sex marriage would be positively associated with political conservatism and the support for the status quo that is associated with conservatism of this type (van der Toorn et al., 2017). In addition to religiosity, sexual prejudice, and opposition to same-sex marriage as variables, political ideology was assessed with a single item self-report question with response choices ranging from *extremely liberal* to *extremely conservative*. The results showed the conservatism was positively correlated with sexual prejudice, which was positively correlated with opposition to same-sex marriage. Taken alone, political conservatism did not mediate the relationship between religiosity and opposition to same-sex marriage. The findings of this

study do show that sexual prejudice did mediate this relationship (van der Toorn et al., 2017).

The final two studies in this project sought to further explore the relationship between political conservatism, religiosity, and opposition to same-sex marriage by examining the components of conservatism in this context. Political conservatism consists of the two correlated factors of resistance to change and opposition to equality (van der Toorn et al., 2017). In these studies, it was theorized that the factor of resistance to change would be more highly correlated with opposition to gay marriage. The results showed a positive correlation between religiosity and resistance to change, sexual prejudice, and opposition to gay marriage. There was no significant relationship between opposition to equality and religiosity. The relationship between religiosity and opposition to gay marriage was mediated by both a resistance to change and sexual prejudice. While these studies do not demonstrate all the factors involved in attitude development toward same-sex marriage or homosexuality, they do demonstrate a correlation between religiosity and resistance to change and sexual prejudice.

Another component of religiosity that relates to prejudice and stigma is its relationship with uncertainty. Sekerdej et al. (2018) conducted a pair of studies to investigate the relationship between the need for certainty and prejudice against outgroups. In these studies, the researchers investigated the relationship between the belief in God, which involves the fulfillment of religious duties and avoidance of religious taboos, and prejudicial attitudes toward value-violating groups such as homosexuals and atheists. Specifically, the researchers predicted that religiosity would

mediate the relationship between uncertainty and prejudice of this type, as well as mediating the relationship between uncertainty avoidance and positive attitudes toward value-affirming groups. The results first showed the expected significant and positive association between belief in God and uncertainty avoidance. It was also demonstrated that belief in God predicted prejudice toward atheists and homosexuals. Overall, the results showed that there is an indirect relationship between uncertainty avoidance and prejudice against atheists and homosexuals, potentially due to their challenging or violating religious-based social norms of belief and behavior (Sekerdej et al., 2018).

### **Religious Fundamentalism**

Within the context of this study, religiosity does not capture the full range of religious dimensions related to attitude and values necessitating the consideration of another religion-based construct to more fully capture the impact of religious thought and experience on the dependent variable (Carlucci et al., 2021). Prior studies have explored the correlates of antigay attitudes, which indicate religiosity, religious fundamentalism, and right-wing authoritarianism to be three common, and often interrelated, variables (Anderson & Koc, 2015; Finlay & Walther, 2003; Laythe et al., 2001). Religious fundamentalism can be conceived of in several ways, in part due to the common usage to describe religious approaches across faiths. Altemeyer and Hunsberger (1992) described religious fundamentalism as the belief in a single correct set of religious teachings that contain the unalterable and unchangeable truth about humanity, and humanity's relationship with a deity.

Almond et al. (2011) developed a similar definition for religious fundamentalism and created a research-based model that delineated five features that differentiated fundamentalism from other religious approaches or movements. The researchers concluded that the most important feature was that of reactivity, which refers to a dislike and negative reaction to the secular world. Dualism is the next feature, which described the tendency to use rigid binary terms to evaluate the social and spiritual worlds such as good/bad or heaven/hell. The next feature is that of authority, which refers to the desire and need to obey spiritual leaders and/or a holy book. Selectivity indicates the choice that is made regarding one aspect of a group of teachings of a holy book over others. The final feature is millennialism, which is the strong belief that God will win out in the end and establish a “kingdom” on Earth for the benefit of those who followed the teachings (Almond et al., 2011).

Fundamentalism can be understood within the context of social identity theory. Nottingham (1997) asserted that values and attitudes derive from religious teachings, and the more fundamentalist those teachings, including the understanding of religious texts in literal ways and the rejection of relativism can impact those beliefs and values. Herriot (2007) argued that prejudice against specific outgroups would be correlated with those groups that religious leadership and biblical authority have condemned. Early results investigating the relationship between religious fundamentalism and prejudice, specifically antigay prejudice found positive correlations between fundamentalism and prejudicial attitudes but also found correlations with authoritarianism and antigay prejudice (Altemeyer & Hunsberger, 1992; Laythe et al., 2001, as cited in Herriot, 2007).

However, even when authoritarianism was controlled for, there still remains a positive correlation between prejudice and antigay prejudice (Hogg & Abrams, 2003). Several studies have concluded that the prejudicial attitudes correlated with fundamentalism are selective to particular outgroups, which include atheists/nonbelievers and the LGBT population (Herriot, 2007).

Religious fundamentalism has been associated with higher levels of prejudice against gays/lesbians compared with other religious styles (Hunsberger & Jackson, 2005). Warriner et al. (2013) sought to examine this by identifying the correlates of homophobia, transphobia, and internalized homophobia. The study involved a small sample of 60 undergraduate students from Australia using historical data originally collected by Nagoshi et al. (2008), which included 153 females and 157 males from the same university. The differences in the samples between the two studies are that the students in the Nagoshi study primarily identified as being heterosexual, while the current study described in the paper involved students that self-identified as being gay, bisexual, or lesbian. The aim of the study was to explore the relationships between gender and sexual identities and social conservatism, represented by religious fundamentalism and right-wing authoritarianism. They also hypothesized that the correlates of homophobia would be consistent with the correlates of internalized homophobia (Warriner et al., 2013).

The main variables of interest for this study are religious fundamentalism and internalized homophobia. Religious fundamentalism was measured using the Religious Fundamentalism Scale and internalized homophobia was measured by the Sexual Identity

Distress Scale (Warriner et al., 2013). The results showed positive correlations between religious fundamentalism and homophobia in heterosexual men, heterosexual women, lesbian women, and gay men. The correlations between internalized homophobia and religious fundamentalism were also positive for lesbian women and for gay men. These results suggest gender differences and etiological differences between the homophobia construct and the internalized homophobia construct according to the researchers, with the gender differences suggesting social gender norm influences in addition to, or greater than sexual influences (Warriner et al., 2013).

Brandt and Van Tongeren (2017) conducted a study exploring the relationships between fundamentalism and prejudice, which included homophobia and/or internalized homophobia. The researchers conducted a series of three studies to explore their hypothesis that religious fundamentalism would predict prejudice, including engaging in discriminatory behaviors, toward those professing differing real religious or perceived values. Three consecutive studies explored this hypothesis and expanded upon the results indicating the effects of religious differences, the styles of belief maintenance, and testing possible mediators (Brandt & Van Tongeren, 2017).

The first study analyzed data from the 2012 American National Election Studies (ANES) and a community sample to determine the levels of similarity or dissimilarity between the respondents and various social groups. The researchers (Brandt & Van Tongeren, 2017) also assessed participant fundamentalism and levels of prejudice toward those social groups. The results showed that respondents high in religious fundamentalism were most dissimilar to atheists, gay men and lesbians, liberals, and

feminists; while being most similar to Catholics, Tea Party members, conservatives, and Christians. Overall, participants rating higher on the fundamentalism measure viewed dissimilar groups more negatively and had more positive views of similar groups (Brandt & Van Tongeren, 2017). The measures of fundamentalism and prejudicial attitudes toward dissimilar groups were regressed with results showing moderate negative correlations for the ANES group and the community sample. Conversely, the regressions on fundamentalism with the similar groups showed a strongly positive association for the ANES group and the community sample.

The second study sought to look more deeply at the style and content of religious belief and the ways those factors may impact the religious fundamentalism measure as well as the relationship between fundamentalism and prejudice. The issue that Brandt and Van Tongeren (2017) identified was related to the measurement of fundamentalism that might have impacted a valid measure since in the first study participants who rated both high and low on the fundamentalism scale showed prejudice toward dissimilar groups. To explore this, the rigidity of the beliefs as well as the content were considered by replacing the religious fundamentalism scale of the first study with the postcritical beliefs scale in this second study. This instrument, consisting of 18 items, assesses belief across four dimensions. Two dimensions involve the content of the beliefs and two measure the style, such as literal compared with symbolic interpretations compared with literal ones, and flexible compared with rigid styles (Brandt & Van Tongeren, 2017).

The results were measured by regressing the attitude outcomes toward similar and dissimilar groups with religious content belief and religious style separately. The

researchers found a moderate negative association between religious content and dissimilar groups and a small association between religious belief style and attitudes toward dissimilar groups. The researchers also found that participants with both high and low religious belief scores, and thereby with low religious fundamentalism, exhibited intergroup bias. The stronger effects of content over style of belief were contrary to prediction, warranting additional study, which was approached in the third study of this series (Brandt & Van Tongeren, 2017).

In the second study, the style of belief demonstrated a small effect on bias toward dissimilar groups which Brandt and Van Tongeren (2017) indicated a literal approach to belief was slightly more positively associated with dissimilar group bias when regressed against each other. To further test this, the researchers replicated the first study with the addition of a measure to assess the strength and certainty of the religious beliefs held. They hypothesized that those with high fundamentalism would have more certainty of belief and when paired with stronger belief, these participants would exhibit more bias toward dissimilar groups. Based on the data from the first two studies, the researchers concluded that there was a gap regarding the type of threat perception that was contributing to dissimilar group bias. To address this, they hypothesized that symbolic threat perception was a mediating variable in this phenomenon. To further clarify the relationship between religious fundamentalism and intergroup bias, the researchers recruited 282 participants through Amazon MTurk. The participants completed the religious fundamentalism instrument from Study 1, the subjective feelings toward eight specific groups, a single-item measure of social closeness with those groups, and a

single-item measure to assess humanness to capture any dehumanization that might be a factor. The participants were also assessed on the degree to which the eight groups represented specific threats including symbolic, rights, resources and safety as well as the strength, certainty, and conflict of their beliefs as was done in Study 2 (Brandt & Van Tongeren, 2017). This finding is consistent with the later finding of van der Toorn et al. (2017) discussed in the previous section regarding the correlation between religiosity and political conservatism.

Subjective feelings toward the eight groups, social closeness, and humanness were regressed with measures of fundamentalism. The results showed a significant moderate negative effect for those groups identified as similar to fundamentalists shown in subjective feelings toward groups, social closeness, and humanness. Brandt and Van Tongeren (2017) suggested that this demonstrated that those high on fundamentalism displayed more intergroup prejudice and bias compared with those low on fundamentalism. The researchers also regressed fundamentalism with the four measures of threat to determine a potential mediating variable. All four threat types were significantly and positively with perceived threat of dissimilar groups to fundamentalist participants (Brandt & Van Tongeren, 2017). Overall, fundamentalism predicted increased perceived threats to rights which then predicted decreased positive feelings, social closeness, and humanness. The researchers found that the content of belief was the primary predictor of prejudice and that the literal approach to belief was predictive of prejudice (Brandt & Van Tongeren, 2017).

The relationship between religious fundamentalism and mental health, linked to internalized homophobia, was investigated using the level of conservatism of the religion or denomination to gauge fundamentalism. Heiden-Rootes et al. (2020) conducted a study that sought to predict that increased religious conservatism would predict lower levels of LGBT acceptance at that college, which would in turn predict increased internalized homonegativity leading to higher rates of depression. While the study does not incorporate a direct measurement of religious fundamentalism, the approach is consistent with past research linking religious conservatism with fundamentalism and sexual minority prejudice (Donaldson et al., 2017; Whitley, 2009). Kellstedt and Smidt (1991) described fundamentalism in a similar way to that of Altemeyer and Hunsberger (1992) as discussed earlier, in that they accept biblical or scriptural authority and have a commitment to evangelism. Additionally, they described fundamentalism as encouraging the separation between a Christian or religious lifestyle and interpersonal relationships and a secular approach (Kellstedt & Smidt, 1991). Fundamentalism was also viewed by the authors as an authentic conservative tradition lending credence to the conceptualization of religious conservatism as analogous with religious fundamentalism (Kellstedt & Smidt, 1991). In addition to the previously discussed studies of Brandt and Van Tongeren (2017) and van der Toorn et al. (2017), this concept was also demonstrated by Antonenko Young et al. (2013) in a quantitative study that both political conservatism and religious fundamentalism were both positively associated with rule-based morality supporting the usage of this study as support for the inclusion of this study under the religious fundamentalism section.

Heiden-Rootes et al. (2020) sought to explore the impact of religious experiences on the mental health of sexual minority college students. They utilized a mixed methods approach with 384 sexual minority college students across nine states representing different parts of the country. The religious conservatism of a college was rated by self-report of conservatism and religiosity assessed on a 7-point Likert scale, with a total score being obtained by summing the two item scores. The two items used were significantly correlated and high scores represented higher levels of conservatism. Acceptance of sexual minorities at those colleges was rated on the presence of an LGBT/straight alliance on campus, whether it was formally affiliated with the campus, and the presence of a campus organization to stop or resist same-sex attraction. Internalized homophobia was measured using the IHP-R, and depression was measured via the Patient Health Questionnaire (PHQ-9).

Heiden-Rootes et al. (2020) found that those participants who were from families of origin with increased religiosity, attended colleges with higher levels of religious conservatism and decreased acceptance of sexual minorities at those colleges. Higher levels of college conservatism were associated with less college acceptance and higher levels of internalized homophobia among students, while lower levels of internalized homophobia were associated with greater college acceptance. Higher levels of internalized homophobia were associated with increased depression scores (Heiden-Rootes et al., 2020). This study demonstrated that increased religious conservatism predicted increased depression through the pathways of increased internalized homophobia and less college acceptance. Additionally, when the existence of an

organization with the aim of denying or stopping SSA was isolated, it was demonstrated that college religious conservatism was significantly correlated as was decreased college acceptance. This finding is consistent with the findings of Brandt and Van Tongeren (2017), discussed previously, that found intergroup bias was positively correlated with religious fundamentalism. The finding that the presence of an SSA-oriented campus organization demonstrates a bias, which aligns with the bias factor of that study.

Henry et al. (2021) explored the relationship between religiosity, religious fundamentalism, and heterosexism with support for LGBTQ+ rights. This study sought to examine the mechanisms that contribute to religiosity's contribution to a lack of support for LGBTQ+ issues and rights. Specifically, it was hypothesized that religious fundamentalism would moderate the relationship between religious and negative attitudes toward the LGBTQ+ community. To study this, 407 adults were recruited through Amazon MTurk and included heterosexual, bisexual, gay, lesbian, and queer participants. Religious fundamentalism was measured using the Multi-Dimensional Fundamentalism Inventory (MDFI), which includes three subscales: external authority, fixed religion, and worldly rejection. Religiosity was measured through the instrument the Religious Values Inventory (RCI-10), and heterosexist attitudes were measured through the instrument Support for Gay and Lesbian Civil Rights scale.

Models were constructed to determine if the mediation of the relationship between heterosexism and support from gay and lesbian civil rights through religiosity was affected by religious fundamentalism. Models were constructed to analyze this mediation for each of the three religious fundamentalism subscales. The results found

that the relationship between religiosity and support for gay and lesbian civil rights was fully mediated by heterosexism. Heterosexism was found to mediate the effect that religiosity had on participants' demonstrating less support for gay and lesbian civil rights when they rated highly on the subscales of external authority and fixed religion. External authority refers to the extent to which an individual bases personal morality on what they perceive is God's word and the influence religion has on daily life. Fixed religion refers to the concept that religious teachings and traditions are independent of cultural contexts and should be accepted as givens (Liht et al., 2011). These results suggested that it may not be the beliefs or the construct of religiosity themselves that result in heterosexism or attitude development toward the LGBTQ+ community, but how those beliefs are operationalized regarding that community (Henry et al., 2021).

### **Religious Transition**

Religious identity is not necessarily an immutable construct and is subject to change, and often drastic change. As discussed in the section on religious residue, Saroglou (2011) proposed a four-dimension-model of religion, which also is useful in understanding the potential process of changing a religious identity. The first dimension involves belief includes the content of the religious concepts endorsed and internalized by the individual, as well as how they derive meaning from those beliefs in their lives. The second dimension involves bonding, which involves the personal and/or social engagement with ritual or activities that result in an emotional connection with a religious group or spiritual being. The third dimension involves behavior, which consists of actions that are consistent with religious teachings. These behaviors may involve moral

judgments for how an individual should act toward others and engage in relationships, including romantic ones. The final dimension is that of belonging, which includes the social connections resulting from being involved in a religious community.

Van Tongeren and DeWall (2021) developed a model to explain religious deidentification that aligns with Saroglou's four dimensions of religion. The first dimension described is the movement from belief to disbelief, which involves the cognitive component belief as the person no longer actively endorses acceptance of the religious tenets they once did and/or the existence of a deity. When an individual who has engaged in religious ritual as a means to bond to the sacred, divine, or community and ceases to do so has disengaged from bonding. This domain involves an emotional detachment rather than a cognitive one as seen in disbelief. Discontinuance refers to the act of distancing from moral teachings of a religion. This may present as the conscious non-endorsement of particular behaviors or actions as sinful, such as divorce or homosexual behavior. The final dimension of religious deidentification is disaffiliation from belonging which involves the separation from a religious community and distancing oneself from the individuals in that group. It is noteworthy that not all of these dimensions need to occur for deidentification. For example, an individual may disbelieve and experience discontinuance, yet not separate from the religious community due to fear of isolation, wanting to please family members, or being a minor and being unable to do so. While not every dimension is necessary for deidentification, they typically are interrelated and interact with each other on the individual level.

Hardy et al. (2023) examined the processes of this model developed by Van Tongeren and DeWall (2021) using longitudinal data. The aim of their study was to identify patterns and links between religiousness and behavior in adolescence and religious deidentification in adulthood. Data were sourced through all four waves of the National Study of Youth and Religion, which included 3,290 English and Spanish speaking adolescents between the ages of 13 and 167 at the start of the study. Key variables include to identify changes associated with the model included church attendance, prayer frequency, bible/scripture study, the importance of religion, spirituality as measured by perception of the participants' closeness to God, religious doubt, and continued religious affiliation. These variables were intended to capture the dimensions identified by Van Tongeren and DeWall (2021) of disbelief, disengagement, discontinuance, and disaffiliation. The results showed that church attendance, prayer, scripture study, religiosity, and spiritual connection all decreased cross the time periods. Doubt, however, did not change significantly throughout adolescence and young adulthood. Those participants who displayed a decrease in church attendance, prayer, scripture study, religious importance, and spirituality were significantly more likely to deidentify from religion. Having doubts in religion did not predict deidentification unless the higher level of doubt existed from the earliest wave. These results supported the model that suggests multiple dimensions of religious belief appear connected and they move together during the deidentification process rather than changing independently of the others. The behavioral and emotional aspects to religious belief, represented by church attendance, prayer, study, the importance of religion, and spirituality appear to

have been more predictive of deidentification than did the cognitive aspect exemplified by doubt.

Lefevor et al. (2023) explored the correlates of Christian religious identification and deidentification in a sample of sexual and gender minority adults. To accomplish this, the researchers sought to identify sociodemographic variables, childhood variables, and adult variables related to religious deidentification in this population. They hypothesized that sexual and gender minority adults who were older, persons of color, and female would religiously identify. Additionally, they hypothesized that those gender and sexual minority individuals who did not grow up within Christianity would be aware of and accept their identity sooner than would similar individuals who grew up Christian, and those who grew up Christian would experience more bullying, experience more minority stress and distress in adulthood, and be more distanced from other sexual and gender minority individuals. The sample for the study included 1,529 gender and sexual minority adults, 1/3 of whom resided in the American South. Variables of interest included current religious identification, sexual identity, gender, race/ethnicity, coming out milestones, experiences of bullying, adverse childhood experiences, minority stressors, resilience (which included outness, LGBT community connectedness, and social support), and mental health indicators. The results showed that being older, Black, a cisgender male, and living in the South were more likely to identify as Christian as adults. Sexual and gender minorities who were raised Christian experienced more adverse childhood experiences and bullying compared with other sexual and gender minorities and were less likely to be open about their sexuality. Sexual minorities who were raised

Christian endorsed experiencing more stigma and increased internalized homophobia compared to sexual minority participants who were not raised Christian. Based on these findings, the researchers concluded that those sexual and gender minorities who were raised Christian would maintain this religious identity until the benefits of remaining Christians were not as great as the costs of deidentifying. This is consistent with previous research that indicated having a locally privileged identity, such as being Christian and a cisgender male in the South, would be more likely to maintain this identity than nonprivileged identities, such as being female or noncisgender (Lefevor et al., 2020; Miller, 2013).

### **Age**

The age of the participant was used as an independent variable to determine if it impacts the effects of the other variables on the experience of internalized homophobia. The relationship between age and religiosity was explored in a longitudinal study by Argue et al. (1999). This study found that level of religiosity changes with age, with the greatest change occurring between the ages of 18 and 30. To determine the possibility of a period effect impacting these results, meaning that an external event could have impacted this decrease in religiosity over all cohorts that is unrelated to the age of the individuals, a model was created to account for this. In this model, a period effect was found in one of the cohorts where religiosity dropped between 1980 and 1988, but not between 1988 and 1992. When the period effect was controlled for, the results showed that religiosity increases with age. The most significant increases occurring between the ages of 30 and 50, with little increase after this age indicating that age could be a

significant variable when exploring the relationships between religiosity and other variables (Argue et al., 1999).

Studies that sought to assess attitudes borne from a religious perspective on attitudes toward the LGBTQ community have also noted that the variable of age has been significant. Donaldson et al. (2017) explored contributory individual and cross-cultural factors in attitudes towards homosexual people in 28 European countries. The results showed that a younger age was one of the variables that contributed to holding a more positive attitude toward homosexuals along with lower levels of religiosity, and other variables. Barringer and Savage (2022) examined the religious outputs across three different generations, Baby Boomers, Generation X, and Millennials, related to societal matters such as acceptance of LGBT rights. The results showed that religious identity influences views on same-sex relationships. However, this relationship with a decreasing impact of religious identities in each successive generation on attitudes toward same-sex relationships (Barringer & Savage, 2022).

### **Religious Identification**

Religious identification involves a consideration of how the participant currently identifies regarding religion. Considering that religion is an important aspect of individual and social identity, as well as the purpose of this study, it is important to consider both current religious identity and former religious identity. Studies exploring the dynamics around religious identity and religious transition have primarily taken one of two approaches. The first approach is to assess religious identification from a categorical range of a specific religious identity to a lack of identity. For example, Van

Tongeren et al. (2021a) and Mackey et al. (2023) assessed religious identification as categorical choices including currently religious, formerly religious, or never religious. Lefevor et al. (2020) and Hardy et al. (2023) assessed religious identification through dummy variables encoded with a particular identity such as Roman Catholic, Mainline Protestant, Mormon, religiously unaffiliated, or atheist.

Religious change has also been assessed to differentiate current religious identity from a former religious identity. In their study of religious change in older adults, Silverstein and Bengtson (2018) used religious change as a variable to assess how the participants viewed their religious identity at the time of the study compared to what it was a decade prior. Categorical choices included: became more religious, maintained religious identity, and became less religious were offered, along with an option for a consistent lack of religious belief. Those participants who endorsed an increase in religiosity over the preceding decade were then asked to provide a reason for this through a checklist allowing participants to choose multiple answers. This approach sought to determine changes in religious identity retrospectively.

### **Geographical Location**

The geographical location, and in particular the density of the area the participant resides in, has also been shown to impact the relationship between internalized homophobia and other relevant variables of this study. Whitley (2009) showed that most forms of religiosity were associated with negative attitudes toward LGB individuals. Rural identity also may impact attitudes toward LGB individual because that identity is associated with an urban identity making it a perceived outgroup (Thompson, 2023).

Perceived social support is a key variable as described in the previous section. The social support available is dependent upon the sociocultural norms and contexts of the individual within that community, making this variable important to consider. McLaren (2015) investigated the moderating factors of age, gender, and geographical location on the relationship between internalized homophobia and depression in a sample of Australian adults. The results showed that geographical location was a significant moderator of this relationship for gay men, but not lesbians, with gay men living in urban areas showing higher levels of depression than those in other areas.

The heteronormativity of the community, whether it is rural, suburban, or rural, impacts the perceived support availability and impacts the experiences of outness. Rural environments tend to be more socially conservative and endorse traditional values that do not typically include acceptance of LGB individuals (Agueli et al., 2022; Hubach et al., 2019; Yarbrough, 2004). The difficulty that a non-heteronormative individual has had in seeking support or assistance has been documented and the geography of the participant in studies is an important consideration in rural (Towns, 2020) and suburban environments (Podmore & Bain, 2020). The impact of the social environment inherent in geographical location on outness also may be considered as potentially impactful on participant experiences. Whitehead et al. (2016) noted the negative impact of stigma on the perceived ability to come out among rural LGB individuals and Grant et al. (2023) noted less community connectedness and negative mental health outcomes in LGB populations living in suburban environments.

## **Gender**

The gender of the participant was also included as one of the demographic variables. Because genders are viewed differently in social contexts, it cannot be assumed that men and women will have similar experiences of internalized homophobia and religious identity based on a shared or similar sexual identity. Gender has been shown to impact attitudes toward homosexuals, religiosity, and experiences of internalized homophobia. Herek et al. (1998) demonstrated that men had higher levels of homophobia than lesbian women, yet both had similarly heightened depressive scores in those who had the highest levels of internalized homophobia. In a study exploring the correlates of internalized homophobia, Warriner et al. (2013) found that gay men had higher levels of homophobia, transphobia, and aggressiveness compared with the lesbian sample. These studies demonstrate the need to differentiate the experience of men and women within this context.

Religiosity also has demonstrated gender differences. Several studies have found greater religiosity in Christian worldviews or denominations in women than in men, typically demonstrated in greater frequency of prayer (Schnabel, 2015). This behavior may be due to the differences in socialization within the Christian community as boys had traditionally been encouraged to be more active, while young girls were encouraged to be more reflective (Eagly, 2013). However, this gender difference does not apply across religions as demonstrated by Loewenthal et al. (2002) where religiosity by gender was explored among Christians, Muslims, Hindus, and Jews in the United Kingdom where only in Christianity were women found to be more religious. Considering gender

in a Christian-focused sample could take into account these differences that might impact the relationships between the key variables described in the previous section.

### **Summary and Conclusions**

Internalized sexual stigma affects the mental health of many adults who identify as LGB as well as those who identify as heterosexual and have same-sex attraction. Those who were raised in a religion that has scriptural and social proscriptions against homosexual, or nonheteronormative sexuality, have been shown to have negative mental health outcomes. Prior research has shown several commonalities in LGB adults who rate highly on measures of internalized sexual stigma, including lower levels of religiosity (Barnes & Meyer, 2012) and more negative mental health outcomes (Barnes & Meyer, 2012; Pan et al., 2022). Internalized homophobia can lead to shame and the dynamic of hiding one aspect of an individual's identity when that identity will not be accepted by their community. This phenomenon has been demonstrated to also contribute to the negative mental health outcome of depression, anxiety, substance abuse, relationship issues, and trauma (Frost & Meyer, 2009; Herek et al., 2009; Liu et al., 2023; Meyer & Dean, 1998; Newcomb & Mustanski, 2010). Identifying the correlates including perceived social support, religiosity, outness, and fundamentalism has been the aim of many of the studies discussed in this section. What has been less investigated is the relationship of these variables on internalized homophobia in those who have changed their religious identities.

The purpose of my study was to explore the relationship between religious transition, outness, perceived social support, religiosity, and religious fundamentalism on

the experience of internalized sexual stigma in the population of those who grew up with a religious and have acknowledged same-sex sexual attraction. My study took a quantitative approach to determine the extent to which each of these variables, or in combination, contributed to the variable of internalized homophobia. It is hoped that the results of the study will contribute to the emerging literature on religious residue and internalized homophobia. Chapter 3 will describe the specific research design and population of interest used to answer the RQ, including sampling procedures, how participants were recruited, and how the resulting data were collected and analyzed.

## Chapter 3: Research Method

### **Introduction**

The purpose of this quantitative study was to determine the extent to which religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults. This descriptive correlational quantitative study was intended to explore the relationship between religious transition, outness, perceived social support, religiosity, and religious fundamentalism on the experience of internalized sexual stigma in the population of those who grew up with a religious and have acknowledged same-sex sexual attraction. This section will outline the general research design with rationale, the data analysis strategy, and details on all measures used. The reliability and validity of these measures will be addressed within this section. Sample populations, recruitment, data storage and security, and data analysis will also be addressed in this section.

### **Research Design and Rationale**

This study used a quantitative, nonexperimental, correlational design to predict levels of internalized homophobia in an adult population using outness, religiosity, perceived social support, religious transition, and religious fundamentalism as predictor variables. Using a quantitative research approach in this study was appropriate because I examined potential statistical relationships among these variables. Surveys were appropriate considering the nonexperimental design that will not manipulate any of the variables and allowed for a larger population to be assessed relatively quickly, which contributes to greater statistical power.

## **Methodology**

This section will include a discussion of the population studied, sampling and recruitment procedures, data collection methods, and storage. Additionally, I will discuss all instrumentation and how the underlying constructs relate to the concepts described in Chapter 2.

### **Population**

The target population for this study was adult men and women who acknowledged SSA and/or identity as gay, lesbian, or bisexual (LGB). The population was defined in this way to not exclude those who acknowledge same-sex attraction while not necessarily identifying as LGB. To more fully capture the phenomena of interest, it is important to not eliminate potential participants based on a defined identity. Hillier and Harrison (2004) noted the presence of shame in a population of SSA adolescents, which could prevent an adult population with similar experiences from participating despite being in the population of interest. Considering the relationship between religiosity and nonheteronormative identity acceptance (Collier et al., 2013) and the possibility that potential participants may have an “unsure” sexual identity (Zhao et al., 2010), it was more appropriate to include SSA rather than limiting to LGB identified adults. Potential participants also endorsed a transition of religious identity from a Christian-associated religion to a non-Christian or unaffiliated belief.

### **Sampling and Sampling Procedures**

This study utilized a nonprobability convenience sample to recruit participants. This procedure was chosen for its time- and cost-effectiveness. Nonprobability sampling

techniques are not necessarily generalizable regarding the findings because the participants are not representative of the population as a whole.

A power analysis was performed using G\*Power 3.1.7 software (see Faul et al., 2009). To determine the appropriate sample size for a linear multiple regression (fixed model,  $R^2$  deviation from zero), an effect size of 0.150 (medium effect size), alpha level of .05, power level of .95, and the 11 independent variables (outness, perceived social support, religiosity, religious transition, fundamentalism, gender, geographical location, geographic density, religious identity, religious transition, and age) were entered into the G\*POWER software. The results indicated a recommended a sample size of 178 participants.

### **Procedures for Recruitment, Participation, and Data Collection**

Potential participants were recruited to complete the survey using the third-party vendor Momentive, also known as Survey Monkey. Social media was also used to identify potential participants who met the criteria of inclusion. Potential participants were adults who identified as LGB and/or endorsed same-sex attraction as well as endorsed a Christian-aligned identity at some point in their lives. The complete survey included the informed consent document; all the demographic information and formal instruments are detailed in the next section. Prospective participants were informed that their participation was completely voluntary and included a description of the purpose of the study. Demographic variables did not include a name identifier, and I did not collect any email addresses were collected. In place of a name, checking an “Agree” checkbox resulted in the assignment of an identified code to be used to record the subsequent data

entered by that participant. After the survey was completed, my name and email address were provided should the participant have any questions or concerns.

## **Instrumentation and Operationalization of Constructs**

### ***Demographic Variables***

The portion of the survey collecting demographic data included the participant's age, gender identity, sexual identity, religious identity, geographical density of their home, and geographical location. Religious identity was assessed through a forced choice statement that best applies to the participant. The choices included a variety of Christian denominations, atheist, agnostic, unaffiliated believer, or spiritual but not religious.

Age was recorded as a single ratio variable. Gender identity was coded with the options of male, female, transgender, nonbinary/nonconforming, or prefer not to answer. Sexual identity was coded with the options gay, lesbian, bi-sexual, heterosexual, or asexual. Geographical location data were acquired through a single item requesting their state of residence. Geographical density data were acquired through a single item question regarding their place of residence being in a large urban, small urban, outer suburb, inner suburb, or rural area.

### ***The IHP-R***

Internalized homophobia is conceptualized by Herek (2004) as the internalization of the conflict between what others or society express that they should be, heteronormativity, and what they are, homosexual. The IHP-R is a 5-item instrument intended to measure self-stigma on a 5-point Likert scale (Herek et al., 2009). This scale is a revised version of the IHP developed by Meyer (1995) based on an unpublished

series of interview questions developed by Martin and Dean (1988). The original was normed on a sample of 741 gay men in 1987 who were not diagnosed with HIV or AIDS (Meyer, 1995). The range of results is between 5 – 25, with a mean score being used as a final result. The instrument's Cronbach's alpha was 0.79, indicating moderately high reliability on the original testing (Meyer, 1995).

The revised version of the IHP-R was created because the original was based on an all-male sample. Factor and item analyses were conducted, and the revised 5-item instrument was created and validated. The wording of items was changed to reflect a more inclusive stance for multiple genders. An example of this change was from the original wording of the first item "I wish I wasn't gay/bisexual," to "I wish I weren't lesbian/bisexual [gay/bisexual]" (Herek et al., 2009). The correlations on internal reliability between the original and the revised instrument were very high,  $\alpha = .82$  on the revised form compared with  $\alpha = .79$  on the original (Herek et al., 2009). Based on acceptable construct validity of the original (Herek & Glunt, 1995; Herek et al., 1998), the revised measure continues to maintain acceptable construct validity.

Huynh et al. (2020) conducted a study on both versions of the instrument for gender invariance to determine if the underlying construct and measurement approach is similar for gay men and lesbian women. This is particularly important because my study sample included both males and females. Prior research has indicated that women expressed higher levels of internalized homonegativity or sexual stigma than men (Herek et al., 1998). The study included testing for scalar, configural, metric, and uniqueness invariance. Configural invariance tested whether the same number of factors, and the

pattern of those factors, was the same across both groups. Scalar invariance refers to the thresholds of individual items of the scale and determines if both groups are interpreting and/or using the scale in the same way (Lavoie & Douglas, 2012). Metric invariance examines the factor loadings across groups to ensure that the instrument measures the same constructs for both groups of interest (Parent & Smiler, 2013). Uniqueness variance looks at each item to compare how different the Cronbach's alphas for each of those items differ which would indicate differing reliabilities across items (Huynh et al., 2020).

The results of this study found that the revised version has greater fit than the original, potentially due to the additional items containing more indicators introducing additional variance in the longer instrument (Huynh et al., 2020). The IHP-R did fail the uniqueness invariance test on the fifth item of "I would like to get professional help in order to change my sexual orientation from lesbian/gay/bisexual to heterosexual" (Huynh et al., 2020). When the error variance was allowed to vary, the scale passed the uniqueness invariance test, suggesting that this was not related to internalized homophobia factors. Overall, this study confirmed that each item was equally important to both genders, which led support to the usage of the revised instrument over the longer original (Huynh et al., 2020).

### ***MSPSS***

The MSPSS was developed by Zimet et al. (1988) to measure the respondent's perception of social support as differentiated from enacted social support. One of the main motivations for the scale was to consider the subjective perception of the availability and quality of social support. The sources of support are categorized as from

family, friends, and significant others. The instrument is a 12-item survey using a 7-point Likert scale with a resulting total mean and means for each of the three subscales described above. It has demonstrated sound psychometrics in the original norming study which has been confirmed by subsequent studies, several of which will be discussed in this section (see Zimet et al., 1988).

The MSPSS was originally normed on 275 undergraduate students at Duke University with a range of ages (17-22) and a relatively even split of genders (M = 139, F = 136) with 69 of that sample being retested for reliability purposes (Zimet et al., 1988). Confirmatory factor analysis confirmed the adequacy of the subscale groupings. Cronbach's alpha for the full instrument was .88, and was .91 for the Significant Other subscale, .87 for the Family subscale, and .85 for the Friends subscale (Zimet et al., 1988). The test-retest reliability for the entire scale was  $r = .85$ , and .72 for the Significant Other Subscales, .85 for the Family subscale, and .75 for Friends subscale. These findings indicate good internal reliability as well as adequate stability over time (Zimet et al., 1988). The construct validity evaluation was accomplished by comparing the norm results with measures of depression and anxiety since perceived social support has been negatively correlated with mental health outcomes such as depression and anxiety (Lakey & Orehek, 2011; Wang et al., 2018).

Considering the narrow demographics of the population that the MSPSS was normed on (Zimet et al., 1988), additional validation studies of the psychometric data were conducted to address this limitation. The first study (Zimet et al., 1990) used groups of pregnant women, high school students, and medical residents in three separate studies

to further validate this instrument. In these groups, the Cronbach's alpha for the scale as a whole ranged from .84 to .90, with the adolescent sample having the lowest internal reliability, yet still above the adequate level. The strong factorial validity across the three subscales was also confirmed and construct validity was strong for the Family and Significant Other subscales, but not as strong for the Friends subscale (Zimet et al., 1988). Dahlem et al. (1991) also confirmed high internal validity with a Cronbach's alpha of .91, as did Kazarian & McCabe (1991) with a Cronbach's alpha of .87 and .88 for two separate samples. Stanley et al. (1998) also found similar and consistent findings in populations of older adults adding to the evidence of the instrument's psychometric qualities.

The subscales are particularly important for my study considering the intersection of religious and sexual identities along with the scriptural prohibition against homosexuality amongst some Christians, as discussed in Chapter 2 (VanderWaal et al., 2017). McConnell et al. (2015) utilized the MSPSS to measure how different avenues of social support contribute to mental health outcomes in LGBT populations. The study utilized the three subscales of this scale with 248 LGBT youth from Chicago in a community sample. The participants were clustered into three categories based on the results that represented high support, low support, and low family support and high nonfamily support. Clustering on demographic and mental health variables demonstrated that those with high levels of family social support had better mental health outcomes, despite receiving support from other sources (McConnell et al., 2015). The study also showed that 75% of economically advantaged youth were clustered in high support,

while 75% of economically disadvantaged youth were clustered in the low support group (McConnell et al., 2015). This study demonstrates the utility and effectiveness of using this instrument with this particular population.

Henry et al. (2021) also utilized this instrument in their study exploring the relationships among mental health, discrimination and suicidality in a LGBT population in Latin America using religiosity and social support as independent variables. The study included 99 adults who identified as LGBT, were able to complete the survey in Spanish, and lived in Latin America. The results showed that social support had a moderating effect on the relationships among both forms of discrimination utilized in the study, depressive symptoms, and suicidal ideation. Religiosity overall was significantly lower in this sample compared with nonreligious adults in the United States (Henry et al., 2021). The internal consistency of the MSPSS in this study was  $\alpha = 0.92$  for the total scale,  $\alpha = 0.95$  for the Friends subscale,  $\alpha = 0.91$  for the Family subscale, and  $\alpha = 0.96$  for the Significant Other subscale (Henry et al., 2021). Using this instrument to measure perceived social support with both sexual identity and religious variables has been sufficiently demonstrated to be appropriate.

### ***Outness Inventory***

A common instrument to measure outness in the LGB population has been the Outness Inventory developed by Mohr and Fassinger (2000). This is an 11-item instrument that assesses the level of outness, defined as the degree to which a respondent speaks openly about their sexual orientation with different categories of people, such as family members or co-workers (Mohr & Fassinger, 2003). This instrument uses a 7-point

Likert scale with responses ranging from 1 = *the person definitely does not know about your sexual orientation status* to 7 = *the person definitely knows about your sexual orientation status, and it is openly talked about* (Mohr & Fassinger, 2000). There were three identified subscales within this instrument, which included the degree to which the respondent was open about their sexuality or sexual identity with (a) family, with a Cronbach's alpha of 0.75; (b) the world, with a Cronbach's alpha of 0.79; and (c) to their religious community with a Cronbach's alpha of 0.97 (Mohr & Fassinger, 2000). Results are scored by calculating means for each of the subscales as well as total mean for all responses. Exploratory and confirmatory factor analyses were undertaken and demonstrated acceptable validity.

Convergent validity of the instrument was demonstrated through the confirmation that the need for privacy and acceptance was reported as predicted in the Mohr and Fassinger (2000) initial study. Meidlinger and Hope (2014) also found that the Outness Inventory was positively correlated with the subscales of Nebraska Outness Scale's Disclosure Subscale, another validated measure. Discriminant validity was demonstrated by the results that parents who endorsed religions with antigay beliefs were not significantly different than individuals with parents who did not regarding levels of public outness, but the levels of outness with family members did significantly differ (Mohr & Fassinger, 2003).

Reyes et al. (2023) used the Outness Inventory in their study of the relationship between perceived social support and outness in Filipino young adults identifying as LGB. This research reported a Cronbach's alpha of  $r = 0.75$  for the study which

supported the level of reliability reported by Mohr and Fassinger (2000). Meidlinger and Hope (2014) found an internal consistency of  $\alpha = 0.84 - 0.95$  across genders and sexual orientations, including transgender, in their study of 188 female and male participants, 1 female-to-male transgendered participant, and 3 male-to-female participants. Szymanski and Sung (2013) utilized this instrument in their study of 143 Asian-American LGBT-identified men, women, and transgendered adults and reported a Cronbach's alpha of 0.84 supporting its cross-cultural usage.

### ***The CRS***

The CRS is a self-report questionnaire-based instrument containing a range of items. It was designed to assess the importance and salience of religion and religious meaning in respondents (Huber & Huber, 2012). Huber and Huber (2012) conceptualized religiosity as involving the intersections of intellectual and ideological beliefs, public and private practice of common social and religious social experience including rituals. There are multiple versions containing 15, 10, or 5 items. There are also additional versions validated for interreligious populations. However, because Christianity was the focus of my study, I focused on the 10-item version. The CRS-15 was normed first and demonstrated a reliability alpha of 0.93 (Huber, 2003). Construct validity was obtained by comparing the results to the single-item measure: "Overall, how religious would you describe yourself?" This yielded a correlation of  $r = 0.87$  (Huber, 2007). The scale was also validated against the consequences of religiosity by surveying the 806 initial respondents on the level of personal relevance religion has to various dimensions of life including family and politics which yielded a correlation of  $r = 0.84$  (Huber, 2007).

A shorter version of the CRS contains 10 items (CRS-10), with two items representing each of the dimensions of religiosity in the model detailed in Chapter 2. The form of the measure for Abrahamic religions was used because participants were within these parameters. Items in the instrument include such questions as “How often do you think about religious issues?” and “To what extent do you believe that God or something divine exists?” The responses are on a 5-point Likert scale with the overall score being the mean of all scored items (Huber & Huber, 2012). Initial reliability was compiled through eight studies finding a collective Cronbach’s alpha ranging from 0.89 to 0.94. This is compared with Cronbach’s alpha of 0.92 to 0.96 across three early studies, indicating strong support for using the shortened measure (Huber & Huber, 2012). All three versions of the CRS were compared for validation purposes in a population of English-speaking, Christian university students living in the Philippines (del Castillo et al., 2021). The results showed a Cronbach’s alpha for the CRS-15 of 0.93 while the Cronbach’s alpha for the CRS-10 was 0.89 demonstrating strong reliability and supporting the usage of the 10-item measure for this study (del Castillo et al., 2021).

### ***IFS***

The IFS is a 5-item, 6-point Likert scale instrument resulting in a mean score, which was designed to measure levels of fundamentalism as an attitude toward sacred text. It is based on a longer 12-item scale originally developed by Williamson and Hood (2005), which was designed to measure fundamentalist attitudes without relying on specific belief content. It was constructed based on six factors that describe how fundamentalists view their sacred texts: they are of divine origin, they are inerrant, they

are self-interpretive meaning no outside source is required to understand them, they have a privileged status about other texts, and they are authoritative in that their claims supersede the claims of other texts and are unchanging. The initial 12-item version has a reliability Cronbach's alpha of 0.94. The researchers demonstrated convergent validity through the positive correlation with other instruments used to measure religious fundamentalism such as Altemeyer and Hunsberger's (1992) Religious Fundamentalism Scale (Williamson & Hood, 2005).

Williamson and Hood (2010) revised their instrument and reduced the number of items to five. An analysis was conducted using the instrument, including a confirmatory factor analysis of the original instrument to determine if the model fits the data. A comparison was conducted between two models within the 12-item original instrument, one with five items and the other with four items. The model with five items demonstrated a better goodness-of-fit with five of the six construct attitudes representing the intratextual construct. The reliability of the full measure in this study was 0.83 demonstrating strong reliability (Williamson & Hood, 2010). The 5-item version of the instrument correlated strongly with the Religious Fundamentalism Scale ( $r = 0.75$ ) as well as a satisfactory correlation with the Right-Wing Authoritarian Scale ( $r = 0.50$ ; Williamson & Hood, 2010). Convergent validity was measured by comparing with the Religious Fundamentalism Scale with findings indicating good validity ( $r = 0.75, p < 0.01$ ; Williamson & Hood, 2010).

The second study validated the first study by using a larger sample, 220 participants compared with 137 in the first study, which was considered a weakness. This

study also utilized Muslim participants in Pakistan to test the cross-cultural utility of the instrument. A confirmatory factor analysis was again conducted, finding an absolute fit index of 3.03, which was in the acceptable range (Williamson & Hood, 2010). The instrument showed less reliability for this sample with a Cronbach's alpha of 0.65. Overall, this study confirmed the 5-item model was a good, but less reliable, fit for the Muslim sample compared with the sample of the first study, which was of undergraduate students in the American south (Williamson & Hood, 2010).

The third study sought to confirm the factor analysis of the first two studies and provide evidence for the divergent validity of the instrument. In this study, Williamson and Hood (2010) hypothesized that there would be a positive correlation between religious fundamentalism with attendance at church services or meetings and negatively correlate with the tendency to question and doubt religious beliefs, and with a preference for complex thinking. There was an increased sample size in this final validation study with 236 undergraduate students from the same university in the American south used in Study 1. The 5-item IFS instrument was used in this study along with other measures with which to compare it, including the Quest Scale, Religious Doubt Scale, Need for Cognition Scale, and the International Personality Item Pool Questionnaire. The measure of internal consistency was Cronbach's alpha of 0.88 for this instrument. Pearson's correlations with other measures demonstrated that the IFS was strongly and positively correlated with attendance at church ( $r = 0.44, p < 0.01$ ). Overall, these studies demonstrated sufficient reliability and validity to be a valid measure of religious fundamentalism (Williamson & Hood, 2010).

### **Data Analysis Plan**

When data collection is complete, the results were entered into the Statistical Package for Social Sciences (SPSS) version 29.0 for analysis. The data were first screened for completeness and to ensure that a sufficient number of valid and complete participants were recorded according to the G\*Power analysis. Responses that did not acknowledge LGB identity or same-sex attraction were removed. Descriptive statistics were first computed for the independent variable and all dependent variables, including the demographic variables. This was computed to determine the shape of the distribution, central tendencies, and the dispersion (the standard deviation, range, and variance). A backwards stepwise multiple linear regression was used to evaluate the relationship between the independent variables, including the demographic variables, and one dependent variable of internalized homophobia. Significance was set at  $p < .05$ . This regression model was utilized to determine the strength of the relationship between each variable and the dependent variable of internalized homophobia with The assumption of multiple linear regression is that the homogeneity of variance (homoscedasticity) or the size of the error in the prediction does not change significantly.

A moderation analysis was conducted to determine if, and the extent that, religious fundamentalism influences the relationship between religiosity and internalized homophobia. This analysis was conducted because prior correlations have been identified between religious fundamentalism and prejudice (see Johnson et al., 2011; Wilkerson et al., 2012). Understanding the strength or weakness of the influence of religious fundamentalism on these variables may provide valuable insight into the variety of

religious experiences beyond a static religious identity. Considering that religious fundamentalism is a nonobservable, latent variable structured equation modeling was utilized in the moderation analysis (Wall & Amemiya, 2001). For clarity of interpretation, visual resources are provided to present the results of these analyses.

### **RQs and Hypotheses**

RQ1: To what extent does religious identity transition predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>01</sub>*: Religious identity transition is not a significant predictor of internalized homophobia.

*H<sub>1</sub>*: Religious identity transition is a significant predictor of internalized homophobia.

RQ2: To what extent does religiosity predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>02</sub>*: Religiosity is not a significant predictor of internalized homophobia.

*H<sub>2</sub>*: Religiosity is a significant predictor of internalized homophobia.

RQ3: To what extent does religious fundamentalism predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>03</sub>*: Religious fundamentalism is not a significant predictor of internalized homophobia.

*H<sub>3</sub>*: Religious fundamentalism is a significant predictor of internalized homophobia.

RQ4: To what extent does outness predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>4*: Outness is not a significant predictor of internalized homophobia.

*H<sub>4</sub>*: Outness is a significant predictor of internalized homophobia.

RQ5: To what extent does perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>5*: Perceived social support is not a significant predictor of internalized homophobia.

*H<sub>5</sub>*: Perceived social support is a significant predictor of internalized homophobia.

RQ6: To what extent does religious fundamentalism, as measured by the IFS, moderate the relationship between religiosity, as measured by the CRS, and internalized homophobia, as measured by the IHP-R, among gay, lesbian, and bisexual adults who have endorsed a religious transition from Christianity to a nonreligious identity?

*H<sub>0</sub>6*: Religious fundamentalism does not significantly moderate the relationship between religiosity and internalized homophobia.

*H<sub>6</sub>*: Religious fundamentalism significantly moderates the relationship between religiosity and internalized homophobia.

### **Threats to Validity**

The first threat to validity was social desirability bias. Crowne and Marlowe (1960) described social desirability in the context of social research as the tendency of respondents to frame their survey responses to promote what they perceive would result

in a positive evaluation. Atheists, or nonbelievers in a deity, often are viewed negatively by more predominant social groups associated with a particular religion (Grove et al., 2019). Moon et al. (2021) found that there are both positive and negative stereotypes about nonbelievers or atheists. However, the perception of these stereotypes may differ by cultural norms of the local community the participant is living in, which may affect the anticipation of social desirability for these individuals.

Self-selection bias was also a potential threat to validity due to the nature of the study. Being a targeted study regarding religion and sexual identity with a population of those who have changed their religious identity, there was the potential for self-selection that would have resulted in a nonrepresentative sample. The self-selecting nature of online survey recruitment platforms does introduce a level of bias related to more motivated participants choosing to complete the survey leading to a possibly nonrepresentative sample. Cheung et al. (2017) noted that online survey platform workers may opt in to responding to surveys that they find interesting or personally meaningful, which may impact the validity of the outcomes due to self-selection bias that would affect the generalizability of the results. While nonrepresentative samples can be valuable in identifying trends, particularly in nonprobability subpopulations such as LGB adults who have transitioned their religious identities, any conclusions might be tentative (Lehdonvirta et al., 2021).

### **Ethical Procedures**

The study was submitted to the Walden University Institutional Review Board for approval. After this was granted, with approval number 09-19-24-1125815 issued on

September 9, 2024, participant recruitment and data collection commenced. All data collected are stored in a password protected file on a password protected laptop computer accessible only by me. Backup files are stored on a cloud-based Google Drive that are also password-protected. No data stored include personal identifiers and will be destroyed 5 years after completion of the study. The informed consent document includes the purpose of the study, the potential participants' right to withdraw at any time, identifies potential risks of participating including emotional discomfort and other potential mental health consequences, limits of confidentiality, any incentives for participation, and contact information for any questions and concerns (APA, 2017). Because the topic of this study includes beliefs about religious and sexual identity, there was the possibility that potential participants could have experienced past traumas or other related mental health challenges. For this reason, resources were provided including National Association on Mental Illness (<https://www.nami.org/>) and the Secular Therapy Project (<https://www.seculartherapy.org/>).

### **Summary**

This study was quantitative in nature and sought to determine the level to which contributing factors, including religiosity, religious fundamentalism, religious identity transition, outness, and perceived social support effect internalized homophobia in LGB adults. This chapter described the specific methodologies that were utilized, research methods, and potential participants. Participants included adults who identified as gay, lesbian, or bisexual, or endorsed a same-sex attraction. The research instruments used in the survey were discussed and analyzed, including threats to validity and ethical

considerations. In Chapter 4, I will present the results of the study along with a detailed analysis.

## Chapter 4: Results

### Introduction

The purpose of this quantitative study was to determine the extent to which religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support predict internalized homophobia in the population of LGB adults or those who have endorsed a same-sex attraction. This descriptive correlational study tested five RQs based upon the variables listed using backwards stepwise linear regression. This chapter will begin with details of the data collection process and continue with a discussion of the descriptive statistics of the sample. The statistical assumptions will also be discussed followed by a detailed description of the results.

### RQs and Hypotheses

RQ1: To what extent does religious identity transition predict internalized homophobia in gay, lesbian, and bisexual adults?

*H*<sub>0</sub>1: Religious identity transition is not a significant predictor of internalized homophobia.

*H*<sub>1</sub>: Religious identity transition is a significant predictor of internalized homophobia.

RQ2: To what extent does religiosity predict internalized homophobia in gay, lesbian, and bisexual adults?

*H*<sub>0</sub>2: Religiosity is not a significant predictor of internalized homophobia.

*H*<sub>2</sub>: Religiosity is a significant predictor of internalized homophobia.

RQ3: To what extent does religious fundamentalism predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>3*: Religious fundamentalism is not a significant predictor of internalized homophobia.

*H<sub>3</sub>*: Religious fundamentalism is a significant predictor of internalized homophobia.

RQ4: To what extent does outness predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>4*: Outness is not a significant predictor of internalized homophobia.

*H<sub>4</sub>*: Outness is a significant predictor of internalized homophobia.

RQ5: To what extent does perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults?

*H<sub>0</sub>5*: Perceived social support is not a significant predictor of internalized homophobia.

*H<sub>5</sub>*: Perceived social support is a significant predictor of internalized homophobia.

RQ6: To what extent does religious fundamentalism, as measured by the IFS, moderate the relationship between religiosity, as measured by the CRS, and internalized homophobia, as measured by the IHP-R, among gay, lesbian, and bisexual adults who have endorsed a religious transition from Christianity to a nonreligious identity?

*H<sub>0</sub>6*: Religious fundamentalism does not significantly moderate the relationship between religiosity and internalized homophobia.

*H6*: Religious fundamentalism significantly moderates the relationship between religiosity and internalized homophobia.

### **Data Collection**

Survey Monkey was used to collect data over 2 days in September 2024. The inclusion criteria were adults over the age of 18 who identified as gay, lesbian, or bisexual and/or endorsed experiencing same-sex attraction who experienced a religious identity transition from one based in Christianity to a non-Christian or nonaffiliated identity. The survey was introduced using the informed consent form, which included a description and purpose of the study and the voluntary nature of participation. No personally identifiable data were collected including email or IP addresses. Each participant was automatically assigned an identification number. Respondents who did not consent, endorsed a current Christianity-affiliated religious identity, or endorsed both a heterosexual identity and a denial of same-sex attraction were disqualified from the study and removed.

All data collection took place online using three separate Survey Monkey Collectors. The first collector involved 41 respondents who responded to invitations to participate posted on two different subreddits on the Reddit social media site. The invitation using wording approved by the Walden University Institutional Review Board, was posted on the subreddits “/r/exvangelical” and “/r/sample\_size” with 41 responses recorded. The second collector was sent to 207 respondents with an actual incidence rate of 57%, a disqualification rate of 43%, and a 13% abandonment rate resulting in 117 respondents. The third collector was sent to 183 respondents with an actual incidence rate

of 64%, a disqualification rate of 36%, and an abandonment rate of 18% yielding a total of 113 completed surveys. The third collector was sent to ensure a sufficient sample size based on the difficulty of filtering for participants who endorsed a change in religious identity using Survey Monkey filter and logic settings. After data cleansing to remove these samples that did not meet the inclusion criteria, a total sample of 254 respondents was achieved. This exceeds the sample size required to achieve an effect size of 0.150 (medium effect size), alpha level of .05, power level of .95 as described in Chapter 3.

### **Demographics**

The demographics of the study participants are presented in Table 1. There were slightly more women (46.9%) in the sample than men (44.9%). Participants who identified as nonbinary (3.9%), transgender (3.1%) and other (1.2%) also were part of this sample. Participants ages ranges were relatively evenly spread with 20.1% between 18 and 29, 29.5 between 30 and 44, 24.8% between 45 and 60, and 12.2% above 60 years old. In this sample, 13.4% did not respond to the demographic data question on age requested by Survey Monkey. The majority of respondents indicated a current religious identity of atheist (33.9%) or agnostic (23.6%). The remainder of participants indicated a religious identity of nonaffiliated believer (3.9%), as a member of a non-Christian religion (15.7%), and spiritual but not religious (22.8%). Bisexual participants (41.3%) were the largest grouping by sexual orientation followed by homosexual participants (40.9%). Heterosexual (8.7%), asexual (3.1%), and those who selected “other” (5.9%) comprised the remainder of the participants’ sexual orientations. Participants were also asked about the geographic density of where they live with the majority living in urban

areas, 41.7 in large city urban areas and 20.5% living in small city urban areas. The remainder of the sample indicated living in inner suburbs (17.3%), outer suburbs (12.2%), and in rural areas (8.3%). This sample may not be representative of all LGB adults who left a religion due to the nature of the data collection through SurveyMonkey. These respondents may not be representative of this population due to the potential nonrandomness of the sample.

**Table 1**

*Frequencies and Percentages for Gender Identity, Age Range, Current Religious Identity, Sexual Orientation, and Geographical Density*

Variable	<i>N</i>	Percentage
Gender identity		
Male	114	44.9%
Female	119	46.9
Nonbinary	10	3.9%
Transgender	8	3.1%
Other	3	1.2%
Age range		
18 – 29	51	13.4%
30 – 44	75	29.5%
45 – 60	63	24.8%
60 and above	31	12.2%
Did not specify	34	13.4%
Current religious identity		
Atheist	86	33.9%
Agnostic	60	23.6%
Nonaffiliated believer	10	3.9%
Non-Christian religion	40	15.7%
Spiritual but not religious	58	22.8%
Sexual orientation		
Homosexual	104	40.9%
Bisexual	105	41.3%
Heterosexual	22	8.7%
Asexual	8	3.1%
Other	15	5.9%
Geographic density		
Large city urban area	106	41.7%
Small city urban area	52	20.5%
Inner suburb	44	17.3%
Outer suburb	31	12.2%
Rural	21	8.3%

## Results

### Basic Univariate Analyses of Key Variables

The variables of interest for this study included the dependent variable of internalized homophobia and the independent variables of religious identity transition, outness, perceived social support, religiosity, and fundamentalism. Descriptive statistics are provided here for these continuous variables and displayed in Table 2. Internalized homophobia ( $M = 2.28$ ,  $SD = 1.22$ ), religious identity transition (measured in years since identity change;  $M = 15.25$ ,  $SD = 14.58$ ), outness ( $M = 3.59$ ,  $SD = 1.75$ ), perceived social support ( $M = 4.65$ ,  $SD = 1.46$ ), religiosity ( $M = 2.71$ ,  $SD = 1.15$ ), and religious fundamentalism ( $M = 2.89$ ,  $SD = 1.44$ ). As can be seen in Table 2, the sample size for religious identity transition is lower, with 25 of the 254 total sample missing data. This is explained by the open-ended nature of the response, which was either left blank or a nonnumber response was provided. Nonnumeric responses were deleted leading to this lower  $N$  compared with the other variables.

**Table 2**

*Descriptive Statistics for Predictor and Outcome Variables*

Variable	$N$	Mean	Standard Dev
IHP (internalized homophobia)	254	2.28	1.22
Identitytransitionyears	229	15.25	14.58
Outness	254	3.59	1.75
MSPSS (perceived social support)	254	4.65	1.46
Religiosity	246	2.71	1.15
Fundamentalism	249	2.89	1.44

### Evaluation of Statistical Assumptions

Prior to performing any regression analyses, assumptions for multiple linear regressions were evaluated. Normality was tested first using the Shapiro-Wilk test and by examining Q-Q plots. Table 3 displays the data results indicating that five of the six variables were not normally distributed. The variable of perceived social support (MSPSS) was normally distributed. An examination of the Q-Q plots for each variable did indicate that five of the six variables did display normality. The Q-Q plots for each variable are displayed in Appendix A. The Q-Q plot and the Shapiro-Wilk test for the dependent variable of internalized homophobia indicated that this variable did not demonstrate a normal distribution. The lack of normal distribution for the dependent variable is not a concern for multiple linear regression considering the size of the sample according to the central limit theorem (Pek et al., 2018).

**Table 3**

*Shapiro-Wilk Normality Testing for Study Variables*

Variable	Statistic	<i>df</i>	<i>p</i>	Skewness	Kurtosis
IHP (internalized homophobia)	.868	254	<.001	.935	-.198
Identitytransitionyears	.845	229	<.001	1.443	1.692
Outness	3.59	1.75	<.001	.274	-.984
MSPSS (perceived social support)	4.65	1.46	0.76	-.407	-.150
Religiosity	2.71	1.15	<.001	.427	-.740
Fundamentalism	2.89	1.44	<.001	1.007	-.175

The assumption of linearity was tested through the use of scatterplots. Appendix B displays the scatterplots that demonstrate the linear relationships between the predictor

variables and the outcome variable. The scatterplots did not demonstrate linearity; therefore, the assumption of linearity was not met for this data.

The assumption of collinearity was tested by calculating the variance inflation factor for the predictor variables in the model. The test for this assumption seeks to determine if the predictor variables are correlated with each other to a degree significant enough that they would not produce unique results within the regression model. Table 4 displays the results that demonstrate that none of the variables are correlated with each other to an extent that would be problematic in this study.

**Table 4**

*Collinearity for Predictor Variables*

Variable	VIF	Tolerance
Identitytransitionyears	1.145	.874
Outness	1.209	.827
MSPSS (perceived social support)	1.221	.819
Religiosity	1.730	.578
Fundamentalism	1.710	.585

The next assumption tested was that of the independence of the residuals. For this test, I sought to determine if the differences between the predicted value and the actual value in the regression model are independent and not correlated. To determine this, a Durbin-Watson test was performed. The result of this test was a Durbin-Watson statistic of 2.035, which falls into the normal range, indicating that there is no correlation among the residuals.

Homoscedacity, the assumption that the residuals described in the previous paragraph, are normally distributed. This assumption was tested by examining the

scatterplot of the residuals for this linear regression model. The scatterplot is displayed in Appendix C, which shows a normal distribution of the residuals. The normal distribution of the residuals meets the requirements to determine that the assumption of homoscedacity was met.

The final consideration in this section on testing assumptions for multiple linear regression involved the reliability testing of the instruments used in this study. Although the Cronbach's alpha for each scale used was reported in Chapter 3, the reliability of the scale can differ across differ samples. To address this, the reliability for each of the scales used in this study was determined. Table 5 shows the Cronbach's alpha coefficient for each scale. All of the instruments demonstrate good to excellent reliability. However, the inter-item correlation between the first and third questions on the Intratextual fundamental scale was slightly negative (-0.006). Despite this, the overall instrument had a Cronbach's alpha for this study of .863, which is good reliability.

**Table 5**

*Internal Reliability for Study Instruments*

Instrument	Cronbach's $\alpha$
Internalized Homophobia Scale - Revised	.916
Outness	.905
Multidimensional Scale of Perceived Social Support	.950
Centrality of Religiosity Scale	.932
Intratextual Fundamentalism Scale	.863

**Multiple Regression Analysis**

A backwards removal multiple regression analysis was conducted with the outcome variable of internalized homophobia and the predictor variables of outness,

perceived social support, religiosity, religious fundamentalism, religious transition (measured in years), sexual identity, same sex attraction, current religious identity, former religious identity, gender identity, and geographic density. These 11 predictor variables were chosen based on prior research described in Chapters 2 and 3 that would potentially predict internalized homophobia. The regression model began with full saturation of these variables with successive models having a criterion of  $F$ -to-remove greater than or equal to .10.

Based on the removal criteria, six models were evaluated. The final model involved these six independent variables: outness, religiosity, religious fundamentalism, current religious identity, former religious identity, and geographic density. All variables in this model were significant predictors of internalized homophobia ( $F(6, 215) = 43.526, p = <.001, \text{adj. } R^2 = .536$ ). These results suggest that 53.6% of the variance in internalized homophobia can be explained by this model. There were no issues with tolerances (all  $> .596$ ) indicating an absence of issues related to multicollinearity. Table 6 shows the ANOVA results for Model 6, and Table 7 illustrates the regression coefficients for the prediction of internalized homophobia.

**Table 6***ANOVA Results for Model 6*

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>R</i>	<i>R</i> <sup>2</sup>	<i>p</i>
Regression	148.913	6	24.819	43.526	.741	.548	<.001
Residual	122.595	215	.570				
Total	271.509	221					

*Note.* Dependent variable: internalized homophobia; independent variables: geographic density, current religious identity, former religious identity, outness, religiosity, and religious fundamentalism.

**Table 7***Regression Coefficients – Prediction of Internalized Homophobia*

Predictor	<i>B</i>	<i>SE of B</i>	95% <i>CI for B</i>		$\beta$	<i>t</i>	<i>p</i>
			LL	UL			
Constant	.755	.245	.371	.577		3.78	.002
Outness	-.071	.031	-.133	-.010	-.112	-2.298	.023
Religiosity	.183	.066	.052	.314	.182	2.762	.006
Religious fundamentalism	.502	.050	.403	.601	.595	10.019	<.001
Current religious ID	-.024	.010	-.043	-.006	-.133	-2.545	.012
Former religious ID	-.039	.015	-.069	-.008	-.121	-2.496	.013
Geographic density	.084	.041	.002	.165	.098	2.024	.044

Based on these results displayed above, null hypotheses may now be accepted or rejected. Based on the hypotheses described earlier in this chapter, the following conclusions may be reached:

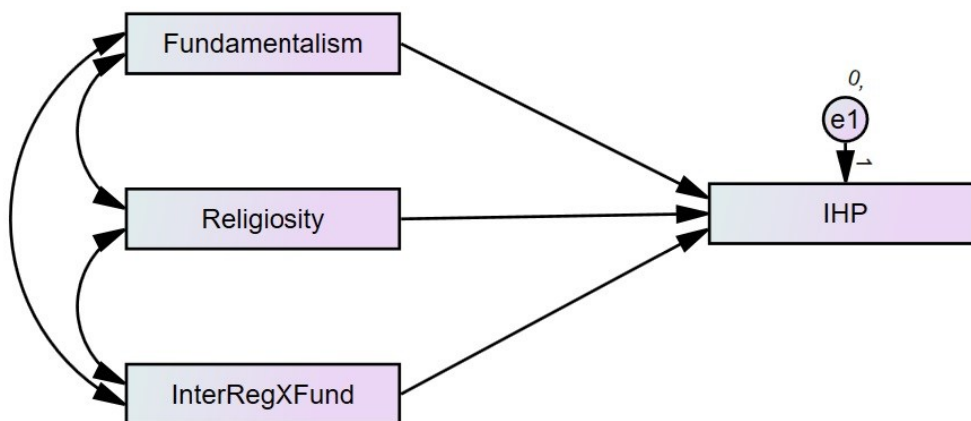
- RQ1: To what extent does religious identity transition predict internalized homophobia in gay, lesbian, and bisexual adults? This variable was not found to be significant in this model predicting internalized homophobia. The null hypothesis religious identity transition is not a significant predictor of internalized homophobia is not rejected.
- RQ2: To what extent does religiosity predict internalized homophobia in gay, lesbian, and bisexual adults? This variable was found to be a significant predictor of internalized homophobia in this model suggesting that as religiosity increased, internalized homophobia increased ( $b = .182, p = .006$ ). The null hypothesis that religiosity is not a significant predictor of internalized homophobia is rejected.
- RQ3: To what extent does religious fundamentalism predict internalized homophobia in gay, lesbian, and bisexual adults? This variable was found to be a significant predictor of internalized homophobia in this model suggesting that as religious fundamentalism increased, internalized homophobia increased ( $b = .595, p = <.001$ ). The null hypothesis that religious fundamentalism is not a significant predictor of internalized homophobia is rejected.
- RQ4: To what extent does outness predict internalized homophobia in gay, lesbian, and bisexual adults? This variable was found to be a significant predictor of internalized homophobia in this model suggesting that as outness increased, internalized homophobia decreased ( $b = -.112, p = .023$ ). The null

hypothesis that outness is not a significant predictor of internalized homophobia is rejected.

- RQ5: To what extent does perceived social support predict internalized homophobia in gay, lesbian, and bisexual adults? This variable was not found to be significant in this model predicting internalized homophobia. The null hypothesis perceived social support is not a significant predictor of internalized homophobia is not rejected.

### **Moderation Analysis**

The sixth RQ sought to determine to what extent religious fundamentalism moderates the relationship between religiosity and internalized homophobia among LGB adults who have endorsed a religious transition from Christianity to a nonreligious identity. A moderation model was developed to determine this potential relationship between these variables. Centered means were calculated for religiosity and religious fundamentalism and an interaction term was created called InterRegXFund. A moderation analysis was conducted using IBM AMOS for SPSS producing a model displayed in Figure 1.

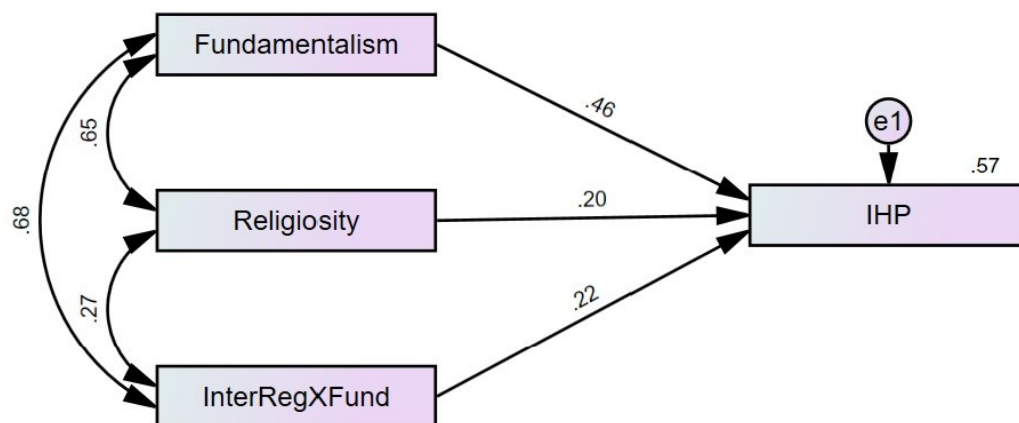
**Figure 1***Moderation Model*

*Note.* IHP = Internalized homophobia (DV), Religiosity is the IV, Fundamentalism = Religious Fundamentalism variable (moderator), InterRegXFund = interaction variable

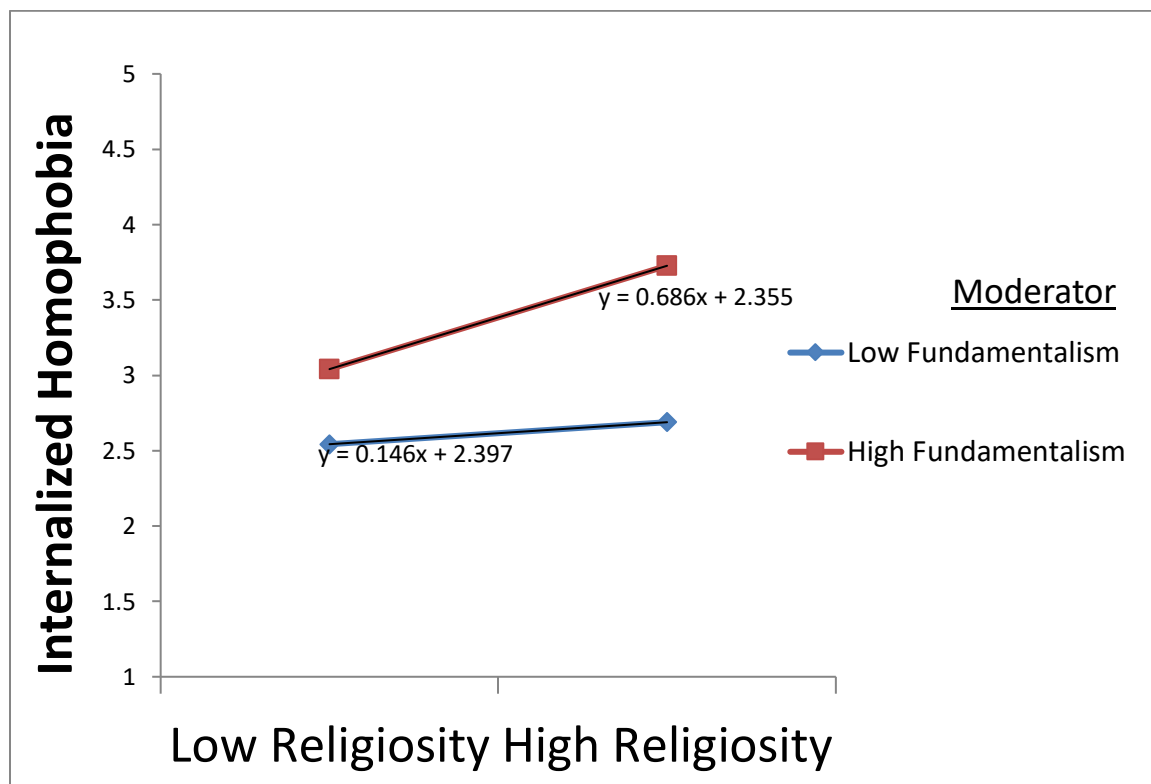
The results of the moderation analysis indicated a significant and positive moderating impact of religious fundamentalism on the relationship between religiosity and internalized homophobia ( $b = .135$ ,  $t = 3.688$ ,  $p < .001$ ). Figure 2 displays the figure shown in Figure 1 with the moderating effects indicated. Figure 3 displays the simple slopes demonstrating the indirect effect of an increase in internalized homophobia as religious fundamentalism increases (Gaskin, 2016). This figure demonstrates that as religious fundamentalism increased, the strength of the relationship between religiosity and religious fundamentalism also increased. Table 8 provides the moderation model summary, which demonstrates the strength of the moderation effect.

**Figure 2**

*Moderation Model With Moderating Effects*



*Note.* IHP = Internalized homophobia (DV), Religiosity is the IV, Fundamentalism = Religious Fundamentalism variable (moderator), InterRegXFund = interaction variable

**Figure 3***Simple Slope of Moderation***Table 8***Moderation Analysis Summary*

Relationship	Beta	Critical Ratio	<i>p</i>
IHP ←--- Fundamentalism	.384	6.85	<.001
IHP ←--- Religiosity	.208	3.397	<.001
IHP ←--- InterRegXFund	.135	3.688	<.001

*Note.* IHP = Internalized homophobia (DV), Religiosity is the IV, Fundamentalism = Religious Fundamentalism variable (moderator), InterRegXFund = interaction variable

### **Summary**

In this study, I sought to examine the predictive nature of religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support on internalized homophobia. To explore this, a backward stepwise regression was run beginning with a full model of the variables described above with the additions of the variables of gender, sexual identity, former religious identity, current religious identity, and geographic density. A final model of religiosity, religious fundamentalism, outness, geographic density, former religious identity, and current religious identity significantly predicted internalized homophobia, with religious fundamentalism and religiosity having the strongest beta weights. To further investigate this relationship, a moderation study was conducted using structural equation modeling to determine the moderating effect of religious fundamentalism on the relationship between religiosity and internalized homophobia. The result showed a positive and significant moderating effect of religious fundamentalism on the relationship between religiosity and internalized homophobia.

## Chapter 5: Discussion, Conclusions, and Recommendations

### Introduction

The purpose of this quantitative study was to determine the extent to which religious identity transition, religiosity, religious fundamentalism, outness, and perceived social support predict internalized homophobia in LGB adults. This descriptive correlational quantitative study was intended to explore the relationship between religious transition, outness, perceived social support, religiosity, and religious fundamentalism on the experience of internalized sexual stigma in the population of those who grew up with a religious and have acknowledged same-sex sexual attraction. Previous research has shown that the navigation of sexual and religious identities has been difficult for individuals raised Christian who experience same sex attraction (McCann et al., 2020; Wedow et al., 2017; Wolff et al., 2016). The identity conflict present for LGB individuals is exacerbated by the teachings common in Christianity that this identity is sinful. Essentially, the experience is that one social identity maintains that the other social identity within the same person is wrong. In this study, I sought to predict how the variables described above would predict internalized homophobia in those adults endorsing a same-sex attraction who also have changed their religious identity.

This nonexperimental, correlational study was conducted to determine the extent to which outness, perceived social support, religiosity, religious fundamentalism, geographic location, gender identity, current religious identity, and past religious identity predicted internalized homophobia. The data collection website SurveyMonkey was utilized to survey adults who endorsed a change in religious identity from a Christian to

non-Christian aligned identity and also endorsed same-sex attraction. Data collection took place over 3 days in September 2024 via Survey Monkey using three separate data collectors. A total of 254 total respondents met the response qualifications and were included in the final study.

To analyze the results, a backwards stepwise regression was conducted using a saturated model of all nine independent variables to determine the model with the best predictive fit. The final model involved six independent variables: outness, religiosity, religious fundamentalism, current religious identity, former religious identity, and geographic density. All variables in this model were significant predictors of internalized homophobia. In this chapter, I will discuss the interpretations, implications for positive social change, limitations, and recommendations for future research.

### **Interpretation of the Findings**

#### **Predictive Model of Internalized Homophobia**

The first five RQs sought to determine to what extent individual variables would predict internalized homophobia. The results showed that religiosity, religious fundamentalism, and outness were significant and predicted internalized homophobia, while perceived social support and religious transition were not significant necessitating the failure to reject the null hypothesis for those two variables. The final model, which included the demographic variables, of the backwards stepwise regression found that religiosity, religious fundamentalism, outness, current religious identity, former religious identity, and geographic density were significant accounted for 53.6% of the variance in predicting internalized homophobia. This finding is consistent with prior research, in

particular Herek et al. (2009), who found that belief, affect, and behavioral variables were associated with greater levels of internalized homophobia.

These results are also consistent with previous findings related to religious residue theory. Van Tongeren et al. (2021a) found that religious beliefs and concepts were maintained by adults who deidentified from the religion of their youths. This built, in part, on the findings of Sowe et al. (2014) who found that individuals who deidentified from a religion maintained certain cognitive schemas formed from religious beliefs and socialization which led to identity conflict. The findings of this study align with these findings and suggest that LGB adults, or those who endorse a same-sex attraction yet not identify as those classifications, have maintained some beliefs based in religion regarding their sexual identity despite no longer identifying with that religion.

This is consistent with the findings of Streib (2001), which found that the religious residue effect is related to the strength of early childhood learning that imparts values and attachment. Understanding these results within the context of religious-based values, may be helpful in contextualizing this data. Religious fundamentalism (.595) and religiosity (.182) had the highest beta weights in the final model, suggesting the strongest predictive impact on internalized homophobia. This is consistent the findings of Streib considering the religious teachings, and fundamentalist teachings in particular, are values and behavior based.

The stronger relationship between religious fundamentalism and internalized homophobia is also important to examine. This result is also consistent with prior research such as Warriner et al. (2013), who also found positive correlations between

religious fundamentalism and internalized homophobia. This relationship becomes particularly salient when considering the religion-as-schema perspective. Pollack et al. (2023) defined religious fundamentalism as a four-part attitudinal concept. These core components are an exclusive truth claim, that their conceptualization of the truth is superior to every other position, the universality of their truth, and the present needs to change to align with the past as presented in their holy book or concept. With these concepts in mind, it becomes clearer to see how difficult it might be for one raised to accept such beliefs in this way to change their attitudes after leaving that faith. The significantly higher beta weight of religious fundamentalism in the relationship with internalized homophobia suggests the influence within this overall model between the fundamentalist nature of the individual's beliefs and their levels of internalized homophobia.

The demographic variables that were significant within this regression model were geographic density, current religious identification, and former religious identification. The current and former religious identities both showed negatively correlated relationships between these identities and internalized homophobia. The relationship between geographic density and internalized homophobia showed a significant and positive relationship. This finding is consistent with previous research such as Cain et al. (2017), which found lower levels of internalized homophobia correlated with higher population densities. Prior research has demonstrated that less geographically dense areas tend to be more homogenous in belief systems and more heteronormative, which led to higher levels of internalized homophobia in LGB

individuals (Agueli et al., 2022; Hubach et al., 2019). The findings of this study related to geographical density would seem to confirm these findings as well

### **Moderating Relationship**

The sixth RQ asked to what extent religious fundamentalism moderates the relationship between religiosity and internalized homophobia among LGB adults who have endorsed a religious transition from Christianity to a nonreligious identity. The relationship between religiosity and internalized homophobia had been established in previous research and demonstrated in this study as well. This portion of the study sought to determine if this relationship was moderated by religious fundamentalism. This question and subsequent analysis looked to determine if the constructs of religious fundamentalism influenced religiosity in such a way as to affect the relationship with internalized homophobia. Considering the definition of religious fundamentalism offered by Pollack et al. (2023) as described in the previous section, it would seem that religious fundamentalism is distinct from other forms of religious thought. Capturing that dynamic in this study, and the impact of that on the variable of internalized homophobia is important in understanding the effects of this phenomena on aspects of the individual's life.

Religiosity can be experienced and expressed in heterogeneous ways. Religiosity may be considered as having two distinct dimensions: extrinsic/intrinsic and social/individual (Van Camp et al., 2016). The intrinsically motivated individual may have internalized religion as a part of their identity whereas the extrinsically motivated one may not. Carlucci et al. (2023) found in a study of the relationship between religious

fundamentalism and values that individuals rating highly on religious fundamentalism tend to endorse threat avoidance through conformity to social and religious norms and preserve the status quo through the endorsement of traditional values and emotional and behavioral control. The findings of this study appear to confirm these findings as religious fundamentalism was shown to have a moderating effect on the relationship between religiosity and internalized homophobia.

The relationship between religiosity and internalized homophobia was shown to be statistically significant in this study leading to the conclusion that higher levels of religiosity predict higher levels of internalized homophobia. This relationship was also shown to be moderated by religious fundamentalism. This suggests that there are constructs within religious fundamentalism that strengthen the rejection of homosexuality and difficulty in incorporating positive views of homosexuality in those who no longer endorse a Christian identity. This finding is consistent with the findings of Heiden-Rootes et al. (2018), which found an indirect association between the religious conservatism of a college campus and the levels of depression in the LGBT students through the pathways of increased internalized homophobia and a lack of acceptance. This interpretation also is consistent with the results of a study conducted by Brandt and Van Tongeren (2017), who found that individuals high on fundamentalism displayed more intergroup prejudice and bias compared with those low on fundamentalism. The conceptualization of religious beliefs as absolutely true may make it more difficult for those who once endorsed such a view to shift from once deidentifying from the underlying social or individual identity, as supported in this study.

### **Limitations of the Study**

This study was conducted via online survey and was done by self-report. The large majority of respondents were gathered from SurveyMonkey's paid pool, which may potentially affect the generalizability of this study. The self-selection process has potential to affect the generalizability of the study as well. Additionally, the responses cannot be verified as accurately representing the experiences, thoughts, and beliefs of the respondents. While the participant eligibility filtering process was designed to specifically eliminate potential participants who did not meet the study criteria, this cannot be assumed to have been completely effective. The larger sample size that required by a power analysis was intended to mitigate some of these concerns.

The nature of a survey based on same-sex attraction and religion may lead to social desirability issues for the respondents. Religion and morality are linked, and research into religious residue discussed elsewhere in this paper has demonstrated that religious identity change does not necessarily mean that the underlying beliefs, thoughts, and emotions related to those religious beliefs will change along with the identity. This may lead to a desire to answer questions related to religion and/or same-sex attraction in socially desirable ways. The anonymity and online nature of the study was designed to address this.

### **Recommendations**

This study was designed to investigate the extent to which outness, perceived social support, religiosity, and religious fundamentalism predicted internalized homophobia. As the percentage of Americans who identify as Christian changes,

understanding that phenomenon more deeply is an important consideration. Because Christianity explicitly and implicitly influences thoughts and beliefs regarding homosexuality and same-sex attraction, understanding the religious residue effect present in the population of religious donees is particularly important considering the potential mental health outcomes. This study resulted in significant findings regarding these variables and their predictive relationship with internalized homophobia. Considering the strength of the relationship between the religion-based variables, it is important to investigate these relationships more closely.

As the number of individuals deidentify from the religion of their upbringing increases, it is important to make clearer distinctions of that process and with what they might be replacing these beliefs. Not all religious donees become nonbelievers as indicated in the demographics of this study. In this study, 56.5% of the respondents endorsed a current religious identity of atheist or agnostic, with the remainder identified as spiritual but not religious, having joined a non-Christian religion, or being a nonaffiliated believer. Understanding the distinction between the variety of belief systems held by formerly Christian adults who endorse a same-sex attraction may be important in understanding the differing social processes individuals go through as they deidentify from a faith-based belief.

Another important finding that could benefit from further study is the relationship between religiosity and religious fundamentalism with internalized homophobia. Considering the strength of the relationship between religious fundamentalism and internalized homophobia, natural questions remain concerning this relationship. In this

study, I included two relevant religion-based variables, those being religiosity and religious fundamentalism. The insights gained, particularly about religious conservatism, are valuable, but conclusions cannot be drawn regarding the actual relationship. There may be other variables such as right-wing authoritarianism and social identity considerations within a family unit. Other potential influential variables might include political conservatism due to the correlated factors of resistance to change and opposition to equality (van der Toorn et al., 2017), which have crossover with religious fundamentalism as defined above by Pollack et al. (2023) A future study seeking to create a model to predict internalized homophobia using primarily religious or ideological variables rather than the social ones might further clarify what pathways and barriers exist for the experience of religious identity change in LGB adults.

### **Implications**

Religious identity change continues to be a factor in the United States and in other Western nations. The goal of this study was to explore the relationship between the conflicting social identities of religion and sexuality in this population. This is a population that is insufficiently understood due to the impermanence of religious identity and the conflict between religious teaching and sexual orientation. This population also struggles with acceptance and cognitive dissonance as established in Chapter 2. The literature review conducted for this study detailed evidence of the conflict in these two social identities as well as how religious residue may explain some of the mechanisms related to the maintenance of internalized homophobia after an individual separates from the religion that taught homosexuality was wrong or sinful. The results of this study

confirmed these conclusions and added to them, particularly related to the relationship between religious variables and internalized homophobia.

Several studies in the literature review of this study explored the relationship between religiosity and internalized homophobia/sexual stigma. Wilkerson et al. (2012) demonstrated that more fundamentalist Christian groups had higher correlations between religiosity and internalized homophobia compared with Catholic or Mainstream Protestant. Szymanski and Carretta (2020) continued this line of research and found that religiosity moderated the relationship between religious-based sexual stigma and internalized heterosexism. The findings of this study are consistent with these findings that higher levels of religiosity are predictive of higher levels of internalized homophobia.

This study also demonstrated that religious fundamentalism significantly contributed to the model predicting internalized homophobia in the population of LGB adults who have changed their religious identity. Fundamentalism was also found to moderate the relationship between religiosity and internalized homophobia. This supports the findings of Warriner et al. (2013), who found a significant correlation between religious fundamentalism and sexual prejudice. These findings also support those of Brandt and Van Tongeren (2021), who found that a literal approach to belief was predictive of prejudice.

The implications of this study involve the experience of LGB adults who grew up in religious and/or fundamentalist religions and are struggling with the identity conflict discussed above. Religious residue seems to suggest that the beliefs internalized in youth

related to religion and homosexuality are not easily separated from, which likely contributes to the continued experience of internalized homophobia in this population. In the creation of programs and interventions to address this, it would be important to consider the religious residue effect, which might present as a barrier to change.

Considering the influence of religious fundamentalism on internalized homophobia, designing a distinct approach to internalized homophobia for those who were raised in a fundamentalist faith would follow from this study as well as others with similar findings.

Further research is needed to better understand the processes by which a person deidentifies from the religion of their upbringing. There are likely many pathways of deidentification that involve variables such as the ones included in the study such as perceived social support and the fundamentalist nature of their former religion, among others. Generating a better and more nuanced picture of how different people go about changing their religious identity may help psychologists and others better understand underlying issues such as internalized homophobia.

### **Conclusion**

Research into the population of adults who have changed their religious identity to one of nonbelief in a deity is still ongoing. I sought to identify contributing variables to the experience of internalized homophobia in LGB adults who have deidentified from a Christianity-aligned faith. The results demonstrated a significant relationship between religiosity, religious fundamentalism, outness, geographical location, current religious identity, former religious identity and the dependent variable of internalized homophobia. These results contribute to the ongoing research into the phenomenon of religious residue

and the experience of changing a religious identity, particularly how it impacts sexual minorities and stigma. Further research is needed into the contributing factors leading to cognitive dissonance in the process of religious identity change in sexual minorities. These composite data may help in the development of interventions to help adults reconceptualize their beliefs and social identities after such a change.

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## Appendix A: Demographic Questionnaire

The following questions were posed for each respondent of the survey instrument of this study.

1. What is your gender identity?
  - a. Male
  - b. Female
  - c. Non-binary
  - d. Transgender
  - e. Other
  
2. What is your current religious identity?
  - a. Atheist
  - b. Agnostic
  - c. Mainline Protestant (Disqualify)
  - d. Evangelical Christian (Disqualify)
  - e. Fundamentalist Christian (Disqualify)
  - f. Roman Catholic (Disqualify)
  - g. Orthodox Christian (Disqualify)
  - h. Progressive Christian (Disqualify)
  - i. Mormon (Disqualify)
  - j. Seventh Day Adventist (Disqualify)
  - k. Non-denominational Christian (Disqualify)
  - l. Non-affiliated believer
  - m. Non-Christian Religion
  - n. Spiritual but not Religious
  
3. What is your former religious identity?
  - a. Mainline Protestant
  - b. Evangelical Christian
  - c. Fundamentalist Christian
  - d. Roman Catholic
  - e. Orthodox Christian
  - f. Progressive Christian
  - g. Mormon
  - h. Seventh Day Adventist
  - i. Non-denominational Christian
  - j. Other Christian denomination or church
  
4. How many years has it been since your religious identity changed?
  
5. Have you had sexual attractions to members of the same sex?

- a. Yes
  - b. No (Disqualify)
6. What is your sexual orientation?
- a. Homosexual
  - b. Bisexual
  - c. Heterosexual
  - d. Asexual
  - e. Other
7. What state do you live in?
8. How would you describe the area that you live in?
- a. Large city urban area
  - b. Small city urban area
  - c. Inner suburb (close to a city)
  - d. Outer suburb (farther away from a city)
  - e. Rural

## Appendix B: Centrality of Religiosity Scale

### Request for Permission to Use Centrality of Religiosity Scale

 CRS-10.zip  
46 KB

 Huber Ackert Scheiblich (202...  
257 KB

∨ Show all 3 attachments (417 KB) ☁ Save all to OneDrive - Walden University ↓ Download all

Dear Kevin Roum

I give you the permission for using the Centrality of Religiosity Scale (CRS) in your research. Enclosed you find information – including items and scoring – of the CRS-10. You only need to unzip the files. Attached you also find the English translation of a new article about the CRS in German (Huber, Ackert & Scheiblich 2020 - Religiosity in various religious cultures - comparisons based on the Centrality of Religiosity Scale (CRS) - <https://link.springer.com/article/10.1007/s43638-020-00007-3>).

Further, in the special issue "Research with the Centrality of Religiosity Scale (CRS)" – [https://www.mdpi.com/journal/religions/special\\_issues/CRS](https://www.mdpi.com/journal/religions/special_issues/CRS) - you find 26 examples of research with the CRS.

I'm interested in the findings of your research. So, I would be glad, if you send a copy of your completed research study. Thank you.

Good luck!

Best wishes,  
Stefan Huber

---

Prof. Dr. Stefan Huber

## Appendix C: Internalized Homophobia Scale

### Revised Internalized Homophobia Scale

**PsycTESTS Citation:**

Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Revised Internalized Homophobia Scale [Database record]. Retrieved from PsycTESTS. doi: <https://dx.doi.org/10.1037/t10966-000>

**Instrument Type:**

Rating Scale

**Test Format:**

The items are administered with a 5-point response scale ranging from 1 (disagree strongly) to 5 (agree strongly). Scale scores are computed by summing responses and dividing by the total number of items, thereby maintaining the 1-5 response scale metric for ease of interpretation.

**Source:**

Herek, Gregory M., Gillis, J. Roy, & Cogan, Jeanine C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, Vol 56(1), 32-43. doi: <https://dx.doi.org/10.1037/a0014672>

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## Appendix D: Outness Inventory

September 27, 2005

Dear Researcher,

Thank you for your interest in the Outness Inventory. The scale was published in a scientific journal for use in the public domain. You do not need to contact any of the authors for permission to use this scale in noncommercial research. You may *not* use the scale for commercial purposes without permission.

The following pages contain the scale itself, as well as basic information about the scale. If you have questions or concerns about the scale that are not addressed in these pages, then feel free to contact me using the contact information below. Best wishes with your research!

Sincerely,

Jon Mohr

Assistant Professor  
Clinical Psychology Program  
Department of Psychology  
MSN 3F5  
George Mason University  
Fairfax, VA 22030  
E-mail: XXX@gmu.edu

## Appendix E: Intratextual Fundamentalism Scale



Hood, Ralph Wilbur <[redacted]>

To: Kevin Roun



Fri 8/23/2024 11:20 AM

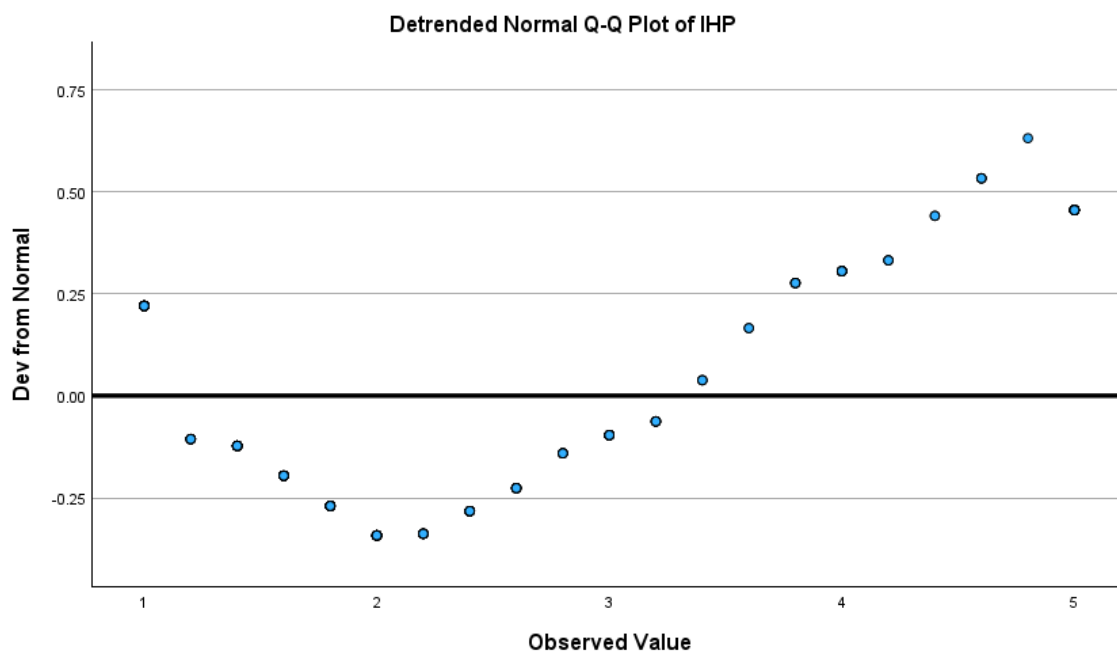
Dear Kevin:

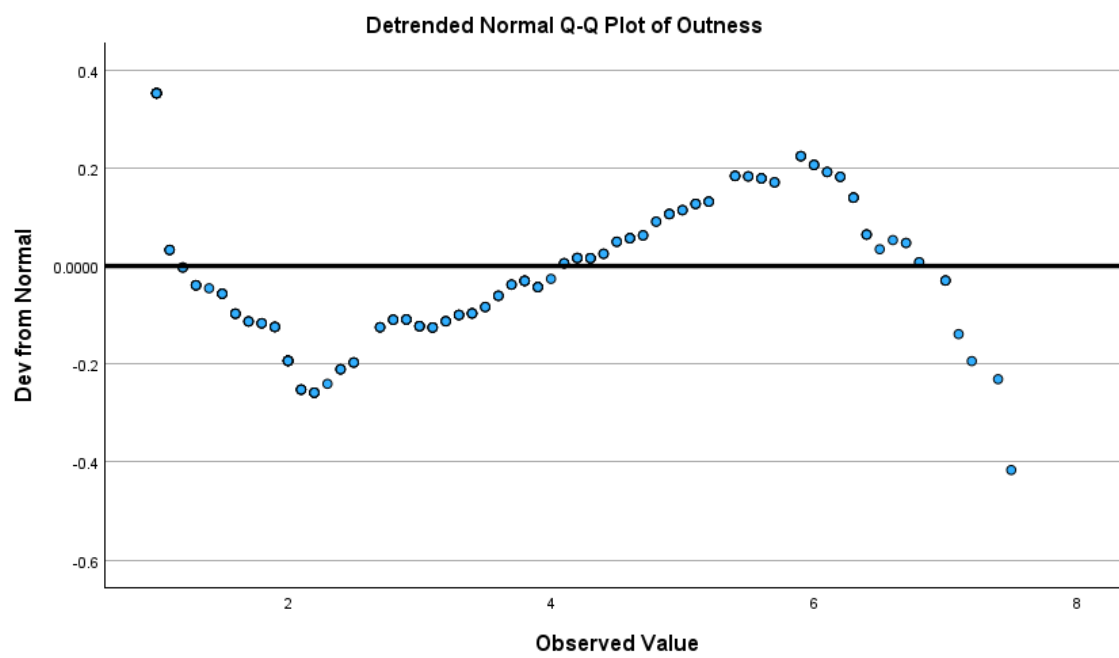
I am happy to give you permission to use the Intertextual Fundamentalism Scale. Please keep me informed of any results.

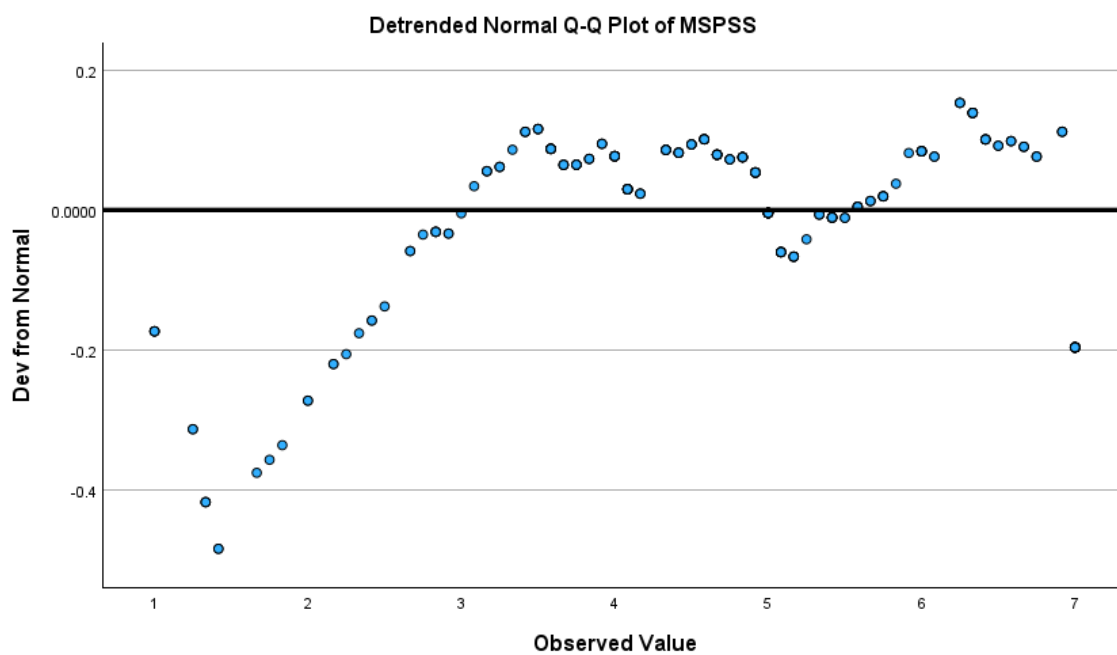
Ralph W. Hood, Jr. PhD  
Professor of Psychology  
& UT Alumni Association  
Distinguished Service Professor  
Co-Editor Research in the Social  
Scientific Study of Religion

---

## Appendix F: Q-Q Plots of Variables

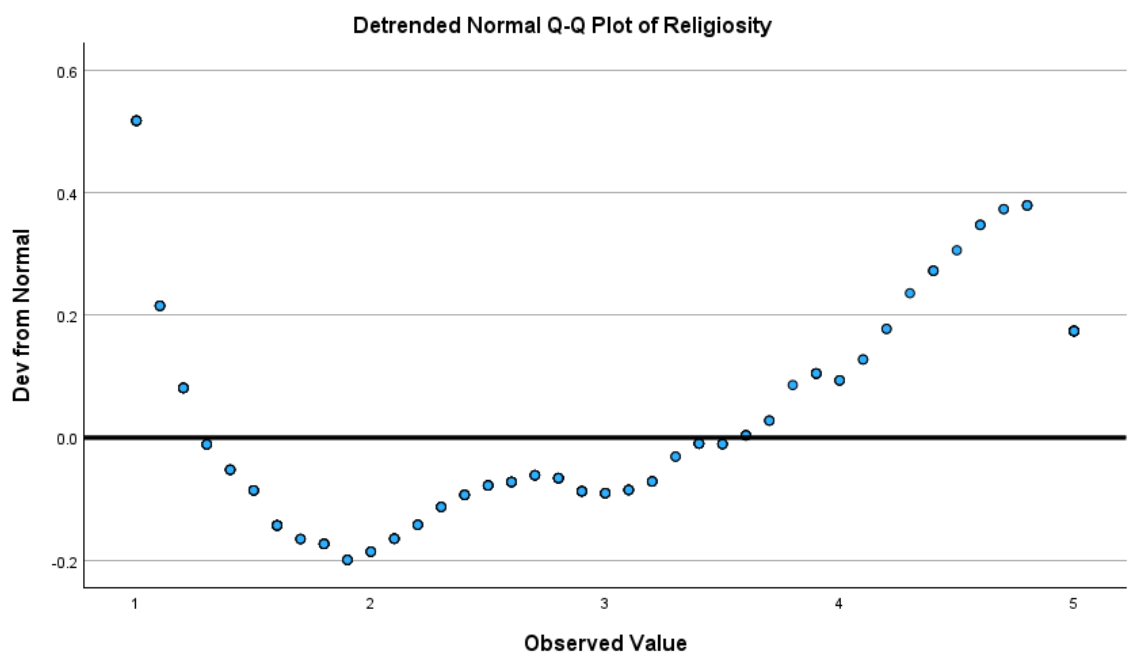
**Figure F1***Q-Q Plot for Internalized Homophobia Variable (IHP)*

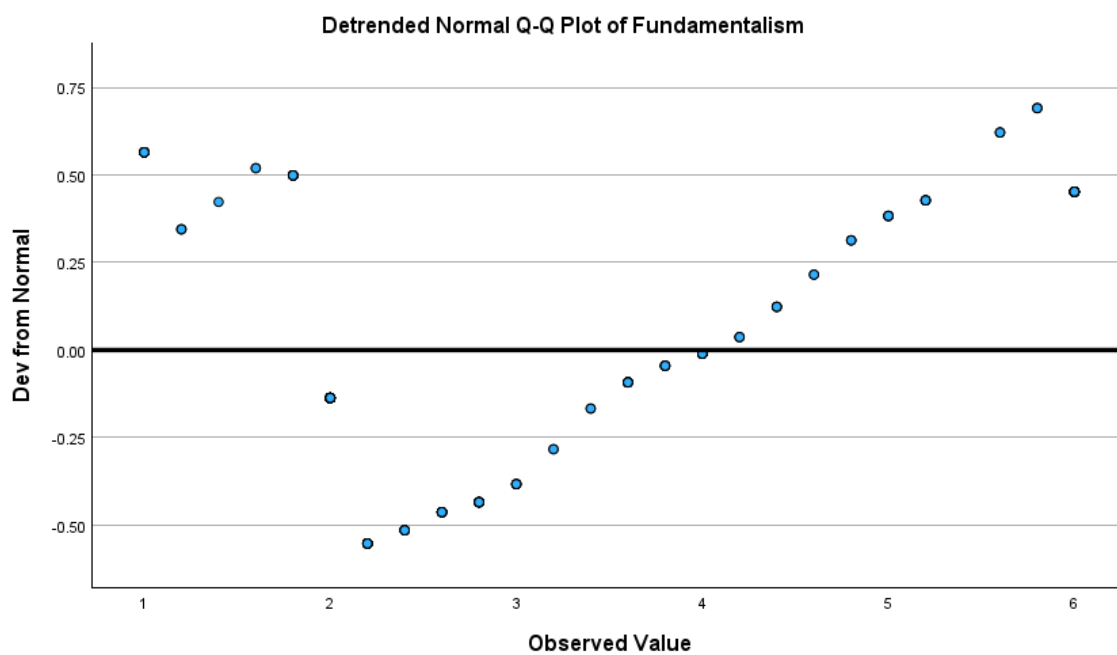
**Figure F2***Q-Q Plot for Outness*

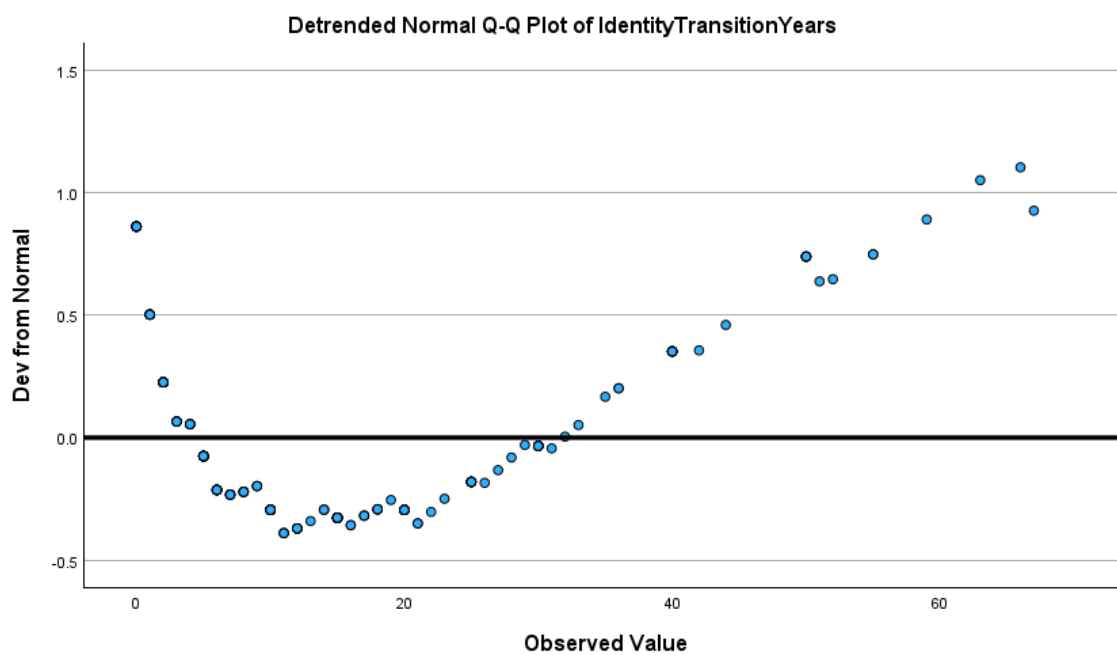
**Figure F3***Q-Q Plot for Perceived Social Support (MSPSS)*

**Figure F4**

*Q-Q Plot for Religiosity*



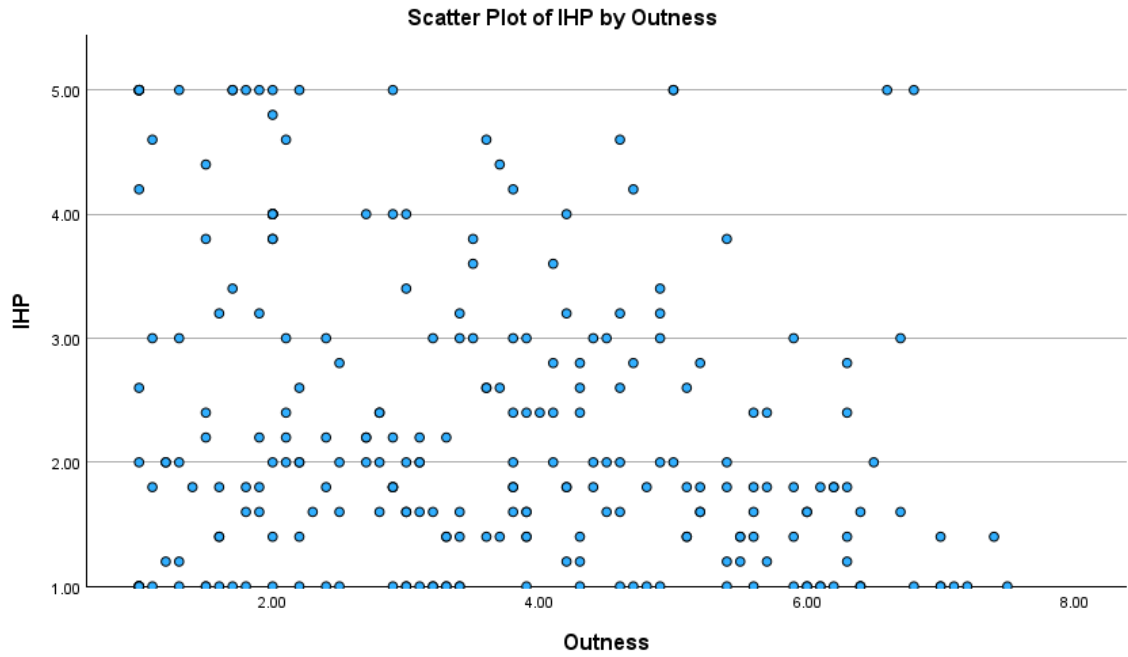
**Figure F5***Q-Q Plot for Fundamentalism*

**Figure F6***Q-Q Plot for Religious Identity Change in Years*

Appendix G: Scatterplots for Linearity

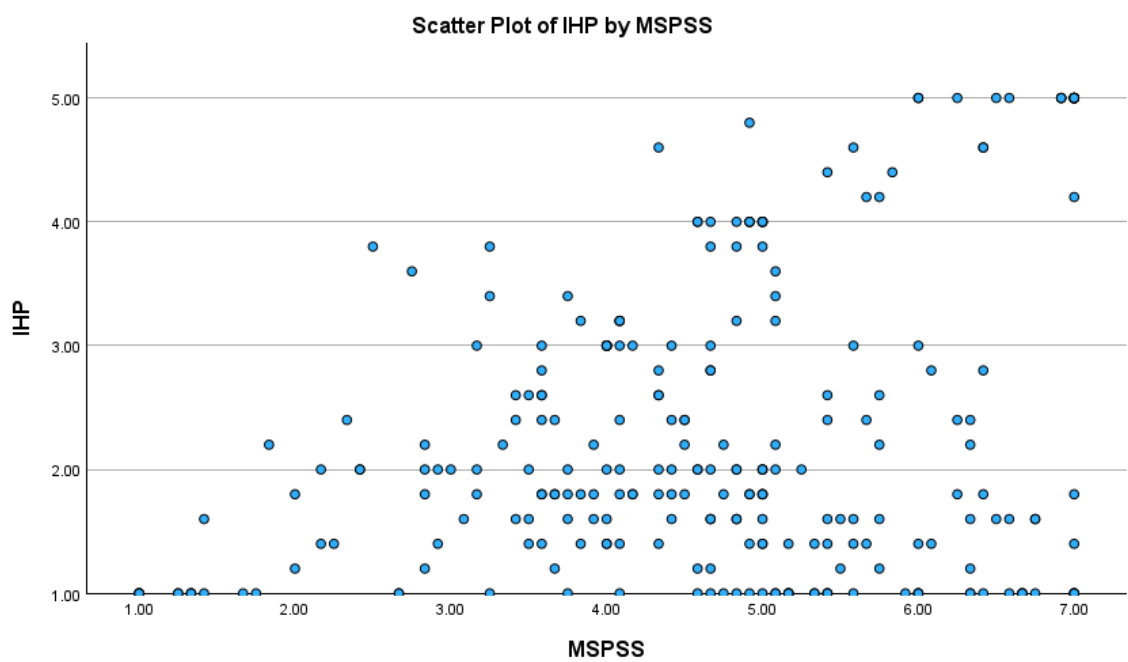
**Figure G1**

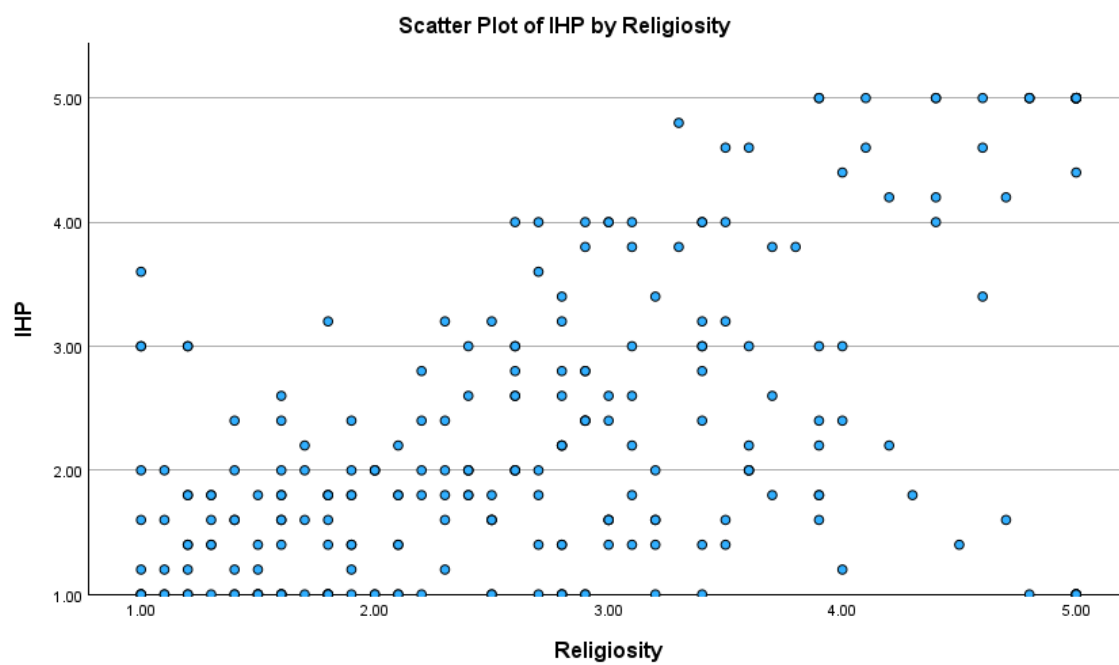
*Scatterplot of IHP by Outness*



**Figure G2**

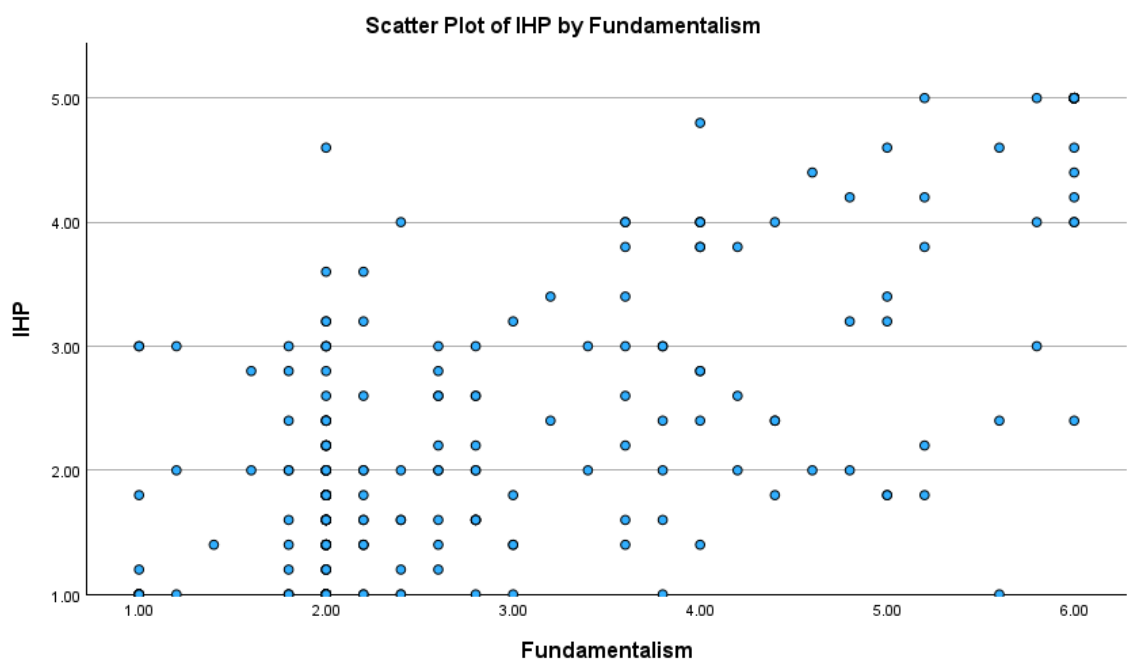
*Scatterplot of IHP by MSPSS*

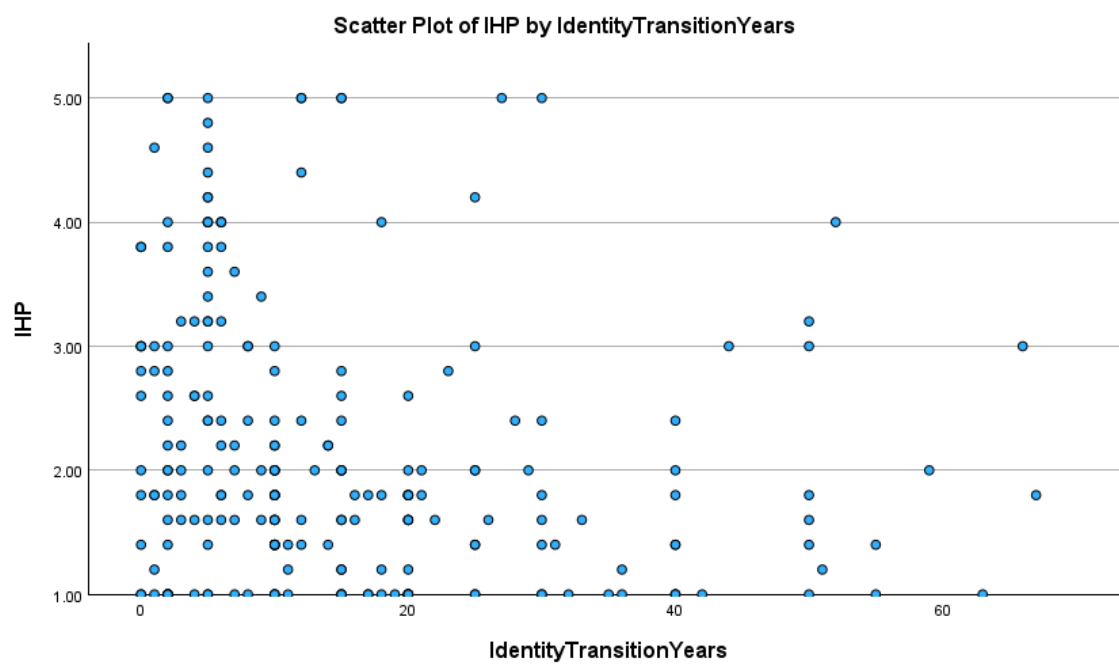


**Figure G3***Scatterplot of IHP by Religiosity*

**Figure G4**

*Scatterplot of IHP by Fundamentalism*



**Figure G5***Scatterplot of IHP by Identity Transition Years*

Appendix H: P-P Plot for Residual Distribution

