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Religiosity and Internalized Homonegativity: The Effect of Religious Conservatism on Depression in Sexual Minorities

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ABSTRACT

Sexual minorities report higher rates of mental illnesses than the general population, most notably depression. This study focuses on the relationship between religious commitment in sexual minorities, internalized homonegativity, and depression. In order to do this, 265 participants answered a survey that consisted of inventories to test for sexual orientation, religious commitment, political and religious views, and internalized homonegativity. Participants came from Abilene Christian University and LGBT groups from the surrounding Abilene, Texas area. Of the 265 participants, 33 self-identified as a sexual minority. The data from those that identified as a sexual minority was analyzed to find correlations between religious commitment, political views, internalized homonegativity, and depression. The results from the data analysis show that there is a significant correlation between religious commitment and internalized homonegativity and a significant correlation between internalized homonegativity and depression. Data analysis was also performed on religious commitment and depression and no significant correlation was found.

Religiosity and Internalized Homonegativity: The Effect of Religious Conservatism on Depression in Sexual Minorities

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I want to dedicate all the hard work that I put into writing this thesis to my wife Akane. She has stuck with me through all of the good times and the bad times. Akane, you are the light of my life and the motivation behind everything that I do. I would not have been able to thrive and grow as a person without you by my side. I love you with all of my heart, now and forever.

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CHAPTER I

INTRODUCTION

A person's sexual orientation has a very large effect on their life and the things that they experience (Burton, Marshal, & Chisolm, 2014; Morandini, Blaszczynski, Ross, Costa, & Dar-Nimrod 2015; Operario et al., 2015; Sabia, 2014). People who identify as a sexual minority have higher rates of mental illnesses than those who do not identify as sexual minorities (Amola & Grimmett, 2014; Bostwick, Boyd, Hughes, & McCabe, 2010; Bostwick et al., 2014; Mereish & Poteat, 2015; Pachankis, Cochran, & Mays, 2015). Consequently, many studies have been done in order to find the link between sexual minority status and mental health status (Amola & Grimmett, 2014; Bruce, Harper, & Bauermeister, 2015; Dunn, Costa, Nardi, & Iantaffi, 2014; Safren & Heimberg, 1999). Studies suggest that a variety of factors contribute to decreased mental health in sexual minorities such as “coming out status” (Pachankis, Cochran, & Mays, 2015), family and peer acceptance (Collier, Beusekom, Bos, & Standfort, 2013), and their culture/surroundings (Hatzenbuehler, Birkett, Wagenen, & Meyer, 2014; Herrick, Egan, Coulter, Friedman, & Stall, 2014).

Overall, the increased rate of mental illness among sexual minorities means that they are more likely to seek help from mental health specialists than those who are in the general population (Burckell & Goldfried, 2006; Cochran, Sullivan, & Mays, 2003). Sexual minorities also have higher rates of suicidal ideation (Cramer, Burks, Stroud,

Bryson, & Graham, 2015; Duncan & Hatzenbuehler, 2013; Marshal et al., 2013), higher rates of depression (Bostwick, Boyd, Hughes, & McCabe, 2010; Marshal et al., 2011; Safren & Heimberg, 1999), higher rates of anxiety (Pachankis, Cochran, & Mays, 2015; Wadsworth & Hayes-Skelton, 2015), and are more prone to substance abuse (Flentje, Heck, & Sorensen, 2014; Rosario et al., 2013; Seil, Desai, & Smith, 2014).

The purpose of this study is to examine the relationship between depression and religiosity in sexual minorities. Specifically, the proposed study will look at the link between social and religious conservatism, the attitudes that sexual minorities have towards themselves, and its correlation with depression. Overall, it is predicted that religious conservatism will cause internalized homonegativity, which is correlated with an increase in depression among sexual minorities.

The Sociocultural Origins of Internalized Homonegativity: Cultures of Non-Acceptance, Minority Stress, and Religion

Internalized Homonegativity

As mentioned, studies have shown that sexual minorities are more likely to be diagnosed with depression than the general population (Bostwick, Boyd, Hughes, & McCabe, 2010; Safren & Heimberg, 1999). Although there are many reasons as to why sexual minorities are more prone to mental health issues, one of the major factors that plays into these increased rates of depression is “internalized homonegativity” (Amola & Grimmett, 2014; Meladze & Brown, 2015; Williamson, 2000). Internalized homonegativity involves the personal adoption of negative attitudes and beliefs about one’s own homosexuality (Amola & Grimmett 2015; Meladze & Brown, 2015; Thomas, Mience, Masson, & Bernoussi, 2014; Williamson, 2000). “A person with high

Internalized Homonegativity will view homosexuality as abnormal and same-sex attractions as immoral, often resulting in a range of psychological reactions" (Meladze & Brown, 2015, p. 1951). The resulting intrapsychic conflict creates shame and self-hatred due to experiencing same-gender desires and behaviors towards those of the same-gender (Williamson, 2000). Risks that are associated with internalized homonegativity are an increased risk of contracting HIV/AIDS, increased rates of mental illness, increased rates of unprotected and potentially risky sexual behavior, and depression (Amola & Grimmett, 2014; Seil, Desai, & Smith, 2014; Thomas, Mience, Masson, & Bernoussi, 2014).

Regarding the origins of internalized homonegativity, studies that focus on sexual minorities and depression suggest that depression among sexual minorities is often related to stressors such as physical and verbal abuse from peers and family, rejection by family and friends, and fear of rejection, victimization, and stigmatization by society (Collier, Beusekom, Bos, & Standfort, 2013; (Herek, 2015; Mereish & Poteat, 2015). The potential for experiencing this abuse or rejection can create what is known as "rejection sensitivity," which is the chronic expectation of being rejected by family and peers. Studies have shown that rejection sensitivity is associated with higher levels of depression, anxiety, and poor mental health (Feinstein, Goldfried, & Davila, 2012).

Religion and Cultures of Non-Acceptance

In 2007 and 2013, the Pew Research Center conducted widespread, global research surveying cultural attitudes toward sexual minorities (Pew Research Center, 2007; Pew Research Center, 2013). The Pew Research Center (2013) suggests that cultures, which are more accepting of sexual minorities, are found to be in countries

where religion is less central in people's lives. The Pew surveys observes that countries that are predominantly Muslim are the most likely to reject sexual minorities, followed by countries that are predominantly Christian, and then countries that are predominantly secular (Pew Research Center, 2013). It is also worth noting that from 2007 to 2013 countries that reported a higher rate of acceptance in sexual minorities also reported a decline in religiosity (Pew Research Center, 2013). These surveys also revealed that younger persons were more likely to be accepting towards sexual minorities, especially persons under the age of thirty (Pew Research Center, 2013). Notable examples of countries that are most accepting to sexual minorities are Germany, France, and Sweden.

In contrast, cultures of non-acceptance toward sexual minorities were almost exclusively found in areas of the globe where religious beliefs play an important cultural role (Pew Research Center, 2013). According the Pew findings, “There is a strong relationship between a country's religiosity and opinions about homosexuality. There is far less acceptance of homosexuality in countries where religion is central to people's lives” (Pew Research Center, 2013, p. 3). The three major religions in countries that were most rejecting of sexual minorities were Islam, Christianity, and Judaism (Pew Research Center, 2013).

Sexual Minorities, Religion, and Minority Stress

The minority stress model states that members within a society who are considered to be minorities chronically face increased rates of stress and stigmatization (Meyer, 2003). Consequently, the framework of the minority stress model can be applied to sexual minorities in order to help conceptualize and understand the disparities that sexual minorities face when compared to the general population (Bruce, Harper, &

Bauermeister, 2015; Dunn, Cochran, Sulivan, & Mays, 2003; Costa, Nardi, & Iantaffi, 2014). Overall, the minority stress model argues that people who are a minority are subject to stigmatization from their family and peers (Baams, Grossman, & Russell, 2015; Bruce, Harper, & Bauermeister, 2015; Shilo & Mor, 2014). Similar to racial and ethnic minorities, sexual minorities are susceptible to this form of rejection as well (Dunn, Costa, Nardi, & Iantaffi, 2014). Minority stress can also have an adverse effect on sexual minorities when they feel compelled to hide their minority status. Hiding sexual identity to protect one's self from harm or rejection from society has been colloquially known as being "in the closet". Sexual minorities who remain "in the closet" for an extended period of time can develop internalized homonegativity (Herek, Gillis, & Cogan, 2015; Pachankis, Cochran, & Mays, 2015).

Many religious cultures promote open and violent actions towards sexual minorities (Stratton, Dean, Yarhouse, & Lastoria, 2013; Young, Willer, & Keltner, 2013). Due to minority stress experienced in these cultures of non-acceptance, sexual minorities are more susceptible to mental illnesses (Meladze & Brown, 2015; Swank, Frost, & Fahs, 2012). Relatedly, sexual minorities in these cultures who are themselves religious are more likely to develop internalized homonegativity (Baams & Grossman 2015; Cramer, Burks, Stroud, Bryson, & Graham, 2015; Shilo & Mor, 2014). This would suggest that sexual minorities who are religious, particularly those who have conservative views or come from a conservative religious background, are more likely to develop mental illnesses, most notably depression. To date, however, studies typically examine the effects of religiosity generically without assessing the conservative versus liberal beliefs within religious populations generally and among sexual minorities specifically.

Differences in Religious Attitudes Toward Sexual Minorities: Liberal Versus Conservative

Attitudes of Conservatives and Liberals Toward Sexual Minorities

A person's political and religious views play a very large part in their views of sexual minorities. Specifically, surveys indicate that people who have more liberal political views are more accepting and open to sexual minorities, while those who have more conservative political views tend to be less accepting of sexual minorities (Pew Research Center, 2013). In the same fashion, religious conservatives are more likely to have a negative view of same-sex relationships and sexual minorities as a whole (Haidt & Hersh, 2001; Meladze & Brown, 2015; Swank, Frost, & Fahs, 2012).

In contrast, religious liberals, who tend to have less literal and more progressive interpretations of their sacred texts, are more open and accepting towards sexual minorities (Hudson, Purnell, Duncan, & Baker, 2014). Religious liberals are those who consider themselves religious but have moved away from many of the traditional morals and views of their faith (Haidt & Hersh, 2001). Similar to political liberals, religious liberals are more open to change in culture and tradition (Haidt & Hersh, 2001). Due to this openness, religious liberals are less likely to pass moral judgments on sexual minorities in comparison to their conservative peers (Haidt & Hersh, 2001). Religious liberalism is not a new movement among religious faiths but is on the rise in countries where religious affiliation is declining (Pew Research Center, 2013).

Effects of Conservatism Upon Internalized Homonegativity

Studies have shown that religious conservatives are more likely to reject and show negative emotions towards sexual minorities (Etengoff & Daiute, 2014; Young, Willer, &

Keltner, 2013). Due to this rejection, sexual minorities who are raised in conservative environments are at increased risk for experiencing internalized homonegativity (Meladze & Brown, 2015 ; Pacilli, Taurino, Jost, & Toorn, 2011). As noted above, these feelings of internalized homonegativity are associated with increased rates of depression and other mental health issues as well as an increase in risky or unhealthy behaviors in sexual minorities (Mereish & Poteat, 2015; Thomas, Mience, Masson, & Bernoussi; 2015; Williamson 2000). Despite these associations, few studies have examined how personally held conservative views versus liberal views, political and religious, among sexual minorities are related to both internalized homonegativity and depression.

The Current Study

As previously described, sexual minorities experience higher rates of mental illnesses than the general population (Amola & Grimmett, 2014; Bostwick, Boyd, Hughes, & McCabe, 2010; Bostwick et al., 2014; Mereish & Poteat, 2015; Pachankis, Cochran, & Mays, 2015). Studies suggest that depression among sexual minorities is often caused by stressors such as physical and verbal abuse from peers and family, rejection by family and friends, and fear of rejection, victimization, and stigmatization by society (Collier, Beusekom, Bos, & Standfort, 2013; (Herek, 2015; Mereish & Poteat, 2015). Much of this rejection is associated with a culture of non-acceptance where minority groups are stigmatized. If this stigmatization is internalized, it creates the experience of internalized homonegativity (Amola & Grimmett, 2014; Meladze & Brown, 2015; Williamson, 2000), which is predictive of depression (Amola & Grimmett, 2014; Seil, Desai, & Smith, 2014; Thomas, Mience, Masson, & Bernoussi, 2014).

Surveys have shown that Islam, Christianity, and Judaism are associated with cultures of non-acceptance in regard to sexual minorities (Meladze & Brown, 2015; Pew Research 2013). This is especially the case when the religious context is conservative (Antonenko, Willer, & Keltner 2013; Costa, Claderia, Fernades, Rita, Pereria, & Leal 2014; Haidt & Hersh 2001). However, religious liberals tend to report more accepting attitudes of sexual minorities (Haidt & Hersh 2001; Sibley & Bulbia 2014).

While studies have shown associations between religiosity and negative attitudes toward sexual minorities, especially among conservative populations, little work has been done on the personally held religious views of sexual minorities and the relationship of these beliefs with mental health. Furthermore, research has often assessed religious belief generally and generically, failing to distinguish between liberal and conservative believers. Consequently, the goal of the current study was to examine the relationship between religious beliefs and political views with mental health among sexual minorities. To accomplish this, undergraduate volunteers at Abilene Christian University were surveyed assessing sexual minority status, political conservatism vs. liberalism, religious conservatism vs. liberalism, internalized homonegativity, and depression. Overall, it was predicted that ratings of political and religious conservatism would be predictive of both internalized homonegativity and depression.

CHAPTER II

METHODOLOGY

Participants and Procedure

The participants in this study were recruited from the student body at Abilene Christian University and from LGBT groups in the Abilene area. Participants were asked to complete an online survey assessing sexual orientation, religious commitment, religious views, political views, internalized homonegativity, and depression. In order to determine the participant's sexuality, the participants answered a question that asked whether they self-identified as gay or lesbian. Participants who responded with either "somewhat" or "strongly so" then proceeded to the Internalized Homonegativity Inventory. Those that responded with "not at all" did not take the Internalized Homonegativity Inventory.

In total 265 responses to the survey were received. After omitting the participants that responded "not at all" to the question on sexuality (n = 232), a sample of 33 participants (N = 33) was obtained. Of those 33 participants, 42% (n = 14) were male, 55% (n = 18) were female, and 3% (n = 1) identified as genderqueer. Participants in the study were predominantly Caucasian (78.8%, n = 26). A majority of the participants defined their religious beliefs as some form of Christianity at 66.7% (n = 22), 30.4% (n = 30) of the participants identified as either agnostic or atheist, and 3% (n = 1) of the participants identified themselves as Buddhist. 61% (n = 20) of the participants were

ACU students and 29% (n =13) were not ACU students. The average age of the participants was 29 years old.

Assessment Instruments

Epstein Sexual Orientation Inventory

Sexual Orientation was measured using the Epstein Sexual Orientation Inventory (ESOI; Epstein 2007). The ESOI is an inventory that measures a person's sexual orientation on a continuum of heterosexuality to homosexuality. The ESOI includes 18 close-ended questions in which respondents answer questions with “Yes”, “Maybe”, or “No”; “Never”, “Occasionally”, or “Frequent”; or “Strongly”, “Moderately”, or “Not at all”. The ESOI has two subscales. The same-sex experience subscale measures actual sexual experiences. Example questions include: “How frequent are your same-sex sexual encounters?” and “Have you ever voluntarily had sexual contact (such as kissing or petting) with a member of the same sex?” The ESOI also measures same-sex idealization, which focuses upon same-sex desires and thoughts. Example items include: “How frequent are your same-sex sexual fantasies or dreams?” and “Would you be willing to have sexual relations with someone of the same sex?” Overall, the ESOI has demonstrated good psychometric properties (Epstein 2007). The entire scale can be found in Appendix A.

The Religious Commitment Inventory-10

The Religious Commitment Inventory-10 (RCI-10; Everett et al., 2003) is a 10-item scale that measures the degree to which a person adheres to their religious values, beliefs and practices, and their religion's effect on their daily lives. Respondents rate each question on a Likert scale from 1 to 7 (a rating of 1 being “Not at all true of me”,

and a rating of 7 being “Totally true of me”). The RCI-10 can be separated into two different subscales: The Intrapersonal Religious Commitment Subscale and the Interpersonal Religious Commitment Subscale. The Intrapersonal Religious Commitment Subscale assesses how religious commitment affects the cognitive aspects of faith (e.g. “I often read books and magazines about my faith”). The Interpersonal Religious Commitment Subscale assesses how religious commitment affects behavior (e.g. “I make financial contributions to my religious organization”). Overall, the RCI-10 has demonstrated good reliability and validity (Everett et al., 2003). The entire scale can be found in Appendix B.

The Center for Epidemiological Studies Depression Scale

The Center for Epidemiological Studies Depression Scale (CESD) is a 20- item scale designed to measure current levels of depressive symptomology with an emphasis on the affective component of depressed mood (Radloff, 1977). The scale has respondents read a statement and then rate how they felt or behaved for the past week. Answers range from “Not at all or less than 1 day” to “Nearly every day for 2 weeks.” CESD questions are divided into two subscales: Functional impairment (e.g. “My appetite was poor”) and negative mood (e.g. “I felt depressed”). Although the questions can be divided into two factors, the entire test score is typically used to assess overall depressive symptomology (Van Dam & Earlywine, 2011). The entire scale can be found in Appendix C.

Political and Religious Views

Political and religious views were assessed with single-item Likert scales ranging from 1 to 7. The political views item read: “How would you define your political views?”

Respondents answered from 1 (Very Conservative) to 7 (Very Liberal). The religious views item read: “How would you define your religious views?” Respondents answered from 1 (Very Conservative) to 7 (Very Liberal).

The Internalized Homonegativity Inventory (IHNI)

The Internalized Homonegativity Inventory (IHNI) is a 23-question inventory designed to measure internalized feelings of homonegativity in gay men. The IHNI has been widely used in testing for internalized homonegativity (Amola & Grimmett, 2014; Meladze & Brown, 2015; Grey, Robinson, Coleman, & Bockting, 2013). Due to the fact that the inventory was originally developed for gay men, the IHNI was revised to be applicable to both male and female respondents. In total, 10 questions on the IHNI were revised. The IHNI is separated into three subscales: personal homonegativity (e.g., “I feel ashamed of my homosexuality”), gay (homosexual) affirmation (e.g., “I am proud to be gay (homosexual)”), and morality of homosexuality (e.g., “In my opinion, homosexuality is harmful to the order of society” (reverse scored item). Overall, the IHNI has shown excellent psychometric qualities (Mayfield 2001; Meladze & Brown, 2015). The original IHNI can be found in Appendix F, and the edited IHNI can be found in Appendix G.

CHAPTER III

RESULTS

One of the goals of this study was to examine the correlation between religiosity and internalized homonegativity among sexual minorities. It was hypothesized that religious commitment among sexual minorities would be positively associated with internalized homonegativity. It was also hypothesized that political and religious conservatism would be positively associated with internalized homonegativity. In order to test these hypotheses, one-tailed correlation coefficient tests were used to compare intrapersonal and interpersonal religious commitment, political views, and religious views with the three subscales of the internalized homonegativity inventory: morality of homosexuality, gay affirmation, and personal homonegativity. These correlations can be found in Table 1.

As can be seen in Table 1, as expected it was observed that participants reporting increased religious commitment had more negative views regarding the morality of homosexuality, lower rates of personal gay affirmation, and higher rates of personal homonegativity. This was observed with both the intrapersonal religious commitment as well as the interpersonal religious commitment measures.

Regarding liberal and conservative political views, the participants who had more conservative political views had lower rates of gay affirmation. Participants with more conservative religious views were more likely to view homosexuality as immoral when compared to their liberal religious counterparts.

Table 1

Correlations Between Religious Commitment, Religious Views, Political Views, and Internalized Homonegativity

	Internalized Homonegativity Subscales		
	Morality of Homosexuality	Gay Affirmation	Personal Homonegativity
RCI – Intrapersonal Commitment	-.31*	-.27	.44**
RCI – Interpersonal Commitment	-.41**	-.35*	.42**
Political Views	.14	.32*	-.01
Religious Views	.49**	.20	.05

*$p < .05$ **$p < .01$ (1-tailed); $N = 33$

Contrary to predictions, religious views and political views did not have a significant relationship with personal homonegativity.

A second goal of the study was to examine the relationship between internalized homonegativity and depression. It was predicted that as internalized homonegativity increases, rates of depression would increase as well. In order to test this hypothesis, single-tailed correlation coefficient tests were used to compare the three internalized homonegativity subscales with depression. The correlations between homonegativity measures and depression can be found below in Table 2.

As hypothesized, higher rates of homonegativity positively correlated with increased rates of depression in this sample of sexual minorities. Specifically, personalized homonegativity was associated with higher rates of depression.

Contrary to predictions, viewing homosexuality as immoral and having low rates of gay affirmation were unrelated to depression.

Table 2

Correlations Between Homonegativity and Depression

IHNI Subscales:	Depression
Morality of Homosexuality	-.18
Gay Affirmation	-.30
Personal Homonegativity	.45*

*$p < .01$ (1-tailed); $N = 33$

The final goal of the study was to examine the relationship of religiosity with depression among a sample of sexual minorities. It was hypothesized that religiosity, along with conservative political and religious views, would be positively associated with depression among sexual minorities. In order to test these hypotheses, one-tailed correlation coefficient tests were used to compare intrapersonal religious commitment, interpersonal religious commitment, political views, and religious views with depression. The results of these tests are located in Table 3.

Table 3

Correlations Between Religious Commitment, Political Views, Religious Views, and Depression

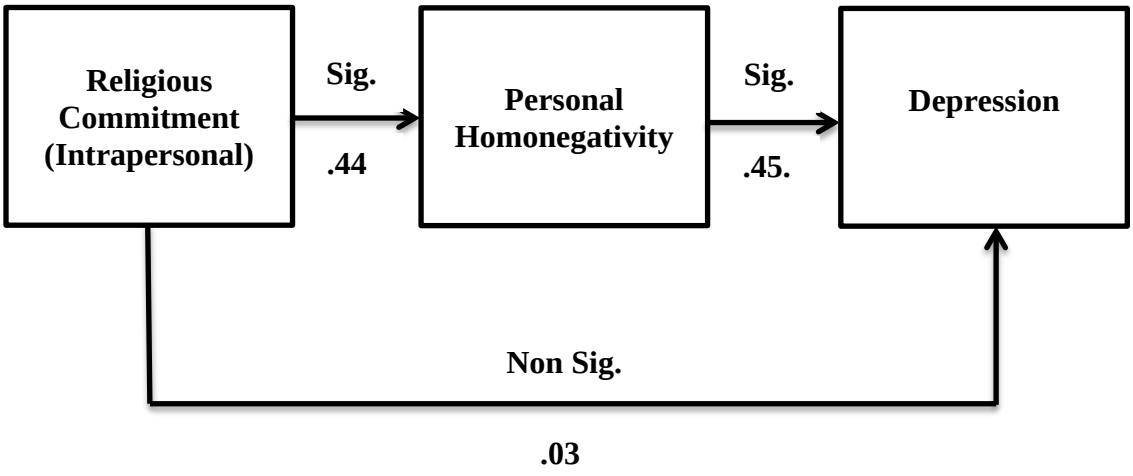
	Depression
RCI – Intrapersonal	.03
RCI – Interpersonal	.04
Political Views	.06
Religious Views	-.02

$N = 33$

Contrary to the predictions made in this study, as can be seen in Table 3, the results indicated that religious commitment, and conservative political and religious views were unrelated to depression in this sample of sexual minorities. The implication of this finding, in light of the other findings, will be discussed in Chapter 4. A visual representation of the overall finding of this study can be found on Figure 1.

Figure 1

The Mediating Role of Internalized Homonegativity



CHAPTER IV

DISCUSSION

Non-acceptance and marginalization from society can have adverse effects on sexual minorities. Among these effects is internalized homonegativity which has been associated with drug abuse, contraction of sexually transmitted diseases, and mental illnesses, most notably depression (Flentje, Heck, & Sorensen, 2014; Safren & Heimberg, 1999). Given that conservative Christian cultures have tended to marginalize and ostracize sexual minorities, the goal of this study was to examine the links between religiosity and conservatism (religious and political) and internalized homonegativity and depression.

This study predicted that religiosity and conservatism would be positively associated with both depression and internalized homonegativity among a sample of sexual minorities. The predictions of the study were partially supported.

Overall, religiously committed participants were more likely to view homosexuality as an immoral act, have lower rates of gay affirmation, and experience personal homonegativity. The data also indicated that participants who held more conservative political views had lower rates of gay affirmation. Religiously conservative participants were more likely to see homosexuality as immoral. In sum, as predicted, religiosity and conservatism were associated with internalized homonegativity.

As expected, the results also indicated that increased rates of personal homonegativity were associated with higher rates of depression.

Unexpectedly, however, no direct correlations were observed between religious commitment, political views, and religious views with rates of depression.

Regarding these findings, two issues require some commentary. First, as noted in Table 1, religious commitment, personally and socially, was more predictive of internalized homonegativity than conservative beliefs (religious and political). Why might that have been the case? It could be postulated that the more involved one is in a faith community that is non-accepting, the greater one's exposure to teachings that decry same-sex relations, causing one to view homosexuality as an immoral act and, thus, lead to lower rates of self-affirmation as a sexual minority along with increased personal homonegativity.

The second issue is that it was originally hypothesized that religiosity would have a direct correlation with depression among sexual minorities. Unexpectedly, however, the data showed that religiosity and conservatism (politically and religiously) had no relationship with depression. And yet, religiosity and conservatism were correlated with internalized homonegativity. The pattern of these results suggests that the mitigating factor between religiosity and depression may be internalized homonegativity. Rather than religiosity directly causing depression, the relationship is more indirect. Religiosity is implicated in depression only if it produces internalized homonegativity.

Implications

Implications for Mental Health Professionals

Understanding the indirect link between religiosity, internalized homonegativity, and depression is important for mental health professionals because it allows them to avoid a crude and simplistic approach to a gay client's religious life. The results of the

present study suggest that the issue is less about religious belief, even conservative religious belief, than about internalizing negative schemas about the self. Understanding that it is not religiosity itself that causes internalized homonegativity will allow mental health professionals to better serve their clients by focusing upon how clients have internalized and interpreted their religious experiences.

Implications for Religious Communities

Being constantly surrounded by a culture or group that admonishes same-sex relationships can be difficult for someone who is a sexual minority. Highlighting the link between religiosity, internalized homonegativity, and depression can help religious groups to better understand the emotional and psychological impact that they are having on sexual minorities. While appreciating these impacts might not change strongly held beliefs and attitudes, it may help sensitize communities to the great harm that is often being done in their midst. Whether the person is a friend, a family member, or someone in their community, understanding these links can help people to be more supportive of friends and loved ones who are sexual minorities.

Implications for Research

The data from the study would suggest that there is a link between religious commitment and internalized homonegativity. Further research into this area would be of great benefit, not only to sexual minorities but to religious communities as well. Research could be devoted to examining the exact nature of this association. For example, research could examine the impact of religious doctrine upon internalized homonegativity along with experiences of interpersonal rejection to tease out their relative impacts. Other important variables, such as coming out status with loved ones and the degree to which

family and friends have accepted or rejected the individual also were not examined in this study. It would be expected that the experience of familial acceptance or rejection would have a huge impact upon the individual, one that could exacerbate or mitigate the effects of the faith community the person was affiliated with. Examining these variables might help future research illuminate why some religiously conservative sexual minorities develop internalized homonegativity and others do not.

Limitations

One of the largest limitations of this study was the small sample size. This could be solved by opening up the study to people outside of the ACU and Abilene community as a whole in order to find more people who identify as a sexual minority. Not only would opening up the study to a larger audience improve upon the number of sexual minorities that would be able to participate, it would also give a more religiously diverse population of participants.

The study could also diversify the population of sexual minorities. The study focused on those that identify as homosexual. Expanding the focus of the study to include those who identified as bisexuals could give more insight on internalized homonegativity and depression from those who do not feel that they are a homosexual but have same-sex relations. Since the work of Alfred Kinsey, sexuality has been widely viewed as a continuum rather than a distinct divide. Analyzing data from participants that fall somewhere in between heterosexual and homosexual on the continuum of sexuality could give insight on people who have some same-sex attraction but do not identify as gay or bisexual.

Relatedly, although this study focused on sexual minorities, it was only able to focus on those that identified as gay or lesbian. Due to the wide diversity in the types of sexual minorities that exist and the sample of participants that was being used, this study was unable to include people that identify as transgender, or queer, or those that were in the process of questioning their sexuality, as well as many other people that fall under the umbrella of the term sexual minority. For future studies, the inclusion of these groups and the unique experiences that they have with religion and depression would help this study to be more diverse and inclusive. It could be said that transgender people fall into a category of their own, as a person that is born male, identifies as female, and is attracted to males is not a homosexual in their own right. In order to fully understand and focus on the experiences of transgender people, as well as Genderqueer people, a study that focuses solely upon them would need to be explored.

Finally, as previously mentioned the sample itself was taken from an area that is predominantly conservative in religious and political views; this would mean that religious diversity is an issue that could affect the data. Conducting the study in an area that has more religious diversity could give greater insight on sexual minorities that do not identify with any religion as well as those who follow a non-Abrahamic religion. The majority of participants in this study identified themselves as a Christian; therefore feelings of internalized homonegativity could be linked primarily to Christianity. Gathering data from areas that are not as predominantly Christian, but areas that are predominantly Buddhist or Hindu, could give insight on internalized homonegativity felt by those that are raised in and practice different religions.

Although this study focused on sexual minorities, it was only able to focus on those that identified as gay or lesbian. Due to the wide diversity in the types of sexual minorities that exist and the sample of participants that was being used, this study was unable to include people that identify as transgender, queer, those that were in the process of questioning their sexuality, as well as many other people that fall under the umbrella of the term sexual minority. For future studies, the inclusion of these groups and the unique experiences that they have with religion and depression would help this study to be more diverse and inclusive. It could be said that transgender people fall into a category of their own a person that is born male, identifies as female, and is attracted to males is not a homosexual in their own right. In order to fully understand and focus on the experiences of transgender people, as well as Genderqueer people, a study that focuses solely upon them would need to be explored.

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APPENDIX A

IRB APPROVAL LETTER

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325 674-2885

March 7, 2016

Mr. Matthew Thaxton
Department of Psychology
ACU Box 28011
Abilene Christian University

Dear **Mr. Thaxton,**

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled **Religiosity and Depression in Sexual Minorities**

was approved by expedited review (46.110(b)(1) category **7**) on **3/7/2016** for a period of **one year** (IRB # **16-011**). The expiration date for this study is **3/7/2017** . If you intend to continue the study beyond this date, please submit the Continuing Review Form at least 30 days, but no more than 45 days, prior to the expiration date. Upon completion of this study, please submit the Inactivation Request Form within 30 days of study completion.

If you wish to make **any** changes to this study, including but not limited to changes in study personnel, number of participants recruited, changes to the consent form or process, and/or changes in overall methodology, please complete the Study Amendment Request Form.

If any problems develop with the study, including any unanticipated events that may change the risk profile of your study or if there were any unapproved changes in your protocol, please inform the Office of Research and Sponsored Programs and the IRB promptly using the Unanticipated Events/Noncompliance Form.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

APPENDIX B

EPSTEIN SEXUAL ORIENTATION INVENTORY

For each of the following questions, select the answer that best applies to you.

1. Have you ever felt sexually attracted to a member of the same sex?
No Yes

2. How strongly are you sexually attracted to members of the same sex?
Very Strongly Moderately Not at all

3. Have you ever had a dream about a sexual encounter with a member of the same sex?
No Yes

4. Have you ever had a waking fantasy about a sexual encounter with a member of the same sex?
No Yes

5. Have you ever felt sexually aroused when you've had any exposure to two people of your same gender having a sexual encounter (through gossip, a video, or some other means)?
No Yes

6. Have you ever voluntarily had sexual contact (such as kissing or petting) with a member of the same sex?
No Yes

7. Would you be willing to have sexual relations with someone of the same sex?
No Maybe Yes

8. How frequent are your same-sex sexual fantasies or dreams?
Never Have Them Rare or Occasional Frequent

9. How frequent are your same-sex sexual encounters?
Never Have Them Rare or Occasional Frequent

10. Have you ever felt sexually attracted to a member of the opposite sex?
No Yes

11. How strongly are you sexually attracted to members of the opposite sex?
Very Strongly Moderately Not At All

12. Have you ever had a dream about a sexual encounter with a member of the opposite sex?
No Yes

13. Have you ever had a waking fantasy about a sexual encounter with a member of the opposite sex?
No Yes

14. Have you ever felt sexually aroused when you've had any exposure to someone of your gender having a sexual encounter with someone of the opposite sex (through gossip, a video, or some other means)?
No Yes

15. Have you ever voluntarily had sexual contact (such as kissing or petting) with a member of the opposite sex?
No Yes

16. Would you be willing to have sexual relations with someone of the opposite sex?
No Maybe Yes

17. How frequent are your opposite-sex sexual fantasies or dreams?
Never Have Them Rare or Occasional Frequent

18. How frequent are your opposite-sex sexual encounters?
Never Have Them Rare or Occasional Frequent

APPENDIX C

THE RELIGIOUS COMMITMENT INVENTORY (RCI-10)

Instructions: Read each of the following statements. Using the scale to the right, CIRCLE the response that best describes how true each statement is for you.

	Not all true of me 1	Somewhat true of me 2	Moderately true of me 3	Mostly true of me 4	Totally true of me 5
1. I often read books and magazines about my faith.	1	2	3	4	5
2. I make financial contributions to my religious organization.	1	2	3	4	5
3. I spend time trying to grow in understanding of my faith.	1	2	3	4	5
4. Religion is especially important to me because it answers many questions about the meaning of life.	1	2	3	4	5
5. My religious beliefs lie behind my whole approach to life.	1	2	3	4	5
6. I enjoy spending time with others of my religious affiliation.	1	2	3	4	5
7. Religious beliefs influence all my dealings in life.	1	2	3	4	5
8. It is important to me to spend periods of time in private religious thought and reflection.	1	2	3	4	5
9. I enjoy working in the activities of my religious affiliation.	1	2	3	4	5
10. I keep well informed about my local religious group and have some influence in its decisions.	1	2	3	4	5

APPENDIX D

CENTER FOR EPIDEMIOLOGIC STUDIES DEPRESSION SCALE - REVISED

(CESD-R)

Below is a list of the ways you might have felt or behaved. Please check the boxes to tell me how often you have felt this way in the past week or so.

Not at all or less than 1 day	1 – 2 Days	3 – 4 Days	5 – 7 Days	Nearly every day for 2 weeks
1	2	3	4	5

1. My appetite was poor	1	2	3	4	5
2. I could not shake off the blues	1	2	3	4	5
3. I had trouble keeping my mind on what I was doing	1	2	3	4	5
4. I felt depressed	1	2	3	4	5
5. My sleep was restless	1	2	3	4	5
6. I felt sad	1	2	3	4	5
7. I could not keep going	1	2	3	4	5
8. Nothing made me happy	1	2	3	4	5
9. I felt like a bad person	1	2	3	4	5
10. I lost interest in my usual activities	1	2	3	4	5
11. I slept much more than usual	1	2	3	4	5
12. I felt like I was moving too slowly	1	2	3	4	5
13. I felt fidgety	1	2	3	4	5
14. I wished I were dead	1	2	3	4	5
15. I wanted to hurt myself	1	2	3	4	5
16. I was tired all the time	1	2	3	4	5
17. I did not like myself	1	2	3	4	5
18. I lost a lot of weight without trying to	1	2	3	4	5
19. I had a lot of trouble going to sleep	1	2	3	4	5
20. I could not focus on the important things	1	2	3	4	5

APPENDIX E

HOW WOULD YOU DEFINE YOUR POLITICAL VIEWS?

Conservative - 1 2 3 4 5 6 7 - Liberal

APPENDIX F

HOW WOULD YOU DEFINE YOUR RELIGIOUS VIEWS?

Conservative - 1 2 3 4 5 6 7 - Liberal

APPENDIX G

INTERNALIZED HOMONEGATIVITY INVENTORY (IHNI)

The following statements deal with emotions and thoughts related to being gay. Using the scale below, please give your honest rating about the degree to which you agree or disagree with each statement.

Strongly Disagree 1	Moderately Disagree 2	Slightly Disagree 3	Slightly Agree 4	Moderately Agree 5	Strongly Agree 6

1. I believe being gay is an important part of me.	1 2 3 4 5 6
2. I believe it is OK for men to be attracted to other men in an emotional way, but it's not OK for them to have sex with each other.	1 2 3 4 5 6
3. When I think of my homosexuality, I feel depressed.	
4. I believe that it is morally wrong for men to have sex with other men.	1 2 3 4 5 6
5. I feel ashamed of my homosexuality.	1 2 3 4 5 6
6. I am thankful for my sexual orientation.	1 2 3 4 5 6
7. When I think about my attraction towards men, I feel unhappy.	1 2 3 4 5 6
8. I believe that more gay men should be shown in TV shows, movies, and commercials.	1 2 3 4 5 6
9. I see my homosexuality as a gift.	1 2 3 4 5 6
10. When people around me talk about homosexuality, I get nervous.	1 2 3 4 5 6
11. I wish I could control my feelings of attraction toward other men.	1 2 3 4 5 6
12. In general, I believe that homosexuality is as fulfilling as heterosexuality.	1 2 3 4 5 6
13. I am disturbed when people can tell I'm gay.	1 2 3 4 5 6
14. In general, I believe that gay men are more immoral than straight men.	1 2 3 4 5 6
15. Sometimes I get upset when I think about being attracted to men.	1 2 3 4 5 6
16. In my opinion, homosexuality is harmful to the order of society.	1 2 3 4 5 6
17. Sometimes I feel that I might be better off dead than gay.	1 2 3 4 5 6
18. I sometimes resent my sexual orientation.	1 2 3 4 5 6
19. I believe it is morally wrong for men to be attracted to each other.	1 2 3 4 5 6
20. I sometimes feel that my homosexuality is embarrassing.	1 2 3 4 5 6
21. I am proud to be gay.	1 2 3 4 5 6
22. I believe that public schools should teach that homosexuality is normal.	1 2 3 4 5 6
23. I believe it is unfair that I am attracted to men instead of women.	1 2 3 4 5 6

APPENDIX H

INTERNALIZED HOMONEGATIVITY INVENTORY - REVISED (IHNI)

The following statements deal with emotions and thoughts related to being gay. Using the scale below, please give your honest rating about the degree to which you agree or disagree with each statement.

Strongly Disagree 1	Moderately Disagree 2	Slightly Disagree 3	Slightly Agree 4	Moderately Agree 5	Strongly Agree 6

1. I believe being homosexual is an important part of me. 1 2 3 4 5 6
2. I believe it is OK for people to be attracted to other people of the same sex in an emotional way, but it's not OK for them to have sex with each other. 1 2 3 4 5 6
3. When I think of my homosexuality, I feel depressed.
4. I believe that it is morally wrong for people to have sex with people of the same sex. 1 2 3 4 5 6
5. I feel ashamed of my homosexuality. 1 2 3 4 5 6
6. I am thankful for my sexual orientation. 1 2 3 4 5 6
7. When I think about my same sex attractions, I feel unhappy. 1 2 3 4 5 6
8. I believe that more homosexual people should be shown in TV shows, movies, and commercials. 1 2 3 4 5 6
9. I see my homosexuality as a gift. 1 2 3 4 5 6
10. When people around me talk about homosexuality, I get nervous. 1 2 3 4 5 6
11. I wish I could control my feelings of attraction toward people of the same sex. 1 2 3 4 5 6
12. In general, I believe that homosexuality is as fulfilling as heterosexuality. 1 2 3 4 5 6
13. I am disturbed when people can tell I'm gay. 1 2 3 4 5 6
14. In general, I believe that homosexuality is more immoral than heterosexuality. 1 2 3 4 5 6
15. Sometimes I get upset when I think about being homosexual. 1 2 3 4 5 6
16. In my opinion, homosexuality is harmful to the order of society. 1 2 3 4 5 6
17. Sometimes I feel that I might be better off dead than gay. 1 2 3 4 5 6
18. I sometimes resent my sexual orientation. 1 2 3 4 5 6
19. I believe it is morally wrong for people of the same sex to be attracted to each other. 1 2 3 4 5 6
20. I sometimes feel that my homosexuality is embarrassing. 1 2 3 4 5 6
21. I am proud to be gay. 1 2 3 4 5 6

22. I believe that public schools should teach that homosexuality is normal. 1 2 3 4 5 6
23. I believe it is unfair that I am attracted to people of the same sex. 1 2 3 4 5 6