

The Faith Lives Of Lesbians And Psychological Health: The Moderating Role Of Internalized Homonegativity

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THE FAITH LIVES OF LESBIANS AND PSYCHOLOGICAL HEALTH:
THE MODERATING ROLE OF INTERNALIZED HOMONEGATIVITY

by

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ABSTRACT
THE FAITH LIVES OF LESBIANS AND PSYCHOLOGICAL HEALTH:
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In many cases, having a faith life is associated with positive psychological health outcomes. However, for lesbians, the interplay between religious and sexual identities may be such that the opposite effect occurs, particularly among women who have high levels of internalized homonegativity, i.e. internalized negative stigma from society about homosexuality. Previous research suggests that some religious organizations may propagate negative messages about homosexuality, and thus exacerbate the stigma that lesbians may feel about themselves due to their sexual orientation. The present study examined faith factors including views of God as loving and controlling, spirituality, religiosity, and negative faith experiences and their relationship with psychological health, taking into account level of internalized homonegativity. It was hypothesized that the faith lives of women with high levels of internalized homonegativity would be markedly different than those with low levels internalized homonegativity. Self-identified lesbian women ($n=225$) from the Milwaukee area were recruited as participants for this study. The results indicated that the relationship between spirituality and views of God as loving and psychological health outcomes was moderated by level of internalized negative stigma. Generally, these results indicate that those who are high in internalized homonegativity do have different faith lives and psychological health outcomes than those who are low in internalized homonegativity, but only in certain domains.

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The Faith Lives of Lesbians and Psychological Health: The Moderating Role of Internalized Homonegativity

Lesbians are at a higher lifetime risk for mood, substance use, and anxiety disorders, as well as suicidal risks and plans when compared to those who have only opposite-sex partners (Gilman, et al., 2001). These findings indicate that belonging to a sexual minority group carries a psychological impact that has the power to affect this particular group of women throughout their lives. Though exactly what about the experience of being a lesbian leads to such negative psychological outcomes is almost certainly a product of myriad and complex factors, Mays and Cochran (2001) have identified a primary culprit. They found that experiences with perceived discrimination are both destructive and prevalent, and are highly associated with negative psychological health.

When women are part of a religious community that is not supportive of homosexuality, they may belong to a group that conforms to and defends the social norms advocated by acknowledged authority figures (e.g. priest, minister, rabbi, imam). Within this environment, hostility toward those who diverge from these norms might be seen as appropriate. Wilkinson (2004) found that people who exhibit right wing authoritarian views are more likely to have homophobic beliefs. A lesbian member of a religious group which sees homosexuality as divergent from the social norms advocated by their religious leader is likely to encounter instances of discrimination, and be made cognizant of stigma associated with homosexuality. Lewis, Derlega, Clarke, and Kuang (2006) found that lesbians who were conscious of stigma, meaning that they anticipated unfavorable reactions to their sexual orientation, had higher levels of lesbian-related

stress, physical complaints, and mood problems. Lesbians who find themselves in an environment where they feel invalidated or punished because of their sexual orientation may need to seek out a more affirming social environment (Lewis et al., 2006).

Tan (2005) studied the religious and spiritual lives of gay and lesbian individuals ($n=93$) and found that the majority of his participants (69%) were affiliated with some religion, with 30% of the participants indicating that they attended religious services weekly. This sample also demonstrated high levels of religious and existential well being, which means that they reported having positive relationships with God and high levels of life purpose and satisfaction. It may be inferred then that not all homosexual people, and perhaps not even the majority of homosexual people, find themselves in invalidating religious environments.

This study is designed to examine the possible conflict that lesbians face between their religious and sexual identities. One of the potential outcomes of this conflict may be increased levels of negative feelings about the self due to the internalization of negative societal views on homosexuality (internalized homonegativity). Those with high levels of internalized homonegativity are different when compared to people with low levels of internalized homonegativity; those with high levels of internalized homonegativity have poorer psychological health (Szymanski & Chung, 2001; Herek, 1998), which may be defined as cognitive or emotional well-being, and lower levels of generativity (de St. Aubin & Skerven, 2008), which may be defined as having concern or care for improving the lives of younger generations. These two groups are likely to have divergent faith lives as well. The subsequent literature review will focus on potential outcomes of this

religious/sexual identity conflict, including psychological health outcomes, and the impact of internalized homonegativity.

In 1998, during a global, decadal conference called the Lambeth Conference, the Anglican Communion, established a set of codes to officially communicate the Church's stance on homosexuality and its place in the Church (Anglican Consultative Council, 2011). The Anglican Communion is the governing body of a worldwide religious community including the Anglican and Episcopal denominations, whose membership totals over 85 million people. Within this policy they posited the following: The Anglican Church "upholds faithfulness in marriage between a man and a woman in lifelong union, and believes that abstinence is right for those who are not called to marriage." In the same document, they also "wish to assure [homosexual persons] that they are loved by God and that all baptised, believing and faithful persons, regardless of sexual orientation, are full members of the Body of Christ." However, the Church also rejects "homosexual practice as incompatible with Scripture" and "cannot advise the legitimising or blessing of same sex unions nor ordaining those involved in same gender unions" (Lambeth Conference, 1998). Within the same document, the Anglican Communion has both professed that homosexual people are loved by God and accepted as full members of the Body of Christ, and yet states that their romantic relationships, sexual activities, and desires to marry are not equal to that of their heterosexual counterparts. Though these mixed messages are only representative of one denomination within the Christian faith, they illustrate the mainspring of a conflict that many religious people who identify as gay, lesbian, or bisexual experience in their lives.

Homosexual people are told that they are accepted as “full members” of a religious community, however they are not granted the same privileges as their heterosexual congregants. They are not allowed to marry, and are thereby sentenced to celibacy under the teachings of the religious organization. They are told that connecting to another human being sexually is “incompatible with Scripture.” How are religious non-heterosexual people to foster lifelong fulfilling connections with their mates if they are not given the support or even consent of the organization that guides and provides the foundation for their religious beliefs and experiences? Those who encounter this struggle are likely to find themselves left with feelings of invalidation and inferiority, which depending on their ability to overcome these challenges, may be precursors to negative psychological outcomes.

Religious vs. Sexual Identity

Buchanan, Dzelme, Harris, and Hecker (2001) discuss the nature of the conflict between sexual and spiritual or religious identities. They argue that though many organizations are changing their negative outlooks on homosexuality, certain religious communities are not making this change. According to the Pew Research Center (2012), most religious groups are divided in their views of homosexuality. For example, 54% of American Catholics and 56% of White mainline Protestants viewed homosexuality as an inborn characteristic, while 26% of American Catholics and 25% of White mainline Protestants view it as a lifestyle choice. The same report documents that among those who attend church weekly or more, 45% believe that homosexuality is a lifestyle choice, while 28% believe that homosexuality is an inborn characteristic, while among those who seldom or never go to church, only 25% believe that homosexuality is a lifestyle choice,

while 54% believe that homosexuality is an inborn characteristic. These findings suggest that though certain religious denominations may be split in their views of homosexuality, church attendance does have some association with how people who are homosexual are viewed.

It may be more common for religious and spiritual identities to be formed before sexual identities, as gay and lesbian children do not typically experience their first same-sex attraction until after the age of 11 for girls and 10 for boys (Herek, Cogan, Gillis, & Glunt, 1997), by which time they may have already begun a conscious journey where they have committed themselves to a particular religion and formally or informally established ties with a religious community, subsequently forming a spiritual or religious identity. When one forms a sexual identity, there may or may not be a conflict with one's spiritual/religious identity, depending on the belief structure imposed by their spiritual/religious community. In many cases, "a struggle exists because gays and lesbians are asked to choose between their sexual orientation and their religious and spiritual beliefs" (Buchanan et al., 2001, p.435).

This conflict becomes particularly salient when discussing religious fundamentalism. Altemeyer and Hunsberger (1992) describe religious fundamentalism as: "The belief that there is one set of religious teachings that clearly contains the fundamental, basic, intrinsic, essential, inerrant truth about humanity and deity . . . [and] that this truth must be followed today according to the fundamental, unchangeable practices of the past" (p. 118).

In a study on religious fundamentalism and prejudice, Brandt and Reyna (2010) hypothesized that the association between religious fundamentalism and prejudice would

be mediated by a need for cognitive closure. In this case, cognitive closure is characterized by a lack of ambiguity or any kind of “gray area.” Those who demonstrate a need for cognitive closure seek out unquestionable or indisputable answers to their questions, and are generally intolerant of indefinite conclusions, essentially feeling strongly compelled to see the world in black and white. Using archival data from a national survey conducted in 2006, they used information about participants’ fundamentalism as measured by their denomination and belief in the infallibility of scripture, as well as information on prejudicial beliefs against gay and lesbian people, and the need for cognitive closure, to find that fundamentalism was positively related to prejudice and partially mediated by the need for cognitive closure. Though this study did not explore the case of the LGBT religious fundamentalist, it is an important character to consider: for this individual, prejudicial beliefs may be turned inward, causing a significant struggle in trying to mitigate the crossing of the two incompatible identities.

Outcomes of Conflict

Previous research has described some of these negative outcomes and who is most likely to suffer from these outcomes, while highlighting the importance of better understanding this conflict in order to improve the psychological well being of religious LGBT individuals.

Yip (2002) explored how gay and lesbian Christians in the United Kingdom have reacted to conflicts between religious and spiritual identities. Yip used questionnaires sent through the post to collect quantitative data on the religious and spiritual lives of gay and lesbian Christians, and then conducted semi-structured interviews with a smaller portion of the sample in order to obtain deeper qualitative data. Some participants in his

study continued to attend their church, despite the church's negative views on homosexuality, while hiding or denying their sexual orientation to fellow congregants and themselves. Others lived their private lives as non-heterosexual people, and continued to work with the church without divulging information about their personal lives. Another group left and rejected the church altogether as they found themselves unable to mitigate the conflict between their religious beliefs and sexual orientation. Some participants sought to change their sexual orientation by more extreme measures, seeking conversion therapy from organizations which offered such services. Halkitis (2009) found similar findings and noted that over 75% of the LGBT participants in the study were raised in religious households; however, only 25% of the sample currently held a membership at a religious institution, indicating that only 1/3 of LGBT participants who were raised in a religious household continued to belong to a religious community.

Conversion therapy, which is also known as "reparative therapy," strives to eradicate or repress homosexuality (APA, 2008). The American Academy of Pediatrics, American Counseling Association, American Psychiatric Association, and the American Psychological Association have all publicly stated that this type of therapy is detrimental to people who receive it (APA, 2008). The New York Times reported that Dr. Robert Spitzer, who was thought to have published the only study to legitimately give credence to the effectiveness of conversion therapy recanted his study as flawed and even went so far as to apologizing to the LGBT community (Carey, 2012).

Tozer and Hayes (2004) researched gay and lesbian populations and the likelihood that they would seek conversion therapy. The researchers predicted that participant religiosity, internalized homonegativity, and identity development would all

play a part in whether or not someone sought to change his or her sexual orientation. More specifically, they hypothesized that participants who used religion as a medium by which to find a support community or to increase status (extrinsically motivated) would be less likely to seek conversion therapy, while those who incorporate religion in their lives as an internal guiding force (intrinsically motivated) would be more likely to seek conversion therapy. They also predicted that higher levels of internalized homonegativity would increase the likelihood of someone seeking conversion therapy, and that gays and lesbians who were in the early stages of identity formation would be more likely to seek conversion therapy than those in later stages of identity formation. They also found that gay and lesbian participants who were earlier in their identity formation were more likely to seek conversion therapy than those in later stages.

Internalized Homonegativity

One of the most important aspects to recognize in this conflict is internalized homonegativity. This construct is also known as “internalized homophobia” and “internalized heterosexism.” Internalized homonegativity may be defined as a homosexual person’s endorsement of adverse ideas and attitudes garnered from society toward himself or herself, that result in a denigration of the self, invalidation, and internal turmoil. The following previous research has demonstrated the deleterious effects that high levels of internalized homonegativity can have on LGBT people in many facets of their lives.

High levels of internalized homonegativity have been linked to many problems in the process of forming and sustaining an identity as a homosexual person. These include the delay of sexual identity formation (Peterson & Gerrity, 2006) and difficulty

identifying as a lesbian and with mainstream/heterosexual communities (Fingerhut, Peplau, & Ghavami, 2005). Other studies have shown increased discomfort disclosing sexual orientation (Szymanski, Kashubeck-West, & Meyer, 2008), and experiencing hindrances to the coming out process including a higher incidence of discord related to sexual orientation, not affiliating oneself as a part of an LGBT group, and being more likely to attempt to appear to be heterosexual (Szymanski, Chung, & Balsam, 2001). Those high in internalized homonegativity are also more likely to keep sexual orientation a secret (Nungesser, 1983), having a lower percentage of non-heterosexual friends (Mayfield, 2001), and spend less social time with non-heterosexual persons (Ross & Rosser, 1996).

In addition, high levels of internalized homonegativity have been shown to negatively impact the psychosocial health of gay and lesbian people. Some of these negative psychosocial outcomes include lowered self-esteem (Szymanski & Chung, 2001), less social support (Szymanski, Chung, & Balsam, 2001), higher rates of depression, an increased frequency of self-harming behaviors, and demoralization (Herek, 1998). A high level of internalized homonegativity is also associated with other factors such as loneliness (Szymanski & Chung, 2001), the presence of religious repression specific to homosexuality during childhood (Rowen & Malcolm, 2002), increased prevalence of substance abuse (Amadio, 2006). Internalized homonegativity also affects interpersonal relationships, as high levels have been linked with less emotional and intellectual intimacy with partners (Frost & Meyer, 2009), increased sexual anxiety, sexual depression, fear of sexual relationships, and reduced sexual satisfaction (Piggot, 2004, as cited in Szymanski, Chung, & Balsam, 2001). Some research suggests that those

who are high in internalized homonegativity may be markedly different that they may be conceptualized as having a different worldview and interactional style with their environment than those who are low in internalized homonegativity.

Transcenders and Occluders

de St. Aubin and Skerven (2008) researched internalized homonegativity and found that women who scored high on Szymanski and Chung's (2001) Lesbian Internalized Homophobia Scale (LIH) exhibited different characteristics than the women who scored low on the same measure. The women who scored high on the LIH were found to be low in generativity, psychosocial health, and ego maturity" and were thus labeled as "occluders." Those who scored low on the LIH had better psychosocial health, exhibited more generative behaviors, and had reached higher levels of ego maturity, and were thus labeled as "transcenders." In this study, generativity, which is a personality attribute that involves the act of contributing knowledge, wisdom, or some other benefit to the next generation, was used as a measure of psychological health. Generativity is seen as a hallmark of successful development in mid-life, which is important given that the sample consisted mostly of women in this stage. Though these qualities have already been examined, the different faith components of these two groups of women have not.

One way that the faith lives of transcenders and occluders may be different from one another is within the context of ego maturity. Ego maturity is conceptualized according to Jane Loevinger's (1976) model, where people's understanding of self and world shift as they reach higher developmental stages. In this context, the ego is seen as a regulatory mechanism that guides thought and behavior. When people reach higher stages, they have demonstrated higher levels of both emotional and intellectual maturity. In this

case, transcendents have moved beyond a conventional level of thought, seeing themselves in context with the rest of the world. Loevinger's stages span from a self-interested position from childhood to higher stages such as autonomy and integration, which not all adults may reach. Transcendents' egos allow them to not internalize the negative stereotypes proffered by society. Rather than simply avoiding or attempting to refute the adverse messages, they are able to acknowledge their existence and move beyond them. On the other hand, occluders have not been able to move beyond society's negative stereotypes. Still operating on a concrete level, their egos do not have the ability to think critically about society's views, rather they accept the views of others as true for themselves. Therefore, unfavorable views of homosexuality are incorporated into the occluders' perceptions of themselves, which yields innumerable negative outcomes. Taken in the context of religion and spirituality, lesbians of these two groups may exhibit very different faith portraits.

Faith components may have the ability to improve or detract from the psychological well being of lesbians, through their impact on levels of internalized homonegativity. Lesbians who are members of LGBT-affirming religious organizations may be protected from harmful heterosexist events by the support and affirmation of the religious community, which is likely to reduce levels of internalized homonegativity. Those women who are members of religious organizations that are not affirming of the LGBT community may be at a higher risk for being exposed to heterosexist events within the context of religious activities (i.e. sermons, discussions), as well as being without support or affirmation from the other people in the religious community, which may increase levels of internalized homonegativity. The current study examines how

components of faith that are moderated by internalized homonegativity, predict the overall psychological health of lesbians. The literature examining the relationship between faith and psychological health will now be reviewed.

Lesbian psychological health

Some research has shown that LGBT-supportive religious experiences may actually improve psychological health outcomes. Lease, Horne, and Noffsinger-Frazier (2005) propose the idea that lesbian psychological health may be improved with LGBT-affirming faith group experiences. Their participants were 583 LGBT participants who were already involved in an organized religious/spiritual community. They were asked to fill out a series of questionnaires, which included information about their faith experiences, internalized homonegativity, spirituality, and psychological health. The researchers looked at the relationship between LGBT affirming faith group experiences and psychological health, using spirituality and internalized homonegativity as potential mediators. The researchers found that while psychological health was not directly associated with LGBT affirming faith group experiences, it was shown to be related to lower levels of internalized homonegativity and higher levels of spirituality, both of which were associated with psychological health.

Using a mixed-methods design, Sherry, Adelman, Whilde, and Quick (2010) identified some characteristics that increase the likelihood that religious LGBT people will experience a religious and sexual struggle. Participants completed several measures on religiosity and spirituality, as well as instruments measuring shame, guilt, and internalized homonegativity. In their quantitative analyses, they found that participants who experienced the highest levels of shame and internalized homonegativity were those

who thought it morally wrong to have religious doubts and who were raised in a conservative church. Though the authors do not label them as such, this group of people share many characteristics with the fundamentalists described earlier. In their qualitative research, the authors found that about 40% of their sample reported that their sexual orientation caused them to question and then modify their religious beliefs. The same percentage of the sample either left religion or God altogether or found a different religious stance, which enabled them to validate and support their sexual identity.

Herek (1987) researched prejudice among people with different religious orientations and their attitudes regarding people of different sexual orientations. Herek classified participants' religious orientations as either "intrinsic" or "extrinsic." People with intrinsic orientations internalize the teachings and values taught by their religious institutions and make them their own. Extrinsically oriented people outwardly accept the values and teachings of their religious community in order to conform. Their faith is focused on religion-based activities such as bible-study or other events sponsored by the religious institution. Using a heterosexual college-aged sample, Herek found differences between people with intrinsic religious orientations and those with extrinsic religious orientations in their attitudes toward LGBT people. People with extrinsic orientations, though more likely to be prejudiced when in tolerant religious environments than people with intrinsic orientations, were actually equally or less prejudiced than the intrinsically oriented group in environments where tolerance was not encouraged. Herek posits that an "intrinsic orientation is not associated with tolerance, per se" but rather "associated with tolerance toward groups identified as deserving of tolerance by one's religious philosophy" (p.5) and thus may harbor deeper anti-LGBT sentiment. Intrinsically

oriented people may be similar to people who are more spiritual than religious, as their faith is more closely linked to personal spiritual experience.

Like Lease, et al.'s (2005) study, the current study aims to examine psychological health outcomes taking into account internalized homonegativity. However, in the current study, faith components will be used as predictor variables rather than as mediators. This allows for additional faith components to be utilized in the analysis. Instead of restricting the faith components to either LGBT-affirming or LGBT-disaffirming, the current study will also account for the frequency with which lesbians engage in spiritual and religious activities.

Though spirituality was shown to directly impact psychological health outcomes in Lease et al.'s (2005) study, Herek's (1987) study on religious orientation suggests there may be reason to believe that high levels of spirituality could be associated with higher levels of internalized homonegativity in participants. Extending the implications of Herek's findings, messages about homosexuality from religious institutions, which may be positive or negative depending on the teachings of the particular religious organization, are likely to be more deeply internalized among people who are more spiritual than religious.

Bartoli and Gillem's (2008) research establishes the importance of validating and supporting both identities. They argue that many people who find their religious beliefs and sexual orientation are incongruent believe that the only solution is to "privilege or deny either identity" (p. 204). This solution is detrimental to the LGBT person as it essentially asks him or her to choose between giving up the possibility of having another human being as a romantic partner or to lose out on the personal fulfillment and external

support that often accompanies being a part of a group with a shared religious identity. Because of this, the authors find that issues of loss are at the root of the commonly found depression and anxiety resulting from this particular conflict.

The overarching problem lies in the conflict that results when perceivably immutable teachings, which provide the basis for a religious identity, are not compatible with a one's sexual identity. This clash may result in the person attempting to find some sort of resolution, such as trying to change his or her sexual orientation (conversion therapy), hiding his or her sexual behaviors while maintaining an outward lifestyle that is congruent with his or her religious/spiritual identity, or by losing or changing his or her religious/spiritual identity. Higher levels of religiosity and spirituality combined with non-LGBT affirming views may be associated with high levels of internalized homonegativity, which is likely to cause people to be less satisfied with their lives, feeling unfulfilled either spiritually or sexually or to be depressed.

Study Goals

The research reviewed so far has outlined the nature of the conflict between sexual orientation and religious identity and has provided the platform of the current study. It establishes that gay and lesbian individuals experience a unique conflict that is likely to yield negative outcomes. The purpose of this study is to examine the relationship between religion and spirituality and psychological health outcomes, taking into account the degree to which these self-identified lesbians have internalized negative thoughts and beliefs about their sexual orientation. In this study, the following hypotheses are proposed:

Hypothesis 1: Spirituality will be positively associated with psychological health outcomes, and this relationship will be moderated by internalized homonegativity. For those who have low levels of internalized homonegativity, higher levels of spirituality will predict better psychological health. However, for those with high levels of internalized homonegativity, higher levels of spirituality will predict poorer psychological health.

Hypothesis 2: Religiosity will be positively associated with psychological health outcomes, and this relationship will be moderated by internalized homonegativity. For those who have low levels of internalized homonegativity, higher levels of religiosity will predict better psychological health. However, for those with high levels of internalized homonegativity, higher levels of religiosity will predict poorer psychological health.

Hypothesis 3: Viewing God as loving will be positively associated with psychological health outcomes, and this relationship will be moderated by internalized homonegativity. It is expected that among for those who have low levels of internalized homonegativity, viewing God as more loving will predict better psychological health outcomes. This relationship is not expected to be found among those with high levels of internalized homonegativity.

Hypothesis 4: Viewing God as controlling will be negatively associated with psychological health outcomes, and this relationship will be moderated by internalized homonegativity. For those with high levels of internalized homonegativity, viewing God as controlling will predict poorer psychological

health outcomes. This relationship is not expected to be found among those with low levels of internalized homonegativity.

Hypothesis 5: Negative faith experiences, which include perceived discrimination from religious groups related to sexual orientation, will be associated with poorer psychological health outcomes.

Method

Participants

This study is part of an ongoing research project examining lesbian self-development. The current research utilizes archival data, which was originally collected in 2003-2004. Participants were self-identified lesbian women (n=225) whose ages ranged from 18-65 ($M=38.09$). They were predominantly Caucasian (n=181; 80.1%) and had completed at least some college (n=185; 81.8%). Participants volunteered by responding to advertisements placed in gay-themed newsletters, newspapers, bars and clubs, internet list serves, and at a Gay Pride Festival (a three-day event that attracts over 10,000 people) in the Milwaukee, Wisconsin area.

Efforts were made to over-sample from racially diverse groups by advertising in publications and gathering places with racially diverse clientele; however, this attempt was largely unsuccessful. In order to obtain participants from a wide age range in relatively even numbers, oversampling of older women (45-65 years old) was necessary. Researchers attended a meeting of the local group called S.A.G.E. (Senior Action in a Gay Environment) in order to recruit women in the older age groups.

Procedure

Data was collected through mailed self-report questionnaires. Prior to mailing the questionnaires, researchers contacted the potential participants by telephone in order to confirm that the person was a self-identified lesbian and was knowledgeable of the purpose of the research project. Once the participants received the questionnaire, they completed it and returned it by mail to the researchers. Each woman was then paid \$20 for her participation in the study.

Materials

A wide variety of measures were administered to participants, but for this study three general categories of measurement scales were used. The first consisted of four psychological health measures, the second was an internalized homonegativity scale, and the third category was comprised of measures which assess religious beliefs and experiences.

Measures of Psychological health.

Psychological Well-Being Scale.

In order to measure psychological health, participants completed the Psychological Well-Being Scale (PWB; Ryff, 1995), which consists of 18 items that are measured on a six-point scale, ranging from 1 (strongly disagree) to 6 (strongly agree), see Appendix A. Previous research has demonstrated good psychometric properties for this scale, with internal consistency ($\alpha=.80$) (Ryff, 1995). The measure includes six subscales that include the domains: Self-Acceptance, Positive Relations With Others, Personal Growth, Purpose in Life, Environmental Mastery, Autonomy and a total well-being score. The total well-being is a summation of all items, where higher scores

indicate higher levels of psychological well-being. This is the only score included in the analyses for this project. Reliability testing for this sample yielded a Cronbach's alpha of .80.

Social Well-Being Scale.

Participants also completed the Social Well-Being Scale (SWB; Keyes, 1998), which consists of 15 items with a six-point response scale, ranging from 1 (strongly disagree) to 6 (strongly agree), see Appendix B. Previous research has demonstrated good psychometric properties for this scale, including adequate internal consistency ($\alpha=.81$) (Keyes, 1998). This scale examines psychological health through a social lens, as it focuses on how well people understand themselves as a social being and how well they are able to maintain stability in their relationships with others. This measure includes five subscales with previously demonstrated internal consistency coefficients including: Social Acceptance, Social Actualization, Social Contribution, Social Coherence, Social Integration, and a total well-being score, which again is a summation of all items, with higher scores indicating higher levels of social well-being. Only the total-well being score will be included in the analysis of this study. Reliability testing for this sample yielded a Cronbach's alpha of .81.

Satisfaction With Life Scale.

The Satisfaction With Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), which is a measure of how satisfied people are with their lives and how closely they perceive their ideal lives to be commensurate with their actual lives, was also administered, see Appendix C. This measure consists of five items on a five-point Likert

scale ranging from 1 (strongly disagree) to 5 (strongly agree), which includes statements such as “I am satisfied with the current state of affairs in my life” and “If I could live my life over, I would change almost nothing,” with previous research demonstrating good content validity and high internal consistency ($\alpha=.87$), according to Diener et al. (1985). All items are summed to create a satisfaction with life total score, with higher scores indicating higher levels of satisfaction with life. Reliability testing among this sample yielded a Cronbach’s alpha of .85.

Overall Happiness Measure.

The final component in measuring participants’ psychological health is the Overall Happiness Measure (OH; de St. Aubin & McAdams, 1995), consisting of a single question: “In general, how happy or unhappy do you usually feel?” with eleven answer choices ranging on a scale of 0 (extremely unhappy) to 10 (extremely happy), see Appendix D. The rating given by the participant is translated into a single numerical value, with higher numbers indicating greater levels of happiness.

Internalized homonegativity.

In order to measure internalized homonegativity, participants completed the Lesbian Internalized Homophobia Scale (Szymanski & Chung, 2001), which consisted of 36 items that are measured on a seven-point scale, ranging from 1 (strongly disagree) to 7 (strongly agree), with items such as “Being a part of the lesbian community is important to me” and “Being a lesbian makes my future look bleak and hopeless.” Previous research has demonstrated good content validity and excellent internal consistency

among samples of lesbians ($\alpha=.94$) (Szymanski & Chung, 2001). Reliability testing for this sample indicated good reliability, Cronbach's Alpha of .88.

Measures of Religious beliefs and experiences.

In order to gauge participants' religious beliefs and experiences, their levels of spirituality, religiosity, views of a "higher power," religious affiliation, and the nature of their experience with religious organizations (positive or negative) were measured.

Views of "higher power."

The participants completed the Images of God Scale (Benson & Spilka, 1973), which measured the extent to which participants perceive God as a loving force and the extent to which one perceives God as a controlling force, see Appendix F. The measure contained 10 items that were rated on a 7-point scale, with five questions evaluating views of God as controlling, and the other five evaluating views of God as loving. Previous research has shown that scale homogeneity was .60 for the Controlling God measure and .72 for the Loving God measure. Participants received two scores based on their answers, one indicating their view of God as loving, and the other indicating their view of God as controlling (Benson & Spilka, 1973). Higher scores indicated a stronger belief in a loving or controlling God. Among this sample, reliability testing indicated good reliability, with the controlling items yielding a Cronbach's alpha of .79, and the loving items yielding a Cronbach's alpha of .85.

Religiosity, spirituality, belief in God.

A self-report questionnaire was used to measure levels of spirituality and religiosity, see Appendix G. Questions regarding the frequency of religious activity

attendance (i.e. Mass, Bible study) were used to measure religiosity, while questions about the amount of time participants spent engaged in prayer or other spiritual activities were used to measure spirituality. As one can see from Appendix G, the collected data are not precisely ratio, since the gap between data points, for instance one day to one week, or one week to one month, are not equal. But given that the participants answered based on the same scale under the “currently” column they allow for religiosity and spirituality to be measured continuously.

Positive or negative experiences in religion and spirituality.

In addition, on a self-report questionnaire, participants were asked several questions developed by the researchers about the nature of the relationship between their religious identity and sexual orientation, which are particularly important in characterizing their perceptions of discrimination from the religious group based on their sexual orientation, see Appendix H. Four of these questions (#8, #9 - a, b, c) were used to evaluate positive or negative experiences in religion. The first survey question was “because of your lesbianism, did you ever feel alienated from your religion?” The participants answered the question using a 5-point Likert scale, ranging from 1 (very much) to 5 (not at all). Items on this question were reverse scored so that higher scores would indicate higher levels of agreement. The second, third, and fourth questions were as follows: “Do you feel that the teaching, attitudes, and practices of your religion: a. hampered you in accepting your self-worth as a person? b. made you feel guilty about your lesbianism? c. provided positive support for your self-acceptance?” Participants answered each of these questions using a 3-point Likert scale, ranging from 1 (high degree of agreement) to 3 (low degree of agreement). Question c. was reverse scored.

Due to the fact that participants answered question 1 and questions 2-4 on a different scale, their answers were transformed into z-scores, which were then summed to create a variable that indicates the level of negative experience that participants experienced in their faith lives as a result of their sexual orientation. In this measure, scores were reversed so that higher scores indicate higher levels of negative experiences. Reliability testing for this measure among the current sample yielded a Cronbach's alpha of .70.

In addition, a single question was asked related to negative spiritual experiences (one's personal relationship with God) rather than religious experiences: "because of your lesbianism, did you ever feel alienated from God?" (see Appendix H, #4). The participants answered the question using a 5-point Likert scale, ranging from 1 (very much) to 5 (not at all). Items on this question were reverse scored so that higher scores would indicate higher levels of agreement.

Data Management.

All participants were assigned an identification number before participating in the study. This identification number ensured the anonymity of participants, as it is not linked to their names. The paper questionnaires have been kept in a locked filing cabinet in the laboratory. The computer-entered data has been kept on computers in the laboratory and password protected so that only members of this project's research team have access to the data. The data is also kept on a jump drive as a safeguard against computer failure, and is kept in the primary researcher's possession. This study utilized archival data that has not previously been entered or analyzed.

Results

Preliminary Analyses

The original sample size consisted of 225 participants. Listwise deletion was used in analyses, so final sample sizes varied from $n=174-177$, depending on the analysis conducted. Power analysis using G*Power (Erdfelder & Buchner, 1996) indicated that the sample size was adequate prior to conducting analyses. Means, standard deviations, and ranges for major variables are reported in Table 1. Pearson Correlations for all major variables are reported in Table 2.

The data was analyzed using SPSS Version 19 software. Before conducting the analysis to test the specific hypotheses, data were screened to ensure they met the assumptions of the analyses. Bivariate correlations were conducted among all predictor variables in order to screen for collinearity, and are presented in Table 3. A strong negative relationship between Loving God and Controlling God was expected given that they were measuring two opposing theoretical concepts of God. Bivariate correlations were also conducted for all outcome variables SWLS, SWB, PWB, and OH. Those results are presented in Table 4. It was expected that the outcome variables would be positively correlated with each other, as they were measuring different dimensions of the same construct, psychological health.

In order to examine the relationship between religiosity, spirituality, and views of God as loving and controlling, and psychological health, as moderated by internalized homonegativity, four hierarchical regressions were conducted. Predictor variables (religiosity, spirituality, views of God) and the moderator (internalized homonegativity) were centered prior to analysis. In step one of the regression, religiosity, spirituality, loving god, controlling god, and internalized homonegativity were entered. In step two,

the interactions between religiosity, spirituality, loving god, controlling god, and internalized homonegativity were added. In the final step, an interaction between all variables and interaction terms was entered. The same steps were repeated with each of the four following outcome variables: psychological well being, social well being, satisfaction with life, and overall happiness. The results of each regression model will be discussed, respectively.

Psychological Well Being

The complete results of the hierarchical regression for psychological well being can be seen in Table 5. In step one of the hierarchical regression, religiosity, spirituality, views of god, and internalized homonegativity significantly predicted psychological health as measured by the Psychological Well Being Scale, ($F(5,169) = 6.98, p = <.001, R^2 \text{ Change} = .17$). Internalized homonegativity predicted psychological health, such that women who were high in internalized homonegativity had lower psychological health ($\beta = -.38, p = <.001$). However, spirituality, religiosity, views of god as loving and controlling were not significantly associated with psychological well being.

Step two of the hierarchical regression, which included two-way interactions between religiosity, spirituality, views of god, and internalized homonegativity significantly predicted psychological well being ($F(14,160) = 3.84, p = <.001, R^2 \text{ Change} = .08$). Internalized homonegativity continued to be significant in step two ($\beta = -.46, p = .02$). Viewing God as loving was a marginally significant predictor of psychological well being, where women who saw God as highly loving also had higher levels of psychological health ($\beta = .20, p = .06$).

There was a significant interaction between religiosity and spirituality ($\beta = .22, p = .04$). Simple slope analyses (Preacher, 2006) testing for religiosity at low and high levels indicated that there was a significant negative correlation between psychological well being and religiosity, for participants who were low (1 SD below the mean) in spirituality ($b=-2.87, p=.005$); however, the slope was not significant for those who were high (1 SD above the mean) in spirituality ($b=.67, p=.63$), see Figure 1.

There was also a marginally significant interaction between views of God as Loving and internalized homonegativity ($\beta = .15, p = .10$). Simple slope analyses (Preacher, 2006) testing for view of God as loving at low and high levels indicated that for those who were high in internalized homonegativity (1 SD above mean) there was a significant positive correlation between psychological well being and view of God as loving, ($b=.65, p=.02$). However, the slope was not significant for those who were low (1 SD below mean) in internalized homonegativity ($b=.04, p=.89$), see Figure 2.

Step three of the hierarchical regression was also significant ($F(15,159) = 3.67, p = < .001, R^2 \text{ Change} = .01$); however the added interaction between all of the predictor and moderator variables and interactions did not account for a significant portion of additional variance in psychological well being, $F\text{Change} (1, 159) = 1.29, p = .26$.

Social Well Being

The complete results of the hierarchical regression for social well being can be seen in Table 6. In step one of the hierarchical regression, religiosity, spirituality, views of god, and internalized homonegativity significantly predicted psychological health as measured by the Social Well Being Scale, ($F(5,171) = 13.11, p = < .001, R^2 \text{ Change} = .28$). Internalized homonegativity predicted psychological health, such that women who

were high in internalized homonegativity had lower psychological health ($\beta = -.48, p = <.001$). However, spirituality, religiosity, views of god as loving and controlling were not significantly associated with social well being. Step two was also significant, ($F(14,162) = 5.13, p = <.001, R^2 \text{ Change} = .03$), but did not account for a significant portion of additional variance in social well being, $F\text{Change} (9, 162) = .79, p = .63$. Likewise, step three was also significant, ($F(15,161) = 4.76, p = <.001, R^2 \text{ Change} = .00$) but did not account for a significant portion of additional variance in social well being, $F\text{Change} (1, 161) = .41, p = .91$.

Satisfaction With Life

The complete results of the hierarchical regression for satisfaction with life can be seen in Table 7. In step one of the hierarchical regression, religiosity, spirituality, views of god, and internalized homonegativity significantly predicted psychological health as measured by the Satisfaction With Life Scale, ($F(5,172) = 6.92, p = <.001, R^2 \text{ Change} = .17$). Internalized homonegativity predicted psychological health, such that women who were high in internalized homonegativity had lower satisfaction with life ($\beta = -.32, p = <.001$). However, spirituality, religiosity, views of god as loving and controlling were not significantly associated with satisfaction with life.

Step two of the hierarchical regression, which included two-way interactions between religiosity, spirituality, views of god, and internalized homonegativity significantly predicted satisfaction with life ($F(14,163) = 3.75, p = <.001, R^2 \text{ Change} = .08$). Internalized homonegativity continued to be significant in step two ($\beta = -.25, p = .03$). Religiosity was a significant predictor of satisfaction with life, where women who were more religious had lower levels of satisfaction with life, ($\beta = -.75, p = .01$).

Viewing God as loving was a significant predictor of satisfaction with life, where women who saw God as highly loving also had higher levels of satisfaction with life ($\beta = .21, p = .05$).

There was also a significant interaction between spirituality and internalized homonegativity ($\beta = -.19, p = .02$). Simple slope analyses (Preacher, 2006) testing for spirituality at low and high levels indicated that for those who were low in internalized homonegativity (1 SD below mean), there was a significant positive correlation between satisfaction with life and spirituality, ($b=.96, p = .005$). However, the slope was not significant for those who were high (1 SD above mean) in internalized homonegativity ($b=-.23, p=.55$), see Figure 3.

There was also a significant interaction between religiosity and spirituality ($\beta = .24, p = .02$). Simple slope analyses (Preacher, 2006) testing for religiosity at low and high levels indicated that there was a significant negative correlation between satisfaction with life and religiosity, for participants who were low (1 SD below the mean) in spirituality ($b=-2.54, p= <.001$). However, the slope was not significant for those who were high (1 SD above) in spirituality ($b=.04, p=.96$), see Figure 4.

Step three of the hierarchical regression was also significant ($F(15,162) = 3.64, p = <.001, R^2 \text{ Change} = .01$); however the added interaction between all of the predictor and moderator variables and interactions did not account for a significant portion of additional variance in satisfaction with life, $F\text{Change} (1, 162) = 1.80, p = .18$.

Overall Happiness

The complete results of the hierarchical regression for overall happiness can be seen in Table 8. In step one of the hierarchical regression, religiosity, spirituality, views

of god, and internalized homonegativity significantly predicted psychological health as measured by the Overall Happiness Scale, ($F(5,172) = 6.42, p = <.001, R^2 \text{ Change} = .16$). Internalized homonegativity predicted psychological health, such that women who were high in internalized homonegativity had lower overall happiness ($\beta = -.27, p = <.001$). Views of God as controlling also predicted psychological health, in that women who viewed God as highly controlling had lower overall happiness ($\beta = -.25, p = .01$). Spirituality marginally predicted psychological health such that participants who were high in spirituality had higher overall happiness, ($\beta = .14, p = .07$).

Step two of the hierarchical regression, which included two-way interactions between religiosity, spirituality, views of god, and internalized homonegativity significantly predicted overall happiness ($F(14,163) = 3.35, p = <.001, R^2 \text{ Change} = .07$). Only views of God as controlling continued to predict psychological health, where women who viewed God as highly controlling had lower overall happiness, ($\beta = -.26, p = .01$).

There was a significant interaction between spirituality and views of God as loving ($\beta = .38, p = .002$). Simple slope analyses (Preacher, 2006) testing for spirituality at low and high levels indicated that for those who viewed God as low in loving (1 SD below mean), there was a significant negative correlation between overall happiness and spirituality, ($b = -.17, p = .009$); for those who viewed God as high in loving (1 SD above the mean), there was a significant positive correlation between overall happiness and spirituality ($b = .35, p = 0$), see Figure 5.

There was a significant interaction between spirituality and views of God as controlling ($\beta = .03, p = .03$). Simple slope analyses (Preacher, 2006) testing for

spirituality at low and high levels indicated that for those who viewed God as high in controlling (1 SD above mean), there was a significant positive correlation between overall happiness and spirituality ($b=.27, p=0$). However, the slope was not significant for those who viewed God as low in controlling (1 SD below mean), ($b=-.09, p=.15$) see Figure 6.

There was a significant interaction between religiosity and views of God as loving ($\beta = -.20, p = .009$). Simple slope analysis testing for religiosity at low and high levels indicated that those who viewed God as low in loving (1 SD below the mean), there was a significant negative correlation between overall happiness and religiosity ($b = .50, p = .04$). However, the slope was not significant for those who viewed God as high in loving (1 SD above the mean), ($b = -.26, p = .29$), see Figure 7.

Step three of the hierarchical regression was also significant ($F(15,162) = 3.18, p = < .001, R^2 \text{ Change} = .00$); however the added interaction between all of the predictor and moderator variables and interactions did not account for a significant portion of additional variance in satisfaction with life, $F\text{Change} (1, 162) = .78, p = .38$.

Positive or Negative Experiences in Religion

In order to test the final hypothesis that higher levels of negative faith experiences related to sexual orientation will be associated with poorer psychological health outcomes, four bivariate correlations were conducted. There was a marginally significant negative correlation between satisfaction with life and negative faith experiences, $r=-.16, p=.06$, See Table 9 for complete results.

In addition, four one-way ANOVA's were conducted to evaluate differences in psychological health outcomes (i.e. OH, SWLS, SWB, PWB) among those with different

levels of negative spiritual experiences, defined by the degree to which the participant felt alienated from God as a result of her lesbianism: 1. Very much 2. Mildly 3. No relation between my orientation and my belief in God 4. Not so much 5. Not at all.

There were significant differences in overall happiness among women with different levels of negative spiritual experiences $F(4, 215) = 4.28, p = .002$. Tukey's HSD post-hoc tests were conducted and revealed that women who reported that they felt "very much" alienated from God as a result of their lesbianism ($M = 6.52, SD = 2.09$) had significantly lower levels of overall happiness than those who reported feeling "not at all" alienated from God as a result of their lesbianism ($M = 7.84, SD = 1.65$).

There were also significant differences in satisfaction with life among women with different levels of negative spiritual experiences $F(4, 216) = 4.03, p = .004$. Tukey's HSD post-hoc tests were conducted and revealed that women who reported that they felt "very much" alienated from God as a result of their lesbianism ($M = 21.81, SD = 7.28$) had significantly lower levels of satisfaction with life than those who reported feeling "not at all" alienated from God as a result of their lesbianism ($M = 26.82, SD = 5.88$).

There were also significant differences in psychological well being among women with different levels of negative spiritual experiences $F(4, 212) = 2.89, p = .02$. However, Tukey's HSD post-hoc tests were conducted and revealed no significant differences between levels of spiritual differences.

Finally, there were no significant differences in social well being among women who with different levels of negative spiritual experiences $F(4, 215) = 1.50, p = .21$.

Discussion

Earlier, four hypotheses were stated regarding the relationship between religious and spiritual factors, internalized homonegativity, and psychological health, which correspond to the four predictor variables in this study: spirituality, religiosity, view of God as loving, and view of God as controlling. The hypotheses are stated such each focuses on a predictor variable (i.e. Hypothesis 1 examines Spirituality; Hypothesis 2 examines Religiosity, etc.), yet the analytic procedures focus on the outcome variables in that the first regression examined how all predictors are related to each outcome variable. The discussion begins by unpacking each of the hypotheses with regards to whether each was supported, partially supported, or not supported. Following this section, some unanticipated findings that do not correspond to specific hypotheses will be explored. Finally, the last hypothesis, that negative faith experiences including perceived discrimination from religious groups will be associated with poorer psychological health outcomes, will be examined.

Hypothesis 1: Spirituality

Partially confirming part of Hypothesis 1, spirituality was positively associated with overall happiness in lesbians, where those who were higher in spirituality were marginally happier. This finding is in line with Lease et al. (2005)'s conclusion that women who had higher levels of spirituality also had better psychological health. However, spirituality was not associated with psychological well being, social well being, or satisfaction with life.

As predicted in Hypothesis 1, internalized homonegativity moderated the relationship between spirituality and satisfaction with life (see Figure 3). However, this hypothesis was only partially supported, as no relationship was found among the other

three outcome variables: psychological well being, social well being, or overall happiness. As hypothesized, for those with lower levels of internalized homonegativity, higher levels of spirituality predicted more satisfaction with life. These findings echo those of Lease et al. (2005) where low levels of internalized homonegativity and higher levels of spirituality both lead to increased satisfaction with life. In their study, the researchers also took into account the nature of faith experiences as either affirming or disaffirming; however, they did not find a link that directly connected nature of faith experiences to psychological health. Rather it was only spirituality and internalized homonegativity that were directly related, supporting the idea that levels of spirituality itself has a positive influence on psychological health. Engaging in prayer or meditation on a regular basis may facilitate reaching higher stages of ego maturity, as conceptualized by Jane Loevinger (1976), where individuals are able to see themselves in context with the rest of the world, and are thus able to transcend society's negative stereotypes about being a lesbian, operating on a more abstract level that allows them to challenge negative messages from society. In this way, spirituality may be seen as a protective mechanism for lesbians.

However, given the following findings, it does not appear that higher levels of spirituality alone lead to improved psychological health. Contrary to what was hypothesized, for those with higher levels of internalized homonegativity, satisfaction with life did not change based on one's level of spirituality. This indicates that high levels of internalized homonegativity impede any psychological health benefits that higher levels of spirituality may afford lesbians. This may be explained in part by Herek's (1987) work on religious orientation. He describes the individual with an intrinsic

orientation as internalizing the teachings and values taught by their religious institutions, which they then make their own. Perhaps those with high levels of internalized homonegativity have taken negative teachings and values taught by their religious institutions and brought them into their spiritual lives. Through that negative lens, it would be difficult to attain high levels of satisfaction with life as a lesbian, regardless of one's level of spirituality.

Hypothesis 2: Religiosity

Hypothesis 2 was partially supported. Contrary to what was hypothesized, internalized homonegativity did not moderate the relationship between religiosity and psychological health outcomes. As predicted in Hypothesis 2, religiosity was a significant predictor of satisfaction with life. However, it was not associated with the other three outcome variables: psychological well being, social well being, or overall happiness. Specifically, lesbians who were more religious were less satisfied with life.

This finding falls in line with the conclusions of Tozer and Hayes (2004) in their research on factors that predict seeking out conversion therapy in order to change one's sexual orientation. The researchers found that those who were so dissatisfied with their sexual orientation that they sought out conversion therapy were higher in religiosity than those who did not. More specifically, these participants used religion as an internal guiding force, so that negative messages about homosexuality from religious leaders or doctrine were seen as true and perhaps indisputable. Though the current study did not ask for information regarding participants' history with conversion therapy, it appears that a similar trend is found among our sample where higher levels of religiosity yield less satisfaction with life.

Hypothesis 3: View of God as Loving

Hypothesis 3 was partially supported by the results. Viewing God as loving was a significant predictor of psychological health. More specifically, lesbians who viewed God as highly loving, had greater levels of psychological well being and were more satisfied with life. However, no relationship was not found for social well being or overall happiness. Lease et al. (2005) found that LGBT affirming faith experiences were related to higher levels of spirituality and lower levels of internalized homonegativity, and in turn improved psychological health. A lesbian who views God as loving is likely to also view God as LGBT affirming, and in turn would have higher levels of psychological well being and be more satisfied with her life.

As predicted, internalized homonegativity moderated the relationship between view of God as loving and psychological well being (see Figure 2). However, this relationship was not found with social well being, overall happiness, or satisfaction with life. Contrary to what was hypothesized, psychological well being was not associated with view of God as loving among those who had low levels of internalized homonegativity. In addition, levels of psychological well being among those with high levels of internalized homonegativity increased as God was viewed as more loving. Therefore it seems that to a certain extent, the psychological well being of those with low levels of internalized homonegativity is immune to certain religious factors such as whether or not God is viewed as loving, while those with high levels of internalized homonegativity are more susceptible to being influenced by such factors. This would suggest that those who are high in internalized homonegativity may have low levels of ego maturity (Loevinger, 1976), where they are unable to think critically about how

society, or in this case, other members of their religious organization, view God. Instead they accept others' views as true for themselves, which as evidenced here, can lead to poor psychological well being for those who hold a particular view of God.

Hypothesis 4: View of God as Controlling

Hypothesis 4 was partially supported. Unlike what had been predicted, internalized homonegativity did not moderate the relationship between view of God as controlling and psychological health outcomes; however, as hypothesized, viewing God as controlling was a significant predictor of overall happiness. However, it was not associated with psychological well being, social well being, or satisfaction with life. Specifically, lesbians who viewed God as highly controlling had lower levels of overall happiness. Sherry, et al. (2010) found that those who were raised in a conservative church and who thought that it was morally wrong to have religious doubts were the most likely to experience shame, guilt, and internalized homonegativity. These findings are similar to those found in the current study in that those who believing that it is wrong to have religious doubts are likely to view God as controlling. Though shame and guilt were not measured in this sample, it does appear that lower levels of overall happiness would correspond with those emotions.

Unexpected Findings

Since no formal hypotheses regarding interactions between the predictor variables were made, the following results were unanticipated and therefore do not correspond to specific hypotheses. However, the following results are some of the more interesting findings of the study, and further illustrate the complexities of the faith lives of lesbians.

Religiosity x Spirituality: Psychological Well Being and Satisfaction with Life.

There was a significant interaction between religiosity and spirituality when they were both used as predictors of psychological well being (see Figure 1) and satisfaction with life (see Figure 4). Those who engaged in personal spiritual experiences such as prayer or meditation more often, had the same level of psychological well being and satisfaction with life regardless of whether or not they attended religious services or participated in other activities; however, for those who did not often engage in personal spiritual experiences, attending religious services and activities was negatively related to both psychological well being and satisfaction with life so that as religiosity level increased, psychological well being worsened and satisfaction with life decreased.

This finding suggests that spirituality may serve as a protective mechanism for lesbians: Women who attend religious services but do not have a personal faith life are probably less likely to challenge negative messages about their sexual orientation from religious leaders or others in their religious community, thereby making negative messages about sexual orientation more easily internalized. This may be similar to what Lewis et al. (2006) describe where lesbians expect unfavorable reactions to their sexual orientation from their religious community, and thus experience higher levels of stress, mood problems, and physical complaints. With this lack of experience with spiritual introspection, lesbians may be less adept at inoculating detrimental messages from a religious community. Alternatively, in authoritarian religious environment, the woman may feel that it is morally wrong to stray from the church's teachings. Lewis et al. (2006) suggest that women in this situation may eventually seek out a more affirming religious

community. If this is the case among this portion of the sample, these women may not have done so.

Spirituality x Views of God as Loving: Overall Happiness.

There was a significant interaction between spirituality and views of God as loving when they were both predictors of overall happiness (see Figure 5). Those who viewed God as low in loving decreased in their level of happiness as they became more spiritual. Following the opposite trajectory, those who viewed God as high in loving increased in their level of happiness as they became more spiritual. This makes sense intuitively, where if one believes in a God who loves them, she will be happier, and vice versa. Buchanan et al. (2001) asserted that some lesbians are forced to make a choice between their identity as a lesbian, and their religious and spiritual beliefs. If one believes in a loving God, who is characterized by acceptance and caring, then she would not be put in a position to make this choice, and thus be able to maintain and perhaps integrate both identities, and be happy.

Spirituality x Views of God as Controlling: Overall Happiness.

There was a significant interaction between spirituality and viewing God as controlling when they were both predictors of overall happiness (see Figure 6). Women who viewed God as high in controlling were happier as their level of spirituality increased. The level of happiness of those who viewed God as low in controlling did not change with increasing levels of spirituality. Taken together, it appears that among those who view God as controlling, engaging in more prayer or meditation is linked to better psychological health outcomes. This finding may be explained by the idea that in order to

satisfy a God who is controlling it may be seen as necessary to invest time in prayer. So perhaps those who see God as highly controlling but pray or meditate less often feel that they are not fulfilling their spiritual duty, and are less happy as a result.

Religiosity x Views of God as Loving: Overall Happiness.

There was a significant interaction between religiosity and views of God as loving when they were both predictors of overall happiness (see Figure 7). Lesbians who viewed God as low in loving were less happy as religiosity increased. These findings suggest that the more time a lesbian spends engaged in activities centered around a God who is not loving, the less happy that she becomes. Among this sample, if God is perceived as low in loving, one might conjecture that God is viewed this way because the lesbian perceives a lack of acceptance and caring around her sexual orientation. Given that sexual orientation is an integral part of one's identity, this is likely a highly invalidating experience, and one that would certainly cause a decrease in happiness.

Internalized Homonegativity

Internalized homonegativity significantly predicted all four psychological health outcomes, where women who were higher in internalized homonegativity having lower psychological well being, social well being, satisfaction with life, and overall happiness. This was expected given findings from previous research that has found internalized homonegativity to be related to lowered self-esteem (Szymanski & Chung, 2001), higher rates of depression (Herek, 1998), and lowered psychosocial health (de St. Aubin & Skerven, 2008).

Hypothesis 5: Negative Faith Experiences

Supporting the hypothesis, higher levels of negative faith experiences related to sexual orientation were marginally associated with lower satisfaction with life. This indicates that women who had experienced more negative experiences in interactions with their religious community were less satisfied with life. This is likely to be due to feelings of exclusion and invalidation resulting from religious organizations' negative stances on homosexuality, which Buchanan, et al. (2001) suggest are not changing in some religious groups.

In addition, those who felt “very much” alienated from God as a result of their lesbianism were less happy and less satisfied with life than those who reported feeling “not at all” alienated from God as a result of their lesbianism. These findings tap into a deeper sense of invalidation in that the person feels alienated from God, in comparison with feeling alienated by their religion. It would seem that for those who have spiritual lives, feeling rejected by God would be more harmful than being rejected by a religious group. Tozer and Hayes (2004) found that those who use religion as a means to access a support community were less likely to take the extreme measure of seeking conversion therapy than those who used religion as an internal guiding force. This suggests that though rejection by a religious group is certainly painful, it is not as dire as being rejected by God.

Together these findings provide a direct link between experiences where women were invalidated because of their sexual orientation in their faith lives and poorer psychological health outcomes.

Limitations

The current study had a number of limitations that should be addressed in future research. Though this study consisted of a large community-based sample, only lesbians were invited to participate in the study, which limits the ability to generalize these findings to other non-heterosexual groups such as gay men, and bisexual men and women.

Another limitation of the current study is that the primarily correlational nature of the analyses does not allow the determination of causal relationships. Ascertaining causal relationships would be beneficial in establishing recommendations for clinical practice on how to handle conflict between religious and sexual identities.

A final limitation of the study is that some variables were determined by a single answer, particularly religiosity and spirituality. Though frequency of attending religious events has been shown to be an important factor in attitudes toward homosexuality (Pew Research Center, 2012) and frequency of prayer is surely a strong indicator of spirituality, these variables would have been improved with a larger questionnaire that expanded the evaluation of religiosity and spirituality to create a more multifaceted understanding of the variables.

Future Directions

One important direction for future research is to further explore the relationship between religion and spirituality, internalized homonegativity, and psychological health among gay men and bisexual men and women. This is important because there may be gender differences between how men and women resolve conflict that may arise as a result of religious beliefs and sexual orientation.

It will also be important to reevaluate these findings in the future, as more and more changes in the legality of gay marriage occur. Research has shown that those who

support gay marriage typically believe that it is something that people are born with (Pew Research Center, 2012). In addition, the number of people who view homosexuality as an inborn characteristic has been steadily increasing: 20% in 1985; 30% in 2003; 41% in 2012. With more societal support for gay marriage and the view that homosexuality is something that is inborn and immutable, religious organizations views on homosexuality and gay marriage may begin to follow this pattern as well.

A final important direction for future research is in developing clinical interventions that are specialized to assist those who experience conflict between their religious and sexual identities. Causal relationships may need to first be established in order for this to be implemented. However, given the significant negative psychological health outcomes that have been found to be associated with certain aspects of religiosity and spirituality, and that often accompany internalized homonegativity, modes of treatment that integrate topics of religiosity and spirituality are likely to be very important to lesbians.

Conclusion

The purpose of this study was to examine the relationship between religion and spirituality and psychological health outcomes among lesbians, while considering the degree that negative thoughts and beliefs about their sexual orientation had been internalized. The current study is unique in that it used views of God, in addition to religiosity, spirituality, in order to evaluate faith in a well-rounded manner. From the findings it seems that high levels of spirituality and viewing God as loving can improve lesbian psychological health; however, only when levels of internalized homonegativity are high. Though it may seem counterintuitive, the fact that psychological health

improves at higher degrees of spirituality and viewing God as more loving is actually a negative indicator for psychological health because it suggests that one's self views are determined by outside forces, rather than formed internally. Therefore, future research should focus on how to foster generation of positive self views that are developed intrinsically in order to improve the psychological health of lesbians.

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Table 1
Means, Standard Deviations, and Ranges of Major Variables

Variable	<i>M (SD)</i>	<i>Range</i>
Spirituality	4.24 (2.27)	1-7
Religiosity	1.79 (1.38)	1-7
Loving God	24.45 (6.67)	0-30
Controlling God	10.44 (6.66)	0-30
Internalized Homonegativity	1.95 (.60)	1-4.14
Psychological Well Being	86.81 (10.28)	53-105
Social Well Being	64.57 (10.16)	37-85
Satisfaction With Life	25.26 (6.75)	6-35
Overall Happiness	7.41 (1.67)	1-10
Negative Faith Experiences	.70 (2.99)	-5.48-4.44

Table 2
Pearson Correlations of All Major Variables

	SPIR	RELIG	LG	CG	IH	OH	SWLS	SWB	PWB
RELIG	.40**	-							
LG	-.20**	-.13	-						
CG	.06	.02	-.72**	-					
IH	.02	.01	-.04	.11	-				
OH	-.16*	-.07	.16*	-.23**	-.27**	-			
SWLS	-.111	-.01	.23**	-.23**	-.32**	.56**	-		
SWB	-.18	-.09	.11	-.14	-.48**	.44**	.39**	-	
PWB	-.10	-.07	.14	-.12	-.39**	.49**	.60**	.63**	-
NFE	-.17*	-.13	-.07	.09	-.03	-.04	-.10	.01	.04

Note. Spir=Spirituality; Relig=Religiosity; CG=Controlling God; LG=Loving God
 IH=Internalized Homonegativity; OH=Overall Happiness Measure; SWLS=Satisfaction
 with Life Scale; SWB=Social Well Being Scale; PWB=Psychological Well Being Scale;
 NFE=Negative Faith Experiences

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

Table 3
Pearson Correlations of Religious/Spiritual Predictor Variables

	Religiosity	Spirituality	Loving God	Controlling God
Religiosity	—			
Spirituality	.40*	—		
Loving God	.13	.20*	—	
Controlling God	-.02	-.06	-.72*	—

Note. * $p < .01$

Table 4
Pearson Correlations of Psychological Health Outcome Variables

	PWB	SWB	SWLS	OH
PWB	—			
SWB	.63*	—		
SWLS	.60*	.39*	—	
OH	.49*	.44*	.56*	—

Note. PWB=Psychological Well Being Scale; SWB=Social Well Being Scale;
 SWLS=Satisfaction with Life Scale; OH=Overall Happiness Measure

* $p < .01$

Table 5

Hierarchical Regression for Psychological Well Being

	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>F</i> Change for <i>R</i> ²
Step 1				.17	6.98***
IH	-6.75	1.25	-0.38***		
Spirituality	0.21	0.37	0.04		
Religiosity	-0.17	0.60	-0.02		
Loving God	0.29	0.18	0.17		
Controlling God	0.07	0.17	0.04		
Step 2				.25	1.91*
IH	-8.06	3.28	-0.46**		
Spirituality	0.48	0.39	0.10		
Religiosity	-1.10	0.88	-0.14		
Loving God	0.34	0.18	0.20*		
Controlling God	0.06	0.17	0.04		
SpirxRelig	0.79	0.38	0.22**		
SpirxIH	-0.84	0.63	-0.11		
SpirxLoving	0.08	0.08	0.11		
SpirxControlling	0.00	0.08	0.00		
ReligxIH	-0.74	0.92	-0.06		
ReligxControlling	0.10	0.14	0.08		
ReligxLoving	-0.20	0.15	-0.15		
LovingxIH	0.51	0.30	0.15		
ControllingxIH	0.11	0.27	0.08		
Step 3				.26	1.29
IH	-8.40	3.29	-0.48**		
Spirituality	0.48	0.39	0.10		
Religiosity	-0.76	0.93	-0.10		
Loving God	0.29	0.19	0.17		
Controlling God	0.09	0.17	0.06		
SpirxRelig	0.79	0.38	0.22**		
SpirxIH	-0.87	0.63	-0.11		
SpirxLoving	0.08	0.08	0.12		
SpirxControlling	0.00	0.08	0.01		
ReligxIH	-1.20	1.00	-0.11		
ReligxControlling	0.14	0.14	0.11		
ReligxLoving	-0.29	0.17	-0.22		
LovingxIH	0.57	0.31	0.17*		
ControllingxIH	0.12	0.27	0.09		
Interaction	0.00	0.00	-0.12		

Note. IH=Internalized Homonegativity; Spir=Spirituality; Relig=Religiosity; Controlling=Controlling God; Loving=Loving God

* $p \leq .06$; ** $p \leq .05$; *** $p \leq .001$

Table 6

Hierarchical Regression for Social Well Being

	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>F</i> Change for <i>R</i> ²
Step 1				.28	13.11**
IH	-7.93	1.08	-0.48**		
Spirituality	0.54	0.31	0.12		
Religiosity	-0.03	0.50	0.00		
Loving God	-0.13	0.15	-0.08		
Controlling God	-0.23	0.14	-0.16		
Step 2				.31	.79
IH	-7.17	2.88	-0.44*		
Spirituality	0.59	0.34	0.14		
Religiosity	-0.24	0.77	-0.03		
Loving God	-0.08	0.16	-0.05		
Controlling God	-0.25	0.15	-0.16		
SpirxRelig	0.31	0.32	0.10		
SpirxIH	-0.29	0.57	-0.04		
SpirxLoving	0.09	0.07	0.14		
SpirxControlling	0.07	0.07	0.12		
ReligxIH	-0.35	0.80	-0.03		
ReligxControlling	-0.05	0.12	-0.05		
ReligxLoving	-0.21	0.13	-0.17		
LovingxIH	0.29	0.27	0.09		
ControllingxIH	-0.07	0.24	-0.06		
Step 3				.31	.01
IH	-7.15	2.90	-0.44*		
Spirituality	0.59	0.35	0.14		
Religiosity	-0.27	0.81	-0.04		
Loving God	-0.07	0.16	-0.05		
Controlling God	-0.25	0.15	-0.17		
SpirxRelig	0.31	0.33	0.10		
SpirxIH	-0.29	0.57	-0.04		
SpirxLoving	0.09	0.07	0.14		
SpirxControlling	0.07	0.07	0.12		
ReligxIH	-0.32	0.86	-0.03		
ReligxControlling	-0.06	0.13	-0.05		
ReligxLoving	-0.20	0.14	-0.16		
LovingxIH	0.28	0.27	0.09		
ControllingxIH	-0.07	0.24	-0.06		
Interaction	0.00	0.00	0.01		

Note. IH=Internalized Homonegativity; Spir=Spirituality; Relig=Religiosity;

Controlling=Controlling God; Loving=Loving God

* $p \leq .05$; ** $p \leq .001$

Table 7

Hierarchical Regression for Satisfaction With Life

	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>F</i> Change for <i>R</i> ²
Step 1				.17	6.92***
IH	-3.89	0.85	-0.32***		
Spirituality	0.16	0.24	0.05		
Religiosity	-0.43	0.38	-0.09		
Loving God	0.20	0.11	0.18		
Controlling God	-0.05	0.11	-0.05		
Step 2				.24	.08*
IH	-4.59	2.15	-0.38**		
Spirituality	0.37	0.26	0.12		
Religiosity	-1.29	0.58	-0.25**		
Loving God	0.23	0.12	0.21**		
Controlling God	-0.03	0.11	-0.03		
SpirxRelig	0.56	0.24	0.24**		
SpirxIH	-1.02	0.43	-0.19**		
SpirxLoving	0.00	0.05	-0.01		
SpirxControlling	-0.03	0.05	-0.07		
ReligxIH	-0.26	0.62	-0.03		
ReligxControlling	0.07	0.09	0.08		
ReligxLoving	-0.05	0.10	-0.06		
LovingxIH	0.18	0.20	0.08		
ControllingxIH	0.08	0.18	0.08		
Step 3				.25	.01
IH	-4.79	2.15	-0.40**		
Spirituality	0.36	0.26	0.12		
Religiosity	-1.05	0.60	-0.21		
Loving God	0.20	0.12	0.18		
Controlling God	-0.01	0.11	-0.01		
SpirxRelig	0.55	0.24	0.24**		
SpirxIH	-1.04	0.43	-0.19**		
SpirxLoving	0.00	0.05	0.00		
SpirxControlling	-0.03	0.05	-0.07		
ReligxIH	-0.58	0.67	-0.08		
ReligxControlling	0.10	0.09	0.12		
ReligxLoving	-0.11	0.11	-0.13		
LovingxIH	0.22	0.21	0.10		
ControllingxIH	0.08	0.18	0.09		
Interaction	0.00	0.00	-0.14		

Note. IH=Internalized Homonegativity; Spir=Spirituality; Relig=Religiosity; Controlling=Controlling God; Loving=Loving God

* $p \leq .06$; ** $p \leq .05$; *** $p \leq .001$

Table 8

Hierarchical Regression for Overall Happiness

	<i>B</i>	<i>SE B</i>	β	<i>R</i> ²	<i>F</i> Change for <i>R</i> ²
Step 1				.16	6.42***
IH	-0.75	0.20	-0.27***		
Spirituality	0.10	0.06	0.14*		
Religiosity	0.04	0.09	0.03		
Loving God	-0.02	0.03	-0.06		
Controlling God	-0.06	0.03	-0.25**		
Step 2				.22	1.55
IH	-0.22	0.51	-0.08		
Spirituality	0.09	0.06	0.12		
Religiosity	0.12	0.14	0.10		
Loving God	-0.01	0.03	-0.05		
Controlling God	-0.07	0.03	-0.26**		
SpirxRelig	0.00	0.06	-0.01		
SpirxIH	-0.04	0.10	-0.03		
SpirxLoving	0.04	0.01	0.38**		
SpirxControlling	0.03	0.01	0.26**		
ReligxIH	0.00	0.15	0.00		
ReligxControlling	-0.02	0.02	-0.11		
ReligxLoving	-0.06	0.02	-0.29**		
LovingxIH	-0.02	0.05	-0.05		
ControllingxIH	-0.05	0.04	-0.22		
Step 3				.23	.78
IH	-0.25	0.51	-0.09		
Spirituality	0.09	0.06	0.12		
Religiosity	0.16	0.14	0.13		
Loving God	-0.02	0.03	-0.07		
Controlling God	-0.06	0.03	-0.25**		
SpirxRelig	0.00	0.06	-0.01		
SpirxIH	-0.04	0.10	-0.03		
SpirxLoving	0.04	0.01	0.39**		
SpirxControlling	0.03	0.01	0.26**		
ReligxIH	-0.05	0.16	-0.03		
ReligxControlling	-0.02	0.02	-0.08		
ReligxLoving	-0.07	0.03	-0.33**		
LovingxIH	-0.02	0.05	-0.03		
ControllingxIH	-0.05	0.04	-0.21		
Interaction	0.00	0.00	-0.09		

Note. IH=Internalized Homonegativity; Spir=Spirituality; Relig=Religiosity; Controlling=Controlling God; Loving=Loving God

* $p \leq .06$; ** $p \leq .05$; *** $p \leq .001$

Table 9

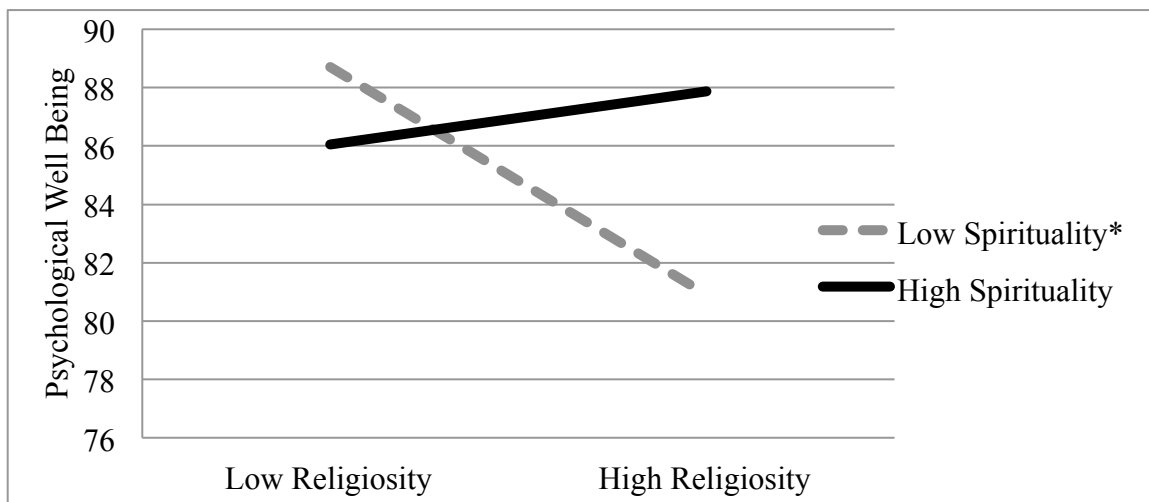
Pearson Correlations of Negative Faith Experiences and Psychological Health Outcomes

	NFE	PWB	SWB	SWLS	OH
NFE	—				
PWB	-.03	—			
SWB	-.02	.63**	—		
SWLS	-.16*	.60**	.39**	—	
OH	.53	.49**	.44**	.56**	—

Note. NFE=Negative Faith Experiences; PWB=Psychological Well Being Scale; SWB=Social Well Being Scale; SWLS=Satisfaction with Life Scale; OH=Overall Happiness Measure

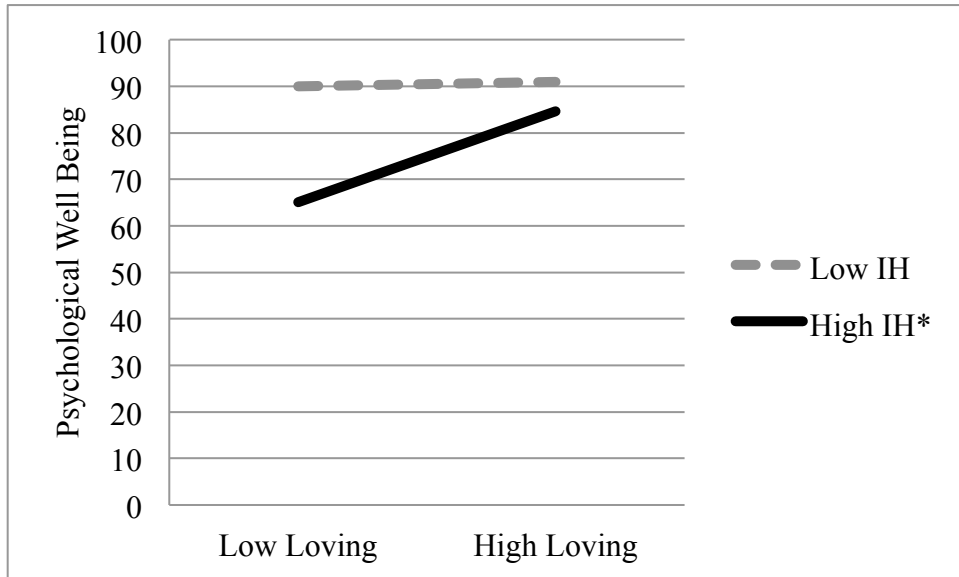
* $p=.06$; ** $p<.01$

Figure 1
Psychological Well Being by Religiosity and Spirituality



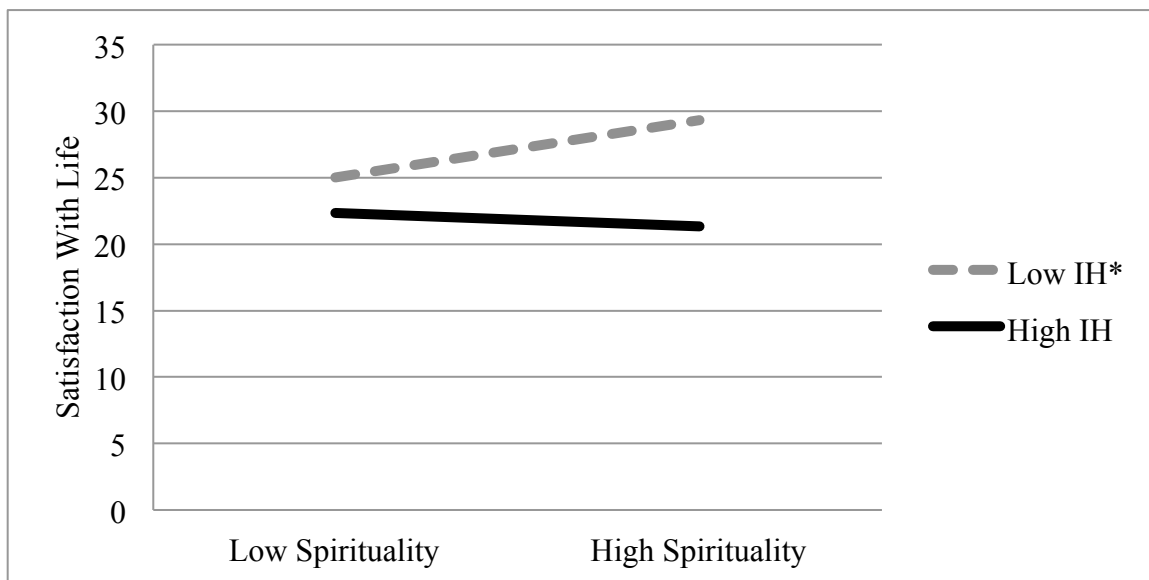
Note. *Simple slope is significant at $p=.005$

Figure 2
Psychological Well Being by Internalized Homonegativity and View of God as Loving



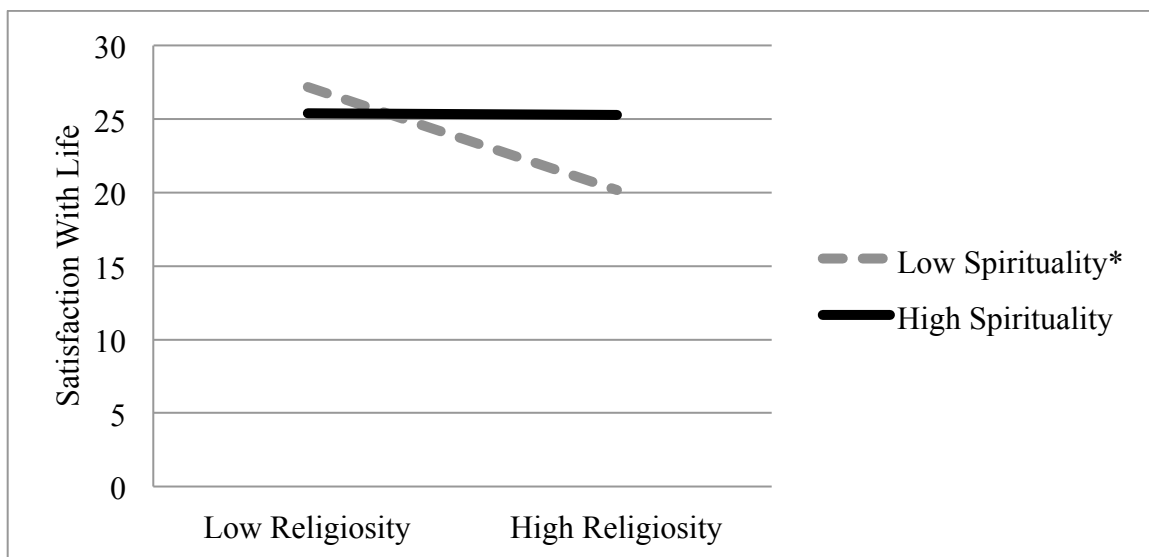
Note. *Simple slope test significant at $p < .05$

Figure 3
Satisfaction With Life by Internalized Homonegativity and Spirituality



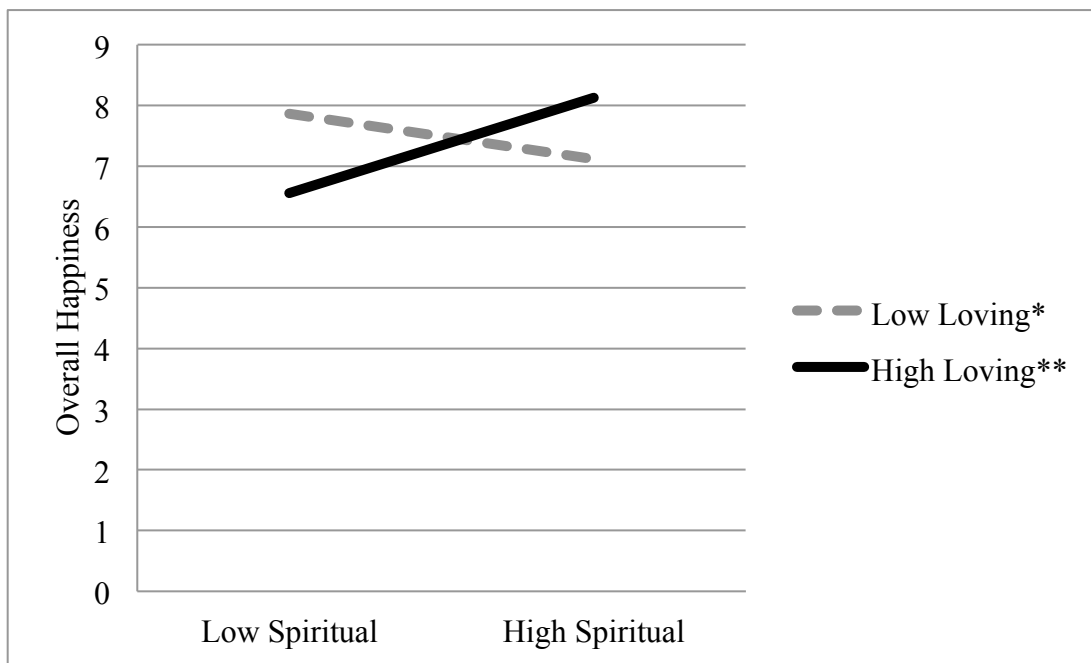
Note. *Simple slope test significant at $p = .005$

Figure 4
Satisfaction with Life by Spirituality and Religiosity



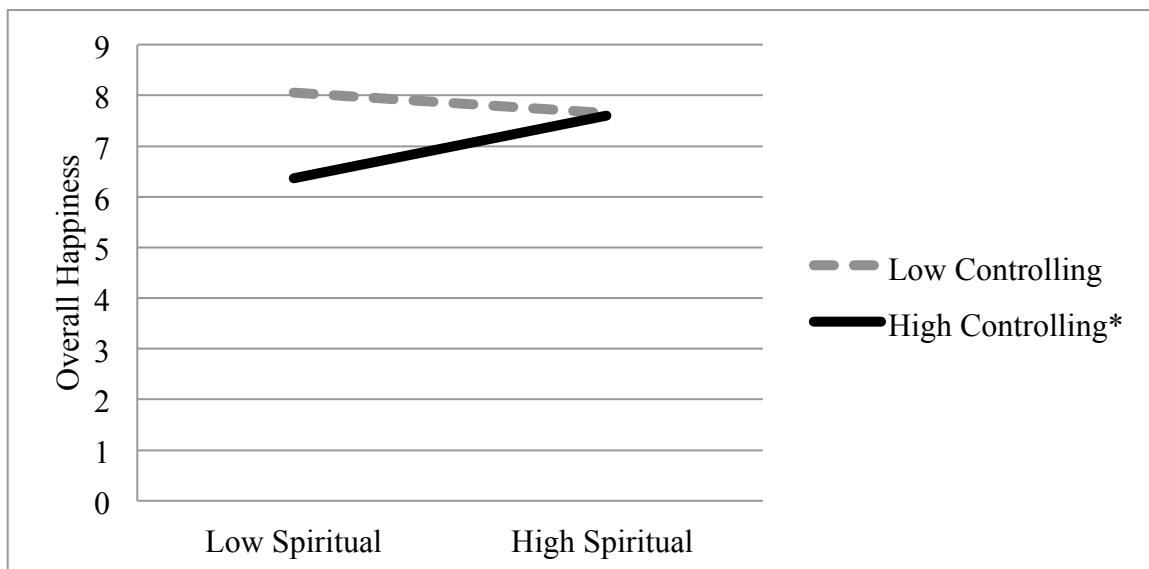
Note. *Simple slope significant at $p = <.001$

Figure 5
Overall Happiness by Spirituality and Loving God



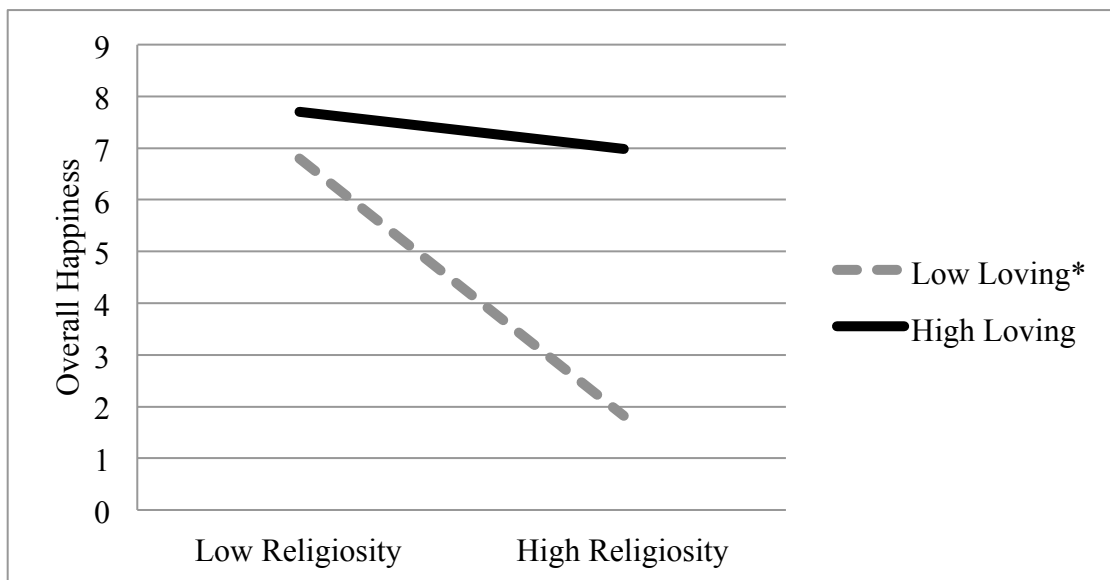
Note. *Simple slope was significant at $p = .009$; **Simple slope was significant at $p = 0$

Figure 6
Overall Happiness by Spirituality and Controlling God



Note. *Simple slope was significant at $p=0$

Figure 7
Overall Happiness by Religiosity and Loving God



Note. *Simple slope was significant at $p=.04$

Appendix A

Psychological Well Being

PWB. Please read each statement below and circle the number that best corresponds to the degree to which you agree with the statement as self-descriptive for you.

strongly disagree	moderately disagree	slightly disagree	slightly agree	moderately agree	strongly agree
1	2	3	4	5	6

1. I like most parts of my personality.
1 2 3 4 5 6
2. For me, life has been a continuous process of learning, changing, and growth.
1 2 3 4 5 6
3. Some people wander aimlessly through life, I am not one of them.
1 2 3 4 5 6
4. The demands of life often get me down.
1 2 3 4 5 6
5. I tend to be influenced by people with strong opinions.
1 2 3 4 5 6
6. Maintaining close relationships has been difficult and frustrating for me.
1 2 3 4 5 6
7. When I look at my life story, I am pleased with how things have turned out so far.
1 2 3 4 5 6
8. I think it is important to have new experiences that challenge how I think about myself and the world.
1 2 3 4 5 6
9. I live one day at a time and don't really think about the future.
1 2 3 4 5 6
10. In general, I feel I am in charge of the situation in which I live.
1 2 3 4 5 6
11. I have confidence in my own opinions, even if they are different from the way most people think.

- | | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|
| 12. People would describe me as a giving person, willing to share my time with others. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. In many ways I feel disappointed about my achievements in life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. I gave up trying to make big improvements in my life a long time ago. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. I sometimes feel as if I've done all there is to do in my life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. I am good at managing the responsibilities of daily life. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. I judge myself by what I think is important, not by the values of what others think is important. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. I have not experienced many warm and trusting relationships with others. | 1 | 2 | 3 | 4 | 5 | 6 |

Appendix B

Social Well Being

SWB. Please read each statement below and circle the number that best corresponds to the degree to which you agree with the statement as self-descriptive for you.

- | | strongly
disagree | moderately
disagree | slightly
disagree | slightly
agree | moderately
agree | strongly
agree |
|---|----------------------|------------------------|----------------------|-------------------|---------------------|-------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. People who do a favor expect nothing in return. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. The world is becoming a better place for everyone. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. I have something valuable to give to the world. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. The world is too complex for me. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. I don't feel I belong to anything I'd call a community. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. People do not care about other people's problems. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Society has stopped making progress. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. My daily activities do not produce anything worthwhile for my community. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. I cannot make sense of what's going on in the world. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. I feel close to other people in my community | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. I believe that people are kind. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Society isn't improving for people like me. | 1 | 2 | 3 | 4 | 5 | 6 |

13. I have nothing important to contribute to society.
1 2 3 4 5 6
14. I find it easy to predict what will happen next in society.
1 2 3 4 5 6
15. My community is a source of comfort.
1 2 3 4 5 6

Appendix C

Satisfaction with Life Scale

SWLS

Below are 5 statements that you may agree or disagree with. Using the 7-point scale below, indicate your agreement with each item by placing the appropriate number in the space preceding the item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3 = Slightly disagree

2 = Disagree

1 = Strongly disagree

_____ In most ways my life is close to my ideal.

_____ I am satisfied with the current state of affairs in my life.

_____ If I could live my life over, I would change almost nothing.

_____ My life does not live up to the standards I have for a good life.

_____ I am satisfied with my life.

Appendix D

Overall Happiness Measure

In general, how HAPPY or UNHAPPY do you usually feel? Check the One statement below that best describes your average happiness:

- _____ 10. Extremely happy (feeling ecstatic, joyous, fantastic!)
- _____ 9. Very happy (feeling really good, elated)
- _____ 8. Pretty happy (spirits high, feeling good)
- _____ 7. Mildly happy (feeling fairly good and somewhat cheerful)
- _____ 6. Slightly happy (just a bit above neutral)
- _____ 5. Neutral (not particularly happy or unhappy)
- _____ 4. Slightly unhappy (just a bit below neutral)
- _____ 3. Mildly unhappy (just a bit low)
- _____ 2. Pretty unhappy (somewhat “blue,” spirits down)
- _____ 1. Very unhappy (depressed, spirits very low)
- _____ 0. Extremely unhappy (utterly depressed, completely down)

Appendix E

Lesbian Internalized Homophobia Scale

The following questions ask about your experiences in several different areas of life. Please indicate the extent to which you agree or disagree with each statement using the following guidelines:

- | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|--|--------------------------|---|---|----------------|-----------------------|---|---|
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 1. When interacting with members of the lesbian community I often feel different and lone, like I don't fit in. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 2. I hate myself for being attracted to other women. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 3. Just as in other species, female homosexuality is a natural expression of sexuality in human women. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 4. Attending lesbian events and organizations is important to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 5. I feel comfortable with the diversity of women who make up the lesbian community. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 6. I am proud to be a lesbian. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 7. I feel isolated and separate from other lesbians. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 8. Female homosexuality is a sin. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 9. If some lesbians would change and be more acceptable to the larger society lesbians as a group would not have to deal with so much negativity and discrimination. | | | | | | | |

- | | | | | | | | |
|-----|--|----------|----------|----------------|-----------------------|----------|----------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 10. | I feel bad for acting on my lesbian desires. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 11. | Social situations with other lesbians make me feel uncomfortable. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 12. | I wish some lesbians wouldn't "flaunt their lesbianism. They only do it for shock value and it doesn't accomplish anything positive. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 13. | Female homosexuality is an acceptable lifestyle. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 14. | Most of my friends are lesbians. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 15. | As a lesbian, I am loveable and deserving of respect. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 16. | Children should be taught that being gay is a normal and healthy way for people to be. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 17. | Being a part of the lesbian community is important to me. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 18. | Lesbians are too aggressive. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 19. | I feel comfortable being a lesbian. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | <i>Strongly Disagree</i> | | | <i>Neutral</i> | <i>Strongly Agree</i> | | |
| 20. | Having lesbian friends is important to me. | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Strongly Disagree

Neutral

Strongly Agree

32. Lesbian lifestyles are viable and legitimate choices for women.

1

2

3

4

5

6

7

Strongly Disagree

Neutral

Strongly Agree

Appendix F

Images of God Scale

Please circle the number along the continuum that best fits with your **IMAGE OF GOD**.

1. Damning	0	1	2	3	4	5	6	Saving
2. Rejecting	0	1	2	3	4	5	6	Accepting
3. Demanding	0	1	2	3	4	5	6	Not Demanding
4. Loving	0	1	2	3	4	5	6	Hating
5. Freeing	0	1	2	3	4	5	6	Restricting
6. Unforgiving	0	1	2	3	4	5	6	Forgiving
7. Controlling	0	1	2	3	4	5	6	Uncontrolling
8. Approving	0	1	2	3	4	5	6	Disapproving
9. Strict	0	1	2	3	4	5	6	Lenient
10. Permissive	0	1	2	3	4	5	6	Rigid

Appendix G

Spirituality and Religiosity

For each of the following questions, please place an **X** in one box for each column.

10. How often do/did you engage in personal spiritual experiences (such as prayer or meditation)?

	Currently	During High School	During Childhood
More than once per day			
Once per day			
More than once per week			
Once per week			
More than once per month			
Once per month			
Less than once per month			

11. How often do/did you attend religious services or other religion based activities such as bible study or religious instruction?

	Currently	During High School	During Childhood
More than once per day			
Once per day			
More than once per week			
Once per week			
More than once per month			
Once per month			
Less than once per month			

Appendix H

Religious and Spiritual History

- 1. Do you believe in God now? YES NO
- 2. Did you believe in God during your high school years? YES NO
- 3. Did you believe in God during your childhood (before the age of 12)? YES NO

- 4. Because of your lesbianism, did you ever feel alienated from God?
 1 = very much 3 = no relation between my 4 = not so much
 2 = mildly sexual orientation and my 5 = not at all
 belief in God

- 5. What term best describes your **current faith**? (circle one)

 - a. Agnostic e. Hindu i. Nature/Earth based religion
 - b. Atheist f. Jehovah’s Witness j. Protestant
 - c. Buddhist g. Jewish k. Other
 - d. Catholic h. Muslim Please Describe _____

- 6. What term best describes your faith during your **high school years**? (circle one)

 - a. Agnostic e. Hindu i. Nature/Earth based religion
 - b. Atheist f. Jehovah’s Witness j. Protestant
 - c. Buddhist g. Jewish k. Other
 - d. Catholic h. Muslim Please Describe _____

- 7. What term best describes your faith during your **childhood** (before the age of 12)? (circle one)

 - a. Agnostic e. Hindu i. Nature/Earth based religion
 - b. Atheist f. Jehovah’s Witness j. Protestant
 - c. Buddhist g. Jewish k. Other
 - d. Catholic h. Muslim Please Describe _____

- 8. Because of your lesbianism, did you ever feel alienated from your religion?
 1 = very much 3 = no relation between my 4 = not so much
 2 = mildly sexual orientation and my 5 = not at all
 religion

- 9. Do you feel that the teaching, attitudes and practices of your religion (please write in which religion you are referencing here: _____) towards homosexuality:
 YES NO PROBABLY
 1 2 3



- | | | | |
|---|---|---|---|
| a. hampered you in accepting your self-worth as a person. | 1 | 2 | 3 |
| b. made you feel guilty about your lesbianism. | 1 | 2 | 3 |
| c. provided positive support for your self-acceptance. | 1 | 2 | 3 |
| d. had no real effect one way or the other on your feelings
about yourself as a lesbian. | 1 | 2 | 3 |