

UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

RELIGIOUS IDENTITY/SEXUAL ORIENTATION IDENTITY CONFLICT AMONG SAME-SEX  
ATTRACTED INDIVIDUALS: IMPACT ON IDENTITY DISTRESS, INTERNALIZED  
HOMONEGATIVITY, RELATIONSHIP AND SEXUAL SATISFACTION

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

Degree of

DOCTOR OF PHILOSOPHY

By

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Norman, Oklahoma  
2016

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A DISSERTATION APPROVED FOR THE  
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

BY

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## **Acknowledgements**

To all of those who have helped me along this journey – thank you.

## Table of Contents

Acknowledgements .....	iv
List of Tables .....	viii
Abstract .....	ix
Introduction .....	1
Literature Review .....	4
Religion and Sexual orientation: a history of conflict .....	4
Religion and the antigay message .....	4
Identities in Conflict.....	6
Identity Constructs .....	9
Religious identity .....	9
Sexual Orientation Identity .....	11
Theoretical Framework for Identity Conflict .....	12
The Meaning-Making and Resilience Model of RI/SOI conflict .....	12
The Cognitive Dissonance model of RI/SOI conflict .....	15
Reconciliation Strategies .....	19
Changing the environment.....	19
Adding a cognitive element strategies .....	26
Changing behavior strategies .....	28
Compartmentalization.....	28
No Conflict .....	29
Beyond Reconciliation Strategies .....	30

Internalized Homonegativity .....	30
Identity integration.....	32
Relationship and Sexual Satisfaction .....	35
Purpose Statement.....	39
Research Questions and Hypotheses .....	42
Research Questions and Objectives .....	42
Hypotheses .....	42
Methods .....	44
Participants.....	44
Procedure .....	44
Measures .....	45
Demographic information .....	45
Sexuality and Sexual Identity.....	46
Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011). .....	46
Sexual Identity Distress Scale (SID; Wright & Perry, 2006). .....	47
Perception of Same-Sex Sexual Orientation in Religious Communities.....	48
Reconciliation Strategies. ....	48
Kansas Marital Satisfaction Scale (KMS; Schumm et al., 1983).....	49
New Sexual Satisfaction Scale (NSSS-S; Stulhofer, Busko, & Brouillard, 2010). .....	50
Results .....	52
Participants.....	52
Categorization .....	54

Research Question 1.....	57
Research Question 2.....	61
Research Question 3.....	63
Research Question 4.....	64
Further Data Exploration .....	64
Discussion .....	67
Religious Identities .....	67
Research Question 1.....	68
Research Question 2.....	70
Further Data Exploration .....	73
Limitations and Future Research.....	75
Conclusions and Implications for Mental Health Providers.....	80
References .....	84
Appendix A.....	95

## List of Tables

Table 1 .....	95
Table 2 .....	96
Table 3 .....	97
Table 4 .....	98
Table 5 .....	99
Table 6 .....	100
Table 7 .....	101
Table 8 .....	102



## **Abstract**

Regardless of specific practice, religious and spiritual identities play important roles in the lives of billions of individuals around the globe. Many struggle to define their religious/spiritual identity throughout the course of their lives; however, same-sex attracted individuals often face a unique internal conflict between their sexual orientation identity and their religious identities. The present study explored a variety of factors related to the experience of this conflict. The findings suggest a predictive relationship between membership in a same-sex attraction rejecting religious community in childhood and an experience of identity conflict. Additionally, conflict was significantly positively related to internalized homonegativity and sexual orientation identity distress. This study further sought to explore the interaction between identity conflict and relationship, and sexual satisfaction in same-sex romantic relationships. The findings suggest a negative relationship between experience of conflict and relationship sexual satisfaction. Relationship and sexual satisfaction were both significantly and negatively correlated with internalized homonegativity and identity distress.

## Introduction

Regardless of specific practice, religious and spiritual identities play important roles in the lives of billions of individuals around the globe. For example, Castells (2011) reported that only about 15% of individuals identified as non-religious. Religious and spiritual beliefs positively impact a variety of psychological, behavioral, and social, factors including: academic achievement, mental well-being, physical health, work ethic, relationship satisfaction, and sexual satisfaction (Feesse, Mueller, & Ruhnu, 2014; Hernandez, Mahoney, & Pargament, 2011; Jeynes, 2002; Mahoney & Cano, 2014; Miller, & Thoresen, 2003). Unfortunately, when religious identity comes into conflict with other personal identities, the protective factors provided by religious beliefs appear to diminish. In fact, when religious identities conflict with other strongly held beliefs, religious beliefs seem to have a negative impact, particularly in relation to mental health (Ream, 2001). Many struggle to define their religious/spiritual identity throughout the course of their lives; however, same-sex attracted (SSA) individuals often face a unique internal conflict between their sexual orientation identity and their religious identities (Anderton, Pender, & Asner-Self, 2011). This study focuses on the interaction between the established conflict between religious identity (RI) and SSA sexual orientation identity (SOI) and several related psychological and relationship factors.

According to researchers, the conflict between RI and SSA SOI often stems from the negative messaging SSA individuals receive from a variety of religious affiliations (Barnes & Mayer, 2012). Halkitis and colleagues (2009) suggested that internalized

homonegativity resulting from non-affirming religious messages interferes with the integration of SSA sexual orientation identity. This conflict is problematic as rejection of SOI typically results in significant psychological distress and increased rates of suicide (Shidlo & Schroeder, 2002). Fortunately, rejection of SOI is only one potential approach to the reported conflict. Other possible approaches involve rejecting RI, compartmentalizing identities, and identity integration (Dehlin, Galliher, Bradshaw, & Crowell, 2015; Pitt, 2010b; Rodriguez, 2009). It is important to note that not all SSA individuals experience a conflict between their religious identities and their sexual orientation identities (Dahl & Galliher, 2009; Dehlin et al., 2015; Kirkman, 2001; Lease & Shulman, 2003; Ream & Savin-Williams, 2005; Rodriguez, 2009; Sherry, Adelman, Whilde, & Quick, 2010; Smith & Horne, 2007). Individuals typically identify several reasons for their lack of felt conflict including: lack of experience with devaluing messaging, coming out at a later age, belief in God's all-encompassing love, participation in an affirming religious community, etc. (Rodriguez, 2009). Individuals who experience no conflict appear to move towards identity integration without interference from religious messaging (Rodriguez, 2009). Notably, individuals who engage in strategies resulting in identity integration or religious identity rejection appear to have significantly reduced internalized homonegativity, sexual identity distress, and better overall psychosocial health than those who choose to compartmentalize their identities or reject their SOI outright (Dehlin et al., 2015). Researchers have theorized that entering into a religiously affirming, same-sex committed relationship seems to be a final step towards identity acceptance and

integration for many SSA identified individuals (Pitt, 2010b). Additionally, heterosexual romantic relationship and sexual satisfaction appear to benefit from a variety of religious beliefs (Mahoney & Cano, 2014). However, the impact of various approaches to RI/SOI conflict on romantic relationship and sexual satisfaction has yet to be determined.

There seem to be strategies of conflict management that have significantly desirable outcomes; nevertheless, some SSA individuals continue to choose pathways with fewer benefits. The present dissertation sought to better understand the way in which the four aforementioned approaches to conflict resolution are chosen, enacted, and impact internalized homonegativity, sexual orientation identity distress, romantic relationship satisfaction and sexual satisfaction in SSA individuals. Additionally, the study explored the ways in which characteristics of the participants' religious organization contribute to the conflict between identities. This study was conducted with the intent to better inform mental health providers of the processes involved in RI/SOI conflict for SSA individuals, the benefits and drawbacks of available approaches to conflict resolution, the circumstances and beliefs related to decision making, and the potential outcomes of such decisions.

## Literature Review

This section reviews current professional literature examining religious identity (RI), sexual orientation identity (SOI), theoretical frameworks for RI/SOI identity conflict, reconciliation strategies and approaches to conflict resolution, internalized homonegativity, identity distress, and relationship and sexual satisfaction. General research, theories, and definitions of these constructs are discussed below.

### **Religion and Sexual orientation: a history of conflict**

**Religion and the antigay message.** At the time of this study, same-sex marriage has recently been legalized at the federal level in the United States (Obergefell v. Hodges, 2015) and public opinion appears to support the court's decision. A 2015 Gallup Poll reported a record 60% of Americans endorsed same sex marriages (McCarthy). Although the majority of U.S. citizens appear to support same-sex marriages, a quick search of 2015-2016 news reports reveals that SSA individuals continue to face heteronormative standards, stigma related to sexual orientation and same-sex relationships, and both overt and covert antigay rhetoric on a daily basis.

The teachings of many denominations within Christianity, Judaism, Islam, and Hinduism maintain traditions of intolerance towards same-sex attracted (SSA) individuals (Barret & Barzan, 1996; Davidson, 2000; Fukuyama & Ferguson, 2000; Grant, 2015; Hunsberger, 1996; Masci & Lipka, 2015; Morrow & Tyson, 2006; Sherkat, 2002). In fact, researchers generally acknowledge that all major traditions, including Eastern traditions are, in practice, heteronormative (Sherkat, 2002). The majority of religions have sacred texts and traditions that regulate all aspects of sexuality including

acceptable sexual behaviors, patterns of intimacy, and romantic partners. These traditions also stipulate a variety of consequences for the violation of prescribed sexual behaviors. Hancock (2000) elegantly wrote: “Religion has so profoundly influenced [U.S.] society’s views of sexuality that its impact is felt by every person in our culture.” Multiple scriptures in the Bible and the Torah have been interpreted as indications that homosexuality is in direct violation of God’s will (Genesis 19; Leviticus 18:22, 20:13; Romans 1:26-27; I Corinthians 6:9-10; 1 Timothy 1:10). Further, the Qur’an and most contemporary Muslims thoroughly condemn homosexuality (Kligerman, 2007). A plethora of studies demonstrate that negative messages are heard and felt by a large contingency of the lesbian, gay, and bisexual (LGB) community. For example, researchers Bryant and Demian (1994) surveyed 560 gay and 706 lesbian self-selected couples, concerning their romantic relationships and thirteen topics relevant to those relationships. Couples’ relationships averaged six years in length. Couples were white (95%), Protestant (28%) or atheist/agnostic (24%) and well-educated (16 years). Of 12 available constructs, participants reported “the church” as being both the least supportive and most hostile environment for their relationships. Bryant and Demian’s study may be more than twenty years old, but their results continue to be replicated across diverse populations. In a study of 76 African American men who have sex with men, participants shared beliefs and experiences concerning the role of homosexuality in Black communities (Stokes & Peterson, 1998). Stokes and Peterson (1998) found that participants identified the church as the prominent source of anti-gay messaging. In fact, the African American community is

commonly recognized as less approving of homosexuality than Caucasian populations with the difference often attributed to religiosity rather than ethnicity (Pitt, 2010b). Pitt (2010a) identified the “black church” as one of the “most oppressive environments that black gay men encounter” (p. 56). In a study of SSA youth, researchers found that “homophobic” messaging was consistently linked with religious identity (Ream, 2001). In another study of 322, predominantly Caucasian participants (84%), approximately 60% of participants identified their religious experience as non-affirming of their SSA SOI (Sherry et al., 2010). As consensus built among researchers that a large portion of SSA individuals experience religion and religious communities as rejecting, research turned towards the internal conflict that this interaction seemed to create.

**Identities in Conflict.** Experiencing both formal and informal rejection by religious communities, SSA individuals report experiencing conflict between religious identities and sexual orientation identities (Dehlin et al., 2015; Hamblin & Gross, 2013; Harris, Cook, & Kashubeck-West, 2008; Levy & Edmiston, 2014; Levy & Reeves, 2011; Love, Bock, Jannarone, & Richardson, 2005; Rodriguez & Ouellette, 2000; Schuck & Liddle, 2001; Smith & Horne, 2007; Tan, 2005). In an attempt to provide the mental health field with in-depth knowledge of the collision between religious beliefs and LGB sexual orientation, Shuck and Liddle (2001) conducted a study designed to extend knowledge past the acknowledgement of this conflict and towards an understanding of the consequences of the conflict. Schuck and Liddle used a mixed methods approach to examine the experiences of a sample of 66 LGB identified individuals. The majority of participants were Caucasian (85%), and partnered (58%), ranged in age from 18-65,

and earned an annual \$36,000. Forty-four of the 66 respondents indicated an experience of conflict. The most commonly reported sources of conflict included religious teachings about homosexuality as sin, scriptural passages interpreted as condemning same-sex sexual interactions, and a sense of lack-of-belonging in their religious spaces. Schuck and Liddle found several serious emotional and cognitive consequences resulting directly from the internal conflict between RI and SOI. Many participants reported feelings of guilt and shame about their sexual orientation, experiences of severe depression, suicidal ideation, and fear of rejections, self-loathing, and exclusion. A revealing quote from one participant sheds some light on the depth of the struggle between shared identities:

I knew without a doubt that I had not chosen my orientation, and that I had been gay all of my life. I had been saved and had committed my life to God when I was 11. If homosexuality were a result of demonic possession (as I had been taught), salvation should have “cured” it. I struggled from age 11 to age 25 to free myself from my sexuality. One night in October of 1995, I had finished my evening devotional and meditation time when I just became furious. In prayer/meditation/conversation with God, I demanded to know why he had not changed me in 14 years of pious living. I was enraged and livid. I could not understand how God created me gay when His word very clearly states that gays are damned. The pain of such Divine disregard was excruciating. Why would God create someone whom he hates? The notion that I could never hope for any better eternity than Hell was killing me. In resentful obstinacy, I shouted to Heaven, “No matter if you do damn me and hate me, I will never abandon you. I am here as you created me” (p. 70).

Schuck and Liddle reported that the above experience of pain was commonly shared across the majority of participants. In order to resolve the agonizing experiences of internal conflict, participants engaged in several reconciliation strategies. The most common strategy reported in this participant population was



leaving the rejecting religious institution. Some reported abandoning religion entirely while others discussed finding LGB-affirming denominations. A few participants remained in the offending institutions, but chose to believe in a different interpretation of scripture or rejected anti-gay teaching through rationalization.

Schuck and Liddle (2001) were some of the first in a long line of researchers to report on the conflict between religious beliefs and SSA sexual orientation identity. Over time, researchers began to view this conflict as a conflict between psychosocially constructed identities. In a recent review of the literature, Anderton, et al. (2011) identified more than 25 unique publications spanning multiple fields of study (anthropology, counseling, family studies, health, higher education, nursing, psychology, sexuality, social work, sociology, and theology) documenting the conflict between religious identity and sexual orientation identity. Anderton et al., reported that the RI/SOI conflict occurs when an SSA individual experiences conflict or dissonance between personal religious identity and an emerging or present, nonheterosexual sexual orientation identity. Particularly, these conflicts occur when the beliefs associated with religious identity are nonaffirming of an SSA sexual orientation. Thus two fundamental aspects of an individual's identity are incongruent or in conflict with one another. The majority of studies observing the RI/SOI conflict have focused on the existence of an identity conflict, the consequences of such a conflict, and the mechanisms of conflict resolution in which participants engaged. To better understand the RI/SOI conflict, we must first examine the identities in conflict.

## **Identity Constructs**

Although Freud's work hinted at the notion of identity, the fully formed concept of identity did not emerge until Erikson's theory of psychosocial development in the late 1940's (Erikson, 1968). Erikson viewed personal identity as an integration of multiple aspects of the self and considered a fragmented or unintegrated identity to be problematic. He stipulated that psychosocial identity comprised elusive characteristics simultaneously subjective and objective, individual and social. Miller (1963) characterized identity as a structure comprising three parts: public identity, self-identity, and sub-identities. Zavalloni (1972) indicated that "the inner nature of the individual, including the perception he has of himself, is related to the particular place he occupies in society" (p. 65). That is to say that personal identity cannot help but be shaped by social groupings. Zavalloni categorized both religion and sex as important identity groups.

**Religious identity.** Because religious beliefs seem to have such a monumental impact across all aspects of human life it is important to understand the construct of religious identity. According to Beit-Hallahmi, (1991) religious identity refers to an individual's "distinctive religious group affiliation and respective beliefs" (p. 87). It is both personal and social, individual and cultural. Beit-Hallahmi described a three-tiered structure of religious identity that flows from collective identity via social identity to ego-identity. At the collective level, religious identity is created by the religious community either consciously or unconsciously. It is an in-group identity that often indicates an individual's behavior across settings. At the second level, the social identity level,

religious identity consists of the labels used to identify the individual by both herself/himself and others. At the social identity level, religious identity is similar in form and function to other labeled categories such as social class, nationality, age group, profession, etc. At this level, Zavalloni (1972) argued that knowledge of belonging does not necessarily equate to meaningful connection. After all, an individual might be aware of belonging to a certain group but feel positive, negative, or indifferent about the in-group identity. Unlike the social identity level, religious identity at the ego-identity level often resounds with meaning. Ego-identity refers to the private, often unconscious aspect of religion experienced by the individual (Beit-Hallahmi, 1991). Within the level of ego-identity, religious identity may become a personal, emotional, and intimate commitment.

Beit-Hallahmi (1991) argued that for the majority of individuals, religion operates at the social identity level. That is to say that when speaking of religious identity we are referring to religion expressed and experienced by the individual as a label. Exposure typically stems from family identification, attendance, or home practice (Hamblin & Gross, 2014). As individuals mature, their religion of origin may or may not become internalized based on continued experience and family emphasis (Beit-Hallahmi, 1991). Thus, national polls continue to find that a larger majority of individuals express belief in God and a particular religious affiliation than actually participate in religious rituals such as church and prayer. For the majority of U.S. citizens, childhood religion is maintained over the course of the lifetime (Pew Research Center, 2015). However, roughly 42% of Americans participate in religious switching –

they identify with a religion different from that of their childhood experience (Pew Research Center, 2015). Self-selection of religious identity is usually the result of disagreement with religious teachings, interaction with a fulfilling alternative, or dissatisfaction with local church politics (Gallup, 2016). Reportedly, SSA individuals abandon their religions of origin at much higher rates than the heterosexual population (Schuck & Liddle, 2001; Sherkat, 2002). For the purposes of this study, religious identity, encompasses the individual's religious group affiliations or lack thereof, relevant belief systems, and proscribed actions.

### **Sexual Orientation Identity**

The American Psychological Association (APA; 2011) defines sexual orientation as an identification of the sex to which an individual is romantically attracted whether this be an attraction to a different sex, the same sex, or to both sexes. APA allows that sexual orientation seems to be a fluid category that is more likely to occur along a continuum. Sexual orientation identity refers to an individual's recognition and level of acceptance of his/her sexual orientation. Like religious identity, sexual orientation identity does not occur in a vacuum. In fact, religious identity provides one of many contexts for the development of sexual orientation identity. Worthington (2004) states poignantly that "religion and sexuality are inextricably intertwined for many people because virtually every religion regulates sexual behavior and dictates a specific set of values regarding human sexuality" (p. 741). As such, sexuality is one of religion's most important spheres of influence (Peterson & Donnenwerth, 1998). The likelihood that religious identity plays an important interactive role in the development of sexual

orientation identity increases exponentially in the culture of the United States of America where 78% of the population claimed a religious affiliation (Pew Research Center, 2014), 65% agreed that religion is an important part of their daily lives (Newport, 2009), and 59% had placed membership in a church or synagogue (Gallup, 2016). Although these numbers have declined over recent years, they continue to represent a large majority of the population.

### **Theoretical Framework for Identity Conflict**

In response to researchers' awareness of the continuing conflict between sexual orientation identity and religious identity, several theoretical frameworks have been developed to assist with conceptualization. Most notable are the frameworks utilizing meaning making and resilience building and those integrating Festinger's theory of cognitive dissonance.

**The Meaning-Making and Resilience Model of RI/SOI conflict.** In an effort to better understand the integration of SOI with religion and spirituality (R/S) among Christian SSA individuals, Bowland, Foster, and Vosler (2013) turned to the meaning making framework developed by Park and Folkman (1997). This framework was originally developed to better identify mechanisms involved in stress and coping. Park and Folkman (1997) differentiated between global meaning and situational meaning in order to better understand the process of stress and coping. According to them, global meaning consists of "fundamental assumptions, beliefs, and expectations about the world" (p. 116) while situational meaning is meaning that occurs in the interaction between global meaning and environmental events. When global meaning and

situational meaning are congruent, the life event does not provoke stress. However, when an individual experiences incongruence between global meaning and situational meaning, the event causes stress and attempts to alleviate stress (coping) ensue. In Park and Folkman's model, R/S would be a part of the global meaning system. Bowland and colleagues (2013) hypothesized that the coming out process acts as a destabilizing life event that causes stress and initiates a search for meaning as a coping mechanism. The search for meaning is an attempt to alleviate the incongruence between global meaning (R/S) and situational meaning (identification with an SSA sexual orientation). Bowland et al. (2013) conducted a quantitative study with 27 LG identified Christians in order to flesh out their theoretical framework. Participants in this study noted the utilization of strategies including supportive pastoral relationships, reframing of scripture, finding an affirming Christian community, peer support, and educational resources in order to facilitate their individual integration processes. Following their analysis, Bowland and colleagues reported that a "radical departure" from R/S life is not necessary to the process of integration.

Building off of Bowland, Foster, and Vosler (2013), Foster, Bowland, and Vosler (2015) integrated meaning making with spiritual resilience in order to develop a more specific framework for LG Christians' identity integration. Foster et al. (2015) argued that an R/S individual views adaptation or integration of conflicting identities as necessary for building spiritual resilience. Spiritual resilience is described as the process of integrating religious and spiritual identities (Foster et al., 2015). Foster and colleagues define spirituality as "the beliefs and practices people use to make meaning

out of their lives” (p. 193). Based on the research of others, Foster et al. (2015) hypothesized that spirituality, a process of interpreting, explaining, and relating to the world, is central to the Coming Out process of LG Christians. Foster et al. concluded that the process of integration of an LG identity and a Christian identity builds resilience and modified Bowland et al.’s (2013) meaning making model to include Christian spiritual resilience. Using Bowland et al.’s (2013) data, Foster et al. (2015) determined three intertwined pathways of resilience achievement. In Foster et al.’s (2015) model, recognition of incongruence leads to distress. LG Christians use several strategies including “finding a safe enough congregation,” “transforming theological meaning,” and “finding an affirming congregation” to achieve integration (p. 194). Moderators of this process include affirming clergy and working towards social justice within hostile congregations. These pathways are consistent with the strategies reported in Bowland et al. (2013).

Although the models developed by Bowland, Foster and Vosler (in Bowland et al. 2013 and Foster et al. 2015) seem to accurately reflect the experiences of Caucasian (25/27 participants) LG Christians, several aspects of these studies require further thought. First, the use of a homogenous participant population already ensconced in affirming congregations likely limited the responses concerning strategies of integration to those related to continuing in a religious tradition. For the SSA population interested in continuing in religious communities, the spiritual resilience model makes sense. However, many make alternative decisions that aren’t accounted for in either model. That is, many SSA individuals are likely to choose a strategy of

disaffiliation (Barton, 2010; Dahl & Galliher, 2009; Doyal et al., 2008; Garcia, Gray-Stanley, & Ramirez-Valles., 2008; Halkitis et al., 2009; Henrickson, 2007; Jaspal & Cinnirella, 2010; Kirkman, 2001; Kubicek et al., 2009; Lalich & McClaren, 2010; Love et al., 2005; Miller, 2007; Minwalla, Rosser, Feldman, & Varga, 2005; Ream & Savin-Williams; 2005; Schnoor, 2006; Seegers, 2007; Sherry et al., 2010; Smith & Horne, 2007)) or to disengage from religion entirely (Barton, 2010; Dahl & Galliher, 2009; Doyal et al., 2008, Garcia et al., 2008; Lalich & McClaren, 2010; Love et al., 2005; Sherry et al., 2010). Bowland, Foster and Vosler (2013) also fail to account for a strategy known as compartmentalization, in which some same-sex attracted individuals with religious identities choose to engage (Anderton et al., 2011). Furthermore, the reconciliation strategies described by Bowland et al. (2013) and Foster et al. (2015) participants seem to fit neatly into larger categories explained by a cognitive dissonance model.

**The Cognitive Dissonance model of RI/SOI conflict.** Given the rejecting nature of a large portion of the Abrahamic religions, it seems likely that the concurrent maintenance of a religious identity and a same-sex sexual orientation identity causes cognitive dissonance in many individuals. Mahaffy (1996) was the first to overtly apply the theory of cognitive dissonance to the RI/SOI conflict. She used cognitive dissonance as a framework to explore the interaction between Christian and Lesbian identities. In a qualitative study involving sixty-six individuals who self-identified as lesbian, Mahaffy sought to code internal, external, and nonexistent sources of dissonance and to determine resolution strategies utilized by these individuals to



reduce the conflict. Mahaffy found that an evangelical identity predicted both internal and external dissonance with a higher likelihood of experiencing internal dissonance. Participants reported on the use of several dissonance relieving strategies including altering religious beliefs, leaving the church, or living with the dissonance. Although Mahaffy's participant pool was relatively small and restricted to Lesbian Christians, her work paved the way for others.

More than a decade later, Anderton and colleagues (2011) conducted a meta-analysis of the RI/SOI conflict literature and found that the majority of reconciliation strategies reported by LGB individuals resemble strategies articulated by Festinger in his theory of cognitive dissonance. Cognitive dissonance, the existence of cognitions in conflict, typically results in actions oriented towards dissonance reduction (Festinger, 1957). That is, when simultaneously held cognitions come into conflict, individuals are likely to take action to reduce or eliminate the occurrence of the created conflict. Festinger argued that individuals are motivated to strive towards consistency of cognitions. Cognitions include any element of information concerning one's self, one's behavior, and one's surroundings. Cognitive dissonance, a disruption in consistency, creates psychological discomfort. Thus individuals are motivated not only to reduce dissonance, but also to avoid both situations and information that might contribute to the experience of dissonance. For example, individuals experiencing the RI/SOI conflict might attempt to avoid situations associated with either an SSA lifestyle or a religiously-oriented experience. Regardless of which situation the individual chooses to

avoid, it is likely that s/he will seek out individuals supportive of the currently held values.

Dissonance might occur for one of several reasons including: knowledge of logical inconsistency, knowledge of cultural norms, past experience, and the maintenance of general opinions that contain, as a matter of course, more specific opinions (Festinger, 1957). Dissonance occurs daily as new information is gathered. When that information is incongruent with previously held thoughts, opinions, or behaviors, it is likely to cause some small level of dissonance and psychological discomfort. Festinger reported that cognitive dissonance causes psychological distress only in situations in which the dissonance is not likely to resolve itself and is not likely temporary. He further indicated that the magnitude of distress is often a function of the importance of the dissonant cognitions. As distress levels increase, so too does the motivation to reduce the dissonance.

Festinger (1957) determined three mechanisms in which individuals might engage in order to reduce cognitive dissonance. When a person experiences dissonance between beliefs or values (cognitions) and behavior s/he may attempt to reduce or eliminate the offending behavior. Individuals experiencing an RI/SOI conflict may choose to reduce or eliminate same-sex sexual interaction in order to reduce distressing dissonance. The attempt at behavior change in this situation may lead individuals to seek conversion or reorientation therapy (Beckstead & Morrow, 2004; Maccio, 2010). Occasionally, behavior change creates a different type of dissonance that is potentially equally as distressing (Festinger, 1957). In this instance, the behavior

change may be too difficult to maintain and other avenues may be pursued in order to reduce psychological distress. This may explain why conversion or reorientation therapy typically fails (Beckstead & Morrow, 2004) causing SSA individuals to engage in other strategies of reconciliation.

If a behavioral change is not possible, dissonance can be eliminated through an environmental change. This can be accomplished in several ways. Festinger (1957) suggested that a person can change the physical environment, the social environment, or cognitions about the environment. Physically changing the environment to suit individual needs is often difficult or unmanageable. Thus, individuals are more likely to change either their social environment or their cognitions about the environment. Anderton et al., (2011) argued that this type of reconciliation strategy may provide an explanation for why some individuals choose to change congregations or religious affiliations, identify as LGB or not, and engage with either a gay community or a conversion therapy community. Although adapting the environment to reduce cognitive dissonance may be slightly easier than maintaining permanent behavioral change, it can still be extremely difficult for many individuals.

The final resolution strategy stipulated by Festinger (1957) is the addition of a new cognitive element. Engaging in this strategy, an SSA individual would develop new cognitions (beliefs and values) that reconcile the dissonant identities. For example, shifting from a literalist interpretation of scripture to a social-historical critical approach (Mahaffy, 1996; Walton, 2006; Wilcox, 2002). In other words, the individual would shift his/her beliefs from an approach that interprets scripture as infallible,

exact truth to an approach that views scripture within the context of its historical and cultural location. The later interpretation of scripture is more likely to allow the SSA individual to engage in a strong religious practice reconciled with an SSA sexual orientation.

### **Reconciliation Strategies**

Following a review of the RI/SOI conflict literature, Anderton and colleagues (2011) were able to sort the conflict research into Festinger's (1957) proposed strategies for resolving cognitive dissonance: changing environment, adding new cognitions, and changing a behavioral element. Anderton et al. (2011) also identified a fourth strategy, compartmentalization, which does not resonate with Festinger's (1957) hypothesized strategies.

**Changing the environment.** According to Anderton et al. (2011), changing the environment was the most common strategy mentioned across the literature. Participants in these studies engaged in a plethora of strategies designed to change their environments.

*Disaffiliation from religious organizations or identities.* One such strategy involves abandoning congregations or religions that were rejecting of their LGB identity. This strategy was reported in multiple studies whose participants spanned the three Abrahamic traditions. Engaging in disaffiliation from the original religious congregation or denomination was an act not only of individual participants (Barton, 2010; Dahl & Galliher, 2009; Doyal et al., 2008; Foster et al., 2015; Garcia et al., 2008; Halkitis et al., 2009; Henrickson, 2007; Jaspal & Cinnirella, 2010; Kirkman, 2001; Kubicek et al., 2009;

Lalich & McClaren, 2010; Love et al., 2005; Miller, 2007; Minwalla et al., 2005; Ream & Savin-Williams; 2005; Schnoor, 2006; Seegers, 2007; Sherry et al., 2010; Smith & Horne, 2007) but was also a strategy for family members of LGB individuals (Lease & Shulman, 2003) and LGB couples (Rostosky, Ottis, Riggle, Kelly, & Brodnicki, 2008; Rostosky, Riggle, Brodnicki, & Olson, 2008) as a way to integrate their disparate identities. While choosing to disaffiliate from a religion of origin tends to reduce levels of internalized homonegativity, it does not positively impact participants' psychological well-being (Ream & Savin-Williams, 2005) and may increase self-destructive behaviors such as drug and alcohol abuse and suicide attempts (Lalich & McClaren, 2010). In fact, it is likely that prioritizing an SSA sexual orientation identity over a religious identity causes considerable mental health losses (Davidson, 2000; Love et al., 2005). This may be due, in large part, to the fact that disaffirmation of a particular religious association does not necessarily equate with disaffirmation of a religious identity. The decision to move away from the religious affiliation may have resulted in extreme cognitive dissonance of another kind. Thus psychological stress and discomfort was not reduced, it only stemmed from a different source. The struggle to maintain the positive impact of a religious identity on mental health, likely results in participants' search for a new religious community or a focus on the development of a spiritual identity.

*Finding an accepting faith community.* After giving up ties to their particular congregations or religions of origin, many participants reported engaging in a search for alternative and accepting congregations or an exploration of alternative belief systems (Barton, 2010; Bowland et al., 2013; Dahl & Galliher, 2009; Foster et al., 2015;

Garcia et al., 2008; Halkitis et al., 2009; Kirkman, 2001; Kubicek et al., 2009; Lease, Horne, & Noffsinger-Frazier, 2005; Pitt, 2010b; Schnoor, 2006; Smith & Horne, 2007). This strategy was also utilized by family members (Lease & Shulman, 2003) and couples (Rostosky, Ottis, et al., 2008; Rostosky, Riggle, et al., 2008). As an alternative to seeking out a new religious organization, many participants report engaging with para-church organization (Lalich & McClaren, 2010; Schnoor, 2006). These organizations typically consist of other SSA individuals struggling to reconcile RI and SOI while remaining a part of their current religious affiliation.

Many faith communities continue to show a lack of institutional support for their LGB constituents. In 2002, Sherkat reported: “there are only a handful of the more than 2,500 American religious denominations that ‘affirm’ homosexuality as a valid and morally supportable lifestyle” (p. 315). Although the nation’s view of same-sex romantic relationships has changed considerably over the last decade, a majority of prominent religious denominations continue to reject homosexuality outright (Grant, 2015). Following the recent Supreme Court of the United States (SCOTUS) decision to legalize same-sex marriage (2015), many religious organizations chose to release statements concerning the decision. Of the organizations with designated leadership hierarchy’s, 7 released statements of acceptance and support, while 9 released statements indicating clear disagreement with the ruling (Grant, 2015). Although some organizations appear to stand united in their acceptance or rejection of same-sex romantic relationships, the line between rejection and acceptance continues to remain murky for many. In 1976, Rashki described the Catholic Church’s relationship

with homosexuality as a fishbone lodged in the throat (Nugent & Gramick, 1989). The fishbone, like homosexuality, was something that the Catholic Church could neither eject, nor swallow fully. This analogy referred to the idea that Catholic denomination struggled to simultaneously accept and reject both the individuals and the actions. The fishbone analogy continues to remain applicable across a wide range of religious affiliations. For example, United Methodists accept LGBT Christian members but reject them as clergy members and deny their rights to be married within the church (Grant, 2015). In an attempt to highlight the variation in denominations across a variety of religions including Catholic, Protestant, and Jewish faiths, Nugent and Gramick (1989) observed and described four linguistically illuminating categories. The first, the Rejecting-Punitive view, described a category of denominations whose cannon and doctrine prohibit same-sex attraction and romantic involvement, decrying it as sinful (i.e. in opposition to the will of the divine) and even wicked. Members ascribing to the Rejecting-Punitive view utilize a literal interpretation of applicable canonical writing to condemn both “homosexual acts” and the individual partaking in the stipulated act, and to dole out punishments for such evil actions. Members of these communities must struggle to avoid sanctions through either celibacy, or the maintenance of a heterosexual lifestyle. In a review of the literature, Hamblin and Gross (2014) reported that the Rejecting-Punitive view has traditionally been the most prevalent experience reported by SSA individuals. Although this trend appears to be changing (refer to recent national polling statistics), rejecting religions maintain prominent roles in American culture (Hamblin & Gross, 2013). The second category described by Nugent

and Gramick was the Rejecting-Nonpunitive perspective. Denominations in this category have similar views as those in the Rejecting-Punitive category; however, those in the Rejecting-Nonpunitive category do not believe in punishing either the actions or the individual. The next category defined by Nugent and Gramick was the Qualified Acceptance perspective. Members of this approach view homosexuality as inferior to heterosexuality. Theologians participating in this category describe homosexuality as immature, imperfect, or incomplete. Although same-sex attracted individuals are viewed as inferior, they are still accepted members of the faith community. Finally, Nugent and Gramick described the fourth category as the Full Acceptance category. Reportedly, members of this viewpoint regard homosexuality as a symbol of the “rich diversity of creation” completely equal to heterosexuality (p. 39). LGB identified individuals are fully accepted and welcomed into these faith communities and regarded as members of equal standing and importance.

Nugent and Gramick’s categories continue to represent many LGB experiences today. In a study conducted in 2005, 61% of participants reported attending a rejecting-punitive church at some point in their lifetime (Yakushko, 2005). While only 48% indicated that they had attended a church with a full-acceptance view. Unfortunately, 32% of participants also indicated that they had never attended a church with a full acceptance approach. Nugent and Gramick’s (1989) descriptive categories seem to correlate strongly with positive and negative faith based experiences. It has been suggested that continued or repeated exposure to Rejecting-Punitive or Rejecting-Nonpunitive faith communities may have damaging



consequences for the mental health of LGB individuals (Hamblin & Gross, 2013; Hancock, 2000; Yakushko, 2005). Alternatively, it is likely that Accepting religious communities have a positive impact on psychological well-being through identity conflict resolution (Hamblin & Gross, 2013; Hancock, 2000; Rodriguez & Ouellette, 2000; Yakushko, 2005). In a recent article by Hamblin and Gross (2013), participants were asked to assess their religious affiliations and categorize them into one of four of Nugent and Gramick's (1989) categories. Hamblin and Gross (2013) participants included 153, Caucasian (83%), Protestant (63%), Catholic (23%), Jewish (6%), non-affiliated (4%), and other (3%), LG members of religious communities. Participants were split into the rejecting group (Rejecting-Punitive and Rejecting-Nonpunitive) and the Acceptance group (both Qualified and Full acceptance categories). Hamblin and Gross found that participants identifying with the rejecting faith communities were more likely to report symptoms of Generalized Anxiety Disorder. These participants also reported attending services less frequently and experiencing greater levels of identity conflict than participants attending accepting faith communities. Alternatively, participation in accepting faith communities likely helps SSA individuals to reconcile and integrate these identities (Sherry et al., 2010).

*Focusing on a Spiritual Identity.* Another available environmental change strategy involves shifting focus from a religiously oriented identity to a spiritually oriented identity. Halkitis and colleagues (2009) explored the beliefs of 498 LGBT identified individuals concerning manifestations of religion and spirituality. Participants spanned both Abrahamic and Eastern religious traditions. Halkitis et al. found that participants'

definitions of religion focused on “structured, communal forms of worship (e.g., organized worship), beliefs in and relationship with God (or a system of Gods), as well as on prescribed, rule-based patterns of devotional practice” (p. 260). Religion was commonly associated with functionality whether positive or negative. Participants seemed acutely aware of the homonegative messages spread through religious ideologies, institutions, and adherents. Spirituality, on the other hand, was defined as a relational entity. That is, participants’ definitions of spirituality focused on personal relationships with God/higher power and “equated spirituality with a quest to define a moral frame and to live in accordance with the tenets of that moral code, as well as a quest to achieve insight and wisdom” (p. 260). Halkitis et al. hypothesized that spirituality functions as the line between formal, institutionalized beliefs and subjective beliefs and practices. Halkitis concluded that sexual orientation identity informs the ways in which individuals derive meaning from and define religion and spirituality.

Participants in multiple studies identified a shift towards spiritual identity as a way to reduce RI/SOI conflict (Barton, 2010; Dahl & Galliher, 2009; Halkitis et al., 2009; Doyal et al., 2008; Jaspal & Cinnirella, 2010; Kubicek et al., 2009; Love et al., 2005; Minwalla et al., 2005; Pitt, 2010a, 2010b; Rostosky, Otis, et al., 2008; Rostosky, Riggle, et al., 2008; Seegers, 2007; Sherry et al., 2010). However, the ways in which individuals chose to engage in this strategy varied. Some attempted to maintain religious beliefs and practices in a private setting rather than attend a public institution ((Rostosky, Otis, et al., 2008; Rostosky, Riggle, et al., 2008; Seegers, 2007). Others reported

continued belief in and relationship with God(s)/higher power but discontinued religious practice and affiliations with particular organizations (Barton, 2010; Dahl & Galliher, 2009; Doyal et al., 2008; Love et al., 2005; Jaspal & Cinnirella, 2010). Some choose to continue attending religious congregations while rejecting homophobic messaging and engaging in SSA affirming beliefs (Doyal et al., 2008; Kubicek et al., 2009; Pitt, 2010a, 2010b). Regardless of the manner in which participants choose to associate with a spiritual identity, the differentiation between religious identity and spiritual identity is clear.

*Rejecting religious and spiritual identities outright.* Several studies identified participants who were able to entirely abandon their religious/spiritual identities (Barton, 2010; Dahl & Galliher, 2009; Dehlin et al., 2015; Doyal et al., 2008, Garcia et al., 2008; Lalich & McClaren, 2010; Love et al., 2005; Sherry et al., 2010). This strategy was also used by family members of SSA individuals (Lease & Shulmann, 2003). The outright rejection of religious and spiritual beliefs reportedly left no residual pressure to pursue other mechanisms of religious or spiritual growth. These participants were most likely to identify as agnostic/atheist (Anderton et al., 2011). As such, they did not report experiencing the same levels of psychological distress as individuals who choose to utilize the strategy of disaffiliation.

**Adding a cognitive element strategies.** Instead of using a strategy to change the environment, participants often reported adding a cognitive element in order to reduce RI/SOI conflict (Boellstorff, 2005; Bowland et al., 2013; Dahl & Galliher, 2009; Doyal et al., 2008; Foster et al., 2015; Jaspal & Cinnirella, 2010; Kirkman, 2001; Kubicek

et al., 2009; Lalich & McClaren, 2010; Lease et al., 2005; Minwalla et al., 2005; Pitt, 2010a, 2010b; Ream & Savin-Williams, 2005; Schnoor, 2006; Seegers, 2007; Sherry et al., 2010; Sullivan-Blum, 2004; Walton, 2006). LGB couples (Rostosky, Otis, et al., 2008; Rostosky, Riggle, et al., 2008), and family members of LGB individuals (Lease & Shulman, 2003) also engaged in these strategies. Adding a cognitive element typically involved conducting personal research into the scriptures commonly used to tear down homosexuality. This research often led to additional or changed beliefs concerning the role of same-sex attraction in religion. Participants also came to believe that religious leaders were misinterpreting scripture to derive anti-gay messaging. This belief occurred following personal research or exposure to religious leaders with different, affirming interpretations. With the addition of new or altered beliefs, participants were able to conceptualize scripture in a less literal and more historically based manner (Bowland et al., 2013; Pitt, 2010a). Many participants reported developing a belief in an all-loving and accepting higher power who created SSA individuals for a purpose in the same manner it created heterosexual individuals (Boellstorff, 2005; Jaspal & Cinnirella, 2010; Kubicek et al., 2009; Pitt, 2010a, 2010b; Seegers, 2007; Sullivan-Blum, 2004). The addition of these beliefs likely contributed to participant self-acceptance (Anderton et al., 2011). The Foster et al., (2015) model contains the concept of working towards social justice as a moderator of identity integration. Anderton et al., (2011) argued that participant decisions to work towards social justice from within rejecting congregations likely results from the engagement in

changes in internal belief systems. Thus he viewed this tactic as an additive cognitive strategy.

**Changing behavior strategies.** Throughout the conflict literature, participants report attempting to change behavior through the reduction or elimination of engagement in same-sex sexual behaviors and same-sex romantic relationships (Barton, 2010; Boellstorff, 2005; Dehlin et al., 2015; Jaspal & Cinnirella, 2010; Lalich & McClaren, 2010; Miller, 2007; Minwalla et al., 2005; Pitt, 2010a; Schnoor, 2006; Seegers, 2007). Disengaging in same-sex behaviors often involves engaging in ex-gay communities and reparative/reorientation/conversion therapy (Barton, 2010; Beckstead & Morrow, 2004; Haldeman, 2004; Johnston & Jenkins, 2006; Maccio, 2010; Tozer & Hayes, 2004). Alternatively or simultaneously, participants attempt to increase participation in religious practices and behaviors (Anderton et al., 2011). These strategies are unlikely to alleviate distress and may even lead to increased distress and mental health problems including depression and suicidal ideation (American Psychological Association, [APA], 2009; Beckstead & Morrow, 2004). As mentioned previously, behavioral change strategies are difficult to maintain, result in substantial psychosocial costs (Dehlin et al., 2015), and likely lead to a decision to attempt alternative strategies to reduce cognitive dissonance.

**Compartmentalization.** Although not a strategy recognized by Festinger (1957) in his cognitive dissonance theory, compartmentalization strategies are reportedly utilized by SSA individuals and couples as reconciliation strategies (Dahl & Galliher, 2009; Dehlin et al., 2015; Doyal et al., 2008; Lalich & McClaren, 2010; Minwalla et al., 2005;

Rostosky, Otis, et al., 2008; Schnoor, 2006; Seegers, 2007; Sullivan-Blum, 2004).

Compartmentalization involves separating religious identity and sexual orientation identity depending on environmental context. Essentially, participants attending religious events/activities engage in eliminating all aspects of LGB orientation identity. In contrast, participants involved in activities accepting of LGB identity eliminate all aspects of their religious identity. That is, they purposefully do not discuss or acknowledge religious identity. These individuals were reportedly not attempting to integrate their identities in any way, but were instead actively maintaining two separate identity systems. Anderton, et al., (2011) identifies compartmentalization as a distinct and separate strategy because participants engaging in compartmentalization are not attempting to integrate, reconcile, reject, or alter RI and SOI identities. The literature remains unclear as to how participants are able to engage in compartmentalization; however, findings suggest that compartmentalization of identities may be both difficult to sustain over time and have substantial psychosocial costs (Dehlin et al., 2015).

**No Conflict.** Importantly, some individuals reportedly experience no conflict between their LGB sexual orientation identity and their religious identities (Dahl & Galliher, 2009; Dehlin et al., 2015; Kirkman, 2001; Lease & Shulman, 2003; Ream & Savin-Williams, 2005; Rodriguez & Ouellette, 2000; Sherry et al., 2010; Smith & Horne, 2007). Some of the documented reasons for the lack of conflict experience include: SSA individuals had already rejected a religious identity prior to acknowledging an SSA sexual orientation (Sherry et al., 2010); SSA individuals were already affiliated with an

accepting/affirming religion and had not encountered negative religious messaging (Rodriguez & Ouellette, 2000; Smith & Horne, 2007); or SSA individuals were not raised to identify with a particular religion (Dahl & Galliher, 2009). Reportedly, these individuals move towards identity integration without interference from religious beliefs (Rodriguez, 2009). If non-conflicted individuals succeed in identity integration, then it is likely that they would enjoy reduced internalized homonegativity, decreased sexual identity distress, and garner the same benefits from religious affiliations as do heterosexual individuals and SSA individuals who have worked through conflict towards integration. However, this assumption has not been established in the literature.

### **Beyond Reconciliation Strategies**

Current research suggests that the results of chosen reconciliation strategies impact a variety of constructs including levels of internalized homonegativity, and psychological well-being. Arguably, internalized homonegativity functions as a catalyst for the RI/SOI conflict. Through the utilization of reconciliation strategies such as changing the environment and adding cognitive elements, SSA individuals are able to reduce internalized homonegativity and identity distress. This process likely results in the ability to experience increased relationship and sexual satisfaction.

**Internalized Homonegativity.** Halkitis and colleagues (2009) wrote artfully, “The antagonism with which many religions approach sexuality in general, and homosexuality in particular, has contributed to a legacy of silence about the spiritual and religious lives of LGBT individuals” (p.251). These messages of silence have

resulted in a dearth of literature on the interaction between RI and SOI, which has been slowly and tediously broken only within the last thirty years. As has been previously argued, religious affiliation often aligns with anti-gay messages. Schuck and Liddle (2001) found that religious teaching were reportedly the primary source of conflict felt during the coming out process. Minority stress theory postulates that discrepancies in mental health between LGB and heterosexual populations are explained by differential exposure to stigma and prejudice and that the quality of the social environment, such as religious settings, are a primary source of stress (Barnes & Meyer, 2012). Even with the shift in attitudes occurring across many religious denominations, messages such as “You’ll burn,” “Gay is bad,” and “Gays go to hell,” are not uncommon among some Christian communities (Kubicek et al., 2009). Contact with rejecting/non-affirming religious settings has been found to be related to internalized homonegativity – one of the stress processes identified by minority stress theory – decreased mental health outcomes in SSA populations, and the inability to integrate RI and SOI successfully (Barnes & Meyer, 2012; Halkitis et al., 2009; Harris-Cook & Kashubeck-West, 2008; Ream & Savin-Williams, 2005). Internalized homonegativity is a phenomenon in which an individual incorporates or internalizes society’s negative judgments, messages, beliefs, and attitudes about homosexuality into his/her self-image (Hamblin & Gross, 2014). Internalized homonegativity targets homosexuality in general as well as the SSA identity of self and others. It has been linked to a range of negative factors including anxiety, depression, guilt, worthlessness, and suicidal ideation, problems in intimacy, sexual risk-taking, and lower psychological



well-being and overall self-esteem (Barnes & Meyer, 2012; Frost & Meyer, 2009; Herek, Gillis, & Cogan, 2009; Kubicek et al., 2009; Rowen & Malcolm, 2008; Tan, 2005). Although religious identities are consistently positively correlated with mental health benefits in studies of heterosexual participants (Koenig, 2001; Kubicek et al., 2009), Ream (2001) found that the presence of homophobic messages in religious contexts significantly diminished or eliminated these health benefits for SSA individuals. Religious communities can be a primary source of the socialization and internalized homonegativity of SSA individuals (Barnes & Meyer, 2012). SSA individuals reduce religiously derived internalized homonegativity through the utilization of reconciliation strategies involving either the critical reevaluation of religious messages concerning homosexuality and their sources, or the exploration of alternative religions and belief systems (Kubicek et al., 2009). Both strategies are consistent with the cognitive dissonance strategies detailed in Anderton et al. (2011).

**Identity integration.** Rodriguez (2009) argued that “coming out” potentially marks the initiation of the identity integration process. He hypothesized, based on Shallenberger’s (1996, 1998) theories of identity integration in SSA individuals, that “coming out is not only when conflict between religious and homosexual identities begins, but it is also the time when an individual consciously acknowledges the inherent discrepancies between living a gay lifestyle and remaining actively involved in organized Christian religion” (Rodriguez, 2009; p. 18). Though Rodriguez’ hypothesis refers specifically to Christian religions, it is arguably representative of a variety of religious identities represented in U.S. culture. Foster and colleagues (2015) argued

that repetitive, negative messages concerning same-sex sexuality permeating various religious communities combined with pervasive scripture prohibiting same-sex behavior contribute to felt conflict and disrupt the process of RI/SOI integration. When RI/SOI conflict exists, conflicted individuals can follow several approaches towards reconciliation and integration. Baumeister, Shapiro, & Tice (1985) defined identity conflict as “the problem of the multiply defined self whose definitions have become incompatible” (p. 408). Based primarily on Baumeister et al.’s (1985) theory of identity conflict, Rodriguez and Ouellette (2000) outlined four over-arching conflict-resolution approaches that an SSA individual could use to alleviate the RI/SOI conflict: 1) rejection of the SSA SOI, 2) rejection of the RI, 3) compartmentalization; and 4) identity integration. These conflict-resolution approaches account for all of Anderton et al.’s (2011) reconciliation strategies, and have been used in several more recent studies. For example, Pitt (2010b) applied Rodriguez and Ouellette’s (2000) approaches in order to organize his framework for conversation analysis with 34 Black, gay men involved in fundamentalist African-American churches. Participants ranged in age from 18 to 61 and most had attended some college. The majority of his participants reported difficulties in maintaining identity rejection or compartmentalization. Thus, they sought identity integration. However, Pitt’s participants reported that identity integration was difficult to maintain in light of continuous negative messaging.

Dehlin and colleagues (2015) also attempted to categorize participants by the conflict-resolution approaches established in Rodriguez and Ouellette (2000) and Pitt (2010b). More than categorize, Dehlin and colleagues (2015) explored to what extent

psychosocial well-being was associated with each approach. Dehlin et al.'s participant pool consisted of 1,493 participants who had at one time been baptized into the Church of Latter-day Saints (LDS) and who reportedly experienced SSA at some point in their lives. Participants were mostly Caucasian (92%) and college educated (97.1% attended some college). These participants were overwhelmingly more likely to reject their RI or compartmentalize their identities rather than reject their SOI identities or attempt to integrate the two. However, psychosocial health (based on several scales designed to measure internalized homonegativity, identity confusion, sexual identity distress, depression, self-esteem, and quality of life) was significantly better for participants who either attempted integration or rejected their RI entirely. Alternatively, those who rejected their SOI or compartmentalized their identities experienced significantly lower psychosocial health and quality of life (as measured by the QOLS; Burckhardt & Anderson, 2003) scores.

Research findings indicate that the successful integration of RI and SOI leads to reduced internalized homonegativity, contributes positively to psychological health, and improves quality of life (Dehlin et al., 2015; Ream & Savin-Williams, 2005). RI/SOI identity integration occurs when an individual a) feels positively about both RI and SOI b) is able to consistently engage in both identities simultaneously c) experiences no current felt conflict (Love et al., 2005; Rodriguez & Ouellette, 2000). There is an inherent assumption within this definition that identity integration reflects SSA SOI identity acceptance and thus identification as an LGB individual. For example, Love et al., (2005) states that reconciled individuals are those who embrace both identities

fully. When individuals are able to integrate RI and SOI, both identities become part of a larger sense of self. However, during the course of this literature review, it continues to remain unclear whether or not the assumption of complete identity acceptance is accurate or entails identification as LGB. As such, the current study sought not only to understand the benefits of identity integration, but also to ascertain the veracity of the aforementioned assumption.

**Relationship and Sexual Satisfaction.** As has been reported, SSA individuals engage in a variety of conflict-resolution approaches including identity integration (Dehlin et al., 2015; Pitt, 2010b; Rodriguez, 2009; Rodriguez & Ouellette, 2000; Shallenberger, 1996; Sullivan-Blum, 2004; Yarhouse, Tan, & Pawlowski, 2005). The process of identity integration seems to vary for each individual. However, Pitt (2010b) theorized that entering into a religiously affirming, same-sex committed relationship seems to be the final step towards identity integration for many SSA identified individuals. For this and several other reasons, the present study sought to better understand the relationship between conflict-resolution approaches and relationship and sexual satisfaction within same-sex romantic relationships.

As has been previously stated, religious beliefs often govern conceptualizations of acceptable sexual behaviors, patterns of intimacy, and partners, and also stipulates consequences for violating prescribed sexual behaviors (Halkitis 2009). Religious proscriptions for sexuality seems to be felt more acutely by SSA individuals. Love et al., (2005) indicated that for their participants,

The pressure they felt from society (i.e., church, school, family, neighborhood) was to have their sexuality interact with all elements of their experience. It identified these

[participants] as sexual beings, in ways that being heterosexual typically does not. So in a culture that distances sexuality from spirituality, gay and lesbian people who focus on their spiritual identity, immediately and more consciously experience the interaction of sexuality and spirituality (p. 206).

Love et al. argued that this identity conflict was further exacerbated by religion's negative views of same-sex sexuality. Love et al., hypothesized that heterosexuals are able to experience some degree of separation between their sexual identities and their spiritual identities and thus avoid the dissonance. A similar process appears to occur for non-conflicted individuals. Helminiak (1996) argued that spirituality and sexuality are irrevocably intertwined (in Love et al., 2005). Helminiak developed a tripartite definition of the human experience – organism, psyche, and spirit – and believed that sexuality was tied to each aspect of the experience. Using Helminiak's theory, Love et al., (2005) explained, "as organisms we experience the physical desire for sex; our psyche desires the comfort, bliss, and emotional ecstasy associated with sex; and our spirits are drawn to sexuality's relationship to the intimacy with, caring for, and dedication to other people" (p. 206). At the time of Helminiak's writing in 1996, he hypothesized that sexual and spiritual integration was not likely to be achieved in the "sex-negative" environment of the United States. Though U.S. culture has become outwardly more accepting of sexuality in general, negative religious beliefs concerning extra-marital sexual relationships in general (Pargament & Mahoney, 2005) and same-sex sexual relationships in particular (NeJaime, 2012) remain pervasive. The further exacerbation of sex-negative views related to same-sex sexuality provides another barrier to SSA individuals' achievement of integration and likely detracts from experiences of sexual satisfaction. McFarland, Uecker, and Regnerus (2011) argued

that religion influences sexual outcomes through relationship quality, social support, and explicit sexual scripts. Most religious traditions in the U.S. privilege heterosexual, marital, sexual activity.

Two inherent difficulties faced by SSA individuals as a result of the RI/SOI conflict include engaging in sexual interactions outside of marriage (previously necessitated by the legal bans against same-sex unions) and sexual interactions between same-sex partners. Although the recent legalization of same-sex marriages in the United States may eliminate some of an SSA individuals struggle to engage in sanctioned sexual intimacies, it cannot eliminate the internalization of anti-gay messaging espoused by many dominant religious organizations. As both relationship satisfaction and sexual satisfaction have been shown to be positively impacted by religious factors (Mahoney & Cano, 2014) in heterosexual relationships, it seems likely that religious factors also play a role in relationship and sexual satisfaction of same-sex couples. In a primarily quantitative study of 90 same-sex couples, Rostosky, Otis and colleagues (2008) found that many couples noted religion as a source of both challenge and support in their relationships. Participants endorsed private religious activities rather than public activities such as service attendance, as a way to eliminate challenges posed by lack of religious support. As a continuation of the previous study, Rostosky, Riggle, and colleagues (2008) conducted qualitative interviews with 14 of the previous 90 couples. Couples identified as Christian/Jewish, Caucasian (27/28), and reported an average relationship length of 7.13 years (all couples had been together at least one year). Twelve of the 14 couples reported facing several challenges created by

religiously motivated sexual prejudice of others. The majority of couples actively sought out accepting religious communities and reported that supportive and affirming communities were essential. Rostosky, Riggle and colleagues (2008) concluded that their same-sex participants participated in joint spiritual activities, negotiated differences in religious beliefs and involvement, and gave spiritual meaning to their relationships in much the same way heterosexual couples do. Although their study provided unique insight into the way in which same-sex couples navigate religious beliefs, support, and prejudice, it is unclear how the couples' struggles with religious beliefs impacts relationship and sexual satisfaction.

Alternatively, Smith and Horne (2008) conducted a study of 318 LGB identified women in order to specifically assess religious and spiritual impact on sexual satisfaction. Participants were in their mid-thirties, Caucasian (85.8%), and identified with a religious faith of "other" (49.1%). Reportedly, participants filled in the other category with a range of gay-affirming faith groups including Wiccans and Pagans. Participants also identified in descending order as Protestant, Catholic, Jewish, and Muslim. Smith and Horne reported that their results explained 14% of the variance of the sample's sexual satisfaction. While religious factors did not contribute significantly to the explained variance, spirituality accounted for 2.7%, a significant amount in this sample. This is likely an indication of reconciliation strategies involving a shift towards spiritual identity rather than religious identity. Further, women with higher levels of spiritual wellness reported greater levels of sexual satisfaction (Horne & Smith, 2007).

Horne and Smith indicated that their findings provide support for continued exploration of religious and spiritual impact on sexual satisfaction.

The current study sought to explore both relationship and sexual satisfaction in relation to conflict-resolution approaches in order to better understand how reconciliation strategies and conflict-resolution approaches affect sexual and relationship satisfaction. Further, internalized homonegativity has been shown to negatively impact relationship satisfaction (Frost & Meyer, 2009). This study planned to explore the ways in which conflict-resolution approach selection mediates or moderates the impact of internalized homonegativity on relationship satisfaction.

### **Purpose Statement**

The National Alliance on Mental Illness (2015) reported that SSA individuals are almost 3 times more likely than the general population to experience mental health deficits. Specifically, SSA individuals are at increased risk for major depression, eating disorders, generalized anxiety disorder, panic disorder, poor self-esteem, suicide attempts, alcohol dependency, drug dependency, and comorbid diagnosis (Sherry et al., 2010; Silenzio et al., 2007). The risk increases when the individual has multiple identities that engender discrimination (Bostwick, Boyd, Hughes, West, & McCabe, 2014). For example, Bostwick et al. (2014) found that individuals with SSA SOI in combination with female gender identity or racial/ethnic minority identity were significantly more likely to report mental health disorders within the last year. As these individuals are more likely to experience poor mental health outcomes, they are increasingly more likely than heterosexual individuals to seek out mental health



services (Cochran, Sullivan & Mays; 2003). Unfortunately, expert knowledge concerning potential protective factors for SSA individuals remains relatively limited. Hamblin and Gross (2014) reported that “although there is a great deal of empirical evidence demonstrating positive benefits of religion to well-being in the general population, relatively few investigations have examined the potential benefit or harm of affiliating with a religious community to homosexual individuals” (p. 79). Rodriguez, Lytle, and Vaughan (2013) found that participation in affirming religious communities was linked to increased self-esteem and likely had other positive benefits. On the other hand, rejecting religious communities were associated with greater frequency of generalized anxiety disorder symptoms (Hamblin & Gross, 2013). Gattis, Woodford, and Han (2014) concluded that counselors must assess religious identity and related constructs in SSA clients as it can function as either a protective or risk factor depending on the support of the religious associations. The current study sought to contribute to the body of knowledge regarding the interaction between religious factors and SSA sexual orientation in the hopes that this knowledge may serve to benefit these individuals in a mental health setting.

Within a theoretical framework of cognitive dissonance theory, multiple researchers have identified strategies that SSA individuals use to reduce felt conflict. These strategies are a means to engage in an approach towards identity rejection, compartmentalization, or integration. The goal of this project is to determine how religious affiliation characteristics relate to felt conflict and consequent strategy selection of participants and to better understand how strategy selection relates to a

variety of constructs including internalized homonegativity, relationship satisfaction, and sexual satisfaction. Additionally, the researcher seeks to better understand the differences in the aforementioned constructs between individuals who have processed the conflict and reportedly achieved identity integration and individuals who reportedly never experienced a conflict.

## **Research Questions and Hypotheses**

The following research questions will be addressed in this study. The answers to these questions will provide counselors with a better understanding of the process of RI/SOI conflict mitigation and the effects that the use of reconciliation strategies have on the lives of SSA individuals. For a full breakdown of research questions, variables, and scoring see Table 1.

### **Research Questions and Objectives**

1. How do religious affiliation characteristics relate to felt conflict and consequent approach to conflict mitigation of participants?
2. How does approach to conflict mitigation relate to internalized homonegativity, SOI identity distress, romantic relationship satisfaction and sexual satisfaction?
3. Does identity integration necessitate SSA SOI acceptance?
4. How do the constructs (internalized homonegativity, identity distress relationship and sexual satisfaction) of individuals in the non-conflicted category compare with the constructs of conflicted individuals in the identity integration category?

### **Hypotheses**

H1: There will be a positive relationship between experiences of rejection from childhood religious organizations (as identified by Nugent & Gramick, 1989) and experiences of RI/SOI identity conflict.

H2: Participants who engage in an identity integration approach will be more likely to report decreased levels of internalized homonegativity (as measured by the subscale of the LGBIS) and lower levels of identity distress (as measured by the SID).

H3: Identity integration and religious rejecting approaches will be related to higher levels of romantic relationship satisfaction (as measured by the KMS) and sexual satisfaction (as measured by the NSSS).

H4: Approaches involving the rejection of SSA sexual orientation identity or compartmentalization will be positively related with internalized homonegativity (as measured by a subscale of the LGBIS) and negatively related to relationship (KMS) and sexual satisfaction (NSSS).

H5: Participants who report no conflict will have similar levels of identity related distress (SID), internalized homonegativity (LGBIS), relationship satisfaction (KMS) and sexual satisfaction (NSSS) as participants in the identity integration category.

## **Methods**

### **Participants**

The participant pool was limited to individuals over the age of eighteen who had reportedly experienced feelings of same-sex attraction at some time in their life. The use of SSA language and the broadly defined requirements for participation was intended to encourage participation of individuals who may have engaged in an identity conflict pathway which lead to rejection of an SSA SOI and who do not identify as LGB. Prior to data collection power analysis for a Global Effects MANOVA with 5 levels and 5 dependent variables was conducted in G\*Power to determine a sufficient sample size using an alpha of .05, a power of .95 and a medium effect size ( $f = 0.25$ ) (Faul, Erdfelder, Buchner, & Lang, 2009). Based on the aforementioned assumptions, the desired sample size was 130 participants.

### **Procedure**

The researcher received committee approval as well as approval from the University of Oklahoma's Institutional Review Board (IRB), Norman Campus. Following the receipt of approval, the researcher distributed an e-survey, generated by Qualtrics (English only), using social media outlets such as Facebook, relevant list-serves, and forums. The survey was initially posted on the researcher's personal social media. Next the survey was sent to the University of Oklahoma graduate student listserv as well as to several list-serves available to personal contacts of the researchers. Finally, the researcher posted the survey link on several well used forums including LGBTchat.net, Empty Closets, and Out Nation. Research indicates that data collected through online surveys are consistent with the same information collected through pencil and pen

surveys or telephone interviews (Gosling, Vazire, Srivastava, & John, 2004). Further, it is likely that online surveys facilitate increased disclosure from special populations asked to report on sensitive information. This seems to be a result of the perception of increased privacy when engaging in an online measure (Newman et al. 2002). All participants were asked to disseminate the survey link on their own social media sites and relevant list serves (snowball effect). Participants were required to read a research information sheet and actively consent to participate in the study. If participants failed to give consent, or if they indicated they were under the age of 18, they were thanked for their interest and dismissed from the study. Participants received the following collection of measures in semi-randomized order. All sexuality related questions were bundled together, all religious questions were bundled together, and all remaining demographic questions were bundled together. The three sections were randomized for each participant.

### **Measures**

For a complete list of construct means, standard deviations, and internal consistency reliability coefficients see Table 2 in Appendix A.

**Demographic information.** Participants answered several questions regarding ethnicity, age, gender, biological sex, marital history, education level, average, yearly income, childhood religious affiliation/activity, present religious affiliation/activity, and current relationship status. If the participant reported involvement in an ongoing romantic relationship, s/he was asked to report gender, biological sex, and sexual

orientation identity for participant's partner. Participants were also asked to report whether or not they identified as belonging to a committed relationship.

**Sexuality and Sexual Identity.** Participants were asked to report their self-defined sexual orientation identity (lesbian, gay, bisexual, heterosexual, etc.). Based on Dehlin et al., 2015, participants were also asked to report sexual behavior/experience, feelings of sexual attraction, and self-declared sexual identity. Respondents utilized a Kinsey 7-point Likert scale model, ranging from 0 (*exclusively opposite sex*) to 6 (*exclusively same sex*) (Kinsey, Pomeroy, & Martin, 1948). Finally, participants were asked to describe their degree of disclosure of their SSA SOI to 1) family members, 2) friends, 3) coworkers/classmates, 4) people with whom participants were religiously affiliated on a scale ranging from 1 (*out to none*) to 4 (*out to all*) (Durso & Meyer, 2013).

**Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011).** The LGBIS is a revision and extension of the Lesbian and Gay identity scale (LGIS; Mohr & Fassinger, 2000), designed to be both more inclusive and to utilize less stigmatizing language (Mohr & Kendra, 2011). Exploratory (n = 297) and confirmatory (n = 357) factor analyses determined that the 27-item LGBIS reliably identifies eight subscales including: 1) acceptance concerns, 2) concealment motivation, 3) identity uncertainty, 4) internalized homonegativity, 5) difficult process, 5) identity superiority, 7) identity affirmation, and 8) identity centrality. The LGBIS utilizes a 7-point Likert scale ranging from 1 (*disagree strongly*) to 7 (*agree strongly*). The scale was originally constructed using college students and Cronbach's alpha estimates ranged from .72 to .94. The

scale has since been used in multiple studies with participant ages ranging from 18-67 and Cronbach's alpha estimates ranging from .62 to .91 and has been translated into both Portuguese and Mandarin for use with these populations (Berg et al, 2011; Dispenza, 2015; Feldman & Wright, 2013; Oliveira, Lopes, Gonclaves Costa, & Nogueira, 2012). The present study used scale four, to explore the internalized negativity of participants. Items included: "if it were possible, I would choose to be straight," "I wish I were heterosexual," and "I believe it is unfair that I am attracted to people of the same sex." To compute a single score, an average of items 2, 20, and 27 are used. The internal reliability for the internalized homonegativity scale, was high ( $r_{\alpha} = .87$ ) with a mean score of 2.1 and SD of 1.2. Scores ranged from 1 to 6 covering the complete spectrum with high scores indicating higher levels of internalized homonegativity.

**Sexual Identity Distress Scale (SID; Wright & Perry, 2006).** The SID is a 7-item measure designed to assess distress related to same-sex sexual orientation-identity. For example, "I feel proud to be same-sex attracted," and "I feel uneasy around people who are very open in public about being same-sex attracted." Although the SID was originally normed with a youth population (alpha = .83; Wright & Perry, 2006), it has since been successfully used with adult populations (alpha = .91; Dehlin, Galliher, Bradshaw, & Crowell, 2014; Dehlin et al., 2015). Responses range from 1 (*strongly disagree*) to 5 (*strongly agree*). Items 1, 4 and 6 were reverse scored and all items were summed for a total score. Higher scores indicated greater levels of identity distress. For the present study internal reliability was good ( $r_{\alpha} = .73$ ) with a mean score of 12.4



and SD of 4.4. Scores ranged from 6 to 28 covering the complete spectrum with high scores indicating higher levels of distress.

**Perception of Same-Sex Sexual Orientation in Religious Communities.** Perception of participants' religious communities' beliefs concerning homosexuality was assessed by having participants select which of the four views put forth by Nugent and Gramick (1989) most closely related to the way in which both their past and present religious organization viewed homosexuality.

**Reconciliation Strategies.** One question was asked to determine whether or not the participant had experienced some internal conflict between a religious identity and sexual orientation identity. If conflict was identified, participants were asked to indicate in which reconciliation strategies they had engaged to resolve the conflict. Thirteen reconciliation strategies were described in Anderton et al. (2011). The options Anderton and colleagues found in their meta-analysis were used as the possible answer choices for this question. Options included: 1) disaffiliating from non-affirming churches or religions, 2) seeking out new organizations, congregations or religions, 3) focusing on the development of a spiritual identity rather than a religious one, 4) abandoning religion and spirituality altogether, 5) conducting personal research into scriptural references, 6) questioning or challenging particular religious tenets, 7) developing a belief in religious leaders' misinterpretation of scripture, 8) developing personal interpretation of scripture different from that of religious leaders, 9) developing a belief that a higher power created you and loves you the way you are, 10) work within a rejecting religious congregation in order to change the institution from

within, 11) eliminating unwanted sexual behaviors, thoughts, and feelings from your mind, 12) engaging in reparative or conversion therapy or participating in ex-gay programs, 13) compartmentalizing. Reconciliation strategies are not conceptualized as either sequential or hierarchical but merely as additive. It is hypothesized that persons will chose a reconciliation strategy based on their life experiences. If this reconciliation strategy does not work to reduce conflict, individuals will likely attempt to use a different strategy. Hypothetically, strategies are used and discarded until conflict is reduced. In the present study, it was hypothesized that an increase in reconciliation strategies used would positively correlate with higher levels of conflict indicators such as internalized homonegativity and identity distress.

Of the 233 participants whose data was used in this study, 49.3% reported experiencing an RI/SOI conflict. These participants reported engaging in a variety of the reconciliation strategies identified above. However, none of the participants reported attempting reparative or conversion therapy or participating in ex-gay programs. For more information regarding reconciliation strategy use, see Table 3. For the purposes of analysis, a composite score of reconciliation strategies was created. Total scores ranged from 1 to 11. On average participants used 4.5 strategies with a standard deviation of 2.8. Reportedly, the most commonly used strategy was *“questioning or challenging particular religious tenets.”*

**Kansas Marital Satisfaction Scale (KMS; Schumm et al., 1983).** The KMS was designed to be a conceptually unidimensional, brief measure assessing marital satisfaction (Schumm et al., 1985). More than thirty years post-development, the KMS is one of

the most widely used measures of relationship satisfaction. A recent meta-analysis of the seven most frequently used measures of relationship satisfaction reported that the KMS has a mean alpha of .95 across 105 studies (Graham, Diebels, & Barnow, 2011). Graham and colleagues (2011) further indicated that the KMS is one of the strongest overall measures of relationship satisfaction and that it might be particularly useful in studying same-sex couples. The KMS requires participants to rate how satisfied (1 = *not at all satisfied*, 7 = *extremely satisfied*) they are with their relationship, partner, and partner within the relationship. A composite score was identified. Scores of 17 or above indicate that the participant does not experience relationship distress (Crane, Middleton, & Bean, 2000). KMS scores strongly correlate with the Dyadic Adjustment Scale (DAS; Crane, Middleton, & Bean, 2000) and the Quality of Marriage Index (QMI; Schumm et al., 1986). For the present study scores covered the full spectrum, ranging from 3-21. Internal consistency reliability was high for participants in heterosexual relationships ( $r_{\alpha} = .95$ ) with a mean score of 17.89 and SD of 3.47. Internal consistency reliability was also high for participants in same-sex relationships ( $r_{\alpha} = .978$ ) with a mean of 18.2 and SD of 3.5.

**New Sexual Satisfaction Scale (NSSS-S; Stulhofer, Busko, & Brouillard, 2010).** The NSSS was developed to assess sexual satisfaction without placing biases of sexual orientation, gender identity, or cultural background onto the participants (Stulhofer, et al., 2010). The NSSS is a 20-item scale loading on two factors: ego centered and partner and sexual activity centered. The measure was normed on seven different samples (n = 2,000) using a 5-point Likert scale (1 = *not at all satisfied* to 5 = *extremely*

*satisfied*). The measure includes a variety of questions related to sexual satisfaction with regards to orgasm, “the quality of my orgasms,” sexual-emotional experiences “my emotional opening up in sex,” and frequency and variety of sexual activity. Participants were from both the United States and Croatia. In the United States sample, Cronbach’s alpha ranged from .94 to .96 depending on identified gender (Stulhofer, et al., 2010). Items are summed and a composite score is created. The authors reported that the NSSS is appropriate for use with a variety of participants regardless of gender, sexual orientation, or relationship status. For the present study scores ranged across the full spectrum from 20-100. Higher scores indicate higher levels of satisfaction. Internal reliability was high ( $r_{\alpha} = .95$ ) with a mean score of 69.52 and SD of 17.7.

## Results

### Participants

A total of 290 individuals initiated the online survey. Participant responses were removed for several reasons including failure to give consent, failure to answer questions beyond that of the initial consent agreement, reporting as below the age of 18, answering only the smattering of forced response questions or failing to proceed beyond demographic information. A brief cross tabs analysis was completed to identify any apparent similarities between participants who were eliminated for answering only forced response questions or demographic information. No significant similarities were found. There did not appear to be a common drop out point for participants taking the survey. Following initial data cleaning a total of 233 usable cases remained.

Of the participants who chose to respond to the demographic questions, 24% identified as male, 68% female and 8% identified as other. Other gender identities included "genderfluid," "demi-gender," "unsure," "agender," "non-binary," "gender-queer," and "androgynous." On average, participants had some college experience and earned an annual income between \$20,000 and \$40,000. Participants were predominantly Caucasian identified (79%). Additional ethnicities included Hispanic (7%), African American (6%), Asian (4%), Native American (2%), African (1%), and other (2%). Participants ranged in age from 18 to 65 with 5 participants reportedly over the age of 65. The largest number of participants (36%) fell between the ages of 20 and 24. Additionally, 76% of participants identified as younger than 35. All participants included in data analysis expressed at least some feelings of same-sex attraction. The majority of participants reported sexual orientation identities of lesbian (26%), gay

(13%), bisexual (32%), heterosexual (10%), and pansexual (4%). Another 12% of participants reported their sexual orientation identities as same-sex attracted, same-gender attracted, asexual, questioning, queer, and other. Approximately 39% of participants were single, 39% reported involvement in same-sex partnerships, and 23% reported involvement in heterosexual partnerships.

Predominant childhood religions reported by participants included Catholic (22%), Baptist/Southern Baptist (15%) and Methodist (12%) with 14% reporting no religious affiliation. 68% of participants reported that they experienced their childhood religious organizations as rejecting of same-sex sexual orientation identity, while 32% of participants reportedly experienced their childhood religious organizations as accepting. The majority of participants (75%) reportedly experienced a shift in religious beliefs between childhood and adulthood. At the time participants took the survey, the majority of participants (51%) identified as non-religious, with only a combined 13% of participants identifying as Catholic, Baptist/Southern Baptist, or Methodist. In contrast to reported childhood religion, only 7% of participants perceive their present religious organizations or beliefs as rejecting of a same-sex sexual orientation identity while 93% perceived their present religious organizations/beliefs as accepting.

More than 20 different religions and more than 40 different religious denominations were represented in this participant sample. For a full breakdown of religious demographics in childhood and at present and participants experience of these religions as accepting/rejecting see Tables 4 and 5. Atheist/Agnostic, Roman Catholic, Baptist/Southern Baptist, and Methodist were the four largest categories

represented as childhood religions. Table 6 presents a picture of whether or not these participants chose to switch religions and where they have migrated at present. Table 6 indicates that the Atheist/Agnostic category was the only category that maintained a majority of participants from childhood to present. Additionally, for each of the other top four reported childhood religions (Roman Catholic, Baptist/Southern Baptist, and Methodist), the majority of participants reported their present religion as Atheist/Agnostic.

### **Categorization**

Prior to data collection the researcher planned to conduct analyses using categories based on identity conflict resolution approaches (Dehlin et al., 2015; Pitt, 2010, Rodriguez & Ouellette, 2009). This type of categorical analysis would have split participants into five groups. To create the first four groups, the researcher planned to use the exact questions and criteria reportedly used in Dehlin et al. (2015) with the exception of assessing rejecting v. accepting religious communities. All of Dehlin et al.'s participants grew up in the Church of Latter-day Saints (LDS). Dehlin and colleagues identified the LDS church as rejecting of same-sex attraction. Therefore, participants who continued to identify as part of the LDS church chose to remain in a church rejecting of same-sex sexual orientation, while participants who left, chose to move towards an accepting organization or belief system. The present study differs from Dehlin et al.'s (2015) study in that participants hailed from a plethora of religious organizations both past and present. To assess participation in a rejecting v accepting religious organization, participants were asked to identify both childhood and present

religious communities. Further, they were asked to classify their present and childhood religious organizations as rejecting of a same-sex SOI or accepting (see measures section for more information). In the present study, participants were to be placed in the RLI category if they reported present involvement with a rejecting religious organization.

Group 1 would have included participants who engaged in rejection of sexual orientation identity (RLI). The RLI group was created in Dehlin et al. (2015) by selecting participants who acknowledge feelings of sexual attraction (scored greater than zero on the Kinsey attraction scale), identified as something other than LGBQ or pansexual in a sexual orientation identification question and continued to identify as a member of the LDS church. In the present study, participants would have been assigned to the RLI group if they acknowledged feelings of sexual attraction, chose to identify a sexual orientation other than LGBQ or pansexual and reported that their present religious organization/belief system was rejecting of an SSA SOI.

The Dehlin et al., (2015) study classified participants as compartmentalizers (COMP), if they endorsed an LGBQ or pansexual SOI, reported affiliation with the LDS church and scored a 3 or lower on the identity disclosure question related to religious affiliation (see measure section for more details). The present study planned to classify participants in the COMP group if they endorsed an LGBQ or pansexual SOI, scored a 3 or lower on the identity disclosure question related to religious affiliation, and reported their present religious organization/belief system as rejecting of SSA SOI.



A third group of participants were to be placed in the religious identity rejection category (RRI). Dehlin et al., (2015) placed participants in the RRI category if they identified feelings of same-sex attraction and did not report the LDS church as their primary religious organization. The present study planned to classify participants in the RRI category if they reported that their present religious beliefs differed from their religious origins (excluding participants who reported childhood beliefs of atheism or agnosticism) and identified with an LGBTQ or pansexual identity.

In the Dehlin et al., (2015) study, the identity integration group (INT), the fourth group, was identical to the COMP group with the exception that they reported that they disclosed their SSA SOI's to everyone or almost everyone in their religious communities. The INT group in the present study would have used the same criteria.

It is acknowledged in the literature that some LGBTQ identified individuals do not experience conflict between their religious beliefs and their sexual orientation identities (Anderton et al., 2011). For this reason, a fifth, no conflict (NC) group was to include participants who reported experiencing no conflict between ROI and SOI. That is, participants were asked directly if they felt at any time in their life that they experienced an RI/SOI conflict. Participants who answered no were to be placed in the NC group. The Dehlin et al., (2015) study did not include this fifth grouping. Please refer to Table 7 for a list of groups and their inclusion criteria

During data analysis, categories one through four were created as planned. However, when the fifth group (NC) was created, it eliminated all but two participants meeting criteria for the INT group as well as nearly half the participants otherwise in

the RRI group. That is to say that, more than 80% of participants meeting criteria for INT as well as 40% of participants meeting criteria for RRI self-reported that they believed they had never experienced a conflict between their religious identities and their same-sex sexual orientation identities. Several participants in both the COMP and RLI groups also reported no conflict. Although the RRI group and the NC group still contained enough participants for data analysis ( $n = 80$ ;  $n=73$ ) the other three groups were either initially small or significantly diminished by the additional information of the reported “no conflict” question.

It is possible that further data collection and increased participant numbers may have resulted in an increased number of participants in the RLI, COMP, and INT categories. However, as the usable  $N$  is already significantly larger than the a priori power analysis suggested ( $N = 130$ ), it is more likely that additional participants would merely increase the numbers in groups already containing sufficient numbers and only minimally increase the three smallest groups, particularly, as the researcher had no way of targeting participants who might fall in the three lacking categories. As two of four research questions could still be examined with the data at hand, it was determined that analysis should continue in an exploratory fashion.

### **Research Question 1**

The first part of research question one concerned the relationship between religious affiliation characteristics – experiencing religion of origin as accepting or rejecting – and reported conflict experience of participants. This portion of the question was not directly affected by the change in planned categorization of

participants. Hypothesis one anticipated that perception of a childhood religious organization/belief system as rejecting of same-sex sexual orientation would positively correlate with experience of RI/SOI conflict. To investigate the effects of experience of a rejecting childhood religious organization on the likelihood of experiencing an RI/SOI identity conflict, a binomial logistic regression was conducted.

First participants were separated into two groups based on their reported experience of their childhood religious organizations/belief systems. To split the groups the perception of same-sex SOI in childhood religious communities question (see measures section) was paired down. Group one, experience of rejection, consisted of participants who reported experiencing their childhood religious organizations as either rejecting-punitive or rejecting non-punitive. Group two, experience of acceptance, consisted of participants who reported experiencing their childhood religious organization as either qualified acceptance or full acceptance. A dummy coded variable was created to represent the participant as a member of group one or two. This dummy coded variable was used as the independent variable in the logistic regression. The dichotomous dependent variable was participants reported experience of conflict. The binomial logistic regression was used to predict the probability that a participant reported experience of conflict or no conflict based on their experience of rejection or acceptance in their childhood religion. The logistic regression model was statistically significant,  $X^2(1) = 32.889$ ,  $p < .001$ . Results indicated that 17.8% (Nagelkerke  $R^2$ ) of the variance in identity conflict was explained by the model. Additionally, the model correctly classified 67.2% of cases. Sensitivity was 86%

suggesting that the number of cases observed to experience conflict, true positives, were correctly predicted in the majority of cases. Specificity was 48.2%, indicating that the percentage of cases that did not experience conflict, true negatives, were also correctly predicted by the model at a slightly less successful rate. As to the independent variable, the experience of childhood religious organizations as rejecting of same-sex sexual orientation identities can significantly predict the probability of individuals' experience of a conflict between religious beliefs and sexual orientation identity, Wald = 28.503, df = 1,  $p < .001$ . The participants who reportedly experienced rejection had 5.768 times higher odds to experience an RI/SOI identity conflict than participants who reportedly experienced childhood religious communities accepting of same-sex sexual orientations. These results confirm the expectations stipulated in hypothesis one.

Part two of this research question would have explored the relationship between experience of rejection or acceptance in childhood religious organizations and reported conflict in the context of approaches to conflict mitigation. Because categories could not be created and used effectively, this piece of the research question cannot be answered.

However, further analysis was conducted to explore how perception of childhood religious organization was related to religious change. The researcher hypothesized that participants who experienced rejection in their childhood would be more likely to change religious affiliations. To assess this question, an additional binomial logistic regression analysis was performed. The dummy variable representing

experience of rejection or acceptance in childhood religious community was again used as the independent variable. Participants' report of a change in their religious community affiliation from childhood to present, a dichotomous variable, was used as the dependent variable. The binomial logistic regression was used to predict the probability that a participant reported a change in religious community affiliation or no change based on their experience of their childhood religion as accepting or rejecting of SSA SOI.

The logistic regression model was statistically significant,  $X^2(1) = 37.148$ ,  $p < .001$ . The model explained 22.5% (Nagelkerke  $R^2$ ) of the variance of change in religious affiliation from childhood to present. Furthermore, the model correctly classified 75.9% of cases. The percentage of cases observed to experience religious change was correctly predicted by the model (sensitivity = 79.6%). Specificity was 64.9%, indicating that the percentage of cases that did not experience conflict was also correctly predicted by the model. As to the independent variable, the experience of childhood religious organizations as rejecting of same-sex sexual orientation identities can significantly predict the probability of individuals' experience of a conflict between religious beliefs and sexual orientation identity, Wald = 34.374, df = 1,  $p < .001$ . The participants who reportedly experienced rejection had 7.237 times higher odds to change religions than participants who reportedly experienced religious communities accepting of same-sex sexual orientations. These results confirm the expectations stipulated in the above hypothesis.

## Research Question 2

Research question two intended to explore the relationship between strategies of approach to conflict resolution and identified constructs of interest including internalized homonegativity, SOI identity distress, romantic relationship satisfaction and sexual satisfaction. Hypotheses two, three, and four were related to this question. As relationship with strategies of approach could not be analyzed, the question and related hypotheses could not be answered as expected. Instead, the researcher explored the relationship between the originally proposed constructs of interest and conflict reconciliation strategy selection for participants who reported experiencing RI/SOI conflict. Reconciliation strategy selection was assessed using a mark all that apply item only seen by participants who reported experiencing an RI/SOI conflict. Participants were asked to identify all strategies that they could recall using to mitigate the RI/SOI conflict. A composite score was created for each participant with higher numbers indicating use of a wider range of reconciliation strategies to mitigate conflict. Prior to analysis, the researcher hypothesized that an increased number of strategies used would predict higher levels of identity distress and greater internalized homonegativity for participants self-identifying with a predominately same-sex sexual orientation identity.

Two separate simple linear regression analyses were conducted to explore this hypothesis. For the purposes of this data analysis, only participants whose self-declared SOI was predominately same-sex were included. The first simple linear regression calculated the predictive properties of conflict reconciliation strategy use

on identity distress. The researcher was interested in understanding how sexual identity distress changes after a participant engages in a reconciliation strategy. Therefore, the independent variable was the composite score for reconciliation strategies and the dependent variable was the sexual identity distress scale total score. Use of conflict reconciliation strategies explained 5.6% of the variance in identity distress,  $F(1, 129) = 7.64$   $p = .007$ ,  $b = 0.314$ . An increase in number of reconciliation strategies used predicts a small increase in identity distress. The second simple linear regression was calculated to predict internalized homonegativity based on use of conflict reconciliation strategies. Again, the composite score for reconciliation strategies was used as the independent variable while the internalized homonegativity scale item average from the LGBIS was used as the dependent variable. Use of conflict reconciliation strategies explained 8.4% of the variance in internalized homonegativity,  $F(1, 124) = 11.376$   $p = .001$ . An increase in number of reconciliation strategies used predicts a small increase in internalized homonegativity.

Next relationship and sexual satisfaction were explored for participants who identified themselves as part of a same-sex relationship. The researcher hypothesized that reconciliation strategy selection would be negatively related to both relationship and sexual satisfaction for participants who identified with an SSA SOI and were reportedly involved in a same-sex relationships. As the researcher did not anticipate that reconciliation strategy use would have predictive properties for sexual satisfaction or relationship satisfaction, a bivariate correlational analysis was used to explore the relationship between reconciliation strategies, sexual satisfaction, and relationship

satisfaction. Relationship satisfaction was represented by the KMS total score. Sexual satisfaction was represented by the NSSS total score. Not surprisingly, sexual satisfaction and relationship satisfaction were significantly positively correlated  $r(81) = .572, p < .01$  with each other. Relationship satisfaction was negatively correlated with reconciliation strategies  $r(83) = -.067, p = .546$ . Sexual satisfaction was also negatively correlated with reconciliation strategies  $r(61) = -.124, p = .334$ . Although both relationship satisfaction and sexual satisfaction were negatively correlated with use of reconciliation strategies, the relationships were not significant. Given the directionality of the findings, a bivariate correlational analysis was conducted to examine relationships between internalized homonegativity, identity distress, relationship satisfaction, and sexual satisfaction for conflicted individuals in same-sex relationships. As was expected, internalized homonegativity and identity distress were significantly positively correlated with each other. Additionally, internalized homonegativity was significantly negatively correlated with relationship and sexual satisfaction. A significant negative correlation also exists between relationship satisfaction and identity distress for conflicted individuals in same-sex relationships. See Table 8 for more information.

### **Research Question 3**

Research Question three intended to explore whether or not the level of identity acceptance reported by participants in the integration group was significantly higher than the levels of identity acceptance in other groups. As the originally anticipated groups were unable to be created, this question cannot be answered with



the data at hand. Research Question 3 was entirely exploratory and no hypotheses were connected to it.

#### **Research Question 4**

Research question four would have explored the similarities and differences between participants in the identity integration category and participants who reported no conflict across a number of constructs (internalized homonegativity, identity acceptance, relationship and sexual satisfaction). Again, this question relied on the ability to split the data set into five a priori groups. This question, as well as, hypothesis five cannot be explored with the present data set.

#### **Further Data Exploration**

As an analysis of the data for the purposes of answering proposed research questions was not entirely possible, the researcher engaged in several additional analyses designed to further explore the data collected. The researcher sought to explore the differences across constructs of interest between individuals who reportedly experienced a conflict and those who did not. To explore this question, the wording of the conflict question “At any point in your life, have you experienced internal conflict between your religious beliefs/identity and your sexual orientation identity?” was first taken into account. As this analysis was intended to explore the impact of the dependent variable on participants who experience RI/SOI conflict, only participants who reported an SOI of LGBQ or pansexual and who identified their self-declared sexual orientation as predominately same-sex (Kinsey scale question 3) were

included in the analysis. Next participants were split into two groups, those who reported experiencing a conflict between SSA SOI and RI and those who did not.

A one-way between groups ANOVA was conducted to compare the effect of conflict experience across the constructs of internalized homonegativity, identity distress and sexual satisfaction in both experienced conflict and experienced no conflict conditions. In this one-way ANOVA the independent variable was the experience of conflict with dependent variables identity distress, internalized homonegativity, and sexual satisfaction. There was a significant effect of reported conflict on both identity distress and internalized homonegativity but not sexual satisfaction. The between groups effect for identity distress was significant at  $p = .024$ ,  $F(1, 113) = 5.263$ . The between groups effect for internalized homonegativity was also significant at  $p = .006$   $F(1,109) = 7.726$ . The analysis indicates that there is a significant difference between participants who experienced conflict and those who did not across scores of identity distress and internalized homonegativity. As there were only two groups, no posthoc test was conducted. Instead, a descriptive analysis was used to determine mean scores and standard deviations. Participants who reported experiencing conflict reported higher average means and standard deviations across both internalized homonegativity and identity distress. The experiencing conflict group had an identity distress mean of 12.07, SD 4.31, while the no conflict group reported mean = 10.31, SD = 3.47. With higher scores indicating higher levels of distress. Additionally, the experienced conflict group reported mean = 2.25, SD = 1.40 for internalized homonegativity while the no conflict group reported mean = 1.59, SD =

.87. Again, higher scores indicate increased levels of internalized homonegativity. This analysis indicates that participants in the conflict group experience significantly higher levels of internalized homonegativity and identity distress than those who do not report experiencing conflict.

Next, the researcher sought to explore the differences between conflict vs. no conflict groups with regards to relationship satisfaction. For this analysis, only participants who met the criteria for the above analysis and reported involvement in a same-sex relationship were included. Another one-way between groups ANOVA was conducted to determine the variance due to the independent variable (experience of conflict) on the dependent variable (relationship satisfaction) for participants in a same-sex relationship. No significant difference was found between groups on the relationship satisfaction construct [ $F(1,82) = .014, p = .905$ ]. That is to say that participants who experienced conflict did not differ significantly from participants who reported no conflict on the relationship satisfaction measure score.

## Discussion

### Religious Identities

Although no research question was specifically related to religious make-up of the participant population, participants' reported religious identities appears to be unique to the LGBTQ community and bear further discussion. As was mentioned in the literature review, 78% of the US adult population claim a religious affiliation (Pew Research Center, 2014), and 65% report that religion is an important part of their daily lives (Newport, 2009). While the vast majority of Americans identify as religious, the religiously unaffiliated group continues to gain ground. Recent reports suggest that approximately 18% of U.S. citizens report a change from religious affiliation in childhood to affiliation with no religion in adulthood (Pew Research Center, 2015). Even discounting the 14% of participants in the current study who identified as non-religious in childhood, the present sample reports a 37% increase in the non-religious category from childhood to present. A 37% increase represents a change that is more than twice the national average. No significant demographic differences were found between those that reportedly switched to non-religious. While the shift in religious beliefs of the present study participants is dissimilar from the general American population, it seems to fall in line with other research in the LGBTQ community. For example, only 14% of Dahl and Galliher's (2009) participants identified as non-religious in childhood while 55% identified as non-religious in adulthood. These numbers are almost identical to that of the present study.

Additionally, previous researchers have argued that a far greater number of people in the LGBTQ community participate in religious switching than do members of the

heterosexual community (Schuck & Liddle, 2001; Sherkat, 2002). As mentioned in the literature review, religious switching is the process by which individuals shift away from a childhood religion of origin towards a different religious organization or belief system in adulthood. Religious switching can refer to a change in congregation or religious denomination. Recent polling suggests that 42% of Americans change religions between childhood and adulthood (Pew Research Center, 2015). In the present study participant sample, a full 75% of participants reported a change in religion from childhood to adulthood. No significant demographic differences were found between participants who switched and those who did not. Changes reported by participants refers to switching at both the denominational and congregational levels. Looking at both tables, it is clear that the majority of participants shifted from rejecting religious congregations and towards more accepting congregations or denominations. The present study results appear to lend support to previous researchers' argument that the LGBTQ community changes religious organizations from childhood to adulthood at higher rates. Furthermore, the results of research question one appear to identify a mechanism that contributes to such high numbers of religious switching.

### **Research Question 1**

For research question one, the researcher initially sought to explore the ways in which religious affiliation characteristics related to participants' experience of RI/SOI conflict and to better understand how this interaction changed across the five planned approach-to-conflict groups. The first part of the research question was explored

successfully. As was previously reported, 68% of participants in this study reported affiliation with a childhood religious organization which they experienced as rejecting of an SSA SOI. This number is consistent with previous findings regarding the rate at which SSA individuals report experiencing rejecting religious organizations (Yarkushko, 2005). The present study found that participants are significantly more likely to report an experience of RI/SOI conflict if they experienced their childhood religious organization as rejecting of a same-sex sexual orientation. In fact, persons who experience same-sex attraction are almost six times more likely to report experiencing the RI/SOI conflict if they experience their childhood religion as rejecting as opposed to accepting. These findings are consistent with previous literature which suggests that contact with rejecting religious settings is related to internalized homonegativity, decreased mental health outcomes in SSA populations, reduced overall psychological well-being, increased levels of anxiety, and the inability to integrate RI and SOI successfully (Barnes & Meyer, 2012; Halkitis et al., 2009; Hancock, 2000; Hamblin & Gross, 2013; Harris-Cook & Kashubeck-West, 2008; Ream & Savin-Williams, 2005; Yakushko, 2005). Arguably, the experience of a rejecting religious organization contributes to felt RI/SOI conflict and both the rejecting experience and the conflict experience cause psychological discomfort. To mitigate this discomfort, or cognitive dissonance, SSA individuals utilize a variety of reconciliation strategies. Of particular prevalence were the reconciliation strategies designed to change participant environments. In the present study, participants who reportedly experienced their childhood religious organization as rejecting of an SSA SOI, were seven times more

likely to engage in disaffiliation with their childhood religion, changing from one affiliation to another or cultivating a non-religious identity. In contrast to their childhood religions, only 7% of participants identified their present religious organizations as rejecting. Anderton et al. (2011) reported that SSA individuals seem most frequently to engage in cognitive dissonance strategies resulting in an environmental change. Those strategies include disaffiliation from a religious organization, finding an accepting organization, focusing on a spiritual identity, or rejecting religion altogether. The present study participants appear to have engaged in questioning or challenging particular religious tenets most frequently; however, the environmental change strategies account for four of the top six strategies used in the present sample.

### **Research Question 2**

In research question two, the researcher sought to explore the relationship between reconciliation strategy use and a variety of constructs including identity distress, internalized homonegativity, sexual satisfaction, and relationship satisfaction. Strategies enacted to mitigate cognitive dissonance are frequently difficult to maintain, (Anderton et al., 2011; Festinger, 1957). Thus it was anticipated that participants who reported experiencing conflict would report using a variety of reconciliation strategies during their attempts to resolve the identity conflict. Participants in the present study used an average of four to five strategies in an attempt to work through the conflict. Prior to analysis, the researcher hypothesized that reconciliation strategy use would be positively related to identity distress and

internalized homonegativity. That is to say that an increase in number of reconciliation strategies used would likely be related with an increase in identity distress and internalized homonegativity. This hypothesis was born out in the results. In fact, an increased number of reconciliation strategies used predicts an increase in both constructs. As participants experience the RI/SOI conflict, they select a reconciliation strategy that they feel will mitigate or eliminate their distress. If the first strategy does not work, a new strategy is selected. The results from this study seem to indicate that an increase in number of reconciliation strategies used likely reveals either initial high levels of distress or increasing distress as a result of prolonged experience with conflict. It seems that individuals who are able to quickly resolve their identity conflict with the use of one or two strategies, enjoy reduced levels of identity distress and internalized homonegativity. While individuals whose reconciliation strategies are unsuccessful experience increased identity distress and internalized homonegativity as they continue to search for a mechanism that will allow them to relieve the conflict.

Additionally, the researcher hypothesized that relationship and sexual satisfaction would be negatively correlated with reconciliation strategies in same-sex relationships. Although the relationship was not significant, the directionality was correct. That is, as the number of reconciliation strategies increases, participants report a decrease in relationship and sexual satisfaction. Further exploration revealed that participants who experience higher levels of internalized homonegativity report lower levels of relationship and sexual satisfaction. The findings relating internalized homonegativity to lower levels of relationship satisfaction are consistent with previous



research showing a negative relationship between internalized homonegativity and relationship quality (Frost & Meyer, 2009; Otis, Rostosky, Riggle, & Hamrin, 2006). However, the link between sexual satisfaction and internalized homonegativity has not previously been examined. As sexual satisfaction and relationship satisfaction are highly correlated, it is understandable that a construct which significantly effects one, would also impact the other. Frost and Meyer (2009) suggest that internalized homonegativity plays a mediating role between relationship quality and depression. They hypothesized that internalized homonegativity creates relationship problems primarily through increasing depressive symptoms. It would make sense that a similar mediation occurs between internalized homonegativity and sexual satisfaction, particularly as depressive symptoms often include reduction in libido (Phillips & Slaughter, 2000). An understanding of the relationship between these three constructs would benefit from future exploration.

The results of this study also revealed that for conflicted participants engaged in same-sex relationships higher levels of identity distress are related to lower levels of relationship satisfaction. Again, it seems that these constructs have not been previously compared in the literature. However, as both internalized homonegativity and identity distress are significantly positively correlated, and relationship quality has been associated with higher levels of internalized homonegativity both in the present study and in previous literature (Frost & Meyer, 2009), it is understandable that identity distress would be related to lower levels of relationship satisfaction in the LGB population. This negative correlation is consistent with the evidence apparent in

several studies that same-sex couples likely experience additional relationship stressors as a result of their status as a marginalized group (Frost & Meyer, 2009; Gamarel, Reisner, Laurenceau, & Nemoto, 2014; Mohr & Daly, 2008; Rostoky, Riggle, Gray, & Hatton, 2007).

### **Further Data Exploration**

Further exploration of the data revealed significant differences between participants who experience conflict and those who do not. Namely, participants in the conflict group experienced significantly higher levels of internalized homonegativity and identity distress than those who did not report experiencing conflict. Ream and Savin-Williams (2005) reported similar findings in LGB Christian youth. In their study, youth who reported no conflict had lower levels of internalized homonegativity than the majority of participants who reported conflict. In the Ream and Savin-Williams study, participants with the highest levels of internalized homonegativity believed in a punitive God or believed that their sexual orientation could be changed. The present findings lend support to the cognitive dissonance model of RI/SOI identity conflict which can account for both increased level of identity distress and internalized homophobia in individuals who experience identity conflict. Cognitive dissonance, the existence of cognitions or identities in conflict, anticipates that an experience of identity conflict would lead to distress and further, would motivate the individual in distress to attempt to reconcile the cognitions or identities in order to relieve such distress. Individuals who reportedly do not experience conflict have no experience

with cognitive dissonance related to RI/SOI conflict and thus no cause for related identity distress.

Participants' relationship satisfaction and sexual satisfaction (for those in same-sex relationships) did not differ significantly between those who reported conflict experience and those who did not. It seems that while various constructs associated with conflict are related to relationship and sexual satisfaction, the conflict experience itself does not create a significant difference. It is possible that the data sample is not large enough to show a significant difference across these two groups. Further exploration of these constructs in future studies may lend additional insight into this particular association of variables.

## Limitations and Future Research

As with any study, the present study had a variety of limitations. Perhaps the most limiting was the inability of the researcher to pursue the planned attempt to categorize participants into groups based on their approaches to conflict resolution as was done in the Dehlin et al. (2015) study. The present study intended to replicate Dehlin et al.'s operationalization with a different participant population in order to examine similar constructs such as identity distress and internalized homonegativity as well as additional constructs including relationship and sexual satisfaction and perceptions of religious acceptance or rejection of an SSA SOI. However, following data collection and preliminary analysis, the planned grouping was determined to be both unusable and inappropriate for the sample population. While this failure must be noted as a limitation of the present study, the failure can provide useful information for future studies attempting to utilize a similar operationalization strategy.

First, based on the experience of the researcher during this study, it is recommended that future attempts to operationalize Pitt's (2010a, 2010b) approaches to conflict groups in a quantitative study ask participants directly about their experience with an RI/SOI conflict. It appears that Dehlin and colleagues (2015) made an assumption that all participants in their sample population experienced an RI/SOI conflict. Perhaps this makes sense for their population, participants raised in the Church of Latter-day Saints (LDS), as this organization continues to maintain a rejecting stance regarding same-sex attracted individuals. For example, they excommunicate members who engage in same-sex sexual behavior or marry same-sex individuals

(Church of Jesus Christ of Latter-day Saints, 2010) refuse to conduct same-sex marriages within the church, and denounce same-sex marriage as against the moral law of God (Church of Jesus Christ of Latter-day Saints, 2015). However, the RI/SOI conflict experience is not unanimous among same-sex attracted individuals. Historically, only about two-thirds of LGBTQ research participants have reported experiencing an RI/SOI conflict (Dahl & Galliher, 2009; Schuck and Liddle, 2001). In an effort to remain inclusive of approximately a third of the LGBTQ population, the fifth no conflict group was added to the present study in addition to the four groups operationalized in the Dehlin et al. (2015) study. In the present study, 49% of individuals reported that they had never experienced a conflict between their religious beliefs and their SSA SOI. The size of the no conflict group was the primary reason that the originally intended groupings could not be utilized. As was reported in the results, participants who would have been automatically placed in the RRI and INT groups using Dehlin et al.'s (2015) operationalization, were instead placed in the no conflict categories along with several individuals from the COMP and RLI groups.

Given that the religious make-up of this participant population is significantly different from that of the participant population in the Dehlin et al. article, it is unlikely that Dehlin et al. would have had similar results had they included a no conflict question. In fact, it is very likely that an unusually large majority of Dehlin et al.'s participants, members or ex-members of the LDS community, would have reported a conflict experience. The findings of the present study regarding the increased likelihood of individuals in rejecting religious communities to experience conflict

further supports the argument that Dehlin et al.'s (2015) participants would be much more likely to report an experience of conflict than the population of the present study. However, future studies interested in quantitative comparisons of Pitt's (2010a, 2010b) groups should ask participants directly about their conflict experience, regardless of interest in studying the non-conflict group, so as not to misrepresent the experiences of the participants or positively skew the numbers of SSA individuals who experience RI/SOI conflict.

Although the operationalization of these categories in quantitative studies has the potential to lead to valuable research findings, additional considerations regarding the operationalization of the groups themselves should be taken into account in future studies. After eliminating participants who report no-conflict from the groupings, future research should look towards the operationalization of the RLI (SSA SOI rejecters). As is mentioned in the further analysis section, some of the present study participants identified with an SOI that was contradicted by their Kinsey scale self-declared SOI response. This would have been problematic in operationalizing the RLI group in the manner which Dehlin and colleagues (2015) attempted. In considering this issue, it seems that a more useful way to operationalize the RLI group would be to ask participants to report the SOI that they identify with publically as well as what SOI they identify with privately. Inclusion criteria for the RLI group might include participants' report of two disparate identities, report of some same-sex attraction on the Kinsey scale, and report of continued participation (from childhood to present) in a rejecting religious community. Additional criteria might include identification as a

member of an Ex-gay community. Future studies might recruit members of the Ex-gay community to gain access to a population specifically self-identifying as RLI. These studies must be sensitive in developing surveys that are relevant both to the LGBTQ community and the Ex-gay community.

Additional consideration for the operationalization of the RRI (religious identity rejecters) category seems necessary. A complication, experienced as a result of the religious make-up of the present study's participant pool, was the assumption that individuals who change religious communities between childhood and present, change as a direct result of the conflict experience as seems to be the case in the Dehlin et al. (2015) study. Although the LGBTQ community appears to change religious organizations/beliefs at a much higher rate than other groups, it is likely that at least a few change organizations for reasons unrelated to their sexual orientation. This is likely especially true when participants identify their childhood religious organization as affirming or accepting of an SSA SOI. Future operationalization of the RLI category should include questions regarding reasons for the shift in religious beliefs. It is this researcher's recommendation that participants should only be included in the RLI category if they identify an RI/SOI conflict and report their SSA SOI as a reason for a change in their religious beliefs/organization.

Outside of the limitations created by the inability to operationalize Dehlin et al.'s (2015) categories, the present study also faced limitations present in any internet based survey. Participant collection relied on snow-ball sampling. Participants self-selected and self-reported. Further, an internet-only based survey imposes a

requirement of an internet connection for all participants. Participant demographics are largely Caucasian, female, young-adults. Homogeneity of the sample suggests that results are not generalizable to the LGBTQ population as a whole. A strength of this particular population sample is its diversity of religious beliefs. With more than twenty religious belief systems recognized and more than forty different denominations reported, this participant sample is one of the most religiously varied in the published literature on the topic. Another limitation of the study concerns looking at relationship and sexual satisfaction of participants in relationships at the individual level as opposed to the dyadic level. Future research on the topics in question would benefit from the use of matched dyad surveys. A dyadic analysis would likely significantly contribute to the understanding of the topics at hand.



## **Conclusions and Implications for Mental Health Providers**

The majority of the previous literature regarding religion and sexuality has emphasized the conflict between these two identities. While RI/SOI conflict continues to exist, it is important for mental health providers to recognize that many LGBTQ individuals may not experience a conflict between their religious beliefs and their sexual orientation identities. Fully half of the participants in the present study reported that they have never experienced a conflict between their religious beliefs and their SSA sexual orientations. These findings are significantly different from previous studies (Dahl & Galliher, 2009; Ream and Savin-Williams, 2005) and may be related to changing public opinion regarding same-sex relationships and same-sex attracted individuals. As such, mental health providers should not assume their SSA clients are experiencing an identity conflict of this variety but instead, need to probe further regarding the individuals experience of religion. Additionally, for clients who have not experienced a conflict between their religious and sexual orientation identities, and who report strong affiliations with supportive religious communities, it is likely that religious beliefs serve as protective factors in mental health related areas (Lease, Horne, & Noffsinger-Razier, 2005; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). In these cases, clients would likely benefit from interventions that view their religious beliefs and connections as strengths.

While it is likely that an increasing number of individuals in the LGBTQ community do not experience an RI/SOI conflict, the present study found that experience of a rejecting religious community is predictive of an RI/SOI conflict.

Though childhood rejecting experiences continue to be frequent occurrences, it is possible that recent historical events such as the 2015 SCOTUS case (*Obergefell v. Hodges*, 2015) legalizing same-sex marriage and changing public opinion will create a windfall shift in the views of all but the most conservative of religious organizations. As has been previously stated, the LGBTQ community disaffiliate from childhood religions and reject religious beliefs outright at a far higher rate than the general U.S. population (Pew Research Center, 2015). Findings of the present study suggest that perception of rejection as well as the RI/SOI conflict significantly contributes to reasons behind this observed phenomenon. Notably, several participants indicated affiliation with accepting religious congregations within rejecting denominations. For example, participants may attend a Catholic parish which they experience as accepting. However, the overarching doctrine of Catholicism rejects same-sex sexual relationships (Pew Research Center, 2015). As increased numbers of religious communities continue to shift their messaging towards SSA SOI acceptance (at the congregational and denominational levels), it is likely that the experience of RI/SOI conflict will continue to decrease in the LGBTQ community and the percent of the community who reject their childhood religions of origin or identify as non-religious will likely regress towards the national mean.

Although the experience of RI/SOI conflict is not as prevalent in the LGBTQ community as it once was, study results indicate that it still impacts a significant portion of the population. The experience of the identity conflict is related to an increase in internalized homonegativity and identity distress. Anderton et al., (2011)

argue that mental health providers working with the LGBTQ population should not take a stance that is affirming one identity over the other. Instead, clients will benefit from exploration and understanding of the RI/SOI conflict itself as well as aspects of both identities in question (Beckstead & Israel, 2007; Dahl & Galliher, 2009; Haldeman, 2004).

Further, mental health providers should take into account the individual nature of the RI/SOI conflict. Conflicted individuals participate in a variety of strategies designed to reduce discomfort related to identity conflict. Several of the most used reconciliation strategies identified in this research include challenging religious tenants, disaffiliating from a childhood religion, and rejecting religious identity outright, or finding an affirming religious community. If the first few attempts to mitigate the conflict are successful, individuals experience reduced sexual orientation identity distress and decreased internalized homonegativity. However, if the conflicted individual continues to experience conflict even as attempts to reconcile the conflict are made, identity distress and internalized homonegativity are likely to increase. Participants experiencing the RI/SOI identity conflict who have been unable to select successful reconciliation strategies would likely benefit from an exploration of internalized homonegativity and its impact on the perceived conflict. A deconstruction of religiously oriented negative messaging related to their sexuality may provide clients with increased understanding of their conflict struggle and decrease levels of identity distress and internalized homonegativity.

Although not related to conflict or reconciliation strategies in particular, both romantic relationship satisfaction and sexual satisfaction are negatively related to internalized homonegativity. LGBTQ individuals who experience higher levels of internalized homonegativity are likely to report lower levels of relationship and sexual satisfaction in same-sex partnerships. Additionally, the present study found that higher levels of identity distress are also related to lower levels of romantic relationship satisfaction. Mental health providers should take into consideration the indirect impact that prevalence of identity distress and internalized homonegativity likely have on client relationships as well as the direct impact on the client. Previous research suggests that internalized homonegativity is negatively related to LGB general relationship quality as well as romantic relationships (Frost & Meyer, 2009). Since LGB clients who experience RI/SOI conflict typically have higher rates of internalized homonegativity and identity distress, they may benefit from individual counseling in tandem with couples or family counseling.

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## Appendix A

Table 1

*Research questions, variables, and scoring*

Research Question	Variable Type	Variable Name	Scoring
RQ 1	Independent Variable	Perception of Childhood Religious Organization	1 = rejecting 0 = accepting
	Dependent Variable	Experience of RI/SOI conflict	1 = Yes 2 = No
		Reported Change in Religious Affiliation	1 = Yes 2 = No
RQ 2	Independent Variable	Total Number of Reconciliation Strategies used	Scores range from 1-13
		LGBIS Internalized Homonegativity scale	Scores range from 1-6
	Dependent Variable	SID Total Score	Scores range from 6-28
		KMS Total Score	Scores range from 3-21
		NSSS Total Score	Scores range from 20-100
Independent Variable	Experience of RI/SOI Conflict	1 = Yes 2 = No	
	LGBIS Internalized Homonegativity scale	Scores range from 1-6	
Further Analysis	Dependent Variable	SID Total Score	Scores range from 6-28
		NSSS Total Score	Scores range from 20-100
		KMS Total Score	Scores range from 3-21



Table 2

*Means, standard deviations, and internal consistency reliability coefficients*

Variables	M	SD	$\alpha$
Identity Distress (SID)	2.1	1.2	.87
Sexual Satisfaction (NSSS)	69.52	17.7	.95
Relationship Satisfaction (KMS) Heterosexual Relationship	17.89	3.47	.95
Relationship Satisfaction (KMS) Same-Sex Relationship	18.2	3.5	.978
Internalized Homonegativity (LGBIS-IH)	2.1	1.2	.87

Table 3

*Participants report use of reconciliation strategies*

Reconciliation Strategy	n	%
1. Disaffiliating from non-affirming churches or religions	63	54.8
2. Seeking out new organizations, congregations, or religions	43	37.4
3. Focusing on the development of a spiritual identity rather than a religious identity	68	59.1
4. Abandoning religion and spirituality all together	45	39.1
5. Conducting personal research into scriptural references	45	39.1
6. Questioning or challenging particular religious tenets	78	67.8
7. Developing a belief in religious leaders misinterpretation of scripture	32	27.8
8. Developing personal interpretation of scripture different from that of religious leaders	42	36.5
9. Developing a belief that a higher power created you and loves you the way you are	57	49.6
10. Working within a rejecting religious congregation in order to change the institution from within	5	4.3
11. Eliminating unwanted sexual behaviors thoughts and feelings from your mind	24	20.9
12. Compartmentalizing	17	14.8
13. Engaging in reparative or conversion therapy or participating in ex-gay programs	0	0

Note: N = 115

Table 4

*Childhood religious organization affiliation*

Religious Organization	n	%	Average Rejection or Acceptance Category
Roman Catholic	49	22.2	RNP
Baptist/Southern Baptist	33	14.9	RP
Atheist/Agnostic	30	13.6	QA
Methodist	27	12.2	RNP
Protestant	15	6.8	RNP
Lutheran	11	5.0	RNP
Presbyterian	11	5.0	RNP
Non-Denominational Christian	10	4.5	RNP
Episcopal	7	3.2	QA
United Church of Christ	6	2.7	RNP
Jewish/Jewish Reform	5	2.3	QA
Pentecostal	3	1.4	RP
Unitarian Universalist	3	1.4	FA
Mormon	2	0.9	RP
Muslim	2	0.9	RP
Buddhist	1	0.5	QA
Hindu	1	0.5	RP
Pagan/Wiccan	1	0.5	RP
Other	0	0	

Note: N = 221, RP = Rejecting Punitive, RNP = Rejecting Non-punitive, QA = Qualified Acceptance, FA = Full Acceptance

Table 5

*Present religious organization affiliation*

Religious Organization	n	%	Average Rejection or Acceptance Category
Atheist/Agnostic	113	50.9	FA
Roman Catholic	14	6.3	RNP
Non-Denominational Christian	12	5.4	QA
United Church of Christ	11	5.0	FA
Methodist	11	5.0	FA
Other	8	3.6	FA
Protestant	7	3.2	FA
Unitarian Universalist	6	2.7	FA
Jewish/Jewish Reform	6	2.7	QA
Buddhist	6	2.7	FA
Episcopal	5	2.3	FA
Presbyterian	5	2.3	QA
Baptist/Southern Baptist	4	1.8	RNP
Pagan/Wiccan	4	1.8	FA
Lutheran	3	1.4	FA
Quaker	2	0.9	FA
Muslim	2	0.9	RP
Thelemite	2	0.9	FA
Deist	1	0.5	FA
Mormon	0	0	
Hindu	0	0	
Pentecostal	0	0	

*Note:* N = 222, RP = Rejecting Punitive, RNP = Rejecting Non-punitive, QA = Qualified Acceptance, FA = Full Acceptance

Table 6

*Representation of the religious switching pattern of participants in the four largest religious childhood categories*

Present Religious Organization	Childhood Religious Organizations			
	Atheist/ Agnostic	Roman Catholic	Baptist	Methodist
	n	n	n	n
Atheist/Agnostic	24	25	17	10
Roman Catholic		13		
Baptist/Southern Baptist			3	1
Methodist			2	7
Non-Denominational Christian	1	1	2	2
United Church of Christ	2	1	2	1
Other	1	3	2	
Protestant			1	
Unitarian Universalist		1		2
Buddhist	1	4		
Episcopal		1	1	1
Presbyterian				
Pagan/Wiccan			1	
Quaker			1	1
Muslim				
Thelemite			1	1

*Note:* N = 220. Each cell number represents the number of participants in the religious denomination at present. Rows represent the present religious organization, while columns represent the childhood religious organization.

Table 7

*Five planned groups*

Groups	Group Names	Measures and Items	Scoring	Group Abbreviations
Group 1	Sexual Orientation Identity Rejection	Sexual Orientation Item	Sexual Orientation ≠ LGBQ or Pansexual	RLI
		Perception of Present Religious Organization	Rejecting = 1	
Group 2	Compartmentalization	Sexual Orientation Item	Sexual Orientation = LGBQ or Pansexual	COMP
		Perception of Present Religious Organization	Accepting = 0	
		Degree Out Religious Change from Childhood to Present	Score ≥ 3 Yes = 1	
Group 3	Religious Identity Rejection	Sexual Orientation Item	Sexual Orientation = LGBQ or Pansexual	RRI
		Religious Change from Childhood to Present	No = 2	
Group 4	Identity Integration	Sexual Orientation Item	Sexual Orientation = LGBQ or Pansexual	INT
Group 5	No Conflict	Experience of RI/SOI Conflict	1 = Yes 2 = No	NC

Table 8

*Pearson product moment correlations for internalized homonegativity, identity distress, relationship satisfaction, and sexual satisfaction for conflicted participants in same-sex relationships*

	1	2	3
Identity Distress			
Sexual Satisfaction	-.255		
Relationship Satisfaction	-.384*	.521**	
Internalized Homonegativity	.528**	-.361*	-.575**

Note: \*  $p < .05$ , \*\*  $p < .01$