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# The Role of Internalized Homonegativity in the Faith and Psychological Health of Lesbians

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# The Role of Internalized Homonegativity In The Faith And Psychological Health of Lesbians

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## Abstract

Among lesbians, faith-based beliefs and behaviors may be associated with negative psychological health due to the interplay between religious and sexual identities. The present study examined health outcomes, faith-based beliefs (views of God as loving and controlling), faith-based behaviors (personal spiritual practices, religious activities), and internalized homonegativity in a sample of 225 self-identified lesbians. We hypothesized that internalized homonegativity would moderate the relationship between health outcomes and faith-based beliefs and behaviors among lesbians. Generally, results indicated that some faith-based beliefs and behaviors were related to negative health outcomes among lesbians with higher levels of internalized homonegativity, but

among those with lower levels of internalized homonegativity, the negative associations with health were mitigated.

Keywords: Lesbian; faith; internalized homonegativity

Because of the stance on homosexuality in many U.S. religious environments, lesbians involved in religious groups may find themselves members of organizations that are not affirmative of their sexuality (Barnes & Meyer, [ 1]). A lesbian affiliated with a group espousing anti-gay views is more likely to encounter discrimination and be cognizant of stigma (O'Brien, [22]). And yet, it is also apparent that being a member of a religious community can carry benefits for sexual minorities, such as religious and existential well-being, and life purpose and satisfaction (Tan, [34]). The current study seeks to clarify the relationship between faith-based beliefs and behaviors and psychological health among lesbians by examining conflicts faced between their religious and sexual identities, and how internalized homonegativity (IH) may play a role. Faith-based beliefs and behaviors are defined here as views of God as loving or controlling, personal spiritual practice, and religious activity attendance.

## Faith and sexual identity conflict

Buchanan, Dzelme, Harris, and Hecker ([ 4]) argue that though many organizations are changing their negative outlooks on sexuality, certain religious communities are not. The Pew Research Center ([24]) supports the argument that most religious groups are becoming more accepting of homosexuality; however, those views are changing at different rates depending on denomination. For instance, between 2007–[26], the number of Episcopalians stating that homosexuality should be accepted by society increased at a rate of 13% (from 70% to 83%), while Seventh Day Adventists demonstrated a more modest rate of change of only 4% (from 23% to 27%). Regardless of the rate of increased acceptance, religious groups continue to be divided in their views. For example, 70% of U.S. Catholics and 66% of Mainline Protestants state that homosexuality should be accepted by society. This still leaves a sizeable minority who do *not*believe it should be accepted. In some religious denominations, the belief that homosexuality should be accepted is still held by very few (e.g., Jehovah's Witness = 16%; Mormon = 36%) (Pew Research Center, [ 7]).

Because sexual minorities may be exposed to different views toward homosexuality depending on their own religious background, the process of integrating their religious and sexual identities can be challenging. Religious and spiritual identities generally begin forming before sexual identities (Herek, Cogan, Gillis, & Glunt, [15]). Due to this timing, there could be an identity conflict, depending on the belief structure imposed by one's spiritual/religious community (Buchanan et al., [ 4]). Bartoli and Gillem's ([ 2]) research establishes the importance of validating both of these identities. They argue that many people who find that their religious beliefs and sexual orientation are incongruent believe that the only solution is to "privilege or deny either identity" (p. 204). These authors find that issues of loss are at the root of the commonly found depression and anxiety resulting from this conflict.

Yip ([36]) explored how gay and lesbian Christians in the UK navigated such conflicts. Some continued to attend church, despite its negative views on homosexuality, while hiding or denying their sexual orientation to fellow congregants and themselves. Others lived non-heterosexual private lives, and still others left the church altogether, finding themselves unable to mitigate the conflict. Some participants sought to change their sexual orientation, seeking "conversion therapy." Halkitis et al. ([12]) found similar trends. Whereas over 75% of the participants were raised in religious households, only 25% currently held membership at a religious institution, and about 33% of those raised in a religious household continued to belong to a religious community.

Similarly, Sherry, Adelman, Whilde, and Quick ([30]) identified characteristics that increase the likelihood of conflict between faith and sexual orientation. They found that participants with the highest levels of shame and IH (endorsement of adverse ideas, feelings, and attitudes garnered from society toward the self) also reported they thought it was morally wrong to have religious doubts, and were more likely to have been raised in a conservative church. About 40% reported that their sexual orientation caused them to question and modify their religious beliefs. The same percentage either left religion or God altogether, or found a more validating religious stance. At the same time, there is also research suggesting that some LGBT-supportive religious experiences can improve psychological health outcomes. Lease, Horne, and Noffsinger-Frazier ([17]), for instance, found that LGBT-affirming faith experiences were associated with lower IH and higher spirituality, both of which improve psychological health.

Building the case for the importance of affirmative experiences, Rodriguez ([27]) offers an integrative perspective on the complexity that exists for some sexual minority people around the issue of integrating religious and sexual identities. Rodriguez ([27]) challenges traditional assumptions that identity conflicts will often be present. While conflicts may occur for some, including those affiliated with a more conservative religious perspective, membership in gay-affirmative churches has been associated with positive integration of religious and sexual identities (Rodriguez & Ouellette, [28]). In reviewing the literature, Rodriguez ([27]) articulates an important paradigm shift "...as social scientists begin to consider homosexuals as spiritual and religious beings in their own right, rather than merely sexual beings needing to be compared and contrasted with religious others" (p. 8). Within this context, it is clear that affirming faith-based experiences is critical, and the current research seeks to add to this knowledge base by elucidating the potential role of IH in lesbians' navigation through identity processes.

## Internalized homonegativity

IH may be defined as a non-heterosexual person's endorsement of adverse ideas, feelings, and attitudes garnered from society toward him or herself. Research clearly demonstrates the deleterious effects that IH can have on LGBT people in many facets of their lives (see Newcomb & Mustanski, [21], for a review). IH has been linked to problems in forming and sustaining a non-heterosexual identity (Peterson & Gerrity, [23]) and difficulty identifying as a lesbian (Fingerhut, Peplau, & Ghavami, [10]). Other studies have shown discomfort disclosing sexual orientation (Szymanski et al., [33]), discord related to sexual orientation, not affiliating as a part of an LGBT group, and attempting to appear heterosexual (Szymanski, Chung, & Balsam, [32]). In addition, IH has been shown to negatively impact psychosocial health, including lowered self-esteem (Szymanski & Chung, [31]), less social support (Szymanski, Chung, & Balsam, [32]), and higher rates of depression, self-harm, and demoralization (Herek, [14]), and relationship problems (Frost & Meyer, [11]). Given the potential for challenges integrating sexual and religious identities and the myriad problems in well-being associated with high levels of IH, the present study seeks to understand how faith-based beliefs and behaviors relate to IH and ultimately to well-being.

## Current study

The purpose of the study is to examine the relationship that religion and spirituality have to psychological health outcomes, taking into account the degree to which self-identified lesbians experience IH. The following hypotheses are proposed:

H1: Personal spiritual practice (PSP) was defined behaviorally by participants' self-reported frequency of engagement in activities such as prayer or meditation. It was hypothesized that PSP would be positively associated with psychological health, and this relationship would be moderated by IH (low IH + high PSP predicting better psychological health; high IH + high PSP predicting poorer psychological health).

H2: Religious activity attendance (RAA) was defined behaviorally by participants' self-reported frequency of attending religion-based activities. It was hypothesized that RAA would be positively associated with psychological health, and this relationship would be moderated by IH (low IH + high RAA predicting better psychological health; high IH + high RAA predicting poorer psychological health).

H3: Viewing God as loving (loving God) would be positively associated with psychological health, and this relationship would be moderated by IH (low IH + viewing God as more loving predicting better psychological health). This relationship was not expected to be found among those with high levels of IH.

H4: Viewing God as controlling (controlling God) would be negatively associated with psychological health, and this relationship would be moderated by IH (high IH + viewing God as more controlling predicting poorer psychological health). This relationship was not expected to be found among those with low levels of IH.

# Method

## Participants

This study utilizes archival data (collected in 2003–4) which are part of a larger research project examining lesbian self-development. For a full description of the data collection procedure, see de St. Aubin and Skerven ([ 6]). There is no overlap between the current article and past published analyses. Participants were self-identified lesbians (*N* = 225) whose ages ranged from 18–65 (*M* = 38.09). They were predominantly Caucasian (*n* = 181; 80.1%) and had completed at least some college-level education (*n* = 185; 81.8%). Participants held a variety of religious affiliations, the three most common of which were Roman Catholic (*n* = 42; 19%), nature/earth-based religion (*n* = 42; 19%), and Lutheran (*n* = 20; 8%). Five percent identified as atheist (*n* = 11). About 50% of the sample reported that their current faith is different than the faith tradition in which they were raised, and 70% reported that they attended religious services more frequently during their childhood than during their adulthood.

Participants volunteered by responding to advertisements placed in gay-themed newsletters, newspapers, bars and clubs, Internet list serves, and at a gay pride festival (a three-day event that attracts over 10,000 people) in the Midwest. Efforts were made to oversample from racially diverse groups by advertising in publications and gathering places with racially diverse clientele; however, this attempt was largely unsuccessful. In order to obtain participants from a wide age range in relatively even numbers, oversampling of older women (45–65 years old) was necessary. Researchers attended a meeting of the local group called S.A.G.E. (Senior Action in a Gay Environment) in order to recruit women in the older age groups.

Given the changing social landscape for sexual minorities in the United States, age of the data was carefully considered. While positive strides have been made in areas such as marriage equality, it is also clear that bias continues within certain religious institutions, and the negative effects can be long-lasting for many individuals. The Public Religion Research Institute ([26]) published a report on this topic indicating that 51% of Americans agreed that same-sex marriage violates their religious beliefs (Public Religion Research Institute, [26]). The report noted percentages who believe certain churches/religions are unfriendly to LGBT people: Catholic (58%), Mormon (53%), evangelical Christian (51%), African American churches (33%), and Jewish (34%) (Public Religion Research Institute, [26]). Finally, 73% of those attending religious services indicated they believed that their fellow congregants oppose same-sex marriage (Public Religion Research Institute, [26]). Thus, there is reason to believe that even while social progress is being made, challenging dynamics continue for some working to integrate multiple identities (Kashubeck-West, Whiteley, Vossenkemper, Robinson, & Deitz, [16]).

## Procedure

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

## Materials

A variety of measures were administered; for this study, three general categories were used: psychological health measures, IH, and questionnaires about faith-based beliefs and behaviors. Participants were also asked several open-ended questions about their religious and spiritual experiences as they related to their identity as a lesbian. In the discussion section, responses to the open-ended question "How would you describe the relationship between your sexual orientation and your spirituality/religion?" are included.

## Measures of psychological health

### Psychological Well-Being Scale (PWB)

This measure (Ryff & Keyes, [29]) consists of 18 items measured on a six-point scale. Higher scores indicate greater well-being. Items include: "I have confidence in my own opinions, even if they are different from the way most people think" and "For me, life has been a continuous process of learning, changing, and growth." Previous research has demonstrated good psychometric properties with internal consistency (α =.80) (Ryff & Keyes, [29]). Reliability testing for the current sample yielded a Cronbach's alpha of.80.

### Satisfaction with Life Scale (SWLS)

This scale (Diener, Emmons, Larsen, & Griffin, [ 8]) gauges how satisfied people are with their lives and how closely they perceive their ideal lives to be commensurate with their actual lives. It consists of five items on a five-point scale, with higher scores suggesting greater well-being. It includes statements such as, "I am satisfied with the current state of affairs in my life" and "If I could live my life over, I would change almost nothing," with previous research demonstrating good content validity and high internal consistency (α =.87) (Diener et al., [ 8]). All items are summed to create a satisfaction with life total score, and reliability testing for this sample yielded a Cronbach's alpha of.85.

### Overall Happiness Measure (OH)

The final component in measuring participants' psychological health is the OH measure (OH; de St. Aubin & McAdams, [ 5]), consisting of a single question: "In general, how happy or unhappy do you usually feel?" Participants have 11 answer choices ranging from 0 (extremely unhappy) to 10 (extremely happy).

## Internalized homonegativity

Participants completed the Lesbian Internalized Homophobia Scale (LIH; Szymanski & Chung, [31]), consisting of 36 items measured on a seven-point scale. The LIH includes items such as, "Being a part of the lesbian community is important to me" and "Being a lesbian makes my future look bleak and hopeless." Previous research has demonstrated good content validity and excellent internal consistency among samples of lesbians (α =.94) (Szymanski & Chung, [31]). Reliability testing for this sample indicated good reliability, Cronbach's alpha of.88.

## Faith-based beliefs and behaviors

### Beliefs (loving God; controlling God)

Participants completed the Images of God Scale (Benson & Spilka, [ 3]), measuring the extent to which they perceive God as a loving vs. controlling force. There are 10 items, with five evaluating views of God as controlling

using poles such as "lenient–strict" or "freeing–restricting." The other five evaluate views of God as loving: "unforgiving–forgiving" or "rejecting–accepting." Previous research has shown that scale homogeneity was.60 for the controlling God and.72 for the loving God portions. Participants received two scores, their view of God as loving and their view of God as controlling (Benson & Spilka, [ 3]). Higher scores indicate a stronger belief in a loving or controlling God. Among this sample, analysis indicated good reliability, with the controlling items yielding a Cronbach's alpha of.79, and the loving items yielding.85.

### Behaviors (personal spiritual practice, PSP; religious activity attendance, RAA)

A self-report questionnaire including the following questions: "How often do you engage in personal spiritual experiences (such as prayer or meditation)?" (PSP) and "How often do you attend religious services or other religion based activities such as bible study or religious instruction?" (RAA). Responses included: "more than once/day," "once/day," "more than once/week," "once/week," "more than once/month," "once/month," "less than once/month." Though not a ratio scale, it was treated as such given that participants answered using the same scale for both questions. The response indicating the highest frequency was assigned the highest numerical value ("more than once per day" = 7). Other responses were then assigned values that decreased by integer as the reported behavioral frequency went down.

## Results

The original sample size was 225. Listwise deletion was used, so final sample sizes varied from *n* = 174–177, depending on the analysis conducted. Power analysis using G*Power (Erdfelder, Faul, & Buchner, [9]) indicated the sample size was adequate prior to conducting analyses. Descriptive statistics are reported in Table 1.

Table 1. Means, standard deviations, and ranges of major variables.

| Variable | M (SD) | Range |
|---|---|---|
| Personal Spiritual Practice | 4.24 (2.27) | 1–7 |
| Religious Activity Attendance | 1.79 (1.38) | 1–7 |
| Loving God | 24.45 (6.67) | 0–30 |
| Controlling God | 10.44 (6.66) | 0–30 |
| Internalized Homonegativity | 1.95 (.60) | 1–4.14 |
| Psychological Well-Being | 86.81 (10.28) | 53–105 |
| Satisfaction with Life | 25.26 (6.75) | 6–35 |
| Overall Happiness | 7.41 (1.67) | 1–10 |

Bivariate correlations were conducted among all predictor variables to screen for co-linearity (Table 2). A strong negative relationship between loving God and controlling God is expected, as they are measuring two opposing theoretical concepts. Bivariate correlations were also conducted for all outcome variables: SWL, PWB, and OH (Table 2). It is expected that the outcome variables will be positively correlated with each other, as they are measuring different dimensions of the same construct, psychological health.

Table 2. Pearson correlations of all major variables.

| | PSP | RAA | LG | CG | IH | OH | SWL |
|---|---|---|---|---|---|---|---|
| RAA | .40 | — | | | | | |
| LG | −.20 | −.13 | — | | | | |
| CG | .06 | .02 | −.72 | — | | | |
| IH | .02 | .01 | −.04 | .11 | — | | |
| OH | −.16 | −.07 | .16 | −.23 | −.27 | — | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| SWL | −.111 | −.01 | .23 | −.23 | −.32 | .56 | — |
| PWB | −.10 | −.07 | .14 | −.12 | −.39 | .49 | .60 |

10001 *Note.* PSP = Personal Spiritual Practice; RAA = Religious Activity Attendance; LG = Loving God; CG = Controlling God; IH = Internalized Homonegativity; OH = Overall Happiness Measure; SWL = Satisfaction with Life; PWB = Psychological Well-Being
10002 *$p$ <.05; **$p$ <.01.

To examine the relationship between faith-based beliefs and behaviors and psychological health, as moderated by IH, three hierarchical regressions were conducted. Predictor variables (PSP, RAA, views of God) and the moderator (IH) were centered prior to analysis. In step one, PSP, RAA, loving God, controlling God, and IH were entered. In step two, the interactions were added. In the final step, an interaction among all variables and interaction terms was entered. The same steps were repeated with PWB, SWL, and OH.

## Psychological well-being

In step one of the hierarchical regression, PSP, RAA, views of God, and IH significantly predicted psychological health as measured by the PWB [$F$(5,169) = 6.98, $p$ = <.001, $R^2$ Change =.17]. IH predicted psychological health, such that lesbians who were high in IH had lower PWB (h = –.38, $p$= <.001). PSP, RAA, and views of God were not significantly associated with PWB.

Step two, which included two-way interactions between these, significantly predicted PWB [$F$(14,160) = 3.84, $p$ = <.001, $R^2$ Change =.08]. IH continued to be significant in step two (β = –.46, $p$ =.02). Viewing God as loving was a marginally significant predictor of PWB, where those who saw God as highly loving also had higher levels of psychological health (β =.20, $p$ =.06).

There was a significant interaction between PSP and RAA (β =.22, $p$ =.04). Simple slope analyses (Preacher, Curran, & Bauer, [25]) testing for RAA at low and high levels indicated a significant negative correlation between it and PWB for participants who were low (1 SD below the mean) in PSP (b = –2.87, $p$ =.005); however, the slope was not significant for those who were high (1 SD above the mean) in PSP (b =.67, $p$ =.63).

There was also a marginally significant interaction between views of God as loving and IH (β =.15, $p$ =.10). Simple slope analyses testing for view of God as loving at low and high levels indicated that, for those who were high in IH (1 SD above mean), there was a significant positive correlation between PWB and view of God as loving (b =.65, $p$ =.02). However, the slope was not significant for those who were low (1 SD below mean) in IH (b =.04, $p$ =.89).

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

## Satisfaction with life

In step one of the hierarchical regression, PSP, RAA, views of God, and IH significantly predicted psychological health as measured by the SWL scale [$F$( 5,172) = 6.92, $p$ = <.001, $R^2$ Change =.17]. IH predicted psychological health, such that women high in IH had lower SWL (β = –.32, $p$ = <.001). However, PSP, RAA, and views of God as loving and controlling were not significantly associated with SWL.

Step two, which included two-way interactions between the variables, significantly predicted SWL [$F$(14,163) = 3.75, $p$ = <.001, $R^2$ Change =.08]. IH continued to be significant in step two (β = –.25, $p$ =.03). RAA was a significant predictor of SWL, where lesbians reporting more attendance had lower SWL levels (β = –.75, $p$ =.01).

Viewing God as loving was a significant predictor of SWL, where women who saw God as highly loving also had higher SWL (β =.21, *p* =.05).

There was also a significant interaction between PSP and IH (β = –.19, *p*=.02). Simple slope analyses testing for PSP at low and high levels indicated that, for those who were low in IH (1 SD below mean), there was a significant positive correlation between PSP and SWL (b =.96, *p* =.005). However, the slope was not significant for those who were high (1 SD above mean) in IH (b = –.23, *p* =.55).

There was also a significant interaction between RAA and PSP (β =.24, *p*=.02). Simple slope analyses testing for RAA at low and high levels indicated that there was a significant negative correlation between it and SWL for participants who were low (1 SD below the mean) in PSP (b = –2.54, *p* = <.001). However, the slope was not significant for those who were high (1 SD above) in PSP (b =.04, *p* =.96).

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

## Overall happiness

In step one of the hierarchical regression, RAA, PSP, views of God, and IH significantly predicted psychological health as measured by the OH scale, [*F*( 5,172) = 6.42, *p* = <.001, $R^2$ Change =.16]. IH predicted psychological health, such that women who were high in IH had lower OH (β = –.27, *p* = <.001). Views of God as controlling also predicted psychological health, in that lesbians who viewed God as highly controlling had lower OH (β = –.25, *p* =.01). PSP marginally predicted psychological health, such that participants who were high on this variable had higher OH (β =.14, *p* =.07).

Step two, which included two-way interactions between the variables, significantly predicted OH [*F*(14,163) = 3.35, *p* = <.001, $R^2$ Change =.07]. Only views of God as controlling continued to predict psychological health, where lesbians who viewed God as highly controlling had lower OH (β = –.26, *p* =.01).

There was a significant interaction between PSP and views of God as loving (β =.38, *p* =.002). Simple slope analyses testing for PSP at low and high levels showed that, for those who viewed God as low in loving (1 SD below mean), there was a significant negative correlation between OH and PSP (b = –.17, *p* =.009); for those who viewed God as high in loving (1 SD above the mean), there was a significant positive correlation between OH and PSP (b =.35, *p* = 0).

There was a significant interaction between PSP and views of God as controlling (β =.03, *p* =.03). Simple slope analyses testing for PSP at low and high levels indicated that, for those who viewed God as high in controlling (1 SD above mean), there was a significant positive correlation between OH and PSP (b =.27, *p* = 0). However, the slope was not significant for those who viewed God as low in controlling (1 SD below mean) (b = –.09, *p* =.15).

There was a significant interaction between RAA and views of God as loving (β = –.20, *p* =.009). Simple slope analysis testing for RAA at low and high levels indicated that, for those who viewed God as low in loving (1 SD below the mean), there was a significant negative correlation between OH and RAA (b =.50, *p* =.04). However, the slope was not significant for those who viewed God as high in loving (1 SD above the mean) (b = –.26, *p*=.29).

Step three was also significant [*F*(15,162) = 3.18, *p* = <.001, $R^2$ Change =.00]; however, the added interaction between all of the predictor and moderator variables and interactions did not account for a significant portion of additional variance in OH [*F*change ( 1, 162) =.78, *p* =.38].

# Discussion

This section first addresses the posed hypotheses, and then offers commentary on some unexpected findings.

## Internalized homonegativity

IH significantly predicted all three psychological health outcomes, where lesbians with higher IH reported lower PWB, SWL, and OH. This was expected, given findings from previous research showing IH is related to lower self-esteem (Szymanski & Chung, [31]), higher rates of depression (Herek, [14]), and lower psychosocial health (de St. Aubin & Skerven, [ 6]).

## Hypothesis 1: Personal spiritual practice (PSP)

> "I believe in an alternative, spiritual plane and an enlightened—not necessarily supreme or single—individual." (participant quote)

PSP was positively associated with OH, where those who were higher in PSP were also slightly happier. This finding is in line with Lease et al.'s ([34]) conclusion that women with greater spirituality also had better psychological health. However, this variable was not significantly associated with PWB or SWL.

As predicted, IH moderated the relationship between PSP and SWL. For those with lower IH, more PSP predicted better SWL. However, no relationship was found among the other outcome variables (PWB and OH). These findings echo those of Lease et al. ([17]), where low IH and higher levels of spirituality were associated with better SWL, supporting the idea that spirituality itself can positively influence psychological health when IH is not high. This can be understood through the work of Kashubeck-West et al. ([16]). They discuss the ways that heterosexist messages may become internalized (i.e., result in IH), and when this occurs via contact with disaffirming religious institutions, shame and guilt can grow. Following this, when one's PSP includes repetition of heterosexist messages, those high in IH may understandably experience decreased well-being. These authors emphasize the key role that internalization of negative messages seems to play, thus highlighting important differences between conservative and affirming religious environments and the subsequent connection with individual well-being.

Additional evidence supports this possibility, including Herek's ([13]) work on religious orientation. He describes the individual with an intrinsic orientation as internalizing the teachings and values taught by religious institutions, which they then make their own. Perhaps those with high IH have taken in negative teachings and brought them into their spiritual lives. Through that negative lens, it would be difficult to attain high levels of SWL as a lesbian, regardless of one's level of spirituality. Similarly, it is plausible that, for some people who are high in IH, the nature of their PSP itself could be detrimental to SWL. As an example, in their study of sexual orientation change efforts undertaken by members of the Church of Jesus Christ of Latter-Day Saints, Dehlin, Galliher, Bradshaw, Hyde, and Crowell ([ 7]) found that engagement in "personal righteousness" (e.g., prayer, studying scripture) tended to be more harmful than helpful.

## Hypothesis 2: Religious activity attendance (RAA)

> "I used to like to go to church. Until my mom told me the Bible said homosexuality is a sin. This was not the first time I'd heard this—but never from my mom. Now I feel a little guilty when I go to church—like I'm not welcome. I believe in God and that we are all loved no matter who we are, but I still carry that guilt with me sometimes." (participant quote)

Contrary to what was hypothesized, IH did not moderate the relationship between RAA and psychological health outcomes. As predicted, RAA was a significant predictor of SWL; however, it was not associated with PWB or OH. Attending more religious activities was associated with decreased life satisfaction. Interpreting the significance of this finding is challenging, given the fact that the current study did not allow for examination of the specific

types of religious activities attended by the participants. The findings do align, though, with conclusions drawn by Tozer and Hayes ([35]) in their research on factors that predict seeking "conversion therapy." They found that those who were so dissatisfied with their sexual orientation that they sought "conversion therapy" were higher in religiosity than those who did not. For participants who used religion as an internal guiding force, negative messages about homosexuality from religious leaders or doctrine were perhaps seen as indisputable.

## Hypothesis 3: View of God as loving

> "I believe in an all-inclusive, loving, caring God. We are all made in Her image, and I have no problem with my sexual orientation. I have grave problems with the patriarchal religions that judge homosexuals, denigrate women, and other minorities." (participant quote)

Viewing God as loving was a significant predictor of psychological health. Specifically, lesbians who viewed God as highly loving had greater PWB and SWL. However, no relationship was found for OH. This connects with the work of Lease et al. ([17]), who found that LGBT-affirming faith experiences were related to higher levels of spirituality and lower IH, and in turn improved psychological health. As such, a lesbian who views God as loving is likely to also view God as LGBT-affirming, and in turn would have higher levels of PWB and SWL.

As predicted, IH moderated the relationship between viewing God as loving and PWB. However, this relationship was not found with OH or SWL. In reverse of what was hypothesized, PWB was not associated with viewing God as loving among those who had low levels of IH. In addition, PWB among those with high levels of IH increased as God was viewed as more loving. Therefore, it seems that the PWB of those with low levels of IH is immune to factors such as whether or not God is viewed as loving, while those with high levels of IH are more susceptible to being influenced by such factors.

## Hypothesis 4: View of God as controlling

> "Sexuality has no place in religion. Because religion breeds contempt, unacceptance of diverse lifestyles, and a complete lack of understanding for those with alternative lifestyles, I have no place in my life for religion. For those religions that accept lesbians, they do not accept the complete 'word of God.'" (participant quote)

Unlike what was predicted, IH did not moderate the relationship between view of God as controlling and psychological health outcomes. As hypothesized, viewing God as controlling was a significant predictor of OH. However, it was not associated with PWB or SWL. Specifically, lesbians who viewed God as highly controlling had lower levels of OH. Sherry et al. ([30]) found that those raised in a conservative church and who thought it was morally wrong to have religious doubts were the most likely to experience shame, guilt, and IH. These findings are similar to the current study in that those believing it is wrong to have religious doubts are likely to view God as controlling. Though shame and guilt were not measured in this sample, it does appear that lower levels of OH would correspond with those emotions.

## Unexpected findings

### RAA x PSP: PWB and SWL

There was a significant interaction between RAA and PSP when they were both used as predictors of PWB and SWL. Those who engaged in PSP such as prayer or meditation more often had the same level of PWB and SWL, regardless of whether they participated in organized religious activities. However, for those who did not often engage in PSP, attending religious activities was negatively related to both PWB and SWL so that, as RAA increased, PWB worsened and SWL decreased.

This suggests that personal faith-based practice could serve a protective function. Lesbians who attend religious services but do not have a personal faith life may be less likely to challenge negative messages about their

sexual orientation from religious community or leaders, thereby making negative messages more easily internalized. This is similar to what Lewis et al. ([18]) describe, where lesbians expect unfavorable reactions to their sexual orientation from their religious community, and thus experience higher levels of stress, mood problems, and physical complaints. This lack of spiritual introspection may make one less adept at inoculating against detrimental messages. Alternatively, in an authoritarian religious environment, the women may feel it is morally wrong to stray from the church's teachings. Lewis, Derlega, Clark, and Kuang ([18]) suggest that lesbians in this situation may eventually seek out a more affirming religious community.

### PSP x Views of God as Loving: OH

There was a significant interaction between PSP and views of God as loving when they were both predictors of OH. As the level of viewing God as loving decreased, this was associated with lower happiness when combined with more PSP. Following the opposite trajectory, higher levels of viewing God as loving were associated with increased happiness with more PSP. This makes sense—if someone believes in a God who loves her and she regularly engages in faith-based practices, she will be happier, and vice versa. Buchanan et al. ([ 4]) asserted that some lesbians are forced to choose between their lesbian identity and their religious and spiritual beliefs. If someone believes in a loving God, characterized by acceptance and caring, she would not be in a position to make this choice, and thus be able to maintain and integrate both identities, and be happy.

### PSP x Views of God as Controlling: OH

There was a significant interaction between PSP and viewing God as controlling when they were both predictors of OH. Higher levels of viewing God as controlling were associated with more happiness as frequency of PSP increased. The happiness of those who viewed God as low in controlling did not change with increasing PSP. Taken together, it appears that, among those who view God as controlling, engaging in more prayer or meditation is linked to better psychological health outcomes. This finding may be explained by the idea that, in order to satisfy a God who is controlling, it may be seen as necessary to invest time in prayer. Perhaps those who see God as highly controlling but pray or meditate less often feel that they are not fulfilling their spiritual duty, and are less happy as a result.

### RAA x Views of God as Loving: OH

There was a significant interaction between amount of RAA and views of God as loving when they were both predictors of OH. Lesbians who viewed God as less loving were also less happy as RAA increased. This suggests that the more time a lesbian spends engaged in activities centered around a God who is not loving, the less happy she may be. Among this sample, if God is perceived as less loving, one might conjecture that God is viewed this way because the woman perceives a lack of acceptance and caring around her sexual orientation. Given that sexual orientation is an integral part of one's identity, this is likely invalidating, and one that would certainly cause a decrease in happiness.

## Limitations and future directions

This investigation had a number of limitations that can be addressed in future research. Though this study had a large community-based sample, only lesbians were invited to participate. This limits both the generalizability of the findings and the potential for comparative analyses. It would be instructive to have research addressing both of these issues in one design, as opposed to the many separate investigations that currently exist. For example, Lim ([19]) reports a positive relation in a sample of over 1.3 million U.S. citizens between religious attendance and both cognitive and affective subjective well-being. And yet, Meanley, Pingel, and Bauermeister ([20]) found clear evidence, in a sample of gay men, of a negative relation between religious participation and psychological well-being. What is needed are studies designed to include a diversity of groups such that direct comparisons could be made.

Another shortcoming is that the analyses are primarily correlational, which does not allow for determination of causal relationships. Ascertaining causal relationships would be beneficial to create recommendations for clinical practice on how to handle conflict between religious and sexual identities.

A further limitation of the study is that some variables were determined by a single answer, particularly the behavioral variables, which could account for some of the variability in the findings. Though frequency of attending religious events has been shown to be an important factor in attitudes toward homosexuality (Pew Research Center, [ 1]) and frequency of prayer is surely a strong indicator of spirituality, these variables would have been stronger with a larger questionnaire that expanded the evaluation of religiosity and spirituality to create a more multifaceted understanding of the variables.

One potential direction for future research is to further explore the relationship between faith-based experiences and practices, IH, and psychological health more broadly. This is important because of the wide range of sexual orientation and gender diversity that exists, as there may be differences in how conflicts are resolved between diverse identities and religious beliefs. Additionally, exploring the relationship between identity integration and IH may lead to important findings regarding how stigmatized aspects of one's identity (i.e., sexual orientation) are integrated with non-stigmatized aspects of one's identity (e.g., wealthy).

A final future direction is developing clinical interventions that are specialized to assist those who experience conflict between their religious and sexual identities, with the goal of integrating identities (Kashubeck-West et al., [16]). In this regard, it will also be helpful to include clinically oriented measures (i.e., Beck Depression Inventory) to increase specificity of measurement. Given the significant negative psychological health outcomes associated with certain aspects of religiosity and spirituality, which often accompany IH, modes of treatment that integrate topics of religiosity and spirituality are likely to be very important to lesbians. The current study offers some hopeful directions that can be pursued by researchers and practitioners that will help foster psychological well-being and resiliency in lesbians. Such resilience was keenly expressed by one of our participants: "I do know that I became a very happy person once I came out and accepted myself. I believe God made us to be happy and honest people to live our lives in the best possible way, so I know I have found the way that I have been meant to be."

## Notes on contributors

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