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Religious and Sexual Identity in LGB Youth: Stressors, Identity Difficulty, and Mental Health Outcomes

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RELIGIOUS AND SEXUAL IDENTITY IN LGB YOUTH: STRESSORS, IDENTITY DIFFICULTY, AND MENTAL HEALTH OUTCOMES

By

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This study examined religious and sexual identity conflict and gay-related stress, and how they are related to difficulty with LGB identity formation and mental health outcomes. A sample of 172 adolescents and emerging adults were recruited as part of a larger research project. Study participants ranged in age from 14 to 26 years, and identified as lesbian, gay, or bisexual. Descriptive information was collected regarding religious identity and religious/sexual identity conflict in the sample. Additionally, a model was tested that examined LGB identity difficulty as a potential mediator of the relationships between a) religious conflict and mental health, and b) gay-related stress and mental health. The Religious, Spiritual, and Sexual Identities Questionnaire was created to assess religious/spiritual identity and religious and sexual identity conflict. The Measure of Gay-Related Stress was used to measure gay-related stress. The Lesbian, Gay, and Bisexual Identity Scale was used to measure LGB identity difficulty. The Behavior Assessment System for Children was used to measure mental health. Adequate fit for the model was found after removing direct paths from religious/sexual identity conflict and gay-related stress to mental health, indicating that LGB identity difficulty fully accounted for these two relationships. These findings are clinically important as they emphasize the importance of LGB identity difficulty in examining mental health outcomes related to religious conflict and gay-related stress.

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Chapter 1: Introduction

It is only in recent years that researchers have begun to focus on understanding the social, emotional, and psychological needs of lesbian, gay, and bisexual (LGB) adolescents and young adults (Konik & Stewart, 2004; Rosario, Rotheram-Borus, & Reid, 1996). This research indicates that LGB youth may be at risk for a variety of mental health challenges – in part because many LGB individuals experience a variety of stressors that are unique to their population, and at the same time, they may have limited access to protective factors and resources. This study focuses on two particular types of challenges facing LGB youth— religious conflict and gay-related stressors (e.g., family reaction to LGB disclosure; victimization)—and how these stressors are related to difficulty with LGB identity formation and mental health outcomes.

Some researchers suspect that LGB youth who are living in more religious environments are at greater risk for compromised well-being (Wilkinson & Pearson, 2009). Newman and Muzzonigro (1993) found that, based on reports from a sample of 27 youths (ages 17-20), families who considered religion, marriage, and having children to be important had more negative feelings towards homosexuality. Many religions are outspoken about their intolerance of homosexuality, and conservative, religious families and schools that adopt this viewpoint may pose a threat to the mental health of LGB youth (Wilkinson & Pearson, 2009). Youth who have religious role models who are homophobic may have a difficult time integrating their spiritual beliefs, religious identity, and sexual orientation. Possible consequences of exposure to this homophobia may include difficulty accepting LGB identity and emotional struggles with depression or self-esteem (Good & Willoughby, 2008; Schope & Eliason, 2000). Though associations

between religiosity, identity, and psychological functioning for LGB youth are reasonable to consider, research in this area is scarce, and conclusions from the literature are preliminary at best. This study will be among the first to empirically examine religious conflict in a sample of LGB adolescents and emerging adults and its association with LGB identity and mental health outcomes.

Experiencing some stressors that are directly related to LGB identity is common for LGB youth. Mercier and Berger (1989) found that 96% of gay and lesbian adolescents in their sample endorsed experiencing at least one psychosocial problem, including harassment from peers, difficulty getting along with their family, and being misunderstood by others. Victimization and violence are not uncommon experiences for many LGB youth, and as many as 85% may experience harassment in school due to their sexual orientation (Coker, Austin, & Schuster, 2010; Kosciw, Greytak, Diaz, & Bartkiewicz, 2009). At the extreme, LGB youth may be faced with homelessness once their sexual orientation is disclosed to parents, and researchers estimate that about 20% of homeless youth are gay, lesbian, or bisexual (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Thus, there is reasonable evidence to conclude that links exist between gay-related stress and mental health. *How* gay-related stress is related to mental health functioning, however, is not well understood. This study tests LGB identity as a mediator of the relationship between gay-related stress and mental health outcomes.

One of the primary aims of the present study is to describe religiosity/spirituality and religious conflict in a sample of LGB youth, as there is almost no data available. A second aim is to investigate whether religious conflict and gay-related stress are related to negative LGB identity and mental health outcomes. A third aim of this study is to test

LGB identity status as a mediator of the relationship between a) religious conflict and mental health, and b) gay-related stress and mental health. The proposed model can be seen in Figure 1. It is hypothesized that the reason why religious conflict and gay-related stress are related to mental health outcomes such as depression, anxiety, and low self-esteem is that both are related to negative LGB identity, which in turn places LGB youth at risk for psychological difficulties.

The literature review is divided into four sections. First, the literature examining religiosity/spirituality and religious conflict among LGB youth, and how these constructs might be related to mental health, is discussed. Second, research on gay-related stress and mental health is reviewed. Third, literature on LGB identity and mental health consequences, and how LGB identity might be challenged by religious conflict and gay-related stress, is presented. Finally, the proposed model is described and explained.

Religiosity, Spirituality, and Mental Health Outcomes

Among adolescents and young adults in general, religiosity and spirituality have been found to correlate with a variety of positive outcomes in numerous studies, many of which are in the health and mental health domain (Cotton, Zebracki, Rosenthal, Tsevat, & Drotar, 2006; Good & Willoughby, 2006; Good, Willoughby, & Fritjers, 2009). However, very little of this work focuses on LGB youth, and further, it is not yet known whether religiosity and spirituality are associated with positive or negative outcomes for this population.

Religiosity/Spirituality as Protective Factors

Cotton, et al. (2006) conducted a literature review on the role of religion and spirituality on adolescent physical and mental health and health behaviors, focusing on such religious constructs as personal spiritual coping and direct church support. Participants ranged from ages 10 to 25 across the eighteen studies, though sexual orientation was not reported. Results indicated that, in general, religiosity had positive relationships with outcomes. For example, increased religiosity was associated with decreased marijuana and hard drug use, decreased acting-out behaviors, fewer anxiety and depressive symptoms, and fewer suicide attempts. In another study, church attendance was found to have a more salient benefit on psychosocial adjustment for a sample of 6,578 adolescents than did spirituality (Good & Willoughby, 2006). This relationship was separate from the effects of general group involvement, and in a second, longitudinal study, the authors found higher levels of church involvement (but not club involvement), to predict decreased drug use and improved well-being for 1,050 high school students (Good, Willoughby, & Fritjers, 2009). These data suggest that religious involvement specifically may be related to positive youth outcomes.

Is Religiosity Associated with Positive Outcomes for LGB Youth?

Whether the generally positive effects of religiosity among youth generalize to LGB youth is less certain. Only a handful of studies have examined the relationship between religiosity and behavior in LGB populations, and most of this work has focused on high risk behaviors in adults. In a sample of 496 young men who have sex with men (ages 18-22) in Los Angeles, those who reported being more religious were at significantly less risk for club drug use (Kipke et al., 2007). Rosario, Yali, Hunter, and

Gwadz (2006) also found that for gay and bisexual male youth (age 14 to 21), religiosity was a protective factor against having a risky sexual partner and having recently used an illicit drug. In contrast, two studies by Rostosky, Danner, and Riggle (2007; 2008) found that while religiosity was associated with less alcohol and substance use among heterosexual youth, no such association was found for sexual minority youth. Few studies have examined these issues for lesbian and bisexual females; however, in one study, religiosity was unrelated to sexual or drug behavior for this group (Rosario et al., 2006).

Only one study could be found that examined conflict between religious and sexual identity in LGB adolescents. Ream and Savin-Williams (2005) asked a sample of 393 LGB adolescents and young adults with a Christian background how they reconciled their religious and sexual identities. Participants were then categorized into one of six conflict patterns, based on their response: reconciled spiritual and sexual identities, changed spiritual beliefs while remaining Christian, ignored the conflict, left Christianity, was unable to accept sexual identity because religion made it impossible, and did not experience a conflict. Their results indicated that, compared to youth who did not report a conflict between spiritual and sexual identities, youth who dealt with this conflict by leaving Christianity reported poorer mental health (specifically, higher depression and lower self-esteem). Higher internalized homophobia was found among youth who did not adopt an LGB identity due to religion, and among youth who reported believing that change in sexual orientation is possible. These data suggest that when religious and sexual identity conflict results in rejection of either spiritual or sexual identity,

consequences may include internalized homophobia, depression, or reduced self-esteem for LGB individuals.

Thus, whether religiosity is associated with positive outcomes for LGB youth is uncertain and conclusions are difficult to draw, as the literature in this area is quite small and presents mixed results. The existing literature is limited by several factors. For one, studies examining religiosity in LGB samples have often only included males (Kipke et al., 2007; Kubicek et al., 2009; Newman & Muzzonigro, 1993). Most studies are with adults, and in the few studies examining religiosity among LGB youth, samples often do not include adolescents under age 17 or 18 (Kipke et al., 2007, Konik & Stewart, 2004; Kubicek et al., 2009; Newman & Muzzonigro, 1993; Schope, 2002). Moreover, while general religiosity has been examined among LGB youth in a few studies, the study by Ream and Savin-Williams (2005) is the only one to date that examines the *conflict* between religious and sexual identity in LGB adolescents. This study makes an excellent first attempt at examining identity conflict issues by investigating how religious conflict/resolution patterns (e.g. "changed beliefs," "ignored conflict") were related to internalized homophobia, depression, and self-esteem. The present study seeks to add to the conclusions made by Ream and Savin-Williams in several ways. The present study sample is not limited to LGB youth with a Christian background, and includes participants who grew up in a variety of religious environments. Further, rather than investigating the relationship between religious conflict and internalized homophobia, the present study examines LGB identity difficulty, a broader concept that includes internalized homophobia, difficulty with the coming out process, and identity confusion. Additionally, in the present study, religious conflict is conceptualized as a ratio variable,

rather than a categorical variable; hence, it is predicted that the *degree* of religious conflict, rather than the *type*, will be related to LGB identity difficulty and mental health. Finally, the present study examines gay-related stress as an additional factor that might be related to LGB identity difficulty and mental health outcomes.

In sum although the small body of work suggests that religiosity may be related to mental health functioning, more work needs to be done. The present study seeks to investigate the relationships between religious conflict, LGB identity difficulty, and mental health among a sample of lesbian, gay, and bisexual youths, between the ages of 14 and 26. Hence, the present study includes participants from both genders, both homosexual and bisexual individuals, and an age range of adolescence through emerging adulthood. This study tests the hypothesis that conflict between religiosity and sexuality will be associated with increased LGB identity difficulty, as well as mental health issues such as increased depression and anxiety, and decreased self-esteem.

Gay-related Stressors and Mental Health Outcomes

It is well-established that stress can have a deleterious effect on mental health and, although few in number, studies have started to examine the particular case of stressors that are unique to sexual minorities (Lewis, Derlega, Berndt, Morris, & Rose, 2001; Meyer, 2003). It has been proposed that having a sexual minority identity increases risk for stressful experiences and that the occurrence of these events has consequences for outcomes such as increased risk for negative LGB identity, anxiety, and depression (Meyer, 2003).

Gay-Related Stress and Mental Health

Pearlin, Menaghan, Lieberman, & Mullan (1981) describe how various types of stressors may have a significant impact on mental health, particularly those that require the individual to adjust to a long-term adverse situation or environment (Allen, Rapee, & Sandberg, 2008; Avison & Turner, 1988; Giusto & Van Willigen, 2003). Giusto and Van Willigen (2003) considered research and theory on the effect of stigma among lesbians, and argued that having a sexual minority status increases the risk of a variety of stressors, and thus LGB individuals are at a greater risk for having compromised mental health and well-being. For example, research has suggested that higher levels of gay-related stressors are related to depressive symptoms (Lewis, Derlega, Griffin, & Krowinski, 2003; Mercier & Berger, 1989), emotional distress (Rosario et al., 1996), and suicide attempts (Coyle & Rafalin, 2000; Hammelman, 1993; Rotheram-Borus, Hunter, & Rosario, 1994; Savin-Williams & Ream, 2003). Alcohol and drug use also have been found to be higher among youth reporting having both male and female sex partners (Robin et al., 2002). The present study targets four possible challenges that an LGB youth might encounter: negative reactions from family members, visibility ("outness") with family and friends, visibility in public, and harassment and violence.

Among gay-related stressors, coming out to the family can be one of the most difficult, frightening, and consequential (Savin-Williams, 1998). Negative family reactions can have devastating consequences for sexual minority youth, including verbal and physical abuse and homelessness. It has been estimated that a third of youth who disclosed their sexual orientation to parents experience verbal abuse and 10% experience physical assault (D'Augelli, Hershberger, & Pilkington, 1998; Gibson, 1989;

Heatherington & Lavner, 2008). The risk of having a negative family reaction may be particularly high among families with traditional values (Newman & Muzzonigro, 2003). In a sample of 102 LGB adolescents, Darby-Mullins & Murdock (2007) found perceived parental attitudes about homosexuality accounted for a significant proportion of variance in emotional adjustment after accounting for general family environment, sexual orientation disclosure and ridicule from others have been linked to emotional distress, conduct problems, and drug use. In one sample of 136 gay male adolescents, sexual orientation disclosure to parents and friends accounted for 17% and 18%, respectively, of variance in emotional distress (Rosario et al., 1996). In other studies, exposure to anti-gay comments in religious homes also has been linked to increased levels of anxiety (Kubicek et al., 2009) and depression (Wilkinson & Pearson, 2009).

Visibility is also a concern for many LGB youth, who may not feel safe expressing their sexual orientation to others. Lasser and Tharinger (2003) constructed a theory of "visibility management" among LGB individuals, describing this ongoing, strategic process of planning and monitoring sexual orientation disclosure in different environments. Lewis et al. (2001) found that in a sample of 979 LGB adolescents and adults, stress from visibility concerns among friends and family, and at school and in public, significantly correlated with a measure of depression. Deciding what level of disclosure is appropriate after accounting for environmental forces and potential reactions from others in different situations is posited to be a continuous process, and an added stressor in the lives of sexual minorities that may correlate with negative LGB identity as well as mental health difficulties (Lasser & Tharinger, 2003; Meyer, 2003; Waldner-Haugrud & Magruder, 1996).

LGB youth are also at increased risk for violence and harassment. Robin et al. (2002) found that among sexually experienced students, those reporting same-sex partners were significantly more like than those reporting only opposite sex partners to be threatened or injured with a weapon at school. Respondents who indicated having sexual partners of both sexes had additional differences from heterosexual responders; a significantly larger percentage of these youth reported feeling unsafe at school, carrying a weapon, having property damaged or stolen at school, being in a physical fight, and attempting suicide. Another study found 85% of a sample of 7,261 LGBT students experienced verbal harassment at school, 40% experienced physical harassment, and 19% reported being physically assaulted, due to their sexual orientation (Kosciw et al., 2010). Although researchers have linked violence and harassment with negative mental health outcomes (Garnets, Herek, & Levy, 2003; Lewis et al., 2003), how this type of gay-related stressor might relate to LGB identity difficulty is unknown.

LGB Identity Difficulty

Trying to operationally define identity is challenging, as identities are often multifaceted and complex (Mohr & Fassinger, 2000). Some researchers have conceptualized LGB identity development using stage models, which depict the attitudes and behaviors that lesbians and gay men experience as they come to terms with their sexual identities (e.g., Cass, 1984; Troiden, 1993; McCarn & Fassinger, 1996). Others have taken a dimensional approach to conceptualizing sexual identity development, examining specific constructs related to LGB identity, and often focusing on challenges to positive LGB identity development. Much of this latter work has focused on factors

associated with negative identity status, such as internalized homophobia (also referred to as homonegativity; Maylon, 1981; Mohr & Fassinger, 2000; Moradi, van den Berg, & Epting, 2009). The present study takes a dimensional approach and focuses on LGB identity difficulty, which for this study is operationalized as an aggregate including internalized homophobia, difficulty with the process of coming out, and identity confusion. Of these, internalized homophobia has received the most attention in the literature.

LGB Identity Difficulty and Mental Health Outcomes

All three elements of LGB identity difficulty targeted in this study (i.e., internalized homophobia, difficulty with the coming out process, LGB identity confusion) have been linked to mental health difficulties. Several studies have shown internalized homophobia to be closely linked to shame and guilt (Allen, 1999; Meyer, 1995; Moradi et al., 2009). Newcomb and Mustanski (2010) conducted a literature review on internalized homophobia and internalizing mental health problems. Their findings, from 31 studies, revealed consistent correlations between internalized homophobia and both depression and anxiety. In addition to internalized homophobia, LGB youth may experience difficulty with the process of coming out, as sexual orientation disclosure can be a lengthy, uncomfortable, and challenging series of steps (Cohen & Savin-Williams, 1996; Mohr & Fassinger, 2000; Savin-Williams, 1998). In grappling with their LGB identity, youth may also experience doubt and confusion, which authors have suggested may result in depression and low self-esteem (Cass, 1984; Maylon, 1982; Mohr & Fassinger, 2000; Troiden, 1989, 1993). All three representations of LGB identity targeted in this study have been found to correlate with lower levels of

self-esteem among LGB individuals (Mohr & Fassinger, 2000).

Challenges to Positive LBG Identity and Mental Health

The presents study focuses on two particular factors that may increase risk for LGB identity difficulty: conflict between religious identity and sexual identity, and gay-related stressors.

Religious conflict. Identity Crisis Theory (Baumeister, Shapiro, & Tice, 1985) addresses how identity conflicts cause identity challenges and stress for the individual. Extrapolating from this theory, it is proposed that religious and sexual identity conflict will be associated with LGB identity difficulty. One of the types of identity difficulty described by the Identity Crisis Theory is "identity conflict." An *identity conflict*, or a "legitimation crisis," occurs when an individual is having difficulty integrating multiple identity commitments because they impose conflictual behaviors or values. In this situation, at least one commitment must be betrayed. Dissonance between religious or spiritual identity and sexual identity would hence be considered an *identity conflict* under this theory.

In discussing the causes of identity conflicts, the authors note that commitments to opposing identity components create a discrepancy when their contexts require behaviors that are contradictory, be they values, goals, beliefs, motivations, activities, or identity expressions. In other words, identity conflict occurs when circumstances surrounding the different components of identity require allegiances to two commitments that mandate opposing behaviors. In the case of religious and sexual identity conflict among LGB youth, individuals may be faced with choosing their alliance between their sexual orientation and their religion, their family, or both. The authors also note that after

choosing one commitment over the other, the individual may feel a sense of guilt for betraying an identity component; perhaps, by extension, this conflict then may also result in depression, anxiety, or lower self-esteem (Baumeister et al., 1985).

Conflict between religiosity and sexual identity appears to be relatively common for LGB adolescents and young adults. Mercier and Berger (1989) found that 27% of their sample of LGB youth (ages 13 to 21) reported having to resolve questions concerning religion in the past year. This statistic may not reflect youth who had already resolved a prior conflict, or who were "compartmentalizing" their religious and sexual identities by keeping them distinct and refusing to consider them together (Coyle & Rafalin, 2000).

Several models indicate that the better one is able to integrate different elements of one's identity, the better the implications for mental health and well-being (Downie, Koestner, ElGeledi, & Cree, 2004; Laframboise, Coleman, & Gerton, 1993; Phinney, Horenczyk, Liebind, & Vedder, 2001; Ryan & Deci, 2003). For example, Luyckx, Schwartz, Soenens, Vansteenkiste, & Goosseens (2010) found better identity integration to predict higher self-esteem and lower depressive symptoms. The Multiple Identities Model (Brook, Garcia, & Fleming, 2008) proposes that harmony between identities is related to psychological well-being, including lowering risk for depression, anxiety, and perceived stress. Similarly, Amiot, Sablonnière, Terry, and Smith (2010) found successful identity integration to predict greater psychological adjustment. The importance of identity integration has yet to be tested for LGB youth, but is an important direction for future research; the present study is a first attempt at trying to better

understand connections between identity conflict, identity difficulty, and well-being for LGB youth.

Conflict between religious and spiritual beliefs and sexual orientation may make LGB identity development challenging. Youth who begin processing their sexual orientation during adolescence may be at heightened risk for difficulty with integrating religious and sexual identities, compared to those who do not come out until later adulthood, especially if growing up in a more religious family. Growing up in a conservative religious environment may be related to less "outness" to others, suggesting less comfort with LGB identity for some youth. Schope (2002) found that LGB adolescents with religious parents were less likely to disclose their sexual orientation. Especially for those growing up in conservative, religious environments, exposure to homophobic messages is likely (Schope & Eliason, 2000), a factor which is associated with increased risk for internalized homophobia (Ream & Savin-Williams, 2005; Sherry, Adelman, Whilde, & Quick, 2010).

One of the purposes of the present study is to better understand sexual and religious identity conflict among LGB adolescents. Further, this study will investigate how this conflict, if present, is related to difficulty with LGB identity and mental health outcomes.

Gay-related stress. It is hypothesized in the present study that gay-related stress will be associated with LGB identity difficulty, including increased internalized homophobia. Internalized homophobia, by definition, is a result of the homophobia LGB individuals experience in their immediate environment and from society at large, adopted and directed inwardly (Meyer & Dean, 1998; Newcomb & Mustanski, 2010). It is

predicted that higher levels of stress associated with sexual orientation will be associated with higher levels of internalized homophobia, in addition to other difficulties in accepting sexual identity. Frable, Wortman, and Joseph (1997) found that in their sample of 825 homosexual and bisexual men, those who reported experiencing stigma from their family had a less positive gay identity. Additionally, those reporting that they were more "visible" about their sexual orientation reported having a more positive gay identity. Experiencing negative reactions from family about one's LGB identity; having to reduce visibility about one's sexual orientation with family, with friends, at school, and in public; and being victimized by peers may increase the likelihood of internalizing the homophobia in one's environment and having difficulty accepting one's sexual identity (Newcomb & Mustanski, 2010).

Present Study

This study has two primary goals. Given the near complete lack of information regarding religiosity in adolescent/young adult sexual minority samples, the first goal of the study is descriptive. This study will report on religious involvement, perceptions of religious views on sexual minorities, and conflict between religious beliefs and sexual identity. A second goal of the study is to better understand inter-relationships among religious and sexual identity conflict, gay-related stress, difficulty with LGB identity, and mental health outcomes in a sample of LGB adolescents and young adults. A model is proposed that examines the impact of religious conflict and gay-related stress on LGB identity difficulty, and how these three constructs are related to mental health outcomes (see Figure 1). Religious conflict, gay-related stress, and LGB identity difficulty are all expected to be related to mental health outcomes (depression, anxiety, self-esteem). In

addition, LGB identity difficulty is expected to mediate the relationships between religious and sexual identity conflict and mental health, and between gay-related stress and mental health.

Specific Aim #1: This study aims to describe religiosity and spirituality among LGB youth in the sample. Specifically, the following will be reported:

A. The percentage of sample with a religion, and the percentage breakdown of religions to which participants belong.
B. The percentage of participants who report that their religion had a negative view of homosexuality, at the timing of coming out and currently.
C. The percentage of participants who report that their spiritual beliefs had a negative view of homosexuality, at the timing of coming out and currently.

Specific Aim #2: This study aims to describe any conflict between religiosity/spirituality and sexual identity after coming out to oneself (the process of gaining awareness and realizing that one is gay, lesbian, or bisexual) and how this conflict was handled. Specifically, the following will be reported:

A. Mean and standard deviation of the Spiritual Conflict Scale.
B. The percentage of participants who felt accepted by their religion, the percentage of participants who felt rejected by their religion, the percentage of participants who felt conflicted between their spiritual beliefs and their sexual identity, and the percentage of participants who had doubts about their religion or their spiritual beliefs.

C. The percentage of participants who had trouble accepting their sexual orientation and the percentage of participants who ignored any disagreement between religion/spiritual and sexual identities.

D. Mean and standard deviation of the Spiritual Comfort Scale.

Specific Aim #3: This study aims to examine the relationship between religious and sexual identity conflict, gay-related stress, LGB identity difficulty, and mental health outcomes. Specifically:

A. It is hypothesized that religious and sexual identity conflict will be associated with LGB identity difficulty and mental health difficulties.

B. It is hypothesized that gay-related stress will be associated with LGB identity difficulty and mental health difficulties.

C. It is hypothesized that LGB identity difficulty will mediate the relationship between religious and sexual identity conflict and mental health outcomes.

D. It is hypothesized that LGB identity difficulty will mediate the relationship between gay-related stress and mental health outcomes.

Chapter 2: Methods

Participants

Participants in this study were part of a larger longitudinal study. Participants were recruited largely from the Miami area, but from other parts of the United States as well. To be eligible for participation, youth had to identify as gay, lesbian, or bisexual, and had to be between the ages of 14 and 26. Both males and females were encouraged to participate. In addition to youth, parents of youth were encouraged, but not required, to participate in Project COPES. Data from parent participants are not included in the present study. Participants were recruited through local LGB youth community centers and organizations in South Florida, local PFLAG chapters, high school and university Gay-Straight Alliances and LGB organizations, local high school counselors, the Internet, and by word of mouth.

Procedures

Written informed consent was obtained from adult participants, and written assent was obtained from participants age 17 or younger. Participants were given a series of questionnaires, which took approximately 1.5 hours to complete. Participants were given the option of participating in person in a laboratory setting at the University of Miami or by mail. Some participants completed packets at remote data collection sites, such as local LGB community centers.

Measures

Demographic Information. Participants filled out a background questionnaire examining demographic information, such as age, gender, and ethnicity (see Appendix

A). Sexual orientation was also assessed on the background questionnaire; participants were asked to indicate their sexual identity as "gay," "lesbian," "bisexual," or "other."

Religiosity Constructs. For the purposes of the present study, the Religious, Spiritual, and Sexual Identities Questionnaire (RSSIQ) was created by the author to describe religious and spiritual identity experiences among LGB youth (see Appendix B). Respondents were asked to consider their religious activities, spiritual practices, and spiritual beliefs, and how these religious constructs were related to their sexual orientation and coming out to themselves. The RSSIQ contains descriptive items as well as two scales.

Five items from the RSSIQ was used to describe the religious and spiritual identities of the sample, at the time of coming out to oneself and currently. Of these five, one item (Item 45) consists of an open-ended question assessing current religious affiliation among the sample. Two items (Items 30 and 46) ask participants to rate their religion's view on homosexuality, at the time of coming out and currently, using a 5-point Likert scale ranging from "Very positively" to "Very negatively." There are also two items (Items 41 and 57) that ask participants to report to what extent their spiritual beliefs include the belief that homosexuality is wrong, at the time of coming out and currently, using a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree."

Two scales, one examining conflict between religion and sexual orientation at the time of coming out to oneself, and one examining religion as a source of comfort at the time of coming out to oneself, were developed for the RSSIQ. While well-established measures were used to examine other variables, neither a measure of religious/sexual

identity conflict nor a measure of religious support for this population were available in the literature. Many of the published studies examining religious constructs among LGB individuals have used single items to measure religiosity or related variables (see Good & Willoughby, 2006; Rosario et al., 2006; Rostosky et al., 2008; Waldner-Haugrud & Magruder, 1996). Other studies used qualitative measures to examine these constructs (Coyle & Rafalin, 2000; Rosser, 1990; Schuck & Liddle, 2001). The present study makes a unique contribution to the literature in that religious/sexual identity conflict and religious support are measured quantitatively by using multiple-item scales.

In order to create the Spiritual Conflict Scale, five potential items were generated (see Appendix B, Second Page: Items 17, 18, 25, 33, and 39). Each item uses a 5-point Likert scale, which ranges from (1) "Strongly Disagree" to (5) "Strongly Agree," to assess issues such as: whether participants a) felt accepted/rejected by religion, b) felt conflict between beliefs and sexuality, or c) had doubts about religion/spiritual beliefs. Factor analysis indicated these five items to have adequate loading ($\geq .70$). Standardized factor loadings for each item on the Spiritual Conflict scale are presented in Table 1.

The five items from the Spiritual Conflict Scale will also be analyzed at an item level, in order to describe religious and spiritual conflict at the time of coming out to oneself, as virtually no data exist on this topic. Three additional items from the RSSIQ (Items 29, 34, and 40; see Appendix B, Third Page) will also be used to describe the conflict. These items assess whether the participants had trouble accepting their sexual orientation, and whether they ignored religious/spiritual conflict. These items also used a 5-point Likert scale, ranging from (1) "Strongly Disagree" to (5) "Strongly Agree."

The Spiritual Comfort Scale measures level of comfort and support the participant's religious identity provided after coming out to oneself. Six items were generated for this scale (see Appendix B, Fourth Page: Items 19, 20, 22, 23, 26, and 27) to assess the use of religious/spiritual activities and beliefs to comfort oneself and understand one's sexuality after coming out to oneself. These items also used a 5-point Likert scale, ranging from (1) "Strongly Disagree" to (5) "Strongly Agree." Factor analysis indicated these items to have adequate factor loading (≥ .70; see Table 1).

Both the Spiritual Conflict Scale and the Spiritual Comfort Scale were used as indicators of religious and sexual identity conflict in SEM testing the meditational model, with the Spiritual Comfort scale reverse scored. Participants reporting that they did not have a conflict or a religion from which to receive comfort were scored as a "1" on the scales scores, indicating that they did not experience a religious and sexual identity conflict. For both scales, internal reliability was examined using Cronbach's Alpha coefficients. Results indicated satisfactory internal reliability for both the Spiritual Conflict scale ($\alpha = .88$) and for the Spiritual Comfort scale ($\alpha = .93$).

Gay-Related Stress. Participants' experience of sexual minority stress was measured using the Measure of Gay-Related Stress (MOGS), a self-report measure of sexuality related stressors (Lewis et al., 2001). MOGS was developed by presenting a sample of 979 gay and lesbian participants with a list of gay-related stressors, such as rejection by loved ones, discrimination, harassment and assault, sexual orientation conflict and concealment, and concerns about HIV/AIDS (Morris, Lewis, & Derlega, 1993). A ten-factor model was determined using confirmatory factor analysis, accounting for 63.5% of the variance, and remained stable for both lesbians and gay men.

Cronbach's alpha for each factor indicated good internal consistency, ranging from .72 to .90 (Lewis et al., 2001). On the MOGS, participants are presented with a list of gay-related stressors, and are asked to select those that have occurred for them in the past year. Participants are then asked to rate the endorsed items on a 0-4 scale, where 0 is "not at all stressful," 1 is "a little stressful," 2 is "somewhat stressful," 3 is "moderately stressful," and 4 is "extremely stressful." For each of the 10 subscales, a severity score is calculated by averaging the endorsed items. High scores on the MOGS have been found to predict dysphoria and depressive symptoms (Lewis et al., 2001; Lewis et al., 2003).

Four subscales from the MOGS were included in the present study (see Appendix C): the Family Reactions Scale (nine items), the Visibility with Family and Friends Scale (seven items), the Visibility with School and Public Scale (six items), and the Violence and Harassment Scale (seven items). Two items on the Visibility with School and Public Scale were changed and the word "work" was changed to "school." This change was made to make the items more applicable to the adolescent and young adult sample. Good internal consistency has been reported for the MOGS scales (alphas = .77 to .90) (Lewis et al., 2001). Internal consistency for these MOGS scales in the present study were comparable (alphas = .70 to .87).

LGB Identity Difficulty. LGB identity difficulty was assessed using three subscales from the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Fassinger, 2000) and one subscale from the MOGS. The LGBIS is a slightly reworded version of the Lesbian and Gay Identity Scale (LGIS); the LGBIS introduced the word "bisexual" in items on the LGIS that asked about having a lesbian/gay identity. The LGBIS consists of twenty-seven items using a Likert scale ranging from 1 ("disagree

strongly") to 7 ("agree strongly") and subscales scores are computed by taking the mean of the items. The present study uses three of the LGBIS subscales to measure LGB identity difficulty (see Appendix D): Internalized Homonegativity/Binegativity (five items), Difficult Process (five items), and Identity Confusion (four items). The Internalized Homonegativity/Binegativity Scale assesses the degree of negativity the participant associates with their sexual orientation. The Difficult Process scale assesses how comfortable, natural, and easy the process of admitting one's sexual orientation has been for the participant. The Identity Confusion Scale examines how much confusion and doubt surrounds a participant's LGB identity.

Initial evidence of satisfactory reliability and validity has been published for the LGIS (Mohr & Fassinger, 2000). The Difficult Process and Identity Confusion subscales were found to correlate with a measure of self-esteem in a sample of 590 lesbians, and the Difficult Process and Internalized Homonegativity subscales correlated with self-esteem in a sample of 414 gay men (Mohr & Fassinger, 2000). Analyses from the present study indicated acceptable internal consistency for the three LGBIS scales that were used (alphas = .67 to .82).

Additionally, the Sexual Orientation Conflict Scale from the MOGS (see Appendix C) was included as an indicator of LGB identity difficulty (Lewis et al., 2001). This scale is made up of four items that are related to general LGB identity difficulty, specifically assessing shame and guilt associated with being LGB, difficulty accepting sexual orientation, mixed feelings about sexual orientation, and conflict between self-image and society's image of homosexuals. Lewis and colleagues (2001) found this scale

to have satisfactory internal consistency, α = .83. In the present study, this scale was also found to have satisfactory internal consistency, α = .75.

Mental Health Outcomes. Mental health outcomes were assessed using the Behavior Assessment System for Children, Second Edition, Self-Report-Adolescent version (BASC-2, SRP-A), a questionnaire that has been found to be reliable and valid in the literature (Reynolds & Kamphaus, 2004; Tan, 2007). The BASC-2, SRP-A is a 176-item questionnaire that assesses psychological and behavior health of as adolescents aged 12 to 21. In the present study, mental health outcomes were assessed using three scales from the BASC-2, SRP-A (see Appendix E): the Depression Scale (twelve items), the Anxiety Scale (thirteen items), and the Self-Esteem Scale (eight items). These items had satisfactory internal consistency (alphas = .81 to .89).

Some of the items on the BASC-2, SRP-A are scored with a scale of either 0 (false) or 2 (true) and others are scored on a scale from 0 to 3, where 0 is "never," 1 is "sometimes," 2 is "often," and 3 is "almost always." Raw subscale scores are calculated by totaling the number of points earned for each question in the scale. Raw scores are then converted to T-scores, based on normative data from a sample of 3,400 adolescents and young adults. The sample is broken up into an age 12-18 comparison group, and an age 19-21 comparison group. Because youth age 22-26 were not included in the normative sample, youth in this age range in the present study will be compared to the age 19-21 group.

In the present study, a comparison of T-score means between the age 21 and below group and the age 22 and above group revealed means that were highly

comparable. Additionally, internal consistent was good to acceptable for both groups on all three scales. These data are presented in Table 2.

Chapter 3: Results

Demographic Analyses

The final sample consisted of 172 adolescents and young adults. 31.4% of the sample identified as a lesbian, 47.7% identified as a gay male, 13.4% identified as a bisexual female, and 7.6% identified as a bisexual male, with a total of 44.8% identifying as female and 55.2% identifying as male. The participants ranged in age from 14 to 26, with a mean age of 19.5 (SD = 2.66). A range of ethnicities were represented in the sample, and is listed in Table 3.

In order to examine whether the sample differed by gender, sexual orientation, or ethnicity on any of the dependant variable of interest, two one-way MANOVAs were conducted, one for the primary dependent variable, mental health, and one for the proposed mediator, LGB Identity Difficulty. The first MANOVA included the three BASC-II subscales (Depression, Self-Esteem, and Anxiety) as the dependent variables. No group differences were found (gender: $F(3, 168) = .35$, $p = .790$, $\eta^2 < .01$; ethnicity: $F(12, 437) = 1.35$, $p = .189$, $\eta^2 = .03$; sexual orientation: $F(6, 334) = 1.69$, $p = .124$, $\eta^2 = .03$). The second MANOVA included the three subscales from the LGBIS (Internalized Homonegativity, Difficult Process, and Identity Confusion). The LGBIS subscales did not differ by gender ($F(3, 167) = 2.08$, $p = .105$, $\eta^2 = .04$) or ethnicity ($F(12, 434) = 0.85$, $p = .595$, $\eta^2 = .02$), but a significant difference for sexual orientation was found ($F(6, 332) = 7.50$, $p < .001$, $\eta^2 = .12$). Follow-up ANOVAs showed a significant difference for the Identity Confusion scale ($F(2, 168) = 23.08$, $p < .001$, $\eta^2 = .22$). Post hoc comparisons using a Bonferroni correction indicated identity confusion to be higher in the bisexual

group (M = 2.59, SD = 1.50) as compared to the lesbian (M = 1.33, SD = .823) and gay (M = 1.36, SD = .75) participants.

In addition, Pearson's *r* correlations between age and the dependent variables indicated that age was significantly correlated with the BASC Depression Scale, $r = -.20$, $p = .008$. No other significant correlations were found. Observed variable means, standard deviations, minimums, and maximums are reported in Table 4.

Aim #1: To examine religiosity and spirituality in a sample of LGB youth.

Descriptive statistics to examine the religious identity and spirituality of the sample are presented below.

The religious identification breakdown of the sample, based on open-ended responses to item 45 of the RSSIQ, is presented in Table 5. 38.6% of the sample reported currently having a religious identity. Additionally, 5.2% identified as "spiritual," 7.0% identified as agnostic, 1.2% identified as atheist, and 47.1% either reported have no religion or did not answer the item.

There were 4 items on the RSSIQ asked participants if their religion and spiritual beliefs include a negative view of homosexuality. These results are presented in Table 6. Participants were categorized as "Neither/I Don't Know" for Items 30 and 46 if they responded that their religion views homosexuality "neither positively not negatively," if they responded that they did not know how their religion felt about homosexuality, or if they or had multiple religious identifications with discrepant views on homosexuality. In general, these data indicate that while a most participants were involved with a religion that viewed homosexuality negatively at the time of coming out, participants tend to

either change to a religion that views homosexuality less negatively or become less religious over time. Roughly half of the participants disagreed that their spiritual beliefs included the belief that homosexuality is wrong, both at the time of coming out and currently.

Aim #2: To examine conflict between religious and sexual identities at the time of coming out and how this was handled.

The Spiritual Conflict Scale from the RSSIQ was used to examine conflict between religious and sexual identities. The Spiritual Conflict Scale was generated for 171 participants. Scores on the scale ranged from 1 to 5. The mean score on the Spiritual Conflict Scale was 2.77, with a standard deviation of 1.33. With a mean just below three, this suggests that, on average, participants were in slight disagreement or more or less undecided as to whether they experienced conflict between their religious beliefs and their sexual identity.

Additionally, items from the Spiritual Conflict Scale were analyzed individually as virtually no data exist on this topic. The percentage of participants who felt accepted by their religion (Item 17), the percentage of participants who felt rejected by their religion (Item 18), and the percentage of participants who felt conflicted between their spiritual beliefs and their sexual identities (Item 25) are presented in Table 7. The percentage of participants who felt accepted by their religion at the time of coming out was small (13.5%) though only 1 in 5 participants reported feeling outright rejected. Experiencing conflict between spiritual beliefs and sexual orientation was reasonably common and about a third of the sample reported experiencing this. Further analyses indicate that 3.5% of participants (5.2% of religious participants) agreed that they felt

accepted by their religion, *and* agreed that they felt rejected by their religion. Additionally, 11.1% (16.5% of religious participants) disagreed that they felt rejected *and* disagreed that they felt accepted by their religion by disagreeing to both items. Hence, 14.6% of the sample reported seemingly discordant messages from their religion at the time of coming out.

The percentage of participants who had doubts about their religion (Item 33) and the percentage of participants who had doubts about their spiritual beliefs (Item 39) are also reported in Table 7. At the time of coming out, nearly half the sample reported having doubts about their religion and about a third had doubts about their spiritual beliefs.

Three items were included in the study which asked participants if they had trouble accepting their sexual orientation after coming out, and if they ignored conflict between religious/spiritual beliefs and their sexual orientation. Responses from these three items are presented in Table 8. About a third of the sample indicated that they had difficulty accepting their sexual orientation, while nearly half the sample indicated that they did not have trouble accepting their sexual orientation. For conflicts with both religious and spiritual beliefs, over a third of the sample reported coping by ignoring the conflict.

In addition to the Spiritual Conflict Scale, a Spiritual Comfort Scale also was developed. The Spiritual Comfort Scale was generated for 171 participants. Scores on the scale ranged from 1 to 5. The mean score on the Spiritual Comfort Scale was 1.19, with a standard deviation of 1.25. With a mean well below 3, these results indicate that

participants tended to have low levels of comfort and support from their religions or spiritual beliefs after coming out to themselves.

Aim #3: To test whether sexual orientation mediates 1) the relationship between religious and sexual identity conflict and mental health, and 2) the relationship between gay-related stress and mental health.

Structural Equation Modeling (SEM) was used to examine the fit of the model presented in Figure 3. Indicator loadings were examined to determine if the selected scales were appropriate and significant representations of latent variables. All observed variables were found to be significant indicators of their associated latent variables at the $\alpha = .05$ (all *p*-values were less than 0.007). Additionally, because age was found to be a significant correlate of the BASC: Depression Scale, the covariance between age and the Depression Scale was included in the model, to control for this relationship. Age was also found to be a significant correlate of the gay-related stress latent variable, and hence this covariance was added to control for this relationship.

First, direct path coefficients between latent variables were tested for significance using SEM. The direct path from religious & sexual identity conflict to mental health outcomes was not significant at the $\alpha = .05$ level, b = -0.13, SE = 0.19, $p = 0.505$. Additionally, the direct path from gay-related stress to mental health was not significant at the $\alpha = .05$ level, b = 0.04, SE = 0.16, $p = 0.811$. These paths were subsequently removed from the model.

Model fit was examined using the Chi-Square Test of Model Fit, the Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR) at model fit indices. These fit indices

generally did not indicate adequate model fit, $\chi^2(59) = 134.19$, $p < .001$, CFI = 0.87, RMSEA = 0.09, SRMR = 0.07 . To improve model fit, modification indices were considered, and residual variance correlations between indicators were examined. Analyses revealed that several significant relationships existed among indicator variables that were unaccounted for by latent constructs included in the model. Specifically, the correlations between the error variances of the Visibility with School/Public Scale and the Family Reactions Scale (b = -0.28, $p = .001$), the error variances of the Visibility with School/Public Scale and the Violence and Harassment Scale (b = -0.19, $p = .035$), the error variances of the Difficult Process Scale and the Internalized Homonegativity Scale (b = 0.21, $p < .001$), and the error variances of the Spiritual Conflict Scale and the Internalized Homonegativity Scale (b = -0.25, $p = .001$) were added to the model due to their significance. These correlations indicate relationships between observed variables that are unaccounted for by the latent variables included in the model.

Additionally, several pairs of residual variances were estimated together in order to improve model parsimony, after initial analyses indicated that they were similar. Specifically, the Spiritual Conflict Scale and Spiritual Comfort Scale residual variances were set to be equal, the Internalized Homonegativity Scale and the Difficult Process Scale residual variances were set to be equal, and the Anxiety Scale and Self-Esteem Scale residual variances were set to be equal.

The subsequent and final model is presented in Figure 3. Unstandardized and standardized parameter estimates are presented in Table 9. The final model indicated good model fit from the RMSEA and the SRMR (RMSEA = 0.06, SRMR = 0.07), and acceptable model fit from the CFI (CFI = 0.93). All paths between latent variables

included in the final model were significant at the $\alpha = .05$ level. Additionally, 84% of the variance in LGB identity difficulty was accounted for by religious and sexual identity conflict and gay-related stress, and LGB identity difficulty accounted for 17% of the variance in mental health outcomes.

Finally, indirect effects were examined to determine if LGB identity difficulty served as a mediator between religious and sexual identity conflict and mental health outcomes, and between gay-related stress and mental health outcomes. Results indicated a significant indirect effect from religious and sexual identity conflict to mental health outcomes via LGB identity difficulty, b = 2.50, SE = 1.08, $p = 0.021$. Results also indicated a significant indirect effect from gay-related stress to mental health outcomes via LGB identity difficulty, b = 3.06, SE = 0.90, $p = .001$. Hence, LGB identity difficulty was found to be a significant mediator of the relationship between religious and sexual identity conflict and mental health outcomes, and of the relationship between gay-related stress and mental health outcomes.

Chapter 4: Discussion

Several studies suggest that lesbian, gay and bisexual (LGB) youth may be at heightened risk for psychological difficulties, and the recent suicides of Raymond Chase, Tyler Clementi, Asher Brown, Billy Lucas, and Seth Walsh are poignant examples of the tragedy that can ensue when sexual minority youth are under extreme stress and feel isolated from others (Coker et al., 2010; Kosciw et al., 2009; Mercier and Berger, 1989; Meyer, 2003; Robin et al., 2002). To date, however, there are very few studies that examine factors that might place LGB youth at risk for maladjustment. One particularly neglected area is religiosity, though given the homophobic stance of many religions, this would seem to be one possible risk factor. LGB youth also are likely to experience stressors that are unique to their sexual orientation, including difficulty establishing a positive sense of identity.

Descriptive Findings

This study had two major aims. The first aim of the study was to describe religiosity and spirituality, and religious and sexual identity conflict, in a sample of 171 LGB youth. Five notable findings or observations emerge from this descriptive part of the study.

First, the present study established two scales related to religious and sexual identity conflict, with one measuring spiritual and sexual orientation conflict, and one measuring spiritual comfort or support at the time of coming out to oneself. Adequate reliability was found for both. Evidence for validity also was found in that the associated latent constructs were related to LGB identity difficulty, and covaried with gay-related

stress. Hence, these two scales make a contribution to the existing literature as a psychometrically sound means of measuring religious and sexual orientation conflict among LGB youth. This contribution is significant, as religious constructs historically have been measured using single items (see Good & Willoughby, 2006; Rosario et al., 2006; Rostosky et al., 2008; Waldner-Haugrud & Magruder, 1996). Two reliable, valid, multiple-item scales are now available for research to examine religious and sexual identity conflict among LGB youth.

Second, about 60% of the sample did not report having a religion (including those identifying as agnostic, atheist, and spiritual/non-religious). Though little research is available on religiosity among adolescents and emerging adults, this estimate is slightly higher than what might be expected in a heterosexual sample. Arnett and Jensen (2002) found that in a sample of 140 youth (ages 21 to 28), a little over half identified as either agnostic/atheist (24%) or deist (29%), and hence did not identify with a religious institution.

It is not yet known how stable religious commitment is for LGB youth. Although data on developmental changes in religiosity are scarce, a few studies suggest that religiosity declines among late adolescents and emerging adults, and increases in later adulthood (Arnett & Jensen, 2002; Gallup, 2002; Kubicek et al., 2009). To what extent this developmental trend applies to LGB youth is uncertain. Konik and Stewart (2004) found that LGB youth are more likely than heterosexual youth to have committed to a religious identity (whether they are committed to being religious or being non-religious). Hence, while heterosexual youth may experience the "religiosity cycle" of declining religiosity in late adolescence and increasing religiosity after early adulthood, LGB youth

who are non-religious may be more committed to this identity and less likely to become more religious later on. In other words, while one may expect straight youth to become more as they become adults, the religious identities reported in the present sample might be more stable into later adulthood. Based on this literature and the current data, one might predict that LGB youth are somewhat less religious than heterosexual youth, and that they tend to stay that way. Only longitudinal data, however, can make this determination.

A third finding is that, both at the time of coming out and currently, a majority of respondents who were religious indicated belonging to a religion that was not supportive of their sexual identity, though the percentage declined over time. Responses indicated that a majority of participants who had a religion at that time of coming out had one that did not support homosexuality. In addition, descriptive information from the RSSIQ Spiritual Conflict and Spiritual Comfort scales indicate that while a variety of experiences with religious and sexual identity conflict were observed, participants tended to have a lack of religious and spiritual comfort and support upon coming out to themselves. Further, a very small number of participants (3.6% of the sample) reported that, at the time of coming out, their religion viewed homosexuality positively, whereas 60% of the sample had a religion that viewed homosexuality negatively. In terms of current religious involvement, only 12.5% reported belonging to a religion that views homosexuality positively while nearly half of the sample chose not to have a religion. These findings are not surprising, given that many religions are outspoken about having negative views of homosexuality, and religious families tend to have more negative feelings toward homosexuality (Newman & Muzzonigro, 1993). Thus, a majority of

LGB youth in this study had not found an accepting religion. Hence, it appears that participants most often either find a religious group that is less overtly negative about homosexuality, or leave religion altogether. This finding is also consistent with the Identity Crisis Theory, which suggests that identity conflict tends to result in a divestment from one of the identity's behavioral sets (Baumeister et al., 1985). It appears that a common resolution of the religious and sexual identity conflict is to depart from religion, or at least to find one that is causing less conflict. This conclusion is also supported by data from Ream & Savin-Williams (2005), who found that 25% of males and 39% of females in their sample of 339 left Christianity in response to their identity conflict. However, given that a relatively low number of participants in the current sample reported having a religion that views homosexuality *positively*, these data indicate that most LGB youth do not have positive religious experiences before or after becoming self-aware of their sexual orientation.

A fourth interesting finding is that while a majority of people grew up with a religion that viewed homosexuality negatively, about half of the sample had spiritual beliefs after coming out to themselves that did *not* include the belief that homosexuality is wrong. In other words, it seems that many participants were able to separate their own spiritual beliefs about homosexuality from their religion's perspective. This conclusion is consistent with the finding from Halkitis and colleagues (2009), who found that in a sample of 498 LGBT adults, spiritual identities were more prominent than religious ones. It is notable, however, that about a quarter of the sample with spiritual beliefs either believed homosexuality is wrong or were undecided. Hence, while retaining a set of spiritual beliefs that were supportive of homosexuality was common in the sample, this

was not the case for all participants. It was surprising to observe this pattern among a sample of LGB youth, particularly since research samples of LGB youth tend to include a greater proportion of individuals who are more comfortable with their sexuality than would be hypothesized in the population (Bhugra, 1997). Holding on to spiritual beliefs that negate a core element of one's identity appears to be a key factor in understanding problems for LGB youth in establishing positive self-concepts, which, in turn places them at risk for maladjustment.

Fifth, it is interesting to note that there were fewer participants who agreed that they felt overtly *rejected* by their religion than there were who disagreed that they felt *accepted*. This suggests that some participants experienced a religion that did not take an active stance regarding homosexuality, neither overtly disapproving it nor providing acceptance. The discrepancy may also include participants who, to some degree, experienced both acceptance and rejection from their religion, such as ones that prescribe the "love the sinner, hate the sin" attitude (Mak & Tsang, 2008; Yakushko, 2005). The data suggest that it is possible to receive mixed messages from religious sources regarding homosexuality, and in fact, this pattern occurred for about 15% of the overall sample.

Testing the Model

The second primary aim of the study was to examine the relationship between religious and sexual identity conflict, gay-related stress, LGB identity difficulty, and mental health outcomes. It was hypothesized that LGB identity difficulty would mediate the relationships between, a) religious and sexual identity conflict and mental health outcomes, and, b) gay-related stress and mental health outcomes. The data generally

supported the proposed hypothesis for both relationships, as both indirect effects were significant. Hence, these data indicate that LGB identity difficulty is a mediator of both the relationship between religious and sexual identity conflict and mental health outcomes, and the relationship between gay-related stress and mental health outcomes.

Relatively few studies have examined the intersection between religious and sexual identities, though a notable exception is a study by Ream and Savin-Williams (2005). These authors found that youth who reported having "no conflict" between religious and sexual identities generally had better mental health than participants who left Christianity. This finding is consistent with the present model, which indicates that lower ratings of religious and sexual identity conflict corresponded with lower ratings of LGB identity difficulty and, indirectly, better mental health outcomes. Moreover, Ream and Savin-Williams found that even among LGB youth with a Christian background, many did not experience a religious conflict. Further, while some youth experiencing a conflict in their study experienced mental health difficulties, many reporting a conflict experienced outcomes that were similar to those who reported having no conflict. The present model helps to explain the relationship between religious conflict and mental health difficulties, which Ream and Savin-Williams found not always to be linked. Instead, they observed that some youth experiencing religious conflict had some kind of resilience to its effects on mental health. Present data indicate that when religious conflict is associated with difficulty with sexual orientation specifically, higher rates of mental health difficulties emerge. Hence, the present study helps to further identify a mediator of the relationship as LGB identity difficulty, suggesting that those who are able

to establish a positive LGB identity are more resilient to the connection between religious conflict and mental health difficulties.

The majority of previous work concerning religious identity among youth has focused on the role of religiosity as a correlate with positive physical and mental health outcomes, with mixed findings among LGB samples (Cotton et al., 2006; Kipke et al., 2007; Rosario et al., 2006; Rostosky et al., 2007, 2008). The results of the present study suggest that when religious identity conflicts with sexual identity, mental health may be compromised through sexual identity difficulty. Hence, whether religiosity is correlated with positive outcomes for LGB youth may depend on whether religiosity is in conflict with sexual orientation, and further, whether sexual identity is challenged. Given the present data, it is reasonable to postulate that involvement with a supportive, accepting religion—one that would minimize conflict with sexual orientation—would be correlated with less difficulty with sexual identity and thus fewer mental health problems.

While the number of studies directly examining religious conflict among LGB youth is extremely limited, theories regarding identity conflict are relevant. Several models indicate that the better one is able to integrate one's identities, the better implications for mental health outcomes. Amiot and colleagues (2010) suggest that successful identity integration leads to better psychological adjustment, and Luyckx and colleagues (2008) linked identity integration with decreased risk of depression and better self-esteem. Similarly, the Multiple Identities Model emphasizes that harmony between identities is linked to increased psychological well-being, including decreased risk for depression, anxiety, and perceived stress. While the present model does show that for LGB youth, religious and sexual identity conflict is related to mental health outcomes,

this relationship is indirect, and fully explained by sexual identity difficulty. Hence, those working with LGB youth experiencing mental health problems might find success in specifically targeting LGB identity difficulty, and helping promote identity integration by finding supportive and complimentary religious associations.

Additionally, results of this study indicate that the experience of gay-related stress is related to mental health difficulties via LGB identity difficulty, though a direct link between gay-related stress and psychological well-being was not supported. At first glance, this appears to contrast with the existing literature as several theories have linked stress in general to mental health (Allen et al., 2008; Avison & Turner, 1988; Pearlin et al., 1981). Other theories have specified stress related to having a sexual minority status as specifically relating to depression and emotional distress (Giusto & Van Willigen, 2003; Lewis et al., 2003; Mercier & Berger, 1989; Rosario et al., 1996). Although several previous studies have found links between various sources of stress and mental health for LGB youth, none to date have explored sexual identity difficulty as a mediator of this relationship. It appears that considering LGB identity difficulty is vital in examining outcomes related to gay-related stress. It may thus be more appropriate to consider difficulties with LGB identity acceptance as a primary outcome, rather than mental health outcomes, when examining stress due to negative family reactions, visibility concerns, and harassment.

Finally, the finding that LGB identity difficulty was significantly related to mental health outcomes itself supports the theory and literature regarding the importance of forming a positive sexual identity among LGB youth. The concept of internalized homophobia has received a fair amount of attention in the literature, and the present study

is consistent with previous findings that internalized homophobia is linked to mental health outcomes (Newcomb & Mustanski, 2010). In addition to internalized homophobia, it was also hypothesized, based on the literature, that difficulty with the process of coming out can would have an impact on mental health, as the coming out process may be long, uncomfortable, and challenging (Cohen & Savin-Williams, 1996; Mohr & Fassinger, 2000; Savin-Williams, 1998). Doubt and confusion surround sexual identity have been linked to depression and low self-esteem as well (Cass, 1984; Maylon, 1982; Mohr & Fassinger, 2000; Troiden, 1989, 1993). The body of literature regarding the overall concept of difficulty with LGB identity is scarce, and the present study helps to unite research suggesting that internalized homophobia, difficulty with the coming out process, and doubt and confusion are all related to mental health outcomes. Mohr and Fassinger (2000) found that higher scores on the LGBIS scales included in the present study were correlated with lower self-esteem; the present data indicate that these scales are also related to depression and anxiety. Overall, it may be useful to include the broader construct of LGB identity difficulty in future examinations of religious and sexual identity conflict, gay-related stress, and mental health, as this variable has been found to be key in explaining relationships between these constructs.

Limitations

There are several limitations to the present study. Perhaps the most important is that the sample of LGB adolescents and young adults may be unrepresentative of the true population of LGB youth. This "problem of ascertainment" is a consistent limitation across all research with LGB individuals (Bhugra, 1997). LGB individuals may experience a variety of problems surrounding acceptance of their sexual identity, and

finding those who are in the earlier stages of the coming out process and enrolling them in research related to sexuality is extremely difficult (Cass, 1984; Troiden, 1989). This challenge may have several implications regarding the generalizability of a given sample of LGB individuals. For the present study, it may be the case that youth experiencing more religious and sexual identity conflict, more difficulty with their LGB identity, and/or more mental health difficulties resulting from these difficulties are less likely to be willing to participate in a research study. Hence, the final sample may be made up of fewer participants experiencing more severe challenges to their sexual identity than what is found in the population. As an example, research suggests that religiosity may impede sexual identity expression in LGB youth (Waldner-Haugrud & Magruder, 1996). Hence, the youth who were recruited in the sample may not only have a more positive sexual identity than the larger population of LGB youth, but may also be more likely to come from a less religious background. The results of the study may thus reflect an underestimation of the level of religious and sexual identity conflict and LGB identity difficulty than is typically experienced by LGB youth. Similarly, it may be the case that LGB youth in general have more gay-related stress and more associated mental health problems than the sample data suggest.

A second limitation of the study is the inability to definitely conclude causality or mediation in the model, as the design of the study is not longitudinal. In order to truly establish mediation, Kazdin (2007) notes that change in the predictor variable must occur before change in the outcome variable. All of the participants in the present study completed the measures simultaneously, but report of religious and sexual identity conflict at the time of coming out was retrospective, meaning that change in this variable

did occur prior to other variables. However, it is possible that looking retrospectively through the lens of present events might have lead to different responses that if it had been possible to ask participants about the conflict directly at the time of coming out. Future researchers may use a longitudinal design to more definitively test mediation.

Additionally, a larger sample size would have been preferred, in order to explore differences between participants based on demographic variables such as gender, sexual orientation, or ethnicity. While significant differences between these variables were generally not found on the outcome variables, it would be interesting to test for model invariance across them. Similarly, most of the participants with a religion identified as a type of Christian, with very few respondents in other religious categories, such as Jewish, Muslim, Hindu, or Buddhist. It is unclear whether participants with more diverse religious backgrounds would have similar experiences regarding religious and sexual identity conflict as those with Christian backgrounds; the only other study to date examining religious and sexual identity conflict in LGB youth focused only on Christian youth (Ream & Savin-Williams, 2005). Future researchers may wish to recruit participants with specific religious backgrounds to make comparisons between religious identities.

Another limitation of the study is that mental health outcomes were measured using the BASC-2, Self-Report Adolescent, which was not constructed with normative groups older than 21. For the present study, scores from youth older than 21 were calculated using the age 19-21 normative group. While the resulting measurement errors is likely minimal, as internal reliability and means were comparable between age groups,

future researchers may wish to use other measures that were designed for use with emerging adults.

Implications

The findings from the present study have several implications for clinicians working with LGB youth, for their families and teachers, and for researchers. Professionals working with LGB adolescents or emerging adults should investigate the possibility of a religious and sexual identity conflict among their clients, as the level of conflict in this area has been found to correlate with LGB identity difficulty, and mental health difficulties in turn. Similarly, families of LGB youth should be aware of these correlates, particularly in families with religious values that might be conflictual with sexual identity. Additionally, parents, teachers, and mental health professionals should also be aware of the various sources of gay-related stress that might exist in the lives of LGB youth, including negative family reactions, sexual orientation visibility maintenance in home and in public, and harassment and violence. As is evident in the present results, these types of stressors correlate with LGB identity difficulty and indirectly with mental health difficulties. Overall, families and professionals living or working with LGB youth should be aware of potential indicators of LGB identity difficulty, like internalized homophobia, difficulty with the coming out process, identity confusion, and sexual orientation conflict.

Perhaps the most important finding from the present study is the importance of maintaining a positive sexual identity for LGB youth. Results showed that LGB identity difficulty explained 17% of variance in mental health outcomes, a relatively large amount. Moreover, LGB identity difficulty may actually account for any impact that

either religious conflict or gay-related stress may have on mental health. The fact that the direct relationships between these sources and mental health outcomes were not significant among this sample may actually provide hope for gay, lesbian, and bisexual youth. If they are able to maintain a positive LGB identity—potentially through social support, positive LGB role models, or counseling interventions—the impact of religious conflict and gay-related stressors on mental health may be minimized. While teachers, counselors, or other supportive professionals may be unable to change these stressors in the lives of an LGB student or client, their effects may be reduced with efforts focusing on maintaining and improving positive LGB identity. Despite numerous conflictual religious and stressful factors targeting LGB youth, it is hopeful that these youth may find solace through a positive sexual identity.

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Table 1

Standardized Factor Loadings of Items on the Spiritual Conflict Scale and the Spiritual Comfort Scale

RSSIQ Item	Conflict Scale Loading	Comfort Scale Loading
Item 17	**.85**	.46
Item 18	**.84**	.42
Item 33	**.74**	.37
Item 25	**.72**	.64
Item 39	**.71**	.31
Item 27	.47	**.94**
Item 26	.44	**.92**
Item 23	.42	**.84**
Item 22	.41	**.78**
Item 20	.56	**.76**
Item 19	.48	**.72**

Note. Factor loadings > .70 are in boldface.

Table 2

Comparison of T-score Means and Cronbach's Alphas between Age 14-21 Participants and Age 22-26 Participants for BASC Depression, Anxiety, and Self-Esteem Scales

	BASC: Depression Scale		BASC: Anxiety Scale		BASC: Self-Esteem Scale	
Group	M	α	M	α	M	α
Age 14-21 Group (n = 125)	49.4	.89	53.2	.88	49.3	.84
Age 22-26 Group (n = 47)	50.5	.80	50.5	.79	49.8	.67

Table 3

Distribution of Participant by Ethnicity

Ethnic Group	Frequency	Percentage
Asian	4	2.3%
Black	36	20.9%
Hispanic	63	36.6%
White	62	36.0%
Other/Mixed	7	4.1%
Total	172	

Table 4

Sample Size, Means, Standard Deviations, and Minimum/Maximum of Study Observed Variables

Observed Variable	*n*	Mean	Standard Deviation	Minimum - Maximum
Spiritual Conflict	171	2.77	1.33	1 – 5
Spiritual Comfort	171	1.19	1.25	1 – 5
Family Reactions	160	1.94	1.29	0 – 4
Visibility w/ Family/Friends	160	1.64	1.09	0 – 4
Visibility w/ School/Public	160	1.05	.95	0 – 4
Violence/Harassment	160	1.35	1.27	0 – 4
Internalized Homonegativity	171	1.96	1.09	1 – 6
Difficult Process	171	3.02	1.28	1 – 6.6
Identity Confusion	171	1.60	1.09	1 – 6
Sexual Orientation Conflict	160	1.13	1.22	0 – 4
Depression	172	48.25	10.78	36 - 90
Self-Esteem	172	49.45	9.66	15 – 63
Anxiety	172	52.45	9.90	33 – 79

Table 5

Distribution of Participants by Religious Identification

Religion	Frequency	Percentage
Catholic	16	9.3%
Christian (Other)	34	19.8%
Jewish	9	5.2%
Wiccan/Pagan	3	1.7%
Buddhist	2	1.2%
Hindu	1	0.6%
Muslim	1	0.6%
Spiritual	10	5.8%
Agnostic	12	7.0%
Atheist	2	1.2%
None/Blank/Undecided	81	47.1%
Total	171	

Table 6

Participant Religious and Spiritual Belief View of Homosexuality After Coming Out and Currently

RSSIQ Item	Somewhat/Very Positively	Somewhat/Very Negatively	Neither/I Don't Know	Does Not Apply
Religion's view of homosexuality after coming out to self (Item 30)	3.6%	55.9 %	17.7%	22.9%
Religion's view of homosexuality currently (Item 46)	12.5 %	18.3%	22.0 %	47.4%
RSSIQ Item	**Strongly/ Somewhat Agree**	**Strongly/ Somewhat Disagree**	**Undecided**	**Does Not Apply**
Spiritual beliefs included homosexuality is wrong, after coming out to self (Item 41)	22.2%	46.2%	9.9%	21.6%
Spiritual beliefs included homosexuality is wrong, currently (Item 57)	7.6%	52.6%	9.4%	30.4%

Table 7

Participant Experiences with Religious and Sexual Identity Conflict, and Doubt about Religion and Spiritual Beliefs

RSSIQ Item	Strongly/ Somewhat Agree	Strongly/ Somewhat Disagree	Undecided	Does Not Apply
Felt accepted by religion (Item 17)	13.5%	43.2%	9.9%	33.3%
Felt rejected by religion (Item 18)	29.2%	21.7%	15.2%	33.9%
Felt conflicted between spiritual beliefs and sexuality (Item 25)	32.8%	33.3%	7.6%	26.3%
Had doubts about their religion (Item 33)	43.9%	22.8%	5.3%	28.1%
Had doubts about their spiritual beliefs (Item 39)	34.5%	31.0%	12.9%	21.6%

Table 8

Participants Experiences with Trouble Accepting Sexual Orientation and Ignoring Religious and Sexual Identity Conflict After Coming Out to Self

RSSIQ Item	Strongly/ Somewhat Agree	Strongly/ Somewhat Disagree	Undecided	Does Not Apply
Had trouble accepting their sexual orientation (Item 29)	36.8%	46.2%	9.4%	7.6%
Ignored disagreement between religion and sexual orientation (Item 34)	45%	18.1%	6.4%	30.4%
Ignored disagreement between spiritual beliefs and sexual orientation (Item 40)	38%	25.7%	9.9%	26.3%

Table 9

Unstandardized and Standardized Parameter Estimates, and Significance Levels for Model in Figure 3

Measurement Model	Unstandardized	Standardized	*p*
Religious & Sexual Identity Conflict → Spiritual Conflict	1.00	0.56	-
Religious & Sexual Identity Conflict → Spiritual Comfort	-0.66	-0.42	<.001
Gay-Related Stress → Family Reaction	1.00	0.68	-
Gay-Related Stress → Visibility with Family/Friends	0.87	0.69	<.001
Gay-Related Stress → Visibility with School/Public	0.92	0.83	<.001
Gay-Related Stress → Violence/Harassment	0.88	0.61	<.001
LGB Identity Difficulty → Internalized Homonegativity	1.00	0.48	-
LGB Identity Difficulty → Difficult Process	1.54	0.65	<.001
LGB Identity Difficulty → Identity Confusion	0.42	0.21	.025
LGB Identity Difficulty → Sexual Orientation Conflict	1.63	0.72	<.001
Mental Health Outcomes → Depression	1.00	0.93	-
Mental Health Outcomes → Anxiety	0.67	0.69	<.001
Mental Health Outcomes → Self-Esteem	-0.67	-0.69	<.001
Structural Model, Direct Effects	**Unstandardized**	**Standardized**	***p***
Religious & Sexual Identity Conflict → LGB Identity Difficulty	0.32	0.46	0.02
Gay-Related Stress → LGB Identity Difficulty	0.40	0.64	<.001
LGB Identity Difficulty → Mental Health Outcomes	7.72	0.42	<.001
Indirect Effects	**Unstandardized**	**Standardized**	***p***
Religious & Sexual Identity Conflict → Mental Health Outcomes (via LGB Identity Difficulty)	2.50	0.19	0.02
Gay-Related Stress → Mental Health Outcomes (via LGB Identity Difficulty)	3.06	0.27	.001

Figure 1. Proposed path model being tested. Four latent constructs were included in the model, testing LGB identity difficulty as a mediator of the relationships between a) religious and sexual identity conflict and mental health outcomes, and b) gay-related stress and mental health outcomes.

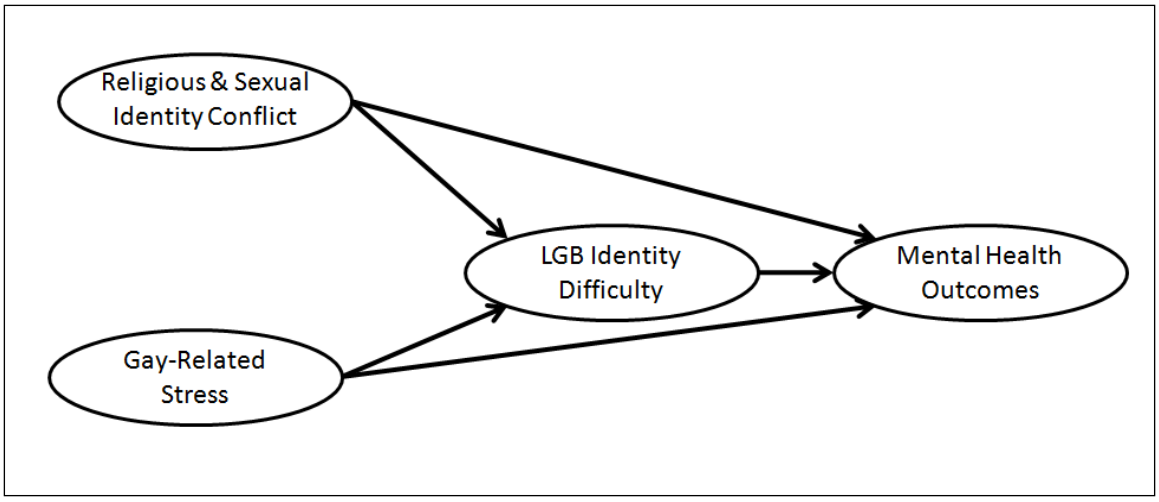


Figure 2. Proposed path model being tested, with observed variables included.

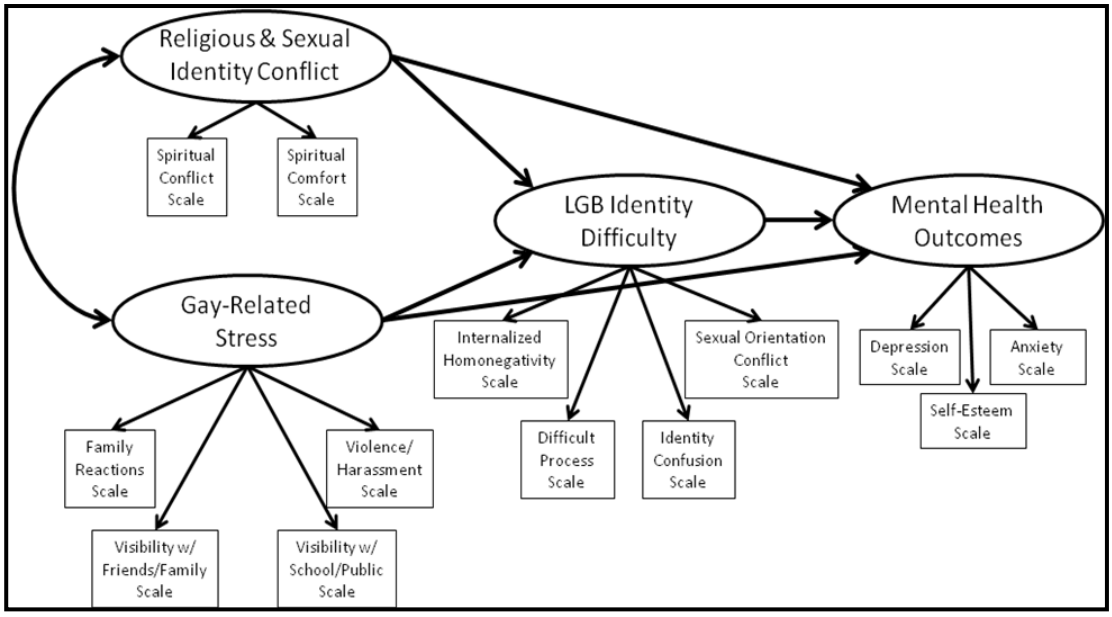
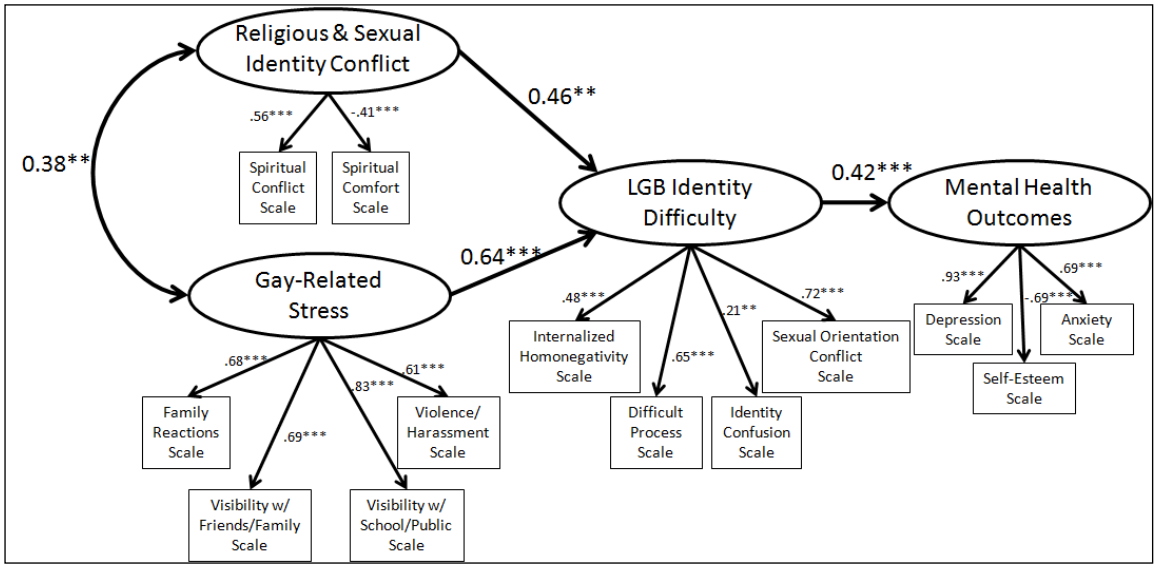


Figure 3. Full tested path model. Both latent and observed variables are included, with standardized estimates of variable relationships and loadings. Significant correlations between residual variances of indicator variables are not shown. Age was also a significant covariate of both gay-related stress and depression; these relationships are not shown.
* $p < .05$. ** $p < .01$. *** $p < .001$



Appendix A

Items from the Background Questionnaire

Items from the Background Questionnaire

Instructions: *These questions ask about your background.*

1. What is your gender?
   ☐ Male ☐ Female

2. What is your ethnicity?
   ☐ Asian or Pacific Islander
   ☐ Black (African American; Non-Hispanic)
   ☐ Haitian or other Caribbean
   ☐ White (Caucasian; Non-Hispanic)
   ☐ Hispanic/Latino
      ☐ Cuban
      ☐ Mexican
      ☐ Latin-American
   ☐ Native American or American Indian
   ☐ Other (please describe):

_____

4. What is your age?
   _____ years

18. How would you describe your sexual orientation?
   ☐ Gay
   ☐ Lesbian
   ☐ Bisexual

   18a. If these do not describe your sexuality, please write your own description in the box below:

Appendix B

Selected Items from the RSSIQ:
Items Describing Religiosity/Spirituality,
The Spiritual Conflict Scale,
Items Describing Religious/Spiritual and Sexual Identity Conflict, and
The Spiritual Comfort Scale

Items Describing Religiosity/Spirituality

Instructions: *Read the following statements concerning your religion, private spiritual practices, and spiritual beliefs* ***currently****. Mark or circle how much you agree/disagree with each statement. If you feel the question does not apply to you (e.g., because you did not have a religion, private spiritual practices, or spiritual beliefs), check "Does Not Apply".*

30. **After you came out to yourself**, how did you think the religion(s) you had before coming out to yourself viewed homosexuality?

- ☐ Very positively
- ☐ Somewhat positively
- ☐ Neither positively nor negatively
- ☐ Somewhat negatively
- ☐ Very negatively
- ☐ One of them views homosexuality more positive/negatively than the other
- ☐ I don't know
- ☐ I don't have a religion

45. What, if any, is your religion(s) **currently**?

_____

46. How do you think your **current** religion(s) view(s) homosexuality?

- ☐ Very positively
- ☐ Somewhat positively
- ☐ Neither positively nor negatively
- ☐ Somewhat negatively
- ☐ Very negatively
- ☐ One of them views homosexuality more positive/negatively than the other
- ☐ I don't know
- ☐ I don't have a religion

After I came out to myself…	Does Not Apply	Strongly Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Strongly Agree
41. my spiritual beliefs include the belief that homosexuality is wrong.	☐	1	2	3	4	5

Currently…	Does Not Apply	Strongly Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Strongly Agree
57. my spiritual beliefs include the belief that homosexuality is wrong.	☐	1	2	3	4	5

Items Included in the Spiritual Conflict Scale, and
Describing Religious/Spiritual and Sexual Identity Conflict

Instructions: *Read the following statements concerning your religion or spiritual beliefs* ***after you came out to yourself****. Mark or circle how much you agree/disagree with each statement. If you feel the question does not apply to you (e.g., because you did not have a religion, private spiritual practices, or spiritual beliefs), check "Does Not Apply".*

After I came out to myself…	Does Not Apply	Strongly Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Strongly Agree
17.* I felt accepted or supported by my religion.	☐	1	2	3	4	5
18. I felt rejected or betrayed by my religion.	☐	1	2	3	4	5
25. I felt conflicted between my spiritual beliefs and my sexuality.	☐	1	2	3	4	5
33. I had doubts about my religion.	☐	1	2	3	4	5
39. I had doubts about my spiritual beliefs.	☐	1	2	3	4	5

* This item is reverse coded when calculating the Spiritual Conflict Scale.

Additional Items Describing Religious/Spiritual and Sexual Identity Conflict

Instructions: *Read the following statements concerning your religion or spiritual beliefs* ***after you came out to yourself****. Mark or circle how much you agree/disagree with each statement. If you feel the question does not apply to you (e.g., because you did not have a religion, private spiritual practices, or spiritual beliefs), check "Does Not Apply".*

After I came out to myself…	Does Not Apply	Strongly Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Strongly Agree
29. I had trouble accepting my sexual orientation.	☐	1	2	3	4	5
34. I ignored any disagreement between my religion and my sexual orientation.	☐	1	2	3	4	5
40. I ignored any disagreement between my spiritual beliefs and my sexual orientation.	☐	1	2	3	4	5

Items Included in the Spiritual Comfort Scale

Instructions: *Read the following statements concerning your religion or spiritual beliefs* ***after you came out to yourself****. Mark or circle how much you agree/disagree with each statement. If you feel the question does not apply to you (e.g., because you did not have a religion, private spiritual practices, or spiritual beliefs), check "Does Not Apply".*

After I came out to myself…	Does Not Apply	Strongly Disagree	Somewhat Disagree	Undecided	Somewhat Agree	Strongly Agree
19. I used my religious activities to comfort and reassure myself while I was coming out to	☐	1	2	3	4	5
20. I used my religion to understand and make sense of my sexuality while I was coming out	☐	1	2	3	4	5
22. I used my private spiritual practices to comfort and reassure myself while I was	☐	1	2	3	4	5
23. I used my private spiritual practices to understand and make sense of my sexuality while I was coming out to myself.	☐	1	2	3	4	5
26. I used my spiritual beliefs to comfort and reassure myself while I was coming out to	☐	1	2	3	4	5
27. I used my spiritual beliefs to understand and make sense of my sexuality while I was	☐	1	2	3	4	5

Appendix C

Selected Scales from the MOGS:
The Family Reaction Scale,
The Visibility with Family/Friends Scale,
The Visibility with School/Public Scale,
The Violence and Harassment Scale, and
The Sexual Orientation Conflict Scale

(Lewis, Derlega, Berndt, Morris, & Rose, 2001)

Selected Scales from the MOGS

Instructions: Below are some issues you may have dealt with because of your sexual orientation. ***Please check those events which you have experienced in the past year and indicate how stressful the issue/event was for you.*** Be sure that all check marks are directly across from the items they correspond to.

If you experienced the stressful event, please place a check mark to the left of the item. **Only rate how stressful an event was if it occurred for you in the past year.**

	Family Reaction Scale (9 Items)		Not at all stressful	A little stressful	Somewhat Stressful	Moderately Stressful	Extremely Stressful
___	10.	Lack of support from family members due to my sexual orientation	0	1	2	3	4
___	11.	Fact that my family ignores my sexual orientation	0	1	2	3	4
___	15.	Talking with some of my relatives about my sexual orientation	0	1	2	3	4
___	21.	The feeling that my family tolerates rather than accepts my sexual orientation	0	1	2	3	4
___	22.	Rejection by my brothers and sisters	0	1	2	3	4
___	25.	Rejection by family members due to my sexual orientation	0	1	2	3	4
___	26.	Distance between me and my family due to my sexual orientation	0	1	2	3	4
___	28.	My family's lack of understanding about my sexual orientation	0	1	2	3	4
___	31.	The constant need to be careful to avoid having anti-gay/lesbian violence directed at me	0	1	2	3	4

Visibility with Family/Friends Scale (7 Items)			Not at all stressful	A little stressful	Somewhat Stressful	Moderately Stressful	Extremely Stressful
___	2.	Having straight friends know about my sexual orientation	0	1	2	3	4
___	5.	Hiding my sexual orientation from others	0	1	2	3	4
___	6.	Possible rejection when I tell someone about my sexual orientation	0	1	2	3	4
___	8.	The expectation from friends and family members who do not know about my sexual orientation for me to date or marry someone of the opposite sex	0	1	2	3	4
___	9.	Keeping my sexual orientation secret from some friends and family members	0	1	2	3	4
___	13.	Telling straight friends about my sexual orientation	0	1	2	3	4
___	24.	Loss of friends due to my sexual orientation	0	1	2	3	4

Visibility with School/Public Scale (6 Items)			Not at all stressful	A little stressful	Somewhat Stressful	Moderately Stressful	Extremely Stressful
___	3.	Dating someone openly gay/lesbian/bisexual	0	1	2	3	4
___	4.	Having people at school find out about my sexual orientation	0	1	2	3	4
___	7.	Being in public with groups of gays/lesbians/bisexuals (in a bar, in church, at a rally)	0	1	2	3	4
___	14.	Rumors about me at school due to my sexual orientation	0	1	2	3	4
___	27.	"Being exposed" as a gay/lesbian/bisexual	0	1	2	3	4
___	44.	The image of gays/lesbians/bisexuals created by some visible, vocal gays/lesbians/bisexuals	0	1	2	3	4

Violence/Harassment Scale (7 Items)			Not at all stressful	A little stressful	Somewhat Stressful	Moderately Stressful	Extremely Stressful
___	16.	Fear that I will be attacked because of my sexual orientation	0	1	2	3	4
___	29.	Physical assault due to my sexual orientation	0	1	2	3	4
___	30.	Threat of violence due to my sexual orientation	0	1	2	3	4
___	31.	The constant need to be careful to avoid having anti-gay/lesbian violence directed at me	0	1	2	3	4
___	33.	Possibility that there will be violence when I am out with a group of gays/lesbians/bisexuals	0	1	2	3	4
___	36.	Harassment due to sexual orientation	0	1	2	3	4
___	37.	Being called names due to my sexual orientation	0	1	2	3	4

Sexual Orientation Conflict Scale (4 Items)			Not at all stressful	A little stressful	Somewhat Stressful	Moderately Stressful	Extremely Stressful
___	32.	Mixed feelings about my sexual orientation because of society's attitudes toward gays/lesbians/bisexuals	0	1	2	3	4
___	41.	Shame and guilt because of my sexual orientation	0	1	2	3	4
___	42.	Conflict between my self-image and the image people have of gays/lesbians/bisexuals	0	1	2	3	4
___	45.	Difficulty accepting my sexual orientation	0	1	2	3	4

Appendix D

Selected Scales from the LGBIS:
The Internalized Homonegativity/Binegativity Scale,
The Difficult Process Scale, and
The Identity Confusion Scale

(Mohr & Fassinger, 2000)

Selected Scales from the LGBIS

Instructions: For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

1----------2----------3----------4----------5----------6----------7
Disagree Strongly — Agree Strongly

The Internalized Homonegativity/Binegativity Scale (5 items)

3. _____ I would rather be straight if I could.
8.* _____ I am glad to be an LGB person.
13. _____ Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.
17.* _____ I'm proud to be part of the LGB community.
25. _____ I wish I were heterosexual.

*These items are reverse coded for scale calculation.

The Difficult Process Scale (5 items)

4. _____ Coming out to my friends and family has been a very lengthy process.
14. _____ Admitting to myself that I'm an LGB person has been a very painful process.
18.* _____ Developing as an LGB person has been a fairly natural process for me.
22. _____ Admitting to myself that I'm an LGB person has been a very slow process.
27.* _____ I have felt comfortable with my sexual identity just about from the start.

*These items are reverse coded for scale calculation.

The Identity Confusion Scale (4 items)

5. _____ I'm not totally sure what my sexual orientation is.
10. _____ I keep changing my mind about my sexual orientation.
19. _____ I can't decide whether I am bisexual or homosexual.
26. _____ I get very confused when I try to figure out my sexual orientation.

Appendix E

Selected Scales from the BASC-2, SRP-A:
The Depression Scale,
The Anxiety Scale, and
The Self-Esteem Scale

(Reynolds & Kamphaus, 2004)

Selected Scales from the BASC-2, SRP-A

Directions:

This booklet contains sentences that young people may use to describe how they think or feel or act. Read each sentence carefully. For the first group of sentences, you will have two answer choices: **T** or **F**.

Circle **T** for **True** if you agree with a sentence.

Circle **F** for **False** if you do not agree with a sentence.

Here is an example:

1. I like parties. (T) F

For the second group of sentences, you will have four answer choices: **N, S, O,** and **A**.

Circle **N** if the sentence **never** describes you or how you feel.

Circle **S** if the sentence **sometimes** describes you or how you feel

Circle **O** if the sentence **often** describes you or how you feel.

Circle **A** if the sentence **almost always** describes you or how you feel.

Here is an example:

2. I enjoy doing homework. N (S) O A

If you wish to change an answer, mark an X through it, and circle your new choice, like this:

2. I enjoy doing homework. N (S) (O) A

Give the best response for you for each sentence, even if it is hard to make up your mind. There are no right or wrong answers. Please do your best, tell the truth, and respond to every sentence.

Before starting, please fill in the information in the box above these directions.

Depression Scale (12 items)

2.	Nothing goes my way. - - - - - - - -- - - - - - - - - - - - - - - - - - - -	T	F
5.	I used to be happier. -	T	F
12.	Nothing is fun anymore. -	T	F
17.	Nobody ever listens to me. -	T	F
20.	I just don’t care anymore. -	T	F
29.	I don’t seem to do anything right. -	T	F
35.	Nothing ever goes right for me. -	T	F
38.	Nothing about me is right. -	T	F
48.	I feel like my life is getting worse and worse. - - - - - - - - - - - - - -	T	F
54.	I feel depressed. -- - - - - -	T	F
55.	No one understands me. -	T	F
67.	I feel sad. -	T	F

Anxiety Scale (13 items)

7. I can never seem to relax. - T F

11. I worry about little things. - T F

22. I worry a lot of the time. - T F

28. I often worry about something bad happening to me. - - - - - - - - T F

40. I get so nervous I can't breathe. - T F

47. I worry when I go to bed at night. - T F

58. I feel guilty about things. - T F

64. I get nervous. - T F

66. I worry but I don't know why. - T F

77. I get nervous when things do not go the right way for me. - - - - - T F

82. Little things bother me. - T F

84. I worry about what is going to happen. - - - - - - - - - - - - - - - - - T F

100. I am afraid of a lot of things. - T F

Self-Esteem Scale (8 items)

1. I like who I am. - T F

16. I wish I were different. - T F

25. I wish I were someone else. - T F

33. I feel good about myself. - T F

43. I like the way I look. - T F

52. I get upset about my looks. - T F

61. I am good at things. - T F

73. My looks bother me. - T F