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Spring 2020

## An Exploratory Study of the Relationship Between Religiosity and Internalized Heterosexism in Same-Sex Attracted Individuals

Lauren Knight  
lkk22@zips.uakron.edu

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### Recommended Citation

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An Exploratory Study of the Relationship Between Religiosity and Internalized Heterosexism in  
Same-Sex Attracted Individuals

Lauren Knight

Thesis Submitted in Fulfillment of the Requirements for the Degree of Bachelor of the Arts in

Psychology

Williams Honors College:

The University of Akron

April, 2020

### **Abstract**

This correlational study was designed to evaluate the relationship between religiosity and internalized heterosexism among lesbian, bisexual, and gay (LGB) individuals. Religiosity was examined in terms of positive religious coping (PRC), redefining stressors as a positive spiritual opportunity, or negative religious coping (NRC), defining stressors as a negative struggle between the individual and a Higher Power. The researcher hypothesized that, as seen in previous studies, use of negative religious coping methods would correlate with internalized heterosexism, and that use of positive religious coping methods would significantly correlate with lower internalized heterosexism. Data analysis of participants (N=162) illustrated significant Pearson's product-moment correlation coefficients only between NRC and PRC, and NRC and internalized heterosexism. The first hypothesis was supported; meaning LGB individuals coping with minority stressors using NRC report a higher score of internalized heterosexism. PRC may be able to moderate mental well-being and minority stress, but this study does not support its moderation of internalized heterosexism and mental well-being. Understanding religious coping mechanisms LGB clients may use, or be using actively, can assist psychologists in treating the impact of internalized heterosexism by helping the client decrease their use of NRC. Psychologists may also be able to mitigate the grief and mourning experienced by some LGB individuals when they believe they must give up their religious identities.

*Keywords:* internalized heterosexism, sexual minority, religiosity, religious coping

## **Introduction**

Research in minority stress theory has supported the link between minority stressors, (e.g. internalized prejudice and microaggressions) to negative health outcomes such as psychological distress, depression, and anxiety (Meyer, 2003; Newcomb & Mustanski, 2010; Pepping, Cronin, Halford, & Lyons, 2018). Minority stress theory is an important framework within which to understand and improve the health of LGB individuals, including the different ways sexual minority individuals cope with minority stressors.

### **Minority Stress Theory & Internalized Heterosexism**

Stress as a concept refers to the physical, mental, or emotional pressure, strain, or tension that occurs as a reaction to environmental conditions (Meyer, 2003). These environmental conditions are often called stressors, and they cause change by demanding adaptation from individuals (Meyer). Examples of stressors include the death of a loved one, moving to a new place, even attending a new school. Stress theory has been extended to include the social environment as well, such that personal events are not the only sources of stress that can lead to mental and physical negative effects (Meyer). It is in this leap into the social sphere that minority stress has come to be recognized. Minority stress describes the strain individuals of minority groups undergo due to social and cultural stigmatization (Meyer, Schwartz, & Frost, 2008; Meyer). Minority stressors consist of the verbal and physical harassment and discrimination that minority members face; such stressors exist on the institutional level as well, including laws that can promote stigma or discrimination (Katz-Wise & Hyde, 2012; Meyer). A set of such stressors have been coined ‘microaggressions,’ which refers to the daily, commonplace verbal, behavioral, or environmental indignities that minority members experience (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, & Esquilin, 2007). It does not matter if microaggressions are intentional

or unintentional; they still communicate negative attitudes and insults towards minority members. X

Living in a heteronormative society that both explicitly and implicitly favors heterosexuality, leads to an environment rich with sexual minority based microaggressions. X

Because of this chronic stress, LGB people are at an increased risk for poorer mental health and wellbeing (Pepping et al., 2018). Beyond microaggressions, living in a heteronormative culture can lead to the internalization of negative social attitudes directed towards sexual minorities, which is known under a variety of terms such as internalized heterosexism, internalized homophobia, and internalized homonegativity (Meyer & Dean, 1998; Newcomb & Mustanski, 2010). Internalized heterosexism includes negative attitudes towards homosexuality and same-sex relationships, and can include discomfort with disclosing sexual orientation and relationship status to others (Meyer & Dean, 1998; Newcomb & Mustanski, 2010). Research has shown that individuals with higher internalized heterosexism have an increased risk for poorer mental health outcomes (Mays & Cochran, 2001; Newcomb & Mustanski, 2010). Beyond internalized heterosexism and the stress of microaggressions, when one struggles with accepting one's sexual orientation there has been associated increases in depressive symptomology and decreased satisfaction with life and a decline in self-esteem (Mohr & Kendra, 2011). All of these factors add up to a chronic strain on sexual minority members – minority stress.

### **Religiosity**

Religiosity is a construct that describes an individual's religious attitudes, beliefs, and/or religious practices (Saroglou, 2013). One facet of religiosity that has received a lot of empirical attention is religious coping style and how it is conceptually and empirically distinct from other, nonreligious coping styles (Pargament, 1997; Pargament, Feuille, & Burdzy, 2011). This

attention on religious coping style may be because religious coping styles are believed to be better predictors of mental health outcomes, when compared to other indicators of religiosity such as salience of religious identity or frequency of prayer (Pargament, 1997). There are two different types of religious coping styles: positive religious coping and negative religious coping. Positive religious coping (PRC) is described as “an expression of a sense of spirituality, a secure relationship with God, a belief that there is meaning to be found in life, and a sense of spiritual connectedness with others,” (Pargament, Smith, Koenig, & Perez, 1998, p. 712). An example of PRC would be redefining a stressor through religion as a potential opportunity to find “comfort and support through God’s love and care” (Pargament et al. p. 711). In contrast, negative religious coping (NRC) is “a less secure relationship with God, a tenuous and ominous view of the world, and a religious struggle in the search for significance” (Pargament et al. p. 712). A stressor under NRC may be redefined as a punishment from God. NRC is associated with higher emotional distress (Pargament et al., 1998), unlike PRC which has been empirically linked to positive health both mentally and physically across individuals coping with diverse life stressors (Allen, Pérez, Pischke, Tom, Juarez, Ospino, & Gonzalez-Suarez, 2014; Pargament et al., 1998; Rosmarin, Bigda-Peyton, Öngur, Pargament, & Björgvinsson, 2013).

**Religiosity & Same-Sex Attraction.** Same-sex attraction can complicate these findings regarding religiosity. Many religious denominations hold explicit heterosexist beliefs, some to the point of viewing same-sex attraction as immoral (Kaushubeck-West, Whiteley, Vossenkemper, Robinson, & Deitz, 2017). It is uncertain whether religiosity and religious coping can act as a protective factor for stress in LGB individuals. Some research has found a negative correlation between LGB individuals’ mental health and conservative religious beliefs, with particular attention on the conflict between religious identity and sexual orientation (Dauhl &

Galliher, 2010; Gibbs & Goldbach, 2015; Walker & Longmire-Avital, 2013). Examples of this can be found in Gibbs and Goldbach's (2015) research in which they found indications of religion/sexual orientation conflict to be related to an increased risk of suicide. In a similar vein, Schuck and Liddle (2001) found a positive correlation between religion/sexual orientation conflict and reports of LGB individual's experiences with guilt, shame, depression, self-loathing, and suicidal ideation. Adherence to orthodox or traditional religions is related to the internalization of negative beliefs about sexual minorities, which is then related to a wide variety of negative mental health issues e.g. depression, anxiety, etc. (Gibbs & Goldbach, 2015).

Interestingly, much of the same research has suggested having a relationship with organized religion can have potential benefits for LGB individuals. Goldbach and Gibbs (2015) found that LGB youth reported using their religious beliefs to cope with minority stress. Research has also uncovered a relationship between affirming religious experiences and lower internalized heterosexism, which in turn impacts psychological health (Lease, Horne, & Noffsinger-Frazier, 2005). Although conservative religious beliefs increase an individual's internalized heterosexism, an individual may be able to draw coping mechanisms from those beliefs to act as a buffer of the negative health outcomes associated with internalized heterosexism (Brewster, Velez, Foster, Esposito, & Robinson, 2016). Some research has examined the relationship between nontraditional religions and LGB individuals, such as Earth-spirited faiths like Paganism and Wicca. Smith and Horne (2007) found that LGB participants who came out in mainstream Judeo-Christian faiths reported significantly more conflict when coming out in comparison to those who came out within an Earth-spirited faith. It may be that LGB individuals experiencing religious conflict with their sexual identity may seek out more affirming spiritual paths, such as Earth-spirited faiths.

Brewster et al. (2016) conducted a study to examine the moderating role of PRC and NRC in LGB individuals' experiences with internalized heterosexism. They hypothesized that PRC would be related to better mental health (i.e.: higher psychological well-being and lower psychological distress) and that internalized heterosexism would be related to higher levels of NRC (Brewster et al., 2016). They found their correlations to be largely consistent with their hypotheses; specifically that NRC was significantly related to greater psychological distress and lower mental well-being (Brewster et al., 2016). Within their research, PRC moderated the relation of internalized heterosexism on psychological well-being, such that "greater positive religious coping weakened the deleterious impact of internalized heterosexism on psychological well-being" (Brewster et al., 2016, p. 124). Bourn, Frantell, and Miles (2018) conducted a similar study to examine the possible moderation religious coping can have on the relationship between internalized heterosexism and psychache (which they defined as intolerable emotional suffering). They hypothesized that internalized heterosexism and psychache would be positively correlated, and that PRC would lessen the negative symptoms associated with internalized heterosexism and psychache (Bourn et al., 2018). They found that internalized heterosexism was significantly related to psychache, but it was also significantly, positively correlated with PRC and NRC (Bourn et al., 2018). Their results indicate that individuals may be using both positive and negative forms of religious coping with their experiences of internalized heterosexism (Bourn et al., 2018).

### **The Current Study**

Conflicting results among studies researching religious coping and internalized heterosexism suggest there is nuance to how LGB individuals use religion to cope with minority stress and internalized heterosexism. PRC may act as a protective factor against some, but not



all, of the relationship between minority stress and mental health (Bourn et al., 2018). The current study further examined the relationship between religious coping strategies and internalized heterosexism. The researcher hypothesized that NRC was correlated with internalized heterosexism, meaning that individuals who use negative religious coping methods will also score higher on the measure for internalized heterosexism. The researcher also predicted that individuals who report using positive religious coping methods would score lower on internalized heterosexism, suggesting LGB individuals can use PRC to cope with minority stress.

### **Methods**

The current research involves a survey of several measures created through Qualtrics. The survey was distributed through an anonymous link via online postings to LGB friendly blogs and pages, shared with LGB individuals the researcher knew as a form of snowball sampling, and through posters advertising the study posted throughout the community in locations such as the public library. The majority of participants accessed the study through an online post (70.4%), followed by friend referral (17.3%), and the poster (12.3%). The survey consisted of 47 questions broken down into four categories – demographics, internalized heterosexism, degree of outness, and religious coping behaviors. Within the demographics section there were four questions pertaining to the participant's religiosity – what was their religious identity, how strongly they believed their personal values/ethics correlated with those held by their religion, how often they attend religious services/rituals, and how often they participated in religious/spiritual extra curriculars. These questions were designed to evaluate how involved participants were within their faiths, rather than asking outright how religious they believed themselves to be, as that could be affected by social desirability bias.

## Participants

Data from 162 participants who ranged in age from 18 – 40 years old ( $M=22.72$ ,  $SD=4.67$ ) were collected (see Table 1). The sample consisted of 87% that identified as female and 21% that identified as male, of which 71% identified as a woman, 13.6% identified as a man, and 15.4% identified as a transgender identity. Racially the sample included 84% White, 2.5% Black, 4.3% Biracial, 1.2% Asian, with 9.2% identifying as other. The majority of the sample was from the United States (75.3%), with 3.7% coming from Canada, 2.5% coming from Germany, 1.9% each coming from the United Kingdom and Australia, 1.2% each coming from Chile, the Netherlands, Hungary, France, Finland, and Italy, and <1% each coming from Hong Kong, Denmark, Mexico, Puerto Rico, India, Cuba, Sweden, Russia, Romania, Switzerland, and Croatia. A large portion of the sample identified as bisexual (46.3%), followed by lesbian (28.4%), other (19.8%), and gay man (5.6%). Of the 162 participants, 43 identified as Christian (26.5%), 3 identified as Jewish (1.9%), 3 identified as Buddhist (1.9%), 37 identified as Pagan/Wiccan or Earth-Spirited Faith (22.8%), and 76 identified as other (46.9%). Within the 76 participants that identified as other, 16 described themselves as atheist, 22 described themselves as agnostic, 14 signified that they had a Christian upbringing, and 4 specified their polytheism/paganism.

## Measures

**Internalized Homophobia Scale.** Participants' internalized heterosexism was measured with Martin and Dean's (1987) Internalized Homophobia Scale. This measure consists of nine statements asking the participant to rate on a five point Likert-type scale (1–disagree, 5–agree) how much they agree with concepts such as “I wish I weren't same sex attracted” and “I feel alienated from myself because of being same sex attracted.” The original statements were created

for face-to-face interviews, and in that context could be altered for the sex of the participant to be more specific (e.g., I wish I weren't lesbian). Because this scale was administered through an online survey, the researcher altered the statements to simply read same sex attracted. A participant's internalized heterosexism score was the calculated average of the nine answers. Thus, individuals with a higher score would have higher reports of internalized heterosexism.

**Outness Inventory.** Mohr & Fassinger's (2000) Outness Inventory was administered to compare and contrast an individual's outness with his or hers level of internalized heterosexism. It instructs the participant to use a seven point Likert-type scale (1—person definitely does NOT know about your sexual orientation status, 7—person definitely knows about your sexual orientation status, and it is OPENLY talked about) to indicate how open you are about your sexual orientation to eleven different people. Examples of people listed include siblings, work peers, members of religious community, and strangers/new acquaintances. A participant's Outness score was then calculated through the average of the eleven answers. The higher the score, the more out the participant reported being with others.

**Brief RCOPE Scale.** To analyze participants' religiosity, specifically their positive and negative religious coping behaviors, Pargament et al.'s (2011) Brief RCOPE Scale was administered. The Brief RCOPE Scale consists of fourteen questions instead of the original scales' twenty-one. Participants chose an answer from a five point Likert-type scale (1—used all of the time, 5—used none of the time) to assess positive (e.g., sought God/Goddess/Higher Power's love and care) and negative (e.g., felt punished by God/Goddess/Higher Power for my lack of devotion) patterns of religious coping. The original statements specified only God, as it was created to analyze participants of the Christian faith. In order to be more inclusive of the different religious practices and faiths, the researcher altered each instance of "God" to also

include “God/Goddess/Higher Power”, and each instance of “devil” to also include “devil/adversary/malevolent power.” Seven of the questions focused on positive religious coping, whereas the other seven focused on negative religious coping. Each score was then calculated by finding the average of its corresponding seven answers. Because one (1) signified use of the behavior all of the time and five (5) use of the behavior none of the time, the lower a participant’s score, the higher their use of that specific religious coping behavior.

### **Results**

The participants’ responses were coded and reviewed. The first analysis consisted of general descriptive statistics of the demographic information, with additional attention paid to participants who responded ‘other’ and included a brief explanation for their answers. Then a Pearson’s product-moment correlation coefficients were computed to determine if there was any correlation between positive religious coping, negative religious coping, internalized homophobia, and outness. The correlations were run again after splitting the data to compare results in groups based on religious identification.

#### **Internalized Homophobia & Outness**

The responses to the Internalized Homophobia Scale and the Outness Scale were coded and reviewed. The average response to the Internalized Homophobia Scale was quite low ( $M=1.67$ ,  $SD=0.64$ ), meaning most participants had a low score of internalized heterosexism at this point in their lives. In contrast, the average response to the Outness Scale was neither overwhelmingly out nor in the closet ( $M=3.07$ ,  $SD=1.25$ ). A Pearson’s product-moment correlation coefficient was used to test the relationship between internalized heterosexism and outness, which yielded a negative correlation between the two variables ( $r= -0.216$ ,  $n= 162$ ,  $p= 0.006$ ). In other words, a higher internalized heterosexism score was correlated with a lower

Outness Scale rating, and vice versa. The more internalized heterosexism participants reported having, the more likely they would indicate staying in the closet as opposed to being out. There were no significant correlations among the different religious groups.

### **Religious Coping**

A Pearson's product-moment correlation coefficient was conducted to assess the relationship between reported positive and negative religious coping behaviors. On average, participants reported using PRC behaviors slightly more than negative ones ( $M_p = 3.80$ ,  $SD_p = 1.03$ ;  $M_n = 4.24$ ,  $SD_n = 0.69$ ). To reiterate, the lower a participant's score is between 1–5, the higher their use of that specific coping behavior. As seen in Brewster et al.'s (2016) and Bourn et al.'s (2018) studies, this study replicated their results of a correlation between positive and negative religious coping. The Pearson's correlation yielded a positive correlation ( $r = 0.351$ ,  $n = 162$ ,  $p = 0.000$ ). Overall, participants who reported utilizing PRC also reported using NRC as well. Individuals were more likely to use both types of behavior to cope with stressors. When data was split to compare between religious groups, Christianity, Buddhism, and those identified as "Other" all had positive correlations between positive and negative religious coping, which can be seen in Table 2. Interestingly, those identified as Pagan/Wiccan/Earth-Spirited and Jewish did not show significant correlations between religious coping behaviors.

**Religiosity & Internalized Heterosexism.** An additional Pearson's product-moment correlation coefficient was computed to assess any relationships between internalized heterosexism and religious coping. There was a negative correlation found between reported negative religious coping behaviors and internalized heterosexism score ( $r = -0.284$ ,  $n = 162$ ,  $p = 0.000$ ). This means that the lower a negative religious coping score, the higher the reported internalized heterosexism score. Participants who utilized negative religious coping behaviors

more (as evidenced by their lower score), also reported higher internalized heterosexism scores. This data replicated both Brewster et al.'s (2016) and Bourn et al.'s (2018) findings, and supports the researcher's hypothesis that individuals who use negative religious coping methods will also score higher on the measure for internalized heterosexism. Any correlations that might support Brewster et al.'s (2016) results surrounding positive religious coping and internalized heterosexism were not significant. Like with negative religious coping, there was a negative correlation between positive religious coping and internalized homophobia, but it was insignificant.

### **Discussion**

Previous research examining the relationship between religiosity and internalized heterosexism has yielded conflicting results. Brewster et al. (2016) found that PRC moderated the relation of internalized heterosexism on psychological well-being, which suggests that LGB individuals may be able to use PRC to cope with minority stress. Minority stress stemming from social and cultural stigmatization resulted in an increased risk for poorer mental health and well-being (Meyer, 2003; Pepping, Cronin, Halford, & Lyons, 2018; Meyer, Schwartz, & Frost, 2008). PRC would be an important and protective factor if sexual minority members could use it to lower that risk. However when Bourn et al. (2018) tried to replicate Brewster et al.'s (2016) results, they ended up finding internalized heterosexism to be positively correlated with both PRC and NRC. Bourn et al. (2018) suggested that LGB individuals could be using both forms of religious coping to handle the stress associated with internalized heterosexism, and that PRC was not being used to moderate internalized heterosexism on psychological well-being.

These nuanced results led the current research to hypothesize that NRC would be correlated with internalized heterosexism, as was seen in both studies. The data analysis yielded

results that supported this hypothesis. The negative correlation between NRC and internalized heterosexism signified that participants using NRC (thus having a lower score), reported having higher internalized heterosexism. Also consistent with previous research, the data yielded a positive correlation between PRC and NRC, meaning if individuals use one type of religious coping to cope with stress, they're likely to use the other as well. In other words, it is likely that individuals will use a variety of coping mechanisms to handle stressors, both positive and negative ones, and this includes religious coping. Conceivably these results may explain why the researcher's second hypothesis – individuals scoring lower on PRC (thus using them more frequently), would also score lower on internalized heterosexism – was not supported.

No significant correlations were found between PRC and internalized heterosexism. The analysis yielded an insignificant negative correlation, suggesting that PRC may have a similar relationship to internalized heterosexism as NRC does. Brewster et al.'s (2016) significant findings suggesting that PRC moderating internalized heterosexism may actually illustrate that PRC can be a protective factor between minority stress and mental well-being instead, rather than between minority stress and internalized heterosexism. Although PRC may be used to cope with minority stress, the analysis from this study found that NRC would most likely be used to cope with internalized heterosexism. NRC does not act as a protective factor to moderate the relationship between internalized heterosexism and mental well-being. When data were split to compare groups between different religious identities, only those who identified as Pagan/Wiccan/Earth-Spirited and Jewish did not show significant correlations between PRC and NRC. The researcher suspects that some of the limitations within this study may be able to explain these findings.

## **Limitations**

The RCOPE Scale, and thus the Brief RCOPE Scale used in this study, was designed by Pargament et al. (2011) to evaluate the religious coping methods of those following the spiritual path of Christianity. Although alterations were made by the researcher in the effort to be inclusive of additional faiths, the measure still focuses centrally on the Christian faith based on the questions it asks. Not all religions have the Good vs. Evil, God vs. Devil dynamic that is central within Christianity. If there is no devil or evil figure within an individual's faith, it would be very hard for them to answer such questions on the RCOPE Scale such as how often they redefine stressors as "the devil made this happen," etc. (Pargament et al., 2011). Similarly, many participants that identified as Pagan/Wiccan/Earth-Spirited Faith expressed that they did not have a religious community or church, but rather conducted daily rituals or prayer, or wrote, "Services don't exist for my religion." This would make it difficult for them to answer questions on the RCOPE Scale asking about church communities and abandonment. In the same vein, participants identifying as atheist or agnostic may have struggled to answer questions from the RCOPE Scale, as they don't believe in a higher power, or actively look to have a stronger connection or bond with one. Although the Brief RCOPE Scale has been validated across other religions, such as within Pakistani Muslim samples (Khan & Watson, 2009), the research has not found it to be validated within Non-Abrahamic religions or an agnostic population. There was also limited representation for different religious groups, which makes it challenging to significantly compare religious groups. The small sample sizes for some of the religious groups within the research also reduce the confidence of the findings presented.

The researcher recruited participants with snowball sampling and online postings, meaning the sample may lack generalizability among the LGB population, especially considering



that the majority of participants were white females from the United States within the young adult stage of their lives. Because of this, the sample may not be generalizable to an older LGB adult population, or racially diverse LGB population. Additionally, this study focused mainly on participants who identified as lesbian, gay man, bisexual, or other. This does not reflect the full diversity of identities within the sexual minority population, and thus the results cannot be generalized to include all sexual minorities.

### **Future Research & Practice Implications**

Future research would benefit from evaluating the RCOPE Scale as a measure of positive and negative religious coping among other non-Abrahamic religions, especially spiritual paths that do not incorporate a Good vs. Evil dynamic that has been highly popularized based on the spread of Christianity. Additionally it would be practical to compare Abrahamic religious coping among LGB individuals with non-Abrahamic religious coping. Smith and Horne (2007) hypothesized that LGB individuals may seek out more affirming spiritual paths, like Pagan/Wiccan/Earth-Spirited faiths, based on their results comparing LGB coming out experiences within Judeo-Christian faiths and Earth-Spirited faiths. There may be religious coping differences between spiritual paths that would benefit psychologists who work with LGB individuals.

Psychologists should be aware of the intersection of religion and sexual orientation among LGB clients, specifically those who actively practice religion. Understanding religious coping mechanisms LGB clients may use, or be using actively, can assist psychologists in treating the impact of internalized heterosexism by helping the client decrease their use of NRC. Psychologists may also be able to prevent the grief and mourning experienced by some LGB individuals when they believe they must give up their religious identities (Hansen & Lambert,

2011) because of their sexual orientation. Additionally, future research may want to examine any differences between lesbians, gay men, and bisexual individuals when using religious coping, as this may further nuance how these individuals use religion to cope with stressors.

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Table 1. Demographic Variables

Variable	M (SD)	Range	<i>n</i>	%
Age	22.72 (4.67)	18 – 40		
Sex				
Male			21	13.0%
Female			141	87.0%
Gender Identity				
Man			22	13.6%
Woman			115	71.0%
Trans Identity			25	14.5%
Sexual Orientation				
Lesbian			46	28.4%
Gay Man			9	5.6%
Bisexual			75	46.3%
Other			32	19.8%
Race				
Black			4	2.5%
White			136	84%
Asian			2	1.2%
Biracial			7	4.3%
Other			13	9.2%
Religious Identity				
Christian			43	26.5%
Jewish			3	1.9%
Buddhist			3	1.9%
Pagan/Wiccan/Earth-Spirited Faith			37	22.8%
Other			76	46.9%

Table 2. Summary of Results from Pearson's product-correlation coefficients

Religious Identity	Internalized Heterosexism (IH)	Positive Religious Coping (PRC)	Negative Religious Coping (NRC)	Outness
All Data (N=162)				
IH	1	-0.112	-0.284**	-0.22**
PRC	-0.11	1	0.351**	0.06
NRC	-0.28**	0.35**	1	0.03
Outness	-0.22**	0.06	0.033	1
Christian (n=43)				
IH	1	-0.11	-0.037	0.08
PRC	-0.11	1	0.366*	-0.10
NRC	-0.37	0.37*	1	-0.12
Outness	0.08	-0.10	-0.122	1
Jewish (n=3)				
IH	1	0.16	-0.99***	-0.94
PRC	0.16	1	-0.92	-0.48
NRC	-0.99***	-0.92	1	0.92
Outness	-0.94	-0.48	0.918	1
Buddhist (n=3)				
IH	1	0.40	0.434	0.47
PRC	0.40	1	0.999***	-0.62
NRC	0.43	0.99***	1	-0.59
Outness	0.47	-0.62	-0.590	1
Pagan/Wiccan/Earth- Spirited Faith (n=37)				
IH	1	-0.80	-0.83	-0.28
PRC	-0.80	1	0.254	-0.01
NRC	-0.08	0.25	1	-0.43**
Outness	-0.28	-0.01	-0.431**	1
Other (n=76)				
IH	1	-0.26*	-0.415**	-0.30**
PRC	-0.26*	1	0.592**	0.20
NRC	-0.42**	0.59**	1	0.20
Outness	-0.29**	0.20	0.196	1

\*. Correlation is significant at the 0.05 level (2-tailed).

\*\*. Correlation is significant at the 0.01 level (2-tailed).

\*\*\*. Correlation is insignificant because the sample size violated assumptions of the statistical analysis conducted