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THE MENTAL HEALTH DISPARITY AMONG NONHETEROSEXUALS:
RISK, RESILIENCY, AND NEW PERSPECTIVES TO CONSIDER
IN THE CONTEXT OF MORMONISM

by

Katherine A. Crowell

A dissertation submitted in partial fulfillment
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Psychology

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Logan, Utah

2014

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ABSTRACT

The Mental Health Disparity Among Nonheterosexuals: Risk, Resiliency, and New
Perspectives to Consider in the Context of Mormonism

by

Katherine A. Crowell, Doctor of Philosophy

Utah State University, 2014

Major Professor: Renee Galliher, Ph.D.
Department: Psychology

Despite substantial existing evidence that sexually diverse populations are at increased risk for mental health concerns due primarily to minority stress, how the underlying mechanisms of minority stress lead to specific psychological syndromes among these populations is not adequately understood. On the other hand, sexologists have been encouraged to shift the focus of their work towards understanding the specific characteristics or experiences that facilitate individuals' capacity to adapt and thrive within an oppressive and marginalizing society in order to "depathologize" nonheterosexuals. In attempts to address existing limitations and further the existing body of mental health risk and resiliency research among sexually diverse populations, three studies were conducted that sought to (a) examine how specific aspects of minority stress were individually and collectively associated with depression; (b) develop a new quantitative assessment tool used to evaluate the positive aspects of nonheterosexuality; and (c) explore levels of "outness" within various social contexts, as it relates to

individuals' perceptions of the positive aspects of being nonheterosexual. Additionally, sociodemographic differences (e.g., gender, sexual identity, and level of affiliation with The Church of Jesus Christ of Latter-day Saints [LDS]) were explored with regard to each study's aims, respectively.

Findings for Study 1 indicated that all minority stress factors examined were individually predictive of depression. When collectively examined, needs for others' acceptance was found to be the strongest predictor of depression, followed by internalized homophobia. Associations between specific stressors were moderated by level of affiliation with the LDS Church. Psychometric evaluations of the newly developed measure (Study 2) supported use of the measure by researchers and practitioners to evaluate positive aspects of nonheterosexuality. Finally, Study 3 demonstrated positive associations between perceived benefits of being nonheterosexual and disclosure of one's nonheterosexuality in all four social contexts examined. Results further indicated that levels of "outness" were moderated by gender. Implications for research and practice are discussed for each study.

(162 pages)

PUBLIC ABSTRACT

The Mental Health Disparity Among Nonheterosexuals: Risk, Resiliency, and New Perspectives to Consider in the Context of Mormonism

by

Katherine A. Crowell, Doctor of Philosophy

Utah State University, 2014

Nonheterosexuals disproportionately experience mental illness when compared with heterosexuals. Although it has been well established that the apparent mental health disparity among sexually diverse populations is almost exclusively derived from minority stress (i.e., the excess stress associated with culturally maintained sexual stigma), our understanding of how specific aspects of minority stress lead to specific psychological syndromes (e.g., depression) remains limited. On the other hand, in attempts to destigmatize individuals who do not identify as heterosexual, researchers have increasingly begun to shift the focus of their work towards understanding the specific characteristics or experiences that facilitate individuals' capacity to adapt and thrive within an oppressive and marginalizing society—considering also, that there are perhaps unique benefits or positive aspects associated with nonheterosexuality.

This dissertation was completed by conducting a series of three separate studies aimed at addressing some limitations of existing research among nonheterosexual populations. All three studies were conducted using data from a larger study in which 1,612 same-sex attracted respondents who were currently or previously affiliated with The Church of Jesus Christ of Latter-day Saints (LDS) completed an online survey inquiring about their religious histories, sexual identity development, and socioemotional functioning. Study costs were minimal as participation was entirely voluntary—no monetary compensation was provided to any participants nor was used for participant recruitment.

The first of the three studies examined how specific aspects of minority stress predicted depression. Results for Study 1 indicated that all of the specific stressors evaluated were individually predictive of depression and that individuals' need for others' acceptance of their nonheterosexuality was the most salient predictor of depression. A brief quantitative instrument (i.e., questionnaire) was developed for the second study to assess individuals' perceptions of the benefits or positive aspects associated with nonheterosexuality. The new instrument is appropriate for use among researchers and mental health providers. The third study explored how individuals' perceived benefits of being nonheterosexual

was associated with varying levels of “outness” (disclosure of one’s nonheterosexual status) across different social contexts. Results demonstrated that the more “out” individuals were, regardless of social context, the more positively they perceived their nonheterosexual status. It is hoped that findings from the present study will be utilized in the development of future mental health interventions designed specifically for nonheterosexually identified persons.

ACKNOWLEDGMENTS

First and foremost, thank you to Dr. Renee Galliher who has served as my mentor, teacher, advisor, and confidant for nearly a decade. My genuine passion for psychology has been largely sustained as a result of Renee's wisdom and patience with me in terms of affirming my creativity and allowing me to find my own path (even when it has resulted in turning back at times). Her influence in my life is evident ubiquitously, and I delight when saying, "We all turn into our [academic] mothers one day." In the same breath, however, I recognize and am deeply honored by how privileged I have been with regard to such mentorship.

Thank you also to my committee members, Drs. Sue Crowley, Melanie Domenech Rodríguez, Michael Twohig, and Amy Bailey. Their continued support of me with this project, and over the last several years in various other domains of my life, has been deeply appreciated. A special thank you is also in order for Drs. Crowley and Domenech Rodríguez, as they have both served on almost every committee of mine throughout my graduate training and have become familiar faces to whom I often turn when in need of encouragement or guidance.

To my co-investigators and colleagues, Dr. William Bradshaw and John Dehlin, thank you for sharing this journey with me. It has been a much appreciated and generally rewarding experience that I will undoubtedly continue to learn and grow from.

I often tell my students, clients, and colleagues that I am in the 23rd grade. Although I share this with others playfully, my identity as a lifelong learner has been one of the most stable and consistent facets of my identity. This is no doubt a direct reflection

of my parents' relentless encouragement and belief in me. From within the confines of rural Wyoming, my parents have modeled a sincere and unparalleled level of openness and genuine interest with regard to things and people who are "different" from what is familiar. Thank you both for always giving me space to explore and for the privilege and freedom to live authentically. Such reverence and sincere appreciation extends also to my sister, who has shown unending support and patience with me throughout graduate school. Above all, thank you for your grace in allowing me to discover and rediscover myself in this life unapologetically. Her gift for sincere acceptance has given me the courage to "come-out" time and time again throughout the course of my life.

Finally, I must acknowledge the wonderful women in my life whom I have come to claim as "chosen family." Thank you to my best friend and graduate school companion—your unpredictable presence in my life has no doubt been the corner stone of this project and a continual catalyst for seeking and finding solace well "outside the box." Your reluctance towards blindly accepting/following socially conditioned cultural norms continues to inspire my work as a researcher, teacher, and personal "seeker."

Finally, to the wonderfully inspiring and courageous women whom I have had the privilege of sharing the past year with—thank you for all the ways you have changed my life for good.

Katherine A. Crowell

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CHAPTER 1

INTRODUCTION

Over the last several decades, accumulating evidence suggests that sexual and gender minorities in the U.S. are at greater risk for negative mental health outcomes when compared to heterosexuals. Such conclusions are based on (a) empirical findings that sexual minorities are subjected to greater stigma, discrimination, and victimization; and (b) growing evidence suggesting sexual minorities demonstrate higher prevalence rates of mental health disorders when compared to heterosexuals (King et al., 2008).

Empirical investigations have consistently demonstrated disproportionate rates of mood disorders, anxiety disorders, alcohol and substance abuse/dependence disorders, and suicide attempts among sexual minorities when compared with heterosexuals (Bostwick, Boyd, Hughes, & McCabe, 2010; Cochran & Mays, 2006, 2009; Cochran, Sullivan, & Mays, 2003; Gilman et al., 2001; King et al., 2008; Mays & Cochran, 2001). For example, according to a recent meta-analysis by King and colleagues, sexual minorities, as defined by sexual orientation (i.e., same-sex sexual attraction and/or behavior), or identity (endorse nonheterosexual terms of sexual identity such as gay/lesbian, bisexual, pansexual, queer, questioning, etc.), were found to be at least 1.5 times more likely to experience some form of mood, anxiety, or substance abuse disorder at some point in their lives, and nearly twice as likely to attempt suicide when compared to exclusively heterosexual peers.

It is especially difficult to accurately represent the disproportionate psychological morbidity associated with same-sex sexuality, due to the remaining widespread, U.S.

cultural beliefs that homosexuality is “taboo,” “unnatural,” or “abnormal.” Although there is a substantial body of literature to support that the current observed mental health disparity among sexual minorities is almost exclusively derived from the minority stress (i.e., the excess stress associated with culturally maintained sexual stigma; Herek, 2007; Meyer, 2003), empirical investigations of the current mental health disparity can be inappropriately adopted as evidence to contend that homosexuality can and should be considered a “curable illness.” Broadening the argument that observed mental health discrepancies are primarily rooted in the current, predominately homonegative cultural climate (Herek, 2007; Herek, Gillis, & Cogan, 2009; Mays & Cochran, 2001; Meyer, 2003), recent epidemiological studies specifically examining mental health issues among sexual minority populations have yielded heterogeneous prevalence rates of psychopathology among same-sex attracted subpopulations (Cochran & Mays, 2009; Hatzenbuehler, Keyes, & McLaughlin, 2011). This further discredits historically based homonegative views that homosexuality, in and of itself, is pathological.

Context of Heterosexism

Despite shifting trends towards acceptance of nonheterosexuality, heterosexist views continue to dominate U.S. cultural values, public policy, and social institutions (Herek, Chopp, & Strohl, 2007; Herek et al., 2009). *Heterosexism* has been defined by Pugh (2002) as a “form of oppression [which] asserts that heterosexual relations are the norm and each of us is unquestioningly assumed to be heterosexual” (p. 165). Thus, when someone is *not* heterosexual (i.e., is nonheterosexual via same-sex attraction, behavior or sexual identity), the resulting assumption is that they are *abnormal*. Moreover, Meyer’s

(2003) widely referenced model of minority stress offers a framework for understanding how heterosexism negatively impacts the socioemotional functioning of individuals who do not identify as heterosexual.

In short, Meyer (2003) described minority stress as being broadly conceptualized on a continuum of distal to proximal stressors. *Distal* stressors are characterized as the overt behavioral expression of sexual stigma, what Herek (2007) identified as *enacted stigma*. Thus, examples of distal stressors include ostracism, threats, overt discrimination or violence, and the use of anti-gay language. In contrast, *proximal* stressors are characterized by person's expectations about the likelihood of being affected by sexual stigma, analogous to Herek's notion of *felt stigma*. As such, proximal stressors include fears of being the target of enacted stigma, which result in desire to conceal nonheterosexual status, or feelings of inferiority, shame or other negative self-evaluations that result from the internalization of heterodominant cultural norms (i.e., internalized homophobia/internalized heterosexism).

Heterosexist norms in U.S. society are in large part maintained by dominant social institutions (e.g., law and religion) that foster and reinforce sexually stigmatizing attitudes (Herek et al., 2007, 2009). The U.S. legal system for instance, perpetuates sexual stigma and prejudice by neglecting to institute laws that protect sexual minorities from discrimination in employment, housing, and services, as well as by actively prohibiting laws that would otherwise provide sexual minorities with the same rights and privileges afforded to heterosexuals (Herek et al., 2007, 2009). Despite the overt social inequality faced by nonheterosexuals by the U.S. government, however, one could arguably deduce conservative religious doctrine to be at the core of many (if not most) of

these issues (Fone, 2000; Herek et al., 2007). More than 75% of Americans in the U.S. declared an affiliation with Christian denominations (Statistical Abstract of the United States, 2007); thus, considering the influence of traditional Christian faiths when exploring sexual stigma among nonheterosexuals in the U.S. is assuredly relevant.

Despite increasing shifts towards adopting more accepting and affirming policies on issues of same-sex sexuality among various Christian sects (e.g., Episcopal Church and United Church of Christ), generally speaking, Christian churches worldwide continue to overtly condemn homosexuality (Dahl, 2009, 2011; Myler, 2009; Sherkat, 2002). Grounded in arguments of biblical prohibition, many conservative Christian authorities mandate members who are attracted to the same-sex to refrain from “homosexual lifestyles” (e.g., live a celibate life) in order to conserve spiritual integrity (Fone, 2000; Herek, 2007). In short, the religious condemnation of nonheterosexuals undoubtedly perpetuates culturally normative stigmatization and ultimately results in greater vulnerability towards stigma-related mental health concerns (Dahl, 2009, 2011; Dahl & Galliher, 2010; Herek et al., 2007, 2009; Rodriguez & Ouellette, 2000; Rostosky, Danner, & Riggle, 2007; Schuck & Liddle, 2001).

Pertinent to the studies presented in the following sections is The Church of Jesus Christ of Latter-day Saints (LDS), due to its consistent disapproving position on same-sex attraction (more specifically on same-sex sexual behavior) as well as its prominent influence in political lobbying in favor of laws that exclusively recognize heterosexual marriage (e.g., Proposition 8 in California rescinding the right to marriage for same-sex couples; Crapo, 2002/2005). The LDS church has explicitly expressed that marriage, and the respective characteristics associated with marriage including sexual intimacy and

child bearing/rearing is exclusively reserved for heterosexual couples (Hinckley, 1995). Hence, any behaviors practiced outside this doctrine are considered morally and spiritually deviant and are prohibited. Indeed, official contemporary church doctrine states that individuals who deviate from traditional (heterosexual) families, “bring upon individuals, communities and nations the calamities foretold by ancient and modern prophets” (Hinckley, 1995). Bearing in mind that church doctrine put forth by the prophet is considered to be equivalent to receiving such doctrine from God directly, if members deviate from prescribed practices, their behavior is viewed as a direct disobedience to God (LDS, 2011). This context is particularly important when considering members were directly asked by church leaders (including the prophet) to assist in actively fighting against affirming same-sex legislation, which largely explains why 80-90% of the early volunteers who walked door-to-door in election precincts in the Proposition 8 campaign were LDS members (McKinley & Johnson, 2008). This movement brought issues related to same-sex sexuality to the forefront of the LDS church and clarified the expectation of LDS members to defend traditional marriage. Further, this movement illustrated the enormity of stress placed on LDS members who experience same-sex attraction to suppress their attractions or endanger “the Creator’s plan.”

Additional evidence of how LDS church authorities and policy continue to pathologize nonheterosexuality has been documented in a variety of LDS sanctioned news articles published on the church’s official website. In a recently published address at the Evergreen International annual conference (an LDS affiliated organization that claimed until very recently to treat unwanted homosexuality), former church authority Elder Bruce C. Hafen (2009) encouraged individuals in their pursuit towards overcoming

same-sex attraction by stating, “Whenever the [Devil] tries to convince you that you are hopelessly ‘that way,’ so that acting out your feelings is inevitable, he is lying. He is the father of lies” (p. 1). Elder Hafen went on to suggest that one of the common misconceptions

[gay] activists seek to establish as facts in the minds of policymakers and the public...[is] that same-gender attraction is an inborn and unalterable orientation. This untrue assumption tries to persuade you to label yourselves and build your entire identity around a fixed sexual orientation or condition.

Further punctuating assertions that sexual attraction is temporary and a changeable quality, Hafen (2009) stated, “If you are faithful, on resurrection morning—and maybe even before then—you will rise with normal attractions for the opposite sex” (p. 5). Elder Hafen’s remarks provide further rationale for examining minority stress and resiliency among this population as it would arguably be impossible to avoid minority stress as a nonheterosexual within the context of the LDS faith.

The LDS church is one of the fastest growing denominations in the U.S., according to estimates from the National Council of Churches (NCC, 2011) yearbook of American and Canadian Churches. The LDS church is also the fourth largest denomination in the U.S. following the Catholic Church, Southern Baptist Convention, and United Methodist Church. Thus, based on the general attitudes and policies within the LDS community as well as the rapid growth of the church and its substantial political activism (see Myler, 2009), exploring stigma-related mental health issues among nonheterosexuals within the context of the LDS faith is especially relevant.

Specific Stressors Related to Mental Health Concerns

As described previously, studies have investigated prevalence rates for a variety of mental disorders and psychological symptoms among lesbian, gay, bisexual (LGB) populations (Cochran et al., 2003; King et al., 2008); however, research investigating the origin of such problems remains unclear. As of yet, the majority of research investigating relationships between minority stress and mental health has been limited to investigating only one aspect of minority stress at a given time (Lehavot & Simoni, 2011; Ueno, 2010). With regard to proximal stressors in particular, existing studies have primarily focused on issues related to concealment/disclosure of nonheterosexuality and the negative effects of internalized homophobia. In short, findings from existing studies have indicated that openness about one's nonheterosexual status (as opposed to concealment of one's nonheterosexual orientation) is generally associated with fewer mental health concerns (Beals, Peplau, & Gable, 2009; Koh & Ross, 2006). Additionally, attempting to pass as heterosexual is particularly damaging to psychological wellbeing, due to decreased opportunities for social support as well as substantial disruption in everyday living that results from excessive energy used to monitor and control public behavior (see Herek, 2007, for a review). Moreover, the greatest psychological distress associated with sexual identity concealment likely stems from the underlying negative effects of internalized homophobia (Herek, 2007; Meyer, 2003; Szymanski, Kashubeck-West, & Meyer, 2008). When investigated separately, internalized homophobia has been associated with increased depression among nonheterosexuals, especially men (Lewis, Derlega, Griffin, & Krowinski, 2003; Szymanski et al., 2008), as well as a variety of other symptoms

related to depression including decreased self-esteem and social support, increased suicidal ideation and behavior (Meyer, 1995), somatic complaints (Shidlo, 1994; Szymanski, Chung, & Balsam, 2001), loneliness (Shidlo, 1994; Szymanski & Chung, 2001), and self-harming behavior (Bennett & O'Connor, 2002; Herek, Cogan, Gillis, & Glunt, 1998).

Despite our growing understanding of minority stress as a primary mechanism underlying the increased risk for psychological morbidity among nonheterosexuals, as well as notable improvements in terms of understanding the various effects of specific stressors (e.g., internalized homophobia, concealment, victimization), information about how various stressors function individually and/or collectively as pathways to specific disorders is needed (Lehavot & Simoni, 2011; Zietsch et al., 2012; see also American Psychiatric Association [APA], 2010).

Thriving in a Heterosexist Society

Although additional studies are needed in order to identify the specific etiological pathways that lead from minority stress to psychological morbidity, the substantial amount of research that has accumulated over the last several decades has predominantly focused on health concerns among sexually diverse populations. This research has ultimately contributed to the historical pathologizing of nonheterosexuality via inadvertently overemphasizing the negative characteristics and experiences within this community. Indeed, the majority of nonheterosexually identified individuals do not suffer from a mental health concern (Savin-Williams, 2008). As such, in attempts to “depathologize nonheterosexuality,” scholars have begun to shift their focus towards

understanding the mechanisms and contexts that facilitate sexual minorities' abilities to flourish in a heterosexist society (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Savin-Williams, 2008). A few scholars have even expanded on the notion that individuals not only thrive in the midst of stigmatization, but for some, there are uniquely positive or beneficial aspects associated with same-sex attraction.

According to recent qualitative research conducted by Riggle and colleagues (2008), nearly 95% of the sample articulated at least one positive aspect associated with identity as gay or lesbian. Riggle and colleagues further described several themes related to the benefits of a nonheterosexual identity, including belonging to a community, creating families of choice, increased insight into and empathy for self and others, and freedom from societal definitions of roles (e.g., gender-specific roles, more egalitarian relationships, and freedom to explore and express sexuality in relationships). In a separate study specifically examining the positive aspects of bisexuality, 34% of the sample reported "freedom to love without regard for sex/gender," and 29% declared "freedom to explore diverse relationships and experiences" as unique positive aspects associated with their identity as a bisexual (Rostosky, Riggle, Pascale-Hague, & McCants, 2010). Participants in both studies also commonly reported feeling more authentic and honest in their lives and relationships, viewed themselves as positive role models, and were more actively involved in social activism as a result of being open about their sexuality.

Evidence of the various socioemotional benefits associated with same-sex sexuality is of particular relevance when considering what scholars have recently identified as, "a growing call for depathologizing individuals who are not heterosexual" (Savin-Williams, Cohen, Joyner, & Rieger, 2010, p. 1215). Moreover, findings from

positive-focused studies, such as Riggle and colleagues' (2008) and Rostosky and colleagues' (2010) work, functionally serve as important empirical demonstrations that when aspects of minority stress are alleviated (e.g., issues of concealment, social isolation, and internalized homophobia associated with pervasive homonegative cultural norms), sexual minorities often experience a unique sense of empowerment, freedom, and social connectedness. Due to the limited existing studies aimed at investigating the positive aspects of nonheterosexuality, additional research is warranted.

Synopsis and Problem Statement

Despite legitimate claims that future research should begin “depathologizing nonheterosexuals” by emphasizing the positive aspects of same-sex sexuality (Riggle et al., 2008; Savin-Williams, 2008), as well as the increasingly accepting cultural climate towards sexual minorities in the U.S. (Savin-Williams, 2008; Savin-Williams et al., 2010), and recognizing that the majority of sexual minorities indeed do *not* suffer from mental health issues (Savin-Williams, 2008), the problem remains that nonheterosexuals disproportionately experience mental health issues when compared with heterosexuals (King et al., 2008). Furthermore, the observed discrepancy is almost exclusively accounted for by the, “pathogenic social conditions that stigmatize LGB people and treat them as inferior to heterosexuals” (Meyer, 2010, p. 1218). It seems paramount then that researchers continue to explore the specific underlying mechanisms of minority stress and psychopathology in order to develop specific preventions and interventions for mental health issues grounded in such etiological contributions.

In particular, although there is a growing body of empirical literature that

examines the relationships among various aspects of minority stress (e.g., disclosure vs. concealment of identity, felt and/or enacted stigma) and specific clinical and subclinical disorders (e.g., depression, anxiety), the majority of the existing research fails to adequately account for variability in sexual orientations and gender (Bolton & Sareen, 2011; Bostwick et al., 2010). Specifically, due to a variety of methodological issues such as non-random sampling or small sample sizes (Meyer & Wilson, 2009), sexology researchers are frequently inhibited from explicitly analyzing within group differences between men and women as well as differences across a variety of sexual orientations (Bolton & Sareen, 2011; Boswick et al., 2010). As Bostwick and colleagues explained, such methodological issues are of particular concern because they bias general inferences made about the sexual minority population at large. Likewise, it seems that in order to understand the mechanistic underpinnings of minority stress related psychopathology among sexual minorities, additional research is needed that examines how specific aspects of minority stress are specifically associated with and have manifested across various sexual minority demographic groups. In attempts to begin addressing this need, specific aspects of minority stress (i.e., proximal stressors) are tested in one of the following studies to determine how they independently and jointly function to predict depression, and how such associations differ across various demographic characteristics.

Additionally, in response to the increasing call for research that depathologizes homosexuality (Riggle et al., 2008; Savin-Williams, 2008), two additional studies were conducted that, (a) evaluate a brief quantitative instrument designed to assess the positive aspects of nonheterosexuality to be used in clinical and research settings, and (b) explore how disclosure of one's nonheterosexual identity (i.e., "outness") is associated with

individuals' positive perceptions of being nonheterosexual. Such associations were also examined with regard to various demographic characteristics.

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CHAPTER 2

**SPECIFIC ASPECTS OF MINORITY STRESS ASSOCIATED WITH
DEPRESSION AMONG LDS-AFFILIATED NONHETEROSEXUALS¹**

Abstract

In a nation-wide sample, 634 previous or current members of The Church of Jesus Christ of Latter-day Saints (LDS), nonheterosexual adults (ages 18-33), were surveyed to examine how specific aspects of minority stress (internalized homophobia [IH], needs for privacy [NP], needs for acceptance [NA], identity confusion [IC], and difficult process [DP]) are individually and collectively associated with depression, and how such associations differ across sex, sexual orientation, and level of affiliation with the LDS Church. When all five stressors were examined simultaneously, need for others' acceptance was the strongest predictor of depression followed by internalized homophobia. All minority stress factors were found to be individually predictive of depression, and did not differ across sex or sexual orientation subgroups. Differences were observed, however, when considering current LDS status. Participants who were no longer affiliated with the LDS church in particular, reported stronger relationships between depression and both identity confusion and internalized homophobia. Implications of religious identity salience as a potential mediator of relationships between specific stressors and depression are discussed.

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Introduction

It has become commonly recognized that the heightened prevalence of psychological distress documented among nonheterosexuals is almost exclusively derived from culturally maintained sexual stigma, discrimination, and victimization (also referred to as *minority stress*; Meyer, 2003) to which this population is frequently subjected (Herek, 2007; Herek, Gillis, & Cogan, 2009; Meyer, 2003). Despite our growing understanding of minority stress as a primary mechanism underlying the increased risk for psychological morbidity among nonheterosexuals, as well as notable improvements in terms of understanding the various effects of specific stressors (e.g., internalized homophobia, concealment, victimization), information about how various stressors function individually and/or collectively as pathways to specific disorders is needed (Lehavot & Simoni, 2011; see also American Psychological Association [APA], 2010). As recently stated in an address from the APA to the Institute of Medicine,

Clearly, the experiences of stigma and discrimination that virtually all LGBT people face have a great impact on the increased risks. However, we do not fully understand the pathways that lead from those experiences to specific disorders. . . . Such knowledge is required for the design of effective preventive and treatment interventions at the individual and community levels. (APA, 2010, p. 3)

Although some research has examined associations between specific aspects of minority stress and psychological outcomes, the majority of this literature investigates only one aspect of minority stress at a time (Lehavot & Simoni, 2011), and rarely examines relationships between minority stress and mental health in terms of within-group differences among nonheterosexual subgroups (i.e., exclusively vs. nonexclusively same-sex attracted men and women). This paper explores how various stressors (e.g.,

internalized homophobia, need for concealment of sexual identity) are individually and collectively associated with symptoms of depression, as well as how such relationships differ across various demographic characteristics (e.g., men vs. women, exclusively vs. nonexclusively same-sex oriented).

Extant research also demonstrates that minority stress is especially heightened for individuals who are affiliated with predominately heterosexist institutions such as conservative political or religious organizations (Herek et al., 2009). Based on its recent political activism attempting to defend “traditional” heterosexual marriage, as well as its status as one of the fastest growing and largest Christian denominations in the U.S. (National Council of Churches, 2011), The Church of Jesus Christ of Latter-day Saints (LDS) is of particular interest for the current study as it continues to promote and institutionally maintain hetero-dominant cultural norms. There is also evidence to suggest that socioemotional health may vary as a function of level of affiliation or activity with nonaffirming religious organizations (Dahl & Galliher, 2012a, 2012b). Accordingly, to investigate changes in stigma-related depression across differing levels of affiliation with a particular religious group, nonheterosexual adults that are or previously were affiliated with The Church of Jesus Christ of Latter-day Saints (LDS) were targeted for participation in the current study.

Minority Stress and Heterosexism

According to Meyer’s (2003) widely referenced model of minority stress, stressors may be broadly conceptualized on a spectrum of distal to proximal stressors. First, *distal* stressors (stressors that may result from what Herek (2007) has identified as

enacted stigma) encompass the overt behavioral expression of sexual stigma (e.g., use of anti-gay language, ostracism, threats, overt discrimination, or violence), as well as the more general heteronormative climate that pervades dominant cultural institutions.

Alternatively, *felt stigma*, resembling what Meyer had described as *proximal* stressors, involves an individual's "expectations about the probability that sexual stigma will be enacted in different situations or under various circumstances" (p. 909). Due to fear of becoming the victim of enacted stigma, sexual minorities may be motivated to modify their behavior (e.g., attempt to pass as heterosexual by concealing their status or identity as nonheterosexual), in order to avoid victimization (Herek & Garnets, 2007). Although disclosing one's identity places individuals at increased risk for becoming the target of enacted stigma (Herek, 2007; Herek et al., 2009; Meyer, 2003), attempting to conceal one's sexual orientation or identity due to fear of enacted stigma or out of shame or guilt can result in equal or greater psychological distress than might otherwise be experienced in association with disclosure (Meyer, 2003). Moreover, it has also become broadly understood that such identity concealment efforts are largely reflective of *internalized stigma*—the internalization of anti-gay attitudes, which then leads to endorsement of negative attitudes or personal disdain regarding one's own sexuality (for review see Szymanski, Kashubeck-West, & Meyer, 2008).

Internalized stigma, also termed *internalized homophobia*, *internalized heterosexism*, and *internalized homonegativity* (Herek, 2007; Herek et al., 2009), has been directly associated with increased difficulty in the "coming-out" process and lower levels of acceptance from family and friends (Shilo & Savaya, 2012). Likewise, findings from Shilo and Savaya's study also demonstrated that higher levels of internalized

homophobia (IH) and lower levels of family acceptance were associated with poorer mental health. In contrast, increased acceptance from others and greater overall disclosure of nonheterosexuality were associated with better psychological health. Such findings are especially important, as they demonstrate how others' acceptance may promote either mental health risk or resiliency.

Decreased levels of acceptance from others and increased IH have also been found to be associated with increased religiosity. According to existing evidence, nonheterosexuals frequently experience heightened sexual stigma when affiliated with predominately heterosexist institutions and ideologies such as conservative political or religious organizations (Herek, 2009; Shilo & Savaya, 2012). Many sexual minorities are often denied potentially valuable spiritual resources that might otherwise be important in ameliorating psychological distress due to the fact that many religious denominations condemn homosexual relationships (Herek & Garnets, 2007). Further, based on statistics indicating that the majority (77%) of U.S. citizens report affiliation with Christian denominations (Statistical Abstract of the United States, 2007), it seems prudent to consider the influence of traditional Christian faiths, when exploring sexual stigma among nonheterosexuals in the U.S.²

Love the Sinner—Hate the Sin

Historically, condemnation of homosexuality has been ubiquitous among Christian religions worldwide (Dahl & Galliher, 2010). Some Christian churches have

² Although Christians are not the only religion responsible for the stigmatization of non-heterosexuals, non-Christian religions tend to exhibit greater variability in terms of their positions on issues of sexuality and gender (e.g. Myler, 2009).

adopted more affirming policies on issues of same-sex sexuality (e.g., Episcopal Church and United Church of Christ). Still, as candidly stated by Fone (2000), “For the most part, however, practicing homosexuals are not welcomed at God’s table” (p. 412). Despite claims by the most conservative Protestant sects that they are tolerant of same-sex sexuality and encourage church members to be sensitive and accepting of those who are nonheterosexual (“love the sinner”), they nevertheless maintain the position that homosexuality is a sin (Human Rights Campaign, 2011). As expressed by Herek (2007), “[R]eligious condemnation of homosexual behavior inevitably stigmatizes people who are homosexual” (p. 4). As such, affiliation with conservative religions often places sexual minorities at increased risk for stigma-related psychological distress (Dahl & Galliher, 2010, 2012a, 2012b; Herek et al., 2009).

The LDS Church (also known as Mormon) is of particular relevance to the current study. The position of the LDS church on same-sex sexuality has received increasing attention due to the organization’s involvement with political lobbying in favor of laws that restrict recognition of marriage to heterosexual couples (Crapo, 2002/2005). During California’s Proposition 8 campaign, leaders of the LDS church issued a statement that was read aloud in their congregations stating, “Marriage between a man and a woman is ordained of God, and the formation of families is central to the Creator’s plan” (LDS, 2008). This decree reflects the central position of heterosexual marriage within LDS doctrine, while simultaneously underscoring that alternative pathways are a threat to the “Divine plan.”

Sexual minorities are further marginalized within the LDS community by the suggestion that their same-sex orientation is a temptation or an experience they struggle

with, not an essential individual characteristic (Oaks, 1995). Consequently, while heterosexual marriage is not a church sanctioned option as a general solution for homosexuality, it is a viable option for a person legitimately attracted to members of the other sex (i.e., bisexual, or sexually fluid; Crapo, 2002/2005). Such religious values perpetuate stigmatization of homosexuality via policy and doctrine, as well as impede individuals from developing a positive nonheterosexual identity. The minimization of same-sex sexuality as a salient aspect of identity and the implications for condemnation should one embrace nonheterosexuality undoubtedly contribute to minority stressors such as confusion about sexual identity, as well as exacerbate the difficult process of coming to terms with or disclosing one's nonheterosexuality. This then begs the question that Barnes and Meyers (2012) sensibly posed, "Why do they continue to participate in religious institutions that condemn and sometimes villanize them?" (p. 512).

One potential factor in answering this question is the importance of religion as a salient aspect of identity. Identity saliency has been defined by social psychologists as, "the relative position of an identity within the self's salience hierarchy" (Wimberley, 1989, p. 127). Borrowing from cognitive social psychology, Stryker and Burke (2000) further explained,

Theorists understand identities as cognitive schemas—internally stored information and meanings serving as frameworks for interpreting experience...with self thus specified, identity theorists hypothesized that the higher the salience of an identity relative to other identities incorporated into the self, the greater the probability of behavioral choices in accord with the expectations attached to that identity. (p. 286)

When considering the functions religious affiliation serves in establishing an individual's sense of belonging within a community and family, participation in culturally relevant

traditions, and adherence to prescribed life value systems (Dahl & Galliher, 2012b), it is understandable that individuals would preserve affiliations with nonaffirming religious organizations if the salience of religious identity takes precedence over other competing aspects of self.

Time spent in a given role (e.g., church member, student, professional) is reflective of the saliency of identity associated with that role (Stryker & Serpe, 1994). Thus, greater frequency of participation or attendance at LDS church activities would suggest that one's identity as an active member of the LDS church is more salient than for those who are less active in (or all together disengaged from) the church. Qualitative investigations of nonheterosexual individuals' sexual and religious identity development trajectories further suggest that many nonheterosexually identified persons eventually disengage from non-affirming religious organizations as a function of internalized conflict associated with multiple competing identities (Dahl & Galliher, 2012a, 2012b). Moreover, although associations between religious and sexual identity conflict and depression have been documented (e.g., Dahl & Galliher, 2010), to date, few studies have been published that explore how active involvement in a non-affirming religious organization moderates relationships between minority stress and mental health concerns. This study addressed this deficit by examining respondents' status in the LDS church (i.e., "active" = attend church once or more per month, "inactive" = attend church less than once a month, or "unaffiliated" = no longer active or affiliated with the church) as a moderating factor of minority stress and depression links.

Finally, a frequent criticism of existing minority stress and mental health research among nonheterosexual populations is the tendency to homogenously categorize all

nonheterosexuals together and compare hetero- versus nonheterosexual samples rather than explore differences across sexual orientations (Meyer & Wilson, 2009).

Additionally, although recent studies have begun to examine differences in psychopathology among sexual minority groups across sex (e.g., Bostwick, Boyd, Hughes, & McCabe, 2010), few studies have specifically examined how the patterns of minority stress (e.g., internalized homophobia, needs for privacy or concealment, needs for acceptance from others, difficulty with accepting/disclosing sexual identity, confusion about sexual identity) relate to mental health concerns differently among men and women of varying nonheterosexual orientations. The current study aimed to examine specific aspects of minority stress as they relate to depression, and also to explore differences among subsamples based on demographic characteristics (i.e., sex, sexual orientation, and current activity in the LDS church).

1. How are individual proximal stressors (i.e., internalized homophobia, need for privacy, need for acceptance, identity confusion, and difficult process regarding sexual-identity development) associated with depression?
2. What specific stressors are most predictive of depressive symptoms?
3. How do associations between specific stressors and depression differ depending upon sex, sexual orientation, and current level of involvement with the LDS church?

Methods

Participants and Procedure

Participants were recruited from Internet sites and listservs serving LDS LGBT

individuals. Additionally, journalists in the online and print media were contacted as this study was released. Due to coverage by the Associated Press, articles appeared in over 100 online and print publications worldwide. Recruitment also occurred through word-of-mouth, Facebook, blogs, and email. Recruitment materials were posted by non-LDS affiliated organizations, including local LGBT community resource centers, and online LGBT news and entertainment sources. Individuals who were interested in participation were directed to the online survey via a link obtained from recruitment sources. They completed a series of questionnaires assessing demographic characteristics, sexual identity development, socioemotional functioning, mental health history, and spiritual/religious history. This study was approved by the Institutional Review Board for the protection of human participants at Utah State University (see Appendix A).

This manuscript represents part of a larger study of 1,612 respondents from the U.S. (94%) and 22 additional countries worldwide who reported some history of same-sex attraction and were currently, or previously, affiliated with the LDS church. Additional criteria for inclusion in the current study were that participants were from the U.S. and reported a nonheterosexual identity at the time of participation. Additionally, because the measure selected to evaluate depression (CCAPS-34; Counseling Center Assessment of Psychological Symptoms) was normed among college-aged persons, the sample was further restricted to participants between 18 and 33 years of age (within 2 standard deviations of the norming sample mean). Thus, the original sample was reduced to 658 adults between 18 and 33 years of age ($M = 26.41$, $SD = 4.09$). Of the reduced sample, approximately 72% ($n = 473$) reported a concurrent biological sex and gender identity as male and 24.5% ($n = 161$) reported concurrent sex and gender as female, and

3.5% ($n = 24$) reported a gender identity different from their reported biological sex (e.g., transsexual, gender queer, two-spirited). Since there were not enough members in this group to comprise a separate subgroup, participants who indicated a gender identity different from their reported biological sex ($n = 24$) were removed from the sample in order to clarify interpretation of results. The reduced sample ($n = 634$) was comprised primarily of European American individuals ($n = 573$), with approximately 5% indicating bi/multicultural ethnic backgrounds ($n = 33$), 3% Latino/a ($n = 17$), and the remaining 2% were African American, Pacific Islander, Asian American, or of Middle Eastern descent. Participants' self-reported sexual identity included gay (65%), lesbian (14%), and bisexual/sexually fluid (e.g., queer or pansexual 19%). The remaining 2% of the sample gave no response, indicated that they did not identify with regard to sexual orientation or indicated "other" (e.g., heterosexual but same-sex attracted, "ex-gay," or some other indication that they are same-sex attracted but not engaging in same-sex relationships). Additionally, although all participants had at one point been affiliated with the LDS church, and nearly half reported currently being affiliated with the church, 5% of the sample reported affiliation with other Christian denominations (e.g., Lutheran, Catholic, Methodist, Episcopalian), 4% affiliated with a non-Christian religious practice (e.g., Buddhist, Hindu, Jewish, Unitarian Universalist, or Muslim), and nearly 42% of participants indicated that they no longer were affiliated with a religious organization.

Measures

Demographic information and sexual history. Respondents answered demographic questions including: age, biological sex, gender identity, ethnicity, sexual

orientation, religious affiliation/activity, education, occupation, relationship status, geographical residence, and parental status. Participants also answered questions about their sexual history, including age of sexual identity development milestones (i.e., awareness, sexual experience, self-identification, labeling, first disclosure), level of sexual activity, degree of social support/acceptance, degree of disclosure, and ratings of attraction, behavior, and identity (see Appendix B). Due to the variability in respondents' sexual identity labels, participants were categorized into two groups. Persons who identified as gay or lesbian were coded as exclusively same-sex attracted/ identified (ESS), whereas those who reported a sexual identity other than gay or lesbian (e.g., pansexual, bisexual, queer, questioning, or fluid), were labeled nonexclusively same-sex attracted/identified (NSS). Participants also identified their current relationship with the LDS church—those who attended church activities at least once per month were labeled “active,” those who continued to identify as LDS but did not attend services regularly were labeled “inactive,” and those who had been disfellowshipped, excommunicated, or had officially resigned their church membership were labeled “unaffiliated.”

Lesbian, Gay, Bisexual Identity Scale. The Lesbian, Gay, Bisexual Identity Scale (LGBIS; Mohr, 2005), previously the Lesbian/Gay Identity Scale (Mohr & Fassinger, 2000), was a 27-item measure that assessed six dimensions of lesbian, gay and bisexual identity including, internalized homonegativity/binegativity (IH), need for privacy (or concealment; NP), need for acceptance (NA), identity confusion (IC), difficult process (DP; difficulty in coming to terms with and disclosing sexual identity or

orientation), and superiority (prejudice against heterosexual individuals).³ Based on the specific minority-stress focus of this study, the superiority subscale was not included in data analysis or results. High scores on each sub-scale indicate greater stress related to specific aspects of identity development. Although psychometric properties were not published for the first version of the measure which included bisexuality in its wording, unpublished analyses conducted with a large national (U.S.) sample yielded results comparable to those published in Mohr and Fassigner's study (i.e., $\alpha = .81$, $\alpha = .75$, $\alpha = .79$, $\alpha = .79$, $\alpha = .77$, and $\alpha = .65$, respectively). Reliability estimates obtained for the current sample also demonstrated good internal consistency ($\alpha = .90$, $\alpha = .85$, $\alpha = .81$, $\alpha = .89$, $\alpha = .79$, respectively), with the exception of superiority scale ($\alpha = .50$), further supporting our decision to remove the scale from further analyses.

Counseling Center Assessment of Psychological Symptoms (CCAPS-34). The CCAPS-34 (Locke et al., 2012) is an abbreviated version of the CCAPS-62 (Locke et al., 2011), both of which are widely researched assessments used at college counseling centers to evaluate psychological symptoms among college students. Although the CCAPS was primarily designed for use with collegiate populations, it was adopted for the current study due to its broad coverage of relevant psychological symptoms in the general population. The CCAPS contains seven subscales including depression, eating concerns, alcohol use, generalized anxiety, hostility, social anxiety, and academic distress, which have all evidenced strong correlations with reputable measures of similar constructs (Locke et al., 2012). For the current study, only the depression scale was used. Items are

³ Although a revised version of this measure has been published (Mohr & Kendra, 2011), at the time data were collected for the current study the revised version was not yet available.

scored on a 5-point scale ranging from 0 (*Not at all like me*) and 4 (*Extremely like me*), where higher scores indicate more severe symptoms. The CCAPS-34 Depression scale demonstrates good internal consistency ($\alpha = .89$), test-retest reliability ($r = .86$), and convergent validity ($r = .70, p < .01$) with the Beck Depression Inventory (BDI; Beck, Ward, Mendelsohn, Mock, & Erbaugh, 1961). Cronbach's alpha coefficient for the current sample was .89.

Results

Preliminary Descriptive and Correlation Analysis

Descriptive statistics for the CCAPS-34 Depression subscale and the five LGBIS subscales are found in Table 2.1. Also in Table 2.1, bivariate correlations evaluate relationships between depression and the LGBIS scales. A series of *t* tests and one-way analyses of variance (ANOVAs) examined differences in the five minority stress variables (IH, NP, NA, IC, and DP) and depression with regard to sex, sexual identity, and LDS status respectively. As noted in Table 2.2, men scored significantly higher than women on the IH subscale, whereas women scored higher than men on the IC subscale. Additionally, NSS-attracted persons scored significantly higher than those who identified as ESS-attracted on IH, NP, DP, and IC. Finally, one-way ANOVAs indicated that individuals who reported active LDS status scored higher than inactive or unaffiliated individuals on all measures (including depression). Likewise, unaffiliated participants scored significantly lower than inactive participants on all LGBIS scales. Thus, increased

Table 2.1

Descriptive Statistics for Independent and Dependent Variables Including LGBIS Correlations with Depression Subscale

Variable	Depression		Int. homophobia		Need for privacy		Need for accept.		Difficult process		Identity confuse.					
	<i>M</i> (<i>SD</i>)	range	<i>M</i> (<i>SD</i>)	range	<i>M</i> (<i>SD</i>)	range	<i>r</i>	<i>M</i> (<i>SD</i>)	range	<i>r</i>	<i>M</i> (<i>SD</i>)	range	<i>r</i>			
Total	2.1 (.97)	1-5	2.8 (1.7)	1-7	4.8 (1.5)	1-7	.292**	3.4 (1.4)	1-7	.510**	4.5 (1.5)	1-7	.323**	2.1 (1.4)	1-6.8	.234**
M	2.1 (.96)	1-5	2.9 (1.7)	1-7	4.7 (1.5)	1-7	.272**	3.4 (1.4)	1-7	.564**	4.6 (1.5)	1-7	.314**	2.0 (1.4)	1-6.8	.191**
F	2.2 (1.0)	1-5	2.5 (1.5)	1-7	4.9 (1.5)	1.5-7	.347**	3.2 (1.4)	1-7	.362**	4.3 (1.5)	1-7	.356**	2.3 (1.5)	1-6.8	.340**
ESS	2.1 (.97)	1-5	2.7 (1.6)	1-7	4.6 (1.4)	1-7	.295**	3.3 (1.4)	1-7	.546**	4.4 (1.5)	1-7	.326**	1.7 (1.1)	1-6.8	.246**
NSS	2.2 (.99)	1-5	3.4 (1.9)	1-7	5.4 (1.4)	1.8-7	.263**	3.4 (1.4)	1-6.4	.379**	4.8 (1.4)	1.6-7	.297**	3.3 (1.7)	1-6.8	.232**
A	2.3 (.93)	1-5	4.1 (1.8)	1-7	5.6 (1.2)	2-7	.185*	3.9 (1.4)	1-7	.524**	5.1 (1.3)	1.2-7	.332**	2.7 (1.6)	1-6.8	.051
I	2.1 (.99)	1-5	2.5 (1.4)	1-7	4.8 (1.3)	1.7-7	.295**	3.3 (1.3)	1-6.6	.482**	4.5 (1.4)	1-7	.244**	1.9 (1.4)	1-6.8	.281**
U	2.0 (.95)	1-5	2.0 (1.1)	1-5.6	3.9 (1.4)	1-7	.257**	2.8 (1.2)	1-6.6	.469**	3.9 (1.5)	1-7	.366**	1.6 (1.0)	1-6.8	.272**

Note. *r* = bivariate correlation with Depression subscale.

ESS = Sexual identity is exclusively same-sex attracted; NSS = Nonexclusively same-sex identity; A = Active LDS status; I = Inactive LDS status;

U = Currently unaffiliated with LDS church.

p* < .05. *p* < .01.

Table 2.2

Independent Sample t test and One-Way Analysis of Variance Results for Depression and LGBIS Scales

Variable	Gender			Sexual identity			LDS status			Pairwise comp.	Mean diff.	d
	df	t	d	df	t	d	df	F	η^2			
Depression	632	.57	.05	632	-1.30	.10	2,599	4.82*	.01	A-I	.20	.21
										A-U	.29*	.32
										I-U	.10	.10
Int. homophobia	303.94 ^a	-2.71**	.31	187.48 ^a	-3.85**	.56	2,599 ^a	109.29**	.27	A-I	1.60**	1.01
										A-U	2.16**	1.47
										I-U	.56**	.45
Need for privacy	632	.82	.07	632	-6.02**	.48	2,599 ^a	73.19**	.20	A-I	.88**	.70
										A-U	1.71**	1.30
										I-U	.83**	.60
Need for accept.	632	-1.52	.12	632	-.40	.03	2,599	35.60**	.11	A-I	.58**	.44
										A-U	1.16**	.89
										I-U	.58**	.45
Difficult process	632	-1.66	.13	632	-2.74**	.20	2,599	32.93**	.10	A-I	.64**	.47
										A-U	1.12**	.86
										I-U	.57**	.40
Identity confuse.	632	2.48	.20	162.12 ^a	-10.34**	1.62	2,599 ^a	38.14**	.11	A-I	.87**	.60
										A-U	1.19**	.91
										I-U	6389*	.27

Note. A = Active; I = Inactive; U = Unaffiliated.

^a Indicates equal variances not assumed.

* $p < .05$.

** $p < .01$.

church involvement was associated with increased minority stress as well as increased levels of depression.

Generalized Estimating Equation Model Development and Selection

In order to evaluate associations between depression and various experiences of minority stress while simultaneously considering sex, sexual orientation, and current

level of involvement with the LDS church, generalized estimating equation (GEE) methods were employed (Liang & Zegger, 1986). GEE methods facilitate the modeling of correlated or clustered responses—in this case, the clustering of responses by sexual orientation, gender, or LDS status. A series of three multilevel generalized estimating equation models were developed for each of the five proximal stressors respectively. The first of three GEE models developed with each proximal stressor included main effects for sex, sexual orientation, current LDS affiliation, and the respective LGBIS subscale (i.e., internalized homonegativity/binegativity, need for privacy, need for acceptance, identity confusion, or difficult process) as the independent variables, and depression as the dependent variable. The second and third models included all main effects as described for Model 1, and progressively included two- and three-way interactions between categorical factors (i.e., sex, sexual orientation, and LDS status) and the relevant measure of minority stress; Model 1 included main effects only, Model 2 included main effects and all 2-way interactions between the three categorical variables and the respective LGBIS scale, and Model 3 included all main effects, 2-way interactions, and 3-way interactions (Table 2.3).

Models were evaluated based on Quasi-Akaike Information Criterion (QIC) fit indices yielded for each model (Pan, 2001). Although there are no formal criteria for model fit, lower fit indices are desirable. As demonstrated in Table 2.3, inclusion of 3-way interactions failed to demonstrate any additional meaningful contributions. Consequently, based on observed significant 2-way interactions for IH and IC, the second model (including main effects and 2-way interactions) was selected as the most

Table 2.3

Generalized Estimation Equations Model Effects (Wald χ^2) for All Models, Organized by LGBIS Scale

Model	b_0	Gen	LDS	S _{ID}	Scale	Scale*Gen	Scale*LDS	Scale*S _{ID}	Scale*Gen*LDS	Scale*Gen*S _{ID}	Scale*Gen*LDS*S _{ID}	QIC
IH	1	245.61**	4.03	4.56	.19	78.63**						484.34
	2	218.27**	.05	4.62	.55	64.52**	.51	11.09**	.81			480.95
	3	202.65**	.35	4.60	.14	70.89**	.02	14.70**	.62	.29	.26	487.23
NP	1	65.84**	.58	.49	.18	37.12*						527.86
	2	37.20**	.64	1.53	.01	26.09**	1.15	1.06	>.01			534.00
	3	28.72**	1.21	1.32	.32	29.81**	1.37	1.07	.29	.08	.08	539.25
NA	1	105.49**	1.22	2.67	1.14	187.53**						429.17
	2	95.11**	3.78	.22	1.55	92.49**	2.19	.26	.76			433.89
	3	85.63**	2.50	.17	.60	94.44**	1.57	1.59	.02	.67	.10	442.54
DP	1	98.03**	1.71	.61	>.01	63.78**						511.18
	2	61.63**	.15	.86	.10	46.50**	.78	1.21	.11			517.19
	3	57.52**	.15	.92	.02	51.03**	.48	1.21	.08	.03	.08	523.37
IC	1	335.76**	.99	1.66	2.14	21.40**						540.21
	2	309.99*	.85	8.78*	.06	28.38**	1.95	5.82	.25			538.42
	3	303.29**	1.55	5.75*	.01	27.22**	2.17	4.68	.35	.05	1.15	547.02

Note. Gen = Gender, LDS = LDS status, S_{ID} = Sexual Identity, IH = Internalized Homophobia, IC = Identity Confusion, NP = Need for Privacy, NA = Need for Acceptance, DP = Difficult Process; Scale = respective LGBIS subscale (i.e. IH, IC, NP, NA, or DP).

* $p < .05$.

** $p < .01$.

parsimonious model for evaluating associations between specific aspects of minority stress and depression, while simultaneously taking into account demographic factors such as sex, sexual orientation, and LDS status, whereas Model 1 (including main effects only) was selected as the most parsimonious model to explore associations between depression and the remaining three stressors (NP, NA, DP) within the context of the identified demographic characteristics.

Associations Between Proximal Stressors, Demographic Characteristics and Depression

All models examining specific LGBIS subscales yielded significant main effects for respective minority stress variables (see Table 2.3). In addition to significant main effects for all LGBIS scales, the model examining identity confusion (IC) also demonstrated a significant main effect for LDS status, Wald $\chi^2(1) = 8.78, p < .05$. Model 2 parameter estimates (see Table 2.4) further indicated that the relationship between identity confusion and depression was significantly different for individuals who reported an active membership status within the church as compared to individuals who reported either inactive or unaffiliated membership status. Table 2.3 also demonstrates a trend toward a significant 2-way interaction for LDS status and IC, Wald $\chi^2(2) = 5.82, p = .055$. Parameter estimates for the 2-way interaction indicated that the relationship between identity confusion and depression for individuals who reported an active level of church affiliation was significantly different from unaffiliated individuals, Wald $\chi^2(1) = 4.64, p < .05$. Furthermore, as illustrated in Figure 2.1, the relationship between IC and depression was significantly stronger for unaffiliated persons than for individuals who reported

Table 2.4

Model Parameter Estimates for Model 1 Main Effects and Model 2 Main Effects and Two-Way Interactions

Variable	F ^a	M	A ^a	I	U	ESS ^a	NSS	Scale	F ^{a*} scale	M [*] scale	A ^{a*} scale	I [*] scale	U [*] scale	ESS ^{a*} scale	NSS [*] scale
IH _b	b (SE)	-.04 (.17)	—	-.44* (.21)*	-40 (.22)	—	1.48(.20)	.19* (.07)*	—	-.04 (.06)	—	.18* (.06)*	.21* (.08)*	—	-.05 (.06)
	95% CI	-.37, .29	—	-.84*, -.03*	-.84, .03	—	-.25, .54	.06*, .33*	—	-.16 .07	—	.06*, .30*	.04*, .37*	—	-.17, .06
	χ ²	.05	—	4.36*	3.20	—	.55	7.95**	—	.52	—	8.67**	6.18**	—	.81
NP	b (SE)	-.07 (.10)	—	-.05 (.10)	.01 (.12)	—	-.05 (.11)	.19* (.03)*	—	—	—	—	—	—	—
	95% CI	-.26, .11	—	-.24, .15	-.22, .24	—	-.26, .16	.13*, .25*	—	—	—	—	—	—	—
	χ ²	.58	—	.24	.01	—	.18	37.12**	—	—	—	—	—	—	—
NA	b (SE)	-.10 (.09)	—	.03 (.09)	.14 (.10)	—	.11 (.10)	.37* (.03)*	—	—	—	—	—	—	—
	95% CI	-.28, .08	—	-.14, .20	-.05, .33	—	-.09, .30	.32*, .42*	—	—	—	—	—	—	—
	χ ²	1.22	—	.11	2.21	—	1.14	187.53**	—	—	—	—	—	—	—
DP	b (SE)	-.12 (.09)	—	-.07 (.09)	-.05 (.10)	—	-.00 (.10)	.21* (.03)*	—	—	—	—	—	—	—
	95% CI	-.31, .06	—	-.26, .11	-.25, .16	—	-.21, .20	.16*, .26*	—	—	—	—	—	—	—
	χ ²	1.71	—	.61	.22	—	<.01	63.78**	—	—	—	—	—	—	—
IC _b	b (SE)	.15 (.16)	—	-.45* (.19)*	-.56* (.19)*	—	-.06 (.22)	.14 (.08)	—	-.09 (.06)	—	.14 (.07)	.19* (.09)*	—	-.03 (.07)
	95% CI	-.17, .46	—	-.81*, -.08*	-.93* -.18*	—	-.48, .37	-.02, .31	—	-.21, .04	—	-.01, .28	.02*, .37*	—	-.17, .10
	χ ²	.85	—	5.69**	8.33**	—	.06	3.02	—	1.95	—	3.46	4.64*	—	.25

Note: F = Female, M = Male, A = Active, I = Inactive, U = Unaffiliated, ESS = Exclusive Same-sex, NSS = Nonexclusive Same-sex, Scale = respective LGBIS scale.

^aindicates reference group, _b estimates based on Model 2.

* $p < .05$, ** $p < .01$.

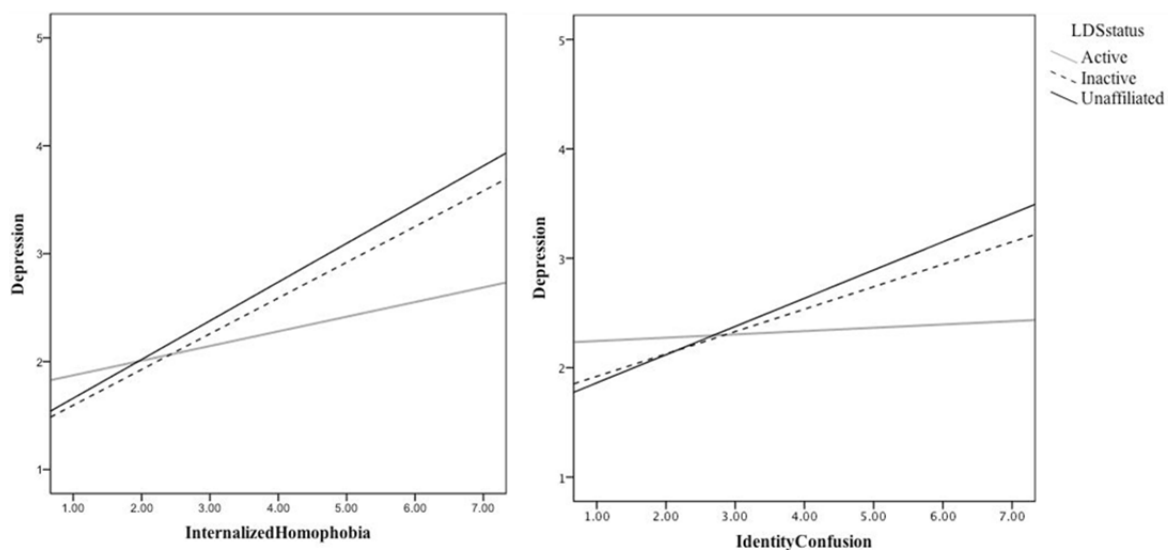


Figure 2.1. Predicting depression from internalized homophobia and identity confusion by LDS status.

active status in the LDS church. In other words, higher scores on IC are more strongly related with depression for individuals who are unaffiliated with the LDS church than for active LDS members.

Similarly, for the model examining Internalized Homophobia, in addition to a significant main effect for IH, parameter estimates demonstrated a significant main effect for LDS status with active participants reporting greater IH than inactive participants, Wald $\chi^2(1) = 4.36, p < .05$. Model 2 also yielded a significant 2-way interaction between LDS status and IH, Wald $\chi^2(2) = 11.09, p < .01$. The correlation between IH and depression among active LDS participants differed significantly ($p < .01$) from the correlations observed for both inactive and unaffiliated members. Again, the 2-way interaction is clarified in Figure 2.1. In short, the positive correlation between IH and depression was stronger for inactive or unaffiliated individuals, whereas active

individuals demonstrated a weaker association. These findings suggest that IH is more predictive of depression for individuals who report less affiliation with the LDS church.

Stressors Most Predictive of Depression

In order to evaluate which specific aspects of minority stress accounted for unique variability in depressive symptomology, a final GEE model was developed that simultaneously included main effects for all five scales of the LGBIS. As shown in Table 2.5, need for acceptance (NA) was most strongly predictive of depression, Wald $\chi^2(1) = 82.00, p < .01$, followed by internalized homophobia (IH), Wald $\chi^2(1) = 10.75, p < .01$. Moreover, based on earlier findings that LDS status was the most consistently salient demographic characteristic to consider when exploring the relationship between minority stress and depression, results for the integrated model were also obtained for each level of church affiliation. Consistent with findings for the entire sample, the most strongly predictive stressors of depression for both inactive and unaffiliated persons were NA and IH ($p < .01$). Findings specifically for active LDS members, however, indicated that NA and IC were the most salient predictors of depression. Thus, regardless of level of LDS affiliation, needs for others' acceptance had the strongest relationship to depression compared to other stressors. For individuals active in the church, however, the second most salient predictor of depression was confusion about a nonheterosexual identity. IH was the second most predictive stressor for individuals who were inactive or unaffiliated with the church. All remaining LGBIS scales were nonsignificant.

Table 2.5
GEE Model Effects and Parameter Estimates for Inclusive Model Organized by LDS Status

Variable	Total sample				Active LDS				Inactive LDS				LDS unaffiliated			
	Wald χ^2	<i>b</i> (SE)	95% CI	QIC	Wald χ^2	<i>b</i> (SE)	95% CI	QIC	Wald χ^2	<i>b</i> (SE)	95% CI	QIC	Wald χ^2	<i>b</i> (SE)	95% CI	
IH	10.75**	.09* (.03)*	.04,* .15*	114.77	.66	.04 (.04)	-.05, .12	184.21	14.61**	.20* (.05)*	.10,* .30*	123.59	6.57**	.21* (.08)*	.05,* .37*	
NP	.62	-.02 (.03)	-.08, .03		1.93	-.08 (.05)	-.18, .03		.46	.03 (.05)	-.06, .13		.09	-.02 (.05)	-.12, .08	
NA	82.00**	.31* (.03)*	.24,* .37*		43.66**	.35* (.05)*	.24,* .45*		22.14**	.25* (.05)*	.15,* .35*		11.74**	.24* (.07)*	.10,* .38*	
IC	<.01	<-.01 (.03)	-.06, .06		5.07	-.09* (.04)*	-.17,* -.01*		1.58	.07 (.05)	-.04, .17		.98	.07 (.07)	-.07, .20	
DP	.91	.03 (.03)	-.03, .08		3.09	.10 (.06)	-.01, .21		1.48	-.05 (.04)	-.14, .03		2.33	.08 (.05)	-.02, .17	

Note. IH = Internalized Homophobia, IC = Identity Confusion, NP = Need for Privacy, NA = Need for Acceptance, DP = Difficult Process.

* $p < .05$.

** $p < .01$.

Discussion

Existing research investigating minority stress and mental health problems among nonheterosexual populations has been limited largely to examining isolated aspects of minority stress and often neglects differences in minority stress across various demographic characteristics (Lehavot & Simoni, 2011). The present article examined five different aspects of sexual identity development individually and collectively, which reflect a range of unique proximal (or subjectively experienced, Meyer, 2003) stressors experienced by nonheterosexuals. Findings indicated that stigma related stress including IH, NP, NA, DP, and IC are all significantly related to symptoms of depression; however, how some stressors link to depression varies depending on level of affiliation with the LDS church.

Consistent with previous research and theory that attributes increased risk and psychological morbidity among nonheterosexuals to the additive stress associated with pervasive sexual prejudice (Herek, 2007, 2009; Herek et al., 2009; Meyer, 2003), results from the current study present additional evidence for the pressing need to (a) reduce sexual stigma, and (b) encourage researchers' haste in cultivating prevention and intervention programs that facilitate resilience among members of non-dominant sexual groups. Despite the nearly 30-year standing request from the APA for professionals in the field to "take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations" (Conger, 1976, p. 633), as well as the notable sociocultural changes made in the U.S. over the past few decades (see Herek, 2009), evidence from the current study further emphasizes continued cultural resistance towards

change, especially among politically and religiously conservative groups.

Differences Across Demographic Characteristics

Sex. Although no significant differences were observed between men and women with regard to levels of depression (i.e., severity of depressive symptoms), men scored significantly higher on the IH scale, whereas women scored significantly higher on the IC scale. Higher levels of IH observed for men likely reflect the more extreme stigma towards male homosexuality in the U.S. (Bostwick et al., 2010). Similarly, based on an accumulating body of literature that suggests women experience considerable fluidity in their sexual identification over time (e.g., Diamond, 2008), it is not surprising that women report more identity confusion than men. Women may also experience less rigid socially constructed boundaries that clarify which behaviors, emotions, or experiences may be considered romantically or sexually motivated as opposed to strictly platonic in nature (Diamond, 2008). It should be further noted that approximately 42% of women (compared to 14% of men) identified as nonexclusively same-sex attracted. Less polarized sexual identification of women is of particular interest when considering research that suggests nonexclusively identified individuals (e.g., bisexual) experience greater confusion and conflict about their sexual identities (Balsam & Mohr, 2007; Lewis, Derlega, Brown, Rose, & Henson, 2009). Despite sex differences in the level of specific stressors experienced, however, all GEE results yielded for sex, including two-way interactions, were nonsignificant. Thus, although men and women tend to differ in terms of the type of minority stress experienced (i.e., IH and IC), how specific stressors function as underlying processes associated with depression does not appear to differ for

men and women. We believe this speaks to the powerful impression of these stress experiences in the lives of all nonheterosexual individuals, despite any socially constructed or gendered nuances in interpretation and occurrence.

Sexual identity. Results also indicated that individuals who were nonexclusively same-sex attracted scored significantly higher on IH, NP, DP, and IC relative to those who identified as either gay or lesbian. These results are reflective of existing literature that argues NSS-attracted individuals (e.g., bisexual, pansexual, or fluid) tend to experience greater stress than exclusively identified men and women. This is largely estimated to be reflective of the unique stigma bisexuals face from both heterosexuals and the LG community (Lewis et al., 2009). Additionally, these findings echo those obtained by others in which bisexual participants reported greater identity confusion (Balsam & Mohr, 2007) and sexual orientation conflict (Lewis et al., 2009) than their LG counterparts. Notably however, the existing body of research that explores differences between nonexclusive and exclusively same-sex attracted/identified populations is inconsistent. Some researchers, for example, have found that LG individuals experience greater conflict about their sexuality (Moore & Norris, 2005), as well as higher levels of IH than bisexually identified persons (Weber, 2008). Contrary to existing evidence that suggests bisexual individuals experience greater psychological distress than their LG counterparts (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002), our results did not demonstrate significant differences in depression scores between NSS attracted participants and those who identified as LG. Our results are consistent with others (e.g., Lewis et al., 2009) who have proposed that there are relatively few differences between bisexual and LG persons.

Although NSS attracted individuals differed from LG persons in terms of the *levels* of specific stressors (i.e., IH, NP, DP, and IC), GEE results indicated that sexual orientation/identity group did not moderate associations between any of the five stressors examined and depression. In other words, similar to the aforementioned GEE results for sex, these findings suggest that the relationship between minority stress and depression is relatively the same regardless of the specific nonheterosexual label, and provide supportive evidence for Lewis and colleagues' (2009) statement that, "overall depressive symptomatology is not related to sexual orientation" (p. 986).

LDS status. Consistent with existing studies that have suggested minority stress experienced within a religious context is associated with increased depressive symptoms (Barnes & Meyers, 2012), we found that active LDS individuals demonstrated higher depression scores than those who had disengaged from the church. Additionally, respondents who were active in the LDS church scored significantly higher on all five LGBIS scales than inactive and unaffiliated participants, with inactive members scoring higher than unaffiliated ones. Individuals afraid of facing negative consequences from their deity or religious institutions (e.g., going to hell or excommunication) due to their homosexuality may experience cognitive dissonance resulting from their conflicting identities (e.g., Barnes & Meyers; 2012; Levy & Reeves, 2011). This is particularly relevant considering Schuck and Liddle's (2001) findings that approximately two thirds of nonheterosexuals experienced conflict between sexual and religious identities. Moreover, as Moss (2012) explained, nonheterosexual individuals often seek to alleviate the dissonance that arises from conflicting identities by attempting to alter or reject one of their conflicting identities in order to preserve another. Some individuals employ methods

such as denying, avoiding, concealing, or trying to “pray away” their same-sex desires once they become aware of their nonheterosexuality (Levy & Reeves, 2011). However, such efforts are commonly met with feelings of depression, hopelessness, and despair (Dahl, 2012a, 2012b).

The notion of conflicting identities is born out of an individual’s recognition that a part of *who* he or she is as an individual is incongruent with the prescribed values of the organization with which he or she has developed a collective identity. Hence, it is not merely one’s behavior that is incongruent, but rather the person *him or herself*—the “I” is incongruent with the beliefs and values with which the person has identified.

Undoubtedly, when such intrapersonal conflict arises, remaining immune to the internalization and personalization of homonegative beliefs are especially difficult (Meyer, 2003). Findings from the current study indicating that stronger affiliation with the LDS church was linked with increased minority stress fit existing literature and theory suggesting individuals are at increased risk for stigma-related stress when affiliated with traditional, conservative religious organizations (e.g., Herek et al., 2009; Meyer, 2003).

One potential conclusion to be drawn from the higher levels of both minority stress and depression reported by active LDS participants is that the heightened minority stress serves as a pathway to depression in the more religiously conservative context. Intensified heterosexist norms, values, and beliefs may lead to poorer self-appraisals, heightened vigilance, and increased preoccupation with one’s alleged sin (e.g., fear of God/punishment from or isolation from God; Dahl & Galliher, 2010; Moss, 2012). However, our results indicated that identity confusion and internalized homophobia were

significantly less predictive of depression for active LDS individuals when compared to those less affiliated. In other words, IH functioned as a stronger predictor of depression for individuals who identified greater disengagement from the church. The same was also true for IC, inasmuch that confusion about one's sexual identity was significantly more predictive of depression for men and women who were unaffiliated with the church than for those who were active LDS members. Indeed, the relationship between IC and depression was found to be nonsignificant for actively LDS participants. Referring to earlier discussion pertaining to identity saliency, one potential explanation for these findings is that individuals who remain actively involved in the LDS faith consider their nonheterosexual identity secondary to their religious identity.

According to results from Gridgoriou's (2010) recent dissertation study which examined how religiosity, sexual identity, and minority stress impacted mental health among nonheterosexual Mormons, the order of saliency in which a person considered his/her sexual and religious identities was associated with perceptions of stigmatization. Specifically, individuals who reported their sexual identity to be primary (rather than Mormon identity primary, or "cannot choose"), felt more stigmatized compared to those who considered their Mormon identity to be primary. Grigoriou's findings suggest that when sexual identity is (or becomes) more prominent to a person's overall self-definition, he or she will likely become more sensitive to the effects of minority stress (Meyer, 2003). Taking into account the substantial body of literature that demonstrates stigmatization is associated with poorer mental health outcomes (e.g., Herek, 2007; Meyer, 2003; Szysmanski et al., 2006), it would be reasonable to conclude that aspects of minority stress would be less predictive of depression for individuals who are more

strongly associated with the church (and, therefore, would be more likely to consider their Mormon identity more salient than their sexual identity).

IH by definition (i.e., the internalization of societal anti-gay attitudes which then leads to endorsement of negative attitudes or personal distain regarding one's own homosexuality; Herek, 2007) necessitates that a person acknowledges his or her own same-sex attraction. Prominent LDS church leaders have characterized a nonheterosexual orientation as a temporal state, not a central component of a person's eternal identity (Hafen, 2009). Thus, when considering the context of the LDS faith, stressors that are almost exclusively tied to identification as a sexual minority, might be less strongly correlated with depression if religious beliefs consider sexuality to be a predisposition towards certain appetites or behaviors rather than a vital component of identity. If a person compartmentalizes same-sex attraction as a characteristic separate from the "I/who" self, then it seems plausible that such compartmentalization might also functionally distance them from the potentially damaging psychosocial correlates of such conditional stressors. Based on our findings, it may be that as individuals increasingly embrace their nonheterosexual identity relative to other aspects of their identity, they also become more vulnerable to the homonegative cultural norms that were perhaps previously not applicable (due to the secondary position of their sexual identity within their identity hierarchy). As individuals increasingly consider their nonheterosexuality to be a more prominent aspect of their global identity, their susceptibility to experiencing depressive symptoms associated with internalizing culturally heterodominant attitudes also increases.

We do note that when all five minority stress variables were examined

simultaneously (in separate models for active, inactive, and unaffiliated participants), Need for Acceptance emerged as the most powerful predictor of depression for all three groups. This suggests that some aspects of minority stress may operate more universally than others. Our findings closely echoed those of Mohr and Kendra (2011) in which the Acceptance Concerns subscale (previously the NP scale) demonstrated stronger associations with psychosocial functioning than any other subscale of the measure. The authors suggested “preoccupation with one’s potential for being stigmatized may have marked implications for mood and interpersonal well-being” (p. 242). Similarly, in addition to existing studies that have demonstrated the link between IH and poorer mental health (Herek, 2007; Meyer, 2003), there is also evidence that suggests acceptance/support specifically pertaining to one’s nonheterosexuality is negatively associated with internalized stigma. In their study exploring associations between perceived social support and psychosocial functioning, Sheets and Mohr (2009) found that sexuality-specific support (i.e., support from others specifically regarding one’s sexuality) was significantly predictive of less internalized biphobia. Thus, although various forms of minority stress are associated with mental health concerns, there is growing evidence to suggest that increased depression among nonheterosexuals is derived in large part out of individuals’ distress about other’s perceptions of them.

Limitations and Conclusions

This study evaluated links between a range of minority stress experiences and depression in a unique and pertinent cultural context. Given the prominent position of the LDS church in the current national gay rights debate, we view our study as timely and

relevant. However, we recognize that generalizability of our findings to individuals raised in other faith traditions and individuals who do not have a religious background is unknown. We believe that our findings add to the ongoing conversation about mental health among nonheterosexual populations and we look forward to other contributions in this area.

We also note that our sample was comprised primarily of European American men, and was more highly educated and affluent on average than the general U.S. population. Survey-based research often yields samples that are predominately female, and it was not our intention to oversample men. We simply reached out to all relevant resources with a broad and general request for participation. We believe the overrepresentation of men in our sample reflects the highly gendered nature of the larger dialogue on sexual orientation distress, especially within the LDS church. The small, controversial literature discussing sexual orientation change efforts (SOCE) through reparative or conversion therapy also demonstrates a strong focus on men's experiences (e.g., Karten & Wade, 2010; Maccio, 2011), and the clientele for support organizations within the LDS church appears to be overwhelmingly male. The greater flexibility within our larger social context that is afforded to women's sexuality (Diamond, 2008) may render the negotiation of a same-sex attracted identity more salient for men, thus making participation in a study such as ours more relevant. We are eager to see replication of our study in other cultural and socioeconomic contexts.

In addition to conducting future replication studies to understand more holistically the pathways to stigma-related depression among nonheterosexuals, future research examining patterns of minority stress and other mental health symptoms is needed. Such

investigations would be particularly valuable for the development and evaluation of mental health interventions among nonheterosexual populations, and may provide valuable insights into the role of minority stress on psychological comorbidity. Arguably, the most interesting and important implications for the current study are that as patterns of minority stress are increasingly understood as unique correlates of negative psychosocial functioning, future interventions may be developed that effectively address the respective developmental processes. Further, individual processes that function for one disorder may function for additional disorders, which could further inform how clinicians tailor clients' treatment plans. Finally, based on the implications discussed in this article, it is recommended that practitioners working with nonheterosexual clients include measures of sexual identity development and minority stress as a regular part of their initial and ongoing assessments. Such practices are especially prudent for informing diagnostic decisions as well as guiding intervention approaches.

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CHAPTER 3
THE POSITIVE ASPECTS OF NONHETEROSEXUALITY: A
QUANTITATIVE ASSESSMENT⁴

Abstract

Consistent with the recent shifting trend towards resiliency-focused research with nonheterosexual populations, a new quantitative instrument was developed and psychometrically evaluated to assess the socioemotional benefits or positive aspects of nonheterosexuality. Measure items were generated by adapting common themes that emerged from Riggle and colleagues' as well as Rostosky and colleagues' (2010) qualitative research into quantitative items aimed at capturing similar attitudes or experiences. The Positive Aspects of Nonheterosexuality Questionnaire (PANQ) demonstrated adequate internal consistency across gender and nonheterosexual sexual orientation groups. Bivariate correlations suggested that the PANQ was positively associated with psychosocial health and negatively associated with sexual identity distress measures. Study findings support the use of the PANQ as a brief quantitative method to assess perceived positive aspects of nonheterosexuality as an aspect of resiliency.

Introduction

Over the last several decades, much of the empirical work examining the

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psychological well-being of nonheterosexual populations has taken a problem focused approach toward understanding mental health issues faced by lesbian, gay, bisexual/fluid, and queer/questioning (LGBQ) individuals by predominately focusing on sexual stigma and minority stress (Herek, 2007, 2009; Meyer, 2003). Scholars and practitioners have sought to understand the stigma-related mechanisms underlying psychopathology among same-sex attracted individuals in attempts to develop effective prevention and intervention strategies aimed at counterbalancing such mechanisms. In recent years however, several researchers have posited that, although the traditional problem focused approach toward mental health research with nonheterosexuals has provided important information regarding the socioculturally constructed nature of the problem (i.e., heterosexism), it has also inadvertently maintained historical pathologizing of nonheterosexuality by overemphasizing the challenges and risks associated with a same-sex attracted identity. As Shih (2004) elegantly stated, “This body of work paints a grim picture suggesting that targets of stigma are doomed to lives of rejection, despair, and failure” (p. 176). Further, this pathology paradigm fails to acknowledge that there are indeed two-sides to every coin (Bieschke, 2008; Herek & Garnets, 2007; Savin-Williams, 2008), and that factors associated with resiliency are of equal (and some would argue greater) importance as those associated with pathology (Adams, 2006; Stanley, 2010). As such, LGBQ researchers have increasingly shifted the focus of their work towards resiliency (Bieschke, 2008; Savin-Williams, 2008; Shih, 2004).

Resilience is a “class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228). Factors that may contribute to resiliency include developmental processes, collective identity, social

support, disclosure, having a repertoire of coping strategies, and internal psychological factors (Stanley, 2010). While several of these factors may be considered generic protective factors in that they apply to both heterosexual and same-sex attracted persons (Saewyc, 2011), there are some factors that are especially relevant for sexual minorities based on the unique stigma related stress they experience in addition to stressors that are presumably universal.

The relationship between religious affiliation and mental health outcomes seems to be inconsistent for nonheterosexuals compared to heterosexually identified individuals. Although religiosity has been traditionally understood as serving protective functions for both physical (e.g., Oman & Thoresen, 2005; Wallace & Foreman, 1998) and mental health (e.g., Ano & Vasconcelles, 2005; Nooney, 2005), “this body of research has often lacked sensitivity to the participants’ sexual orientation, rendering the generalizability of these findings suspect” (Dahl & Galliher, 2012a, p. 1612).

Findings from some recent studies have specifically examined religiosity as it relates to psychosocial outcomes among nonheterosexuals. Increased Christian religious commitment has been positively associated with experiences of minority stress (e.g., see Chapter 2; Lease, Horne, & Noffsinger-Frazier, 2005; Ream & Savin-Williams, 2005; Rosario, Yali, Hunter, & Gwadz, 2006). Further research has provided alternative evidence to suggest that active participation in a religious sect involves the potential for psychosocial benefits, as well as risk factors (Dahl & Galliher, 2010, 2012a; Rosario et al., 2006). Dahl and Galliher (2012a), for instance, reported four distinct themes providing insight into how the religious context of individuals affiliated with The Church of Jesus Christ of Latter-day Saints (LDS) may serve as a unique developmental asset.

Identified themes indicated that, although difficult, the process of coming out within the LDS religious context was ultimately facilitative of: (a) self-acceptance, (b) increased empathy and acceptance for others, (c) retention of some important childhood religious values into current identity, and (d) surprising positive social experiences (e.g., acceptance from others with whom they shared their childhood religious contexts). The LDS church has become a particularly relevant population for studying sexual minority issues based on its recent political activity in favor of limiting legal recognition of marriage to heterosexual couples (Gordon & Gillespie, 2012; LDS, 2008) and its strong and consistent doctrinal stance condemning same-sex relationships and behavior (e.g., see Chapter 2; Beckstead, 2012; Dahl, 2009; Dahl & Galliher, 2010, 2012a, 2012b; Fuist, Stoll, & Kniss, 2012; Gordon & Gillespie, 2012).

Positive Aspects of Nonheterosexuality

Individuals can, and often do, thrive despite membership in a stigmatized social group. Further punctuating this point is recent evidence that not only do many sexual minorities flourish in the face of adversity, but for some, a same-sex attracted identity may even serve a protective function against psychopathology. According to findings from Bostwick, Boyd, Hughes, and McCabe's (2010) epidemiological study examining a nationally representative sample of heterosexual and nonheterosexual individuals, women who reported a history of exclusive same-sex sexual behavior demonstrated the lowest past year and lifetime prevalence rates for almost all mood or anxiety disorders compared to any other subgroup of women (e.g., male and female sexual partners or exclusively male sexual partners). Similarly, findings from studies examining older sexual minorities

have suggested that the difficult experiences associated with a lifetime of sexual prejudice and discrimination (including loss of personal relationships due to the coming-out process) may actually help prepare them for unique prejudices (Friend, 1990a, 1990b) and interpersonal losses (Morrow, 2001) associated with the aging process.

Findings from additional research have suggested that there may actually be unique benefits associated with adopting a nonheterosexual identity. For example, when asked whether there are any positive aspects of being LGB identified, participants indicated themes such as living authentically and honestly, experiencing greater freedom to explore sexuality and relationships, freedom from traditional sex/gender roles, greater empathy and appreciation for others, increased personal insight and self-awareness, feeling connected to others within a larger LGB community, and engaging in social justice and activism (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascale-Hague, & McCants, 2010). Additionally, there appear to be unique benefits associated with specific sexual identity subgroups. For example, lesbians have identified participation in more egalitarian partnerships as a unique positive aspect of being nonheterosexual (Riggle et al., 2008), and bisexually identified individuals reportedly felt they had achieved a unique interpersonal perspective due to their sexuality that was different from either gay/lesbian or heterosexual individuals (Rostosky et al., 2010). Consistent with these and other findings indicating that there are benefits (e.g., Fox, 2003; Konik & Crawford, 2004) and protective factors associated with same-sex attraction and behavior, researchers have increasingly shifted their focus from pathology towards understanding what protective factors or characteristics seem to effectively attenuate stress. In particular, scholars have begun to investigate unique traits, attitudes,

or characteristics psychologically resilient nonheterosexuals possess that may be less apparent, or even absent, from those who suffer with minority stress related mental health problems (e.g., Adams, 2006; Hatzenbuehler, Keyes, & McLaughlin, 2011; Kwon & Hugelshofer, 2010; Mustanski, Newcomb, & Garofalo, 2011).

Present Study Aims

Few, if any structured methods of assessment have been developed that target nonheterosexuality as a potential psychosocial asset. Additionally, although links between religious affiliation and sexual minority status have become a growing subject of interest to sexologists, much of the literature is limited to investigating minority stress as it relates to religiosity. Existing evidence suggests that individuals affiliated with traditional Christian organizations are at increased risk for minority stress related mental health concerns (Dahl, 2009, 2011; Dahl & Galliher, 2010; Herek, Chopp, & Strohl, 2007; Herek, Gillis, & Cogan, 2009; Rodriguez & Ouellette, 2000; Rostosky, Danner, & Riggle, 2007; Schuck & Liddle, 2001). As of yet however, few studies have examined resilience factors within a religious context (e.g., Dahl & Galliher, 2012a). To our knowledge, no existing quantitative measures have been developed that specifically target the benefits or positive aspects of being nonheterosexual. As such, the Positive Aspects of Nonheterosexuality Questionnaire (PANQ), a new quantitative measure, was developed and evaluated with a sample of current or previously LDS-affiliated nonheterosexuals with the following aims: (a) test the factor structure of the measure and determine the most parsimonious measurement model, (b) assess for differences in PANQ scores across demographic and sexual orientation subcategories, and (c) evaluate

psychometric properties of the measure including internal consistency and criterion validity.

The factor structure for the measure was evaluated using both exploratory and confirmatory factor analytic methods (CFA), and criterion validity was evaluated by examining associations between the scores on the PANQ and scores on an array of other theoretically related measures (i.e., sexual identity development and identity related minority stress factors, psychosocial outcomes including psychological distress, quality of life, and self-esteem). In particular, we hypothesized that high scores on the PANQ would be associated with better overall psychosocial functioning and sexual identity development; whereas lower scores on the measure would be associated with poorer psychosocial functioning (i.e., increased psychological distress and lower quality of life and self-esteem) and more negative views about one's nonheterosexual identity—reflective of minority stress processes (Hatzenbuehler, 2009; Herek, 2007; Meyer, 2003, 2007; Mohr & Kendra, 2011).

Methods

Participants and Procedure

Participants were 1,612 respondents from the U.S. (94%) and 22 additional countries worldwide, who reported some history of same-sex attraction and current or previous affiliation with the LDS church. Recruitment was through Internet sites and listservs serving LDS LGBT individuals as well as through word of mouth (e.g., blogs, social networking sites, and email). Participants were also informed about the study via other non-LDS-affiliated organizations including local LGBT community resource

centers and online LGBT news and entertainment sources. Additionally, several articles describing the study and providing the link for participation were published in local, national, and international mainstream newspapers due to the controversial nature of the study. Those interested in participation were directed to a link for the online survey where they completed a series of questionnaires assessing demographic information, sexual identity development experiences, socioemotional functioning at the time of survey completion as well as any lifetime mental health history/counseling services received. Criteria for inclusion in the current study additionally required that participants were residing in the U.S. at the time of survey completion and were between 18 and 62 years of age. Participants whose reported age was greater than 62 years ($n = 55$) were excluded from analyses. Age criteria for the current study were established due to the measure selected to evaluate psychological symptoms (Counseling Center Assessment of Psychological Symptoms; Locke et al., 2012), which was originally developed for use with clientele at university counseling centers, and thus has been psychometrically evaluated using a sample ranging from 18-63 ($M = 22.6$, $SD = 5.07$) years of age. In order to ensure that all participants included in the current sample fell within the indicated age range for which the measure has been evaluated, participants were excluded if their reported age was more than two standard deviations from the overall sample mean ($M = 36.9$, $SD = 12.6$) from the measure development study. Lastly, the limited number ($n = 78$) of participants whose reported gender differed from their biological sex (i.e., transgendered, neither male nor female, or both male and female, or did not respond to sex/gender items) rendered that group inappropriate for statistical analysis as a distinctly separate group; only individuals who reported concordant gender and biological sex were

included in data analysis.

After removing participants who did not meet inclusion criteria for the study, the remaining sample consisted of 1350 adults ($n = 313$ women, $n = 1037$ men) between the ages of 18 and 62 ($M = 35.8$, $SD = 11.4$). Approximately 77% ($n = 1045$) reported identifying as exclusively same-sex attracted (gay/lesbian), 16% ($n = 213$) identified as nonexclusively same-sex attracted (e.g., bisexual, fluid, pansexual, or queer.). Although all participants reported a history of same sex attraction or behavior, 68 (5%) participants self-reported a “heterosexual” identity, 24 (2%) respondents indicated “other” or did not identify with any sexual identity labels. The sample was comprised primarily of European American participants (91%), with 4.5% reporting a multi-racial ethnicity, 2% Latino/a, and the remaining 2.5% consisted of individuals who reported Asian American, African American, Native American, Pacific Islander, or “other.” Although all participants had been affiliated with the LDS church at some point in their lifetimes, 48% of the sample reported being LDS affiliated at the time of survey completion, 28% reported “none,” and the remaining portion of the sample identified as Agnostic (8%), Atheist (7%), or affiliation with some other Christian (5%) or non-Christian affiliation (e.g., Buddhist, Jewish, Unitarian Universalist; 4%). For the purposes of simplifying analysis and interpretation of results, respondents were assigned to one of three subcategories based on their reported current relationship with the LDS church. Thus, individuals were labeled “active” if they attended church activities a minimum of once per month, “inactive” if they continued to identify as LDS but did not attend services regularly, and “unaffiliated” if they had been disfellowshipped, excommunicated, or had officially resigned their church membership (see Chapter 2).

Measures

Positive Aspects of Nonheterosexuality Questionnaire (PANQ). Based on qualitative results obtained in previous studies that explored the positive aspects of being gay, lesbian (Riggle et al., 2008) or bisexual (Rostosky et al., 2010), six quantitative items were developed for the current study to evaluate the socioemotional benefits or positive aspects of being same-sex attracted (see Table 3.1). Items were generated by adapting themes that emerged in Riggle and colleague and Rostosky and colleagues' qualitative work into quantitative items aimed at capturing similar attitudes or experiences. Accordingly, constructs targeted in survey items included, honest and

Table 3.1

Complete Listing of Original PANQ Items and EFA Factor Loadings

Item	Targeted construct	Factor loading
1. People seem to feel especially comfortable with, and often open up to me about personal issues as a result of my status as a sexual minority.	Openness/vulnerability	.58
2. My same-sex attraction has provided me the opportunity to live a more honest and authentic life.	Honest/authentic living	.67
3. I have become increasingly interested and educated about social and political issues as a result of my sexual minority status.	Socio-political activism	.61
4. My life has been enhanced by the freedom from traditional gender-roles as a result of my sexual orientation.	Sex/gender-role freedom	.75
5. One benefit of engaging in same-sex romantic relationships is an enhanced sense of equality and power with my partner.	Egalitarian partnerships	.69
6. I feel that I am uniquely empathetic and/or compassionate towards others as a result of my same-sex attraction.	Empathy/compassion	.44

authentic living, openness/vulnerability from others, empathy and compassion towards others, egalitarian partnerships, freedom from traditional sex/gender roles, and social and political activism. Participants were asked to respond to each statement using a Likert type scale that ranged from 1 (*strongly disagree*) to 4 (*strongly agree*), with higher scores indicating more positive attitudes about being nonheterosexual.

Sexual identity development and minority stress. The 27-item Lesbian, Gay, Bisexual Identity Scale (LGBIS; Mohr, 2005), previously the Lesbian, Gay, Identity Scale (LGIS; Mohr & Fassinger, 2000), was used to evaluate a variety of aspects related to sexual identity development including related aspects of minority stress. Although the measure was primarily developed as a measure of sexual identity, several subscales evaluate constructs that have also been identified in other research as central features of minority stress (Meyer, 2007; Mohr & Kendra, 2011). The LGBIS evaluates six domains of LGB identity including, internalized homonegativity/binegativity (IH), need for privacy (or concealment; NP), need for acceptance (NA), identity confusion (IC), difficult process (DP; difficulty in coming to terms with and disclosing sexual identity or orientation), and superiority (prejudice against heterosexual individuals); however the superiority scale was not included in data analysis for the current study.⁵ Higher scores indicate greater negativity about one's own sexual identity development and/or greater minority stress. Although no published psychometric properties are available for the earlier (Mohr, 2005) version of the LGBIS, unpublished analysis were conducted by the authors using a large national (U.S.) sample which yielded results comparable to those

⁵ A revised version of this measure has been published (Mohr & Kendra, 2011), however at the time data were collected for the current study the revised version was not yet available.

published in Mohr and Fassigner's (study that demonstrated fair to good overall internal consistency for all six aforementioned sub-scales ($\alpha = .81$, $\alpha = .75$, $\alpha = .79$, $\alpha = .79$, $\alpha = .77$, and $\alpha = .65$) respectively. Reliability estimates obtained for the current sample were as follows: IH $\alpha = .90$, NP $\alpha = .85$, NA $\alpha = .81$, IC $\alpha = .87$, and DP $\alpha = .78$.

Psychosocial functioning measures. The abbreviated (34-item) version of the Counseling Center Assessment of Psychological Symptoms (CCAPS-34; Locke et al., 2012) was used to measure six dimensions of psychological distress (see Appendix B). Despite being primarily developed for use among collegiate populations, the CCAPS-34 has been psychometrically evaluated using highly diverse samples (i.e., geographic location, age, ethnicity, and gender). As such, the CCAPS-34 was employed for the current study due to its applicability to demographically diverse populations, in addition to its length (requiring only 2-3 minutes to complete), cost (open-source), and broad array of symptoms assessed. Items are scored on a 5-point scale (0 = *Not at all like me*, and 4 = *Extremely like me*), where higher scores indicate more severe symptomology. The subscales employed for the current study included (Depression $\alpha = .89$ and Social Anxiety $\alpha = .80$)—both of which have evidenced strong correlations with reputable measures of similar constructs (Locke et al., 2012). The current sample yielded similar reliability estimates for depression ($\alpha = .89$) and social anxiety ($\alpha = .83$).

The Quality of Life Scale (QOLS; Burckhardt, Woods, Schultz, & Ziebarth, 1989) was used to evaluate participants' satisfaction across an array of personal and professional life domains (e.g., relationships, work, health, material comforts, and personal insight or growth). Participants are asked to respond to 16-items using a 7-point

Likert-type scale that “best describes how satisfied” (1 = *Terrible* to 7 = *Delighted*) they are with a particular aspect of their life at that time. Summing all the items on the measure yields a total score. The QOLS demonstrates good internal consistency ($\alpha = .82-.92$, Burckhardt et al., 1989) and strong positive correlations with other measures of life satisfaction and psychosocial health. Cronbach’s alpha for the current samples was .90.

The 10-item Rosenberg Self-Esteem Scale (RSES; Rosenberg, 1989) was employed to assess global self-esteem. Items are scored on a 4-point scale (1 = *Strongly agree*, and 4 = *Strongly disagree*) and averaged to produce a single comprehensive score. The RSES demonstrates generally acceptable validity and reliability (Cronbach’s alpha = .89; Hagborg, 1993). Cronbach’s alpha for the current sample was .92.

Demographic information. The demographic portion of the survey included items about age, biological sex, gender identity, ethnicity, sexual orientation (i.e., attraction, behavior, and identity), religious affiliation/activity, education/occupation, relationship status, geographic residence, as well as various aspects of their sexual history and identity development (see Appendix B). Due to the variability in terms of respondents’ self-reported sexual identity labels, participants were categorized into three distinct groups: gay/lesbian, heterosexual, or bisexual/fluid (e.g., pansexual, bisexual, queer, questioning, or fluid).

Results

Preliminary Model Development and Evaluation

The full dataset was randomly split such that the first half of the data ($n = 677$)

was used to conduct exploratory (principal axis) factor analysis (EFA) in order to determine the initial factor structure, and the second half of the data was used to test the model via confirmatory factor analytic methods. Missing data ranged from less than 1% to 7% for the 6-measure items. The two items that were missing the most data required that respondents were out/open about their nonheterosexual status (*“People seem to feel especially comfortable with, and often open up to me about personal issues as a result of my status as a sexual minority”*), or had been in a same-sex romantic relationship at some point in their lifetime (*“One benefit of engaging in same-sex romantic relationships is an enhanced sense of equality and power with my partner”*). Thus, missing data may not have been at random, as respondents who were not “out” or had never engaged in a same-sex romantic relationship may have been more likely to leave these items unanswered.

EFA was conducted using both listwise deletion and mean substitution, with all 6 items of the PAN-Q. Results for the two methods were nearly identical. Based on what appear to be nonrandom missing data, EFA results using listwise deletion were utilized to determine the factor structure of the measure. A single factor solution emerged (eigenvalue = 2.96), with all items loading above .4, and accounted for approximately 39.82% of the variance in item responses (see Table 3.1).

A confirmatory factor analysis (CFA) was performed using the other half of the data to evaluate the proposed model using AMOS 19.0 software; Table 3.2 presents a summary of all CFA factor loadings and fit indices. Currently there is little agreement upon which fit index is superior in estimating model fit (Barrett, 2007; Hu & Bentler, 1995). As such, researchers commonly report multiple fit indices such that claims to “empirical adequacy” (p. 822, Barrett, 2007) and justifications for conclusions are

Table 3.2

CFA Fit Indices, and Standardized and Unstandardized Coefficients for Unconstrained CFA Models

Item	<i>B</i>	<i>SE</i>	β	R^2	<i>df</i>	χ^2	CFI	NFI	RMSEA	(90% CI)
6-item model										
Openness/vulnerability	.90**	.09	.52**	.27						
Honest/authentic	1.58**	.12	.71**	.51						
Socio-political activism	1.00**		.58**	.34						
Sex/gender-role freedom	1.67**	.07	.79**	.63						
Egalitarian partnerships	1.28**	.10	.67**	.45						
Empathy/compassion	.69**	.07	.44**	.20						
					9	82.08**	.93	.92	.11	(.09-.13)
5-item model										
Openness/vulnerability	.92**	.09	.51**	.26						
Honest/authentic	1.69**	.14	.73**	.53						
Socio-political activism	1.00**		.55**	.30						
Sex/gender-role freedom	1.79**	.14	.80**	.64						
Egalitarian partnerships	1.36**	.11	.68**	.46						
					5	30.32**	.97	.97	.09	(.06-.12)

** $p < .01$.

supported. Model structure was evaluated using chi-square goodness of fit, the comparative fit index (CFI; Bentler, 1990), Normed Fit Index (NFI; Byrne, 1994), and the root mean square error of approximation (RMSEA; Steiger, 1990). Nonsignificant χ^2 values are typically required in order to conclude that models being tested are an adequate fit with the data. However, χ^2 indices are particularly sensitive to large sample sizes ($N > 200$), thus increasingly vulnerable to Type-I error (Marsh, Balla, & McDonald, 1988). Values close to 1.0 for the CFI and NFI indicate a very good model fit. Criteria for minimally acceptable model fit vary by author. However, values for CFI and NFI above .90 are generally considered to indicate minimally adequate model fit, and values above

.95 are indicative of good model fit. RMSEA values with 90% confidence intervals (CI) between .06 and .08 are considered to indicate good fit, while values below 1.0 indicate minimally acceptable model fit (Arbuckle, 2011; Hu & Bentler, 1995; Schreiber, Stage, King, Nora, & Barlow, 2006).

CFA results for the initial model failed to meet minimum requirements for model fit (Table 3.2), thus one item was removed from the model (*“I feel that I am uniquely empathetic and/or compassionate towards others as a result of my same-sex attraction”*). This item demonstrated the weakest association with the overall construct ($R^2 = .20$), suggesting it was perhaps theoretically different from the other items. This modification yielded an adequate model fit, $\chi^2(5, N = 673) = 30.32, p < .01, CFI = .97, NFI = .97, RMSEA = .09 (CI = .06-.12)$.

Psychometric Evaluation

Descriptive and reliability analysis. PANQ scale scores were computed by summing the 5-items that were retained in the model. Descriptive statistics and Cronbach’s alpha estimates are presented in Table 3.3. Cronbach’s alphas indicated adequate internal consistency across all demographic subgroups, except for those who were heterosexually identified ($\alpha = .53$). Hence, heterosexually identified persons were excluded from further analyses due to inadequate reliability demonstrated for that subgroup.

Due to preliminary analysis which indicated that the summed PANQ variable failed to meet adequate assumptions of normality, a squared transformation was applied. Subsequent analyses were conducted using the appropriately transformed data.

Table 3.3

PAN-Q Sample Descriptive Statistics, Reliability Coefficients, and Intercorrelations with the LGBIS, CCAPS-34, QOL, and RSEQ Organized by Demographic Characteristics

Variable	PAN-Q				LGBIS					CCAPS-34				
	M	SD	range	α	IH	NP	NA	IC	DP	DEP	SA	QOL	RSEQ	
Total (N)	15.07	3.26	5-20	.79	-.61**	-.44**	-.29**	-.34**	-.31**	-.25**	-.18**	.32**	.30**	
Men	15.05	3.36	5-20	.80	-.41**	-.26**	-.20**	-.17**	-.25**	-.19**	-.12*	.27**	.22**	
Women	15.13	2.92	5-20	.76	-.65**	-.49**	-.31**	-.39**	-.32**	-.27**	-.19**	.33**	.32**	
Lesbian/Gay	15.42	3.08	5-20	.76	-.56**	-.43**	-.28**	-.28**	-.29**	-.23**	-.16**	.32**	.28**	
Bisexual/Fluid	13.39	3.60	5-20	.80	-.65**	-.37**	-.25**	-.25**	-.32**	-.26**	-.22**	.27**	.29**	
Active	12.67	3.22	5-20	.72	-.61**	-.28**	-.18**	-.25**	-.32**	-.16*	-.14*	.24**	.25**	
Inactive	15.22	2.93	5-20	.75	-.48**	-.39**	-.21**	-.20**	-.26**	-.23**	-.16**	.30**	.22**	
Unaffiliated	16.35	2.79	5-20	.77	-.40**	-.29**	-.13**	-.26**	-.14**	-.20**	-.16**	.31**	.26**	

Note. IH = Internalized Homophobia, NP = Need for Privacy, NA = Need for Acceptance, IC = Identity Confusion, DP = Difficult Process, DEP = Depression, GA = Generalized Anxiety, SA = Social Anxiety, α = Cronbach's alpha.

* $p < .05$.

** $p < .01$.

A three-way, factorial analysis of variance (ANOVA) was conducted to evaluate demographic differences for the PANQ scale score. Gender, sexual identity, and level of affiliation/activity in the LDS church were included as quasi-independent variables with the total PANQ scale score as the dependent variable. Results yielded a significant ($p = .04$) Levene's test of homogeneity of variance and should be therefore be thoughtfully interpreted. As demonstrated in Table 3.3, univariate results for gender demonstrated that women scored significantly higher than men on the PANQ, $F(1, 1116) = 9.49, p < .001, \eta^2 = .01$. Exclusively gay/lesbian identified persons scored higher on the PANQ than those who identify as bisexual/fluid, $F(1, 1116) = 11.07, p < .001, \eta^2 = .01$. A significant main effect also emerged for LDS status, $F(2, 1116) = 27.38, p < .001, \eta^2 = .05$. Pairwise comparisons indicated that unaffiliated persons consistently demonstrated stronger endorsement of PANQ items than those who were reportedly active ($p < .001, d = 1.22$) or inactive in the LDS church ($p < .001, d = .39$)—with active LDS members scoring significantly lower than both unaffiliated and inactive members ($p < .001, d = .83$).

Significant two-way interactions were also yielded between gender and sexual identity, $F(1, 1116) = 10.55, p < .001, \eta^2 = .01$, as well as for the interaction between gender and LDS status, $F(2, 1116) = 6.12, p < .001, \eta^2 = .01$. As illustrated in Figure 3.1, although women's scores on the PANQ did not substantially differ with regard to sexual identity status, men who identified as gay scored significantly higher than men who reported both same and other-sex attraction. Likewise, scores on the PANQ for both men and women were higher for those with stronger LDS church affiliation (i.e., active members scored the lowest with unaffiliated persons scoring the highest); however, the

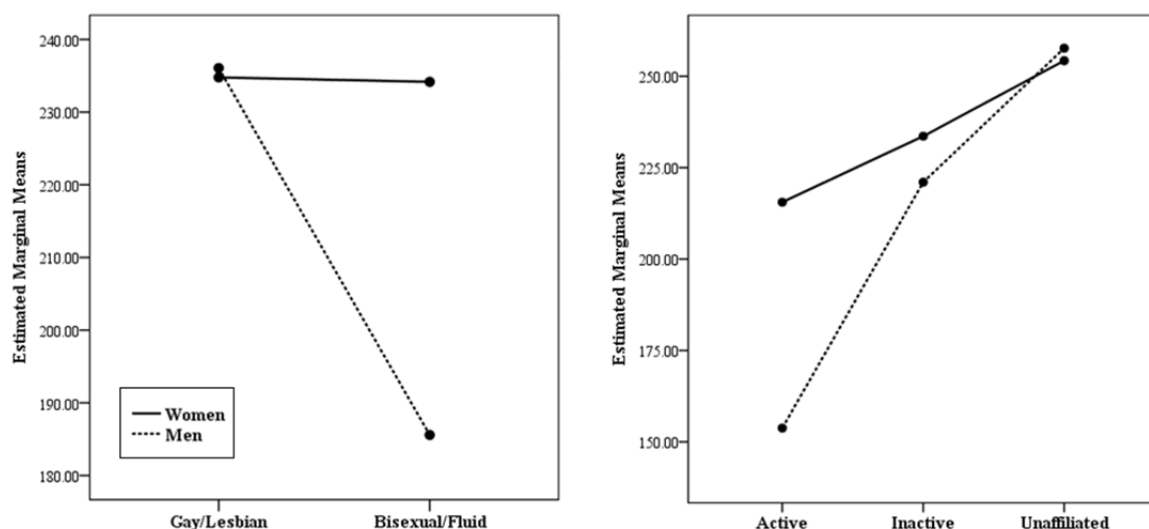


Figure 3.1. Two-way ANOVA interactions.

variability in scores across LDS-affiliation subgroups was more substantial for men than for women. In particular, men who reported active membership in the church scored substantially lower on the PANQ than inactive or unaffiliated men. Additionally, both active and inactive LDS men scored lower than women on the measure; however, among unaffiliated participants, men demonstrated higher scores on the measure compared to women. All other two- and three-way interactions failed to yield significant results.

Criterion validity. Bivariate correlations were conducted to evaluate associations between PANQ scores and other related constructs. Unless otherwise noted, all reported findings were statistically significant ($p < .01$). A detailed summary of all intercorrelations between the PANQ and the LGBIS, CCAPS-34, QOL, and RSES is presented in Table 3.3.

Scale scores on the PANQ for the entire sample were negatively correlated with all five LGBIS subscales. Likewise, PANQ scores were negatively associated with depression and social anxiety. Finally, associations between positive psychosocial

functioning (quality of life and self-esteem) and the PANQ were also consistent with hypotheses, suggesting that increased perceptions of the benefits or positive aspects that accompany being nonheterosexual is likewise associated with overall increased self-esteem and quality of life. Although correlation coefficients varied somewhat within demographic subgroups, patterns of association demonstrated for the entire sample were generally similar across all subgroups.

Discussion

Consistent with the recent shifting trend towards resiliency-focused research with nonheterosexual populations, the present study describes the development and psychometric evaluation of a quantitative instrument for assessing positive aspects of nonheterosexuality (PANQ). The single (5-item) factor structure of the model fit well and demonstrated good internal consistency across gender and diverse nonheterosexual sexual-identity groups. Results generally supported adequate psychometric properties for the measure, suggesting that researchers may utilize the PANQ as a brief quantitative method for assessing nonheterosexuality as a unique asset of identity development.

Differences Across Demographic Characteristics

Differences on the PANQ with regard to sexual identity categorization, gender, and LDS status were explored via a three-way factorial ANOVA. Women scored significantly higher on the measure when compared to men. It should be noted however, that two of the five items retained for the measure specifically target gender and inter-

partner equality (i.e., freedom from traditional gender roles and an enhanced sense of equality and power in partner relationships). Moreover, traditional gender roles for women have historically been characterized by behaviors that are more oppressive in terms of freedom to pursue individual/personal aspirations (e.g., house work or responsibilities as the primary caregiver of children which take precedence over other personal or professional interests), whereas men have historically had the privilege to engage in such roles as desired—with kudos even, while such tasks are generally expected of women. Thus, it makes sense that men would be less likely to view freedom from these roles as a unique benefit associated with nonheterosexuality since men, particularly in recent decades, have the opportunity to engage in home/family behaviors that have traditionally been considered “women’s roles,” and are often applauded for doing so (Diekmann, Goodfriend, & Goodwin, 2004). Likewise, the experience or perception of enhanced egalitarian partnerships is also likely reflective of male privilege, as men in the U.S. have historically been viewed as the head or patriarch of the household. Men’s dominant role in heterosexual romantic partnerships ultimately places women lower on the power hierarchy. Thus, while engaging in same-sex relationships may serve to level the playing field for women, men may be less sensitive to (or aware of) feeling equal to their partner, and in some cases, might even experience a sense of diminished power as a result of engaging in same-sex partnerships.

Significant two-way interactions between gender and sexual identity further support the notion that male privilege likely influences the degree and types of benefits that are associated with nonheterosexual status. Specifically, similar scores were

demonstrated among exclusively same-sex identified men and women; however, while bi/fluid identified women tended to score similar to lesbian identified women, men who identified as bi/fluid scored substantially lower than their gay identified counterparts on the PANQ. Again, it seems that when men are attracted to, or in romantic relationships with women, the unique benefits or positive aspects of nonheterosexuality appear to be less substantial. Perhaps men who are open to engaging in relationships with men *or* women experience a type of power diminishment when in same-sex relationships, as they lose heterosexual privilege (which goes hand-in-hand with male privilege), and thus view their nonheterosexuality less positively. These findings could also be reflective of item wording that may be less relevant for individuals who are/have not engaged in same-sex partnerships. Thus, the item that states, *“One benefit of engaging in same-sex romantic relationships is an enhanced sense of equality and power with my partner”* may not be a unique benefit for individuals who are in, or are more likely to engage in heterosexual relationships.

Significant main effect results for sexual identity subgroups demonstrated that nonexclusively same-sex attracted persons scored lower on the PANQ than those who reported an exclusively same-sex attracted identity (i.e., gay/lesbian). Our findings support previous research that suggests bisexuals are at increased risk for stigma related minority stress due to inadequate support from either the heterosexual or gay/lesbian communities—a particularly relevant factor for positive identity development and adaptation to sexual stigma (Balsam & Mohr, 2007). Moreover, the lack of community connection (an important resource for information, activism, socialization and

acceptance) also inhibits individuals who identify as bisexual/fluid from having an environment in which they can feel connected to and affirmed in their nonheterosexual identity (Harper & Schneider, 2003).

Themes of positive identity development were also evident when differences in the PANQ were explored across varying levels of affiliation with the LDS church. Namely, we observed an inverse relationship between level of church affiliation and perceived positive aspects of nonheterosexuality. Hence, as participants reported greater distance from the LDS church (i.e., lower activity/affiliation), PANQ scores increased. One explanation of our findings is that LDS church doctrine continues to condemn homosexuality and church leaders have explicitly stated that same-sex attraction is not inherent, nor should it be accepted as a valid characteristic to be integrated (much less embraced) into one's personal identity (Oaks, 1995).

A separate but similar explanation may be that our findings are reflective of identity saliency, and particularly the notion that aspects of identity that are more central have the propensity to override other aspects of identity (see Chapter 2). This supposition is rooted in existing research that demonstrates sexual minorities who are affiliated with conservative religious sects often experience a cognitive dissonance that arises from their conflicting religious and sexual identities (Dehlin, Galliher, Bradshaw, & Crowell, 2013; Levy & Reeves, 2011; Pitt, 2009; Yip, 2003). Referencing Moss (2012), Crowell and her colleagues further explained that in attempts to resolve such dissonance, nonheterosexuals frequently seek to alter or reject a less salient aspect of identity in order to uphold the other one. In short, if an individual favors his or her religious identity over

identity as a nonheterosexual, considering honest/authentic living to be a benefit uniquely associated with nonheterosexuality is less likely—even counterproductive in terms of relieving cognitive dissonance.

A significant two-way interaction between gender and LDS status also supports hypotheses with regard to identity saliency. Although PANQ scores increased as participants reported greater distance from the LDS church regardless of gender, among reportedly active and inactive members, men scored lower than women. Among unaffiliated persons however, men demonstrated higher scores on the PANQ than women. These findings are likely reflective of LDS church doctrine which is foundationally based upon and maintained via the “Priesthood.”

The priesthood is the eternal power and authority of God. It is the power by which He created and governs the heavens and the earth. It is also the power by which He redeems and exalts His children. He gives a portion of His priesthood power and authority to worthy male members of the Church so they can preach the gospel, administer the ordinances of salvation, and govern His kingdom on earth. (LDS, 1999, pp. 41-42)

Accordingly, males who are affiliated with the LDS church likely experience an increased sense of responsibility due to their role as “priesthood holders.”

In addition to exclusively endorsing marriage between a “man and woman,” LDS church doctrine maintains that men and women have distinctly different purposes; sanctioned guidelines and prescribed values are based upon such differences (Hinckley, 1995). According to contemporary doctrine put forth by the leaders of the LDS church,

Gender is an essential characteristic of individual premortal, mortal, and eternal identity and purpose.... By divine design, fathers are to preside over their families in love and righteousness and are responsible to provide the necessities of life and protection for their families. Mothers are primarily responsible for the nurture of their children. (Hinckley, 1995, p. 11)

Bearing in mind that traditional gender roles are foundational to living an active LDS lifestyle, it is understandable then, that individuals who are more closely affiliated with the LDS church would be less likely to perceive “freedom from traditional roles” or “living a more honest and authentic life” as positive aspects uniquely tied to their nonheterosexuality.

PANQ Validity

Criterion validity of the PANQ was determined by examining correlations with scores on measures of theoretically related psychosocial health and sexual identity measures. When individuals identified more positive perceptions of nonheterosexuality, they generally reported lower scores on measures of negative sexual identity development. Higher scores on the PANQ were associated with lower internalized homophobia, needs for privacy or concealment, and difficult process coming to terms with one’s own/disclosing one’s nonheterosexual orientation to others. When correlations were calculated for demographic subgroups, similar significant patterns emerged in terms of the strength and direction of relationships. Although this makes theoretical as well as intuitive sense, it is important to also consider developmental factors that may be at play. For example, individuals who report more positive perceptions of nonheterosexuality may be further along in their sexual identity development (e.g., are “out” to more people in their respective interpersonal networks or are perhaps more heavily involved in the LGBTQ community). As such, in order to further explore how the PANQ may be utilized to evaluate resiliency among nonheterosexual populations, future studies should investigate the PANQ within the context of developmental milestones (e.g., level of

“outness,” time since first disclosing nonheterosexual orientation, relationship status).

Negative correlations were also yielded between the PANQ and both depression and social anxiety. Based on findings from the current study that indicate higher scores on the PANQ are negatively associated with specific psychological syndromes (i.e., depression and social anxiety), as well as positively associated with improved psychosocial functioning (e.g., quality of life and self-esteem), we conclude that the PANQ indeed may be utilized as a brief measure of mental health resiliency.

Summary

This study evaluated a newly developed, quantitative measure for assessing the positive aspects of being nonheterosexual (PANQ). Our results are particularly relevant based on the shifting trend among sexuality researchers to emphasize resilience in their work with sexually diverse populations. We recognize that the generalizability of our findings to individuals who have never been affiliated with the LDS church is indeterminate, although current religious affiliation in the sample was quite varied. However, the disproportionate number of Caucasian, males who self-identified as gay in our sample further constrains generalizability, particularly in terms of the overall utility of the PANQ among more culturally diverse populations. As this was the first version of the measure and, what we understand to be one of, if not the only existing quantitative measure designed to examine the unique benefits or positive aspects associated with nonheterosexuality, we are excited about the opportunity to supplement our current findings with those obtained via future revisions of the PANQ that are evaluated using a more heterogeneous sample.

The PANQ provides a valuable contribution to the existing body of resiliency research among nonheterosexuals, as it explores individuals' internal experiences associated with nondominant sexual orientation, which may be utilized in the future to develop prevention and intervention strategies designed specifically for sexually diverse populations. That said however, the current version of the PANQ specifically explores intra-individual experiences associated with possessing a non-dominant sexual orientation. Thus, all five items included on the current version of the PANQ target subjective characteristics or experiences within the individual her—or himself. In conjunction with more than a decade of research that suggests involvement in the LGBTQ community is an important factor of positive identity development and resilience (for review see Herek & Garnets, 2007), a natural next step in this work would be to include an additional subscale evaluating external (i.e., behavioral) factors that may function as potential positive aspects of nonheterosexuality such as active involvement in the LGBTQ community (e.g., festivals, political activism, community support groups, etc.). When considering the potential clinical utility of this measure, having items that target factors both within an individual, as well as factors related to external/social support would likely enhance both the overall utility and robustness of the measure.

Finally, based on our speculation that the PANQ may be reflective of specific stages of sexual identity developmental, future research would also benefit from exploring how specific intra-individual characteristics are associated with greater perceived benefits of nonheterosexuality, as well as how such relationships differ with regard to specific demographic characteristics (e.g., gender, sexual identity, age,

relationship status). Identifying specific characteristics that are associated with greater resiliency (as measured by the PANQ) may have valuable clinical implications. If for example, certain developmental milestones (e.g., age of identification, age of “coming-out”) are associated with resiliency, such information may help guide clinical prognosis and intervention decisions.

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CHAPTER 4

**OUT AND PROUD: ASSOCIATIONS BETWEEN DISCLOSURE AND
PERCEIVED BENEFITS OF BEING NONHETEROSEXUAL⁶**

Abstract

A nationwide sample of 1,345 nonheterosexual adults (ages 18-76), who reported current or previous affiliation with The Church of Jesus Christ of Latter-day Saints (LDS), were surveyed to explore associations between perceived positive aspects of nonheterosexuality and “outness” in four distinct social contexts (family members, friends, coworkers/classmates, and religious community). How such associations differ with regard to gender, sexual identity, and current level of affiliation with the LDS church were also explored. Disclosure in all four social contexts was found to be positively associated with perceived benefits of being nonheterosexual. Findings also demonstrated that participants’ perceptions of such benefits were moderated by gender. Particularly, disclosure was more strongly associated with perceptions of the positive aspects of nonheterosexuality for men when compared to women. Clinical implications and future research are discussed.

Introduction

Act as if what you do makes a difference. It does. —William James

In conjunction with the recent emphasis on the science and application of positive

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psychology (i.e., clinical and research efforts focused on positive emotion, positive character, and positive institutions; Seligman & Csikszentmihalyi, 2000; Seligman, Steen, Park, & Peterson, 2005), there has been an increasing emphasis among sexology researchers on factors of resilience among nonheterosexuals (Bieschke, 2008; Savin - Williams, 2008). As noted by Riggle, Whitman, Olson, Rostosky, and Strong (2008), empirical study aimed at exploring the positive psychology of nonheterosexuals remains an important research agenda. The present study attempts to integrate and extend the existing body of literature by examining specific resiliency factors (i.e., coming-out) in relation to the perceived benefits or positive aspects of being nonheterosexual.

Resiliency and Adaptation to Stigma

Resilience as a general construct may be defined as a “class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228). Characteristics or experiences that have been identified as factors associated with resiliency for sexual minority individuals include: having a repertoire of effective coping strategies, adopting a collective identity, access to adequate social support, and disclosure of one’s status as a nonheterosexual (Stanley, 2010). As pointed out by Saewyc (2011), although many of these factors undoubtedly are facilitative of mental and physical health resilience regardless of sexual orientation or identity, some are unique to sexual minorities as they serve to ameliorate the harmful effects of minority stress (see also Herek & Garnets, 2007). The literature on “coming-out” does not explicitly describe disclosure of one’s sexual orientation as a unique factor of resilience. Some findings suggest that concealing one’s sexual identity, from family and religious

leaders in particular, may serve a protective function for some (Adams, 2006; Herek, 2007; Herek & Garnets, 2007; Herek, Gillis, & Cogan, 2009; Koh & Ross, 2006). However, there is an alternative body of evidence suggesting that disclosure is associated with increased psychological well-being (e.g., Legate, Ryan, & Weinstein, 2012; Pachankis, 2007).

The apparent resilient function that disclosure serves is further clarified by recent research that examined how the positive socioemotional effects of coming out depend, in part, on the social context in which it occur. According to Legate and colleagues (2012), increased “outness” (i.e., the degree to which one discloses a nonheterosexual identity within a given social context) was only associated with positive outcomes when individuals perceived greater autonomy support within that context. Thus, positive psychosocial outcomes were dependent on perceiving greater acceptance in individuals’ interpersonal relationships and feeling supported in authentic self-expression (Lynch, La Guardia, & Ryan, 2009, as cited in Legate et al., 2012).

In addition to studying a variety of protective factors that serve to buffer against the harmful effects of sexual stigma, there has been increasing discourse among scholars regarding the level of control or autonomy individuals have in determining stigma related mental health outcomes. Likewise, researchers have increasingly investigated nonheterosexuals as resilient actors as opposed to mere victims of minority stress (Stanley, 2010). As described by Stanley, the notion of individuals as resilient actors implies that sexual minorities indeed have some element of control in terms of how they manage and navigate a culturally hostile environment. As further asserted by Stanley:

Oppression is a powerful institutionalized force to be reckoned with, but to label the oppressed simply as victims relegates individuals to a dis-empowered position.... It is possible, indeed realistic, to not only believe in one's own capacity to overcome injustice, degradation, and adversity, but to also survive in spite of it. (p. 265)

Stanley further indicated that resilience, as an active, self-directed pursuit, possesses the potential to engender feelings of empowerment in individuals, as opposed to reinforcing a self-image as a victim of oppression. "To say that people are responsible for their attitudes is not to say that they are responsible for their suffering or their circumstances; rather, it implies that individuals are capable of making substantive meaning of the hardships thrown their way" (Stanley, 2010, p. 266). For this reason, disclosure has been identified as a particularly relevant resiliency factor since it, by definition, necessitates a specific behavior by the stigmatized individual—thus capitalizing on his/her potential a resilient actor.

Positive Aspects of Nonheterosexuality

Historically, sexology scholars have taken a problem-focused approach to investigating nonheterosexuality, by emphasizing the negative mental and physical health outcomes associated with same-sex behavior and attraction (Herek, 2007, 2009; Meyer, 2003). Due to the disproportionate empirical emphasis on deficit based models, same-sex-attracted individuals have "more or less been portrayed as targets of oppression that react reflexively, indeed predictably in a negative or unhealthy manner, to the challenges thrown their way" (Stanley, 2010, p. 262). In contrast, recent qualitative research that indicates there are unique benefits or positive aspects associated with adopting a nonheterosexual identity is of particular relevance when considering the recent shift

among sexology scholars to specifically aim research efforts at depathologizing (Savin-Williams, Cohen, Joyner, & Rieger, 2010).

In two seminal qualitative studies, researchers asked participants to identify “what the positive things are about being” lesbian, gay, or bisexual (Riggle et al., 2008, p. 212; Rostosky, Riggle, Pascale-Hague, & McCants, 2010, p. 133); participants in both studies reported themes such as living authentically and honestly, experiencing greater freedom to explore sexuality and relationships, freedom from labels, roles, and social rules, greater empathy and appreciation for others, increased personal insight and self-awareness, feeling connected to others within a larger LGB community, enhanced personal understanding of privilege and oppression, and engaging in social justice and activism (Riggle et al., 2008; Rostosky et al., 2010). As described by Riggle and colleagues, many of the reported benefits associated with identifying as nonheterosexual were closely tied to disclosing one’s identity status as a nonheterosexual. For many, social support networks were created and/or enhanced through the coming out process, and for others, it facilitated their participation as role models within their professional and/or personal social networks. As one gay man described:

I find it positive to be a role model for the gay community in my workplace. I enjoy being openly gay in the workplace, particularly where I work with younger gay and lesbian students who look to me for support and guidance. (p. 213)

The most commonly reported benefit associated with being nonheterosexually identified was authenticity and honesty with self and others. Coming out to one’s self was especially influential in terms of participants developing personal insight and self-awareness. Although the qualitative methodology employed for Riggle and colleagues’

(2008) and Rostosky and colleagues (2010) studies prohibit generalizable examination of self-disclosure as a predictive factor of perceiving one's nonheterosexual status as a unique personal asset, their findings corroborate the prediction that disclosure may facilitate resiliency as it allows stigmatized individuals to function as resilient actors as opposed to passive victims.

Disclosure and Resiliency in a Religious Context

Relevant to the current study, existing research has demonstrated that within conservative religious contexts, disclosing one's nonheterosexual identity can have varying effects on identity development and psychosocial outcomes (Dahl & Galliher, 2010, 2012; Legate et al., 2012). For example, Dahl and Galliher (2010) noted that nonheterosexually identified participants who had been affiliated with the LDS church reported increased religious and sexual identity conflict after coming out. On the other hand, nonheterosexuals who had grown up in the LDS church, reported an increased sense of self-acceptance following disclosure of their nonheterosexual identity (Dahl & Galliher, 2012). Notably, many of Dahl and Galliher's participants reported that they had left the LDS church after identifying as nonheterosexual. As such, the increased self-acceptance may be reflective of the diminished cognitive dissonance associated with conflicting identities that occurs when individuals separate from their faith—and thus their identity within that context becomes less salient (Barnes & Meyer, 2012). Taken together, Dahl and Galliher's (2010, 2012) findings appear to be reflective of Legate and colleagues' (2012) findings that disclosure varies largely depending upon the level of

autonomy/support perceived by the individual.

In an attempt to extend and integrate the existing resiliency and disclosure literature as well as contribute to the limited positive psychology research available to date, the current study was conducted with the following aims to: (a) explore associations between levels of disclosure (“outness”) within various social contexts (e.g., family, friends, coworkers/classmates, and religious community) and perceived positive aspects of being nonheterosexual, (b) examine how such associations between disclosure and positive self-identification differ according to gender, sexual identity, and level of affiliation with the LDS church, (c) investigate which social contexts disclosure is most predictive of increased positive perceptions of being nonheterosexual.

Methods

Participants and Procedure

Participants were recruited from Internet sites and listservs serving LDS LGBT individuals. Also, as the study was released, journalists in the online and print media were contacted and informed about the study. Articles appeared in over 100 online and print publications worldwide due to coverage by the Associated Press covering. Participants were also recruited via word-of-mouth, Facebook, blogs, and email. Local LGBT community resource centers and online LGBT news and entertainment sources also posted study information. Individuals who were interested in participation accessed the survey via a link obtained from recruitment sources. The survey assessed demographic characteristics, sexual identity development, socioemotional functioning,

mental health history, and spiritual/religious history. The Institutional Review Board at Utah State University approved this study (see Appendix A).

This manuscript represents part of a larger study of 1,612 respondents from the U.S. (94%) and 22 additional countries worldwide, who reported some history of same-sex attraction and had been affiliated with the LDS church at some point in their lives (for a detailed summary of recruitment see Dehlin, Galliher, Bradshaw, Hyde, & Crowell, in press). Inclusion criteria for the current study also required that participants were from the U.S. and reported a nonheterosexual identity (as opposed to reporting nonheterosexual attraction or behavior but identifying as heterosexual). Due to the explicit focus of the current study on sexual attraction/behavior towards members of one's same sex, individuals who indicated an "asexual" identity (i.e., do not experience sexual attraction or desire, $n = 6$) were also removed. Additionally, 52 respondents reported a gender identity different from their reported biological sex (e.g., transsexual, gender queer, two-spirited). Since there were not enough members in this group to comprise a separate subgroup for analysis, individuals who reported discordant biological sex and gender identity were also removed from the sample. Thus, after removing 97 participants who did not report U.S. residence and 73 who identified as heterosexual, the reduced sample consisted of 1,345 adults between the ages of 18 and 76 ($M = 37.08$, $SD = 12.60$) who reported a concurrent biological sex and gender identity (1043 men and 302 women). The majority of the sample was comprised of European American individuals ($n = 1225$, 91%), with approximately 4% indicating bi/multicultural ethnic backgrounds ($n = 58$), 2% Latino/a ($n = 32$), and the remaining 3% were Native American, African

American, Pacific Islander, or of Asian descent. Nearly 83% of the sample identified as gay/lesbian or exclusively “same-sex attracted” ($n = 1,114$), and the remaining 17% ($n = 231$) identified with a nonexclusively same-sex oriented label (e.g., bisexual, pansexual, queer, questioning). Additionally, although inclusion criteria necessitated that all participants had at one point been affiliated with the LDS church, 39% of participants reported a current (active or inactive) LDS affiliation. Nearly 11% indicated a current affiliation with a religious group other than the LDS church (e.g., Lutheran, Catholic, Methodist, Episcopalian, Buddhist, Hindu, Jewish, Unitarian Universalist, or Muslim), and approximately 50% reported that they were “atheist,” “agnostic,” or no longer affiliated with any organized religious group.

Measures

Demographic information and sexual history. Participants responded to a variety of demographic questions including: age, biological sex, gender identity, ethnicity, sexual orientation, religious affiliation/activity, education, occupation, relationship status, and geographical residence. Participants also answered questions about their sexual history, including age of sexual identity development milestones (i.e., awareness, sexual experience, self-identification, labeling, first disclosure), level of sexual activity, degree of social support/acceptance, and ratings of attraction, behavior, and identity. For the purposes of simplifying analyses, participants were categorized into two groups with regard to sexual orientation. Persons who endorsed identity labels of gay or lesbian were coded as exclusively same-sex attracted/identified (ESS), whereas those who indicated a sexual identity other than gay or lesbian (e.g., pansexual, bisexual, queer,

questioning, or fluid) were categorized as nonexclusively same-sex attracted/identified (NSS). Participants were also assigned to one of three subgroups reflecting their current level of activity or affiliation with the LDS church. Respondents who reported that they attend (LDS) church activities a minimum of once per month were labeled “active,” those who currently identified as LDS but reportedly did not attend services regularly were labeled “inactive,” and individuals who had been disfellowshipped, excommunicated, or had officially resigned their church membership were labeled “unaffiliated.”

Disclosure of nonheterosexuality. Participants were asked to respond to four items inquiring about how “out” they were in specific social contexts—“To what degree have you disclosed your sexual orientation (told others you were gay/lesbian/bisexual/questioning/etc.)” (see Appendix B). Responses were indicated with regard to immediate family, friends, classmates/coworkers, and people with whom they were religiously affiliated using a scale that ranged from 1 (*none*) to 5 (*everyone*). In order to evaluate individuals’ overall level of disclosure with regard to the various social contexts, all four of the disclosure items were summed yielding a total disclosure score for each person. Reliability was evaluated for the broad disclosure scale which demonstrated good internal consistency for the entire sample (Cronbach’s $\alpha = .87$), as well as each of the demographic subgroups examined (e.g., gender, sexual identity, LDS status). Reliability coefficients yielded for each subgroup are presented in Table 4.1.

Positive Aspects of Nonheterosexuality Questionnaire (PANQ). The 5-item, PANQ is a recently developed measure that evaluates the socioemotional benefits or positive aspects of being same-sex attracted (Crowell, Galliher, Dehlin, & Bradshaw,

Table 4.1

Descriptive Statistics for Independent and Dependent Variables Including PAN-Q Correlations With Levels of Disclosure Within Specific Social Contexts

Variable	PAN-Q			Disclosure total			Family			Friends			Classmates/coworkers			Religious community			
	α	M (SD)	range	α	M (SD)	range	r	M (SD)	range	r	M (SD)	range	r	M (SD)	range	r	M (SD)	range	r
Total (N)	.78	14.93 (3.30)	5-20	.89	13.26 (5.11)	4-20	.54**	3.70 (1.55)	1-5	.44**	3.74 (1.33)	1-5	.53**	3.10 (1.55)	1-5	.50**	2.68 (1.48)	1-5	.39**
F	.74	14.92 (2.94)	5-20	.88	12.55 (5.02)	4-20	.31**	3.50 (1.58)	1-5	.27**	3.69 (1.29)	1-5	.28**	2.96 (1.51)	1-5	.28**	2.32 (1.46)	1-5	.26**
M	.79	14.94 (3.39)	4-20	.89	13.46 (5.13)	4-20	.59**	3.75 (1.54)	1-5	.49**	3.75 (1.34)	1-5	.59**	3.14 (1.55)	1-5	.55**	2.78 (1.47)	1-5	.43**
ESS	.77	15.25 (3.18)	5-20	.85	14.06 (4.81)	4-20	.51**	3.94 (1.44)	1-5	.41**	3.94 (1.23)	1-5	.50**	3.30 (1.50)	1-5	.47**	2.84 (1.49)	1-5	.37**
NSS	.79	13.38 (3.44)	5-20	.87	9.40 (4.76)	4-20	.48**	2.55 (1.55)	1-5	.39**	2.77 (1.35)	1-5	.49**	2.12 (1.37)	1-5	.44**	1.91 (1.16)	1-5	.32**
A	.72	12.01 (3.14)	5-20	.85	9.00 (3.95)	4-20	.42**	2.63 (1.47)	1-5	.34**	2.55 (1.16)	1-5	.41**	1.81 (1.16)	1-5	.37**	2.01 (.89)	1-5	.28**
I	.75	14.53 (3.17)	5-20	.84	12.20 (4.53)	5-20	.42**	3.54 (1.55)	1-5	.29**	3.53 (1.29)	2-5	.43**	2.88 (1.48)	1-5	.41**	2.27 (1.18)	1-5	.23**
U	.74	16.08 (2.77)	5-20	.83	15.56 (4.96)	4-20	.36**	4.26 (1.28)	1-5	.28**	4.35 (.97)	1-5	.32**	3.75 (1.34)	1-5	.30**	3.14 (1.60)	1-5	.30**

Note. α = Cronbach's alpha; r = bivariate correlation with PAN-Q; ESS = Sexual identity is exclusively same-sex attracted; NSS = nonexclusively same-sex identity; A = active LDS status; I = inactive LDS status; U = currently unaffiliated with LDS church.

** $p < .01$.

2013). Sample items include “My same-sex attraction has provided me the opportunity to live a more honest and authentic life” and “People seem to feel especially comfortable with, and often open up to me about personal issues as a result of my status as a sexual minority.” Respondents indicate the degree to which they agree with statements targeting openness/vulnerability, honest/authentic living, socio-political activism, freedom from traditional gender roles, and an enhanced sense of egalitarianism in partnerships as unique positive aspects associated with nonheterosexuality using a Likert-type scale that ranged from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*), with higher scores indicating more positive attitudes about being nonheterosexual. Previous reports with these data (Crowell et al., 2013) demonstrated adequate reliability for the PANQ ($\alpha = .76-.80$) among all nonheterosexually identified subgroups examined.

Results

Preliminary Descriptive and Correlation Analyses

Descriptive statistics were calculated for the PANQ as well as for each of the disclosure items and the summed overall measure of disclosure (Table 4.1). Missing data for individual PANQ items were handled by substituting the mean of the individual’s scores on the remaining PANQ items, contingent upon participants responding to a minimum of 3 out of 5 items; 103 participants failed to provide a response for least one item of the measure (openness/vulnerability, $n = 26$; honest/authentic living, $n = 9$; sociopolitical activism, $n = 6$; freedom from traditional gender roles, $n = 11$; and egalitarian partnerships, $n = 85$) prior to mean substitution. Following mean substitutions,

six participants failed to provide a minimum of three responses for the measure and were thus excluded from additional analysis.

As presented in Table 4.1, bivariate correlations were conducted to evaluate associations between perceived benefits of nonheterosexuality and the degree to which individuals reportedly are “out” in specific social contexts (e.g., among family, friends, occupational/educational peers). Significant ($p < .01$) positive associations were yielded between the PANQ and all disclosure contexts for all demographic subgroups evaluated.

Mean differences across demographic subgroups for the PANQ were explored in a separate study using data for the current sample as part of the measure’s psychometric evaluation (Crowell et al., 2013). Women, exclusively gay identified individuals, and those who were unaffiliated with the LDS church (i.e., resigned, disfellowshipped, or excommunicated) reported the highest PANQ scores. PANQ descriptive statistics as well as reliability coefficients for the current sample are presented in Table 4.1.

Differences in disclosure scores for the current study were evaluated via a series of t-tests and one-way analyses of variance (ANOVAs) with regard to sex, sexual identity, and LDS status respectively. Results yielded for independent sample t-tests indicated that individuals who reported an exclusively same-sex attracted sexual identity scored significantly higher ($p < .05$) than those who endorsed nonexclusively same sex attracted labels in all disclosure contexts. Additionally, men were reportedly more “out” about their nonheterosexuality than women in family and religious contexts. All one-way ANOVAs examining differences among levels of LDS affiliation were significant. Pairwise comparisons indicated that participants who were unaffiliated with the LDS

church consistently scored higher than active and inactive members on all measures of disclosure. Moreover, inactive participants were more “out” than their active LDS counterparts in all social contexts except for within their religious communities. Pairwise comparisons demonstrated that inactive participants scored significantly ($p < .01$) higher than active members on the calculated total disclosure scale. A detailed summary of all mean differences is provided in Table 4.2.

Generalized Estimating Equation Model Development and Selection

General estimating equation (GEE; Liang & Zeger, 1986; Zeger & Liang, 1986) methods were employed in order to evaluate associations between “outness” in various social contexts and perceived benefits of being nonheterosexual, while simultaneously considering sex, sexual orientation, and current level of involvement with the LDS church. GEE methods were employed as typical assumptions of normality and homogeneity of variance are not required to be met. A series of three multilevel generalized estimating equation models were generated for each of the four disclosure contexts as well as the total disclosure score. The first of three GEE models evaluated main effects for sex, sexual orientation, current LDS affiliation, and the respective disclosure subscale (i.e., friends, family, coworkers/classmates, religious community and overall disclosure) as the independent variables, and PANQ scores as the dependent variable. Each subsequent model included all main effects as described for Model 1, as well as progressively included two- and three-way interactions between categorical factors (i.e., sex, sexual orientation, and LDS status) and the relevant disclosure measure.

Table 4.2

Independent Sample t Test and One-Way Analysis of Variance Results for Disclosure Within Specific Social Contexts

Variable	Gender			Sexual identity			LDS status					
	<i>df</i>	<i>t</i>	<i>d</i>	<i>df</i>	<i>t</i>	<i>d</i>	<i>df</i>	<i>F</i>	η^2	Pairwise comp.	Mean diff.	<i>d</i>
Family	1329	-2.52**	.16	316.74	12.56**	.93	2,1085	108.65**	.17	A-I	-.91**	.60
										A-U	-1.63**	1.18
										I-U	.72**	.51
Friends	1326	-.62	.05	311.06	12.00**	.91	2,1082	217.07**	.29	A-I	-.98**	.80
										A-U	-1.81**	1.68
										I-U	-.83**	.72
Classmates/coworkers	1322	-1.71	.12	351.68	11.71**	.82	2,1081	162.15**	.23	A-I	-1.07**	.80
										A-U	-1.94**	1.55
										I-U	-.88**	.62
Religious community	1290	-4.66**	.31	393.82	10.40**	.70	2,1050	63.93**	.11	A-I	-.26	.25
										A-U	1.13**	.87
										I-U	-.87**	.62
Disclosure total	1327	-2.70**	.17	1333	13.36**	.97	2,1084	189.92**	.26	A-I	-3.20**	.75
										A-U	-6.56**	1.46
										I-U	-3.36**	.71

Note. A = Active, I = Inactive, U = Unaffiliated

** $p < .01$.

Table 4.3

Generalized Estimation Equations Model Effects (Wald χ^2) for All Models, Organized by Disclosure Within Specific Social Contexts

Model		Disclosure			Disclosure			Disclosure			Disclosure X			QIC
		Gen	LDS	SID	Disclosure	X Gen	X LDS	X SID	Gen X LDS	Gen X SID	LDS*SID	Gen X SID	LDS*SID	
Family	1	1.76	142.77**	3.31*	68.69**									8304.00
	2	6.96**	24.29**	5.03*	24.09**	12.26**	.09	2.13						8208.88
	3	4.15*	24.81**	3.75	27.66**	2.37	.51	.76	3.08	1.88		.05		8184.33
Friends	1	2.37	70.30**	1.90	119.45**									7864.85
	2	11.59**	8.81*	2.99	66.02**	16.68**	.18	1.35						7733.63
	3	9.66**	8.82*	2.54	54.71**	7.66**	.02	7.66*	1.95	2.42		1.15		7704.40
Classmates/ coworkers	1	1.06	102.30**	5.55*	100.59**									7951.81
	2	7.19**	39.46**	6.55*	49.75**	13.67**	4.25	2.21						7802.35
	3	6.41*	38.70**	5.70*	35.11**	4.63*	1.42	2.36	3.03	1.55		.78		7777.04
Religious community	1	.22	165.40**	9.93**	65.80**									8131.19
	2	2.45	48.55**	11.37**	28.68**	5.16*	2.61	3.49						8107.95
	3	.95	47.58**	6.53*	14.80**	.01	1.71	2.44	1.05	3.62		.72		8063.61
Disclosure total	1	.62	78.85**	1.48	134.25**									7802.86
	2	11.94**	19.75*	3.81*	69.26**	17.36**	2.00	2.21						7659.23
	3	11.64**	19.29**	5.87	29.56**	13.02**	6.19	2.30	1.72	.86		.28		7016.28

Note. Gen = Gender, LDS = LDS status, SID = Sexual Identity; Disclosure = respective Disclosure scale (i.e., family, friend, classmates/coworkers, religious community, disclosure total).

* $p < .05$.

** $p < .01$.

As further illustrated in Table 4.3, Model 1 evaluated main effects only, Model 2 evaluated main effects and all 2-way interactions between categorical variables and the respective disclosure scale, and Model 3 evaluated all main effects, 2-way interactions, and 3-way interactions.

QIC fit indices (Pan, 2001) were used to evaluate and select the most parsimonious model. Although no formal criteria have been offered to evaluate model fit, lower fit indices are considered better. Although QIC fit indices decreased when two- and three-way interactions were included in the model, model 2 was selected as the most parsimonious model due to the lack of any significant three-way interactions (see Table 4.3 for summary). Consequently, all GEE results discussed in the following sections are based on model 2—including main effects and two-way interactions.

Associations between PANQ, disclosure, and demographic characteristics.

Consistent with the univariate analyses, GEE results yielded significant main effects for all disclosure variables included in model 2 (see Table 4.3). Disclosure was positively associated with scores on the PANQ regardless of the audience (or social context) being evaluated. PANQ scores also differed depending on participants' level of affiliation with the LDS church. Main effects for LDS status were significant for all five versions of model 2. Moreover, the perceived benefits of nonheterosexuality were also associated with participants' gender and sexual identity for several of the models. Two-way interactions between gender and all disclosure variables were significant ($p < .05$). As illustrated in Figure 4.1, disclosure (regardless of the social context being examined) functioned as a stronger predictor of perceived benefits of nonheterosexuality for men

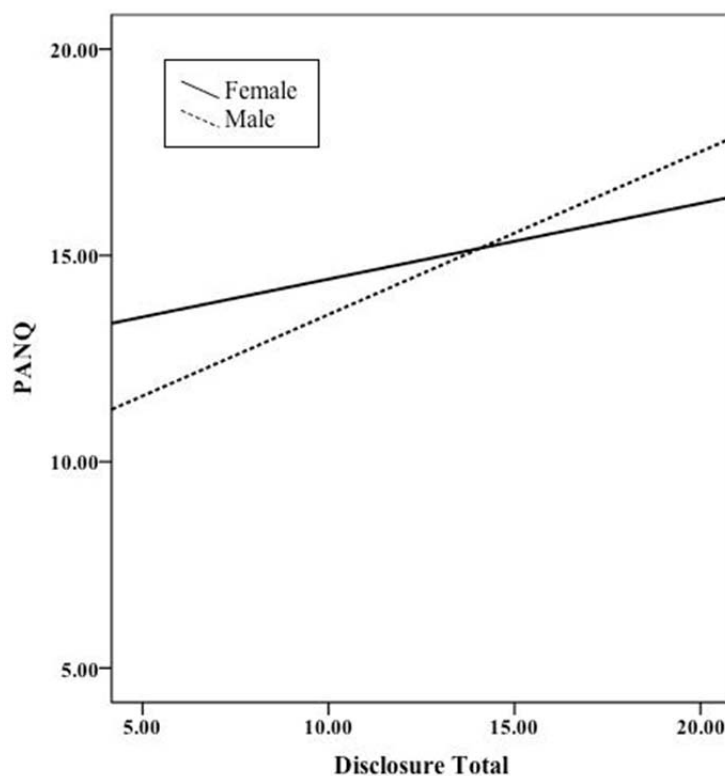


Figure 4.1. Correlation between PANQ and total disclosure scores for men and women.

than for women. All other two- and three-way interactions were nonsignificant.

Disclosure Contexts Most Predictive of PANQ

In order to evaluate which social contexts were the most predictive of positive perceptions of nonheterosexuality, a final GEE model was developed including main effects for each of the four distinct social disclosure contexts. As demonstrated in Table 4.4, disclosure to friends was the strongest predictor yielded for the model, Wald $\chi^2(1) = 44.49, p < .01$, followed by coworkers/classmates, Wald $\chi^2(1) = 14.85, p < .01$, and lastly family members, Wald $\chi^2(1) = 7.50, p < .01$. Religious community did not yield significant results. Moreover, in order to evaluate how disclosure in various social

Table 4.4

*GEE Model Effects and Parameter Estimates for Inclusive Model Organized by Gender
LDS Status and Sexual Identity*

Variable		Total <i>N</i>	<i>M</i>	<i>F</i>	A	I	U	ESS	NSS
QIC		9793.43	7183.43	2249.13	1472.86	1864.76	4173.30	7780.30	2012.11
Fam	<i>b</i>	.21*	.25*	.15	.22	.14	.16	.21*	.15
	(<i>SE</i>)	(.08)*	(.08)*	(.16)	(.20)	(.14)	(.12)	(.08)*	(.18)
	95% CI	.06, .35*	.08, .41*	-.16, .46	-.17, .61	-.14, .42	- .08, .39	.05, .37*	-.20, .50
	χ^2	7.50**	8.62**	.90	1.20	.95	1.73	6.28*	.73
Frd	b	.78*	.90*	.18	.65*	.66*	.45*	.73*	.89*
	(SE)	(.12)*	(.13)*	(.24)	(.27)*	(.22)*	(.21)*	(.13)*	(.26)*
	95% CI	.54, .99*	.64, 1.15*	-.29, .64	.12, 1.19*	.23, 1.09*	.05, .86*	.48, .98*	.37, 1.40*
	χ^2	44.49**	48.25**	.55	5.70*	9.07**	4.73*	32.08**	11.21**
CC	b	.36*	.39*	.24	.34	.51*	.15	.36*	.34
	(SE)	(.09)*	(.10)*	(.19)	(.31)	(.19)*	(.13)	(.10)*	(.29)
	95% CI	.18, .54*	.19, .59*	-.13, .61	-.27, .96	.14, .88*	- .10, .40	.17, .55*	-.22, .90
	χ^2	14.85**	13.91**	1.57	1.21	7.21**	1.40	13.26**	1.44
RC	b	.08	.06	.18	.06	-.24	.23*	.10	-.01
	(SE)	(.07)	(.08)	(.17)	(.34)	(.20)	(.09)*	(.08)	(.23)
	95% CI	-.06, .22	-.09, .22	-.15, .51	-.60, .73	-.63, .14	.05, .40*	-.05, .25	-.46, .44
	χ^2	1.39	.59	1.17	.03	1.52	6.32*	1.67	<.01

Note. ESS = Sexual identity is exclusively same-sex attracted; NSS = nonexclusively same-sex identity; A = active LDS status; I = inactive LDS status; U = currently unaffiliated with LDS church; Fam = family; Frd = Friends; CC = classmates/coworkers; RC = Religious community.

χ^2 =Wald statistic.

* $p < .05$.

** $p < .01$.

contexts is collectively associated with the positive aspects of being nonheterosexual, results for the integrated model were also obtained for each level of all three demographic factors, respectively. Results for males were identical to the initial integrated model in terms significance and order of predictors. Findings when females were examined

separately, however, failed to yield any significant results. When all disclosure variables were included in the model, levels of “outness” did not predict females’ perceptions of the benefits of being nonheterosexual.

When the integrated model was tested separately for LDS subgroups, disclosure to friends was found to be the strongest predictor of PANQ scores for active members, Wald $\chi^2(1) = 5.70, p < .05$, inactive members, Wald $\chi^2(1) = 9.07, p < .01$, and unaffiliated members, Wald $\chi^2(1) = 4.73, p < .05$. All other disclosure factors were nonsignificant for active LDS participants. Among inactive participants, disclosure among professional/educational peers was the only other predictor that yielded significant results, Wald $\chi^2(1) = 7.21, p < .01$. For unaffiliated participants, the only other disclosure context that was significantly associated with PANQ scores was, level of “outness” within religious community, Wald $\chi^2(1) = 6.32, p < .05$. Finally, integrated model findings yielded specifically for ESS echoed those yielded for the entire sample. Alternatively, “outness” among friends was the only disclosure factor that was significantly associated with NSS individuals’ PANQ scores, Wald $\chi^2(1) = 11.21, p < .01$.

Discussion

To date, research focused on the positive psychology of nonheterosexual populations has emphasized the use of qualitative methodology (e.g., Riggle et al., 2008; Rostosky et al., 2010), which provides a deep and rich understanding of the experience of possessing a positive same-sex attracted identity. However, this type of methodology

limits our ability to investigate and quantify how perceptions of the positive aspects of nonheterosexuality relate with specific developmental or demographic factors. The current study was designed to assess associations between sexual identity disclosure and positive aspects of nonheterosexuality across diverse groups of gender, sexual identity, and level of affiliation/activity in a conservative Christian faith community. As part of a shifting trend to emphasize resiliency in work with sexually diverse populations, sexologists focus attention on marginalized persons as “resilient actors” as opposed to “passive victims.” The purpose of this shift in focus is to cultivate a sense of empowerment for sexually diverse populations in terms of adapting to heterosexual cultural norms (Stanley, 2010). The current study contributes to the existing body of “positive psychology” literature that suggests disclosure of one’s nonheterosexual identity is often associated with positive socioemotional outcomes (e.g., Legate et al., 2012; Pachankis, 2007).

Our findings are consistent with those of Riggle and colleagues (2008), inasmuch that participants reported heightened perceptions of the positive aspects of being nonheterosexual “through the process of coming out” (p. 215). Specifically, scores on the recently developed PANQ (Crowell et al., 2013) were significantly and positively associated with greater disclosure to family members, friends, professional/educational peers or colleagues, and individuals within one’s religious community. Our findings have implications for clinicians and future research aimed at intervention and prevention programs designed specifically for sexually diverse clients.

Differences Across Demographic Characteristics

Sex. Males tended to be more out to others in their family and religious contexts than females, and disclosure was more predictive of PANQ scores for men than for women. As depicted in Figure 4.1, men reported lower scores than women on the PANQ under low disclosure conditions. Alternatively, when at higher levels of disclosure (i.e., out to “a lot” or “everyone” within a given context), men scored higher than women on the PANQ. Perhaps our findings are reflective of the more rigid socialization of gender roles for males than females. For example, there is greater flexibility for women to be fluid in their sexual attraction and behavior than for men (e.g., Diamond, 2008), and same-sex attracted women may experience more authenticity in their gender and sexual expression even when not formally “out.” Disclosure may more saliently capture what Stanley (2010) referred to as “resilient actors” for men than for women. When all aspects of disclosure were examined simultaneously, and models were evaluated for each gender separately, none of the examined disclosure domains were significantly predictive of PANQ scores for women. Factors such as partnership status or perceived social support may more be more saliently predictive of the positive aspects of being nonheterosexual for females—perhaps even more so than when compared to males. Future inquiry should continue to examine other important factors which will help us understand women’s perceived benefits of being nonheterosexual.

Sexual identity. ESS identified respondents scored higher on disclosure in all contexts than those who identified as NSS. NSS identified individuals may not feel compelled to disclose their nonheterosexual status since they are not exclusively attracted

to members of their same-sex. Alternatively, NSS persons may be “out” to a lesser degree in various social contexts as a result of feeling ostracized from both the heterosexual and the LGBTQ community since they do not easily “fit” in either group (Mohr & Rochlen, 1999; Rust, 2002). Finally, individuals who perceive fewer benefits associated with their nonheterosexual status may simply be less likely to disclose their nonheterosexual orientation compared to individuals who have more positive views of nonheterosexuality. Hence, based on existing studies that suggest nonheterosexuals who are not exclusively gay or lesbian identified tend to experience greater difficulty adapting to sexual stigma and are often less connected to a supportive community where positive identity development may be cultivated (Balsam & Mohr, 2007; Harper & Schnieder, 2003), such individuals may also be more conservative in disclosing their sexual identity in attempts to avoid potentially negative responses from others.

When all four disclosure contexts (friends, family, coworkers/classmates, and religious community) were evaluated simultaneously, GEE results indicated that “outness” among friends was the only context that was significantly associated with PANQ scores for NSS persons. This finding is particularly interesting in lieu of other results which indicated that, with the exception of disclosure among friends, sexual identity was itself predictive of the PANQ for all versions of model 2 (see Table 4.3). Thus, when disclosure among friends was examined separate from other predictors, sexual identity was not significantly associated with reported positive aspects of nonheterosexuality. When GEE analyses were conducted to determine how various disclosure contexts were collectively associated with individuals’ perceptions of the

positive aspects of nonheterosexuality, the only nonsignificant context yielded for ESS persons was religious community whereas, the only significant context yielded for NSS identified persons was friends.

When other demographic/identity factors are held constant, disclosure functions differently for ESS relative to NSS individuals. Again, this may reflect marginalization experienced by men and women whose sexual identity is not characterized by monosexuality (i.e., exclusive same- or opposite-sex attraction; Balsam & Mohr, 2007). For example, when NSS persons are in the company of “straight” people, they may feel their nonheterosexual identity is minimized. On the other hand, when NSS identified individuals are in the company of gay/lesbian people, they may feel that their attraction to the opposite sex is minimized or dismissed all together—as if sexual fluidity is merely “a pit stop on the way to homosexuality.”

LDS status. Results yielded for one-way ANOVAs demonstrated that participants who were unaffiliated with the LDS church reported significantly higher levels of disclosure to family members, friends, coworkers/classmates, as well as to individuals within their religious community ($p < .05$), than active or inactive members of the LDS church. Pairwise comparisons also indicated that participants who reported an inactive LDS status scored significantly higher than those who were active on scales evaluating disclosure among family, friends, and professional peers. Due to overt condemnation of nonheterosexuality within the LDS faith (LDS 2008, 2010), LDS affiliated men and women who identify as nonheterosexual may be more discrete about disclosing their nonheterosexual status. Disclosure could have severe negative consequences, especially

within their family or religious community. For example, although same-sex attraction in and of itself is not considered a “sin” (LDS, 2012), should an individual disclose engaging in same-sex sexual behavior they are subject to a variety of sanctions, including excommunication (LDS 2008, 2010).

Considering the condemnation of homosexuality within the LDS faith, it is understandable that active participants reported the lowest PANQ scores when compared to inactive or unaffiliated members (Crowell et al., 2013). On the other hand, decreased proximity to the church (i.e., distance and/or time) experienced by persons no longer affiliated with the LDS church may provide a greater sense of freedom to disclose one’s nonheterosexual identity. Taking into account that approximately half of the sample reported being atheist, agnostic, or no longer affiliated with any religious organization, unaffiliated participants no longer feel the need to conceal their nonheterosexual identity from individuals within their current or previous (i.e., LDS) religious community because they no longer feel impacted by the condemnatory beliefs. Again, the integrated model results suggested that, second to disclosure among friends, coming out to individuals within the religious community was the only other social context that was significantly associated with PANQ scores. Thus, it is possible too, that many participants in our study became unaffiliated with the church after (or as a result of) having disclosed their sexual orientation to other members or leaders in the church while they were still members.

Summary and Limitations

To our knowledge, this study is the first to quantitatively examine links between disclosure and positive nonheterosexual identity, and how those links differ with regard

to gender or sexual identity. However, the generalizability of our findings to individuals who have never been affiliated with the LDS church remains unknown. Nonetheless, we believe our findings regarding differences in level of affiliation with the LDS church have relevant implications for understanding how the positive aspects of being nonheterosexual may be influenced by varying degree of membership in a conservative Christian denomination. It is also difficult to determine the racial/ethnic generalizability of this study, because our sample had a disproportionate number of Caucasian, exclusively same-sex identified males. Future research should explore resiliency, both in terms of disclosure as well as perceived positive aspects of nonheterosexuality, among more ethnically and culturally diverse populations. It would be especially clinically valuable to explore associations between disclosure and perceived benefits of a nonheterosexual identity among persons with multiple minority identities.

Substantiating existing research that suggests coming out is an important aspect of developing a positive nonheterosexual identity (Legate et al., 2012; Pachankis, 2007), our results further contribute to the literature by demonstrating how disclosure within specific social contexts is associated with nonheterosexuals' perceptions that their status as a sexual minority carries with it unique benefits. That said however, our results are strictly based on participants' self-reported level of "outness" within particular contexts. Legate and colleagues' findings suggested that the positive outcomes associated with increased "outness" within a given context depends heavily on the target individuals' perceived autonomy support (vs. control) within that context; future studies would benefit from also including measures of autonomy support in order to shed additional light on the

mechanisms underlying disclosure as it relates to resiliency.

Finally, we believe our findings have clinical implications, including recommendations for future clinical research and application. Based on the current literature, it may be inadvisable for clinicians to encourage sexual minority clients to come out in some unique circumstances, due to the potential damaging consequences of doing so (e.g., Herek & Garnets, 2007; Herek et al., 2009). However, our results shed additional light on how levels of disclosure are linked to individuals' positive perceptions of their own nonheterosexuality. Findings presented in this paper may be useful in terms of informing clinicians' recommendations to clients regarding coming out, and particularly may help guide recommendations in terms of the specific social contexts/relationships in which clients might be considering disclosing their nonheterosexual identity.

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CHAPTER 5

SUMMARY AND CONCLUSIONS

The purpose of this dissertation was to: (a) begin to understand the mechanisms underlying minority stress-related psychopathology among sexual minorities and, (b) to improve the current body of literature by focusing on the unique benefits associated with a nonheterosexual identity. The following sections provide a summary of major findings from each chapter and briefly discuss theoretical and practical implications. Major contributions of this work are addressed in the concluding remarks below.

Specific Aspects of Minority Stress Related to Depression

To date, few studies have examined how specific aspects of minority stress (e.g., internalized homophobia, concealment, victimization) function individually and/or collectively as pathways to particular disorders (Lehavot & Simoni, 2011; Zietsch et al., 2012; see also American Psychological Association [APA], 2010). An additional limitation of the existing research in this area is the lack of attention to subgroup differences with regard to minority stress related mental health concerns (Bieschke, 2008). Hence, Chapter 2 of this document was aimed at addressing such deficits by exploring how specific aspects of minority stress (i.e., internalized homophobia, needs for concealment, identity confusion, needs for privacy, and difficulty acknowledging/disclosing nonheterosexual status to self and others) are individually and collectively associated with depressive symptoms, and how such relationships differ with regard to gender, sexual identity, and level of affiliation with the The Church of Jesus Christ of

Latter-day Saints (LDS). Findings from this study are a considerable contribution to the existing literature in that they begin to address the APA's statement that emphasized the need to "understand the pathways that lead from [minority stress] experiences to specific disorders" (p. 3).

Aside from demonstrating that all five of the minority stress factors examined were individually associated with depression, findings from this study further demonstrated that stressors function differently depending upon other aspects of identity being considered. Such findings are of particular theoretical relevance as they highlight the importance of considering developmental factors (i.e., identity saliency) when investigating associations between minority stress and mental health concerns among sexual minorities. Results presented in Chapter 2 also have particular clinical relevance in terms of guiding mental health practitioners in the conceptualization and treatment planning of nonheterosexual clients who present for therapy due to stigma related psychological distress.

As an example, consider the following hypothetical scenarios with both active and inactive LDS members. In the first scenario, an active LDS male who self-identifies as gay presents in therapy with concerns of depression. In this case, it may be especially important for therapy to initially focus on exploring (a) available social support, (b) sexual identity (particularly exploring what his identity as a gay man means to him personally), and (c) understanding his sexual identity within the context of other's acceptance/support of him. Consider a second scenario with a client who is inactive or unaffiliated with the church but all other sociodemographic and clinical characteristics

stay the same. Results shown in Chapter 2 indicated that the two most salient predictors of depression among active LDS members were needs for acceptance, followed by identity confusion; whereas, for inactive and unidentified persons, the two most salient predictors were needs for acceptance and internalized homophobia, respectively. Based on findings presented in Chapter 2, the therapist might consider focusing on exploring (a) the client's understanding of broad cultural norms/attitudes about "homosexuality," (b) personally held stereotypes about nonheterosexuals, and (c) understanding acceptance/social support concerns within the context of a heterodominant/heterosexist culture.

As described in previous sections of this document, the broad purpose and implications of this research ultimately include utilizing findings to guide research that informs the development of culturally relevant (i.e., developed and evaluated with sexually diverse populations) intervention and prevention programs. Consequently, future studies that are modeled similarly in terms of design and analysis, yet evaluate different psychological syndromes would be beneficial. Also, although the correlational results discussed in Chapter 2 provide valuable contributions to our understanding of the mechanistic underpinnings of minority stress in relation to psycho-social functioning, how such processes are mediated remains to be understood. Accordingly future research should utilize mediational analyses in order to investigate how associations between minority stress and mental health outcomes are directly influenced by other factors (other stressors, demographic characteristics, developmental variables, etc.) Similarly, in accordance with the emphasis on positive attributes or benefits associated with nonheterosexuality, it would be prudent to explore not only the negative (i.e., stressful or

potentially damaging) factors or experiences associated with psychopathology among sexual minorities, but to also explore how the *absence* of positive (i.e., beneficial or potentially enriching) factors or experiences impacts mental health as well. However, in order to even consider exploring how the absence of positive factors or experiences associated nonheterosexuality contribute to mental health outcomes, appropriate methods of assessment much first be available.

Quantitative Assessment of the Positive Aspects of Nonheterosexuality

Despite the shifting trend towards “positive psychology” and taking a resiliency focused approach among sexologists, until recently a quantitative instrument designed to assess the positive aspects of nonheterosexuality had not been available. Subsequently, research aimed at investigating resilience among sexual minorities has primarily examined the characteristics or experiences that resilient individuals seem to possess or demonstrate (and are therefore presumed to be factors of resiliency). Recent research has used qualitative methodology to identify themes in participants’ lived experiences of their positive same-sex attracted identities (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascale-Hague, & McCants, 2010). Based on that innovative work, a new quantitative measure was developed that evaluates the extent to which individuals perceive their nonheterosexual status as particularly positive or beneficial.

The PANQ is a 5-item measure that was developed and evaluated as the second of three studies which comprise this dissertation. Results demonstrated that the PANQ is appropriate for use among researchers and clinicians for the assessment of perceived

positive aspects of nonheterosexuality as a unique aspect of resiliency. For example, the PANQ may be used as a process measure (i.e., a measure of factors that are believed to facilitate changes with regard to other outcomes) and might also be useful as a specific outcome measure in its own right. However, use of the PANQ with heterosexually identified persons, even if they report experiencing same-sex attraction, appears to be ill advised.

Based on psychometric assessment demonstrating adequate reliability (internal) and validity (criterion), the current, initial version of the PANQ addresses the imminent need for a quantitative instrument that specifically evaluates the benefits of being nonheterosexual. It further contributes to the growing body of literature aimed at understanding how sexually marginalized individuals continue to thrive despite the heteronormative climate that pervades the U.S.

Outness and the Positive Aspects of Nonheterosexuality

The third and final study included in this dissertation built upon the previous two studies by utilizing the PANQ in order to explore the positive aspects of nonheterosexuality in relation to disclosure of one's nonheterosexual identity across a variety of social contexts. Above all, this study is of particular importance as it provides evidence that disclosing one's nonheterosexual identity to others is directly associated with perceived benefits of nonheterosexuality. Said differently, although results from this study cannot be interpreted in terms of causal relationships, they do lend support in favor of a bidirectional relationship between outness and PANQ scores. Thus, whether

perceived benefits of being nonheterosexual are a reflection of increased outness, or whether outness is a reflection of greater positive perceptions of one's nonheterosexuality status is unknown. That said however, it is likely that both statements are true in some cases. Future studies are needed in order to more fully understand these associations, which could then be used to inform clinical practice with members of this population.

In sum, the three studies included in this document collectively provide major contributions to the field of research and clinical practice with sexually diverse populations. Although there are several theoretical and practical implications germane to each paper individually, when taken together, this body of work represents a solid foundation from which future research can build. Again, this work has been conducted as a preliminary step towards a much larger goal of intervention and prevention program development. The information provided via this body of work may nevertheless be utilized for current, as much as future, clinical and research efforts.

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APPENDICES

Appendix A
Informed Consent



USU IRB Approved: April 12, 2011
 Approval Terminates: 04/11/2012
 Protocol Number: 2906
 IRB Password Protected per IRB Administrator

2810 Old Main Hill
 Logan UT 84322-2810
 Telephone: (435) 797-1460
 Fax: (435) 797-1448

Informed Consent

Exploration of Experiences of and Resources for Same-sex Attracted Latter Day Saints

Introduction/ Purpose: Dr. Renee Galliher in the Department of Psychology at Utah State University is conducting a study to understand the experiences of same-sex attracted Latter Day Saints. You do not have to identify as gay or lesbian in order to participate in this study, nor do you have to be currently active in the LDS church. Approximately 300 individuals who have experienced same-sex attraction and who have at some time been affiliated with the LDS church will participate in this study.

Procedures: If you agree to participate in this study, you will be asked to complete a 30 minute online survey at your convenience on a computer of your choice. The questions in this survey focus on how LDS people have experienced same-sex attraction through time, their beliefs about the nature of homosexuality, any experience they may have had in attempting to understand or alter their orientation, the current state of satisfaction with their lives and their feeling about and relationship with the Church.

Upon completion of the online survey, you will be given the option to submit your email address to volunteer to participate in a one hour follow up one-on-one interview exploring any formal (e.g., psychotherapy) or informal (e.g., personal exploration) efforts in which you have engaged related to understanding your same-sex attraction. Approximately ten survey participants will be invited to complete follow up interviews. Interviews will take place at a time and location selected by you, either by phone or in person.

Risks: There are minimal risks to this study. If you feel uncomfortable answering a question you may skip the question(s) and proceed with the questionnaire. There is minimal risk of being identified as a research participant via your email address.

Benefits: There may not be any direct benefits to you from participating in this study; however, you may benefit from the opportunity to reflect on your experience. The researchers hope this study may provide insights into the experiences of same-sex attracted Latter Day Saints, increasing the competence and sensitivity of the consumers of this research, who could potentially be psychologists, researchers, educators, and other service providers interacting with individuals who identify with these experiences.

Explanation & offer to answer questions: If you have any questions, concerns, complaints, or research-related problems, please contact Dr. Renee Galliher at (435) 797-3391 or by e-mail at renee.galliher@usu.edu

Payment/Compensation: To thank you for your participation in this research, you may choose to submit your email address to receive one of 10 randomly drawn \$15 online Amazon gift certificate in compensation for your time. In addition, you may request to receive a summary of the results of this study by email. Email addresses will be held in a separate database, and survey responses will not be traceable to specific addresses.

Voluntary nature of participation and right to withdraw without consequence: Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time without consequence.



USU IRB Approved: April 12, 2011
 Approval Terminates: 04/11/2012
 Protocol Number: 2906
 IRB Password Protected per IRB Administrator

2810 Old Main Hill
 Logan UT 84322-2810
 Telephone: (435) 797-1460
 Fax: (435) 797-1448

Informed Consent

Exploration of Experiences of and Resources for Same-sex Attracted Latter Day Saints

Confidentiality: All survey responses will be kept confidential, consistent with federal and state regulations. Only the investigators will have access to the data, which will be downloaded and stored on a password protected computer. Once the data are downloaded, email addresses will only be linked to survey responses until interested interview participants are identified. Email addresses will be separated from survey responses and stored in a separate file until the Amazon gift certificates and results of the study are disseminated. Upon completion of the study, all email addresses will be destroyed.

IRB Approval Statement: The Institutional Review Board (IRB) for the protection of human participants at USU has reviewed and approved this research study. If you have any questions or concerns about your rights or think the research may have harmed you, you may contact the IRB Administrator at (435) 797-0567 or email irb@usu.edu. If you have a concern or complaint about the research and you would like to contact someone other than the research team, you may contact the IRB Administrator to obtain information or to offer input.

Copy of Consent: Please print a copy of this informed consent for your files.

Renee V. Galliher, Ph.D., Principal Investigator

Participant Consent: If you have read and understand the above statements, please click on the "CONTINUE" button below. This indicates your consent to participate in this study.

Thank you very much for your participation! Your assistance is truly appreciated.

Appendix B

Measures

Demographic Information

1. What is your biological sex?
 - a. Male
 - b. Female

2. What is your gender?
 - a. Male
 - b. Female
 - c. Transgender Male Identified
 - d. Transgender Female Identified
 - e. Other (*please specify*) _____

3. In what state do you presently reside? _____

4. What is your age? _____

5. Which category best describes your racial/ethnic background?
 - a. Latino/a
 - b. Black/ African American
 - c. Caucasian
 - d. Asian/Pacific Islander
 - e. American Indian
 - f. Bi-racial/Multi-racial
 - g. Other: (*please specify*) _____

6. What is your occupation? Please enter the 4-digit numerical code corresponding to the job category listing on the accompanying sheet.

7. How do you currently describe your sexual orientation:
 - a. Gay/Lesbian
 - b. Bisexual
 - c. Pansexual
 - d. Questioning
 - e. Heterosexual
 - f. I prefer no label
 - g. Other: (*please specify*) _____

8. What is your current relationship status?
 - _____ single
 - _____ married heterosexual relationship
 - _____ married same-sex relationship
 - _____ unmarried, but committed to opposite sex partner
 - _____ unmarried, but committed to same-sex partner

_____ divorced
 _____ widowed

9. Have you ever been married heterosexually? _____ Yes; _____ No. If Yes, what was the length in years of that marriage? _____

10. Are you a parent? _____ Yes; _____ No. If Yes, how many children?
 Biological? _____
 Adopted? _____
 Foster? _____

11. Please indicate your present level of yearly income.

_____ \$15,000 or less
 _____ \$15,000 - \$24,999
 _____ \$25,000 - \$34,999
 _____ \$35,000 - \$49,999
 _____ \$50,000 - \$74,999
 _____ \$75,000 - \$99,999
 _____ \$100,000 - \$149,999
 _____ \$150,000 - \$199,000 _____ \$200,000 - \$299,000
 _____ \$300,000 - \$500,000
 _____ greater than \$500,000.

12. How would you describe the community you grew up in?

- a. Rural (*country*)
- b. Urban (*city*)
- c. Suburban (*subdivisions*)

13. What is your current religious affiliation, if any?

- a. LDS
- b. Episcopalian
- c. Lutheran
- d. Catholic
- e. Baptist
- f. Methodist
- g. Atheist
- h. Agnostic
- i. Hindu
- j. Buddhist
- k. Jewish
- l. Muslim
- m. None
- n. Other: (*please specify*)

14. Highest level of education completed:
- a. Elementary school
 - b. High school degree
 - c. Some college
 - d. College graduate
 - e. Technical or trade school graduate
 - f. Professional or graduate degree
 - g. Other: *(please specify)*
- _____
15. What was your initial connection with the LDS Church?
- A. Born into an LDS family
 - B. Convert to the church
16. What is your current status in the LDS Church?
- a. Active
 - b. Inactive
 - c. Disfellowshipped
 - d. Excommunicated
 - e. Resigned
17. How would you describe your present emotional/spiritual/attitudinal relationship to the LDS Church? (check all that apply)
- A. Committed, supportive
 - B. Angry, hostile
 - C. Neutral
 - D. Hurt, damaged
 - E. Mistrusting
 - F. Disappointed
 - G. Sorrowful
 - H. Other (please describe) _____

Sexual Orientation History

“GLBTQ” is a term used to describe those who identify as gay, lesbian, bisexual, transgender or questioning. For the purposes of this survey, it includes those who report some level of same-sex attractions or engage in same-sex sexual behavior.

1. _____ If applicable, what was the earliest age in years that you began to sense a difference (feeling, attitudes, behavior) between yourself and others of your same age and biological sex that you now recognizes or attribute to your same-sex sexual orientation?

2. _____ At what age in years did you first realize you were attracted romantically or sexually to persons of the same sex?

3. With reference to you first experience of same-sex attraction (item 2 above) what event, relationship, or interaction led you to consider this?

4. How old were you when you experienced your first same-sex romantic or sexual experience?
 _____ Age
 _____ Have never done this

5. How old were you when you first labeled yourself GLBTQ (or another personal label you have chosen for yourself)?
 _____ Age
 _____ I have never labeled myself GLBTQ

6. How old were you when you first told someone of your same-sex attraction?
 _____ Age
 _____ Have not told anyone

7. Are you: _____ sexually active; _____ celibate by choice; _____ celibate due to lack of partner

For the following 4 questions, please select a number on a scale from 0 to 5, where 0 means closed or non-supportive, and 5 means very open or supportive.

8. _____ How open/supportive are your parents and family, toward sexual and gender diversity in general?

9. _____ How open/supportive is your school/work environment toward diversity, especially sexual and gender diversity?

10. _____ How open is your neighborhood/community toward diversity, especially sexual and gender diversity?
11. _____ How supportive is (or was it growing up) it to be a sexual minority or to be different in your family?
12. _____ How supportive is (or was it growing up) it to be a sexual minority or to be different in your community?

13. To what degree have you disclosed your sexual orientation (*told others you were gay/lesbian/bisexual/questioning/etc.*):

None A Few Some A lot Everyone

Immediate Family	1	2	3	4	5
Friends	1	2	3	4	5
Classmates/Coworkers	1	2	3	4	5
People with whom you are religiously affiliated	1	2	3	4	5

14. Overall, what degree are you “open” regarding your sexual orientation:
- I have not told anyone about my sexual orientation
 - I have told less than half of the people about my sexual orientation
 - I have told more than half of the people about my sexual orientation
 - I am totally open about my sexual orientation

Positive Aspects of Nonheterosexuality Questionnaire

Please use the scale below to respond to the following statements.

1 = Strongly disagree	2 = Disagree	3 = Agree	4 = Strongly agree	
1) People seem to feel especially comfortable with, and often open up to me about personal issues as a result of my status as a sexual minority.	1	2	3	4
2) My same-sex attraction has provided me the opportunity to live a more honest and authentic life.	1	2	3	4
3) I feel that I am uniquely empathetic and/or compassionate towards others as a result of my same-sex attraction.	1	2	3	4
4) I have become increasingly interested and educated about social and political issues as a result of my sexual minority status.	1	2	3	4
5) My life has been enhanced by the freedom from traditional gender-roles as a result of my sexual orientation.	1	2	3	4
6) One benefit of engaging in same-sex romantic relationships is an enhanced sense of equality and power with my partner.	1	2	3	4
7) If applicable, please use the space below to briefly describe any benefits or positive aspects of being <u>NONHETEROSEXUAL</u> (i.e. LGBT)				
8) There are no benefits of being nonheterosexual. _____ True _____ False				

Lesbian, Gay, and Bisexual Identity Scale

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 | | Agree |
| | Strongly | | Strongly |
| 1. _ | | I prefer to keep my same-sex romantic relationships rather private. | |
| 2. _ | | I will never be able to accept my sexual orientation until all of the people in my life have accepted me. | |
| 3. _ | | I would rather be straight if I could. | |
| 4. _ | | Coming out to my friends and family has been a very lengthy process. | |
| 5. _ | | I'm not totally sure what my sexual orientation is. | |
| 6. _ | | I keep careful control over who knows about my same-sex romantic relationships. | |
| 7. _ | | I often wonder whether others judge me for my sexual orientation. | |
| 8. _ | | I am glad to be an LGB person. | |
| 9. _ | | I look down on heterosexuals. | |
| 10. _ | | I keep changing my mind about my sexual orientation. | |
| 11. _ | | My private sexual behavior is nobody's business. | |
| 12. _ | | I can't feel comfortable knowing that others judge me negatively for my sexual orientation. | |
| 13. _ | | Homosexual lifestyles are not as fulfilling as heterosexual lifestyles. | |
| 14. _ | | Admitting to myself that I'm an LGB person has been a very painful process. | |
| 15. _ | | If you are not careful about whom you come out to, you can get very hurt. | |
| 16. _ | | Being an LGB person makes me feel insecure around straight people. | |
| 17. _ | | I'm proud to be part of the LGB community. | |
| 18. _ | | Developing as an LGB person has been a fairly natural process for me. | |
| 19. _ | | I can't decide whether I am bisexual or homosexual. | |
| 20. _ | | I think very carefully before coming out to someone. | |
| 21. _ | | I think a lot about how my sexual orientation affects the way people see me. | |
| 22. _ | | Admitting to myself that I'm an LGB person has been a very slow process. | |
| 23. _ | | Straight people have boring lives compared with LGB people. | |
| 24. _ | | My sexual orientation is a very personal and private matter. | |
| 25. _ | | I wish I were heterosexual. | |
| 26. _ | | I get very confused when I try to figure out my sexual orientation. | |
| 27. _ | | I have felt comfortable with my sexual identity just about from the start. | |

CCAPS-34 (with academic items removed)

The following statements describe thoughts, feelings, and experiences that people may have. Please indicate how well each statement describes you, during the past two weeks, from “not at all like me” (0) to “extremely like me” (4), by marking the correct number. Read each statement carefully, select only one answer per statement, and please do not skip any questions.

	1	2	3	4
	Not at all like me			Extremely like me
1.				
2.				
3.				
4.				
5.				
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31.				

Appendix C

Permissions for Use Letters

12/08/2013

Katherine A. Crowell, Ed.S.
Utah State University
2810 Old Main Hill
Logan, UT 84322-2810
435-760-0481
k.peterson@aggiemail.usu.edu

John P. Dehlin, M.S.
Psychology Doctoral Program
Utah State University
2810 Old Main Hill, Logan, Utah 84322-2810
johndehlin@gmail.com

Dear Mr. Dehlin:

I am preparing my dissertation in the Department of Psychology at Utah State University. Pending the final edits to my dissertation document, I hope to have all degree requirements completed for my Ph.D. December of 2013. As you are aware, my dissertation has been completed at part of a larger study that I worked collaboratively with you, Dr. Renee Galliher, and Dr. William Bradshaw on. As such, I am writing this letter requesting permission to report findings from our research, in which I am the primary author on, in my final dissertation document. I will include an acknowledgment to all non-signatory authors on the first page of all relevant chapters. Additionally, permission information will be included in a special appendix. If you would like a different acknowledgment, please so indicate. Please indicate your approval of this request by signing in the space provided.

If you have any questions, please contact me at the phone number or email address provided above.

Thank you for your assistance.

Katherine A. Crowell, Ed.S.

I hereby give permission to Katherine A. Crowell to use collaborative study findings for which she is first author, with the following acknowledgment to be included on the first page of all relevant chapters as well as a copy of this letter to be included in the appendix:

Non-signatory co-authors: John P. Dehlin, M.S., Utah State University & William Bradshaw, Ph.D., Brigham Young University

Signed _____

Date 12/13/2013

12/08/2013

Katherine A. Crowell, Ed.S.
 Utah State University
 2810 Old Main Hill
 Logan, UT 84322-2810
 435-760-0481
k.peterson@aggiemail.usu.edu

William Bradshaw, Ph.D.
 Brigham Young University

Dear Dr. Bradshaw,

I am preparing my dissertation in the Department of Psychology at Utah State University. Pending the final edits to my dissertation document, I hope to have all degree requirements completed for my Ph.D. December of 2013. As you are aware, my dissertation has been completed at part of a larger study that I worked collaboratively with you, Dr. Renee Galliher, and John Dehlin on. As such, I am writing this letter requesting permission to report findings from our research, in which I am the primary author on, in my final dissertation document. I will include an acknowledgment to all non-signatory authors on the first page of all relevant chapters. Additionally, permission information will be included in a special appendix. If you would like a different acknowledgment, please so indicate. Please indicate your approval of this request by signing in the space provided.

If you have any questions, please contact me at the phone number or email address provided above.

Thank you for your assistance.

Katherine A. Crowell, Ed.S.

I hereby give permission to Katherine A. Crowell to use collaborative study findings for which she is first author, with the following acknowledgment to be included on the first page of all relevant chapters as well as a copy of this letter to be included in the appendix:

Non-signatory co-authors: John P. Dehlin, M.S., Utah State University & William Bradshaw, Ph.D., Brigham Young University

Signed William S. Bradshaw

William S. Bradshaw (Jan 30, 2014)

Date _____

12/08/2013

Katherine A. Crowell, Ed.S.
 Utah State University
 2810 Old Main Hill
 Logan, UT 84322-2810
 435-760-0481
k.peterson@aggiemail.usu.edu

Journal of Homosexuality
 Permissions Coordinator, Taylor & Francis
 325 Chestnut Street
 Philadelphia, PA 19106, USA
USJournalPermissions@taylorandfrancis.com

To Permissions Editor:

I am preparing my dissertation in the Department of Psychology at Utah State University. Pending the final edits to my dissertation document, I hope to have all degree requirements completed for my Ph.D. December of 2013. An article, *Specific Aspects of Minority Stress Associated with Depression among LDS Affiliated Nonheterosexual Adults*, of which I am first author, and which has been accepted for publication in your *Journal of Homosexuality*, reports an essential part of my dissertation research. I would like permission to reprint it as a chapter in my dissertation document. (Reprinting the chapter may necessitate some minor revision.) Please note that USU sends dissertation documents to Bell & Howell Dissertation Services to be made available for reproduction.

I will include an acknowledgment to the article on the first page of the chapter as indicated below. Copyright and permission information will be included in a special appendix. If you would like a different acknowledgment, please so indicate. Please indicate your approval of this request by signing in the space provided, and attach any other form necessary to confirm permission. If you charge a reprint fee for use of an article by the author, please indicate that as well.

If you have any questions, please contact me at the phone number or email address provided above.

Thank you for your assistance.

Katherine A. Crowell, Ed.S.

I hereby give permission to Katherine A. Crowell to reprint the requested article in *Journal of Homosexuality*, with the following acknowledgment:
 This paper has been accepted for publication in the *Journal of Homosexuality*, including full bibliographical information.

Signed _____
 Date _____
 Fee _____

VITA

KATHERINE A. CROWELL

3853 Belleau Wood Dr. #4
Lexington, KY 40517

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k.peterson@aggiemail.usu.edu

EDUCATION

- Ph.D. **Utah State University**, Logan, UT
2010-2013 Combined Clinical/Counseling/School Psychology (APA Accredited)
Dissertation: *The Mental Health Disparity Among Nonheterosexuals: Risk, Resiliency, and New Perspectives to Consider in the Context of Mormonism (defended 08/2013).*
Chair: Renee V. Galliher, Ph.D.
- Ed.S. **Utah State University**, Logan, UT
2010 School Psychology (NASP approved)
Thesis: "*Bosom Buddies: Factors Associated with Experiences of Passionate Friendship Among Men and Women.*"
Chair: Renee V. Galliher, Ph.D.
- M.S. **Utah State University**, Logan, UT
2008 Counseling Psychology
- B.S. **Utah State University**, Logan, UT
2006 Psychology; Minor: Statistics
Research Advisor: Tamara Ferguson, Ph.D.

POSSITIONS HELD

- Current **Visiting Assistant Professor of Psychology**, Department of Psychology,
Pacific Lutheran University, Tacoma, WA
Three-year position with undergraduate teaching and research/mentorship responsibilities
- 2012-2013 **Pre-doctoral Intern**: University of Kentucky Counseling Center:
Consultation and Psychological Services, Lexington, KY
Responsibilities include: providing individual, group, career and couples therapy; deliver university and community outreach services, conduct psychological evaluations, and provide individual supervision for doctoral-level practicum trainees.

2011-2012 **Full-time Lecturer**, Department of Psychology, Washburn University, Topeka, KS
One-year position with undergraduate teaching and research/mentorship responsibilities

GRANTS AND AWARDS RECEIVED

2010 **Elwin C. Nielsen Scholarship** (\$1,000), Utah State University

2006-2010 **Department of Psychology Travel Awards** (\$1,200), Utah State University

2006 **Undergraduate Researcher of the Year**, Department of Psychology, Utah State University

2005-2006 **Undergraduate Research and Creative Opportunities** (\$342), Utah State University
Title: *The guilt and shame debate: resolving a longstanding controversy.*
Role: Project Director (PI: Tamara Ferguson)

2005-2006 **Department of Psychology Undergraduate Research Grant** (\$342), Utah State University
Title: *The guilt and shame debate: resolving a longstanding controversy.*
Role: Project Director (PI: Tamara Ferguson)

2005 **Top Student Presentation Award (2nd Place)**, Rocky Mountain Psychological Association

STUDENT RESEARCH GRANTS FUNDED (served as student research advisor)

2012 Janelle Hill (student recipient), **Washburn Transformational Experience Scholarly and Creative Research Grant**, (\$1000), Washburn University
Title: *Black women in power: A qualitative exploration of factors associated with career success among African American businesswomen*

GRANTS AND AWARDS SUBMITTED

01/11 **Research Training Fellowship** (\$12,500), Face Value Project in partnership with Harvard University's Carr Center for Human Rights Policy

02/10 **Psi Chi Graduate Research Grant.** (\$1,200)
Title: *Sexual Fluidity: Examining Discordance between Reported Sexual*

Identity and Actual Experiences of Sexual Behavior, Attraction, and Intimacy.

Role: Project Director (PI: Renee Galliher)

02/10 **Walter R. Borg Applied Practice and Research Award** (\$2,500), Utah State University

10/07 **Psi Chi Graduate Research Grant.** (\$1,500)
Title: *Bosom Buddies: Factors Associated with Experiences of Passionate Friendship.*

TEACHING EXPERIENCE (*Graduate level course)

Pacific Lutheran University, Tacoma, WA

Instructor

09/13-12/13 PSYC101: *Introduction to Psychology*
PSYC310: *Personality Theories*

2014 J-Term PSYC287: *Psychology of Critical Thinking*

02/14-05/14 PSYC310: *Personality Theories*
PSYC410: *Psychological Assessment*

Washburn University, Topeka, KS

Instructor

01/12-05/12 PY100: *Basic Concepts in Psychology* (with lab)
PY250: *Psychology of Infancy and Childhood*
PY210: *Experimental Psychology* (Advanced, with Lab)

08/11-12/11 PY100: *Basic Concepts in Psychology* (with lab)
PY250: *Psychology of Infancy and Childhood* (2 sections)
PY333: *Counseling Psychology*

Utah State University, Logan, UT

Instructor

01/12-05/12 PSY5330/*PSY6330: *Tests and Measurement* (online-course)

05/11-06/11 PSY1010: *Introduction to Psychology*

01/10-05/10 PSY3210: *Abnormal Psychology*

06/08-08/08 PSY2800: *Psychological Statistics* (online-course)

Graduate Teaching Assistant

- 09/09-05/10 PSY6290: * *Diversity Issues in Treatment and Assessment*
- 09/09-05/10 PSY6250: * *Internship in School Counseling and Guidance*
- 09/07-05/08 PSY2800: *Psychological Statistics*

PEER REVIEWED PUBLICATIONS

- Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D., & **Crowell, K. A.** (in press). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*.
- Crowell, K. A.**, Galliher, R. V., Dehlin, J. P., & Bradshaw, W. S. (in press). Specific Aspects of Minority Stress Associated with Depression among LDS Affiliated Nonheterosexual Adults. *Journal of Homosexuality*.
- Glover, J. A., Galliher, R. V. & **Crowell, K. A.** (in press). Qualitative features and functions of young adult heterosexual and sexual minority women's passionate friendships. *Journal of Gender Studies*.
- Morgan, R. L. & **Crowell, K. A.** (2012). Assessment of job preferences of young adults with intellectual disabilities: Are preferences consistent over time? *Vocational Evaluation and Work Adjustment*, 39,12-22.
- Whittal, M. L., Twohig, M.P., & **Peterson, K. A.** (2009). Treatment of two sets of twins with OCD using CBT and ERP. *Behavioural and Cognitive Psychotherapy*, 37, 475-480.

Manuscripts under Review

- Bradshaw, K., Dehlin, J. P., **Crowell, K. A.**, Galliher, R. V., & Bradshaw, W. S. (2013). Sexual orientation change efforts through psychotherapy for LGBTQ individuals affiliated with the Church of Jesus Christ of Latter-day Saints. Manuscript revised and resubmitted for publication to *Archives of Sexual Behavior*.

BOOK CHAPTERS

- Twohig, M. P. & **Peterson, K. A.** (2010). Trichotillomania. In S. Goldstein and J. Naglieri (Eds.) *Encyclopedia of Child Behavior and Development*. New York: Springer.
- Twohig, M. P. & **Peterson, K. A.** (2008). Distress tolerance. In W. T. O'Donohue and J. E. Fisher (Eds.). *Cognitive Behavior Therapy: Applying empirically supported practice techniques in your practice (2nd edition)*. (pp. 167-173). Hoboken NY:

John Wiley & Sons. Also appears in W. T. O'Donohue and J. E. Fisher (Eds.) *General principles and empirically supported techniques of cognitive behavior therapy*. (pp. 265-271). Hoboken NY: John Wiley & Sons.

PROFESSIONAL PRESENTATIONS (*Chair)

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., & **Crowell, K. A.** (August, 2013). *The Quality of Life Advantages of Religious Disbelief and Disaffiliation for Same-Sex Attracted Members of the Church of Jesus Christ of Latter-day Saints*. In M. E. Brewster (Chair), *Current Advancements and New Directions in Atheism Research*. Symposium to be conducted at the American Psychological Association Annual Convention, Honolulu, HI.

Crowell, K. A., Galliher, R. V., Dehlin, J. P., Bradshaw, W. (May, 2013). *A new quantitative assessment of the positive aspects of nonheterosexuality: Psychometrically evaluated among a nationwide sample of LDS nonheterosexual adults*. Paper presented at the annual meeting of the Society for Research on Identity Formation. Saint Paul, MN.

Dehlin, J. P., Gailliher, R. V., **Crowell, K. A.**, Bradshaw, W. (May, 2013). *Sexual orientation change efforts among current or former members of The Church of Jesus Christ of Latter-Day Saints*. Paper presented at the annual meeting of the Society for Research on Identity Formation. Saint Paul, MN.

Crowell, K. A., Galliher, R. V., Dehlin, J., & Bradshaw, W. (April, 2012). *Putting the pieces together: Specific aspects of minority stress associated with depression and anxiety among LDS-affiliated nonheterosexual adults*. Poster presented at the annual Utah State University LGBT Research Fair. Logan, UT.

*Glover, J. A., Galliher, R. V. & **Crowell, K. A.**, (March, 2010). *You say she's just a friend: Features and functions of passionate friendships among heterosexual and sexual minority young women*. Paper presented at the Biennial meeting for the Society for Research on Adolescents. Philadelphia, PA.

Peterson, K. A., Twohig, M. P., & Scheidel, G. (May, 2009). *Exposure Processes examined within Acceptance and Commitment Therapy with Regard to Anxiety*. Paper presented at the annual meeting of the Association for Behavior Analysis in Phoenix, AZ.

Peterson, K. A., Twohig, M.P., & Crosby, J. (May, 2008). *An analysis of the effectiveness and mechanisms of action in ACT for substance abuse and dependence*. Poster presented at the annual meeting of the Association for Behavior Analysis in Chicago, IL.

***Peterson, K. A.** (May, 2008) *Empirical evaluations of mechanisms of change in acceptance and commitment therapy*. Participation in symposium at the annual meeting for the Association for Behavior Analysis in Chicago, IL.

Crowell Peterson, K.A., & Kynaston, A. (2006, April). *The guilt and shame debate: Resolving a longstanding controversy*. Paper presented in E. Timothy (Undergraduate Symposium Convenor), *Shame and guilt: Recent research*. Rocky Mountain Psychological Association, Park City, UT.

Nelsen, J. & **Crowell Peterson, K.A.** (March, 2005). *Revising the gold standard: An unbiased measure of guilt and shame proneness*. Paper presented at the Rocky Mountain Psychological Association, Phoenix, AZ. (2nd place, Top student presentation award).

STUDENT MENTORSHIP

Graduate Student Master's Thesis Committees

Brent Schneider (Defended 05/12) Predictors of relationship quality between child and parents following child's disclosure of sexual minority status. *Committee Member*, Washburn University.

Beth Ryszewski (Defended 05/13) Exploring the relationship between eating disordered behavior, ADHD symptomology, and monthly hormonal cycling among emerging adults. *Co-Chair*, Washburn University.

Undergraduate Independent Study Research

Leah Eller (Completed 11/12) Do men really want "It" more?: Taking into account the various functions of sex and its role of adequately meeting partners' needs, *Undergraduate Research Mentor*, Washburn University.

Nicole Sudac (Completed 12/12) Investigating the prevalence and associated factors of repeated, consensual engagement in unsatisfying sexual encounters among young adult men and women, *Undergraduate Research Mentor*, Washburn University.

Janelle Hill (Completed 05/12) Black women in power: A qualitative exploration of factors associated with career success among African American businesswomen, *Undergraduate*

Research Mentor, Washburn University.

Ian Vistine (Completed 05/12) A correlational study of long term anti-depressant use and breakthrough depression, *Undergraduate Research Mentor, Washburn University.*

CLINICAL EXPERIENCE

- 08/12-08/13 *University of Kentucky Counseling Center, Lexington, KY*
Pre-doctoral Internship
Supervisor (Sp. 2013): Felito Aldarondo, Ph.D. (Associate Director)
Supervisor (Fall 2012): Linda Hellmich, Ph.D. (Clinical Coordinator)
- 08/10-05/11 *Utah State University Counseling and Psychological Services, Logan, UT*
Adult Counseling Practicum Rotation
Supervisor: Eri Bentley, Ph.D. (Group Coordinator)
- 08/09 – 05/2011 *Avalon Hills Residential Eating Disorders Program, Petersboro, UT*
Adolescent Clinical Practicum Rotation and Clinical Graduate Assistantship
Supervisor: Tera Lensegrav-Benson, Ph.D. (Clinical Director)
- 08/09-05/10 *Utah State Psychology Community Clinic, Logan, UT*
Adult Clinical Practicum Rotation
Supervisor: Scott DeBerard, Ph.D.
- 08/08-06/09 *Redwood Elementary, Granite School District, Salt Lake City, UT*
School Psychology Internship
Supervisors: Donna Gilbertson, Ph.D. & Stephen Prasad, Ph.D.
- 09/07-05/08 *Matheson Junior High & Hunter High School, Granite School District, Salt Lake City, UT*
School Psychology Practicum Student
Supervisors: Donna Gilbertson, Ph.D. & Dennis Sehy, Ph.D.
- 01/07 – 05/07 *Utah State University Psychology Community Clinic, Logan, UT*
Pediatric Psychology Practicum Rotation
Supervisor: Clinton Field, Ph.D.

ADDITIONAL PROFESSIONAL EXPERIENCE & SERVICE

2013 **Training Committee Member**
University of Kentucky Counseling Center

- 2012-Current **LGBT Task Force Committee Member**
Office for Institutional Diversity, University of Kentucky
- 2010 **Data Analyst and Statistical Consultant**
Department of Special Education, Utah State University
- 2007-2008 **Student Committee Member**
Graduate Student Senate: Research, Publications & Travel Funds Committee, Utah State University
- 2008-2009 **Graduate Student Researcher**
Center for Clinical Research, Utah State University
Involved in design, data collection, and analysis of research on processes of exposure within Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) techniques implemented for anxiety.
Supervisor: Michael P. Twohig, Ph.D.
- 2006-2007 **Graduate Research Assistant**
Department of Psychology, Utah State University
Responsibilities included overseeing data collection, statistical analysis and dissemination of findings, for a longitudinal study examining perception of emotions among elementary school children.
Supervisor: Tamara Ferguson, Ph.D.

ADDITIONAL PROFESSIONAL TRAINING

- 2009 **Professional Ethics Workshop**
Presenter: Steven Behnke, Ph.D., provided by the Utah Psychological Association.
- 2009 **Acceptance and Commitment Therapy Experiential Workshop**
Presenter: Steven Hayes, Ph.D., provided by Counseling and Psychological Services, Utah State University.
- 2008 **Multicultural Training**
Facilitated by: Michael Twohig Ph.D. and Melanie Domenech Rodriguez, Ph.D., Provided by the Utah State University Department of Psychology, Logan, UT.
- 2008 **Acceptance and Commitment Therapy (ACT) Experiential Workshop**
Facilitated by: Sonja Batten, Ph.D., provided by the Association for Contextual Behavioral Scientists, Summer Institute, Chicago, IL.

PROFESSIONAL AFFILIATIONS

Student Affiliate, American Psychological Association

Member, American Psychological Association Graduate Students (APAGS)

Member, APA Division 44, Society for the Psychological Study of LGBT Issues

Member, Association for Contextual Behavioral Scientists

Member, Psi Chi National Honor Society in Psychology

Member, Allies on Campus-LGBTQ University Organization, Utah State University