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SHAME-PRONENESS AND SEXUAL SATISFACTION AMONG
CONSERVATIVELY RELIGIOUS SEXUAL MINORITIES

by

Sydney A. Sorrell

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

of

MASTER OF SCIENCE
in
Psychology

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2022

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ABSTRACT

Shame-Proneness and Sexual Satisfaction Among Conservatively Religious Sexual
Minorities

by

Sydney A. Sorrell, Master of Science

Utah State University, 2022

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Department: Psychology

Minority stress has consistently been associated with an increased risk for a variety of mental and physical health issues among sexual minorities; however, little research has explored the relationship between sexual minorities' experiences of proximal minority stress (internalized homonegativity and identity concealment) and sexual satisfaction. Conservatively religious sexual minorities likely face additional barriers to sexual satisfaction due to their exposure to religious teachings that stigmatize or condemn same-sex sexuality and same-sex sexual behaviors. Shame-proneness may act as a mechanism by which societal notions regarding the acceptability of certain behaviors are developed and maintained within an individual, making it particularly relevant for conservatively religious sexual minorities. Considering the potential for shame-proneness to heighten or interact with factors like minority stress and religiousness, the present study examined associations between minority stress, religiousness, shame-proneness, and sexual satisfaction among sexual minorities raised in the Church of Jesus Christ of Latter-day Saints (CJCLDS). Regression analysis of data from a sample of 315 sexual minority current and former members of the CJCLDS

indicated that both religiousness and proximal minority stress were associated with decreases in sexual satisfaction. Furthermore, moderation analyses indicated that when sexual minorities experience high degrees of both internalized homonegativity and shame-proneness, internalized homonegativity was associated with more severe decreases in sexual satisfaction. While past research has focused primarily on other dimensions of sexual minorities' health, findings from the present study illustrate that religiousness and proximal minority stress may pose a similar threat to sexual satisfaction, particularly in the presence of shame-proneness.

(88 pages)

PUBLIC ABSTRACT

Shame-proneness and Sexual Satisfaction Among Conservatively Religious Sexual Minorities

Sydney A. Sorrell

This study examined how various aspects of religiousness and sexuality were related to sexual satisfaction among conservatively religious sexual minorities and explored whether dispositional proneness to feeling shame changed these relationships. Analysis of survey data from 315 current and former members of the Church of Jesus Christ of Latter-day Saints revealed numerous factors that were related to sexual satisfaction. Sexual minorities who attended more religious services and who were more religiously committed were less sexually satisfied. This may be a result of the conflict a religious sexual minority individual experiences when engaging in same-sex sexual behavior due to stigmatizing religious rhetoric about their sexuality. Sexual minorities who concealed their sexual identities to a greater extent and who had more internalized negative beliefs about their sexuality were less sexually satisfied. This finding may be due to the ways that identity-related stress can influence biopsychosocial factors and pose a barrier to engaging in or enjoying sex. Shame-proneness was also related to less sexual satisfaction, and when participants experienced a high degree of shame-proneness, internalized negative beliefs about their sexuality were more strongly related to decreases in sexual satisfaction. This finding may be a result of the tendency for highly shame-prone individuals to feel shame more intensely, potentially causing internalized negative beliefs about sexuality to be more emotionally painful and difficult to navigate when engaging in same-sex sexual behavior. Considering these findings, I suggest that mental

health professionals who work with religious sexual minorities screen for concerns about sexual satisfaction and assess their clients for shame-proneness, as it can exacerbate the effects of internalized stigma on sexual satisfaction.

DEDICATION

“This [thesis] is dedicated to all the teachers that told me I’d never amount to nothin’.”

-The Notorious B.I.G.

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CHAPTER I

INTRODUCTION

While sexual satisfaction is an important component of sexual health (WHO, 2010) and a critical factor in our understanding of sexual well-being (Diamond & Huebner, 2012), it is relatively understudied in psychology, specifically for sexual minorities. The lack of research on sexual satisfaction in sexual minorities may be in part due to historically negative societal attitudes towards same-sex sexual behavior, or social stigma around discussions of sex and sexuality more broadly (Herek, 2007; Levine & Troiden, 1988). Research has highlighted several important determinants of sexual satisfaction, including physiological components like frequency and desired frequency of sex, frequency of orgasm, sexual activities repertoire (Barrientos & Páez, 2006; Haning et al., 2007; Smith et al., 2011); interpersonal and relationship dynamics like communication (Timm & Keiley, 2011), attachment style (Mark et al., 2018), and intimacy (Haning et al., 2007); mental health concerns like depression (Peleg-Sagy & Shahar, 2013), low self-esteem (Higgins et al., 2011), and body shame (Claudat & Warren, 2014); and religious beliefs and practices (Ashdown et al., 2011). However, this research tends to focus on sexual satisfaction among heterosexual individuals, leading to significant gaps in our understanding of factors that may promote or hinder sexual satisfaction among sexual minorities more specifically.

While considerably less extensive, the literature on sexual satisfaction among sexual minorities suggests that sexual minority stress plays an important role in shaping sexual satisfaction. Minority stress – or sexual minorities’ experiences of social stigma via distal (i.e., “objective events and conditions”; Meyer, 2003, p. 681) and proximal (i.e.,

“personal processes, which are by definition subjective”; Meyer, 2003, p. 681) stressors – has been linked to a variety of mental and physical health concerns, including poor sexual health and lower relationship and sexual satisfaction (Kuyper, 2010; Kuyper and Vanwesenbeeck, 2011; Lefevor, Beckstead et al., 2019; Meyer, 2003). Research on the relationship between minority stress and sexual satisfaction has highlighted the importance of proximal stressors such as internalized homonegativity and identity concealment in shaping sexual satisfaction. Internalized homonegativity – or the process wherein sexual minorities internalize negative societal messages regarding same-sex sexuality, often unconsciously, as part of their own self-image (Meyer, 1995) – is perhaps the most frequently studied proximal stressor in terms of its capacity to influence sexual satisfaction among sexual minorities (Beverage, 2018; Li et al., 2019). Concealment – or actively hiding or avoiding disclosure of one’s sexual minority identity (Meyer, 2007) – has similarly been linked to decreased sexual satisfaction, although literature on concealment tends to focus on its propensity to influence relationship satisfaction and intimacy as opposed to sexual satisfaction (Gonçalves et al., 2020).

Where minority stress appears to hinder sexual satisfaction, the relationship between religiousness and sexual satisfaction for sexual minorities is less clear. The potential mental and physical health benefits of religion among the general population have been well established (Hackney & Sanders, 2003; Hodapp & Zwingmann, 2019). However, the relationship between religion and health – including sexual satisfaction – is more nuanced for sexual minorities, who frequently experience conflict between their sexual identities and religious beliefs (Hackathorn et al., 2016). Findings on the relationship between religion and sexual satisfaction have been inconsistent, perhaps due to the lack of

research examining potential explanatory variables between religiousness and sexual satisfaction, with researchers finding positive, negative, and no relationship between religiousness and sexual satisfaction (Hackathorn et al., 2016; Hardy & Willoughby, 2017; Hernandez et al., 2011; Leonhardt et al., 2020; Ritter et al., 2018).

For instance, some research suggests that religiousness may be positively associated with sexual satisfaction for individuals who demonstrate greater sanctification of their sexuality (i.e., believing sexuality to have divine character and significance; Hernandez et al., 2011), particularly for married heterosexual individuals (Hardy & Willoughby, 2017; Leonhardt et al., 2020; Murray-Swank et al., 2005). Similarly, McFarland et al. (2011) found that married individuals who integrated religion into aspects of their daily lives experienced more pleasurable sex with their partners than unmarried individuals.

Alternatively, some studies report negative associations between religiousness and sexual satisfaction for both heterosexual (Leonhardt et al., 2020) and sexual minority individuals (Ritter et al., 2018), potentially because of religious values and teachings that stigmatize nonprocreative sexual activities (e.g., masturbation, oral sex, anal sex), discourage sex outside of marriage, and contribute to feelings of shame or guilt surrounding sex and sexuality more broadly (Davidson et al., 2004; Patton, 1985). These findings may be especially relevant for religious sexual minorities considering the nonprocreative nature of sex within same-sex relationships, religious teachings that regard sex acts such as oral and anal sex to be immoral or taboo, and the tendency for religious institutions to hold stigmatizing beliefs about same-sex sexual behavior and sexuality (Davidson et al., 1995; Murray-Swank et al., 2005).

Still, some research has failed to find a statistically significant relationship between religiousness and sexual satisfaction, suggesting a need for a more thorough understanding of the specific circumstances under which religiousness may be related to sexual satisfaction, particularly for sexual minorities. Considering these findings, recent research has called for a more nuanced approach through examination of the proximal mechanisms that might influence the relationship between religiousness and sexual satisfaction for sexual minorities (Leonhardt et al., 2020), specifically shame and guilt.

Guilt and shame can act as a mechanism by which religiousness indirectly influences sexual satisfaction (Leonhardt et al., 2020), and may be key to illuminating the specific circumstances under which religion is related to sexual satisfaction among sexual minorities (Hackathorn et al., 2016). Shame may be especially salient in elucidating predictors of sexual satisfaction for sexual minorities, even for sexual minorities who are not religious (Rendina et al., 2019). However, research examining the relationship between shame and sexual satisfaction tends to focus on specific types of shame (e.g., sexual shame, identity shame, body shame), and little research has examined the specific role of shame-proneness – or one’s propensity for experiencing shame – in influencing sexual satisfaction.

Examination of the relationship between shame-proneness and sexual satisfaction as opposed to specific types of shame is critical. Most of the literature on shame and sexual satisfaction among sexual minorities utilizes measures of sexual or identity-based shame, which are highly related to internalized homonegativity (Cienfuegos-Szalay et al., 2021). This raises the possibility that these findings speak more to the relationship between minority stress and sexual satisfaction as opposed to sexual minorities’ experiences of

shame more broadly. Similarly, research on the relationship between shame and sexual satisfaction in religious sexual minorities is limited to findings that speak only to religiously related guilt or shame and has yet to explore the specific ways that one's propensity for feeling shame might be related to sexual satisfaction among this group.

The present study addresses these gaps in the literature by examining the relationship between shame-proneness and sexual satisfaction among conservatively religious sexual minorities. Guided by the self-behavior theory of shame (Tangney et al., 1992) and minority stress theory (Meyer, 2003), this study examines the potential moderating role of shame-proneness in the relationships between religiousness, minority stress, and sexual satisfaction. The present study is guided by the following questions: (a) does religiousness relate to sexual satisfaction? (b) does minority stress relate to sexual satisfaction? (c) does shame-proneness moderate the relationship between religiousness and sexual satisfaction? (d) does shame-proneness moderate the relationship between minority stress and sexual satisfaction?

CHAPTER II

LITERATURE REVIEW

This review of the literature is divided into four sections. These are (a) a review of the self-behavior theory of shame; (b) a review of the relationship between shame-proneness and sexual satisfaction; (c) a review of minority stress theory and sexual satisfaction among sexual minorities; (e) a review of religion and sexual satisfaction among sexual minorities.

Self-Behavior Theory of Shame

Increasing attention to the sociocultural nature of emotions over the last few decades has sparked interest in a distinct group of self-conscious emotions, such as embarrassment, guilt, pride, and shame (Tangney, 2012; Tracy et al., 2007). These emotions are thought to arise in response to self-evaluation of one's behavior, specifically in terms of its' acceptability to one's sociocultural setting and potential impact on others (Tangney et al., 2007). Self-conscious emotions are moralistic in nature as they have the capacity to motivate ethical behavior or encourage individuals to act in accordance with sociocultural standards of "right" and "wrong" (Tangney et al., 2007). However, self-conscious emotions can also contribute to disruptions in interpersonal functioning and psychological distress. Of these emotions, shame may be particularly influential in interpersonal functioning, socioemotional well-being, and psychological health (Cameron et al., 2021; Covert et al., 2003; Mills et al., 2013).

Shame is best understood as feelings of humiliation, embarrassment, or fallen pride upon self-evaluation when one fails to meet the expectations or standards set forth

by their culture (Kaufman, 1996). Considerable research has explored the specific ways that shame is uniquely related to deficits in interpersonal functioning and increased psychological distress. Tangney's (Tangney et al., 1992) concept of the self-behavior distinction highlights the unique relationship between shame-*proneness* and these deficits. According to the self-behavior distinction, individuals who are more *prone* to feeling shame tend to internalize personal transgressions or deviations in culturally set norms as a reflection of the self ("I *am* bad") as opposed to the behavior ("I *did* something bad"; Tangney & Dearing, 2002). These internal attributions are interpreted by the individual as stable and unchangeable aspects of the self on a global level, and lead to an overall conceptualization of the self as inherently wrong, flawed, bad, or unworthy (Tangney, 1996; Tangney et al., 1992).

The resulting perception of oneself as bad facilitates withdrawal and avoidance behaviors as opposed to action-oriented or repair behaviors as seen with guilt (Covert et al., 2003; Tangney et al., 2007). This tendency for internalization and withdrawal is thought to be an important pathway by which shame-proneness contributes to deficits in interpersonal functioning and psychological distress. Indeed, considerable research has examined the relationship between shame-proneness and various psychological symptoms, including somatization, depression, anxiety, and hostility (Cândeia and Szentagotai-Tătar, 2013; Tangney et al., 1992). Shame has similarly been linked to disturbances in interpersonal processes through fears of intimacy (Lutwak et al., 2003), deficits in interpersonal problem solving (Covert et al., 2003), insecure attachment (Wells and Hansen, 2003), avoidance behaviors (Schmader & Lickel, 2006), and poorer functioning in intimate relationships (Black et al., 2013; Epstein & Falconier, 2011).

Shame-Proneness and Sexual Satisfaction

The complex relationship between shame and sexuality has long been an area of interest, with more recent research exploring the relationship between specific types of shame and sexual satisfaction. For example, body-shame has repeatedly been associated with decreased sexual satisfaction for both men and women (Davis et al., 2017; McLean et al., 2020). Additionally, individuals who experience sexual shame – including shame about masturbation, intercourse, and one’s sexual desires – are less likely to report being sexually satisfied (Darling & Davidson, 1987; Higgins et al., 2011).

However, the relationship between shame-*proneness* and sexual satisfaction has received considerably less research attention. Shame-proneness differs from the types of shame typically evaluated in research on sexual satisfaction in that it represents a dispositional tendency to feel shame (Tangney & Dearing, 2002) as opposed to the experience of a specific type of shame. While research on specific types of shame and their relationship to sexual satisfaction have been useful in revealing the detrimental impact of specific culturally-bound messages (e.g., sex before marriage is dirty; only certain body types are sexually desirable) on sexual satisfaction, this research fails to fully explore individual differences in the *tendency* to feel shame as a factor that might explain why certain contextual factors (e.g., religiousness) are differently related to sexual satisfaction for different people. The lack of research on the relationship between shame-proneness and sexual satisfaction is particularly concerning considering the substantive evidence that shame-proneness impacts other aspects of interpersonal functioning and intimate relationships (Covert et al., 2003; Erzar et al., 2010; Johnson et al., 2015).

According to the self-behavior distinction, shame-proneness is a trait that reflects individual differences in cognitive, emotional, and behavioral responses and represents a disposition towards feeling shame (Tangney & Dearing, 2002). Individuals high in shame-proneness are not just more *likely* to experience feelings of shame, they are also thought to experience shame more *intensely* as a function of their conceptualization of a “bad self,” which fosters feelings of humiliation and worthlessness (Pineles et al., 2006). If shame-proneness is representative of both an increased likelihood of feeling shame and a heightened emotional intensity by way of these negative internalized self-concepts, and other forms of shame have been shown to be negatively associated with sexual satisfaction, it stands to reason that shame-proneness may also be associated with decreases in sexual satisfaction as highly shame-prone individuals are both more likely to feel shame and more likely to feel it more intensely.

While no research has examined the relationship between shame-proneness and sexual satisfaction for sexual minorities, substantial research has documented the insidious role of shame in influencing sexual minorities’ health and wellbeing. The increased prevalence of shame experienced by sexual minorities (Martins et al., 2007) has been associated with worsened physical and mental health (Scheer et al., 2020; Straub et al., 2018), insecure attachment, sexual identity integration (Wells & Hansen, 2003), decreased intimacy (Brody, 2020), and poor relationship quality (Mereish & Poteat, 2015) among sexual minorities. As such, sexual minorities with higher shame-proneness may experience even greater deficits in sexual satisfaction due to their predisposition towards feeling shame as well as the greater intensity with which shame is experienced by these individuals.

Minority Stress and Sexual Satisfaction

While little research has examined sexual satisfaction among sexual minorities, much research has examined minority stress. Sexual minorities experience a range of unique stressors due to their minority status and the social stigma around same-sex sexual attraction, behavior, and relationships (Meyer, 2003). These stressors include distal stressors (e.g., experiences of discrimination and violence), and proximal stressors (e.g., internalized homonegativity and need for concealment). Minority stress theory (Meyer, 2003) posits that sexual minorities' experiences of stigma via distal and proximal stressors contribute to the disparities in health outcomes among sexual minorities. While distal stressors are observable, objectively stressful events or conditions that occur on the interpersonal or sociocultural level (Meyer, 2003, p. 681), proximal stressors are subjective, personal processes (Meyer, 2003, p. 681) thought to arise at least partially in response to experiences with distal stressors. Proximal stressors may be particularly important in understanding the processes by which minority stress is related to disparities in mental health among sexual minorities.

Internalized homonegativity – or internalized negative beliefs that sexual minorities may hold about their own sexuality – is one such proximal stressor that may be particularly relevant in terms of its' implications for sexual satisfaction among sexual minorities (Herek, 2004; Mayfield, 2001). Research has demonstrated a consistent, negative association between internalized homonegativity and relationship satisfaction among sexual minorities (Cao et al., 2017; Doyle & Molix, 2015; Lavner, 2017; Rostosky & Riggle, 2017). Furthermore, internalized homonegativity has been associated with decreased sexual satisfaction (Berg et al., 2015; Beverage, 2018; Li et al., 2019;

Rosser et al., 1997). This trend is perhaps unsurprising; it makes sense that individuals who hold negative views towards their sexuality are also likely to feel dissatisfied with the sexual attraction and behavior associated with this identity.

The relationship between sexual identity concealment and sexual satisfaction among sexual minorities has received less research attention. Identity concealment has been consistently negatively associated with mental health among sexual minorities (Schrimshaw et al., 2013). Similarly, concealment has been associated with riskier sexual behavior (Ramos et al., 2021) and can undermine intimacy (Guschlbauer et al., 2019). Findings on the relationship between identity concealment and relationship satisfaction are less consistent, with some studies reporting a negative association (Gonçalves et al., 2020) and some failing to find a significant association (Ballester et al., 2021). Furthermore, only three studies to our knowledge have examined the relationship between concealment and sexual satisfaction. Gonçalves and colleagues (2020) found that recent concealment of sexual identity significantly explained variance in sexual satisfaction among older Portuguese gay and bisexual men such that men who reported greater concealment also reported less sexual satisfaction. Vale and Bisconti (2021) examined the relationship between minority stress and relationship well-being among sexual minorities in same-sex relationships and found that outness significantly predicted relationship satisfaction, sexual satisfaction, and sexual dissatisfaction. Kuyper and Vanwesenbeeck (2011) also investigated outness/concealment but failed to find a significant relationship between concealment and sexual satisfaction for LGB men and women. While it is conceivable that sexual identity concealment may be associated with decreases in sexual satisfaction

for some sexual minorities, the mixed findings from the small body of research examining the relationship between the two constructs leaves this relationship unclear.

Minority Stress, Sexual Satisfaction, and the Moderating role of Shame-Proneness

Shame-proneness may be particularly important for understanding sexual satisfaction among sexual minorities due to its' potential to heighten or interact with sexual minorities' experiences with minority stress. Shame-proneness may act as a mechanism by which societal notions of inferiority and devaluation are maintained within an individual (Gilbert, 2000; Weeks et al., 2011), making it particularly relevant for sexual minorities due to societal stigma regarding same-sex attraction and same-sex sexual behavior (Johnson & Yarhouse, 2013). For example, sexual minorities who are high in shame-proneness may be more likely to internalize negative societal messages about their sexuality (e.g., same-sex sexual behavior is perverted) as a reflection of the self (e.g., I am perverted), potentially mirroring or even exacerbating the impact of proximal minority stressors on sexual satisfaction and health. Indeed, research suggests that shame-proneness is closely related to sexual minorities' experiences of internalized homonegativity due to the internalization of shame characteristic of shame-proneness described above (Allen & Oleson, 1999; Chow & Cheng, 2010; Greene & Britton, 2012; Straub et al., 2018).

Considering the similar, potentially interactive processes involved in internalized homonegativity, identity concealment, and shame-proneness, it is likely that sexual minorities' experiences of shame-proneness change how minority stress is related to their sexual satisfaction. While no study has examined the potential moderating role of shame-proneness on the relationship between minority stress and sexual satisfaction, it stands to

reason that sexual minorities higher in shame-proneness may evidence stronger relationships between minority stress and sexual satisfaction by way of their tendency to feel shame more intensely. For example, identity concealment may be more strongly related to decreases in sexual satisfaction for sexual minorities higher in shame-proneness, as these individuals may be more likely to make sense of their identity concealment by understanding it as a consequence of their personal sexuality-related moral shortcomings as opposed to a byproduct of living in a world where being open about one's sexual minority identity increases one's risk for discrimination and violence. Similarly, shame-proneness might exacerbate the relationship between internalized homonegativity and sexual satisfaction via an individual's tendency to not only internalize negative societal messages about sexual minorities, but also experience more intense shame related to these beliefs.

Religion and Sexual Satisfaction for Sexual Minorities

The potential mental and physical health benefits of religion have been well established (Hackney & Sanders, 2003; Hodapp & Zwingmann, 2019). However, the relationship between religion and sexual satisfaction is more nuanced, particularly for sexual minorities (Lefevor et al., 2021). Historically, many religious traditions – particularly Christian traditions – have regarded sex as something that should be reserved for married individuals or as appropriate exclusively for the purpose of procreation and strongly disapproved of sex solely as a means of experiencing pleasure (Ashdown et al. 2011). Consequently, religious teachings tend to frame sexual behaviors like masturbation, oral sex, and anal sex as unnatural and immoral, as they have no procreative value (Davidson et al., 1995; Murray-Swank et al., 2005; Patton, 1985).

Indeed, research has found that individuals who are more religious (typically measured via organizational religious involvement or personal religious commitment) are less likely to engage in oral and anal sex (Mahoney, 1980). Alternatively, low religiousness is associated with more permissive views regarding sex and increased sexual activity (Thornton & Camburn, 1989). This trend may be especially relevant for sexual minorities, whose sexual behaviors are more likely to include oral and anal sex. The conflict between religious teachings about nonprocreative sex and sexual minorities' sexual behaviors can lead to feelings of sexual guilt and shame, which may inhibit sexual and relationship satisfaction (Ritter et al., 2018; Legerski & Harker, 2018).

Furthermore, many religious traditions have firm beliefs regarding same-sex sexuality and sexual behavior, with some religions like the Church of Jesus Christ of Latter-day Saints (CJCLDS) condemning same-sex sexual relationships as sin (Oaks et al., 2020). Conflict between one's religious beliefs and their sexual attraction, behaviors, and/or identity has been associated with a host of negative psychological outcomes among sexual minorities and may similarly relate to sexual satisfaction. Evidence suggests that sexual minority individuals whose value systems are based on religious teachings are less likely to report being satisfied with their relationships and sexual identities (Lefevor, Beckstead et al., 2019; Mark et al., 2018; Phillips et al., 2017). Additionally, many religious traditions highly value "sexual purity" and discourage or condemn sex outside of the marital relationship, which can contribute to feelings of deeply rooted sexual guilt and shame and negatively impact sexual satisfaction for individuals who were raised with religious values of chastity and celibacy but engage in sex (including non-penetrative sex acts and masturbation) outside of marriage

(Hackathorn et al., 2016). This may be especially relevant for sexual minorities' whose religious traditions prohibit same-sex marriage, such as the Church of Jesus Christ of Latter-day Saints (CJCLDS; CJCLDS 1995). These sexual minorities experience the combined stigmatization of their sexual behaviors as well as guilt and shame related to engaging in sex outside of marriage, even when their religious institutions prohibit these marriages, and are likely to demonstrate lower sexual satisfaction because of these teachings (Hackathorn et al., 2016).

Religiousness, Sexual Satisfaction, and the Moderating Role of Shame-proneness

Shame-proneness may moderate the relationship between religiousness and sexual satisfaction. Research has established that religiousness is associated with decreases in sexual satisfaction among individuals who experience more sexual guilt (Hackathorn et al., 2016). Some research suggests that sexual guilt may explain the negative association between religiousness and sexual satisfaction for some individuals due to differences in sensitivity to internalized beliefs about one's own sexual behavior (Harris et al., 2008; Janda & Bazemore, 2011).

Furthermore, given that many religious traditions value sexual "purity" and discourage non-procreative sexual behaviors, sex outside of marriage, and same-sex sexuality and sexual behavior, shame-proneness may be key to demystifying the complex relationship between religiousness and sexual satisfaction for sexual minorities. Sexual minorities higher in shame-proneness may be more likely to internalize religious teachings that frame same-sex attraction and sexual behaviors as perverted, sinful, and as a reflection of their own core morality and worthiness. This may lead to increased feelings of shame regarding one's sexual attraction or same-sex relationship which in turn

can be detrimental to sexual satisfaction. Sexual minorities higher in shame-proneness may similarly internalize religious teachings that discourage sex outside of marriage and non-procreative sex acts like oral and anal sex, potentially leading to feelings of shame when engaging in same-sex sexual behaviors or even a lower frequency of sex due to the painful emotional experience likely to accompany it.

The Present Study

Considering the mixed findings on the relationship between religiousness and sexual satisfaction and the limited research examining associations between minority stress, shame-proneness and sexual satisfaction for sexual minorities, further research is needed. Because of religious teachings that stigmatize same-sex sexual behaviors and identities, we hypothesize that religiousness will be negatively associated with sexual satisfaction. In light of past findings which support a strong negative association between minority stress and a variety of relational and psychological health outcomes for sexual minorities, we hypothesize that minority stress will be negatively associated with sexual satisfaction. Finally, we hypothesize that shame-proneness will moderate the relationships between religiousness, minority stress, and sexual satisfaction such that religiousness and minority stress will be more strongly associated with sexual satisfaction for individuals who experience a higher degree of shame-proneness.

CHAPTER III

METHOD

Participants and Procedures

Data were collected in February 2022 after obtaining approval from the Institutional Review Board at Utah State University. Participants in the present study were drawn from participants from a larger study examining religiousness, sexuality, and health among LGBTQ+ Latter-day Saints (Four Options Survey, Lefevor, Beckstead et al., 2019). The Four Options Survey was originally launched in 2016 to understand how Latter-day Saint (LDS) sexual minorities (SMs) navigated their sexual orientation and faith (Lefevor, Beckstead, et al., 2019). A second wave of the Four Options Survey was completed in 2020 (Lefevor, McGraw et al., 2021). The present study utilized a subset of data from the follow-up study – the Four Options Survey 2022.

Recruitment for the Four Options Survey 2020—and by extension the Four Option Survey 2022—involved a comprehensive community sampling approach, in which participants were recruited via postings in LDS SM forums and social media groups (e.g., North Star, Affirmation, and Understanding Same Gender Attraction at Brigham Young University), advertisements at relevant in person forums (e.g., the annual conference of North Star), through therapists and therapeutic organizations serving LDS SMs in Utah (e.g., LGBTQ Therapist Guild of Utah, The Alliance for Therapeutic Choice and Scientific Integrity), and through snowball sampling and word or mouth from participants and community stakeholders. The Four Options Survey was advertised in places likely to reach both active and non-active as well as conservative and liberal LDS SMs to ensure an ideologically diverse sample. To be included in the Four Options 2020

survey, participants must have a) been at least 18 years old, b) resided in the U.S., c) been baptized LDS at some point in their life, and d) reported some degree of same-sex sexual attraction, behavior, or identity.

Participants for the present study are comprised of individuals who participated in the Four Options Survey 2020 (see Lefevor, McGraw et al., 2021) and indicated that they were interested in participating in the longitudinal portion of the study. Additional participants were recruited to the Four Options Survey 2022 following the same methods for recruitment as the Four Options Survey 2020. In total, 370 interested participants from the Four Options Survey 2020 were contacted via a series of three emails inviting them to participate in the 45-minute survey as a part of the follow-up study, of which 132 participated and were included in the present study. Emails notified participants that they would be compensated \$10 for their time and contained a link to the survey, available through Qualtrics. Informed consent was obtained upon entering the survey platform.

Participants were eligible for inclusion in the present study if they (a) were 18 years of age or older at the time of the survey, (b) were baptized in the CJCLDS at some point in their lives, (c) reported same-sex attraction at or above the midpoint of a scale, and (d) completed survey items related to demographic information, minority stress, religiousness, shame-proneness, and sexual satisfaction. A total of 315 participants met inclusion criteria for the present study. Demographic information is presented in Table 1.

Table 1*Participant Demographic Frequencies*

	<i>n</i>	%
Gender		
Cisman	209	66.3
Ciswoman	92	29.2
Transgender man	7	2.2
Transgender woman	7	2.2
Sexual Orientation		
Heterosexual/Straight	1	.3
Heterosexual/Straight with SSA	6	1.9
Bisexual	45	14.3
Mostly Gay/Lesbian	29	9.2
Gay/Lesbian	195	61.9
Queer	10	3.2
Questioning/Unsure	2	.6
Pansexual	9	2.9
Fluid	1	.3
Asexual	1	.3
SSA/SGA	10	3.2
I don't use a label	4	1.3
Other	2	.6
Current Religious Affiliation		
None/Unaffiliated	134	42.5
Christian – Mainline Protestant	34	10.8
Christian – Evangelical or Pentecostal	2	.6
Latter-day Saint/Mormon	131	41.6
Other	14	4.4
Education		
High school or equivalent	10	3.2
Some college, associate degree, or vocational training	86	27.3
Bachelor degree	129	41
Graduate degree	90	28.6
Race/Ethnicity		
Asian/Asian American	1	.3
Native Hawaiian/Pacific Islander	1	.3
White/Caucasian/European American	304	96.5
Multi-ethnic/Other	9	2.9

Note: *n* = 315. SSA = Same-sex attracted; SGA = Same-gender attracted.

Measures

Demographic Information. Participants were asked to provide standard demographic information including age, race/ethnicity, education, gender identity, sexual identity, and current religious affiliation.

Same-Sex Sexual Attraction. Participants were asked to rate their degree of sexual attraction to individuals of their same sex on a 7-point Likert scale ranging from “none” (1) to “very strong” (7).

Same-Sex Sexual Behavior. Participants were asked to report how often they engaged in oral, anal, or vaginal sex with someone of the same sex within the past year.

Religious Commitment. Religious commitment was measured using The Religious Commitment Inventory (RCI-10; Worthington et al., 2003), a 10-item measure of religious commitment (see Appendix F). The measure asks participants to indicate their agreement with statements regarding religious commitment behaviors on a 5-point Likert scale. Responses range from “Not at all true of me” (1) to “Totally true of me” (5). Examples of measure items include “Religious beliefs influence all my dealings in life” and “I often read books and magazines about my faith.” Responses are calculated as a mean of items, with higher scores indicating higher religious commitment. Authors of the scale report excellent internal consistency ($\alpha = .95$), 3-week and 5-month test-retest reliability, construct validity, and discriminant validity. Internal consistency for the present study was excellent ($\alpha = .94$).

Organizational Religious Activity. Organizational religious activity was used as another indicator of religiousness and was measured using the single-item service attendance subscale from the Duke University Religiousness Index (DUREL; Koenig and

Büssing, 2010; see Appendix G). Participants indicated how frequently they attend religious services or other religious meetings using a 9-point Likert scale ranging from never (0) to several times a week (8). Higher scores indicate more organizational religious involvement.

Concealment. The proximal minority stressor, concealment, was measured using the Concealment Behavior Scale (Jackson and Mohr, 2018; see Appendix E). The 6-item measure asks participants to indicate the frequency with which they have engaged in various concealing behaviors over the last two weeks. Questions assessed concealment behaviors such as allowing others to assume one is straight and avoiding subjects like love, sex, and relationships to conceal one's sexual identity. Responses are measured on a 5-point Likert scale that ranges from not at all (1) to all the time (5). Responses are calculated as a mean of items, with higher scores indicating higher concealment behaviors. Internal consistency for the present study was good ($\alpha = .84$).

Internalized Homonegativity. The proximal minority stressor internalized homonegativity was measured using the Internalized Homonegativity subscale from the Lesbian, Gay, or Bisexual Identity Salience Scale (Mohr & Kendra, 2011; see Appendix D). The 3-item subscale asks participants to rate their agreement with statements like "if it were possible, I would choose to be straight" on a 6-point Likert scale ranging from "disagree strongly" (1) to "agree strongly" (2). Scores are calculated as an average of item scores with higher scores indicating higher internalized homonegativity. The subscale evidenced good internal consistency in the present study ($\alpha = .89$).

Sexual Satisfaction. The New Sexual Satisfaction Scale – Short Form (NSSS-S) (Štulhofer et al., 2010; 2011) is a 12-item, multi-dimensional measure of sexual

satisfaction. The measure asks participants to rate their satisfaction with various aspects of their sex lives over the past six months on a 5-point Likert scale from “not at all satisfied” to “extremely satisfied” (see Appendix C). Scores are calculated as a sum of item scores, with higher scores indicating higher sexual satisfaction. The measure demonstrated excellent internal consistency in the present study ($\alpha = .93$).

Shame-proneness. The Shame-Negative-Self-Evaluation subscale (Shame-NSE) from the Guilt and Shame-proneness Scale (GASP; Cohen et al., 2011) is a 4-item scenario-based measure of shame-proneness (See Appendix B). The items describe situations and common reactions and ask participants to rate how likely they would be to respond in the way described. The measure uses a 7-point Likert scale from “very unlikely” to “very likely.” Internal consistency for the present study was acceptable ($\alpha = .76$), which is comparable to other measures of Shame-proneness. Alpha coefficients tend to show lower reliability in scenario-based measures, as each item contains unique variance for the scenario as well as common variance for the psychological construct underlying the response (Tangney, 1996; Tangney & Dearing, 2002).

Data Analysis

First, data was checked for missing values. Using SPSS (IBM Corp., 2021), skewness and kurtosis were assessed to ensure data were normally distributed. These values should be between -2 and 2 for each study variable in order to meet the assumptions underlying the use of regression as recommended by George and Mallery (2010). Variables with skewness or kurtosis out of this range were examined and log transformed to meet normality assumptions. Means and standard deviations were then calculated for demographic (Age, Income, Same-sex Attraction, Same-sex Sexual

Behavior), predictor (Internalized Homonegativity, Concealment, Organizational Religious Activity, Religious Commitment), moderator (Shame-proneness), and dependent (Sexual Satisfaction) variables. Variables were centered to better aid the plotting of potentially significant associations. To reduce the threat of multicollinearity, four separate hierarchical regressions were performed – one for each predictor variable (Internalized Homonegativity, Concealment, Organizational Religious Activity, Religious Commitment).

Next, associations between demographic variables and independent and dependent variables were analyzed, and demographic variables that were significantly associated with both the dependent variable and independent variables were included as covariates in the final model in step 1. Relationships between the categorical demographic variables (Gender Identity, Sexual Identity, Race/ethnicity) and independent (Internalized Homonegativity, Concealment, Religious Commitment, Organizational Religious Activity) and dependent (Sexual Satisfaction) variables were assessed using one-way ANOVAs and t tests. Relationships between continuous demographic variables (Age, Same-sex Attraction, Same-sex Sexual Behavior) and independent (Internalized Homonegativity, Concealment, Religious Commitment, Organizational Religious Activity) and dependent (Sexual Satisfaction) variables using correlations.

Four separate hierarchical multiple regressions were then conducted to determine the potential moderating role of shame-proneness on the relationships between minority stress (Internalized Homonegativity and Concealment), religiousness (Organizational Religious Activity and Religious Commitment) and Sexual Satisfaction. The previously identified confounding variables were entered into step 1 of each hierarchical multiple

regression to account for their associations with Sexual Satisfaction. The main predictor variables (Internalized Homonegativity, Concealment, Organizational Religious Activity, and Religious Commitment) and the proposed moderator (Shame-proneness) were each entered into step 2 of their respective models to test for main effects on Sexual Satisfaction. To examine the potential moderating role of Shame-proneness on the relationship between minority stress, religiousness, and sexual satisfaction, the interaction terms between Shame-proneness and the predictor variables were then included in step 3. At each step we examined the F_{change} of the model as well as the significance of each predictor in the model. Significance was determined using an alpha level of .05, as power analyses using G*Power (v3.1, Linear multiple regression: Fixed model, R^2 increase; Faul et al., 2009) indicated that a total sample size of 119 was sufficient to detect a small effect ($f^2 = .15$) with an alpha error probability of 0.05.

CHAPTER IV

FINDINGS

Sample Characteristics

Overall, our sample reported moderate degrees of religious commitment ($M = 2.50$, $SD = 1.10$, 5-point scale) and organizational religious activity ($M = 3.04$, $SD = 1.81$, 6-point scale). Religious commitment and organizational religious activity were each bimodally distributed due to nearly half (42.5%) of the sample no longer identifying as religious. Additionally, the sample reported fairly low amounts of internalized homonegativity ($M = 2.22$, $SD = 1.38$, 6-point scale) and identity concealment ($M = 1.75$, $SD = .84$, 5-point scale). Participants reported that on they were on average moderately sexually satisfied ($M = 3.06$, $SD = 0.97$) and a moderately high degree of shame-proneness ($M = 5.72$, $SD = 1.17$, 7-point scale).

Preliminary Analyses

Prior to analyses, data were checked for missing values and assessed for normalcy. One participant did not complete the internalized homonegativity subscale. Casewise deletion for analyses involving internalized homonegativity was used to address missing values. Skewness and kurtosis values for all independent and dependent study variables fell within the acceptable range of -2 to 2 (George & Mallery, 2010). Because same-sex sexual behavior evidenced high degrees of skewness (2.27) and kurtosis (5.21), a natural log transformation was performed, after which the skewness (0.45) and kurtosis (-1.38) values fell within the normal limits. Next, associations between demographic variables and sexual satisfaction were examined to identify

potential confounding variables. Due to insufficient sample size needed to perform an ANOVA, race/ethnicity was dichotomized and an independent samples *t*-test was performed to test for associations between race/ethnicity and sexual satisfaction. Results indicate no significant difference in sexual satisfaction between White/Caucasian/European American ($M = 3.06, SD = 0.98$) and Other ($M = 2.82, SD = 0.83$) participants, $t(313) = 0.83, p = .41$. An independent samples *t*-test was performed to test for differences in sexual satisfaction between current and former members of the CJCLDS. Results indicate that former members of the CJCLDS ($M = 3.24, SD = 0.91$) were significantly more sexually satisfied than current members of the CJCLDS ($M = 2.80, SD = 1.00$) participants, $t(313) = -4.06, p < .001$. Two one-way ANOVAs were performed to test for differences in sexual satisfaction based on participant gender and sexual identity. Results revealed that there was not a statistically significant difference in sexual satisfaction between participants based on sexual identity, $F(7, 307) = 0.76, p = .62$. A one-way ANOVA found a statistically significant difference in sexual satisfaction based on gender, $F(3, 311) = 2.66, p < .05$. The assumption of homogeneity of variance was violated, thus a Games-Howell post-hoc test was performed which revealed that transgender men were significantly more sexually satisfied than cisgender men ($p < .05, 95\% \text{ C.I.} = 0.05, 2.02$) and cisgender women ($p < .05, 95\% \text{ C.I.} = 0.05, 2.02$). Bivariate correlations indicated that participant age was not significantly related to sexual satisfaction, $r = -.04, p = .43$, and that participant same-sex sexual behavior was positively related to sexual satisfaction, $r = .44, p < .001$.

Next, associations between participant same-sex sexual behavior, religious affiliation, gender, and independent variables (organizational religious activity, religious

commitment, internalized homonegativity, and concealment) were assessed to determine which demographic variables should be controlled for in subsequent regression analyses. Bivariate correlations revealed that same-sex sexual behavior was significantly associated with organizational religious activity, religious commitment, internalized homonegativity, and concealment. Independent samples *t*-tests indicated that current members of the CJCLDS evidenced greater religious commitment, $t(252.52) = 10.9, p < .001$, and greater organizational religious activity, $t(313) = 13.68, p < .001$, than former members of the CJCLDS. Independent samples *t*-tests revealed that current members of the CJCLDS reported significantly more internalized homonegativity than former members of CJCLDS, $t(232.46) = 3.51, p < .001$, but failed to find significant differences in concealment based on membership in the CJCLDS, $t(236.78) = 1.82, p = .06$. Regression analyses that included CJCLDS membership status as a control variable yielded the same results as the models that are reported in the present study – which did not include CJCLDS membership status as a control variable. ANOVAs revealed significant differences in internalized homonegativity, $F(3, 310) = 2.61, p = .05$, concealment, $F(3, 311) = 3.29, p < .05$, organizational religious activity, $F(3, 311) = 5.52, p = .001$, and religious commitment, $F(3, 311) = 6.53, p < .001$, between participants based on gender. Tukey's HSD test for multiple comparisons found that the mean degree of internalized homonegativity was different between cisgender men and cisgender women ($p < .05$, 95% C.I. = -0.90, -0.01). Games-Howell post hoc test failed to find significant differences in concealment based on gender. Tukey's HSD revealed significant differences in organizational religious involvement between cisgender women and cisgender men ($p < .01$, 95% C.I. = -1.31, -0.17) and transgender men ($p < .05$, 95%

C.I. = 0.28, 3.86). Tukey's HSD revealed significant differences in Religious Commitment between cisgender women and cisgender men ($p < .01$, 95% C.I. = -0.80, -0.10) and transgender men ($p < .01$, 95% C.I. = 0.40, 2.58). Gender was entered into subsequent regression models as two separate binary variables (Cisgender [0], Transgender [1]; Cisgender Man, Transgender Man, Transgender Woman [0], Cisgender Woman [1]) to account for differences in the effects of gender across study variables.

Minority Stress, Religiousness, Shame-Proneness, and Sexual Satisfaction

We first examined zero-order correlations among our variables to evaluate the relationships between minority stress (internalized homonegativity, concealment), religiousness (organizational religious activity, religious commitment), shame-proneness, and sexual satisfaction without controlling for demographic variables. As expected, we found a positive association between our minority stress variables internalized homonegativity and concealment. Internalized homonegativity was positively correlated with organizational religious activity and religious commitment. Similarly, concealment was positively associated with both organizational religious activity and religious commitment. Interestingly, we failed to find a significant association between shame-proneness and internalized homonegativity.

As expected, organizational religious activity and religious commitment were positively associated with each other. Interestingly, both organizational religious activity and religious commitment were negatively associated with shame-proneness.

In support of my second hypothesis, both internalized homonegativity and concealment were negatively correlated with sexual satisfaction, such that less internalized homonegativity and concealment were associated with greater sexual

satisfaction. In support of my first hypothesis, correlations between religiosity variables and sexual satisfaction revealed that religious commitment and organizational religious activity were both negatively correlated with sexual satisfaction. Therefore, it appears that both minority stress and religiousness are associated with sexual satisfaction, but only religiousness is significantly correlated with shame-proneness. See *Table 2* for a complete correlation matrix of study variables.

Table 2

Correlations Among Study Variables

	1.	2.	3.	4.	5.	6.	7.
1. Sexual Satisfaction	-						
2. Shame-proneness	-.08	-					
3. Religious Commitment	-.13*	-.20**	-				
4. Service Attendance	-.19**	-.20**	.81**	-			
5. Internalized Homonegativity	-.29**	-.04	.32**	.38**	-		
6. Concealment	-.22**	-.08	.20**	.26**	.59**	-	
7. Same-Sex Sexual Behavior	.44**	.09	-.31**	-.33**	-.19**	-.27**	-

Note. $n = 315$. * = $p < .05$. ** = $p < .01$

The Moderating Role of Shame-Proneness

Four moderation models were used to evaluate the associations between shame-proneness, minority stress, religiousness, and sexual satisfaction. Four independent hierarchical multiple regressions were performed to test these relationships: two examining the potential moderating role of shame-proneness on the relationship between religiousness and sexual satisfaction (one including organizational religious activity and one including religious commitment) and two examining the potential moderating role of shame-proneness on the relationship between minority stress and sexual satisfaction (one including internalized homonegativity and one including concealment).

The regression examining the relationship between organizational religious activity, shame-proneness, and sexual satisfaction was significant, $F(6, 308) = 18.96, p < .001, R^2 = .27$. Results indicated that shame-proneness was negatively associated with sexual satisfaction. However, the regression did not find a significant relationship between organizational religious activity and sexual satisfaction after controlling for gender and same-sex sexual behavior. The regression failed to find a significant interaction between shame-proneness and organizational religious activity, thus shame-proneness did not act as a moderator. See *Table 3*.

Table 3

Shame-Proneness and Organizational Religious Activity on Sexual Satisfaction

	<i>b (SE)</i>	β
<i>Control</i>		
Transgender	.79** (.24)	.17
Cisgender Woman	.18 (.11)	
Same-Sex Sexual Behavior	.26** (.03)	.49
<i>Main Effect</i>		
Shame-proneness	-.12** (.04)	-.15
ORA	.03 (.03)	
<i>Interaction</i>		
Shame-proneness x ORA	-.01 (.02)	

Note. $n = 315$. ORA = Organizational Religious Activity. * = $p < .05$. ** = $p < .01$.

The regression examining the associations between religious commitment, shame-proneness, and sexual satisfaction was significant, $F(6, 308) = 18.88, p < .001, R^2 = .27$, and indicated that shame-proneness was negatively associated with sexual satisfaction. However, religious commitment did not emerge as a significant predictor of sexual satisfaction. The regression failed to find a significant interaction between shame-proneness and religious commitment, indicating that Shame-proneness did not moderate the relationship between religious commitment and sexual satisfaction. See *Table 4*.

Table 4
Shame-Proneness and Religious Commitment on Sexual Satisfaction

	<i>b (SE)</i>	β
<i>Control</i>		
Transgender	.79** (.24)	.17
Cisgender Woman	.18 (.11)	
Same-Sex Sexual Behavior	.26** (.03)	.49
<i>Main Effect</i>		
Shame-proneness	-.12** (.04)	-.14
RC	.01 (.05)	
<i>Interaction</i>		
Shame-proneness x RC	-.03 (.04)	

Note. $n = 315$. RC = Religious Commitment. * = $p < .05$. ** = $p < .01$.

In partial support of my final hypothesis, the regression examining associations between internalized homonegativity, shame-proneness, and sexual satisfaction was significant, $F(6, 307) = 25.12, p < .001, R^2 = .33$, and indicated that both internalized homonegativity and shame-proneness were negatively related to sexual satisfaction. The regression revealed a significant interaction between shame-proneness and internalized homonegativity, suggesting that shame-proneness acts as a moderator on the relationship between internalized homonegativity and sexual satisfaction. Simple slopes analyses indicated that shame-proneness moderates the relationship between internalized homonegativity and sexual satisfaction such that – for those who experience less shame-proneness ($-1 SD$) – internalized homonegativity is relatively weakly associated with sexual satisfaction ($\beta = .19$). However – for those who experience a high degree of shame-proneness ($+1 SD$) – internalized homonegativity was strongly and negatively associated with sexual satisfaction than when shame-proneness was low ($\beta = -0.50$). Examination of the standardized betas of main study variables indicated that internalized homonegativity was the most potent predictor of sexual satisfaction. See *Table 5* and *Figure 1*.

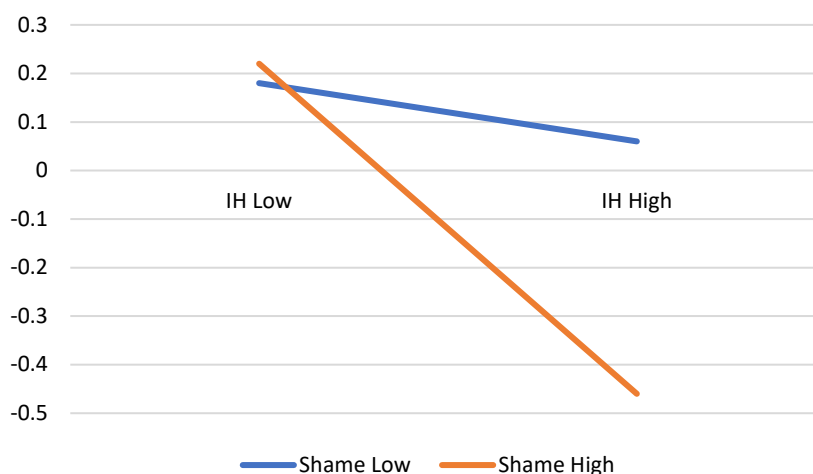
Table 5
Shame-Proneness and Internalized Homonegativity on Sexual Satisfaction

	<i>b (SE)</i>	β
<i>Control</i>		
Transgender	.77** (.24)	.16
Cisgender Woman	.18 (.11)	
Same-Sex Sexual Behavior	.26** (.03)	.49
<i>Main Effect</i>		
Shame-proneness	-.12** (.04)	-.14
IH	-.15** (.04)	-.21
<i>Interaction</i>		
Shame-proneness x IH	-.09** (.03)	-.16

Note. $n = 315$. IH = Internalized Homonegativity. * = $p < .05$. ** = $p < .01$.

Figure 1

The Interaction Between Shame-Proneness and Internalized Homonegativity in Predicting Sexual Satisfaction



Note. This figure demonstrates the capacity for shame-proneness to moderate the relationship between internalized homonegativity and sexual satisfaction among sexual minorities from conservative religious backgrounds. For participants who experienced less shame-proneness (-1 SD), internalized homonegativity was relatively weakly associated with sexual satisfaction. However, for sexual minorities who experienced a high degree of shame-proneness, internalized homonegativity was strongly and negatively associated with sexual satisfaction. IH = Internalized Homonegativity.

The regression examining the relationship between concealment, shame-proneness, and sexual satisfaction was significant, $F(6, 308) = 20.82, p < .001, R^2 = .29$, and indicated that both concealment and shame-proneness were negatively associated with sexual satisfaction. The regression failed to find a significant interaction between concealment and shame-proneness, indicating that shame-proneness did not moderate the relationship between concealment and sexual satisfaction. See *Table 6*.

Table 6.
Shame-Proneness and Concealment on Sexual Satisfaction

	<i>b (SE)</i>	β
<i>Control</i>		
Transgender	.79** (.24)	.17
Cisgender Woman	.18 (.11)	
Same-Sex Sexual Behavior	.26** (.03)	.49
<i>Main Effect</i>		
Shame-proneness	-.12** (.04)	-.14
Concealment	-.13* (.06)	-.11
<i>Interaction</i>		
Shame-proneness x Concealment	-.06 (.05)	

Note. $n = 315$. * = $p < .05$. ** = $p < .01$.

CHAPTER V

DISCUSSION

Results from the present study suggest that religiousness, minority stress, and shame-proneness were negatively associated with sexual satisfaction in a sample of 315 sexual minorities raised in the CJCLDS. Correlations between study variables indicated that participants higher in religious commitment, organizational religious activity, concealment, and internalized homonegativity reported significantly less sexual satisfaction. After controlling for same-sex sexual behavior and gender, regression analyses revealed that shame-proneness significantly predicted sexual satisfaction and that shame-proneness moderates the relationship between internalized homonegativity and sexual satisfaction.

Religiousness, Shame-Proneness, and Sexual Satisfaction

Across multiple indicators, religiousness was negatively related to sexual satisfaction. This negative association may be due to the potential for religious values and teachings to influence the sexual behaviors of religious sexual minorities. Exposure to religious rhetoric that stigmatizes sex for pleasure and specific sexual behaviors (e.g., same-sex sexual behavior, oral and anal sex, sex outside of marriage) can be internalized by sexual minority individuals, conceivably resulting in limited sexual variety (e.g., engaging in mutual masturbation but not oral or anal sex) or avoidance of same-sex sexual behavior altogether. Low sexual variety and frequency have each been associated with decreased sexual satisfaction among sexual minorities (Frederick et al., 2016). Indeed, results of regression analyses further support the possibility that a reduced

frequency of same-sex sexual behavior may play a more explanatory role in the association between religiousness and sexual satisfaction, as neither religious commitment nor organizational religious activity significantly predicted sexual satisfaction after controlling for the effects of frequency of same-sex sexual behavior.

Furthermore, religiousness was negatively related to shame-proneness, such that sexual minorities who were more religious reported lower degrees of shame-proneness. While past research has found that religiousness may be associated with increases in specific types of shame (Carboneau, 2018), it is likely that shame-proneness is differently related to religiousness due to its nature as a measure of *trait* shame as opposed to a measure of a specific kind of shame. Highly religious sexual minorities may be more likely to experience sexual shame due to religious teachings about same-sex sexual identities, behaviors, and relationships (Hallman et al., 2018). However, shame-proneness is representative of an increased tendency and intensity with which shame is felt (Tangney et al., 1992), not an outright increase in shame. In the context of sexual minority individuals raised in the CJCLDS, it could be that the inverse relationship between religiousness and shame-proneness exists because individuals who are less shame-prone are better equipped to maintain engagement with a religious organization whose teachings stigmatize, limit, and even condemn sexual minorities, as they are less likely to internalize these messages and experience shame as a consequence. On the other hand, sexual minorities high in shame-proneness may experience more intense shame and distress related to these religious teachings, ultimately making them more likely to distance themselves from their religious organizations or former religious beliefs

altogether due to the psychological pain and distress associated with religious engagement.

Minority Stress and Sexual Satisfaction

Similar to religiousness, across multiple indicators, minority stressors were related to decreased sexual satisfaction. There are several possible explanations for this finding. From a minority stress framework (Meyer, 2003), decreases in sexual satisfaction associated with higher rates of proximal minority stress may be due to the biopsychosocial impacts of proximal minority stress. For instance, when sexual minorities conceal their identities, they face significant psychological distress due to social ambiguity, threats of potential discovery, and anticipatory rejection (Pachankis, 2007). Because of the cognitive, affective, and behavioral stress responses involved with these processes, identity concealment may play a role in the development of a variety of internalizing mental health problems among sexual minorities, including depression, anxiety, and distress (Pachankis et al., 2020; Pachankis, 2007). Internalizing mental health issues like depression and anxiety have consistently been associated with decreased sexual satisfaction (Peleg-Sagy and Shahar, 2013). Internalized homonegativity has been similarly associated with internalized mental health problems, posing a similar barrier to sexual satisfaction (Pachankis et al., 2021).

Further, minority stress may be negatively associated with sexual satisfaction via physical pathways. For example, concealment of one's sexual identity requires substantial vigilance of personal behaviors and environmental demands, leading to anxiety, distress, and increases in baseline nervous system arousal (Brennan et al., 2021; Ryan et al., 2017). Anxiety, stress, and nervous system overstimulation have each been

shown to inhibit sexual arousal and dampen the biological mechanisms involved in sex (Hamilton and Meston, 2013). The distress associated with concealment may interfere with the biological mechanisms necessary for satisfying sex while concealment efforts simultaneously deplete one's cognitive and emotional resources, posing additional barriers to sexual satisfaction. Holding negative views towards one's sexual attraction (i.e., internalized homonegativity) likely makes it difficult to communicate openly about sexual desires related to those attractions and consequently difficult to engage in more satisfying types of sexual behavior (Fleishman et al., 2020). Additionally, both concealment and internalized homonegativity have been associated with increases in physiological sexual issues, such as pain with anal intercourse (Rosser et al., 1998), and internalized homonegativity has been shown to increase one's risk of experiencing physical health issues that impede sexual satisfaction, such as premature ejaculation, erectile dysfunction, and STDs (Kuyper & Vanwesenbeeck, 2011; Newcomb & Mustanski, 2010).

Finally, it could be that sexual minorities who experience more proximal minority stress are less sexually satisfied due to the capacity for identity concealment and internalized homonegativity to interfere with interpersonal relationships. Evidence suggests that internalized homonegativity and concealment can undermine intimacy (Guschlbauer et al., 2019) and pose a barrier to developing strong, satisfying relationships (Gonçalves et al., 2020; Pepping et al., 2019). Sexual minorities who conceal their identities or hold more internalized negative views of their sexuality may be more likely to exhibit behaviors that create distance in a relationship (e.g., hiding partner) or more hesitant to engage in behaviors that can strengthen relationships (e.g., public

affection, introducing a partner to friends and family). On a broader social level, sexual minorities who experience a greater degree of proximal minority stress also tend to be less connected to LGBTQ+ communities and other LGBTQ+ individuals (Berg et al., 2016). This separation likely decreases opportunities to find potential sexual partners and further limits exposure to environments in which same-sex sexual behavior is normalized, posing additional barriers to sexual satisfaction (Calvillo et al., 2020). It is possible that proximal minority stress is associated with decreased sexual satisfaction at least in part due to its' impact on social and interpersonal factors.

Internalized Homonegativity, Shame-Proneness, and Sexual Satisfaction

I also found that shame-proneness exacerbates the association between proximal minority stress and sexual satisfaction. Specifically, internalized homonegativity is more strongly associated with decreases in sexual satisfaction for highly shame-prone sexual minorities compared to sexual minorities who are less shame-prone. It is important to understand that internalized homonegativity and shame-proneness are distinct constructs. Internalized homonegativity is best understood as an internalization of social attitudes that view same-sex sexualities as undesirable (Shidlo, 1994), with measures often including items such as “If it were possible, I would choose to be straight” (Mayfield, 2001) and not necessarily including items that assess shame (Lefevor et al., 2022). Shame-proneness, in contrast, is a personality trait that represents an increased tendency to feel shame and an increased intensity with which shame is felt when one fails to meet societal standards or expectations (Tangney, 1996; Tangney et al., 1992).

As such, individuals may experience internalized homonegativity, shame-proneness, both, or neither. The moderation effect in the present study suggests that when

sexual minorities experience high degrees of both internalized homonegativity and shame-proneness, sexual satisfaction is most compromised. It is likely that individuals who are high in both internalized homonegativity and shame-proneness experience even stronger related decreases in sexual satisfaction due to the intensity with which they experience identity-related self-stigma. That is, it is possible that there are qualitative differences in the emotional experience of internalized homonegativity between individuals who are high in shame-proneness and those who are low in shame-proneness, such that sexual minorities high in shame-proneness experience more emotional distress related to their internalized negative attitudes. If these individuals are also experiencing other types of shame, and feeling these feelings more intensely, it is likely to lead to even greater decreases in sexual satisfaction.

Implications

These findings have implications for both research and clinical practice. Mental health professionals who work with sexual minority clients should be mindful of the ways that client's religious backgrounds might pose a barrier to their sexual satisfaction. They might also consider routinely screening for concerns related to sexual satisfaction, especially with clients who evidence greater degrees of internalized homonegativity or who are concealing their sexual identities. Additionally, Mental health professionals should could help religious sexual minority clients find ways of navigating potential conflicts with their religious and sexual identities to mitigate the associated risks, such as finding more affirming congregations.

Considering the capacity for shame-proneness to exacerbate deficits in health associated with minority stress, mental health professionals should consider utilizing

measures of shame-proneness in assessments with sexual minority clients. Shame-proneness may be a particularly useful construct to assess – both for religious and non-religious sexual minorities – as it can provide insight into how a client understands and internalizes societal messages about the acceptability of their sexual identity.

Limitations

The present study was limited by several factors. First, the present study relied on a predominantly White sample of majority cisgender, gay men who were raised in the CJCLDS. As such, findings may not be entirely representative of the experiences of individuals whose sexual identities were not represented or were less robustly represented (e.g., queer) in the sample. Similarly, findings may not be representative of non-White sexual minorities raised in the CJCLDS; however, this sample is somewhat representative of the CJCLDS in terms of racial/ethnic makeup (Pew, 2015). Because we relied on a sample consisting entirely of individuals raised in the CJCLDS, findings may not be generalizable to sexual minorities from other religious backgrounds. Future research with a more diverse sample in terms of participant racial/ethnic identity, gender identity, sexual orientation, and religious identity is needed to better understand how these processes may function in a variety of contexts. To mitigate the risk of bias associated with data drawn from self-report measures, only well-validated measures with at minimum acceptable reliability were used in the present study.

Conclusion

Drawing from minority stress theory and the self-behavior theory of shame, I examined associations between religiousness, proximal minority stress, shame-proneness,

and sexual satisfaction. Based on data from a sample of 315 sexual minority current and former members of the CJCLDS, I found that both religiousness and proximal minority stress were associated with decreases in sexual satisfaction. Furthermore, results indicate that internalized homonegativity was associated with even more severe decreases in sexual satisfaction for sexual minorities who also experience a high degree of shame-proneness. These findings illustrate the capacity for religiousness and proximal minority stress to threaten a previously unexplored dimension of health among sexual minorities, and highlight the role of shame-proneness in shaping the way that identity-related self-stigma is related to sexual satisfaction. Future research should explore the potential for shame-proneness to exacerbate the association between internalized homonegativity and other dimensions of sexual minority health.

REFERENCES

- Allen, D. J., and Oleson, T. (1999). Shame and internalized homophobia in gay men. *Journal of Homosexuality*, 37(3), 33–43. https://doi.org/10.1300/j082v37n03_03
- Ashdown, B. K., Hackathorn, J., and Clark, E. M. (2011). In and out of the bedroom: Sexual satisfaction in the marital relationship. *Journal of Integrated Social Sciences*, 2(1), 40-57. Retrieved from https://www.jiss.org/documents/volume_2/issue_1/JISS_2011_Sexual_Satisfaction_in_Marriage.pdf
- Ballester, E., Cornish, M. A., and Hanks, M. A. (2021) Predicting relationship satisfaction in LGBTQ + people using internalized stigma, outness, and concealment. *Journal of GLBT Family Studies*, 17(4), 356-370. <https://doi.org/10.1080/1550428X.2021.1923104>
- Barrientos, J. E., and Páez, D. (2006). Psychosocial variables of sexual satisfaction in Chile. *Journal of Sex and Marital Therapy*, 32(5), 351–368. <https://doi.org/10.1080/00926230600834695>
- Berg, R. C., Weatherburn, P., Ross, M. W., and Schmidt, A. J. (2015). The relationship of internalized homonegativity to sexual health and well-being among men in 38 European countries who have sex with men. *Journal of Gay and Lesbian Mental Health*, 19(3), 285–302. <https://doi.org/10.1080/19359705.2015.1024375>
- Beverage, H. (2018). *Psychosexual factors associated with sexual satisfaction among women in relationships with women* (Order No. 10789014). Available from GenderWatch; ProQuest Dissertations and Theses Global. (2083960687). Retrieved from

<https://login.dist.lib.usu.edu/login?url=https://www.proquest.com/dissertations-theses/psychosexual-factors-associated-with-sexual/docview/2083960687/sequence?accountid=14761>

Black, R. S., Curran, D., and Dyer, K. F. (2013). The impact of shame on the therapeutic alliance and intimate relationships. *Journal of clinical psychology, 69*(6), 646–654. <https://doi.org/10.1002/jclp.21959>

Brennan, J. M., Dunham, K. J., Bowlen, M., Davis, K., Ji, G., & Cochran, B. N. (2021). Inconcealable: A cognitive–behavioral model of concealment of gender and sexual identity and associations with physical and mental health. *Psychology of Sexual Orientation and Gender Diversity, 8*(1), 80-93.

<https://doi.org/10.1037/sgd0000424>

Brody, R. (2020). Impact of shame and substance use on intimacy among sexual minority women. Available from ProQuest Dissertations and Theses Global. 2512760840.

Retrieved from

<https://login.dist.lib.usu.edu/login?url=https://www.proquest.com/dissertations-theses/impact-shame-substance-use-on-intimacy-among/docview/2512760840/sequence?accountid=14761>

Calvillo, C., Sánchez-Fuentes, M., & Sierra, J. C. (2020). An explanatory model of sexual satisfaction in adults with a same-sex partner: An analysis based on gender differences. *International Journal of Environmental Research and Public Health, 17*(10), 3393. <https://doi.org/10.3390/ijerph17103393>

Cameron, A. Y., Benz, M., and Reed, K. P. (2021). The role of guilt and shame in psychosocial functioning in a sample of women with borderline personality

disorder. *The Journal of Nervous and Mental Disease*, 209(1), 13-16.

<https://doi.org/10.1097/NMD.0000000000001246>

Cao, H., Zhou, N., Fine, M., Liang, Y., Li, J., and Mills-Koonce, W. R. (2017). Sexual minority stress and same-sex relationship well-being: A meta-analysis of research prior to the US Nationwide legalization of same-sex marriage. *Journal of Marriage and Family*, 79(5), 1258-1277.

<https://doi.org/10.1080/00918369.2019.1705671>

Cândeia, D. M., and Szentagotai-Tătar, A. (2018). Shame-proneness, guilt-proneness and anxiety symptoms: A meta-analysis. *Journal of anxiety disorders*, 58, 78–106.

<https://doi.org/10.1016/j.janxdis.2018.07.005>

Carboneau, R. A. (2018). Religiosity, moral disapproval, shame and pornography use: Assessing the relationship between shame and sexual behaviors. Available from ProQuest Dissertations & Theses Global. (2063429123). Retrieved from

<https://login.dist.lib.usu.edu/login?url=https://www.proquest.com/dissertations-theses/religiosity-moral-disapproval-shame-pornography/docview/2063429123/se-2>

Chow, P.K., and Cheng, S. (2010). Shame, internalized heterosexism, lesbian identity, and coming out to others: A comparative study of lesbians in mainland China and Hong Kong. *Journal of counseling psychology*, 57(1), 92-104.

<https://doi.org/10.1192/S1749367600003714>

Cienfuegos-Szalay, J., Moody, R. L., Talan, A., Grov, C., and Rendina, H. J. (2021).

Sexual shame and emotion dysregulation: Key roles in the association between

- internalized homonegativity and sexual compulsivity. *Journal of sex research*, 1–11. Advance online publication. <https://doi.org/10.1080/00224499.2021.1963649>
- Claudat, K., and Warren, C. S. (2014). Self-objectification, body self-consciousness during sexual activities, and sexual satisfaction in college women. *Body image*, 11(4), 509–515. <https://doi.org/10.1016/j.bodyim.2014.07.006>
- Covert, M. V., Tangney, J. P., Maddux, J. E., and Heleno, N. M. (2003). Shame-proneness, guilt-proneness, and interpersonal problem solving: A social cognitive analysis. *Journal of Social and Clinical Psychology*, 22(1), 1-12. <https://doi.org/10.1007/s10862-009-9172-y>
- Darling, C. A., and Davidson Sr, J. K. (1987). Guilt: A factor in sexual satisfaction. *Sociological Inquiry*, 57(3), 251-271. <https://doi.org/10.1111/j.1475-682X.1987.tb01045.x>
- Davidson, J. K., Darling, C. A., and Norton, L. (1995). Religiousness and the sexuality of women: Sexual behavior and sexual satisfaction revisited. *Journal of Sex Research*, 32(3), 235-243. <https://doi.org/10.1080/00224499509551794>
- Davidson, J. K., Moore, N. B., and Ullstrup, K. M. (2004). Religiousness and sexual responsibility: Relationships of choice. *American Journal of Health Behavior*, 28(4), 335-346. <https://doi.org/10.5993/AJHB.28.4.5>
- Diamond, L.M., and Huebner, D.M. (2012). Is good sex good for you? Rethinking sexuality and health. *Social and Personality Psychology Compass*, 6, 54-69.
- Doyle, D. M., and Molix, L. (2015). Social Stigma and Sexual Minorities' Romantic Relationship Functioning: A Meta-Analytic Review. *Personality and social*

psychology bulletin, 41(10), 1363–1381.

<https://doi.org/10.1177/0146167215594592>

Epstein, N. B., and Falconier, M. K. (2011). Shame in couple therapy: Helping to heal the intimacy bond.

Erzar, T., Torkar, M., and Erzar, K. K. (2010). Shame-proneness and its correlates in couples. *Horizons of Psychology*, 19(3), 89-102. Retrieved from http://psiholoska-obzorja.si/arhiv_clanki/2010_3/erzar_et_al.pdf

Fleishman, J. M., Crane, B. & Barthalow-Koch, P. (2020) Correlates and predictors of sexual satisfaction for older adults in same-sex relationships, *Journal of Homosexuality*, 67(14), 1974-1998.

<https://doi.org/10.1080/00918369.2019.1618647>

Frederick, D. A., Lever, J., Gillespie, B. J., & Garcia, J. R. (2017) What keeps passion alive? Sexual satisfaction is associated with sexual communication, mood setting, sexual variety, oral sex, orgasm, and sex frequency in a national U.S. study. *The Journal of Sex Research*, 54(2), 186-201.

<https://doi.org/10.1080/00224499.2015.1137854>

George, D. and Mallery, P. (2010) SPSS for Windows Step by Step: A Simple Guide and Reference 17.0 Update. 10th Edition, Pearson, Boston.

Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology and Psychotherapy: An International Journal of Theory and Practice*, 7(3), 174-189.

[https://doi.org/10.1002/1099-0879\(200007\)7:3<174::AID-CPP236>3.0.CO;2-U](https://doi.org/10.1002/1099-0879(200007)7:3<174::AID-CPP236>3.0.CO;2-U)

- Gonçalves, J.A.R., Costa, P.A. and Leal, I. Minority stress in older Portuguese gay and bisexual men and its impact on sexual and relationship satisfaction. *Sex Research and Social Policy* 17, 209–218 (2020). <https://doi.org/10.1007/s13178-019-00385-1>
- Greene, D. C., and Britton, P. J. (2015). Predicting relationship commitment in gay men: Contributions of vicarious shame and internalized homophobia to the investment model. *Psychology of Men and Masculinity*, 16(1), 78–87. <https://doi.org/10.1037/a0034988>
- Guschlbauer, A., Smith, N. G., DeStefano, J., and Soltis, D. E. (2019). Minority stress and emotional intimacy among individuals in lesbian and gay couples: Implications for relationship satisfaction and health. *Journal of Social and Personal Relationships*, 36(3), 855–878. <https://doi.org/10.1177/0265407517746787>
- Hackathorn, J.M., Ashdown, B.K. and Rife, S.C. (2016). The sacred bed: Sex guilt mediates religiousness and satisfaction for unmarried people. *Sexuality and Culture*, 20, 153–172. <https://doi.org/10.1007/s12119-015-9315-0>
- Hackney, C. H. and Sanders, G. S. (2003). Religiousness and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42(1), 43–55. <https://doi.org/10.1111/1468-5906.t01-1-00160>
- Hallman, J. M., Yarhouse, M. A., & Suárez, E. C. (2018). Shame and psychosocial development in religiously affiliated sexual minority women. *Journal of Psychology and Theology*, 46(1), 3–21. <https://doi.org/10.1177/0091647117748450>

- Hamilton, L. D., and Meston, C. M. (2013). Chronic stress and sexual function in women. *The Journal of Sexual Medicine* 10(10), 2443-2454.
<https://doi.org/10.1111/jsm.12249>
- Haning, R. V., O'Keefe, S. L., Randall, E. J., Kommor, M. J., Baker, E., and Wilson, R. (2007). Intimacy, orgasm likelihood, and conflict predict sexual satisfaction in heterosexual male and female respondents. *Journal of Sex and Marital Therapy*, 33(2), 93–113. <https://doi.org/10.1080/00926230601098449>
- Hardy, S. A., and Willoughby, B. J. (2017). Religiousness and chastity among single young adults and married adults. *Psychology of Religion and Spirituality*, 9(3), 285–295. <https://doi.org/10.1037/re10000112>
- Harris, J. I., Cook, S. W., Kashubeck-West, S. (2008) Religious attitudes, internalized homophobia, and identity in gay and lesbian adults. *Journal of Gay and Lesbian Mental Health*, 12(3), 205-225, DOI: [10.1080/19359700802111452](https://doi.org/10.1080/19359700802111452)
- Herek, G.M. Beyond “Homophobia”: Thinking about sexual prejudice and stigma in the twenty-first century. *Sex Res Soc Policy* 1, 6–24 (2004).
<https://doi.org/10.1525/srsp.2004.1.2.6>
- Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues*, 63(4), 905–925. <https://doi.org/10.1111/j.1540-4560.2007.00544.x>
- Hernandez, K. M., Mahoney, A., and Pargament, K. I. (2011). Sanctification of sexuality: Implications for newlyweds' marital and sexual quality. *Journal of Family Psychology*, 25(5), 775–780. <https://doi.org/10.1037/a0025103>

- Higgins, J. A., Mullinax, M., Trussell, J., Davidson, J. K., and Moore, N. B. (2011). Sexual satisfaction and sexual health among university students in the United States. *American Journal of Public Health, 101*(9), 1643–1654. <https://doi.org/10.2105/ajph.2011.300154>
- Hodapp, B. and Zwingmann, C. (2019). Religiosity/spirituality and mental health: A meta-analysis of studies from the German-speaking area. *Journal of Religion and Health, 58*(6), 1970–1998. <https://doi.org/10.1007/s10943-019-00759-0>
- Jackson, S. D., and Mohr, J. J. (2016). Conceptualizing the closet: Differentiating stigma concealment and nondisclosure processes. *Psychology of Sexual Orientation and Gender Diversity, 3*(1), 80–92. <https://doi.org/10.1037/sgd0000147>
- Janda, L. H., and Bazemore, S. D. (2011). The revised Mosher Sex-Guilt Scale: Its psychometric properties and a proposed ten-item version. *Journal of Sex Research, 48*(4), 392–396. <https://doi.org/10.1080/00224499.2010.482216>
- Johnson, M. D., Nguyen, L., Anderson, J. R., Liu, W., and Vennum, A. (2015). Shame-proneness and intimate relations in Mainland China. *Personal Relationships, 22*(2), 335-347.
- Johnson, V.R.F. and Yarhouse, M.A. (2013), Shame in sexual minorities: Stigma, internal cognitions, and counseling considerations. *Counseling and Values, 58*, 85-103. <https://doi.org/10.1002/j.2161-007X.2013.00027.x>
- Kaufman, G. (1996). *The psychology of shame: Theory and treatment of shame-based syndromes* (2nd ed.). Springer Publishing Co.

- Koenig, H. G. and Büssing, A. (2010). The Duke University Religion Index (DUREL): A five-item measure for use in epidemiological studies.” *Religions*, 1(1), 78-85.
<https://doi.org/10.3390/re11010078>
- Kuyper, L., and Fokkema, T. (2010). Loneliness among older lesbian, gay, and bisexual adults: The role of minority stress. *Archives of sexual behavior*, 39(5), 1171-1180.
<https://doi.org/10.1007/s10508-009-9513-7>
- Kuyper, L., and Vanwesenbeeck, I. (2011). Examining sexual health differences between lesbian, gay, bisexual, and heterosexual adults: The role of sociodemographics, sexual behavior characteristics, and minority stress. *Journal of Sex Research*, 48(2-3), 263–274. <https://doi.org/10.1080/00224491003654473>
- Lavner J. A. (2017). Relationship satisfaction in lesbian couples: Review, methodological critique, and research agenda. *Journal of lesbian studies*, 21(1), 7–29.
<https://doi.org/10.1080/10894160.2016.1142348>
- Lefevor, G. T., Beckstead, A. L., Schow, R. L., Raynes, M., Mansfield, T. R., and Rosik, C. H. (2019). Satisfaction and health within four sexual identity relationship options. *Journal of Sex and Marital Therapy*, 45(5), 355-369.
<https://doi.org/10.1080/0092623X.2018.1531333>
- Lefevor, G. T., Davis, E. B., Paiz, J. Y., and Smack, A. (2021). The relationship between religiousness and health among sexual minorities: A meta-analysis. *Psychological bulletin*, 147(7), 647–666. <https://doi.org/10.1037/bul0000321>
- Lefevor, G. T., McGraw, J. S., and Skidmore, S. J. (2021). Suicidal ideation among active and nonactive/former Latter-day Saint sexual minorities. *Journal of Community Psychology*, 50, 445– 464. <https://doi.org/10.1002/jcop.22591>

- Legerski, E., and Harker, A. (2018). The intersection of gender, sexuality, and religion in Mormon mixed-sexuality marriages. *Sex Roles: A Journal of Research*, 78(7-8), 482–500. <https://doi.org/10.1007/s11199-017-0817-0>
- Leonhardt, N. D., Busby, D. M., Hanna-Walker, V. R., and Leavitt, C. E. (2020, September 3). Sanctification or inhibition? Religious dualities and sexual satisfaction. *Journal of Family Psychology*. Advance online publication. <http://dx.doi.org/10.1037/fam0000796>
- Levine, M. P., and Troiden, R. R. (1988). The myth of sexual compulsivity. *The Journal of Sex Research*, 25(3), 347–363. <http://www.jstor.org/stable/3812739>
- Li, D. H., Remble, T. A., Macapagal, K., and Mustanski, B. (2019). Stigma on the streets, dissatisfaction in the sheets: Is minority stress associated with decreased sexual functioning among young men who have sex with men?. *The Journal of Sexual Medicine*, 16(2), 267–277. <https://doi.org/10.1016/j.jsxm.2018.12.010>
- Lutwak, N., Panish, J., and Ferrari, J. (2003). Shame and guilt: Characterological vs. behavioral self-blame and their relationship to fear of intimacy. *Personality and individual differences*, 35(4), 909-916. [https://doi.org/10.1016/S0191-8869\(02\)00307-0](https://doi.org/10.1016/S0191-8869(02)00307-0)
- Mahoney, E. R. (1980). Religiousness and sexual behavior among heterosexual college students. *The Journal of Sex Research*, 16(2), 97–113. <http://www.jstor.org/stable/3812424>
- Mark, K. P., Vowels, L. M., Bennett, S., and Norwick, J. (2018). Sources for the formation of sexual values in lesbian, gay, bisexual, and straight adults and the

- impact on sexual satisfaction and desire. *American Journal of Sexuality Education*, 13(4), 399–410. <https://doi.org/10.1080/15546128.2018.1470950>
- Martins, Y., Tiggemann, M., and Kirkbride, A. (2007). Those speedos become them: The role of self-objectification in gay and heterosexual men's body image. *Personality and Social Psychology Bulletin*, 33(5), 634–647. <https://doi.org/10.1177/0146167206297403>
- Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality*, 41(2), 53-76. https://doi.org/10.1300/J082v41n03_05
- McFarland, M. J., Uecker, J. E., and Regnerus, M. D. (2011) The role of religion in shaping sexual frequency and satisfaction: Evidence from married and unmarried older adults. *The Journal of Sex Research*, 48(2-3), 297-308, <https://doi.org/10.1080/00224491003739993>
- McLean, L. L., La Guardia, A. C., Watts, R. E., and Nelson, J. (2020). The role of body shame in sexual, relationship, and life satisfaction in women. *Journal of Professional Counseling: Practice, Theory and Research*, 47(1), 32-44. <https://doi.org/10.1080/15566382.2020.1727288>
- Mereish, E. H., and Poteat, V. P. (2015). A relational model of sexual minority mental and physical health: The negative effects of shame on relationships, loneliness, and health. *Journal of Counseling Psychology*, 62(3), 425–437. <https://doi.org/10.1037/cou0000088>
- Meyer, I. H. (1995). Minority Stress and Mental Health in Gay Men. *Journal of Health and Social Behavior*, 36(1), 38–56. <https://doi.org/10.2307/2137286>

- Meyer, I. H. (2007). Prejudice and discrimination as social stressors. In I. H. Meyer and M. E. Northridge (Eds.), *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender populations* (pp. 242–267). Springer Science + Business Media. https://doi.org/10.1007/978-0-387-31334-4_10
- Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129 (5), 674 – 697. <https://doi.org/10.1037%2F0033-2909.129.5.674>
- Mills, R. S., Hastings, P. D., Serbin, L. A., Stack, D. M., Abela, J. R., Arbeau, K. A., and Lall, D. I. (2015). Depressogenic thinking and shame-proneness in the development of internalizing problems. *Child Psychiatry and Human Development*, 46(2), 194-208. <https://doi.org/10.1007/s10578-013-0416-4>
- Mohr, J. J., and Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology*, 58, 234-45. <https://doi.org/10.13072/midss.150>
- Murray-Swank, N. A., Pargament, K. I., and Mahoney, A. (2005) At the crossroads of sexuality and spirituality: The sanctification of sex by college students. *The International Journal for the Psychology of Religion*, 15(3), 199-219. https://doi.org/10.1207/s15327582ijpr1503_2
- Oaks, P., Holland, E., and Jensen, E. (n.d.). Same-Sex Attraction. Retrieved October 25, 2020, from <https://www.churchofjesuschrist.org/study/manual/gospel-topics/same-sex-attraction?lang=eng>

- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, *133*(2), 328–345. <https://doi.org/10.1037/0033-2909.133.2.328>
- Pachankis, J. E., Hatzenbuehler, M. L., Bränström, R., Schmidt, A. J., Berg, R. C., Jonas, K., Pitoňák, M., Baros, S., & Weatherburn, P. (2021). Structural stigma and sexual minority men’s depression and suicidality: A multilevel examination of mechanisms and mobility across 48 countries. *Journal of Abnormal Psychology*, *130*(7), 713–726. <https://doi-org.dist.lib.usu.edu/10.1037/abn0000693.supp> (Supplemental)
- Pachankis, J. E., Mahon, C. P., Jackson, S. D., Fetzner, B. K., & Bränström, R. (2020). Sexual orientation concealment and mental health: A conceptual and meta-analytic review. *Psychological bulletin*, *146*(10), 831–871. <https://doi.org/10.1037/bul0000271>
- Patton, M. S. (1985). Masturbation from Judaism to Victorianism. *Journal of Religion and Health*, *24*(2), 133–146. <http://www.jstor.org/stable/27505821>
- Peleg-Sagy, T., and Shahar, G. (2013). The prospective associations between depression and sexual satisfaction among female medical students. *Journal of Sexual Medicine*, *10*(7), 1737–1743. <https://doi.org/10.1111/jsm.12176>
- Phillips III, R. E., Avant, S., Kalp, D., Cenkner, D., Lucci, M., Herndon, R., and Maccarelli, A. (2017). Initial validation of measures of sanctification in same-sex romantic relationships and sexual behavior. *Journal for the Scientific Study of Religion*, *56*, 836 – 851. <http://dx.doi.org/10.1111/jssr.12488>

- Pineles, S. L., Street, A. E., and Koenen, K. C. (2006). The differential relationships of shame-proneness and guilt-proneness to psychological and somatization symptoms. *Journal of Social and Clinical Psychology, 25*(6), 688-704.
<https://doi.org/10.1521/jscp.2006.25.6.688>
- Ramos, S. R., Lardier, D. T., Jr, Opara, I., Turpin, R. E., Boyd, D. T., Gutierrez, J. I., Jr, Williams, C. N., Nelson, L. E., and Kershaw, T. (2021). Intersectional effects of sexual orientation concealment, internalized homophobia, and gender expression on sexual identity and HIV risk among sexual minority men of color: A path analysis. *The Journal of the Association of Nurses in AIDS Care : JANAC, 32*(4), 495–511. <https://doi.org/10.1097/JNC.0000000000000274>
- Rendina, H. J., López-Matos, J., Wang, K., Pachankis, J. E., and Parsons, J. T. (2019). The role of self-conscious emotions in the sexual health of gay and bisexual men: Psychometric properties and theoretical validation of the sexual shame and pride scale. *Journal of sex research, 56*(4-5), 620–631.
<https://doi.org/10.1080/00224499.2018.1453042>
- Ritter, L. J., Morris, H. R., and Knox, D. (2018). Who’s getting the best sex? A comparison by sexual orientation. *Sexuality and Culture, 22*(4), 1466-1489.
<https://doi.org/10.1007/s12119-018-9538-y>
- Rosser, B. R. S., Metz, M. E., Bockting, W. O., and Buroker, T. (1997). Sexual difficulties, concerns, and satisfaction in homosexual men: An empirical study with implications for HIV prevention. *Journal of Sex and Marital Therapy, 23*(1), 61–73. <https://doi.org/10.1080/00926239708404418>

- Rostosky, S. S., and Riggle, E. D. B. (2017). Same-sex relationships and minority stress. *Current Opinion in Psychology*, 13, 29–38. <https://doi.org/10.1016/j.copsyc.2016.04.011>
- Ryan, W.S., Hunger, J.M. and Major, B. (2017), Applying Intergroup Relations Research to Understanding LGB Health Disparities. *Journal of Social Issues*, 73, 477-492. <https://doi.org/10.1111/josi.12227>
- Scheer, J. R., Harney, P., Esposito, J., and Woulfe, J. M. (2020). Self-reported mental and physical health symptoms and potentially traumatic events among lesbian, gay, bisexual, transgender, and queer individuals: The role of shame. *Psychology of Violence*, 10(2), 131–142. <https://doi.org/10.1037/vio0000241>
- Schmader, T., and Lickel, B. (2006). The approach and avoidance function of guilt and shame emotions: Comparing reactions to self-caused and other-caused wrongdoing. *Motivation and Emotion*, 30(1), 42-55. <https://doi.org/10.1007/s11031-006-9006-0>
- Schrimshaw, E. W., Siegel, K., Downing, M. J., and Parsons, J. T. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of consulting and clinical psychology*, 81(1), 141–153. <https://doi.org/10.1037/a0031272>
- Smith, A., Lyons, A., Ferris, J., Richters, J., Pitts, M., Shelley, J., and Simpson, J. M. (2011). Sexual and relationship satisfaction among heterosexual men and women: The importance of desired frequency of sex. *Journal of Sex and Marital Therapy*, 37(2), 104–115. <https://doi.org/10.1080/0092623x.2011.560531>

- Straub, K. T., McConnell, A. A., and Messman-Moore, T. L. (2018). Internalized heterosexism and posttraumatic stress disorder symptoms: The mediating role of shame-proneness among trauma-exposed sexual minority women. *Psychology of Sexual Orientation and Gender Diversity*, 5(1), 99–108.
<https://doi.org/10.1037/sgd0000263>
- Štulhofer, A., Buško, V., and Brouillard, P. (2011). The New Sexual Satisfaction Scale and its short form. In T. D. Fisher, C.M. Davis, W.L. Yarber, and S. L. Davis (Eds.), *Handbook of sexuality-related measures* (pp. 530-532). Thousand Oaks, CA: Sage.
- Tangney, J. P. (Ed.). (2012). Self-conscious emotions. In M. R. Leary and J. P. Tangney (Eds.), *Handbook of self and identity* (pp. 446–478). The Guilford Press.
- Tangney, J. P., and Dearing, R. L. (2002). *Shame and guilt*. Guilford Press. <https://doi.org/10.4135/9781412950664.n388>
- Tangney, J. P., Miller, R. S., Flicker, L., and Barlow, D. H. (1996). Are shame, guilt, and embarrassment distinct emotions? *Journal of Personality and Social Psychology*, 70(6), 1256–1269. <https://doi.org/10.1037/0022-3514.70.6.1256>
- Tangney, J. P., Stuewig, J., and Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual review of psychology*, 58, 345–372.
<https://doi.org/10.1146/annurev.psych.56.091103.070145>
- Tangney, J. P., Wagner, P., and Gramzow, R. (1992). Proneness to shame, proneness to guilt, and psychopathology. *Journal of Abnormal Psychology*, 101(4), 738. <https://doi.org/10.1037/0021-843X.101.4.738>

- Thornton, A., and Camburn, D. (1989). Religious participation and adolescent sexual behavior and attitudes. *Journal of Marriage and the Family*, 51(3), 641–653. <https://doi.org/10.2307/352164>
- Timm, T. M., and Keiley, M. K. (2011). The effects of differentiation of self, adult attachment, and sexual communication on sexual and marital satisfaction: A path analysis. *Journal of Sex and Marital Therapy*, 37(3), 206–223. <https://doi.org/10.1080/0092623X.2011.564513>
- Tracy, J. L., and Robins, R. W. (2007). The nature of pride. *The self-conscious emotions: Theory and research*, 263-282. New York, NY: The Guilford Press.
- Vale, M. T., and Bisconti, T. L. (2021). Minority stress and relationship well-being in sexual minorities: The varying role of outness on relationship and sexual satisfaction. *International Journal of Sexual Health*, 33(3), 297–311. <https://doi.org/10.1080/19317611.2021.1909684>
- Weeks, J. W., Heimber, R. G., and Heuer, R. (2011) Exploring the role of behavioral submissiveness in social anxiety. *Journal of Social and Clinical Psychology*, 30(3), 217-249. <https://doi.org/10.1521/jscp.2011.30.3.217>
- Wells, G. B., and Hansen, N. D. (2003). Lesbian shame: Its relationship to identity integration and attachment. *Journal of Homosexuality*, 45(1), 93–110. https://doi.org/10.1300/J082v45n01_05
- WHO (2010). *Measuring sexual health: conceptual and practical considerations and related indicators*. Geneva, World Health Organization. http://apps.who.int/iris/bitstream/handle/10665/70434/who_rhr_10.12_eng.pdf;jsessionid=4A5AD9D61202092656F8A1F4E2A7F45B?sequence=1

Worthington, E. L., Jr., Wade, N. G., Hight, T. L., Ripley, J. S., McCullough, M. E.,
Berry, J. W., Schmitt, M. M., Berry, J. T., Bursley, K. H., and O'Connor, L.
(2003). The Religious Commitment Inventory--10: Development, refinement, and
validation of a brief scale for research and counseling. *Journal of Counseling
Psychology*, 50(1), 84–96. <https://doi.org/10.1037/0022-0167.50.1.84>

APPENDICES

Appendix A
Informed Consent

Sexuality, Religiousness, and Health Survey

Four Options Survey 2020

Introduction

You are invited to participate in a research study conducted by Tyler Lefevor, an assistant professor in the department of psychology at Utah State University. The purpose of this research is to learn more about how individuals find satisfaction and health in a variety of sexual identity relationship options and how their religious activity and participation relates to satisfaction and health over time. Your participation is entirely voluntary. This form includes detailed information on the research to help you decide whether to participate. Please read it carefully and ask any questions you have before you agree to participate.

Procedures

You are being asked to participate in a 10-year longitudinal study, with this survey being the first round of data collection. Your participation right now will involve completing an online questionnaire which will take approximately one hour. Next year, we will reach out to you again, to ask you to participate in a follow-up survey that will also last approximately 1 hour. After that, we will only reach out every 2 years. If you agree to take part in this long-term study, your participation will involve taking a total of six, 1-hour surveys over the next 10 years. We anticipate that 1500 people will participate in this research study. Participation in this survey implies a willingness to participate in follow-up surveys but does not constitute a commitment to do so.

Risks

This is a minimal risk research study. That means that the risks of participating are no more likely or serious than those you encounter in everyday activities. You will be asked personal questions about your alcohol and drug use, sexual behaviors, mental health (including suicidality), and experiences with religion, which may cause some discomfort. Other foreseeable risks or discomforts include loss of confidentiality of the information you provide. In order to minimize those risks and discomforts, survey responses will be collected separately from identifying information, rendering survey responses completely anonymous. Secure encryption will be used for any electronic transmission of data and data will be stored in a password-protected file. If you have a bad research-related experience, please contact Tyler Lefevor at tyler.lefevor@usu.edu.

Benefits

Participation in this study may benefit you by helping you gain greater insight into your beliefs, practices, and attitudes. We cannot guarantee that you will directly benefit from this study, but it has been designed to learn more about sexuality, religion, and health. Confidentiality The researchers will make every effort to ensure that the information you

provide as part of this study remains confidential. Your identity will not be revealed in any publications, presentations, or reports resulting from this research study. We will collect your information through Qualtrics' online software. Online activities always carry a risk of a data breach, but we will use systems and processes that minimize breach opportunities. This information will be securely stored in a restricted-access folder on Box.com, an encrypted, cloud-based storage system. Identifiable information (email addresses) will only be collected in order to distribute compensation and/or to contact participants about future survey participation. Emails will not be connected to survey responses at all. Survey responses will remain completely anonymous.

Compensation

Participants will be compensated \$10 in the form of an Amazon Gift Card in exchange for participation in this survey. Participants must complete the entirety of the survey to receive compensation.

Voluntary Participation & Withdrawal

You can decline to participate in any part of this study for any reason and can end your participation at any time. If you have any questions about this study, you can contact Tyler Lefevor (tyler.lefevor@usu.edu). Thank you again for your time and consideration. By clicking the "Next" button below and continuing to the survey, you agree to participate in this study. You indicate that you understand the risks and benefits of participation, and that you know what you will be asked to do. You also agree that you have asked any questions you might have and are clear on how to stop your participation in the study if you choose to do so.

Appendix B

Shame Negative Self Evaluation Subscale

Stem: In this questionnaire you will read about situations that people are likely to encounter in day-to-day life, followed by common reactions to those situations. As you read each scenario, try to imagine yourself in that situation. Then indicate the likelihood that you would react in the way described.

Responses:

1. Very unlikely
2. Unlikely
3. Slightly unlikely
4. About 50% likely
5. Slightly likely
6. Likely
7. Very likely

Items

You rip an article out of a journal in the library and take it with you. Your teacher discovers what you did and tells the librarian and your entire class. What is the likelihood that this would make you would feel like a bad person?

You give a bad presentation at work. Afterwards your boss tells your coworkers it was your fault that your company lost the contract. What is the likelihood that you would feel incompetent?

You successfully exaggerate your damages in a lawsuit. Months later, your lies are discovered and you are charged with perjury. What is the likelihood that you would think you are a despicable human being?

You make a mistake at work and find out a coworker is blamed for the error. Later, your coworker confronts you about your mistake. What is the likelihood that you would feel like a coward?

Appendix C

The New Sexual Satisfaction Scale – Short Form

Stem: Thinking about your sex life during the last six months please rate your satisfaction with the following aspects:

Responses:

1. Not at all satisfied
2. A little satisfied
3. Moderately satisfied
4. Very satisfied
5. Extremely satisfied

Items

The quality of my orgasms

My "letting go" and surrender to sexual pleasure during sex

The way I sexually react to my partner

My body's sexual functioning

My mood after sexual activity

The pleasure I provide to my partner

The balance between what I give and receive in sex

My partner's emotional opening up during sex

My partner's ability to orgasm

My partner's sexual creativity

The variety of my sexual activities

The frequency of my sexual activity

Appendix D

Internalized Homonegativity Subscale from the Lesbian, Gay, or Bisexual Identity
Salience Scale

Stem: For each of the following questions, please mark the response that best indicates your current experience as an LGB person. Please be as honest as possible: Indicate how you really feel now, not how you think you should feel. There is no need to think too much about any one question. Answer each question according to your initial reaction and then move on to the next.

Response Categories:

1. Disagree strongly
2. Disagree
3. Disagree somewhat
4. Agree somewhat
5. Agree
6. Agree strongly

Items

If it were possible, I would choose to be straight.

I wish I were heterosexual

I believe it is unfair that I am attracted to people of the same sex

Appendix E

Concealment Behavior Scale

<p>Stem: “In the last 2 weeks, I have ...”</p> <p>Responses:</p> <ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Somewhat 4. Very much 5. All the time
<p>Items</p>
<p>Concealed my sexual orientation by telling someone that I was straight or denying that I was LGB</p>
<p>Concealed my sexual orientation by avoiding contact with other LGB individuals</p>
<p>Avoided the subjects of sex, love, attraction, or relationships to conceal my sexual orientation</p>
<p>Allowed others to assume I am straight without correcting them</p>
<p>Altered my appearance, mannerisms, or activities in an attempt to “pass” as straight</p>
<p>Remained silent while witnessing anti-gay remarks, jokes, or activities because I did not want to be labeled as LGB by those involved</p>

Appendix F
Religious Commitment Inventory

<p>Responses:</p> <ol style="list-style-type: none"> 1. Not at all true of me 2. Somewhat true of me 3. Moderately true of me 4. Mostly true of me 5. Totally true of me
Items
I often read books and magazines about my faith
I make financial contributions to my religious organization
I spend time trying to grow in understanding of my faith
Religion is especially important to me because it answers many questions about the meaning of life
My religious beliefs lie behind my whole approach to life
I enjoy spending time with others of my religious affiliation
Religious beliefs influence all my dealings in life
It is important to me to spend periods of time in private religious thought and reflection
I enjoy working in the activities of my religious organization
I keep well informed about my local religious group and have some influence in its decisions

Appendix G

Organizational Religious Activity Scale

How often do you attend church or other religious meetings?

1. Never
2. Once a year or less
3. A few times a year
4. A few times a month
5. Once a week
6. More than once a week