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Conditional Love: Perceived Parental Religiosity and Self-Esteem in Lesbian Women

by

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Professor Wood
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Abstract

There is a variety of research linking religiosity and internalized homonegativity with negative mental health outcomes in queer populations. Minority stress theory can be used to better understand the mechanisms that perpetuate these relationships. However, little research in this area focuses on parental religiosity and lesbian women’s unique experiences. This study seeks to remedy the gap in the literature by investigating the relationship between perceived parental religiosity, internalized homonegativity and self-esteem in lesbian women. To do so, Christian lesbian women will complete an online survey on measures of each of these constructs. It is expected that perceived parental religiosity will be negatively correlated with self-esteem and that internalized homonegativity will partially mediate the relationship between perceived parental religiosity and self-esteem. These results would be in line with previous research as well as the paradigm proposed by minority stress theory. The current study would also provide insight into what specific factors might cause distress for lesbian women surrounding their sexuality.
**Conditional Love: Perceived Parental Religiosity and Self-Esteem in Lesbian Women**

For sexual minority individuals, feeling secure in their own identity and sharing it with others can be a difficult task. The fear of rejection and stigma may lead them to conceal their identity from their loved ones, even at great personal cost (Lyons et al., 2021; Meyer, 2003). One factor that LGBTQ+ people often consider when gauging their loved ones’ potential reaction to their coming out is religiosity (Baiocco, et al., 2015). Historically, major religious organizations like the Christian church have been critical of same-sex relationships (Perry, 2015; Sumerau et al., 2018). This lack of acceptance can be a source of stress for LGBTQ+ people and has negative mental health implications (Chan & Leung, 2023; Gibbs & Goldbach, 2015; MacBeth et al., 2022; Skidmore et al., 2023). Because of the impacts religiosity has on LGBTQ+ psychological health, it is important to continue exploring this phenomenon so that it can be better understood and addressed. This raises the question as to whether perceived parental religiosity has a negative influence on self-esteem in lesbian women. Additionally, is it possible that internalized homonegativity mediates this relationship? The proposed study aims to address these questions and provide insight into what specific factors might cause distress for lesbian women surrounding their sexuality.

**Negative Attitudes towards Sexual Minorities in the Christian Church**

To understand why religion is so often brought up in connection with LGBTQ+ issues, it is important to establish the historical context that has shaped current attitudes towards same-sex attraction in religious communities. As of 2022, Christianity continues to be the most common religion in the United States with around two-thirds of Americans identifying as Christian (Nadeem, 2022). However, this is actually a significant decrease from previous years where numbers were as high as 90% in the early 1990’s. With Christianity being as prevalent as
it is in the US, Christian beliefs consequently hold great influence over Americans’ political and social decisions. This, of course, includes the decision whether or not to support same-sex attraction.

According to an analysis of data collected from face-to-face interviews with 2,610 US adults, conservative religious identity tends to be the principal predictor of whether an individual will support same-sex marriage (Perry, 2015). Additionally, specific Bible beliefs function as strong predicting factors as well. In particular, those who believe in a literal account of creationism as outlined in biblical texts may argue that heterosexuality is part of God’s design for humanity because of the story of Adam and Eve. In a similar fashion, belief in inerrancy of the Bible can be used to argue that biblical passages condemning homosexuality are infallible truth regardless of changing social climates.

As of 2023, 71% of Americans indicated support for same-sex marriage, continuing the consistent upward trend from previous years. However, it is of note that of those who attended church weekly, only 41% supported marriage equality (McCarthy, 2023). Because of shifting attitudes towards LGBTQ+ identities, those who are opposed to same-sex relationships may adopt an attitude of conditional acceptance (Sumerau et al., 2018). Conditional acceptance of same-sex relationships can include supporting equal rights for LGBTQ+ people, but still believing that homosexuality is a sin or framing homosexuality as a defect that a person can’t help from having, but would choose not to if they could. People who adopt these attitudes may also argue that homosexuality is a choice, and therefore, any marginalization a gay person might face is a result of this choice. In this manner, a person can justify the reproduction of boundaries between “normal” heterosexual relationships and “abnormal” non-heterosexual relationships while appearing superficially supportive. With these attitudes in mind, it is unsurprising that
Klundt et al. (2021) found non-heterosexual students at religiously conservative university to have significantly worse mental health outcomes, citing concerns about being accepted by others.

**Minority Stress Theory**

First conceived of by Ilan H. Meyer in 2003, minority stress theory is a psychological framework used to explain why lesbian, gay, and bisexual (LGB) people experience higher rates of mental disorders (Meyer, 2003). Meyer argues that LGB people’s minority status leads them to experience certain stressors that contribute to the development of mental illness. She categories these stressors into two general types: distal and proximal. Distal stressors are external conditions such as discrimination and social messages that cause the development of proximal stressors as they are cognitively appraised. Proximal stressors are internal conditions that arise from within an individual like internalized homonegativity, expectation of social rejection and identity concealment. Distal and proximal stressors are further moderated by factors like race and socioeconomic status. According to Meyer, the continued occurrence of these sexual identity related stressors leads to distress and mental illness.

Using the minority stress framework as reference, previous research has established a link between minority stress and suicidality (Chan & Leung, 2023). It is speculated that suicide acts as a means to escape from minority stress and as a way to externally express the distress that a person has experienced. In fact, LGB identified individuals were found to be significantly more likely to experience suicidal ideation or attempts over their lifetime when compared to their heterosexual counterparts (Furgusson et al., 1999, as cited in Meyer, 2003). This is further supported by Chan & Leung (2023) in which a survey of 12,449 asexual individuals investigated minority stress experiences, impairment in different aspects of life, and suicidality. Minority stress was found to be positively associated with impairment in health, social relationships, and
daily activities in asexual individuals. The same study found links between minority stress experiences and increased suicidality.

However, LGB people have also developed modes of resilience for coping with the presence of these stressors in their lives. Meyer (2003) identified individual and group-level resources as tools used to cope with minority stress. This includes factors like personal characteristics (individual) and affirming environments (group) that aid in relieving some of the distress caused by stressors.

Building on Meyer’s minority stress theory, Levitt et al. (2016) argued that resilience in the face of minority stress involves a negotiation between authenticity and self-determination. Self determination involves a person’s ability to actualize their innate potential provided that their basic psychological needs are met (Ryan & Deci, 2000). By the same token, authenticity in this context is described as the ability to live openly as LGB. According to Levitt et al., LGB people may face adversities relating their identity that they must cope with by sacrificing either their self-determination or their authenticity. For instance, those who choose to live authentically can become targets for social and career-related limitations while those who choose to prioritize self-determination may face stress related to the concealment of their identity (Levitt et al., 2016). In this way, resilience becomes characterized by a decision between two negative conditions that each hold consequences for the wellbeing of the person involved.

The concept of minority stress has been further explored in the context of non-affirming religious environments. Okrey Anderson & McGuire (2021) posit that ambiguous loss theory can be used to fill in gaps in minority stress theory concerning the potential negative mental health impacts of leaving a non-affIRMing religious environment. The authors identify spiritual ambiguous loss as an experience where a person may lose physical access to their faith
community while maintaining their religious beliefs, or whereby they may experience psychological disruptions in faith while maintaining physical access. Both of these conditions are associated with psychological distress. This is relevant to understanding why sexual and gender minority individuals may be hesitant to leave non-affirming religious contexts despite the stressors associated with staying. In the context of parental religiosity, ambiguous loss may also offer insight into why LGBTQ+ adults may continue to foster relationships with their non-affirming parents, and how they might be mentally impacted if they choose to leave their faith community.

**Religiosity and Mental Health in Queer Populations**

For some queer people, religiosity and religious social contexts can generate the kind of stressors identified by minority stress theory. Religiosity is generally understood as the degree to which a person is devoted to their religion and its associated beliefs in an organized manner. For queer populations, religiosity is often associated with negative mental health impacts (Gibbs & Goldbach, 2015; MacBeth et al., 2022; Skidmore et al., 2023). Research has indicated that queer young adults tend to have difficulty integrating their religious and LGBQQ identities (Dahl & Galliher, 2009). They are also more likely to disidentify with their religion over time and few report simultaneously identifying as religious and LGBQQ. Consistent with previous findings, Dahl and Galliher (2009) suspect that intolerance within religious institutions may account for the high rates of religious disidentification. Because of this dissonance, LGBQQ people may choose to leave their faith community in order to help facilitate their identity integration. Of those who attempt to integrate their religious and queer identities, self-acceptance and knowledge of faith teachings were found to assist in this endeavor. These findings indicate that
religious stressors associated with rejection of LGBQQ identities may best explain the negative outcomes experienced by queer religious populations.

A similar study examined the relationship between religious struggles and life satisfaction in sexual minority adults (Paulez et al., 2023). Religious struggles include experiences such as feeling hurt by religious people, feeling angry at God, or feeling confused about one’s religious beliefs. It was found that growing up Christian as a sexual minority was related to increased reports of religious struggles, but that higher integration and outness was associated with higher life satisfaction. Furthermore, minority stressors and religiousness have been shown to be positively correlated with suicidal ideation with a sense of belongingness as as protective factor (Skidmore et al., 2023).

Another important dimension of understanding the relationship between religiosity and mental health outcomes in queer populations is parental religiosity. When parents are engaged in rejecting religious traditions, they create a stressful environment for their LGBTQ+ children that, as posited by minority stress theory, results in distress and the increased risk of developing mental disorders. These children also lose a potential source of support for coping with identity-based stressors which may exacerbate the situation. Macbeth et al. (2022) investigated this topic, concluding that there was a positive correlation between perceived parental religiosity and depression and substance abuse for LGBTQ+ individuals. Additionally, Baiocco et al. (2015) found that strong religiosity and conservatism in parents was related to negative reactions to a child coming out.

**Internalized Homonegativity**

One repercussion of such negative reactions may be internalized homonegativity which occurs when a person who experiences same-sex attraction holds negative attitudes towards
LGBTQ+ people that they then direct inwards, often resulting in negative perceptions of self. There is a variety of research that shows how internalized homonegativity relates to health in LGBTQ+ populations (Boppana & Gross, 2019; Gibbs & Goldbach, 2015; Lefevor et al., 2022). Internalized homonegativity is associated with negative physical, sexual, and mental health outcomes, with a greater emphasis on its mental impacts (Lefevor et al., 2022). For instance, a study investigating how religiosity and internalized homophobia relate to psychological wellbeing for LGBT Christians found that growing up LGBT in a religious environment was related to increased likelihood of chronic suicidal thoughts and suicide attempts (Gibbs & Goldbach, 2015). Additionally, internalized homophobia was found to fully or partially mediate multiple factors associated with the relationship between identity conflict and suicidal thoughts. In line with Dahl and Galliher (2009), Gibbs and Goldbach (2015) identified dissonance between religious beliefs and LGBT identity to be the driving factor in identity conflict, and that distress related to this conflict accounted for the increased suicide risk. Interestingly, although leaving one’s religious environment was associated with decreased internalized homophobia, it was also associated with higher reports of suicidal thoughts and attempts. This phenomenon may relate to ambiguous loss theory and is important for clinicians to note when considering how best to aid individuals in these situations as it becomes clear that simply leaving a rejecting religious environment may not solve a person’s feelings of distress. These findings are further bolstered by Boppana and Gross (2019), who found that internalized homonegativity was correlated with a higher occurrence of depression symptoms in LGBT Christians, and that attending an accepting church was associated with greater wellbeing and fewer depression symptoms while attending a rejecting church elicited the opposite results.

Self-Esteem
One construct that is not often explored in relation to religiosity for queer populations is self-esteem. Self-esteem is generally understood as a person’s perception of their own worth. Stern and Wright (2018) addressed self-esteem in their survey of 376 lesbian, gay, and bisexual adults in which participants completed measures of spirituality, religiosity, LGB identity, and self-esteem. For the purposes of this study, religiosity and spirituality were identified as separate constructs in which spirituality was characterized by personalized beliefs in higher power while religiosity included organized social and institutional spiritual practices. The results of the survey indicated that religiosity was negatively associated with both self-esteem and identity formation, and positively associated with internalized homonegativity in sexual minority adults. In line with previous research, the researchers suspect that this pattern results from homonegative religious teachings. However, the same study found a positive relationship between self-esteem and spirituality, implying that personalized spiritual beliefs may be beneficial while the social and institutional aspects of religiosity may contribute to its negative impacts. This further supports the idea that minority stress factors such as internalized homonegativity may mediate negative relationships between religiosity and self-esteem.

Similar to Stern and Wright (2018), another study investigated religiosity, sexual orientation conflict, self-esteem, and depressive symptoms in a survey of 106 sexual minority young adults (Dahl & Galliher, 2010). Religiosity was divided into affective and cognitive components in which affective religiosity was comprised of emotional religious experiences while cognitive religiosity included religious beliefs as well as understanding of God and the afterlife. It was found that negative affective and cognitive religious experiences were correlated with increased sexual orientation conflict, depression, and low self-esteem while positive experiences were associated with higher self-esteem. This reinforces the idea that religiosity’s
impact on LGBTQ+ mental health and self-esteem is significantly influenced by the degree to which the religious environment is welcoming to queer individuals.

**Study Overview**

To address the gap in the literature regarding perceived parental religiosity, internalized homonegativity and self-esteem, the current study investigates the potential relationship between these variables. Most of the current research on the topic of religiosity in LGBTQ+ populations studies sexual minorities in general with lesbians as a subset of this population if at all (Boppana & Gross, 2019; Dahl & Galliher, 2009; Dahl & Galliher, 2010; Gibbs & Goldbach, 2015; Klundt et al., 2021; MacBeth et al., 2022; Paulez et al., 2023; Skidmore et al., 2023). Therefore, the proposed study will focus on adult lesbian women, using an online self-report survey on MTurk. With minority stress theory as a guide, a multiple regression analysis will be conducted to determine the relationship between the measured variables. It is expected that perceived parental religiosity will negatively predict measures of participant self-esteem when controlling for the religious denomination and political affiliation of participants and participants’ parents. Additionally, it is predicted that internalized homonegativity of the participant will partially mediate the relationship between perceived parental religiosity and self-esteem such that perceived parental religiosity will positively predict measures of internalized homonegativity and internalized homonegativity will negatively predict measures of self-esteem.

**Proposed Method**

**Participants**

A power analysis was conducted based on previous research for a 2-predictor multiple regression to determine the necessary sample size to detect a small effect size with a power of 0.8 and alpha= 0.5. To meet these conditions, at least 481 participants will be included in the
study. However, when accounting for attrition, it will likely be necessary to recruit slightly more participants than required. Participants will be recruited online via MTurk and offered $1.00 as compensation for completion of the study. In order to be included in the study, participants will need to be Christian lesbian women (18+) living in the US.

**Materials**

*Perceived Parental Religiosity*

The Parental Religiosity Measure is a self-report scale measuring participants’ perception of their parents’ religiosity such that higher scores indicate increased perception of religiosity (Leonard et al., 2013). Participants will be asked to respond to two items: “How often do your parents attend religious services?” and “How important is religion to your parents?” Each question is answered using a 4-point continuous scale in which 1= never/not important at all and 4= once a week or more/very important. The responses to these questions are then summed to create a perceived parental religiosity score. The measure appears to have strong face validity, and demonstrates adequate internal consistency reliability with a Cronbach’s alpha score of 0.82. A complete copy is attached as Appendix A.

*Internalized Homonegativity*

The Revised Internalized Homophobia Scale (IHP-R) is a self-report measure designed to assess attitudes participants hold about their own sexual orientation such that higher scores indicate more negative self attitudes (Herek et al., 2009). The Revised Internalized Homophobia Scale was adapted as a shortened version of the Internalized Homophobia Scale (IHP) which was derived from the diagnostic criteria for ego-dystonic homosexuality in the DSM-III by John Martin. Scores from the IHP-R were found to be highly correlated with the full IHP. Whereas the original Internalized Homophobia Scale was oriented towards gay men, the Revised Internalized
Homophobia Scale altered the wording of questions to better include lesbians and bisexuals. For the purpose of this study, the measure will be worded to only address lesbian women. The measure includes five items that participants respond to using a 5-point continuous scale in which 1 = disagree strongly and 5 = agree strongly. Items include the following statements: (1) “I wish I weren’t lesbian” (2) “I have tried to stop being attracted to women in general.” (3) “If someone offered me the chance to be completely heterosexual, I would accept the chance.” (4) “I feel that being lesbian is a personal shortcoming for me.” (5) “I would like to get professional help in order to change my sexual orientation from lesbian to straight.” Responses are summed and divided by the total number of questions in order to generate a singular score. The IHP-R appears to have strong face validity, and demonstrates adequate internal consistency reliability such that $\alpha = 0.82$. A complete copy is attached as Appendix B.

**Self-Esteem**

The Rosenberg Self-Esteem scale is a widely used measure of self-worth and self-acceptance such that higher scores indicate greater self-esteem (Rosenberg, 1965). It consists of ten items in the form of statements, five of which are negatively worded and five of which are positively worded. This includes statements such as “I feel that I am a person of worth, at least on an equal basis with others” and “At times, I think I am no good at all.” Participants indicate their level of agreement with each statement using a 4-point continuous scale in which 1 = strongly agree and 5 = strongly disagree. The negatively worded items are reverse scored and each response is summed together to create a score between 10 and 40. Previous research has found the Rosenberg Self-Esteem Scale to demonstrate good temporal and internal consistency such that it has a 1-week test-retest reliability of .82 and a coefficient alpha of .88 (Fleming & Courtney, 1984). It was also found to have a 0.44 correlation with the Academic Self-Concept
Scale, demonstrating some convergent validity (Reynolds, 1988). A complete copy is attached as Appendix C.

**Procedure**

Participants will be recruited online via the crowdsourcing website, MTurk. It will be stated that participants must be Christian lesbian women (18+) living in the US in order to be included in the study. Upon beginning the study, participants will read and sign a digital consent form after which they will be able to access the questionnaire. To further verify that the participants qualify for the study, manipulation checks will be implemented in which they will be directly asked “What is your sexual orientation?,” “Do you identify as Christian?,” “How old are you?,” and “Do you live in the US?.”

Then, they will be asked a series of demographic questions including their parents’ and their own religious denomination and political affiliation. After this, participants will complete measures of perceived parental religiosity (Parental Religiosity Measure), internalized homonegativity (Revised Internalized Homophobia Scale), and self-esteem (Rosenberg Self-Esteem Scale) in a randomized order. The items within each scale will also be presented in a randomized order. Once the survey has been completed, participants will be directed to a debriefing page where they will be thanked, compensated with $1.00, informed about the goals of the study, and provided with contact information for the researcher. All in all, the study should take participants between 15 and 30 minutes to complete.

**Ethical Considerations**

This study is designed with the dignity and wellbeing of participants in mind such that any potential risks to participants are outweighed by the benefits. Given that participation in this study does not pose a threat to participants greater than what they would experience in daily life
or during routine medical examinations, it would be classified as minimal risk. The participants do not fall under a protected category, but they will have to disclose their lesbian identity in order to participate in the study. They will also be asked about internalized homonegativity and self-esteem which may cause some mild discomfort. However, these risks are necessary in order to complete the research and expand scholarly knowledge regarding lesbian women’s mental health. With this in mind, informed consent will be obtained from all participants in which it will be explained that all participation is voluntary, they can withdraw at any time with no consequences, and there are no known direct benefits to participants. Additionally, participants will be compensated with $1.00, and will not be deceived in any way. Upon completion of the survey, participants will be informed of the purpose of the study, thanked for their time, and provided with a crisis hotline number in case they experience any emotional distress. All identifying information will be kept confidential as participants will be recruited through MTurk, but will complete the survey through an external Qualtrics link. After receiving their compensation, participants’ worker IDs will be deleted in order to de-identify the data.

The potential benefits of this study lie in its contribution to scholarly knowledge as it will address the gap in the literature regarding perceived parental religiosity, internalized homonegativity and self-esteem for lesbian women. This information could be used by clinicians who are treating lesbian women with religious parents to better understand how these factors may influence their mental health. It could also be pertinent to the religious parents of lesbian women who seek to reduce potential stress on their child regarding their identity and understand the possible impacts their religiosity may have on their child’s mental health.

**Anticipated Results**
The proposed study hypothesizes that perceived parental religiosity will be negatively correlated with self-esteem and that internalized homonegativity will partially mediate the relationship between perceived parental religiosity and self-esteem. As such, perceived parental religiosity will be positively correlated with internalized homonegativity and internalized homonegativity will be negatively correlated with self-esteem. Given that Minority Stress Theory states that LGB experience mental distress as a result of stressors such as internalized homonegativity, these results would fit within this theoretical framework (Meyer, 2003). These predictions also fall in line with previous research on the possible negative mental health impacts of religiosity on LGBTQ+ populations (Chan & Leung, 2023; Gibbs & Goldbach, 2015; MacBeth et al., 2022; Skidmore et al., 2023).

The dependent variable, self-esteem, is continuous and will be presented as a composite numerical score for each participant. The predictor variable (perceived parental religiosity) and mediator variable (internalized homonegativity) are also continuous composite scores. In order to test the stated hypotheses, a multiple regression statistical analysis will be conducted in which the religious denomination and political affiliation of participants and participants’ parents will be controlled for as possible predictors.

It is expected that there will be a significant main effect for perceived parental religiosity and self esteem such that increased perceived parental religiosity will be associated with decreased self-esteem. Likewise, it is expected that there will be a significant main effect for internalized homonegativity and self esteem such that increased internalized homonegativity will be associated with decreased self-esteem. In addition, perceived parental religiosity is predicted to be positively correlated with internalized homonegativity.
A multiple regression analysis will be used to assess the possible mediation pathway between perceived parental religiosity and self-esteem in which internalized homonegativity mediates this relationship when controlling for the religious denomination and political affiliation of participants and participants’ parents. In this model, the relationship between perceived parental religiosity and internalized homonegativity as well as the relationship between internalized homonegativity and self-esteem will remain significant. However, the relationship between perceived parental religiosity and self-esteem will no longer be significant although it will still be present. If these results are found, it will indicate that internalized homonegativity partially mediates the relationship between perceived parental religiosity and self-esteem.

Figure 1

Relationship between Perceived Parental Religiosity, Internalized Homonegativity, and Self-Esteem
Note. Mediation pathway between perceived parental religiosity and self-esteem in which internalized homonegativity mediates this relationship when controlling for the religious denomination and political affiliation of participants and participants’ parents.

Scholarly Merit and Broader Impact

The proposed study would advance understandings of LGBTQ+ experiences in the realm of psychology by expanding on previous research as well as putting a focus on an underrepresented subset of this community. Numerous studies have established a relationship between religiosity and negative health outcomes in LGBTQ+ samples including depression, substance abuse, difficulties with identity integration, lowered self-esteem, and suicidal ideation (Dahl & Galliher, 2009; Macbeth et al., 2022; Skidmore et al., 2023; Stern and Wright, 2018). These negative outcomes were often found in conjunction with a rejecting religious environment or stigmatizing social context, but not under accepting circumstances. Similar patterns have been found regarding internalized homonegativity which has been associated with depression symptoms as well as chronic suicidal thoughts and suicide attempts (Boppana and Gross, 2019; Gibbs & Goldbach, 2015). However, there has yet to be a psychological study that investigates the constructs of perceived parental religiosity, internalized homonegativity, and self-esteem in conjunction.

Given the associations between social stigma and worsened health outcomes as well as the framework outlined by minority stress theory in which these environmental stressors become internalized, internalized homonegativity was identified as a possible mediator between perceived parental religiosity and self-esteem. If the findings of this proposed study support the mediational role of internalized homonegativity, this could help explain the findings of previous research in which accepting religious environments were not associated with the negative trends
seen in rejecting ones (Boppana and Gross, 2019; Dahl & Galliher, 2010). This would deepen understandings of the specific factors that lead to the development of mental health issues in LGBTQ+ populations, especially for those living in Christian religious contexts.

Aside from the potential scholarly benefits of pursuing this research, it has the potential to aid in the improvement of lesbian women’s lives. The findings of this research could inform clinicians treating mental health issues in Christian lesbian women, leading to better quality of care. It also holds relevance to Christian parents and wider religious communities interested in how best to support lesbian members of their congregation. In consideration of the continuing stigmas surrounding LGBTQ+ identities, it is vital to understand the challenges they face so that positive change can be implemented.
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Appendix A

Parental Religiosity Measure (Leonard et al., 2013)

Items

How often do your parents attend religious services?

How important is religion to them?

Note. Response options: “1 = never, 4 = once a week or more” and “1 = not important at all, 4 = very important”.
Appendix B

Revised Internalized Homophobia Scale IHP-R (Herek et al., 2009)

Items

(a) I wish I weren’t lesbian/bisexual [gay/bisexual].

(b) I have tried to stop being attracted to women [men] in general.

(c) If someone offered me the chance to be completely heterosexual, I would accept the chance.

(d) I feel that being lesbian/bisexual [gay/bisexual] is a personal shortcoming for me.

(e) I would like to get professional help in order to change my sexual orientation from lesbian/bisexual [gay/bisexual] to straight.

Note. The items were administered with a 5-point response scale ranging from 1 (disagree strongly) to 5 (agree strongly). Scale scores were computed by summing responses and dividing by the total number of items, thereby maintaining the 1–5 response scale metric for ease of interpretation. Higher scores indicate more negative self-attitudes.
Appendix C

Rosenberg Self Esteem Scale RSES (Rosenberg, 1965)

Items

Rate the items using the following scale:

1 = strongly agree  2 = agree  3 = disagree  4 = strongly disagree

_____ 1. I feel that I am a person of worth, at least on an equal basis with others.

_____ 2. I feel that I have a number of good qualities.

_____ 3. All in all, I am inclined to feel that I am a failure.*

_____ 4. I am able to do things as well as most other people.

_____ 5. I feel I do not have much to be proud of.*

_____ 6. I take a positive attitude toward myself.

_____ 7. On the whole, I am satisfied with myself.

_____ 8. I wish I could have more respect for myself.*

_____ 9. I certainly feel useless at times.*

_____ 10. At times I think I am no good at all.*

*reverse-scored