

An Examination of the Impact of Identity Conflict on the Relationship between Sexual  
and Religious Identities and Mental Health

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By

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## DEDICATION

This is dedicated to my partner, Regina M. Chopp, and my parents, Susan Bonhomme and Ralph DiBart, for their love, support, and patience over the many years it has taken to get here.

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## ABSTRACT

### AN EXAMINATION OF THE IMPACT OF IDENTITY CONFLICT ON THE RELATIONSHIP BETWEEN SEXUAL AND RELIGIOUS IDENTITIES AND MENTAL HEALTH

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Research using samples of primarily heterosexual participants indicates that identification with a religious community promotes mental health and protects against psychopathology (George, Ellison, & Larson, 2002; Pargament, 2002). Additionally, research on lesbian, gay, and bisexual (LGB) individuals indicates that identification with an LGB community provides similar mental health benefits (Bell & Weinberg, 1978; Hammersmith & Weinberg, 1973; Savin-Williams, 1990). However, limited research exists exploring the role of religious identification among LGB individuals. Existing research demonstrates mixed results for the benefits of religious identification among LGB individuals (Allen & Oleson, 1999; Greenberg, 1973, as cited in Rosario, et al., 2006; Mohr & Fassinger, 2000; Shidlo, 1994; Szymanski, Chung, & Balsam, 2001; Woods, Antoni, Ironson, & Kling, 1999). Religious identification may not serve the same protective role for LGB individuals that it does for heterosexual individuals because of the anti-gay dogma

professed by many major religious traditions. Previous research has suggested when two communities with which an individual identifies have conflicting values, weakening identification with one of those communities may lead to resiliency (Brodsky & Marx, 2001). However, studies examining the role of religion in the lives of LGB individuals have not investigated the potential identity conflict between religious and LGB identities. The present study examined strength of identification and identity conflict for 174 religiously-identified LGB individuals in a community sample. It was hypothesized that identity conflict would mediate the relationship between the interaction of LGB identity and religious identity and mental health outcomes, specifically, depression, anxiety, and life satisfaction. Although the hypothesis was not supported, conflict did mediate the relationship between both LGB identification and religious identification, independently, and mental health outcomes. The current study demonstrated that as identity conflict increases, LGB and religious identification decrease. Additionally, as identity conflict increases, levels of depression and anxiety increase and life satisfaction decreases. The current study also investigated the mediational model for a subset of participants, those who endorsed belonging to a religious congregation, with similar results. Exploratory analyses investigated an alternative model, in which LGB identification, religious identification, and the interaction between the two mediated the relationship between conflict and mental health outcomes, but found that the hypothesized model demonstrated a better fit. Clinical implications and suggestions for future research are discussed.



## INTRODUCTION

Historically, religion has served as a source of strength and hope to individuals and groups that have been disenfranchised and disempowered, such as the African American community (Paragament, 2002). However, this support has been largely unavailable to lesbian, gay, and bisexual (LGB) individuals, who has been disenfranchised and disempowered by religion itself throughout history (Herek, Chopp, & Stroh, 2007). Indeed, when individuals come out as LGB, they face potential rejection from many institutions, especially religion (Herek, et al., 2007; Yarhouse & Tan, 2004). It may therefore be the case that the same positive mental and physical health outcomes associated with religiosity for heterosexual samples would not be found for religiously affiliated LGB individuals.

### *Religiosity and Mental and Physical Health*

Studies using primarily heterosexual participants have found that religiosity, or extent of religious faith, typically predicts positive mental and physical health outcomes. Specifically, attendance at religious services has been linked to both positive physical and mental health outcomes (George, et al., 2002), especially when compared with other measures of religiosity such as religious affiliation, private religious practice, and religious coping. Psychosocial resources such as self-esteem and self-efficacy, due to the

interpersonal support provided by the faith community, may partially explain the health benefits of religious participation (George, Ellison, & Larson, 2002). Additionally, social support, measured by network size, time spent with the social network, the number of tasks performed for an individual by members of the network, and the individual's subjective satisfaction with the network, may mediate the relationship between religious participation and health (George, et al., 2002). Furthermore, religion is an example of a sociohistorical and familial context in which an individual develops and perceives a genuine connection to their own sociohistorical context to support health identity development (D'Augelli, 1994).

As research on psychological sense of community demonstrates (see below), strong identification with a community is associated with positive mental and physical health outcomes. One common relational community in the United States is one's religious community (Miers & Fisher, 2002), which may be defined as one's religion (e.g., Roman Catholicism, Reform Judaism, etc.) and/or one's religious congregation (e.g., one's church or synagogue). Therefore, it is likely that the positive benefits of attendance at religious services may be due to the identification one feels to one's religious community.

Although social support may partially explain the relationship between religiosity and positive mental and physical health outcomes, research must consider the influence of religion if an individual's secular social networks are rejecting of religion, or if a religion is rejecting of an individual's secular social networks. Indeed, the benefits of religiosity may be tied to the degree to which it is well-integrated and part of a larger social context that supports the faith in an individual's life (Pargament, 2002). Individuals

growing up in neighborhoods that were dissonant from their faith, in which their religious group was a minority, later report more discrimination and taunting, lower levels of self-esteem, more psychosomatic symptoms, and increased depressive affect (Pargament, 2002). Similarly, dissonance between one's social group (e.g., parents, spouse, friends) and one's religious beliefs may lead to increased distress (Exline, 2002). A result of this dissonance may be to distance oneself from either one's social group or from one's religious group, or to be rejected by those groups.

Distancing oneself from one's religion is something one does oneself. However, the individual also may be rejected by his or her religious community. Feelings of rejection from one's religious community and from one's secular social group due to one's religious beliefs have been found to be associated with depression (Exline, Yali, & Sanderson, 2000). Some social groups are more likely than others to be dissonant from religious teachings. LGB individuals may comprise one such group. A LGB individual who professes his or her religion to other LGB individuals may come into conflict with them, and the result may be a feeling of rejection (Yarhouse & Tan, 2005).

#### *Religiosity Among Gay and Lesbian Individuals*

It might be assumed that, given condemning messages, heterosexist biases, punitive stances on homosexuality by most of the major religions (Heermann, Wiggins & Rutter, 2007), the majority of LGB individuals are not religious. In fact, the majority of gay individuals have reported that they were "not at all" or "not too religious," although a large minority (i.e., 22% of White men, 35% of Black men, 19% of White women, and 38% of Black women) reported that they were "moderately" to "very religious" (Bell & Weinberg, 1978). Compared with a primarily heterosexual sample in which 56% reported

that religion is “very important in their lives” and 26% report that religion is “somewhat important” (The Pew Forum on Religion and Public Life, 2008). Additionally, gay men and lesbians report participating in organized religion less frequently than their heterosexual peers (Ellis & Wagemann, 1993). However, many LGB youths (34% male youths and 28% female youths) have reported abandoning their childhood religion and not substituting another religion in its place, with few attempts made to seek out a gay religious congregation (Rosario, Yali, Hunter & Gwadz, 2006), which is only slightly higher than the 28 – 44% of Americans, regardless of sexuality (The Pew Forum on Religion and Public Life, 2008). Reporting same-sex sexual attraction in adolescence predicts lower levels of religiosity for LGB young adults than for young adults who did not report same-sex attraction as adolescents (Rostosky, Danner, & Riggs, 2007).

For those LGB individuals who identify as religious, findings with regard to religiosity and mental and physical health outcomes are mixed. Some studies have found that, among HIV+ gay men, the frequency with which individuals engaged in religious coping is negatively associated with depression, and that engaging in religious behavior (e.g., prayer and organized religious activities) was positively associated with CD4+ cell counts, a measure of physical health (Woods, Antoni, Ironson, & Kling, 1999). Other studies, however, have found that religious participation is related to higher levels of guilt, alienation, shame, and psychological distress, and lower self-esteem and perceived social support (Allen & Oleson, 1999; Greenberg, 1973, as cited in Rosario, et al., 2006; Shidlo, 1994; Szymanski, Chung, & Balsam, 2001). Furthermore, gay men who belong to a religious community that does not support their sexuality are more likely than gay men who either belong to a pro-gay religious community or who are not religious, to choose to

hide their sexual orientation, and are more likely to have higher levels of homonegativity, or antigay attitudes and emotions (Mohr & Fassinger, 2000).

In a study of LGB adolescents, gay male adolescents with any religious identity demonstrated greater self-esteem than adolescents who did not identify with any religion; Roman Catholic adolescents additionally demonstrated fewer symptoms of depression than did adolescents who identified with either another religion or reported no religion (Rosario, et al., 2006). However, frequency of religious participation does not serve as a protective factor for sexual minority youth as extensively as for heterosexual youth. Specifically, heterosexual adolescents who reported religious participation, when assessed again as young adults, reported less binge drinking, marijuana use, and cigarette smoking than sexual minority youth; religious participation did not similarly serve as a protective factor for sexual minority youth (Rostosky, et al., 2007).

#### *Measurement of Religiosity*

A discussion of all available measures of religiosity would be beyond the scope of this paper and redundant in light of the reviews already completed by Hill and Hood (1999). A major problem in the area of measurement of religiosity is the failure to develop sustained research programs using standardized measures, although there are notable exceptions (e.g., Batson, Schoenrade, & Ventis, 1993; Hood, 1997; Hood, Spilka, Hunsberger, & Gorsuch, 1996; Pargament, 1997). Three reasons have been suggested to explain the lack of continuing systematic research (Hill, 2005). 1) Without a clear conceptual understanding, or a strong theoretical basis, of religion and spirituality, it is difficult to generate and maintain sustained research; 2) Funding for research on religion has, until recently, been virtually nonexistent; 3) Because of this lack of funding, much

religious research has been conducted within the context of other research agenda, often with religion, in particular, as an additional variable only. As a result, measurement of religiosity has often been imprecise, frequently involving single-item measures of general religious identification or church attendance (Hill, 2005).

Hill (2005) provides a brief review of some scales in the field assessing them on four criteria. 1) Scales that demonstrate theoretical structure; 2) representative sampling/generalization; 3) measures of reliability; and 4) measures of validity. Additionally, Hill divides the scales into two levels, based on Tsang and McCullough (2003)'s proposal that religion be viewed as a hierarchically structured psychological domain. Level I represents the more dispositional or trait-like aspects of religiosity, for example how individuals experience their religion or their motivations for being involved in religion. Level II represents the more functional aspect of religiosity, for example the ways in which individuals use religion to cope with events in their lives. Hill also divides the measures he reviews into nine domains of religion and spirituality as outlined by the Fetzer Institute/National Institute of Aging Working Group (1999). Within Level I these domains are 1) Religious or Spiritual Commitment; and 2) Religious or Spiritual History. Within Level II these domains are 3) Religious or Spiritual Social Participation; 4) Religious or Spiritual Private Practices; 5) Religious or Spiritual Support; 6) Religious or Spiritual Coping; 7) Religious or Spiritual Beliefs and Values; 8) Religious or Spiritual Techniques for Regulating and Reconciling Relationships; and 9) Religious or Spiritual Experiences. Hill added two domains to Level I: 1) General Religiousness or Spirituality; and 2) Spiritual Development. He added one domain, Religion or Spirituality as Motivating Forces to Level II, for a total of 12 domains.

Research indicates that one of the benefits of religion is that it often provides a basis for social support, which, as discussed above, may partially explain the benefits of religiosity. However, measures of social participation have typically utilized single items centering around church attendance or, less frequently, financial contributions (Hill, 2005). Multi-item measures of perceived social support from one's religion are rare and, when used, are frequently included as part of a larger measure (Hill, 2005). One example, the *Religious Involvement Inventory* (Hilty & Morgan, 1985), is a multidimensional measure that demonstrates reasonably good psychometric properties and includes a 14-item church involvement scale. The church involvement scale maintains comparable psychometric qualities to the entire scale, and appears a useful measure of church participation. However, with items such as: *How often have you taken Holy Communion (The Lord's Supper, The Eucharist) during the past year*, the scale appears to be heavily aimed at the Protestant Christian sample on which it was based.

Another way of defining a general dispositional measure is to assess the degree to which a person is religiously committed. The *Religious Commitment Inventory* (RCI-10; Worthington, et al., 2003) is a 10-item measure of religious commitment that has been tested on individuals from a variety of religious traditions (Christians, Buddhists, Hindus, and Muslims). The overall scale was found to predict a less vengeful response to robbery (Worthington, et al., 2003). Additionally, research conducted using the RCI-10 has demonstrated that religious commitment predicts forgiveness when offenders apologize for transgressions (Wade & Worthington, 2003) and is moderately related to valuing individual sacrifice in marital relationships (Ripley, Worthington, Bromley, & Kemper, 2005). Furthermore, greater religious commitment, as measured by the RCI-10, predicts

more negative attitudes toward gay and lesbian individuals, and greater rejection of both sexually active and celibate gay and lesbian individuals among students at a Christian college (Rosik, Griffith, & Cruz, 2007).

#### *Social Identification and Sense of Community among Gay and Lesbian Individuals*

Although a review of previous research demonstrates mixed mental and physical health outcomes for gay and lesbian individuals who identify as religious, previous research consistently demonstrates positive outcomes for gay and lesbian individuals who strongly identify with the gay and lesbian community. Although no singular unified gay and lesbian community exists, there is likely to be a general subjective sense of community that exists among those who identify as gay or lesbian. That subjective experience may be measured by feeling connected to other gay and lesbian individuals, or by how important one's sexual identity is to one's self-concept. Another predictor of strong gay or lesbian identification may be disclosing one's sexual identity, or coming out to others. Indeed, psychological adjustment appears to be highest among lesbians and gay men who are not only committed to their sexual identity, but who also come out (Bell & Weinberg, 1978; Hammersmith & Weinberg, 1973; Savin-Williams, 1990). Coming out, not only to other LGB individuals, but also to heterosexual family, friends and acquaintances, is beneficial to the individual because, to the extent that the reaction is positive, it increases the social support available (Herek & Garnets, 2007).

Another reason that psychological adjustment is highest among LGB individuals who disclose their sexual identity to others may be that declaring one's sexual identity facilitates a sense of community with other gay and lesbian individuals. LGB individuals who actively participate in sexual minority communities report less psychological distress



than those who do not (Lewis, Derlega, Berndt, Morris, & Rose, 2001; Luhtanen, 2003; Mills, Paul, Stall, Pollack, Canchola, 2004; Morris, Waldo, & Rothblum, 2001).

Although active participation is not equivalent to feeling a sense of community, or close identification with others in a social group, it is likely that a measure of participation and a measure of sense of community or social identification would be closely related.

Strong identification with other LGB individuals provides additional benefits.

First, it provides a means for sexual expression by meeting and spending time with other lesbian or gay people, which increases one's chances of finding sexual and romantic partners. Second, other LGB individuals can provide emotional and practical support for coping with stigma and teach survival skills for meeting the challenges created by sexual stigma (e.g., Bowleg, Huang, Brooks, Black, & Burkholder, 2003; D'Augelli, Collins, & Hart, 1987; Ueno, 2005). Third, involvement with other LGB individuals provides sexual minority members with the opportunity to experience a sense of empowerment and group cohesion (Balsam & Mohr, 2007). Empowerment occurs when LGB individuals use their collective identities as members of a sexual minority to advance a unified political identity that has the power to shape societal attitudes (Duggan, 1995). Empowerment is also achieved when interpersonal involvement encourages intragroup social comparisons with other LGB individuals, rather than intergroup comparisons with heterosexuals (Meyer, 2003). Intragroup comparison allows LGB individuals to experience a social environment in which they are not stigmatized (Herek & Garnets, 2007). In such a social environment, LGB individuals can more easily adopt a worldview that invalidates negative stereotypes and biases and affirms positive evaluations of the group and its members (Herek & Garnets, 2007). Furthermore, intragroup comparisons allow LGB

individuals to accentuate those aspects of their lives that had previously been viewed by themselves or others as negative (Chan, 1995). Strong group cohesion—the degree to which a group exists or operates as a unified entity—on the other hand, engenders a sense of community among its members. Thus, much like a racial or ethnic minority identity (e.g., Branscombe, Schmitt, & Harvey, 1999; Phinney & Ong, 2007), sexual identity thus becomes a basis for empowerment, addressing discrimination, and group formation and cohesion.

### *Psychological Sense of Community*

Strong identification with the gay and lesbian community has been found to be associated with positive mental health outcomes, whereas identification with a religious community has been associated with mixed mental health outcomes for LGB individuals. An explanation for the mixed mental and physical health outcomes for LGB individuals who identify as religious may be that they experience their religious identity and LGB identity as two identities whose values are in conflict and experience this conflict as a source of distress. The concept of the influence of multiple identities on psychological outcomes has begun to be examined in the community psychology literature.

Research on community has progressed from community defined by geographic locale to a relational definition of community as a sense of social connectedness (e.g., Heller, 1989; Hill, 1996; Royal & Rossi, 1996). Psychological sense of community (PSOC) can be defined as a feeling of belonging to, importance of, and identification with a community (Brodsky & Marx, 2001). Four theoretical components of PSOC include (1) *membership*, which implies inclusion of some individuals in and exclusion of other individuals from the community; (2) *mutual influence* between members of the

community, which implies some cohesion and conformity within the community; (3) *integration and fulfillment of needs*, which implies that community members are rewarded and reinforced for their involvement; and (4) a shared *emotional connection* among community members, which implies a sense of shared history and identification which developed over time through positive interaction with other community members (Brotsky & Marx, 2001; McMillan & Chavis, 1986). Just as religious attendance has been linked to positive mental and physical health outcomes, so too has PSOC been theorized to be a contributing factor in health, coping, and problem solving (Chavis & Newbrough, 1986). Indeed, as discussed above, the positive outcomes associated with religious attendance may be explained by the interpersonal benefits, through a sense of interpersonal connection, of PSOC generated from participation in a religious community.

A strong PSOC has been demonstrated to be associated with a variety of benefits for the individual, including a sense of empowerment and perceived control over one's life among those living in urban environments (Chavis & Wandersman, 1990), self-control and self-esteem among caregivers in animal and human shelters (Ferrari, Loftus, & Pesek, 1999), self-disclosure to others among elderly living in public housing (Zaff & Devlin, 1998), and maintenance of abstinence during recovery among residents at a substance abuse treatment program (Ferrari, Jason, Olson, Davis, & Alvarez, 2002). In contrast, a weak PSOC promotes dissatisfaction at work and high rates of employee grievances among union members (Catano, Pretty, Southwell, & Cole, 1993), physical ailments among low income urban residents (Brotsky, O'Campo, & Aronson, 1999), and

greater problems with health care costs, choices, and services among users of the healthcare system (Ahern, Hendryx, & Siddarthan, 1996).

PSOC should not be assumed to be an experience inherently beneficial to the individual (Bess, Fisher, Sonn, & Bishop, 2002). Some have noted that for some individuals in some communities, a weak PSOC has been associated with resilience. For example, single mothers in a job training center who lived in risky neighborhoods have demonstrated strong psychological well-being as a result of their lack of association with their geographic neighborhood (Brodsky, 1996). In this instance, the single mothers found the values of their geographic neighborhood in conflict with their own and those of the job training center, for which they expressed a strong PSOC. Therefore, if an individual is a member of two communities or more, that are in conflict, having a strong PSOC for one of those communities may be related to negative mental health outcomes.

#### *Measurement of Psychological Sense of Community*

PSOC has traditionally been measured with qualitative methodology and with the Sense of Community Index (SCI; Perkins, Florin, Rich, Wandersman, & Chavis, 1990). The index was originally developed to measure sense of community in a neighborhood or on a neighborhood block. Chavis (personal communication, cited in Proescholdbell Roosa, & Nemeroff, 2006) recommends substituting the name or label of the community currently under investigation (e.g., religious congregation) for the term neighborhood “block.” The SCI was developed based on the four theoretical components of PSOC: (1) *membership*, (2) *influence*, (3) *fulfillment of needs*, and (4) *shared emotional connection*. However, factorial analyses of the SCI have revealed both poor internal reliability and

poor fit to the four theoretical components it is based on (Chipuer & Pretty, 1999; Long & Perkins, 2003).

In the only known study to examine this construct in a gay community, Proescholdbell, et al. (2006) examined PSOC in a study generating conceptually based and empirically validated measures of PSOC components, while determining whether the component measures of PSOC could be combined to create a single measure of overall PSOC. This study provided validity for the use of an adapted version of the SCI, with acceptable internal consistency (.76), and other measures of individual components of PSOC in a gay community.

Peterson, Speer, and McMillan (2008) have criticized Proescholdbell et al. (2006)'s measure because it comprises three components (collapsing *needs fulfillment* and *membership*), rather than the four components theorized by McMillan and Chavis (1986). Additionally other studies have raised questions about the SCI and McMillan and Chavis's four component theory (e.g., Chipuer & Pretty, 1999; Long & Perkins, 2003; Obst & White, 2007). Although these studies have demonstrated the poor psychometric properties of the SCI, the resulting modifications to the measure are not theoretically derived and have poor conceptual justification (Peterson, et al., 2008).

Peterson et al. (2008) sought to confirm the four factor model of SOC as conceptualized by McMillan and Chavis. They created and tested a brief measure for SOC (Brief Sense of Community Scale; BSCS) that included new items that were designed to be consistent with the four factor model. The confirmatory factor analysis confirmed the first-order, the items correlated with each of the four hypothesized factors, and second-order factor structure of the BSCS, each of the four hypothesized factors

correlated with one underlying factor, providing the first empirical support for McMillan and Chavis' multidimensional model of SOC (Peterson, et al., 2008). However, Peterson, et al. emphasize that the BSCS needs to be tested with new populations to demonstrate generalizability.

### *Multiple Psychological Sense of Community*

Individuals are connected to multiple communities via multiple identities and multiple roles and thus may have multiple psychological senses of community (Brodsky & Marx, 2001). Having multiple PSOCs, even multiple strong PSOCs, is not inherently problematic if the values of the two communities do not come into conflict (*e.g.*, having a strong PSOC for both one's school and one's neighborhood). However, as the number of communities an individual belongs to increases, the possibility that values of those communities might come into conflict also increases.

One possible outcome of having multiple PSOCs is that membership in one community leads to lack of acceptance by another community because of conflict in values (Brodsky, Loomis, & Marx, 2002). An example of this situation may be an individual who identifies with an LGB community, which results in a weak PSOC with that individual's religious community, because the individual perceives that this religious community does not accept him for his membership in the gay and lesbian community. In this instance, the individual has placed greater importance on his membership in an LGB community than on membership in his religious community. Alternatively, to reduce the conflict, the individual may weaken ties to an LGB community, placing relative importance on membership in his religious community. Indeed, the choice between religious community and LGB community may appear dichotomous.

Many LGB individuals feel forced to choose between their religion and their sexual orientation (Barret & Barzan, 1996). Attempts at integrating religious and sexual identities most frequently ends in the abandonment of faith in favor of identification as LGB (Lease, Horne, & Noffsinger-Frazier, 2005). Such attempts at reconciling to seemingly opposing community memberships are associated with depression, guilt, shame, and suicidal ideation (Schuck & Liddle, 2001). Additionally, gay college students report that that their own LGB communities contributed to the difficulty in reconciling religious and sexual identities rather than providing support (Love, Bock, Jannarone, & Richardson, 2005). However, research has demonstrated that an individual can feel connected to two opposing communities (*e.g.*, the criminal community and the community at large; Mashek, Stuewig, Furukawa & Tangney, 2006). Research on multiple PSOC needs to take into consideration the relative importance of communities and how the degree of importance may affect the consequences of having a strong or weak PSOC (Brodsky, et al., 2002). Research investigating the mental health outcomes for individuals with multiple PSOC for communities whose values appear to be in conflict is sparse.

#### *Measurement of Multiple Psychological Sense of Community*

Few studies thus far have examined multiple PSOC. One study that has examined this construct investigated PSOC among participants at a job-training and education center serving low-income women (Brodsky & Marx, 2001). This study employed both qualitative and quantitative methodologies. Specifically, multiple PSOC was measured quantitatively using three revised versions of the SCI. Brodsky and Marx found that women perceived that the values of their geographical community were in conflict with

the values at the job-training center, and that those who placed greater importance on their membership in the job-training center than in their geographical communities were more resilient.

Although multiple PSOC is a relatively new construct, a construct from social psychology that is similar to PSOC, and has been elaborated on more than PSOC is *social identity*. Social identity is the part of an individual self-concept that is derived from membership in a social group or groups (Tajfel, 1978). According to Tajfel's social identity theory, strong in-group identification with a community has both *cognitive aspects* – the individual is aware of his or her group membership, and *affective aspects* – group membership has emotional significance to the individual (Hogg, 1992). Ethnic identity is an example of an aspect of an individual's social identity that derives from an individual's knowledge of membership in a social group, together with the value and emotional significance attached to that membership. A measure developed to be used with a variety of ethnic groups, the *Multigroup Measure of Ethnic Identity* (MEIM; Phinney, 1992), has been found to be adaptable to other groups, including LGB individuals (Mohr & Fassinger, 2000). In the presence of more than one social identity, this scale could be used to assess social identity, or perceived connection with a group, that would allow a comparison of how close they feel to individuals who are not members of that group (i.e., individuals of another religion or heterosexuals).

### *Present Study*

Previous research has demonstrated an association between strong identification with LGB communities and positive mental health outcomes. Likewise, research has demonstrated, for heterosexuals, an association between strong identification with a



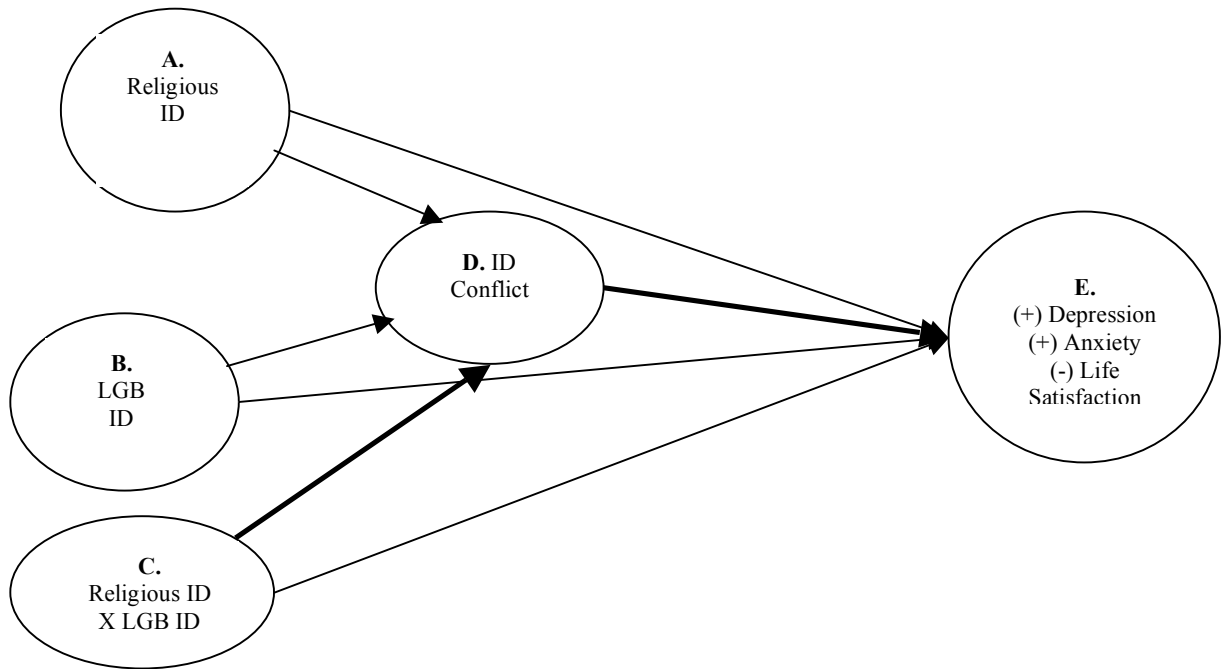
religious community and positive mental health outcomes. However, the relationship between identification with both LGB communities and a religious community has not been investigated. Understanding this relationship is important because of the possible conflict between the values of the religious community and LGB communities. The current study examined the relationship between mental health outcomes and identification with LGB communities and with a religious community.

It was predicted that the more strongly an individual identified with both LGB communities and a religious community, the more likely he/she was to experience conflict between these identities and thus experience higher levels of depression and anxiety and lower levels of life satisfaction.

A mediator variable is a variable that explains the relation between a predictor and an outcome; it is the mechanism through which a predictor influences an outcome variable (Baron & Kenny, 1986). In a mediational model, the strength of the relation between the predictor and the outcome is significantly reduced when the mediator is added to the model (Frazier, Tiz, & Barron, 2004). The mediator helps to explain “how” or “why” one variable predicts an outcome variable.

The current study hypothesized that conflict between religious and LGB identities would mediate the relationship between the interaction of LGB and religious identities, and mental health outcomes. Specifically, it was proposed that people with high levels of both LGB and religious identification will more likely than others to experience conflict between their LGB and religious identities, which, in turn, will be associated with poorer mental health. Although this hypothesis focuses on the moderated mediation effect, the indirect paths linking the identity variables (LGB and religious identities) to mental

health through identity conflict were also included in the model and tested (Preacher, Rucker, & Hayes, 2007). The proposed mediating effect of conflict on the relationship between identity and mental health outcomes is depicted in Figure 1.



*Figure 1 Hypothesized Moderated Mediation Model. Hypotheses and method of analysis of the current study.*

Figure 1 depicts the hypothesized moderated mediation model. The present study investigated conflict (D) as a mediator between the interaction of LGB and religious identification (C) and mental health outcomes (E). It was hypothesized that when this mediator is accounted for, the relationship between the predictor variable (the interaction of LGB and religious identification) and the dependent variable, mental health outcomes,

will be significantly reduced. A significant mediation effect would indicate that the role of conflict as a mediator of the relationship between religious community affiliation and mental health outcomes depends on level of affiliation with the LGB community. More specifically, it is expected that conflict will mediate the relationship between religious identity and mental health at higher levels of LGB identity but not lower levels of LGB identity. The direct effect of the interaction between religious identification and LGB identification (C) on each of the mental health outcomes (E) was examined. It was predicted that the interaction of high levels of both religious identification and LGB identification would be associated with higher levels of depression and anxiety and lower levels of life satisfaction. A significant interaction term would support the hypothesis that it is the strength of identification with conflicting two communities that explains for whom the relationship between LGB and religious identification and poor mental health outcomes is strongly positive.

The effect of religious identification (A) on each of the mental health outcomes (E) was examined. It was predicted that religious identification independently would be associated with lower levels of depression and anxiety and higher life satisfaction. The study also examined the impact of LGB identification (B) on each of the mental health outcomes (E). It was predicted that LGB identification independently would be associated with lower levels of depression and anxiety and higher life satisfaction.

This study also investigated conflict (D) as a direct predictor of mental health outcomes (E). It was predicted that conflict would be significantly associated with higher levels of depression and anxiety and lower levels of life satisfaction.

## METHOD

### *Participants and Procedure*

Participants were recruited via mainstream social networking internet sites (*e.g.*, Facebook, MySpace), a social networking site targeting LGB Christians (Gay Christian Network), Craigslist, an email listserv for LGB graduate students, faculty, and staff at the student investigator's university, and an e-newsletter for CenterLink, a community organization for LGBT centers. Snowball methodology was also used to recruit – at the end of the survey, participants were asked if they consented to be contacted to help identify other potential participants and, if they consented, asked for their email address as a way of contacting them. Fifty-four participants provided their email address for follow-up.

Participants were 233 LGB-identified individuals, over the age of 18, who self-identified as religious. Bisexuals are often overlooked in research on the gay and lesbian community, as they are perceived as experiencing less negative outcomes as a result of their sexual orientation (Mohr & Rochlen, 1999). Research on bisexuals indicates however, that they too experience stigma from the heterosexual community and, at times, from the gay and lesbian community as well (Israel & Mohr, 2004). Because bisexuals have too experienced stigma and rejection, there was no reason to assume that bisexuals would not experience conflict between their sexual identities and religious identities.

Participants who identified as heterosexual or as belonging to a primarily LGB religious congregation were excluded from the study because it was not likely that individuals belonging to LGB congregations would experience significant conflict between their religious and sexual identities.

Of the 233 participants who began the survey, 174 completed enough items to be included in the analyses. Of these participants, 62.6% were female, 32.8% were male, 2.9% were transgender, and 1.7% identified as other. Participants' sexual orientations were identified as lesbian (43.7%), gay man (32.2%) and bisexual (24.1%). Most participants identified their race/ethnicity as Caucasian (83.2%), African-American (4.6%), Hispanic (3.4%), and Asian-American (2.3%). Participants tended to be well-educated; 32.2% had a graduate degree, 22.4% had received some college education, 22.4% had an undergraduate degree, 17.2% had received some graduate education, and only 2.3% and 1.1% had only a high school diploma or had not finished high school, respectively. There was a diverse range of religions represented in the sample. For the purposes of analyses, participants were divided *post hoc* into non-Catholic Christians (43.1%), Catholics (18.4%), Jews (16.7%), non-Judeo-Christians (13.2%), Other (6.3%), and non-believers (i.e., agnostics or atheists; 2.3%).

An *a priori* power analysis was conducted to minimize the chances of a Type II error occurring. According to Fritz and MacKinnon (2007), in order to attain a .80 power level and to detect a medium effect size at an alpha level of .05 for a for a bias corrected bootstrap test, there would need to be a minimum of 116 participants, with 148 participants as an ideal number to detect a medium effect size. Because the current analyses included 174 participants, power was at least .80. Additional analyses were

conducted with a subset of 122 participants (see below), which also meets the minimum requirements for a .80 power level.

### *Measures*

*\*Please see Appendix for copies of all measures*

*Demographics.* Participants were asked to identify their sex, ethnicity, and level of education. Additionally, participants were asked if they are married or in a marriage-type relationship and if their partner was male or female. Participants were also asked to identify their religious affiliation from a list of major world religions.

Participants were asked whether they consider themselves to be a member of a religious congregation (such as a church, synagogue, or mosque), which was measured using forced-choice yes-no response. Those who answered “yes” were asked if the congregation they belong to is primarily LGB. If they answered “yes,” they were excluded from the study.

*Affiliation.* Two adaptations of the *Multigroup Ethnic Identity Measure* (Phinney, 1992) were used to assess participants’ degree of identification with LGB communities and their degree of identification with their religion (i.e., same-group orientation). This measure was designed to use with members of minority groups to measure the degree of same-group orientation and other-group orientation; items are worded to reflect the specific minority group that is being studied. Responses to the 20 items are on a Likert-type 4-point scale ranging from “strongly disagree” to “strongly agree.” The subscale that measures same-group orientation consists of 14 items; the scores on this scale have been demonstrated to have an internal consistency of .88 in a sample of LG individuals (Mohr & Fassinger, 2000), and ranged from .81 to .90 in the

original samples (Phinney, 1992), and .92 for religious community and .91 for LGB community in the current sample.

*Conflict.* Conflict was measured with an adapted version of a measure of culture and lesbian identity, designed to measure conflict between cultural identity and lesbian identity. Items such as “I feel little or no conflict between my cultural identity and my lesbian identity” were reworded as “I feel little or no conflict between my religious identity” or “my LGB identity.” Items were measured using a seven-point Likert scale ranging from “Disagree Strongly” to “Agree Strongly.” Data on this measure are unpublished, but a factor analysis demonstrates items 1 (reverse scored), 5, 6 (reverse scored), 8, 12, and 14 load onto an identity conflict factor ( $\alpha = .80$ ; Mohr, 2008, personal communication). The two other factors include a factor representing the degree to which a person favors one identity versus another and a factor representing perceptions of bias among lesbian and gay individuals against one's other social identity group. Only the factor representing identity conflict was used for the present analyses ( $\alpha = .90$ ).

*Mental Health Outcomes.* Anxiety and depression were measured using the Anxiety and Depression Subscales from the *Symptom Checklist-90 (SCL-90*; Derogatis, Lipman, & Covi, 1973), respectively. Each subscale is an 11-item self-report measure, indicating the degree to which a person was distressed by a specific problem in the past week. For this study, the measure was modified slightly to assess distress in the past month. Scale items provided an index of symptom severity through responses arranged in a 5-point Likert format (ranging from 1-Not at all to 5-Severe). In a study of 209 symptomatic participants, Derogatis, Rickels, and Rock (1976) reported coefficient alphas ranging from .75 to .90 for the anxiety and depression subscales, and these

subscales were found to be correlated with the Beck Anxiety Inventory and Beck Depression Inventory, respectively (Derogatis, 2000). In the present study the alpha for the anxiety subscale was .93 and .91 for the depression subscale.

The *Satisfaction with Life Scale* (Diener, Emmons, Larsen, & Griffen, 1985; Pavot & Diener, 1993) was used to measure participants' cognitive and affective evaluations of their lives. Self-report of subjective well-being has been found to converge well with other types of assessment (Diener, et al., 2002). The *Satisfaction with Life Scale* has been shown to have favorable psychometric properties, including high internal consistency ( $\alpha = .87$ ;  $\alpha = .86$  present study) and high temporal reliability ( $r = .82$ ; Diener et al., 1985). The *Satisfaction with Life Scale* is comprised of five items ranked on a seven-point Likert scale and scores are obtained by summing the numerical values for each item. Possible scores range from five (extremely dissatisfied with life) to 35 (extremely satisfied with life), with most Americans scoring in the 21-25 range. A score above 25 indicates more satisfaction with life than most people.



## RESULTS

### *Data Analysis Considerations*

*Estimation of indirect effects.* A path analysis was used to test the mediation hypotheses, and a bootstrap procedure was used to estimate all indirect path coefficients and to test those coefficients with bias corrected confidence intervals (Shrout & Bolger, 2000). Statistically significant path coefficients are indicated by confidence intervals that do not contain zero. Each mediation analysis was based on 2,000 bootstrapped samples.

*Missing data approach.* Because 233 participants began the survey and only 174 completed sufficient items to be included in the analyses the cause of the missing data was explored. Examination of attrition patterns indicated that there were three points in the survey where drop outs were most frequent. Comparisons on demographic variables (i.e., gender, sexual orientation, race, religion and level of education) were made between people who did and did not drop out at these three common points of attrition. Results indicated that the only differences between people who did and did not complete the survey were with respect to education and religion. Attrition level was significantly higher among participants who had less formal education and who were nonbelievers (i.e., those identifying as atheist or agnostic), probably due to the lack of applicability of many of the questionnaire items to their experience.

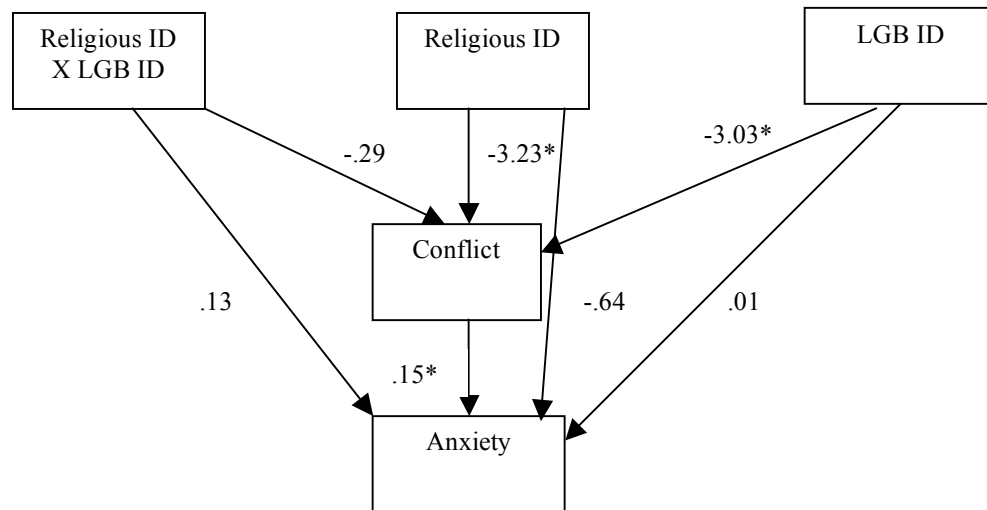
### *Mediators of Religious and Sexual Identity*

*Sample.* Descriptive statistics were inspected to explore the nature of the sample (see Table 1). The sample appears to be strongly identified with their religious and LGB identities, experiencing only moderate levels of conflict, anxiety and depression, and experiencing high levels of life satisfaction.

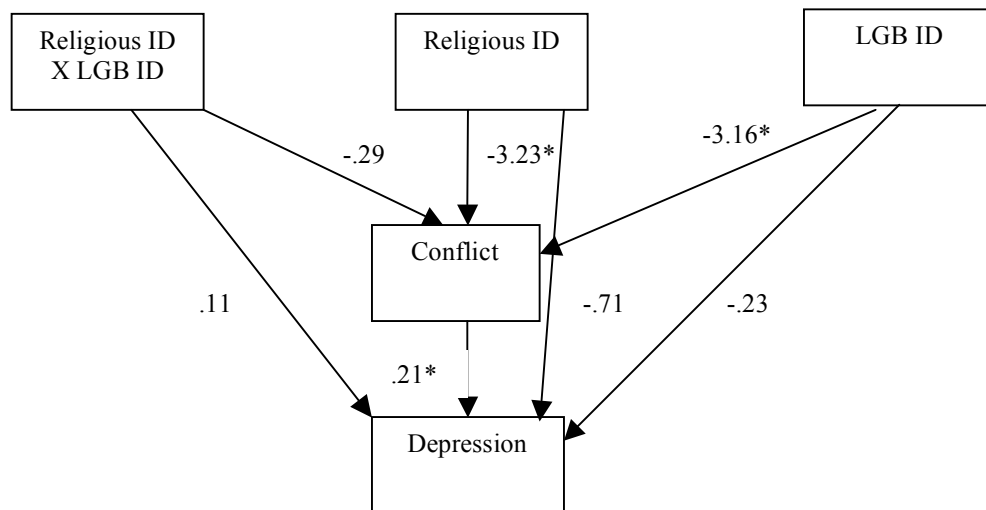
*Planned mediation analysis.* The main goal of the study was to test conflict between sexual identity and religious identity as a mediator of the relationship between sexual and religious identity and mental health outcomes. Mediation was tested with a series of path analyses in which (a) the predictor variables were LGB identity, religious identity, and the interaction of LGB identity and religious identity, (b) the mediator was identity conflict, and (c) the outcome was one of the mental health variables.

Intercorrelations among the main variables are presented in Table 2.

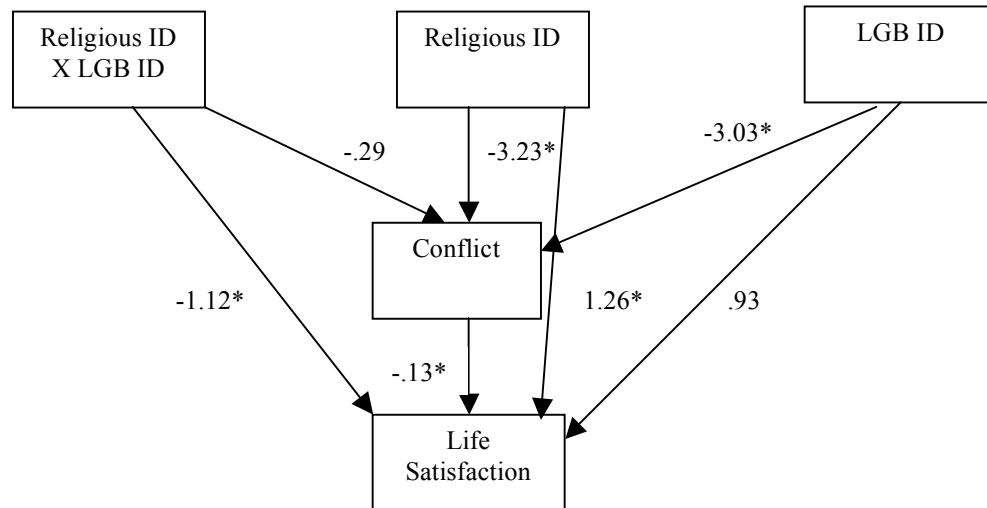
The 95% confidence interval (CI) estimates of the indirect effects were generated with the bootstrap procedure described in the *Data Analysis Considerations* section. Identity conflict mediated the relationships between LGB identity and all mental health outcomes; similarly, identity conflict mediated the relationships between religious identity and all mental health outcomes (see Table 3 for the all direct effects and confidence interval estimates of all indirect effects). However, conflict was not a significant mediator of the association between the interaction term and any of the outcome variables. Thus, the main hypothesis, that identity conflict would mediate the relationship between the interaction of LGB identity and religious identity and mental health outcomes was not supported. These models are depicted in Figures 2, 3, and 4.



*Figure 2 Planned Analyses Anxiety as Outcome.* Path analysis for the indirect effect of the interaction between religious identification and LGB identification, religious identification, and LGB identification on anxiety through identity conflict. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$



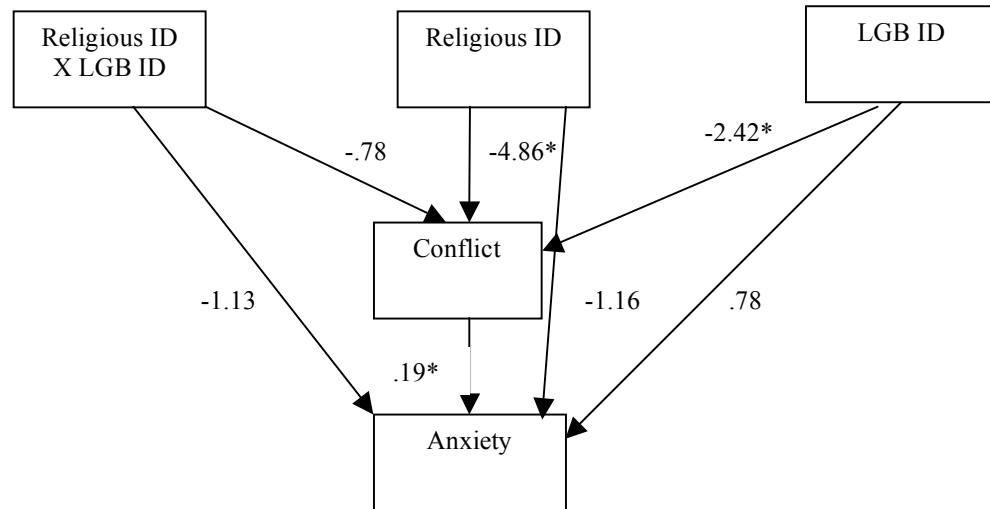
*Figure 3 Planned Analyses Depression as Outcome.* Path analysis for the indirect effect of the interaction between religious identification and LGB identification, religious identification, and LGB identification on depression through identity conflict. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$



*Figure 4 Planned Analyses Life Satisfaction as Outcome.* Path analysis for the indirect effect of the interaction between religious identification and LGB identification, religious identification, and LGB identification on life satisfaction through identity conflict. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \* $p < .05$

The same analyses were repeated using a subset of the original sample. This subset only included individuals who endorsed being a member of a religious congregation, and for whom religion was thought to be most salient ( $n = 122$ ). Although the sample size approached the minimum needed to demonstrate a medium effect size, it was believed that these effects would be especially strong for individuals who were members of religious congregations. The results indicate that identity conflict mediated the relationships between LGB identity and both anxiety and depression; similarly, identity conflict mediated the relationships between religious identity and both anxiety and depression. However, conflict was not a significant mediator of the relationships between any of the predictor variables and life satisfaction, nor was conflict a significant

mediator of the association between the interaction term and any of the outcome variables. Thus, the main hypothesis, that identity conflict would mediate the relationship between the interaction of LGB identity and religious identity and mental health outcomes was not upheld. These models are depicted in Figures 5, 6, and 7.



*Figure 5 Planned Analyses with Sample Subset Anxiety as Outcome.* Path analysis for the indirect effect of the interaction between religious identification and LGB identification, religious identification, and LGB identification on anxiety through identity conflict. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$

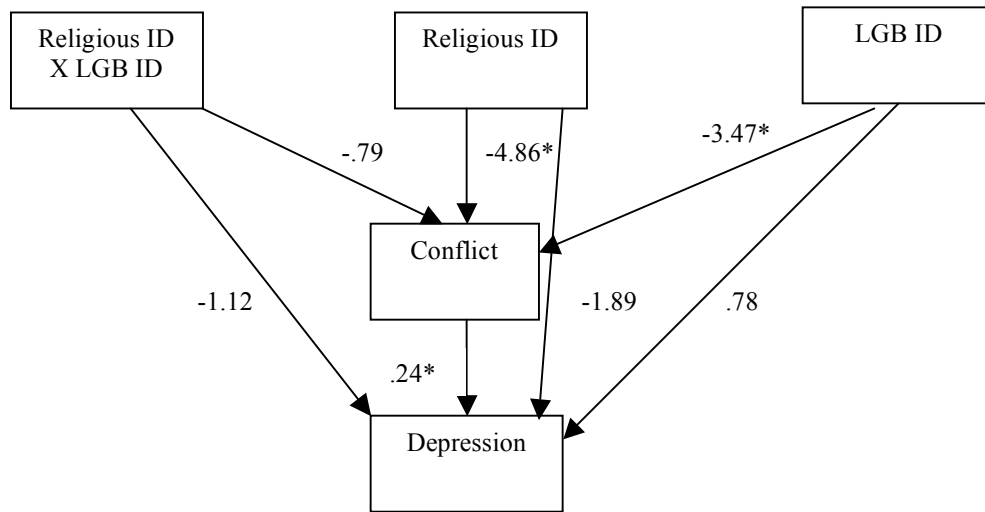


Figure 6 Planned Analyses with Sample Subset Depression as Outcome. Path analysis for the indirect effect of the interaction between religious identification and LGB identification, religious identification, and LGB identification on depression through identity conflict. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$

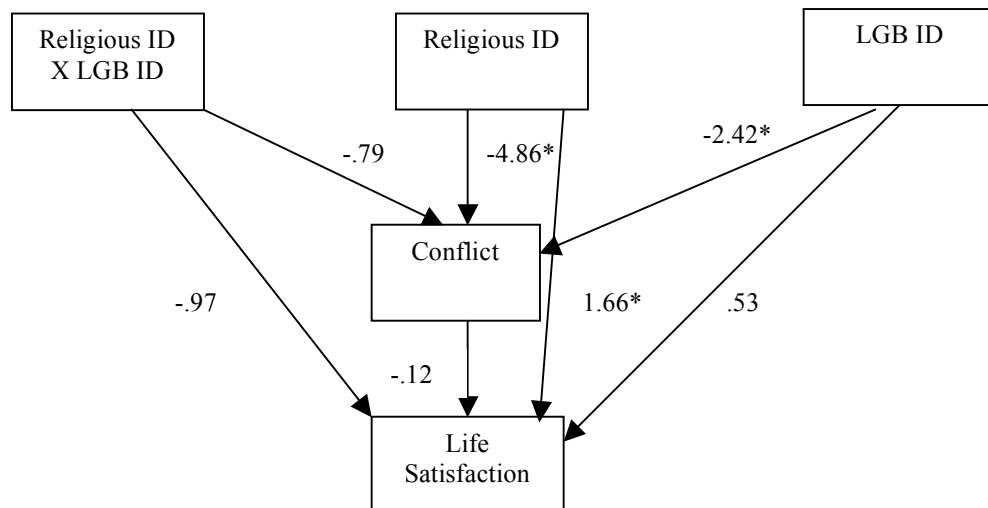
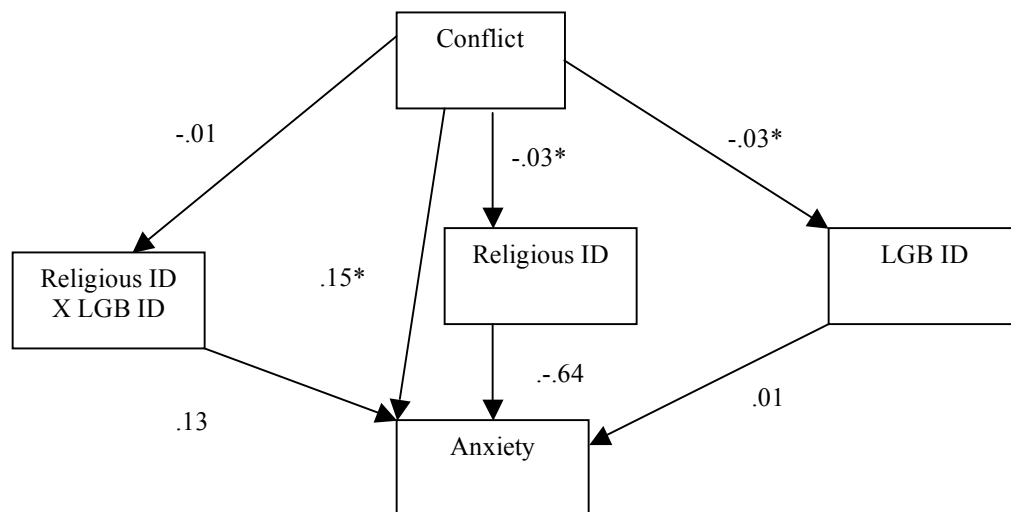


Figure 7 Planned Analyses with Sample Subset Life Satisfaction as Outcome. Path analysis for the indirect effect of the interaction between religious identification and LGB identification, religious identification, and LGB identification on life satisfaction through identity conflict. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$

*Exploratory mediation analyses.* The results from the planned analyses indicated that as identification with religion and sexual orientation increased, conflict decreases. The results from the planned analyses also indicated that as conflict decreased so did symptoms of psychopathology (i.e., anxiety and depression), while life satisfaction increased. However, there was lack of support for the predicted relationship between the interaction term, conflict, and the outcome variables. As a result, additional analyses were conducted to investigate conflict as the possible predictor variable and LGB identification, religious identification, and the interaction between the two as possible mediators. Results indicated that both religious identification and LGB identification, but not the interaction between the two, mediated the relationship between identity conflict and life satisfaction. All other CI contained zero. These models are depicted in Figures 8, 9, and 10.



*Figure 8 Exploratory Analyses Anxiety as Outcome.* Path analysis for the indirect effect of identity conflict on anxiety through the interaction between religious identification and LGB identification, religious identification, and LGB. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$

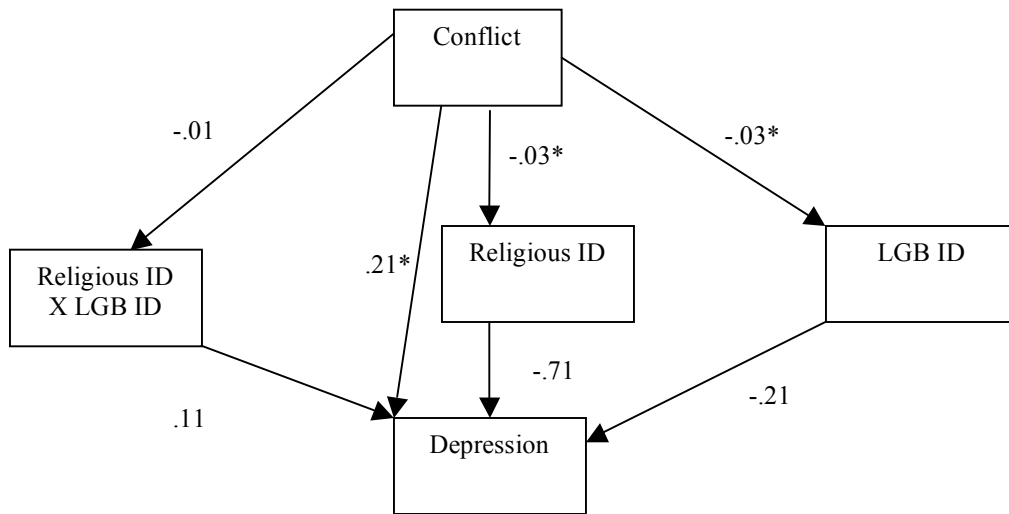


Figure 9 Exploratory Analyses Depression as Outcome. Path analysis for the indirect effect of identity conflict on depression through the interaction between religious identification and LGB identification, religious identification, and LGB. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$

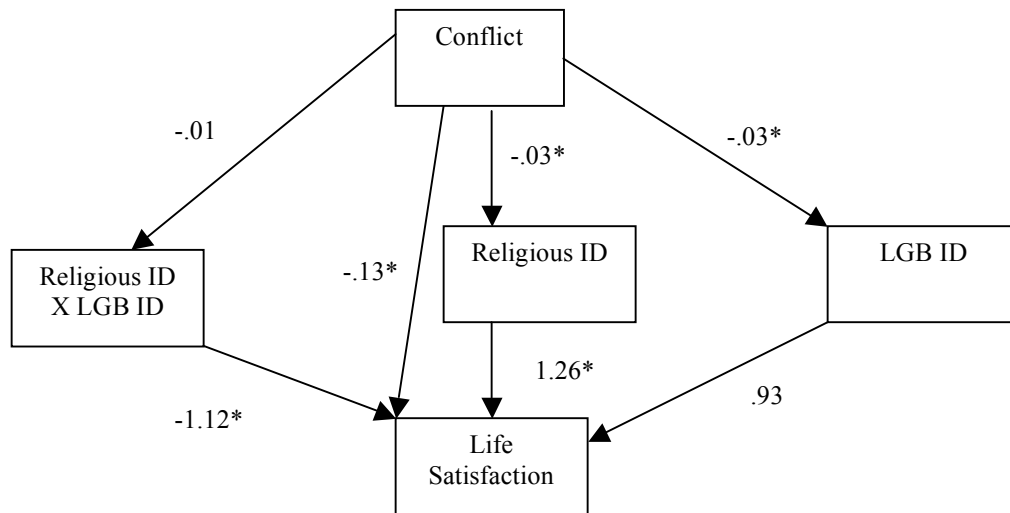


Figure 10 Exploratory Analyses Life Satisfaction as Outcome. Path analysis for the indirect effect of identity conflict on life satisfaction through the interaction between religious identification and LGB identification, religious identification, and LGB. Statistical significance was determined by bootstrapped 95% confidence interval estimates of path coefficients. \*  $p < .05$



## DISCUSSION

The purpose of this study was to examine the role of identity conflict in the relationship between two potentially conflicting identities, religious identity and LGB identity, and mental health outcomes. It was hypothesized that identity conflict would mediate the relationship between the interaction of LGB and religious identities and increased anxiety and depression and decreased life satisfaction. Results revealed that conflict between one's religious identity and one's identity as an LGB individual partially explained the relationship between those two identities and symptoms of psychopathology, specifically anxiety and depression, in addition to life satisfaction. However, conflict did not mediate the relationship between the interaction of those two identities and mental health outcomes. Although past research has demonstrated that strong identification with a community, such as an LGB community or a religious community, can be a protective factor from psychopathology (e.g., Bowleg, et al., 2003; D'Augelli, Collins, & Hart, 1987; George, Ellison, & Larson, 2002; Ueno, 2005), the results of the current study suggest that if one experiences conflict between two communities, one is likely to decrease identification with one or both identities and this decrease in identification. The results of the current study also suggest that experiencing identity conflict is associated with experiencing increased anxiety and depression and decreased life satisfaction.

Of note, however, LGB and religious identification both demonstrated a significant negative relationship with identity conflict. This suggests that as one experiences conflict between two identities or communities, one may decrease the strength of identification with either one or both communities as a way of decreasing internal conflict. It is important to note that this interpretation of the results implies causal processes that both are in the opposite direction than the hypotheses predicted and that the cross-sectional design of the current study limits the ability to make with certainty. The results of the current study have potential clinical implications. They build upon previous research in demonstrating that strongly identifying with a social group can contribute to increased life satisfaction. However, the results further imply that one's identification with a social group cannot be assumed to exist in a vacuum without influence from concurrent identification with other social groups. Social groups that an individual perceives to be in conflict with each other may not serve the same role that multiple social identities perceived to complement each other. In particular, individuals who experience conflict between social identities may report increased levels of anxiety and depression and decreased levels of life satisfaction. Additionally, individuals who experience identity conflict may attempt to minimize the feelings of conflict by weakening their identification with one or both of those groups. This finding was not predicted by the hypotheses, which predicted that identity strength would predict level of identity conflict, rather than the reverse. Although weakening identification with these groups may result in reduced conflict, this may not be a satisfactory solution for the individual. Those working in a mental health setting with these individuals may want to

explore other means by which these individuals can reduce conflict, such as by seeking out more affirming communities.

Such alternatives are consistent with Festinger's (1957) theory of cognitive dissonance. Festinger (1957) suggested that if dissonance, or conflict or disagreement, exists, the level of the dissonance will be influenced by how important the two elements in conflict are to the individual. Festinger suggested that people can reduce dissonance by changing the behavior that creates dissonance, changing their cognitions or beliefs about the behavior, or changing the social environment that encourages dissonance. Weakening one's identification with an LGB community or a religious community as a result of conflict between these identities would be one way of reducing conflict that would be analogous to Festinger's suggestion of changing one's behavior to reduce dissonance. Other ways individuals may reduce conflict, or dissonance, may not result in a weakening of one or both these identities. These options may be alternatives for individuals for whom reducing identification with these communities is not a satisfactory solution. For example, they may change their social environments by seeking out either a religious or LGB community (or both) that are more accepting of their membership in the other group. Also, they may change their beliefs that contribute to the dissonance, such as seeking out interpretations of religious text that are affirming of an LGB identity.

Other factors not measured in the current study might also predict the level of conflict experienced between religious and sexual identities, such as the timeline by which one identified as a religious individual and as a sexual minority. For instance, Mahaffy (1996) found that lesbian Christians who experience dissonance between their faith and their sexual identity are more likely to alter their religious beliefs to

accommodate their sexual identity rather than alter the strength of their identification as a lesbian. Additionally, identifying as an Evangelical Christian, a denomination that is theologically conservative and thus associated with strong anti-gay beliefs (e.g., Finlay & Walther, 2003; Herek, 1994; Hunsberger, Owusu, & Duck, 1999; Johnson, Brems, & Alford-Keating, 1997; Morrison & Morrison, 2002; Schulte & Battle, 2004), was associated with greater experiences of dissonance. However, those lesbians who identified as Evangelical Christians prior to identifying as lesbians reported greater difficulty integrating their sexual and religious identities. One possible reason for Mahaffy's finding is prior identification with a non-affirming religious community may make it difficult to engage in some of the dissonance-reducing changes suggested by Festinger (1957). If one identifies with Christianity *following* their identification as LGB, one is more likely to seek out an accepting religious community. Because Evangelical Christianity is typically a non-affirming denomination, one's loyalty to this community, and identification with it, *prior* to coming out as lesbian may pose challenges to integrating one's new sexual minority identity with this religious identity.

Information about when in life participants identified as religious, and particularly with their current religion, compared with when they identified as LGB, and whether their religious identification has changed with their identification as LGB, might help predict who will experience conflict between these identities and whether that conflict is likely to be resolved, and, if so, how. Because people are typically raised with a religious identity since birth but typically do not identify as LGB until later in life, they are more likely to have a religious identity prior to their sexual identity. If an individual's childhood religion is non-affirming of LGB identity and this leads to conflict between

these two group identities, that person might choose to reduce this conflict by one of the methods described above. Individuals who choose to remain religious may seek out a congregation, denomination, or religion that is more affirming of LGB sexuality. Additionally, individuals raised in a religious tradition that is accepting of LGB identity may experience no conflict, or minimal levels of conflict, and therefore never choose to seek a different religious tradition.

Alternatively, an LGB individual may find difficulty gaining acceptance in an LGB community because of religious faith, but experience the religious community as accepting. In this instance, the individual may reduce identification with an LGB community while increasing identification with a religious community. However, the individual may also feel rejected by an LGB community because of religious faith and by a religious community because of sexual orientation, and may reduce ties with the religious community in order to gain acceptance by an LGB community, or seek out both a more affirming religious community and LGB community. The current study only asked about current religious faith, therefore whether participants had shifted religions, denominations, or congregations following their identification as LGB was not captured. Additionally, whether individuals had initially identified with an LGB community that was less affirming of their faith but now identify with a more faith-affirming LGB community was also not captured. Future research should explore at what age participants identified with their current religious community, any previous religious communities with which they identified, reasons for shifting identification, and at what age they came out as LGB.

Conflict mediated the relationships between both LGB identification and religious identification and life satisfaction. There was a significant negative association between conflict and life satisfaction. This finding suggests that experiencing conflict between two or more identities or groups may influence how satisfying and fulfilling one experiences life. Thus, the current study helps to explain mixed results from past research regarding mental health outcomes for religiously identified LGB individuals (e.g., Mohr & Fassinger, 2000; Rosario, et al., 2006; Rostosky, et al., 2007; Woods, et al., 1999). It appears that a strong religious identification is negatively associated with levels of anxiety and depression and positively associated with life satisfaction. However, that identification may be weakened when an individual experiences identity conflict between that religious identity and an LGB identity. This conflict is associated with decreased life satisfaction, and increased levels of anxiety and depression.

A subset of the participants was examined in further analyses. This subset represented participants who identified as belonging to a religious congregation. Although participants were excluded from the study if they endorsed belonging to a primarily LGB congregation, due to the assumption that these individuals would not experience high levels of identity conflict, participants who did not endorse belonging to any congregation were included, due to the belief it would be difficult to find a sufficiently large sample of LGB individuals who are members of religious congregations. However, enough religiously affiliated individuals did participate to explore this sample separately. It was assumed that these participants represent LGB individuals for whom religion is most salient.

For this subset, like the larger sample, conflict mediated the relationship between LGB identity and both anxiety and depression, and the relationship between religious identity and both anxiety and depression. Additionally, like the large sample, conflict did not mediate the relationship between the interaction between LGB identity and religious identity and any of the outcome variables. Furthermore, like the large sample, both LGB identity and religious identity demonstrated significant negative relationships with identity conflict, indicating that these participants may also decrease their identification with one, or both, groups when experiencing conflict between two social identities, which is the reverse causal direction of what was originally predicted. Unlike the larger sample, however, for this subset, conflict did not mediate the relationship between LGB identity or religious identity and life satisfaction. For this subset, there was a significant positive direct relationship between religious identity and life satisfaction but not between LGB identity and life satisfaction. This suggests that those for whom religion is likely most salient, experience increased life satisfaction with increased religious identification, but not with increased LGB identification. This finding supports previous research that has demonstrated the benefits of religiosity and extends that finding to LGB individuals. However, it also contradicts previous research that demonstrates the benefits of a strong LGB identification. It appears, that for individuals who are affiliated with a specific religious community (i.e., a religious congregation), religious identification plays a more important role in experiencing life as satisfying and fulfilling, than affiliation with an LGB community. Or it may be that these individuals, for whom religion is so salient, when experiencing conflict between religious and LGB identification, choose to decrease identification with an LGB community in favor of identification with their religious

community. Therefore, the benefits of LGB identification (i.e., increased life satisfaction) are reduced, while the benefits of religious identification remain.

Exploratory analyses were conducted with the entire sample to determine whether a better model for these variables may be one in which the relationship between identity conflict and mental health outcomes is explained by the mediating effects of religious identification, LGB identification, and the interaction between those identities. When this model was tested, both LGB identification and religious identification mediated the relationship between identity conflict and life satisfaction. Lower levels of conflict were associated with higher levels of identification with religious and LGB communities and life satisfaction.

The primary difference between the two models is one of theory – the two models propose two different ways to explain the relationship between LGB identity, religious identity, identity conflict and mental health outcomes. Understanding levels of identity conflict helps explain the relationship between religious identity and LGB identity and depression and anxiety. An individual who experiences a great deal of identity conflict is likely to reduce identification with a religious community, an LGB community, or both communities and experience increased anxiety and depression. Additionally, understanding levels of identity conflict helps explain the relationship between religious identity and LGB identity and life satisfaction. An individual who experiences a great deal of identity conflict is likely to reduce identification with a religious community, an LGB community, or both communities and experienced decreased life satisfaction. Alternatively, understanding levels of LGB and religious identification also helps explain the relationship between identity conflict and life satisfaction. An individual, who



experiences strong identification with an LGB community, a religious community, or both, is likely to experience low levels of identity conflict and greater life satisfaction.

The results of prior research indicate that group identification can serve as a protective factor from psychopathology and enhance mental well-being. The results of this study suggest that it is also important to take into account the nature of the different groups with which an individual identifies. For instance, the value of an individual identifying with an LGB community may be that it provides a social context that counteracts negative stereotypes and promotes intragroup, rather than intergroup, comparison (e.g., Balsam & Mohr, 2007; Duggan, 1995; Meyer, 2003). However, an individual who also identifies with a group that promotes those negative LGB stereotypes, as a religious group might, is not likely to benefit as strongly from identifying with an LGB community. Likewise, past research has demonstrated that individuals whose secular communities are rejecting of their religious faith do not receive the same benefits from identification with a religious community as do others whose secular communities are supportive or who do not have social networks outside of their religious community (Exline, Yali, & Sanderson, 2000). An individual who identifies with two groups that have conflicting values may not benefit in the same ways as others who identify with only one or the other group, if as a result of the conflicting values, the individual experiences identity conflict.

This builds upon previous research that demonstrated an association between weakening one's sense of community with a group whose values conflict with another community with which one identifies (Brodsky, 1996). The current study suggests that conflicting identities is associated with weakened identification with one or both, of those

identities. Furthermore, like the research on multiple PSOC has demonstrated, having strong identification with at least one community is associated with resiliency, or increased levels of life satisfaction. What remains unclear, is whether there is an additive effect, or increased benefit, of multiple group identification for mental health when religious and LGB communities are *not* perceived to be in conflict.

The current results particularly underscore the idea that group identification is not static, but rather is a dynamic process in which the strength of identification may fluctuate with an individual's experiences, positive or negative. In particular, when an individual experiences conflict between groups, either as a result of perceived incompatibility of the groups or due to ostracism by one or both groups due to membership in the other group, the individual may alter his or her identification with one or both groups. Identity conflict, therefore, may influence how strongly one identifies with a group at any one time.

As an individual experiences increased conflict, the individual may decrease identification with one or both groups, which could then lead to poorer mental health. Conversely, as an individual experiences less conflict with or more acceptance by the group, that individual may increase identification with those groups and experience better mental health. Conflict can also change over time, as a function of how salient one aspect of identity is to an individual. For instance, conflict with one's religious identity may increase on days when one participates in religious activities such as attending religious services. Likewise, conflict with one's LGB identity may increase as one participates in events related to an LGB community. Therefore, changing levels of group identification

may result from changing levels of conflict; alternatively, changing levels in conflict may result from how salient one's group identification is at the time.

As noted above, group identification is a dynamic, not static, aspect of a person's self-identity. However, the study's cross-sectional design did not allow for the measure of changes in group identification over time. Changes in these group identifications would provide further information regarding the process by which one strengthens or weakens group identification, experiences conflict between social groups, and experiences changes in mental health. Additionally, the influence of LGB identification on religious identification, and vice versa, was not explored.

Previous research has demonstrated that gay men's sense of belonging to the gay community may increase their sense of belonging to the general, heterosexual, community, which may, in turn reduce their experience of depression. Research also suggests that gay men who report feeling valued by and as fitting into the general community report a higher sense of belonging to the gay community and also less depression (McLaren, Jude, & McLachlan, 2008). This finding suggests that strong identification with one community may influence, and strengthen, identification with another community. Therefore, when a person increases his/her identification with one group, he/she may decrease his/her identification with another group in order to minimize amount of identity conflict experienced. However, like the current study, McLaren et al.'s research was cross-sectional. Longitudinal studies are necessary for examining these hypotheses. .

Another major limitation with this study is that participants were not recruited specifically from religious faiths or religious congregations known for their anti-

homosexual dogma and practices. As a result, actual levels of conflict experienced by participants may have been relatively low, even though individuals belonging to a primarily LGB congregation (e.g., Metropolitan Community Church) were excluded from the study for this reason and there appeared to be a good amount of variability. Data from this study indicate most participants ranked their experience of identity conflict as a medium amount, or as “neither agree nor disagree.” However, without further normative data from this population, there is no way to gauge whether this is typical of religiously identified LGB individuals.

Having a sampling methodology that selectively recruits participants that do not perceive their congregation or clergy as high in acceptance may have yielded higher levels of identity conflict. One of the drawbacks of snowball sampling, as used in this study, is that the composition of the participant sample is not precisely known. Nevertheless, in light of previous research indicating fairly low levels of religiosity among LGB individuals compared to the heterosexual population (Bell & Weinberg, 1978; Rosario, et al., 2006), and the resulting potential difficulty in recruiting a sufficiently large sample, we decided to accept this limitation. However, given the relative ease with which the researcher reached and exceeded the number of participants needed for statistical power, future studies may want to selectively recruit individuals who belong to particularly anti-gay faiths or congregations.

The experience of religiously identified LGB individuals is largely unexplored. The current study is one of few studies selectively examining the experiences of religious LGB individuals. Although limitations of the current study do exist, this study has strengths resulting from the unique aspects of the research goals. Importantly, it appears

that religiously identified LGB individuals in general do not tend to experience high levels of identity conflict as a result of affiliation with these two social groups. Additionally, group identification promotes mental well-being for both identification with an LGB community and a religious community, thus extending past research using heterosexual participants on the benefits of religious identification to an LGB sample. This study for the first time demonstrates that when one's sexual identity and religious identity are in conflict, the benefits of identification no longer hold. Further, when those identities are in conflict, individuals may reduce identification with one or both identities as a way of reducing dissonance. Although much about this area remains to be explored, the present study has made important first strides toward better understanding the dynamic of social identification between two potentially conflicting social groups.

## APPENDICES

Table 1

*Descriptive Statistics for Main Variables*

Variable	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
Religious ID	43.98	9.19	19.00	56.00
LGB ID	46.33	8.12	23.00	56.00
Anxiety	19.99	9.04	11.00	54.00
Depression	22.33	9.54	11.00	51.00
Life Satisfaction	22.55	6.90	5.00	35.00
ID Conflict	18.81	9.80	6.00	42.00

*Note:* N = 174.

Table 2

*Intercorrelations of the Variables Used in Mediation Analyses*

Variable	1.	2.	3.	4.	5.	6.
1. Religious ID	—					
2. LGB ID	.06	—				
3. Anxiety	-.13	.06	—			
4. Depression	-.15	-.10	.82**	—		
5. Life Satisfaction	.24**	.21**	-.34**	-.49**	—	
6. ID Conflict	-.35**	-.33**	.19*	.24**	-.28**	—

*Note:* N = 174. A double asterisk indicates correlation is significant at .01 alpha level; a single asterisk indicates correlation is significant at .05 level. All p-values were two tailed.

Table 3

*Coefficients and Standard Errors for Total Effects and Confidence Intervals for Indirect Effects*

Variable	Coeff	<u>Anxiety</u>		<u>Depression</u>			<u>Life Satisfaction</u>		
		<i>SE</i>	95%CI	Coeff	<i>SE</i>	95%CI	Coeff	<i>SE</i>	95%CI
N = 175 (planned analyses)									
Religious ID X LGB ID	.09	.77	(-.43,.17)	.05	.81	(-.50, .23)	-1.07	.56	(-.13, .37)
Religious ID	-1.14	.69	(-1.26, -.01)	-1.38	.73	(-1.51, -.13)	1.70*	.50	(.03, .95)
LGB ID	-.46	.69	(-1.23, -.05)	-.83	.72	(-1.32, -.15)	1.32*	.50	(.04, .94)
N = 122 (planned analyses)									
Religious ID X LGB ID	-1.28	.91	(-.83,.19)	-1.32	1.02	(-1.06, .25)	-.88	.75	(-.10, .62)
Religious ID	-2.08*	.89	(-2.20, -.11)	-3.04*	1.00	(-2.65, -.25)	2.23*	.74	(-.08, 1.5)
LGB ID	.32	.79	(-1.48, -.03)	.06	.89	(-1.84, -.17)	.81	.65	(-.00, 1.04)
N = 174 (exploratory analyses)									
Conflict	.18*	.07	(-.05, .09)	.24*	.07	(-.04, -.10)	-.20*	.05	(-.13, -.01)

*Note.* Statistical significance of total effects was determined through use of confidence interval estimates. Confidence interval (CI) limits are bias corrected and accelerated estimates based on 2,000 bootstrapped samples (Shrout & Bolger, 2002).

\* $p < .05$



Measures  
**Demographics**

What is your sex:

- ☐ Woman
- ☐ Man
- ☐ Transgender Woman
- ☐ Transgender Man
- ☐ Intersex
- ☐ Other

What is your sexual orientation:

- ☐ Lesbian Woman
- ☐ Gay Man
- ☐ Bisexual Woman
- ☐ Bisexual Man
- ☐ Heterosexual (skip out of rest of survey)

I consider myself to be a member of a religious congregation (such as a church,  
synagogue or mosque)

Yes                      No

If yes, the religious congregation I belong to is a primarily gay and lesbian congregation

Yes                      No

(If yes, skip out of the rest of the survey.)

Are you married or in a marriage-type relationship?

Yes                      No

If yes, is your partner a:

Man

Woman

What is your race or ethnicity? Do you consider yourself to be:

\_\_\_ African-American/Caribbean-American/Black

\_\_\_ Asian-American or Pacific Islander

\_\_\_ Caucasian/White (non-Hispanic)

\_\_\_ Hispanic/Latino

\_\_\_ Native American/Alaskan Native

\_\_\_ Multi-racial (Please Specify)

\_\_\_ Other (Please Describe)

What is your highest level of education?

\_\_\_ Less than High School

\_\_\_ Finished High School or the equivalent (GED)

\_\_\_ Some College

\_\_\_ Undergraduate Degree (BA or BS)

\_\_\_ Some Graduate Education

\_\_\_ Graduate Degree (e.g., MA, PhD)

## Religious Community

These questions are about your religion or your religious group and how you feel about it or react to it:

In terms of my religion, I consider myself to be:

- ☐ Baptist
- ☐ Buddhist
- ☐ Catholic
- ☐ Christian Scientist
- ☐ Episcopalian
- ☐ Greek Orthodox
- ☐ Hindu
- ☐ Jewish
  - ☐ -Hassidic
  - ☐ -Orthodox
  - ☐ -Conservative
  - ☐ -Reconstructionist
  - ☐ -Reform
  - ☐ -Other/Not-affiliated
- ☐ Lutheran
- ☐ Mennonite
- ☐ Methodist
- ☐ Mormon (LDS)
- ☐ Muslim
- ☐ Non-Denominational Christian
- ☐ Pentecostal
- ☐ Presbyterian
- ☐ Quaker
- ☐ Seventh Day Adventist
- ☐ Spiritual (not affiliated with any particular religious group)
- ☐ Unitarian Universalist
- ☐ Wiccan/Pagan
- ☐ Other

1. I have spent time trying to find out more about my religion.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
2. I am active in organizations or social groups that include mostly people from my religion.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
3. I have a clear sense of my religion and what it means for me.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
4. I like meeting and getting to know people from outside my religion.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
5. I think a lot about how my life will be affected by my religion.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
6. I am happy that I am a member of my religion.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
7. I sometimes feel it would be better if different religions didn't try to mix together.  

1	2	3	4
Disagree			Agree
Strongly			Strongly
  
8. I am not very clear about the role of my religion in my life.  

1	2	3	4
Disagree			Agree
Strongly			Strongly

9. I often spend time with people from religions other than my own.

1	2	3	4
Disagree			Agree
Strongly			Strongly

10. I really have not spent much time trying to learn more about the culture and history of my religion.

1	2	3	4
Disagree			Agree
Strongly			Strongly

11. I have a strong sense of belonging to my religion.

1	2	3	4
Disagree			Agree
Strongly			Strongly

12. I understand pretty well what being a part of my religion means to me, in terms of how to relate to others in my religion and other religion.

1	2	3	4
Disagree			Agree
Strongly			Strongly

13. In order to learn more about my religion, I have often talked to other people about my religion.

1	2	3	4
Disagree			Agree
Strongly			Strongly

14. I have a lot of pride in my religion and its accomplishments.

1	2	3	4
Disagree			Agree
Strongly			Strongly

15. I don't try to become friends with people from other religions.

1	2	3	4
Disagree			Agree
Strongly			Strongly

16. I participate in the practices of my religion such as holidays, attendance at services, or religious rituals such as praying.

1	2	3	4
Disagree			Agree
Strongly			Strongly

17. I am involved in activities with people from other religions.

1	2	3	4
Disagree			Agree
Strongly			Strongly

18. I feel a strong attachment toward my religion.

1	2	3	4
Disagree			Agree
Strongly			Strongly

19. I enjoy being around people from other religions.

1	2	3	4
Disagree			Agree
Strongly			Strongly

20. I feel good about my religion.

1	2	3	4
Disagree			Agree
Strongly			Strongly

## **LGB Community**

These questions are about your sexual orientation and the LGB community and how you feel about it or react to it.

1. I have spent time trying to find out more about the LGB community.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

2. I am active in organizations or social groups that include mostly LGB people.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

3. I have a clear sense of my sexual orientation and what it means for me.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

4. I like meeting and getting to know people from outside the LGB community.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

5. I think a lot about how my life will be affected by my sexual orientation.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

6. I am happy that I am a member of the LGB community.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

7. I sometimes feel it would be better if straight and LGB people didn't try to mix together.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

8. I am not very clear about the role of my sexual orientation in my life.

1	2	3	4
Disagree		Agree	
Strongly		Strongly	

9. I often spend time with straight people.

1	2	3	4
Disagree			Agree
Strongly			Strongly

10. I really have not spent much time trying to learn more about the culture and history of the LGB community.

1	2	3	4
Disagree			Agree
Strongly			Strongly

11. I have a strong sense of belonging to the LGB community.

1	2	3	4
Disagree			Agree
Strongly			Strongly

12. I understand pretty well what being a part of the LGB community means to me, in terms of how to relate to LGB people and straight people.

1	2	3	4
Disagree			Agree
Strongly			Strongly

13. In order to learn more about LGB culture, I have often talked to other people about LGB culture.

1	2	3	4
Disagree			Agree
Strongly			Strongly

14. I have a lot of pride in the LGB community and its accomplishments.

1	2	3	4
Disagree			Agree
Strongly			Strongly

15. I don't try to become friends with people from outside the LGB community.

1	2	3	4
Disagree			Agree
Strongly			Strongly

16. I participate in LGB cultural practices, such as pride events, benefits, or marches.

1	2	3	4
Disagree			Agree
Strongly			Strongly



17. I am involved in activities with straight people.

1	2	3	4
Disagree			Agree
Strongly			Strongly

18. I feel a strong attachment towards the LGB community.

1	2	3	4
Disagree			Agree
Strongly			Strongly

19. I enjoy being around people from the straight community.

1	2	3	4
Disagree			Agree
Strongly			Strongly

20. I feel good about being a part of the LGB community.

1	2	3	4
Disagree			Agree
Strongly			Strongly

### Religion and LGB Identity

These questions focus on your religious identity and your identity as a lesbian woman/gay man. Please indicate to which extent these questions statements describe you at this point in time.

	Disagree Strongly					Agree Strongly	
1. I feel little or no conflict between my cultural identity and my identity as an LGB individual.	1	2	3	4	5	6	7
2. I am more concerned with the welfare of my religious group than of the LGB community.	1	2	3	4	5	6	7
3. I have personally experienced religious prejudice within the LGB community.	1	2	3	4	5	6	7
4. I identify more strongly with my religious group than with the LGB community.	1	2	3	4	5	6	7
5. I have not yet found a way to integrate being an LGB individual with being a member of my religious group.	1	2	3	4	5	6	7
6. It is easy for me to be both an LGB individual and a member of my religious group.	1	2	3	4	5	6	7
7. I am angry at the way the LGB community treats members of my religious group.	1	2	3	4	5	6	7
8. I separate my LGB and religious identities.	1	2	3	4	5	6	7
9. I have found the LGB community to be embracing of my religious identity.	1	2	3	4	5	6	7

10. I identify more as an LGB individual than as a member of my religious community.	1	2	3	4	5	6	7
11. I have felt rejected by the LGB community because of my religious identity.	1	2	3	4	5	6	7
12. I often feel like I'm betraying either my religious community or the LGB community.	1	2	3	4	5	6	7
13. I have greater interest in LGB issues than in the issues of my religious community.	1	2	3	4	5	6	7
14. I feel as if my sense of religious identity is at odds with my LGB identity.	1	2	3	4	5	6	7
15. I have equal interest in LGB issues and in the issues of my religious community.	1	2	3	4	5	6	7

### Symptom Checklist – 90

Use the following response choices.

1 - Not at all   2 - A little bit   3 – Moderately   4 - Quite a bit   5 - Extremely

In the PAST WEEK INCLUDING TODAY, how much were you distressed by:

___	1. Nervousness or shakiness inside
___	2. Loss of sexual interest or pleasure
___	3. Feeling low in energy or slowed down
___	4. Trembling
___	5. Crying easily
___	6. Feelings of being trapped or caught
___	7. Suddenly scared for no reason
___	8. Blaming yourself for things
___	9. Feeling lonely
___	10. Feeling blue
___	11. Worrying too much about things
___	12. Feeling no interest in things
___	13. Feeling fearful
___	14. Heart pounding or racing
___	15. Feeling hopeless about the future
___	16. Feeling tense or keyed up
___	17. Feeling everything is an effort
___	18. Spells of terror or panic
___	19. Feeling so restless you couldn't sit still
___	20. Feelings of worthlessness
___	21. The feeling that something bad is going to happen to you
___	22. Thoughts and images of a frightening nature

### Satisfaction with Life Scale

Below are five statements that you may agree or disagree with. Using the 1-7 scale below, indicate your agreement with each item. Please be open and honest in your responding.

7 – Strongly agree

6 – Agree

5 – Slightly agree

4 – Neither agree nor disagree

3 – Slightly disagree

2 – Disagree

1 – Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

2. The conditions of my life are excellent.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

3. I am satisfied with my life.	1	2	3	4	5	6	7
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4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
--	---	---	---	---	---	---	---

5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7
---	---	---	---	---	---	---	---

## Conclusion

We are also interested to find out what you thought about participating in our research project. Please feel free to share any thought you have below:

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Thank you for your participation. We are trying to find more people to participate in this study. If you are interested in helping us find additional participants, please enter your email address below and you will be contacted by one of the researchers. Your email address will not be associated with your answers, and providing it is entirely optional.

Do you consent to have a researcher contact you via email to help us find additional research participants?

Yes    No

If yes -> please enter your email address below:

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## CURRICULUM VITAE

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