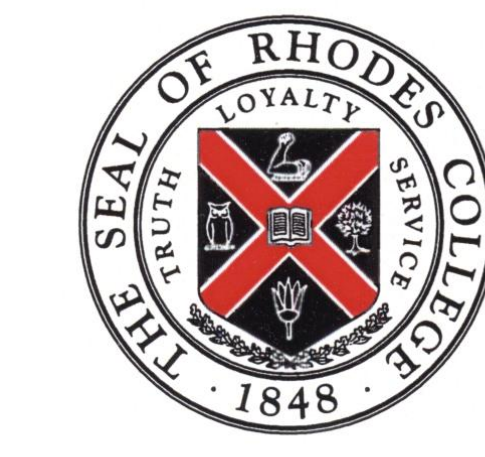
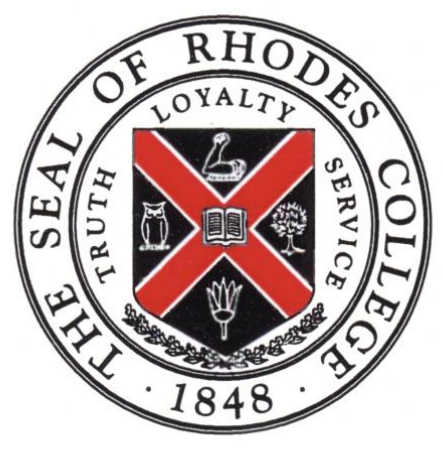


Does Rejecting an LGB identity label negatively effect mental health? A study of same-sex attracted Mormon adults

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Sexual Identity Labeling, Religion, and Mental Health: A Study of LGB and Label-Rejecting Mormons

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Introduction

- Some churches, such as the Church of Jesus Christ of Latter-Day Saints (LDS), have carefully distinguished their positions on same sex attraction (SSA) from their views about Lesbian, Gay, and Bisexual (LGB) identity adoption and homosexual behavior. Although the LDS church does not condemn same-sex sexual attraction, it condemns same-sex sexual behaviors and LGB identity labels (Church of Jesus Christ of Latter-Day Saints, 2007).
- This conflict between religious and sexual identities can complicate sexual identity development for individuals who experience same-sex attraction, and lead some same-sex attracted individuals to reject an LGB identity label (Label Rejecters).
- Adopting an LGB identity label can have positive effects on health by increasing sexuality-related and non-sexuality-related social support, which has direct effects on well being (Doty, 2010).
- In contrast, LGB individuals consistently demonstrate higher rates of mental health issues due to the consequences of Minority Stress (Cochran, Sullivan, & Mays, 2003; Meyer, 2003).
- Sexual identity concealment can lead to an increase in depressive symptoms and lower psychological well being (Riggle, Rostosky, Black, & Rosenkrantz, 2017).
- Religious involvement is associated with better mental and physical health (Bonelli & Koenig, 2013; Sherkat & Reed, 1992)
- Religious involvement is also associated with negative attitudes towards gays and lesbians (Brown, Babucarr, & Taylor, 2014; Doebler, 2015; Shwartz & Lindley, 2005) as well as higher levels of Internalized homonegativity and more mental health issues in LGB individuals (Brown, Babucarr, & Taylor, 2014; Meladze & Brown, 2015; Sowe, Brown, & Taylor, 2014).
- Despite these trends, it is unclear as to how this information applies to Label Rejecters due to the intersection of their relatively understudied religious and sexual identities. The present study aims to intersectionally examine this populations of Label Rejecters in order to further the scientific community's understanding of sexual identity development.

Methods

- Data:** The current study used a subsample of data from the Four Options Survey (Beckstead et al., 2018). The survey was available for 10 months, from September 2016 to June 2017 on the platform SurveyMonkey.
- Participants:** Our subsample consisted of 602 total participants, all of whom were current or former Mormons over the age of 18 who had experienced same-sex attraction at some point in their lives. We separated this sample into two groups – Label Rejecters and LGB – matched by relationship status. The Label Rejecters group included individuals who identified as “same-sex attracted,” “heterosexual with same-sex attraction,” “non-heterosexual,” or selected “I do not use a label.”
- Measures:** Demographic variables, Internalized Homonegativity, Depression, Anxiety, Sexual Attraction, Flourishing, Self Acceptance, time spent trying to change sexual attraction, current contentedness with sexual feelings, religious activity, Church standing, orthodoxy, approach to life based on religion, religious/sexual identity preference, and resolution about sexuality and religion.

Statistical Analysis

- Data were analyzed in SPSS Version 22.
- Chi Squared statistics and Independent Samples *t*-test were used to analyze demographic variables.
- Independent Samples *t*-tests were used to analyze mental health variables.
- Chi Squared statistics and Independent Samples *t*-test were used to analyze religious variables.

What is the impact of rejecting a sexual identity label on the mental health and religious outcomes of Mormon individuals experiencing same-sex attraction?

- What are the demographic characteristics of Label Rejecters?
- How does the mental health of people who reject a sexual identity label differ from those who endorse a label while making similar life decisions?
- How does the religiosity/spirituality of people who reject a sexual identity label differ from those who endorse a label while making similar life decisions?

Table 2.
Mental Health Variables

		<i>M</i>	<i>SD</i>	<i>t</i>	Cohen's <i>d</i>
Physical Health	LGB	5.21	1.58	0.44	0.03
	LR	5.16	1.58		
Substance Use	LGB	1.11	0.47	1.33	0.07
	LR	1.07	0.59		
Depression	LGB	1.90	0.71	2.47	0.21
	LR	1.76	0.62		
Flourishing	LGB	5.69	0.93	-0.70	-0.05
	LR	5.74	0.94		
Life Satisfaction	LGB	4.35	1.41	-1.24	-0.11
	LR	4.50	1.43		
Anxiety	LGB	1.98	0.78	2.21	0.18
	LR	1.84	0.75		
Internalized Homonegativity	LGB	3.81	1.88	-5.80**	-0.47
	LR	4.63	1.56		
Currently Content with Sexual Feelings	LGB	0.56	0.50	4.05**	0.32
	LR	0.40	0.49		

p* < .01, *p* < .001

Table 3.
Religious Variables

	<i>N</i>	<i>M</i>	<i>SD</i>	<i>t</i>	Cohen's <i>d</i>
Overall	602				
LR	301				
LGB	301				
Religious Activity	602			3.95**	-0.32
LR	301	1.79	1.14		
LGB	301	2.21	1.44		
Religious Approach	602			-5.62**	0.46
LR	301	6.99	1.83		
LGB	301	6.26	1.34		
Resolved	602			-0.74	0.06
LR	301	4.49	2.10		
LGB	301	4.36	2.18		
Outness	602			3.77**	0.22
LR	301	2.38	0.97		
LGB	301	2.13	1.29		
Religious Fulfillment	602			4.29**	-0.33
LR	301	3.53	2.17		
LGB	301	4.19	1.85		

		%		Cramer's <i>V</i>	χ^2
Religious affiliation	Not Religious	4.0	8.3	.12	4.87
	Mormon	93.0	85.0		
	Religious, not Mormon	3.0	6.6		
Orthodoxy	Conservative	50.7	33.2	.26**	17.19
	Moderate	22.9	16.6		
	Liberal	4.1	9.2		
	Not religious	1.4	9.8		
	Other	20.9	30.2		
Religious status	Full Member	84.7	78.4	.08	3.99
	Not full member	15.3	21.6		

p* < .01, *p* < .001

Research Questions:

Discussion

- Minority Stress Theory:** Consistent with previous literature, we found that Label Rejecters evidenced significantly higher levels of internalized homonegativity (Wilkerson, Smolenski, Brady, & Rosser, 2012). This may be due to the increased stress from religious organizations that Label Rejecters face regarding sexuality.
- Contrary to our hypothesis, no significant differences were observed between LGB individuals and Label Rejecters for measures of physical health, substance use, flourishing, and life satisfaction. These findings are unexpected due to the hypothesized increase in levels of mental health issues in sexual minority individuals proposed by the Minority Stress Theory. The lack of significant difference between the two groups might suggest that there are certain protective factors associated with rejecting a sexual identity label in certain contexts.
- Intersectionality:** Label Rejecters were more religiously affiliated and tended to have more conservative religious views when compared to LGB individuals. Due to the homonegative attitudes often associated with conservative religions, it is interesting that this trend for Label Rejecters to be more conservative did not lead to more negative mental health outcomes. In addition, Label Rejecters were more active in their religions, reported that religion was more important to their fulfillment, and demonstrated a more religious approach to life. Taken together, these findings demonstrate that the Label Rejecters group are much more engaged with their religion, which may have allowed them to experience the positive health benefits often associated with religious involvement (Bonelli & Koenig, 2013; Lassiter et al., 2017; Rosenkrantz et al., 2016).
- Outness/Disclosure:** Highly religious individuals often conceal their sexual identities for a longer time and come out later in life as compared to non-religious individuals (Hoffarth et al., 2017). Due to this trend, we hypothesized that Label Rejecters would be less out about their same-sex attraction when compared to their LGB counterparts. Contrary to our hypothesis, Label Rejecters were significantly more out when compared to LGB individuals. This may be due to the Mormon church's tendency to be more accepting of same-sex attracted individuals than of individuals who adopt an LGB identity (Brown, 2015). Since our sample consisted of current or former Mormons, it is possible that the LGB group was less out due to the anticipation of the consequences for openly identifying as LGB in a Mormon context.

Limitations and Future Directions

- Our sample consisted entirely of current or former Mormons, the majority of whom were White men. Although this study established a basic understanding of Label Rejecters in the Mormon context, future studies should expand the sample to include individuals of different religions to better understand this minority group.
- To increase construct validity, future studies should further investigate the legitimacy of using an Internalized Homonegativity scale on Label Rejecting individuals and should consider creating a new or revised version specifically for Label Rejecters.
- The current study found no differences between Label Rejecters and LGB individuals on most mental health variables, and even found slightly lower levels of anxiety and depression. Future investigations should seek to replicate our results and explore these possible health differences between LGB individuals and Label Rejecters.

References

- Brown, J., Babucarr, J. S., & Taylor, J. A. (2014). Sex and the sinner: comparing religious and nonreligious same-sex attracted adults on internalized homonegativity and distress. *American Orthopsychiatric Association*, 84, 530-544. doi: 10.1037
- Brown, Loren B. (2015). What's in a name? Examining the creation and use of sexual orientation and gender identity labels. *Issues in Religion and Psychotherapy*, 37, 8. Retrieved from <https://scholarsarchive.byu.edu/irp/vol37/iss1/8>
- Bonelli, R. M., & Koenig, H. G. (2013). Mental disorders, religion and spirituality 1990 to 2010: a systematic evidence-based review. *Journal of Religion and Health*, 52, 657-673. doi:10.1007/s10943-013-9691-4
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71, 53-61. doi:10.1037/0022-006x.71.1.53
- Church of Jesus Christ of Latter-Day Saints. 2007. *God loveth His children*. Retrieved from <<https://www.lds.org/manual/god-loveth-his-children/god-lovethis-children?lang=eng>>
- Doebler, S. (2015). Relationships between religion and two forms of homonegativity in Europe—a multilevel analysis of effects of believing, belonging and religious practice. *PLoS ONE*, 10. doi: e0133538.
- Doty, N. D., Willoughby, B. L., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, 39, 1134-1147. doi:10.1007/s10964-010-9566-x
- Hoffarth, M. R., & Bogart, A. F. (2017). Opening the closet door: openness to experience, masculinity, religiosity, and coming out among same-sex attracted men. *Personality and Individual Differences*, 109, 215-219. doi:10.1016/j.paid.2017.01.011
- Lassiter, J. M., Saleh, L., Grov, C., Starks, T., Ventuneac, A., & Parsons, J. T. (2017). Spirituality and multiple dimensions of religion are associated with mental health in gay and bisexual men: results from the one thousand strong cohort. *Psychology of Religion and Spirituality*. Advance online publication. doi: 10.1037/rel0000146
- Meladze, P., & Brown, J. (2015). Religion, sexuality, and internalized homonegativity: confronting cognitive dissonance in the Abrahamic religions. *Journal of Religion and Health*, 54, 1950-1962. doi:10.1007/s10943-015-0018-5
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697. doi: 10.1037/0033-2909.129.5.674
- Riggle, E. D. B., Rostosky, S. S., Black, W. W., & Rosenkrantz, D. E. (2017). Outness, concealment, and authenticity: associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity*, 4, 54-62. doi:10.1037/sgd0000202
- Rosenkrantz, D. E., Rostosky, S. S., Riggle, E. B., & Cook, J. R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice*, 3, 127-138. doi:10.1037/scp0000095
- Schwartz, J., & Lindley, L. (2009). RESEARCH: "religious fundamentalism and attachment: prediction of homophobia". *International Journal for the Psychology of Religion*, 15, 145-157. doi:10.1207/s15327582ijpr1502_3.
- Sherkat, D. E., & Reed, M. D. (1992). The effects of religion and social support on self-esteem and depression among the suddenly bereaved. *Social Indicators Research*, 26, 259-275. doi:10.1007/bf00286562
- Sowe, B. J., Brown, J., & Taylor, A. J. (2014). Sex and the sinner: comparing religious and nonreligious same-sex attracted adults on internalized homonegativity and distress. *American Journal of Orthopsychiatry*, 84, 530-544. doi:10.1037/ort0000021
- Wilkerson, J. M., Smolenski, D. J., Brady, S. S., & Rosser, B. S. (2012). Religiosity, internalized homonegativity and outness in Christian men who have sex with men. *Sexual and Relationship Therapy*, 27, 122-132. doi:10.1080/14681994.2012.698259