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Queers in the Hands of a Loving God: God Image, Strength of Faith, and Campus Climate in Predicting Self-Stigma

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Queers in the Hands of a Loving God: God Image, Strength of Faith, and Campus
Climate in Predicting Self-Stigma

Sage Liam Willis, MS

A dissertation submitted in partial fulfillment

of the requirements for the degree of

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Abstract

There is a complex relationship between the intersections of religious or spiritual faith and sexuality when it comes to sexual minorities. Sexual minorities' sexualities have historically been stigmatized within the many of the faith traditions that sexual minorities may have grown up in. Further, college/university is a time when intersecting identities are often explored. In order to investigate the relationship between sexual minority students' internal working models of God (God image benevolence and God image acceptance) and internalized self-stigma as a function of both strength of faith and campus climate, I recruited 68 sexual minority students and recent students from across the United States. Of these, 55.9% identified as gay or lesbian, 19.1% as bisexual, 16.2% identified as other, and 8.8% identified as heterosexual but reported experiencing same-sex attraction. The sample was predominantly Christian (61.8%) and White (82.4%). I analyzed two double-moderation models using Hayes (2013a) PROCESS macro in SPSS—a benevolence model and an acceptance model. The benevolence model accounted for 46.26% of the variance in predicting internalized self-stigma. There was also a significant interaction between benevolence and strength of faith ($B = -.0354, p = .0187$) but not Campus Climate ($B = -.0019, p = .1361$). The acceptance model accounted for 42.47% of the variance in predicting internalized self-stigma. Acceptance ($B = -.0478, p = .0012$) and strength of faith ($B = .4916, p = .0000$) independently predicted internalized self-stigma but did not interact ($B = -.0147, p = .2009$). Campus climate was non-significant independently ($B = .0006, p = .9299$) and as an interaction term ($B = -.0009, p = .3672$). Results suggest that having a more positive (benevolent, accepting) God image may predict having lower internalized self-stigma, while having a more negative God image may predict having more internalized self-stigma (with lower

scores on the scales indicating a harsher, less accepting God image). Further, the strength of one's faith may buffer or heighten the effects of one's God image. Therefore, God image benevolence/acceptance may be important to consider when working with sexual minorities for whom God image may be relevant in reducing internalized self-stigma.

Key words: LGBTQ, gay, lesbian, God, faith, internalized self-stigma, campus climate

CHAPTER I

Introduction and Literature Review

Overview of the Literature Review

“The core psychological trauma associated with the experience of oppression is its bringing into question the target’s sense of humanity.” — Case and Hunter (2012; p. 260)

Often, sexual minorities (lesbian, gay, bisexual, transgender, queer, [i.e., LGBTQ people]) are subject to discrimination, harassment, and at times, violence (Katz-Wise & Hyde, 2012; Saewyc et al., 2006). Previous research indicates that stigma related to being a sexual minority, and the consequences of this stigma, have been linked to a variety of negative social and mental health outcomes, including depression, anxiety, posttraumatic stress disorder, substance use, social withdrawal, and an increase in the likelihood of attempting suicide (Bostwick, Boyd, Hughes, & McCabe, 2010; Fergusson, Horwood, & Beautrais, 1999; Lewis, Derlega, Griffin, & Krowinski, 2003; McCabe, Bostwick, Hughes, West, & Boyd, 2010; Roberts, Austin, Corliss, Vandermorris, & Koenen, 2010). Indeed, this is in line with Meyer’s (2003, 2015) Minority Stress Model, which states that LGBTQ individuals often experience stigma-related stress (prejudice, discrimination, etc.) which predicts negative mental health and physical health outcomes. Thus, given the negative effects of stigma for individuals who are sexual minorities, it is important to better understand the individual and contextual factors that intensify and mitigate its effects. More specifically, I was interested primarily in self-stigma as related to one’s image of God, strength of faith, and campus climate among university students who believe in God.

Empirical research in the area of the religion-related experiences of sexual minorities is surprisingly sparse and largely dated (e.g., Rodriguez & Ouellette, 2000), focuses on positive

coping and general religion or spirituality (e.g., Tan, 2005), or focuses on prejudice towards sexual minorities by religious individuals (e.g., Leak & Finken, 2011).

Furthermore, although certain types of religiosity have been associated with stigmatizing attitudes towards sexual minorities (Jonathan, 2008), and many sexual minorities maintain their religion after accepting their sexual orientation (Rodriguez, 2009), there is scant research on the impact of sexual minorities' image of God on how much internalized self-stigma they might have. Specifically, Ream and Savin-Williams (2008) found that having a punitive view of God was associated with more internalized self-stigma and poorer mental health among sexual minority adolescents. Additionally, sexual minority adolescents who left Christianity had less internalized homophobia, but still had poorer mental health compared to sexual minority adolescents who did not believe that their Christianity was in conflict with their sexual orientation. This work is informative. However, their investigation utilized single-item indicators to assess whether or not individuals believed they could change their orientation (yes/no/maybe) and if God loved them despite being "queer" (yes or no). Further investigation would provide a more thorough and nuanced understanding of how sexual minorities' image of God may impact their internalized self-stigma.

I did not find work related to the experiences of sexual minorities in religious universities with heterosexist policies even though such policies are not uncommon (Soulforce, 2012; Wolff & Himes, 2010). This gap in the literature exists despite evidence that lacking protective policies for sexual minorities is associated with greater psychiatric morbidity and comorbidity (Hatzenbuehler, Keyes, & Hasin, 2009), while having a safe and supportive environment can enhance psychological well-being for marginalized persons (Case & Hunter, 2012). Furthermore, college years are typically part of the developmental period of emerging adulthood, in which

individuals are exploring and defining their identities—including sexual identities (Arnett, 2007). The formative nature of the college experience and the influential aspect of campus climate highlights the importance of understanding the role of campus climate in the lives of sexual minorities—particularly when sexual minorities are immersed in university settings that may have codified policies prohibiting same-sex sexuality.

Thus, I recruited a sample of sexual minority students (current students and recent graduates) who believe in God or that there could be a God (agnostic). My goal was to investigate the relationship between the image of God and internalized self-stigma among sexual minorities as a function of both strength of faith and campus climate.

A clarifying note on definitions and acronyms.

At the outset, let me address the variety of acronyms used to reference persons who are sexual minorities. When referring to works by other authors, I used the acronym used by the authors (LGBT, LGBTQ, GLBT, etc.) to denote the described community. Otherwise, for the sake of parsimony, when referring to said community as a whole, I used “LGBTQ,” recognizing that in the name of inclusivity, various authors and lay persons use a wide variety of acronyms for the same community. When referring to my own study, I used the terms *LGB* and *sexual minority* (a broader term than LGB) because sexual orientation and gender identity are related but separate constructs, and I fully acknowledge the diversity within the LGBTQ community.

Furthermore, I wish to note the “T” in the LGBTQ acronym—transgender (or trans*), which includes individuals who do not identify with the gender they were assigned at birth. For the purpose of my study, I focused on sexual minorities and refer largely to sexual minorities throughout this paper. However, the trans* community and the LGBQ community are necessarily woven together for a variety of reasons.

On one hand, the trans* community is part of the broader LGBTQ community, sharing a common history, including their significant role in the Stone Wall Riots and the beginnings of the LGBTQ rights movement (Stryker, 2008). They also may face similar types of societal stigma (e.g., being called a homophobic slur) as transgender and gay are often conflated by lay persons. On the other hand, trans* individuals, and those perceived as trans*, face unique challenges, including transphobia and stereotypes occurring even within the LGBQ community (Fassinger & Arseneau, 2007). They may experience microaggressions related to language/pronouns or harassment and/or violence related to other gender markers (Galupo, Henise, & Davis, 2014; Haas, Rodgers, & Herman, 2014). Furthermore, trans* individuals, unlike LGBQ individuals who are cisgender, still find themselves in the *DSM-5*, largely in consideration of obtaining insurance-covered gender-affirming procedures and treatments, often after obtaining referral letters from one or more professionals acting as gatekeepers. Hence, trans* individuals face stressors that are unique to the trans* community.

In terms of conducting research, I also recognize that while gender identity and sexual orientation are separate, distinct constructs. One can have any combination of gender identity and sexual orientation, and one variable does not indicate information about the other. Further, these populations can overlap such that one be both a sexual minority and a gender minority. As such, and in simultaneous consideration of sample-size, I focused on sexual minorities, but I also chose not to exclude individuals on the basis of gender identity. As Meyer (2015), author of the minority stress model (2003), stated, “Although I originally developed minority stress in the context of sexual orientation, gender identity is similarly implicated” (p. 209).

Stigma and Sexual Minorities

Defining stigma in relation to sexual minorities. Stigma is derived from the Greek *stigma* denoting a “mark, brand, point, [or] blemish” (Pring, 2000). Stigma is a term that still indicates branding, disgrace, and subsequent ostracism. As a broad construct, stigma encompasses negative stereotypes, prejudice, and discrimination. Within that, *stereotypes* are group characteristics, which may be founded upon some element of truth; *discrimination* involves treating one group differently than another based upon group membership or non-membership; and *prejudice* is the possession of demeaning attitudes towards a group based on limited information (Stier & Hinshaw, 2007). Because stigma is a broad concept, there are subtypes, and these subtypes pertain not only to the population being stigmatized, but also to the origin of the stigma (society at large, individuals not belonging to the stigmatized group, or even individuals within the stigmatized group). Overall, stigma is a social process that involves marking individuals who possess physical, social, or psychological traits that are deemed undesirable by the perceiver (self or other) and then subsequently treating or regarding such individuals (or the self) negatively based upon these traits (Padurariu, Ciobica, Persson, & Stefanescu, 2011; Stier & Hinshaw, 2007).

Self-stigma results as a trickle-down effect of the wider domain of stigma within society (i.e., public stigma). Self-stigma is also referred to as *internalized stigma* because public stigma is taken on, endorsed, and internalized by the stigmatized individual (Corrigan & Wassel, 2008). When sexual minorities are the population of interest, other terms may be used to denote the construct of stigma, including self-stigma, as relevant to that specific population. For instance, stigma appearing in institutions or policies, often driven by cultural biases that continue stigma against sexual minorities, is termed *heterosexism*. Actions against sexual minorities due to their

sexual minority status (such as hate crimes) is termed *enacted sexual stigma*. The expectation of being stigmatized against for one's sexual orientation is *felt stigma*. As noted, believing stigmatizing messages (unconsciously or consciously) or attitudes about oneself and consequently feeling shame or self-devaluation is *self-stigma*, but when self-stigma pertains to one's own sexual orientation, self-stigma is also referred to as *internalized sexual stigma*, *internalized homophobia*, or *internalized homonegativity* (Herek, 2004; Herek, Gillis, & Cogan, 2009; Szymanski & Chung, 2001). These terms for internalized self-stigma are used interchangeably in the literature, but generally denote stigma towards the self, based upon sexual orientation. I focused on self-stigma pertaining to sexual minorities.

The role of stigma in sexual minority identity formation. The unfolding of identity as a sexual minority and subsequently *coming out of the closet* (disclosing one's sexual orientation to others—*coming out* for short) has been described as a developmental process with varying numbers of stages, depending on the model. Several models exist although one essential thread for any model of sexual minority identity formation is the notion that stigma is interwoven throughout this process as an added barrier to be overcome. For sexual minorities, the impact of both internal and external forms of stigma comes in addition to the challenges faced by the majority of youths and young adults during development. This added stress (i.e., minority stress) may lead to negative outcomes in indices of psychological well-being (e.g., suicide, depression, anxiety, substance use, etc; Meyer, 2013, 2015), but it may also lead to a form of stress-related growth termed *coming out growth*—personal growth and strength emerging from the navigation of the personal crises and pressures (internal and external) of being and realizing that one is a sexual minority and subsequently coming out as such (Vaughan & Waehler, 2010). Indeed, working through this developmental process, past the painful middle stages (as described by

Cass, 1979,1984—see below), and consequently coming out as a sexual minority has been associated with decreased loneliness, enhanced self-esteem, greater psychological well-being, and greater overall quality of life (Halpin & Allen, 2004). Thus, in order to provide some background and developmental context for better understanding who these individuals are and what challenges they often face, a few of these developmental models are described below.

Cass (1979, 1984) described a six stage model by which sexual minority identity develops. In line with the era in which Cass's Model was developed, Cass used the now dated term *homosexual* throughout the model's stages. However, more recent APA standards dictate that this terminology is outdated and insensitive (APA 3.13). Therefore, the term *homosexual* is not used here, and the terms lesbian and gay are used instead. Likewise, other models described pre-date the newer APA standards for appropriate and sensitive terminology, and are adjusted in this manuscript accordingly. Still, Cass's model is notable in that it is one of the earliest models of identity development in sexual minorities treating non-heterosexual orientations as a normal phenomenon rather than a mental illness, and it is still widely accepted and used as a foundation for understanding this developmental process.

According to Cass (1979, 1984), these stages are defined by the individual's perceptions of and reactions to his or her own feelings and behaviors at various time points in their identity formation as a sexual minority. Further, the individual's public and private persona need not be congruent with each other (i.e., being privately gay or bisexual while maintaining a public identity of heterosexuality) in order for the person to be on this developmental trajectory.

The Cass Identity Model (1979, 1984) consists of six stages. During the first stage, *identity confusion*, the individual begins to question their a priori assumption that they are heterosexual. This begins when they observe or hear about the behaviors, thoughts, or feelings of

others who present as gay or lesbian and, in turn, begin to consider whether or not their own behaviors, thoughts, or feelings may also be gay or lesbian. At this stage, the individual may experience significant emotional turmoil as this new information may be incongruent with their once stable sense of identity. The individual may seek out further information about being gay or lesbian and begin to accept this identity. Conversely, he or she may appraise gay or lesbian orientation unfavorably and consequently work to refrain from any gay or lesbian behavior, avoid information about being gay or lesbian, reinforce their public persona as heterosexual among their peers, or they may become anti-gay/lesbian (what Cass [1979] refers to as “the moral crusader,” p. 223). Or, some individuals may accept gay or lesbian behaviors with context-relevant rationalizations without accepting a gay or lesbian identity (as in prison environments where the behavior may be common while individuals still maintain that they are heterosexual). Finally, some individuals do begin to accept their gay or lesbian nature but still with an unfavorable appraisal, but begin to experience self-hatred.

During the second stage, *identity comparison*, the individual may not be entirely certain of his or her identity but *accepts* that he or she might be gay or lesbian. The considerable turmoil experienced during Stage 1 may be significantly lessened by this time. However, although the person is beginning to move past the initial personal crisis of identity confusion, he or she begins to grapple with the social alienation derived from their questioning. Among peers, family, and friends, they begin to sense that they “do not belong.” Cass (1979) described this as a period of experiencing loss and feeling “intense anguish,” during which the person may be vulnerable to the influence of their reference group—for example, feeling increased alienation among some religious groups, or feeling less alienation among feminist groups (p. 225). Some of those who wish to alleviate their alienation and not be different from their peers may seek therapy in order

to be “normal” (i.e., heterosexual). Conversely, they may find an explanation, or even find legitimization, for having always felt “different” from their peers (perhaps not conforming to gender roles or stereotypes as much as their same-sex peers did), realize that sexual minorities are a group, and recognize that they belong to this group. Still others may be excited by the idea of being different and consider the possibility that being different makes them special.

Regardless, in order to navigate this stage of development successfully, the individual will need to begin to regard the opinions of others as less relevant to their own well-being.

During the third stage, *identity tolerance*, the individual departs further from their heterosexual identity, and begins to consider that they *probably* are gay or lesbian. At this stage, the person may feel an even greater degree of social alienation although they are more able to accept their needs socially, emotionally, and sexually. Thus, in order to meet his or her needs and decrease their loneliness and alienation, he or she may begin to search for other individuals who share his or her experience—that is, other gay and/or lesbian individuals and the LGBTQ community. At this stage, the person does not accept, but rather, tolerates his or her gay or lesbian orientation. In general, they discover that other gay and lesbian persons and the LGBTQ community both accept and support them. They find that they are, in fact, not alone, and they find relief from their sense of alienation while among other sexual minorities. This further accentuates the person’s sense of not belonging within heterosexual society, which leads him or her to withdraw from heterosexual people, becoming cautious about whom he or she interacts with inside heterosexual circles.

During the fourth stage, *identity acceptance*, the individual feels more able to normalize sexual orientation, accepting rather than simply tolerating their being gay or lesbian. The person becomes friends with other sexual minorities and begins to prefer their company over the

company of heterosexuals. The person may still attempt to “pass” as heterosexual among heterosexuals, but may begin to disclose their sexual orientation to select heterosexual persons.

During the fifth stage, *identity pride*, the person begins to experience pride about being a gay or lesbian, as well as intense loyalty to the group to which they now identify with (the LGBTQ community). Likewise, they begin to devalue heterosexual society and may experience considerable anger about the stigmatization of sexual minorities. They may become confrontational with heterosexuals in order to promote equality between heterosexuals and sexual minorities, and highlight the validity of having a gay or lesbian orientation.

During the sixth stage, *identity synthesis*, the rigidity of the person’s assumptions about heterosexuals lessens as the person experiences contact with heterosexuals who are kind and supportive. At this stage, the person begins to see the world less in terms of being split between “good homosexuals” and “bad heterosexuals” (Cass, 1984, p. 152). The person retains his or her pride in their identity and their anger at injustice and stigma, but pride and anger are less emotional experiences. In addition, the person’s disclosure of his or her orientation becomes a non-issue, such that their orientation is openly known. The public and private aspects of the person are integrated into a more unified whole and the person experiences a sense of stability in their identity as well as a feeling of inner peace.

The Cass Identity Model has been criticized for its apparent assumption of a linear progression through discreet stages. In reality, stages may be skipped over, returned to, or may occur in an order which varies from Cass’s model. Likewise, stages may not be discreet from each other in reality as individuals may be between stages or stages may be continuous (Halpin & Allen, 2004).

Developmental models in general have also been criticized for neglecting the importance of social context (instead emphasizing the relationship between behavior and identity), demographic variables (race, gender, etc.), and the fact that coming out is a process repeated across the lifespan as individuals routinely meet new people who assume that they are straight (Kaufman & Johnson, 2004). Importantly for the present discussion, Kaufman and Johnson found that for gay and lesbian individuals, appraisals they perceived from other people in their environment regarding being a sexual minority had a direct impact on how they became aware of and perceived their own identity as sexual minorities. That is, when people in their environments held negative appraisals, sexual minorities negatively appraised themselves, while individuals who experienced few negative appraisals in their environment reported relatively little difficulty in examining their gay or lesbian identity.

Still, Cass's model offers a practical foundation for understanding sexual minority identity and disclosure, particularly in environments which may be non-supportive or discriminatory towards sexual minorities (such as conservative religious universities where same-sex attraction or orientation may be stigmatized or punished). Further, research indicates that the stages of Cass's model correspond to indices of psychological well-being.

For example, Halpin and Allen (2004) found a U-shaped curve with self-esteem, satisfaction with life, and happiness being high in the early stages, declining significantly during middle stages, and then re-emerging during the identity synthesis and pride stages at higher levels than seen during the early stages. Likewise, loneliness increased significantly during the middle stages and then declined sharply during the synthesis and pride stages.

Another model, which borrows from Cass's model (1979, 1984) but does not assume a linear progression through its stages, is Troiden's (1989) model of sexual minority identity

formation. Troiden recognized that any model of sexual minority identity formation would necessarily include an understanding that such identity formation occurs against the “backdrop” of stigma. Specifically, he stated that, “The stigma surrounding homosexuality affects both the formation and expression of homosexual identities” (p. 48). As such, and similar to Cass’s model, Troiden’s model emphasizes stigma as a strong element in identity development for sexual minorities.

According to Troiden (1989), development of a LGB identity occurs in four stages, which, like Cass’s model (1979, 1984) may occur over an extended period of time in a person’s life. The first stage, *sensitization*, occurs before puberty. The youth does not consider being gay or lesbian as something that may be relevant to himself or herself. If he or she considers his or her sexuality in any degree, he or she assumes he or she is heterosexual.

During the second stage, *identity confusion*, the person begins to notice that they experience feelings or have behaviors which one might consider gay or lesbian. In this stage, the person may feel distress and confusion about his or her identity. The person begins to realize that they may have to abdicate their previously assumed heterosexual identity. As with Cass’s model (1979, 1984), the person may attempt to remedy their gay or lesbian thoughts and feelings by suppressing them. They may attempt to change their thoughts, feelings, and behaviors. They may avoid any potentially gay or lesbian situations. They may redefine themselves. Or they may accept that they are gay, lesbian, or bisexual. Kulkin, Chauvin, and Percle (2000) noted that at this stage, possibly due to increased isolation from peers and family, or due to identity confusion, individuals may be at greater risk for suicide attempts and ideation.

During the third stage, *identity assumption*, their identity as a sexual minority becomes the unifying factor in the individual’s sense of self. The person also begins to come out to others

within the LGBTQ community. In order to cope with social stigma surrounding being a sexual minority, the individual may employ overly stereotypical gay behavior, may avoid activities that are gay or lesbian, may attempt to appear heterosexual, or may aim to become more engaged with the LGBTQ community as a way to feel less alone.

Finally, during the fourth stage, *commitment*, the person accepts that he or she will live his or her life as a sexual minority and he or she embraces that identity as his or her own. Consequently, the person may come out more fully to their loved ones.

Overall, models of identity formation as a sexual minority present the themes of feeling different or feeling ashamed about one's self, feeling isolated or alienated from other people, seeking to resolve the dissonance experienced when one begins to realize his or her sexual minority status, and finally coming out on the other side of one's suffering as a more integrated and content person (experiencing coming out growth). Given that psychological well-being may also fluctuate depending on developmental stage, consideration of the context of where one is in the process of identity formation is vital (Halpin & Allen, 2004). Also, as mentioned above, the common thread through the various models and through the stages within those models is stigma, experienced both internally and externally (Troiden, 1989). Still, once the person reaches a state of integration within his or her identity, it appears that, as the popular campaign states, it does in fact "get better" (It Gets Better Project, 2012, What is the It Gets Better Project section, para. 1).

A discussion of stigma towards sexual minorities would not be complete without further discussion of some of the various manifestations of stigma related to being a sexual minority, as well as the consequences of stigma. These manifestations of stigma, as well as their

consequences, have been mentioned throughout this text thus far, but a more in-depth discussion of these facets of stigma is warranted beyond simply mentioning them in passing.

Religion and Stigma

Religious conflict. Religious groups are often a source of social support. However, religious groups may exclude sexual minorities. Several of the major world religions, including Christianity, have sects or denominations that teach followers that same-sex relationships or attractions are inherently sinful and therefore punishable by God. Consequently, many religious individuals define their understanding of same-sex sexual relationships through religious doctrines that condemn such relationships. As a result, religious sexual minorities may feel condemned and isolated, and are thus at risk for suicidal ideation (Kulkin et al., 2000). In fact, while sexual minorities may retain their faith, sexual minorities may also disassociate themselves from the religious groups or traditions they grew up in because they feel alienated, frustrated, and discouraged by doctrines that exclude or condemn them (Dahl & Galliher, 2010; Sherkat, 2002). The possible conflict arising between one's faith and the discovery that one is a sexual minority may lead to cognitive dissonance, which must be navigated by the individual. When such conflict occurs, it inherently arises from internalized self-stigma towards sexual minorities (Dahl & Galliher, 2010). Thus, while stigma is the driving force in developmental models of sexual minority identity formation, religious conflict is often a major driving force behind the stigma of being a sexual minority.

Navigating stigma. Religious sexual minorities often engage in a variety of strategies in an attempt to navigate the stigma-driven cognitive dissonance between their faith and their orientation. Not infrequently, sexual minorities who come from religious backgrounds may seek out conversion therapies. Conversion therapy is also referred in some texts as *reparative* therapy.

Conversion treatments have included psychoanalytic interventions, aversion methods (nauseating drugs, electroshock treatment), exorcisms and other spiritual interventions, castration, and so forth (Herek, 2010; Nicolosi, 1991; Sacks, 2011). Likewise, individuals may also seek out so-called *ex-gay* ministries that are intended to change one's sexual orientation from gay, lesbian, or bisexual to heterosexual, or to at least mute same-sex sexual behavior (for an account of one man's experience attending an ex-gay ministry camp, see Cox, 2010).

There is a lack of empirical evidence supporting the efficacy of such change efforts and serious methodological flaws in studies that do support conversion therapy (Morrow & Beckstead, 2004; Spitzer, 2012). There are also concerns that such treatments may be unethical (Jenkins & Johnston, 2004; Knapp, 2010). Even worse, there is evidence indicating that such interventions may be associated with psychological and spiritual harm, including loss of one's faith in God, lowered self-esteem, increased depression and hopelessness, and increased suicidal thoughts and attempts (Sacks, 2011; Shidlo & Schroeder, 2002). That is, in an attempt to change and therefore be acceptable to one's faith community or God, sexual minorities may seek out services that are generally considered ineffective and potentially abusive (Super & Jacobson, 2011). Likewise, the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009) indicated that sexual orientation change efforts are not only ineffective and not empirically supported, but may also do harm to clients undergoing such interventions.

Some individuals do find comfort in interacting with other individuals who, like them, struggle with their orientation and desire to change, but this initial phase often does not last. Then the individual may begin to see the negative side of such interventions, or may come to view the intervention as harmful. As one individual stated, "I had this spiritual foundation that

therapy [f-----d] up. God became this very punishment. [...] God was a punishing, homophobic figure, and I became an evil sinner every time” (Shidlo & Schroeder, 2002, p. 256).

Still, such interventions are not uncommon. For example, a survey of British therapists indicated that 17% of therapists had attempted to help at least one sexual minority client become heterosexual (Bartlett, Smith, & King, 2009). Further, there are therapy groups (e.g., the National Association for Research and Therapy of Homosexuality, NARTH) and well-known psychologists in the United States who argue for the use or continued availability of conversion therapies and ministries to treat same-sex attraction on the grounds of respecting religious diversity (e.g., Yarhouse & Burkett, 2002).

The tide of public opinion however, is rapidly shifting in the United States, which translates into changes in both policy and church practice. Recently, California became the first state to ban the treatment of minors with conversion therapy. New Jersey is pushing for a similar ban, but such interventions remain a legal and foreseeable option for treating sexual minorities in most states (The Associated Press, 2013). Along the same lines of social change, it should be noted that perhaps sentiments in the landscape of ministry directed at sexual minorities may also be shifting. Conspicuously, Alan Chambers, the president of Exodus International, the largest, most well-known ex-gay ministry issued an apology addressed “To Members of the LGBTQ Community” on June 19, 2013. Chambers’s apology stated,

Today it is as if I’ve just woken up to a greater sense of how painful it is to be a sinner in the hands of an angry church. [...] I have heard many firsthand stories from people called ex-gay survivors. Stories of people who went to Exodus affiliated ministries or ministers for help only to experience more trauma. [...] Please know that I am deeply sorry. I am sorry for the pain and hurt many of you have experienced. I am sorry that some of you

spent years working through the shame and guilt you felt when your attractions didn't change. I am sorry we promoted sexual orientation change efforts and reparative theories about sexual orientation that stigmatized parents¹. [...] More than anything, I am sorry that so many have interpreted religious rejection by Christians as God's rejection. I am profoundly sorry that many have walked away from their faith and that some have chosen to end their lives (Chambers, 2013, para. 3, 9, 13, 14).

Along with Chambers's apology to the LGBTQ community, Exodus International's board of directors announced that they would shut down after 37 years of conducting their reparative ministry (Exodus International, 2013). However, as one commentator noted, other groups similar to Exodus International will likely continue or take up the cause that Exodus has abandoned (Maddow, 2013).

In addition to considering the responses reflected in policy or ex-gay ministries, churches vary greatly in how they respond to sexual minorities. According to Halkitis and colleagues (2009), religious leaders and congregations typically fall into one of four categories: full acceptance, qualified acceptance (accepting sexual minorities but not their relationships), rejecting non-punitive ("love the sinner, hate the sin"), and rejecting punitive (believing that being a sexual minority is sinful and leads to spending eternity in Hell). Thus, it comes as no surprise that many Christians who realize they might be sexual minorities feel they must choose between their faith and their sexual orientation, leading many to either seek treatment to *cure* their sexual orientation, or they leave their faith (Super & Jacobson, 2011). For example, Shidlo

¹ The stigmatization of parents refers to the use of psychoanalytically based theories to explain the development of same-sex attraction. Such theories generally postulate that insufficient connection between the sexual minority and the parent of the same gender (e.g., a gay man and his father, or a lesbian and her mother) are to blame for the perceived failure to form a heterosexual orientation. This typically forms the basis for so-called *reparative* therapies and ministries (e.g., Nicolosi, 1991).

and Schroeder (2002) studied 202 individuals (90% male) who had sought conversion therapy and/or ex-gay ministries or support groups. The reasons given for seeking such treatments or ministries/groups were: (a) seeking social connections while blaming their sexual orientation for being alienated from other people, (b) fear of eternal condemnation in hell, (c) religious guilt, and (d) fear of stigma from and rejection by church communities (Shidlo & Schroeder, 2002). Many sexual minority individuals raised in Christian families may leave Christianity, becoming atheists or agnostics, joining non-Christian faiths, or letting their Christianity quietly die as they stop praying or engaging in other Christian activities. Conversely, some individuals may attempt to manage the dissonance between their orientation and Christian faith via rigid compartmentalization of their spiritual or religious life and their sexual life, although this compartmentalization may deteriorate into a return to dissonance if the two compartments contaminate each other in any way. Still, some successfully integrate their Christian faith and their orientation (Rodriguez & Ouellette, 2000). For example, Halkitis and colleagues found that while 75.7% of their participants (sexual minorities; $N = 498$) were raised as Christians, 52.6% of their sample identified as Christian at the time of the study, and only 24.5% of their overall sample were members of any type of religious institution (church, mosque, or synagogue). Likewise, while only 8.6% were raised as atheist or agnostic, 26.9% of their sample identified as atheist or agnostic at the time of the study. In comparison, during the same year that Halkitis et al. conducted their study, Newport (2009) found that 78% of Americans in the general population identified as Christian, 63% were members of a church or synagogue, and 13% expressed that they had no religion.

Still, the work of Halkitis et al. (2009) implies that while many sexual minorities in their sample left the Christian church, many still identified as Christian at the time of their study. That is, such individuals may have found a way to integrate their sexuality and their faith.

Several factors may aid in the integration of sexual minority status with one's identity as a Christian (Rodriguez & Ouellette, 2000). These include not encountering homophobic rhetoric at church, and thus not consciously internalizing homophobic rhetoric in a church context; devaluing anti-gay church teachings; attending seminary; later age of coming out; and sexual minorities' belief in "God's all-encompassing love," (Rodriguez, 2010, p. 16). This suggests that various demographic variables may play a role (e.g., age, education, etc.). Of note as well, although God image itself was not a specific variable of study in Rodriguez's work quoted above, the notion of "God's all-encompassing love" (generated qualitatively by participants) points to the importance of one's God image. However, Rodriguez notes that the sample size of those reporting the above reasons for not feeling conflict about integrating their faith and sexual orientation was small ($n = 9$).

Sexual minority students attending religious universities. Religious universities may play a unique role in the lives of students who are sexual minorities and also religious, either in terms of exacerbating or prolonging harm or promoting positive psychological and spiritual growth. Worth mentioning, *The New York Times* published an article suggesting that it is becoming increasingly apparent that sexual minorities who grew up in Christian households or who identify as Christians may matriculate at Christian universities before coming to terms with their sexual orientation. They may have a family expectation to attend a Christian university, or they may seek to attend a Christian university as a way to make themselves heterosexual via religious immersion (Eckholm, 2011). This suggests that sexual minorities do find their way to

Christian universities, perhaps for a variety of reasons. Some, as with those who immerse themselves in ex-gay ministries, may immerse themselves in Christian higher education, believing that such immersion will change their orientation. When such individuals fail to change their sexual orientation, typically after years of intense spiritual and religious wrestling extending into the college years, they may face serious consequences from their universities if they accept their sexual orientation and come out publically, engage in romantic relationships, or advocate for campus support groups for sexual minorities (Eckholm, 2011; Wolff & Himes, 2010).

Given the fact that emerging adulthood (including traditional college-age) is a time of identity formation (including sexual minority identity), the use of a college age sample is warranted when studying self-stigma in developing sexual minorities (Arnett, 2007; Zarrett & Eccles, 2006). This is particularly true in populations where religiously-fueled (and environmentally re-enforced) self-stigma may have delayed the resolution of individuals' cognitive dissonance and thus sexual identity development. Additionally, traditional college-age sexual minority individuals have been studied previously for the developmental progression of sexual identity formation and vocational development in relation to the perception of the college campus climate (Tomlinson & Fassinger, 2003). Tomlinson and Fassinger (2003) studied how the developmental stage of lesbians ($N = 192$) and the perceptions of college climate were both important in predicting vocational development. Additionally, they suggested that perceiving one's campus as discriminatory towards sexual minorities may increase the salience of one's sexual identity, raising anxiety and impacting one's academic life (e.g., being fearful about talking to one's academic advisor for fear of having one's orientation discovered and experiencing discrimination). They also suggested that having a more tolerant or supportive college environment may decrease the salience of one's orientation, thereby decreasing anxiety.

Relevant to my dissertation, I considered that the college-age sexual minorities who believe in God and attend religious universities (which often have anti-gay policies) may be prime candidates for self-stigma research due to their age, religious affiliation, and environmental context. Further, understanding this population is important given that the literature suggests that individuals who successfully accept and integrate their faith and their sexual orientation may obtain the health benefits that tend to be associated with religious participation and intrinsic religiosity, while those who continue to experience conflict may not only lose the health benefits of religion (e.g., immune and emotional health), but may actually suffer negative mental and physical health consequences (Dahl & Galliher, 2010). Additionally, among sexual minorities, having positive experiences with one's faith group may be associated with less internalized self-stigma, more spirituality, and greater psychological health (Lease, Horne, & Noffsinger-Frazier, 2005).

God Image

Defining God image. The literature describing individuals' conceptualization of God has, at times, been fraught with definitional contradictions (Davis, Moriarty, & Mauch, 2012). Several terms, such as God concept, God image, or view of God have been used interchangeably to indicate the same construct, similar constructs, or even different constructs, depending on the author in question. Researchers have, at times, combined the constructs of God image and God concept or have not adequately distinguished between the two (Grimes, 2007). As such, the literature overlaps. Thus, instruments intended to gather data about individuals' God image (and God concept) have likewise reflected this terminological quagmire and discussions have proceeded without mentioning differences between these constructs.

Via their paper on this matter, Davis and colleagues (2012) attempted to bring more uniformity in defining these constructs. They noted that *God concept* pertained to one's theological beliefs concerning the traits of their "divine attachment figure" (i.e., God; p. 2). This included a person's beliefs regarding how God interacts with and thinks about human beings and the person who is thinking about God. Further, God concept also encompasses a person's beliefs about how human beings should relate to God. Such beliefs are explicitly learned and within conscious awareness. They also shape how a person thinks about and describes God conceptually.

According to Davis et al. (2012) this definition of *God concept* is in contrast to the similar but related matter of *God image*, which includes the implicit, visceral, non-verbal reaction a person has in their experience of God. Simply stated, according to some authors, *God concept* can be thought of as a person's head knowledge of God (Wong-McDonald & Gorsuch, 2004), while *God image* can be thought of as a person's heart knowledge of God.

This is somewhat similar to Rizzuto's (1970) earlier distinction (as cited in Lawrence, 1997) between God concept and God image, although perhaps slightly different. That is, *God concept*, from Rizzuto's perspective is the "intellectual, mental-dictionary definition of the word 'God' whereas the *God image* is a psychological working model of the sort of person the individual imagines God to be" (Lawrence, 1997, p. 214).

These concepts are interrelated and interact with each other; as Wong-McDonald and Gorsuch (2004) point out, a person's "relationship with God is dependent upon their knowledge and conceptualization of God" (p. 323). But as Lawrence (1997) suggested, the difference matters in terms of obtaining information found at the intersection of one's view of God and one's view of self (God image) versus obtaining information "resembling something from a

catechism or Sunday school manual” (God concept; p. 215). Therefore, while God concept is important, I focused on the construct of God image for the sake of parsimony and closer relevance to my hypotheses.

Impact of God image. The way in which spiritually or religiously oriented individuals view and relate to God influences their behaviors, how they perceive the world around them, and how they generally experience life (Wong-McDonald & Gorsuch, 2004). God image has been shown by several authors to be related to self-esteem, such that more positive God images (e.g., God is loving and accepting) have been associated with more positive views of self, while more negative God images (e.g., God is wrathful and rejecting) have been associated with more negative views of self (Grimes, 2007). As Grimes states in his summarization of the research on God image’s relationship to self-esteem, “...if one believes that God views them as unworthy and miserable sinners their self-concept will tend to be more negative. [...If] one perceives that God views them unconditionally acceptable and accepted it would be anticipated that their self-concept would tend to be more positive in nature” (p. 17). Still, it should be noted that while this theoretical direction of association could be the direction in which this relationship between variables occurs (that God image impacts self-esteem or self-image), it could also be true that the opposite direction is the case (self-image or self-esteem impacts God image), or that there could be a reciprocal relationship between the constructs (God image and self-esteem or self-image impact each other bi-directionally). Nevertheless, the association is worth pointing out.

For example, Benson and Spilka (1973) suggested that in order to avoid cognitive dissonance a person who has a negative self-image will likely feel uncomfortable with information that is inconsistent with their self-image (e.g., gaining success or having others like them), while a person with a positive self-image will likely also feel uncomfortable with

information inconsistent with their self-view (e.g., being unsuccessful or having others dislike them). Benson and Spilka held that the same principle would apply to individuals' God images as well. They also noted that if one's theology centers on belief in a God who is accepting and loving, then such theology would be consistent with the self-image of a person with high self-esteem, while the same theology may create distress in a person who has low self-esteem. With that in mind, Benson and Spilka (1973) obtained a sample of 128 Catholic high school students who self-identified as Catholic, had Catholic parents, had never belonged to or associated with a different denomination or religion, and had been members of a parish for a minimum of 10 years. The participants were all male and their mean age was 15.4 years. As expected by the authors, images of God such as "Loving God" and "Kindly Father" were significantly, positively correlated with self-esteem ($r = .51, p < .01$, and $r = .31, p < .01$, respectively). Also as expected by the authors, negative images of God such as "Vindictive God" were significantly, negatively correlated with self-esteem ($r = -.49, p < .01$). Self-esteem was also negatively correlated with "Controlling God" ($r = -.35, p < .01$), "Stern Father" ($r = -.21, p < .05$), and "Impersonal Allness" ($r = -.23, p < .01$). However, as noted above, correlation and causation are not synonymous. While the direction of the relationship very well could be (as Benson and Spilka hypothesized) that self-esteem impacts God-image, it is also possible that God image impacts self-esteem (or that God image and self-esteem impact each other).

Benson and Spilka (1973) also hypothesized that God image and self-esteem could both be impacted by the quality of parental relationships (e.g., a person may view God the same or similarly to how they view their parents. A person may learn that he or she is [un]loveable and that God is [un]loving towards them because the person perceives their parents as [un]loving). Following Benson and Spilka's line of inquiry, Myron and Goehner (1976) sampled 84

heterogeneous denomination Protestant male and female students in the 10th and 11th grades. Like Benson and Spilka, they found that God image and positive self-esteem correlated ($r = .25$, $p = .025$). They also found that self-esteem correlated with perceiving their parents' communications as constructive ($r = .60$, $p < .01$), and this perception of constructive parental communication was also significantly correlated with God image ($r = .31$, $p < 0.1$). Myron and Goehner concluded that adolescents' self-esteem and God image may be impacted by the quality they perceive their parental relationships (in terms of communication) to be. However, again, this assumes directionality of causation that is not verified in their study.

Although different from self-esteem, other researchers explored the relationship between attachment style (which is learned from primary caregivers and tied into various indicators of well-being) and attachment to God. Indeed, God image may be related to attachment to God (Kirkpatrick, 1992).

Yet, rather than there being a clear-cut relationship between attachment style (i.e., a byproduct of parenting) and one's attachment to God, such that poor parenting necessarily results in anxious/avoidant God attachment and good enough parenting results in secure attachment to God, individuals from various backgrounds respond to God in a variety of ways. Individuals with secure attachment styles may have a secure attachment to God. However, individuals with insecure attachment styles may also be securely attached to God, perhaps in a compensatory manner that benefits their psychological well-being, protecting them against depression and anxiety (Kirkpatrick, 1992; Miner, 2009). Given these more complex findings, more work is needed to understand the impact of God image, particularly within a population that has been stigmatized by religious authorities (as one example, by religious universities).

Impact of God image among sexual minorities. Matters of faith (religious or spiritual) are important to many who are sexual minorities and many sexual minorities grow up in religious environments. Religious doctrines are also often cited as a primary reason to oppose the identities or relationships of sexual minorities. Still, little quantitative work has been done to better understand the religious or spiritual experiences of sexual minorities (Halkitis et al., 2009). The literature, often qualitative in nature (e.g., Nasrudin & Geelan, 2012), peripherally suggests that some sexual minorities may experience negative outcomes, in part, due to feeling rejected by God (i.e., perhaps holding an image of God that is rejecting towards them; e.g., Schuck & Liddle, 2001). Still, the matter of God image has yet to be explored directly, in a more deliberate and thorough fashion (rather than as incidental information or an afterthought), using more than single-item indicators (e.g., Ream & Savin-Williams, 2008). Hence, a gap necessitating the present study exists in the research.

Strength of Faith

Of course, the relevance of God in a person's life is an important matter to address when considering God image as a predictor variable. That is, a person may have an internal working model of the sort of person God might be, but the individual may or may not consider God an important part of how he or she approaches life or regards him or herself. Thus, one may reasonably consider that the impact of God image on any variable may be attenuated or exacerbated by the degree to which God is salient to the person—the strength of a person's faith.

This matter has not been explored yet with regard to predicting internalized self-stigma in sexual minorities. However, Walker and Longmire-Avital (2013) found that strength of faith, in conjunction with internalized homonegativity (i.e., internalized self-stigma), may be a valuable construct in terms of predicting resiliency in African American LGB emerging adults ($N = 175$).

Specifically, they found that for individuals who scored low on internalized homonegativity, strength of faith was not a significant factor in predicting resiliency ($R^2 = .391$, $R^2 \Delta = .002$, *ns*). However, for individuals who scored high on internalized homonegativity, strength of faith was a significant predictor of resiliency ($R^2 = .224$, $R^2 \Delta = .044$, $p < .05$). The authors stated that, “as faith increased, resiliency increased” (p. 1727).

With regard to university populations (including in religious university settings), Plante, Yancey, Sherman, and Guertin (2000) studied strength of faith and various indices of psychological well-being with a sample of 342 undergraduates across multiple university settings (West Coast Catholic college, $n = 199$; Southern public university, $n = 91$; Southern private Baptist college, $n = 52$). Strength of faith was associated with multiple indices of psychological well-being among all three groups. Specifically, among individuals at the Catholic college, strength of faith was associated with meaning in life ($r = .13$, $p < .05$), as well as optimism ($r = .15$, $p < .05$). Among individuals at the Southern public university, strength of faith was associated with meaning in life ($r = .26$, $p < .05$), optimism ($r = .23$, $p < .05$), considering life to be a positive challenge ($r = .19$, $p < .05$), and the authors’ question about coping (“How well does your religious faith help you in coping with stress?” p. 410; $r = .28$, $p < .01$). Strength of faith was also negatively correlated with anxiety among the Southern public university students ($r = -.24$, $p < .05$). Among students from the Southern private Baptist university, strength of faith was associated with considering life a positive challenge ($r = .26$, $p < .05$) and personal acceptance ($r = .37$, $p < .05$).

Further, Strawser, Storch, Geffken, Killiany, and Baumeister (2004) found an inverse relationship between strength of faith and the likelihood of having alcohol-related or drug-related problems. Within their sample of 303 undergraduates, for each standard deviation increase in

strength of faith ($M = 10.97$, $SD = 5.14$), the odds of the student having alcohol-related problems decreased by 16% ($\Delta F[1, 292] = 7.40$, $p < .01$, $R^2 = .06$, $\beta = -.16$). For each standard deviation increase in strength of faith, the students also had a 23% decrease in the likelihood of having drug-related problems ($\Delta F[1, 293] = 16.36$, $p < .001$, $R^2 = .09$, $\beta = -.23$).

Overall, the evidence suggests that strength of faith may have predictive value for several indices of psychological well-being in populations relevant to the present discussion. While my aim was not to repeat research predicting psychological well-being in sexual minorities (namely, the link between internalized self-stigma to poorer outcomes is already well-established), such research is relevant here nonetheless. That is, I was interested in predicting the variable (internalized self-stigma) that predicts diminished psychological well-being. As such, accounting for strength of faith was prudent in light of the above demonstration that strength of faith may interact with internalized self-stigma. Therefore, further understanding of the complex relationship between religion and self-stigma in sexual minorities who believe in God may be gleaned by examining the potential interaction between God image and strength of faith.

Campus Climate and Stigma

Stigma can manifest in both subtle and overt forms of anti-gay bullying, external homophobia, and heterosexism as anti-gay sentiments are ubiquitous in our society. Anti-gay sentiments include, among other things, youths taunting one another with anti-gay rhetoric or name calling, anti-gay sermons in religious institutions, school board protests against bullying policies that includes protection for sexual minorities, anti-gay debates in courts and congress, anti-gay marriage campaigns, and jokes on television at the expense of sexual minorities (Burn, 2000; Saewyc et al., 2006). That is, sexual minorities are often reminded that they are disempowered in a society which is controlled by the majority—a majority which may or may

not hate them, depending on the context, and which holds the power to create and enforce policies that may be discriminatory or protective.

This is particularly noteworthy given Link and Phelan's (2001) widely cited paper on the definition of stigma, which asserts that stigma cannot occur without the context of a power differential. That is, stigma, as a broad construct, must include some form of inequity between groups where the dominant group labels, stereotypes, discriminates, and marginalizes the group having less social power. This process may result in a loss of status or opportunity. In the case of religious universities, policies which may result in exclusion or even expulsion of sexual minorities are stigmatizing because a dominant (heterosexual) majority asserts power (policies) which may result in loss of opportunity or status (disciplinary action, up to expulsion) and marginalization (denial of sexual minorities' presence on campus).

Higher education may present with special challenges for sexual minorities. Among college students, stigma towards sexual minorities may decline as non-sexual minority students progress from earlier to later years in college, even when controlling for variables associated with stigma towards sexual minorities (political affiliation, religion, etc.; Lambert, Ventura, Hall, & Cluse-Tolar, 2006). Still, Rankin (2003), writing for the National Gay and Lesbian Task Force (NGLTF), found that 60% of sexual minorities do not come out during college because they experience their college environments as hostile or homophobic and fear discrimination. In the NGLTF's survey of 1,000 students, 150 faculty, and 467 administrators and staff who self-identified as LGBT across 14 secular colleges and universities, 36% of sexual minority undergraduates had experienced harassment during the year prior to the survey, 29% of all participants had experienced harassment, 89% of this harassment consisted of derogatory speech which usually (79%) came from students. Among all participants, 20% were afraid for their

safety, 51% did not disclose their gender identity or sexual orientation for fear of intimidation. With regards to perceptions of oppression, 61% of all participants believed that lesbians and gay men would likely experience harassment, 71% believed that transgendered individuals would experience harassment, 43% believed that their campus climate was homophobic, and 10% indicated they would avoid being seen in areas where other LGBT students met as a means for label avoidance. Furthermore, 41% reported that matters surrounding sexual orientation or gender identity were not being addressed by their college or university. However, 64% indicated that the college or university that they attended or worked for accepted them and 72% indicated that their college or university had resources for LGBT persons on campus.

The work of the NGLTF (Rankin, 2003) is informative although a few points should be made here. First, this survey was published in 2003. Within the past decade, several advances have been made in the tolerance of sexual minorities. “Don’t Ask, Don’t Tell,” the United States military policy, which prohibited openly LGBT persons from serving in the military while not discriminating against those who remained closeted, was repealed in 2011. The Defense of Marriage Act (DOMA) defining marriage as between one man and one woman was effectively hobbled by the Supreme Court, thereby providing full Federal protections and rights to same-sex married couples in states where same-sex marriage is legal (Freedom to Marry, 2013b). Furthermore, by 2012, 51% of Americans were in favor of legalizing same-sex marriage (Langer Research Associates, 2012) and in 2015, same-sex marriage became legal across all 50 states thanks to a landmark decision by the Supreme Court (Liptak, 2015). There is also an increasing number of Christian church denominations that accept and affirm same-sex relationships, although controversy still persists within other denominations (God's Agape Love put into Practice, 2012). Second, as noted above, the NGLTF survey was conducted within secular

institutions, although these institutions may include divinity schools. That is, students, faculty, and staff/administrators from religious institutions were not surveyed. This is worth noting because, in the case of sexual minorities, certain forms of religion or religiosity are intertwined with the stigma. In fact, certain forms of religiosity may predict homophobia and heterosexist attitudes (Jonathan, 2008; Leak & Finken, 2011).

In secular campus settings, non-LGBTQ student, faculty, and staff members' perceptions of campus climate towards LGBTQ students may not reflect how sexual and gender minorities feel about their campus climates. That is, sexual and gender minority students may have more negative perceptions of campus climate compared to their straight, cis-gender (non-transgender-spectrum) counterparts (Brown, Clarke, Gortmaker, & Robinson-Keilig, 2004). Further, even when LGBTQ students view their campus climate as generally positive, they may seriously consider leaving school or transferring to another university. Factors related to negative campus climate include experiences of harassment, assault, discrimination, feeling the need to remain in the closet at school, loss of social support from peers due to peers learning of their LGBTQ identities, lack of curriculum related to LGBTQ issues or interests, and feeling as though they were treated unfairly by a faculty member (Beemyn & Rankin, 2011; Rankin, 2003; Rankin, 2005; Tetreault, Fette, Meidlinger, & Hope, 2013).

The finding that campus climates may be generally negative for LGBTQ students may hold true at religious universities as well. Yarhouse, Stratton, Dean, and Brooke (2009) conducted a study across 3 Christian universities, with a sample of 104 Christian college students who reported experiencing same-sex attraction (i.e., students who report attraction to the same sex, but may or may not necessarily approve of or integrate their attraction into a sexual minority identity). They found that 100% of their participants "recognized attitudes at their institutions

that made it difficult for students who experience same-sex attraction while they are part of the campus community” (p. 105). Of these, 7% reported that they felt such attitudes were present “to a little extent,” 18% “to some extent,” 40% “to a great extent,” and 35% “to a very great extent” (p. 105). All-in-all, in describing the college experience for sexual minorities at the Christian colleges in which they conducted their study, Yarhouse and colleagues stated, “The Christian college experience for this sample seems to be affected by the intentional cultivation or serendipitous discovery of a supportive social connection in an environment that is largely perceived as shame-reinforcing” (p. 109).

Society is changing rapidly, and with that, campus climates may also become more tolerant and accepting. However, while public opinion has been moving towards de-stigmatizing sexual minorities, the matter is still contentious and more work is needed to move towards equity in society as a whole, as well as within the specific context of universities. Within this decade, 47% of Americans believed that same-sex marriage should be illegal, 30 states amended their constitutions to ban same-sex marriage, 81% of conservatives polled opposed same-sex marriage, and 66% of senior citizens are opposed to same-sex marriage (Langer Research Associates, 2012). Certainly, marriage equality is only one facet of public stigma (or de-stigmatization) towards sexual minorities, but it is a noteworthy indicator. Policy and polling suggest that couples consisting of sexual minorities are frequently viewed as different from sexual majority couples, and as such, are considered less deserving of the same legal protections (or religious ceremony or blessing) that sexual majority couples have access to without question. Such prejudice is also reflected on the smaller scale of universities’ campus climates, and in the case of religious universities, may even be codified into official policies that regard same-sex and opposite-sex couples differently. Again, heterosexism is institutional or policy-based stigma

typically rooted in cultural biases against sexual minorities and favoring the sexual majority as more normal or good. Thus, stigma towards sexual minorities may be reflected in a number of ways on university campuses, perhaps as a downstream effect of societal stigma as a whole. This may be all the more reflected in religious universities where heterosexist policies are the norm.

Internalized Self-Stigma

Not only do homophobic public opinions or heterosexist policies impact sexual minorities in terms of their equal protection and treatment in society, but stigma expressed in society (whether in interpersonal, institutional, or religious contexts) can be internalized such that the stigmatized individual may stigmatize himself or herself. As alluded to previously, external forms of stigma that have been internalized by sexual minorities may be termed *internalized homophobia* or *internalized self-stigma*.

This form of stigma can be particularly detrimental to the well-being of stigmatized persons, as it may come to define the person's sense of self and thus the perceived reality of one's life and relationships with other people. In considering how external stigma can become internally detrimental to individuals who are stigmatized, Hatzenbuehler, Nolen-Hoeksema, and Dovidio (2009) found that stigmatized persons may engage in thought suppression and rumination when they encounter stigma. In addition, they found that thought suppression and rumination predicted psychological distress, and rumination mediated the relationship between stigma and distress. Interestingly, they found that having an apparent stigma (one which cannot be concealed, such as race) was associated with greater and higher quality social support compared to having a concealable stigma (sexual orientation). Further, those with a concealable stigma were more likely to withdraw socially when they encounter stigma. Lower perceived quality of social support also predicted psychological distress.

Lower perceived quality of social support's implications in psychological distress further illustrates the importance of social context when considering how stigma may be detrimental to individuals who are stigmatized (i.e., marginalized, discriminated against, etc.). It is reasonable to assert as well that because belonging and support are important to human beings in general, individuals may not wish to belong to social groups that are stigmatized or rejected.

Summary of the Literature Review

Although acceptance of sexual minorities is increasing in our society, sexual minorities still experience and have often grown up experiencing stigma in a variety of forms and venues (Langer Research Associates, 2012; Rankin, 2003). Namely, many sects and denominations of the great world religions, including monotheistic religions, teach that same-sex romantic relationships and sexual activity are prohibited by God. Many sexual minorities grow up hearing such religious doctrines as well. When their inherent sexuality begins to unfold in the course of adolescence, negative messages internalized from society—including religious society—about same-sex sexual and romantic desires become personally relevant (Dahl & Galliher, 2010; Sherkat, 2002). The cognitive dissonance, which may arise, particularly among religious sexual minorities just beginning to recognize their orientation, can be greatly distressing. Attempting to resolve this dissonance, created and fueled by stigma, often propels the individual through a series of developmental stages of sexual minority identity formation (Benson & Spilka, 1973; Cass, 1979, 1984; Dahl & Galliher, 2010; Troiden, 1989). If successfully navigated, this process can lead to a sense of well-being and a form of stress-related growth termed *coming out growth*—a type of growth that marks and gives greater resilience to the individual (Vaughan & Waehler, 2010).

However, progression through this process of developmental growth can be suspended within various stages, placing the individual at greater risk for such negative outcomes as suicide, depression, anxiety, and substance abuse (Bostwick et al., 2010; Halpin & Allen, 2004; McCabe et al., 2010). Given that religion often plays a central role in the struggle to progress through this developmental process, individuals may respond in a number of ways in terms of their religion. That is, they may feel that they have to choose between God and their orientation. They may feel socially alienated and rejected by their religious communities (Dahl & Galliher, 2010; Sherkat, 2002). They may seek out so-called treatments or ministries aimed to change their orientation despite research indicating the ineffectiveness and even psychological abuse and harm done by such treatments or ministries (Jenkins & Johnston, 2004; Kapp, 2010). They may abandon their faith and their religious communities when they fail to change their orientation. Individuals may attempt to compartmentalize their religious and sexual lives rather than living as integrated human beings. Or, they may find a way to reconcile their faith and their orientation, perhaps even viewing themselves as beloved by God (Rodriguez & Ouellette, 2000; Shidlo & Schroeder, 2002; Super & Jacobson, 2011).

One facet of the relationship between religion and self-stigma, at times suggested but seldom explored, is that of God image, or the individual's internal working model of their divine attachment figure. That is, God image is the individual's implicit (unconscious, automatic) understanding of the kind of person whom they imagine God is and how God might interact with them, the individual (Lawrence, 1997). Previous research regarding God image suggests that a relationship exists between one's God image and one's self-concept (Benson & Spilka, 1973; Grimes, 2007). However, the literature relevant to sexual minorities is nearly non-existent on this matter.

There is also some indication that, at least among African American sexual minorities, the strength of one's religious faith may also interact with the degree of internalized self-stigma one may have, and this interaction may predict resiliency (Walker & Longmire-Avital, 2013). However, there is little research available in terms of strength of faith or how salient faith is to a person. Nevertheless, the literature to date suggests a complex relationship between constructs related to faith, God image, stigma, and the overall psychological well-being of individuals who have often been systematically oppressed in the name of the very religious faiths they may have known from childhood, or may currently hold dear.

The literature is also sparse with regard to the context in which a positive or negative God image may be reinforced during the developmentally sensitive time of college-age. While researchers suggests that contextual matters such as institutional policies protecting or discriminating against sexual minorities are indeed significant in terms of the psychological well-being of the sexual minority (Hatzenbuehler et al., 2009), and there is evidence that religiously-justified anti-LGBTQ policies are common among institutions of Christian higher education (Soulforce, 2012; Wolff & Himes, 2010), a gap exists in the literature in terms of whether or not such religiously based discriminatory policies negatively impact sexual minorities.

Therefore, I intended to address these two gaps in the literature, understanding that one cannot be divorced from the other. As noted, internalized stigma begins with stigma in the social environment (believing or not believing what the environment tells one about a stigmatized group one belongs to (Corrigan & Wassel, 2008; Kaufman & Johnson, 2004), and the social environment (including stigma) is partly constructed through policy via policy's consequences (Hatzenbuehler et al., , 2009; Link & Phelan, 2001). Further, the life season of college-age is often, developmentally, a time of exploring and forming one's identity (Arnett, 2007). Therefore,

in studying self-stigma and God image among college-aged sexual minorities who believe in God or that there could be a god, it is reasonable to consider that a student existing in a context that affirms who they are as a sexual minority may be significantly different from a student existing in a context where they are reminded that they are inherently sinful or bad and God is displeased with them (homophobia) and that their sexuality is religiously inferior to that of the heterosexual majority (heterosexism).

The Present Study

I utilized regression analysis to test a double moderation model using the SPSS macro, PROCESS (Hayes, 2013a). That is, my model is that the dependent variable, God Image, would predict internalized self-stigma, but this relationship would be moderated by both Campus Climate and Strength of Faith (Figure 1).

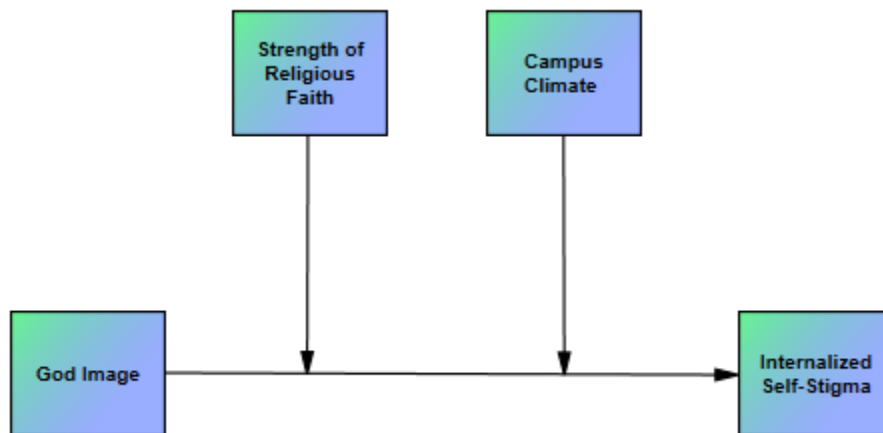


Figure 1. Double moderation model based on Hayes (2013b), illustrating hypotheses.

CHAPTER II

Method

Participant Characteristics

Individuals were invited to participate in the online survey if they met the following criteria: (a) the individual was between the ages of 18 and 29, (b) they reported attraction to members of their same sex and/or they identify as a sexual minority person, (c) they were enrolled in higher education at the time of the study, or had been enrolled within the previous 2 years, (d) they reported that they believe in God or that there could be a God (i.e., they were not atheists).

Sampling Procedures

In considering how to obtain a sample made up of a hidden minority, Harwood et al. (2012) pointed out that “true random, probability sampling from a known population—the gold standard in research sampling methodology—is not possible” when one is studying invisible populations (p. 31). Kulkin et al., (2000) also described the difficulties in obtaining a representative sample of adolescent and young adult sexual minorities, particularly in light of stigma. Many researchers have tended to recruit from overtly pro-LGBTQ venues and participants’ peer referrals. However, as Kulkin et al. pointed out, individuals recruited from such venues are not representative of sexual or gender minorities in American population as a whole. Such individuals, obviously, are likely to already be at a developmental stage where they acknowledge, identify with, and perhaps feel pride about their sexual minority status, and are seeking and finding social support in the LGBTQ community. That is, not all sexual minorities self-identify because not everyone is in the same developmental place, and not all sexual minorities choose to adopt an arguably political label for themselves (Starks, Gilbert, Fischer,

Weston, & DiLalla, 2009). Also, not all sexual minorities affiliate with or use pro-LGBTQ groups, locals, events, or publications. Therefore, given that I wanted to obtain as much variance as possible in my sample in terms of degree of internalized self-stigma, I recruited through a variety of venues—not just venues that are pro-LGBTQ.

A second vital matter in terms of procedure was determining who is or is not a sexual minority. This is particularly the case when considering sexual minority identity formation. That is, those who readily self-identify as LGB are most likely at a later developmental stage, having overcome a sufficient amount of stigma to be able to self-identify. Given that I wanted to recruit people across developmental stages, how I determined who is or is not a sexual minority was important.

Thus, I obtained my sample by recruiting through three methods, and by inquiring about sexual orientation in a manner that was sensitive to the developmental stage that participants may be in in terms of sexual minority identity development. First, individuals who were eligible to participate were recruited from a variety of colleges and universities (e.g., private, public, with/without religious affiliations) via flyers posted in social venues near campuses across the United States (e.g., coffee shops and the Utah Pride Center). Second, participants were recruited through social media. This included creating a Facebook page dedicated to advertising this research project and then utilizing grassroots networking to refer potential participants to this page for more information. Grassroots networking included posting the Facebook page link on the page of an already established Meetup.com social group for queer women in their 20s and 30s (moderated by the author); reaching out to Seattle Pacific University's student-led LGBTQ group, Haven; sending this information to clergy, including leaders of so-called ex-gay ministries; and peer referral through the author's social network. Importantly, all of my

recruitment materials used the language of “experience same-sex attraction and/or identify as LGBTQ” in order to allow prospective participants to engage with the survey without having to self-identify with an LGBTQ label that could deter individuals who do not accept their sexual orientation. Thus, materials stated, “I am interested in your feelings about God, your college or university’s campus climate, and romantic attraction and identity. The items in my on-line survey will help increase scientific understanding of how these topics are related in students and recent students who experience same-sex attraction and/or identify as LGBTQ.” Incentives for participation included being entered into a drawing for one of five \$5 coffee gift cards or a Kindle Fire.

Sample Size, Power, and Precision

I used G*Power 3.1.9.2 (Faul, Erdfelder, Buchner, & Lang, 2009) to estimate the sample size needed to sufficiently power the analysis. In an a priori fashion, from the family of F tests, I specified a linear multiple regression model with fixed effects (R^2 deviation from zero), a small effect size (f^2) of .15, $\alpha = .05$, $1 - \beta = .95$, with 3 predictors (God image, benevolence or acceptance; strength of faith; and campus climate; Hayes, 2013b; see Figure 2). The recommended sample size was 74.

Measures and Covariates

Demographic form. Participants completed a demographic form, responding to items about age, race, sex assigned at birth, current gender identity, year in college or university, type of college or university they attend (religious or secular), and the geographic region where they spent most of their time growing up. Demographics also included information about the religious affiliation of the participants, and, for participants coming from religious universities, the religious affiliation of their universities.

Sexual minority status. Sexual minority status was assessed for the purpose of determining if individuals were eligible to participate. Within the literature on sexual minorities, the tendency is to split the construct of sexual orientation into two broad subdivisions: (a) behavior (i.e., sexual activity), and (b) identity (i.e., whether a person identifies as a sexual minority or a heterosexual person; Herrada, 2013). With that in mind, some authors use instruments to assess sexual orientation while many ask participants to self-identify as gay, lesbian, bisexual, or heterosexual on demographic questionnaires—either researchers apply a label (via assessment results) or participants self-label through demographic questionnaires (Starks et al., 2009).

Operationalizing sexual minority status for research purposes is made more difficult because of issues related to stigma and sexual minority identity development. Individuals with a concealable stigma may choose to not identify as such because of the stigma attached to it (Herek & Capitanio, 1996). Additionally, individuals who are sexual minorities may deny their orientation even to themselves, particularly if they are within the earlier stages of sexual minority identity development (Cass 1979, 1984).

Because of this difficulty, behaviors are often used as the determining factor for identifying sexual orientation. For example, the Kinsey Scale, the Klein Sexual Orientation Grid, and the Sell Assessment each query about sexual behaviors in determining a participants' sexual orientation (for a review of these, see Sell, 1996 and Sell, 1997). However, a problem with behavioral assessment is that behavior does not necessarily define or indicate identity. For example, prison inmates may engage in same-sex sexual activity while still identifying as heterosexual, and adolescents may experiment as part of sexual play and exploration. In contrast, identity does not necessarily indicate behavior. For example, some individuals who

know themselves as gay, lesbian, or bisexual, may choose to remain celibate for religious reasons (Herrada, 2013). Given that this study focused on internalized self-stigma, I was more interested in participants' perceptions of themselves than in their sexual behaviors. Thus, behavior may not only be preferable to avoid due to the context of the study for some participants, but it may also be irrelevant in terms of constructs of interest within the study itself.

Maintaining consistency with the common practice of using of simple demographic questionnaires written by individual authors for their own studies, I also used an author-constructed questionnaire (Appendix 1). In order to have as much variance as possible in the amount of self-stigma participants may have had, and also adhere to the suggested guidelines of the Williams Institute (The Sexual Minority Assessment Research Team, 2009), I used a strategy of inquiry that allowed participants the freedom to acknowledge their feelings without having to accept or identify with a gay, lesbian, or bisexual identity unless they wanted to do so. Hence, I also included individuals who reported experiencing same-sex attraction but identified as heterosexual.

Altogether, the questionnaire had five options pertaining to attraction (e.g., "I experience attraction mostly to women") and four options pertaining to identity (gay or lesbian, bisexual, heterosexual, other). Plus I included an additional, direct items stating, "I consider myself to be a sexual minority," and "I consider myself to be a gender minority."

Using this questionnaire, I categorized participants as sexual minorities or heterosexual (researcher assigned labeling) on the basis of self-reported attraction, regardless of whether or not participants self-labeled as sexual minorities. That is, I allowed participants to consider attraction and identity separately, although for analysis, I categorized individuals based upon

attraction given that attraction may arguably be the core of sexual orientation (The Sexual Minority Assessment Research Team, 2009).

Internalized homophobia. The Internalized Homophobia Scale (IHP; Herek et al., 1997) is a 9-item questionnaire used to measure internalized homophobia in gay men, lesbians, and bisexual individuals. As cited in Herek et al., the IHP is based on unpublished interview items by Martin and Dean (1988), with a conceptualization of internalized homophobia based on DSM-III (American Psychiatric Association, 1980) criteria for ego-dystonic homosexuality. Further, the IHP was originally a male-only instrument, appearing in Herek and Glunt (1995). Participants taking the 1997-adapted (male and female) IHP respond to items on a five-point Likert-type scale, ranging from 1 (*disagree strongly*) to 5 (*agree strongly*). None of the items are reverse-scored and no subscales are described by the authors. Example items include, “I feel that being lesbian/bisexual is a personal shortcoming for me,” and “If someone offered me the chance to be completely heterosexual, I would accept the chance.” The authors only list items for the female form and note that the male form is identical except that words appropriate for lesbians were changed to words appropriate for gay men.

As noted above, the IHP was originally fielded with only male participants. However, the version that I reviewed was used with both genders. Herek et al. (1997) stated that their sample consisted of 147 total participants, but did not denote how many were male or female. They stated that 86% were either gay or lesbian and 14% were bisexual. The mean age of their participants was 33 (with a range of 16-68 years). Their sample was largely Caucasian (82%), although 7% were Latino, 1% were African American, 2% were Asian or Pacific Islander, 1% were Native American, and 7% were other or multi-racial. The Cronbach’s alpha for males was .83 while the alpha for females was .71. More detailed information about reliability or validity

was not stated by the authors. However, this version of the IHP showed convergent validity with the subscales (identity, social discomfort, and sexuality) of both the male and female versions of the Measure of Internalized Stigma for Lesbians and Gay Men and the total scale for the female version of this scale (MISS-LG; Lingiardi, Baiocco, & Nardelli, 2012). That is, the IHP showed significant correlations with the MISS-LG lesbian subscales ranging from $r = .32$ ($p < .01$) to $r = .52$ ($p < .01$), and $r = .55$ ($p < .01$) for the total scale. A similar pattern was observed with correlations between the male version of the MISS-LG and the IHP. These correlations ranged from $r = .32$ ($p < .01$) to $r = .49$ ($p < .01$) for the subscales, although the IHP did not significantly correlate with the total scale ($r = .46$, $p > .05$). Because I did not exclude participants who have a non-binary gender, I allowed all participants to choose which form of the IHP they preferred to take. Thus, when describing this measure, I refer to the IHP as the IHP female form (IHPf), the IHP male form (IHPm), and the IHP combined (IHPc, a standardized, combined form for all participants) rather than referring to participants' sex or gender. In the present study, the Cronbach's alpha for the IHPm was good at .85, while the alpha for the IHPf was also good at .89.

Image of God. The God Image Scales (GIS; Lawrence, 1997) is a 72-item, 6-scale, self-report measure of respondents' God image. God image, as assessed by the GIS, is based upon Rizzuto's (1970) conceptualization, described above in this paper—an individual's internal working model of what God is like as a person. That is, this definition of God image used to construct the GIS is consistent with the construct I wanted to assess.

The GIS was derived from the 156-item, 8-scale God Image Inventory (GII; Lawrence), but unlike the GII (which is ideal for single person assessment in pastoral care), the significantly

shorter GIS was created for research use. The GIS uses a 4-point Likert-type scale ranging from 1 (*totally disagree*) to 4 (*totally agree*). Of the GIS's 72 items, 36 are reverse-coded.

Each subscale of the GIS consists of 12 items. The subscales are: presence, challenge, acceptance, benevolence, influence, and providence. Broadly speaking, presence is whether or not a person believes that God is there (present) for them and challenge is whether or not a person believes that God desires their growth. That is, as Lawrence (1997) points out, presence and challenge correspond to Kirkpatrick's (1986) notion of attachment to God as "safe haven" and "secure base" (p. 216). Acceptance refers to an individual's belief regarding whether or not they are worthy of God's love, while benevolence is a matter of the respondent's beliefs about God's character and whether or not God is the type of person who would desire to love the respondent. Lastly, providence is how much the respondent believes that God controls them (or influences their decisions or behavior), while influence is how much the respondent believes that they control (or influence the decisions) of God. Example items include, "God does not answer when I call" (presence, reversed), "Thinking too much could endanger my faith" (challenge, reversed), "God loves me regardless" (acceptance), "God's mercy is for everyone" (benevolence), "I often feel that I am in the hands of God" (providence), and "God sometimes intervenes at my request" (influence). The Cronbach's alpha for the overall GIS was not given by Lawrence, but the alphas for the subscales ranged from .81 to .95.

The GII (from which the GIS was derived) was standardized with a sample of 1580 participants recruited through a market research firm. Little information was given about the demographics of this sample except that "the sample was reasonably close in demographic characteristics to the adult population of the United States" (p. 219). However, Lawrence (1997) did mention that the number of Islamic participants was too small to yield meaningful results,

and their sample included only 21 Jewish participants. Of the 1580 participants, 161 were African American. No other demographic information was given.

In terms of establishing the validity of the GIS, data is limited, owing to the fact that the GIS is difficult to score by hand, and computerized scoring was not available for several years after its development. Furthermore, the tendency of researchers in psychology of religion is to use newer rather than older instruments. Thus few studies exist using the GIS (Gattis, 2001). Still, available data indicates that the GIS appears to correlate as expected with religious variables, as well as an instrument designed to measure respondents' object relations. According to Knapp (1993; as cited in Lawrence, 1997), the subscales of the GIS correlated positively with intrinsic religious orientation (presence, $r = .82$; challenge, $r = .61$; acceptance, $r = .60$; $r =$ benevolence, $r = .56$; influence, $r = .76$; providence, $r = .77$; p -values not given), as well as church attendance (presence, $r = .54$; challenge, $r = .36$; acceptance, $r = .39$; $r =$ benevolence, $r = .36$; influence, $r = .52$; providence, $r = .53$; p -values not given).

Likewise, Tisdale et al. (1997) found significant correlations between GIS subscales (acceptance, presence, and challenge) and the subscales of the Bell Object Relations Inventory (BORI; alienation, insecure attachment, egocentricity, and social incompetence). Correlations were in the expected directions; most (all coefficient values above .21) were significant at the $p < .05$ level. For example, acceptance showed negative correlations with alienation ($r = -.27$ to $-.56$), insecure attachment ($r = -.35$ to $-.43$), egocentricity ($r = -.25$ to $-.47$), and social incompetence ($r = -.18$ to $-.38$). Tisdale et al. (1997) stated that "Positive God image was associated with high personal adjustment and mature object relations development" (p. 233). Given that God image is one's internal representation of what God might be like as a person, and (as discussed above) is related to attachment to God, it makes theoretical sense that God image

and object relations would be related in this way. As noted by Lawrence (1997), such data points to the preliminary validity of the GIS.

Lawrence (1997) stated that all of the scales of the GIS are significantly intercorrelated. The differences between the various scales are interesting in terms of theory, and some factors cluster more than others. For example, acceptance and benevolence correlate at .90—which, from a theoretical standpoint, appears logical. It stands to reason that people who believe that God is benevolent and kind may also believe that God accepts and loves them unconditionally.

Lawrence (1997) performed factor analysis on the scales and found that oblimin rotation demonstrated better fit than orthogonal rotation. He concluded that given the overlap of the scales, researchers can justifiably omit some of the scales from their analyses. Thus, I collected data from the full GIS for potential use at a later time, but for the present study, I used only the benevolence and acceptance subscales of the GIS as they seemed most relevant to my theoretical model. Because these two subscales were theoretically relevant to this study and because prior research indicated that they correlated highly with each other such that choosing to use one over the other was arbitrary, I analyzed both, running each through the overall model.

Furthermore, Lawrence generally described both of these subscales as related to “goodness” with acceptance focusing on the relationship between the individual and God (“Am I good enough for God to love?”), and benevolence focusing on the character of God (“Is God the sort of person who would want to love me?”; p. 214). Higher scores indicate that the participant has a greater degree of the aspect measured by that scale (Hall & Sorenson, 1999). That is, a higher score on benevolence indicates that the participant has an image of God that is warmer, kinder, and more loving. A higher score on acceptance indicates that the participant feels that God loves and accepts them unconditionally. Low scores the subscales indicates having a God

image with a lower degree of that aspect, meaning they have a negative God image in that domain (Koohsar & Bonab, 2011). For example, a low score on benevolence indicates that a person's image of God is perhaps angry, vindictive, uncaring, aloof, etc. (i.e., not benevolent). A low score on acceptance indicates that the participant feels that they are not living up to God's standards, God may not love them, they may be unforgiveable/have committed an "unforgiveable sin" (Lawrence, p. 225), and so on (i.e., God is not accepting because the participant is not good enough). In the present study, the benevolence and acceptance subscales correlated with each other at .79 ($p < .01$, one-tailed). Both subscales showed good reliability at .83 and .88 respectively.

Strength of faith. The Santa Clara Strength of Religious Faith Questionnaire (SCSORF; Plante & Boccaccini, 1997a, 1997b) is a 10-item self-report measure assessing strength of faith, and was designed for use across religious groups or denominations. For example, the measure asks participants to rate questions such as, "My faith is an important part of who I am as a person," "My relationship with God is extremely important to me," and "My faith impacts many of my decisions," and does not use language specific to any particular faith (e.g., Christianity, Judaism, Islam, etc.). The SCSORF utilizes a 4-point Likert-type scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*).

The SCSORF was first fielded (Plante & Boccaccini, 1997a) with a sample of 102 undergraduate students, of whom, 78 were female, and 24 were male. Their mean age was 19.25 years ($SD = 2.24$). Plante and Boccaccini (1997a) reported high split-half reliability ($r = .92$) and internal consistency ($\alpha = .95$).

The psychometric properties of the SCSORF have also been evaluated with a variety of types of samples. For example, the SCSORF has been validated with civic group participants and

high school students (Plante & Boccaccini, 1997b), larger university samples and people addicted to substances (Plante, Yancey, Sherman, Guertin, & Pardini, 1999), university students at a religious university (Freiheit, Sonstegard, Schmitt, & Vye, 2006), and cancer patients (Sherman et al., 2001). Furthermore, the SCSORF has also been used with Caucasian LGB individuals (Lease et al., 2005). Across these studies and groups, authors reported Cronbach's alphas ranging from .89 to .97. Sherman and colleagues also reported test-retest reliability ($r = .82-.93$), and convergent validity with the Duke Religion Index, a measure of intrinsic religiosity and organized and non-organized religious involvement (DUREL; as cited in Sherman, et al.).

In addition to the SCSORF's validation and use with a variety of types of samples, Sherman and colleagues (2001) highlighted that the SCSORF is a good choice of measure when studying religiosity or spirituality in individuals who, due to life circumstances (e.g., a diagnosis of cancer), may report diminished psychological well-being. They stated that this is because the items of the SCSORF do not appear to be confounded by having items that are dependent upon psychological well-being. They stated, "[some religious or spiritual measures] may have limited value in predicting dimensions of quality of life with which they are confounded (e.g., emotional well-being, mood, life-satisfaction). [...] Attempts to predict emotional adjustment to illness from spiritual items that encompass happiness or satisfaction can lead to spurious or ambiguous results" (p.437).

This is important because, as discussed above, the literature on internalized self-stigma strongly suggests that such stigma is predictive of diminished psychological well-being. Therefore, although psychological well-being was not part of my overall model, avoiding the conflation between strength of faith and psychological well-being lent itself to a cleaner analysis

of the role of strength of faith in moderating the relationship between God Image and internalized self-stigma.

Furthermore, the SCSORF has the additional benefit of measuring a unidimensional construct. Confirmatory factor analysis indicated that a single factor model provided acceptable fit indices ($\chi^2 = 45$, $df = 35$, $p < 0.11$; RMSEA = 0.054, SRMR = 0.024) and accounted for 75% of model variance.

In the present study, the SCSORF showed satisfactory reliability. Cronbach's α was .96.

Campus climate. The LGBT Climate Inventory (LGBTCI; Liddle, Luzzo, Hauenstein, & Schuck, 2004) is a 20-item self-report instrument measure of "perceived workplace environment for lesbian, gay, bisexual, and transgender (LGBT) employees" (p.34). For my purposes, I changed words such as "employee" to "student," and "workplace" to "campus." Unlike similar measures of environment, the distinctive benefit of the LGBTCI is that it inquires about a range of experiences from supportive to hostile, rather than focusing primarily on the facets of what makes a negative environment negative or what makes a positive environment positive.

The LGBTCI uses a 4-point Likert-type scale ranging from 1 (*doesn't describe at all*) to 4 (*describes extremely well*). Eight items are reverse-coded. Example items include, "LGBT employees must be secretive," and "The company or institution as a whole provides a supportive environment for LGBT people." Test-retest reliability for the scale (with a 6 to 7 month interval in between) was .87. The authors reported that the Cronbach's alpha was .96 and the Gutman split-half reliability was .97. The LGBTCI also demonstrated construct validity via moderate correlations with scales testing related but not identical constructs (job satisfaction, .58, $p < .001$; LGBT workplace discrimination, -.52, $p < .001$).

This data was derived from a sample of 93 participants from 26 states across each geographic region of the United States. The states representing the largest proportions of the sample were Iowa (11%), Wisconsin (16%), and California (17%). The other 56% of participants came from other states, with no more than 5% represented from any of these states.

Participants' ages ranged from 19 to 62 (median age, 39). Individuals identified as Caucasian (90%), multiracial (4%), African American (2%), Asian American (2%), or Native American (1%). Participants also identified as female (51%), male (47%), or not-specified/not applicable (2%). Of these, 16% identified as transgender. Sexual orientations included gay (42%), lesbian (31%), bisexual (14%), unspecified (12%), and heterosexual (1%). Participants' Holland Occupational Themes included enterprising (23%), investigative (19%), social (19%), conventional (17%), realistic (16%), and artistic (5%).

In the present study, the LGBTCI demonstrated adequate reliability. Cronbach's α was .96.

Research Design

Participants were recruited to complete this on-line survey using the strategies described in the sampling procedures section. Participants who did not meet inclusion criteria were directed to a "Thank you" page. Because individuals with non-binary genders (e.g., genderqueer individuals) were invited to participate, and because the IHP, while more gender inclusive than some other measures, is still restricted to the gender binary of male and female, I allowed all participants to choose which form of the IHP they would prefer to take. Thus, participants chose to take either the IHP male form or the IHP female form. Afterward, participants continued with the rest of the survey (the God Image Scales and Campus Climate) until they came to a second

checkpoint, asking if they would be willing to answer additional questions that were not part of the primary analyses.

At the completion of the survey, participants were invited to follow a link to a separate survey where they could enter their name and e-mail address for a raffle to win a Kindle Fire or one of 5 \$5 coffee gift cards. All email addresses were independent of survey data or any other sensitive information, and simply served to provide survey links and notify raffle winners. IP addresses were not be collected and the two sets of data were password protected. Contact information for the chair of this project was available to participants should they have any concerns. Participants were informed that referrals for counseling were available and that they should contact my dissertation chair or the SPU IRB if the survey was significantly distressing for them.

Data Analytic Plan

Following my initial data cleaning and analysis, I utilized regression analysis to test a double moderation model using the SPSS macro, PROCESS (Hayes, 2013a). That is, my model was that the independent variable, God image (benevolence or acceptance subscales), would predict internalized self-stigma, but this relationship would be moderated by both campus climate and strength of faith (Figure 1). For brevity, Figure 1 encompasses God image acceptance and benevolence (analyzed in two separate analyses, one for each predictor), since my predictions for both of these were conceptually identical. Likewise, Figure 2 also encompasses God image acceptance and benevolence (similarly analyzed in two separate runs) because the statistical models were parallel.

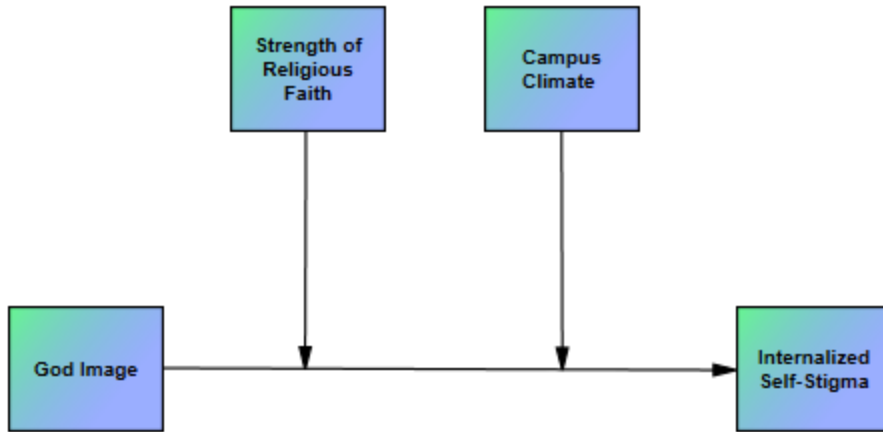


Figure 1. Double moderation model based on Hayes (2013b), illustrating hypotheses.

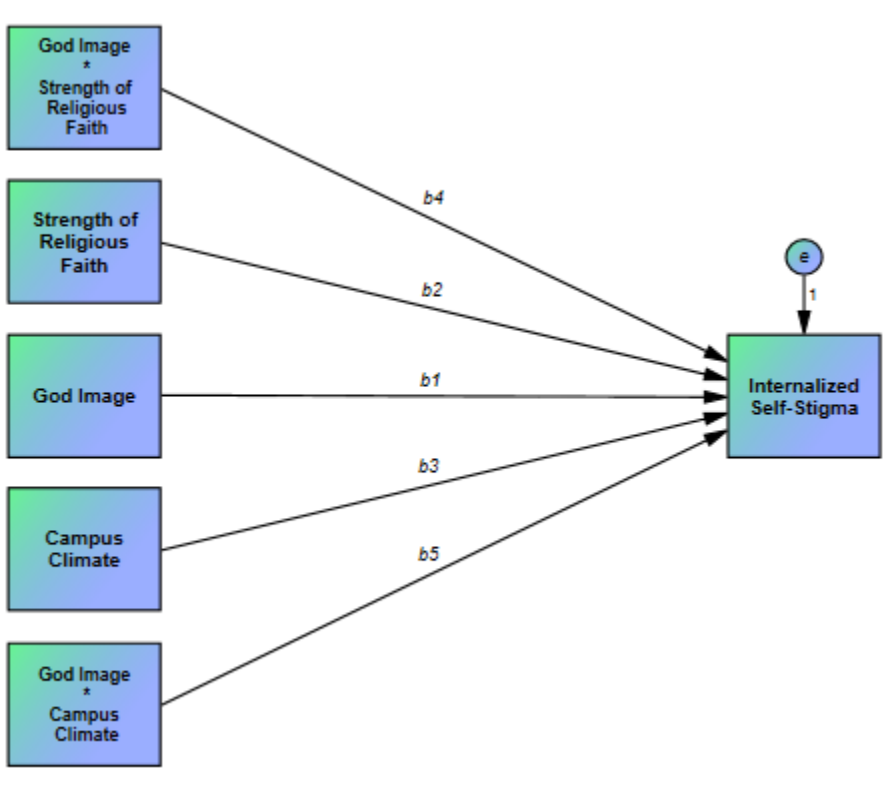


Figure 2. Statistical diagram of double moderation model, based on Hayes (2013a).

Chapter III

Data Analysis

Missing Data

Using the multiple imputation features in SPSS 23, I conducted a missing data analysis and performed multiple imputation. The data set originally contained 94 cases (41 male form, 53 female form). For the male form, all of the model variables and 29.27% of cases had missing data. For the female form, all of the model variables and 52.83% of cases had missing data. Cases (78.72%; 87.80% of the male form participants, 69.81% of the female form participants) were retained for multiple imputation if they were missing less than 24% of their data (Olinsky, Chen, & Harlow, 2003). Visual inspection of the missing data indicated a monotonic pattern, suggesting that participants dropped out as a function of test fatigue.

The following procedures were used in the multiple imputation: First, the data set was divided by measure. In the case of the 72 item God Image Scales, the acceptance and benevolence subscales were likewise split into separate data sets while the other subscales were not imputed because they were not relevant to this study. Each data set included a participant identification number, which was not imputed or used as a predictor, the item-level data for the scale being imputed, placeholder scale scores from the other measures in order to protect the structure of the data (Little, McConnell, Howard, & Stump, 2008), as well as auxiliary variables that were not included in the research questions tested but could inform the data (e.g., gender identity, geographic region, and race). Because the initial run of the God image acceptance and benevolence subscales did not converge, case and parameter draws were increased until convergence was achieved. Last, after I imputed each data set, the files were merged by

matching case numbers and imputation. Placeholder scale scores were deleted and scale scores re-calculated from the imputed data set.

Descriptive Statistics

Following multiple imputation, 73 participants remained. Participants reported growing up in the Northeastern (24.65%), Southeastern (13.70%), Midwestern (17.80%), Northwestern (26.03%), and Southwestern (10.96%) United States, while 0.07% of participants reported growing up outside of the United States. Because the outcome variable of interest (internalize self-stigma) is inherently rooted within cultural context, participants who did not grow up in the United States were excluded from analysis, leaving a remaining sample of 68. The majority of participants (69.1%) were currently enrolled. Among those currently enrolled, 10.4% were freshmen, 12.5% sophomores, 6.3% juniors, 20.8% seniors, 14.6% master's degree students, 18.8% PhD students, 4.2% MD/DO students, and 12.5% students were enrolled in other advanced degrees. Of those recently enrolled, 40% had been master's students, and 10% had been enrolled in other advanced degrees excluding PhD or MD/DO degrees. The remaining recent students had been undergraduates (40%) or did not provide this information (10%). Ages for all participants ranged from 18 to 30 ($M = 24.35$, $SD = 3.3$, mode = 27).

The majority of participants in the overall sample were White (82.4%), though the sample also included individuals who were African American (4.4%), multiracial (5.9%), Native American/First Nations (1.5%), Latino (1.5%), Asian/Pacific Islander (1.5%), other ("Hispanic/White"; 1.5%), and one participant who preferred not to answer (1.5%). Individuals identified their sex assigned at birth as female (57.4%) and male (41.2%), while one did not respond to this question (1.5%). Half of participants identified their current gender identities as woman/female (50%), while 38.2% identified as men/male, 7.4% identified as

genderqueer, 1.5% identified as a transman, 1.5% identified as Two-spirit, and 1.5% identified as other (“not sure”). Further, 16.2% of participants self-identified as gender minorities, which broadly included those who do not identify with the sex they were assigned at birth).

In terms of sexual orientation, 55.9% of participants self-identified as gay or lesbian, 19.1% as bisexual, 8.8% as heterosexual, and 16.2% as other. Those who identified as heterosexual reported that they experienced same-sex attraction although they did not identify as sexual minorities. Furthermore, their gender identity was the same as they were assigned as at birth and they did not identify as gender minorities. That is, these participants were not transgender individuals identifying as heterosexual following gender affirming procedures; they were cis-gender individuals who experienced same-sex attraction but identified as straight.

Participants identified as Christian (61.8%), agnostic (11.8%), Jewish (2.9%), Buddhist (2.9%), believing in God without belonging to a particular faith (10.3%), and other faith (10.3%). Participants who were Christian identified as Protestant (28.6%), Catholic (26.2%), Episcopal/Anglican (14.3%), Lutheran (11.9%), Non-denominational (9.5%), Evangelical (4.8%), Latter Day Saints (2.4%), and other (2.4%). Table 1 summarizes which groups of students, based on reported orientation and faith affiliation, enrolled in which types of universities/colleges, whether religious or secular.

Table 1

Belief Affiliations for All Participants and Colleges/Universities by Sexual Orientation of Participants

Belief Affiliation	Gay or Lesbian	Bisexual	Heterosexual*	Other	Total
	<i>Student</i>				
Christianity	24	7	6	5	45
Judaism	1	1	0	0	2
Buddhism	0	2	0	0	2
No particular faith	4	0	0	3	8
Other	4	1	0	2	7
Agnostic	5	2	0	1	9
Total	38	13	6	11	68
	<i>College/University</i>				
<i>Secular</i>	26	9	4	5	44
<i>Religious</i>	12	4	2	6	24
Protestant	8	2	2	5	17
Catholic	1	1	0	0	2
Mormon	1	0	0	1	2
Non-denominational Christian	1	0	0	0	1
Other Christian	1	1	0	0	2

Note. Individuals who reported experiencing same-sex attraction but identified as heterosexual.

Chapter IV

Results

Primary Analysis

Benevolence. I utilized Hayes' (2013a) SPSS macro, PROCESS, to investigate the double moderation model. In the model 2 PROCESS template, I first entered God image benevolence as the independent variable (X) predicting internalized self-stigma (Y), with this relationship being

moderated by both strength of faith (M) and campus climate (W). Model 2 analyzed the degree to which X, M, and W predicted Y, but it also analyzed the interactions between the given variables (XM and XW) in predicting Y. Because developmental theories on sexual minority identity development suggest that people change over time in terms of identity formation and internalized self-stigma (Cass, 1979, 1984; Troiden, 1989), and because prior research in the psychology of religion indicates that religiosity changes with age (Argue, Johnson, & White, 1999), I controlled for age in my analysis (C₁). Because my DV measure, the IHP, was written with language assuming a cis-gender and binary gender identity, and because I allowed participants to choose which form of the IHP they preferred to take, I controlled for whether or not participants self-identified as gender minorities (C₂). Finally, because I did not require participants to self-identify as a sexual minority, I also controlled for whether or not participants self-identified as such (C₃). None of the controlled-for variables contributed significantly to the model.

This regression analysis, including data from 68 participants, accounted for 46.26% of variance and yielded the following equation:

$$\hat{Y} = 2.8700 - .0936X + .5219M + .0006W - .0354XM - .0019XW - .0522C_1 + .0383C_2 + .3753C_3$$

The overall model was significant ($F [8, 59] = 6.3488, p = .0000$), the interaction between benevolence and strength of faith was significant ($B = -.0354, p = .0187$), the interaction between benevolence and campus climate was non-significant ($B = -.0019, p = .1361$), and the R² increase due to both interactions together was significant ($p = .0207$). Additional details are summarized in Table 2.

Table 2

Double Moderation Results for the Effects of God Image Benevolence, Strength of Faith, and Campus Climate on Internalized Self-Stigma

Model Summary							
	<i>R</i>	<i>R</i> ²	<i>MSE</i>	<i>F</i>	<i>df</i> ₁	<i>df</i> ₂	<i>p</i>
	.6802	.4626	.4963	6.3488	8.0000	59.0000	.0000
Model							
	Coeff	SE	<i>t</i>	<i>p</i>	LLCI	ULCI	
Constant	2.8700	.7774	3.6920	.0005	1.3145	4.4255	
Benevolence (GIb)	-.0936	.0233	-4.0086	.0002	-.1403	-.0469	
Strength of Faith (SoF)	.5219	.0845	6.1760	.0000	.3528	.6910	
GIb x SoF	-.0354	.0147	-2.4186	.0187	-.0648	-.0061	
Campus Climate (CC)	.0006	.0068	.0844	.9330	-.0131	.0142	
GIb x CC	-.0019	.0013	-1.5111	.1361	-.0045	.0006	
Age	-.0522	.0282	-1.8479	.0696	-.1086	.0043	
ID Gender Minority	.0383	.2479	.1545	.8777	-.4577	.5343	
ID Sexual Minority	.3753	.2689	1.3955	.1681	-.1628	.9134	
R ² increase due to interactions		<i>R</i> ² Change	<i>F</i>	<i>df</i> ₁	<i>df</i> ₂	<i>p</i>	
GIb x SoF		.0533	5.8497	1.0000	59.0000	.0187	
GIb x CC		.0208	2.2834	1.0000	59.0000	.1361	
Both		.0755	4.1436	2.0000	59.0000	.0207	

In addition to primary analysis data on the overall model and interactions, PROCESS also provided conditional effects of X on Y at different levels of the moderators M and W, via the pick-a-point method for probing interactions (Hayes, 2013a). Hayes described how this allows the researcher to understand the effects of X on Y at low, medium, and high values of the moderators and he recommended mean centering to allow for ease of interpretation (e.g., low, medium, and high become 1 *SD* below the mean, the mean of 0, and 1 *SD* above the mean respectively). These combinations of low, medium, and high values for M and W were tested for significance; this provided a more nuanced understanding of data patterns at different values of M and W. For the analysis of benevolence (X) regressed on internalized self-stigma (Y), when both strength of faith (M) and campus climate (W) were low (-1 *SD* = -1.1894, and -1 *SD* = -13.6490, respectively), the effect of X on Y was non-significant ($p = .2982$). However, the conditional effects of X on Y at all other combinations of the moderators M and W were statistically significant at (p values ranged from .0002 to .0193.). That is, when a participants' faith was not particularly salient for them relative to the sample mean, and they also deemed their schools as less supportive of LGBT people relative to the sample mean, benevolence did not predict internalized self-stigma. Otherwise, benevolence predicted internalized self-stigma in the anticipated (negative) direction (Figure 3).

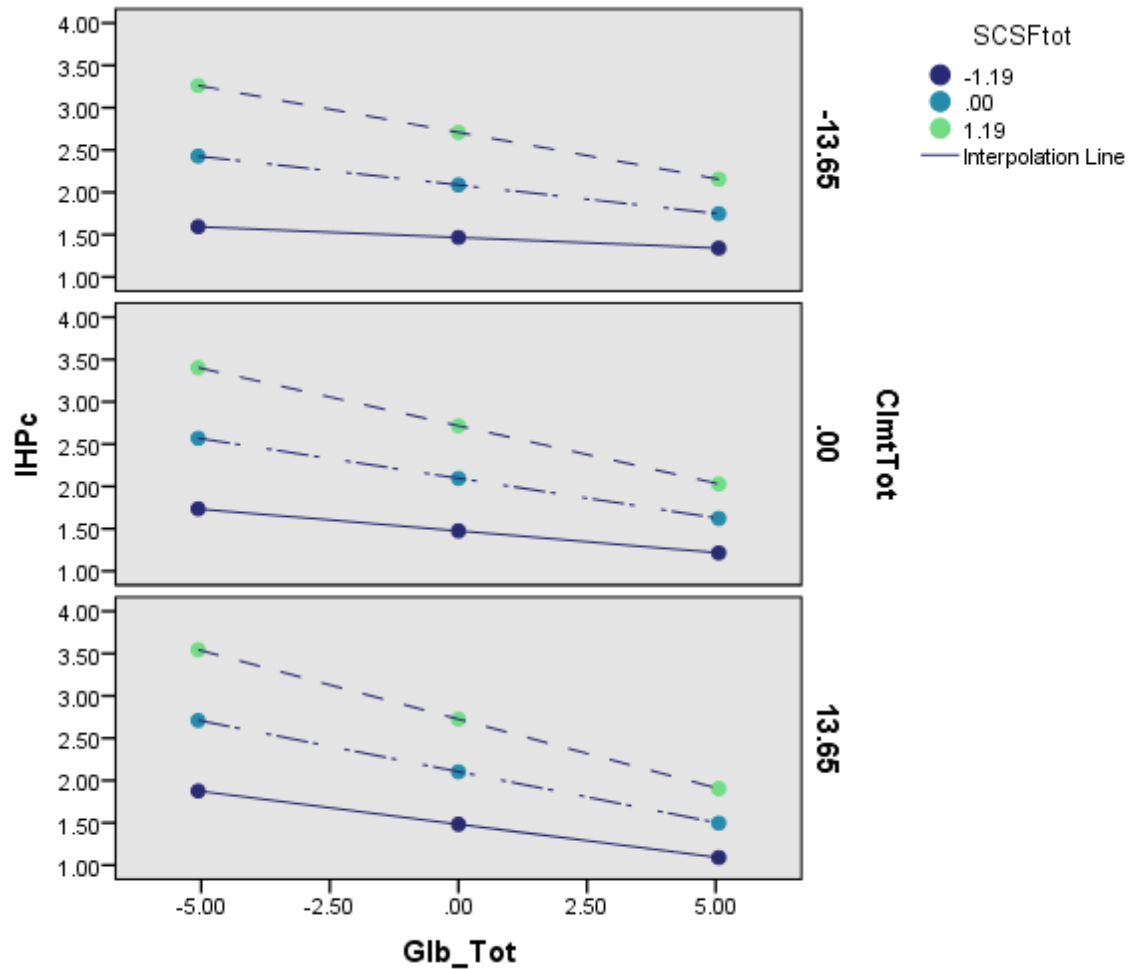
Figure 3. Conditional Effects with Benevolence as a Predictor

Figure 3. Conditional effects of benevolence on internalized self-stigma at high, medium, and low values of strength of faith and campus climate. Colored lines represent strength of faith while each chart represents low, medium, and high scores on campus climate. Low, medium, and high correspond to $-1 SD$, the mean, and $+1 SD$.

Acceptance. A parallel analysis was run for acceptance, also controlling for age, whether or not participants identified as gender minorities, and whether or not participants identified as sexual minorities (Table 3). In similar fashion as the model using benevolence for X, the overall

acceptance model accounted for 42.47% of the variance. However, neither interaction 1 (XM , $B = -.0147$, $p = .2009$), interaction 2 (XW , $B = -.0009$, $p = .3672$), nor both interactions together ($p = .2885$) were significant.

This analysis yielded the following equation:

$$\hat{Y} = 2.0233 - .0478X + .4916M + .0006W - .0147XM - .0009XW - 0.0316C_1 + 0.1249C_2 + 0.4945C_3$$

PROCESS also yielded mean centered conditional effects in identical fashion as described above, with low, medium, and high values of M and W corresponding to -1 SD, a mean of 0, and +1 SD, respectively. When either strength of faith (M) or campus climate (W) was low while the other was low or medium, acceptance (X) did not predict internalized self-stigma (Y). When strength of faith (M) was low while campus climate was high, acceptance (X) did not predict internalized self-stigma (Y). Acceptance did significantly predict internalized self-stigma at all other combinations of M and W (p values ranged from .0012 to .0384; Figure 4).

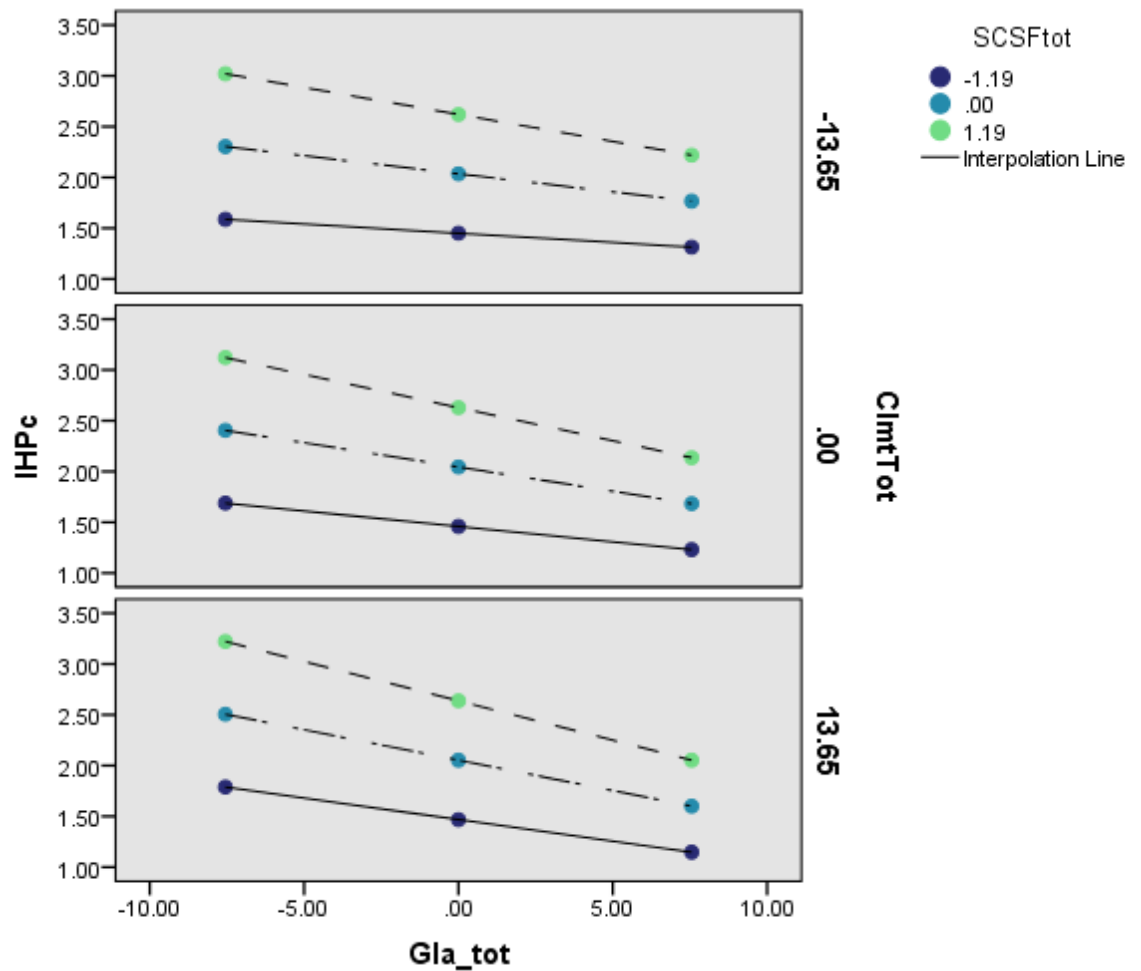
Figure 4. Conditional Effects with Acceptance as a Moderator

Figure 4. Conditional effects of benevolence on internalized self-stigma at high, medium, and low values of strength of faith and campus climate. Colored lines represent strength of faith while each chart represents low, medium, and high scores on campus climate. Low, medium, and high correspond to $-1 SD$, the mean, and $+1 SD$.

Table 3

Double Moderation Results for the Effects of God Image Acceptance, Strength of Faith, and Campus Climate on Internalized Self-Stigma

Model Summary							
	<i>R</i>	<i>R</i> ²	<i>MSE</i>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
	.6517	.4247	.5312	5.4452	8.0000	59.0000	.0000
Model							
	Coeff	SE	<i>t</i>	<i>p</i>	LLCI	ULCI	
Constant	2.0233	.7881	2.5672	.0128	.4463	3.6004	
Acceptance (GIa)	-.0478	.0140	-3.4007	.0012	-.0759	-.0197	
Strength of Faith (SoF)	.4916	.0851	5.7749	.0000	.3213	.6619	
GIa x SoF	-.0147	.0114	-1.2935	.2009	-.0374	.0080	
Campus Climate (CC)	.0006	.0072	.0884	.9299	-.0137	.0150	
GIa x CC	-.0009	.0010	-.9086	.3672	-.0029	.0011	
Age	-.0316	.0286	-1.1049	.2737	-.0888	.0256	
ID Gender Minority	.1249	.2627	.4756	.6361	-.4007	.6506	
ID Sexual Minority	.4945	.2818	1.7545	.0845	-.0695	1.0584	
R2 increase due to interactions		<i>R</i> ² Change	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>	
GIa x SoF		.0163	1.6732	1.0000	59.0000	.2009	
GIa x CC		.0080	.8256	1.0000	59.0000	.3672	
Both		.0248	1.2698	2.0000	59.0000	.2885	

Further Data. Means, standard deviations, and intercorrelations for variables of interest organized by demographic characteristics of participants are as follows:

Table 4

Means and Standard Deviations for Study Variables by Self-identified Sexual Orientation, Sex Assigned at Birth, and Current Gender Identity

Demographics	<i>n</i>	Benevolence		Acceptance		Strength of faith		Campus climate		Internalized self-stigma	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Self-identified SO											
Gay or lesbian	38	43.21	5.17	40.26	7.30	3.29	1.16	57.18	14.27	1.89	0.88
Bisexual	13	43.16	4.59	39.52	7.41	3.44	1.48	56.31	10.98	1.68	0.89
Heterosexual*	6	40.67	6.8	39.50	9.33	3.72	1.20	57.00	13.94	2.87	0.823
Other	11	44.33	4.37	40.24	8.67	3.02	0.94	48.73	13.76	2.11	0.82
Sex assigned at birth											
Female	39	43.38	4.90	39.43	7.95	3.16	1.17	56.49	13.40	1.86	0.91
Male	28	42.67	5.35	40.63	7.03	3.45	1.19	54.79	14.30	2.12	0.90
Current GI											
Woman	34	43.29	5.12	40.38	7.90	3.20	1.19	57.12	13.38	1.87	0.92
Man	26	42.88	5.13	40.95	6.89	3.49	1.09	56.08	14.01	2.17	0.91
Trans man	1	47.00	-	43	-	1.40	-	49.00	-	1.67	-
Genderqueer	5	41.37	5.66	33.52	7.63	2.84	1.24	48.60	15.37	1.36	0.29
Two-spirit	1	47.00	-	44.00	-	5.00	-	37.00	-	2.00	-
Not sure	1	47.00	-	31.00	-	5.00	-	54.00	-	3.36	-

Note. Heterosexuals in this study were individuals who reported experiencing same-sex attraction but identified as heterosexual. Scores for groups with only one participant represent the individual's score rather than a group mean and standard deviation.

Table 5

Means and Standard Deviations for Study Variables by Race

Demographic	<i>n</i>	<u>Benevolence</u>		<u>Acceptance</u>		<u>Strength of faith</u>		<u>Campus climate</u>		<u>Internalized self-stigma</u>	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Race											
White	56	43.21	4.89	40.19	7.64	3.35	1.11	55.14	13.86	1.99	0.88
African American	3	38.67	7.37	31.67	3.06	2.37	2.28	49.00	8.66	1.85	1.48
Asian/Pacific Islander	1	48.00	-	48.00	-	3.20	-	68.00	-	2.00	-
Native American/First Nations	1	47.00	-	44.00	-	5.00	-	37.00	-	2.00	-
Latino	1	44.69	-	42.16	-	4.90	-	67.00	-	4.33	-
Multi-racial	4	45.75	1.89	45.50	1.29	3.25	1.18	63.50	15.15	1.44	0.30
Other	1	31.00	-	30.00	-	1.40	-	62.00	-	1.44	-
Prefer not to answer	1	44.85	-	31.59	-	2.70	-	60.00	-	1.56	-

Note. Scores for groups with only one participant represent the individual's score rather than a group mean and standard deviation.

Table 6

Means and Standard Deviations for Study Variables by Geographic Origin

Demographic	<i>n</i>	<u>Benevolence</u>		<u>Acceptance</u>		<u>Strength of faith</u>		<u>Campus climate</u>		<u>Internalized self-stigma</u>	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
United States											
Northeast	18	42.81	5.72	39.00	7.99	3.81	1.16	58.39	9.85	2.33	1.06
Southeast	10	44.39	3.78	40.64	5.30	3.37	1.16	46.30	13.49	2.00	0.80
Midwest	13	43.01	3.76	38.44	8.26	2.85	1.08	56.38	14.16	1.88	0.88
Northwest	19	42.84	5.98	40.74	8.50	3.16	1.15	56.79	15.42	1.77	0.85
Southwest	8	43.38	5.32	42.63	5.95	3.23	1.44	57.13	14.38	1.74	0.73
International											
Cameroon	1	36.00	-	34.00	-	5.00	-	68.00	-	3.11	-
Canada	3	37.17	8.04	33.92	7.90	2.83	1.86	62.00	10.58	2.15	0.39
Philippines	1	33.00	-	31.91	-	2.80	-	53.00	-	2.22	-

Note. *N* = 73. International participants were excluded from analysis although data is provided here. Scores for groups with only one participant represent the individual's score rather than a group mean and standard deviation.

Table 7

Means and Standard Deviations for Study Variables by Faith Affiliation/Non-Affiliation of Participants

Demographic	<i>n</i>	Benevolence		Acceptance		Strength of faith		Campus climate		Internalized self-stigma	
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Christian	42	44.17	4.32	40.82	6.76	3.73	1.08	55.10	13.82	2.20	0.87
Protestant	12	45.39	2.72	41.60	5.28	4.44	0.60	54.83	13.76	2.56	0.93
Evangelical	2	40.00	5.66	44.50	4.95	4.45	0.64	52.00	8.49	3.33	0.79
Catholic	11	42.19	6.06	39.01	9.01	3.09	1.29	58.36	15.47	2.13	0.99
Episcopalian	6	45.87	2.60	40.01	6.63	3.63	1.13	61.83	10.96	1.93	0.52
Lutheran	5	43.97	4.53	39.88	7.76	3.36	1.30	45.80	14.69	1.91	0.79
Non-denom.	4	45.64	2.78	45.66	3.30	3.75	0.67	58.00	11.92	1.47	0.11
LDS	1	47.78	-	42.00	-	3.80	-	39.00	-	2.33	-
Other	1	41.00	-	33.00	-	3.20	-	39.00	-	2.33	-
Non-Christian											
Jewish	2	39.50	3.54	40.14	0.20	3.85	0.78	61.00	12.73	2.72	1.34
Buddhist	2	44.50	4.95	39.00	11.31	3.60	1.13	52.00	1.41	1.44	0.47
No affiliation	7	42.26	5.52	36.66	12.43	2.74	0.46	57.43	11.46	1.90	1.19
Other faith	7	44.36	3.23	43.57	5.36	3.07	0.95	57.00	16.51	1.52	0.50
Agnostic	8	38.13	7.34	36.13	7.62	1.59	0.70	55.25	16.59	1.13	0.26

Note. Scores for groups with only one participant represent the individual's score rather than a group mean and standard deviation.

Table 8

Summary of Intercorrelations for Continuous Study Variables

Measure	1	2	3	4	5	6
1. Benevolence	–					
2. Acceptance	.774**	–				
3. Strength of faith	.482**	.405**	–			
4. Campus climate	.178	.227*	.129	–		
5. Internalized self-stigma	-.018	-.085	.515**	-.044	–	
6. Age	.011	.101	.107	.160	-.017	–

Note. Means and standard deviations for variables are presented in Tables 4, 5, 6, and 7 and disaggregated by demographic variables. Information presented in this table represents correlations for the full United States sample ($N = 68$).

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

Given that campus climate was non-significant for both models, and given I also had a large proportion of graduate students, I ran an independent sample t -test to see if there was a significant difference between the campus climate scores of graduate ($M = 57.94$, $SD = 13.55$) and undergraduate ($M = 52.50$, $SD = 13.15$) students. There was no significant difference ($t[65] = -1.665$, $p = .101$, 2-tailed). Thus, the large proportion of graduate students did not influence the impact of campus climate on the model.

Post-Hoc Power Analyses

I used G*Power 3.1.9.2 (Faul et al., 2009) to examine post-hoc power for both the benevolence model and the acceptance model. From the family of F tests, I specified a linear multiple regression model with fixed effects (R^2 increase), $\alpha = .05$, with 6 total predictors (God image, strength of faith, campus climate, age, whether or not participants identified as a gender minority, and whether or not participants identified as sexual minorities) and 3 tested predictors (God image, strength of faith, and campus climate). For the benevolence model, I specified R^2 as .4626, which equated to an f^2 of .86. Power was estimated to be 0.999. For acceptance, I specified the same parameters except that R^2 was specified as 0.4247 ($f^2 = .74$), which yielded a

power estimate of 0.999. Hence, the overall models were sufficiently powered. However, deeper investigation of the power of individual interactions indicated that for campus climate, there was not sufficient power to detect interactions. For testing the benevolence and campus climate interaction without other variables in the model, R^2 was .0119. From this, I utilized G*Power to specify a linear multiple regression fixed model, from a family of F tests, which yielded a power estimate of 0.113. I utilized the same approach to evaluate the power to detect an interaction between acceptance and campus climate. This yielded a power estimate of .009. Examining the power to detect an interaction between acceptance and strength of faith utilizing the same method yielded a power estimate of 0.996. Thus, although the tested interactions for campus climate were underpowered, the interaction for acceptance and strength of faith was sufficiently powered.

Discussion

My goal was to investigate the relationship between God image benevolence/acceptance and internalized self-stigma among sexual minority students and recent students as a function of strength of faith and campus climate. Hence, I recruited a sample of 68 sexual minority students from across the United States. Then, I utilized the Hayes (2013a) PROCESS macro in SPSS to analyze two double moderation models, one with benevolence as the independent variable (X), one with acceptance as the independent variable (X), and both being moderated by strength of faith (M) and campus climate (W) to predict internalized self-stigma (Y). The results for the benevolence model indicate that benevolence interacted with strength of faith, but not campus climate, to predict internalized self-stigma. For the acceptance model, acceptance did not interact with either strength of faith or campus climate to predict internalized self-stigma, although acceptance and strength of faith independently predicted internalized self-stigma. Campus

climate was non-significant in both models both as an individual predictor of internalized self-stigma and as an interaction term.

Benevolence and Strength of Faith

Primarily, there was a significant interaction between benevolence and strength of faith in predicting internalized self-stigma, and the overall benevolence model accounted for 46.26% of the variance in predicting internalized self-stigma. While benevolence and strength of faith were each significant, their relationship to internalized self-stigma also depended on one another. With regard to acceptance, there were no significant interactions, but acceptance and strength of faith both predicted internalized self-stigma independently of each other and the overall model accounted for 42.47% of the variance in predicting internalized self-stigma. Finally, campus climate was non-significant both as an interaction term and as an individual predictor for both the benevolence model and the acceptance model. For the sake of clarity of discussing the implications of these findings, it may be useful to describe what each of these pieces mean in relation to the other for each model.

As expected, benevolence predicted the degree to which participants had internalized self-stigma. The higher participants scored on benevolence, the more their internal working model of God was kind, caring, loving, and so forth (benevolent). Participants scoring lower on benevolence were less likely to have an internal working model of God that is consistent with these characteristics (i.e., God is more likely to be angry, wrathful, aloof for lower scoring participants). There was a negative relationship between benevolence and internalized self-stigma, such that, higher scores on benevolence (warm, caring, loving God image) were associated with lower scores on internalized self-stigma, and lower scores on benevolence (angry, vengeful, less merciful, less loving God image) were associated with higher scores on

internalized self-stigma. Given that prior research indicates that God image may reflect one's relationship with oneself (e.g., self-esteem; Benson & Spilka, 1973), this makes sense. If one's God image is more compassionate and loving in nature, it stands to reason that it would possibly be easier to have compassion and love for oneself (self-compassion) as opposed to stigmatizing oneself. However, additional research is needed to further elucidate the relationship between God image, self-stigma, and perhaps, self-compassion.

In addition, strength of faith (how salient one's faith is to them) was likewise a significant predictor of internalized self-stigma, in conjunction with benevolence. In and of itself, strength of faith was positively associated with internalized self-stigma (e.g., a greater salience of one's faith leading to greater degree of internalized self-stigma), which also makes sense from a theoretical standpoint. But the interaction between benevolence and strength of faith is important in that, there may be protective or detrimental effects related to strength of faith depending on the degree of benevolence and vice versa. For example, if a participant scores high on benevolence and their faith is highly salient for them, they likely have lower internalized self-stigma—God is loving, kind, and warm, and this is a significant aspect of the individual's life, and feeling loved by this kind higher power, the participant can perhaps be more loving (less stigmatizing) towards themselves. In contrast, if a participant is low on benevolence and has highly salient faith, there is greater potential for them to have more internalized self-stigma. That is, in such cases, God is easily angered to wrath, and this angry, cold God looms large in a person's life, spurring the person to be more likely to endorse stigma items to a greater degree—items such as, “I would like to get professional help in order to change my sexual orientation from gay/bisexual to straight,” and “If someone offered me the chance to be completely heterosexual, I would accept the chance” (Herek et al., 1997, p. 12). It should be noted too that

lower degrees of strength of faith (one's faith being less relevant to their life) may also be protective when benevolence is low. For example, if God is angry and wrathful, but not that important in a person's life, their lower strength of faith may buffer them from the impact of their negative God image benevolence.

Thus, as illustrated by these examples, it is neither benevolence nor strength of faith alone that matter so much as the two in conjunction with each other. As such, depending on one's God image benevolence and the degree of one's strength of faith, one's internal working model of God may potentially protect against or exacerbate internalized self-stigma.

Acceptance and Strength of Faith

In terms of God image acceptance (acceptance), the interaction term between acceptance and strength of faith was non-significant. However acceptance and strength of faith each independently predicted internalized self-stigma. Given that power was more than sufficient, one possible explanation could be that a third variable obscured the capacity for the interaction to show significance. However, Hayes (2013a) noted that this can occur because these are separate tests run by PROCESS (X predicting Y, M predicting Y, and XM predicting Y). He elaborated by saying that while X and M can each predict Y, the lack of an interaction simply means that the relationship between X and Y is not necessarily contingent on the value of M. And although the conditional effects were significant at some values and non-significant at other values of X and M, Hayes cautions,

Establishing that X is significantly related to Y for one value of M but not for another does not establish that X's effects depend on M. [...] A claim of difference between conditional effects should be based on an actual test of interaction or moderation. (p. 316-317)

Hence, although the conditional effects were significant at some levels of X and M, because the test of moderation was non-significant, it would be better to consider X and M as separate entities in the case of acceptance as X and strength of faith as M.

Independently, acceptance and strength of faith significantly predicted internalized self-stigma in the expected directions. That is, if a participant's internal working model of God was that God accepts and loves them unconditionally as they inherently are worthy of such love and acceptance, they were less likely to endorse higher degrees of internalized self-stigma items. Put another way, perhaps if God can accept participants, maybe the participants can accept themselves. Likewise, if God's love and acceptance are contingent on participants meeting certain criteria and participants believe that they do not live up to such criteria, perhaps they may be more eager to meet those criteria in order to gain the love and acceptance of God. That is, God will only love and accept a person if they are or behave a certain way, and low scoring participants may not view themselves as acceptable in the eyes of God and hence desire to change themselves. One may extrapolate that if participants believe they will be excluded from God's love and acceptance for non-conformity to standards they do not meet (in this case, heterosexuality), it stands to reason that one may be more inclined to devalue same-sex attraction and endorse internalized self-stigma items to a greater degree. They may even desire to change their orientation and/or conform to a perceived heterosexual standard. As noted, the desire to change one's sexual orientation is a form of internalized self-stigma reflected in the items for the scale used for this study, the IHP (Herek et al., 1997).

Campus Climate

Campus climate did not predict internalized self-stigma in either the benevolence or the acceptance models. Specifically, it was non-significant as an interaction term and as an individual predictor of internalized self-stigma regardless of the model.

First, as noted, there was insufficient power to detect significant interactions for campus climate. Thus, it is possible that with a larger sample size, campus climate may have proven significant. Still, the effect sizes for campus climate were surprisingly small, and it is worth examining why that might have been the case.

The non-significance and small effect sizes for campus climate could have been an artifact of methodology. The instrument used to measure campus climate was originally a measure for workplace environment that I altered to be appropriate for college and university settings; while Cronbach's alpha was satisfactory, further psychometric evaluation of the altered measure was beyond the scope of this study. Likewise, it is possible that a third variable may have obscured the statistical significance or theoretical importance of campus climate—for example, finding a supportive community outside of the college/university setting, family support versus family rejection, and so forth.

Secondly, on theoretical grounds, another possibility is that participants had already internalized the degree of self-stigma they may or may not have had prior to entering college/university. As discussed in the literature review, internalized self-stigma is internalized from society over time, becoming salient when applicable to the self (i.e., realizing that one may not be straight). If such messages are internalized, they may have already been internalized before college—for example, during high school, middle school, or earlier.

Third, it is also possible that even in the face of challenge (e.g., a non-supportive college/university environment), LGBTQ students are resilient. As Meyer (2015) stated,

[...] the minority stress model states that [discrimination, microaggressions, etc.] can lead to adverse health outcomes such as depression, anxiety, substance use disorders, suicide, and various physical health outcomes that are responsive to stress, such as asthma [...but] coping and social support can buffer the effect of the stressors so that negative outcomes can be avoided or reduced. This is where the role of resilience is evident. (p. 210)

That is, if university campuses were non-supportive, participants may have found ways to lessen the impact of non-supportive environments.

Finally, if students are already prone to self-stigmatize, they may not have enrolled in LGBTQ-affirming campuses or sought out affirming campus resources, clubs, faculty, and so forth. As alluded to in the discussion of challenges related to sampling this hidden minority (Harwood et al., 2012; Kulkin et al., 2000), if individuals are seeking out such resources (e.g., going to a Pride center or joining a Queer-Straight Alliance), they likely are further along in their developmental trajectory and may have overcome enough self-stigma to engage in activities and groups that would potentially identify them publically as LGBTQ. Thus, individuals may self-select to particular university settings and utilize or perhaps avoid particular resources depending on where they are at developmentally and this may be independent of how supportive or non-supportive a campus actually is.

Importantly, the non-significance and small effect sizes of campus climate in this study do not indicate the campus climate is not significant in the lives of queer students. Prior research indicates that having a supportive environment or having a chilly or hostile environment does indeed matter (Beemyn & Rankin, 2011; Rankin, 2003; Rankin, 2005; Tetreault et al., 2013).

Again, the minority stress model would also suggest that an environment that is more stressful in terms of discrimination, microaggressions, or other forms of prejudice, would also have a significant impact on mental and physical health outcomes (Meyer, 2003). In general, there are many possible reasons why campus climate was non-significant, but it could be that campus climate does not, in fact, predict internalized self-stigma although non-supportive environments may predict negative outcomes. Further research is warranted to assess the potential explanations mentioned above, as well as the possibility that campus climate might not predict the specific variable, internalized self-stigma, even if it may predict other outcomes.

Clinical Implications

Clinically, engaging with clients in a manner that considers their religious or spiritual beliefs (including God image benevolence and acceptance and/or strength of faith) could be important when working with sexual minority clients who come from faith-based backgrounds. If they have an angry or punitive image of God, or if they view themselves as fundamentally unworthy of the love and acceptance of God, this could be a source of clinically significant distress, particularly if their faith is highly salient for them. Alternatively, if they have an image of God that is kind and loving, and they view themselves as unconditionally loved by this benevolent God, this could provide a source of comfort and resilience to the client and may lend itself to lesser degrees of self-stigmatization. As noted earlier, internalized self-stigma is predictive of a range of mental health difficulties (e.g., substance use, depression, anxiety, suicidality, etc.). Having a point of intervention that is culturally sensitive and collaborative with LGBTQ clients, with the goal of reducing internalized self-stigma, is arguably comparable to intervening at the level of risk factors, similar to preventing mortality related to smoking (i.e., certain stressors may predict the likelihood of engaging in smoking, which predicts who is at risk

for the negative outcome of developing cancer, which is linked to dying). Intervening earlier in the process, addressing risk factors, may likewise reduce negative outcomes such as substance use, depression, anxiety, and suicide. Put another way, studying minority stress (i.e., the minority stress model) is tantamount to studying a disease causality model (Meyer, 2015). When we understand disease causality, we can better direct treatment that could alleviate suffering in a more effective way.

Furthermore, the topic of religion and spirituality is clinically important to consider when working with LGBTQ clients. This is evidenced by APA's inclusion of a section devoted to religion and spirituality within their guidelines for working with sexual minorities wherein they encourage psychologists to examine their own biases regarding religion and spirituality and become familiar with faith-based affirming resources for sexual minority clients. The APA ethical guidelines further state that "Sensitivity to the complex dynamics associated with other overlapping layers of social identities and statuses (e.g., social class, gender roles, religious beliefs) is critical to effective work with these populations," (p. 20, American Psychological Association, 2012) and, "The integration of these sometimes disparate but salient aspects of identity is often an important treatment goal for psychologists working with lesbian, gay, and bisexual clients who are conflicted because of their religious identification" (p. 21).

Strong caution should also be noted: In line with APA's ethical guidelines (2012), clinicians should be mindful not to stigmatize a client's religion or spirituality and potentially damage the working alliance. Treatment is only effective if clients are engaged in treatment, and this requires a reasonable degree of cultural sensitivity, remaining aware that religion is an aspect of diversity. Stigma is the problem; not religion/spirituality itself. Clients may benefit from being invited to non-judgmentally explore of their God image (perhaps with the therapist also

obtaining consultation with appropriate clergy). There may be other expressions of their beliefs that may be more tolerable to them or may help them to integrate their sexual orientation and belief system in a way that decreases cognitive dissonance. For example, if one is working with a Christian client from an anti-queer denomination and would like to decrease shame and instill hope that God is not angry/wrathful towards sexual minorities, one could refer the client to a supportive faith community and/or the Gay Christian Network (GCN), which offers online support in addition to holding an annual conference. The therapist could also suggest culturally sensitive reading from the perspectives of queer Christians who can speak to the client's theological framework. For example, *God and the Gay Christian* (Vines, 2015) is a good resource if a client is wrestling with reconciling their Christian faith with their same-sex attraction. Or in the case of working with some clients from Islamic backgrounds, *Unspeakable Love: Gay and Lesbian Life in the Middle East* might be a good reference for understanding the interplay between God image and internalized self-stigma (Whitaker & Wilson, 2011).

Illustrating my point of taking religious and cultural context into consideration when working with sexual minority clients from faith backgrounds that prohibit same-sex sexuality, consider the following letter to an Imam:

Dear Imam, I fear Allah, and believe in him so strongly that I cry when I pray...my problem is homosexuality. I pray to Allah that I am dead for having these uncontrollable feelings, I do not want to be gay, I try to change, but all this seems to be beyond my capability. For many years I've prayed to Allah to correct me, I really prayed very sincerely with a clean heart, but I am only the same since I was a young boy... If I ever commit an act with another man, should not I be killed? I must admit, I have, and I wish I am dead. In such a situation, (and since we do not live in a Muslim state where Islamic law

should be upheld) should I not kill myself and therefore [be] upholding the law and MAYBE getting forgiveness from Allah... I know suicide is not allowed, but in a case like mine, and being well aware of some Islamic laws, shouldn't we have an exception and allow suicide? (Whitaker & Wilson, 2011, p. 157))

In the case of this individual, the Imam prescribed sexual abstinence, prayer, Muslim community, and medical and/or psychotherapeutic intervention. For clinicians, to ignore the clinical relevance of this person's faith in their internalized self-stigma would be to miss the client and their presenting concerns, arguably rendering therapy ineffective. This could increase the likelihood of such clients dropping out of therapy if the therapist does not respect and attend to the client's religious background. Furthermore, should the clinician encourage the client to abandon their faith, the client may lose benefits such as social support or the potential to develop a more positive God image (e.g., the potential good derived from believing that one is loved unconditionally by a benevolent/nurturing Being). Hence, as with any matter of cultural diversity, it is important to honor the client's religion/spirituality, possibly by consulting with supportive community, clergy, and literature, while also exploring God image with the client, and not by attempting to persuade the client to abdicate their faith.

Limitations

There were a number of limitations of this study. These broadly include limitations related to instruments—particularly the IHP and the LGBT Climate Inventory—and sample characteristics.

Although I took steps to be inclusive in my use of the IHP, nevertheless, the IHP is intrinsically split along a gender binary such that participants who are non-binary had to choose either the version with male-oriented language or female-oriented language in order to

participate. The language of the IHP inherently assumes that participants are cisgender. From both a methodological standpoint and a social justice standpoint, this is not ideal. In the future, instruments that are more gender inclusive would be helpful as sexual minorities may not always be cisgender, and the non-binary population deserves consideration in its own right.

Campus Climate was a non-significant predictor, perhaps because the instrument used to measure the construct, the LGBT Climate Inventory, was originally constructed to measure workplace climate. Further, other factors may also limited the ability of the modified instrument to capture the context of this sample. Such factors range from environmental context (e.g., living in a gay friendly city with LGBTQ-affirming resources) to developmental context (e.g., having already internalized self-stigma prior to starting college/university).

A strength of the study was that participants were not solely recruited from places that tend to be affirming and thus draw individuals who have worked through or never had much internalized self-stigma (e.g., a Pride center). However, the sample is still also limited in that, as noted in the Method section, true random sampling with a hidden minority is likely not possible. Thus, the sample still may not have captured the extent of the relationship between the model variables.

The sample was also predominantly Christian (61.8%), which may limit generalizability to other faith groups. For instance, there were no Muslim participants in the sample, and when I attempted to reach out to this community, I was told that the topic was forbidden. Hence, it is possible that stigma may create difficulties in recruiting participants of some faiths. Culturally tailored and appropriate research is needed to better understand stigma within faith groups not represented in this sample (i.e., Islam).

The sample was also predominantly White (82.4%). This may limit generalizability to other racial groups and those who do not identify with the dominant White culture in the United States.

My sample also included a surprisingly large proportion of graduate students (50.1% of currently enrolled students, and 50% of recently enrolled students). This may impact how generalizable the study is to understanding an undergraduate sample. Further, the possibility for comparing undergraduate and graduate participants was constrained by sample size.

Additionally, while the sample size was adequate with the exception of testing campus climate, a larger sample size would have made provided an opportunity to further understand between group differences within the sample. For example, the sample was geographically diverse, but sample size limits the degree to which regions could meaningfully be compared for regional differences (e.g., comparing the Southeastern United States to the Northwestern United States).

Finally, Lawrence (1997) wrote that atheists also have a God image even if they do not believe in God. Also, people become atheists for a variety of reasons, and for some, such reasons could be related to negative experiences with people who believe in God or institutions that are religiously affiliated (e.g., churches or religious universities), negative God image, or anger towards God (Streib & Klein, 2012). I excluded atheists from this study, but for future research, it may be helpful to include atheists in research on God image, provided that they could be included in a way that is culturally sensitive to their worldview.

Conclusion

In examining the relationship between God image benevolence and acceptance, strength of faith, campus climate, and internalized self-stigma among sexual minority university students in the United States, I recruited a sample of 68 sexual minorities who met inclusion criteria and utilized PROCESS (Hayes, 2013a) to conduct a double moderation student. I analyzed two models, identical to each other except that in one model benevolence served as the independent variable (X), and in the other model acceptance served this role.

Results indicated that there was a significant interaction between benevolence and strength of faith in predicting internalized self-stigma. Acceptance and strength of faith predicted internalized self-stigma independent of each other. Campus climate did not predict internalized self-stigma either independently or in conjunction with other variables. The significance of benevolence and acceptance, as well as strength of faith, may provide avenues for therapeutic intervention, particularly in terms of decreasing internalized self-stigma, which is a known predictor for a variety of negative outcomes including depression, anxiety, substance use disorders, and suicide. Furthermore, consideration of cultural diversity—including religious or spiritual diversity—may be important in providing culturally sensitive therapeutic services to clients whose belief in God is salient for them. Further research is needed to bolster and elucidate the findings of this study, and to evaluate the efficacy of faith-inclusive interventions for working with individuals who struggle with internalized self-stigma related to God image.

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Appendix 1. Sexual and Gender Minority Status Demographics Questionnaire.

What is your current gender identity?	
<input type="checkbox"/>	Woman/Female
<input type="checkbox"/>	Man/Male
<input type="checkbox"/>	Trans woman
<input type="checkbox"/>	Trans man
<input type="checkbox"/>	Genderqueer
<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Two-Spirit
<input type="checkbox"/>	Intersex
<input type="checkbox"/>	Other

I experience attraction:	
<input type="checkbox"/>	Only to women.
<input type="checkbox"/>	Mostly to women.
<input type="checkbox"/>	To both men and women equally.
<input type="checkbox"/>	Mostly to men.
<input type="checkbox"/>	Only to men.

I consider myself to be:	
<input type="checkbox"/>	Gay or lesbian
<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	Other (Please Specify)