Harming Thy Neighbour: Counting the Mental Health Costs of Religious ‘Anti-Gay’ Prejudice

Babucarr Sowe
Macquarie University
Babucarr.Sowe@mq.edu.au
Outline

Background

• Study 1 (AUS)
• Study 2 (USA)

Summing Up
1. A legacy of Prejudice

Examples in the Past
- Criminalisation and denial of human/civil rights; Social/cultural rejection; Misguided medical/psychiatric approaches

Persisting still Today
- Harassment in school/workplace/home; civil rights/marriage equality barriers; practitioners holding to ‘illness’ models; ingrained heterosexism (overt/covert favouring of all that is hetero).
2. Prejudice Hurts!

Decades of research show that prejudice and ‘antigay’ [homo-negative] environmental stressors are harmful:

- Psychological distress (Szymanski, 2009)
- Anger & Anxiety (Swim et al., 2009)
- Depression, Substance abuse, Sexual risk behaviour (Hatzenbuehler et al., 2008)
- Suicidality & Self-harm (Almeida et al., 2009)
- And so on…
3. LGBs worse off

Therefore LGB persons generally worse off than hetero. Counterparts

- Higher levels of Anxiety, Affective, and Substance Use disorders (ABS, 2007)
- Depression & general Poorer Health (ARCSHS, 2008)
- More Negative Emotional Experiences (Dane et al., 2010)
- Lifetime Suicidality and Self Harm (King et al., 2008)
- Risky Sex, Running Away from Home, less Social Support, less Body Satisfaction (Saewyc et al., 2007)
- And so on…
4. Religion & Prejudice

Religion has long been connected with prejudice (e.g. Allport & Ross, 1967)

- **In General:** including Abolition of slavery; Equal rights for people of colour; Interracial marriage; Equality of women; Human rights of children; Religious freedom (e.g. Thatcher, 2008)

- **And more specifically:** ‘Anti-gay’ prejudice
For example...

Homonegative prejudice is greatest among those:

- who are highly religious (e.g., Marsh & Brown, 2011),
- with a more conservative Christian ideology (e.g., Plugge-Foust & Strickland, 2000),
- who attend church more regularly (e.g., Fisher, Derison, Polley, Cadman, & Johnston, 1994),
- who have higher levels of religious commitment (Leak & Finken, 2011).

(i.e. correlated with almost any measure of religiosity)
Some (brief) examples…

A global survey of Protestant religious leaders across 166 countries found that 84% believed necessary to actively discourage homosexuality (Pew Forum, 2011).

Fellow students/peers of LGB persons are less open to interpersonal contact with other LGB persons (Waldo, 1998), and less likely to help individuals if they are gay (Batson et al., 1999).

Simply priming people with basic religious words makes them more prejudiced towards homosexuals, even when controlling for their pre-existing attitudes and religiosity (Johnson et al., 2012).
5. Therefore…

If ‘anti-gay’ prejudice is both:

a) extremely harmful
b) extremely prominent among religious adherents

• Are LGB Christians potentially at additional risk (relative to non-religious LGB persons)?

• Is Religious Prejudice a significant risk factor for worse mental health outcomes?
Preliminary evidence

Themes of religious LGB individuals reporting:
• distress, mental/emotional difficulties, self-harm and suicidal ideation, low self-acceptance, inner conflict (e.g. D’Augelli, 2002; Hillier et al., 2010; Shilo & Savaya, 2012; Subhi & Geelan, 2012)

SSA persons who had EVER attended a conservative Church had higher stress over sexual orientation and lower self-esteem (Yakushko, 2005)
But evidence very limited:

- Usually ‘post-hoc’ discoveries
- Often qualitative (no actual statistical data)
- No actual comparisons of religious vs non-religious
- No attempted measurement of religious prejudice
- Substantial sampling/methodological problems
General Aims

To assess whether LGB Christians had greater internalised homonegativity, and more distress over their sexuality, than non-religious LGB persons.

And to assess whether homonegative religious and family environments predicted these poorer outcomes among LGB Christians.
Outcome Measures

Internalised homonegativity (IH)

Negatives attitudes toward homosexuality that LGB persons come to adopt about themselves

- Direct consequence of *prejudicial environments*
- Highly detrimental mental health outcome in literature

Religion-Sexuality Distress (RSD)

Distress from seemingly incompatible aspects/ideals of self

- May result from both current & PRIOR religious exposure & teachings
- Hence currently non-affiliated LGB persons may still have residual distress
Other Measures/Controls

Environmental Homonegativity (3 items rating religious and familial)
LGB community connectedness
Outness
Sense of Self
Religious Internalisation styles
Religious Involvement and Importance
Demographic features

• Anonymous online survey format
Respondents

Australia-wide Adult sample (final N=579)

- Recruited through website/social media advertisements; a range of community, religious, and LGB organisations; and referral.
  - 51.6% Male
  - Mean age: 31.8 yrs (18 – 74)
  - 76.2% White
  - Identifying “Gay” (46%), “Lesbian” (26%), “Bisexual” (17%), “Other”.

Religious Affiliation:

- **Christian** (237); **Former Christian** (194); **Non-religious** (148)
  - Diverse denominational backgrounds
Findings

Christians generally reported more IH and distress than Non-religious LGB persons

• Remarkable, given a) high rates of mental health problems already existing among LGB population generally, and b) looked at mere identification, before even measuring the nature of the religious environment.
Findings

Former Christians STILL reported significantly higher levels of distress than Non-religious LGB persons

- Suggests enduring impact of prejudice.

Former Christians however did have less distress than current Christians

- Suggesting distance may have provided some degree of buffering, at least for the current sample
Greater religious prejudice = worse outcomes

• The more individuals felt same-sex sexuality was rejected by those in their religious and family environments the more distress and IH they generally reported. Flipside shows benefits of affirmation.

This is likely why religious identification was significant overall

• i.e. more to do with religious respondents’ exposure to religious prejudice in current sample, rather than anything inherently unhealthy about “being Christian”.
Therefore

Evidence that religious prejudice = notable risk factor

Religious discrimination against LGB persons, non-affirming spaces, and homonegative messages are likely to have mental health consequences.

Now, let’s try and look a bit deeper…
Study 2

Documenting the Damage

- Enhanced sampling
- Enhanced measures
- Clinical indices
Enhanced Sampling

MTURK (Amazon Mechanical Turk)

- Large (US-based) crowd-sourcing platform
- Survey administered to overcome “sexuality selection” bias:
  - By NOT recruiting respondents based on their known sexuality (survey open to everybody to complete)
  - Therefore NOT just selecting people who are identifiably “out” in some way
  - Using a neutral (non-sexuality-related, non-clinical) recruitment platform = more representative sample
  - Also allows for a heterosexual comparison group
Enhanced Measures

Developed more robust measures of both “Religious” and “General” anti-gay prejudice in respondents’ lives:

- **covers multiple life domains** (family, friends, peers, colleagues, community groups/clubs, members of faith communities)
- **is applicable to ALL respondents** (i.e. no missing data)
- **provides quantitative measurement** of environmental homonegativity on two separate factors:
  - “RelPrej” & “GenPrej”
Clinical/Mental Health indices

Depression, Anxiety, Stress (DASS-21)
Shame (PFQ2)
Social Support
Self-Responsibility/Autonomy (3C Individualism Scale)
Verbal, Physical, Sexual Abuse (in prior 12 months)
Marijuana Use
Illicit Drug Use (based on U.S. SAMHSA categories)
Alcohol Consumption + Consequences (W.H.O. AUDIT)
Suicidality (SBQ-R)
Final Sample

International sample of 1,600 US Adults (from 5,250+)

- From 50 US States + territories
- 51.7% Female
- Mean age 29.7 years (18 – 75)
- 75% White, 8% Asian, 7% Black, 4% Latino/Hispanic
- Identifying primarily “Heterosexual” (600), primarily “Bisexual” (716), or primarily “Same-Sex Attracted” (284)

Religious Affiliation:

- Christian (423); Former Christian (729); Non-religious (326)
  - Diverse denominational backgrounds
Findings: Religious Homonegative Prejudice

Higher RelPrej predicted higher levels of:

- Depression*
- Anxiety
- Stress
- Shame
- Verbal Abuse (12mths)
- Physical Abuse (12mths)
- Alcohol Consequences\textsuperscript{OP!}

- Religion-Sexuality conflict

For everybody!
LGB & Hetero,
Religious & Non-religious
Findings:
General Homonegative Prejudice

Higher GenPrej predicted higher levels of:

- Depression
- Anxiety
- Stress
- Shame
- Verbal Abuse (12mths)
- Physical Abuse (12mths)
- Sexual Abuse* (12mths)
- Alcohol Consumption
- Alcohol Consequences
- Opiate Use
- Religion-Sexuality conflict

For everybody!
LGB & Hetero,
Religious & Non-religious
## Findings: Orientation

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence Difference</th>
<th>Odds Ratio</th>
<th>Post-Hoc Comparison</th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Bi &gt; Hetero</td>
<td>[OR 1.6]</td>
<td>[SSA &gt; Hetero]</td>
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<tr>
<td>Anxiety</td>
<td>Bi &gt; Hetero</td>
<td>[OR 1.6]</td>
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<tr>
<td>Stress</td>
<td>Bi &gt; Hetero</td>
<td>[OR 2.0]</td>
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<td>Shame</td>
<td>Bi &gt; Hetero</td>
<td>[OR 1.9]</td>
<td>SSA &gt; Hetero</td>
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<tr>
<td>Verbal Abuse</td>
<td>Bi &gt; Hetero</td>
<td>[OR 1.9]</td>
<td></td>
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<tr>
<td>Physical Abuse</td>
<td>Bi &gt; Hetero</td>
<td>[OR 3.2]</td>
<td>SSA &gt; Hetero</td>
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<tr>
<td>Sexual Abuse&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Bi &gt; Hetero</td>
<td>[OR 3.1]</td>
<td>SSA &gt; Hetero</td>
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<tr>
<td>Marijuana/Cannabis Use</td>
<td>Bi &gt; Hetero</td>
<td>[OR 2.0]</td>
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<tr>
<td>Illicit Drug Use</td>
<td>Bi &gt; Hetero</td>
<td>[OR 2.1]</td>
<td>SSA &gt; Hetero</td>
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<tr>
<td>Number Different Drugs</td>
<td>Bi &gt; Hetero</td>
<td>[OR 1.8]</td>
<td>SSA &gt; Hetero</td>
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### Findings: Orientation cont.

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<thead>
<tr>
<th></th>
<th>Bi &gt; Hetero</th>
<th>OR</th>
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<tr>
<td>Ecstasy Use(^b)</td>
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<td>Hallucinogens Use(^b)</td>
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<td>Inhalants Use(^b)</td>
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<td>Suicidality (overall)</td>
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<tr>
<td>Suicidal Ideation (12mths)</td>
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<td>Past Suicidality</td>
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<td>SSA &gt; Hetero</td>
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<td>Future Suicidal Likelihood</td>
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## Findings: Religious Affiliation

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<thead>
<tr>
<th>Category</th>
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<th>OR</th>
<th>Non-Relig. &gt; Xn</th>
<th>OR</th>
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OR: Odds Ratio

<sup>b</sup> Indicates statistically significant differences.
Summing Up

Religious (and General) ‘anti-gay’ Prejudice clearly associated with a variety of very deleterious outcomes

- Religious Prejudice would appear to “harm thy neighbour”
- Regardless of orientation (environments feat. prejudice hurt everyone)
- The more disapproval of same-sex sexuality that individuals perceived from those around them, the worse their mental health/abuse/alcohol outcomes.

SSA & Bisexuals appear worse off on almost every indicator measured than hetero counterparts, even when controlling for potential differences (social support, prejudice).

- Bisexuals in particular
- In line with much previous research
Summing Up

Accounting for levels of prejudice & social support meant that Religious Affiliation was not a significant predictor of many mental health outcomes, but Former Christians still appear to be “at risk”.

- Do these represent individuals who have been ‘burned’ by the Church? Who’ve left religion behind due to harmful experiences? Who still suffer the lingering effects of exposure to prejudice (re Yakushko, 2005)? Who’ve been forced out of a place of belonging and lost a sense of community?
Further improvement/Research

Some ideas/points include:

• Further use/validation of prejudice measures
• Using similar recruitment techniques beyond MTURK
• Larger samples if we want more denominational comparisons
• Further exploration of prejudice and suicidality
• Understanding the profiles of “Former Christians” at risk
• What about prejudice and physical health?
• What about other religions, or Trans/Intersex (etc) experiences?
Concluding thoughts…

It would seem, empirically, that “Hating the Sin” ≠ “Loving the Sinner”

If the mental ill-health of LGB persons is largely concordant to the prejudice they’re exposed to, “more widespread mental health change may only be realised with the rectifying of such prejudice in socio-religious contexts.”

• What are the implications then for anti-discrimination policies?
• For churches, religious schools, and pastoral care workers?
• For clinicians working with religious (or formerly religious) LGB clients?
• For scientific research (re avoidance of studying the “religious”)?