Preparing a Foundation for the Curtailment of Religious Liberty:
New Research Targets Conservative Religious Beliefs on Same-Sex Sexuality

Reviewed by Christopher Rosik, Ph.D.

A recently published study (Sowe, Taylor, & Brown, 2017) appears to move psychology's attack on conservative religious beliefs about same-sex sexuality to a new level. The study appeared in the American Psychological Association affiliated journal, *American Journal of Orthopsychiatry*. In what follows, I will outline the study's methodology and findings with extensive quotations from the authors, ending with a critical review of the conclusions and implications drawn by these researchers.

Study Overview

As is common to nearly all research in the area of health disparities among sexual orientations, Sowe et al. ground their study exclusively on the minority stress theory. In this view, disproportionately high rates of mental and physical distress among LGB populations are exclusively attributed to the disproportionately prejudicial social conditions they experience. However, this study forges new ground by focusing specifically on traditional Christian beliefs regarding same-sex sexuality as key source of that disproportional prejudice, noting that anti-gay prejudice is frequently religious-based. Further, the authors contend that religious anti-gay prejudice negatively impacts not just LGB individuals within conservative religious contexts, but also LGB and even heterosexual persons outside these churches who are simply exposed to or anticipate being exposed to anti-gay doctrine. As Sowe et al. assert,

> Indeed, from a minority stress perspective, it would be erroneous to assume that religious anti-gay prejudice is purely a "religious" phenomenon—that is, of consequence only to religious sexual minorities. Although nonreligious LGB individuals may be less likely than their religious counterparts to attend a place of worship or internalize anti-gay doctrines, they may nonetheless *experience* (or *expect* to experience) homonegativity from religious individuals and groups they encounter. (p. 692, authors' emphases)

The sample for this study consisted of 1600 individuals (1215 of whom were self-identified as White) recruited through Amazon Mechanical Turk ("MTurk"), an online crowd-sourcing platform comprising a diverse pool of more than 500,000 anonymous participants available to take surveys in exchange for modest payments. The final sample, described as being nationally representative, was comprised of 600 opposite-sex attracted (heterosexual), 716 both-sex attracted (bisexual), and 284 same-sex attracted (SSA) individuals. Key measures in this study were developed by the authors, including ones to measure religion-sexuality conflict, homonegative prejudice, and experiences of abuse.

Univariate analyses revealed that most of the outcome variables were positively skewed, meaning that most of the respondents were endorsing low levels of the variable, which is a violation of normality assumptions. As a result, the authors could not use multiple regression methods, but chose to transform these variables and treat them as ordinal data, collapsing them into ordered response categories for ordinal or binary logistic regression.

Findings indicated that exposure to religious anti-gay prejudice predicted poorer mental health outcomes among LGB respondents. LGB participants had greater anxiety, depression, stress, and shame. Higher religious prejudice was also associated with more occasions of verbal and physical assault whether or not the LGB person identified as religious. With this finding, the authors begin a rather breathtaking generalization of their findings:

> …[T]he current study is among the first to demonstrate that religious anti-gay prejudice—measured across a variety of life domains beyond faith community contexts—is associated with a range of harmful outcomes among LGB persons generally and not only among those who are religious. This finding makes sense from a minority stress perspective, given that both religious *and* nonreligious individuals may be exposed to—or expect to experience—religious anti-gay prejudice from religious people in their lives. Hence, regardless of whether or not LGB persons possess any religious beliefs of their own, they may nonetheless be harmed via stress processes involving *experiences* and *expectancies* of religious-based rejection. In addition to these processes, religious LGB individuals may also be harmed when they *internalize* the homonegative religious doctrines they have been exposed to, which may generate distressing intrapersonal conflict. (p. 697, authors' emphases)

Sowe et al. proceed to discuss their finding that the effects of religious prejudice were largely observed to be independent of sexual orientation, as exposure to such anti-gay prejudice predicted poorer outcomes among all respondents, including heterosexuals.

> This finding is particularly remarkable as it suggests that the adverse effects of anti-gay religious exposure may extend not only beyond *religious* sexual minorities but also beyond *sexual minorities* themselves. In this way anti-gay religious exposure may have the potential to harm everyone—which is consistent with the findings of a small number of studies suggesting that individuals of all orientations may be adversely affected by anti-gay social conditions. (p. 697, authors' emphases)

The study did find that religious anti-gay prejudice was unrelated to suicidal thoughts and behaviors, though the authors speculate that reducing exposure to religious homonegativity might still bolster LGB resiliency with regard to suicide. Finally, the authors note that religious prejudice was unrelated to drug and alcohol abuse, which they acknowledge supports the notion that substance abuse among LGB persons may be more strongly related to aspects of the gay subculture than to the experience of prejudice.

In what will surely be most disconcerting to Christian traditionalists (and by inference to conservative adherents of other faiths) are the implications drawn by Sowe et al. from their research. These implications are broad-based and pertain to licensed therapists, pastoral counselors, clergy, denominational leaders, religious universities, and para-church organizations with conservative moral views regarding same-sex behavior. Here I will again let the authors speak for themselves in order for interested readers to gauge the seriousness of these claims for themselves.

> Moreover, the measurement of prejudice in the current study was not restricted to overt and hostile forms of anti-gay aggression, but was based upon the disapproval of same-sex sexuality. Results therefore suggest that aside from overt religious abuse, a basic *lack of approval* of same-sex sexuality among religious others may jeopardize the wellbeing of sexual minority—and potentially heterosexual—individuals. In this way, the religious-based disapproval of homosexuality may amount to more than a harmless expression of religious beliefs, instead operating as a distinct from of oppression with potential psychological consequences. Ironically then, attempts to demonstrate love and tolerance toward homosexuals while continuing to "hate the sin" of homosexuality may undermine the objectives and mental health obligations of religious pastoral care. Such deficits in care may explain why LGB persons who seek help from religious advisors appear to be more likely to attempt suicide than those who do not seek help at all (Meyer et al., 2015).

> Religious leaders, chaplains, counselors, and clinicians should therefore be aware that good-intentioned approaches to care that exclude the affirmation of same-sex attraction might instead perpetuate psychological harm and identity conflict. (p. 699, authors' emphases)

Finally, in the most overt reference to religious liberty, the authors suggest that religious freedoms taken for granted by religious conservatives are in need of reconsideration.

> Prejudice may be further facilitated through exemptions to anti-discrimination policies that allow religious businesses and institutions to deny employment, academic enrollment, or the provision of goods and services to sexual minority individuals. The current findings suggest that policies purporting to protect religious freedoms are likely to do so at the expense of sexual minority wellbeing, insofar as these policies legitimize expressions of prejudice on the basis of anti-gay religious beliefs. (p. 699)

Sowe et al then summarize their conclusions in a manner that religious conservatives will certainly perceive as having ominous overtones.

> …"hating the sin" of homosexuality cannot be viewed merely as an innocuous expression of faith. Rather, homonegative religious exposure may be of greater health and mental health concern than is conventionally recognized, potentially undermining the wellbeing of both religious and nonreligious LGB persons as well as their heterosexual counterparts…. Taken together then, the findings of the current study imply that both broad and substantial harm may ensue when religious bodies and faith adherents—including clinicians and pastoral care workers—espouse, and expose others to, anti-gay religious ideology. (p. 700)

Critical Comments on Sowe et al.

There is no doubt that conservative religious communities can improve their approach to and interactions with non-heterosexual persons, and research that could help promote increased sensitivity is indeed welcome. However, to be most useful in this regard, such research needs to demonstrate understanding and sensitivity to both LGB and religiously conservative communities, and on this count Sowe et al. largely fails. The authors offer broad and speculative generalizations from their findings that give the impression of a conclusion in search of data. Certainly, when depicting historic religious teachings as health hazards and implicitly advocating for the suspension of religious freedom to live out these teachings, researchers should proceed only with great circumspection, nuance, and humility in their claims (Rosik, Griffith, & Cruz, 2009). This is all the more necessary given the methodological limitations of this research, which I describe below.

First, it has to be remembered that these are self-report data, and Sowe et al. mention this, if only in passing. Hence, the reports are of *perceived* anti-religious prejudice. This does not mean that they do not have some merit, but it does signify that as perceived experiences they are subject to a host of mediating and moderating influences that have been identified in the literature (e.g., attachment and coping styles, rejection sensitivity) that were not assessed in this study. It is also worth observing that the most objective of the outcome variables, suicidal behavior and drug and alcohol abuse, were not found to be associated with anti-gay religious prejudice. Responsible researchers would acknowledge these limitations and call for further research, offering practice and policy implications only with extreme tentativeness that recognizes other interpretations and alternatives (cf. Vrangalova & Savin-Williams, 2014, for some examples of alternate explanations for health disparities).

Second, although the authors claim a nationally representative sample, their use of the MTurk survey format and platform attracts an almost certainly non-representative sample of any particular population other than the tautological population of "people who participate in MTurk surveys." Furthermore, MTuck workers may misrepresent themselves, which could create additional distortion in research findings (Wessling, Huber, & Netzer, 2017). Hence, the extent to which the study's findings can be generalized to LGB, Christian, past Christian, and conservative religious populations is uncertain. Advocating for the blanket curtailment of religious liberty on the basis of one sample with questionable generalizability creates the appearance of activism and not science.

Third, as noted earlier, several of the outcome measures, including the central predictor of the study, religious prejudice, were developed by the authors. As such, there is no way to be certain of the psychometric quality of these scales and whether they are reliable and valid for assessing the constructs they purport to measure. The only reported psychometric information on the religious prejudice measure was the internal reliability index (i.e., Cronbach's alpha), which at .81 was adequate but not spectacular.

Fourth, the findings are grounded in correlational statistics, and as such cannot determine causality between variables. The authors attempt to play down this limitation by alluding again to minority stress theory as a rationale for their assumed causal pathway from prejudicial experiences to mental and physical distress. Still, it remains hard to scientifically justify restrictions on something as basic as religious liberty in the absence of supportive longitudinal data examining a variety of theoretical causal models (cf. Vrangalova & Savin-Williams, 2014).

Fifth, and perhaps most concerning, was the distributional properties of the study data. Sowe et al. reported that most of their outcome measures were positively skewed, and apparently so extensively that normal data transformations were still not sufficient to maintain the data as a continuous measurement and allow their preferred regression method. What this could, for example, mean regarding the religious prejudice measure is that respondents' in this sample reported experiencing low levels of religious anti-gay prejudice generally, and these responses had to be put into an ordinal format that was less tied to the anchors of the scale.

In the case of religious prejudice, the participants were asked to rate the extent of disapproval of same-sex sexuality they felt existed among nine groups of people spanning several life domains, including family, friends, coworkers, and faith communities. The scale anchors for these ratings were *0 = no, not at all* and *4 = yes, to a very large extent*. In this case the positive skew might signal that differences in experiences of perceived prejudice from these groups could be the difference between *no, not at all* and *yes, to a slight extent* (note that the meanings of scale points "*1" and "2"* were not provided by the authors). Such a relatively small magnitude of difference, if confirmed, would constitute an unacceptable and scientifically irresponsible basis for Sowe et al.'s broad conclusions and implications.

The authors somewhat astonishingly did not provide basic descriptive information (means and standard deviations) for any of their variables, so this concern can not be ruled out. In fact, on multiple occasions I requested this information (as well as the dataset) from the lead author and received no response. This is not in keeping with APA research guidelines for data requests by other professionals and mirrors the earlier experience of Regnerus (2017), casting some doubt on the integrity of this study and other research in this field.

By way of summary, and taking a wide-angle lens on this topic, it appears to me that Sowe et al.'s research is perhaps the most overtly hostile to date toward non-affirming conservative religious beliefs about same-sex sexuality. However, the appearance of studies that take a similar, if slightly more subdued, line of reasoning is growing at a fast pace (cf., Barnes & Meyer, 2012; Crowell, Galliher, Dehlin, & Bradshaw, 2015; Garrett-Walker, J. J., & Torres, V. M., 2017; Shilo & Savaya, 2012; Sowe, Brown, & Taylor, 2014). It would be naïve for religiously conservative clinicians, pastors, and other leaders to think this will not soon find its way into professional, legal, and judicial proceedings concerned with the intersection of LGB rights and religious liberties. Faith-based counselors and conservative religious leaders who distanced themselves from efforts to contest therapy bans may now find such bans

were merely the canary in the proverbial coal mine. It seems very unlikely these individuals will be able to hide from the social and policy implications of research that declares their historic Judeo-Christian sexual ethic to be a severe threat to the health and wellbeing of LGB persons.

Psychology has an increasingly abysmal record of partisan activism in research arenas that have clear and desired political and policy implications (Duarte, Crawford, Stern, Haidt, Jussim, & Tetlock, 2015; Ferguson, 2015). Sowe et al.'s work appears to be a fair example of this concern, as evidenced by their rather cavalier overgeneralization of findings from a single study to the conservative religious community as a whole, despite limitations necessitating scientific humility. Religious conservatives should anticipate this developing literature will play a prominent, if unjustified, role in the challenges ahead for religious liberty.

References

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry, 82*, 505-515. https://dx.doi.org/10.111/j.1939-0025.2012.01185.x

Crowell, K. A., Galliher, R. V., Dehlin, J., & Bradshaw, W. S. (2015). Specific aspects of minority stress associated with depression among LDS affiliated non-heterosexual adults. *Journal of Homosexuality, 62*, 242-267. https://dx.doi.org/10.1080/00918369.2014.99611

Duarte, J. L., Crawford, J. T., Stern, C., Haidt, J., Jussim, L., & Tetlock, P.E. (2015). Political diversity will improve social psychological science. *Behavioral and Brain Sciences, 38*, e130. http://dx.doi.org/10.1017/S0140525X1400043

Ferguson, C. J. (2015). "Everybody knows psychology is not a real science." *American Psychologist, 70*, 527-542. http://dx.doi.org/10.1037/a0039405

Garrett-Walker, J. J., & Torres, V. M. (2017). Negative religious rhetoric in the lives of Black cisgender queer emerging adult men: A qualitative analysis. *Journal of Homosexuality, 64*(13), 1816-1831. https://dx.doi.org/10.1080/00918369.2016.1267465

Meyer, I. H., Teylan, M., & Schwartz, S. (2015). The role of help-seeking in preventing suicide attempts among lesbians, gay men, and bisexuals. *Suicide and Life-Threatening Behavior, 45*, 25-36. https://dx.doi.org/10.1111/sltb.12104

Regnerus, M. (2017). Is structural stigma's effect on the mortality of sexual minorities robust? A failure to replicate the results of a published study. *Social Science & Medicine, 188*, 157-165.

Rosik, C. R., Griffith, L. K., & Cruz, Z. (2009). Homophobia and conservative religion: Toward a more nuanced understanding. *American Journal of Orthopsychiatry, 77*, 10-19. http://dx.doi.org/10.1037/0002-9432..1.10

Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual your and young adults: Differential effects of age, gender, religiosity, and sexual orientation. *Journal of Research on Adolescence, 22*, 310-325. http://dx.doi.org/10.1111/j.1532-7795.2011.00772.x

Sowe, B. J., Brown, J., & Taylor, A. J. (2014). Sex and the sinner: Comparing religious and non religious same-sex attracted adults on internalized homonegativity and distress. *American Journal of Orthopsychiatry, 84*(5), 330-344. https://dx.doi.org/10.1037/ort0000021

Sowe, B. J., Taylor, A. J., & Brown, J. (2017). Religious anti-gay prejudice as a predictor of mental health, abuse, and substance use. *American Journal of Orthopsychiatry, 87*(6), 690-703. http://dx.doi.org/10.1037/ort0000297

Vrangalova, Z., & Savin-Williams, R. C. (2014). Psychological and physical health of mostly heterosexuals: A systemic review. *Journal of Sex Research, 31*, 410-455. http://dx.doi.org/10.1080/00224499.2014.883589

Wessling, K. S., Huber, J., & Netzer, O. (2017). MTurk character misrepresentation: Assessment and solutions. *Journal of Consumer Research, 44*, 211-230. https://dx.doi.org/10.1093/jcr/ucx053