Religion and homosexuality: an empirical study about internalized homophobia of homosexual people in relation to the degree of religiosity

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** ABSTRACT** According to the dictates of the Congregation for the Doctrine of the Faith, homosexual desire, and even more homosexual behavior, are in direct conflict with the institutionalized Catholic doctrine. Because of this Catholic gays and lesbians can experience internal conflict. Italian homosexual Catholic groups organize many activities aimed at reducing the stigma derived from the Catholic condemnation of homoerotic relations and promoting a personal faith that could transform religion into a powerful psychological resource. The purpose of this study was to verify whether the levels of internalized homophobia of the homosexual Catholic group participants were smaller than those shown by Catholic gays and lesbians who had never joined them and by non-believer homosexuals. Although Catholic participants were more homophobic, their mental condition did not differ from those of non-believer homosexuals. In addition, the levels of internalized homophobia reduced with the increase in time spent attending Catholic groups, which also improved overall psychological health. In the conclusion, our findings are discussed in relation to the effectiveness of such groups.

**Keywords:** internalized homophobia, Catholic gays and lesbians, associated psychopathology.

**INTRODUCTION**

Assuming a positive attitude towards oneself and one's own sexuality is not a rapid or trivial process for the majority of homosexual people, who live in societies where any variation from heterosexuality is refused or poorly tolerated. This is even more evident to those who define
themselves as Catholic as well as homosexual. In a survey on the Italian homosexual population, Barbagli and Colombo (2007) observed that the Catholic religion delays the achievement of a full self-awareness and hinders the development of a positive sexual identity.

Official Catholic teachings, (although lately careful to distinguish between homosexual orientation and homosexual behavior), continue to strongly oppose homosexual sexuality. Because such relationships are deprived of any procreative possibility and are not consolidated by the bond of marriage, homosexual acts are considered to be in possession of characteristics that render the homosexual inclination "objectively disordered" (Congregation for the Doctrine of the Faith, 1986). The only possibility of correct conduct for homosexual people is represented by chastity, that is the containment of any acted manifestation of one’s own sexuality. As a result, gays and lesbians will perceive a painful contradiction between religious beliefs and homosexuality and they will live with a deep conflict between these two parts of themselves. This state can be the cause of considerable stress (Jones and Yarhouse, 2007; Yarhouse et al., 2005; Yarhouse and Tan, 2004) and significant emotional uneasiness (Beckstead and Morrow, 2004; Glassgold, 2008; Mark, 2008; Morrow, 2003). The conflict will tend to resolve by the renunciation of one of the two aspects responsible for the dissonance experienced: by choosing between the religious affiliation and homosexuality. Sometimes this decision is not simple, in particular for those who assign an equal importance to each of the two dimensions.

Couch and Pitts (2006) reported that, the majority of homosexual subjects, decided to leave the church and therefore reject their religious identity. This is not a completely successful choice because, although they do not interact anymore with the religious world, they might still be unable to neutralize the negative impact of homophobic religious teachings. In other cases, homosexual persons may decide to renounce their homosexuality and undertake reparative therapies or opt for sexual abstinence (Jones and Yarhouse, 2007; Rodriguez and Ouellette, 2000; Yarhouse et al., 2005; Yarhouse, 2008). However, the continuing repression of homoerotic desires and behaviors will expose the subject to a negative tension which, in the long term, could be the cause of strong psychological discomfort.

Both possibilities can inhibit the well-being of the subject because they prevent the full expression of oneself in respect to one's own sexuality and religious beliefs. The more adaptive choice, from a psychological point of view, might be the integration of these two aspects in a new general identity, although it is unlikely that this would be the most frequent and immediate solution for most Catholic homosexuals.

Perhaps, internalized homophobia represents the greater obstacle. The expression "internalized homophobia" refers to the presence, in gays and lesbians, of negative attitudes
concerning homosexuality, often learned even before they become aware of their sexual orientation (Herek, 1996; McGregor et al., 2001; Meyer, 1995; Montano, 2000, 2007). Because gays and lesbians often come into contact with homophobic messages, internalized homophobia may be regarded as an almost inevitable aspect of their psychological development. As regards religious belief, it is possible that religious sermons condemning homosexual acts aggravate the generally negative assessment that social conditioning has already helped to form. As Barnes and Mayer (2012) found, the affiliation with religious organizations which do not affirm homosexuality is associated with higher internalized homophobia. Other studies reveal that gays and lesbians with more conservative religious beliefs have more negative attitudes about their sexuality (Wagner et al., 1994; Weis and Dain, 1979).

With the aim of helping people to integrate religious beliefs and homosexuality harmoniously, homosexual religious groups are developing worldwide. Members are motivated by the desire to feel themselves still loved by God and by the need to reaffirm the right to live their faith without implying a change of sexual conduct. In order to share this experience with other people, to recover their faith and to interpret the homosexuality in a positive religious perspective, they transform the meetings into moments of socialization and comparison, as well as affording unique opportunities to accept and develop a new well-balanced identity.

Despite the difficulties met to bridge the religious convictions and homosexuality and the valuable help provided by these groups, there remains a deep scientific gap about this topic.

Thumma (1991) studied the process of reconciliation between religious faith and sexual orientation within an organization for evangelical gays and lesbians called "Good News". Integration is a goal that was pursued through prayer meetings and spiritual retreats, through a new interpretation of the sacred texts and by stimulating positive interactions between the members.

In 1994 Wagner and collaborators led a study which examined the Catholic gays of "Dignity", a religious organization directed to promote a healthy balance between faith and homosexuality, and participants who were not affiliated to any religious organization for homosexuals, hypothesizing that the Dignity participants would show lower levels of internalized homophobia. Although the hypothesis was not confirmed, they found evidence in support of the important role played by Dignity in the process of self-acceptance and integration.

A confirmation of the importance of belonging to religious organizations which reject the traditional Christian view of homosexuality, is also shown by Rodriguez and Ouellette (2000). They found that the more an individual was involved in the Metropolitan Community Church of New York (MCC/NY), the more they showed greater integration of their religious and homosexual identities. As explained by the authors, the MCC/NY is a Christian religious institution that spreads
positive messages on homosexuality, helping participants to alleviate the perceived conflict between these two aspects of the self.

Thus, it would appear that participation in such groups is able to encourage the development of an identity in which religious faith and homosexuality are integrated with success. Yet, as mentioned above, the international scientific research on the topic is scarce and what we can conclude on the beneficial effects of these groups comes more from reasoning and extrapolation rather than from empirical data.

In Italy we have also seen the emergence of a new path for homosexual Catholics to accept their sexuality whilst developing an identity in which they can integrate the homoerotic drives with religious creed. Since 1980, when the first homosexual Catholic group was created, Catholic gays and lesbians, in spite of the apparent dichotomy between being homosexual and being Catholic, have met in an attempt to avoid giving up either their faith or their sexuality (for more detail, see Ceccarelli, 2010; Donatio, 2010; Geraci, 2000; Pezzini, 1998).

The objective of this study is to verify whether the attitudes that gays and lesbians have about their homosexuality, as assessed through a measure of internalized homophobia, are influenced by participation in these groups. Since the participants are actively involved in many activities directed to encourage a new positive religious interpretation of homosexuality and greater integration, we assume that their levels of internalized homophobia are less than those shown by Catholic gays and lesbians who have never participated in them. It would seem that being part of a religious group that fully supports homosexuality, has the effect of improving the attitudes of gays and lesbians about their sexual orientation, reinforcing self-esteem (Yakushko, 2005), strengthening their mental health through a reduction of the internalized homophobia, increasing spirituality (Lease et al., 2005) and reducing the perceived conflict between sexual orientation and religious beliefs (Hamblin and Gross, 2011).

There are many reasons why such groups could represent a good opportunity of integration and promotion of psychological well-being. Within these groups individuals can share their difficulties with like-minded people, engage in dialog with spiritual figures who welcome and accept them without reserve, explore the contributions of the new exegesis that show how sacred texts require reflection that goes beyond literal interpretation, and enjoy moments of collective and individual prayer. These are all clear signs that the help provided is not negligible. There is also the opportunity, within these groups, to seek a new definition of the concept of religion that is not interpreted as a set of dogmas and prohibitions but as a direct relationship with God that has no need of external mediations. A personal spiritual journey will be privileged in this way, with the effect of reducing the importance of Catholic documents, which are always adverse to homosexual
sexuality, and therefore limiting the negative impact on the image that Catholic homosexuals have of themselves and of their sexuality. The result should be a reduction of homophobic attitudes and an increase in psychological well-being of the participants.

The capacity to distinguish religion from spirituality, in addition to being recognized as a fundamental element for resolving the conflict between religious affiliation and homosexuality (Love et al., 2005), seems to have a strong influence on the psychological health of religious gays and lesbians. In this respect, research shows that homosexual people with a strong sense of spirituality have better mental health, higher self-esteem and lower internalized homophobia, when compared with gays and lesbians who participate in organized religion (Lease et al., 2005; Tan, 2005; Zinnbauer et al., 1997). In order to appraise the roles that religion and spirituality are able to exercise on mental health of the LGB population, Goodman (2008) noted that, although neither religion nor spirituality were associated with a strong psychological distress, only the spirituality was correlated to a greater degree of wellbeing. Finally, Sullivan-Blum's (2004) research suggests that homosexual people manage to draw support from their faith only when they become capable of distancing themselves from the teachings of organized religion and rediscover their own spirituality integrated with sexual identity.

In order to verify if the distinction between religion and spirituality made within homosexual Catholic groups can transform faith from an insurmountable obstacle into a powerful psychological resource, it was considered appropriate to include a group of non-believer homosexuals within this research. Specifically we have assumed that the non-believers’ levels of internalized homophobia, even if lower than those shown by Catholics who have never attended these religious groups, will be higher than those of the participants. Although non-believer homosexuals will be less influenced by Catholic sexual morality, they will not have the support of religious faith. In contrast, the Catholic group participants, by reviewing how they interpret the concept of religion, by reducing the importance of official Catholic teachings and, therefore, not feeling excluded from the love of God, will find in their faith the support to face the difficulties related to being homosexual, to affirm a positive identity and enjoy relationships with people of the same sex. Thus, their mental health should appear more functional because it is influenced by the effects that the spirituality seems to exercise on the psychic level (Goodman, 2008; Lease et al., 2005; Tan, 2005; Zinnbauer et al., 1997).

We also want to verify the relationship that binds the internalized homophobia to psychological well-being and to levels of self-esteem, so we have included further variables to understand which aspects could contribute to the increase and maintenance of a distorted and
negative vision of homosexuality, and those aspects connected to a greater acceptance of sexual preferences.

In conclusion, the present study is guided by the following hypotheses:

- men and women who attend a homosexual Catholic group (CG) will have fewer negative attitudes about homosexuality; Catholic gays and lesbians who have never frequented them (CNG) will be more homophobic; non-believer homosexuals (NB) will show intermediate levels of internalized homophobia;
- the more homophobic participants will present with a higher psychopathological index, major depressive symptoms and lower self-esteem;
- the levels of internalized homophobia will reduce with the increase in attendance at a homosexual Catholic group;
- internalized homophobia will be greater in subjects who show a constant religious attendance at a Catholic church and come from families with a high adherence to institutionalized Catholic doctrine.

METHODS

Participants and procedure

Catholic homosexuals who attend a homosexual Catholic group. The participants were recruited in homosexual Catholic groups in Florence, Pisa, Milan, Rome and Pinerolo. After an initial contact with coordinators to establish a date for the questionnaires’ administration, the participants were approached at their centre and, at the end of the activities planned for the meeting, asked to complete of the questionnaires. This group was composed of 96 subjects (81 male and 15 female) with an average age of 43.1 years (SD = 9). Most of the participants stated they were in possession of a bachelor’s degree.

Catholic homosexuals who have never attended a homosexual Catholic group. The participants in this group were recruited in different contexts: gay pubs and discos, homosexual associations, events directed to encourage a greater knowledge of gay and lesbian reality and culture (e.g. Florence Queer Festival). In order to ensure they were really Catholic homosexuals who had never taken part in the activities of these religious groups, they were asked which, among a list of provided categories (I am a Catholic gay or lesbian who attends a homosexual Catholic group; I am a Catholic gay or lesbian who has never attended a homosexual Catholic group; I am a non-believer gay or lesbian), most represented their condition. This group was composed of 84 subjects (66 male and 18 female) with an average age of 32.18 years (SD = 10). The majority of the participants cited having a school-leaving certificate.
Non-believer homosexuals. These people were recruited in the same places as the Catholics who did not attend any homosexual Catholic groups. This group consisted of 186 subjects (134 males and 52 females) with an average age of 31.3 years (SD = 10.7). A school-leaving certificate was the qualification possessed by the majority of subjects.

The total number of participants in the research was 366. Differences in the average age and education among the three groups, in particular between the first and the last two, may be a result of the recruiting strategy. Both Catholic homosexuals who have never attended a homosexual Catholic group and the non-believer gays and lesbians, completed the questionnaires in environments tied to night entertainment which is usually frequented by younger people. This could explain why those who belonged to the last two groups were younger, and therefore had lower education degree, compared to the participants in the first group.

Measures
We used five self-reported questionnaires.

Questionnaire one: Religiosity. Specifically designed for the research, this questionnaire is composed of 7 questions. Additionally to allow each respondent to classify himself/herself in one of three groups provided and to collect information on the main socio-demographic characteristics (gender, age and qualification), it considers the following variables: influence of the Catholic religion (subjects were asked to indicate how much the Catholic religion influenced their family on a Likert scale ranging from 1 = not at all to 5 = very high), religious attendance (subjects indicated how frequently they took part in religious functions choosing between 5 alternatives of response between 1 = never and 5 = more than once a week), time of participation in group (subjects indicated how long they were part of a homosexual Catholic group choosing between the alternatives 1= less than one year, 2 = one year, 3 = more than one year).

Questionnaire two: MIHI2 (The Multifactor Internalized Homophobia Inventory) (Flebus and Montano, in print, Flebus et al., 2011). This Italian questionnaire measures the levels of internalized homophobia of gays and lesbians. It considers the internalized homophobia as a multifactorial construct, composed of eight subscales obtained with the technique of exploratory factorial analysis:

1. Fear of revealing oneself: this refers to the fear that others can intuit their own homosexuality and to the stratagems used to prevent it;
2. Regret: it assesses the presence of a possible displeasure about their own sexual orientation and the desire, instead, to be heterosexual;
3. Moral condemnation: it investigates the beliefs of the individual about the ethicality of the homosexual condition;
4. Gay and lesbian parenthood: this refers to the belief of the person concerning the possibility that homosexuals can also become parents;
5. Integration: assesses the bond with the homosexual community;
6. Contrary attitudes to prejudices: this contains items where homosexuality is described as a normal variant of human sexuality and items where its greater acceptance by the fundamental social institutions is hoped for;
7. Homosexual marriage: it refers to the belief of the individual with respect to the possibility that homosexuals can marry;
8. Stereotype: it assesses the presence of any stereotype related to homosexuality. This is the only part of the questionnaire containing gender-specific phrases for example, “Gays attend homosexual locales only to have promiscuous relations”, “All lesbians are masculine”.

The questionnaire is therefore printed in a double version, for males and females. The final version of MIHI consists of 73 items measured on a Likert scale at five degrees of response.

*Questionnaire Three: Self-esteem.* We used the ten-item self-esteem questionnaire from Rosenberg (1965).

*Questionnaire Four: Depression.* We used the Italian version the Beck’s Depression Inventory (BDI) (BDI-IA – Beck et al., 1979).

*Questionnaire Five: Symptom Checklist 90-R* (Derogatis, 1997). This questionnaire gives us consent to evaluate the general psychopathology level. It is composed of 90 items that are grouped in the following categories: Somatization, Obsessivity-Compulsivity, Sensitivity, Depression, Anxiety, Anger-Hostility, Phobic anxiety, Paranoid ideation, Psychoticism. Respondents must indicate the intensity with which they have suffered from each symptom in the last week, choosing between five alternatives between 0 (nothing) and 4 (a lot). A high score indicates a greater psychological discomfort. The psychometric properties of the Italian version of the instrument have been published recently (Sarno et al., 2011).

**RESULTS**

Are Catholic homosexuals who attend homosexual Catholic groups the subjects with lower internalized homophobia?

The variance analysis conducted on scores of internalized homophobia showed a statistically significant difference among the three groups (Table 1). The post-hoc Bonferroni test showed that the group of non-believers possessed an average (NB = -.24) in the variable "Internalized
homophobia” that was statistically lower than both the group of CG (CG = .44; p < .001) and the group of CNG (CNG = .36; p < .001). Therefore, non-believer homosexuals would seem to be less homophobic than both Catholic homosexuals who attend Catholic groups and Catholics who have never participated in them. There was no statistical difference between the two groups of Catholics for internal homophobia.

In addition to the psychopathology degree measured with the Symptom Checklist 90-R, we also measured levels of self-esteem and depression of the participants using the 10-item Rosenberg Self-Esteem Scale (RSE – Rosenberg, 1965) and the Italian version of Beck Depression Inventory I-A (BDI-IA – Beck et al., 1979). The ANOVA showed no statistical differences in the values recorded by the three groups on the dependent variables "SCL 90-R", "Self-esteem" and "Depression".

The results indicate that, although the Catholic participants in our research were more homophobic, they did not show statistically higher levels of depression and malaise or self-esteem which differs significantly from that of non-believers.

Table 1. Comparison between the three groups on dependent variables "Internalized Homophobia", "SCL 90-R", "Self-esteem" and "Depression"

<table>
<thead>
<tr>
<th></th>
<th>CG</th>
<th>CNG</th>
<th>NB</th>
<th>F</th>
<th>p</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalized Homophobia</td>
<td>.44</td>
<td>.36</td>
<td>-.24</td>
<td>17.20</td>
<td>p &lt; .001</td>
<td>F&lt;2,363</td>
</tr>
<tr>
<td>SCL 90-R</td>
<td>.64</td>
<td>.75</td>
<td>.70</td>
<td>.97</td>
<td>p = ns</td>
<td>F&lt;2,363</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>-.23</td>
<td>-.20</td>
<td>-.01</td>
<td>1.74</td>
<td>p = ns</td>
<td>F&lt;2,363</td>
</tr>
<tr>
<td>Depression</td>
<td>.02</td>
<td>-.02</td>
<td>-.09</td>
<td>.37</td>
<td>p = ns</td>
<td>F&lt;2,363</td>
</tr>
</tbody>
</table>

CG = Catholics who attend a homosexual Catholic group; CNG = Catholics who have never attended a group; NB = Non-believer homosexuals

Are there significant differences between the CG subjects in relation to attendance duration at a homosexual Catholic group?

ANOVA results show that the increase in attendance at a homosexual Catholic group reduced homophobic negative thoughts, improved psychic balance and self-assessment. In relation to this, there were significant differences in the values obtained on the dependent variables "Internalized homophobia", "SCL 90-R", "Self-esteem" and "Depression" (Table 2). In particular, the post-hoc comparisons showed that the subjects who attended a group from "more than one year" obtained an average score in the variable "Internalized Homophobia" (M>1 = .01) significantly lower than those who had participated for "less than one year" (M<1 = 1.07; p < .001) and for "one year" (M1 = .78; p = .016). Moreover, scores for the group who had attended meetings for “more than one year” on
the Symptom Checklist 90-R (M>1 = .53) were significantly lower than those obtained by Catholics had attended groups for "less than one year" (M<1 = .88; p = .006). Their levels of self-esteem were also significantly higher (M>1 = .15) compared to those of more recent participants (M<1 = -.88; p <.001), and (M1 = -.87; p = .003). Finally, as regards the values obtained for the dependent variable "Depression", post-hoc comparisons indicated that the average value obtained by the longest attending participants (M>1 = -.31) was statistically lower than in those who chose the alternative response "less than one year" (M<1 = .54; p = .004) and "one year" (M1 = .64; p = .004).

These results suggest that improvement across all three measures only occurs after a significant duration of attendance at a Catholic group meeting.

Table 2. Comparison between subjects who attend a homosexual Catholic group in relation to the independent variable “Time attending the group”

<table>
<thead>
<tr>
<th></th>
<th>&lt;1</th>
<th>1</th>
<th>&gt;1</th>
<th>F</th>
<th>p</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalized Homophobia</td>
<td>1.07</td>
<td>.78</td>
<td>.01</td>
<td>11.78</td>
<td>p &lt;.001</td>
<td>F&lt;sub&gt;2,93&lt;/sub&gt;</td>
</tr>
<tr>
<td>SCL 90-R</td>
<td>.88</td>
<td>.73</td>
<td>.53</td>
<td>5.52</td>
<td>p &lt;.001</td>
<td>F&lt;sub&gt;2,93&lt;/sub&gt;</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>-.88</td>
<td>-.87</td>
<td>.15</td>
<td>10.40</td>
<td>p &lt;.001</td>
<td>F&lt;sub&gt;2,93&lt;/sub&gt;</td>
</tr>
<tr>
<td>Depression</td>
<td>.54</td>
<td>.64</td>
<td>-.31</td>
<td>8.89</td>
<td>p &lt;.001</td>
<td>F&lt;sub&gt;2,93&lt;/sub&gt;</td>
</tr>
</tbody>
</table>

< 1 = less than one year; 1 = one year; > 1 = more than one year

Does the importance of the Catholic religion on the family of origin and attendance at Catholic Church functions influence levels of internalized homophobia, psychopathology, depression and self-esteem?

The different scores of internalized homophobia obtained by participants could be explained by the influence of the Catholic religion on the participant’s family (Table 3). The results found that levels of internalized homophobia for all participants (CG, CNG, NB) tended to a constant increase with the increase of the influence that the Catholic religion exerted on the family of origin.

The levels of general psychopathology measured with the Symptom Checklist 90-R and the results reported on dependent variables "Self-esteem" and "Depression" showed that religious influence had an impact on the mental health of homosexual people and their self-judgments. Specifically, we observed the same relation that emerged for internalized homophobia: the scores obtained in Symptom Checklist 90-R and in the level of depression were significantly higher in subjects who considered the Catholic religion very influential on their family. Additionally, in the same subjects, the levels of self-esteem suffered a significant decrease.
Table 3. Comparison between subjects in relation with the independent variable “Influence of Catholic religion”

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>F</th>
<th>p</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalized Homophobia</td>
<td>-.50</td>
<td>-.14</td>
<td>.05</td>
<td>.58</td>
<td>.52</td>
<td>11.14</td>
<td>p &lt; .001</td>
<td>F4,361</td>
</tr>
<tr>
<td>SCL 90-R</td>
<td>.52</td>
<td>.76</td>
<td>.60</td>
<td>.73</td>
<td>.94</td>
<td>4.39</td>
<td>p = .002</td>
<td>F4,361</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>.39</td>
<td>-.17</td>
<td>.05</td>
<td>-.48</td>
<td>-.30</td>
<td>5.74</td>
<td>p &lt; .001</td>
<td>F4,361</td>
</tr>
<tr>
<td>Depression</td>
<td>-.47</td>
<td>-.02</td>
<td>-.13</td>
<td>.23</td>
<td>.14</td>
<td>3.88</td>
<td>p = .004</td>
<td>F4,361</td>
</tr>
</tbody>
</table>

1 = at all; 2 = low; 3 = discrete; 4 = high; 5 = very high.

Levels of internalized homophobia also seemed to change according to religious attendance, showing that participants with lower homophobic attitudes were those who never or rarely participated in the religious functions of the Catholic church (Table 4).

Unexpectedly, the frequency with which the participants took part in Catholic religious celebrations did not reveal significant differences in scores obtained on the dependent variables "SCL 90-R", "Self-esteem" and "Depression".

It would seem, therefore, that the frequency of Catholic religious practice, although associated with a greater internalized homophobia, was unable to influence the overall psychological health of homosexual persons who participated in this study.

Table 4. Comparison between subjects in relation with independent variable “Religious attendance at Catholic church”

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>F</th>
<th>p</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalized Homophobia</td>
<td>-.24</td>
<td>.04</td>
<td>.10</td>
<td>.73</td>
<td>.94</td>
<td>12.44</td>
<td>p &lt; .001</td>
<td>F4,361</td>
</tr>
<tr>
<td>SCL 90-R</td>
<td>.67</td>
<td>.75</td>
<td>.69</td>
<td>.64</td>
<td>.74</td>
<td>.50</td>
<td>p = ns</td>
<td>F4,361</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>-.02</td>
<td>-.13</td>
<td>-.02</td>
<td>-.31</td>
<td>-.21</td>
<td>.76</td>
<td>p = ns</td>
<td>F4,361</td>
</tr>
<tr>
<td>Depression</td>
<td>-.14</td>
<td>.01</td>
<td>.14</td>
<td>.07</td>
<td>-.18</td>
<td>.74</td>
<td>p = ns</td>
<td>F4,361</td>
</tr>
</tbody>
</table>

1 = never; 2 = occasionally; 3 = monthly; 4 = weekly; 5 = more than once a week

DISCUSSION

This research was aimed at assessing whether the activities organized within homosexual Catholic groups can influence the thoughts and feelings that a person has about his homosexual condition, in order to reduce the levels of internalized homophobia and to make participants less homophobic than both Catholics who have never attended these groups and non-believer homosexuals.

Results confirmed only part of our hypotheses. They showed that Catholics were more homophobic regardless of whether or not they attended a homosexual Catholic group. Even though, as expected, the Catholics who had never participated in the activities of these groups showed a more intense homophobia in comparison with non-believer homosexuals, but they did not significantly differ.
from the participants in Catholic groups. The latter, contrary to our hypothesis, were more homophobic than the non-believers.

Our study found that participation in a Catholic group does not seem to decrease homophobic attitudes, but rather is associated with higher levels of internalized homophobia. Ellis (1960; 1980) has argued that religion is always tied to a certain malaise and to different psychological problems because it is able to nourish a strong sense of guilt in believers. It is clear that, for Catholics who recognize they are attracted to members of the same sex, the sense of guilt experienced will be considerable. Some authors have shown how this sense of guilt is associated with high levels of internalized homophobia (Rowen and Malcolm, 2002; Weis and Dain, 1979). Moreover, the sense of guilt can sometimes be accompanied by a reduction in self-esteem that is often associated with internalized homophobia (Cabaj, 1988; Nicholson and Long, 1990; Rowen and Malcolm, 2002) and that also seems to mediate the relationship between the internalization of homophobic sentiments and the psychological uneasiness of gays and lesbians (McGregor et al., 2001; Montano, 2007; Szymanski and Kashubeck-West, 2008).

Whilst these theories could explain why the Catholic participants in our research were more homophobic than unbelievers, it remains difficult to understand the absence of a significant difference between those who attend a homosexual Catholic group and Catholics who have never been members of one. The activities of these groups are specifically organized in such a way as to encourage the development of an integrated identity which, as we have already explained, should promote a more affirmative vision, and therefore less homophobia. Additionally, Wagner et al. (1994) found levels of internalized homophobia of Catholic gays were distributed more or less in a similar way to our study, independent of the fact of whether or not they participated in the activities promoted by Dignity. If we combine these results with those of Rodriguez and Ouellette (2000), however, a different scenario emerges from what we had originally assumed. Since some Christian homosexuals interviewed in this study stated they had never considered their sexual behavior as opposed to religious principles, we can assume that it is not always difficult to create a healthy balance between faith and homosexuality. However, those who do encounter difficulties may decide to attend these groups in order to reduce the perceived contradiction between their faith and sexuality. In doing so, the strong influence of the Catholic doctrine may not be overridden by the initial attendance at a Catholic group. In fact, in our study, those who attend a homosexual Catholic group from less than one year showed higher levels of internalized homophobia.

The hypothesis that was confirmed was that participants who had attended Catholic groups for more than one year had better self-esteem, a smaller presence of homophobic images about homosexuality and a better psychological balance. These results confirm the findings of previous
studies which emphasized the importance, for spiritual gays and lesbians, of participation in religious groups that validate homosexual sexuality (Hamblin and Gross, 2011; Lease et al., 2005; Rodriguez and Ouelette, 2000; Yakushko, 2005; Wagner et al., 1994). However, the research’s design is cross-sectional and it does not provide evidence of causal relations. Even if it is possible that the increase of the attendance at such groups improves the opinion about one’s sexuality, it is equally possible that gay and lesbian with more self-esteem and less internalized homophobia decide to remain in these groups for more time.

Although Catholic members of these groups and Catholics who had never participated in them were found to be more homophobic than non-believer individuals, they do not seem to show a greater psychological discomfort or lower self-esteem. This contradicts previous research that instead showed the destabilizing effect of internalized homophobia on the psyche of the subject (Frost et Meyer., 2009; Herek et al., 1998; Meyer, 1995; Rowen et Malcolm., 2002).

In this respect, there are at least three possible explanations concerning the questionnaire of psychopathology that we used, the education of participants and the relation between religion and mental health.

The absence of the supposed relation between internalized homophobia and the index of general psychopathology derived from the Symptom Checklist 90-R, could perhaps be explained by the fact that the questionnaire is unsuitable for determining the real malaise of homosexual persons. Since it is composed of nine pathological dimensions and by 90 items, the Symptom Checklist 90-R could be too dispersive and less focused on depressive and anxiety disorders that are usually associated with internalized homophobia. Even if this is true, however, it does not explain why the supposed relation does not emerge either in items contained in the MIHI measuring the levels of depression and self-esteem.

In addition we found that individuals who participated in the study and who attended the homosexual Catholic groups had achieved a high level of education. In this respect, there is evidence that shows that low educational levels are associated with the presence of more psychopathological symptoms (Dalgard et al., 2007). This aspect is worth considering as it is possible that a higher level of education could serve as a protective factor for homosexuals’ psychological balance and self-image. However, it should be noted that in our study, although Catholics who had never taken part in the activities of Catholic groups had lower qualifications, they did not record higher scores on the Symptom Checklist 90-R or lower self-esteem.

The existence of a significant positive relationship between mental health and religion is now widely documented in the literature. High levels of religiosity, predominantly interpreted as frequency with which individuals participate in religious ceremonies, are associated with a low
incidence of depressive disorders (Baetz et al., 2006; Koenig, 2009; Lucchetti et al., 2011), anxiety and psychotic disorders (Koenig, 2009) and to a smaller probability of attempting suicide (Dervic et al., 2004; Gearing and Lizardi, 2009; Koenig, 2009; Stack, 1983). There is also a close correlation between religion and health-promoting behaviors, such as an increased frequency with which subjects will present themselves to care services for preventative health care (Benjamins, 2005, 2006a, 2007; Benjamins and Brown, 2003), and a smaller use of drugs and alcohol (Koenig et al., 2001). If we analyze the results of our research in the light of these studies, it could be assumed that religion is a protective factor for mental health for homosexuals, managing to buffer the negative effects of internalized homophobic sentiments. This aspect deserves more detailed reflections from a clinical point of view because it is important to understand what is the real role played by religion in the life of a homosexual person and what are the aspects, the dynamics and the circumstances that could make it a protective factor for mental health or that could turn it into a dangerous element about the self-acceptance.

For example, the religious formation of the individual should be carefully analyzed. It would seem from our study that the impact of homophobic conditioning was greater in participants who come from families with a high adhesion to Catholicism and by constant religious attendance. However, although the influence of the Catholic religion on the family of origin did explain the different scores of internalized homophobia, psychopathology, depression and self-esteem, with the increase of frequency of participation in Catholic religious celebrations, we only observed significant differences in the levels of internalized homophobia.

Being part of a Catholic family often aggravates the perception of one’s diversity. The moral precepts of religious education do not provide a positive vision of homosexual sexuality. Especially if the religion is considered a fundamental component of family’ life, the probability that the individual will accept their sexual orientation and reveal themselves to others is considerably reduced. Parents will also be victims of the cultural and religious conditionings that will not allow the consideration of homosexuality as a normal variant of human sexuality but rather as a phenomenon to counteract. The fear that their parents may discover their true homosexual identity, and hence result in the loss of familial closeness, will result in the individual closely monitoring their own behaviour in order to prevent detection. Yet, the choice of not hiding a fundamental part of one’s identity is generally associated with better mental health (Day and Schoenrade, 1997; Leserman et al., 1994; Montano, 2007; Zuckerman, 1997). The achievement of this objective proves more difficult for a Catholic gay or lesbian, because the disapproval of the church and the desire to maintain a strong tie with the family, will prevent or delay the possibility of developing a positive orientation toward their homoerotic attraction.
Conversely, the less influence exerted by the frequency of participation in Catholic church, would be in the same direction of the conclusions of many studies that have shown an association with better mental health. To explain this relation authors mention the sense of belonging to a ‘community of faith’. By participating assiduously in the activities of the religious community, contributes to the creation of a dense network of social relations, with the effect of increasing the perception of social support (Bierman, 2006). The psychological consequences could be easily explained because, as is now established in the literature, the social support is associated with better mental health (Berkman et al., 2000; Caron et al., 2007; Kawachi and Berkman, 2001).

In conclusion, our research found that Catholics were more homophobic than unbelievers, regardless of whether or not the individual belonged to a Catholic group. However, with regard to self-esteem and general mental conditions, Catholic gays and lesbians did not differ from non-believer homosexuals. So, it is possible to hypothesize that religion can mediate the negative effect of internalized homophobia becoming, for Catholic homosexuals in our study, a protective factor against stress. However, we cannot say that, through the work of these Catholic groups, the religious faith becomes exclusively a psychological resource since the impact of homophobic constraints continues to be lower in non-believer homosexuals.

There are limitations in our study. Administering the questionnaire in clubs and bars associated by gays does not allow us to reach those individuals who, for fear of being recognized, avoid places of well-known homosexual aggregation. So, we run the risk that our results do not reflect the true impact of homophobia, because they are deprived of information from homosexuals who have not yet joined the gay community.

In the experience of one of the author, we also found that, despite the common objectives of these Catholic groups, each group develops specific dynamics that are difficult to compare with others. Gathering participants from different Catholic groups and treating them as part of the same group may have been an error in our research but, given the limited size of some, it would have been impossible to treat them differently.

Future research should take into account aspects able to explain and expand our conclusions. For example, any difference in psychopathological indices and in the degree of internalized homophobia could derive from the beliefs of self-efficacy (Bandura, 1977). A Catholic homosexual convinced of having the necessary skills to overcome the conflict generated by dichotomy between faith and sexual orientation, will certainly have an advantage in comparison with one who does not have these skills.

Moreover, such individuals could record differences in relation to the religious coping strategies used to overcome this conflict. Pargament (1997) has argued that there are numerous
strategies offered by religion to cope with stress. But not all of them seem to be correlated to a smaller mental unease and some are even associated with a greater quantity of psychological symptoms and a worse quality of life (Pargament et al., 2001). This leads us to think that religion in itself cannot be associated with a better mental functioning, but that a lot of depends on the way in which the individual derives consolation from religion and the manner in which everyone they relate to it.

Our hope is that this research will be able to stimulate the development of a new empirical interest towards this topic to overcome the limits encountered in our study. Such knowledge should serve to update the psychological theories and clinical practice with homosexuals and, equally important, generate a new debate in Catholic circles.

REFERENCES


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