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Why Do Individuals Seek Conversion Therapy? The Role of Religiosity, Internalized Homonegativity, and Identity Development

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This study examined the potential influence of religiosity, sexual orientation identity development, and internalized homonegativity on the propensity to seek conversion therapy to change one's sexual orientation. An Internet sample of 76 women and 130 men who were gay-identified, lesbian-identified, same-sex attracted, and "questioning" was studied. Results indicated that two types of religious orientations, intrinsic and quest, predicted a propensity to seek conversion therapy, although in different directions. Furthermore, internalized homonegativity fully mediated the relationships between religious orientation and propensity to seek conversion therapy. Additionally, there was a significant inverse relationship between sexual orientation identity development and propensity to seek conversion therapy. Implications for practice and research are discussed.

Both the American Psychiatric Association (APA) (1973; 1980) and the American Psychological Association (APA) (1975) have concluded that same-sex orientations are not pathological and that "homosexuality per se reflects no impairment in social or vocational functioning" (Conger, 1975, p. 633). However, many mental health professionals either provide conversion therapy or refer clients to clinicians who offer such services (Beckstead & Morrow, 1999; Nicolosi, 1991). This practice is called into question by recent resolutions against conversion therapies by APA (1998) Morrow & Beckstead (2004 [this issue]) and APA (1998), by the lack of research supporting the efficacy of conversion therapy, and by the ethical violations inherent in its practice (Tozer & McClanahan, 1999).

Given the controversial nature of conversion therapy, we sought to identify factors that might motivate an individual to attempt to change his or her sexual orientation. A review of the literature pointed toward three variables

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that may play a role in one's decision to seek conversion therapy: (a) religious orientation, (b) lesbian and gay identity development, and (c) internalized homonegativity.

Religious Orientation

Although not all religions oppose same-sex relationships, many do, and research has consistently demonstrated that certain religious orientations are predictive of homophobic or homonegative attitudes. The most widely researched constructs in the psychological study of religion are the concepts of intrinsic and extrinsic religiousness (Hall, Tisdale, & Brokaw, 1994). People who are extrinsically religious use religion for ulterior motives such as status or social support. For people who are intrinsically oriented, however, religion is a central organizing principle in their lives (McFarland, 1989). According to Allport and Ross (1967, as cited in Hall et al., 1994), "the extrinsically motivated person uses his [or her] religion, whereas the intrinsically motivated [person] lives his [or her] religion" (Hall et al., 1994, p. 396). Perhaps because individuals with an intrinsic orientation take religion so seriously and because many religions are opposed to same-sex attraction, intrinsic religiosity has been found to be directly related to prejudicial attitudes and discrimination against gay, lesbian, and bisexual individuals (Fisher, Derison, Polley, Cadman, & Johnston, 1994; Herek, 1987; Kirkpatrick, 1993; McFarland, 1989). It should be noted, however, that Taylor (2000) found no relationship between intrinsic religiosity and attitudes toward gays and lesbians. On the other hand, extrinsic religiosity has been found to be unrelated to discrimination against same-sex orientations (McFarland, 1989) and attitudes toward gays and lesbians (Taylor, 2000). This makes sense given that the extrinsically oriented, compared with the intrinsically oriented, are more interested in religion as a means to some other end and are probably less committed to religious doctrine.

Batson (1976) felt that Allport's concept of intrinsic and extrinsic religion did not address important constructs such as feelings of incompleteness, flexibility, and complexity. Batson and Ross (1967), therefore, created the Religious Life Inventory, which measured a quest orientation to religion (Hall et al., 1994). *Quest* is defined as a measure of an individual's "search for truth" or the degree to which religion involves "an open-ended dialogue with existential questions raised by the contradictions and tragedies of life" (Batson & Ventis, 1982, p. 154). A quest orientation involves an approach to religion that is flexible and adaptable. Individuals question their religious beliefs and expect them to change over time. Individuals with a quest orientation realize that they may never know the final truth about religious matters, yet they continue to seek answers (Batson & Schoenrade, 1991). Quest has

been found to be inversely related to discriminatory or prejudicial attitudes (Batson, Flink, Schoenrade, Fultz, & Pych, 1986; Batson, Naifeh, & Pate, 1978)—specifically with regard to same-sex orientation (McFarland, 1989). Quest scores were also found to be directly related to positive attitudes toward gays and lesbians among Lutheran pastors (Taylor, 2000).

Although there has been extensive investigation of the effect of religious orientation on prejudice in the general population, only a handful of studies investigate the influence of religious beliefs on homonegativity among gay, lesbian, and bisexually identified individuals. In general, gay, lesbian, and bisexual people who are very religious (the studies tend not to distinguish intrinsic and extrinsic religion) are more likely to feel negatively about their sexuality than gay, lesbian, and bisexual people for whom religion is unimportant (Greenberg, 1976; Hellman, Green, Gray, & Williams, 1981; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). With specific regard to conversion therapy, Beckstead and Morrow (1999) interviewed 18 men and two women who had undergone counseling to change their sexual orientation and reported successful outcomes. The authors reported five sources of motivation for individuals' seeking conversion therapy, one of which was the religious nature of society. Participants described struggling between the doctrines of their religion (i.e., Church of Jesus Christ of Latter-day Saints), which posits that souls are exclusively heterosexual, and their same-sex erotic attractions. To relieve this discordance, participants sought to alleviate same-sex attractions through conversion therapy (Beckstead & Morrow, 1999). In addition, Shidlo and Schroeder (2002) found a relationship between religion and a desire to seek conversion therapy. These investigators conducted structured interviews with 202 individuals, 90% of whom were men, who participated in sexual orientation conversion interventions. Reasons for seeking conversion therapy included religious guilt, rejection by the church community, and fear of eternal damnation.

Lesbian and gay identity development may also cause individuals to want to change their same-sex orientations. Theories of sexual minority identity development have been developed to normalize common experiences in developing a stigmatized identity (McCarn & Fassinger, 1996). Cass (1979), Coleman (1982), H. L. Minton and McDonald (1984), Sophie (1985-1986), Chapman and Brannock (1987), and Troiden (1989) all published separate but related theories of gay or lesbian identity development. McCarn and Fassinger (1996) criticized these authors' lack of attention to race, gender, and other cultural variables. In addition, these models do not differentiate between personal and reference-group components of identity. The personal component of identity development is when an individual questions his or her personal sexual identity (i.e., I am lesbian, gay, or bisexual). A separate but related process is the individual's sexual identity development as related

to group membership (i.e., I am a member of the lesbian/gay/bisexual [LGB] community). McCarn and Fassinger's lesbian identity formation model posits four phases: (a) awareness, (b) exploration, (c) deepening/commitment, and (d) internalization/synthesis. Each phase has two branches: self-identity formation and group-membership identity formation. Fassinger and McCarn believed that the individual process of discovering attraction for people of the same sex is different from developing a sense of belonging within a group of people who call themselves "lesbian" and "gay" (Fassinger & Miller, 1996; McCarn & Fassinger, 1996). Earlier phases of the McCarn and Fassinger model are posited to be associated with greater anxiety and a sense of feeling different from the majority culture in some way. Thus, feelings of confusion, self-disgust, and increased homonegativity may emerge. As individuals enter the final phases of the model, they begin the process of identity acceptance. They may experience feelings of fulfillment and a sense of peace. In support of this model, several studies have found higher levels of internalized homonegativity to be associated with earlier phases of sexual identity development (Mayfield, 2001; Mohr & Fassinger, 2000; Rowen & Malcolm, 2002; Welch, 1998).

Beckstead and Morrow (1999) and Shidlo and Schroeder (2002) found that participants reportedly sought conversion therapy as a result of their perceptions of both heterosexual society and gay culture. These factors seem to have in common aspects of internalized homonegativity. For instance, participants desired to live in conformance with the "ideal" of heterosexuality and feared the social stigma of being attracted to someone of the same sex. Participants also foresaw their lives as limited if they were to live with a same-sex orientation. Taken together, these factors suggest that individuals may internalize aspects of society that are not gay affirmative and, as a result, seek to change their sexual orientation.

This study, then, aimed to advance the current understanding of why people consider conversion therapy. We examined the individual roles of religious orientation, internalized homonegativity, and sexual orientation identity development in predicting the propensity to seek conversion therapy, as well as the possibility that internalized homonegativity might mediate the relationship between religious orientation and propensity to seek conversion therapy. We believe that clinicians might benefit from exploring factors that contribute to an individual's decision to seek conversion therapy.

Hypotheses

To further the existing literature, the present study explored religious orientation, as measured by intrinsic religion, extrinsic religion, and quest, as a potential motivator for individuals who seek conversion therapy. It was

hypothesized that there would not be a statistically significant relationship between extrinsic religiousness and the propensity to seek conversion therapy, that intrinsic religiosity would be directly related to a propensity to seek conversion therapy, and that a quest orientation would be inversely related to the propensity to seek conversion therapy. We further hypothesized that lesbian and gay identity development would predict a propensity to seek conversion therapy. Lesbians and gay men who are beginning their identity development should be more likely to desire conversion therapy than those who are in the later phases of identity development. It was predicted that this would be true regarding both individual and group identity development. We also explored internalized homonegativity as a potential motivator for individuals who seek conversion therapy. It was hypothesized that internalized homonegativity would be directly related to a propensity to seek conversion therapy. Finally, as not all religions are opposed to same-sex attraction, we reasoned that not all intrinsically religious individuals who are attracted to persons of the same sex would be disturbed by this attraction. Perhaps only those intrinsically religious individuals who view homosexuality negatively would be inclined to change their same-sex attraction. Similarly, although we expected a quest orientation to be inversely related to a propensity to seek conversion therapy, we reasoned that not all individuals who have a low quest orientation will want to change their same-sex attraction; again, perhaps only people with a low quest orientation who have internalized negative messages about homosexuality would want to seek conversion therapy. Thus, we sought to test the potential mediating role of homonegativity on the relationship between religious orientation and a propensity to seek conversion therapy (see Figure 1).

METHOD

Participants

Participants in this study were 130 men and 76 women who were gay-identified ($n = 107$), lesbian-identified ($n = 68$), or same-sex attracted (men, $n = 23$; women, $n = 8$). Participants' ages ranged from 16 to 73 years ($M = 38.67$; $SD = 12.26$). The sample was predominantly European American ($n = 192$; 93%) and underrepresented by people of other ethnicities (3 Latino/a, 1 African American, 1 Asian, 1 Native American, and 8 "other"). Individuals participated from a wide variety of geographic locations within the United States. However, most were from urban settings (89%). Individuals were highly educated (67% college degree or higher). The modal range of yearly income for participants was "over \$75,000." Participants varied widely in

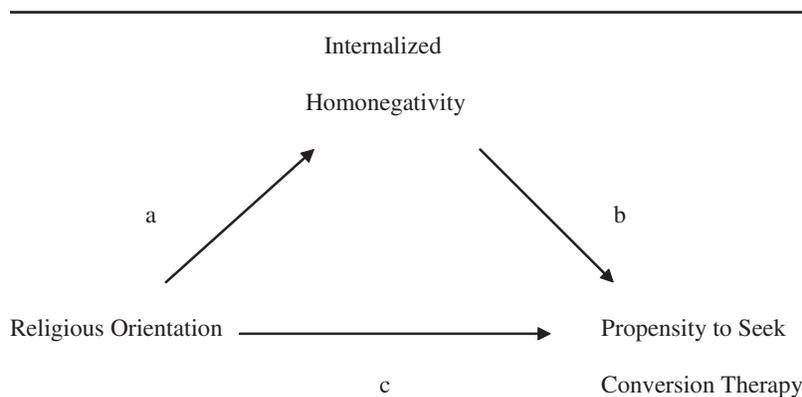


Figure 1. Diagram of Mediation Hypothesis: Internalized homonegativity is hypothesized to mediate the relationship between religious orientation and propensity to seek conversion therapy.

religious denominations, self-identifying as mainstream Protestant (e.g., Episcopal, Lutheran, Presbyterian [$n = 48$; 23%]), controversially Christian (defined as religions that identify as Christian but would not be recognized as Christian by other mainstream Christian religions, including Latter-day Saints, Seventh Day Adventist, and Christian Scientist [$n = 37$; 18%]), alternative Protestant (e.g., Unitarian Universalist, Quaker, Mennonite, and Brethren [$n = 33$; 16%]), none (including atheist, agnostic, none, and not reported [$n = 29$; 14%]), Roman Catholic ($n = 18$; 9%), unspecified Christian ($n = 15$; 7%), Pagan (e.g., Pagan, Wiccan, and Celtic [$n = 14$; 7%]), and Evangelical/Charismatic Protestant (e.g., Assembly of God, Charismatic, Evangelical Pentecostal, Southern Baptist, and Church of God [$n = 11$; 5%]). Finally, most participants had previously received psychotherapy ($n = 125$; 61%). Some participants had previous experience with conversion therapy ($n = 31$).

There were 494 individuals who visited the Web site and consented to participate. Almost 25% of these participants ($n = 120$) did not answer any of the questions. Of those who did begin to take the survey ($n = 374$), 10 individuals did not complete the demographics form and were eliminated from analyses. An additional 92 participants completed fewer than five of the eight measures and were eliminated from the analyses. Fifty-five individuals identified as bisexual and were removed from the data analyses because research has shown that bisexual identity development is different from gay/lesbian identity development (Fox, 1995). Bisexuals may have to contend with biphobia (being marginalized in both the gay/lesbian and the heterosexual communities; Dworkin, 2000). Additionally, Rust (1996) found that bisexuals are

more likely than either heterosexual or gay/lesbian individuals to desire polyamorous relationships. Furthermore, at the time of the study, there was not an adequate measure of bisexual identity development.

Six individuals answered the question, "Do not answer this question. Please skip." Their responses were removed from the analyses because their endorsement of this item invalidated their responses for the rest of the survey. Five individuals who identified as transgender (e.g., sex was male but gender was female) were also eliminated from the analyses resulting in the final pool of 206 participants. Of these 206 participants, 148 (72%) completed all 8 of the measures,¹ 43 (21%) completed 7 out of 8 measures, 5 (2%) completed 6 out of 8 measures, and 10 (5%) completed 5 out of 8 measures. Before mean values were substituted for the missing data, percentages of complete surveys were calculated. The total number of participants who did not complete the Gay or Lesbian Identity Scale was 46 out of 206. This high number was because of technical problems with the Web program on the 1st day.

Measures

Demographic questionnaire. Demographic information was collected regarding participants' age, race/ethnicity, sex, gender, sexual orientation (both in Kinsey Scale format and identifiers including lesbian, gay, bisexual, questioning, heterosexual), years of education, geographic location, religious denomination, and previous therapy experience. Participants also responded to the question, "Have you ever sought counseling or therapy in order to change your sexual orientation?" If participants answered yes ($n = 31$), then they responded to the question, "How helpful was this therapy?" using one of the following four options: (1) destructive ($n = 5$), (2) not at all helpful ($n = 12$), (3) fairly helpful ($n = 9$), or (4) very helpful ($n = 5$) (Brooks, 1981).

The Age-Universal Intrinsic/Extrinsic Scale-Revised (Maltby & Lewis, 1996). This is a 19-item measure of religious orientation with two subscales that measure intrinsic and extrinsic religiosity. Items are scored on a 3-point scale: "yes" (3), "not certain" (2), and "no" (1), with higher scores on each subscale (intrinsic/extrinsic) indicating a stronger intrinsic or extrinsic orientation to religion (Maltby & Lewis, 1996). The instrument was Maltby and Lewis's refinement of an earlier revision of Allport and Ross's (1967) Religious Orientation Scale. The constructs have been defined as "the extrinsically motivated person uses [his or her] religion, whereas the intrinsically motivated person lives [his or her] religion" (Allport & Ross, 1967; p. 434). Examples of intrinsic items on the scale are, "It is important to me to spend

time in private thought and prayer” and “I try hard to live all my life according to my religious beliefs.” Examples of extrinsic items on the scale are, “I pray mainly to gain relief and protection” and “I go to church mostly to spend time with my friends.”

Maltby and Lewis (1996) revised the Intrinsic and Extrinsic subscales to make them more applicable for both religious and nonreligious respondents. Alpha coefficients for the Intrinsic and Extrinsic subscales have ranged from .87 to .91 and from .82 to .90, respectively (Maltby & Lewis, 1996). In support of the Intrinsic subscale’s validity, Maltby and Lewis found that scores correlated positively with the Francis Scale of Attitudes Toward Christianity (Francis & Stubbs, 1987). Using earlier measures, intrinsic orientation has been positively correlated with an internal locus of control (Kahoe, 1974), purpose in life (Crandall & Rasmussen, 1975), performance of religious behaviors (Schaefer & Gorsuch, 1992), and conceptualization of God as an important causal agent (Watson, Morris, & Hood, 1990). Previous measures of extrinsic religion have been correlated in expected directions with perceived powerlessness (B. Minton & Spilka, 1976), trait anxiety (Baker & Gorsuch, 1982), and depression (Genia & Shaw, 1991).

The Age Universal Quest Scale–Revised (Maltby & Day, 1998). This is a revision of Batson and Schoenrade’s (1991) Quest Scale, which measures “an open-ended, responsive dialogue with existential questions raised by the contradictions and tragedies of life” (Batson, Schoenrade, & Ventis, 1993, p. 169). The Age Universal Quest Scale–Revised is composed of 12 items. Responses are scored on a 3-point scale: “yes” (3), “not certain” (2), and “no” (1), with higher scores indicating a stronger quest orientation. Examples of items include “For me, doubting is an important part of what it means to be religious” and “There are many religious issues on which my views are still changing.”

Internal consistency reliability for the scale has been estimated at .79 (Maltby & Day, 1998). In support of the validity of this scale, Maltby (2001) found the Quest Scale to be positively correlated with the Francis Attitude Toward Christianity Scale (Francis & Stubbs, 1987). Quest has demonstrated small correlations with both extrinsic religion ($r = .16, p < .05$) and intrinsic religion ($r = .35, p < .01$) (Maltby & Day, 2003). Additionally, when intrinsic and extrinsic religiosity items are included in a factor analysis with Quest Scale, the Quest items loaded separately on a single factor (Maltby & Day, 1998). This supports the view that Quest is a measure of religion that is distinct from extrinsic and intrinsic orientation (Batson et al., 1993). Quest has also been related to cognitive appraisals, positive religious coping, depression, anxiety, social dysfunction, and somatic symptoms (Maltby & Day, 2003). Maltby, Lewis, and Day (1999) found Quest to be related to intrinsic

religiosity and personal prayer but unrelated to extrinsic religiosity, church attendance, depression, anxiety, and self-esteem.

The Lesbian Identity Scale (LIS) (McCarn & Fassinger, 1996) and the Gay Identity Scale (GIS) (Fassinger & Miller, 1996). Both instruments include 40 items and are scored using a Likert-type scale from *disagree strongly* (1) to *agree strongly* (7). There are 5 items for each of eight phases in this developmental model. Four phases relate to individual sexual identity development, and four phases relate to group membership identity development. The four phases for both individual and group identity are as follows: Phase 1—Awareness; Phase 2—Exploration; Phase 3—Deepening/Commitment; Phase 4—Internalization/Synthesis. To determine the predominant phase, the authors of this instrument instruct the researcher to sum the 5 items for each phase and divide by 5 to obtain a mean score for that phase. The largest mean score indicates the predominant phase. This yields two predominant phases, one for individual identity development and one for group membership identity development. For individuals who have two equal scores for the predominant phase, the earlier phase is selected as the predominant phase, thus acknowledging that the individual may not have completely moved into the later phase. Examples of items from each phase are “I am just realizing that heterosexuality is not all there is” (Awareness); “I am getting to know lesbian/gay people for the first time, and it is scary but exciting” (Exploration); “I have recently been undergoing a liberation and getting involved in lesbian culture” (Deepening/Commitment); and “I can now, as a lesbian, relate comfortably to both lesbians/gays and nongays” (Internalization/Synthesis).

The validity of both the LIS and GIS has been supported in studies of lesbians (McCarn, 1991; Mohr & Fassinger, 1999) and gay men (Fassinger & Miller, 1996; Mohr & Fassinger, 1999). In a study exploring different dimensions of lesbian and gay experiences (Mohr & Fassinger, 1999), various phases were correlated in expected directions with a need for privacy, outness, need for acceptance, homonegativity, identity confusion, difficult identity process, and homosuperiority. Alpha coefficients have been estimated to range from .53 to .73 for women and from .37 to .71 for men (Mohr & Fassinger, 1999).

Internalized Homonegativity (Mohr & Fassinger, 1999). This is a 5-item scale using amended items from the Nungesser Homosexual Attitudes Inventory (NHAI) (Nungesser, 1983) measuring the degree to which gay, lesbian, or bisexual individuals have internalized antigay beliefs and values. The instrument is scored on a Likert-type scale from *disagree strongly* (1) to

agree strongly (7). Scores on this scale range from 1 to 7, with higher scores indicating more internalized homonegativity. Examples of items include "I'm proud to be a part of the LGB community" and "Homosexual lifestyles are not as fulfilling as heterosexual lifestyles."

Internal consistency reliability has been estimated at .79 (Mohr & Fassinger, 1999). The Internalized Homonegativity Scale has been found to be positively associated with confusion regarding one's sexual orientation identity and negatively associated with valuing openness regarding gay, lesbian, and bisexual issues (Mohr & Rochlen, 1998).

Propensity to seek conversion therapy (PSCT). A 9-item scale was created by the primary author to measure an individual's propensity to seek conversion therapy. These items assess the degree to which a respondent is willing to consider therapy that would reorient him or her to a heterosexual orientation (e.g., "If available, I would consider treatment to change my sexual orientation"; "I believe an effective argument could be made for conversion therapy"; and "I believe I owe it to myself to at least try to change my sexual orientation before deciding that I am gay, lesbian, or bisexual"). Responses are scored on a Likert-type scale from *disagree strongly* (1) to *agree strongly* (7). Possible values for each individual range from 1 to 7 with higher scores indicating a greater propensity to seek conversion therapy. A 10th question was inserted into this scale as a validity check. The question read, "Do not answer this question. Please skip." Six surveys with this question answered were eliminated from analyses.

During the creation of the scale, 20 potential items were reviewed by three counseling psychologists and three counseling psychology trainees who were considered to have exceptional knowledge of the literature addressing gay, lesbian, and bisexual issues and who were familiar with instrument development. Several items were revised or omitted based on feedback. A 12-item scale was pilot tested on a sample of 28 gay, lesbian, and bisexually identified college students who were members of a university listserv for gay, lesbian, and bisexual students. Internal consistency reliability for the 12 items was .78. Items with item-total correlations of less than .40 were eliminated, resulting in 9 items with Cronbach's alpha = .87.

A second pilot study was conducted to examine the validity of the instrument. A sample of 31 gay, lesbian, and bisexually identified students and staff who were members of a listserv at a different university completed the PSCT along with the Index of Homophobia (IHP) (Hudson & Ricketts, 1980) and a measure of outness (Waldo, 1999). Scores on the PSCT were significantly related to scores on the IHP ($r = .72, p < .001$) and negatively to scores on the Outness scale ($r = -.35, p < .05$).

Klein Sexual Orientation Grid (KSOG) (Klein, Sepekoff, & Wolf, 1985). There were three ways for participants to be included in the study in terms of their sexual orientation. First, participants may have identified same-sex attractions through a self-label of gay, lesbian, or same-sex attracted. Second, a score of 4 or higher on the Kinsey Scale (0 = exclusively heterosexual, 1 = almost exclusively heterosexual, 2 = somewhat heterosexual, 3 = equally heterosexual and same-sex attracted, 4 = somewhat same-sex attracted, 5 = almost exclusively same-sex attracted, and 6 = exclusively same-sex attracted) was used to include participants in the study. Finally, the KSOG was used to classify participants in terms of sexual orientation. It is composed of seven variables believed to be components of sexual orientation: sexual attraction, sexual behavior, sexual fantasies, emotional preference, sexual preference, self-identification, and hetero/gay lifestyle. Participants use a 7-point Likert-type Scale (1 = *other sex only*, 2 = *other sex mostly*, 3 = *other sex somewhat more*, 4 = *both sexes equally*, 5 = *same sex somewhat more*, 6 = *same sex mostly*, and 7 = *same sex only*) to rate each variable as it applies to the present, past, or ideal. For the purposes of this study, the KSOG was used to identify individuals who have same-sex attractions but who may not self-label as gay or lesbian. That is, it was possible for an individual to be included in the study who identified as heterosexual but who endorsed exclusively or almost exclusively same-sex feelings and behaviors. For individuals who identified as heterosexual and were a 0, 1, or 2 (exclusively heterosexual, almost exclusively heterosexual, or somewhat heterosexual, respectively) on the Kinsey Scale, we examined their scores on the KSOG to ensure that the participant rated some same-sex dimensions above a 3. The internal consistency reliability of the KSOG has been reported to be "excellent" (Klein et al., 1985, p. 43), although no measure of internal consistency reliability was reported in the literature.

Social Desirability (Form C) (W. M. Reynolds, 1982). This is a 13-item shortened form of the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). This scale assesses the degree to which the participant responds in a socially desirable manner. Respondents reply true or false to each statement (e.g., "I am always courteous, even to people who are disagreeable"). Total scores range from 13 to 26 with higher scores indicating more socially desirable responses. The short form of the Marlowe-Crowne scale has been shown to be a viable alternative to the full scale (Zook & Sipps, 1985). W. M. Reynolds found the short form correlated .93 with the standard form. Because of the controversial nature of conversion therapy, this instrument was included in the study to explore the possibility that individuals'

scores might be influenced by a tendency to respond in a socially desirable manner.

Procedures

Participants were recruited by sending out announcements via the Internet for gay, lesbian, and questioning individuals to participate in a study examining the relationship between religious orientation, homophobia, and willingness to seek conversion therapy. Notices were posted on gay-affirming listservs as well as listservs of proponents of conversion therapy. Michalak and Szabo (1998) have outlined guidelines for using the Internet as a research tool. They discussed issues such as informed consent, confidentiality, recruitment of participants, and pilot testing. The procedures of this study followed these guidelines.

Individuals who were interested in participating contacted a Web site where the survey was posted. The demographic form was presented first, followed by each of the measures presented randomly to control for order effects. Men were directed to the GIS; women were directed to the LIS. At the end of each measure, participants submitted their responses. To ensure that a participant could not send in responses to the survey numerous times easily, after the participant agreed to join the study, a "cookie" was installed on the participant's hard drive. Then, if the participant returned to the study for a second submission, the survey would recognize that this person (or this computer) had already begun to take the survey. Subsequent results would not be entered into the database.

RESULTS

Prior to conducting the primary analyses, data were screened for multivariate analysis according to Tabachnick and Fidell (1996). The variables were examined for skewness and kurtosis to assess the fit between the distribution of these variables and the assumption of normality. All skewness values were between 1.7 and -1.8 . All kurtosis values fell between 2.0 and -0.9 . Thus, skewness and kurtosis values for all of the variables were deemed acceptable and within the guidelines suggested for data screening. The assumption of linearity was assessed by inspection of bivariate scatterplots of the main variables in the study. All scatterplots were relatively oval-shaped, indicating that the variables were normally distributed and linearly related. As a result, it was not necessary to transform any of the variables prior to primary analyses.

TABLE 1: Means, Standard Deviations, and Reliability Coefficients for Study Variables

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>n</i>	<i>Range</i>	<i>Possible Range</i>
Kinsey Sexual Orientation	5.10	1.31	N/A	205	0-6	0-6
PSCT	2.16	1.85	.97	205	1-7	1-7
Internalized homonegativity	2.87	2.07	.94	205	1-7	1-7
Intrinsic religion	2.45	0.49	.80	204	1-3	1-3
Extrinsic religion	1.50	0.30	.53	205	1-3	1-3
Quest	2.15	0.45	.77	199	1-3	1-3
Social desirability	1.39	0.23	.74	206	1-2	1-2
Lesbian individual identity						
Phase 1	3.02	1.41	.75	53	1-7	1-7
Phase 2	4.24	1.46	.76	53	1-7	1-7
Phase 3	5.42	1.56	.78	53	1-7	1-7
Phase 4	5.71	1.82	.94	53	1-7	1-7
Lesbian group identity						
Phase 1	2.35	1.16	.62	53	1-7	1-7
Phase 2	3.70	1.30	.74	53	1-7	1-7
Phase 3	3.71	1.36	.77	53	1-7	1-7
Phase 4	5.25	1.40	.77	53	1-7	1-7
Gay individual identity						
Phase 1	2.70	1.44	.73	104	1-7	1-7
Phase 2	3.57	1.50	.74	104	1-7	1-7
Phase 3	4.54	1.83	.81	104	1-7	1-7
Phase 4	5.12	1.87	.90	104	1-7	1-7
Gay group identity						
Phase 1	2.88	1.26	.66	104	1-7	1-7
Phase 2	3.43	1.50	.73	104	1-7	1-7
Phase 3	4.31	1.63	.81	104	1-7	1-7
Phase 4	4.68	1.46	.70	104	1-7	1-7

NOTE: In general, the higher the score, the greater the attribution. For Kinsey Sexual Orientation, a higher score means a stronger same-sex orientation. For Gay/Lesbian Individual and Group Identity, the highest mean score indicates the predominant phase. PSCT = Propensity to Seek Conversion Therapy.

Preliminary Analyses

Table 1 reflects the means, standard deviations, and internal consistency reliability estimates for the primary variables in the study. All of the measures showed adequate internal consistency reliability except the Extrinsic scale (alpha = .53). Coding procedures for the data were double-checked because of this unexpected result. No errors were found. Because of inadequate internal consistency reliability, the Extrinsic scale was omitted from subsequent analyses. As reflected in Table 1, on the whole, participants tended to have low levels of internalized homonegativity. They also tended to be intrinsically oriented to religion and uncertain about their quest orientation. Individ-

uals tended not to respond in a socially desirable manner. Participants tended to have a low propensity to seek conversion therapy. In general, both women (lesbian-identified and same-sex attracted) and men (both gay-identified and same-sex attracted) were in the latter phases of individual and group identity development. Social Desirability was inversely related, although modestly so, to both PSCT ($r = -.14, p < .05$) and Internalized Homonegativity ($r = -.17, p < .05$).

To help establish validity for the PSCT, we examined whether there were significant differences on the PSCT between participants with and without a history of conversion therapy. Data revealed a significant main effect for history of conversion therapy on PSCT, $F(1, 199) = 64.35, p < .001$, eta-squared = .24. In support of the instrument's validity, participants who had received conversion therapy previously scored higher on the PSCT ($M = 4.27, SD = 2.52$) than participants who had not received conversion therapy previously ($M = 1.76, SD = 1.37$). In addition, to determine whether perceived helpfulness of previous conversion therapy might affect PSCT scores, a second ANOVA was conducted. Results revealed a significant main effect for perceived helpfulness of previous conversion therapy on PSCT, $F(3, 27) = 4.149, p < .05$, eta-squared = .32. As expected, follow-up tests revealed that participants who perceived previous conversion therapy as more helpful generally had higher PSCT scores.

Primary Analyses

Correlations among all variables were examined to provide an overview of bivariate relationships among constructs as well as to test several of the study's hypotheses. To minimize Type 1 error, a Bonferroni correction was employed so that all 15 statistical tests of hypotheses were tested at the .003 (.05/15) significance level. The first group of hypotheses explored the relationships among the two remaining types of religious orientation and a propensity to pursue conversion therapy. First, intrinsic religiosity was hypothesized to be directly related to a propensity to seek conversion therapy. Consistent with this prediction, results revealed a significant positive relationship between scores on the Intrinsic scale and PSCT (see Table 2; $r = .30, p < .001$). Second, a quest orientation was hypothesized to be inversely related to the propensity to pursue conversion therapy. Results supported this hypothesis; the correlation between scores on the Quest Scale and PSCT was in the expected direction and statistically significant ($r = -.29, p < .001$).

We also predicted that internalized homonegativity would be directly related to a propensity to seek conversion therapy. Consistent with this hypothesis, the correlation between Internalized Homonegativity and PSCT was found to be statistically significant ($r = .87, p < .001$). More specifically,

TABLE 2: Intercorrelations of the Study Variables

	<i>PSCT</i>	<i>Int</i>	<i>Quest</i>	<i>Hneg</i>	<i>Soc</i>	<i>Kin</i>	<i>Age</i>	<i>LIID</i>	<i>LGID</i>	<i>GIID</i>
PSCT	—									
Int	.30 _i **	—								
Quest	-.29 _f **	-.05 _f	—							
Hneg	.87 _i **	.27 _j **	-.31 _i **	—						
Soc	-.14 _j	.05 _j	-.08 _g	-.17 _j	—					
Kin	-.35 _j **	-.04 _j	-.05 _g	-.37 _j **	.12 _k	—				
Age	-.11 _j	.25 _j **	.03 _h	-.09 _j	.14 _k	.08 _k	—			
LIID	-.81 _a **	-.24 _a	.08 _a	-.77 _a **	.03 _b	.41 _b *	.07 _a	—		
LGID	-.52 _a **	-.12 _a	-.07 _a	-.56 _a **	.26 _b	.58 _b **	.12 _a	.44 _b *	—	
GIID	-.59 _d **	-.06 _d	.21 _d	-.60 _e **	.05 _e	.29 _d *	.24 _e	N/A	N/A	—
GGID	-.56 _d **	-.07 _e	.22 _c	-.63 _d **	.07 _d	.15 _d	.09 _c	N/A	N/A	.44 _d **

NOTE: PSCT = Propensity to Seek Conversion Therapy; Int = Intrinsic Religiosity; Hneg = Homonegativity; Soc = Social Desirability; Kin = Kinsey Sexual Orientation; LIID = Lesbian Individual Identity Development subscale; LGID = Lesbian Group Identity Development subscale; GIID = Gay Individual Identity Development subscale; GGID = Gay Group Identity Development subscale.

a. $n = 53$.

b. $n = 54$.

c. $n = 103$.

d. $n = 104$.

e. $n = 105$.

f. $n = 196$.

g. $n = 197$.

h. $n = 198$.

i. $n = 203$.

j. $n = 204$.

k. $n = 205$.

* $p < .01$. ** $p \leq .001$.

we expected that internalized homonegativity would mediate the relationship between religious orientation and propensity to seek conversion therapy (see Figures 1 and 2). Our decision to test for a mediating variable and not a moderating variable was conceptually driven. The research question we asked was, "When a strong relationship between religious orientation and propensity to seek conversion therapy is present, how is this relationship affected by internalized homonegativity?" A moderator model would have asked the question, "Does the relationship between religious orientation and propensity to seek conversion therapy vary at different levels of internalized homonegativity?" Because this was not the question we were concerned with in this study, a mediated model was examined rather than a moderated model.

Regression analyses were conducted to test the relationships among the mediating, predictor, and criterion variables as recommended by Baron and Kenny (1986) and Frazier, Tix, and Barron (2004). According to these

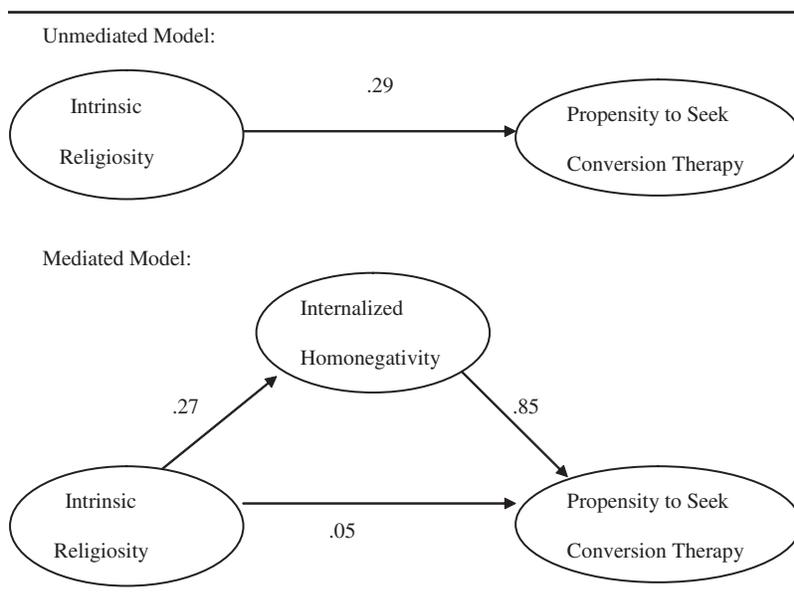


Figure 2. Diagram of Mediation Hypothesis 1: Internalized homonegativity mediates the relationship between intrinsic religion and propensity to seek conversion therapy.

NOTE: Numbers provided represent β values.

authors, to establish mediation, three conditions must be met. First, the predictor variable (intrinsic religiosity or quest orientation) must be related to the criterion variable (propensity to seek conversion therapy). Second, the predictor variable (intrinsic/quest must be related to the mediator (internalized homonegativity). Third, the mediator (internalized homonegativity) must be related to the criterion variable (propensity to seek conversion therapy), and the effect of the predictor variable (intrinsic/quest) on the criterion variable (propensity to seek conversion therapy) must be diminished in the presence of the mediator variable (internalized homonegativity).

To test whether internalized homophobia mediated the relationship between an intrinsic religious orientation and propensity to seek conversion therapy, the first step was to conduct a regression analysis in which PSCT scores were regressed onto Intrinsic scores (see Figure 2). This relationship was significant ($\beta = .29, p < .001$). Intrinsic scores accounted for 8% of the variance in PSCT scores, and the overall model was significant, $F(1, 201) = 18.25, p < .001$. Thus, the first condition to establish a mediating variable was met. Next, Internalized Homonegativity scores were regressed onto Intrinsic scores. This relationship also was significant ($\beta = .27, p < .001$). Intrinsic scores accounted for 7% of the variance in Internalized Homonegativity; and

the overall model was significant, $F(1, 202) = 16.02, p < .001$. Thus, the second condition to establish a mediating variable was met. Third, a regression analysis was conducted in which PSCT scores were regressed onto Internalized Homonegativity and Intrinsic scores. Internalized Homonegativity and Intrinsic scores explained 75% of the variance in PSCT; and the overall model was significant, $F(2, 198) = 301.90, p < .001$. Moreover, in the presence of Internalized Homonegativity, the effect of Intrinsic scores decreased (from $\beta = .29$ to $\beta = .05$) and was no longer statistically significant. Thus, as predicted, the third condition was met such that internalized homonegativity was found to mediate the relationship between intrinsic religiosity and propensity to seek conversion therapy.

To test whether internalized homophobia mediated the relationship between a quest orientation to religion and propensity to seek conversion therapy, again, the first step was to conduct a regression analysis in which PSCT scores were regressed onto Quest scores (See Figure 3). This relationship was significant ($\beta = -.29, p < .001$). Intrinsic scores accounted for 8% of the variance in PSCT scores, and the overall model was significant, $F(1, 195) = 18.02, p < .001$. Thus, the first condition to establish a mediating variable was met. Next, Internalized Homonegativity scores were regressed onto Quest scores. This relationship also was significant ($\beta = -.31, p < .001$). Quest scores accounted for 9% of the variance in Internalized Homonegativity, and the overall model was significant, $F(1, 195) = 20.04, p < .001$. Thus, the second condition to establish a mediating variable was met. Third, a regression analysis was conducted in which PSCT scores were regressed onto Internalized Homonegativity and Quest scores. Internalized Homonegativity and Quest scores explained 75% of the variance in PSCT, and the overall model was significant, $F(2, 191) = 287.49, p < .001$. Moreover, in the presence of Internalized Homonegativity, the effect of Quest scores decreased (from $\beta = -.29$ to $\beta = -.03$) and was no longer statistically significant. Thus, the third condition was met such that internalized homonegativity was found to mediate the relationship between a quest orientation and propensity to seek conversion therapy, as predicted.

Furthermore, lesbian and gay identity development were hypothesized to be inversely related to a propensity to seek conversion therapy. Lesbian Individual Identity Development was inversely associated with PSCT scores ($r = -.81, p < .001$), as were Lesbian Group Identity Development scores ($r = -.52, p < .001$). Also as expected, PSCT scores were negatively correlated with Gay Individual Identity Development ($r = -.59, p < .001$), and Gay Group Identity Development ($r = -.56, p < .001$).

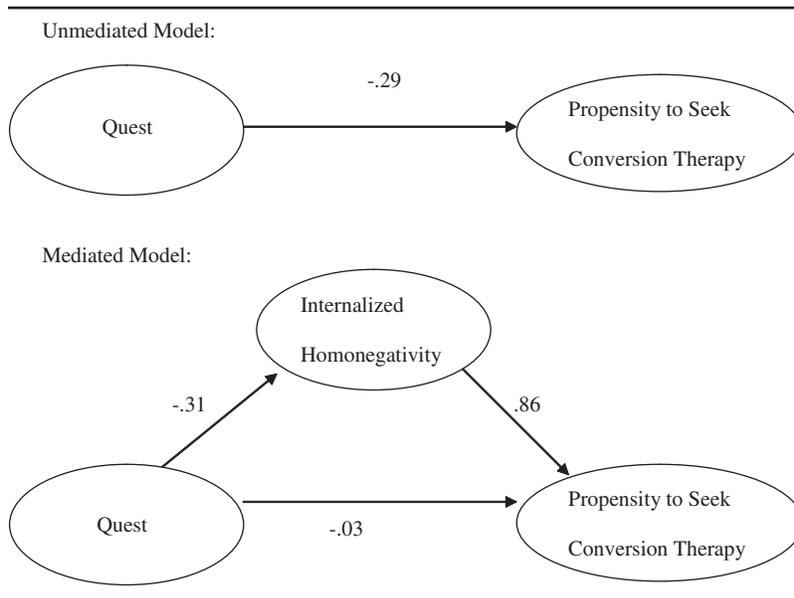


Figure 3. Diagram of Mediation Hypothesis 2: Internalized homonegativity mediates the relationship between quest and propensity to seek conversion therapy.

NOTE: Numbers provided represent β values.

DISCUSSION

Analysis of the data illustrated the significant potential influence of religiosity, internalized homonegativity, and sexual orientation identity development on an individual's consideration of conversion therapy. As expected, we found a significant direct relationship between intrinsic religiosity and a propensity to seek conversion therapy. Individuals with same-sex attractions who saw religion as a central organizing principle of their lives tended to view conversion therapy as a viable option. Additionally, individuals who held an intrinsic orientation to religion tended to possess internalized homonegative attitudes. In fact, this study demonstrated that internalized homonegativity may serve as a powerful and complete mediator of the relationship between intrinsic religiosity and propensity to seek conversion therapy. Individuals who are intrinsically oriented toward religion and, more to the point, adopt homonegative beliefs are likely to have a propensity to seek conversion therapy. Conversely, individuals who are intrinsically oriented and do not adopt homonegative beliefs are not likely to have a propensity to seek conversion therapy.

Individuals who scored higher on the Quest Scale were less inclined to have a propensity to seek conversion therapy. A quest orientation to religion suggests a person is open to doubt and uncertainty, including, perhaps, with regard to religious doctrine concerning sexual orientation. McFarland (1989) suggested that this willingness to accept uncertainty is what leads to attitudes of tolerance and acceptance among heterosexuals. Perhaps this concept extends to individuals with same-sex attractions as well. An individual who is open to doubt and uncertainty may have an easier time accepting an identity that is not mainstream, and therefore, this individual may have little desire for conversion therapy. It should be kept in mind, however, that the relationship between a quest orientation and propensity to seek conversion therapy was completely mediated by internalized homonegativity. On the whole, then, it seems that one's religious orientation, in and of itself, matters relatively little in predicting propensity to seek conversion therapy when considered along with one's internalized homonegativity. The negative messages one internalizes about being attracted to someone of the same sex are critical components of considering conversion therapy. However, given the unusually high correlation between internalized homonegativity and propensity to seek conversion therapy ($r = .87$), the possibility exists that the current measure of propensity to seek conversion therapy may not be sufficiently distinct from internalized homonegativity. Along these lines, it is noteworthy that proponents of conversion therapy have argued that individuals who desire to change their sexual orientation are not doing so because of internalized homophobia (Nicolosi, 1991; Yarhouse & Burkett, 2000). They propose, instead, that individuals make decisions based on personal belief systems and what "feels" correct (Beckstead & Morrow, 1999). Results from the current study indicate instead that environmental messages that become internalized may influence a person to seek conversion therapy. It appears erroneous to claim that internalized homonegativity has no place in understanding why an individual would seek sexual orientation change.

It was hypothesized that individuals in the early phases of gay or lesbian identity development would be likely to seek conversion therapy. Individuals in the later phases of identity development were not expected to seek conversion therapy. Results supported this hypothesis for both women and men in terms of both individual and group identity development. Individuals who are further along in managing their marginalized identity may have developed coping mechanisms such as a social support group and increased self-esteem that allow them to find life with a same-sex orientation fulfilling and meaningful. For gay men, identification with the gay community has been found to increase understanding of, coping with, and ultimately acceptance of a gay identity (A. L. Reynolds & Hanjorgiris, 1999). Additionally, Browning, Reynolds, and Dworkin (1991) noted that increased contact with

the lesbian, gay, and bisexual community is one way for individuals who have same-sex attractions to redefine their identities in a positive direction.

Early phases of identity development are characterized by confusion and bewilderment, anger, and guilt (McCarn & Fassinger, 1996). These intense feelings come from living in a heterosexist and homophobic world that stigmatizes lesbians and gays. People who are unable to move through these phases smoothly and efficiently may be likely to seek conversion therapy. Previous research has shown the latter phase of individual sexual identity development—Internalization/Synthesis—to be negatively related to a need for acceptance, internalized homonegativity, and identity confusion (Mohr & Fassinger, 1999).

These findings have implications for therapists when working with individuals who are or may be considering conversion therapy. Clinicians would do well to investigate the negative ideas and feelings individuals have about being attracted to someone of the same sex, as well as their origins. A desire to seek conversion therapy may actually be an expression of introjected messages about unacceptable aspects of homosexuality and an extension of one's being in the early stages of gay or lesbian identity development. Given the fact that conversion therapy lacks empirical validation and reinforces damaging messages about same-sex attraction, clinicians might respectfully challenge the underlying beliefs that clients possess about homosexuality and encourage them to find social support and develop ties in the gay and lesbian communities. Individuals who are further along in their sexual orientation identity development may serve as positive role models for clients, thus promoting self-acceptance and decreasing one's propensity to seek conversion therapy.

Limitations of the Study

The study has several limitations that must be kept in mind in interpreting its findings. First, the measurement of propensity to seek conversion therapy is in its infancy. On one hand, the PSCT demonstrated high internal consistency and evidence of validity via correlations with the IHP and a measure of outness. Data also reflected support for construct validity as evidenced by the positive findings for most of the hypotheses. However, because of the high correlation of the PSCT with the measure of internalized homonegativity, results should be interpreted with caution. We believe that a propensity to seek conversion therapy encompasses dimensions of internalized homonegativity, which would account for the high correlation. However, the measure of a propensity to seek conversion therapy needs to be refined to assure that it is a separate construct from internalized homonegativity.

The generalizability of the results also poses a limitation to the study. Data were collected over the Internet, which limits the availability of data from individuals who do not have access to the Internet. Not surprisingly, the sample was predominantly well educated and economically advantaged. This study represents an improvement from convenience sampling of college students; nonetheless, ethnic and socioeconomic diversity exists in the gay, lesbian, and bisexual world, and this diversity needs to be accounted for more fully when conducting research. It is also important to note that individuals with higher levels of formal education tend to hold less conservative views; thus, a more diverse sample (particularly with regard to formal education levels) might yield a higher number of individuals seeking conversion therapy. Additionally, there was a lack of representativeness from non-Judeo-Christian religions. At the time of data collection, Web site and discussion groups that were sought out were affiliated with Christianity. This was based on seeking groups of ex-gay individuals, who typically are Christian. A few non-Christian, religious lesbian and gay sites were found in this process, which might account for the 14 Pagan individuals. However, external validity is restricted in terms of participants' religious affiliation.

Implications for Future Research

This study suggests that conversion therapy is likely to be sought by individuals who have strong intrinsic and low quest approaches to religion and high levels of internalized homonegativity. Because there is some evidence that conversion therapy may cause harm (Shidlo & Schroeder, 2002), future research could profitably focus on whether such individuals actually do seek conversion therapy and what its effects are. Additionally, there is some evidence that right-wing authoritarianism may influence prejudicial attitudes toward gay, lesbian, and bisexual individuals among intrinsically oriented individuals (Laythe, Finkel, & Kirkpatrick, 2001; Leak & Randall, 1995). Future research could distinguish between intrinsic religion and right-wing authoritarianism to more fully understand what characteristics foster bias. Further research is also necessary to better understand the paths of individuals who move through their confusion and anxiety to realize their same-sex attractions and emerge as healthy, well-adjusted gay, lesbian, or bisexual individuals.

NOTE

1. On the 1st day the Web page was available to participants, some technical difficulties were encountered because of the complexity of randomly presenting the measures to participants. As a

result, many individuals were never presented with the Gay or Lesbian Identity Development Scale. This problem was fixed after the 1st day of data collection. This accounts for the high percentage of individuals who completed seven of the eight surveys.

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