

AMERICAN UNIVERSITY OF BEIRUT

EXPLORING THE RISK AND PROTECTIVE FACTORS
AGAINST INTERNALIZED HOMONEGATIVITY IN A
SAMPLE OF LEBANESE INDIVIDUALS WITH SAME-SEX
DESIRES

by
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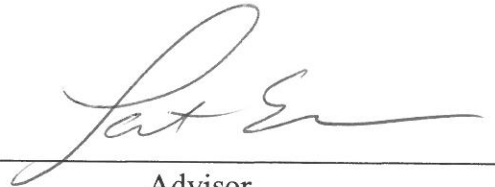
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AN ABSTRACT OF THE THESIS OF

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Title: Exploring the risk and protective factors against internalized homonegativity in a sample of Lebanese individuals with same-sex desires

Internalized homonegativity is a concept that has received a lot of attention in the literature on lesbian, gay, and bisexual (LGB) individuals. It refers to internalizing the negative attitudes and stigma about homosexuality and directing them towards the self. Internalized homonegativity has significant negative impacts on the lives of LGB individuals, and was considered the main barrier to developing a positive sexual identity and to having a better psychological well-being. Even though this concept became a mainstay in the literature on LGB individuals, little is known about what predicts it and what explains it. Additionally, there is a lack of research on individuals with same-sex attractions in Arab countries, like Lebanon, where homosexuality is still covered with silence and stigma. Therefore, we aimed to address the gap in the literature by exploring the predictors of internalized homonegativity in the Lebanese context.

A total of 210 individuals with same-sex desires across Lebanon completed an online questionnaire. Results revealed that legal discrimination, religiosity, and negative parental attitudes, be it real or anticipated, are risk factors for internalized homonegativity, whereas sense of belonging to the LGB community is a strong protective factor. Self-compassion did not come out as a significant predictor, but had an interesting on the bivariate level. The interpretations and limitations of the findings were discussed. Additionally, future directions, clinical implications, and recommendations for policy making were provided.

Keywords: internalized homonegativity, homosexuality, same-sex desires, sexual minorities, family attitudes, legal discrimination, LGB community, religion, self-compassion, gender.

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CHAPTER I

Introduction and Definitions

A. Overview of homosexuality in the Lebanese context

Little is known about the lives and experiences of lesbian, gay, and bisexual (LGB) individuals in the Middle East, and in Arab countries, such as Lebanon (Wagner et al., 2013). In these conservative cultures, silence covers any discussions on sexuality. This is especially true for homosexuality, which is still treated as taboo, a sin, and an unnatural, pathological practice (McCormick, 2006; Moussawi, 2008).

Surprisingly, this has not always been the case. Like western cultures, Middle Eastern cultures also experienced a shift in attitudes towards same-sex attractions over the years, but in the opposite direction (Abdulhadi, 2010). Up until the seventies, homosexuality was treated as a moral deviance and a rare pathology in western cultures (Cabaj, 2009; Savin-Williams, 2008). Homosexuality was even classified as a mental disorder in the first Diagnostic and Statistical Handbook of Mental Disorders, or DSM, and was not removed until 1973, with the release of DSM III (Cabaj, 2009). Recently, there has been an increasing positive shift in attitudes in western cultures, reflected in the increased awareness and acceptance of same-sex attractions (Savin-Williams, 2008), increased visibility of LGB individuals, and in the recurrent and open discussions about same-sex marriage and adoption (Yep, Lovaas, & Elia, 2003).

Middle Eastern cultures, in contrast, had more tolerance for non-heterosexual emotions and behaviors, depicted in the rich historical literature on homoerotic idealization

in Arab, Turkish, and Persian literature (Abdulhadi, 2010; Smith, 2012). This tolerance and acceptance existed until the 13th century, where attitudes towards same-sex attractions became increasingly negative and derogative (Habib, 2007; Smith, 2012). For example, Samar Habib (2007) revealed, through analyzing medieval texts and literature, that female emotional and sexual attractions did not only exist in Middle Eastern and Islamic cultures, but were also normalized and recognized without the current transgressive attitudes. Similarly, Hamilton (2014) stated that Morocco served as a safe haven for gay men in the 1950s, where many American and British gay and bisexual men escaped their strict and oppressive societies to the more tolerant environment in Morocco, which currently became more rejecting and stigmatizing of homosexuality (Smith, 2012).

Lebanon is a unique case in that it is the only Arab country that has been experiencing a growing LGB community, and more specifically in Beirut, where gay identities are most noticeable (McCormick, 2006). Only in Lebanon can one find several NGOs advocating for gay rights, raising awareness for HIV testing, and publishing articles and books related to the lives of local LGB individuals (Wagner et al., 2013). Additionally, Lebanon is the only Arab country that has publicly known gay bars, nightclubs, and gay-friendly cafes, where LGB individuals gather and dance together without overt harassment (Wagner et al., 2013). Recently, two major rulings in the Lebanese courts marked what could be the beginning of a positive shift in attitudes towards homosexuality in Lebanon. In 2009, Judge Mounir Sleiman stated that same-sex relations between consented adults is not a crime and should not be punished (Benoist, 2014). More recently, in 2014, Judge Najj Al-Dahdah did not penalize a transgendered woman who was charged for having “unnatural”

sex with men. Instead, he stated that gender should not be solely based on identifications, but also on how the person perceives him/herself (Benoist, 2014). Furthermore, in 2013, the Lebanese Psychological Association, and the Lebanese Psychiatric Association announced that homosexuality is not a disorder, and that it is not to be treated. Although decades behind the west, this makes Lebanon the first country in the Arab world to make such a declaration (Kerbage, 2014).

Paradoxically, homosexuality is still considered a crime in the Lebanese legal system under code 534, which states that “any sexual intercourse contrary to the order of nature is punishable by up to one year in prison” (Human Rights Watch, 2013, p. 5). Interestingly, this article was included in the Lebanese penal law by the French during mandate in Lebanon, and there were no reports of criminalizing homosexuals before that (Kerbage, 2014). While homosexuality was never explicitly mentioned in the code, the vagueness of the law has justified the persecution of LGB individuals since (Human Rights Watch, 2013). Additionally, Wagner et al. (2013) emphasized that the “gay-friendly” attitudes are limited to Beirut and do not even remotely represent other cities in Lebanon. The stigma toward homosexuality in the conservative Lebanese culture, which is influenced by religious doctrines, is still very high (Wagner et al., 2013). Incidents of harassment, discrimination, and even violence are common among many LGB individuals in Lebanon, especially those who do not conform to the traditional gender norms (Meem, 2009; Murdock, 2011). Even when LGB individuals face violence related to their sexual orientation, they rarely, if ever, report them, not only because there is no law to protect

sexual minorities, but also because they themselves would be criminalized instead (Murdock, 2011).

B. Homosexuality Defined

Homosexuality and heterosexuality fall under the term sexual orientation, which refers to the sex of the person to whom one is attracted (Gonsiorek & Weinrich, 2013). Homosexuality is defined as an emotional and/or sexual attraction toward people of the same sex (Oxford Dictionaries, 2014), and includes the terms gay and lesbian, which are western terms used to describe the self as homosexual (Gonsiorek & Weinrich, 2013). Bisexual refers to a person who is attracted to both men and women (Oxford Dictionaries, 2014). Together, lesbian, gay, and bisexual (LGB) individuals constitute the sexual minority group (Meyer, 2003), which will be the focus of this study.

Sexual orientation has three components: same-sex sexual attraction, same-sex emotional attraction, and self-identification as lesbian, gay, or bisexual (Savin-Williams, 2006). Savin-Williams criticized the research on LGB individuals because most of them relied only on one of the components to measure sexual orientation, and more often than not, on sexual identification. This excludes individuals who are involved in same-sex behaviors or have emotional attractions to individuals from their own sex, but do not apply the labels to themselves, resulting in different prevalence rates and psychological profiles.

Unfortunately, all the words that exist in the Arabic language that refer to homosexuality or homosexual experiences are negatively charged, offensive, and degrading, such as “Shaadh”, which translates to “deviance” (Whitaker, 2006), and “Luti”

which refers to the person engaging in the act of sodomy (McCormick, 2006). There is, however, a more recent and neutral word, “Mithliyin”, which is roughly defined as “sameness” (Whitaker, 2006). Nevertheless, few LGB people use it as it is not common in the Lebanese dialect (McCormick, 2006; Mousawi, 2008). It is important to pay attention to language because it reflects the attitudes and beliefs of the society, and just by looking at the Arabic language, one cannot but notice how heavily stigmatized homosexuality is (Meem, 2009).

Therefore, it comes as no surprise that LGB individuals in Lebanon prefer to use western terms to describe their sexual orientation (McCormick, 2006; Meem, 2009; Mousawi, 2008). But using the western terms does not mean that Lebanese LGB individuals identify themselves or experience their sexuality as LGB individuals in the West do. Several studies (McCormick, 2006; Mousawi, 2008; Wagner et al., 2013) revealed that Lebanese gay and bisexual men were uncertain of how to express their sexual orientation, and were hesitant to categorize themselves as gay or bisexual. This can be attributed to the absence of a framework that defines the modern gay identity in Lebanon and the Arab world (McCormick, 2006; Mousawi, 2008).

In support of this explanation, there is a large consensus among scholars in the field of sexuality in Middle Eastern and Islamic cultures that the gay identity in these cultures is very different from the one that has emerged in the West (Habib, 2007; Smith, 2012). For example, Smith (2012) explained that two men engaging in same-sex behaviors would both be considered homosexual in the West. In Middle Eastern cultures, in contrast, it is not about the same-sex behavior, nor about the identity, but about the gender role presumed

during the sexual act (Smith, 2012). This can be explained by the high emphasis placed by the family, religion, and society on the masculine and feminine roles, and by the low tolerance of any breach of these roles (Smith, 2012). According to Smith, desiring another man is not a problem in Muslim cultures as long as the man does not presume the role of a female, which is the inferior role in these societies, by being penetrated. Additionally, Khaled El-Rouayheb, a historian on Arab-Islamic sexuality, argues that passionate love toward another from the same-sex is not what is forbidden in Islamic laws; rather, it is the act of sodomy (Chahine, 2008). Therefore, based on this discussion, one can argue that applying just one of the definitions for assessing sexual orientation will limit our understanding of same-sex experiences, especially in Middle Eastern cultures like Lebanon, and will also limit the generalizability of the results. For this reason, diverse and culturally sensitive definitions and measures were applied in this study to assess and refer to sexual orientation.

Chapter II

Minority Stress and Psychological Well-Being

A. Mental Health in LGB individuals

Despite declassifying homosexuality as a mental disorder, there has been mounting evidence on the discrepancies in the mental health between homosexual and heterosexual individuals since 1974 (Lewis, Millettich, Mason, & Derlega, 2014; Rosser et al., 2008). Many studies from different countries, such as the United States, Brazil, Sweden, and Netherlands, found higher rates of major depression, anxiety disorders, panic disorders, substance use disorders, and suicide ideations, attempts, and completions among lesbian, gay, and bisexual individuals compared to heterosexual individuals (Cochran & Mays, 2009; Cochran, Sullivan, & Mays, 2003; Frisell, Lichtenstein, Rahman, & Langstrom, 2010; Ghorayeb & Dalgarrondo 2010; Gilman et al., 2001; Kuyper & Fokkema, 2011; Sandfort, de Graaf, Bijl, & Schnabel, 2001). For example, in a series of studies conducted by Cochran and Mays (2000a; 2000b), the authors found that compared to men with opposite-gender sexual partners, men with same-gender sexual partners were 5 times more likely to have attempted suicide. They were also more likely to have panic attacks and affective disorders, and were at a greater risk of recurrent depression. Furthermore, lesbian women were more likely than heterosexual women to have alcohol and/or drug dependency. Gay men and lesbian women were also more likely than heterosexual individuals to have co-morbidities of mood disorders, anxiety disorders, and substance use

disorders, to have an early age of onset, and to seek psychotherapy (Cochran & Mays, 2000a; 2000b; Gilman et al., 2001).

B. Minority Stress

For a long time, these discrepancies in mental health were interpreted as a result of homosexuality. This false logic was the main reason why homosexuality was pathologized (Bieber et al., 1962). By moving away from the pathological model, it has become clear that LGB individuals are constantly negotiating life in societies that make their mere existence a subject for debate (Selvige, Matthews, & Bridges, 2008). That is, there is a general tendency in many societies to assume that everyone is straight until proven otherwise, resulting in problematizing the existence of homosexual people, and in requiring an explanation for their being (Herek, Gillis, & Cogan, 2009). Consequently, it was concluded that LGB individuals experience unique stressors compared to heterosexual individuals, and that these stressors, not sexual orientation per se, are what account for the lower psychological well-being (Kelleher, 2009; Meyer, 1995; 2003).

Minority stress was defined by Brook (1981) as the stress associated with belonging to an inferior social category, which exposes the individual to discrimination, prejudice, and denial of the same opportunities afforded to the majority group. She added that this inferior status results in increasing life stressors and in threatening self-esteem and sense of security. Meyer (1995; 2003) expanded Brook's work to include sexual minorities, and provided the most coherent and the most cited theory that explains the relationship between

sexual orientation and the adverse mental health (Fingerhut, Peplau, & Gable, 2010; Shilo & Savaya, 2012).

According to Meyer (2003), sexual minorities are exposed to various forms of stressors, which he grouped under distal and proximal stressors. Distal stressors are objective stressors that occur independently of the individual's perception of them, and include prejudice-inspired events, such as victimization, discrimination, social stigma, rejection, and harassment. Proximal stressors, on the other hand, are subjective, and depend on the person's appraisal of the situation. They include: hiding and concealing one's sexual orientation, expectation of rejection and discrimination, and internalized homonegativity (Meyer, 1995; 2003). Meyer (2003) explained that sexual minority stressors are socially based because they are caused by societal and institutional pressures rather than by biological, genetic, or personal conditions. They are also chronic because they are related to rigid social and cultural structures, and unique, because they are additive to the general life stresses experienced by everyone. That is, LGB individuals, like heterosexual individuals, face daily and general life hassles, but unlike heterosexual individuals, they also have to deal with the unique stressors associated with their sexual orientation (Meyer, 2003).

Most recent studies on the minority stress model have focused on understanding the distal stressors and each component of the proximal stressors separately, because each was found to affect LGB individuals' mental health independently (Lehavot & Simonini, 2011; Meyer, 1995). Among the proximal stressors, internalized homonegativity is one of the most impactful stressors in the lives of many LGB individuals. Internalized homonegativity does not only have serious effects on LGB individuals' psychological well-being (Balsam

& Mohr, 2007), but also on their ability to develop and accept their sexual identity (Green & Britton, 2012). Therefore, this study focused on understanding the factors that predict internalized homonegativity in Lebanese individuals with same-sex desires.

Chapter III

Internalized Homonegativity: Risk and Protective Factors

A. Internalized Homonegativity

Internalized homonegativity, also named as internalized homophobia and internalized heterosexism, refers to homosexual individuals' negative feelings about their same-sex attractions and experiences (Dunn et al., 2014; Balsam & Mohr, 2007; Berg, Ross, Weatherburn, & Schmidt, 2013). It is demonstrated in the form of self-loathing and poor self-regard (Grey, Robinson, Coleman, & Bockting, 2013). Recently, the term internalized homonegativity extended beyond negative feelings towards the self to include other dimensions, such as discomfort with others knowing about one's sexual orientation, general negative attitudes towards homosexuality, discomfort with same-sex sexual activities and with connecting with other homosexual individuals (Newcomb & Mustanki, 2010).

Internalized homonegativity is believed to be the result of internalizing the society's negative myths, views, and attitudes towards individuals with same-sex preferences, and directing them towards the self (Brown, 1986; Meyer, 1995). As Allport (1954) puts it, "One's reputation, whether false or true, cannot be hammered, hammered, hammered, into one's head without doing something to one's character" (p.142). Unfortunately, internalized homonegativity has been used in the literature as a way to pathologize homosexual people, as if LGB individuals have contracted an illness which, although

external in its origins, became an internal aspect of the individual (Russel & Bohan, 2006). Therefore, it is important to emphasize that IH was used in this paper as a description of the relationship between the individual and his/her society, and not as a description of internal pathology or defect.

Internalized homonegativity (IH) has a long history in psychological literature on LGB individuals (Russel & Bohan, 2006), and was arguably the stressor that received the most attention in both empirical studies and clinical writings (Williamson, 2000). It is considered the greatest barrier to a better mental health and psychological well-being among both LGB adults (Ross and Rosser, 1996; Szymanski, Chung, & Balsam, 2001), and LGB youth (Cosa, Pereira, & Leal, 2013). Therefore, many authors argued that understanding IH is central to understanding the psychology of homosexual individuals, and that it should be the major focus in psychotherapy with sexual minorities (Cabaj, 2000; Shildo, 1994).

Even though the prevalence of IH in LGB individuals is not known due to the absence of published epidemiological studies, studies using clinical and community samples revealed that IH is very common among LGB individuals, with varying degrees of intensity (Costa, Pereira, & Leal, 2013). Interestingly, IH is experienced by LGB individuals from different cultural backgrounds, ranging from cultures with low tolerance for homosexuality, such as African and Asian cultures (Ross et al., 2010; Szymanski & Sung, 2013), to more open and tolerant cultures, such as the United States and Netherlands (Kuyper & Fokkema, 2011).

B. Internalized Homonegativity and Psychological Well-Being

Internalized homonegativity was found to be associated with physical and mental health, and with psychological and psychosocial well-being among LGB individuals (Grey, Robinson, Coleman, & Bockting, 2013). For example, Peterson and Gerrity (2006) found that the higher the level of IH, the lower the self-esteem of lesbian and bisexual women. These findings were also found in Rowen and Malcolm's (2002) study with a sample of homosexual men, where higher levels of IH predicted not only lower self-esteem, but also lower self-concept in emotional stability and in physical appearance. Additionally, the more participants absorbed the negative social messages about homosexuality, the more likely they suffered from sex guilt and from a less developed sexual identity (Rowen & Malcom, 2002).

Furthermore, Rosser et al. (2008) investigated whether sexual orientation and/or IH predicted depression and sexual health among gay men. They found that sexual orientation did not predict any of the outcome variables. In contrast, IH significantly predicted major depression, dysthymia, adjustment depression, and the likelihood of being in therapy. In other words, gay men who had high scores on the IH scale were also more likely to have high scores on all three measures of depression (Rosser et al., 2008). Results from this study also revealed that the more an individual felt negatively about his sexual orientation, the more likely he saw his sexuality as a curse, hating it, and rejecting it. Additionally, increased IH was associated strongly and negatively with sexual health, sexual identity development, identity concealment, and the degree of integration with the gay community (Rosser et al., 2008). Furthermore, many studies found that higher levels of IH were

associated with alcohol abuse and dependency (Amadio, 2006; Barbra 2002; Cabaj, 2002), and with suicide (Grossman, D'Augelli, & O'Connell, 2002).

C. Predictors of Internalized Homonegativity

Berg, Ross, Weatherburn, and Schmidt (2013) argued that, although there has been a lot of research on IH, this research focused mainly on understanding the effects of IH on the lives of LGB individuals and on their mental health, whereas few tried to understand the concept itself and what predicts it. Consistently, Russel and Bohan (2006) stated that although IH became a mainstay in the research on LGB individuals, there is a lack of theory and research that actually explains it. Therefore, the aim of this study was to explore not only what predicts IH in Lebanese individuals with same-sex desires, but also what may protect them from it. The following predictors were explored in this study: religiosity, actual or anticipated parental rejection, legal discrimination, sense belonging to the LGB community, and self-compassion. All of these variables, with the exception of self-compassion, have been theoretically linked to IH in the literature, but few studies empirically examined them as predictors of IH (Szymanski & Chung, 2003).

D. Risk Factors

1. Religiosity. It has been established in the literature that religiosity serves as a major source of support during stressful times, and that it has positive effects on physical and mental health, especially on depression (Chatter et al., 2008; Dahl & Galliger, 2010; Smith, McCullough, & Poll, 2003). However, there are mixed results on the effects of religion on homosexual individuals' lives (Barnes & Meyer, 2012).

Most religions condemn same-sex relationships, perceive them as sinful, and put clear barriers to them (Clark, Brown, & Hochstein, 1990; Morrow, 2003; Sherkat, 2002). Therefore, many LGB individuals feel abandoned by their religions as they develop their sexual identity (Lease, Horne, Noffsinger- Frazier, 2005; Sherry, Adelman, Whilde, & Quick, 2010). Sherry, Adelman, Whilde, and Quick (2010) explained that the homophobic environment promoted by religious institutions causes many homosexual individuals to live with two competing selves: the religious self, and the homosexual self. This internal conflict has a serious negative impact on the well-being of LGB individuals, including shame, depression, cognitive dissonance, suicidal ideations, and IH (Lease et al., 2005; Schuck & Liddle, 2001; Mahaffy, 1996). It also leaves them feeling alienated, disillusioned, and frustrated with the very faith that was supposed to support them (Dahl & Galliher, 2010). For example, Sherry, Adelman, Whilde, and Quick (2010) used both quantitative and qualitative methods to explore the effects of religiosity and spirituality on shame, IH, and guilt in a sample of LGB adults. They found that higher religious conservatism predicted higher levels of shame, guilt, and IH. That is, the more a person had religious conservatism, perceived doubt of religion as unacceptable, and came from a family that emphasized religion, the more he/she suffered from internal conflicts. Many participants in this study also reported that their sexual identity was the main reason behind their questioning religion, and even abandoning it. Moreover, IH was found to moderate the relationship between religiosity and the tendency to seek conversion therapy. That is, religious LGB individuals with higher levels of IH were more likely to seek conversion therapy than those with lower levels of IH (Shildo & Schroeder, 2002).

Despite the internal conflict and distress, LGB individuals do not abandon their religion or switch to emerging and affirming religious doctrines, sects, or movements that are more accepting and less condemning (Barner & Meyer, 2012; Szymanski, Kashubeck-West, & Meyer, 2008). Several studies found that homosexual individuals continued to affiliate with religions that condemn homosexuality and promote homophobic environments. This persisted even in the presence of alternative affirming religions (Bereket & Adam, 2008; Barnes & Meyer, 2012; Schuck & Liddle, 2001). Similarly, Schuck and Liddle (2001) found that LGB individuals were 2.5 more likely to affiliate with the Protestant sect, which strongly condemns homosexuality, than with LGB affirming doctrines.

One explanation for this paradox is that religion provides people with a source of personal meaning, a sense of belonging, and support from religious communities (Barnes & Meyer, 2012; Shilo & Savaya, 2011). Therefore, the costs of abandoning religions may be higher than enduring the stigma associated with them (Barnes & Meyer, 2012; Shilo & Savaya, 2011). Additionally, faith provides a sense of coherence and predictability that is necessary for deriving sense in one's life (Ellison, 1991).

Furthermore, other studies found that religiosity can serve as a protective factor in the lives of many LGB individuals (Dahl & Galliher, 2010; Szymanski, Kashubeck-West, & Meyer, 2008), especially when participants are coming from cultural backgrounds that place high emphasis on religion, such as the African American culture (Barnes & Meyer, 2012). Religiosity is very important in the African American culture, where the church has historically played multiple roles in the lives of African American individuals, among them

are being a protective factor against racism and discrimination, and strengthening social bonds in the community (Barner & Meyer, 2012).

Walker and Longmire-Avital (2013) explored the relationship between strength of religious faith, IH, and resiliency in a sample of 175 Black LGB emerging adults. Interestingly, they found that homosexuality and religiosity are not two exclusive things. Rather, religiosity contributed to resiliency and to their ability to deal with life adversities, especially in those who had high levels of IH. The authors concluded that religiosity is a protective factor that enhances the psychological well-being in Black LGB emerging adults who are in the process of navigating their sexual identity. Consistently, gay adolescents with higher religious commitment were more likely to have better self-esteem, and less likely to engage in alcohol and marijuana use, binge drinking, and sexual experiences than those with lower religious commitment (Rosario et al., 2006 as cited in Dahl & Galliher, 2010). Similarly, Longo, Walls, and Wisneski (2013) investigated the relationship between the extent of religious guidance, religious tradition, and non-suicidal self-injury in LGB Christians. The researchers measured religious tradition using the item “What religion do you consider yourself?” and religious guidance using the item “How much guidance would you say your religion provides to you in your day-to-day life?”. Results revealed that LGB Christians with low religious guidance were the most protected against self-injurious behaviors, compared to secular LGB individuals, and to LGB Christians with high religious guidance (Longo, Walls, & Wisneski, 2013).

Szymanski, Kashubeck-West, and Meyer (2008) criticized most of the research on religiosity in LGB samples because they did not take into account the multidimensional and complex nature of this construct, and treated it as a univariate variable instead. Religiosity

was divided by Allport and Ross (1967) into intrinsic and extrinsic religious orientation. Intrinsic religiosity is an internal framework from which a person derives meaning, whereas extrinsic religiosity is more instrumental, and is used as a means to an end (support, community, belongingness, security). The focus of the study was on intrinsic religiosity because many LGB individuals maintain their faith even when they do not get the benefits of extrinsic religiosity, such as acceptance, security, and support from their religious communities (Schuck & Liddle, 2001).

Religion is a central feature of the Lebanese political and social foundation (McCormick, 2006; Moussawi, 2008). Lebanon is a host of 18 sects, which broadly fall under Islam and Christianity (Jawad, 2009). Both Islam and Christianity condemn same-sex relationships and consider them as sinful, deviant acts that go not only against nature, but also against God's will (Eidhamar, 2014; Lapinski & McKirnan, 2013). Additionally, religion is strongly intertwined within the Lebanese society in that it governs social, legal, and political practices, including marriage and custody (Meem, 2009). Moreover, religion is one of the main ways in which Lebanese youth identify themselves (Harb, 2010).

Therefore, it is not surprising that many Lebanese LGB individuals experience a struggle between their religious selves and their sexual identity, resulting in feelings of shame, guilt, and attempts at repressing their sexual desires and identity (Meem, 2009). For example, some Lebanese gay and bisexual men in Wagner et al.'s (2013) study mentioned religion as one of the factors that cause them distress. Therefore, they coped in three ways: some abandoned religion all together, others maintained their religious faith but continued to struggle, while others found a way to integrate the two. In McCormick's (2006) study,

some Lebanese gay and bisexual men held back their same-sex attractions because they gave more value to their religion. For this reason, it is important to consider the effect of religion on internalized homonegativity in Lebanese LGB individuals.

2. Family Rejection. Whereas families, like religion, are considered a major source of support in the lives of many heterosexual individuals, unfortunately, this is not always the case for LGB individuals. The families of many LGB individuals are just another “microcosm” of the general society, where they too, have absorbed the negative stigma about same-sex relationships (Bozett & Sussman, 1989). Family and parental rejection refer to negative reactions in response to knowing about their child’s sexual orientation (Bergman et al., 2013). Bergman et al. (2013) emphasized that parental support and rejection are not the opposite poles of the same continuum; rather, they are two separate, but highly related, constructs. That is, many LGB individuals perceive their family members as supportive of them; however, these same members would not accept them anymore if they found out about their sexual orientation (Matthews & Adams, 2009).

Many studies found that, for many LGB individuals, families are more of a stress factor, than a protective factor (Feinstein, Wadsworth, Davila, & Goldfried, 2014). Family rejection is considered one of the most important challenges LGB individuals face, which occurs at youth and continues throughout life (D’Augelli, Hershberger, & Pilkington, 1998, Savin-Williams, 1989; Feinstein, Wadsworth, Davila, & Goldfried, 2014). Szymanski (2009) found that the strongest heterosexist experiences encountered by gay and bisexual men occurred in their family contexts. Similarly, D’Augelli, Hershberger, and Pilkington (1998) found that most of the LGB youth in their sample did not receive acceptance from

their families upon disclosure of their sexual orientation. Rather, their families' reactions included threats, as well as verbal and physical abuse.

Family rejection plays a major role in the well-being of LGB individuals. For example, Ryan, Huebner, Diaz, and Sanchez (2009) found that the more LGB young adults experienced negative reactions from their families, the more likely they experienced depression, suicidal ideations, substance use, and unsafe sexual behaviors. Additionally, Maccio (2010) found that actual or expected family rejection was one of the strong reasons why some LGB individuals in their sample wanted to change their same-sex attractions, and participated in sexual reorientation therapy.

Consistently, Feinstein, Wadsworth, Davila, and Goldfried (2014) explored, in a sample of lesbian women and gay men, the moderating role of both, family acceptance of sexual orientation and general family support (i.e. support not related to sexual orientation), between three dimensions of minority stress and depressive symptoms. The three dimensions were: IH, discrimination related to sexual orientation, and rejection sensitivity. Rejection sensitivity was defined as the extent to which a person expects to be rejected because of their sexual orientation (Feinstein, Wadsworth, Davila, & Goldfried, 2014). They found that although general family support and family acceptance of sexual orientation moderated the relationship between both: discrimination and depression symptoms, and between rejection sensitivity and depression symptoms, only family acceptance moderated the relationship between IH and depressive symptoms. That is, IH was significantly and positively associated with depressive symptoms only in those who had low family acceptance of their sexual orientation (Feinstein, Wadsworth, Davila, &

Goldfried, 2014). These results add support to Bergman et al.'s (2013) argument, demonstrating that to understand the role of family in IH, family support has to be related to sexual orientation and not support in general. Therefore, in this study, we focused on rejection related to sexual orientation, specifically by parents.

One can see that in the literature, most studies focused on actual experiences of family rejection toward one's sexual orientation, while few studies focused on anticipated family rejection, with the exception of Maccio's (2010) study. One can argue that focusing on the actual experiences of parental rejection limits our understanding of many LGB individuals because it focuses on a very special population that might be more open about their sexual orientation. It is important to understand the influence of parental attitudes even in those who did not come out to their parents, but can actually predict their reactions. Therefore, this study explored the effects of actual or anticipated parental rejection on Lebanese LGB individuals.

In the Lebanese context, family is considered the most important relationship, and is often involved in one's daily life and major decisions (Wagner et al., 2013). In the absence of public sectors in Lebanon, the family plays the central role in providing various forms of support (Meem, 2009). Additionally, Lebanon is a collectivistic culture that promotes interdependence and group affiliation and represses the independent agency (Taher, Kazarian, & Martin, 2008). People in collectivistic cultures tend to have interdependent self-construals, in which the self is defined in terms of group membership and important relationships (Markus & Kitayama, 1991). Consistently, Harb (2010) found that Lebanese youth primarily identified themselves through their families. Moreover, the individual

person in a Lebanese family is a representative of the whole family, and his/her actions become historically attached to the reputation of all family members (McCormick, 2006).

Being a homosexual in the conservative culture of Lebanon can be not only unacceptable, but also dangerous because of the possible negative family reactions, which include ostracism, denial of inheritance, house arrest (especially for women), and even honor killing (Meem, 2009). Many Lebanese LGB individuals described coming out to parents as the most “agonizing” experience (Meem, 2009). Actually, many of them choose not to come out to their parents because they want to “spare themselves and their parents what they anticipate will be a distressful and damaging confrontation” (p. 13, Meem, 2009). Moussawi (2008) found in his study that fear of family abandonment was cited by Lebanese gay men as the central constraint to being a homosexual. Similarly, Lebanese gay men in Wagner et al.’s study (2013) were more likely to come out to their friends than to their families out of fear of being rejected.

3. Legal Discrimination. The lives of many lesbian, gay, and bisexual people are characterized by prejudice, discrimination, and victimization related to their sexual minority status (Kelleher, 2009). Many studies found that LGB individuals experience epidemic rates of discrimination, victimization, hate-crimes, and prejudice than heterosexual individuals, even in societies that are experiencing a positive shift towards homosexuality, such as the United States (Balsam, Beadnell, & Molina, 2013; Herek, Gillis, & Cogan, 1999; Katz-Wise & Hyde, 2012). These distal stressors have drastic negative effects on the physical and mental well-being of LGB individuals (Bergen et al., 2013; Hatzenbuehler, 2011; Herek, Gillis, and Cogan, 1999; Szymanski, 2009).

Even though it is important to explore the effects of prejudice and discrimination that occur on the personal level, it is equally important to understand those that occur at large scale, societal levels. Prejudice and discrimination that occur at institutional levels (i.e. government, society, and religion) place strict boundaries on personal freedom (Herek & Garnets, 2007). Institutional discrimination ranges from constraining the opportunities and resources available to LGB individuals, to prohibiting same-sex unions and adoption (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010), to the more extreme of criminalizing homosexuality and sentencing homosexual individuals to death or prison (Miresghhi & Matsumoto, 2008). These restrictions affect not only the way LGB individuals feel and experience their sexual orientation, but also their mental and physical well-being, even in the absence of direct experiences with discrimination. For this reason, many researchers emphasize that personal and institutional discrimination are separate, and that the latter warrants special attention as well (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010).

Russel et al. (2000) (as cited in Matthews & Adams, 2009) found that homosexual individuals' psychological well-being was negatively affected by the passage of an amendment that legalized discrimination against them in Colorado in 1992, even though these participants did not directly experience discrimination. More recently, Haztenbuehler et al. (2010) compared the prevalence of psychological disorders between homosexual individuals living in states with institutional discrimination (banning same-sex marriage) and homosexual individuals living in states that do not discriminate. They also compared homosexual and heterosexual individuals residing in the same states on change in psychological disorders. The researchers used longitudinal data obtained from wave 1 and wave 2 of the National Epidemiological Survey on Alcohol and Related Conditions

(NESARC). Participants were initially interviewed in wave 1 (2001 through 2002) and were re-interviewed in wave 2 (2003 through 2004). Results revealed that the prevalence of psychological disorders increased from wave 1 to wave 2 in LGB individuals living in discriminating states compared to those living in non-discriminating states. The highest increase was in generalized anxiety disorder, followed by alcohol use disorders and mood disorders. Additionally, heterosexual individuals had significantly lower psychological disorders than LGB individuals living with them in the same states (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010).

Although IH is by definition related to the negative societal attitudes, very few studies investigated the effects of institutional discrimination on IH (Berg, Ross, Weatherburn, & Schmidt, 2013). Berg et al. (2013) studied this relationship in a sample of 144,177 homosexual men in 38 European countries. They explored how IH is predicted by macro level discrimination (state laws banning same-sex relationships and adoption), and by meso level discrimination (general community's attitude toward homosexuals, e.g. disliking having LGB individuals as neighbors). They found that there were higher levels of IH in participants living in states both with institutional discrimination and where the general community had negative attitudes towards homosexuals as compared to homosexual men living in more gay friendly European societies, with less religious influence and more flexible gender norms. Therefore, the way homosexual individuals feel about their homosexuality is strongly affected by the societal and cultural attitudes surrounding them.

It is not uncommon to hear news of arresting LGB individuals in Lebanon under the code 534. Homosexual individuals can be arrested by the police simply based on their

appearance or gender non-conformity, even with the absence of any sexual act. They are then subjected to interrogation, anal tests, and even physical abuse (Human Rights Watch, 2013; Helem Website, as cited in Moussawi, 2008). Furthermore, the authorities use different types of torture, as well as blackmailing, in order to gather information about other future suspects. By that, the Lebanese state has violated international human rights laws, and Lebanese laws (Human Rights Watch, 2013; Helem Website, as cited in Moussawi, 2008).

Furthermore, Moussawi (2008) argued in his thesis that, despite the presence of the Lebanese system that legally allows discrimination against sexual minorities, negative attitudes towards homosexuality in Lebanon are primarily promoted by social institutions, such as family and religion, and that the Lebanese legal system plays a less important role in this process. Interestingly, he found that only 2 Lebanese gay men, out of 11 interviewees, viewed the legal discrimination as restraining to their sexual identity. The majority of participants viewed family as the most constraining, and, contrary to his hypothesis, only 2 participants viewed religiosity to be constraining. One of the main limitations of this study was the small sample size. Nevertheless, the findings shed the light on the importance of conducting a quantitative study on a larger and more diverse sample of Lebanese individuals with same-sex attractions to understand the extent to which legal discrimination affects their IH levels.

E. Protective Factors

Most of the studies on LGB individuals have focused on the negative aspects of belonging to a sexual minority (Riggle et al., 2008). While it is important to understand the difficulties LGB individuals face in terms of homophobia and IH and their effects on mental health, it is also equally important to understand how they continue to strive in the face of all these adversities. The lack of studies and theories exploring the positive aspects of same sex-oriented life, and LGB's healthy functioning is striking (Kwon, 2013, Savin-Williams, 2008). Most studies on LGB individuals depict them as passive victims of societies and cultures, instead of active agents who are resilient enough to develop their own complex cognitive, behavioral, and emotional coping strategies. Therefore, many researchers are recently emphasizing the importance of moving away from the pathology model and closer to a positive psychology approach to understand LGB individuals' experiences of their same-sex desires, given that many homosexual individuals do not suffer from mental health problems and actually lead a fulfilling life (Kuyper & Fokkema, 2011; Kwon, 2013; Mustanki, Newcomb, & Garofalo, 2011).

1. Self-Compassion. The only study that directly investigated the positive aspects of being gay or lesbian was conducted by Riggle et al. (2008), where they used an online survey to ask 203 gay men, and 350 lesbian women about the positive aspects of leading a same-sex oriented life. Results revealed that many participants appreciated their sexual identity because it provided them with the ability to make meaning of life by increasing their insight, empathy, and compassion for self and others. That is, they managed to transfer the institutional oppression and stigmatization into increasing compassion (Riggle

et al., 2008). For example, one participant stated “Being gay encourages one to really search within for self-understanding and acceptance. Since society is largely not very supportive of gays or gay rights, a gay person needs to find inner sources of strength and confidence.” (Riggle et al., p.213).

Results from Riggle et al.’s (2008) study shed the light on the importance of understanding self-compassion because of its positive impact on the lives of LGB individuals, such as resistance and well-being. Self-compassion is an old concept rooted in Buddhist teachings, and has only recently received attention in western psychology (Neff, 2003; Barnard & Curry, 2011). Self-compassion is defined as the ability to relate to oneself with kindness, care, and open-heartedness in the face of negative life experiences and personal faults and failures (Neff, Kirkpatrick, & Rude, 2007).

a- Component of Self-Compassion.

Neff (2003) explained that self-compassion has three components that influence and strengthen one another. The first includes the ability to be kind to oneself, instead of being harsh and judgmental (Kindness vs. Self-Judgment). Being kind refers to the capacity to feel empathy, forgiveness, patience, and warmth towards oneself (Barnard & Curry, 2011). The second is being able to interpret one’s shortcomings as part of the larger human experience instead of attributing them to the self (Common humanity vs. Isolation). Feeling that one is the only person in the world struggling with failures or misfortunes increases isolation and feelings of shame. In contrast, understanding these experiences as part of being a human increases access to supportive social networks (Crews, 2012). The third is

the ability to deal with negative thoughts and feelings with mindfulness, instead of over-identifying with them or avoiding them (Mindfulness vs. over-identification or avoidance). Mindfulness is the ability to have an objective perspective on one's own suffering, and to focus on the present moment experience with attention and interest (Neff, 2011). It is also about allowing one to deeply experience emotions instead of labeling them or reacting to them (Kabat-Zinn, 2003). This is opposed to over-identification, in which the person gets stuck in ruminating on personal misfortunes. It is also opposed to avoidance of thoughts and feelings, which only intensifies long-term negative affects (Barnard & Curry, 2011; Neff, 2003).

b- Self-Compassion and Psychological Well-Being.

There has been a recent interest in the effects of self-compassion on psychological well-being. For example self-compassion was found to be linked to lower depression and anxiety (Neff, 2003; Neff et al., 2005; Raes, 2010), and to higher levels of well-being, even after controlling for social support and stress (Neely et al., 2009). Additionally, undergraduate students with higher levels of self-compassion reported higher satisfaction with their lives (Barnard & Curry, 2011). Self-compassion was also found to be negatively correlated with self-criticism, fear of failure, and thought suppression, and positively correlated with happiness, optimism, and social connectedness (Neff, 2011).

Self-compassion can be especially relevant to LGB individuals. As discussed above, LGB individuals negotiate their identities in environments that constantly send negative messages on same-sex attraction, be it from religion, family, friends, and legal institutions.

One cannot but wonder, if LGB individuals are being judged from every corner, to what extent would having a non-judgmental and warm attitude toward the self protect them from internalizing this negativity?

After extensive research in Academic Search Complete, PsychArticles, and PILOTS database, no published studies on the relationship between self-compassion and internalized homonegativity were found. However, a dissertation by Crews (2012) used both qualitative and quantitative measures to explore the role of self-compassion and coming out on LGB identity development. Results from this study revealed that LGB identity was significantly and positively predicted by self-compassion and coming out. Additionally, by looking at the three components of self-compassion, Crews (2012) found that common humanity was the only significant predictor of LGB identity development. One can interpret this finding as the more LGB individuals felt that their experiences are not unique, that they are not isolated and alienated, the more developed their LGB identity was. This study, however, did not explore the role of self-compassion in protecting LGB individuals from internalizing society's negative attitudes.

2- Sense of Belonging to LGB Community. Meyer (2003) explained that, to understand resilience in LGB individuals, one must look beyond personal resources into more global, group resources. He emphasized that group resources define the boundaries of the personal resilience. That is, in the absence of group level resources, even the most resilient individuals will still not be able to cope optimally. One of the most important sources of support available for LGB individuals at a group level is the LGB community (Meyer, 2003).

To compensate for the lack of support from family and religious doctrines, and for the negative attitudes present in the society, many LGB individuals seek support from similar others (Dewaele, Van Den Berghe, & Vincke, 2011). Participants in Riggle et al.'s (2008) study reported sense of belonging to the LGB community as one of the positive aspects of leading a same-sex oriented life. It was actually the most common theme reported by participants (Riggle et al., 2008). Sense of belonging was defined as “the experience of personal involvement and integration within a system or environment to the extent that a person feels they play a special role in that system or environment” (p. 2, McLaren, Gibbs, & Watts, 2013). Therefore, sense of belonging to the LGB community is not about fitting in with a small group of people; rather, it is about a sense of involvement in the larger system (McLaren, Gibbs, & Watts, 2013).

Belonging to the LGB community was argued to be the most effective way to cope with sexual minority stressors (LeBeau & Jellison's, 2009). For example, Zea, Reisen, and Poppen (1999) found that sense of belonging to the LGB community was associated with lower depression scores, and higher self-esteem. Similarly, results from a series of studies by McLaren and colleagues revealed that belonging to the LGB community was significantly associated with lower levels of depression in both gay men (McLaren, Jude, McLachlan, 2008), and lesbian women (McLaren, 2009), especially among young lesbians (McLaren, Gibbs, & Watts, 2013). Moreover, Meyer (1995) found that gay men with higher levels of sense of belonging to the LGB community had less psychological disorders, even when measured with a general, single item. Luhtanen (2003) stated that the most robust finding in the literature on sexual minorities is that the LGB individuals' self-

esteem and psychological well-being are predicted by affiliating with the LGB community. Furthermore, belonging to the LGB community served as a protective factor for many LGB individuals confronting anti-gay politics in Colorado (Russel & Richards, 2003).

Studies that explored the relationship between IH and sense of belonging revealed that IH was predicted by lack of connection to the LGB community, less time spent with homosexual individuals (Ross & Rosser, 1996), less friendships with homosexual individuals (Mayfield, 2001), and less perceived social support from other lesbians and gays (Szymanski, Chung, & Balsam, 2001). Grey et al. (2013) conducted a review of all the measures used to assess IH, and the variables that correlated with it. An important finding emerged which showed that in all 9 studies that assessed belonging to LGB community and IH, a remarkably consistent relationship persisted between the two, no matter how differently they were operationalized and measured. Interestingly, Franssens (2010) found that IH was significantly and positively associated with depression, but only for those who reported low levels of connectivity with the LGB community.

There are several explanations for why sense of belonging to the LGB community serves as a buffer against minority stressors, especially IH. The LGB community provides an environment where individuals can explore and express themselves without being stigmatized and judged (Herek, 2007). Moreover, the community can provide emotional and instrumental support against the stigma and prejudice from the general community (Herek & Garnets, 2007), and can reduce their negative impact by providing alternative reappraisals (Meyer, 1995; Meyer, 2003). More importantly, the LGB community legitimates same-sex attractions and relationships (Luhtanen, 2003), and validates the

experiences, emotions, and values of LGB individuals (Meyer, 1995; Meyer, 2003). Russel and Richards (2003) added that the LGB community provides individuals with information that are not otherwise available from other resources, especially that homosexual life is not a commonly discussed alternative of being. This close-up information can counter the deleterious effects of the myths and stigma associated with same-sex attractions (Russel & Richards, 2003).

Moussawi (2008), however, found mixed results on the role of LGB community in the lives of gay and bisexual Lebanese men. While almost all of the participants agreed that the LGB community is growing in visibility and diversity, some viewed it as a source of support, while others distanced themselves from it. Moussawi (2008) attributed this to the lack of clear definition of LGB community in Lebanon, which he proposed should be divided into three components: a small group of LGB friends, socializing in gay bars and clubs, and NGOs. However, most participants agreed that the more a person is seen in gay friendly places, the more he/she is considered to be involved in the gay community. Moussawi (2008) also noted that belonging to the LGB community has its advantages and disadvantages. Whereas some participants reported that the community is a major source of support, others felt alienated by it and could not relate to it. Therefore, they were hesitant to say that they were associated with the LGB community, despite being frequently involved in it. One possible explanation is that the most visible LGB communities in Lebanon tend to be of the middle upper social class, have higher education, and enjoy a certain kind of openness and acceptability within their environments. There is a lack of visibility and of information of LGB communities for individuals from lower social classes and rural areas

(Meem, 2009). Findings from Moussawi's study are important because they show that what can be a source of support for western LGB individuals does not necessarily apply in other cultures like Lebanon.

Chapter IV

Aims and Hypotheses

A. Aims

The aim of this study was to explore the predictors of internalized homonegativity in Lebanese individuals who report same-sex emotional and/or sexual desires. Internalized homonegativity is a central aspect of LGB individuals' experience of their sexual identity, and has a strong effect on their psychological well-being (Cosa, Pereira, & Leal, 2013; Ross and Rosser, 1996; Szymanski, Chung, & Balsam, 2001). Not all LGB people, however, internalize the negative messages about homosexuality and struggle with their sexual identity (Kwon, 2013, Savin-Williams, 2008). Therefore, it is important to understand what impacts IH negatively, and what protects LGB individuals from it.

Despite the numerous studies conducted on LGB individuals abroad, little is known about their experiences in conservative cultures like Lebanon. There's a scarcity of research on this topic given that homosexuality is still heavily stigmatized in the Lebanese culture (McCormick, 2006). Additionally, the qualitative studies focused only on Lebanese gay and bisexual men (Wagner et al., 2013; McCormick, 2006; Moussawi, 2008). To our knowledge, no study to date considered the experiences of Lebanese lesbian and bisexual women. Furthermore, studies conducted with Lebanese LGB individuals were qualitative studies with very small sample sizes, and none of them explored internalized homonegativity (McCormick, 2006; Moussawi, 2008). For this reason, the present study

addressed this gap by recruiting a larger sample size of both Lebanese lesbian and bisexual women, and gay and bisexual men.

The study will not only contribute to the local literature on homosexuality, but will also help in identifying the extent to which religiosity, actual or anticipated parental rejection, institutional discrimination, self-compassion, and sense of belonging to the LGB community predict IH in Lebanese individuals with same-sex attractions. The outcome of our study may also guide professionals working with Lebanese LGB individuals to understand, and to help them understand, the role of external societal factors in affecting their internal experiences. It may also guide them to focus on specific aspects that help Lebanese LGB individuals cope with their sexual minority status in such a stigmatizing culture. The following hypotheses were examined while controlling for age, gender, education level, and whether a participant experienced a situation in which one of his/her parent found out about their same-sex desires (referred to as parental knowledge).

B. Hypotheses

Parental rejection was found to predict higher levels of internalized homonegativity (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Maccio, 2010).

Hypothesis 1. Parental rejection, be it actual or anticipated, will positively predict internalized homonegativity in Lebanese individuals with same-sex desires. That is, higher levels of family rejection will be associated with higher levels of IH.

Institutional discrimination was found to predict higher levels of internalized homonegativity (Berg, Ross, Weatherburn, & Schmidt, 2013).

Hypothesis 2. Higher experiences with legal discrimination will positively predict higher levels of internalized homonegativity.

C. Exploratory Hypotheses

Belonging to LGB community was consistently found to be a protective factor against IH in LGB individuals in Western cultures (Grey et al., 2013). It is not clear, however, if belonging to LGB community will serve as a protective factor in Lebanon, given the mixed findings from qualitative studies with Lebanese gay men (McCormick, 2006; Moussawi, 2008; Wagner et al., 2013).

Exploratory Hypothesis 1. Sense of belonging to the LGB community will emerge as a predictive factor of IH in Lebanese individuals with same-sex desires.

There were mixed findings in the literature regarding the effects of religiosity on IH; some found it to be a risk factor (Sherry, Adelman, Whilde, & Quick, 2010), while others found it to be a protective factor (Walker & Longmire-Avital, 2013).

Exploratory Hypothesis 2. Intrinsic religiosity will emerge as a predictive factor of IH in Lebanese individuals with same-sex desires.

There is a dearth of research on the relationship between self-compassion and internalized homonegativity. However, some LGB individuals reported using self-compassion as a way to deal with institutional oppression and discrimination (Riggle, 2008). Additionally, self-compassion significantly and positively predicted LGB identity (Crews, 2012).

Exploratory Hypothesis 3. Self-compassion will emerge as a predictive factor of IH in Lebanese individuals with same-sex desires.

Chapter V

Methodology

A. Participants

For inclusion in the study, participants had to be Lebanese adults (18 or above), and had to report experiences of emotional and/or sexual desires towards others from the same sex. Participants excluded from this study were those who denied having experienced any same-sex emotional and/or sexual desires, those below the age of 18, transgender individuals, and those who are not Lebanese. We originally attained a sample of 366 participants. Thirteen cases of participants who denied ever experiencing same-sex emotional and/or sexual desires were excluded. Additionally, 3 cases of transgender participants, 3 cases of participants below the age 18, and 14 cases of non-Lebanese participants (9 Arabs, and 4 non-Arabs) were also excluded from the analysis. Finally, 126 participants who accessed the survey but did not answer the questions, or who only filled the first two scales of the survey battery were excluded from further analysis. Therefore, the final sample size retained for the final analyses was 210. This sample is above the minimum number required for regression analysis based on Tabachnick and Fidell's (2007) formula ($N \geq 104 + m$ and $N \geq 50 + 8m$, where m is the number of predictor variables, in our case 5 predictors).

As shown in Table 1, the final sample included 135 males, and 75 females, from which 55.7% identified as gay, 12.9% identified as lesbian, and 6.2% identified as queer. Only 6

participants (2.9%) identified as straight, and 6 participants (2.9%) identified as questioning. Additionally, 3 participants (1.4%) selected none of the above, and 7 participants (3.3%) selected other, and described their sexual orientation as pansexual, bi-curious, and “homoflexible” instead. Interestingly, some of the participants described their sexual orientation in a dimensional rather than a categorical way, such as “gay with a mild attraction toward women” and “bisexual but more to gay”. Females were more likely to identify as bisexual, queer, and questioning, which is consistent with previous studies that showed that females are more flexible in their sexual orientation and are more likely to vacillate between identity labels (Szymanski, Kashubeck, & Meyer, 2008).

Additionally, the participants’ age ranged between 18 and 51 years old ($M= 25.49$, $SD= 5.41$), and the number of years lived in Lebanon ranged from 1 year to 40 years ($M= 22.76$, $SD= 6.01$). Participants in our sample were highly educated; 48.6% with a graduate degree, 35.7% with an undergraduate degree, and 10% with a higher degree. Only 3.3% and 2.4% of the participants had a high school and a technical degree, respectively. As for religious affiliation, the highest percentage of participants identified as atheists (21%) and Christian Maronites (19.5%), followed by agnostic (15.2%), Muslim Sunni (10%), Muslim Shi’a (8.1%), and Druze (7.1%). Christian Catholic and Christian Orthodox were less represented in our sample, with 5.7% each. Fourteen participants (6.7%) chose other, and most of them described their religious affiliation as Neopagan. Furthermore, the majority reported that none of their parents knew about their same-sex desires (51.2%). However, 18.6% reported that both of their parents knew, 17.6% reported that at least their mothers knew, and 10.5% were not sure whether or not their parents knew. Fathers were less likely to know about the

participants' same-sex desires, where only 1.9% indicated that their fathers knew. Consistently, the majority of the participants (60.3%) did not encounter an experience in which one of their parents found out about their same-desires, whereas only 39.7% did (Table 1).

Table 1

Demographic Information of Participants

Demographics	Frequency	Valid Percent
Gender		
Valid Male	135	64.3
female	75	35.7
Highest Level of Education		
Valid High School	7	3.3
Technical	5	2.4
Undergraduate	75	35.7
Graduate	102	48.6
Postgraduate	21	10
Parents Knowledge		
Valid No	107	51.2
Yes/mother	37	17.7
Yes/Father	4	1.9
Yes/Both	39	18.7
I don't know	22	10.5
Missing	1	
Religious Affiliation		
Valid Catholic	12	5.8
Maronite	41	19.7
Orthodox	12	5.8

	Sunni	21	10.1
	Shi'a	17	8.2
	Druze	15	7.2
	Atheist	44	21.2
	Agnostic	32	15.4
	Other	14	6.7
	Missing	2	

Sexual Orientation

Valid	Gay	117	56
	Lesbian	27	12.9
	Bisexual	30	14.4
	Queer	13	6.2
	Straight	6	2.9
	None	3	1.4
	Questioni	6	2.9
	Other	7	3.3

**Encountered an experience of
parents finding out**

Valid	Yes	81	39.7
	No	123	60.3

B. Procedure

Data collection started after receiving the approval of the Institutional Review Board (IRB) on 18/2/2015. Three methods of recruiting participants were used for data collection. These diverse methods are important given the lack of visibility and limited access to individuals with same-sex attractions, especially in conservative cultures like

Lebanon. The most recommended recruitment method in a hard to find population is snowball sampling (Christensen, Johnson, & Turner, 2011). This method was used in most of the literature on homosexual people, and was our main method of recruitment as well. Each eligible participant had the option to invite other individuals who meet the inclusion criteria for the study by providing them with the online LimeSurvey link. The potential participants had the option to directly contact the researcher via email or phone for further questions or complaints.

The second recruitment method was contacting Proud Lebanon and The Gender and Sexuality Resource Center at the Arab Foundation for Freedoms and Equality. Both are NGOs with high access to LGBT individuals in Lebanon. These NGOs were contacted and were requested to post the LimeSurvey link on their main WebPages and Facebook pages. They were also asked to email the link to their mailing lists through their own administration.

Third, the Lime Survey link was posted by the admins on the Lebanese LGBT Media Monitor, which is an online page related to lesbian, gay, and bisexual individuals in Lebanon. Participants who do not have access to the local LGB community, who do not feel that they belong to it, or who are not open about their sexual orientation might not be represented in our study if we only relied on the first two methods, in which both require the person to be in one way or another associated with LGB friends or NGOs. Therefore, this method is important in order to avoid allocating a biased sample of LGB people who are open about their sexual identity and who have high contact with the LGB community.

C. Instruments

1. Demographics Questionnaire. The demographics questionnaire (Appendix B) included questions regarding age, biological sex, level of education, religious affiliation, and a question on sexual identity disclosure to parents.

Because the studies on Lebanese gay men revealed hesitation and uncertainty in labeling oneself, which might be due to the absence of a local framework that represents a gay identity (McCormick, 2006; Mousawi, 2008), we decided to measure sexual orientation using two questions. The first question is actually derived from the definition of homosexuality “Have you ever experienced emotional and/or sexual desires towards another person from the same sex?”. We, however, decided to use desire instead of attraction because, although the two words seem equivalent, desire is more direct and specific. This can be demonstrated in the definitions of these two terms. Attraction is defined as the “The action or power of evoking interest in or liking for someone or something” (Oxford Dictionaries, 2014), whereas desire is defined as “A strong feeling of wanting to have something or wishing for something to happen” (Oxford Dictionaries, 2014). The second question is concerned with the way participants identify their sexual orientation (straight, gay, lesbian, bisexual, transgendered, queer, straight, questioning). In order not to force participants to select a category, they had the option to select none of the above, and the option to use the description they prefer.

2. Legal Discrimination: Seven items were developed to measure the participants' experiences of the legal and institutional discrimination in the Lebanese context, where

participants had to choose between yes and no. The questions are: “1- Have you ever been arrested for your sexual orientation in Lebanon”, “2- Have you ever been arrested for being present in socializing areas for LGB people in Lebanon”, “3- Do you personally know lesbian, gay, or bisexual people being arrested in Lebanon for their sexual orientation or for being present in socializing areas for LGB people”, “4- Did you hear of lesbian, gay, or bisexual people you don’t personally know being arrested for their sexual orientation or for being present in socializing areas for LGB people”, “5- Do you feel the need to change the way you look in public out of fear of being arrested because of your sexual orientation?”, “6- Do you feel the need to limit the places you go to in order to protect yourself from being arrested because of your sexual orientation?”, and “7- Do you feel the need to limit the people you publically socialize with, in order to protect yourself from being arrested because of your sexual orientation?”. For reasons explained below, we were interested in one subscale of the legal discrimination scale, which included items 5, 6, and 7. We called this subscale “Vigilance”. We calculated the total score for the Vigilance subscale, from 0 (no vigilance) to 3 (high vigilance).

3. Internalized homonegativity. The Internalized Homonegativity Inventory (IHNI; Mayfield, 2001) (Appendix C) measures internalized negative feelings about homosexuality in gay men. The IHNI scale consists of 23 items that are rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). This scale includes 3 subscales: Personal homonegativity (11 items), Gay affirmation (7 items), and Morality of homosexuality (5 items), and had internal consistency (coefficient alphas) of .93, .80, and .66 consecutively (Mayfield, 2001). The alpha for the full scale was .91 (Mayfield, 2001).

The subscales were also found to be significantly and positively correlated (Mayfield, 2001). Furthermore, Mayfield (2001) established validity of scores on IHNI by showing that it has a positive correlation with the scores on the Nungesser Homosexuality Attitudes Inventory (NHAI; Nungesser, 1983), which is a widely used measure for assessing IH, and by a negative correlation with scores on the Gay Identity Questionnaire, which measures the gay identity development. Additionally, IHNI was found to be correlated negatively with the percentage of LGB friends. IHNI was also found to be conceptually different from neuroticism, extroversion, and social desirability (Mayfield, 2001).

The IHNI was normed on 241 gay men who were mostly white and living in the mid-West (Mayfield, 2001). It did not include bisexual men nor lesbian and bisexual women. Therefore, items for this scale were adapted to include the experiences of lesbian and bisexual men and women. For example, “I wish I could control my feelings of attraction toward other men” was changed to “I wish I could control my feelings of attraction toward others from my own sex”, and “I believe it is unfair that I am attracted to men instead of women” was changed to “I believe it is unfair I am attracted to people from the same sex”. We also added an item that is identical to the one that already exists in the scale in order to reflect the experiences of females, which is “I believe it is morally wrong for women to be attracted to each other”.

Additionally, in order to remain culturally sensitive, scale items that include self-identification as gay/lesbian/bisexual were replaced by the phrase “same-sex emotional and/or sexual desires”. For example, the item “I believe that being gay/lesbian/bisexual is an important part of me” was changed to “I believe that having same-sex emotional and/or

sexual desires is an important part of me”. Consistently, the term homosexuality, when used in reference to oneself (i.e. “my homosexuality”), was changed to “my same-sex emotional and/or sexual desires”. When used as a noun, however, it was kept as is. For example, the item “When I think of my homosexuality, I get depressed” was changed to “When I think of my same-sex emotional and/or sexual desires, I get depressed”. But we kept the item “In my opinion, homosexuality is harmful to the order of society” as is. For this study, items 1, 6, 8, 9, 12, 22, and 23 were reverse coded, and the total score of the scale was obtained by calculating the mean for 23 items, with higher scores indicating higher levels of IH.

4. Religiosity: Religiosity was measured using 8 items from the Religiosity Scale from Rebeiz and Harb’s (2010) study (Appendix D). According to Rebeiz and Harb (2010), items are derived from the intrinsic religiosity literature, and are selected for their cultural relevance, sensitivity, and applicability in cultures that contain large numbers of Muslims and Christians. Items are rated on a 7-point Likert scale ranging from 1 (strongly agree) to 7 (strongly disagree). This scale has high internal consistency, with a Cronbach’s alpha of .93. It has also been validated on a student sample of Iraqis (Fischer, Harb, Al-Sarrafe, & Nashabe, 2008) and a representative sample of Lebanese nationals (Harb, 2010). Sample items include “I consider myself a religious person”, and “My religion influences the way I choose to act in my routine life”. In this study, item 6 was reverse coded. The total score of the scale was calculated by averaging the scores obtained on the 8 items, with higher scores indicating higher levels of religiosity.

5. Parental Rejection. Actual or anticipated parental rejection was measured by adapting items from the Perceived Parental Reactions Scale (PPRS; Willoughby et al., 2006) (Appendix E). This scale contains 32 items that measure perceptions of actual parental response to sexual orientation, and is specified to only one of the parents to whom the participant already came out to. In our study, we also included anticipated parental reactions, which was measured by an adapted version of the PPRS scale (Appendix F). In this version, the word “would” was added before each item. For example, the items “supported me” and “said I am no longer their child” were adapted to “would support me”, “would say I am no longer their child”. If the participant actually had this encounter with their parents, they were presented with the original PPRS scale, but if they did not have this encounter, they were presented with the adapted PPRS scale. Additionally, since we are measuring anticipated reactions, the instructions specified the parent closest to the participant, because he/she is probably the one to whom the participant would come out to. Items were rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicated higher perceptions of actual and/or anticipated parental rejection, with scores in this study ranging from 34 to 160. According to the authors of the scale, the PPRS scale has good internal consistency and reliability, with Cronbach’s alpha of .97, and showed item-total correlations of 0.40. It also has a good test-retest reliability after a 2 week interval, ranging between .95- .97 (Willoughby et al., 2006). In our study, the items 1, 5, 8, and 10 were reverse coded. The total score of the scale was obtained by calculating the sum of the 32 items, with higher scores indicating higher levels of actual or anticipated parental rejection.

6. Belonging to LGB Community. Belonging to LGB community was measured using an adapted version of the Connection with the Lesbian Community subscale, which is taken from the Lesbian Internalized Homophobia scale (Szymanski & Chung, 2001) (Appendix G). The 13 items were modified to fit the experience of gay and bisexual men. For example, “I feel isolated and separate from other lesbians” was modified to “I feel isolated and separate from other lesbian, gay, and bisexual individuals”. Similarly, participants rated their answers on a 7-point Likert scale, ranging from 1 (strongly agree) to 7 (strongly disagree). Higher scores indicate higher belonging to the LGB community. In the original scale, higher scores on this subscale indicated lower Internalized Homophobia; therefore, the items 2, 4, 6, 7, 8, 9, 10, 11, 12, 13 were reverse coded. Because we are only using this subscale in our study, we did not reverse code these items, and only reverse coded items 1, 3, and 5. The total score of the scale was obtained by calculating the mean of the 13 items. According to authors of the scale, this subscale had high reliability, with Cronbach’s alpha of .87.

7. Self-Compassion. To measure self-compassion, participants were administered with the Self-Compassion Scale (SCS; Neff, 2003a) (Appendix H). This scale is relatively new, but has been universally employed in measuring self-compassion since its development (Barnard & Curry, 2011). This scale contains 26 items that are rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). It is composed of 6 dimensions that include: Self-Kindness subscale (5 items; e.g., “I try to be understanding and patient toward aspects of my personality I don’t like”), Self-Judgment subscale (5 items; e.g., I’m disapproving and judgmental about my own flaws and inadequacies”),

Common Humanity subscale (4 items; e.g., “I try to see my failings as part of the human condition”), Isolation subscale (4-items; e.g., “When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world”), Mindfulness subscale (4 items; e.g., “When something painful happens I try to take a balanced view of the situation”), and Over-identification subscale (4 items; e.g., “When I’m feeling down I tend to obsess and fixate on everything that’s wrong.”). Even though the items of the scale tap into the three main components of self-compassion, positive and negative items loaded on 6 factors instead of 3 (Neff, 2003a). Additionally, these subscales had high internal correlations, which are explained by a single higher-order factor of self-compassion. This means that self-compassion is viewed not as a pre-existing trait that leads to more self-kindness, mindfulness, and so on, but as a second-order trait that arises from the combination of its different components (Barnard & Curry, 2011; Neff, 2003a). For this reason, the score for this scale is calculated by getting the mean scores on each of the subscales and averaging them, after reverse coding the negative items. Items 1, 2, 4, 6, 8, 11, 13, 16, 18, 20, 21, 24, and 25 were reverse coded. For reasons explained below, we explored the full self-compassion scale, and did not delve into its subscales. Research indicated that SCS had good internal consistency with Cronbach’s alpha= .92, and a good test-retest reliability ($r = .93$) over a 3 week interval (Barnard & Curry, 2011; Neff, 2003a; 2005). In terms of validity, Neff, Kirkpatrick, and Rude (2007) stated that “the scale demonstrates concurrent validity (e.g., correlates with social connectedness), convergent validity (e.g., correlates with therapist ratings), and discriminant validity (e.g., no correlation with social desirability or narcissism)” (p. 143).

D. Format of the Survey

The consent form included a statement that emphasizes the importance of answering this survey alone because it asks personal questions, and discouraged participants from sharing any information related to the format or length of the survey. The consent form informed participants about the time needed to complete the survey (no more than 30 minutes). Furthermore, we also explained that no deception will be used, no compensations will be provided, and no identifying information will be obtained. Therefore, participants' responses remained completely anonymous. Participants were also informed that participation in the study is totally voluntary, and that their responses will be accessed only by the main researcher; making their answers completely confidential. The consent form included several statements that highlighted the sensitivity of some of the questions, and informed participants that they can skip any item they do not feel comfortable answering, and that they can terminate the study any time without penalty or justification. Participants were notified that if they felt any distress because of the questions, they may contact the primary investigator or the co-investigator. They were also provided with a list of NGOs and Sexual Health Clinics that offer psychological, social, and legal services for LGB individuals for minimal charges.

After receiving their consent, participants were asked to fill out several questionnaires. First, they filled out a questionnaire asking for demographic information. Those who denied same-sex emotional and/or sexual desires were thanked for their participation after which their participation was terminated. The rest of the participants who reported same-sex desires were then asked to fill out 6 questionnaires including the

demographics questionnaire, Internalized Homonegativity Inventory, Religiosity Scale, Parental Reactions Scale, an adapted version of the Connection with the Lesbian Community subscale, and the Self-Compassion Scale.

E. Pilot Study

A pilot study was conducted prior to the main study on a small sample of Lebanese participants (N=10). The pilot study was carried out in order to test the appropriateness of the instruments that were used in the main study and to specify the time it takes to fill in the questionnaire. The average time necessary to fill out the questionnaire was 15-20 minutes. Among the suggestions offered by participants was having more options on sexual orientation in the demographics in addition to gay, lesbian, bisexual, straight, none of the above, and other. Therefore, we added queer, transsexual, and questioning to the response items. Other changes to the demographics questionnaire included adding the question “How long have you lived in Lebanon?” given that some of the participants of the pilot study had lived in Lebanon only for a few years, and thus not fully acculturated into the Lebanese culture. Additionally, participants had difficulty understanding item 6 in the Internalized Homonegativity Inventory, “I see my same-sex desires as a gift”; therefore, the item was changed to “I see my same-sex desires as something positive”.

Moreover, some participants reported that having the legal discrimination questionnaire in the demographics made them feel hesitant to continue the survey; especially that it was immediately followed by the internalized homonegativity inventory. This order of filling the questionnaires was, reportedly, heavy for some of the participants. Therefore, we changed the order of the questionnaires by putting the legal questionnaire

after religiosity. Additionally, the wording of the Actual and Anticipated Parental Rejection Scale was modified due to confusion on the part of the participants. Therefore, we first presented the instructions of the original PPRS scale, after which participants indicated whether or not they encountered this experience. If they did, they had to press “Continue”, and were presented with the original PPRS. If they did not encounter this experience, they selected “I did not encounter this experience”, and were presented the adapted version of the PPRS that measures anticipated parental rejection.

Lastly, some of the participants expressed that they felt that they are being judged by the questions, and reported feeling defensive, even hesitant to continue the survey. Some participants actually refused to continue the survey. Therefore, the following message was added in the introductory page of the survey “Items in this study in no way reflect the researchers’ attitudes towards same-sex desires”.

F. Research Design

The study had two main components. First, we conducted exploratory factor analysis on the Self-Compassion Scale and the Internalized Homonegativity Inventory to see if the same factors will also appear in the Lebanese context. We also conducted an exploratory factor analysis to see the factors that emerged in the legal discrimination scale. Second, a multiple regression was conducted to explore the effects of the following predictor variables: religiosity, actual or anticipated parental rejection, legal discrimination, self-compassion, and sense of belonging to LGB community on internalized homonegativity, which is the dependent variable. Age, gender, educational level, and

whether or not the participant experienced a situation in which their closest parent knew about their same-sex desires (parents knowledge) were controlled for.

Chapter V1

Results

A. Preliminary Analysis

Preliminary analyses were conducted prior to examining the main analyses. The preliminary analyses involved missing values analysis, analysis of univariate and multivariate outliers, and normality analysis.

1. Missing Data Analysis

Missing value analysis for the items of the scales is provided in Table 2 below.

Table 2- Missing Values

Name of Scale	Items above 5%	Items below 10% 10%	Items above
Actual PPRS	2, 25	3, 6, 7, 12, 14, 28	—
Anticipated PPRS	1, 13, 14, 17, 18, 26, 31	8,15,16,19,21,23,24,25,27,28,29	3
IH	—	6	—
Legal Discrimination	—	5	—
Sense of Belonging	—	All 13 items	—
Self-Compassion	—	9	All items except 9

Because most of the items on the self-compassion scale as well as item 3 of the anticipated parental rejection scale had the highest percentage of missing values, we conducted a t-test to check whether or not there is a difference between participants who left missing data and participants who did not on the dependent variable. Results revealed

that there was no significant difference between participants who completed the self-compassion scale and participants who did not complete it on internalized homonegativity. We did not delete this variable because it is central to our analysis. The high percentage of missing values on this scale can be explained by the fact that the Self-Compassion scale was the last scale in the survey, and given the length of the survey, participants might have gotten tired before they reached it. Unfortunately, there was no counter-balancing to make sure of this finding.

In contrast, the t-test revealed that there was a significant difference between participants who did not answer item 3 of the anticipated parental rejection scale and those who did not on the dependent variable. Participants who did not answer this item had higher levels of internalized homonegativity ($M= 2.29, SD= 1.06$) than participants who did ($M= 1.88, SD= .86$). We, however, did not delete this item so that the anticipated parental rejection scale would still match the actual parental rejection scale, especially that we are combining both scales to form one scale. Additionally, the missing values were not replaced in order to preserve the integrity of the participants' answers and not distort them in any way that can be a product of replacement and the replacement methods. In the regression model, however, we selected List-wise deletion method so that only completed cases will be included in the regression model, resulting in a sample of 171 participants.

2. Principal Component Analysis

a- Statistical Assumptions

The sample size of 210 is below Tabachnick and Fidell's (2013) recommend sample size of at least 300 cases for a principal component analysis. Due to the sensitivity of the

topic, it was difficult to attain this number. Nevertheless, the factor structure of the Internalized Homonegativity Inventory, Self-Compassion, and Legal Discrimination scales was examined. The cutoff point for factor loading was .40 based on Field's (2009) recommendation for this sample size. A summary of the factor analysis diagnostics and results are reported in table 3 below.

Bartlett's test of sphericity, which indicates whether correlations between items are large enough for PCA, was adequate (significant) for the Internalized Homonegativity Inventory ($X^2(276) = 2542.771, p < .05$), the Self-Compassion scale ($X^2(325) = 2062.676, p < .05$), and the legal discrimination scale ($X^2(21) = 186.206, p < .05$). This means that using Principal Component Analysis (PCA) is appropriate for these scales. Furthermore, Kaiser-Meyer-Olkin values for Internalized Homonegativity Inventory and Self-Compassion scales were both above the recommended .7 (KMO = .93, and KMO = .92 respectively), indicating that factor analysis should yield distinct and reliable factors. In contrast, the KMO for the legal discrimination scale was .59, which is below the recommended .7, indicating that the sample size is mediocre to yield distinct and reliable factors (Field, 2009). Multicollinearity and singularity were checked by looking at the determinants and at the correlation matrix. The determinant was greater than .00001 for all three scales, and no correlations above .8 were found between the items on of the Self-Compassion scale and on the legal discrimination scale, indicating that there are no multicollinearity or singularity problems. However, a high correlation of .87 was found between items 19 and 20 of the Internalized Homonegativity Inventory. This high correlation is expected because item 20 was added to the scale to measure exactly what item 19 is measuring, but for women. These items, however, were retained because PCA is robust to issues of multicollinearity and

singularity; thus they will not be problematic (Field, 2013). Measures of sampling adequacy (MSA) found on the anti-image correlation matrices were well above .5, indicating that none of the items needed exclusion from the analyses.

Table 3

Scale Name Variance	Bartlet's Test of Sphericity	KMO	% of explained
IH	$X^2(276) = 2542.771, p < .05$.93	60.29
SCS	$X^2(325) = 2062.676, p < .05$.92	67.64
Legal Discrimination	$X^2(21) = 186.206, p < .05$.56	64.71

b- Internalized Homonegativity Inventory (IHI).

A factor analysis with principal components extraction and varimax rotation was conducted on the 24 items of the Internalized Homonegativity Inventory. Three factors were extracted based on eigenvalues greater than one, which is Kaiser's criterion of retaining factors. A total of 60.29% was explained by the 3 factors together.

Three factors emerged, similarly to the original scale, which are: Personal Homonegativity, Gay Affirmation, and Morality of Homosexuality. All of the items had factor loadings above 0.40. Items 3, 5, 7, 10, 11, 13, 15, 18, 24 loaded on the Personal Homonegativity factor. Items 17 and 21 had double loadings but were retained as part of the personal homonegativity factor because they had a higher loading on it. Item 1 loaded on the Gay Affirmation factor. Items 6, 9, and 22 had double loadings but were retained as part of the Gay Affirmation factor because they had higher loadings on it. However, item 23 "I believe that public schools should teach that homosexuality is normal" and item 8 "I believe that more gay, lesbian, and bisexual people should be shown in TV shows, movies, and commercials" which loaded on the Gay Affirmation factor in the original analysis

conducted by the author loaded in our study on the Morality factor instead. This item loading could probably suggest that incorporating homosexuality in the public image is an issue of morality in the Lebanese culture, and would take a stance in fighting this stigma, rather than it being a more affirming step. Therefore, the Morality factor contained the following items: 2, 4, 8, 14, 19, 20, and 23.

c- Self-Compassion Scale (SCS)

A factor analysis with principal components extraction and direct oblimin rotation were conducted on the 26 items of the Self-Compassion scale. When eigenvalues greater than one were used, five factors were extracted, explaining a total of 64.34% of the variance. The five factors that appeared did not correspond to the six factors of the original version. Therefore, a 6 factor solution was examined for compatibility with the literature. The six factors together explained 67.33% of the variance. All of the items had factor loadings above 0.40. Factor 1 consisted of eight items (items: 5, 11, 12, 19, 21, 22, 23, and 26), factor 2 consisted of 3 items (items: 4, 13, and 18), factor 3 consisted of five items (items: 9, 14, 15, 17, and 24), factor 4 consisted of two items (items: 3 and 20), factor 5 consisted of three items (items: 7, 10, and 11), and factor 6 consisted of five items (items: 1, 2, 8, 16, and 25). Item 15 had a double loading on factor 3 and factor 4, but was retained as part of factor 3 because it had a higher loading on it. Similarly, item 20 had a double loading on factors 3 and 4, but was retained as part of factor 4 because it had a higher loading on it. The item loadings did not correspond to the 6 factors of the original version and did not have a unifying theme. For this reason, we will not discuss the sub-factors of the self-compassion scale any further but will look at the scale as a whole instead.

d- Experience with Legal Discrimination.

A factor analysis with principal components extraction and varimax rotation was conducted on the 7 items of the experience with legal discrimination scale that we developed for this study. Three factors were extracted based on eigenvalues greater than one, which is Kaiser's criterion of retaining factors. A total of 64.17% was explained by the 3 factors together. All of the items had factor loadings above 0.60. The first factor had items 1 and 2 loading on it, and we decided to name this factor "Personal Arrest". The second factor had items 3 and 4 loading on it, and we decided to name this factor "Others Arrest". Items 5, 6, and 7 loaded on the third factor, which we called "Vigilance".

Because each of these sub-factors seem to be looking at different things, we decided that combining them into one scale will be confusing, and chose to look at each factor as an independent variable instead. However, very few people answered "yes" on the first two items (7 and 3 participants respectively), indicating that the majority of our sample did not experience personal arrest. Therefore, the personal arrest subscale was excluded from the analyses. Similarly, few people answered "no" on the fourth item, indicating that the majority of participants heard of people they do not personally know being arrested in Lebanon for their same-sex orientation or for being present in socializing areas for LGB individuals. Therefore, we excluded this item from further analyses. We also decided to delete item 3 so as not to have a single item measure. According to Loo (2002), single item measures cannot provide a reliable measure of complex constructs because they do not allow for the estimation of the internal-consistency reliability of the measure (Loo, 2002, page 68). Therefore, the Others Arrest factor was excluded from the analysis. Nevertheless, we conducted a t-test to explore whether or not individuals who personally know other

LGB individuals arrested in Lebanon for their sexual orientation differ from those who do not on the dependent variable. The t-test statistic revealed that there was no significant difference between people who personally know other LGB individuals arrested in Lebanon and those who do not on internalized homonegativity. Therefore, in our study we only looked at the “Vigilance” subscale and entered it as an independent variable in the regression model.

3. Reliability Analysis

Reliability analyses were conducted for all scales right after recoding the reverse items. All scales had high reliability as their Cronbach’s alpha exceeded .70 (see Table 4).

Table 4
Reliability of the Scales and Subscales: Chronbach’s alpha

Scales and Subscales	Chronbach’s alpha	N of items
Internalized Homonegativity Inventory	.94	23
Self-Compassion Scale	.93	26
Religiosity Scale	.92	8
Actual and Anticipated Parental Rejection		
Actual Parental Rejection	.95	32
Anticipated Parental Rejection	.96	32
Combined Actual and Anticipated	.94	32
Vigilance Subscale	.72	3

4. Univariate and Multivariate Outliers

Univariate outliers were inspected using Z scores with a cut-off point of absolute value of 3.29 standard deviations. Two univariate outliers were found on the age variable with case numbers 71 (response ID 121) and 70 (response ID 120). After inspecting these

cases we found that they were outliers because the participants were older than the rest of the sample; nevertheless, they are still part of the population we are interested in. The dependent variable, internalized homonegativity, had 3 univariate outliers, with case numbers 53 (response ID 83), 189 (response ID 368), and 158 (response ID 309). These cases were outliers because they had high scores on the internalized homonegativity scale compared to the rest of the participants.

Furthermore, multivariate outliers were inspected through Mahalanobis distances using SPSS SYNTAX, with $p < .001$ criterion. No cases were found to be multivariate outliers. Because none of the cases were both univariate and multivariate outliers, and because none of these cases are influential cases, and because we expect 1% of the data to be above the absolute value of 3.29, all outliers were retained in the analyses. Nevertheless, a bootstrapping method was used based on 1000 bootstrap samples, with a 95% confidence interval, because it is a robust method against violations of regression assumptions (Field, 2013).

5. Normality

The normality of the scales used in the study was inspected through z-scores of skewness and kurtosis, which are obtained through the following equation: $z\text{-skewness} = \text{skewness} / \text{standard error of skewness}$, $z\text{-kurtosis} = \text{kurtosis} / \text{standard error of kurtosis}$. For the assumption of normality to be met, z-skewness must be inferior to $|3.29|$. Scores on the religiosity, belongingness, and self-compassion scales were normally distributed. In contrast, scores on the internalized homonegativity, on vigilance, and on parents' rejection were significantly different from a normal distribution. Scores on the internalized

homonegativity inventory were positively skewed, and were leptokurtic. Similarly, scores on age and on vigilance were positively skewed, whereas scores on the parental rejection scale were negatively skewed. No transformations were conducted on the data. We, however, used bootstrapping in our regression analyses because it does not rely on the normality assumption (Field, 2013). Nevertheless, it is important to note the characteristics of our sample even if we are using the bootstrapping method, as will be discussed in the limitations section.

B. Scales Descriptives

To create the total score for each of the internalized homonegativity, religiosity, and self-compassion scales, items were averaged to create total score of each scale. Furthermore, the items for the actual parental rejection and anticipated parental rejection scales were summed to create a total score for each scale. Because we are interested in perceived parental rejection in general, regardless of whether it actually happened or not, we combined the responses on both scales into one variable and called it Parental Rejection. Finally, the total score of the vigilance subscale of the legal discrimination scale was obtained by summing the items that loaded together in the factor analysis, as explained above. The descriptives of the scales are provided in Table 5 below.

The mean for the dependent variable, internalized homonegativity, was below the midpoint ($M= 1.90$, $SD= .87$), indicating that, on average, participants in this sample had low levels of internalized homonegativity. The mean for the religiosity scale ($M= 3.03$, $SD= 1.66$), and for the vigilance subscale ($M= .85$, $SD= 1.06$) were also below the midpoint, which means that on average, participants had low levels of intrinsic religiosity

and low levels of fear of being arrested. Furthermore, the mean for the self-compassion scale was equal to the midpoint ($M= 3.03$, $SD= .78$), indicating that participants were not too high nor too low on self-compassion. The mean for the actual parental rejection scale ($M= 97.58$, $SD= 29.93$) was higher than the midpoint and lower than the mean for the anticipated parental rejection ($M= 115.05$, $SD= 28.23$), which was higher than the midpoint. This indicates that participants who actually encountered an experience in which one of their parents found out about their same-sex desires experienced less rejection than participants who did not encounter this experience but were anticipating how their parents would react. Finally, the mean for the combined actual and anticipated parental rejection ($M= 108.93$, $SD=30.09$), was higher than the midpoint, indicating that participants in our sample had a high experience with parental rejection be it actual or anticipated (*Table 4*).

Table 5
Scale Descriptives

	N	Minimum	Maximum	Mean	Std. Deviation
Age	208	18	51	25.50	5.42
Internalized Homonegativity	209	1	6	1.91	.88
Religiosity	209	1	7	3.05	1.65
Belonging to LGB Community	194	1	7	4.64	1.32
Actual PPRS	81	34	148	97.58	29.93
Anticipated PPRS	120	44	160	115.05	28.34
Parental Rejection (combined)	200	34	160	108.07	30.16
Self-Compassion	190	1	5	3.04	.78

Vigilance	190	0	3	.89	1.09
Valid N (listwise)	1				

C. Correlation Matrix

Table 6 shows the correlation between the dependent variable and the independent variables. The correlations between the predictor variables and the dependent variable were tested using Spearman's rho coefficient because it is a non-parametric statistic that is used when parametric assumptions, such as normality, are violated (Field, 2009). Spearman's correlations between the following predictor variables: parental rejection and vigilance, and the dependent variable, internalized homonegativity, were conducted using a one-tailed test. From this table, we can see that there is a significant positive relationship between parental rejection ($r_s = .26$, a small-medium effect size) and internalized homonegativity. This indicates that the more a person experienced parental rejection or anticipated rejection from their parents because of their same-sex desires, the more they experienced higher levels internalized homonegativity. Similarly, there was a significant positive relationship between vigilance ($r_s = .33$, a medium size effect) and internalized homonegativity. This indicates that the more a person worries about being arrested because of their same-sex desires, the higher their levels of internalized homonegativity.

Spearman's correlations between the predictor variables religiosity, belonging to the LGB community, and self-compassion, and the dependent variable were conducted using a two-tailed test (Table 5). Results revealed that religiosity ($r_s = .29$, small-medium effect size) was significantly and positively correlated with internalized homonegativity, whereas

belonging to the LGB community ($r_s = -.53$, large effect size) and self-compassion ($r_s = -.27$, small-medium effect size) were significantly and negatively correlated with internalized homonegativity. This indicates that individuals with high levels of religiosity are more likely to experience internalized homonegativity than individuals with lower levels of religiosity. In contrast, participants who had high scores on self-compassion, and felt that they belonged to the LGB community had lower levels of internalized homonegativity.

Additionally, we were interested in further understanding our predictor variables by exploring the relationships among them. Therefore, a Pearson's correlation using a two-tailed test was conducted among variables that did not violate the assumption of normality, and a Spearman's correlation using a two-tailed test was conducted among variables in which one or both variables violated the assumption of normality. The correlations tables revealed that religiosity has a significant negative relationship with sense of belonging to the LGB community ($r = -.17$, small effect size), but a significant positive relationship with vigilance ($r_s = .16$, small effect size). This shows that religious individuals are less likely to feel that they belong to the LGB community but are more likely to feel worry about being arrested because of their same-sex desires.

Additionally, there is a significant negative correlation between parental rejection and self-compassion ($r_s = -.29$, small-medium effect size), indicating that the less a person experienced or anticipated rejection from their parents, the more they experienced compassion towards themselves. In contrast, parental rejection had a significant positive correlation with vigilance ($r_s = .21$, small-medium effect size), indicating that the more a person experienced or anticipated negative attitudes by their parents because of their same-

sex desires, the more likely they were vigilant over being arrested. Vigilance did not only have a significant positive correlated with parental rejection and religiosity, but was also negatively correlated with self-compassion ($r_s = -.20$, small-medium size effect). This indicates that the more a person experienced compassion toward themselves, the less they worried about being arrested. Self-compassion was also significantly and positively correlated with sense of belonging to the LGB community ($r = .14$, small effect size), meaning that feeling that one belongs to the LGB community is associated with higher self-compassion (Table 6).

Table 6
Zero Order Correlation Matrix

	IH	Religiosity	Belonging	Self-Compassion	Vigilance	Parents Rej
IH		.29***** ^{TS}	-.53***** ^{TS}	-.27***** ^{TS}	.33***** ^{TS}	.23***** ^{TS}
Religiosity	.29***** ^{TS}		-.17* ^r	.11	.16** ^{TS}	-.05
Belonging	-.53***** ^{TS}	-.17* ^r		.14** ^r	-.14	-.01
Self-Compassion	-.27***** ^{TS}	-.27***** ^{TS}	.14** ^r		-.20***** ^{TS}	-.29***** ^{TS}
Vigilance	.33***** ^{TS}	.16** ^{TS}	-.14	-.20***** ^{TS}		.21***** ^{TS}
Parents Rej	.23***** ^{TS}	.23***** ^{TS}	-.01	-.29***** ^{TS}	.21***** ^{TS}	

- *. Correlation is significant at the 0.05 level (one-tailed test)
- **. Correlation is significant at the 0.05 level (two-tailed test)
- ***. Correlation is significant at 0.01 level (two-tailed test)
- ****. Correlation is significant at 0.001 level (one-tailed test)
- *****. Correlation is significant at 0.001 level (two-tailed test)
- ^{TS}. Spearman's rho coefficient
- ^r. Pearson's coefficient

D. Main Analysis: Hierarchical Multiple Regression

A four-step hierarchical multiple regression was conducted to study the predictors of internalized homonegativity in a sample of Lebanese individuals with same-sex desires. The predictor variables included religiosity, sense of belonging to the LGB community, vigilance, self-compassion, and parental rejection. Control variables included age, education level, gender, and whether or not participants encountered an experience in which their closest parent knew about the participant's same-sex desires (referred to it as parents knowledge). The control variables age, parents knowledge, and gender, were entered in the first step using the enter method. Then, we entered level of education using dummy variables because it is an ordinal variable. We selected the Masters level of education to be the reference group because it had the largest number of participants (Field, 2013). Parental rejection (composed of actual and anticipated parental rejection) and vigilance were entered in the third block using the enter method. Religiosity, self-compassion, and sense of belonging to the LGB community were added in the fourth block using the enter method. We ran our regression using the bootstrapping method based on 1000 bootstrap samples, with bias corrected and accelerated 95% confidence intervals. We selected bootstrapping because it is a robust method against violations of normality and homoscedasticity, and thus it allows us to generalize the results from our sample to the general population (Field, 2013).

1. Statistical Assumptions. The assumption of independence of errors was met, with the Durbin-Watson value equal to 1.90, which is very close to the recommended 2 value. The correlations matrix, the VIF values, and the Tolerance values revealed no

problems in multicollinearity or singularity; as the correlation between the independent variables were all below 0.8, all the VIF values were below 10, and all of the Tolerance values were above 0.2. Similarly, the assumption of ratio of cases to IV was also met.

Tabachnick and Fidell (2013) recommend the following rule of thumb for a medium size relationship between IVs and the DV: If we are interested in multiple correlation and regression then sample size $N \geq 50 + 8m$ (m = number of IVs) has to be met. On the other hand, if we are testing for individual predictors, the sample size $N \geq 104+m$ has to be met. Our sample is composed of 171 participants; thus, both sample size assumptions are met. The assumption of normality of residuals was also met because the histogram revealed that the distribution of residuals of the dependent variable, internalized homonegativity, displayed a bell shaped curve, and thus had a normal distribution (Figure 1). Inspecting the DFBetas, the standardized DFBetas, and Cook's distance revealed that there are no influential cases.

Nevertheless, the homoscedasticity assumption and the normality assumption were violated. Outliers in solution were inspected by looking at the casewise diagnostics table, which showed that case 129 (response ID 241) was an outlier in solution because it had its standardized residual above the absolute value of 3.29. Because the DFBeta and Cook's distance for this case were both lower than 1, and because in a large sample size, it is expected to obtain at least one outlier that is not well predicted by the regression model (Tabachnick & Fidel, 2013), this case was retained in the analysis.

Additionally, the homoscedasticity assumption, was not met because the ZPRED vs. ZRESID graph does not show an oval shape or an even scatter around all scores (Figure 2). It actually seems like the points are funneling out and are not randomly dispersed; thus the data are said to be heteroscedastic. Therefore, we used the bootstrapping method, as discussed above.

2. Hierarchical Multiple Regression. The variables were entered into the regression model based on the following: the first two blocks contained the control variables, followed by the variables that had directional hypotheses, followed by variables with non-directional hypotheses in the final model. As shown in Table 7 below, in the first block of the model, the control variables age, gender, parents knowledge were force entered. The total variance explained in the outcome variable by the first model was only 12% (*adjusted R*²= .10), and was significantly better than the mean in explaining the variance ($F(3, 167)= 7.87, p<.001$). In this model, only participants' gender and parents' knowledge turned out to be significant predictors. Entering the second block of variables, which included four dummy variables for the levels of education, did not significantly improve the model's ability to predict the outcome variable compared to the first model. In contrast, when vigilance and parental rejection were entered into the third block, the model improved by 9%, and was able to explain 23.5% of the variance in the outcome (*adjusted R*²= .19). This model was significantly better than the mean and the first and second models in explaining the variance in the outcome variable ($F(2, 161) = 9.51, p<.001$). Adding sense of belonging to the LGB community, self-compassion, and religiosity to the final model resulted in improving the model's ability to explain the variance in internalized

homonegativity by 25%. This final model explained 48.3% (*adjusted R*² = .64) of the variance in the outcome variable, and was significantly better than the mean and the first, second, and third models in explaining the variance.

Table 7
R, R Square, Adjusted R Square

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.35	.12	.10	.82	.12	7.87	3	167	.00	
2	.38	.14	.10	.82	.02	.10	4	163	.41	
3	.49	.23	.19	.78	.09	9.51	2	161	.00	
4	.69	.48	.64	.65	.25	25.29	3	158	.00	1.90

By looking at the standardized bootstrapped coefficients in the final model in Table 8 below, one can see that, even after controlling for age, biological sex, level of education, and parental knowledge, religiosity ($\beta = .25$, $p < .001$, a small to medium size predictor), parental rejection ($\beta = .18$, small size predictor), and vigilance ($\beta = .13$, $p < .05$, a small sized predictor) emerged as significant and positive predictors of internalized homonegativity. This means that higher levels of internalized homonegativity can be predicted by higher levels of religiosity, experiences with parental rejection (be it actual or anticipated), and vigilance. Furthermore, sense of belonging to the LGB community ($\beta = -.41$, $p < .001$, a medium-large size predictor) emerged as a significant negative predictor of internalized homonegativity. This indicates that lower levels of internalized homonegativity

can be predicted by higher levels of sense of belonging to the LGB community. Of the control variables, only parental knowledge ($\beta = -.23$, $p < .01$, a small to medium sized predictor) was a significant negative predictor of the dependent variable in the final model, where individuals whose parents did not find out about their same-sex desires had higher levels of internalized homonegativity ($M = 115.05$, $SD = 28.34$) compared to individuals whose parents found out ($M = 104.01$, $SD = 64.91$).

In conclusion, the results of the hierarchical multiple regression confirmed hypotheses 1 and 2, as well as exploratory hypotheses 1, 2. That is, higher religiosity, parental rejection, and vigilance turned out to be risk factors of internalized homonegativity, whereas sense of belongingness to the LGB community turned out to be a protective factor. Sense of belonging to the LGB community turned out to be the only significant protective factor. Furthermore, exploratory hypotheses 3 and 4 were also refuted because self-compassion did not come out as a significant predictor of internalized homonegativity.

Table 8
Standardized and Unstandardized Bootstrapped Coefficients

	<i>B</i>	<i>Bias</i>	<i>SE</i>	β	<i>Confidence Intervals</i>	
					Lower	Upper
(Constant)	2.18	.03	.52	?	.953	.34
Age	.01	.00	.01	.05	-.01	.03
Biological Sex	.18	-.01	.01	.10	.02	.33
Parental Knowledge	-.23	.01	.12	-.13*	-.49	.04
Dummy masters vs. <u>highschool</u>	.64	-.01	.79	-.13	-.47	2.30
Dummy masters vs. technical	-.07	.01	.32	-.01	-.57	.68
Dummy masters vs. undergrad	.01	.00	.11	.01	-.19	.23
Dummy masters vs. <u>postgrad</u>	-.00	.01	.21	-.00	-.422	.30
Parental Rejection	.01	.00	.00	.17**	.00	.01
Vigilance	.11	.00	.05	.13*	.00	.22
Religiosity	.13	.00	.03	.25***	.07	.20
Belonging to LGB Community	-.27	.00	.04	-.41***	-.36	-.18
Self-Compassion	-.10	-.00	.07	-.09	-.23	.00

Note: * $p < .05$, ** $p < .01$, *** $p < .001$

Chapter VII

Discussion

The current study examined the predictors of internalized homonegativity in a sample of Lebanese individuals with same-sex desires. Internalized homonegativity is one of the stressors that has received the most attention in the literature on homosexuality (Williamson, 2000), especially due to its impact on psychological well-being (Ross and Rosser, 1996; Szymanski, Chung, & Balsam, 2001). Even though internalized homonegativity became a mainstay in the literature on homosexuality, there is a lack of theory and studies that explain it (Russel & Bohan, 2006). Therefore, we aimed in this study to understand not only the risk factors of internalized homonegativity, but also the protective factors. With the exception of self-compassion, we selected predictors that have been theoretically linked to IH in the literature, and that are important in the Lebanese culture. These variables included: religiosity, actual and anticipated parental rejection, sense of belonging to the LGB community, and legal discrimination (mainly vigilance).

Results from this study revealed that internalized homonegativity is predicted by higher levels of intrinsic religiosity, negative parental attitudes, and vigilance. This is an important finding because it demonstrates that for Lebanese individuals with same-sex desires, internalized homonegativity is not only affected by what happens on a personal level, but also by societal and religious attitudes at large.

Religion is central in the Lebanese societal, familial, and political structures (McCormick, 2006; Moussawi, 2008), and in the formation of the Lebanese identity (Harb, 2010). Therefore, it comes as no surprise that the religious context can be confusing and frustrating for many Lebanese individuals with same-sex desires, who find it hard to merge their sexual identity with their religious identity, and find themselves faced with the hard decision of choosing one over the other. This finding also gave support to other studies that found that religiosity predicted higher levels of internalized homonegativity (Sherry, Adelman, Whilde, & Quick, 2010; Ream & Savin-Williams, 2005). This finding also gave support to other studies which also found that religiosity predicted higher levels of internalized homonegativity (Sherry, Adelman, Whilde, & Quick, 2010; Ream & Savin-Williams, 2005).

Furthermore, religiosity correlated significantly and negatively with sense of belonging to the LGB community and positively with vigilance. The negative relationship between religiosity and belongingness indicates that with greater religiosity, individuals in our sample were less likely to feel that they belonged to the LGB community. This negative relationship could be explained in two ways. The first explanation is that religious individuals might feel alienated from the community in which most individuals, as we saw in this study, tend to be atheists, agnostics, or with low levels of religiosity, and thus they feel like a minority within a minority. The second explanation is that religious individuals might give more value to their religious values, and thus might hold back their homosexual identities and same-sex desires, as reported in McCormick's (2006) qualitative study.

Additionally, the positive correlation between religiosity and vigilance indicates that with greater religiosity there is also greater vigilance about being arrested for their same-sex desires. This might be explained by the fact that most religions, and especially the two main religions in Lebanon, condemn homosexuality and perceive it as a sin, resulting in feelings of guilt, shame, and a constant sense that one is doing wrong if he/she is acting upon his/her same-sex desires. This assumption, however, needs to be further investigated in future research.

Additionally, and as we expected, parental rejection, be it actual or anticipated, came out as a significant risk factor of internalized homonegativity, which demonstrates the centrality of the family in the collectivistic Lebanese culture (Taher, Kazarian, & Martin, 2008) and in the Lebanese identity (Harb, 2010). This finding also gave support to local (Moussawi, 2008) and international studies (Feinstein, Wadsworth, Davila, & Goldfried, 2014; Maccio, 2010) that emphasized the role of family attitudes in the lives and in the well-being of LGB individuals. The majority of participants in our study did not experience a situation in which one of their parents found out about their same-sex desires. These participants were more likely to experience higher levels of internalized homonegativity than participants who encountered such an experience. This is consistent with previous findings with gay and bisexual men, who chose not to come out to their family out of fear of abandonment and rejection (Moussawi, 2008; Wagner et al. 2013).

Among the minority of participants whose parents knew of their same sex desires, participants expressed in the comments section that their parents' approval of their same-sex desires made them feel less worried about legal issues, and about belonging to the LGB

community. Still, other participants expressed that coming out to their parents, especially if they have negative attitudes towards homosexuality, is not necessary for their own self-acceptance and identity development. They explained that concealment in this case is necessary to maintain harmony and interdependence, which reportedly, is more essential to them than affirmation.

Furthermore, the fact that vigilance came out as a significant predictor of internalized homonegativity demonstrates that merely worrying about being arrested predicts higher levels of internalized homonegativity. This finding reveals the indirect effects of legal discrimination in the Lebanese system, especially among Lebanese male individuals with same-sex desires, who are usually the main targets (Canada: Immigration and Refugee Board of Canada).

Despite all the pressures experienced by individuals with same-sex attractions in Lebanon, our results highlighted a strong coping mechanism found in this population. This is manifested in the finding that showed that sense of belonging to the LGB community was a strong protective factor against internalized homonegativity. In the absence of tolerance from family, religion, and society, LGB individuals manage to create a community that provides an environment of acceptance, affirmation, and freedom (Herek, 2007). This is consistent with the literature which consistently found the LGB community to be a protective factor in the lives of LGB individuals (LeBeau & Jellison's, 2009; Riggle et al., 2008; Zea, Reisen, & Poppen, 1999).

Interestingly, and in contrast to our expectations, self-compassion did not come out as a significant predictor of internalized homonegativity in our regression model. This might be due to the fact that self-compassion, originating from Buddhism, only recently received attention in the West and may still be a foreign concept to our culture, especially given that the items loaded in our study very differently from the way they loaded in the original study. Nevertheless, self-compassion played an interesting role on the bivariate level: self-compassion had a significant negative relationship with internalized homonegativity and vigilance, indicating that the more a person had self-compassion, the less they experienced internalized homonegativity and fear of being arrested. Additionally, self-compassion had a significant positive relationship with sense of belonging, indicating that those with greater self-compassion are also more integrated in the LGB community. Despite these interesting findings on the bivariate level, self-compassion did not come out as a significant predictor after controlling for age, biological sex, level of education, and parental knowledge, and after entering the rest of the predictors in the regression model. This suggests that self-compassion might be related to the dependent variable but in an indirect way, indicating a mediation or a moderation effect, which warrants further investigation in future research.

Chapter VIII

Limitations and Recommendations

A. Limitations and Future Directions

Although results from this study revealed important and novel findings, the results need to be considered in light of several limitations. The sample of participants in this study was mainly recruited through snowball sampling and through the collaboration of few NGOs concerned with LGB individuals in Lebanon, which makes our sample a convenient sample. Given the difficulty of obtaining and identifying individuals from stigmatized and confined social minorities, it is very difficult to obtain a representative sample through random sampling (LeBeau & Jellison, 2009). Additionally, due to the high stigma surrounding same-sex desires in Lebanon, especially for individuals coming from conservative backgrounds, some individuals may refrain from associating with other LGB individuals or with NGOs concerned with LGB rights, and thus, these individuals may have been underrepresented in our sample.

Furthermore, in order to qualify as a participant in this study, a participant had to report having experienced same-sex emotional and/or sexual desires towards individuals with same-sex desires. Individuals with high levels of internalized homonegativity may refrain from admitting their same-sex desires, and the sensitivity of the questions might have discouraged these individuals from participating in this study. Therefore, it is possible

that participants with high levels of internalized homonegativity may be underrepresented, and this can explain the skewed results on the IH scale.

Moreover, studies with sexual minorities indicate that individuals who agree to participate in research studies on the topic tend to be more socially advantaged; as in highly educated, males, and with high SES (LeBeau & Jellison, 2009), which is similar to the characteristics of our sample (only that we did not measure SES). They also tend to be less socially conservative, less religious, more open about their sexual orientation, and more connected to the LGB community (LeBeau & Jellison, 2009). This makes them a very special population that does not represent the majority of individuals with same-sex desires. Furthermore, the skewed results on internalized homonegativity, parental rejection, and vigilance may have underestimated the magnitude of the relationship between internalized homonegativity and other predictor variables (Szymanski, Chung, & Balsam, 2001). For these reasons, and because of the violations of the regression assumptions, results and recommendations from this study cannot generalize to all Lebanese individuals with same-sex desires, and must be interpreted with caution. Future research can benefit from recruiting a larger and a more diverse sample of individuals with same-sex desires through random sampling from the general population.

Another methodological limitation is that the parental rejection scale may have been suppressed because of the way it was measured in this study. In the case of the actual parental rejection scale, participants are more likely to come out to the more accepting parent. Similarly, in the perceived parental rejection scale, we specified “closest parent”, who might also have better attitudes. Therefore, participants may have had in mind the

parent who is more tolerant, resulting in suppressing this variable. Future research can address this limitation by asking about both parents, and comparing the difference between them, and how this difference affects IH. Additionally, we quantitatively explored complex concepts such as internalized homonegativity, vigilance, and self-compassion, which might have restricted participants' ability to express their experiences. Therefore, future researchers can have a better understanding of these concepts by employing both qualitative and quantitative methods.

Another characteristic of our sample that limits the generalizability of our results is that participants in our study reported low levels of internalized homonegativity. This can be explained by three things. The first explanation is that, as we discussed above, people with high levels of internalized homonegativity were underrepresented in our study. The second explanation is that our sample's special characteristics (adults, educated, well-connected to the LGB community, and western-educated (all of the participants filled the survey in English except 2) make them less likely to experience IH compared to individuals with different characteristics. The third explanation is that our data collection period coincided with the International Day against Homophobia. For a whole week, the Lebanese media was openly discussing issues related to homosexuality in Lebanon, and there were multiple events by different NGOs raising awareness against homophobia. A strong anti-homophobia video by several well-known Lebanese persons was released and was made popular over the social media and local channels. To our knowledge, this is the first time there is this public and outspoken support for sexual minorities in Lebanon and in the Arab world, which made this period very different from the rest of the year/s, and may have

confounded our findings. Therefore, replicating this study, while using different recruitment methods, increasing the sample size, and recruiting participants with diverse characteristics and backgrounds, is essential for having more confidence in the results obtained.

Another limitation is that it is not clear how participants defined the LGB community while answering the sense of belonging to the LGB community subscale (McLaren, 2009). The LGB community in Lebanon can be divided into three parts: NGOs concerned with sexual minorities, a group of LGB friends, and gay friendly nightclubs and pubs (Moussawi, 2008). We are not sure which of those three aspects was chosen as the reference point, and whether the positive effects of sense of belonging on internalized homonegativity belong to all three aspects, or to one of them. Therefore, it is important for future researchers to assess, and control for the type of LGB community, and for mental health professionals to encourage individuals with same-sex desires in therapy to receive support from the LGB community in the form that fits their characters and needs. It would also be very interesting to see whether or not the internet, social media, and mobile applications play a role in increasing sense of belonging and decreasing internalized homonegativity, especially among individuals who prefer not to be visible in the local LGB community or who are still closeted.

Furthermore, we did not differentiate between males and females, nor did we differentiate among gay, lesbian, and bisexual individuals, and treated them as a homogenous group instead. We were hoping to recruit an equal number of males and females in our study, but this turned out to be more difficult than expected, especially given

that NGOs and communities who are interested in female sexual minorities in Lebanon, such as Meem and Nasawiya, are no longer active. This is a major limitation because males and females have a different sexual identity development and a unique set of challenges that accompany their sexual identity status (LeBeau & Jeliison, 2009). For example, lesbian and bisexual women suffer from a double stigma: their sexual identity, and their gender identity, which makes them subjects not only to heterosexism, but also to sexism (Szymanski, Kashubeck, & Meyer, 2008), especially in traditional and patriarchic cultures like the Lebanese culture (Meem, 2009). Sexual minority men also face unique challenges in the Lebanese culture compared to sexual minority women, such as higher rates of legal discrimination and lower social tolerance for breaching the masculine gender role (Moussawi, 2008). Similarly, bisexual individuals face unique pressures associated with their bisexuality status. For example, bisexual individuals have to deal with negative beliefs and stigma about bisexuality from within the LGBT community, and from the general community (Fox, 2006). Therefore, although internalized homonegativity is equally important in the lives of lesbian, gay, and bisexual individuals, future studies should study internalized homonegativity in each subgroup separately, and investigate the unique variables associated with each status.

An additional limitation is the cross-sectional design, which limits the conclusions that can be drawn from this study in terms of causality. For example, it is possible that high levels of internalized homonegativity prevent individuals with same-sex desires from integrating with the LGB community rather than sense of belonging to the LGB community predicting lower levels of internalized homonegativity. Self-report measures used in this

study are another methodological limitation. Response biases are prevalent in self-report measures and can serve as a confound variable. This can be very relevant to our study given the sensitivity of the topic and the questions, especially that homosexuality is still highly stigmatized in our culture. For example, in our pilot, several individuals misunderstood the purpose of the study, and felt they were being stigmatized and judged, which led them to respond defensively. For these reasons, future research should be very sensitive about their attitudes in approaching sexual minorities especially in cultures that still treat homosexuality as a taboo.

Finally, our psychosocial variables explained 48.3% of the variance in internalized homonegativity. This means that there is 51.7% of the variance left that still needs to be explored by future researchers. Other psychosocial variables to be explored in the Lebanese context include: experiences with discrimination and stigmatization in the society, religious tradition of self and the family of the origin and the extent of conservatism, sense of belonging to the general community, effectiveness of psychotherapy, siblings attitudes towards same-sex attractions, relationship status, and the presence of same-sex role models in one's life. It is imperative that researchers continue to identify coping strategies and sources of resilience that help in reducing internalized homonegativity, especially in traditional and conservative cultures. Additionally, our findings on self-compassion need to be replicated with homosexual individuals, heterosexual individuals, with other social minorities, and even with clinical samples to see if self-compassion can really be a protective factor in our culture.

B. Clinical Implications and Policy Making

The main concern to be addressed based on the results of this study is how to help Lebanese individuals with same-sex desires manage these challenges while continuing to flourish and strive in the Lebanese culture. It is important to note that our sample was not recruited from a clinical setting, nor were the participants necessarily seeking help from mental health professionals; as such, results from this study may not generalize to individuals seeking psychotherapy. Nevertheless, relationships found in this study indicate the important impact of social factors on how one feels about his/her same-sex desires, which can be very useful while working with this population in both clinical and communal settings.

There are many misconceptions around internalized homonegativity as a concept, even within the LGB community, in which lack of comfort with one's sexual orientation is perceived as pathological, and is attributed to personal characteristics instead of social factors. Therefore, psycho-educational sessions can be very useful, in which this concept and the social factors that exacerbate it or improve it can be explained and explored with individuals with same-sex desires. Lack of knowledge regarding the internal struggle resulting from internalizing negative societal messages may keep these individuals uninformed on how to deal with it. This may in turn exacerbate their feelings of discomfort with their sexual orientation, which might further affect their psychological well-being and life satisfaction. Therefore, gaining more knowledge on this concept would help them be more aware of their emotions and their uncovered struggles, which would help in affirming and normalizing their experience. Additionally, support groups can also be helpful for

individuals who are struggling with internalized homonegativity, especially for young individuals, and for individuals who lack support from family and friends.

Furthermore, according to the results of the study, integrating one's same-sex desires with one's religious faith seems to be a serious conflict for Lebanese individuals, which is affecting the way they feel about themselves and similar others. This is not only a challenge for LGB individuals who are trying to maintain their faith, but also for mental health professionals who are working with them, and who more often than not, find themselves stuck between the need to maintain neutrality, the need to address misconceptions, and the need to honor the clients' belief system (Harris, Cook, & Kashubeck-West, 2008). Results from this study suggest the importance of working differently with religious individuals with same-sex desires compared to non-religious individuals, especially that what serves as a protective factor for other individuals with same-sex desires, such as belonging to the LGB community, might not necessarily serve as a protective factor for them. As a start, it might be useful to help religious individuals with same-sex desires gain insight into their feelings about their religious teachings on same-sex attractions, into the negative assumptions they hold about themselves as a result of this unresolved conflict, and into what it means for them to hold both identities (Kubicek et al., 2009).

It is imperative to move from this point to assisting these clients in integrating their religious identity with their sexual identity. One suggestion proposed by Harris, Cook, and Kashubeck-West (2008) is to encourage these individuals to "explore their own and alternative systems of religious beliefs, and to assist them in using their own experience as

a primary point of reference, rather than that of the outside authorities” (page. 220). This recommendation is based on their results in which they found that the LGB clients’ own comprehension and critical evaluation versus those from religious authorities was associated with lower internalized homonegativity and better identity development. Similarly, Kubicek et al. (2009) found in their qualitative study that developing an individualistic and a critical interpretation of the religious messages, and reframing the view of God from being “harsh and punitive” to a “more nonjudgmental and caring God” was one of the ways in which participants integrated their religious and their sexual identities.

A second suggestion was to encourage religious LGB individuals to join, or at least to be familiar with, religious leaders, groups, and movements that are trying to show that religiosity and homosexuality are not mutually exclusive. Although these doctrines are more common in Christianity, where some doctrines even formally welcomed LGB individuals into their churches (Hamblin & Gross, 2014), similar, but fewer movements are emerging in Islam, mainly by Muslims living in the West (Eidhamar, 2014). The common theme among these movements is the emphasis on the importance of interpreting the scripture while taking into consideration historical events (Harris, Cook, & Kashubeck-West, 2008), and the importance of new and progressive interpretations of the scripts (Eidhamar, 2014).

Additionally, results from our study revealed the important role parental attitudes play in influencing one’s feelings about one’s same-sex desires. Parental rejection of their child’s same-sex desires, be it actual or anticipated, is also associated with lower self-

compassion and higher vigilance, but was not associated with sense of belonging to the LGB community, revealing even further how stressful this is for some individuals. One possible way of dealing with this situation in a clinical setting is to emphasize the need for family-centered interventions, in which parents are provided with adequate psychoeducation on sexual identities and on the importance of family support (Bergman et al., 2013). It is also important to explore the parents' thoughts on their child's sexual orientation, address any misconceptions, and support them in the process of accepting their children and facilitating a healthy communication (Dirani, 2014). Because not all parents would change their attitudes, especially in cultures where their rejection is reinforced by religion and society at large, and because not all individuals would like to engage in a family oriented approach, the focus of therapy should ultimately be on helping individuals with same-sex attractions attain self-acceptance regardless of their complicated family dynamics (Feinstein, Wadsworth, Davila, & Goldfried, 2014).

Results from our study also showed that merely worrying about being arrested because of one's same-sex desires predict higher levels of internalized homonegativity. This is an important finding because it shows the indirect effect of the Lebanese legal system on the lives of LGB individuals, even for those who did not necessarily experience arrest. Constantly feeling that one is haunted because of their sexual preferences and feeling obliged to limit the ways they live their lives can have serious effects on the psychological wellbeing of sexual minorities, and future research should shed light on this area. This calls on activists and NGOs concerned with LGB rights and with human rights to push for a change in the Lebanese legal system, mainly in article 534, which is used to criminalize

homosexual individuals in Lebanon, and to emphasize the importance of developing laws that protect sexual minorities in Lebanon from criminalization, discrimination, and any sort of violations of their human rights. Additionally, mental-health professionals can promote awareness campaigns on the negative effects of legal discrimination against sexual minorities on their well-being. Legal lawyers can also play a role in educating LGB individuals on their legal and civilian rights, and to provide them with contacts and safety measures in cases of arrest or violations of their human rights.

Results from our study also revealed that belonging to the LGB community was not only a protective factor, but also the strongest predictor of internalized homonegativity, which is consistent with the literature. This has important clinical implications. Clients with same-sex attractions who suffer from internalized homonegativity, who lack support from their family, and who feel threatened by the government, would benefit from increasing connections to the LGB community in Lebanon. In support of Moussawi's (2008) study, not all individuals benefit from integrating in the LGB community, and in our sample, it was revealed that religious individuals do not seem to. This is important because it might indicate that these individuals might have needs that are not necessarily met by the current formation of the LGB community, and might actually benefit from a special form of support groups.

Even though self-compassion is not a common concept in our culture, and even though it did not come out as a significant predictor of internalized homonegativity in our regression model, it did have a significant negative correlation with IH and vigilance, indicating that this concept might be useful in the clinical setting and deserves to be

considered, especially with this population. There has been a growing body of literature indicating that self-compassion can be raised and cultivated through clinical interventions such as the Compassionate Mind Training (CMT), Compassionate Image, Gestalt-Two Chair intervention, Mindfulness Based Stress Reduction and Meditation (which increases self-compassion through mindfulness)...etc. (for full review refer to Barnard & Curry, 2011). Mental health professionals can implement these interventions with Lebanese LGB clients with high levels of IH and vigilance. Additionally, our results revealed that increasing one's sense of belonging to the LGB community might also enhance self-compassion, which is an added reason to encourage Lebanese LGB individuals to seek support from within the community.

C. Conclusion

Lesbian, gay, and bisexual individuals are constantly negotiating their identities in societies that make their mere existence a subject for debate. This is more-so in conservative cultures, like Lebanon, where homosexuality is not only treated as a taboo, but also as a crime. In Lebanon, institutions that usually serve as a source of support, protection, and affirmation for most individuals are, in contrast, the source of threat, condemnation, and rejection for individuals with same-sex desires. In this study, we were mainly interested in what predicts internalized homonegativity in the Lebanese context, given the importance of this concept in the lives and well-being of individuals with same-sex desires. Results from this study revealed that religiosity, vigilance, and parental rejection, be it actual or anticipated, serve as risk factors, highlighting the direct and indirect effects of the society's attitudes on the internal experiences of individuals with

same-sex desires. Nevertheless, the results also highlighted the resilience found in this population by shedding the light on the role of the LGB community. Clinical and communal recommendations, as well as recommendation for future research were provided to better understand, serve, and empower individuals with same-sex desires in the Lebanese context.

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Figures

Figure 1: Histogram

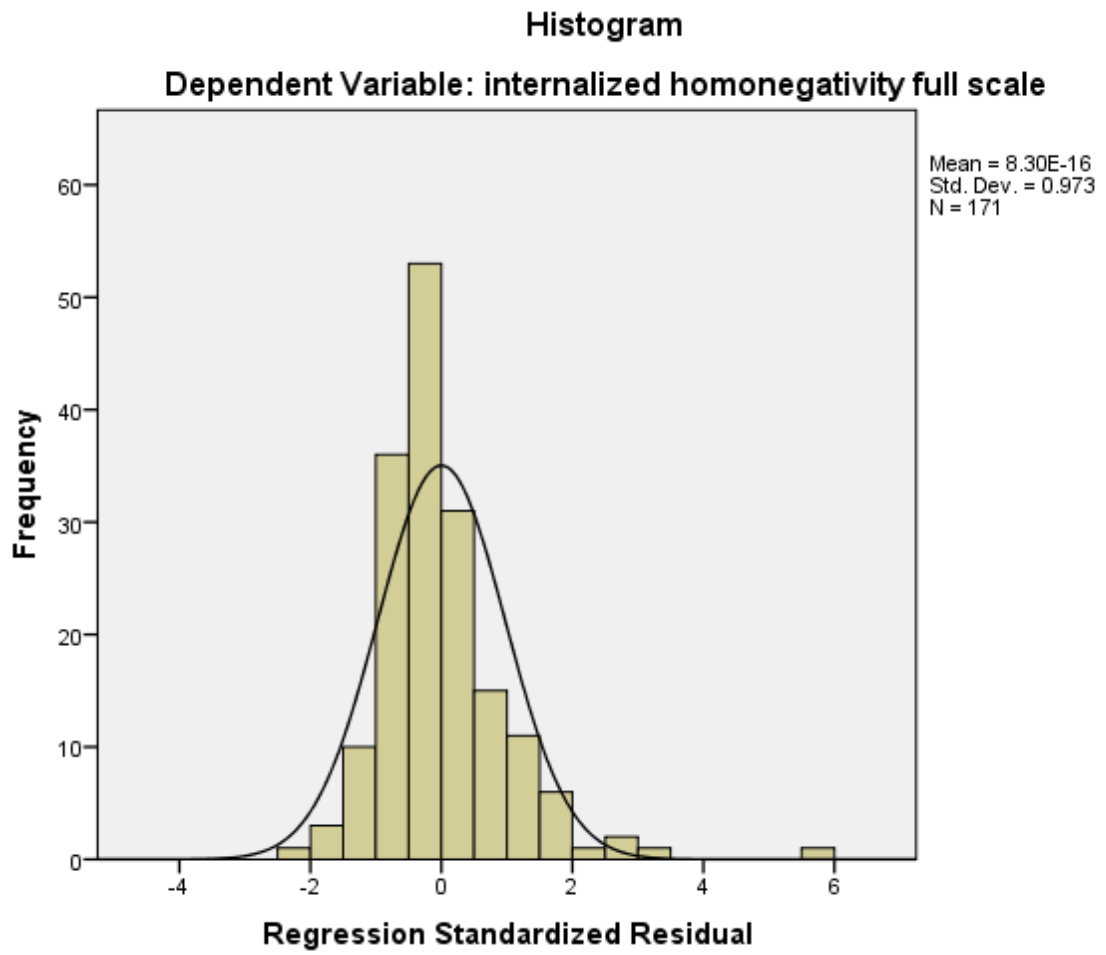
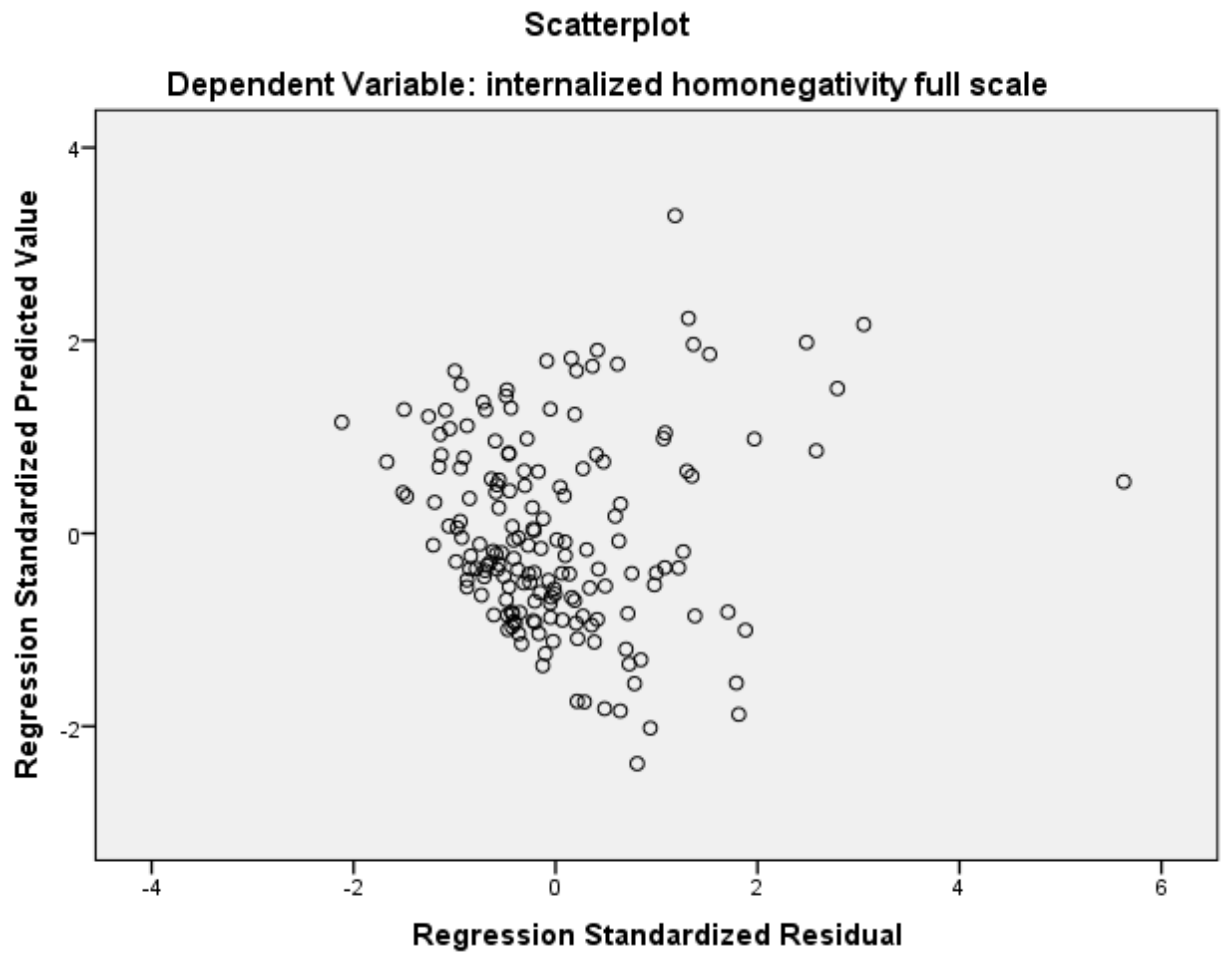


Figure 2

Scatterplot



Appendix A
Informed Consent
American University of Beirut
P.O. Box 11011
Riad El Solh, 1107 2020
Beirut, Lebanon

CONSENT TO SERVE AS A PARTICIPANT IN A RESEARCH PROJECT

This is an invitation to participate in an AUB-IRB approved Research Study for Dr. Fatimah El-Jamil at AUB. It is not an official message from AUB.

Project Title: Risk and protective factors against internalized homonegativity in the Lebanese context.

Primary Investigator: Fatima El- Jamil, Ph.D.
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Research Collaborator (Co-investigator): Sara Michli, Graduate Student of
Psychology, Department of Psychology,
AUB
sara.mishly@gmail.com
71-292721

Nature and Purpose of the Project:

This study is about understanding the internal experiences of individuals with same-sex emotional and/or sexual desires, and the role of cultural and social stigma factors in influencing this experience. There are a lot of myths and negative stigma surrounding same-sex attractions, especially in conservative cultures like ours. These negative messages can sometimes be internalized, resulting in negative feelings towards oneself. Not all individuals with same-sex attractions, however, internalize these messages, reflecting the resiliency and strength of this population. Therefore, we aim in this study to explore the risk and protective factors against internalizing the society's negative messages about same-sex desires in the Lebanese culture that has long covered this topic with silence.

Please note that the survey will collect sensitive information about emotions, sexual desires, religiosity, and experiences with the Lebanese legal system.

Explanation of Procedures:

To participate in this study, you have to be Lebanese, above 18, and experienced emotional and/or sexual desires towards people from your own sex. Even though transsexual individuals might experience same-sex attractions, their experiences are more special and cannot be captured by the scope of this study. Therefore, they are excluded from this study. It is expected that 200 participants will be recruited for this study.

As a research participant, you will be asked to read this consent form and consider carefully your participation. You will then be asked to respond to a questionnaire. You will have the option to choose the language you are most comfortable with (English or Arabic). You are only urged to read the questions carefully, and to answer in a truthful and honest manner. Please do not agonize over your answers. There are no right or wrong answers, and first impressions are usually fine. Just think about what best reflects your own opinions or feelings. Some of the questions might be sensitive, and might make you feel uncomfortable. Therefore, you also have the right to skip any question you do not feel comfortable answering. Please understand that your participation is voluntary, and that you have the right to discontinue your participation anytime without any justification or penalty. Additionally, refusal to participate will not affect in any way your relationship with AUB or with the organizations involved in sharing information about the opportunity to participate in the study (Helem, Proud, Marsa, Nasawiya, LebMash, and Meem). Clicking on the “*I accept to participate in this study*” bottom indicates that you have read and understood the consent form and agreed to participate in the study.

It is expected that your participation in this survey will last no more than 30 minutes.

Anonymity and Confidentiality:

The results of your participation will be kept confidential to the fullest extent possible. We will not ask you to provide your name or any identifying information during your participation. Only the project director and co-investigator will have access to the data, which will be anonymous, as no identifying information would be linked to the data you provided. Only information that cannot be traced to you will be used in reports or manuscripts published or presented by the director or investigator. The data will be kept in a password protected computer in the primary investigator’s office for a period of seven years following the termination of the study. After the seven years have elapsed, the raw data will be discarded. Therefore, there is no need to worry about the confidentiality and anonymity of your answers during data collection, data analysis, and publication. Additionally, the research records for this study may be audited without breaching confidentiality.

To maintain your own privacy, you are strongly discouraged from sharing any information related to the length or structure of the survey. You are also encouraged to answer the questions in a private setting because some of the questions are personal and sensitive.

Potential Risks:

There are no more than minimal risks associated with participation in this survey. We are aware that some of the questions might be personal and sensitive, and might make you feel uncomfortable. In case this happens, you are kindly asked to inform the co-investigator collecting the data. Additionally, we have provided you with a list of names and phone numbers of NGOs and sexual health clinics in Lebanon that provide minimal charges for psychological, social, and legal services at the end of the consent form.

Potential Benefits:

Your participation will help in voicing out the experiences of individuals with same-sex desires in conservative cultures like Lebanon, and will contribute to the research on this topic, especially that there is a scarcity of relevant research in our region of the world. Your participation might also guide other professionals in the field, such as social workers, activists, researchers, and mental health providers, in providing better services for the LGB community based on local findings.

Costs/Reimbursements:

Your participation in this survey incurs no costs and there are no monetary incentives.

Alternative Procedures:

Should you decide not to give consent to participate in this survey, no alternative procedures will be offered. You may, however, contact the project director or co-investigator to learn more about the study conducted.

Alternatives to Participation:

There are no alternatives to participation if you were to decide not to participate in this survey.

Termination of Participation:

Should you decide to give consent to participate in this survey, the project director and co-investigator might disregard your answers if the results show that you have not abided by the instructions given at the top of each set of questions or if the answers appear not to be truthful. You may choose to terminate your participation at any point without any justification.

Withdrawal from the Project:

Your participation in this survey is completely voluntary. You may withdraw your consent to participate in this research at any point without any justification or penalty. You are also free to stop filling the questionnaires at any point in time without any explanation.

Additionally, refusal to participate will not affect in any way your relationship with AUB or with the organizations involved in sharing information about the opportunity to participate in the study (Helem, Proud, Marsa, Nasawiya, LebMash, and Meem).

Who to Call if You Have Any Questions:

This project has been reviewed and approved for the period indicated by the American University of Beirut (AUB) Institutional Review Board for the Protection of Human Participants in Research and Research Related Activities.

You can always contact IRB for questions, concerns, complaints about the research, questions about subjects' rights, and to obtain information about or offer input, on the following number:

IRB, AUB: 01-350000 Ext. 5445 or 5454

If you have any concerns or questions about the conduct of this research project, you may contact:

Sara Michli: E-mail: snm14@aub.edu.lb, sara.mishly@gmail.com
Phone number: 71-292721

Debriefing:

If you are interested in learning about the outcome of the study, you may contact Sara Michli. After data analysis would be completed, a summary of the results can be emailed to you upon request.

Online Consent to Participate in this Research Project:

Clicking on the "*I Accept to participate in this study*" bottom indicates that you have read and understood the consent form and agreed to participate in the study. By consenting you agree to participate in this research project. The purpose, procedures, and the potential risks and benefits of your participation have been explained to you in details. You can refuse to participate or withdraw your participation in this study at anytime without penalty.

As promised, below is the list of names and phone numbers of NGOs and Sexual Health Clinics in Lebanon. You can seek psychological and social support in case you experienced any form of psychological distress related to the study.

- MARSА (Sexual Health Clinic)
Phone number: 01-737647

Website: www.marsa.me

- Helem (non-governmental and non-profit organization):

Phone number: 01-748258

Website: www.helem.org

- Proud Lebanon (non-governmental and non-profit organization):

Phone number: 76608205

Website: www.proudlebanon.org

Appendix B

Socio-demographic Questionnaire

Please answer all questions honestly; you will not be judged based on your responses. Please feel free to ask if you need any of the questions explained to you.

1- Age: _____

2- Sex:

- Male
- Female

3- Highest level of education reached: (If you are still studying, please select the level you are currently at):

- High school
- Technical School
- Undergraduate
- Graduate/Masters
- Postgraduate/PHD

4- What is your religious affiliation?

- Christian Catholic
- Christian Maronite
- Christian Orthodox
- Muslim Sunni
- Muslim Shi'a
- Druze
- Atheist
- Agnostic (I believe that nothing can be known about the existence of God)
- Other: _____

5- Have you ever experienced emotional and/or sexual desires towards another person from your same sex?

- Yes
- No

6- Please select the item that best describes you:

- Gay
- Lesbian

- Bisexual
- Straight
- Transsexual
- Questioning
- None of the above
- Other: _____

7- Do your parents know about your same-sex emotional and/or sexual desires?

- No
- Yes/mother
- Yes/Father
- Yes/both
- I don't know

8- Have you ever been arrested for your sexual orientation in Lebanon?

- Yes
- No

9- Have you ever been arrested for being present in socializing areas for lesbian/gay/bisexual people in Lebanon?

- Yes
- No

10- Do you personally know lesbian, gay, or bisexual people being arrested in Lebanon for their sexual orientation or for being present in socializing areas for LGB people?

- Yes
- No

11- Did you hear of lesbian, gay, or bisexual people you don't personally know being arrested for their sexual orientation or for being present in socializing areas for LGB people?

- Yes
- No

13- Do you feel the need to change the way you look in public out of fear of being arrested because of your sexual orientation?

- Yes
- No

14- Do you feel the need to limit the places you go to in order to protect yourself from being arrested because of your sexual orientation?

- Yes
- No

15- Do you feel the need to limit the people you publically socialize with, in order to protect yourself from being arrested because of your sexual orientation?

- Yes
- No

Appendix C

The Internalized Homonegativity Inventory

Instructions: The following statements deal with emotions and thoughts related to having same-sex emotional and/or sexual desires. Using the scale below every item, please give your honest rating about the degree to which you agree or disagree with each statement.

1 2 3 4 5 6

Strongly
Strongly
Disagree
Agree

1- I believe having same-sex emotional or sexual desires is an important part of me.

1 2 3 4 5 6

2- I believe it is OK for someone to be attracted to another person from the same sex in an emotional way, but it's not OK for them to have sex with each other.

1 2 3 4 5 6

3- When I think of my same-sex emotional and/or sexual desires, I feel depressed.

1 2 3 4 5 6

4- I believe that it is morally wrong for someone to have sex with another person from the same sex.

1 2 3 4 5 6

5- I feel ashamed of my same-sex desires.

1 2 3 4 5 6

6- I am thankful for my sexual orientation.

1 2 3 4 5 6

7- When I think about my attraction towards other people from my own sex, I feel
unhappy.

1 2 3 4 5 6

8- I believe that more gay, lesbian, and bisexual people should be shown in TV shows,
movies, and commercials.

1 2 3 4 5 6

9- I see my same-sex desires as a gift.

1 2 3 4 5 6

10- When people around me talk about homosexuality, I get nervous.

1 2 3 4 5 6

11- I wish I could control my feelings of attraction toward others from my own sex.

1 2 3 4 5 6

12- In general, I believe that homosexuality is as fulfilling as heterosexuality.

1 2 3 4 5 6

13- I am disturbed when people can tell I have same-sex desires.

1 2 3 4 5 6

14- In general, I believe that gay/lesbian/bisexual individuals are more immoral than straight individuals.

1 2 3 4 5 6

15- Sometimes I get upset when I think about being attracted to people from the same sex.

1 2 3 4 5 6

16- In my opinion, homosexuality is harmful to the order of society.

1 2 3 4 5 6

17- Sometimes I feel that I might be better off dead than to have same-sex desires.

1 2 3 4 5 6

18- I sometimes resent my sexual orientation.

1 2 3 4 5 6

19- I believe it is morally wrong for men to be attracted to each other.

1 2 3 4 5 6

20- I believe it is morally wrong for women to be attracted to each other.

1 2 3 4 5 6

21- I sometimes feel that my same-sex desires are embarrassing.

1 2 3 4 5 6

22- I am proud to have same-sex emotional and/or sexual desires

1 2 3 4 5 6

23- I believe that public schools should teach that homosexuality is normal.

1 2 3 4 5 6

24- I believe it is unfair that I am attracted to people from the same sex instead of only people from the opposite sex.

1 2 3 4 5 6

Appendix D

Religiosity Scale

Instructions: For the following set of questions, please select the answer that best describes your religious beliefs.

1 2 3 4 5 6 7

**Strongly
Strongly**

**Agree
Disagree**

1. I believe that God exists.	1	2	3	4	5	6	7
2. Prayer to God is one of my usual practices	1	2	3	4	5	6	7
3. Religion gives me a great amount of security in life.	1	2	3	4	5	6	7
4. I consider myself a religious person.	1	2	3	4	5	6	7
5. My religion influences the way I choose to act in my routine life	1	2	3	4	5	6	7
6. I feel there are many more important things in life than religion	1	2	3	4	5	6	7
7. I am interested in religion	1	2	3	4	5	6	7
8. Religious considerations influence my every day affairs	1	2	3	4	5	6	7

Appendix E

Actual Parental Reactions Scale (PPRS; Willoughby et al., 2006)

INSTRUCTIONS: Think back to the week where your parent found out about your same-sex emotional and/or sexual desires. Then, read the following statements and indicate how much you agree or disagree with each statement by selecting a number. Remember, there are no correct or incorrect answers. These are your opinions.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

If you did not encounter this experience, then please go to the following section

(Appendix F).

When my parent knew about my same-sex emotional and/or sexual desires, he/she:

1. supported me 1 2 3 4 5

2. was worried about what her friends and other parents would think of them 1 2 3 4 5

3. had the attitude that homosexual people should not work with children 1 2 3 4 5

4. was concerned about what the family might think of them 1 2 3 4 5

5. was proud of me 1 2 3 4 5

6. believed that marriage between homosexual individuals is unacceptable 1 2 3 4 5
7. was concerned about the potential that he/she wouldn't get grandchildren from me
1 2 3 4 5
8. realized I was still 'me', even though I had same-sex desires 1 2 3 4 5
9. believed that homosexuality is immoral 1 2 3 4 5
10. thought it was great 1 2 3 4 5
11. would have had a problem seeing two homosexual people together in public
1 2 3 4 5
12. was concerned about having to answer other peoples' questions about my sexuality
1 2 3 4 5
13. kicked me out of the house 1 2 3 4 5
14. didn't believe me 1 2 3 4 5
15. yelled at me 1 2 3 4 5
16. prayed to God, asking to turn me straight 1 2 3 4 5
17. blamed him/herself 1 2 3 4 5
18. called me derogatory names 1 2 3 4 5
19. pretended that I didn't have same-sex desires 1 2 3 4 5
20. was angry at the fact I have same-sex desires 1 2 3 4 5
21. wanted me not to tell anyone else 1 2 3 4 5

22. cried tears of sadness 1 2 3 4 5
23. said I was no longer his/her child 1 2 3 4 5
24. told me it was just a phase 1 2 3 4 5
25. was mad at someone my parent thought had “turned me to someone with same-sex desires” 1 2 3 4 5
26. wanted me to see a psychologist who could ‘make me straight’ 1 2 3 4 5
27. was afraid of being judged by relatives and friends 1 2 3 4 5
28. severed financial support 1 2 3 4 5
29. brought up evidence to show that I must not be attracted to others from the same sex, such as “You had a girlfriend/boyfriend, you can’t be attracted to someone from the same sex” 1 2 3 4 5
30. was mad at me for doing this to him/her 1 2 3 4 5
31. wanted me not to have same-sex desires 1 2 3 4 5
32. was be ashamed of my same-sex attraction 1 2 3 4 5

Appendix F

Perceived Parental Reactions Scale (PPRS; Willoughby et al., 2006)

If you answered appendix (E) above, please skip this section and go to Appendix (G).

INSTRUCTIONS: If neither of your parents found out about your same-sex emotional and/or sexual desires, try to imagine what your closest parent’s reaction be if he/she actually found out. Then, read the following statements and indicate how much you agree or disagree with each statement that describes their possible reactions by selecting a number. Again, remember, there are no correct or incorrect answers. These are your opinions.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

If my closest parent knew about my same-sex emotional and/or sexual desires, he/she:

1. would support me 1 2 3 4 5
2. would be worried about what her friends and other parents would think of them 1 2 3 4 5
3. would have the attitude that homosexual people should not work with children 1 2 3 4 5
4. would be concerned about what the family might think of them 1 2 3 4 5

5. would be proud of me 1 2 3 4 5
6. would believe that marriage between homosexual individuals is unacceptable 1 2 3 4 5
7. would be concerned about the potential that he/she wouldn't get grandchildren from me 1 2 3 4 5
8. would realize I was still 'me', even though I had same-sex desires 1 2 3 4 5
9. would believe that homosexuality was immoral 1 2 3 4 5
10. would think it was great 1 2 3 4 5
11. would have a problem seeing two homosexual people together in public 1 2 3 4 5
12. would be concerned about having to answer other peoples' questions about my sexuality 1 2 3 4 5
13. would kick me out of the house 1 2 3 4 5
14. wouldn't believe me 1 2 3 4 5
15. would yell at me 1 2 3 4 5
16. would pray to God, asking to turn me straight 1 2 3 4 5
17. would blame him/herself 1 2 3 4 5
18. would call me derogatory names 1 2 3 4 5
19. would pretend that I didn't have same-sex desires 1 2 3 4 5
20. would be angry at the fact I have same-sex desires 1 2 3 4 5

21. would want me not to tell anyone else 1 2 3 4 5
22. would cry tears of sadness 1 2 3 4 5
23. would say I was no longer his/her child 1 2 3 4 5
24. would tell me it was just a phase 1 2 3 4 5
25. would be mad at someone my parent thought had “turned me to someone with same-sex desires” 1 2 3 4 5
26. would want me to see a psychologist who could ‘make me straight’ 1 2 3 4 5
27. would be afraid of being judged by relatives and friends 1 2 3 4 5
28. would sever financial support 1 2 3 4 5
29. brought up evidence to show that I must not be attracted to others from the same sex, such as “You had a girlfriend/boyfriend, you can’t be attracted to someone from the same sex” 1 2 3 4 5
30. would be mad at me for doing this to him/her 1 2 3 4 5
31. would want me not to have same-sex desires 1 2 3 4 5
32. would be ashamed of my same-sex desires 1 2 3 4 5

Appendix G

Belonging to LGB community

Instructions: Using the Scale below, please circle the response choice that best describes your experience.

Strongly Disagree

Strongly

Agree

1 2 3 4 5 6 7

1. When interacting with members of the lesbian/gay/bisexual community, I often feel different and alone, like I don't fit in.

1 2 3 4 5 6 7

2. Attending lesbian/gay/bisexual events and organizations is important to me.

1 2 3 4 5 6 7

3. I feel isolated and separate from other lesbian/gay/bisexual individuals

1 2 3 4 5 6 7

4. Most of my friends are lesbian/gay/bisexuals.

1 2 3 4 5 6 7

5. Social situations with other lesbian/gay/bisexuals individuals make me feel uncomfortable.

1 2 3 4 5 6 7

6. Being a part of the lesbian/gay/bisexual community is important to me.

1 2 3 4 5 6 7

7. Having lesbian/gay/bisexual friends is important to me.

1 2 3 4 5 6 7

8. I feel comfortable joining a lesbian/gay/bisexual social group or organization.

1 2 3 4 5 6 7

9. I am familiar with community resources for lesbian/gay/bisexuals (i.e. bookstores, support groups, bars, etc.).

1 2 3 4 5 6 7

10. I am aware of the history concerning the development of lesbian/gay/bisexual communities and rights movement.

1 2 3 4 5 6 7

11. I am familiar with lesbian/gay/bisexual books and/or magazines

1 2 3 4 5 6 7

12. I am familiar with lesbian/gay/bisexual movies and/or music.

1 2 3 4 5 6 7

13. I am familiar with lesbian/gay/bisexual music festivals and conferences.

1 2 3 4 5 6 7

Appendix H

Self-Compassion Scale

How I typically act towards myself in difficult times

Instructions: Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost

Almost

Never

Always

1

2

3

4

5

- _____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.
- _____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.
- _____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
- _____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
- _____ 5. I try to be loving towards myself when I'm feeling emotional pain.
- _____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.
- _____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.
- _____ 8. When times are really difficult, I tend to be tough on myself.
- _____ 9. When something upsets me I try to keep my emotions in balance.
- _____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

- _____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.
- _____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.
- _____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.
- _____ 14. When something painful happens I try to take a balanced view of the situation.
- _____ 15. I try to see my failings as part of the human condition.
- _____ 16. When I see aspects of myself that I don't like, I get down on myself.
- _____ 17. When I fail at something important to me I try to keep things in perspective.
- _____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.
- _____ 19. I'm kind to myself when I'm experiencing suffering.
- _____ 20. When something upsets me I get carried away with my feelings.
- _____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
- _____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.
- _____ 23. I'm tolerant of my own flaws and inadequacies.
- _____ 24. When something painful happens I tend to blow the incident out of proportion.
- _____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.
- _____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Appendix I
الجامعة الأميركية في بيروت
ص.ب. 11-0236
رياض الصلح، 11072020
بيروت، لبنان

موافقة للمشاركة في مشروع بحث

هذه دعوة للمشاركة في بحث علمي موافق عليه من قبل لجنة الأخلاقيات التابعة للجامعة الأميركية في بيروت، للدكتورة فاطمة الجميل في الجامعة الأميركية في بيروت. هذه ليست رسالة رسمية من الجامعة الأميركية في بيروت.

عنوان المشروع: عوامل الخطر والوقاية من تشرب الرسائل الاجتماعية السلبية حول الرغبات العاطفية و/ أو الجنسية نحو أشخاص من نفس الجنس في المجتمع اللبناني.

مديرة المشروع والباحثة: د. فاطمة الجميل
منسقة برنامج الدراسات العليا، دائرة علم النفس، الجامعة الأميركية في بيروت
البريد الإلكتروني: fa25@aub.edu.lb
هاتف: 01-350000 تحويل داخلي 4372

الباحثة المشاركة: سارة مشلي، طالبة دراسات عليا في علم النفس
في الجامعة الأميركية في بيروت
البريد الإلكتروني: sara.mishly@gmail.com
هاتف: 71-292721

طبيعة المشروع و الهدف منه:

الهدف من هذه الدراسة هو فهم تجارب الأشخاص الذين يجذبون نحو أشخاص آخرين من نفس الجنس اما عاطفيا أو جنسيا، أو الاثنين معا، و فهم تأثير العوامل الاجتماعية و الثقافية على هذه التجارب. هنالك الكثير من الخرافات و الوصم السلبي المحيط بفكرة الانجذاب نحو شخص آخر من نفس الجنس، و خصوصا في المجتمعات المحافظة كمجتمعاتنا. احيانا، هذه الرسائل الاجتماعية السلبية قد تنتشر من قبل الأشخاص الذين يختبرون هذا النوع من الرغبات، مما يؤدي الى خلق مشاعر سلبية موجهة نحو النفس. بالرغم من ذلك، لا يتشرب جميع الأشخاص هذه الرسائل و لا يتأثرون بها، مما يعكس القوة و المرونة الداخلية الوجودية في هذه المجموعة من الناس. لذلك، فان الهدف من هذه الدراسة هو فهم عوامل الخطر و الوقاية من تشرب و تقبل الرسائل الاجتماعية السلبية حول الرغبات الموجهة نحو أشخاص من نفس الجنس في المجتمع اللبناني الذي لطالما غطى هذا الموضوع بالصمت.

يرجى ملاحظة أن هذه الدراسة سوف تجمع معلومات حساسة عن المشاعر و الرغبات الجنسية، و المعتقدات الدينية، و التجارب مع النظام القانوني اللبناني.

شرح الاجراءات:

للمشاركة في هذه الدراسة، عليك أن تكون لبناني/ لبنانية، فوق السن 18، و قد اختبرت مشاعر انجذاب عاطفية و/ أو جنسية تجاه أشخاص من نفس الجنس. بالرغم من أن الأشخاص المتحولين جنسيا قد يختبرون مشاعر انجذاب نحو أشخاص من نفس الجنس، الا أن تجاربهم تعتبر أكثر تميزاً من تجارب الأشخاص الغير متحولين جنسيا، ولا يمكن تغطيتها في اطار هذا البحث. و لذلك، سُنستبعد مشاركة الأشخاص المتحولين جنسيا من هذا البحث. من المتوقع أن يتم مشاركة 200 شخص لهذه الدراسة.

كمشترك/ مشتركة في هذا البحث، سيطلب منك قراءة هذه الاستمارة و التفكير بعناية بمشاركتك. ثم سيطلب منك الاجابة على سلسلة من الأسئلة. لديك الحرية في اختيار اللغة التي تجد راحة أكبر في استخدامها (العربية أو الانجليزية). المطلوب منك فقط

قراءة كل سؤال بتمعن والاجابة بصدق و شفافية. نرجو منك أن لا تطيل التفكير كثيرا في اجاباتك. غالبا ما يكون الرد الأول هو الأفضل, وليس هناك أي اجابة صحيحة أو خاطئة. عبر/ي فقط عما يعكس آراءك و أحاسيسك. بعض الأسئلة قد تكون حساسة, و قد تجعلك تشعر بالانزعاج. لذلك, لديك الحق في الامتناع عن اجابة أي سؤال يسبب لك الانزعاج. نرجو منك أن تعلم أن مشاركتك في هذه الدراسة اختيارية و يحق لك الانسحاب و انتهاء مشاركتك في أي وقت بدون أي تبرير أو عواقب. بالإضافة إلى ذلك, رفضك في المشاركة لن يؤثر بأي شكل من الأشكال على علاقتك مع الجامعة الأميركية في بيروت أو مع المنظمات العاملة في مجال تبادل المعلومات حول الفرصة للمشاركة في الدراسة (حلم؛ Proud، مرسى، نسوية، LebMash، وميم). ضغطك على مفتاح القبول أدناه يشير الى أنك قرأت و فهمت استمارة الموافقة و وافقت على المشاركة في هذا البحث. من المتوقع أن لا تدوم مشاركتك أكثر من 30 دقيقة.

سرية و خصوصية المعلومات:

تتم المحافظة على سرية نتائج مشاركتك الى أقصى درجة ممكنة. لن نطلب منك الافشاء عن اسمك أو الحصول على أي معلومات شخصية عنك. مديرة المشروع و الباحثة المشاركة هما الوحيدتان اللتان يمكنهما الاطلاع على البيانات التي نطلّ مجهولة المصدر إذ لا يوجد بالبيانات التي تزودنا بها أي معلومات تُعرّف عن صاحبها. ولن يستخدم في التقارير أو المخطوطات التي تنشرها أو تقدمها المديرية أو الباحثة سوى المعلومات التي لا يمكن نسبها إليك. كما أن البيانات الأولية الموجودة على الكمبيوترات محمية بكلمات مرور سرية, و محفوظة في مكتب مديرة المشروع لمدة سبع سنين. بعد انقضاء هذه المدة, سيتمّ تلف تلك البيانات الأولية. لذلك, عليك أن لا تقلق على سرية و خصوصية اجاباتك خلال عملية البحث, و تحليل البيانات, و نشر النتائج. بالإضافة إلى ذلك, يمكن تدقيق سجلات البحث لهذه الدراسة دون خرق سرية أو خصوصية المشتركين.

للمساهمة في الحفاظ على سريتك و خصوصيتك, ننصحك بالامتناع عن الافصاح عن أي معلومات تشير الى طول و هيكل الاستمارة. كما و أننا نحثك على الاجابة على الأسئلة على انفراد, وفي مكان خاص بسبب وجود أسئلة خصوصية و حساسة.

المخاطر المحتملة:

ليست المخاطر المرتبطة بالمشاركة في هذا البحث سوى مخاطر ضئيلة جداً. ولكننا على وعي أن بعض الأسئلة قد تكون خصوصية و حساسة, و قد تشعرك بالانزعاج. في حال حدوث ذلك, يُرجى إعلام الباحثة المشاركة فوراً. كما أننا أمناء لك لائحة أسماء و أرقام هواتف لمنظمات و مراكز الصحة الجنسية في لبنان والتي تقدم خدمات قانونية, اجتماعية, و نفسية مقابل مبلغ بسيط جداً.

الفوائد المحتملة:

مشاركتك في هذا البحث سوف تساهم في اعطاء صوت للكثير من الاشخاص الذين يجذبون الى أشخاص آخرين من نفس الجنس, و خاصة في مجتمعات محافظة مثل المجتمع اللبناني. كما أن مشاركتك سوف تضيف الى مجال البحوث العلمية عن هذا الموضوع, خاصة و أن البحوث عن هذا الموضوع نادرة, بل و شبه معدومة في مجتمعاتنا. مشاركتك سوف تساهم أيضا في توجيه المختصين في هذا المجال, مثل العاملين الاجتماعيين, والعلماء والباحثين, و الناشطين الاجتماعيين, والأخصائيين في مجال علم النفس, نحو تحسين خدماتهم و مفاهيمهم بناء على نتائج علمية محلية.

التكاليف/المدفوعات:

لا تترتب على مشاركتك في هذا الاستبيان أي كلفة, ولا تُعطى مقابل ذلك أي حوافز مالية.

الإجراءات البديلة:

في حال قررت عدم إعطاء موافقة على المشاركة في هذا الاستقصاء فلا يوجد إجراءات بديلة. لكن يمكنك, إذا شئت, الاتصال بمديرة المشروع أو بالباحثة المشاركة للاستعلام عن هذه الدراسة.

بدائل المشاركة:

ليس هناك بدائل للمشاركة – إذا قررت عدم المشاركة في هذا الاستقصاء.

إنهاء المشاركة:

إذا قررت إعطاء موافقة شفوية على المشاركة في هذا الاستقصاء فيجوز لمديرة المشروع وللباحثة المشاركة إهمال إجاباتك إذا أظهرت النتائج أنك لم تلتزم بالتعليمات المنصوص عليها قبل كل مجموعة أسئلة أو إذا تبين أن إجاباتك غير صادقة. وبإمكانك أن تقرّر إنهاء مشاركتك في أي وقت بدون أي تبرير.

الانسحاب من المشروع:

إن اشتراكك في هذا الاستقصاء هو اختياري محض. لذا يمكنك سحب موافقتك على المشاركة في هذا البحث في أي وقت تشاء من دون تقديم أي تفسير ومن دون أن يترتب عليك أي عقوبة. وكذلك، لك كامل الحرية في أن تتوقف عن ملء صفحات الاستبيان في أي وقت تشاء ومن دون تقديم مبررات. بالإضافة إلى ذلك، رفضك للمشاركة لن يؤثر بأي شكل من الأشكال على علاقتك مع الجامعة الأميركية في بيروت أو مع المنظمات التي ساهمت في نشر معلومات حول فرصة المشاركة في هذا البحث (جمعية حلم، Proud، مرسى، نسوية، LebMash، وميم).

الاتصال في حال كان لديك أي استفسار:

تم مراجعة هذا المشروع والموافقة عليه للفترة المحددة من **لجنة الأخلاقيات** التابعة للجامعة الأميركية في بيروت.

يمكنك دائما التواصل مع **لجنة الأخلاقيات** التابعة للجامعة الأميركية في بيروت لطرح الأسئلة، أو الإفصاح عن مخاوف أو شكاوى من البحث، أو معرفة حقوق المشتركين، أو الحصول على معلومات حول البحث أو ابداء الآراء على الرقم التالي: هاتف 01-350000 تحويل داخلي: 5454,5445.

وإذا كان لديك أي استعلام أو سؤال حول إجراء مشروع البحث هذا، فيمكنك التواصل مع سارة مشلي على: رقم الهاتف: 71-292721.

البريد الإلكتروني: sara.mishly@gmail.com

الإطلاع على النتائج

إذا كنت ترغب في معرفة نتائج الدراسة، فيمكنك الاتصال بالآنسة سارة مشلي لهذه الغاية، وبالإمكان، بعد إنجاز تحليل البيانات، إرسال ملخص بالنتائج، بواسطة البريد الإلكتروني، بناءً على طلبك.

موافقتك على المشاركة في مشروع البحث من خلال الانترنت:

ضغطك على مفتاح القبول أدناه يشير الى أنك قرأت استمارة الموافقة ووافقت على المشاركة في هذا البحث. وقد قُدم لك شرح مفصل عن غاية المشروع وإجراءاته والفوائد والمخاطر المحتملة من جراء مشاركتك. يحق لك رفض المشاركة في هذه الدراسة وكذلك سحب مشاركتك في أي وقت، من دون أن تترتب عليك أي عقوبة.

كما وعدناك، هذه لائحة بأسماء و أرقام هواتف المنظمات الغير حكومية و مراكز الصحة الجنسية في لبنان. في حال شعرت بأي شكل من الأشكال بانزعاج نفسي بسبب هذه الأسئلة، يمكنك طلب الدعم النفسي والاجتماعي من قبل هذه المنظمات.

• مرسى (مركز الصحة الجنسية):

رقم الهاتف: 01-737647

الوقع الإلكتروني: www.marsa.me

• جمعية حلم (جمعية خيرية (غير معنية بالربح) و غير حكومية):

رقم الهاتف: 01-748258

الوقع الإلكتروني: www.helem.net

• Proud Lebanon (جمعية خيرية (غير معنية بالربح) و غير حكومية):

رقم الهاتف: 76608205
الوقع الإلكتروني: www.proudlebanon.org

Appendix J

استبيان اجتماعي – ديموغرافي

يرجى الإجابة عن الأسئلة التالية بصراحة. لن تؤثر إجاباتك في تكوين أي نظرة خاصة أو رأي خاص بشأنك. لا تتردد في طرح أي استفهام بشأن أي سؤال يحتاج الى شرح.

1. العمر: _____
2. الجنس:
 - ذكر
 - أنثى
3. أعلى مستوى تعليم حققته (إذا كنت مازلت تتعلم, الرجاء اختيار المستوى التعليمي الذي أنت به حالياً):
 - المرحلة الثانوية
 - تعليم مهني
 - المرحلة الجامعية
 - دراسات عليا/ ماسترز
 - دراسات عليا/دكتوراه
4. ما هو انتماءك الديني:
 - مسيحي/ كاثوليك
 - مسيحي/ ماروني
 - مسيحي/ أرثوذكس
 - درزي
 - مسلم/ سني
 - مسلم/ شيعي
 - ملحد/ لاؤمن بوجود الله
 - ؤمن أن وجود الله أمر لا يمكن معرفته
 - غيره, حدد _____
5. هل اختبرت مشاعر انجذاب عاطفي و/ أو جنسي نحو أشخاص من نفس الجنس?
 - نعم
 - لا
6. الرجاء اختيار اللقب الأنسب لوصفك:
 - مثلي
 - مثلية
 - ثنائي الميول
 - لست مثلي/ مثلية
 - متحول جنسيا

- ما زلت أتساءل
- لا شيء مما سبق
- آخر, حدد في الصندوق المقابل _____

7. هل يعلم والديك برغباتك العاطفية و/ أو الجنسية نحو أشخاص من نفس جنسك؟

- لا أحد منهما يعلم
- نعم/ أمي
- نعم/ أبي
- نعم/ كلاهما
- لا أدري

8. هل تم اعتقالك في لبنان بسبب توجهاتك الجنسية و/ أو العاطفية نحو أشخاص من نفس الجنس؟

- نعم
- لا

9. هل تم اعتقالك في لبنان لمجرد تواجدك في أماكن الاختلاط و التعارف للأشخاص المثليين؟

- نعم
- لا

10. هل تعلم شخصيا بأشخاص مثليين في لبنان تم اعتقالهم بسبب توجهاتهم الجنسية أو بسبب تواجدهم في أماكن الاختلاط و التعارف للأشخاص المثليين؟

- نعم
- لا

11. هل سمعت بأشخاص لا تعرفهم شخصيا في لبنان تم اعتقالهم بسبب توجهاتهم الجنسية أو بسبب تواجدهم في أماكن الاختلاط و التعارف للأشخاص المثليين؟

- نعم
- لا

12. هل تشعر أنك بحاجة الى تغيير مظهرك الخارجي بالأماكن العامة كي تحمي نفسك من الاعتقال بسبب توجهاتك الجنسية؟

- نعم
- لا

13. هل تشعر أنك بحاجة الى الحد من الأشخاص الذين تختلط معهم في الأماكن العامة كي تحمي نفسك من الاعتقال بسبب توجهاتك الجنسية؟

- نعم
- لا

Appendix K

The Internalized Homonegativity Inventory

التعليمات: العبارات التالية تدور حول المشاعر و الأفكار المتعلقة بالرغبات العاطفية و/ أو الجنسية تجاه أشخاص من نفس الجنس. باستخدام المقياس الموجود بعد كل عبارة من العبارات التالية, يرجى اعطاء تقييمك الصادق عن مدى موافقتك أو عدم موافقتك على كل عبارة:

- | | 6 | 5 | 4 | 3 | 2 | 1 |
|---|---|---|---|---|---|---|
| أعترض | | | | | | |
| بشدة | | | | | | |
| أوافق | | | | | | |
| بشدة | | | | | | |
| 1. أو من أن رغبتى الجنسية و/ أو العاطفية تجاه أشخاص من نفس الجنس جزء مهم منى | | | | | | |
| 2. أو من أنه لا بأس في انجذاب شخص الى شخص آخر من نفس الجنس بطريقة عاطفية, لكنه غير مقبول لهما ان يمارسان الجنس مع بعضهما البعض. | | | | | | |
| 3. عندما أفكر في رغبتى العاطفية و/ أو الجنسية تجاه أشخاص من نفس الجنس, أشعر باكتئاب. | | | | | | |
| 4. أو من أنه من الخطأ أخلاقيا لشخص ما أن يمارس الجنس مع شخص آخر من نفس الجنس. | | | | | | |
| 5. أشعر بالخجل من رغباتى تجاه أشخاص من نفس الجنس. | | | | | | |
| 6. أنا ممتن لتوجيهى الجنسي. | | | | | | |
| 7. عندما أفكر برغبتى نحو أشخاص من نفس الجنس, أشعر بالحزن | | | | | | |
| 8. أعتقد أنه يجب اظهار الأشخاص المثليين/المثليات/ثنائي الميول في البرامج التلفزيونية و الأفلام و الإعلانات التجارية أكثر. | | | | | | |
| 9. أرى رغباتى تجاه أشخاص من نفس الجنس كشيء إيجابي. | | | | | | |

10. عندما يتحدث الأشخاص من حولي عن المثلية الجنسية, أشعر بتوتر.
11. أتمنى لو كان باستطاعتي التحكم بانجابي نحو أشخاص من نفس الجنس.
12. بشكل عام, أعتقد أن العلاقات بين شخصين من نفس الجنس مُرضية مثل العلاقات بين رجل و امرأة.
13. أشعر بالاضطراب عندما يتمكن الناس من اكتشاف رغباتي تجاه أشخاص من نفس الجنس.
14. بشكل عام, أعتقد أن الأشخاص المثليين غير أخلاقيين أكثر من الأشخاص الغير مثليين.
15. أحياناً, أشعر بالضيق حين أفكر بانجد ابني نحو أشخاص من نفس الجنس.
16. برأيي, المثلية الجنسية تخل بالنظام الاجتماعي.
17. أحياناً, أشعر أنه من الأفضل لي أن أكون ميتاً على أن يكون لي مشاعر انجذاب نحو أشخاص من نفس الجنس.
18. أحياناً, أغضب و أنقم على ميولي الجنسي.
19. أعتقد أنه من الخطأ أخلاقياً أن يجذب الرجال الى بعضهم البعض.
20. أعتقد أنه من الخطأ أخلاقياً أن يجذب النساء الى بعضهن البعض.
21. أحياناً, أشعر أن رغباتي نحو أشخاص من نفس الجنس محرجة.
22. أنا فخورة/ لأنني أنجذب الى أشخاص من الجنس الاخر.

23. أؤمن أنه على المدارس العامة أن تُعلِّم أن المثلية الجنسية أمر طبيعي.

1 2 3 4 5 6

24. أعتقد أن انجذابي نحو أشخاص من نفس الجنس بدلاً من أشخاص من الجنس الآخر فقط أمر غير عادل.

1 2 3 4 5 6

Appendix L

Religiosity Scale

تعليمات: في مجموعة الأسئلة التالية, يرجى اختيار الاجابة التي تصف معتقداتك الدينية:

7 6 5 4 3 2 1

أعترض بشدة

أوافق بشدة

7	6	5	4	3	2	1	
							(1) أو من أن الله موجود
							(2) الصلاة الى الله هي واحدة من ممارساتي المعتادة
							(3) الدين يعطيني قدرا كبيرا من الشعور بالأمان في الحياة
							(4) أعتبر نفسي انسان/ة متدين/ة
							(5) ديني يؤثر على طريقة تعاملي في حياتي الروتينية
							(6) أشعر أنه هناك أمور عديدة أكثر أهمية في الحياة من الدين
							(7) أنا مهتم بالأمور الدينية
							(8) المبادئ الدينية تؤثر على شؤون حياتي اليومية

Appendix L

Actual Parental Reactions Scale

التعليمات: عد/ عودي بالذاكرة الى الأسبوع الذي علم فيه والدك أو الدتك عن رغباتك العاطفية و/أو الجنسية نحو أشخاص من نفس الجنس. ثم الرجاء قراءة العبارات التالية والاشارة الى مدى موافقتك أو عدم موافقتك على كل عبارة من خلال اختيار الرقم المناسب. تذكر/تذكري أنه لا توجد اجابات صحيحة أو غير صحيحة, هذه آراءكم.

أذا لم تواجه/تواجهي هذه التجربة, الرجاء التوجه الى القسم التالي (الملحق السادس).

5	4	3	2	1
أوافق بشدة	أوافق	حيادي	أعترض	أعترض بشدة

عندما علم أحد والدي عن رغباتي العاطفية و/أو الجنسية نحو أشخاص من نفس الجنس :

1. دعمني/دعمتني
2. قلق/ قلقت مما سيظن بهم الأصدقاء و الآباء الآخرين
3. كان لديه/ لديها المعتقد أن الأشخاص المثليين يجب أن لا يعملوا مع الأطفال
4. قلق/قلقت مما ستظن بهم العائلة
5. كان/كانت فخورة/ بي
6. اعتقد/اعتقدت أن الزواج بين الأشخاص المثليين أمر غير مقبول
7. شعر/ شعرت بالقلق ازاء احتمال عدم الحصول على أحفاد مني
8. أدرك/ أدركت أنني ما زلت "أنا" بالرغم من رغباتي العاطفية و الجنسية
9. اعتقد/ اعتقدت أن المثلية الجنسية أمر غير أخلاقي
10. ظن/ظنت أنه أمر رائع
11. قد تكون رؤية شخصين مثليين معا في الأماكن العامة مشكلة له/ لها
12. قلق/قلقت من اجابة أسئلة الأشخاص الآخرين عن ميولي الجنسي
13. طردني/ طردتني من المنزل
14. لم يصدقني/ تصدقني
15. صرخ/ صرخت علي
16. دعى/ دعيت الله أن يجعلني غير مثلي/ مثلية
17. لام نفسه/ لامت نفسها
18. نعتني/نعتتني بألفاظ مسيئة
19. تظاهر/تظاهرت أنني لا أملك هذه الرغبات
20. غضب/ غضبت من حقيقة رغباتي العاطفية و/ أو الجنسية
21. أراد/ أرادت مني عدم اخبار أي شخص آخر
22. بكى/ بكيت دموع حزن
23. قال/ قالت لي أنني لم أعد ابنه/ها (ابنته/ها)
24. قال/ قالت لي أنها مجرد مرحلة

25. غضب/ غضبت من شخص آخر لاعتقاده/ لاعتقادها أن هذا الشخص "حولني الى انسان يحمل رغبات نحو أشخاص من نفس الجنس"
5 4 3 2 1
26. أرادني/ أرادتني أن أرى اختصاصي نفسي "كي يحولني الى شخص غير مثلي"
5 4 3 2 1
27. خشى/ خشيت الأحكام المسبقة من الأقارب و الأصدقاء
5 4 3 2 1
28. قطع/ قطعت الدعم المالي
5 4 3 2 1
29. حاول/ حاولت اثبات أنه لا يمكن لي أن أكون منجذب نحو أشخاص من نفس الجنس, مثل "كنت على علاقة برجل/ امرأة من قبل, لا يمكن لك أن تتجذب نحو أشخاص من نفس جنسك"
5 4 3 2 1
30. غضب/ غضبت مني بسبب ما فعلته به/ بها
5 4 3 2 1
31. أراد/ أرادت مني أن لا أنجذب نحو أشخاص من الجنس الآخر
5 4 3 2 1
32. شعر/ شعرت بالعار بسبب انجذابي نحو أشخاص من الجنس الآخر
5 4 3 2 1

Appendix M

Perceived Parental Reactions Scale

إذا أُجبت الملحق الخامس، الرجاء الانتقال مباشرة إلى الملحق السابع.

إذا لم يكن أي من والديك يعلم عن رغباتك العاطفية و/أو الجنسية نحو أشخاص من نفس الجنس، حاول أن تتخيل ما قد تكون ردة فعل أقرب والديك اليك في حال تبين له/لها الأمر. ثم، الرجاء قراءة العبارات التالية والإشارة إلى مدى موافقتك أو عدم موافقتك على كل عبارة من خلال اختيار بالرقم المناسب. تذكر/تذكري أنه لا توجد اجابات صحيحة أو غير صحيحة، هذه آراءكم.

5	4	3	2	1
أوافق بشدة	أوافق	حيادي	أعترض	أعترض بشدة

إذا علم/علمت أقرب والدي لي عن رغباتي العاطفية و/أو الجنسية نحو أشخاص من نفس الجنس:

1. قد يدعمني/تدعمني 5 4 3 2 1
2. قد يقلق/تقلق مما سيظن بهم الأصدقاء و الأباء الآخرين 5 4 3 2 1
3. قد يكون لديه/لديها المعتقد أن الأشخاص المثليين يجب أن لا يعملوا مع الأطفال 5 4 3 2 1
4. قد يقلق/تقلق مما ستظن بهم العائلة 5 4 3 2 1
5. قد يكون/تكون فخورة بي 5 4 3 2 1
6. قد يعتقد/تعتقد أن الزواج بين الأشخاص المثليين أمر غير مقبول 5 4 3 2 1
7. قد يشعر/تشعر بالقلق إزاء احتمال عدم الحصول على أحفاد مني 5 4 3 2 1
8. قد يدرك/تدرك أنني ما زلت "أنا" بالرغم من رغباتي العاطفية و الجنسية 5 4 3 2 1
9. قد يعتقد/تعتقد أن المثلية الجنسية أمر غير أخلاقي 5 4 3 2 1
10. قد يظن/تظن أنه أمر رائع 5 4 3 2 1
11. قد تكون روية شخصين مثليين معا في الأماكن العامة مشكلة له/لها 5 4 3 2 1
12. قد يقلق/تقلق من اجابة أسئلة الأشخاص الآخرين عن ميولي الجنسي 5 4 3 2 1
13. قد يطردني/تطردني من المنزل 5 4 3 2 1
14. قد لا يصدقني/تصدقني 5 4 3 2 1
15. قد يصرخ/تصرخ علي 5 4 3 2 1
16. قد يدعو/تدعو الله أن يجعلني غير مثلي/مثلية 5 4 3 2 1
17. قد يلوم نفسه/تلوم نفسها 5 4 3 2 1
18. قد ينعمني/تنعمني بألفاظ مسيئة 5 4 3 2 1
19. قد يتظاهر/تتظاهر أنني لا أملك هذه الرغبات 5 4 3 2 1
20. قد يغضب/تغضب من حقيقة رغباتي العاطفية و/أو الجنسية 5 4 3 2 1
21. قد يريد/تريد مني عدم اخبار أي شخص آخر 5 4 3 2 1
22. قد يبكي/تبكي دموع حزن 5 4 3 2 1
23. قد يقول/تقول لي أنني لم أعد ابنه/ها (ابنته/ها) 5 4 3 2 1

24. قد يقول/ تقول لي أنها مجرد مرحلة
5 4 3 2 1
25. قد يغضب/ تغضب من شخص آخر لاعتقاده/ لاعتقادها أن هذا الشخص "حولني الى انسان يحمل رغبات نحو
أشخاص من نفس الجنس"
5 4 3 2 1
26. قد يردني/ تردني أن أرى اختصاصي نفسي "كي يحولني الى شخص غير مثلي"
5 4 3 2 1
27. قد يخشى/ تخشى الأحكام المسبقة من الأقارب و الأصدقاء
5 4 3 2 1
28. قد يقطع/ تقطع الدعم المالي
5 4 3 2 1
29. قد يحاول/ تحاول اثبات أنه لا يمكن لي أن أكون منجذب نحو أشخاص من نفس الجنس, مثل "كنت على علاقة برجل/
امرأة من قبل, لا يمكن لك أن تتجذب نحو أشخاص من نفس جنسك"
5 4 3 2 1
30. قد يغضب/ تغضب مني بسبب ما فعلته به/ بها
5 4 3 2 1
31. قد يريد/ تريد مني أن لا أكون أن لا أنجذب نحو أشخاص من الجنس الاخر
5 4 3 2 1
32. قد يشعر/ تشعر بالعار بسبب انجابي نحو أشخاص من الجنس الاخر
5 4 3 2 1

Appendix N

Belonging to LGB community

التعليمات: باستخدام المقياس أدناه، يرجى اختيار أفضل اجابة تصف تجربتك.

7	6	5	4	3	2	1
أعترض بشدة						أوافق بشدة
1.						عند التعامل مع أفراد مثليين/ مثليات/ ثنائي الميول من المجتمع المثلي، كثيرا ما أشعر بالاختلاف عنهم و بالوحدة، و كأنني لا أنتمي.
7 6 5 4 3 2 1						
2.						حضور المناسبات و المنظمات للمثليين/ للمثليات/ و لثنائي الميول مهم بالنسبة لي.
7 6 5 4 3 2 1						
3.						أشعر بالعزلة و الانفصال عن الأفراد المثليين/ المثليات/ ثنائي الميول.
7 6 5 4 3 2 1						
4.						معظم أصدقائي مثليين/ مثليات/ ثنائي الميول.
7 6 5 4 3 2 1						
5.						المواقف الاجتماعية مع الأشخاص المثليين، المثليات/ ثنائي الميول تجعلني أشعر بعدم الارتياح.
7 6 5 4 3 2 1						
6.						أن أكون جزء من المجتمع المثلي مهم بالنسبة لي.
7 6 5 4 3 2 1						
7.						وجود أصدقاء مثليين/ مثليات/ ثنائي الميول مهم بالنسبة لي.
7 6 5 4 3 2 1						
8.						أنا مرتاح/ة مع فكرة الانضمام الى مجموعات و جمعيات للمثليين/ للمثليات/ لثنائي الميول.
7 6 5 4 3 2 1						
9.						أنا على علم بالموارد الاجتماعية للمجتمع المثلي (كالمكتبات، والمجموعات التي تعطي الدعم، والحانات و غيرها).
7 6 5 4 3 2 1						
10.						أنا على علم بالتاريخ المتعلق بتطور المجتمع المثلي و المطالبة بالحقوق الاجتماعية.
7 6 5 4 3 2 1						
11.						أنا على علم بالكتب و المجالات المتعلقة بالمثليين/ المثليات/ ثنائي الميول.
7 6 5 4 3 2 1						
12.						أنا على علم بالأفلام و الموسيقى المتعلقة بالمثليين/ المثليات/ ثنائي الميول.
7 6 5 4 3 2 1						
13.						أنا على علم بالحفلات الموسيقية و المؤتمرات المتعلقة بالمثليين/ المثليات/ ثنائي الميول.
7 6 5 4 3 2 1						

