Routledge
Taylor & Francis Group

Journal of Homosexuality

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/wjhm20

Internalized Homonegativity and the Challenges of Having Same-Sex Desires in the Lebanese Context: A Study Examining Risk and Protective Factors

Sara Michli & Fatimah El Jamil

To cite this article: Sara Michli & Fatimah El Jamil (2022) Internalized Homonegativity and the Challenges of Having Same-Sex Desires in the Lebanese Context: A Study Examining Risk and Protective Factors, Journal of Homosexuality, 69:1, 75-100, DOI: 10.1080/00918369.2020.1809893

To link to this article: https://doi.org/10.1080/00918369.2020.1809893

JOURNAL OF HOMOSEXUALITY
2022, VOL. 69, NO. 1, 75–100
https://doi.org/10.1080/00918369.2020.1809893

Routledge
Taylor & Francis Group

Internalized Homonegativity and the Challenges of Having Same-Sex Desires in the Lebanese Context: A Study Examining Risk and Protective Factors

Sara Michli, MA and Fatimah El Jamil, PhD

Department of Psychology, American University of Beirut, Beirut, Lebanon

ABSTRACT

Internalized homonegativity (IH) has received increased attention in the literature on sexual minorities. Nevertheless, there is a lack of research on IH in conservative Arab cultures like Lebanon. The present study aimed to cover this gap by exploring risk and protective factors of IH in Lebanese sexual minorities. A hierarchical multiple regression (N = 210) revealed that religiosity, parental rejection (actual or anticipated), and legal discrimination were significant risk factors of IH, while sense of belonging to the LGBT community was a strong protective factor. Although self-compassion did not emerge as a predictor, it had interesting interactions on the bivariate level. Results, limitations, clinical implications, and recommendations for future research and policy making are discussed.

KEYWORDS

Internalized homonegativity; risk factors; protective factors; LGB community; cultural considerations; Arab societies; legal discrimination; parental attitudes; self-compassion; Lebanon

Introduction: Overview of homosexuality in Lebanon

Little is known about the lives and experiences of lesbian, gay, and bisexual (LGB) individuals in the Middle East and Arab countries (Wagner et al., 2013), where homosexuality is still treated as a taboo, a sin, and an unnatural practice (Mccormick, 2006; Moussawi, 2008). Surprisingly, this has not always been the case. Middle Eastern cultures were more tolerant of non-heterosexual emotions and behaviors, depicted in the rich historical literature on homoerotic idealization in Arab, Turkish, and Persian literature (Abdulhadi, 2010; Smith, 2012). 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. This tolerance in Arab cultures existed until the 13th century, after which attitudes toward same-sex attractions became increasingly negative and derogative (Habib, 2007; Smith, 2012).

Lebanon is a unique case because it is one of the few Arab countries that has been experiencing a growing visibility of the LGB community (Mccormick, 2006), depicted in the presence of NGOs advocating for gay rights and publicly known

CONTACT Sara Michli sara.michli@outlook.com Department of Psychology, American University of Beirut, Beirut, Lebanon.

LGBTQI+ pubs and nightclubs (Wagner et al., 2013). Beirut, the capital of Lebanon, has gained the reputation of being a refuge for the LGBT community in the Arab world (Dehghan, 2018; Meuse, 2017). Additionally, in 2013, the Lebanese Psychological Association and the Lebanese Psychiatric Association announced that homosexuality is not a disorder, and as such should not be treated (Kerbage, 2014a, 2014b). A recent study also revealed favorable attitudes and behaviors among health-care providers, especially among mental health providers, toward LGBT+ patients (Naal, Abboud, Harfoush, & Mahmoud, 2019). Furthermore, a few court rulings in the Lebanese civil and military courts marked what could be the beginning of a positive shift in attitudes in Lebanon. In 2009, Judge Mounir Sleiman stated that same-sex relations between consented adults are not a crime and should not be punished (Benoist, 2014). In 2014, Judge Naji Al-Dahdah did not penalize a transgendered woman charged for having "unnatural" sex with men. Instead, he stated that gender should not be solely based on sex identification, but also on how the person perceives him/herself (Benoist, 2014). In 2019, Tribunal Judge Peter Germanos dismissed charges against four soldiers for committing "unnatural sex" and did not issue arrest warrants (Assaf, 2019).

Despite Lebanon's reputation as being more liberal and accepting of homosexuality than other Arab countries, only 6% of the Lebanese population showed acceptance of homosexuality ("The Arab world in seven charts," 2019). Homosexuality is still criminalized in the Lebanese legal system (Human Rights Watch, 2013) and sexual minorities are denied equal civil rights and protection against discrimination. Additionally, it is argued that the "gay-friendly" attitudes are limited to Beirut and do not represent other cities in Lebanon (Wagner et al., 2013). Incidents of harassment, discrimination, and even violence are common among many LGB individuals in Lebanon and are often unreported to authorities not only because there is no law to protect sexual minorities, but also because they themselves would be criminalized instead (Meem, 2009; Murdock, 2011; Proud Lebanon, 2017).

Defining sexual orientation in the Middle East

In the West, sexual orientation has been defined by three components: sexual attraction, emotional attraction, and self-identification (Savin-Williams, 2006). Most of the research on LGB individuals have operationalized sexual orientation using mainly the component of self-identification (Savin-Williams, 2006). This approach excludes individuals involved in same-sex behaviors or who have same-sex emotional attractions, but who do not label themselves as such. Defining sexual orientation is especially critical in Middle Eastern and Islamic cultures, where the gay identity differs from the one that has emerged in the West (Habib, 2007; Smith, 2012). For example, Smith (2012) explained that two men engaging in sexual acts would both be considered homosexual in the West, whereas in Middle Eastern cultures, the label would apply based on the gender position

presumed during the sexual act. This reflects the emphasis Middle Eastern societies place on the masculine and feminine roles, and the low tolerance of any breach of those roles (Smith, 2012). Additionally, Khaled El-Rouayheb, a historian on sexuality in the Arab-Islamic region, argued 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). Furthermore, the negative cultural attitudes are reflected in the stigmatizing and offensive Arabic words used to describe same-sex experiences, and in the lack of neutral words, with the exception of "Mithliyin," (roughly defined as "sameness"). Even this word is not commonly used in the Lebanese dialiect and does not capture a person's internal experience (Meem, 2009). Consistently, there is an absence of a framework that defines the modern gay identity in Lebanon and the Arab world (Mccormick, 2006; Moussawi, 2008). Therefore, it comes as no surprise that several studies (Mccormick, 2006; Moussawi, 2008; Wagner et al., 2013) revealed uncertainty in how Lebanese gay and bisexual men expressed and described their sexual orientation.

Internalized homonegativity

Minority stress was defined by Brook (1981) as the stress associated with belonging to an inferior social category. Meyer (1995, 2003) expanded Brook's work to include sexual minorities. According to Meyer (1995, 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 (e.g. victimization, discrimination . . . etc.). Proximal stressors are subjective and depend on the person's appraisal of the situation and are unique to sexual minorities. They include: concealing sexual orientation, expectation of rejection and discrimination, and internalized homonegativity (Meyer, 1995, 2003).

Among the most researched proximal stressors is Internalized Homonegativity (IH) (Williamson, 2000). IH refers to the process by which a sexual minority person internalizes the society's negative myths, beliefs, and attitudes toward same-sex attractions, and directs them toward themselves and similar others (Barnes & Meyer, 2012). IH is considered a strong barrier to mental health and psychological well-being (Szymanski, Chung, & Balsam, 2001) and has detrimental effects on the physical and mental health of sexual minority individuals (Newcomb & Mustanski, 2010). Several studies found that IH was linked to low self-esteem (Peterson & Gerrity, 2006), depression (Davidson et al., 2017), anxiety (Parker, Lõhmus, Mangine, & Rüütel, 2016), alcohol abuse and dependence (Amadio, 2006; Barbra 2003; Cabaj, 2000), suicide (Grossman, D'Augelli, & O'Connell, 2002), and tendency to seek conversion therapy (Shidlo & Schroeder, 2002).

Predictors of internalized homonegativity

Although IH became a mainstay in the research on LGB individuals, research focused mainly on understanding the effects of IH on the lives of LGB individuals, whereas few tried to understand the concept itself; what predicts and explains it (Berg, Ross, Weatherburn, & Schmidt, 2013; Russell & Bohan, 2006). Therefore, the aim of this study was to understand IH in the Lebanese context by exploring (1) risk factors, including: intrinsic religiosity, parental rejection, legal discrimination, and (2) protective factors, including: sense of belonging to the LGB community and self-compassion. All these variables, except for self-compassion, have been theoretically linked to IH in the literature (Szymanski & Chung, 2002) and are fundamental in the Lebanese culture.

Risk factors

Religiosity

Even though religion serves as a source of support and has positive effects on physical and mental health within the general population (Chatters et al., 2008; Dahl & Galliher, 2010; Smith, McCullough, & Poll, 2003), there are mixed results on its role in the lives of sexual minorities (Barnes & Meyer, 2012; Walker & Longmire-Avital, 2013). Some studies demonstrated that religiosity has a serious negative impact on the well-being of LGB individuals (Lease, Horne, & Noffsinger-Frazier, 2005; Mahaffy, 1996; Schuck & Liddle, 2001; Whicker, de St. Aubin, & Skerven, 2017). Homophobic environments promoted by most religious institutions cause many homosexual individuals to live with two competing selves: the religious self and the homosexual self (Sherry, Adelman, Whilde, & Quick, 2010). Sherry et al. (2010) further found that higher religious conservatism predicted higher levels of shame, guilt, and IH.

In contrast, other studies found that religiosity can be a protective factor for LGB individuals (Dahl & Galliher, 2010; Longo, Walls, & Wisneski, 2013; Walker & Longmire-Avital, 2013). For example, Walker and Longmire-Avital (2013) found in a sample of black LGB emerging adults that religiosity contributed to participants' resilience and ability to deal with life's adversities, especially in individuals with high levels of IH. In their sample, individuals 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.

Religion is a central feature of the Lebanese political and social foundation (Mccormick, 2006; Moussawi, 2008) and self-identification (Harb, 2010). The two major religions in Lebanon, Islam and Christianity (Jawad, 2009), condemn homosexuality (Eidhamar, 2014; Lapinski & McKirnan, 2013). Therefore, many religious LGB individuals in Lebanon experience a struggle

between these two core aspects of their identity, resulting in shame, guilt, and attempts at repressing their sexual desires and identity (Meem, 2009).

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 associated with social benefits like support, community, belongingness, and security from the religious group. The focus of this study was on intrinsic religiosity because many LGB individuals maintain their faith even without extrinsic practices and the benefits of belonging to a religious community (Schuck & Liddle, 2001).

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 rejection is linked to depression, suicidal ideation, substance use, and unsafe sexual behaviors (Ryan, Huebner, Diaz, & Sanchez, 2009), and is one of the primary reasons why some LGB individuals participate in sexual reorientation therapy (Maccio, 2010).

Lebanon is predominantly a collective culture that emphasizes family ties and promotes interdependence and group affiliation (Taher, Kazarian, & Martin, 2008), while often repressing independent agency (Taher et al., 2008). In the absence of public sectors in Lebanon, the family plays the central role in providing various forms of support (Meem, 2009). The family is often involved in one's daily life and major decisions (Wagner et al., 2013), and is also affected by the decisions of the individual. 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). As such, people in collective cultures tend to have interdependent self-construals, in which the self is defined through group membership and important relationships (Markus & Kitayama, 1991). Consistently, Harb (2010) found that Lebanese young adults identified themselves primarily through their families.

Identifying as homosexual in Lebanese families can thus be deeply distressing and dangerous. Many LGB individuals are exposed to physical and emotional abuse, ostracism, denial of inheritance, house arrest, forced marriages (especially for women), and honor killing (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.

Legal discrimination

The lives of many LGB individuals are characterized by prejudice, discrimination, and victimization on individual and institutional levels (Kelleher, 2009). Institutional discrimination ranges from constraining the opportunities and resources available to LGB individuals to criminalizing homosexuality (Mireshghi & 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.

For example, Hatzenbuehler, McLaughlin, Keyes, and Hasin (2010) longitudinal study revealed that the prevalence of generalized anxiety disorder, alcohol use disorders, and mood disorders increased significantly across time in LGB individuals living in discriminating states compared to those living in non-discriminating states. Additionally, Berg et al. (2013) found higher levels of IH in participants living in states with both institutional discrimination and negative communal attitudes compared to homosexual individuals living in gay-friendly societies.

In Lebanon, homosexuality is still treated as a crime under the 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). While homosexuality was never explicitly mentioned in the code, the vagueness of the law has justified the persecution of LGB individuals (Human Rights Watch, 2013). Members of the LGBTQI+ community can be arrested by the police simply based on their appearance or gender non-conformity, even in the absence of any sexual act. Following arrest, they are subjected to interrogation, anal tests, blackmailing, and physical abuse (Helem & AFFE, 2015; Human Rights Watch, 2013; Proud Lebanon, 2017). It is also common for Lebanese authorities to shut down LGBTQI+ meeting areas and events, the most recent was canceling the Beirut Pride event in 2018 ("Beirut pride cancelled," 2018). Additionally, in 2018, the Lebanese government voted against an international bill calling for respecting sexual minority rights (Khalife, 2018).

Protective factors

Most studies on LGB individuals have focused on the difficulties associated with belonging to a sexual minority group (Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Savin-Williams, 2008), depicting them as passive victims instead of resilient agents with their own complex cognitive, behavioral, and emotional coping strategies (Kwon, 2013; Mustanski, Newcomb, & Garofalo, 2011; Savin-Williams, 2008). Therefore, it becomes increasingly important to adopt a positive psychology approach to understanding LGB individuals' experiences (Kwon, 2013; Mustanski et al., 2011; Savin-Williams, 2008).

Sense of belonging to LGB community

Sense of belonging to the LGBTQI+ community is 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". McLaren, Gibbs, & Watts, 2013, p. 2). Many studies revealed that sense of belonging to the LGB community is linked to lower rates of depression (McLaren, 2009; McLaren et al., 2013; McLaren, Jude, & McLachlan, 2008; Zea, Reisen, & Poppen, 1999) and IH (Grey et al., 2013; Mayfield, 2001; Ross & Rosser, 1996), and higher self-esteem (Zea et al., 1999). Interestingly, IH was also found to be positively associated with depression through less connection and support from LGBTQI+ community and groups (Davidson et al., 2017). Nevertheless, the role of the LGBTQI+ community belonging is not as obvious in the Lebanese culture. Moussawi (2008) found that while some Lebanese gay and bisexual men experienced the LGBTQI+ community as a source of support, others preferred to distance themselves from it or felt alienated by it. As such, the perceived belongingness toward the LGBTQI+ community and the impact of that belongingness remains unclear in Lebanese society.

Self-compassion

Self-compassion refers to 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). Literature on self-compassion revealed its positive effects on mental health and life satisfaction (Barnard & Curry, 2011; Neely, Schallert, Mohammed, Roberts, & Chen, 2009; Neff, 2003, 2011; Neff et al., 2007; Raes, 2010). It also plays a positive role in LGB individuals' lives as well, with enhanced subjective well-being, self-esteem, life satisfaction, and outness (Beard, Eames, & Withers, 2016; Crews & Crawford, 2015; Jennings & Tan, 2014; Matos, Carvalho, Cunha, Galhardo, & Sepodes, 2017; Toplu-Demirtaş, Kemer, Pope, & Moe, 2018). Nevertheless, to our knowledge, there are no published studies on the relationship between self-compassion and IH. Self-compassion can be especially relevant to IH in that having a non-judgmental and caring attitude toward oneself could protect sexual minority individuals from internalizing society's negative messages. Consistently, a participant from Riggle et al.'s (2008) qualitative study 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" (p. 213).

Method

Participants

Only participants who are Lebanese, above 18 years of age and experience emotional and/or sexual same-sex desires met inclusion criteria for the study. Non-Lebanese and transgender/transsexual individuals were excluded from this study because they experience unique internal and sociopolitical challenges in the Lebanese culture that are beyond the scope of this research.

We originally attained a sample of 366 participants, but the final sample size retained for the final analysis was 210 participants (135 males, and 75 females). Most participants identified as gay (55.7%) and lesbian (12.9%), followed by queer (6.2%), straight (6.2%), and questioning (2.9%). Some participants described their sexual orientation in a dimensional rather than a categorical way (e.g., "gay with a mild attraction toward women"). Additionally, the participants' age ranged between 18 and 51 years old (M = 25.49, SD = 5.41).

Participants in our sample were well educated; 48.6% with a graduate degree, 35.7% with an undergraduate degree, and 10% with a postgraduate degree. Most participants' (60.3%) parents did not know about their same-sex desires, whereas 39.7% did. 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 (5.7% each), and 6.7% chose other. Our sample differs from the distribution of religious sects in Lebanon. According to a recent report on Lebanese demographics, 57.7% of the population are Muslim (28.7% are Sunni, 28.4% are Shiaa) and 36.2% are Christians (Maronite Catholics are the largest Christian group), and 5.2% of the population are Druze ("Lebanon demographics profile," 2019). However, it is important to note that these numbers rely on the civil registry based on the inheritance of religion from the father, and do not consider personal affiliations. Additionally, a recent survey revealed that since 2013, the number of Arab individuals, especially under 30 years, who do identify as "not religious" has been on the rise, including those residing in Lebanon ("The Arab world in seven charts" 2019). Moreover, religion demographics in our sample are consistent with the literature on the LGBTQ+, which argues that incongruencies between sexual and religious identities can lead individuals to question, redefine, or abandon their religious identity (Wood & Conley, 2014).

Procedure

This study received the approval of the Institutional Review Board (IRB) at the American University of Beirut. Three recruitment methods were used: (1) snowball sampling, (2) contacting non-governmental organizations such as

Proud Lebanon and The Gender and Sexuality Resource Center at the Arab Foundation for Freedoms and Equality, who made the link visible via their main webpages, Facebook pages, and mailing list, and (3) posting on the Lebanese LGBT Media Monitor, an active online page related to LGBTQI+ individuals in Lebanon. This method was used to increase the chances of recruiting participants who cannot be reached by the first two methods. All scales where translated and back-translated to Arabic using the following procedure: first, the scales were translated by a clinical psychologist with fluency in Arabic and English and who is also a member of the LGBTQI+ community in Lebanon. The scales were then back translated by another independent Lebanese member of the LGBTQ+ community with fluency in Arabic and English. Direct feedback on all the Arabic translated scales was then obtained from an Arabic language teacher as he compared them to the English scales. Scales were then presented in the pilot study before data collection started.

Measures

Demographics questionnaire

The demographics questionnaire included questions about age, biological sex, level of education, religious affiliation, sexual orientation, and sexual identity disclosure to parents. Based on the literature review on Arab sexual identity above, and to remain culturally sensitive, we measured sexual orientation using two questions while carefully selecting sensitive Arabic words, given that most Arabic words that refer to homosexuality are derogatory. The first, "Have you ever experienced emotional and/or sexual desires towards another person from the same sex?" was used as an inclusion criterion. The second question asked participants to either endorse a label for their sexual orientation or to write a description that best reflects it for them.

Internalized homonegativity

The Internalized Homonegativity Inventory (IHNI; Mayfield, 2001) measures IH in gay men. It consists of 23 items that are rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). IHNI includes 3 subscales: Personal homonegativity, Gay affirmation, and Morality. The alpha for the full IHNI was.91 (Mayfield, 2001). The Cronbach's alpha for this scale was .94 in the present study. Items for this scale were adapted to include the experiences of lesbian and bisexual men and women and to remain culturally sensitive.

Religiosity

Religiosity was measured using 8 items from the Religiosity Scale from Rebeiz and Harb's (2010) study, which is ideal in cultures that contain Muslims and Christians. Items are rated on a 7-point Likert scale ranging from 1 (strongly agree) to 7 (strongly disagree). This scale has been validated on a student sample of Iraqis (Fischer, Harb, Al-Sarrafe, & Nashabe, 2008) and Lebanese nationals (Harb, 2010) and has high internal consistency, with Cronbach's alpha of .93. The Cronbach's alpha in the present study was .92.

Legal discrimination

Seven items were developed for this study to measure participants' experiences with the Lebanese legal and institutional discrimination. Participants rated their answers using yes or no. Items in this scale loaded on three factors which we labeled: "Personal arrest," "Others arrest," and "Vigilance," yet we excluded the factors "Others arrest" and "Personal Arrest" from the analyses. The reason is that only a few participants reported being arrested for their sexual orientation, and most participants were familiar with others being arrested because of their sexual orientation. This made the answers on these two scales extremely skewed (ceiling effect). Therefore, only "Vigilance" was entered as an independent variable in the regression model. Vigilance was measured using three items (e.g. Do you feel the need to change the way you look in public out of fear of being arrested because of your sexual orientation?). It refers to the extent to which a person feels restrained and worried about being arrested for homosexuality. The subscale's Cronbach's alpha was .72.

Parental rejection

Actual or anticipated parental rejection was measured by adapting items from the Perceived Parental Reactions Scale (PPRS; Willoughby, Malik, & Lindahl, 2006). The PPRS contains 32 items that measure perceptions of actual parental response to sexual orientation, specifying the parent to whom the participant already came out to. Focusing on the actual experiences of parental rejection limits our understanding of many LGB individuals, especially in conservative cultures that make coming out painful and dangerous. The PPRS is based on a unique population that may be more socially advantaged, allowing individuals to be more open about their sexual orientation. Therefore, we adapted the PPRS items to include anticipated parental 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. The screening question was presented in the demographics as parental knowledge. If the participant's

parent knew about his/her same-sex desires, the original PPRS was presented, if not, the adapted PPRS scale was presented.

Items were rated on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). According to the authors of the PPRS scale, the scale has good internal consistency and reliability, with Cronbach's alpha of .97, and a good test-retest reliability, ranging between .95—.97 (Willoughby et al., 2006). In our study, the Cronbach's alphas for the actual parental rejection scale, anticipated parental rejection scale, and the combined actual and anticipated parental rejection scale were: .95, .96 and .94 respectively.

Belonging to the LGB community

Belonging to LGB community was measured using an adapted version of the Connection with the Lesbian Community subscale, obtained from the Lesbian Internalized Homophobia scale (Szymanski & Chung, 2001). The 13 items were modified to include the experiences of gay and bisexual men. Participants rated their answers on a 7-point Likert scale, ranging from 1 (strongly agree) to 7 (strongly disagree). According to Szymanski and Chung (2001), this subscale had high reliability, with Cronbach's alpha of .87. In the present study, the Cronbach's alpha was .89.

Self-compassion

Self-compassion was measured using the Self-Compassion Scale (SCS; Neff, 2003). SCS contains 26 items rated on a 5-point Likert scale ranging from 1 (almost never) to 5 (almost always). It is composed of six dimensions: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Over-identification. 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, 2003, 2005). The scale displayed a Cronbach's alpha of .93 in the present study.

Pilot testing and validation

Given the sensitivity of the research questions, it was important to assess the sensitivity and applicability of the scales. Therefore, a pilot study was conducted on a small sample of Lebanese participants. Participants were asked to share their thoughts and feelings about the questions in the comments section at the end. Among participants' suggestions were adding more options on sexual orientation and changing the order of scales presentation. For example, the legal discrimination scale was presented after demographics and was followed by IHNI. This order of filling the questionnaires was, reportedly, emotionally difficult for some people. Therefore, we

changed the order of the questionnaires by putting the legal questionnaire after religiosity. Additionally, participants had difficulty understanding item 6 in IHNI "I see my same-sex desires as a gift," especially in Arabic. Therefore, the item was changed to "I see my same-sex desires as something positive."

Lastly, some participants felt judged by the questions which made them defensive and hesitant to continue the survey. Some even 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." Additionally, a warning statement about the sensitivity of the questions was added in the informed consent as well as referral sources to local NGOs that provide free psychotherapy and legal services as needed.

Data analysis

Data analyses were carried using Statistical Package for Social Sciences (SPSS, 2015). First, an exploratory factor analysis with principal components extraction was carried on SCS and IHNI to examine their factor loading in the Lebanese context. We also conducted an exploratory factor analysis on the legal discrimination scale to understand the underlying structure and relationships among the items.

Second, the correlations between the independent variables and the dependent variable and among the independent variables were explored. Pearson's correlation was used among variables that did not violate the assumption of normality, and a Spearman's rho correlation was conducted among variables in which one or both variables violated the assumption of normality.

Third, a hierarchical multiple regression was used to investigate whether IH could be predicted by: religiosity, parental rejection (actual or anticipated), legal discrimination, self-compassion, and sense of belonging to LGB community. Age, gender, educational level, and parents' knowledge were controlled for.

Results

Preliminary analysis

Preliminary analyses were conducted prior to examining the main analyses (missing values, univariate and multivariate outliers, and normality). Missing values were not replaced to preserve the integrity of the participants' answers and not distort them in any way that can be a product of replacement. In the regression model, we selected List-wise deletion method.

Factor analysis

A factor analysis with principal components extraction was carried on SCS and on IHNI. Three factors were extracted on the IHI similar to the original scale. In contrast, the item loadings on the SCS did not correspond similarly to the six factors of the original scale, and no clear thematic patterns could be identified. Due to the varying factor structures and dissimilar loadings found in previous literature for the SCS, ranging from a two-factor structure to a six-factor structure (Muris, Meesters, Pierik, & de Kock, 2016; Muris, van den Broek, Otgaar, Oudenhoven, & Lennartz, 2018); some researchers have recommended against the use of six subscale scores representing the six factors, preferring a two-factor structure (e.g. Kumlander et al., 2018), while others (e.g. Cleare at al., 2018) supported the use of only one overarching self-compassion score. Given in our analyses we arrived at six factors but with dissimilar loadings, we continued with the analysis using only the SCS total score as recommended by Cleare et al. (2018).

Lastly, a factor analysis with principal components extraction (varimax rotation) was conducted on the 7 items of the legal discrimination scale developed for this study. Three factors were extracted based on eigenvalues greater than one, which we labeled: Personal Arrest, Other's Arrest, Vigilance. Because each of these sub-factors seem to be different constructs, we decided that combining them into one scale would be confusing and instead chose to look at each factor independently. In the final analysis however, we only entered Vigilance as an independent variable in the regression model because a floor effect occurred with the two subscales, Personal and Other's Arrest, indicating that these variables may not be relevant to this sample.

Scales' descriptives

The means and standard deviations of the scales are presented in Table 1. The means were below the midpoint for IH and religiosity, indicating that, on average, participants in this sample endorsed low levels of IH and religiosity. Both the mean for the actual parental rejection and anticipated parental

Table 1. Means and standard deviations.

	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				

rejection were higher than the midpoint indicating that participants in our sample experienced high parental rejection, be it actual or anticipated. However, mean for anticipated parental rejection was even higher than that of actual parental rejection, indicating that participants who had at least one parent who knew about their same-sex attractions experienced less rejection than participants whose parents did not know and could only anticipated their parents' reaction. Finally, the mean for the self-compassion scale was equal to the midpoint, indicating that participants were neither high nor low on self-compassion.

Correlation matrix

Table 2 shows the correlation between IH and the independent variables, and the correlations among each of the independent variables. IH was significantly positively correlated with parental rejection, religiosity, and vigilance, and significantly negatively correlated with sense of belonging to the LGB community and self-compassion.

As for the correlation among the IVs, religiosity had a significant positive relationship with vigilance and a significant negative relationship with sense of belonging to the LGB community. Parental rejection correlated significantly and positively with vigilance and negatively with self-compassion. Vigilance did not only have a significant positive correlation with parental rejection and religiosity, but also a significant negative correlation with self-compassion. Self-compassion was also significantly positively correlated with sense of belonging to the LGB community.

Main analysis: Hierarchical multiple regression

In the four-step hierarchical multiple regression, the control variables (age, gender, and parents' knowledge) were entered in the first step. Level of education

Table 2. Zero Order Correlation Matrix.

	IH	Religiosity	Belonging	Self-Compassion	Vigilance	Parents Rej
IH		.29*****^{rs}	−.53*****^{rs}	−.27*****^{rs}	.33****^{rs}	.23****^{rs}
Religiosity	.29*****^{rs}		−.17*$^{r.}$	.11	.16**^{rs}	−.05
Belonging	−.53*****^{rs}	−.17*^{r}		.14**^{r}	−.14	.01
Self-Compassion	−.27*****^{rs}	−.27*****^{rs}	.14**^{r}		−.20*****^{rs}	−0.29*****^{rs}
Vigilance	.33****^{rs}	.16**^{rs}	−.14	.20*****^{rs}		.21*****^{rs}
Parents Rej	.23****^{rs}	−.05	−.01	−.29*****^{rs}	.21*****^{rs}	

* 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)
^{rs} Spearman's rho coefficient
^{r} Pearson's coefficient

was entered next, with Master's degree as the reference group. Parental rejection (composed of actual and anticipated parental rejection) and vigilance were entered in the third block. Religiosity, self-compassion, and sense of belonging to the LGB community were added in the fourth block.

All assumptions were met except for homoscedasticity and normality. Therefore, we ran our regression using the bootstrapping method based on 1000 bootstrap samples, with bias corrected and accelerated 95% confidence intervals. Bootstrapping is a robust method against violations of normality and homoscedasticity (Field, 2013). Four of the predictors (religiosity, parental rejection, vigilance, and sense of belonging to the LGT community) contributed significantly to the prediction of IH, explaining 48.3% (*adjusted* $R^2 = .64$) of the variance in the outcome variable, with $F\ (3, 158) = 25.29$, $p < .001$.

Table 3 Displays the multiple regression parameters predicting IH (R, R^2, unstandardized bootstrapped coefficients (B), and standardized bootstrapped coefficients (β)). The standardized bootstrapped coefficients in the final model showed that religiosity, parental rejection, and vigilance emerged as significant positive predictors of IH after controlling for age, biological sex, level of education, and parental knowledge. Furthermore, sense of belonging to the LGB community emerged as a significant negative predictor of IH. Of the control variables, only parental knowledge was a significant negative predictor of IH in the final model. This shows that individuals whose parents did not know about their same-sex preferences had higher levels of IH compared to those whose parents knew of their child's sexual orientation.

Discussion

The current study examined the risk and protective factors of IH in a sample of Lebanese individuals with same-sex desires. To our knowledge, this is the first study to examine IH in an Arabic country with a sample inclusive of Lebanese sexual minority women, and to explore the relationship between IH and self-

Table 3. Confidence intervals.

	B	*Bias*	*SE*	β	Lower	Upper
(Constant)	2.18	.03	.52	?	.95	.34
Age	.01	.00	.01	.05	−.01	.03
Biological Sex	.18	−.01	.01	.10	.02	.33
Parental Knowledge	−.23	.01	.12	−.13*	−.49	.04
Masters vs. high school	.64	−.01	.79	−.13	−.47	2.30
Masters vs. technical	−.07	.01	.32	−.01	−.57	.68
Masters vs. undergrad	.01	.00	.11	.01	−.19	.23
Masters vs. postgrad	−.00	.01	.21	−.00	−.42	.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

*p <.05, ** *p* <.01, ***p <.001

compassion in the literature. Results from this study revealed that IH is predicted by higher levels of intrinsic religiosity, negative parental attitudes, and vigilance, and by lower levels of sense of belonging to the LGBTQ+ community. These findings highlight the impact of social, political, parental, and religious attitudes on the ways Lebanese sexual minorities perceive and experience their sexual orientation.

In this study, higher levels of intrinsic religiosity predicted higher levels of IH. Religion is central to the Lebanese societal, familial, and political structures (Mccormick, 2006; Moussawi, 2008), and to the formation of one's identity (Harb, 2010). Therefore, the religious context can be confusing and frustrating for many Lebanese individuals who struggle to integrate their sexual and religious identities, and thus find themselves faced with the hard decision of choosing one over the other. Both gay and bisexual Lebanese (Wagner et al., 2013) and Turkish participants (Bereket & Adam, 2008) regarded religion as one of the main factors that cause them distress, driving them to either abandon their religion, or else maintain their religious faith at the expense of their continued internal struggle. At best, some participants reported being able to integrate both identities by holding parts of the religion that felt true to them.

Furthermore, intrinsic religiosity correlated significantly and negatively with sense of belonging to the LGBTQI+ community, indicating that religious individuals in our sample were less likely to find their place in the LGB community. This finding could be explained in two ways: (1) religious individuals may feel alienated from the LGBTQI+ community in which many individuals tend to lose their religious faith as they engage in the community (Bereket & Adam, 2008); thus, making them feel like a minority within a minority or (2) religious individuals may give more value to their religious teachings over their same sex-desires (Mccormick, 2006), and thus make attempts to distance themselves from the "gay lifestyle."

Additionally, there was a positive correlation between religiosity and vigilance, indicating that religious LGB individuals in our sample were also more likely to worry about being arrested for their same-sex preferences. This can 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 and thus deserves punishment. This assumption, however, needs to be further investigated in future research.

Parental rejection, be it actual or anticipated, emerged as a significant risk factor of IH in our sample. This is not surprising given the centrality of the family in the collective Lebanese culture (Taher et al., 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 well-being of LGB individuals. Most participants reported that their parents were not aware of their same-sex preferences and these participants were more likely to experience IH than participants whose parents knew. This is consistent with previous findings with gay and bisexual Lebanese men who chose not to come out to their family out of fear of abandonment and rejection (Moussawi, 2008; Wagner et al., 2013).

Lastly, vigilance also emerged as a significant risk factor of IH in the present study. This finding revealed that worrying about legal discrimination and being fearful of arrest alone predicted higher level of IH.

Despite the challenges experienced by Lebanese sexual minority individuals, and despite the ambivalence reported in the literature around Lebanese individuals' willingness to be a part of the LGB community (Moussawi, 2008), sense of belonging to the LGBTQI+ community emerged as a strong protective factor of IH, which is consistent with Western literature (LeBeau & Jellison's, 2009; Riggle et al., 2008; Zea et al., 1999). In the absence of tolerance from family, religion, and society, LGB individuals manage to create a community that provides an environment of acceptance, affirmation, education, and freedom, which buffer against minority stressors (Herek, 2007).

In contrast to our expectations, self-compassion did not come out as a significant predictor of IH. The SCS has been under scrutiny in the literature for the varying factor structures that have emerged in different studies (Muris et al., 2016, 2018) which may be impacting results. Nevertheless, self-compassion played an interesting role at the bivariate level such that it had a significant negative correlation with IH, vigilance, and parental rejection, indicating that people with higher self-compassion were less likely to be affected by vigilance, experience IH, and perceive/anticipate parental rejection. These findings are consistent with other studies that found a negative relationship between perceived discrimination and self-compassion (Liao, Kashubeck-West, Weng, & Deitz, 2015), and between self-compassion and parental rejection (Topula-Demirtas et al., 2018). Additionally, self-compassion had a significant positive relationship with sense of belonging, indicating that those who were more integrated in the LGB community also had more self-compassion.

Limitations

Results of this study need to be considered in light of several limitations. Given the difficulty of reaching individuals from stigmatized social minorities and particularly when sexual orientation can expose a person to danger, it is very difficult to obtain a representative sample through random sampling (LeBeau & Jellison, 2009). Thus, our main recruitment methods resulted in a convenient sample.

Second, participants with high levels of IH may be underrepresented in this study, justifying the skewed results on the IH scale. To qualify as a participant in this study, the participant had to report experiencing same-sex emotional and/or sexual desires. Individuals with high levels of IH may be less likely to admit having same-sex desires, creating a sampling bias. Furthermore, the skewed results on IH,

parental rejection, and vigilance may have underestimated the magnitude of the relationship between IH and other predictor variables (Szymanski et al., 2001).

Third, regarding the sample characteristics, studies with sexual minorities from the general population indicated that individuals who agree to participate in research tend to be more socially advantaged (i.e., highly educated, males, etc.), less socially conservative and religious, more open about their sexual orientation, and more connected to the LGB community (LeBeau & Jellison, 2009), which are similar characteristics to our sample. This selection bias limits the generalizability of the results to sexual minorities of different backgrounds.

Future recommendations

Given that males and females have different sexual identity development and unique challenges that accompany their sexual identity status (LeBeau & Jeliison, 2009), we recommend that in future studies they not be treated as a homogenous group. For example, lesbian and bisexual women are subjected to double stigma: heterosexism and 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, such as higher rates of legal discrimination and lower social tolerance for breaching gender roles (Moussawi, 2008). Bisexual individuals are more likely to suffer from IH (Kuyper & Fokkema, 2011) and are exposed to negative beliefs and stigma about bisexuality from both the LGBT and the general communities (Li, Dobinson, & Scheim, 2013).

Additionally, and in agreement with McLaren, Gibbs, and Watts's (2013) concern, it is not clear how participants defined the "LGB community." The LGBTQ+ community in Lebanon can be divided into three parts: NGOs concerned with sexual minorities, a group of LGBTQI+ friends, and gay-friendly nightclubs and pubs (Moussawi, 2008). It is not clear which of those three aspects served as the participants' reference point, and whether the positive effect of sense of belonging on IH is attributed to all three aspects or to one (McLaren et al., 2013). Therefore, it is important for future researchers to assess for the type of LGB community. Finally, it would also be interesting to assess whether internet, social media, and mobile applications play a role in increasing sense of belonging and influencing its relationship with IH.

Clinical implications and policy making

The main concern to be addressed based on the results of this study is how to assist individuals with same-sex preferences in managing these challenges while continuing to thrive in the Lebanese culture. It is important to note that our sample was not recruited from a clinical setting, nevertheless, understanding the results can be useful in both clinical and communal settings.

There are many misconceptions around IH, even within the LGB community. Lack of comfort with one's sexual orientation is perceived as pathological and is attributed to personal characteristics instead of social factors. This may bias the therapist's clinical judgment and may further exacerbate the client's well-being and sense of self. Therefore, psycho-education can be useful in providing a rounded conceptualization, validating the client's difficulties, increasing their insight into the multilayered origins of their suffering, and affirming and normalizing their experience. Support groups can also be helpful for individuals struggling with IH, especially for individuals with interdependent self-construals in collective cultures who value group harmony yet lack support from their significant social circles.

Furthermore, according to the results of the study, integrating one's same-sex desires with their religious faith is a critical conflict for Lebanese individuals. This is equally challenging for mental health professionals working with them, who find themselves caught between honoring the clients' belief system (Harris, Cook, & Kashubeck-West, 2008) and confronting misconceptions. Results from this study suggest the importance of working differently with religious LGB individuals, especially given that what serves as a protective factor for other LGB individuals, such as belonging to the LGB community, may not necessarily work for them. Psychotherapy can assist them in how best to integrate their religious and sexual identities. One suggestion proposed by Harris et al. (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" (p. 220). Consistently, Kubicek et al. (2009) found 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.

Additionally, results from our study revealed the important role parental attitudes play in how one feels about his/her same-sex desires. Clinical settings in Lebanon should emphasize the need for family-centered interventions whereby the therapist may consider providing psychoeducation on sexual identities and the importance of family support to the families ofsexual minority individuals (Bregman et al., 2013).

Finally, this study calls on activists and NGOs concerned with LGB and human rights to push for a change in the Lebanese legal system and to advocate for laws that protect sexual minorities. Legal lawyers can play a role in educating LGB individuals on their legal and civilian rights and provide them with contacts and safety measures.

Disclosure statement

No potential conflict of interest was reported by the authors.

References

Abdulhadi, R. (2010). Sexualities and the social order in arab and muslim communities. In S. Habib (Ed.), *Islam and homosexuality* (Vol. 2, pp. 463–488). Santa Barbara, CA: Praeger.

Allport, G. W., & Ross, M. W. (1967). Personal religious orientation and prejudice. *Journal of Personality and Social Psychology*, *5*(4), 432–443. doi:10.1037/h0021212

Amadio, D. M. (2006). Internalized heterosexism, alcohol use, and alcohol-related problems among lesbians and gay men. *Addictive Behaviors*, *31*(7), 1153–1162. doi:10.1016/j.addbeh.2005.08.013

Assaf, C. (2019). *In a landmark decision, a Lebanese military tribunal decriminalizes homosexuality*. Retrieved from https://www.lorientlejour.com/article/1164847/in-a-landmark-decision-a-lebanese-military-tribunal-decriminalizes-homosexuality.html

Barbara, A. M. (2003). Substance abuse treatment with lesbian, gay and bisexual people: A qualitative study of service providers. *Journal of Gay & Lesbian Social Services*, *14*(4), 1–17. doi:10.1300/J041v14n04_01

Barnard, L. K., & Curry, J. F. (2011). Self-compassion: Conceptualizations, correlates, & interventions. *Review of General Psychology*, *15*(4), 289. doi:10.1037/a0025754

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *American Journal of Orthopsychiatry*, *82*(4), 505–515. doi:10.1111/j.1939-0025.2012.01185.x

Beard, K., Eames, C., & Withers, P. (2016). The role of self-compassion in the wellbeing of self-identifying gay men. *Journal of Gay & Lesbian Mental Health*, *21*(1), 77–96. doi:10.1080/19359705.2016.1233163

Beirut pride cancelled after organizer detained. (2018, May 16). *BBC News*. Retrieved from https://www.bbc.com/news/world-middle-east-44141603

Benoist, C. (2014). Lebanon: LGB ruling only the first step. *Alakhbar*. Retrieved from http://english.al-akhbar.com/node/18900

Bereket, T., & Adam, B. D. (2008). Navigating Islam and same-sex liaisons among men in Turkey. *Journal of Homosexuality*, *55*(2), 204–222. doi:10.1080/00918360802129428

Berg, R. C., Ross, M. W., Weatherburn, P., & Schmidt, A. J. (2013). Structural and environmental factors are associated with internalized homonegativity in men who have sex with men: Findings from the European MSM Internet Survey (EMIS) in 38 countries. *Social Science & Medicine*, *78*, 61–69. doi:10.1016/j.socscimed.2012.11.033

Bozett, F. W., & Sussman, M. B. (1989). Homosexuality and family relations: Views and research issues. *Marriage & Family Review*, *14*(3–4), 1–8. doi:10.1300/J002v14n03_01

Bregman, H. R., Malik, N. M., Page, M. J., Makynen, E., & Lindahl, K. M. (2013). Identity profiles in lesbian, gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence*, *42*(3), 417–430. doi:10.1007/s10964-012-9798-z

Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington, MA: Lexington Books.

Cabaj, R. P. (2000). Substance abuse, internalized homophobia, and gay men and lesbians: Psychodynamic issues and clinical implications. *Journal of Gay & Lesbian Psychotherapy*, *3*(3–4), 5–24. doi:10.1300/J236v03n03_02

Chahine, P. (2008). (Re) Constructing Beirut: Helem and "local" homosexualities. (Unpublished Dissertation). McGill University, Montreal, QC.

Chatters, L. M., Bullard, K. M., Taylor, R. J., Woodward, A. T., Neighbors, H. W., & Jackson, J. S. (2008). Religious participation and DSM-IV disorders among older african

americans: Findings from the national survey of American life. *The American Journal of Geriatric Psychiatry*, *16*(12), 957–965. doi:10.1097/JGP.0b013e3181898081

Cleare, S., Gumley, A., Cleare, C. J., & O'Connor, R. C. (2018). An investigation of the factor structure of the Self-Compassion Scale. *Mindfulness*, *9*(2), 618–628. doi:10.1007/s12671-017-0803-1

Crews, D., & Crawford, M. (2015). Exploring the role of being out on a queer person's self-compassion. *Journal of Gay & Lesbian Social Services*, *27*(2), 172–186. doi:10.1080/10538720.2015.1022272

Dahl, A., & Galliher, R. (2010). Sexual minority young adult religiosity, sexual orientation conflict, self-esteem and depressive symptoms. *Journal of Gay & Lesbian Mental Health*, *14*(4), 271–290. doi:10.1080/19359705.2010.507413

Davidson, K., McLaren, S., Jenkins, M., Corboy, D., Gibbs, P. M., & Molloy, M. (2017). Internalized homonegativity, sense of belonging, and depressive symptoms among Australian gay men. *Journal of Homosexuality*, *64*(4), 450–465. doi:10.1080/00918369.2016.1190215

Dehghan, S. K. (2018, June 20). Everyone is welcome: The only gay hangout in the Arab world. *World news | The Guardian*. Retrieved from https://www.theguardian.com/world/2018/may/17/beautiful-dream-the-beirut-lgbt-centre-offering-an-oasis-of-tolerance

Eidhamar, L. G. (2014). Is gayness a test from Allah? Typologies in Muslim stances on homosexuality. *Islam and Christian–Muslim Relations*, *25*(2), 245–266. doi:10.1080/09596410.2013.869882

Feinstein, B. A., Wadsworth, L. P., Davila, J., & Goldfried, M. R. (2014). Do parental acceptance and family support moderate associations between dimensions of minority stress and depressive symptoms among lesbians and gay men? *Professional Psychology: Research and Practice*, *45*(4), 239. doi:10.1037/a0035393

Field, A. (2013). *Discovering statistics using SPSS* (4nd ed.). London, UK: Sage Publications Ltd.

Fischer, R., Harb, C., Al-Sarraf, S., & Nashabe, O. (2008). Support for resistance among Iraqi students: An exploratory study. *Basic and Applied Social Psychology*, *30*(2), 167–175. doi:10.1080/01973530802209202

Grey, J. A., Robinson, Beatrice "Bean" E., Coleman, E., & Bockting, W. O. (2013). A systematic review of instruments that measure attitudes toward homosexual men. *Journal of Sex Research*, *50*(3–4), 329–352. doi:10.1080/00224499.2012.746279

Grossman, A. H., D'Augelli, A. R., & O'Connell, T. S. (2002). Being lesbian, gay, bisexual and 60 or older in North America. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy, & Research*, *13*(4), 23–40. doi:10.1300/J041v13n04_05

Habib, S. (2007). *Female homosexuality in the Middle East: Histories and representations (No. 13)*. New York, NY: Routledge.

Harb, C. (2010). *Describing the lebanese youth: A national and psycho-social survey*. Retrieved from http://www.aub.edu.lb/ifi/public_policy/arab_youth/Documents/working_papers series/ifi_wps03_ay_Harb.pdf

Harris, J. I., Cook, S. W., & Kashubeck-West, S. (2008). Religious attitudes, internalized homophobia, and identity in gay and lesbian adults. *Journal of Gay & Lesbian Mental Health*, *12*(3), 205–225. doi:10.1080/19359700802111452

Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health*, *100*(3), 452–459. doi:10.2105/AJPH.2009.168815

Helem & Arab Foundation for Freedom and Equality. (2015). *Universal Periodic Report on Homosexuality and Gender in Lebanon*. Retrieved from https://ilga.org/wp-content/uploads/2016/02/Shadow-report-22.pdf

Herek, G. M., & Garnets, L. D. (2007). Sexual orientation and mental health. *Annual Review of Clinical Psychology*, *3*, 353–375. doi:10.1146/annurev.clinpsy.3.022806.091510

Human Rights Watch. (2013). *"It's part of the job": Ill-Treatment and torture of vulnerable groups in Lebanese police stations*. Retrieved from http://www.hrw.org/sites/default/files/reports/lebanon0613_forUpload_1.pdf

Jawad, R. (2009). Religion and social welfare in the Lebanon: Treating the causes or symptoms of poverty? *Journal of Social Policy*, *38*(1), 141–156. doi:10.1017/S0047279408002596

Jennings, L. K., & Tan, P. P. (2014). Self-compassion and life satisfaction in gay men. *Psychological Reports*, *115*(3), 888–895. doi:10.2466/21.07.PR0.115c33z3

Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counseling Psychology Quarterly*, *22*(4), 373–379. doi:10.1080/09515070903334995

Kerbage, H. (2014a). Psychiatry and Lebanese law: Lessons to be learnt. *The Legal Agenda*. Retrieved from http://english.legalagenda.com/search.php?keyword=Child%20Abuse#.VBShiJSSznh

Kerbage, H. (2014b). Legal and ethical issues when dealing with LGBT clients in Lebanon. *How to deal with LGBT clients and their families in Lebanon*. Lecture conducted from Beirut, Lebanon, sponsored by Lebanese Psychological Association and LebMash.

Khalife, L. (2018). *Lebanese delegation votes against LGB rights in int'l conference*. Retrieved from https://stepfeed.com/lebanese-delegation-votes-against-lgbt-rights-in-int-l-conference-5208

Kubicek, K., McDavitt, B., Carpineto, J., Weiss, G., Iverson, E. F., & Kipke, M. D. (2009). "God made me gay for a reason" young men who have sex with men's resiliency in resolving internalized homophobia from religious sources. *Journal of Adolescent Research*, *24*(5), 601–633. doi:10.1177/0743558409341078

Kumlander, S., Lahtinen, O., Turunen, T., & Salmivalli, C. (2018). Two is more valid than one, but is six even better? The factor structure of the Self-Compassion Scale (SCS). *PloS One*, *13* (12), 1–22. doi:10.1371/journal.pone.0207706

Kuyper, L., & Fokkema, T. (2011). Minority stress and mental health among Dutch LGBs: Examination of differences between sex and sexual orientation. *Journal of Counseling Psychology*, *58*(2), 222–233. doi:10.1037/a0022688

Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review*, *17*(4), 371–383. doi:10.1177/1088868313490248

Lapinski, J., & McKirnan, D. (2013). Forgive me father for I have sinned: The role of a Christian upbringing on lesbian, gay, and bisexual identity development. *Journal of Homosexuality*, *60* (6), 853–872. doi:10.1080/00918369.2013.774844

Lease, S. H., Horne, S. G., & Noffsinger-Frazier, N. (2005). Affirming faith experiences and psychological health for Caucasian lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology*, *52*(3), 378–388. doi:10.1037/0022-0167.52.3.378

Lebanon demographics profile. (2019, December 7). *CIA world Factbook*. Retrieved from https://www.indexmundi.com/lebanon/demographics_profile.html

LeBeau, R. T., & Jellison, W. A. (2009). Why get involved? Exploring gay and bisexual men's experience of the gay community. *Journal of Homosexuality*, *56*(1), 56–76. doi:10.1080/00918360802551522

Li, T., Dobinson, C., Scheim, A. I., & Ross, L. E. (2013). Unique issues bisexual people face in intimate relationships: A descriptive exploration of lived experience. *Journal of Gay & Lesbian Mental Health*, *17*(1), 21–39. doi:10.1080/19359705.2012.723607

Liao, K. Y. H., Kashubeck-West, S., Weng, C. Y., & Deitz, C. (2015). Testing a mediation framework for the link between perceived discrimination and psychological distress among sexual minority individuals. *Journal of Counseling Psychology*, *62*(2), 226. doi:10.1037/cou0000064

Longo, J., Walls, N. E., & Wisneski, H. (2013). Religion and religiosity: Protective or harmful factors for sexual minority youth? *Mental Health, Religion & Culture*, *16*(3), 273–290. doi:10.1080/13674676.2012.659240

Maccio, E. M. (2010). Influence of family, religion, and social conformity on client participation in sexual reorientation therapy. *Journal of Homosexuality*, *57*(3), 441–458. doi:10.1080/00918360903543196

Mahaffy, K. A. (1996). Cognitive dissonance and its resolution: A study of lesbian Christians. *Journal for the Scientific Study of Religion*, *35*(4), 392–402. doi:10.2307/1386414

Markus, H. R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Review*, *98*(2), 224–253. doi:10.1037/0033-295X.98.2.224

Matos, M., Carvalho, S. A., Cunha, M., Galhardo, A., & Sepodes, C. (2017). Psychological flexibility and self-compassion in gay and heterosexual men: How they relate to childhood memories, shame, and depressive symptoms. *Journal of LGBT Issues in Counseling*, *11*(2), 88–105. doi:10.1080/15538605.2017.1310007

Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality*, *41*(2), 53–76. doi:10.1300/J082v41n02_04

Mccormick, J. S. (2006). Globalization and masculinity: The changing social context of male sexuality and the global gay identity in Lebanon. (Unpublished Thesis). American University of Beirut, Beirut, Lebanon.

McLaren, S. (2009). Sense of belonging to the general and lesbian communities as predictors of depression among lesbians. *Journal of Homosexuality*, *56*(1), 1–13. doi:10.1080/00918360802551365

McLaren, S., Gibbs, P. M., & Watts, E. (2013). The interrelations between age, sense of belonging, and depressive symptoms among Australian gay men and lesbians. *Journal of Homosexuality*, *60*(1), 1–15. doi:10.1080/00918369.2013.735933

McLaren, S., Jude, B., & McLachlan, A. J. (2008). Sense of belonging to the general and gay communities as predictors of depression among Australian gay men. *International Journal of Men's Health*, *7*(1), 90–99. doi:10.3149/jmh.0701.90

Meem. (2009). Bareed Mista3jil. Published in Beirut, Lebanon, by Meem organization.

Meuse, A. (2017). *Beirut has become a relative refuge for members of the LGBT community: NPR*. Retrieved from https://www.npr.org/2017/05/23/529634880/beirut-has-become-a-relative-refuge-for-members-of-the-lgbt-community

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*(1), 38–56. doi:10.2307/2137286

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674. doi:10.1037/0033-2909.129.5.674

Mireshghi, S. I., & Matsumoto, D. (2008). Perceived cultural attitudes toward homosexuality and their effects on Iranian and American sexual minorities. *Cultural Diversity and Ethnic Minority Psychology*, *14*(4), 372. doi:10.1037/a0012920

Moussawi, G. A. (2008). *On the shaming of gender: Compulsory heterosexuality and the construction of non-heterosexual masculinities in Beirut* (Unpublished Thesis). American University of Beirut, Beirut, Lebanon.

Murdock, H. (2011). Lebanese gay right activists call for legal reform. *Voice of America*. Retrieved from http://www.voanews.com/content/lebanese-gay-rights-activists-call-for-legal-reform-118386304/172814.html

Muris, P., Meesters, C., Pierik, A., & de Kock, B. (2016). Good for the self: Self-compassion and other self-related constructs in relation to symptoms of anxiety and depression in non-clinical youths. *Journal of Child and Family Studies*, *25*(2), 607–617. doi:10.1007/s10826-015-0235-2

Muris, P., van den Broek, M., Otgaar, H., Oudenhoven, I., & Lennartz, J. (2018). Good and bad sides of self-compassion: A face validity check of the self-compassion scale and an investigation of its relations to coping and emotional symptoms in non-clinical adolescents. *Journal of Child and Family Studies*, *27*(8), 2411–2421. doi:10.1007/s10826-018-1099-z

Mustanski, B., Newcomb, M. E., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youths: A developmental resiliency perspective. *Journal of Gay & Lesbian Social Services*, *23*(2), 204–225. doi:10.1080/10538720.2011.561474

Naal, H., Abboud, S., Harfoush, O., & Mahmoud, H. (2019). Examining the attitudes and behaviors of health-care providers toward LGBT patients in Lebanon. *Journal of Homosexuality*, 1–18. doi:10.1080/00918369.2019.1616431

Neely, M. E., Schallert, D. L., Mohammed, S. S., Roberts, R. M., & Chen, Y.-J. (2009). Self-kindness when facing stress: The role of self-compassion, goal regulation, and support in college students' well-being. *Motivation and Emotion*, *33*(1), 88–97. doi:10.1007/s11031-008-9119-8

Neff, K., Kirkpatrick, K. D., & Rude, S. (2007). Self-compassion and adaptive psychological functioning. *Journal of Research in Personality*, *41*(1), 139–154. doi:10.1016/j.jrp.2006.03.004

Neff, K. D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity*, *2*(3), 223–250. doi:10.1080/15298860390209035

Neff, K. D. (2005). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. doi:10.1080/15298860390129863

Neff, K. D. (2011). Self-Compassion, Self-Esteem, and Well-Being. *Social and Personality Psychology Compass*, *5*(1), 1–12. doi:10.1111/j.1751-9004.2010.00330.x

Newcomb, M. E., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review*, *30*(8), 1019–1029. doi:10.1016/j.cpr.2010.07.003

Parker, R. D., Lõhmus, L., Mangine, C., & Rüütel, K. (2016). Homonegativity and associated factors among men who have sex with men in Estonia. *Journal of Community Health*, *41*(4), 717–723. doi:10.1007/s10900-015-0145-7

Peterson, T. L., & Gerrity, D. A. (2006). Internalized homophobia, lesbian identity development, and self-esteem in undergraduate women. *Journal of Homosexuality*, *50*(4), 49–75. doi:10.1300/J082v50n04_03

Proud Lebanon. (2017). *The LGBTIQ+ community in Lebanon, documenting stories of torture and abuse*. Retrieved from https://docs.wixstatic.com/ugd/00121e_834c007a03c6439aa18eafbcfc2c3661.pdf

Raes, F. (2010). Rumination and worry as mediators of the relationship between self- compassion and depression and anxiety. *Personality and Individual Differences*, *48*(6), 757–761. doi:10.1016/j.paid.2010.01.023

Riggle, E. D., Whitman, J. S., Olson, A., Rostosky, S. S., & Strong, S. (2008). The positive aspects of being a lesbian or gay man. *Professional Psychology: Research and Practice*, *39*(2), 210. doi:10.1037/0735-7028.39.2.210

Ross, M. W., & Rosser, B. R. (1996). Measurement and correlates of internalized homophobia: A factor analytic study. *Journal of Clinical Psychology*, *52*(1), 15–21. doi:10.1002/(ISSN)1097-4679

Russell, G. M., & Bohan, J. S. (2006). The case of internalized homophobia theory and/as practice. *Theory & Psychology*, *16*(3), 343–366. doi:10.1177/0959354306064283

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346–352. doi:10.1542/peds.2007-3524

Savin-Williams, R. (2008). Then and now: Recruitment, definition, diversity, and positive attributes of same-sex populations. *Developmental Psychology*, *44*(1), 135–138. doi:10.1037/0012-1649.44.1.135

Savin-Williams, R. C. (2006). Who's gay? Does it matter? *Current Directions in Psychological Science*, *15*(1), 40–44. doi:10.1111/j.0963-7214.2006.00403.x

Schuck, K. D., & Liddle, B. J. (2001). Religious conflicts experienced by lesbian, gay, and bisexual individuals. *Journal of Gay and Lesbian Psychotherapy*, *5*(2), 63–82. doi:10.1300/J236v05n02_07

Sherry, A., Adelman, A., Whilde, M. R., & Quick, D. (2010). Competing selves: Negotiating the intersection of spiritual and sexual identities. *Professional Psychology: Research and Practice*, *41*(2), 112. doi:10.1037/a0017471

Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumer's report. *Professional Psychology: Research and Practice*, *33*(3), 249–259. doi:10.1037/0735-7028.33.3.249

Smith, S. C. (2012). Être ce qui ne se dit pas: Negotiating a gay identity in Abdellah Taïa's Une Mélancolie arabe. *International Journal of Francophone Studies*, *15*(1), 35–51. doi:10.1386/ijfs.15.1.35_1

Smith, T. B., McCullough, M. E., & Poll, J. (2003). Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. *Psychological Bulletin*, *129*(4), 614. doi:10.1037/0033-2909.129.4.614

Szymanski, D. M., & Chung, Y. B. (2001). The lesbian internalized homophobia scale: A rational/theoretical approach. *Journal of Homosexuality*, *41*(2), 37–52. doi:10.1300/J082v41n02_03

Szymanski, D. M., & Chung, Y. B. (2002). Internalized homophobia in lesbians. *Journal of Lesbian Studies*, *7*(1), 115–125. doi:10.1300/J155v07n01_08

Szymanski, D. M., Chung, Y. B., & Balsam, K. F. (2001). Psychosocial correlates of internalized homophobia in lesbians. *Measurement and Evaluation in Counseling and Development*, *34*(1), 27–38. doi:10.1080/07481756.2001.12069020

Szymanski, D. M., Kashubeck-West, S., & Meyer, J. (2008). Internalized heterosexism measurement, psychosocial correlates, and research directions. *The Counseling Psychologist*, *36*(4), 525–574. doi:10.1177/0011000007309489

Taher, D., Kazarian, S. S., & Martin, R. A. (2008). Validation of the Arabic humor styles questionnaire in a community sample of Lebanese in Lebanon. *Journal of Cross- Cultural Psychology*, *39*(5), 552–564. doi:10.1177/0022022108321177

The Arab world in seven charts: Are Arabs turning their backs on religion? (2019, June 24). *BBC News*. Retrieved from https://www.bbc.com/news/world-middle-east-48703377

Toplu-Demirtaş, E., Kemer, G., Pope, A. L., & Moe, J. L. (2018). Self-compassion matters: The relationships between perceived social support, self-compassion, and subjective well-being among LGB individuals in Turkey. *Journal of Counseling Psychology*, *65*(3), 372. doi:10.1037/cou0000261

Wagner, G. J., Aunon, F. M., Kaplan, R. L., Karam, R., Khouri, D., Tohme, J., & Mokhbat, J. (2013). Sexual stigma, psychological well-being and social engagement among men who have sex with men in Beirut, Lebanon. *Culture, Health & Sexuality*, *15*(5), 570–582. doi:10.1080/13691058.2013.775345

Walker, J. N. J., & Longmire-Avital, B. (2013). The impact of religious faith and internalized homonegativity on resiliency for black lesbian, gay, and bisexual emerging adults. *Developmental Psychology*, *49*(9), 1723. doi:10.1037/a0031059

Whicker, D. R., de St. Aubin, E., & Skerven, K. (2017). The role of internalized homonegativity in the faith and psychological health of lesbians. *Journal of Lesbian Studies*, *21*(4), 478–494. doi:10.1080/10894160.2017.1350795

Williamson, I. R. (2000). Internalized homophobia and health issues affecting lesbians and gay men. *Health Education Research*, *15*(1), 97–107. doi:10.1093/her/15.1.97

Willoughby, B. L., Malik, N. M., & Lindahl, K. M. (2006). Parental reactions to their sons' sexual orientation disclosures: The roles of family cohesion, adaptability, and parenting style. *Psychology of Men & Masculinity*, *7*(1), 14. doi:10.1037/1524-9220.7.1.14

Wood, A. W., & Conley, A. H. (2014). Loss of religious or spiritual identities among LBGT population. *Counseling and Values*, *59*(1), 95–111. doi:10.1002/j.2161-007X.2014.00044.x

Zea, M. C., Reisen, C. A., & Poppen, P. J. (1999). Psychological well-being among Latino lesbians and gay men. *Cultural Diversity and Ethnic Minority Psychology*, *5*(4), 371–379. doi:10.1037/1099-9809.5.4.371