

Sexual-Religious Compatibility, Internalized Homonegativity, and Depression and
Suicidality in Lesbian, Gay, and Bisexual Individuals from Orthodox Jewish Backgrounds

By

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A Doctoral Project Submitted in Partial Fulfillment of the Requirements of the Degree of
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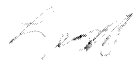
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PREVIEW

Abstract

Many lesbian, gay, and bisexual (LGB) individuals who are raised Orthodox Jewish experience intense internal distress due to conflicts between their sexual and religious identities. This population is also particularly vulnerable to mental health disparities such as depression and suicidality. Previous research suggests that sexual-religious conflict and internalized homonegativity are associated with poor mental health outcomes for other religious LGB groups; however, few studies have explored the roles of those factors on mental health outcomes for LGB Orthodox Jewish individuals. The present study hypothesized that sexual-religious compatibility, or the opposite of sexual-religious conflict, would be associated negatively with depressive symptoms and suicidality; that internalized homonegativity would mediate those relationships; and that centrality of Orthodox Jewish identity would moderate the direct and indirect associations of sexual-religious compatibility with depressive symptoms and suicidality. Participants identified as LGB or endorsed same-sex attraction, were either Orthodox Jewish or ex-Orthodox Jewish, were over 18 years of age, and lived in Israel or the U.S. A total of 146 individuals participated in the study and completed an online survey with the study measures. Results found that, contrary to hypotheses, depressive symptoms and suicidality were not significantly associated with sexual-religious compatibility, internalized homonegativity, or Orthodox Jewish centrality. However, Orthodox Jewish identity centrality was positively associated with sexual-religious compatibility and internalized homonegativity. Outness was also positively associated with sexual-religious compatibility and negatively associated with internalized homonegativity, depressive symptoms, and suicidality. Future research should gather more comprehensive data, include a greater representation of Hasidic and ultra-Orthodox Jewish individuals, and consider the role of family and peer support. Implications for practice

include avoiding assumptions, helping clients find individualized responses to sexual-religious conflict, and helping clients increase their outness as they feel ready to do so.

PREVIEW

I Introduction

Lesbian, gay, and bisexual (LGB) individuals are disproportionately at risk for depression (Bostwick, Boyd, Hughes, & McCabe, 2010) and suicide (e.g., Hottes, Bogaert, Rhodes, Brennan, & Gesink, 2016; Shadick, Backus Dagirmanjian, & Barbot, 2015) in comparison to their heterosexual counterparts. LGB individuals are 1.5 times more likely than heterosexual people to meet criteria for depression (King et al., 2008), twice as likely to report suicidal ideation (King et al., 2008), and three times as likely to have attempted suicide (Hottes et al., 2016). For LGB individuals who were raised Orthodox Jewish, suicide risk may be even more pronounced. Although there is a paucity of literature on LGB individuals from Orthodox Jewish backgrounds, the few studies that focus on this population indicate that they are a particularly vulnerable group with higher risk of negative mental health outcomes (Coyle & Rafalin, 2008; Halbertal & Koren, 2006; Itzhaky & Kissil, 2015; Kissil & Itzhaky, 2015; Sharon, 2012).

The unique challenges experienced by LGB Orthodox Jewish individuals may be explained, in part, by sexual-religious compatibility and internalized homonegativity. Halbertal and Koren (2006) found that LGB individuals who are Orthodox Jewish are likely to struggle with *sexual-religious identity conflict*, or dissonance resulting from holding two identities that are perceived to be incompatible with one another (Yip, 1997). In this study, sexual-religious identity conflict is conceptualized as the opposite of *sexual-religious compatibility*, or how compatible one believes their sexual and religious identities are. A second construct that may be associated with increased risk of suicide for LGB Orthodox Jewish individuals is *internalized homonegativity*, which refers to negative attitudes about LGB people from society that become internalized or endorsed by an LGB individual (Barnes & Meyer, 2012). Sexual-religious compatibility (Coyle & Rafalin, 2008; Gibbs, 2015) has been associated with depression and

suicidality, both in Orthodox Jewish LGB people and in LGB people of other religions; internalized homonegativity has been linked with depression and suicidality in the general LGB population (Igartua, Gill, & Montoro, 2003; Li et al., 2016), although there is a gap in the literature with regard to the impact of internalized homonegativity on depression and suicidality in religious LGB individuals. A factor that may buffer the impact of sexual-religious compatibility and internalized homonegativity on mental health is centrality of identity, which refers to how central one's identity is to their overall sense of being (Mohr & Kendra, 2011). Specifically, lower centrality of Orthodox Jewish identity may buffer the impact of perceived sexual-religious compatibility and internalized homonegativity on depression and suicidality. For the purposes of this study, the term "sexual-religious compatibility" will be used, representing low or no "sexual-religious conflict," as this study asked participants' specifically about their perceptions of how compatible being LGB and being Orthodox Jewish are. The present study seeks to test the associations of sexual-religious compatibility and internalized homonegativity with depressive symptoms and suicidality in LGB Orthodox Jewish individuals, as well as to test whether differences in centrality of Orthodox Jewish identity moderate those associations.

Statement of Purpose

The present study sought to collect data with a sample of adult individuals who were raised Orthodox Jewish and who identify as LGB and/or report same-sex attraction. Prior to this study, it was not known whether sexual-religious compatibility is associated with increased depressive symptoms and suicidality among LGB Orthodox Jewish individuals. There was only one previous study that investigated the association between sexual-religious conflict and suicidality among LGB individuals from diverse religious backgrounds (Gibbs, 2015), and no previous study focused specifically on the Orthodox Jewish population. Moreover, it was not

known whether internalized homonegativity plays a mediating role in the associations of sexual-religious compatibility with depressive symptoms and suicidality among LGB Orthodox Jewish individuals specifically. Additionally, although identity centrality was shown to buffer the impact of stress on well-being (Jasperse et al., 2012; Martire et al., 2000; Meyer, 2003), religiosity has been associated with increased risk of negative mental health outcomes in LGB populations (Coyle & Rafalin, 2008; Gibbs, 2015). This raised the question of whether centrality of religious identity will buffer or exacerbate the impact of perceived sexual-religious compatibility on mental health outcomes in LGB Orthodox Jewish individuals.

Prior studies defined LGB in three ways: identification with LGB and related labels, same-sex attraction, and same-sex sexual behavior (King et al., 2008). The behavior-based definition of LGB presents several problems, including the need to carefully distinguish between consensual and non-consensual same-sex sexual activity. The behavior definition also requires careful analysis of whether same-sex sexual activity without any same-sex attraction truly represents being LGB (for instance, many heterosexual couples may engage in in a “threesome” with another woman, even if the woman in the heterosexual relationship does not identify as bisexual and does not have attraction toward other women). Therefore, the current study utilized the identification and attraction, but not the behavior, definitions of LGB. Since both Israel (Ariel, 2007) and the U.S. (Pew Research Center, 2015) are home to large communities of Orthodox Jewish individuals, since settling in Israel is a common practice for American Orthodox Jewish people (Branofsky, 2008), and since the American and Israeli Orthodox Jewish communities are culturally similar (Don-Yehiya, 2005), participants living in both the U.S. and in Israel were included in this study.

Hypotheses

Three hypotheses were made: 1) sexual-religious compatibility would be associated negatively with depressive symptoms and suicidality; 2) the associations of sexual-religious identity compatibility with depressive symptoms and suicidality would be mediated by internalized homonegativity; and 3) centrality of Orthodox Jewish identity would moderate the direct and indirect associations of sexual-religious identity compatibility with depressive symptoms and suicidality. Specifically, I hypothesized that among individuals with higher centrality of Orthodox Jewish identity, the negative direct and indirect associations between sexual-religious compatibility and depressive symptoms/suicidality would be stronger, and among individuals with lower centrality of Orthodox Jewish identity, those associations would be weaker.

The present study sought to add to the existing literature on sexual-religious compatibility among LGB Orthodox Jewish individuals, and to inform mental health practice when working with this population. The homonegative attitudes in the Orthodox Jewish community (Shapiro Shafran, 2012) and frequent discrimination of LGB individuals by Orthodox Jewish rabbinical leaders (Dolsten, 2018; Sales, 2017, 2019) makes research with this population critical. Moreover, many Orthodox Jewish leaders still champion conversion therapy for LGB individuals (Borowich, 2008; Feldman, 2019), despite the fact that the practice is ineffective, unethical (American Psychological Association, 2009), and potentially harmful to its consumers (Drescher et al., 2016; Shidlo & Schroeder, 2002). It is hoped that increased knowledge about the negative impact that stigma and perceived identity conflict has on LGB Orthodox Jewish individuals will both improve mental health practice and facilitate change in homonegative attitudes within the Orthodox Jewish community. Importantly, the few studies on LGB Orthodox Jewish individuals

that existed prior to this study predominantly focused on gay men (Coyle & Rafalin, 2008; Halbertal & Koren, 2006; Itzhaky & Kissil, 2015; Kissil & Itzhaky, 2015); therefore, this study included the experiences of lesbians, bisexuals, and individuals who do not identify with being gay, lesbian, or bisexual who still endorse same-sex attraction.

PREVIEW

II Literature Review

The Orthodox Jewish Community and Same-Sex Sexuality

Orthodox Judaism is one of three main denominations of Judaism and is practiced by 10% of Jewish people in the United States (Pew Research Center, 2015). Unlike its counterparts, the Conservative and Reform denominations, Orthodox Judaism believes that Torah law is immutable and therefore cannot be adapted to fit modern perspectives (Greenberg, 2005). Accordingly, while most American Jewish individuals hold liberal views, Orthodox Jewish individuals lean conservative on social issues, including same-sex sexuality (Greenberg, 2005; Pew Research Center, 2015). This attitude toward same-sex sexuality is typically based in scripture that forbids sodomy (Halbertal & Koren, 2006). The perspective in most Orthodox Jewish communities has expanded from simply prohibiting the act of sodomy to viewing the entire essence of same-sex sexuality, both for men and for women, as being impure and inconsistent with Orthodox Jewish life (Halbertal & Koren, 2006).

Importantly, there is no single Orthodox Jewish community. Hasidic and *Yeshivish* (non-Hasidic ultra-Orthodox) communities tend to be isolated from general culture and to adhere to the Torah in a strict manner (Ariel, 2007). Modern Orthodox Jews, on the other hand, tend to be more integrated within general society and both interpret and practice the Torah in a more flexible manner (Ariel, 2007). Correspondingly, Modern Orthodox individuals tend to be more accepting of LGB people than Hasidic or Yeshivish people are (Ariel, 2007). However, Modern Orthodox people still frequently demonstrate homonegative attitudes, albeit fewer than their Hasidic or Yeshivish counterparts (Shapiro Shafran, 2012).

Sexual-Religious Compatibility

For LGB individuals, the process of forming a sexual identity often involves some degree of conflict. The earliest theories of LGB identity development conceptualized confusion (Cass, 1979) and dissonance (Troiden, 1988) as being the beginning stages of identity formation for sexual minorities. According to Cass's (1979) and Troiden's (1995) models, as LGB individuals begin to accept and take pride in their identities, conflict is resolved and integration of sexual identity is achieved. Although recent models view LGB identity as being multidimensional rather than sequential (Mohr & Fassinger, 2000; Mohr & Kendra, 2011), confusion and conflict are still understood as being frequently experienced by LGB individuals (Mohr & Fassinger, 2000; Mohr & Kendra, 2011). Both the Lesbian and Gay Identity Scale (LGIS) (Mohr & Fassinger, 2000) and the Lesbian, Gay, and Bisexual Identity Scale (LGBIS) (Mohr & Kendra, 2011), the two instruments most frequently used to measure LGB identity development (Peterson, Dalley, Dombrowski, & Maier, 2017), include subscales on Internalized Homonegativity and Identity Confusion. These constructs target the conflict and confusion that many LGB individuals experience while forming their identities, as well as the distress associated with that process (Mohr & Fassinger, 2000).

For individuals who are both LGB and come from religious backgrounds, identity conflict is heightened, particularly when the religion in question is one that considers same-sex sexuality a sin (Anderton et al., 2011). This conflict can be understood as relating to cognitive dissonance; when an individual holds religious beliefs that are viewed as incompatible with their sexual orientation, dissonance results (Anderton et al., 2011). Much of the research on sexual-religious conflict has focused on Catholic gay and lesbian individuals (Halbertal & Koren, 2006), and suggests that the process of identity development includes modifying religious perspectives

so that they are no longer in conflict with same-sex sexuality. For instance, Yip (1997) found that Catholic gay and lesbian individuals integrate their sexual and religious identities by reforming their religious views on same-sex sexuality. While they commit to the Catholic faith, they also hold beliefs about LGB issues that are incompatible with the Church's official position on the subject (Yip, 1997). Similarly, Deguara (2018) found that LGB Catholics resolve identity conflicts by coming to view God as loving rather than punitive, and LGB individuals as "children of God" rather than sinners. In this way, identity conflict is resolved by modifying one's religious values to include the acceptance of same-sex sexuality. This reconciliation of sexual orientation and religious beliefs, however, may be challenging for LGB individuals who belong to those Orthodox Jewish communities that are stricter and less flexible, especially Hasidic and Yeshivish communities (Halbertal & Koren, 2006). LGB individuals from strictly Orthodox Jewish communities are likely to deny, repress, or dissociate some part of their sexual identities rather than find reconciliation between their two identities (Halbertal & Koren, 2006). Some of these Orthodox Jewish individuals may reject their religious identities so that they are more compatible with same-sex sexuality (Coyle & Rafalin, 2008). Others will attend conversion/reparative therapies in an attempt to reject or "cure" their same-sex attraction (Borowich, 2008). Even when they acknowledge their sexual identities, many Orthodox Jewish LGB individuals are thought to engage in a constant process of negotiation that results in compartmentalization rather than synthesis of identities (Coyle & Rafalin, 2008; Halbertal & Koren, 2006). This exacerbation of sexual-religious conflict was found to be similar for Muslim lesbians; in that population, inflexible religious beliefs about same-sex sexuality were found to limit identity integration (Siraj, 2012).

There are few studies that directly investigate the impact that sexual-religious conflict has on mental health outcomes in LGB Orthodox Jewish individuals. In one qualitative study of religious Jewish gay men, Coyle and Rafalin (2008) found that experiences of conflict between religious and LGB identities were associated with suicidality and in one case, a suicide attempt. Gibbs (2015) found that, in a general sample of LGB individuals from religious backgrounds, various indicators of sexual-religious conflict (including leaving one's religion due to conflict and having parents with homonegative beliefs) were positively associated with suicidal thoughts. These findings suggest that sexual-religious conflict may have negative consequences for mental health, and that it is important to further explore experience of conflict among LGB Orthodox Jewish individuals specifically.

Internalized Homonegativity

LGB individuals have been subjected to discrimination, victimization, and stigmatizing attitudes for hundreds of years. Same-sex marriage in the United States was only legalized at the federal level in 2015 (Pinello, 2016), and the U.S. Army's "Don't Ask Don't Tell" policy, which only allowed LGB individuals to serve in the military if they kept their sexual identities a secret, was only repealed five years prior, in 2010 (Hoover, Tao, & Peters, 2017). To this day, the U.S. legal (Knauer, 2012), educational (Almeida et al., 2009), and healthcare (Pinello, 2016) systems continue to discriminate against LGB individuals. There are few legal protections for LGB people in the workplace, leading to discrimination and harassment (Pizer, Sears, Mallory, & Hunter, 2011). LGB individuals are often denied domestic partner healthcare insurance (Pinello, 2016) and frequently denied visitation to their partners who have been hospitalized (Knauer, 2012; Pinello, 2016). Violence against LGB people is commonplace, and rarely appropriately addressed by the U.S. criminal justice system (Meyer, 2015). Mental health treatment for LGB

people is deficient as well. The American Psychological Association only removed the diagnosis of “homosexuality” from the Diagnostic and Statistical Manual (DSM-2) in 1973 (Drescher et al., 2016), and although most current mental health professionals do not practice conversion therapy outright, one study conducted in 2008 in the United Kingdom found that as many as 17% of mental health professionals had attempted to help LGB clients change their sexual orientation (Bartlett, Smith, & King, 2009).

Similar patterns of anti-LGB discrimination exist in Israel (Ariel, 2007). While the Israeli political left is generally supportive of LGB equality, the political right is dominated by religious groups and is outspokenly anti-LGB rights (Ariel, 2007). Therefore, despite progressive legislation that recognizes same-sex marriages and that grants equal employment rights to LGB individuals (Gross, 2014), discrimination against LGB individuals is still prevalent within the Israeli legal system. Many lower courts do not uphold the Supreme Court’s position on same-sex marriages (Gross, 2014), and in 2018, the Israeli government overturned proposed legislation that would have allowed gay male couples to have children via surrogacy (Kaplan Sommer, 2018). Israeli LGB individuals also experience discrimination, homonegative attitudes (Ariel, 2007; Gross, 2014), and violence (Gross, 2014) in their everyday lives. Moreover, while LGB students in Israel suffer less harassment and assault than LGB students in the U.S., they have less access to LGB resources than their U.S. counterparts and experience similarly negative and unsupportive school climates (Pizmony-Levy & Kosciw, 2016).

The consistent oppression and stigma experienced by LGB individuals is associated with a range of negative outcomes. Minority stress theory (Meyer, 2003) posits that individuals from stigmatized and oppressed groups are more likely to struggle with mental health problems than those from privileged, dominant groups. Indeed, perceptions of discrimination and stigma are

related to mental health problems, including depression, self-harm, and suicidality in LGB individuals (Almeida et al., 2009; Meyer, 2003). Another deleterious consequence of societal stigma is the internalization of negative societal attitudes about LGB individuals and same-sex sexuality (Meyer, 2003). Termed *internalized homophobia* (Meyer, 2003) or *internalized homonegativity* (Berg et al., 2016), this internalization is comprised of negative feelings toward oneself, as well as guilt, shame, and low self-esteem (Herek, 2007). Internalized homonegativity is associated with numerous negative outcomes. In LGB individuals, it is a key predictor of both depression (Berg et al., 2016; Igartua et al., 2003; Li et al., 2016) and suicide (Igartua et al., 2003), as well as substance abuse, low self-esteem, and risky sexual behaviors (Berg et al., 2016). The greatest risk is experienced by those who are just coming out to their families (Igartua et al., 2003), suggesting that the period of establishing one's LGB identity is most associated with distress.

In Orthodox Jewish communities, sexual stigma, including various forms of discrimination, plays a significant role in attitudes toward LGB individuals (Shapiro Shafran, 2012). LGB Orthodox Jewish individuals also endure a tremendous amount of discrimination, hate speech (Shapiro Shafran, 2012; Sales, 2017; Sales, 2019; Dolsten, 2018), and violence (Kershner, 2015) in their own communities. At the Jerusalem Pride Parade in 2015, an ultra-Orthodox man who was known for disseminating anti-gay propaganda stabbed six individuals, killing a 15-year-old girl (Kershner, 2015). In 2017, a liberal Orthodox congregation in New York City decided to stop publicly congratulating gay marriages after the Orthodox Union opposed the practice (Sales, 2017). More recently, a lesbian Orthodox Jewish comedian was prevented from performing at two kosher eateries in Brooklyn after rabbinical authorities threatened to revoke their kosher status (Dolsten, 2018). In April of 2019, an openly gay