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ACHILLES PARADOX: EXPLORING THE RELATIONSHIP BETWEEN INTERNALISED HOMOPHOBIA, RELIGIOSITY AND SELF CONCEPT

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ABSTARCT

Internalized homophobia, which stems from societal negativity towards non-heteronormative sexualities, poses a significant psychological challenge within the LGBTQ+ community, especially in contexts influenced by deep-rooted religious and cultural norms. The current study examines the relationships between internalized homophobia, religiosity, and self-concept in LGB individuals. The study included a sample of 40 individuals selected through snowball sampling from urban cities. Standardized tools including the Centrality of Religiosity Scale (CRS), Internalized Homophobia Scale (IHS), and Personal Self-Concept (PSC) Questionnaire were used to measure the key variables. The study found a statistically significant positive correlation between internalized homophobia and religiosity, indicating that higher religiosity is associated with greater internalized homophobia among individuals. However, contrary to expectations, no significant correlations were found between religiosity and self-concept, or between internalized homophobia and self-concept. Regression analysis showed that religiosity explained 12.3% of the variation in internalized homophobia. These results highlight how religiosity plays a significant role in molding internalized homophobia,

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emphasizing the necessity for focused interventions in religious settings to combat discrimination and promote greater acceptance and understanding.

Keywords: *Internalised Homophobia, Religiosity, Self-concept, LGBTQ*

INTRODUCTION

Internalised homophobia, a pervasive phenomenon within LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual) community, represents the internalisation of societal prejudice and discrimination towards non-heteronormative identities. Rooted in cultural narratives, institutionalised biases, and historical stigmatisation, internalised homophobia manifests as a deeply ingrained sense of shame, self-doubt, and fear among individuals who identify as LGBTQ (Ventriglio et al., 2021). This internal struggle is not merely a psychological phenomenon but a reflection of broader societal attitudes towards sexual diversity, perpetuated through media representations, religious teachings, and social norms.

The term “homophobia” itself has some negative perceptions inside the clinical field, as homophobia is not akin to an actual phobia, as it does not invoke any sense of irrational fear, or any physiological responses related to fear. Homophobia is more focused on a narrow sense of disgust and avoidance of sexual minority people, and sometimes irritation upon seeing an individual belonging to the LGB community (Szymanski & Meyer, 2008). The usage of the term ‘phobia’ was criticised for its language as it pathologizes and sometimes excuses a behaviour that is not inherently phobic (Herek, 2004). In response to these criticisms, terms such as ‘Homonegativity’ (Hudson & Rickets, 1980; Morrow, 2000), and ‘Heterosexism’ have been proposed. However, Homophobia remains the most popularly used nomenclature in contemporary times. Cultural norms and religious teachings intersect to shape individuals'

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experiences of sexuality and identity, often against the backdrop of centuries-old traditions and social hierarchies. The rich diversity of religious practices in India offers both challenges and opportunities for LGBTQ+ individuals, as they navigate the complexities of faith, culture, and societal norms in their quest for self-acceptance and affirmation (Wickberg, 2000).

Despite the de-pathologization of homosexuality within the DSM, the Indian mental health system and clinical practices have continued to reflect deeply ingrained heteronormative attitudes. Efforts to "treat" or "convert" LGBTQ individuals persisted, reflecting enduring stigmatization and discrimination within Indian society. And this is evident in how the Supreme Court rejected arguments in favor of same-sex marriages by asserting that marriage is a sacred institution that cannot be "tainted" by same-sex marriages.

Religion, as a cornerstone of cultural identity and social cohesion, exerts a profound influence on individuals' perceptions of themselves and their place in the world. Across diverse religious traditions, teachings on gender and sexuality intersect with personal beliefs to shape individuals' understanding of their own identities (Davidson, 2000). While some religious doctrines may espouse heteronormative ideals, reinforcing societal prejudices and contributing to the marginalisation of LGBTQ+ individuals, others offer a sanctuary of acceptance, community support, and spiritual fulfilment (Dahl & Galliher, 2012). The complex interplay between religious teachings, personal beliefs, and societal expectations underscores the multifaceted nature of religiosity and its impact on individual well-being.

In the Indian context, where religious identity permeates every aspect of life, the negotiation of LGBTQ+ identities takes on added complexity. Here, cultural norms and religious teachings intersect to shape individuals' experiences of sexuality and identity, often against the backdrop of centuries-old traditions and social hierarchies. The rich diversity of religious practices in India offers both challenges and opportunities for LGBTQ+ individuals,

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as they navigate the complexities of faith, culture, and societal norms in their quest for self-acceptance and affirmation (Wickberg, 2000).

Even though there exists a plethora of non-heteronormative relationships in religious texts, they are often negated and a more “normal” heterosexual interpretations are adapted and mainstreamed. In Hindu Vedic texts, instances of same-sex intimacy are depicted through narratives like the close friendships of figures such as Krishna and Arjuna, reincarnation portrayed in Somadatta's Kathasaritsagara, and divine interventions involving gender transformations. While heterosexual relationships remain predominant, these texts acknowledge the existence of non-normative sexual and gender expressions. The Vedic passage "Vikruti Evam Prakriti," translating to "what is unnatural is natural," is often cited as evidence of Hinduism's purported tolerance towards homosexuality (Dasgupta, 2011).

Islamic religious texts do not prescribe legal punishment for same-sex relations, and some scholars argue that the destruction of the tribe of Sodom was not due to homosexuality but rather their disbelief in Lot's Prophethood and their infidelity (Scott, 2010). Christian denominations hold varying views on homosexuality, with Catholics generally opposing same-sex relationships (Helminiak, 2008). Buddhism lacks a universal stance on same-sex marriage, but the concept of "sexual misconduct" is interpreted by some to encompass homosexuality. In Sikhism, marriage is revered as a sacred union of souls, with no explicit gender specifications.

REVIEW OF LITRATURE

INTERNALISED HOMOPHOBIA

According to Meyer & Dean, (1998) internalised homophobia is “the gay person's direction of negative social attitudes toward the self.”

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Sherry (2007) conceptualised "Internalized homophobia experienced by LGBTQ individuals, who live in a stigmatized society that exalts heterosexist values and criticizes LGBTQ experience, as internalized negative beliefs and assumptions."

Flores (2019) conducted a study delving into societal attitudes toward LGBT individuals and their impact on societal acceptance, a pivotal field influenced by societal dynamics including tradition, religion, law, medicine, and media. Negative perceptions of LGBT individuals often result in rejection and exclusion, fostering discrimination and violence. These collective beliefs, termed stigmas, marginalize LGBT individuals, impeding their full societal integration. Conversely, acceptance of LGBT individuals embodies positive societal perceptions and prevailing viewpoints on laws and policies aimed at safeguarding their rights and advocating equality. Research efforts have unveiled associations between stigma and various health outcomes, such as depression, anxiety, and suicidal tendencies among sexual and gender minorities. Furthermore, exclusion may materialize in the form of bullying, violence, harassment, and employment discrimination, curtailing economic prospects and civic engagement for LGBT individuals. The development of an acceptance index facilitates the exploration of these intricate relationships at both national and global scales, guiding interventions to counteract discrimination and foster inclusivity.

Frost and Meyer (2009) explored the link between internalized homophobia (IH) and relationship quality among 396 lesbian, gay, and bisexual individuals as part of Project Stride. Their findings revealed that while IH did not have a direct impact on relationship quality, it was associated with increased depressive symptoms, which, in turn, contributed to relationship problems. Participants with less openness and reduced connection to the LGB community experienced higher levels of IH, complicating their relationship dynamics. The study emphasized that IH indirectly affects relationship quality through depressive symptoms and suggested that community connection and openness might help alleviate these effects.

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Hanekom (2021) investigated internalized homophobia among 359 lesbian, gay, and bisexual (LGB) individuals in New Zealand, focusing on its relationship with mental health issues like anxiety, depression, and suicidal thoughts. The study found that 98% of participants experienced internalized homophobia, which significantly predicted suicidal ideation in lesbians and bisexual women and contributed to anxiety and depressive symptoms across all groups. Younger participants (16–19 years old) reported higher levels of internalized homophobia, with age showing a negative correlation for gay men and bisexual women. While a longer duration since coming out was linked to lower internalized homophobia in gay men, coming out earlier did not necessarily reduce it. These findings highlight the need for therapeutic interventions to address internalized homophobia and improve mental health outcomes in LGB populations.

RELIGIOSITY

Bergan and McConatha (2000) defined religiosity as "a number of dimensions associated with religious beliefs and involvement." Glock and Stark (1965) identified five dimensions of religiosity: experiential, ritualistic, ideological, intellectual, and consequential.

Etengoff and Lefevor (2021) explored how socio-personality traits, like conservatism, influence the relationship between religiosity and sexism/sexual prejudice. Their findings suggest that religiously motivated prejudice is not an inevitable outcome of religious beliefs but is shaped by individual traits, congregational dynamics, and cultural influences. Factors like authoritarianism and fundamentalism play a significant role, alongside broader societal power structures. The study emphasizes the need for further research to understand the mechanisms behind religiously rooted prejudice and its impact on individuals and communities.

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Lefkowitz et al. (2004) explored the relationship between religiosity and sexual behaviour in emerging adults. The study found significant correlation between various aspects of religiosity (e.g., religious behaviour, beliefs, and attitudes) and sexual behaviour, with religious behaviour being the strongest predictor. However, the nature of these relationships varied depending on the specific aspects measured. While religiosity influenced general sexual attitudes, it showed no significant correlation to attitudes about condoms or perceived HIV susceptibility. These results highlight the importance of considering different dimensions of religiosity in understanding sexual behaviours and attitudes.

Miller et al. (2020) found that family acceptance of LGBTQ youth is a strong protective factor against depression, regardless of religious affiliation. While religious affiliation was linked to both family acceptance and depression levels, the interaction between family acceptance and religion had no significant effect, suggesting the protective role of family acceptance is consistent across religious groups.

SELF CONCEPT

Wehrle and Fasbender (2018) defined Self Concept as the "totality of a complex, organized, and yet dynamic system of learned attitudes, beliefs, and evaluative judgments that people hold about themselves." According to Huitt (2004), Self-concept is "an interval's sense of self, including self-definition in the various social roles one enacts, including assessment of one's own status with respect to a single trait or to many human dimensions, using societal or personal norms as criteria".

Liboro (2015) explored the conflict between religious and sexual identity domains among LGBTQ+ individuals, highlighting the oppression they face due to religious beliefs that condemn their sexual orientation. This conflict, referred to as identity incongruity, creates a divide that significantly impacts these vulnerable populations. The study examined the roles of

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religion, spirituality, and institutional solutions to propose tailored, culturally adapted, and community-based interventions aimed at reconciling these conflicting identities.

Piggot (2004) used the Lesbian Internalized Homophobia Scale (LIHS) to assess its psychometric properties across 803 lesbians from 20 countries. The study explored cross-cultural differences in internalized homophobia and its links to factors such as internalized misogyny, depression, self-esteem, and homosexual identity formation. A new scale for measuring internalized misogyny was also evaluated. Results revealed significant cross-cultural variations, with Australian lesbians reporting the lowest levels of internalized homophobia and English participants the highest. The findings supported the reliability of the LIHS and highlighted the connection between internalized misogyny and homophobia, offering valuable insights into these psychosocial dynamics.

Rye and Hertz (2022) explored the relationship between sexual identity development, sexual self-concept, and attitudes towards sexuality among 307 Canadian college students. They found that sexual identity development significantly predicted sexual self-concept and comfort with sexuality, with a positive progression linked to a healthier perception of one's sexual self. These findings suggest that a positive progression in sexual identity development is linked to a positive perception of one's sexual.

PURPOSE

To study the relationship of Internalised homophobia, Religiosity and Self-Concept among LGB individuals.

HYPOTHESES

The hypothesis for this study variables is:

H1: There would be a positive correlation between Internalised Homophobia and Religiosity

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H2: There would be a negative correlation between Internalised Homophobia and self-concept.

H3: There would be a positive relationship between Religiosity and Self Concept

METHODOLOGY

Research Design

The study design aims to explore the interrelationship among religiosity, internalized homophobia, and self-concept within the LGBTQ+ community belonging to India. Data was collected using snowball sampling, with participants recruited from online platforms and LGBTQ+ community organizations. Standardised tools like the Centrality of Religiosity Scale (CRS) (Huber & Huber, 2012), the Internalized Homophobia Scale (Martin & Dean, 1988), and the Personal Self-Concept (PSC) Questionnaire (GOÑI et al., 2011), were utilized to assess religiosity, internalized homophobia, and self-concept, respectively. Data analysis involved descriptive statistics and correlation analysis. Ethical considerations were addressed, ensuring participant confidentiality and anonymity. This research design aimed to contribute to a deeper understanding of their psychological well-being and identity experiences.

Sample

The study comprised a sample size of 40 individuals (N=40), drawn from diverse backgrounds within the LGBTQ+ community. The participants, including self-identified Gays (8), Lesbians (4), Bisexual Females (19), and Bisexual Males (8), were selected using a snowball sampling technique from Chandigarh, Delhi, and Mumbai.

Inclusion Criteria

- Individuals who identified as Gay, Lesbian, and Bisexual.
- Individuals who identify as being from the Queer community.
- Individuals who identify as cisgender.

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Exclusion Criteria

- Individuals who are heterosexual.
- Individuals who identify as Transsexuals.
- Individuals who were minors were not considered.

Ethical Considerations

- The subjects' identities were kept anonymous.
- Regarding the study's objectives, there was no deception of the participants.
- The subjects' informed consent was obtained.
- This study does not name or impact any person, organization, or section of the public.

Tests and Tools

The following tools were used:

- The Centrality of Religiosity Scale (CRS) (Huber, S., & Huber, O.W. 2012)
- Internalized Homophobia Scale (Martin JL, Dean LL. 1988)
- Personal Self-Concept (PSC) Questionnaire. (GOÑI et al. 2011)

RESULTS

The objective of the present research was to explore the relationship between Internalized Homophobia, religiosity, and self-concept (within the age range of 18-28 years) in the LGBTQ+ Population, specifically in Gays, Lesbians and Bisexual (females and males).

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Table 1*: Descriptive Statistics*

	N	Mean	Std. Deviation
Self-concept	40	53.3250	9.52833
Internalized Homophobia	40	18.1000	7.89937
Religiosity	40	2.8175	1.05195

Table 1 presents the descriptive statistics for three variables: Self-concept, Internalized Homophobia, and Religiosity. Each variable is described in terms of its sample size (N), minimum and maximum values, mean, and standard deviation.

For Self-concept, the descriptive statistics indicate that there is average level of self-concept among the participants in the study. Similarly, for Internalised Homophobia, the analysis provides insights into a low level of internalised homophobia within the sample.

Lastly, for Religiosity, it is noted that there is an average level of non-religiosity reported by participants. Overall, these descriptive statistics offer a summary of the central tendency and dispersion of scores for each variable, providing a foundational understanding of the data distribution and characteristics of the sample.

Table 2*: Correlation Matrix*

	Internalised Homophobia	Religiosity	Self-concept
Internalised Homophobia	1	.350*	-.277
Religiosity		1	-.153

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Self-concept			1

**. Correlation is significant at the 0.05 level (2-tailed).*

Table 2: Correlation matrix reveals a significant positive correlation (r = 0.350, p < .05) between Internalised Homophobia and Religiosity. This implies that as levels of internalized homophobia increase, so do levels of religiosity. However, even though this correlation is statistically significant, its strength is moderate. Additionally, there are no significant correlations between Religiosity and Self-concept (r = -0.153, p >.05) or between Internalised Homophobia and Self-concept (r = -0.277, p >.05).

Given the observed positive correlation between internalised homophobia and religiosity, further analysis through regression is conducted to explore the potential predictive relationship between these variables. The regression analysis aims to elucidate the extent to which variations in religiosity can be explained by levels of internalised homophobia. By employing regression modelling, ascertain whether internalised homophobia serves as a significant predictor of religiosity.

Table 3*: Regression analysis*

Predictors	R	Beta Coefficient	t	R Square	R Square Change	F-Value
Religiosity	.350[a]	.350	2.303	.123	.123	5.305

a Dependent Variable: Internalised Homophobia

This regression analysis examines the relationship between religiosity and internalized homophobia. The predictor variable, religiosity, shows a positive relationship with internalized homophobia. The beta coefficient indicates that for every one-unit increase in religiosity, there is a corresponding increase in internalized homophobia. The t-value (t-value = 2.303) indicates that the relationship between religiosity and internalized homophobia is statistically significant

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at the .05 level and is not due to random chance. The R square change value (The R square change value = .123) indicates that the addition of religiosity to the model resulted in a significant increase in the explanatory power of the model. The F-value of 5.305 is significant at the .05 level, implying that the overall regression model is statistically significant. Overall, these findings suggest that religiosity is positively associated with internalized homophobia, with higher levels of religiosity being associated with higher levels of internalized homophobia.

Table 4: *Model Summary*

Model	R	R Square	Std. Error of the Estimate	F Change	df1	df2	Sig. F Change
1	.350[a]	.123	7.49645	5.305	1	38	.027

a Dependent Variable: Internalised Homophobia

The summary of the model indicates that the predictor variable, Religiosity, explains approximately 12.3% of the variance in internalised homophobia (R Square = 0.123). This suggests that religiosity plays a modest but statistically significant role in predicting internalised homophobia. Additionally, the F statistic ($F = 5.305$, $p < .05$) demonstrates that the relationship between religiosity and internalised homophobia is not attributable to chance. Overall, these findings highlight the significance of religiosity in comprehending and potentially addressing levels of internalised homophobia within the examined sample.

DISCUSSION

The objective of the current study was to investigate the relationship between Internalized Homophobia, Religiosity, and Self-concept among LGBTQ+ in India. Religion holds profound significance for many individuals, serving as a cornerstone of identity, purpose,

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and community in India. For some, religious identity provides meaning and guidance in navigating life's challenges. However, religious identity may also engender conflict and distress, particularly when it clashes with other aspects of self, such as sexual orientation. Sexual orientation, a complex and multifaceted aspect of human identity, encompasses patterns of emotional, romantic, and sexual attraction. The tension between queer sexuality and religious identity often arises from religious doctrines that condemn non-normative sexualities, fostering internalized homophobia and lack of self-concept among LGBTQ+ individuals.

The correlation analysis revealed a significant positive correlation ($r = 0.35$, $p = 0.013$) between internalised homophobia and religiosity, indicating that individuals with higher levels of religiosity tend to exhibit higher levels of internalised homophobia, supporting H1.

In contrast to predictions, there was no statistically significant correlations between Religiosity and Self-concept ($r = -0.15$, $p > .05$) or between Internalised Homophobia and Self-concept ($r = -0.28$, $p > .05$) in the sample studied. Hence both H2 and H3 hypothesis are rejected.

Furthermore, the regression analysis provided additional support for the association between internalized homophobia and religiosity, revealing that religiosity emerged as a statistically significant predictor of internalised homophobia, explaining approximately 12.3% of the variance in internalised homophobia. The results in the study contribute to a more empathetic understanding of the internalization of homophobia and religiosity, highlighting potential implications for psychological and sociocultural frameworks pertaining to sexual identity and religious beliefs.

It's plausible that religious teachings or doctrines may contribute to the internalization of negative attitudes towards one's own sexual orientation, particularly among individuals who strongly adhere to religious norms. This may lead to feelings of shame, guilt, or self-rejection, ultimately manifesting as internalized homophobia. Additionally, the significant role of

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religiosity in predicting internalized homophobia highlights the necessity for customized interventions targeted at addressing this issue within religious environments.

Janssen and Scheepers (2018) conducted a study examining the correlation between various aspects of religiosity and homophobia across 55 countries, encompassing India among them. The results indicated a positive relationship between religiosity and the rejection of homosexuality. This association may be partially explained by authoritarianism and traditional gender beliefs. It appears that individuals who adhere to a denomination, who more frequently attend religious services, or who have stronger religious particularistic beliefs have a stronger authoritarian personality and stronger traditional gender beliefs and, consequently, reject homosexuality more strongly.

Liboro (2014) delves into the intersection of religious and sexual identities among vulnerable populations within the lesbian, gay, bisexual, and transgender (LGBT) community. The study highlights the inherent conflict that arises when individuals face oppression due to religious beliefs that condemn their sexual orientation, leading to what the author terms "identity incongruity." This discordance negatively impacts these vulnerable populations. He examines the roles of religion, spirituality, and potential institutional solutions to propose community-level interventions tailored to the cultural and contextual needs of these individuals. The goal is to foster reconciliation between the conflicting identity domains, offering a pathway towards greater integration and well-being within the LGBT community.

Rodriguez and Ouellette (2000) investigated how individuals integrate their sexual orientation with their religious beliefs, focusing on members of the Metropolitan Community Church of New York (MCC/NY), a gay-positive church in Mid-town Manhattan. Using a mixed-methods approach involving both qualitative interviews and quantitative surveys, the study found that majority of the participants successfully integrated their homosexual and religious identities. Moreover, those who achieved integration tended to be more involved in

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church activities, were longer-term members of MCC/NY, and attended church services and events more frequently. Interestingly, lesbians were less likely than gay men to report past conflicts between their identities and were more likely to report full integration. The study highlights the significant role played by MCC/NY in facilitating the integration of participants' homosexual and religious identities.

These results emphasize the intricate relationship between religious convictions and attitudes one hold about their own sexual orientation, emphasizing the necessity for customized interventions within religious and psychological intervention settings to tackle internalized homophobia among vulnerable communities.

Conclusion

The study provides valuable insights into the complex interplay between religiosity, internalized homophobia, and Self-concept among LGBTQ+ individuals. By thoroughly examining these concepts, a richer comprehension emerges regarding the psycho-social intricacies individuals encounter while navigating their sexual orientation within religious environments. These findings underscore religiosity's substantial influence on internalized homophobia, highlighting the necessity for culturally attuned interventions fostering acceptance and solidarity within religious groups. There exists a need for personalized strategies that honour individuals' religious convictions while advocating for inclusive interpretations of identity. Advocating for LGBTQ+ rights and well-being within religious settings is essential, challenging discriminatory practices and promoting greater understanding and support. By fostering acceptance, support, and affirmation, we can create environments that celebrates diversity and promote mental health and well-being for all individuals, regardless of sexual orientation or gender identity.

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Limitations

Although this study offers insightful information about the connection between LGBTQ+ people's self-concept, internalized homophobia, and religiosity, there are a few important limitations to note.

a) The study's sample size of 40 individuals limits the generalizability of findings to broader populations. Additionally, participants were recruited from specific urban regions and may not represent the diversity of LGBTQ+ experiences in India.

b) Snowball sampling techniques may introduce sampling bias, as participants were recruited through online platforms, organizations, and blog posts who belonged to English speaking, urban and economically better section of society. This may result in a sample that is not fully representative of the LGBTQ+ population, potentially skewing results.

c) The study employed a cross-sectional design, which limits the ability to establish causal relationships between variables. Longitudinal studies would provide more robust evidence of the temporal dynamics between religiosity, internalised homophobia, and Self-concept.

d) The study did not thoroughly investigate contextual factors, such as family acceptance, peer support, and community resources, which could potentially mediate the relationship between religiosity and internalized homophobia.

Acknowledging these limitations is essential for interpreting the study's findings accurately and identifying avenues for future research to address gaps in knowledge and methodology.

In sum, the implications of this study highlight the complex relationship that exists between religiosity, internalized homophobia, and self-concept within the

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LGBTQ+ community. This relationship emphasizes the need to promote inclusivity, acceptance, and support within religious contexts while simultaneously speaking out for the rights of all people, regardless of their gender identity or sexual orientation.

In conclusion, this study aims at increasing insight to the discourse on LGBTQ+ rights and inclusion, emphasizing the need for intersectional strategies that acknowledge and confront the intricate relationship between religious beliefs, identity, and overall well-being. By fostering ongoing research, advocacy efforts, and collaborative initiatives, we can strive towards building a more inclusive and supportive society that respects and affirms the dignity of all individuals, regardless of their sexual orientation or religious affiliation.

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