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Perceived Cultural Attitudes Toward Homosexuality and Their Effects on Iranian and American Sexual Minorities

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This study examined the relationship between three mental health constructs and perceived cultural attitudes toward homosexuality among lesbian, gay, and bisexual individuals. Specifically, differences in perceived cultural attitudes and depression, self-esteem, and perceived stress between 49 Iranians and 47 Americans were compared. It was hypothesized that (a) perceived cultural attitudes toward homosexuality would be more negative among Iranians than Americans; (b) perceived cultural attitudes would be related to depression, self-esteem, and perceived stress; and (c) that Iranian participants' scores on the depression, self-esteem, and perceived stress measures would reflect poorer mental health than that of their American counterparts. Results indicated more negative perceptions of cultural attitudes toward homosexuality among Iranians. Contrary to prediction, however, no difference was found in levels of depression, self-esteem, and perceived stress among American and Iranian participants. Findings are discussed in terms of cultural and familial differences with regard to sexual orientation disclosure.

Keywords: homosexuality, attitudes, Iranian, cultural, depression, self-esteem, perceived stress

Many researchers have tried to capture homosexuals' experiences as stigmatized members of society. Each culture and country differs in the kinds of challenges its homosexual members must face. In the West, homosexuality has become increasingly visible. The issue of same-sex marriage has become a recurring topic in American politics (Yep, Lovaas, & Elia, 2003). Despite these promising changes, however, homosexuality is still not completely accepted.

In Iran, an Islamic country governed by a religious political system, the law mandates the punishment of homosexual acts by the death penalty (Gorton, 2002). As recently as 2005, four gay men were executed in Iran, two of whom were teenagers (Ireland, 2005). Hojat et al. (1999) studied Iranians' attitudes toward sexual behavior and found that 78% of their Iran sample and 21% of their U.S. sample of Iranians agreed with the statement "Homosexuals should be punished."

The diverging views of homosexuality between the Western and non-Western world reflect extremely discordant realities for lesbian, gay, and bisexual (LGB) individuals. To experience one's culture as homophobic can potentially be psychologically damaging for LGB persons, and empirical investigation of the case of Iranian LGB is needed. As such, the present study seeks to compare the impact of perceived cultural homophobia on the mental health of American and Iranian LGB.

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Of the most detrimental effects of homophobia is the potential negative impact on LGB mental health. In fact, it is believed that living in a homophobic society creates unique stressors for LGB individuals (Rosario, Schrimshaw, Hunter, & Gwadz, 2002). Lewis, Derlega, Clarke, and Kuang (2006) found that stigma consciousness was related to intrusive thoughts, stress, and negative mood in their lesbian sample. Islamic cultures are also often experienced as condemning by sexual minorities. In an ethnographic study of six gay Muslims in North America, one participant indicated that coming out led to threats to his life, stating, "You have to make sure that being true to yourself doesn't mean getting killed" (Minwalla, Rosser, Feldman, & Varga, 2005, p. 121).

This study addresses the gap in the literature with respect to Iranian LGB mental health by assessing Iranian and American sexual minorities' perceptions of their respective culture's attitudes toward homosexuality and its relationship to mental health. We hypothesized that (a) attitudes toward homosexuality would be perceived as more negative in Iranian culture than American culture; (b) perceptions of homophobic cultural attitudes would be associated with mental health; and (c) because more negative cultural attitudes toward homosexuality would be attributed to Iranian culture, Iranian LGB would exhibit poorer mental health than American LGB. Mental health was assessed using measures of perceived stress, self-esteem, and depression.

Method

Participants

The sample of 115 LGB were recruited using several channels: postings on lesbian, gay, bisexual, and transgender (LGBT) related web sites and a San Francisco State University undergraduate psychology course web site, snowball sampling, researcher contacts, and recruitment at Iranian LGBT events. Being that permission of government authorities is a requirement for conducting psychological research in Iran and that homosexuality is criminalized, we were not able to conduct this study with an Iranian sample from Iran. Hence, we used a sample of Iranian immigrants residing in the United States and Canada. However, because access to LGB populations even outside of Iran is extremely difficult, in-person contact with potential volunteers was deemed necessary. Participants were informed that great care would be taken to ascertain confidentiality and that they need not provide any identifiable information to participate. Only participants sufficiently proficient in English and 18 years of age or older were approached.

Nineteen participants were excluded from the study because they did not meet the demographic inclusion criteria, consisting of: a) participant self-identified as either American or White and was second generation American, meaning participant and both participant's mother and participant's father were born in the United States; or b) participant self-identified as Iranian or Persian; and c) participant self-identified as LGB. The inclusion criteria for the American group were included to limit the views represented to those of American culture. The final sample, therefore, consisted of 20 male and 27 female Americans and 27 male and 22 female Iranians, of which 44 identified as gay, 43 as lesbian, and 9 as bisexual. The mean age for the American group was 32.2 years (*SD* = 9.8) and 33.2 years (*SD* = 8.5) for the Iranian group. Thirty Americans (66%) and 23 Iranians (47%) had self-disclosed their sexual orientation to both parents. The mean number of years of residency in North America for Iranians was 19.9 (*SD* = 8.5), ranging from 1 to 42 years. Comparison of other demographic information for the American and Iranian samples is set out in Table 1.

Measures

Herek's (1984) 20-item Attitudes Toward Lesbian and Gay Men (ATLG) scale was used to measure perceptions of cultural attitudes toward homosexuals. Participants rated their level of agreement using a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree.* Higher scores indicate more negative attitudes toward homosexuals. Because the ATLG was designed to measure adult heterosexuals' attitudes, the directions were slightly modified to reflect participants' perceptions of their culture's attitudes toward homosexuals. Cronbach alphas were .94 for the Iranian group, .94 for the American group, and .95 for the total sample.

Table 1
Sample Characteristics by Ethnicity[a]

	American sample (N = 47)		Iranian sample (N = 49)	
	n	%	*n*	%
Education				
HS or less	13	(28)	5	(10)
AA/BA	23	(49)	26	(53)
Graduate degree	10	(21)	18	(37)
Religion				
Catholic	5	(11)	0	(0)
Christian	2	(4)	4	(8)
Jewish	0	(0)	3	(6)
Muslim	0	(0)	9	(18)
Protestant	4	(9)	1	(2)
Buddhist	1	(2)	0	(0)
Agnostic	22	(47)	19	(39)
Other/more than one	11	(23)	13	(27)
Socioeconomic status				
Low	8	(17)	5	(10)
Low middle to middle	31	(66)	24	(49)
High middle to high	5	(11)	20	(41)

[a] *n*'s vary slightly in some categories due to missing data

Hudson and Ricketts' (1980) 25-item Index of Attitudes Toward Homosexuals (IAH) was used to assess perceived cultural attitudes toward working or associating with homosexuals. Responses are given on a 5-point Likert scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*. Lower scores on the IAH reflect more accepting attitudes. As with the ATLG, instructions were altered to indicate participants' perceptions of their culture's attitudes toward homosexuality. Sakalli (2002) reported a high level of internal consistency (α = .94) in his Turkish sample, providing support for its use with a non-Western sample. Internal reliabilities were also strong in our Iranian (α = .87) and American (α = .91) samples, and the total sample (α = .90).

Depression was measured using Radloff's (1977) Center for Epidemiological Studies Depression (CES-D) scale. Responses to the scale's 20 items were given using a 4-point Likert scale ranging from 0 = *rarely or none of the time* to 3 = *most or all of the time*. Higher scores on the CES-D reflect higher levels of depression. Cronbach's alpha for the Iranian and American groups, and the sample as a whole were .91, .93, and .92, respectively.

The 10-item Rosenberg (1965) Self-Esteem (RSE) scale was used to measure participants' overall feelings of self-acceptance and self-worth. Participants rated each item on a 5-point Likert scale ranging from 1 = *strongly agree* to 5 = *strongly disagree*. Higher scores on the RSE indicate greater self-esteem. This scale previously demonstrated a high level of internal consistency in an Iranian sample (Werkuyten & Nekuee, 1999). In this study, alphas were .88 for the Iranian group, .92 for the American group, and .90 for the two groups combined.

The 10-item short version of Cohen, Karmack, and Mermelstein's (1983) Perceived Stress Scale (PSS) was used to assess participants' subjective stress level. Answers are given on a 5-point Likert scale ranging from 0 = *never* to 4 = *very often*. Higher scores signify higher levels of perceived stress. The short version of the PSS used in this study slightly differed from the actual short version due to an inadvertent mistake on behalf of the first author. Two items, "How often have you dealt successfully with irritating life hassles?" and "How often have you felt that you were effectively coping with important changes that were occurring in your life?" were used instead of "How often have you been angered because of things that were outside of your control?" and "How often have you felt difficulties were pilling up so high that you could not overcome them?" Nevertheless, the scale demonstrated high reliability in our Iranian sample (α = .84), American sample (α = .90), and the samples combined (α = .88).

Lastly, a demographic questionnaire was used to gather information on participants' general background. For participants who had self-disclosed their sexual orientation to friends and family, length of time and initial and current familial reactions were requested. Descriptions consisted of 11 possible initial reactions (anger, disappointment, sadness, disbelief, concern, indifferent, knew it all along, curiosity/interested to learn more, acceptance, kicked you out, and other) and six possible current reactions (no longer speaks to you, don't accept it but tolerate it, accept you for who you are, still in denial, ignore the subject, and indifferent).

Procedures

Participants provided implied consent by completing and returning the surveys. Participants who responded to web postings were emailed the consent form, questionnaires, and referrals to counseling services. Since the participants completed the surveys at their leisure, they were given three scales in two separate emails to exert some control over completion of the surveys in the order specified. Participants were given 1 week to complete and return each set of surveys. In addition, self-addressed stamped packets were created to disperse at Iranian LGBT events, and potential volunteers were asked to return the anonymous packets within 2 weeks. All participants were told that the purpose of the study was to explore perceived cultural homophobia and its impact on LGB individuals' mental health.

Analyses of the Data

Demographic variables were tested using Pearson's product–moment correlations to examine their relationship with each dependent variable. The demographic variables that significantly correlated with dependent variables were controlled for in subsequent analyses to reduce their influence as covariates. First, one-way ANOVAs were used to compare differences in perceptions of cultural attitudes toward homosexuality across cultures. Next, within-country relationships between perceived attitudes and the measures of mental health were examined using Pearson's product-moment correlations. Finally, one-way ANOVAs were used to examine differences in depression, self-esteem, and perceived stress across ethnicities. Missing data were handled by substituting the mean of nonmissing items for missing items, if the survey was at least 80% complete.

Results

Differences in Perceived Cultural Attitudes Toward Homosexuality

The mean scores and standard deviations for all dependent variables are presented in Table 2. One Iranian participant was omitted from the attitudes analyses due to incorrect completion of both surveys. The mean ATLG score was 82.6 (SD = 12.6) for the Iranians and 63.8 (SD = 18.9) for the Americans. After controlling for socioeconomic status, which was significantly related to the ATLG, $r(75) = .26, p < .05$, a one-way ANOVA revealed a highly significant difference in the overall mean of ATLG scores between the two groups, $F(1, 93) = 26.95, p < .001$. Thus, Iranians exhibited more negative perceptions of their culture's attitudes toward homosexuals than Americans.

The mean IAH score was 98.15 (SD = 11.9) for Iranians and 86.02 (SD = 15.7) for Americans. This difference was also highly significant, $F(1, 95) = 18.04, p < .001$, with Iranian scores reflecting more negative perceptions of cultural attitudes toward working or associating with homosexuals.

Perceived Cultural Attitudes Toward Homosexuality and Mental Health

Because a correlation was found between age and depression, $r(94) = -.27, p < .01$, and age and perceived stress, $r(95) = -.30, p < .01$, this variable was controlled for in the analyses of depression and perceived stress. For the Iranian group, contrary to prediction, correlations between the ATLG and depression, $r(48) = -.16, p = .13$, the ATLG and perceived stress, $r(48) = -.002, p = .49$, and the ATLG and self-esteem, $r(48) = .14, p = .18$, were nonsignificant. Additionally, the relationships between the IAH and depression, $r(48) = .15, p = .15$, and the IAH and self-esteem, $r(48) = -.18, p = .11$, did not reach statistical significance. However, results did reveal a highly significant moderate positive correlation between the IAH and perceived stress, $r(48) = .38, p < .01$. Hence, as perceptions of cultural attitudes toward working or associating with homosexuals became more negative, levels of Iranians' perceived stress increased.

For the American group, the relationships between the ATLG and depression, $r(45) = .07, p = .31$, the ATLG and perceived stress, $r(46) = .12, p = .22$, and the ATLG and self-esteem, $r(47) = .10, p = .25$, were not significant. On the other hand, as predicted, the relationships between the IAH and depression, $r(45) = .34, p < .01$, the IAH and perceived stress, $r(46) = .54, p < .001$, and the IAH and self-esteem, $r(47) = -.35, p < .01$, did reach statistical significance. In other words, as perceptions of cultural attitudes toward working or associating with homosexuals became more negative, levels of depression and perceived stress increased, while self-esteem decreased.

Finally, no significant differences were found in the American and Iranian groups' mean scores on measures of depression, $F(1, 94) = .44, p = .51$, perceived stress, $F(1, 95) = 2.75, p = .10$, and self-esteem, $F(1, 96) = 3.59, p = .06$.

Table 2
Scale Means and Standard Deviations by Ethnicity

	Mean score					Standard deviation				
	ATLG	IAH	CES-D	RSE	PSS	ATLG	IAH	CES-D	RSE	PSS
Iranian	82.6	98.2	14.5	41.1	14.8	12.6	12	10.8	7.7	6.3
American	63.8	86	15.8	38.2	17.2	18.9	16	11.2	7.7	6.8

Note. ATLG = Attitudes Toward Lesbians and Gay Men scale; IAH = Index of Attitudes Toward Homosexuals; CES-D = Center for Epidemiological Studies Depression scale; RSE = Rosenberg Self-Esteem scale; PSS = Perceived Stress Scale.

Post hoc Analyses

An investigation of sexual orientation disclosure (SOD), specifically out versus not-out-to-parents, revealed that this variable was significantly related to Iranians' self-esteem, $r(49) = .29$, $p < .05$, with higher self-esteem among out participants. Surprisingly, for the American group, we found a significant relationship between depression and SOD, $r(45) = .25$, $p < .05$, reflecting higher depression among out participants. Further, a significant interaction was found between SOD and cultural identity on depression, $F(3, 90) = 5.66$, $p < .05$. Specifically, among out participants, Iranians exhibited a significantly lower level of depression, $F(1, 53) = 4.45$, $p < .05$. The interaction between SOD and cultural identity with regards to self-esteem was also significant, $F(3, 92) = 4.67$, $p < .05$. Following the same trend as depression scores, self-esteem was significantly higher among out Iranians, $F(1, 51) = 7.69$, $p < .01$. No significant between group differences in depression, self-esteem, or perceived stress were found among participants who were not out to their parents.

Discussion

This study was the first of its kind, to the authors' knowledge, to empirically investigate perceived cultural attitudes toward homosexuality and mental health in an Iranian LGB sample. As hypothesized, Iranians in our study perceived their culture as more homophobic than Americans. Further, perceiving one's culture as homophobic was associated with higher levels of depression and perceived stress, and lower self-esteem, among Americans, and higher levels of perceived stress among Iranians. These findings corroborate results showing the adverse influence of perceived cultural homophobia on LGB mental health (Lewis, Derlega, Griffin, & Krowinski, 2003). Contrary to our third hypothesis, Iranians did not exhibit poorer mental health than Americans. Investigation of differences in these groups' coping skills may help explain the finding that perceived cultural homophobia influenced mental health differently across ethnic groups.

Our post hoc analyses revealed a trend of significantly better mental health among Iranian, compared to American, participants who were out to both parents. Barreto, Spears, Ellemers, and Shahinper (2003) suggested that greater acceptance of Iranians by the host country enabled positive mental health, given Iranians' collectivist values and the importance of group membership. Consequently, in the case of Iranian LGB, we propose that parental acceptance post-SOD would render collectivist Iranians at an advantage psychologically, as compared with individualistic Americans. Our finding of higher depression among out Americans contradicts previous research on the relationship between outness and psychological distress (Morris, Waldo, & Rothblum, 2001). This finding may be better understood in the context of social support. Social support has previously been associated with lower depressive symptoms among LGB samples (Zea, Reisen, & Poppen, 1999) and has been suggested to serve as a buffer to mental health symptoms (Lam, Naar-King, & Wright, 2007). Further research is necessary to determine the influence of support from both LGB and heterosexual friends, and family, on the mental health of out LGB individuals.

Several limitations of this study must be acknowledged. Our sample may not be representative of all Iranian and American LGB in North America, especially bisexual men and women and closeted LGB. Further, our Iranian sample may have been composed of acculturated individuals. Ghaffarian (1998) suggested that Iranians who adopt American culture tend to have better mental health than those who resist it. Hence, it is possible that Iranians less involved in the LGBT culture would exhibit poorer mental health than our sample. Another limitation of our study is the small sample size. Recruitment of large representative samples is a common limitation of LGB studies due to the difficulties in accessing participants who are not comfortable disclosing their sexual identity. This challenge may be especially relevant for Iranian sexual minorities, whose involvement in gay groups and organizations, where LGB samples are most accessible, may be limited. For researchers who wish to study Iranian LGB, we believe that building relationships with individuals within this community is crucial to gaining trust and access to this population. Our results are also not generalizable to Iranians living in Iran. Indeed, the numerous Iranian homosexuals seeking asylum in Western countries on the basis of sexual orientation suggests that they face an array of stressors that may be absent for Iranian homosexuals abroad.

Cultural attitudes toward homosexuality were measured in this study using an LGB sample. Therefore, research utilizing larger, heterosexual samples is needed to provide a more accurate account of actual Iranian and American attitudes. Further, future studies should control for other environmental stressors affecting Iranians' mental health. In particular, given the increasing anti-Iranian sentiment in the U.S., it is possible that the higher levels of perceived stress among Iranians in our study are attributable to ethnic rather than sexual orientation discrimination.

Our research has applied implications for mental health professionals servicing LGB Iranians. While self-disclosure of sexual orientation suggested a trend of better mental health among Iranians in our study, these participants reported favorable parental relations at time of participation. Thus, no speculations can be made regarding the effects of unfavorable parental relations post-SOD. If in fact collectivist values served to lift the mental health of Iranians in this study as a result of parental acceptance, the inverse would hold that unfavorable parental reactions to SOD could have deleterious psychological consequences for Iranian LGB. For example, Newman and Muzzonigro (1993) found that traditional family values were predictive of perceived familial rejection and disapproval following gay male youth's SOD. Hence, it is crucial for mental health professionals addressing coming out issues to be knowledgeable about Iranian culture and beliefs, and to have an understanding of the implications of a nonheterosexual identity for a population whose mental health is heavily dependent upon parental and familial relationships.

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