LGB & LDS: Religiosity, Beliefs about Sexuality, Beliefs about Etiology, & Implications for Mental Health & Well-Being

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Abstract

Little research exists on the intersection of sexuality and religiosity, especially in a Mormon context. Many conservative religions discourage same-sex sexual identity, and prohibit same-sex sexual behavior, leading many sexual minorities in conservative religions to experience conflict. This study examines the psychosocial well-being of lesbian/gay/bisexual (LGB) and/or same-sex attracted (SSA) Mormons. The present study uses a subset of the data collected by the Beckstead and 2018 team via the 4 Options Survey that was used in another study to analyze mental health outcomes between four relationship statuses of LGB/SSA Mormons. Overall, we found that religiosity (specifically affiliation, viewpoint, and activity) and beliefs about sexuality have substantial and significant implications for mental health and well-being. The present study seeks to identify areas in which improvements can be made to optimize well-being among LGB/SSA members of the Mormon church. The broader topic of well-being (and how to optimize it) in this context is integral for those who counsel sexual minority individuals of faith.

Key words: identity, sexuality, religiosity, LGB, LDS

Introduction

As a minorities, lesbian/gay/bisexual/same-sex attracted (LGB/SSA) individuals, especially when members of a traditional faith community, are significantly more exposed to harmful societal influences such as minority and stigma stresses, discrimination, and homonegativity, and are therefore significantly more likely to experience mental health disparities such as depression, anxiety, low self-worth, and feelings of defectiveness (Foster, Bowland, & Vosler, 2015; Gattis, Woodford, & Han, 2014). Despite this though, there is little research examining the mental health and religiosity of LGB/SSA individuals of faith.

The existing literature is particularly lacking in regard to research on LGB/SSA individuals of the Church of Jesus Christ of Latter-Day Saints (LDS), or Mormon faith. Furthermore, the little research that has been conducted on this topic is mostly comprised of studies that have small sample sizes, are qualitative, and only measure a limited range of variables. This significant gap in research is important to address, as it has direct social health implications and societal impacts, considering the LDS population is one of the larger Christian denominations in the United States. The few findings on LGB/SSA Mormons provided by the sparse existing literature suggest an even greater need for further empirical research, as the findings demonstrate that this specific population is at a significantly higher risk of suffering from poor mental health and low rates of well-being in comparison to the general population.

Our study uses a large sample of participants (1,128 specifically) and collects data on a wide array of variables and subsections of variables to identify and better understand specific aspects of the greatest influences in the lives, decisions, and overall health of LGB/SSA Mormons. Furthermore, our study is uniquely quantitative, as only one other study apart from ours has used a substantially large sample comparable to our own. Thus, our research fills the

gaps in the existing literature by collecting and analyzing quantitative data from a large sample of LGB/SSA Mormons.

In this study, we investigate the implications that religiosity, beliefs about sexuality, and beliefs about the etiology of same-sex sexuality have for mental health and general well-being among LGB/SSA Mormons by analyzing the impact that several variables, all of which are encompassed by the aforementioned group of factors, have on metrics of anxiety, depression, internalized homonegativity, life satisfaction, and flourishing.

Religiosity

Having great implications for mental health and well-being, religiosity generally is found to have positive effects in peoples' lives (Foster et al., 2015). The effect religiosity has for LGB people of faith is still relatively unclear, though, as religion sometimes appears to have positive and protective effects, and other times appears to have negative and detrimental effects for this specific population (Dehlin, Galliher, Bradshaw, Hyde, & Crowell, 2014b).

The personal benefits and harms of religious affiliation. Typically, religiosity is found to have positive effects on mental health, and has been linked to many benefits, which commonly serve as protective factors against stressors and hardships (Barnes & Meyer, 2012; Cranney, 2017; Dehlin, Galliher, Bradshaw, & Crowell, 2015; Gattis et al., 2014). Specifically, for many people, religiosity is known to provide a framework for understanding the world and life experiences (Foster et al., 2015), a structured belief system (Foster et al., 2015), a source of stability (Dehlin et al., 2015), a support system and community (Gattis et al., 2014), a standard for values and character (Ison, 2010), and a means of coping with and understanding life outcomes (Foster et al., 2015). Conversely, religiosity has also been found to have adverse affects on mental health, as it can inflict harm by being oppressive and exclusionary of "others"

who do not fit a certain version of the "correct" mold that is prescribed by doctrine and by assuming the role of being the unquestionable, dominant authority in one's life (Ison, Saltzburg, & Bledsoe 2010).

For LGB people of faith though, the implications of religiosity are far more convoluted; some studies suggest that the positive effects commonly observed in heterosexual populations are still present, while others suggest that the harmful effects of religiosity tend to outweigh the benefits. In one study, for example, LGB/SSA Mormons were found to have better mental health and well-being in comparison to their non-Mormon LGB/SSA counterparts (Crowell, Galliher, Dehlin, & Bradshaw, 2014) while another found that conservative faith traditions, such as that of the LDS church, yield significantly great adverse effects on mental health and well-being, ultimately eradicating the potential positive effects of religiosity for this population (Wolff, Himes, Soarses, & Kwan, 2016). Congruent with the aforementioned findings, another study found that LGB/SSA Mormons gained the fewest benefits from religiosity in comparison to other non-Mormon LGB/SSA individuals and to other non-LGB/SSA Mormons (Cranney, 2017).

Spirituality in comparison to religiosity. Spirituality is distinguished from religion by a range of characteristics, but most importantly is so in that spirituality is non-institutional in nature and can be personalized/tailored to, and by, each person to meet individual needs (Foster et al., 2015; Lassiter, Grov, Saleh, Starks, Parsons, & Ventuneau, 2017; Ison et al., 2010). In contrast, religiosity is defined by having an unwavering, established structure with a specific God or deity and with unchanging, indisputable doctrines and beliefs; religion is an institution that the individual adapts to, and changes for, in order to meet its prescribed expectations and standards (Foster et al., 2015; Lassiter et al., 2017). But, because of the function both spirituality

and religiosity serve of connecting the earthly to the divine, there are some overlaps between the two despite their aforementioned differences (Lassiter et al., 2017). These points of overlap could potentially account for the variance in results found regarding the implications of religiosity for LGB/SSA people of faith (Lassiter et al., 2017).

Many LGB people of faith abandon, or at least question, their religion upon realizing their sexuality and the incongruence that consequently comes to exist between themselves and their religion (Dahl & Galliher, 2012b; Gattis et al., 2014). As a result, it is common that these people, especially when members of a more conservative faith tradition like that of the LDS church, will become spiritual, rather than religious, as they are drawn to the less rigid, more accepting nature of spirituality (Dahl & Galliher, 2012a; Dehlin, Galliher, Bradshaw, & Crowell, 2015). Compared to religiosity, spirituality tends to be associated with lower rates of internalized homonegativity and higher rates of self-acceptance. Studies have shown that, for an LGB/SSA person of faith whose religion or faith community is non-affirming of their sexuality, spirituality leads to better mental health and well-being significantly more so than does religiosity (Lassiter et al., 2017). Similarly, in comparison to religiosity, spirituality is found to be associated with significantly better mental health and well-being among LGB/SSA Mormons (Dehlin, Galliher, Bradshaw, & Crowell, 2014a).

Sexual identity and religious identity conflict. Because most religious traditions condemn same-sex attraction, LGB/SSA people of faith commonly feel a salient conflict, or dissonance, between their sexual and religious identities. This conflict produces powerful adverse effects on mental health and well-being by increasing identity confusion, decreasing one's sense of self-worth, and by putting one at odds with their community (Dehlin et al., 2014b). When confronted with such identity conflict, LGB/SSA individuals of faith are more or

less forced to choose one of the following four paths: 1) rejecting one's religious identity, 2) rejecting one's sexual identity, 3) compartmentalizing each identity, or 4) integrating the two identities, ultimately forming a single identity that is not in opposition with itself (Dehlin et al., 2014b).

While the overwhelmingly most commonly chosen paths are the rejection of religious identity and the compartmentalizing of the two identities, it has been found that better mental health and general well-being are linked to the choices of rejecting one's religious identity and of integrating the two identities; conversely, the options of compartmentalizing and of rejecting one's sexual identity are associated with significantly worse mental health and general well-being (Dehlin et al., 2014b). Interestingly, another study found that LGB/SSA Mormons had higher rates of conflict between their sexual identity and religious identity more so than LGB/SSA people belonging to any other faith group (Wolff et al., 2016).

Beliefs about sexuality

Individuals' beliefs and attitudes towards sexuality are shaped by one's environment, community, culture, and upbringing, and are often closely linked to self-image, self-esteem, and identity. As an integral aspect of one's sense of self, beliefs and attitudes toward sexuality have significant implications for mental health and well-being. Among LGB/SSA individuals of faith, for whom the topic of sexuality is even more sensitive if dissonance is present, the influence of beliefs and attitudes toward sexuality become increasingly salient, for better or for worse. While the two key aspects contributing to an individual's sexuality beliefs analyzed in our study are 1) minority stress + stigma stress, and 2) internalized homonegativity, the scope of the influence that beliefs about sexuality yields on well-being is far more expansive. Negative attitudes and beliefs toward sexuality could have significant impacts on well-being, as they have the influence

of reinforcing other harmful factors that yield significant adverse effects on mental health. Similarly, positive attitudes and beliefs toward sexuality could help increase well-being by reinforcing other empowering and legitimizing factors that yield beneficial effects on mental health.

Minority stress and stigma stress. LGB people of faith experience high levels of minority stress and stigma stress, since it is likely that these people do not fully identify with their LGB/SSA community or their faith community. In their faith communities, or even in their own personal moral standings, LGB people of faith are exposed to very powerful discriminations, oppressions, and rejections because of their LGB identity. Research has demonstrated that not only these stressors, but also the anticipation of these stressors, yield adverse effects on mental health and well-being.

The minority stress theory has been used in previous studies to help interpret the experiences of LGB/SSA people of faith. Focusing on the environment in which the LGB/SSA individual worships, socializes, and is generally surrounded by, the minority stress theory analyzes the amount of stress arising from that area of the person's life (Barnes & Meyer, 2012). These external environmental stressors yield a significant and adverse influence over one's mental health, such that they can evolve and assume an internal, or intrinsic, form that is manifested as internalized homonegativity, self-disgust, and a sense of worthlessness (Barnes & Meyer, 2012). The harmful aspects of religiosity as are outlined above often feed the negative conditions and treatment of LGB/SSA individuals of faith that are embodied in this application of the minority stress theory (Foster et al., 2015). As such, greater minority stress is associated with worse mental health and lower ratings of well-being (Crowell et al., 2014).

Stigma stress, like minority stress, has severe adverse effects on mental health and well-being, as it is linked to higher rates of depression and depressive symptoms (Crowell et al., 2014). Just as LGB/SSA people of faith are exposed to high rates of minority stress when in a non-affirming religious environment, they are likewise exposed to high rates of stigma stress in their faith community (Barnes & Meyer, 2012). Stigma stress is marked by expected rejection, disapproval, condemnation, and discrimination from one's environment and community.

Because LGB/SSA individuals of the LDS church are members of a conservative faith tradition that does not affirm same-sex attraction, they experience high rates of exposure to minority stress, and consequently suffer adverse effects on their mental health and well-being more so than do non-Mormon LGB/SSA individuals (Crowell et al., 2014). Furthermore, high exposure to minority stress is associated with higher rates of internalized homophobia, identity confusion, the need for concealment, and the need for others' acceptance, all of which are linked to poor mental health (Crowell et al., 2014). Interestingly, in a sample of LGB/SSA Mormons, it has been found that, while stigma stress is strongly linked to adverse mental health effects, the extent of those adverse effects seem to be mediated by the individual's level of involvement in their church (Crowell et al., 2014; Hamblin & Gross, 2011). This finding not only speaks to the great influence maintained by external and environmental factors, but it also helps explain the varying results found by the existing literature regarding the implications of religiosity for LGB/SSA Mormons. The influences of minority stress and stigma stress not only maintain a great influence over mental health and well-being directly, but they also do so through indirectly by feeding and exacerbating the adverse effects that arise from holding negative attitudes and beliefs toward sexuality.

Internalized homonegativity. Internalized homonegativity is not inherent, but is instead learned, and is perpetuated by exposure to minority stress, stigma stress, and experiences of societal rejection and oppression. Often, these negative instigators of internalized homonegativity are manifested from the dominant influences in a person's life: their faith, their community, and their upbringing. Internalized homonegativity is linked to poor mental health, as it is associated with an increased sence of shame and decreased feelings of social support (Foster et al., 2015). Since the LDS church, like most conservative faith traditions, is non-affirming of same-sex attraction and openly condemn such as sinful and wrong, LGB/SSA Mormons are repeatedly and consistently exposed to the attitudes and beliefs that instill internalized homonegativity, as is demonstrated by the finding that affiliation with a non-affirming church is linked to higher levels of internalized homonegativity (Barnes & Meyer, 2012). Furthermore, findings have demonstrated that increased attendance in a non-affirming faith is associated with higher rates of anxiety among LGB/SSA individuals of faith (Hamblin & Gross, 2011). This is congruent with the aforementioned findings suggesting that an individual's level of involvement with their church could be a mediating factor in the implications of religiosity for LGB/SSA Mormons (Crowell et al., 2014; Hamblin & Gross, 2011).

Though perhaps unintentionally, the LDS church perpetuates the development of internalized homonegativity within its LGB/SSA members by advising them to deny or ignore their same-sex attractions, to enter into a heterosexual marriage, to attempt Sexual Orientation Change Efforts, and to combat their desires by praying more (Dehlin et al., 2015b). Internalized homonegativity among LGB/SSA Mormons is associated with greater identity confusion, sexual identity distress, and overall poorer rates of mental health and well-being (Dehlin et al., 2015a). Since internalized homophobia has adverse effects on mental health and well-being, and can be a

byproduct of religiosity, it is suggested that the negative implications of internalized homonegativity may outweigh the positive effects of religiosity for LGB/SSA individuals (Barnes & Meyer, 2012).

Beliefs about the etiology of same-sex attraction/sexuality

One's beliefs about the etiology of their same-sex attractions and sexual identity, as well as their beliefs about the possibility of changing their sexuality, have great implications for mental health and well-being (Dehlin et al., 2014a). Much in the same way one's environment, community, culture, and upbringing shape a person's beliefs and attitudes towards their sexuality, these factors also greatly influence one's beliefs and attitudes about why their sexuality is a certain way and about whether changing it is possible. As only one study has really investigated this phenomenon in-depth, the present study seeks to further examine the influence of this idea by measuring the influence of etiology beliefs against metrics of well-being.

Biological versus psychosocial roots of etiology. One's beliefs about the origin of same-sex attraction and same-sex sexuality have been found to have significant implications for mental health and well-being (Dehlin et al., 2014a). Believing the etiology of one's same-sex attractions is rooted in a biological basis has far different effects than does believing that etiology is rooted in a non-biological, psychosocial basis (Dehlin et al., 2014a). Adhering to a belief in an etiology rooted in a biological basis means that one believes their same-sex sexuality is the result of natural, biological processes that were out of their control; adhering to a belief in an etiology rooted in a psychosocial basis means that one believes their same-sex sexuality is the result of their involvement with a psychosocial factor that could have been prevented and is therefore within their control to change at will (Dehlin et al., 2014a).

Most LGB/SSA individuals believe in an etiology rooted in a biological basis (Dehlin et al., 2014a). Alternatively, conservative religions, including the LDS church, adhere to a belief in an etiology rooted in a psychosocial, non-biological basis, and use that framework as a means of motivating LGB/SSA individuals to attempt to change their sexuality and live in accordance with the church's doctrine (Dehlin et al., 2014a). Furthermore, LGB/SSA individuals who likewise believe in an etiology rooted in a psychosocial basis are more likely to be more involved with the church and are more likely to engage in Sexual Orientation Change Efforts (Dehlin et al., 2014a).

Studies have found that, for LGB/SSA individuals of the Mormon faith, believing in an etiology rooted in a psychosocial, non-biological basis for their sexuality is associated with increased rates of adverse effects such as sexual identity distress, internalized homonegativity, and depression, as well as decreased rates of self-esteem and quality of life (Dehlin et al., 2014a). Conversely, for LGB/SSA individuals of the Mormon faith who believe in an etiology rooted in a biological basis, studies have found higher ratings of mental health and well-being (Dehlin et al., 2014a).

Sexual orientation change efforts (SOCE) attempts. While studies have yielded results suggesting that SOCE does not achieve any real, meaningful shifts in sexual attractions, findings have revealed both positive and negative effects that arise from engaging in SOCE (Dehlin et al., 2014b). The effects of SOCE vary by, and are largely dependent upon, the goal set by the individual attempting SOCE and the way in which they attempt SOCE (Dehlin et al., 2014b). Most notably, the observed positive effects include an acceptance of their same-sex attractions and lower rates of depression and anxiety; the observed negative effects include a lowered psychosocial functioning and an increase in internal conflict (Dehlin et al., 2014b).

LGB/SSA individuals of faith are typically motivated to attempt SOCE because of the internal conflict arising from the incongruence between their faith and sexuality, the negative psychological effects resulting from internalized homophobia, pressure from family and faith community, and feelings of disbelonging and isolation (Barnes & Meyer, 2012; Dahl & Galliher, 2012a; Dehlin et al., 2014b; Foster et al., 2015). Because of the religious teachings engrained within their minds from a young age, many LGB/SSA individuals of faith feel inclined to attempt SOCE (Dahl & Galliher, 2012a). Studies have identified a common trend of characteristics shared by LGB/SSA Mormons who attempt SOCE that include increased rates of religious orthodoxy at a young age, decreased support from family and community, and higher likelihoods of adhering to the belief that their sexual etiology is rooted in a psychosocial basis and of rejecting their sexual identity over their religious identity (Dehlin et al., 2014b).

Research questions

Our overarching research question and interest is the following: How do religion/spirituality and beliefs about sexuality impact well-being among LGB/SSA Mormons? To best analyze this, we examined several other research questions: 1) What are the psychological implications of religious affiliation and activity for LGB/SSA Mormons? 2) What are the psychological implications of LGB/SSA Mormons' beliefs about the etiology of and variability of change of same-sex attraction? 3) What are the psychological implications of LGB/SSA Mormons' beliefs about sexuality?

Method

Research Team

The APA's standards on working with sexual minorities and respecting religious practices are maintained by all authors of this study (APA, 2008; APA, 2012). A majority of the

authors identify as LGB/SSA, and every author supports self-determination for LGB/SSA individuals. All seven authors were raised in, or around, traditional religions, but only five of the authors remain active in a traditional religion currently. Five authors have close personal and/or professional experience working with LGB/SSA people who have traditional religious backgrounds. All authors are supportive of the LGB/SSA community.

Survey Design

Participants were asked to partake in a survey to evaluate significant aspects of life and relationships for people who have experience with same-sex attractions and identify themselves as LGB, heterosexual, with another sexual identity, or who reject a label. Researchers sought to analyze the presence or lack thereof of similarities and differences between participants in each of the four relationship options. Participants were also notified that the survey would assess the potential influences of religious and/or spiritual issues on their levels of satisfaction with their relationship option. Participants completed the survey online, at 4OptionsSurvey.com.

The survey is broken down into three main sections. The first of which included 22 questions regarding basic demographics, sexual identity, religious affiliation, and ratings of depression, and anxiety. The second section included 75 questions and assessed the following 10 main categories: satisfaction with relationship option, companionship and sexuality, social support and group resources, internal strength and self-direction, satisfaction in being single or in a relationship, changes in sexuality, values, attitudes about LGB/SSA individuals, eroticism, and religious/spiritual identity. The third section, which was optional, included 112 questions that further assessed the 10 main categories from section two, along with relationship skills and sexual orientation change efforts (SOCE). The researchers estimated that the first two sections of the survey would take approximately 30 to 40 minutes to finish.

Participants

There were 1,128 participants used in this study. Eligibility and exclusion criteria for participants include the following: 1) must be 18 years of age or older, 2) must have had at least one experience with same-sex attraction, 3) must classify their relationship status as either a) single and celibate (SC), b) single and not celibate (SNC), c) in a heterosexual, mixed-orientation relationship (MOR), or d) in a same-sex relationship (SSR), and 4) must have completed the first two parts of the survey. These participants were originally part of a larger study conducted by Beckstead and collogues (2018), but for the purposes of this study we only included those who were raised in the LDS church and are currently (or have been previously) affiliated with the LDS church. Participant demographics are displayed in *Table 1*.

Measures

Depression. The Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001), which is used by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) to diagnose major depression, was used to measure depression. Using a 4-point Likert scale to rate frequency ranges from "not at all" to "nearly every day," participants reported on nine items that are symptoms of depression and are included in the PHQ-9. Chronbach's alpha for this study was .90.

Anxiety. Levels of anxiety at the time of the participation in the survey were assessed with the Generalized Anxiety Disorder 7-item scale (GAD-7). The DSM-V uses the GAD-7 scale as the primary diagnostic tool for generalized anxiety disorder. The scale assesses symptoms of anxiety through seven items, specifically how frequently in the past two weeks participants had experienced said symptoms. The frequency of these symptoms is measured on a

4-item Likert scale, ranging from "not at all" to "nearly every day." Chronbach's alpha for this study was .92.

Internalized Homonegativity. Internalized homonegativity was measured with the three-item internalized homonegativity subscale, which assesses internalized homonegativity with a 6-point Likert scale where higher values ("strongly agree") signify higher rates of internalized homonegativity and lower values ("strongly disagree") signify lower rates of internalized homonegativity. This subscale is taken from the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011). Chronbach's alpha for this study was .89

Life Satisfaction. Life satisfaction was assessed using the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985), that consisted of five items which were rated by participants on a 7-point Likert scale that ranged from "strongly disagree" to "strongly agree." Chronbach's alpha for this study was .90.

Flourishing. Flourishing was assessed using the Flourishing Scale, which contains eight items that participants responded to on a 7-point scale ranging from 1, "strongly disagree" to 7, "strongly agree" (Diener, Biswas-Diener, 2009). The items included the statements: "I lead a purposeful and meaningful life," "My social relationships are supportive and rewarding," "I am engaged and interested in my daily activities," "People respect me," "I actively contribute to the happiness and well-being of others," "I am competent and capable in the activities that are important to me," "I am a good person and live a good life," and "I am optimistic about my future." Higher scores indicate a greater amount of psychological resources and strengths. Chronbach's alpha for this study was .90.

Attitudes Towards Sexuality. Attitudes towards sexuality (specifically, masturbation, sexual expressivity, and sexual shame) were assessed with a set of items including, "I feel it's

okay for me to masturbate;" "I express my sexuality in ways that feel best for me;" and "I think sex, whether with a man or woman, is mostly dirty, scary, and/or disgusting." Responses were evaluated using a 7-point scale ranging from "strongly disagree" to "strongly agree." Participants were also asked a yes/no question regarding history of sexual abuse: "My history of sexual abuse and/or assault continues to negatively affect my sexuality." In order to evaluate participants' sense of their religious resolvement, they were asked to respond to the statement "I feel resolved about my sexuality and religious issues." Their response options ranged from "strongly disagree" to "strongly agree," with those indicating N/A recoded as strongly agree.

Physical Health, Substance Use, & Sense of Self. Participants self-reported their levels of physical health in response to a single item, "I am physically healthy." Their response options ranged from "strongly disagree" to "strongly agree" on a 7-point scale. Participants' substance use was evaluated on a 4-point scale, assessing how frequently they were bothered by drinking too much alcohol or abusing drugs/substances in the span of the preceding two weeks. Their response options ranged from "not at all" to "nearly every day." Participants indicated their sense of self by responding to the statement, "I have a clear and definite sense of who I am and what I'm all about," on a 7-point scale from "strongly-disagree" to "strongly agree."

Procedure

The present study uses a subset of data from the 2018 Beckstead and collogues' study with permission and the supervision of one the co-authors from the original study. The present study examines the Mormon population of Beckstead and collogues' larger sample. Before beginning the study, the Beckstead team received IRB approval from the Idaho State Institutional Review Board. The team distributed the 4 Options Survey online; the website that housed the survey included an explanation of the survey itself, along with information about the potential

risks and benefits of participation, and a link to the survey via Survey Monkey software. The Beckstead team collected the data over the course of ten months, from September of 2016 through June of 2017.

Considering the limits of previous studies focusing on LGB/SSA people from conservative backgrounds, the Beckstead team worked to obtain a larger and more representative sample. In order to well disseminate the survey, the Beckstead team reached out to journalists, and also ran an article about their research in local newspapers, both in print and online. The article, which included an invitation to participate, ran in the *Salt Lake Tribune*, the *LDS Living Magazine*, and the *Online Religion News Source*. Other measures used to contact participants include Facebook, snowball sampling, word of mouth via organizations, mental health providers, and friends and family members, and email lists provided by various organizations. Researchers posted specifically in themed groups, such as the Gay Jehovah's Witnesses, Mormons Building Bridges, and People Can Change, as well as LGB student groups at universities in Utah, the Utah Pride Center, and others.

Results

We analyzed data from 1,128 participants who either are or have been affiliated with the Mormon church. We performed both pairwise and listwise deletions before using the data set for the current study. Using SPSS and an alpha-level of .05, we conducted MANCOVA analyses as well as ran correlation matrices to evaluate the variables.

Demographics

Table 1 presents general demographic information. We tested age, ethnicity, gender, and education, and found that only age and gender were significant in influencing metrics of wellbeing for LGB/SSA Mormons. Thus, age and gender are the covariates used in examining

the following dependent variables representing this study's metrics of well-being: depression, anxiety, flourishing, internalized homonegativity, and satisfaction with life.

Religiosity

Table 2 compares group differences in religious affiliation, viewpoint, and activity along five markers of well-being (anxiety, depression, internalized homonegativity, life satisfaction, and flourishing). Affiliation had a significant effect on all the metrics of well-being with the exception of anxiety. LGB/SSA individuals who remained affiliated with the Mormon church tended to have significantly worse ratings of well-being compared to those who are not affiliated with a religion. We found that individuals who identify as Mormon scored the highest in terms of anxiety, depression, and internalized homonegativity, while also scoring the lowest for life satisfaction and flourishing. Alternatively, we found that those who were not religiously affiliated scored the lowest in terms of anxiety, depression, and internalized homonegativity, while also scoring the highest for life satisfaction and flourishing.

Religious viewpoint had sizeable effects on all of the dependent variables (the metrics of well-being), but did so most significantly for internalized homonegativity. Those who identify as having a confused religious viewpoint were found to be associated with having the lowest rates of well-being overall, reporting the highest rates of anxiety and depression, the second lowest rates of life satisfaction and flourishing, and the third highest rates of internalized homonegativity. Thus, individuals who identified as confused had the worst outcomes in terms of mental health and well-being overall, but individuals who identified as conservative scored the highest in terms of internalized homonegativity, and the individuals who identified as having a viewpoint not listed as an option ("Other") scored the lowest in terms of life satisfaction.

Religious activity/involvement had a main effect on the metrics of well-being. This was especially apparent with the internalized homonegativity variable. We re-coded the existing survey data with a numerical scale, with 1 corresponding to the response option of "most often (more than once a week)," 5 corresponding to "stopped attending, combined with not applicable," and 2, 3, and 4 representing levels of involvement that are in between those of the 1 and 5 options. Those who engaged approximately once or twice a month with religious activity at their place of worship indicated the worst overall well-being, as per the metrics of life satisfaction and flourishing. Additionally, higher religious activity is linked with higher internalized homonegativity, but lower anxiety and depression.

Beliefs about Sexuality & **Etiology**

Table 3 displays the relationship between beliefs about sexuality and the etiology of same-sex attraction and same-sex sexuality with metrics of well-being in a correlation matrix.

Beliefs about the etiology of same-sex sexuality can influence well-being in terms of internalized homonegativity, but not the other metrics of well-being. Specifically, we found the following: the belief that an individual can learn to enjoy heterosexuality (LH) is highly and positively correlated with internalized homonegativity; the belief that the etiology of sexuality is rooted in biological origins is highly and negatively correlated to internalized homonegativity and LH; the belief that the etiology of sexuality is rooted in environmental basis is highly and positively correlated to internalized homonegativity and LH, as well as is highly and negatively correlated with flourishing and adhering to an etiology rooted in a biological origin. Ultimately, adhering to the belief in a biological basis for the etiology of same-sex attraction was associated with differences in well-being as indicated by internalized homonegativity, but not with any of the other markers of well-being. Adhering to the belief in an environmental basis for the etiology

of same-sex attraction mattered in terms of all of the metrics of well-being, with the exception of the metric of anxiety. The variables of etiology beliefs were most strongly related to internalized homonegativity, but none of the effect sizes for any of the metrics were substancial enough to be deemed significant.

Individual beliefs about sexuality have the capacity to influence well-being. Specifically, we found the following: all of the positive metrics of beliefs about sexuality are highly and positively correlated with the positive metrics of well-being (flourishing and life satisfaction), as well as are highly and negatively correlated with the negative metrics of well-being (anxiety, depression, and internalized homonegativity); all of the negative metrics of beliefs about sexuality are highly and positively correlated with the negative metrics of well-being (anxiety, depression, and internalized homonegativity), as well as are highly and negatively correlated with the positive metrics of well-being (flourishing and life satisfaction). Positive attitudes towards masturbation were found to be positively correlated with flourishing and negatively correlated with internalized homonegativity, but as the effect sizes for both measures were minimal and inconsistent we concluded that masturbation does not make a great difference in well-being. Though the correlation with internalized homonegativity was strong and significant, we are concerned about the potential that our metric of internalized homonegativity may have a confounding factor, since internalized homonegativity was found to be strongly and significantly correlated with every other measure. Thus, the sexuality beliefs variables tend to correlate with well-being, with the exception of the beliefs about masturbation variable.

Discussion

The purpose of this study was to better understand how religion, beliefs about sexuality, and beliefs about the etiology of same-sex attraction impact well-being among LGB/SSA

Mormons. Overall, the findings of our study suggest that remaining affiliated with a non-affirming faith tradition will result in lower ratings of well-being, but that being partially involved with that faith community will be the most detrimental to one's mental health and general well-being. Furthermore, the findings of our study suggest that beliefs regarding sexuality matter far more than those regarding etiology. Additionally, as would be expected, having positive attitudes and beliefs about one's sexuality is highly and positively correlated with better ratings of mental health and well-being, whereas having negative attitudes and beliefs about one's sexuality is highly and positively correlated with far lower ratings of mental health and well-being.

Religiosity

Affiliation. Our findings regarding the implications of religious affiliation are congruent with those of previous research, and support the idea that remaining affiliated with a heteronormative, non-affirming faith tradition and community will have adverse effects on mental health and well-being (Bradshaw, Dehlin, Heaton, Galliher, Decoo, & Crowell, 2015; Crowell et al., 2014; Dehlin et al., 2015; Hamblin & Gross, 2011; Ison et al., 2010; Johns & Hanna, 2012).

The poorer well-being among the Mormon affiliated group may be due to a salient dissonance still existing between their sexual and religious identities, which exacerbates problems of internal conflict, identity confusion, and self-rejection (Crowell et al., 2015; Dahl & Galliher, 2012b; Grigoriou, 2014; Ison et al., 2010). It is also possible that their maintained affiliation with the LDS church has hindered them in their process of accepting their LGB/SSA identity (Bradshaw et al., 2015; Ison et al., 2010). Furthermore, along with prevalent community tensions, individuals in this group are more likely to still be stuck in the midst of the process of

mitigating these two core aspects of themselves with their worldview, which is now perceived to be threatened (Jacobsen & Wright, 2014). Additionally, it is likely that they are not getting the full benefits (if any) that are normally derived from religiosity since they do not fit the prescribed mold of what is considered moral, good, and correct within the framework of their religion (Cranney, 2017; Goodwill, 2008; Ison et al., 2010, Jacobsen & Wright, 2014; Johns & Hanna, 2012).

The high ratings of well-being reported by those not religiously affiliated are likely explained by the absence of the aforementioned stressors experienced by those who identify as Mormon. It is also possible that these individuals are more confident in, accepting of, and comfortable with their LGB/SSA identity and are no longer suffering from extreme dissonance, potentially because they have gotten some distance from the influences of the church (Dahl & Galliher, 2012a; Gattis et al., 2014; Ison et al., 2010; Johns & Hannah, 2012; Page, Lindahl, & Malik, 2013). Additionally, those who identify as not being religiously affiliated, though not affiliated with any traditional religion per-se, could still be spiritual, which would allow them to reap some of the benefits of being religious while also allowing them to escape the adverse effects that would come with a non-affirming community/faith/worldview (Goodwill, 2008; Ison et al., 2010). Having stepped away from the non-affirming environment of the LDS church, these people could have either abandoned religion altogether or found a new faith community that is accepting and affirming of their LGB/SSA identity. Furthermore, while it could be expected that there would be some adverse effects from disaffiliating with the religion and faith community in which one was raised, it is likely that the people in this group were not as religious or as involved/active in their church from the beginning, which would lessen the expected adverse effects of leaving one's religion (Lassiter et al., 2017).

Activity. Within LGB/SSA Mormons, those who are highly active in their church experience increased internalized homonegativity, but report less anxiety and depression than those who are moderately active in their church. As would be expected, being highly active in a non-affirming church and community increases exposure to negative attitudes and messages that reinforce already deeply instilled feelings of internalized homonegativity. Interestingly though, being highly active in the church also resulted in lower rates of anxiety and depression for some. This could be due to the possibility that these people have already successfully mediated their religious and sexual identities, and having chosen to prioritize their religious identity, feel more at peace morally, but are nonetheless still exposed to very frequent and salient messages of homonegativity (Dehlin et al., 2015; Joseph & Cranney, 2017; Nielson, 2016). It is also a possibility that they have coped with and mediated their conflicting identities with various rationales, such as by distinguishing their physical church from God and recognizing that God could still love and accept them eternally even if their earthly church does not (Foster et al., 2015; McQueeney, 2009). Additionally, if they still have strong community and family support within their church, it is likely that they chose to remain involved because they do not feel ostracized and therefore do not feel a need to retreat from or leave the church (Joseph & Cranney, 2017; Neilson, 2016).

Individuals who are moderately active in their church, reportedly attending once or twice a month, are likely to still be in the process of recognizing and mediating their conflicting identities. As such, the dissonance, identity confusion, and internal conflict are probably especially salient for them, and consequentially have even greater adverse effects on mental health and well-being (Hamblin & Gross, 2011). Additionally, unlike their counterparts who are highly active in the church, the individuals who are moderately active in their church may not

have great support from their faith community or family, and feel compelled to remain at least somewhat active in the church in order to please others, meet certain expectations, and/or even attempt to change their sexuality (Dehlin et al., 2014a; Hamblin & Gross, 2011; Joseph & Cranney, 2017; Neilson, 2016). Also unlike their non-religious counterparts who are more likely to be involved in the LGB community and are finding social support there, those who are moderately active in their church may feel a heightened sense of disbelonging due to not being completely invested in either the faith community or the LGB community.

Viewpoint. Our findings, congruent with the findings of other studies, indicate that individuals who identify as having a confused or conservative viewpoint report overwhelmingly lower rates of mental health and well-being than do individuals who identify with other religious viewpoints. It is likely that those who identified as having a confused viewpoint indicated the worst ratings of well-being due to still being stuck between two dissonant identities and experiencing exacerbated identity confusion (Goodwill, 2008; Johns & Hanna, 2012). Also congruent with the existing literature, it is likely that those who identified as conservative scored the highest in terms of internalized homonegativity because of the nature, attitudes, beliefs, and teaching of their faith tradition and community (Crowell et al., 2014; Johns & Hanna, 2012; Joseph & Cranney, 2017). Additionally, those who identify as conservative are likely to be more involved with their church and faith community, which aligns with our finding that increased activity is related to higher rates of internalized homonegativity. Furthermore, the construct of internalized homonegativity reflects values that may be endorsed by those in conservative faith communities, such as wishing to be heterosexual, having negative attitudes towards sexuality, and not believing there are any positive aspects of being homosexual.

Beliefs about Sexuality

Having found that beliefs about sexuality make a highly significant difference in one's mental health and well-being (with the exception of the beliefs about masturbation variable), our results regarding beliefs about sexuality were as expected and are congruent with the findings of other studies. Our findings are interesting, especially within LGB/SSA Mormons, because beliefs and attitudes towards sexuality still make a significant difference in terms of mental health and general well-being even among those who choose not to be sexually active.

Interestingly, we found that beliefs about sexuality significantly impact mental health and well-being, but that beliefs about the etiology of sexuality do not likewise yield a meaningful influence. This could be because beliefs about sexuality extend to how one relates with their body and sexuality in general, opposed to etiology specifically referring to same-sex sexuality alone. Consequently, because our sample included individuals who identify as bisexual or same-sex attracted rather than as explicitly gay or lesbian, beliefs about sexuality could have been more relevant to our entire sample, where beliefs about etiology could have only reached a portion of the total sample. Additionally, because the construct of beliefs about sexuality extend to one's relationship with their body and what they feel they are socially and morally allowed to do with it, it is also likely to be indicative of one's sense of autonomy as an individual. Furthermore, one's sense of autonomy can by highly influenced by several other constructs observed in our study as influencers of outcomes of mental health and well-being, such as oppression, discrimination, internalized homonegativity, and feelings of helplessness. As such, if a person holds negative attitudes and beliefs towards sexuality, such as believing that sex is dirty and wrong, it naturally follows that the individual likely does not feel as though they have a healthy control over their own life. The opposite also holds true: if an individual holds healthy, positive attitudes and beliefs toward sexuality, such as personally having a healthy interest in sex

and eroticism, it is likely that they also have a degree of confidence in their self-autonomy.

Beliefs about Etiology

Beliefs about etiology do not make as much of a difference as we anticipated, though they were significantly related to internalized homonegativity. Of the twelve correlations between our metrics of well-being and beliefs about etiology, only seven were significant, but unsubstantially so. Internalized homonegativity is not equal to other outcomes of well-being, though, because it is consistently impactful across the board in terms of every metric of well-being. Thus, because internalized homonegativity is highly correlated with every other measure, it is likely that we may be measuring other confounds along with internalized homonegativity since it maintains a universal trend in the current study. As such, the question of what we are actually measuring with our metric of internalized homonegativity arises. This, together with the results of the measures regarding beliefs about the etiology of sexuality being intuitive, leads us to the conclusion that beliefs about etiology do not actually yield significant influence over mental health and well-being.

While these results do not align with those of the Dehlin et al., 2014a study in which they found that biological views of the etiology of same-sex attraction were closely related to better mental health than were psychosocial views of the etiology of same-sex attraction, we propose that the findings from our study suggest that beliefs about etiology may not actually make a substantial difference in terms of overall well-being because etiology beliefs are fluid and are subject to change with the development of the individual. The incongruence between our findings and Dehlin's could also be explained by differences in the focuses of the studies and the differences in the phrasings of the survey questions. The Dehlin study specifically investigated the "implications of observing church-recommended approaches toward same-sex attraction" as

prescribed by the Mormon church, whereas our study specifically investigated personal beliefs about the etiology of sexuality (Dehlin et al., 2014a, pg 301). Since the Dehlin study framed this aspect of their investigation explicitly in relation to church doctrine and we did not, it is likely that the disparity between the results of these two studies is attributable to the difference in the framing of the investigation. The nature of our sample and the nature of Dehlin's sample also differ quite significantly, as Dehlin's sample included more liberal individuals, while ours had greater variability. Thus, the increased variability of our sample may have allowed us to better understand the impact of etiology views, and this difference in samples may have contributed to the differing results of the two studies.

Limitations, Implications, & Future Directions

Our sample includes a number of sources of potential bias, as the majority of it consists of financially secure White men who most likely hold a Utah residency. But, considering our study focuses on LGB/SSA people of the Mormon faith, the fairly high rate of homogeneity among the demographics of our sample are not of concern since they are largely congruent with and representative of the general Mormon population. Thus, though unrepresentative of the larger United States population, this homogeneity is likely representative of the general Mormon population. The sample was obtained through non-randomized, snowball-sampling methods, which limits the generalizability of our sample. However, substantial and extensive efforts, such as reaching out to both conservative and liberal LGB/SSA Mormon support groups, were made to include a diverse set of participants. Thirdly, data was collected via a long online survey, prompting concerns about survey exhaustion among the participants. Having the very high response rate of 84.12% though, the threat of survey exhaustion compromising our conclusions is neutralized.

The findings from our study have a fairly high rate of generalizability to LGB/SSA individuals of other conservative faiths beyond the LDS church, since most traditional and conservative religions share common doctrinal attitudes and stances on LGB/SSA matters. The findings of our study are directly applicable to improving the methodology of counseling and therapy for LGB/SSA people of faith, as they provide meaningful insight not only to lived experiences, but also to the influences and mechanisms behind those lived experiences and their resulting implications for mental health and well-being. Furthermore, insights from our study can help aid intra-congregational efforts to increase understanding, acceptance, and inclusion among faith communities that may have members who know someone affected by identity dissonance or are themselves affected. Such efforts are invaluably important in addressing the significant health and mental health disparities experienced by LGB/SSA people of faith and their loved ones. The findings of our study will also significantly aid in the effort to increase awareness about the identity dissonance and internal conflicts that are born from such contexts and experiences.

Conclusions

Ultimately, for LGB/SSA people of faith and specifically for LGB/SSA people of the Mormon faith, factors of religiosity and beliefs about sexuality have significant implications for mental health and general well-being as per the metrics of anxiety, depression, internalized homonegativity, life satisfaction, and flourishing. Specifically, religious affiliation, activity, and viewpoint, along with beliefs about sexuality, are important determinants of such implications. Perhaps surprisingly though, beliefs about the etiology of sexuality do not yield as great of an influence on outcomes of mental health and general well-being as would be expected in relation to the existing literature.

Table 1. Sample Demographics

Age		**Age of Coming Out**	
18-29	36.8%	18-29	77.6%
30-39	24.1%	30-39	12.2%
40-49	16.9%	40-49	6.2%
50-59	13.7%	50-59	3.2%
60-69	7.5%	60-69	0.7%
70+	1%	70+	0%
Gender		**Highest Level of Education**	
Female	23.9%	High School / GED	3.6%
Male	69.6%	Some college but no degree	22.3%
Transgender	1.7%	Bachelor's degree	35.2%
Other gender	4.8%	Graduate degree	30.9%
Ethnicity		**Residency**	
White	93.0%	Northeast	3.5%
People of Color	7.0%	Midwest	3.8%
Sexual Identity		South	8.5%
Heterosexual/SSA/Ex-gay	36.7%	West(excl. UT & ID)	20.8%
Bisexual	13.2%	Utah	52.5%
Gay / lesbian	40.1%	Idaho	5.9%
Other	10.0%	Foreign	4.8%
Relationship Status			
Single; celibate	24.0%		
Single; non-celibate	24.4%		
Mixed orientation relationship	31.4%		
Same sex relationship	20.2%		

Table 2. Religious affiliation, religious viewpoint, and religious activity

		Anxiety					Depression				Internalized Homonegativity				Life Satisfaction				Flourishing			
		N	*M*	*SD*	*F*	η^2	*M*	*SD*	*F*	η^2	*M*	*SD*	*F*	η^2	*M*	*SD*	*F*	η^2	*M*	*SD*	*F*	η^2
Affiliation					2.04	.004**			3.33	.006**			152.83	.214			6.13	.011*			7.34	.013*
	None	216	1.83	.76			1.73	.66			2.14	1.36			4.69	1.46			5.95	.90		
	Mormon	803	1.94	.79			1.86	.68			4.24	1.80			4.36	1.47			5.68	.95		
	Religious; Non-Mormon	107	1.88	.67			1.78	.71			2.60	1.55			4.68	1.27			5.80	1.0		
Viewpoint					4.68	.029*			6.30	.038*			55.25	.257			7.10	.042*			5.30	.032*
	Conservative	295	1.97	.81			1.86	.68			4.86	1.58			4.23	1.50			5.67	.98		
	Moderate	170	1.72	.64			1.66	.57			4.21	1.66			4.76	1.31			5.78	.88		
	Liberal	87	1.88	.74			1.80	.69			3.34	1.82			4.63	1.33			5.82	.85		
	Heterodox	186	1.98	.83			1.90	.72			3.64	1.86			4.51	1.45			5.79	.90		
	Nonbeliever	165	1.79	.71			1.72	.64			2.25	1.48			4.57	1.50			5.83	.95		
	Spiritual	128	1.97	.74			1.78	.62			2.29	1.43			4.68	1.43			5.95	.98		
	Confused	63	2.30	.86			2.32	.84			4.03	1.93			3.50	1.34			5.12	.95		
	Other	32	1.85	.70			1.80	.66			3.51	1.71			2.27	1.39			5.66	1.01		
Activity					2.88	.010*			3.57	.013*			58.62	.173			6.98	.024*			5.93	.021*
	1	350	1.83	.73			1.74	.63			4.33	1.81			4.59	1.40			5.85	.91		
	2	310	1.94	.79			1.87	.67			4.23	1.75			4.31	1.39			5.61	.88		
	3	92	2.18	.79			2.05	.74			3.86	1.86			3.86	1.46			5.46	.91		
	4	54	2.04	.82			1.96	.89			3.03	1.81			4.29	1.68			5.60	1.08		
	5	320	1.89	.78			1.79	.68			2.50	1.63			4.63	1.50			5.86	1.01		

Note. For "Activity:" 1 = "I engage in my religion's activities/attend at my place of worship more than once a week," 2 = "I engage in my religion's activities/attend at my place of worship about once a week," 3 = "I engage in my religion's activities/attend at my place of worship about once or twice a month," 4 = "I engage in my religion's activities/attend at my place of worship fewer than once a month," 5 = "I stopped attending;" // 1 = highly active, 2-4 = moderately active, 5 = not active at all.
*$p < .05$. **$p < .01$.

Table 3. Beliefs about sexuality and its etiology

Variable		1	2	3	4	5	6	7	8	9	10	11	12	13
1. Anxiety	*r*	--												
2. Depression	*r*	.79**	--											
3. Int. Homoneg.	*r*	.17**	.19**	--										
4. Life Satisf.	*r*	-.49**	-.58**	-.29**	--									
5. Flourishing	*r*	-.47**	-.58**	-.25**	.71**	--								
6. Learn Hetero.	*r*	-.06	-.06*	.35**	.07*	.01	--							
7. Bio. Org.	*r*	.00	-.04	-.29**	.02	.07*	-.57**	--						
8. Enviro. Org.	*r*	.02	.06*	.30**	-.06*	-.11**	.44**	-.51**	--					
9. LBG/SSA Pro.	*r*	-.14**	-.16**	-.60**	.25**	.27**				--				
10. Healthy Int.	*r*	-.12**	-.16**	-.45**	.20**	.23**				.41**	--			
11. Mstrbt. Pro.	*r*	-.03	-.07*	-.35**	.03	.10**				.35**	.55**	--		
12. Sex Neg.	*r*	.21**	.24**	.20**	-.21**	-.26**				-.21**	-.30**	-.26**	--	
13. SSA Openness	*r*	-.09**	-.10**	-.49**	.17**	.19**				.47**	.35**	.38**	-.21**	

Note. Int. Homoneg = Internalized Homonegativity, Life Satisf. = Life Satisfaction, Learn Hetero. = A person can unlearn acting non-heterosexually and learn to enjoy heterosexuality., Bio. Org. = Experiencing same-sex attractions is biological in origin and not subject to change., Enviro. Org. = Experiencing same-sex attractions is primarily environmental in origin, developed through childhood experiences with parents, peers, or other early relationships., LGB/SSA Pro. = There are many positives about experiencing SSA/being LGB+., Healthy Int. = I believe my interest in sexuality and erotic items is healthy., Mstrbt. Pro. = I feel it's okay for me to masturbate., Sex. Neg. = I think sex, whether with a man or a woman, is mostly dirty, scary, and/or disgusting., SAA Openness = How open/out are you about your experience with same-sex attraction (current or former) and/or being LGB+?
*$p < .05$. **$p < .01$.

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