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Optimizing Well-being in Lesbian, Gay, Bisexual, and Same-Sex-Attracted Mormons

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LGB & LDS: Examining Religiosity, Beliefs About Sexuality and Etiology, and Their Implications for

INTRODUCTION

Both religious identity and sexual identity can be influential, if not integral, components of individuals' self-concepts. Sexual orientation encompasses several distinct and interrelated concepts including sexual desire/attraction, sexual behavior, and sexual identity. Many conservative religions react differently to various aspects of sexual orientation, often accepting same-sex attraction, discouraging same-sex identity, and prohibiting same-sex sexual behavior. Consequently, many sexual minorities in conservative religions often experience conflict (Cole & Harris, 2017; Rodriguez & Oullette, 2000). Further, individuals who identify with more conservative religious communities such as the Mormon Church, which are less affirming, tend to experience more conflict than those who are involved with more affirming religious communities (Dehlin et al., 2015a). These individuals often feel unable to disavow either religious or sexual identity, as both are closely tied to their self-concept, and both may influence their wellbeing (Wolff et al., 2016). Broadly, the findings of the current research look to identify areas in which counselors can work to optimize well-being among conservative religious, and specifically Mormon, clients who identify as lesbian, gay, bisexual, or same-sex attracted (LGB/SSA).

RESEARCH QUESTIONS

1. How do religion/spirituality and beliefs about sexuality impact well-being among LGB/SSA Mormons?
2. What are the psychological implications of religious affiliation and activity for LGB/SSA Mormons?
3. What are the psychological implications of LGB/SSA Mormons' beliefs about the etiology of and variability of change of same-sex attraction?
4. What are the psychological implications of LGB/SSA Mormons' beliefs about sexuality?

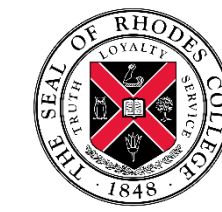
METHODS

Participants: The present study includes 1128 participants, who were originally part of a larger study conducted by Beckstead (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.

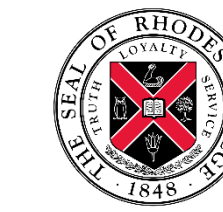
Procedure: Participants were notified that the survey would assess the potential influences of religious and/or spiritual issues on their levels of satisfaction. Participants completed the 4 Options Survey online, at 4OptionsSurvey.com.

Measures: Measures of wellbeing include:

- Anxiety (Chronbach's alpha = .92)
- Depression (Chronbach's alpha = .90)
- Internalized homonegativity (Chronbach's alpha = .89)
- Life satisfaction (Chronbach's alpha = .90)
- Flourishing (Chronbach's alpha = .90)



Mental Health & Well-Being



Isabelle Blaber, Caldwell Huffman, and Dr. Tyler Lefevor

RESULTS

We analyzed data from 1128 participants who either are or have been affiliated with the Mormon church. Using SPSS we used MANCOVAs and correlation matrices to evaluate the variables, with an alpha-level of .05.

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

Affiliation	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	
None	216	1.83	.76	2.04	.004**	1.73	.66	3.33	.006**	2.14	1.36	152.83	.214	4.69	1.46	6.13	.011*	5.95	.90	7.34	.013*	
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. * $p < .05$. ** $p < .01$.

Religiosity. In terms of religious affiliation, individuals who identify as not religiously affiliated scored the highest for overall well-being, while those who identify as affiliated with the LDS church indicate the lowest rates of well-being. In terms of religious viewpoint, those who identified as confused reported the lowest rates of wellbeing, while those who identify as spiritual reported the highest rates of well-being in terms of flourishing. In terms of religious activity, those who were moderately active in their church, as opposed to being either inactive or highly active, reported the lowest rates of well-being.

Table 3. Beliefs about sexuality and its etiology

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Anxiety	—												
2. Depression	.79**	—											
3. Int. Homoneg.	.17**	.19**	—										
4. Life Satisf.	-.49**	-.58**	-.29**	—									
5. Flourishing	-.47**	-.58**	-.25**	.71**	—								
6. Learn Hetero.	-.06	-.06*	.35**	.07*	.01	—							
7. Bio. Org.	.00	-.04	-.29**	.02	.07*	-.57**	—						
8. Enviro. Org.	.02	.06*	.30**	-.06*	-.11**	.44**	-.51**	—					
9. LBG/SSA Pro.	-.14**	-.16**	-.60**	.25**	.27**			—					
10. Healthy Int.	-.12**	-.16**	-.45**	.20**	.23**			.41**	—				
11. Mstrbt. Pro.	-.03	-.07*	-.35**	.03	.10**			.35**	.55**	—			
12. Sex Neg.	.21**	.24**	.20**	-.21**	-.26**			-.21**	-.30**	-.26**	—		
13. SSA Openness	-.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, LBG/SSA Pro. = There are many positives about experiencing SSA/being LBG+, 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 LBG+? * $p < .05$. ** $p < .01$.

Sexuality. Beliefs and attitudes towards sexuality, with the exception of masturbation, were found to have a substantially significant effect on all metrics of well-being. Beliefs about the etiology of sexuality were found to be largely uninfluential in terms of all metrics of well-being, with the exception of internalized homonegativity, which demonstrated significant relationships with every variable.

DISCUSSION

The purpose of this study was to better understand how religion/spirituality and belief about sexuality impact well-being among LGB/SSA Mormons. Overall, the findings of our study suggest that the psychological implications of religious affiliation and activity for LGB/SSA Mormons are that remaining affiliated with a non-affirming faith tradition will result in lower ratings of well-being, but that being halfway 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 the psychological implications of beliefs regarding sexuality and the etiology of sexuality for LGB/SSA Mormons are 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.

CONCLUSION

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. Specifically, religious affiliation, activity, and viewpoint, as well as 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 consideration of the existing literature. In conclusion, counsellors working with LGB/SSA Mormons would do well to balance both religious and sexual identity development on a case-by-case basis, as individual needs may vary.

IMPLICATIONS

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 invaluable in addressing the significant health and mental health disparities experienced by LGB/SSA people of faith and their loved ones.