SEXUAL IDENTITY, ROMANTIC RELATIONSHIPS, AND WOMEN OF COLOR

Exploring the Variables that Influence Sexual Identity within Romantic Relationships among Women of Color: A Phenomenological Approach

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ABSTRACT

The purpose of this phenomenological study is to explore the variables that influence the sexual identity within romantic relationships and how the sexual identity among women of color reflected in their body image, psychological wellness, and religious identity. This researcher will attempt to address these influences in the lives of women of color through the concept referred to as subjective openness (Moustakas, 1994). Originated by Edmund Husserl, a pioneer in the use of self-presence, Moustakas (1994) describes subjective openness as a process where the “reflective powers of self” are used when attempting to integrate oneself into the world of another and simultaneously retaining one’s separateness (pp. 25-26). The theoretical framework for this study provides an approach that is client centered and identity focused referred to as sexual identity therapy (SIT) where the sexually confused client is provided a safe space to wrestle between the tension of their sexual attractions and their Evangelical belief system (Tan & Yarhouse, 2010). Additionally, a biblically based and compassionate approach is integrated into the theoretical framework from an Evangelical perspective (Dallas & Heche, 2010; Hubner, 2019). The methodology for this study includes a semi-structured interview where each participant will be presented 11 questions with the 4 central questions addressing the sexual identity within romantic relationships among women of color as a result of participating in a Christian-based discipleship program. The significance of this study will be to offer the Christian evangelical academic community and the Evangelical church a biblically based and compassionate perspective when encountering those persons wrestling between their sexual identity and faith-based beliefs.

Keywords: body image, psychological wellness, romantic relationships, sexual identity, women of color, faith-based communities, religious coping, Christian, worldview.
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DEDICATION

This study is dedicated to the brave men and women who, based on a biblical definition of sexual identity, seek a life that is more fulfilling by choosing to embrace the life Jesus Christ has for them. The biblical definition of sexual identity is found in the book Genesis, chapter 1 verse 27 from the Holy Scriptures, “So God created mankind in his own image, in the image of God he created them; male and female he created them” (New International Version).
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List of Abbreviations

New International Version (NIV)
Lesbian, Bisexual, Gay, Queer, Transgender, Plus (LBGQT+)
Sexual Identity Therapy (SIT)
Embracing Life (EL)
Metropolitan Community Church (MCC)
Gay-Affirmative Therapy (GAT)
Council for Biblical Manhood and Womanhood (CBMW)
American Psychological Association (APA)
American Counseling Association (ACA)
Diagnostic and Statistical Manual of Mental Disorders (DSM, 1st ed.)
Diagnostic and Statistical Manual of Mental Disorders-Second Edition (DSM, 2nd ed.)
Post-Traumatic Stress Disorder (PTSD)
Eye Movement Desensitization and Reprocessing (EDMR)
CHAPTER ONE: INTRODUCTION

Overview

This study explores the variables that influence sexual identity within romantic relationships among women of color as reflected in body image, psychological wellness, and religious identity. An area lacking in the literature has been in the unique challenges faced among bisexual women of color from within their familial culture, their ethnicity, and the gay-lesbian community. It was determined to be especially true from the scant studies addressing African American bisexual women. Szymanski and Gupta (2009) implied this from their research citing the African American community as generally "conservative and intolerant of homosexuality" (p. 115). This study proposes to address the variables that influence women of color within their romantic relationships by using semi-structured interviews to provide a safe place to share their narrative(s).

Chapter one analyzes several studies that describe the discord between heterosexual and gay-lesbian communities as it relates to bisexual women and their body image. The focus is on the pressure these women encounter to maintain a "thin ideal" in their heterosexual relationships and the contrast found in the pressure to maintain acceptable standards within the gay-lesbian community when in same-sex relationships. This contrast offers evidence supporting the internal stresses and struggles bisexual women encounter in their relationships with same-sex partners and/or heterosexual men (Chmielewski & Yost, 2012; Hayfield, Clarke, Halliwell, & Malson, 2013; Huxley, Clarke, & Halliwell, 2011; Leavy & Hastings, 2010). Several studies cite psychological wellness as an area of concern bisexual women experience in maladaptive coping strategies. One strategy is substance abuse which is used as a self-medicating method addressing the psychological distress these women encounter based on their experiences of oppression and
discrimination from both the gay-lesbian and heterosexual communities (Dirkes, Hughes, Ramirez-Valles, Johnson, & Bostwick, 2016; Lambe, Cerezo, & O'Shaughnessy, 2017; Riggle, Rostosky, Back, & Rosenkrantz, 2017). This study also explores the effects religious identity has on bisexual women, their relationship within the Evangelical Church as an active sexual minority, and how bisexual women experience relationships from within the Church in terms of their sexual identity (Clucas, 2017; Charron, Malette, & Guindon, 2014). This researcher hopes to bring to light the experience women of color, who struggle within their sexual identity, encounter within the Evangelical Church by offering a biblically based framework related to their sexual identity.

Background

Huxley, Clarke, & Halliwell (2011) explored the experiences bisexual women encountered concerning body image from both the gay-lesbian and heterosexual communities. The authors report the women attempt to conform to a beauty ideal based on the cultural mores of bisexual women. They reported that bisexual women who do not conform to the beauty ideals of either the gay-lesbian or heterosexual communities face social stigma in the form of oppression and social marginalization. These stigmas were found to be particularly harsh from within the gay-lesbian community. The researchers also found that within both the gay-lesbian and heterosexual communities, bisexual women encountered severe name-calling as a means of dismissing their chosen sexual orientation. The harsh response from the gay-lesbian community was reportedly based on the ability of bisexual women to fluidly move between an alternative gay-lesbian-bisexual lifestyle and a mainstream heterosexual orientation by taking on a chameleon-like quality as they navigate between both communities.
Hayfield, Clarke, and Halliwell (2014) found that in relationships with heterosexual males, bisexual women faced potential verbal abuse and physical assault from heterosexual male partners. It was found that bisexual women were subjected to accusations of sexual promiscuity and an inability to commit to a monogamous relationship, thus dismissing the woman's sexual orientation (pp. 1, 21). In other research, studies discovered that in their attempts to attract and gain acceptance from heterosexual male’s bisexual women overall willingly conformed to mainstream beauty standards to maintain a body image reflecting the "thin ideal.” This resulted in psychological distress manifested as eating disorders, anxiety, and mood changes (Chmielewski & Yost, 2012, pp. 226-227).

In addition to mental health concerns, the research demonstrated bisexual women of faith face additional confusion as they wrestle with the inner dialogue regarding their religious identity (Brewster, Moradi, DBlaere, & Velez, 2013; King, Semylen, See Tai, Killaspy, Osborn, Popelyuk, Nazareth, 2008; Lambe, Cerezo, & O'Shaughnessy, 2017; Molina, Marquez, Logan, Lesson, Balsam, & Kaysen, 2015; Rieger & Savin-Williams, 2012). Tan and Yarhouse (2010), in their study, they address the inner tension sexual minorities face as they wrestle with the notion of integrating their faith and sexuality. The authors cite the need for continued research within the faith-based community addressing this inner conflict between an individual's sexuality and religious beliefs.

The purpose of this phenomenological study is to explore the variables that influence sexual identity within romantic relationships among women of color reflected in the woman's body image, psychological wellness, and religious identity. Specifically, this study explores the sexual lifestyle the participants chose based on their participation in the Christian-based discipleship program.
The participant pool comes from a faith-based organization located in the Midwest region of the United States with potential sampling from across the nation. The purpose of this aspect of the study is to help evangelical Christians understand the plight sexual identity creates among women of color in their romantic relationships. Upon understanding the difficulties these women are facing, evangelical Christians are able to offer thoughtful responses and emotional and spiritual support from the religious community to the women of color who are wrestling with this challenge.

This study will explore the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity through semi-structured interviews that will address each variable. An additional question proposes to discuss how these women navigate their romantic relationships within their ethnic community, the gay-lesbian community, and the heterosexual community at large.

**Historical Context**

Chmielewski (2017) applied objectification theory from within a feminist framework to comprehend the female lived experience as a sexual object and the psychological implications of her overall wellness mentally, emotionally, and physically. Peterson, Grippo, and Tantelff-Dunn (2008) discovered similar results that demonstrated women who self-objectify their bodies experience an increase in psychological distress. They found the results of self-objectification were evidenced in psychological distress seen in eating disorders, dissatisfaction with their bodies, and higher levels of shame resulting in anxiety based on appearance norms. Debeauvoir (1952/1989) (as cited by Chmielewski, 2017) also reported feminist scholars have long argued women have been influenced by culture to view their bodies through the constant consideration
of how attractive their bodies are to a (male) observer resulting in coercion by succumbing to the "male gaze." It has been hypothesized that this affects their overall body image influencing women to re-design their bodies to adjust to the male gaze. Among women of color, the researchers discovered experiences of sexual objectification resulted in sexual harassment and victimization not only as bisexual women but as women of color.

In the Christian community, there has long been adherence to a biblical standard in terms of the body viewed as a temple of the Holy Spirit, made in the image of God (NIV, 1 Corinthians 6:19, Genesis 1:27). Thus, for Christian women, regardless of ethnicity, they are invited to view their bodies as a holy and sacred temple created in God's image versus compliance with cultural standards as a means of gaining male or female attractions.

**Social Context**

Rothblum (2002) provides historical context towards the sociological impact that bisexual women have experienced based on their ability to move between the gay-lesbian and heterosexual communities. Interestingly, Rothblum’s (2002) cites a study conducted by Herzog demonstrating that lesbian women as less concerned with body image, preferring women who were larger in size as potential partners (p. 260). Hayfield et al. (2013) confirmed the sociological impact body image has on bisexual women who experience judgment from within the gay-lesbian subculture, and the heterosexual community. For that matter, they have the ability to fluidly shift their appearance accommodating the relationship of choice albeit same-sex or heterosexual partners. They found that bisexual woman experienced solace within same-sex relationships based on acceptance of various body types, despite being socially marginalized by the LGB community for identifying as a bisexual (pp. 172-178). Huxley et al. (2014) reported the lesbian community openly devalues bisexual women and their ability to shift between subcultures by criticizing their lack of adherence
to a lesbian code of conduct for not exposing themselves as either “butch” or “femme” in their sexual identity when in relationships with same-sex partners. Chmielewski and Yost (2012) cite Taub (1999), who reported that bisexual women indicated they experienced relational freedom from objectification in romantic relationships with heterosexual men so long as they maintained a heterosexual feminist identity. This study reported bisexual women often chose to adhere to mainstream beauty ideals to decrease body anxieties and increase acceptance from heterosexual partners.

Yarhouse and Zaporozhets (2019) report the LBGTQ+ derived their "communal identity” distinguishing gender as well as "queer identity, theory, and politics" based on shared experiences. This led to a "collective identity" within the diversity of this sexual minority’s experiences. The authors cite the catalyst for this stance was based on the 1969 Stonewall Riots, a civil demonstration to end "criminalizing homosexual behavior" (p. 63). They further proposed the AIDS crisis was a tool to help solidify the current sociological context among the sexual minority community. In addition, the removal of homosexuality as a disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM, 1st ed.) forged the way for the LGBQT+ identity (p. 64). Dallas and Heche (2010) challenged the Evangelical Church to shift their response towards the sexually conflicted by moving "from compromise to consistency, from contempt to compassion, from confusion to clarity, from concession to courage" (p. 450). The authors exhort the Church stating that if they want to influence the culture, the Church itself must remain consistent in her own behavior abiding by scriptural teachings referencing biblical sexuality, thus reminding the Church to first repent of its behaviors in order to be an influence within the current culture (pp. 453-454).
Dallas and Heche (2010) remind the Church that when voicing biblical standards of sexual behavior, Christians would do well to consider presenting from a position of compassion versus contempt. It would also be advisable to avoid "moral pronouncements" while acknowledging the biblical belief in terms of sexual behavior for all Christians. The authors urge the Church to move from confusion to moral clarity by articulating scriptural truths with "grace and truth" versus accommodating cultural beliefs (p. 461). Dallas and Heche (2010) exhort the Church from a position of "concession to courage," upholding the truth proclaimed in the Holy Scriptures despite the attempts from those intolerant towards the gospel attempting to marginalize the Christian's voice (p. 462).

**Theoretical Context**

Tan and Yarhouse (2010) suggested placing less significance on changing sexual minorities' behaviors, thoughts, and feelings. They recommended changing the perspective for those struggling with their sexual identity by emphasizing their experiences with same-sex attraction allowing them to experience their attractions as neutral rather than as aversive (p. 500). The authors proposed the use of sexual identity therapy (SIT) as a tool supporting the client's position as a sexual minority. Sexual identity therapy appears to be similar to feminist theories that address individual, relational, and broader social issues whereas SIT differs from gay affirmative therapy, which promotes a coming out process with family and significant loved ones.

Tan and Yarhouse (2010) also suggested sexual identity therapy (SIT) can offer the sexual minority a "client-centered and identity-focused approach to addressing potential conflicts between religion and sexual identity" (p. 501). Sexual identity therapy (SIT) offers a therapeutic space for clients wrestling with their faith-based beliefs and sexual identity where the clinician
can incorporate therapeutic tools to include “assessment, advanced informed consent, psychotherapy, and synthesis” helping move the client towards synthesizing their sexual identity by aligning their personal and faith-based belief system (p. 502).

**Situation to Self**

A phenomenological design was chosen for this study, and therefore it is significant to outline my philosophical assumptions and worldview in which I approached this study as the human instrument in the research. I include my beliefs about the nature of reality, knowledge, and knowing, as well as my spiritual values as they relate to the process of transformation. I also address my faith and experience with the Christian-based discipleship program, in addition to my professional background and own experiences working with diverse populations. I draw from these resources as my inspiration and approach to this study, providing more detail in Chapter Three, Role of the Researcher. Lastly, although I am a human instrument in the study, I examine in this section, the need to suspend judgment in this research process with the skills to do so. The purpose in this section is to provide an understanding of myself as a researcher, and how my experiences and personality have influenced my understanding in the transformation process.

**Philosophical Assumptions and Worldview**

I assumed a qualitative phenomenological perspective that is framed by the philosophical scholar Husserl (Moustakas, 1994) who embraced the tension between the "concentrated studies of experience and the reflective powers of the self" (p. 25). I will adopt this position by situating myself as a human instrument in this research, separating my experience as a researcher from that of the participant.

As part of the design and methodology, I will initiate the dialogue and build a theory founded in phenomenology and constructed from the lived experience of the participants, along
with inserting myself through the process of memoing as themes emerge from the semi-structured interviews. The use of memoing reflects how the participants make meaning of their experience and my role as a researcher constructing a model that demonstrates the participant's voices. As a human instrument, I will be part of the interchange of ideas and experiences with my participants as I build phenomenological theory from their narratives and perspectives.

**Philosophical Background**

In addition to understanding my personal and professional experiences, and the biases I bring to this research, it is also necessary to know how my worldview affects the way I approach the conceptualization and construction of my research. Philosophically, my worldview has been anchored in the concept that God reveals himself through the Judeo-Christian scriptures, that He is Jesus the Messiah of Nazareth and that His church is both Gentile and Jew. Jesus is real, genuine, good, and beautiful as One who explains and embodies the concepts of human experience giving meaning to life through the joys and the sorrows we experience on this earth (Sire, 1988, p. 43). Furthermore, I believe that God is infinite and personal, imminent, omniscient, sovereign, and kind. God is infinite, a self-existent being as written in the Holy Scriptures, "I am who I am" (NIV, Exodus 3:14). God has a personality, which means that He has attributes and characteristics that are unique and complex. God is not just personal; He is Triune indicating three persons within the Godhead who are distinct and yet equally described as the Father, Son, and Holy Spirit. God is transcendent, meaning that He is beyond us. God is immanent, meaning He is with us in this present moment. God is omniscient, meaning He is the alpha and omega, the beginning, I am. He knows all as the author of Psalm 139 beautifully writes that God knows us from the formation in our mother's womb. God is sovereign, showing that he is in control of all. God is good, meaning He is goodness. God created the heavens and the earth.
He is the source of all. Human beings are created in the image of God and therefore possess personality, self-transcendence, intelligence, morality, and creativity. God created us as human beings capable of choosing to act on our free will and maintaining our unique abilities. Human beings are created in the image of God (NIV, Genesis 1:27) and created good; however, through the Fall the image of God became impaired and through the work of Jesus Christ on the Cross, He redeemed humanity through the process of restoration giving human beings a choice to accept or reject redemption as described in Genesis 3. Each person is given an opportunity of entering eternal life with Christ or eternal separation from the only One who can complete the human longing to be fulfilled. The Holy Bible reveals to the reader in Revelation chapters 4-5, and 21 those Christian’s longings will be fulfilled when one meets Jesus face-to-face.

History has a linear, meaningful sequence with events leading towards fulfilling God's purposes for humankind. There is a sequence of historical events with a clear beginning, middle, and end, and God knows all and is aware of and sovereign overall. God's greatness is the central tenet of Christian theism, and it is this tenet that gives meaning to the joys and sorrows of life as it unfolds. A Christian theist response toward God is one of love, obedience, and praise through Jesus Christ redeemer and friend (Sire, 1988, pp. 24-44).

**Problem Statement**

The proposed study will explore the variables that influence sexual identity within their romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. A gap found in the literature proposes to address women of color who previously sexually identified as bisexual in their orientation. Huxley et al. (2014) reported few studies have explored the lived experiences of bisexual women of color. This study proposes to address this gap, indirectly, by exploring how the variables that influence sexual identity
within romantic relationships among women of color are reflected in their body image, psychological wellness, and religious identity.

In terms of body image, Huxley et al. (2011) conducted research within the United Kingdom and found that bisexual women experienced body dissatisfaction much like heterosexual women within their romantic encounters with male partners. The researchers also discovered that bisexual women experienced greater body acceptance within their same-sex relationships, encouraging positive feelings overall about the woman's body, shape, and overall appearance (p. 7). Chmielewski (2017) found that in terms of psychological wellness bisexual women of color reportedly experienced sexual harassment and victimization from within the gay-lesbian community, the heterosexual community, and within the woman's ethnic community. This resulted in an increase in the psychological distress observed in poor coping skills (p. 535).

Tan and Yarhouse (2010) proposed in terms of religious beliefs and sexual identity there is a need to understand the sexual attractions of sexual minorities versus attempting to change the person's "behaviors, thoughts, or feelings" (p. 500). Dallas and Heche (2010) offer a "Christlike response" for those struggling with their sexual identity by calling the Evangelical Church "back to basics.” They challenged the church to respond to those struggling with their sexual identity, addictive behaviors, and other behaviors deemed to be “sinful” by offering them hope through the gospel of Jesus Christ. They instructed the church to “preach the gospel, to make disciples, to establish and strengthen community within the church body, and to be a tangible witness of God’s nature, standards, and truth by our good works, our love, and our clear voice” (p. 448).

**Purpose Statement**

The purpose of this phenomenological qualitative study is to explore the variables that influence sexual identity within romantic relationships among women of color reflected in their
body image, psychological wellness, and religious identity. The participants for this research study will be pooled from within a Christian-based discipleship program located in the Midwest region of the US. This study will explore sexual and relational wholeness from a biblical perspective. The participants pooled from this program will be adult women of color, ranging between the ages of 18 and 65.

Huxley et al. (2011) provide guidance offering a description of how bisexual women experience objectification within same-sex and heterosexual male relationships. The authors focused on how psychological wellness of the women influences their ability to cope. They found that those women who suffer psychologically manifest poor coping skills evidenced in addictive behaviors, suicidality, and mood and anxiety. Tan and Yarhouse (2010) proposed that sexual identity therapy (SIT) offers a place for those struggling with their sexuality to explore the incongruence between their internal and external religious beliefs and sexual identity. The treatment engages the client through open-ended dialogue, where behaviors, thoughts, and feelings are explored. Suspending judgment through a combination of narrative therapy and mindfulness will lead individuals to a synthesis within their sexual orientation. Dallas and Heche (2010) offer a compassionate, biblically-based pastoral perspective that addresses the sexually broken through the lens of the Holy Scriptures.

**Significance of the Study**

This study will explore the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity through the lens of phenomenological qualitative research design. This study intends to augment the lack of qualitative research addressing women of color within the context of their sexual identity. The participants will be selected from a Christian-based discipleship
program located in the Midwest section of the United States from groups throughout the US. The sample size recommended is between 8 and 10 consenting adult women of color (ages 18 to 65), where the small group teachings offer an evangelical perspective of sexuality based on the tenets of the Holy Scriptures.

Several studies noted the challenges bisexual women face in romantic relationships with same-sex partners and heterosexual males regarding their body image (Chmielewski & Yost, 2012; Huxley et al., 2011). Research has also shown the detrimental effects psychological wellness has on a woman's ability to cope with psychological distress among bisexual women resulting in mental health challenges evidenced in eating disorders, anxieties, mood disorders, substance use, and suicidality (Eady, Dobinson, & Ross, 2011; Lambe, Cerezo & Shaughnessy, 2017). To understand the sexual minorities’ conflict between their faith and sexuality, Tan and Yarhouse (2010) proposed a counseling model addressing sexual identity. Sexual identity therapy (SIT) provides a framework for the sexually confused and offers a safe place to discuss the inner tensions between one's faith and sexuality. Dallas and Heche (2010) provide a pastoral perspective ministering to the sexually confused from a compassionate, biblical perspective in terms of their sexuality. This researcher approaches this study offering the sexually confused a safe place to wrestle with the inner tension between one's faith and sexuality from a compassionate, biblical perspective drawn from the tenets of the Christian faith. Participants from the Christian-based discipleship group will offer biblically-based teachings to address sexuality and religion from an evangelical perspective for those wrestling with unnatural sexual desires, albeit heterosexual behavior outside of marriage or homosexuality among men and women. This research study will explore the variables of sexual identity within romantic relationships, among women of color, and how those variables influence their body image,
psychological wellness, and religious identity. The purpose of this study will be to determine the effectiveness of the Christian-based discipleship program in supporting the participant's efforts toward living a lifestyle congruent with their faith and sexuality within the context of the Holy Scriptures. The potential findings from this study may provide a template for those women of color seeking sexual and relational wholeness from a compassionate, biblical perspective.

**Research Questions**

This study will explore the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. This study proposes to explore the gap found in the literature regarding bisexual women of color by interviewing women of color. The purpose of addressing all women of color will be to draw out bisexual women of color who may be concerned with potential cultural stigmatization resulting from disclosing their previous sexual identity as bisexual woman of color. This researcher will attempt to answer the following questions with the first being the central question and the subsequent as sub-questions:

Central Question (CQ): How has your sexual identity, influenced within your romantic relationships as a woman of color, been reflected in your body image, psychological wellness, and religious identity?

Sub-Question 1 (SQ1): Describe how you view your sexual identity as a woman of color.

Sub-Question 2 (SQ2): Describe how your sexual identity within your romantic relationships has influenced your body image.

Sub-Question 3 (SQ3): Describe any experiences you have encountered in terms of oppression and social marginalization within your romantic relationships from the
heterosexual community, the gay-lesbian community, and your ethnic community and if these experiences compromised your psychological wellness.

Sub-Question 4 (SQ4): Describe how your sexuality and religious identity have been influenced as a woman of color before involvement with the Christian-based discipleship program, and now that you have completed the program.

Definitions

1. **Body Image** - Body image refers to the influence mainstream culture has on the bisexual woman's romantic relationships with same-sex partners and heterosexual male relationships (Huxley, Clarke, & Halliwell, 2014).

2. **Psychological Wellness** – Psychological wellness addresses the impact psychological and social influences have on the understanding of the bisexual woman's body image (Chmielewski & Yost, 2012).

3. **Religious Identity** – Religious value systems are discussed through a biblical framework examining their view of God (Yarhouse, Tan, & Pawlowski, 2005).

4. **Romantic Relationships** – Chmielewski & Yost (2012) define romantic relationships among bisexual women where the woman moves fluidly between same-sex and heterosexual male romantic relationships.

5. **Bisexuality** – A bisexual woman is one who identifies her sexual orientation as bisexual, where the woman adheres to appearance norms in romantic relationships with heterosexual male partners and same-sex partners (Hayfield et al., 2013).

6. **Gender Identity** – The term gender identity is defined by Yarhouse and Tan (2005) as "one's psychological sense of being male or female."
7. **LGBTQIA-POC** - An acronym that refers to lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual people of color that were made up of individuals with diverse and intersectional identities (Dominquez, 2017, p. 203).

8. **Minority Stress** – Minority stress refers to the excessive stress experienced by individuals who are often stigmatized based on their position as a "social minority" whereas oppression is in reference to "all forms of oppression (e.g., racism, heterosexism, classism) exert their influence at both the sociopolitical and personal levels and can take on both external (e.g., prejudice, harassment, and discrimination) as well as internalized forms" (Lambe, Cerezo, & O'Shaughnessy, 2017; Szymanski & Gupta, 2009, p. 110).

**Summary**

This research study will explore the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. Specifically, the research will focus on the sexual identity and romantic relationships among women of color who are seeking sexual and relational wholeness from a biblically-based perspective. The sample population will range from 8 to 10 adult women of color, between the ages of 18 and 65, pooled from a Christian-based discipleship program located in the Midwest region of the US. The research offers a phenomenological perspective demonstrating how women of color have navigated the inner tensions of their sexual identity within romantic relationships, alongside how the variables in terms of how these relationships have influenced their body image, psychological wellness, and religious identity. This phenomenon will be addressed through the participant interviews.
CHAPTER TWO: LITERATURE REVIEW

Overview

This phenomenological qualitative study will explore the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. Chmielewski and Yost (2012) report the influence body image has on romantic relationships is viewed in how the “male gaze” and “body surveillance” can create body anxiety among bisexual women from the pressure to conform to heterosexual norms when in romantic relationships with men (p. 2). This same study indicated that within same-sex relationships, the lesbian community was more accepting of various body shapes and sizes, leading to a decrease in body anxiety. Yet, this same community shuns bisexual women for the ability to fluidly move in and out of the lesbian community as they conform to appearance standards between heterosexual males and gay-lesbian appearance norms, leaving bisexual women feeling “invisible” (p. 4). Huxley et al. (2013) reported the influences lesbian and bisexual women have encountered from mainstream cultural beauty ideals internalize body dissatisfaction, much like heterosexual women indicating that body image among lesbians and bisexual women alike have been influenced by romantic relationships (p. 274).

Peterson, Grippo, and Tantleff-Dunn (2008) reported that in terms of objectification theory, body image among sexual minority women (lesbians and bisexuals) are attempts to correlate their psychological wellness to body image. The study cited emotional and behavioral challenges showing significant correlations between body image and eating disorders with body image yielding more significant concerns among bisexual women in comparison to lesbians and heterosexual women (pp. 639-640). Mereish, Katz-wise, and Woulfe (2017) addressed stressors which hindered psychological wellness among bisexual women by connecting loneliness and
psychological distress as indicators that bisexual women were at higher risk for mental health concerns requiring intervention (p. 716). The psychological distress among bisexual women was evidenced in terms of oppression and social marginalization from within the gay-lesbian and heterosexual communities. The consequences of these experiences included mental health concerns evidenced in eating disorders, substance abuse, and suicidality.

Paul (2017) found that in terms of religious identity, there were reported tensions among evangelicals and sexual minorities, especially among those sexual minorities who identified as evangelicals, who are now openly voicing their sexual minority status concerning their faith referring to themselves as sexual minority evangelicals (p. 79). In this study, Paul (2017) cites Roseborough (2006), who describes the sexual minorities' faith and spiritual growth as experiencing personal refinement both theologically and psychologically. Paul (2017) found those Christian's who identified as sexual minorities, were encouraged by the gay-lesbian community to "integrate their sexual and religious identities in a positive way" despite the religious community telling them this was not possible. This led to experiences of rejection from the church, and their families creating a higher risk for mental health challenges, including suicidal behavior among sexual minorities (pp. 89-92). This Researcher asserts the conservative Evangelical community's mission is to walk alongside the sexually confused offering compassion from a biblical perspective described by Dallas and Heche (2010) as moving in "… consistency, compassion, clarity, and courage" (p. 450).

Paul (2017) cites Roseborough (2006), who highlights the cultural shift that has taken place, and the subsequent strain for the Evangelical community in terms of remaining faithful to biblical standards of living. So, in addition to staying true to the Holy Scriptures, the Church is called to engage with sexual minorities allowing the sexual minority, who proclaims to be a
Christian, an open space to share their narratives. Paul (2017) describes the conflict between scientific principles and the conservative evangelical community in terms of using reparative therapy. He cites the American Psychiatric Association's (1998) documents concerning appropriate therapeutic responses for sexual orientation. The APA document focuses on normalizing homosexuality claiming long-held prejudices against sexual minorities, addressing the potentially harmful consequences of formulating a "cure" regarding same-sex attractions (p. 95).

An alternative response from Tan and Yarhouse (2010) addresses this response offering a faith-based perspective for sexual minorities that uses sexual identity therapy (SIT) where the therapist provides a "safe space" for those sexual minorities seeking to work through the inner tension between their faith and sexuality. They propose this treatment is not an attempt to change the individual's sexual identity, but instead a focus on offering a supportive environment. This "safe space" is where the sexually confused can wrestle with their internal struggles between their faith and sexuality with the therapist providing a nonjudgmental framework where the client is allowed to re-story their narrative using mindfulness as a therapeutic tool to ease internal tensions.

Johns, Zimmerman, Harper, and Bauermeister (2016) address the impact psychological stigma has on the mental health of women who identify as sexual minorities in terms of higher body weight. The authors cite Wann (2009) reporting that "to be fat in the Western world is to be marked as unhealthy, ugly, and in need of change" (p. 34), which presents as accurate among sexual minority women. Johns et al. (2016) cited those sexual minority women who reported being overweight found this to be associated with their sexual minority status. Molina, Marquez, Logan, Lesson, Balsam, and Kaysen (2015) found the role of intimate relationships among
bisexual women demonstrated higher levels of mental health concerns evidenced in depression and substance use. Their findings indicated that bisexual women experience higher levels of depression based on limited ability to self-disclose their sexual identity. This leaves the woman subjected to assumptions of promiscuity by heterosexual males along with the mainstream cultural attitudes towards sexual minorities, specifically bisexuals (p. 44).

Sutter and Perrin (2016) reported discrimination to be a significant stressor producing adverse psychological effects among sexual minorities leading to expected rejection evidenced in mental health challenges (p. 98). The researchers found that in addition to racial and ethnic discrimination experienced by “people of color” there was an increase in suicidal behaviors (p. 99). Additionally, Jeong, Veldhuis, Aranda, and Hughes (2016) reported that sexual minority women of color expressed unmet mental health needs based on the likelihood of seeking out mental health support more so than Caucasian women (p. 3558).

Toft (2014) conducted a study focusing on the religious identity among sexual minorities exploring bisexuality and Christianity. He found sexual minorities left organized religion based on the argument that the Bible should be re-interpreted because the Holy Scriptures are not compatible with bisexuality. The researcher conducted a study using semi-structured interviews exploring this phenomenon, reporting that within the Church of England. The conclusion was that "If the proper Christian alternative to marriage is abstinence, then it is right for the Church to advocate this for bisexuals just as much as anyone else" (p. 547). Toft (2014) found among both Roman Catholics and Evangelicals that the Vatican reported "homosexuality, is a trial which one must endure and, with therapy, break through where homosexuality itself, is still often regarded as a psychological condition, which should only be addressed as it arises (1995: 105)". Thumma’s (1991) US study (as cited by Toft, 2014) described a three-stage process proposed by
Evangelicals beginning with those proclaiming to be gay Christians reporting the willingness to alter their belief system to align with Christian theology. The next step in this three-pronged approach re-evaluated Christian doctrine, emphasizing the true meaning of the Bible rather than relying on biblical interpretation to derive an outcome regarding one's sexuality and faith-based beliefs. The third and final step in this approach was the creation of a sexual identity congruent with one's religious beliefs by integrating faith-based and social dialogue with other Evangelicals where one would form a sexual identity aligning with their faith (p. 532). Yet another alternative for those proclaiming to be gay Christians is found within the Metropolitan Community Church (MCC), which offers flexibility within the structure of the Christian belief system. MCC reportedly extended greater acceptance of the sexual minorities' status by embracing their view of morality and behavior versus what is taught biblically from a conservative point of view (p. 555).

It is this researcher's experience that a biblically-based perspective of sexual identity is rooted in the Holy Scriptures. In the book of Genesis, the author writes, "So God created mankind in his own image, in the image of God he created them..." (NIV, Genesis 1:27). The Apostle Paul challenged Christians to live according to a clear biblical standard calling the Believer to "… not conform to the pattern of this world but be transformed by the renewing of your mind. Then you will be able to test and approve what God's will is – his good, pleasing, and perfect will" (NIV, Romans 12:2).

**Theoretical Framework**

The following review offers a theoretical framework that will guide this study before addressing the variables of body image, romantic relationships, psychological wellness, and religious identity. A theoretical framework will address body image from a historical perspective
within the lens of objectification theory. Next the influence romantic relationships among women of color will be discussed. Psychological wellness will address the coping skills used by women of color to manage the faith-based community's response to their identified sexuality. Lastly, religious identity will focus on two schools of thought with the first from a progressive confessional orientation and next from an Evangelical perspective. This study will draw on elements from the progressive faith-based and Evangelical views offering a compassionate and biblically based view of sexual identity.

**Objectification Theory**

Peterson et al. (2008) reported objectification theory hypothesizes that a women's body has historically been evaluated as an object that was influenced by mainstream cultural ideals, which have prompted women to perceive their bodies as objects of desire. This study indicates that women who self-objectify their bodies demonstrate an increase in mental health concerns experienced in eating disorders, discontent with their bodies, and anxiety-induced shame, along with appearance concerns. These results show that bisexual women self-protect their physical appearance as a means of protecting their self-worth (pp. 639-640). Chmielewski (2017) cites Frederickson and Roberts (1997), who examined the experiences of bisexual women who have been treated as sexual objects and found that this posed both physical and psychological health risks for women by shaping their self-perceptions solely as objects of sexual desire.

Chmielewski and Yost (2012) conclude that when bisexual women become involved in romantic relationships with heterosexual men, they typically encounter experiences much like those of heterosexual females in terms of how heterosexual males evaluate their appearance. The researchers concluded that when bisexual women become involved in romantic relationships with heterosexual men, they leaned towards what the literature refers to as the "thin ideal" by
becoming an object of sexual desire to attract heterosexual men (p. 8). Chmielewski & Yost (2012) cite Taub (1999) who found that some of the bisexual women who participated in their study were able to maintain a body image free from the evaluating concerns. They were able to do this even though male partners encouraged a feminist ideal practiced in heterosexual mainstream beauty standards that are typically held by heterosexual women. Huxley et al. (2011) cited that bisexual women adjusted their body image based on feedback given by their romantic partner, same-sex or with heterosexual men, in exchange for companionship, albeit sexual, romantic, or friendship.

Sowe, Brown, and Taylor (2014) explored the influence body image has on the bisexual women's psychological wellness, specifically examining the relationship between internalized homo-negativity from their family and religious environment. This study predicted an increase in distress among those currently claiming to be evangelical Christians and those who previously identified as evangelical Christians. The results indicated that distress had a psychological impact on the sexual minority’s ability to endure homo-negative environments more than it did on non-religious individuals. These findings provided insight into the sexual minority’s ability to withstand oppression from a homo-negative setting. The study hypothesized that sexual minorities who identify as Christians report higher levels of internalized homo-negativity associated with psychological distress regarding their sexuality. These sexual minorities attribute this distress to Christianity contributing to both negative and prejudicial attitudes against the sexual minority community. These findings demonstrate that discrimination among sexual minorities based on social injustice harms their psychological wellness evidenced in maladaptive coping strategies, including concerns with anger, anxiety, mood disorders, substance abuse, and sexual risk-taking behaviors (pp. 530-531).
Humanistic Perspective

The American Psychological Association (APA) (2009, 2012) (as cited by Rosik & Popper, 2014) promotes the use of gay-affirmative therapy (GAT) for individual’s wrestling with the tension between their religious faith and their same-sex attractions. The core of affirmative therapy is that it is primarily client-centered including components such as accepting the individual's sexual identity, offering support, completing a thorough assessment, providing effective coping strategies, assisting with expanding their social support network, offering a resolution to past trauma experiences, promoting psychological safety to minimize stress, confronting the stigma of oppression and injustice, and exploring the various facets of identity. The assessment process supports helping the individual address the tension between one's sexuality and one’s faith-based beliefs where the counselor emulates unconditional positive regard, is non-judgmental and empathic while encouraging the client to maintain a healthy view of oneself (p. 223).

Drescher (2001) (as cited by Rosik & Popper, 2014) compares affirmative therapy to the affirmative model describing the focus of affirmative therapy as an approach designed to reduce the negative stigma mental health issues have on the individual’s status as a sexual minority. The affirmative model proposes supporting clients in their efforts “to live by non-affirming religious values as an expression of stigma and shame that is unlikely to result in psychological wellbeing” (p. 223). This study conducted by Drescher (2001) (as cited by Rosik & Popper, 2014) reported that both the American Counseling Association (ACA) (2013) and the American Psychological Association (2009, 2012) encouraged counselors and therapists to affirm their clients’ internal struggles in terms of the consequences of their religious faith by acknowledging that those with conservative faith-based values may not be inclined to alter their belief system.
The goal of an affirmative approach is to begin removing the internalized lesbian-gay-bisexual (LGB) categories, thus developing a supportive network within the LGB community. The role of the network is to support the development of the individual’s value system, diminish the shame and guilt affiliated with internalized thoughts of the individual’s sexual minority status, and promote self-awareness activities.

Moradi and Budge (2018) found commonality in four critical areas therapists need to be aware of as part of the therapeutic process with sexual minorities. The first addresses counteracting biases in treating lesbian-gay-bisexual individuals. These biases include pathologizing and oppression, assuming that sexual orientation is the cause of the person's distress, overly identifying with the client’s sexual orientation, using stereotypes about sexual minorities, and identifying their sexual orientation as problematic. Another suggestion for the therapist is to use inclusive language when referencing sexual minorities and, in so doing, increasing trust within the therapeutic relationship by creating a safe environment where the client feels safe enough to self-disclose. A second area offers information in terms of the sexual minorities' ability to understand their life experiences based on social injustice. Then finally acknowledging the sexual minorities' ability to manage the stress of their minority status, thus focusing on their strengths as well as encouraging participation in the therapeutic process. A third area synthesizes the factual information regarding the sexual minorities' life experiences by de-emphasizing their status as a sexual minority and considering how those differences both stigmatize and add to their stress. The fourth area focuses on the power in inequity, affirming the challenges faced within society, thus reinforcing this inequity by promoting themes addressing "affirmative actions, knowledge, and attitudes” generalized outside of the therapeutic context. A fifth area explores how gay bars and clubs may be places where sexual minorities are afforded a
space that destigmatizes their sexual orientation. Lastly, the therapist can apply an affirmative approach with all clients based on the individual’s narrative and how “systems of inequality” have generally stigmatized sexual minorities (pp. 2038-2040).

**Progressive Faith-Based Perspective**

Yarhouse, Morgan, Anthony, and Sadusky (2017) explored the experiences of gay Christians, those who identify as celibate, gay, and Christian, by examining milestones experienced in their faith, their core beliefs, and values concerning faith and God and the church’s attitudes pertaining to those who proclaim to be gay and Christian (p. 52). The results from this study determined that only a small number of sexual minorities identified as celibate gay Christians; therefore, the findings were not generalizable to other celibate gay Christians. Themes that emerged from this study included "the role of meaning/attributions, conservative sexual ethics, relationship with God, and advice for the church" (p. 58). This study provided a place for celibate gay Christians to acknowledge their decision to remain celibate, maintain their beliefs and values associated with faith and God, and reflection on their overall experiences within the church culture.

Yarhouse (2012) offers a Christian worldview by examining the integration of the sexual minority’s sexual identity while recognizing that there is a decline in ex-gay ministries. He addresses these ministries and their messages by promoting both healing and heterosexuality. Yarhouse (2012) cites criticisms from within the mainstream community where the desire to change one's sexual orientation has declined in recent years. He also recommends the use of sexual reorientation therapy to promote the sanctification of heterosexuality, considered “straight”, as the accepted sexual identity for professed Christians (p. 109).
Yarhouse (2012) highlights the ideal competent multicultural perspective by emphasizing understanding and appreciation of a client’s unique differences. He acknowledges this approach may challenge Christians to accept how competence defines the sexual minority’s religious experiences and religious identity versus how the requirement to conform to conservative sexual ethics and policies affects them. Yarhouse (2012) urges the Christian community to find ways to communicate Christian values of love and mutual respect to resolve the growing tensions among sexual minorities and the Evangelical community (pp. 109-110).

Tan and Yarhouse (2010) proposed using sexual identity therapy (SIT) as a clinical tool to support individuals as they navigated their sexuality and religious identity. By placing less emphasis on changing individual’s “behaviors, thoughts, or feelings” and more on addressing the client’s relationships with their sexual attractions helps the individual experience these attractions as “neutral, as opposed to aversive” (p. 500). The authors recommend the therapist can assist the client to achieve personal congruence by addressing the tensions between their faith and sexual identity using mindfulness as a tool. Here the client is invited to practice the awareness of their internal and external surroundings free of judgements about their same-sex attractions (pp. 503-504). Tan and Yarhouse (2010) suggest teaching clients self-acceptance through tolerance and management of the cognitive dissonance between their faith-based beliefs and same-sex attractions instead of identifying with a “specific sexual identity outcome or label” (P. 510).

Toft (2014) explored how bisexual men and women understand their Christianity and how they negotiate being denied access to organized Christianity and then "re-imagining their faith" (p. 546). The research by Toft (2014) drew from participants in the United Kingdom, exploring the significant influence of biblical teachings and their exit from formalized religion.
This study reported that in the Church of England bisexual people who choose to remain in romantic relationships with the same-sex were to stay abstinent, and that it is within the church’s right to advocate abstinence with all members and not only with bisexuals. The Roman Catholic Church proposes that non-heterosexuality is a trial one must endure, and with therapeutic intervention overcome. Among conservative Evangelical denominations, the belief system is that the Bible is the central tenet of the Christian faith. Yet, the literature supports the careful negotiation that reconciliation is possible and offers a space for gay identities to emerge within the Evangelical Church. Liberal Christianity, arising from the Metropolitan Community Church (MCC), proposes complete acceptance of one’s “God-given” identity as a gay Christian instead of focusing on “healing non-heterosexuals” or excluding them altogether. Adopting this approach allows the Church the opportunity to be flexible when promoting acceptance of the difference in moral behavior (pp. 551-553, 555).

**Conservative Evangelical Perspective**

Flentje, Heck, and Cochran (2014) conducted a qualitative study assessing the practical aspects of reorientation therapy that are achieved by using affirmative treatments, thus avoiding the potential harm associated with this form of therapy. This research explored the advocacy for sexual reorientation therapy in the early 1990s, when adult clients were seeking treatment to change their same-sex attractions. They believed that after reorientation therapy they would “secure aspects of a heterosexual identity” (p. 1245). The conflict reigned between the individual's religious beliefs and sexual orientation, as well as finding ways to cope with the dissonance between these two constructs. Flentje et al. (2014) cited Diamond (2003), who suggested encouraging an individual to reorient their sexual orientation was an anti-LGB practice compromising the person’s relationships and overall identity. The authors also cite Bancroft
(2003) who reports that as a result of reorienting sexual orientation the individual “may experience considerable conflict and unhappiness” (p. 1246). Flentje et al. (2014) explored themes of those who underwent reorientation therapy. Themes that emerged demonstrated those with religious beliefs viewed their LGB identity as "incompatible with their religious belief system… with a desire for a 'normal' heterosexual life" (pp. 1253-1254) that included marriage and children. Another theme demonstrated that short and long-term benefits of reorientation therapy had proved to be useful, by providing the participant with a sense of acceptance and feeling supported. Perceived harmfulness was an identified theme represented in the form of "depression and anxiety" along with "shame, guilt, and self-hatred" (p. 1257) with suicide mentioned as a particularly unfortunate aspect of reorientation. The results of this study of a primarily Caucasian male sampling pool showed that participants' motivation to engage in reorientation therapy was founded on their religious beliefs and desires to live a heterosexual lifestyle. In terms of the perceived helpfulness of reorientation therapy, those who participated in this study subscribed to the feelings of "acceptance, connection, hope, and support" (p. 1261).

Dallas and Heche (2010) propose a biblically-based response of compassion for the LGB community, urging fellow Christians to “speak the truth in love” with the Evangelical Church which offers a welcoming posture without affirming the LGB lifestyle. The authors challenge Christians to accepts that the church should provide a "safe place for all sinners to come and investigate the claims of Christ and to find hope and healing" (pp. 71-72). Next, the authors call for the Christians to model loving, healthy relationships based on I Corinthians 6:9-11 (NIV). Lastly, when Christians encounter an angry LGB gathering, rather than engaging in defiant anger, offer a listening and loving voice to the conversation. Dallas and Heche (2010) call the Christian evangelicals back to the basics of doctrinal truth by taking on the assigned functions of
the church which are to "preach the gospel, to make disciples, to establish and strengthen community within the church body, and to be a tangible witness of God's nature, standards, and truths by our good works, our love, and our clear voice" (p. 448). Dallas and Heche (2010) elaborate on these truths by exhorting fellow believers to accept that sexual orientation is secondary to salvation. The authors propose the primary call of the Church is to disciple the sexually confused new believer by teaching what the Bible states regarding the struggle between the flesh and spirit. In addition, the Church is called to provide a safe space for new believers so if they fall, there is an opportunity for confession of and turning from sin and then receiving God's grace. Dallas and Heche (2010) calls on Christians to engage with appropriate cultural dialogue, inviting others to consider the gospel and its Creators' claims. Finally, regardless of acceptance, the message of the Gospel must continue to be a voice for the Church culture to hear the message of Jesus Christ (p. 450).

The Nashville Statement, a document issued by the Council for Biblical Manhood and Womanhood (CBMW) in September 2017, proposed establishing a coalition of biblical sexuality regarding “human identity, transgenderism, homosexuality, and other related topics” (p. 19). Hubner (2019) responded to the Nashville Statements challenging decree by articulating the following 14 articles, from the Nashville Statement, to clarify, summarize, and affirm what the Holy Scriptures reveal from a biblical worldview. The following are the 14 articles accepted as the Nashville Statement articulating a biblical framework in terms of defining biblical sexuality.

"WE AFFIRM God has designed marriage to be a covenantal, sexual, procreative, lifelong union of one man and one woman, as husband and wife, and is meant to signify the covenant love between Christ and his bride the church. WE DENY that God has designed marriage to be a homosexual, polygamous, or polyamorous relationship. We
also deny that marriage is a mere human contract rather than a covenant made before
God. WE AFFIRM that God's revealed will for all people is chastity outside of marriage
and fidelity within marriage. WE DENY that any affections, desires, or commitments
ever justify sexual intercourse before or outside of marriage; nor do they justify any form
of sexual immorality. WE AFFIRM that God created Adam and Eve, the first human
beings, in his own image, equal before God as persons, and distinct as male and female.
WE DENY that the divinely ordained differences between male and female render them
unequal in dignity or worth. WE AFFIRM that divinely ordained differences between
male and female reflect God’s original creation design and are meant for human good and
human flourishing. WE DENY that such differences are a result of the Fall or are a
tragedy to be overcome. WE AFFIRM that the differences between male and female
reproductive structures are integral to God's design for self-conception as male and
female. WE DENY that physical anomalies or psychological conditions nullify the God-
appointed link between biological sex and self-conception as male and female. WE
AFFIRM that those born with a physical disorder of sex development are created in the
image of God and have dignity and worth equal to all other image-bearers. They are
acknowledged by our Lord Jesus in his words about “eunuchs who were born that way
from their mother's womb.” With all others, they are welcome as faithful followers of
Jesus Christ and should embrace their biological sex insofar as it may be known. WE
DENY that ambiguities related to a person's biological sex render one incapable of living
a fruitful life in joyful obedience to Christ. WE AFFIRM that self-conception as male or
female should be defined by God's holy purposes in creation and redemptions as revealed
in Scripture. WE DENY that adopting a homosexual or transgender self-conception is
consistent with God's holy purpose in creation and redemption. WE AFFIRM that people who experience sexual attraction for the same sex may live a rich and fruitful life pleasing to God through faith in Jesus Christ, as they, like all Christians, walk in purity of life. WE DENY that sexual attraction for the same sex is part of the natural goodness of God's original creation, or that it puts a person outside the hope of the gospel. WE AFFIRM that sin distorts sexual desires by directing them away from the marriage covenant and toward sexual immorality-distortion that includes both heterosexual and homosexual immorality. WE DENY that an enduring pattern for sexual immorality justifies sexually immoral behavior. WE AFFIRM that it is sinful to approve of homosexual immorality or transgenderism and that such approval constitutes an essential departure from Christian faithfulness and witness. WE DENY that the approval of homosexual immorality or transgenderism is a matter of moral indifference about which otherwise faithful Christians should agree or disagree. WE AFFIRM our duty to speak the truth in love at all times, including when we speak to or about another as male or female. WE DENY any obligation to speak in such ways that dishonor God's design of his image-bearers as male and female. WE AFFIRM that the grace of God in Christ gives both merciful pardon and transforming power and that this pardon and power enable a follower of Jesus to put to death sinful desires and to walk in a manner worthy of the Lord. WE DENY that the grace of God in Christ is insufficient to forgive all sexual sins and to give power for holiness to every believer who feels drawn into sexual sin. WE AFFIRM that the grace of God in Christ enables sinners to forsake transgender self-conceptions and by divine forbearance to accept the God-ordained link between one's biological sex and one's self-conception as male or female. WE DENY that the grace of
God in Christ sanctions self-conceptions that are at odds with God's revealed will. WE AFFIRM that Christ Jesus has come into the world to save sinners and that through Christ's death and resurrection, the forgiveness of sins and eternal life are available to every person who repents of sin and trusts in Christ alone as Savior, Lord, and supreme treasure. WE DENY that the Lord's arm is too short to save or that any sinner is beyond his reach" (pp. 23 – 27).

The Nashville Statement (Huber, 2019) clearly describes an Evangelical response towards human sexuality from a biblical perspective aligning with this researcher's Judeo-Christian worldview.

**Related Literature**

**Psychological Wellness and Religious Identity: Evangelical Perspective**

Johnson and Yarhouse (2013) explored the impact adverse core beliefs have on sexual minorities based on their experiences associated with shame and how these influences have produced negative and limiting beliefs that have been used to self-regulate recurring shameful thoughts and feelings (p. 85). The research found that in addition to building and maintaining therapeutic rapport, strategies that have been found useful in addressing shame, have included labeling emotions, managing emotional affect, and reframing cognitive thought processes (pp. 98-99). Sowe et al. (2014) the researchers confirm that sexual minorities who experience discrimination and oppression report higher levels of psychological distress, anger, anxiety-related issues, depression, substance abuse, and sexual risk-taking behaviors (p. 531). Additionally, this study indicated that sexual minority Christians experienced higher levels of internalized heterosexism and psychological distress concerning their sexuality more so than their non-religious lesbian-gay-bisexual counterparts. Interestingly, those sexual minorities who
"apostatized" reported lower levels of pain related to their sexual orientation. However, those sexual minority Christians were cited by Johnson and Yarhouse (2013) as experiencing greater distress with increased experiences of homonegativity in their family and religious environments. Nonreligious sexual minority participants had better psychological outcomes when they received support from religious and family environments (p. 539).

Rob Clucas (2017) articulates American Psychological Association’s (APA) position statement written in 1973 that describes the efforts of the APA in their promotion of declassifying homosexuality as a mental disorder along with removing homosexuality as a psychiatric disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM, 2nd ed.). Clucas (2017) discusses another recent trend in the treatment of non-heterosexual people. This trend uses political activism to promote a social justice philosophy where sexual minorities are viewed from a multi-cultural framework that denounces sexual orientation change efforts. In 2014, the case of Pickup versus Brown challenged an existing California Senate Bill which prevented mental health providers from treating people under the age of 18 so these providers would not actively practice sexual orientation change efforts with minors claiming the minor’s freedom of expression was being infringed upon (p. 2). This author states that sexual orientation change is within the "client's autonomy rights to diminish unwanted sexual attraction" (p. 40) and to live congruently with one's moral principles. Clucas (2017) reported that challenges within his research developed because the study itself did not account for socio-cultural influences. In addition, the minor’s own internalized problems from the social stigmatization experienced as a sexual minority were not represented.

California legislation, assembly bill 2943, was voted on the week of July 2, 2018, promoting conversion therapy unlawful practice for consenting adults to receive mental health
services to change unwanted sexual attraction in terms of sexual orientation. The Consumer Legal Remedies Act, if passed, would consider it “an unlawful practice to advertise, offering to engage in, engaging in sexual orientation change efforts with an individual” (AB 2943, Sess. 2018). This researcher proposes that it is the Christian scholarly community who must take the responsibility to address these concerns in future research.

**Psychological Wellness and Religious Identity: Humanistic Perspective**

Huxley et al. (2011) cited Rothblum (1994), who reported that bisexual women have struggled with appearance pressures from within the lesbian community based on their rejection of both "butch" and "femme" presentations. These experiences have the potential of invalidating the "sanctuary" bisexual women gain from support within the lesbian-gay community (p. 4). Chmielewski & Yost (2012) found that when in romantic relationships with same-sex partners, the bisexual woman often finds companionship within the lesbian community based on the acceptance of her body size and shape and her attempts to conform to lesbian appearance norms (pp. 10-14). Hayfield et al. (2014) confirm the previous study citing that although bisexual women often describe lesbian subculture as a "haven" based on acceptance of various body shapes and sizes, the less appealing aspect of the lesbian community is their bias against the bisexual woman. This is evidenced in the form of open social discrimination against bisexual women from the lesbian community based on their ability to move in and out of the heterosexual community relatively "unnoticed," creating jealousy among lesbians as bisexuals can "have her cake and eat it too." The study reports bisexual women experience verbal harassment from lesbians for not "choosing a side" despite their efforts to conform when in same-sex relationships through appearance standards including wearing short hair, gender-neutral clothing, etc. in attempts to gain acceptance from within the lesbian community. This same study cites the
bisexual woman's efforts to maintain the "thin ideal" while in heterosexual male relationships. These efforts have created experiences of social injustice and they have been stigmatized by their male partners as being promiscuous, attention-seeking, disease carriers who are overly sexualized with an inability to commit to a relationship (pp. 21-24). This sadly leaves the bisexual woman vacillating between the lesbian and the heterosexual male communities in search of acceptance of her sexual orientation.

Chmielewski and Yost (2012) reported on the psychosocial influences on a bisexual woman's body image by investigating the following questions that pertain to emerging themes on how romantic relationships impact the bisexual woman's body shape and appearance. First, they asked how bisexual women experience sexualization within the broader context of culture and in romantic relationships, and then explored how homophobia and biphobia have influenced their body image. A second question participants were asked was, how does the bisexual woman experience the psychosocial factors of feminist identification and how have those same factors, within the sexual minority community, influenced her overall body image (p. 227). The themes which emerged from their semi-structured interviews revealed the following results. First, body image concerns among bisexual women were like those of heterosexual women who attempt to fit into the heterosexual standards of thinness as a means of attracting heterosexual males with their physical appearance.

Additionally, this first theme demonstrated how objectifying one's body resulted in psychological harm with indications that body dissatisfaction emerged from involvement with both the lesbian community and heterosexual males. A second theme confirmed that the struggles unique to the bisexual woman include what it means to be an authentic woman versus what is means to be a sexual minority. In addition, while exploring the challenges of integrating
into mainstream beauty ideals, the bisexual woman attempts to find cultural acceptance within the lesbian subculture as well as within the heterosexual community. The question also addressed the preconceived ideas that bisexual women are overly sexualized by heterosexual males and simultaneously viewed with suspicion by the lesbian community. A third theme that emerged from the research focused on body affirmation within the sexual minority community. The results indicated that the social support and acceptance, regardless of body appearance, bisexual women experienced from lesbian and gay community provide to be a source of comfort and safety. This remained true so long as the bisexual woman practiced what the study refers to as "lesbian beauty ideals" when interacting with the lesbian community. A fourth and final theme indicated how body image and romantic relationships with both same-sex partners and heterosexual males offered greater comfort for the bisexual woman. This was related to her body image when involved in same-sex relationships more so than with heterosexual males, thus avoiding "the male gaze" (p. 235).

**Psychological Wellness and Religious Identity: LGBQT+ Community**

Huxley (2013) found that bisexual women and their psychological wellness had been psychologically impacted as a result of sexual discrimination, ranging from verbal abuse to physical assault and homophobic stigmatization, generated from within the gay-lesbian and male heterosexual communities (p. 2). Yet, on the other hand, Huxley (2013) reported how the gay-lesbian community could also serve as psychological support by protecting bisexual women experiencing homophobic discrimination from within mainstream culture (p. 9). This would indicate that so long as bisexual women conform to gay-lesbian appearance standards, they are afforded social protection by the lesbians (Hayfield et al., 2013). This would indicate that
bisexual women are left socially between a proverbial rock and a hard place gaining psychological support from either the gay-lesbian or male heterosexual communities.

Yarhouse et al. (2009) investigated the experiences of sexual minorities on Christian college campuses. He provided questionnaires asking sexual minority students to report their experiences with "campus climate…perceptions of campus resources, coping activities, and recommendations for the campus, religious institutions, and other sexual minorities" (p. 96). The results indicated that sexual minority students did not feel different regarding their gender identity from either their peers who were “gender conforming” or those who identified as “non-gender conforming.” They indicated that they perceived themselves as equal by providing the examples that their extracurricular activities were based on intellect and/or being outside in nature (pp. 99-100). These same students indicated feeling moral guilt over early same-sex attractions, feeling confused and ashamed because they did not comprehend what was happening experientially. Most students sampled in this study had not self-reported their same-sex attractions to family members, and those who did disclose typically did so based on a parent suspecting the same-sex attraction with questions regarding pornography use or other suspicions (pp. 99-100).

Regarding campus climate, students reported overall, same-sex attraction was generally perceived as unfavorable with faculty or staff rather than being viewed as a negative attitude. It was the attitudes of other students that impacted the cultural climate on Christian college campuses (p. 104). Another finding was that despite the availability of campus resources through the college counseling center, the residence life program or on-site ministries, very few same-sex attracted students sought out support. The students who participated in this survey were asked how their faith and religion supported them in navigating same-sex attractions. A small
percentage reported that their faith and belief did not help them, with a more significant portion indicating that indeed their faith had supported them through various means. The experiences included the student’s relationship with God and other Christians, knowing they had "someone" to talk to about their struggles (p. 106).

Chmielewski (2017) reported that concerning wellness a psychodynamic approach supported sexual minority women of color, helping these women explore their inner struggles by using the guide "Listening to Voices.” The findings were that the “voices of resistance” guide helped bisexual women of color explore how the voices of sexual objectification coincided with their views of male gazing or body surveillance and patterns of sexualization when involved in romantic and non-romantic partner relationships. The study found that bisexual women of color were often placed in positions where they were negotiating between being viewed as an object, navigating body surveillance, being accused of promiscuity, experiencing sexual harassment along with enduring “street” harassment from men. Thus, ultimately finding themselves to be sexual minority women without protections. The results left bisexual women of color feeling helpless with no place to garner support for dealing with these harassing experiences, thus leaving the women further alienated because of their bisexuality, ethnicity, and race (p. 538).

Leavy and Hastings (2010) found that in terms of psychological wellness both Caucasian and African American female participants reported that African American girls had experienced higher levels of resiliency in response to racism. This was based on their ability to reject cultural beauty norms based on mainstream Caucasian standards (p. 14).

Mereish, Katz-Wise, and Woulfe (2017) found that psychological stressors played a mediating role between loneliness and psychological distress. This study indicated that bisexual women are at higher risk for mental health challenges based on the oppression experienced in the
lesbian community for not embracing lesbianism and from heterosexual males for not adopting a heterosexual identity (p. 722). Everett et al. (2016) found that women who disclosed their status as sexual minorities experienced increase in depressive symptoms. This aligns with identity theory emphasizing both the internal and external standards attached to sexual minorities’ identity and the affect that identity has on where they find ways of validating their internal self-perceptions. This highlights the increased stress levels bisexual women encounter in their coming out process within the gay-lesbian community and from heterosexual males within a homophobic and biphobic culture (p. 1731).

Despite the social stigma faced in the coming out process with families, friends, and society at large, sexual minorities have remained unmoved in their attempts to legitimize their sexual minority status (p. 1733). Szymanski (2009), the author states that the bisexual woman's experiences of discrimination alone increase her risk for psychological distress (p. 219). Molina et al. (2015) indicated depression and alcohol use played mediating roles resulting from internalized minority stress. Brewster et al. (2014) found coping strategies among bisexual women varied depending on the woman's "outness" where higher levels of being "out" was linked to experiencing an increase in discrimination associated with sexual prejudice. This indicates the more self-disclosing a sexual minority woman is among family, friends, and society, the more discrimination she experiences, which results in distress, as seen in depression. One of the coping skills used by sexual minorities to manage experiences of psychological distress is an increase in the use of substances, including alcohol and drugs (pp. 1163-1164).

Puckett, Horne, Herbitter, Maroney, and Levitt (2017) found sexual minorities were also at risk for increased psychological distress, as evidenced in the mental health concerns seen in depression, anxiety, and suicidality. This study also found that community-based support
systems help reduce the social stigma attached to identifying oneself as a sexual minority thus improving one’s psychological wellness (pp. 9, 14).

Sutter and Perrin (2016) found that in terms of mental health outcomes there was an increase in the risk of suicide attempts among sexual minorities when discrimination was proven to be the primary implicating factor leading to psychological distress (p. 98). Jeong et al. (2016) reported that when mental health and substance abuse treatments were sought by sexual minorities, the results were positive. However, this study reported numerous sexual minorities remain untreated based on race and ethnicity with Hispanic lesbians and bisexuals, showing the greatest need and the least likely to seek treatment. Mereish and Poteat (2015) examined the concept of relational cultural theory by exploring the sexual health of gay-lesbian-bisexuals using this model with results demonstrating a correlation between discrimination, rejection, victimization, and internalized homophobia. Concealing one's sexual identity affects how these variables impact the sexual minority's psychological and physical health (pp. 425-426). The authors contended that a relational cultural model used in conjunction with a minority stress model would serve as mediators between minority stress, psychological, and physical wellness. They believed the results support the minority stress model demonstrating that discrimination, rejection, victimization, and internalized homophobia is mediated through the relationship. The study also found that concealing one's sexual orientation along with the impact it has on both psychological and physical health were consistent with cultural relational theory (p. 427). This study indicates that psychological wellness affects the sexual minority's mental health and physical health based on experiences of discrimination, rejection, victimization, and internalizing cultural homophobia.
Hayfield et al. (2014) found that psychological distress among bisexual women resulted from experiences of oppression based on their sexual orientation. The results demonstrated that bisexual women attempted to become "invisible" as bisexuals to gain social support from the lesbian community and among heterosexual males in an effort to attract men as romantic partners. This study demonstrated that the maladaptive strategies used by these women, seen in eating disorders, substance abuse, and suicidality developed as a result of the psychological distress experienced from depression and anxiety over being excluded from their community. Eady, Dickerson, and Ross (2011) found similar results by investigating the bisexual individual’s hesitancy to seek treatment regarding the social stigmatization of their identified sexual orientation. This study reported the need for culturally competent mental health professionals to address the psychological distress experienced by sexual minorities resulting from mood and anxiety disorders, alcohol abuse, and self-injurious behaviors (p. 378). Tan and Yarhouse (2010) cite the core beliefs sexual minorities experience were found to be associated with shame and how these internalized factors influence self-limiting beliefs that regulate impure thoughts and feelings (p. 85). Their study reported that although guilt was found to be a predominant factor among sexual minorities, there was no empirical data linking shame to humiliation. Sexual minorities said that in addition to having established therapeutic rapport with their mental health providers, strategies that were useful in the sessions included addressing shame by labeling the emotion, managing their emotional affect, and reorganizing their cognitive processes (pp. 98-99).

**Summary**

When caring for sexual minorities within the local church, there can be misunderstandings between gay-affirmative theorists who view the church as a rigid institution unwilling to accept individual behavior, and as religious conservatives maintaining a staunch
position by not accepting sexual minorities into the body of Christ. Tan and Yarhouse (2010) attempted to rectify this dilemma by offering a safe environment where sexual minorities can sort through their thoughts, feelings, and behaviors without fear of judgment. Dallas and Heche (2010) provided a compassionate, biblical perspective for Christians struggling with sexual identity by challenging the Evangelical church to respond in a Christlike manner shifting from "compromise to consistency, contempt to compassion, confusion to clarity, and concession to courage" (p. 450). Hubner (2019) in his response to the Nashville Statement, challenged the church to maintain the tenants of the Holy Scripture in terms of sexual behavior from within a biblical framework.

As believers in Christ, the Apostle Paul admonishes Christians to "Be devoted to one another in love" (NIV, Romans 12:10) yet does not indicate that love means accepting behavior that does not align with scriptural truths. In Romans 1:29-30, Paul writes, "They have become filled with every kind of wickedness, evil, greed, and depravity. They are full of envy, murder, strife, deceit, and malice. They are gossips, slanderers, God-haters, insolent, arrogant and boastful; they invent ways of doing evil; they disobey their parents; they have no understanding, no fidelity, no love, no mercy" (NIV). This passage indicates that no one sin is above another, showing humanity has fallen short of God's grace and in need of a Savior, Jesus Christ.
CHAPTER THREE: METHODS

Overview

The purpose of this phenomenological study is to explore the variables that influence sexual identity within romantic relationships reflected in body image, psychological wellness, and religious identity. This proposed qualitative study will examine the lived experiences of 8 to 10 adult women of color, ranging in ages from 18 to 65, who are participating in a Christian-based discipleship program for adults choosing a biblical lifestyle of sexual and relational wholeness. The participants' will be interviewed using a semi-structured format through an electronic or face-to-face meeting lasting approximately 1 ½ to 2 hours in length. This researcher will attempt to embed herself into each participant's lived experience throughout the interview process. The analysis will occur through 2-person verification, where after the researcher has transcribed the audio recording, she will then send the transcript to the participant's electronic email address to be read, signed, and dated by the participant verifying accuracy in the recording. Once this process has been completed, a $25 Visa gift card will be mailed by the researcher to each participant to the US postal address each one provided.

Phenomenological Study of Lived Experiences

This study proposes to investigate the phenomenon by exploring the variables that influence sexual identity within romantic relationships among women of color reflected in body image, psychological wellness, and religious identity using semi-structured interviews to identify themes in the data. The sampling pool will be approximately 8 to 10 adult women of color for data saturation. The recommended age range for participants is between the ages of 18 to 65. Participants will be selected because they are currently involved in a Christian-based discipleship
program for adults who are choosing to live their lives based on biblical principles of relational and sexual wholeness.

The researcher will attempt to embed herself into the participants' lived experiences through semi-structured interviews that address the research questions by exploring the variables that influence sexual identity within romantic relationships among women of color. The variables will address body image in terms of appearance norms, psychological wellness experienced in oppression and social marginalization, and religious identity based on their faith-based convictions.

First, this researcher will analyze the data collected and transcribed through semi-structured interviews. Next, each participant will be sent, through electronic email, a copy of their transcript from the recorded session to review for accuracy. The goal of the data collection is to discover how participation in the Christian-based discipleship program has changed the lives of these women in terms of their perceived sexual identity within romantic relationships and how the change in their lives is reflected in their body image, psychological wellness, and religious identity.

**Design**

This researcher chose a phenomenological qualitative research design to offer the participants the opportunity to describe their lived experiences. Moustakas (1994) addresses phenomenological research through the lens of Edward Husserl whose philosophical approach is rooted in what is termed “subjective openness” by seeking knowledge through the “concentrated studies of experience and the reflective powers of self” (p. 25). The use of “subjective openness” presents itself as a natural approach for the proposed researcher who is investigating the lived experiences of the participants for this study. In the literature, other researchers, such as Agee (2009) describe the qualitative approach as a method that allows the researcher to reflect on and
inquire into lived experiences (p. 431). In contrast, Heppner, Wampold, Owen, Thompson, and Wang (2016) support the qualitative experience as one that is a “situated activity that locates the observed in the world” (p. 358). These descriptors align themselves with the inquiry proposed in this study, where this qualitative researcher aims to embed herself into the lived experiences of the participants. This process will occur through a detailed, semi-structured interview exploring variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity.

The procedures will follow a qualitative protocol by offering semi-structured interviews in a single session lasting between 1 ½ to 2 hours in length. This format will allow for other details to emerge during the interview process. The 8 to 10 adult women of color will be sampled from the Christian-based ministry from across the US. This procedure will allow for saturation of the data, generalizability, data collection, and analysis. This will provide a descriptive phenomenology by addressing technical issues, including recording and transcribing the data and using software programs to analyze the data. The ethical issues to be considered include reducing the risk of unanticipated harm, protecting the participant's information, offering a clear understanding of the nature of this study, and reducing the risk of unintended exploitation (DiCicco-Bloom & Crabtree, 2006; Englander, 2012).

**Research Questions**

This study will be guided by four questions from the semi-structured interviews exploring how the sexual identity among women of color within their romantic relationships is reflected in the variables of body image, psychological wellness, and religious identity.
Semi-Structured Interview Questions

The following questions have been derived from a longitudinal study conducted by Jones and Yarhouse (2007).

Sub-Question 1 (SQ1): BODY IMAGE. Describe your awareness where you felt pressured from the heterosexual community to maintain an appearance typical to that of a heterosexual woman, and if applicable, wherein the gay-lesbian community you felt compelled to conform your appearance to accommodate the LGB lifestyle.

Here the participants will be asked to describe their view of their body image directly related to the experiences they have encountered within romantic relationships defined as heterosexual, gay-lesbian, or both.

Sub-Question 2 (SQ2): PSYCHOLOGICAL WELLNESS. Describe your awareness of when your psychological wellness was compromised based on experiences of oppression and social marginalization from within the heterosexual, the gay-lesbian communities, or within your ethnic community.

Here the participants will be asked to describe their psychological wellness resulting from experiences of oppression and social marginalization from within the heterosexual community, the gay-lesbian community, or their ethnic community.

Sub-Question 3 (SQ3): RELIGIOUS IDENTITY. Describe your religious identity? How did you view your sexual identity prior to participation in the Christian-based discipleship program and how do you view your sexual identity now that you have completed this program?

Here the participants will describe how they identify religiously, meaning how they viewed their sexual identity before involvement with the Christian-based discipleship program and how they now view their religious identity after participating in this program.
Sub-Question 4 (SQ4): ETHNICITY. Describe your experiences navigating your sexuality as a woman of color within the heterosexual community, the gay-lesbian community, and within your ethnic community.

Here the participants will then be asked to describe their experiences within the heterosexual, the gay-lesbian community, and their ethnic community.

Setting

The setting for this study will be offered through a teleconference phone call or a face-to-face meeting, providing open-ended semi-structured interview questions for participants who choose to engage in this research. Once the semi-structured interviews have completed, within four weeks a $25 Visa gift card will be mailed to the participant's home address through the US postal service. The use of teleconferencing was chosen for this project to provide ease of access to individuals residing in various geographical locations throughout the US. Those participants who live in the Southern California region will be offered the choice of meeting face-to-face with this researcher in an area private and free from distractions during daytime business hours.

The Christian-based discipleship ministry's organizational structure provides a US coordinator who oversees the regional coordinators located throughout the United States. The US coordinator will be the point of contact to distribute letters to the regional coordinators. They, in turn, will offer letters to participants in their local groups as a method of recruitment for this study.

Participants

The sampling pool includes 8 to 10 female adult women of color between the ages of 18 and 65 from a Christian-based discipleship program from across the US. The type of sample proposed for this study will be purposeful with sampling procedures implemented through the
method known as convenience sampling, also referred to as accidental sampling, due to the convenience of participant's availability to this researcher. It is understood that convenience sampling is a less rigorous sampling procedure because participants are drawn from a well-defined population. In contrast, random sampling is considered to represent an entire population from which the sampling pool is drawn (Warner, 2013, pp. 3, 4). Thus, convenience sampling will be used in this study based on participant accessibility to this researcher.

The sample size for this study (ranging between 8 and 10) was chosen based on a qualitative research design where the concept of data saturation is a method used to bring new participants into a study until the data is complete and seen as redundant. This occurs when enough data has been collected to the point where nothing further can be added (Marshall, Cardon, Poddar, & Fontenot, 2013, p. 11). Marshall et al. (2013) report guidelines for the qualitative sample size for interviews vary citing Yin (2009), who recommends at least six sources of evidence whereas with Creswell (2017) recommends at least 20 to 30 interviews (p. 13). This study will adhere to the guidelines for qualitative interviews saturating the data from a sampling pool ranging between 8 and 10 participants. The purpose of using convenience sampling is to pool participants from a relatively small sample size to intensely study the proposed phenomenon in hopes of generating relatively large sums of data offering a reflective encounter. Analytic generalizations will be made in the qualitative sampling, which will provide the opportunity to choose and evaluate observations key to understanding the existing theory regarding the proposed phenomenon to be studied (Curtis, Gesler, Smith, & Washburn, 2000, p. 1002). The sampling strategy will consider the questions submitted in this research to address the variables that influence the sexual identity within romantic relationships among women of color as reflected in their body image, psychological wellness, and religious identity. The expectation
for this study is that the sample size will generate prosperous data on the proposed phenomenon using analytic generalizability versus statistical generalizability. The sample population will be pooled from women of color. It will produce real-life descriptions of their lived experiences regarding the influence the variables of sexual identity have had within their romantic relationships to offer validity to the qualitative research by providing the observer (researcher) enough data of the phenomenon being observed. Patton (2002) proposes the use of discriminate priority selection to establish diversity within the sample data until saturation has been met at the point where no new themes have emerged. The intention of using discriminate priority selection is to generate a research sample from the target population considered to be heterogeneous with respect to age, ethnicity, geographic location, and religious affiliation.

**Procedures**

The proposed semi-structured interviews will be offered through teleconferencing, or face-to-face meetings, recorded and transcribed to analyze and code the data to determine pertinent themes. Gill et al. (2008) define a semi-structured interview to be one that allows introducing critical questions in addition to allowing room for flexibility, thus permitting the participants to offer details as they emerge during the interviewing process (p. 291).

The participants recruited for this study will range between 8 to 10 adult women of color between the ages of 18 and 65. These women will be recruited from the Christian-based discipleship program based in the Midwest section of the US, with groups located throughout the nation. The women who choose to participate in this study will receive a letter requesting participation in this study from their group coordinator. This letter will be sent to the group coordinator through the US coordinator originated by this researcher. The letter will include this researcher’s electronic mail, so the potential participants can personally contact the researcher
stating they are interested in participating in this study. Once this researcher receives the electronic mail, she will then send the participant a letter of introduction describing this study and a confidentiality agreement to sign and return to this researcher’s electronic mail or the researcher’s home address through the US postal service. Those participants who express interest and availability will be scheduled by this researcher to participate in a semi-structured interview lasting between 1 ½ and 2 hours in length over one session after signing a confidentiality agreement. Once the meeting has been completed, the participants will be sent a $25 Visa gift card within four weeks through the US postal service as compensation for participating in this study.

All identifying information will be kept confidential between the researcher and the individual participant. The individual's identification, including geographic region, will be described in general terminology using pseudonyms so as not to disclose the identity or location of the individual participating in this study. Following a decision of eligibility, copies of applicable documents will be collected, and interviews conducted. After the interviews are conducted and recordings transcribed and analyzed, the data will be checked by the individual participants to ensure accuracy. Each participant will be sent a transcribed copy of her interview, which she will sign, agreeing to the accuracy of the conversation.

The Researcher’s Role: Personal Biography

As a human instrument, I become a factor in the study with the need to suspend judgment as a means of bracketing my own biases and passions to safeguard the research from being tainted (Moustakas, 1994). To accomplish the task of bracketing, this researcher will need to remain aware of the current phenomena under examination, along with self-awareness of her own biases. These biases could surface resulting from my personal life experiences. It is the
influence of my childhood experiences along with interactions as an adult with those seeking
sexual and relational wholeness from a biblically based perspective that presents itself as the
highest potential for tainting the data with bias. The narrative of my family involves personal
preferences and passions from an early age. I was raised in a home with a moral code of conduct
and lived a life based on my mother’s upbringing from her family of origin. My father’s
experience was not one where he was exposed to religion in his family home. However, he
willingly adopted his wife’s value system when they married raising their children with Judeo-
Christian values. My personal experience of converting to Christianity occurred as a 14-year old
when I invited Jesus Christ to be Lord of my life after watching a Billy Graham Crusade on
television. It was after that when I began attending a Methodist Church where I was discipled in
the Christian faith that laid a foundation for my walk through this life. As a young adult, I moved
from the family home to attend Bible college where I was trained in biblical truths cementing my
faith-based values from a biblical worldview from which I view the world at large. In addition to
the foundational truth that Jesus is Lord of my life, it is my belief based on personal experience
that I can bracket myself in the interview process by suspending judgment to avoid bias in data
collection. My skill in offering myself as an instrument of healing is one that has been cultivated
through my own life experiences and as a group participant in the Christian-based discipleship
program.

In addition to bracketing my faith-based worldview as a Christian, and personal
experiences with the Christian-based discipleship program, I will need to bracket my worldview
as a Caucasian woman interviewing women of color. It is my belief that I can step into the
participants’ shoes and worldviews where my undergraduate training in anthropology, the
experience of living in a Latino culture through a summer internship, and my professional
encounters with diverse student and family populations have all provided me the insight and skill in working with diverse populations. I will intentionally bracket myself in this process, allowing the therapeutic space for each participant to share her narrative.

**Data Collection**

The proposed data to be collected will be from a sample population of 8 to 10 adult women of color (to saturate the data) from a Christian-based discipleship program located in the Midwest region of the US with the potential of drawing sample participants from across the US. After eligibility is determined with signed consent, the documentation will be collected, and interviews held with the participants who agreed to be involved with this study.

Interviews will be conducted via teleconferencing or face-to-face in 1 ½ to 2-hour sessions using a semi-structured format with open-ended questions. I will take field notes while meeting with the participants in face-to-face or through teleconferencing, using reflective memoing to bracket myself when the data analysis begins, and the atlas electronic tool for data collection.

**Documentation**

The proposed method of collecting documentation will be through digitally recorded sessions with two-person transcription to ensure accuracy in the recording. This researcher will use member checking data to avoid miscommunication with participants to increase trustworthiness in data collection (Carlson, 2010), where the participant will be allowed to review the transcript of the session.

**Interviews**

Interviews with participants will be conducted using semi-structured questions to gather detailed descriptions of the phenomena necessary for data collection. The purpose of the interviews will be to offer women of color the opportunity to narrate their own stories of sexual
confusion to sexual wholeness. The outcomes of their transformed narratives will be to demonstrate that participation in the Christian-based discipleship program supports consenting adults to live their sexual and relational lives based on the tenets of the Holy Scriptures.

The primary goal of this study is to address the variables that influence sexual identity within romantic relationships among women of color. A secondary goal is to provide these women the opportunity to self-disclose their lived experiences within the context of a safe and neutral environment. A third goal is to have the participant self-disclose if she was previously involved in a bisexual relationship. There is a lack of research in this area among bisexual women of color due to the stigma of bisexuality within ethnic communities. Once the interviews have been completed, they will be transcribed from digitally recorded sessions using a two-party method with member check where participants will check for accuracy in their transcribed sessions before analyzing the data.

**Reflective Memoing**

The qualitative researcher must use analytical strategies to provide meaning to the data by analyzing what has been said using memoing a concept used to describe “what is happening in the data” (Birks, Chapman, & Francis, 2008, p. 70) by providing definitive statements during the coding process to summarize what the data are describing. The memos offer a "snapshot" at any stage of research to support perceptions held and decisions made and provides the researcher flexibility with a tool to overcome "analytic paralysis" where the researcher becomes frozen in fear of making a mistake (pp. 71-72).

**Technology**

The Atlas website offers a set of tools and features that are flexible in analyzing simple to complex data. The central workspace in ATLAS.ti.8 serves to contain project data with
components, including documents, highlighted/coded data segments, codes, memos, hyperlinks, or groups. Coding will be used by dragging the codes onto the selected piece of data. By using digital mapping to house and analyze the collected data, the research findings and interpretations will be organized and presented in a meaningful way.

Interviews

The interviews will be conducted using a standardized open-ended, semi-structured interview format throughout the process (Jones & Yarhouse, 2007, pp. 134-135). Listed below are the questions to be asked.

1. Please introduce yourself to me, as if we just met one another.
2. How would you describe your first attractions and whether they were directed towards men, women, or both genders?
3. How did you recognize that you were first attracted to men, women, or both genders?
4. What type of struggles did you experience socially and romantically as you navigated attractions between men, women, or both genders?
5. At what age did you begin to identify your sexuality, e.g., your sexual identity?
6. Describe your relationship with your body. How do you view your body shape and size?
7. How do you view your body shape and size in your romantic relationships?
8. Describe your psychological wellness by explaining how you navigated relationships within the heterosexual community, the gay-lesbian community, and within your ethnic community regarding oppression and social marginalization within your romantic relationships.
9. Describe any emotional struggles you have encountered in romantic relationships. How have these emotional struggles manifested in your life, e.g., eating disorders, anxiety, and depression, substance abuse, suicidality?

10. How do you see yourself as a Christian in terms of your sexual identity and romantic relationships?

11. In what specific ways have you changed from participating in this Christian-based program?

The questions were revised from the Jones & Yarhouse (2007) study, reflecting the following: the questions presented from one through four are introductory and designed to inquire when the woman first identified her sexual identity and how romantic attractions influenced her sexual identity. Questions number five and six are transitional, asking the woman to describe her relationship with her body shape and size personally and within romantic relationships. Then questions seven and eight address how the woman has navigated social and emotional challenges within romantic relationships. Next, question nine focuses on psychological wellness in terms of social marginalization and oppression within romantic relationships within the woman's identified sexuality and the heterosexual, gay-lesbian, and her ethnic communities. Lastly, ten and eleven will explore the woman’s faith in terms of Christianity, and how she relates to a biblically-based sexual identity. The final question will address changes that have taken place in terms of the woman of color’s identity from participation in the Christian-based discipleship program.

**Document Analysis**

Document analysis for this study will include a systematic procedure for reviewing and evaluating the data that is transcribed and in electronic format. The data will be examined and
interpreted to "elicit meaning, gain understanding, and develop empirical knowledge" (Bowen, 2009, p. 27). These documents will contain words that are written, oral, and video recorded in the participant's "voice" and not based on this researcher's intervention (Bowen, 2009).

**Data Analysis**

This study proposes to analyze the data from a phenomenological approach that adheres to the guidelines presented by Moustakas (1994), supporting the researcher through "experience and reflective powers of self… while recognizing my own written knowledge and experience, in a free, open, and imaginative sense…” (pp. 25-26). This will provide the researcher the ability to adhere to the phenomenological approach through what is perceived, sensed, and brought into one's "immediate awareness and experience" (p. 26).

The participants will be digitally recorded, and the recordings will be transcribed using a two-person approach with confidentiality agreements signed before transcription. All identifying markers will be removed, and participants will be given pseudonyms to provide anonymity. The transcripts will be compared to the digital recordings to ensure accuracy in addition to maintaining the original intent of the conversation. Lastly, the interview transcripts will be member-checked for accuracy, ensuring participants are provided with an opportunity for feedback. The member check will take place after each session, within a one-week time frame, where the individual who participated in that interview will check the recording and documents for accuracy.

After the transcripts are analyzed, the data and field notes from these interviews will be subjected to a method of data analysis. The process of analyzing the data recommended by Moustakas (1994) occurs in four stages, referred to as epoche, phenomenological reduction, imaginative variation, and synthesis of texture and structure. The themes, addressed below, will
naturally result from the research as the emerging data is collected. The data will be two-person analyzed with participant check-in for accuracy, addressing any biases from this researcher's opinions, thoughts, or feelings regarding this phenomenon throughout the data collections. The data will be analyzed for similarities in responses among the participants, comparing emerging themes from the completed interviews.

**Epoche**

Epoch is a Greek word meaning to abstain. Moustakas (1994) considers epoche to be a necessary precaution when the researcher facilitates as a human instrument, where there is a requirement that the researcher avoids contaminating the data. Epoche references the intentional bracketing of a researcher's firsthand biases and predetermined ideas regarding anticipated outcomes in the study (Patton, 2002, p. 485). Despite my closeness with the phenomena in this study, I can set ideals and assumptions regarding my volunteer ministry experience, tenure in the field, and efficacy through reflective contemplation (Creswell, Hanson, Plano Clark, & Morales, 2007). Engaging in the process of epoche before and after each session of data analysis and recording my journey through this process will support maintaining the integrity of the bracketing process. This step is seen in chapter one's situation-to-self subsection and chapter three’s personal-biography subsection explaining my prior involvement with the phenomena.

**Phenomenological Reduction**

In phenomenological reduction, Moustakas (1994) offers a description of experiences reflecting the data holistically. This process takes place through the horizontalization technique, where every statement regarding the phenomena is provided equal value with the possibility of weaving this information into the narrative. This will be accomplished by approaching each participant's data individually with at least two reviews of their transcript to ensure accuracy in
recording the raw data. Individual data will be open coded, offering an in vivo coding approach to maintain the integrity of the original data and prevent it from being biased by the researcher. This process is known as phenomenological reduction.

**Imaginative Variation**

The use of imaginative variation will help identify differences in basic themes that have supported the individuals in their lived experiences in this phenomenon (Moustakas, 1994). This approach will require the researcher to "grasp the essence of the structural experience" (p. 35) to understand the participant's narrative through themes and experiences. The researcher will strive to accomplish this task by comparing repetitive statements throughout the data with statements from each participant separated from one another before attending to the data. The repetitive statements will be pulled together to create thematic units of meaning.

**Synthesis of Texture and Structure**

The final process of data analysis is necessary for this researcher to develop a synthesis of the texture and structure of the themes in the data, to create a dense narrative description of the phenomenon (Moustakas, 1994). The textural description's intended focus will be on the participant's lived experience with the structural focus on how they experienced it, accounting for the environment in which the phenomenon took place. The process of synthesizing texture and structure will be accomplished by one completing a textural and structural integration for each participant and two, completing a narrative description that provides a composite of all participant data. The textural descriptions will give direct and verbatim references from individual participants to clarify and compare the variety of unique experiences of the phenomenon. The result will be to offer a synthesis of the texture and structure of the data, thus providing an integrated representation of the substance and its significance. This will be
accomplished by exploring the influence sexual identity, among women of color, has had within their romantic relationships as reflected in their body image, psychological wellness, and religious identity.

**Trustworthiness**

The need for trustworthiness is an essential component in qualitative research, ensuring the study demonstrates a degree of validity. The necessity of validity will be to support accuracy in the study itself. It is essential to incorporate both trustworthiness and efficacy in this because this qualitative researcher is a human instrument who may err on the side of subjectivity given the nature of qualitative research methods in comparison to those involved in quantitative research (Creswell et al., 2007).

**Credibility**

The integrity of this study pivots on its credibility, transferability, and confirmability. In terms of credibility, the process of bracketing and reflective memoing will set the stage for an increased awareness of any potential biases. Next, the attempt to maintain credibility will take place through triangulation in the data collection process via documentation, interviews, reflective memoing, and field notes offering data from multiple sources. Lastly, credibility will be necessary through the member checking process and potentially peer review. In member checking, each participant will be provided an opportunity to review their transcripts for analysis, and possibly data collection, as a means of giving feedback to this researcher. It is the hope of this researcher that trusted colleagues will conduct peer review from the Christian-based discipleship program and members of the researcher's dissertation committee.
**Dependability and Confirmability**

This study's dependability will occur through epoche, phenomenological reduction, imaginative variation, synthesis, and texture. Epoch will be used to bracket the researcher's biases and predeterminations. Next, the use of phenomenological reduction will address what is referred to by Moustakas (1994) as the horizontal technique by ensuring each statement is provided equal value in the participant's narrative. Then imaginative variation will compare repetitive comments in the data with each participant's story. Synthesis of texture and structure will consist of themes in the data that will be developed to create a concentrated description of the phenomenon.

This researcher will use confirmability, providing member check and peer review to ensure accuracy in data recording along with offering comprehensive data collection and analysis to reproduce what has been used in the research.

**Transferability**

Transferability will be offered as an attempt to use the thick, rich, detailed descriptions of the phenomenon to help readers ascertain points of connection from their context and that of the research data.

**Ethical Considerations**

Any time research is conducted, regardless of its potential benefits, there is the potential for inherent harm. Therefore, protecting the research participants from potential damage is a crucial part of the researcher's accountability to the population they are serving to maximize the benefit to that population while minimizing the potential for harm (Creswell et al., 2007). Success will be demonstrated as the researcher will conduct this study with anonymity and confidentiality. Additionally, pseudonyms will be used for all participants. All data collected will
be kept secure and locked in a separate and secured file cabinet in the researcher's home office for up to three years with all electronic data backed up in a safe, password-protected location. Finally, the researcher will make herself available to those who were interviewed for up to six sessions for any participant who may have any adverse emotional effects from reliving various experiences (depression, anxiety, post-traumatic stress disorder, etc.) on an as-needed basis.

**Summary**

This chapter outlines the design, research questions, participants, data collection, and analysis procedures used to investigate the phenomena. The goal of this research is to discover insights for the enrichment of the Christian-based ministry located in the Midwest section of the United States, Christian Academia, and the body of Christ at large, as well as ascertaining new directions for future research.
CHAPTER FOUR: FINDINGS

Overview

This transcendental phenomenological study was conducted to explore the lived experiences that influence the sexual identity within romantic relationships among women of color. To this end, the study was framed by the four research questions listed below.

1. Describe how you view your sexual identity as a woman of color.

2. Describe how your sexual identity within romantic relationships has influenced your body-image.

3. Describe any experiences you encountered in terms of oppression and social marginalization within your romantic relationships from the heterosexual community, the gay-lesbian community, and your ethnic community, and if these experiences compromised your psychological wellness.

4. Describe how your sexual and religious identities have been influenced as a woman of color before involvement with the Christian-based discipleship program, and now that you have completed the program.

The study applied the philosophy of Moustakas (1994) who proposed "every human science research is open-ended. There are no definitive exclusive requirements. Each research project holds its integrity and establishes its methods and procedures to facilitate the flow of the investigation and collection of data" (p. 104). The steps the researcher used to analyze the data and develop emerging themes are explained below.

1. The researcher practiced bracketing herself using reflective memoing with the phenomenon (epoche) to focus on the participants of the study demonstrating self-awareness of any bias.
2. The interviews were conducted and transcribed. Trustworthiness was accomplished by having the participants review their transcripts for accuracy and then sign and date the transcript for agreement.

3. Ethical considerations addressed anonymity and confidentiality using pseudonyms and general geographic locations to protect each participant's privacy.

4. The researcher read each transcript multiple times to gain a holistic perspective of the interviews.

5. The researcher developed a list of significant words and statements from each interview, treating each statement with equal value (horizontalization of the data), and then creating a list of words and statements that were not repetitive nor over-lapping.

6. Significant words and statements were coded and grouped into meaningful themes. ATLAS.ti.8 (Atlasti.com), a qualitative software program, was used as a place to store documents, code data, and develop emerging themes.

7. A textural description of the participants' experiences was created using verbatim quotes offering thick, rich detailed descriptions of the phenomenon by helping the reader to identify individual points of connection from their own experiences related to this research.

8. A structural description describing how the experience happened was created.

9. The researcher used imaginative variation to compile a textural description of the phenomenon (Moustakas, 1994).

This chapter will address the data collected to answer the four research questions using transcendental phenomenological qualitative procedures (Moustakas, 1994), where the participants' narratives will be the primary source of data collection, followed by the themes
which emerged from those narratives, and lastly analyzing the eleven research questions presented during participant interviews.

**Participants**

The study utilized structured web-based virtual interviews with 5 adult women of color ranging in ages from their early 30's to late 50s. The interviews were conducted throughout a 6-week time frame and were audio-recorded and transcribed. In consensus with qualitative study, triangulation and member checking were used to ensure credibility. Participants were voluntarily sampled from groups within the US representing a range of denominational, cultural, and geographic backgrounds. Three of the recruits self-described as African American, one identified as Mexican American, and one as Asian American of Chinese descent. Three participants reported as never married and two stated, they were divorced. One identified as a single-parent household. When viewed together, the sampling procedures were implemented through convenience sampling due to the convenience of the participants' availability to this researcher, and although convenience sampling (Warner, 2013, pp. 3-4) is considered less rigorous, the participants were drawn from a well-defined population (Table 1).

Table 1.

**Participants Overview**

<table>
<thead>
<tr>
<th>Pseudo-Name</th>
<th>Gender</th>
<th>Age Range</th>
<th>Ethnicity</th>
<th>State</th>
<th>Completed Christian-based program</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. J.</td>
<td>Female</td>
<td>50</td>
<td>African American</td>
<td>Virginia</td>
<td>Yes</td>
</tr>
<tr>
<td>D. L.</td>
<td>Female</td>
<td>57</td>
<td>African American</td>
<td>California</td>
<td>Yes</td>
</tr>
<tr>
<td>R. C.</td>
<td>Female</td>
<td>56</td>
<td>Asian-American (Chinese)</td>
<td>California</td>
<td>Yes</td>
</tr>
</tbody>
</table>
K. J.

K. J. described herself as a 50-year old African American female who initially identified as having had sexual attractions to both men and women. When asked to clarify this statement she reported having initial attractions to men and “absolutely” was attracted to women. During a general conversation where a group of women identified her as a lesbian after she disclosed her long-term same-sex relationship, K. J. identified herself as a lesbian. Currently, K. J. identifies herself as a heterosexual woman who struggles with same-sex attractions.

K. J. shared that her Christian based discipleship group offered her a place of accountability regarding her sexual attractions. She indicated the group provided her the language to describe her sexual struggles with men and women, believing her struggles in romantic relationships with men were rooted in early childhood sexual abuse. K. J. believed the experience of being routinely molested affected her romantic relationships with men. She stated, "So even though I was attracted to guys, I was being molested by guys and it sort of made me not want to be involved with men, especially as I got older. When I was younger it was like… it almost became normal being molested."

She described two romantic encounters in her early to mid-‘20s with African American men. She reported the pregnancy as a 21-year-old was unplanned sharing she was “… looking for love in all the wrong places.” K. J. believed the second romantic relationship could have led to marriage until he “wanted to become sexual”, at which point she ended the relationship. She shared being comfortable living alone because she was not interested in becoming sexual with a
man. K. J. reported that in her late 20’s other women began approaching her sexually. She entered a Christian chat room in her early 30’s and another woman from the chat room disclosed that she was “falling in love” with her. K. J. shared she initially felt this was “crazy” and giving into the feelings she entered a sexual relationship with her same-sex partner which lasted approximately four years. She reported a recent sexual encounter with another woman but “that was a one-time thing and stand back up kind of deal. Stand back up and get right with God” claiming both she and the woman are holding themselves accountable to their church leaders to live out their sexual behaviors according to biblical principles.

K. J. indicated that her body shape and size were negatively influenced by her mother who she reported had an unhealthy relationship with food. She observed her mother entangled in a pattern of “binge and purge and binge and purge”, leaving a negative impression on her perception of her own body shape and size. She shared that her body image was “… terrible. I was in the military and was probably more active than I am now. It was like putting a paper bag over your face kind of deal” indicating that she never felt small enough, especially in relationships with men. However, in relationships with women, K. J. indicated that her body shape and size were not a problem and in fact, she felt more affirmed in her same-sex relationships than she ever had in relationships with men.

Regarding her psychological wellness, K. J. reported that she was challenged with social oppression while enlisted in the military due to the military’s previous "don't ask don't tell policy" regarding same-sex relationships, which forced her to live a "double life" to retain her military status. K. J. shared that she felt like her whole life was a secret, as she was unsure of whom she could trust. In terms of mental health, K. J. indicated that as a younger woman she experienced suicidal thoughts, but once she became involved in her four-year same-sex
relationship the "suicidal stuff went away, and I've never been suicidal since." She found that the Christian-based discipleship group offered her a place where she could bring Christ into her pain, recognizing that she could give him her pain, and be visible to him, and have an authentic relationship with God who would accept her humanity and her failures.

D. L.

D. L. identified as a 57-year old heterosexual African American female. She participated in the Christian-based discipleship group. She shared that the group provided a place for her to access the pain and struggle between wanting a loving relationship and navigating sexual advances from men. D. L. shared that confident athletic boys would approach her for sexual encounters in high school, revealing she was one of the first in her group of friends to become sexually active as an adolescent. D. L. shared “the attention felt good” which left her desiring a loving heterosexual relationship; a struggle that was rooted in her experiences from dysfunctional family dynamics within her childhood home.

D. L. shared she was “very self-conscious” regarding her body shape and size due to the negative comments she heard from men that her “breasts were too small” and her feet “were too big.” She indicated she would have sexual encounters with the lights off because she did not want anyone to see her body. D. L. reported she was very self-conscious regarding her body image especially when changing clothes in the female locker room at the gym in front of other women. She shared “… then I hated my body. I was shapely and athletic. Athletic men approached me sexually commenting on my body” and commented that athletic women noticed as well, often asking if she was same-sex attracted.

D. L. shared that her psychological wellness within romantic relationships with men was "oppressive, manipulative, and controlling”, indicating that sexual and romantic experiences
turned into a "cat and mouse game" as a way of manipulating her into sexual encounters. She reported these experiences led her to struggle with depression and suicidal ideations. D. L. indicated that she sought mental health support for her depression and suicidal thoughts from her physician who prescribed anti-depressants, and that counseling was ineffective because “they could not relate to my culture at all” leaving her feeling hopeless.

D. L. shared an affirming encounter in her Christian-based discipleship group that came from an African American couple who walked the group through a teaching in which D. L. was able to let go of the pain she had experienced in her past. D. L described this as the most effective experience within the Christian-based discipleship group in terms of feeling that she was understood, because she was able to identify with the couple who was also of African American descent. Overall, D. L. shared that the group was a place that helped her release the “deep, deep pain” of seeking love through sexual encounters and that she was able to, because she was able to take that pain “… to the cross” and her biblically-based beliefs support her in living a celibate lifestyle.

R. C.

R. C. self-identified as a 56-year old Asian-American female, of Chinese descent, who identifies as a heterosexual woman who has participated in the Christian-based discipleship group. R. C. began the interview by clearly stating "I'm not a homosexual. Am I still qualified for your study?" with this researcher stating that she met the criteria as a woman of color between 18 and 65 years of age who completed the Christian-based discipleship group. She stated that she felt the group provided her an “emotional release”, but not her group leader, whom she reported was not helpful. She indicated that her group leader was Caucasian and not Chinese. “I was the only Chinese in that class. For sure, I was the only Chinese" and that
although her group was supportive, she did not feel supported or understood by the leader of the group.

R. C. did not recall the exact age of her initial heterosexual attractions. “I can’t remember. I know because of the molestation (by a male sibling), my sexuality is different. I have sexual fantasies (about men) and I masturbate. So, I don’t know if I’m attracted to men because of what happened”, only later to share that she was attracted to men. R. C. reported having had two serious adult relationships with men. She reported the first relationship did not end well because the man was pressuring her to have sex outside of marriage, and she broke off the second relationship because the man had “bad habits.” She shared both men were Caucasian and that she does not date Chinese men “due to the molestation…I turned away from Chinese men. American men are more open to expressing their feelings and more encouraging. Chinese men are more suppressive.”

Despite feeling Caucasian men were more relationally available, R. C. indicated that in general she felt isolated and ashamed creating an emotional dissonance in her romantic relationships with men. She reported that relating to married men was easier because “they were not a threat” and that with single men “I was fearful and uncomfortable because I lacked confidence.” Regarding her body shape within romantic relationships, R. C. stated she was very self-conscious and indicated that she had previously struggled with body image issues, maintaining a lower weight as a result of living with chronic stress manifesting in digestive issues. She indicated that she would “throw up” after eating and only after receiving healing prayer did this issue begin to dissipate, and today, she does not struggle with vomiting after eating.
In terms of psychological wellness, R. C. reported that she previously had difficulty maintaining stable employment and had to live on disability at least twice in her adult life due to sleeping issues and depression, which impeded her from going to work. R. C. reported she is now working in a government job despite continued challenges with sleeping and emotional issues. She claimed her emotional wellness has been a struggle in terms of eating issues, depression, and suicidal ideations. She reported having attempted suicide twice (in the past). In the first incident she used sleeping pills and the second time pain killers. She stated that she was admitted to a “mental hospital” for three days after both suicide attempts.

R. C. shared, she finds solace from her emotional pain in healing prayer from a local church, in addition to having had an “emotional release within the … group” because the class openly discussed sexual issues. She indicated the Christian-based discipleship group afforded her a place to release the emotional pain she had been holding onto and she found comfort from within her group where she could “release her tears” although she indicated that her Caucasian leader appeared to be “annoyed” by her tears and “not very supportive.”

A. E.

A. E. identified herself as a 32-year-old Mexican American female who identified as initially having attractions and sexual encounters with both men and women, although she was initially attracted to boys and currently identifies herself as a heterosexual woman. She participated in the Christian-based discipleship group. A. E. reported the group brought her emotional freedom and helped her to understand where her emotions and feelings came from in terms of generational curses. She reported that these were “broken” as a result of participating in this group.
A. E. shared that as a 15-year-old high school student she had sexual encounters that were initiated by two different women with the first at her place of employment and the second encounter at a separate location. She claimed both incidents were her only sexual encounters with women because her moral upbringing in the church left her feeling guilty over both experiences. She stated "I was raised Catholic until the age of 16 and then I converted to Christianity… I started leaning more towards Christianity and that played a major role once I started feeling those feelings… I tried to refuse them. There was a lot of guilt, a lot of shame" regarding her same-sex attractions. A. E. indicated that she could never see herself in a relationship with a woman despite being sexually attracted to women. She stated "… I always identified as a heterosexual female, but for some reason, there was that attraction I had with women, but I could never see myself being in a relationship with a woman or ever initiating anything with a woman." Regarding same-age males, A. E. indicated her encounters with boys were "touchy" and did not result in sexual intercourse.

A. E. shared that between the ages of 15 and 24 she enjoyed her body “feeling confident” and able to “embrace my sexuality, my feminine side” reporting this to be a boost to her self-esteem. She shared feeling body shamed from society as a whole and from within her culture for being in her early 30’s, unmarried, and divorced without children. She stated that she often feels that she is not “good enough because of my body because I’m overweight.” Regarding her psychological wellness, A. E. claimed that she felt “absolutely” marginalized in her previous marriage where her then-husband wanted her to dress in “brighter colors” and wear clothing that was more “provocative” whereas she wanted to cover up her body. She indicated that she felt self-conscious about her weight. She described instances where her then husband, in her presence, would “check out other women” who were smaller sized. She indicated these women
were “thinner or body toned or would wear things that I couldn’t wear and that made me self-conscious about myself” leaving her feeling marginalized “all the time” in her marriage. She claimed these experiences triggered long-term feelings of fear and rejection leading to over-eating as a source of comfort.

Currently, A. E. is in a long-distance relationship with a man who likes “bigger girls” and that she does not feel body conscious or body shamed in this relationship. She shared that she is not ready to remarry but would consider having a sexual relationship with this man when they meet. She stated “I think at some point it’s going to happen and it’s not that I question my Christian beliefs, I don’t. It’s more of like you know if it happens I hope God will forgive me for it and it’s not going to put me in a place where I cannot pray or not be able to have that relationship with him.”

In response to her emotional health, A. E. shared that she is a survivor of sexual abuse that occurred at the hands of her step-father, between the ages of 9 and 16, which had a “big toll” on her marital relationship. She reportedly received mental health treatment for a diagnosis of post-traumatic stress disorder (PTSD) and received eye movement desensitization and reprocessing (EMDR) as a course of treatment for her complex trauma. A. E. indicated that therapy in itself was not enough, whereas the Christian-based discipleship group was an “incredible experience because I felt I was delivered from so many generational curses … and I also felt I was freed from a lot of emotional pain.”

M. M.

M. M. self-identified as a 51-year-old African American female who, having had initial attractions to both men and women, participated in the Christian-based discipleship pilot group approximately 30 years ago which she defined as “… life-changing and it helped me to
M. M. indicated that she “… could not ever fully embrace being gay. So, I can’t say I ever identified myself as a lesbian saying this is who I am. I would say more so I identified myself as… I'm struggling with attractions to women.” Her attractions to men were reported as "really overly fantasized" indicating that exposure to her father's pornography between 7 and 8 years of age preceded these overly fantasized attractions for men. A. E. indicated that as an adolescent and young adult she could not place a label on her sexual identity because it was "too salient" and that she was unable to bring herself to brand her sexuality, knowing that biologically she was heterosexual yet struggling internally with same-sex attractions and sexual fantasies of men.

M. M. reported that she was very guarded in her romantic relationships with both men and women, stating it was difficult "letting walls down to not allow myself to be hurt”, believing these dynamics stemmed from her parental relationships. She indicated that the relationship with her mother was very conflicted. She recognized that her initial attractions to women were attempts to "fill that need.” She believed that was the reason she "gravitated towards having a close intimate relationship with another woman." She indicated that she did not believe a man would desire her even though there were men in college who found her sexually attractive. M. M. reported she struggled in her ability to fully give herself sexually in her same-sex relationships and in her marriage believing the walls she had built around her heart were keeping her from experiencing true intimacy.

In terms of her body image, M. M. shared that she was very comfortable with her body shape and size, but at times she struggled internally about her weight. She believed the internal
struggle to maintain an ideal weight stemmed from her relationship with her mother who reportedly was "… always tiny with six children. I was always larger than her." M. M. shared that her father struggled with body issues indicating that he maintained unhealthy patterns of eating and most likely suffered from an eating disorder. She recalled that he used “… laxatives, purging, and trying to… I wouldn’t say lose weight, but there was something there.” In her romantic relationships, M. M. indicated that in her same-sex relationships she was at a size which she liked and felt good about and she saw herself as “sexy and pretty” yet believed she did not measure up because she was not athletically inclined. After all, she was attracted to same-sex partners based on their athletic abilities.

Regarding her psychological wellness, M. M. reported the first two same-sex relationships were “tumultuous” because she found herself becoming a rescuer, possibly reenacting the tumultuous relationship she had with her mother. She later reported her mother to have been verbally and emotionally abusive, especially as an adolescent when M. M. disclosed having a same-sex relationship with another youth from their church group. She indicated that her "church-going" mother was condemning (and controlling) calling her "an abomination" in the sight of God. In her heterosexual relationships, M. M. indicated she found herself attracted to men who needed to be rescued and that at one point she was attracted to her same-sex partner's brother, indicating he was "an addict and alcoholic, and also struggled with his sexuality.” Emotionally, M. M. reported that although she was never formally diagnosed with a disorder that she struggled with guilt and shame.

The Christian-based discipleship group affirmed to M. M. that she was created to be a heterosexual woman stating that “… my faith has driven my sexual identity…” and her choice to
remain sexually pure as a now single woman helps her to walk with integrity in her relationships with men, women, and God.

RESULTS

The results offer a visual presentation of the data collection showing themes developed from participant interviews followed by an analysis of the 11 research questions.

Theme Development

The quotes from participants were coded using in vivo coding from the ATLAS.ti.8 qualitative software by converting the text into a code and analyzing the context in which the code occurred. Then categories were developed from the codes demonstrating emerging themes via participant interviews. The interviews yielded themes that include early trauma, negative body image, oppression, and social marginalization, emotional distress, and faith-based support. Below is a word cloud offering a visual presentation with the words in the center of the cloud identifying the word most frequently used by the participants (Figure 1). Thereafter, emerging themes were created from the data collection using quotes from participant interviews.

Figure 1.

Word Cloud (ATLAS.ti.8)
Theme 1: Early Trauma

All five participants disclosed exposure, as children, to a traumatic experience in the family home. These experiences ranged from sexual molestation beginning in childhood lasting through adolescence, to verbal and emotional abuse from a significant caregiver, and in one case exposure to a caregiver’s pornographic material in the family home. In all instances, the trauma affected each participant’s sexual development, albeit in sexual encounters as an adolescent in search of love or exploring initial attractions through sexual encounters with either men, women, or both genders. The following quotes were obtained from the interviews conducted between February 15 and March 28, 2020.

K. L. indicated developmentally she had initial attractions for men and “absolutely” for women. She indicated “So even though I was attracted to guys, I was being molested by guys and it sort of makes me not want to be involved with men especially as I got older… .” K. L. recalled a romantic relationship with a man in her mid-20’s which she ended because “… he wanted to become sexual and I wasn’t about to become sexual with him at all. So that put a damper on the relationship.”

D. L. reported her sexual attractions have always been for men. She stated that her “… struggles were between lust and love. I struggled in relationships, not having the skills to determine if the attention was genuine. The attention felt good…” because she was not receiving positive affirmation in the home. She indicated that she was one of the first in her group of adolescent friends to become sexually active with same age boys and as she grew older had sexual encounters (not relationships) with men to ease the pain of feeling unloved.

R. C. reported she went through the class because “… I was molested by my brother when I was young… I don’t remember the details… I struggled for a long time” regarding her
heterosexual relationships. She indicated the molestation left her believing “… my sexuality is different. I have fantasies and masturbate. So, I don’t know if I’m attracted to men because of what happened” to her as a child.

A. E. disclosed she was a survivor of childhood sexual abuse "I was sexually abused from the age of 9 years old up until I was about 16 by my step-father…” leaving her open to sexual explorations with girls from work and "touchy" with same-age boys. A. E. reported feeling guilt and shame as she attempted to “refuse those feelings. There was a lot of guilt, a lot of shame” based on her religious upbringing in the Catholic Church and conversion to Christianity. She did not want to “fornicate” with men and worked on moving away from her sexual attractions and encounters with same-age women.

M. M. reported identifying herself as a lesbian with women and with men she was heterosexual. She recalled as an adolescent she became involved in a platonic relationship from her family’s church, which eventually turned into a sexual relationship saying “… we became more enmeshed with one another and then crossed into sexual lines… .” M. M. shared that her same-sex relationship as a 16-year-old with another adolescent from their church created tension between her and her mother who was the church organist and pianist "… Our relationship deteriorated at that point. She wasn't physically abusive but was emotionally and verbally. She was very controlling." M. M. reported her attractions for men were "… overly fantasized. There wasn't anything that was a real relationship…” sharing that before her initial attractions she had discovered her father's pornographic material as a 7 or 8-year-old child where she had access to "… books, magazines, videos… I started delving into pornography early. There was a perception… it became very sexualized."
Another emerging theme revealed that a negative body image within romantic relationships was challenging for several participants. According to Chmielewski and Yost (2012), the "male gaze" and "body surveillance" created pressure among bisexual women to conform within romantic relationships among men (p. 2). Each participant confirmed struggling with body anxieties that appeared to be rooted in familial patterns, cultural mores, and within heterosexual romantic relationships. The participants reported the challenges of having a negative body image within their heterosexual relationships and positive outcomes in their body image within same-sex relationships. These quotes were obtained through interviews completed between February 15 and March 28, 2020.

K. J. indicated that in relationships with men her body image was “… terrible… It was like putting a paper bag over your face kind of deal… you’re never small enough.” She also reported her mother was “really overweight… like 300 pounds overweight… my mom would eat and purge and eat and purge… so I always say I have a little weight to lose.” In terms of relationships, K. J. stated that body image was never a problem in her same-sex relationship because she was “smaller” than her partner.

D. L. stated she "hated her body" because athletic men would approach her for sexual encounters and as adolescent boys would comment on her body stating her "breasts were too small" or her "feet were too big." She stated women often questioned if she was a lesbian due to her athletic features. In her interview, D. L. indicated that she felt good about her body with men, however, she did report that her body image as a younger woman was more of a challenge saying she was “… skinny… when I was young due to stress, digestion issues…” and that she struggled with anxiety often throwing up after eating.
A. E. reported feeling pressure from society saying “… people are not going to open the door for me because of the way I look, the way my body is shaped. It brings a lot of shame because of the pressure from society and also being 32 in my culture (Mexican-American) you always find what’s wrong with you, why don’t you have kids, why are you divorced… why don’t you have a family.”

M. M. shared that she was comfortable with her body image. However, as a younger woman, she struggled with her body image based on societal and familial pressure reporting “I couldn’t make that standard” based on her mother’s smaller size and stature, and that she developed unhealthy eating patterns from her father who had an eating disorder.

*Theme 3: Oppression and Social Marginalization*

Hayfield, Clarke, and Halliwell (2014) in their study found bisexual women endured the potential of both verbal abuse and physical assault from heterosexual male partners due to an inability to commit to a monogamous sexual relationship (pp. 1, 21) and Chmielewski (2017) indicated that women of color, along with bisexual women, reported instances of victimization. Each of the participants in this study reported experiences of social marginalization and oppression within heterosexual romantic relationships, with society, or within their ethnic communities affecting their psychological wellness. The quotes were obtained from interviews conducted between February 15 and March 28, 2020.

K. J. reported her relationships with men were impacted by years of being molested by “guys” whom she did not trust saying “I always thought the guy would be out cheating, they wouldn’t be faithful, and I mean I was probably more shut down in a relationship with men than women.” She also indicated that in her same-sex relationships she did not experience oppression or social marginalization and in fact, her psychological wellness improved boosting her self-
esteem "… it gave me somebody to care for… When I was in relationships with women because they were able to give me what I need.” She indicated that with men “I didn’t give them a chance.”

D. L. shared “… athletes who had confidence talked to me and once we had sex, they become oppressive, manipulative, and controlling. The cat and mouse game is how they lured me in once I gave in to the manipulation.” Participant R. C. reported only dating Caucasian men and both relationships were negative experiences. “I’m attracted to men, but I lost a lot of interest because I had two serious relationships that didn’t end well. The first relationship… wanted to get married, and then later he said he would not… he wanted to have sex without marrying” and in the second relationship “… I ended up breaking up with him because he had a lot of bad habits.” She also indicated her interest in dating American Caucasian men was they were less “oppressive” than Chinese men.

A. E. reported that in her marriage she felt marginalized "all the time” sharing that her then husband would "check out other women" in her presence leaving her feeling "very self-conscious" about her body image overall. A. E. directly stated she felt like another "piece of ass" because "I was just seen as somebody who needed to look a certain way" describing she could not live up to her husband’s or society's standard of beauty.

M. M. indicated she engaged in a rescuing cycle with same-sex partners where she tolerated various tumultuous behaviors sharing, “I was a bit of a rescuer… the first one I was involved with was undiagnosed bipolar so it was some kind of crazy as far as mood and trying to fix.” In her male relationships, M. M. indicated she continued to act as a rescuer, finding herself attracted to emotionally unavailable men, sharing one relationship where the man was an “… addict, an alcoholic, and he also struggled with his sexuality. He was depressed… so I think with
men I had a pattern of becoming enmeshed seeing what I could do to try to help fix them and improve their lives.”

**Theme 4: Emotional Distress**

The research supports the significance of emotional distress among bisexual women in their attempt to maintain the “thin ideal” manifested in psychological distress seen in eating disorders (Chmielewski & Yost, 2012, pp. 226, 227). The participants in this study described oppression in their male heterosexual relationships, from society, or from within their ethnic community. One participant reported she engaged in rescuing behaviors within in her same-sex relationships, whereas another participant reported emotional health from her same-sex relationship. The quotes were obtained from interviews conducted between February 15 and March 28, 2020.

K. J. shared that in her younger years she was very suicidal, however, once she entered into her four-year same-sex relationship "The suicidal stuff went away, and I've never been suicidal since. Because just being molested by guys that messed me up. That messed me up and I think it robbed me of life."

D. L. indicated she too struggled with depression and suicidal thoughts stating, “I had one attempt (suicide) from reoccurring thoughts and the doctor gave me anti-depressants but not counseling. I sought counseling but only went 1 or 2 times then ended it. The problem with counseling is that they could not relate to my culture at all.”

R. C. reported that her emotional health was impacted by depression and suicidal tendencies saying, “I did attempt suicide twice in the past. The first time was with sleeping pills and the second time was with pain killers. I went to a mental hospital for 3 days." She also
reported seeking comfort in masturbation, sexual fantasies, and healing prayer to alleviate emotional pain.

A. E. shared that she struggled with depression and over-eating saying “I would write, pray, journal and then I would eat. I would eat a lot so in some ways it made me gain a lot of weight because I would go to food for comfort.”

M. M. indicated that she was never "clinically diagnosed with anything, but I think I was very confused… I had a lot of guilt and shame…” engaging in the role of rescuer, forming codependent relationships as pain management resulting from the emotional distress of her same-sex and heterosexual relationships.

*Theme 5: Faith-Based Support*

All five participants shared that the Christian-based discipleship group supported their individual experiences with emotional healing from early childhood trauma, body image issues, oppression and social marginalization, and emotional health. Individual experiences within the group itself varied depending on the group and geographic location, with two participants stating they perceived a lack of understanding towards women of color regarding their ethnicity in terms of ability to share or be understood by Caucasian group leaders. The quotes were obtained from interviews conducted between February 15 and March 28, 2020.

K. J. indicated that the group gave her the verbiage to articulate the pain from her childhood. She found the group provided her with the necessary accountability to maintain a sexually pure lifestyle saying "… being able to go and confess that and not hearing judgment is a wonderful thing… and being able to hear others saying we love you and grateful for your honesty and know God forgives you… you know that is huge…".
D. L. shared “… the problem with counseling was they couldn’t relate to my culture at all (African American). That was a concern with (the group) until a black couple came and spoke and I was able to relate to them.” She reported that the experience with the black couple helped facilitate her releasing the "heavy pain" she was holding onto.

R. C. stated she “hoped to receive healing” and that “the leader didn’t understand me. In my culture (Asian American) we didn’t talk about sex… I felt I wasn’t encouraged to participate.” However, R. C. later reported that she appreciated her small group, sharing “In the group, I cried a lot. It helped me open up and listen to other’s experiences.”

A. E. “described the group as a place where she initially “wanted to run”, however, the experience of going through the group was "incredible… breaking generational curses that had been holding me down… I was freed from a lot of emotion.” She described the group as a place where she was able to release pain and experience emotional healing.

M. M. shared the group was "life-changing… it was completely 180 degrees” helping her understand the driving force behind those attractions to women and that the group "helped me heal from a lot of those wounds and learn to turn to the Father to meet those needs, legitimately." She reported her experience supported a healing journey affirming her relationship with Father God.

**Research Question Responses**

The 11 questions were presented to each participant during the semi-structured interviews to elicit sexual identity, romantic attractions to men, women, or both genders, body image, psychological wellness in terms of oppression, and social marginalization, emotional struggles, the relationship between one’s faith and sexual identity, and how the Christian-based group
helped one to embrace biblical values of sexuality. The questions below were adapted from Jones and Yarhouse (2007).

1. Please introduce yourself to me as if we just met.
2. How would you describe your first attractions and whether they were directed towards men, women, or both genders?
3. How did you recognize your first attractions to men, women, or both genders?
4. What types of struggles did you experience socially and romantically as you navigated your attractions between men, women, or both genders?
5. At what age did you begin to identify your sexuality, e.g., your sexual identity?
6. Describe your relationship with your body. How do you view your body shape and size?
7. How do you view your body shape and size in your romantic relationships?
8. Describe your psychological wellness by explaining how you navigated relationships within the heterosexual community, the gay-lesbian community, and within your ethnic community.
9. Describe the emotional struggles you have encountered in romantic relationships. How have these emotional struggles manifested in your life, e.g., eating disorders, anxiety and/or depression, substance use, and suicidality.
10. How do you see yourself as a Christian in terms of your sexual identity and romantic relationships?
11. In what specific ways have you changed as a result of participating in the Christian-based discipleship program?
The data collected from the 11 questions yielded 32 of the most frequently used words from the participant interviews. The words were coded categorically and then listed from highest to lowest in ranking, in order to analyze the frequency of words used in participant interviews. Below is a table listing words most frequently used by participants with total words and percentages extracted from an excel spreadsheet through ATLAS.ti.8 qualitative software (Figure 2). Thereafter, the categories from the graph were grouped into each of the 11 questions describing the total words used by participants with percentages demonstrating frequency.

### Question #1  Age and Ethnicity

Participants self-identified their ages as follows: 32, 50, 51, 56, and 57. The data demonstrates participants used 5 total words at 0.6% frequency to describe their ethnicity self-described as African American (3 participants), Mexican American (1 participant), and Asian American of Chinese descent (1 participant).
**Question #2 and #3  Initial Attractions and Recognition of Initial Attractions.**

All 5 participants self-identified whether their initial attractions were for:

- men, women, or both genders, yielding 27 total words at 0.94% frequency,
- recognition of their initial attractions to men, women, or both genders with 50 total words at 1.28% frequency.

**Question #4  Social and Romantic Struggles with heterosexual, homosexual, bisexual attractions.**

All 5 participants described social struggles and used:

- 7 total words at 0.32% frequency to describe their social struggles within romantic relationships,
- 28 total words at 0.34% frequency to describe romantic struggles with heterosexual, same-sex partners, or both genders.

**Question #5  Sexual Identity.**

All 5 participants described their sexual identity as either heterosexual, homosexual, or attractions to both genders using 43 total words at 0.53% frequency.

**Question #6  Body Image/Shape-Size.**

All 5 participants described negative self-perceptions of their:

- body image using 24 total words at 0.61% frequency,
- the same participants reported negative perceptions of their body size using 18 total words at 0.46% frequency.

**Question #7  Body Shape-Size in Romantic Relationships.**

All 5 participants described struggles with their body shape and size within romantic relationships using 28 total words at 0.34% frequency.
Question #8  Psychological Wellness navigating Romantic Relationships in terms of Oppression/Social Marginalization.

All 5 participants reported their psychological wellness was:

negatively impacted within romantic relationships using 10 total words at 0.12% frequency to describe social marginalization,

9 total words at 0.11% frequency describing oppression (control and manipulation).

Question #9  Emotional Struggles from Romantic Relationships seen in eating disorders, anxiety, mood, substance use, suicidality.

All 5 participants described emotional struggles within romantic relationships leading to:

eating disorders using 11 total words at 0.14% frequency,

anxiety using 6 total words at 0.11% frequency,

depression (mood) using 12 total words at 0.15% frequency,

substance use using 10 total words at 0.12% frequency,

suicidality using 10 total words at 0.9% frequency.

Question #10  Christian Faith and Sexual Identity and Romantic Relationships

All 5 participants described their Christian faith as an anchor from their belief system supporting each as they navigated their romantic relationships using 19 words total at 23% frequency to identify themselves as Christians.

Question #11  How the Christian-based group helped.

All 5 participants described the Christian-based group as supportive of their individual growth:

applying biblically based principles using 4 total words at 0.5% frequency for Christian-based (group),
Summary

This chapter provided a narrative of the 5 participants interviewed articulating the essence of their experience by compiling verbatim quotes which then supported identified themes and an analysis of the data collection. Chapter 5 will address these findings further offering a summary of the findings from the four research questions, a review of the empirical and theoretical literature from chapter 2, a description of the theoretical, empirical, and practical implications, a discussion addressing the delimitations and limitations of this study, and recommendations for future research.
CHAPTER FIVE: CONCLUSION

Overview

The purpose of this phenomenological study has been to explore the variables that influence sexual identity within romantic relationships among women of color. Participants for this study were recruited from a Christian-based discipleship program located in the Midwest region of the US to explore sexual and relational wholeness from a biblical perspective. Five themes emerged from the interview data connecting the experiences among all 5 participants. This chapter summarizes the findings, compares them to the existing literature, presents the implications for each finding, and offers recommendations for future studies.

Summary of Findings

The four research questions yielded similarities among the 5 participants. Listed below is each research question with a summary of the participants' responses.

Question 1  
*Describe how you view your sexuality as a woman of color.*

All 5 participants indicated they viewed their sexuality as a woman of color based on biblical principles resulting from the teachings received either from within the family home, participation in the Christian-based discipleship program, or both. How each woman viewed her sexual identity varied depending on the individual participant's life experiences. Three of the 5 women of color participants reported having initial sexual attractions to both men and women, whereas 2 participants indicated they were sexually attracted to men only.

Question 2  
*Describe how your sexual identity within romantic relationships has influenced your body-image.*

Three out of 5 participants described their sexual identity, within their romantic relationships, as having either a positive or negative influence on their body image. One
participant reported that her long-term same-sex relationship had a positive effect on her body image, whereas in her male relationships she was left feeling less than desirable. She stated that she felt like “wearing a paper bag over my head” versus having her body image critiqued by a man. A second participant, who identified as heterosexual, reported negative associations with her body image within romantic relationships. She shared that she felt that men sought her out for sexual encounters based on her athletic physique. A third participant indicated that her long-term romantic relationship contributed to a negative body image. She stated that she felt like another “piece of ass”, whereas a fourth participant indicated that her body image was not influenced by her heterosexual relationships, but more so by internal distress. The fourth participant shared that although she held a positive body image, she struggled with self-confidence. A fifth participant shared that her body-image was not influenced by her heterosexual or same-sex relationships but was influenced by familial patterns in reaction to her parental relationships.

**Question 3**  
Describe any experiences you encountered in terms of oppression and social marginalization within your romantic relationships from the heterosexual community, the gay-lesbian community, and your ethnic community, and if these experiences compromised your psychological wellness.

Regarding oppression and social marginalization within romantic relationships, and how these influences compromised the participants’ psychological wellness, all 5 participants reported various mental health challenges resulting from oppression experienced within their romantic relationships. Four out of 5 participants shared they sought treatment for depression and suicidal ideation resulting from the negative experiences within their heterosexual relationships. One participant stated she became enmeshed in her same-sex relationships finding herself in the
role of a rescuer resulting in “a lot of guilt and shame”, but did not express if she suffered from a history of depression or suicidal behaviors.

Question 4  Describe how your sexual and religious identities have been influenced as a woman of color before involvement with the Christian-based discipleship program, and now that you have completed the program.

Before involvement with the Christian-based discipleship program, all 5 participants described their sexual and religious identities were either influenced by their faith, family, or culture. Four of the 5 participants reported religious influences from their family life or cultural environment that offered moral guidance regarding their sexuality. One participant shared she felt "guilt" and "shame" over her same-sex attractions making every effort to turn away from these attractions and towards boys her age. A second participant was referred to by her mother as an “abomination” for having a same-sex relationship with another female youth from their family church. The chastisement from her mother did not deter her same-sex attractions. Still another participant shared that she knew from her moral upbringing that same-sex attractions were “wrong.” She preferred to remain alone versus continuing with unfulfilling heterosexual relationships. A fourth participant did not disclose religious influences before involvement with the Christian-based discipleship group, and a fifth participant shared her moral compass regarding sexual relationships outside of marriage was guided by her religious faith that she discovered as a middle school student.

All 5 participants shared that the Christian-based discipleship program provided them the language they were searching for to describe the struggles they encountered because their sexuality conflicted with their religious identities. One participant acknowledged the group "provided a place of accountability" in terms of same-sex attractions. A second participant stated
the group provided her a place to “access the pain and struggle between wanting a loving relationship and navigating sexual advances from men.” Another participant shared that the group offered a place where she experienced an “emotional release” from her pain. A fourth participant reported her participation in this group resulted in emotional freedom which led to breaking “generational curses.” The fifth participant described the group as "life-changing…” helping her to understand the driving force behind her same-sex attractions.

**Discussion**

This section addresses the empirical and theoretical literature from chapter two and how the literature corroborates the participant interviews from this study. The empirical literature examines the connection between body image and romantic relationships among sexual minorities specifically seen in lesbian and bisexual romantic relationships. Next, the impact of oppression and social marginalization have on women of color in terms of psychological distress is addressed focusing on their mental health. The tension between one’s religious and sexual identity is examined exploring congruence between one’s faith and sexuality through sexual identity therapy coupled with a compassionate, biblical response.

The theoretical literature links objectification theory with the participant interviews from this research validating the distress experienced within romantic relationships among women of color. Next, both physical and psychological factors demonstrate a correlation between participant interviews and the literature showing that women of color are at risk for mental health challenges within their romantic relationships. Then romantic partner feedback regarding women and body image is addressed examining the results from participant interviews.
Empirical Literature

This study corroborates with the previous research findings that body image is a variable influencing romantic relationships among sexual minorities. Chmielewski and Yost (2012) found bisexual women felt pressure to conform to heterosexual norms in their heterosexual relationships (p. 2), whereas in their same-sex relationships various body shapes and sizes were more acceptable. In this study, 1 out of 5 participants reported greater body acceptance within her same-sex relationship than in her heterosexual relationships. The other 4 participants (heterosexual, same-sex attracted, or both) reported they also experienced more body anxiety in their heterosexual relationships. More than one participant described the pressure to conform to their body image within heterosexual norms based on mainstream beauty ideals regardless of sexual identity thus internalizing body anxieties correlating with the research (Huxley et al., 2013).

In terms of oppression and social marginalization corresponding with psychological wellness, Mereish, Katz-Wise, and Woulfe (2017) found that among bisexual women indicators for psychological distress led to greater mental health concerns. According to their study, the impact of the distress was evidenced in eating disorders, depression, anxiety, and suicidal behaviors. In this study, regardless of sexual identity, all 5 participants reported emotional distress resulting from oppressive experiences within their romantic relationships from the heterosexual, same-sex, and within their ethnic community. Four out of the 5 participants shared that they had been treated for depression and suicidal ideations, whereas 1 participant indicated co-dependent behaviors in attempts to “rescue” her same-sex partners who struggled with mental health challenges.
Sowe, Brown, and Taylor (2014) explored the influence body image had on a bisexual woman's psychological wellness concerning homonegativity from family and religious environments. This study demonstrated more than one participant endured a range of psychological distress experienced as homonegativity from either their religious or family environments, regardless of sexual identity. For example, one participant reported her church-going mother referred to her as an “abomination”, whereas another participant had a group of church ladies who identified her as a “lesbian” after she described previous same-sex attractions.

Regarding sexual and religious identity, Paul (2017) described the tension between evangelicals and sexual minorities over sexual minorities identifying as evangelicals. Paul (2017) cites Roseborough (2006) who reported the gay-lesbian community as the entity encouraging sexual minorities to “integrate their sexual and religious identities positively” (pp. 89-92). He describes this cultural shift as creating a subsequent strain for evangelicals who are called to remain faithful to biblical standards of sexual behavior based on the Holy Scriptures. In their response to this quandary, Yarhouse and Tan (2010) developed sexual identity therapy (SIT) which offers the sexual minority a “safe space” to work through the inner tensions of their faith and sexuality. In this study, all 5 participants reported the Christian-based discipleship group offered them a space to wrestle with the tensions of living out their sexuality within a biblical-framework. Their experiences with the group align with Dallas and Heche (2010) who offer a compassionate, biblical framework for working with all who are sexually conflicted. They reference the Holy Scriptures that all Christians are saved by the grace of God (NIV, Ephesians 2:18).

How does this study diverge or expand previous research? This study extends the previous research showing body image is a variable that influences romantic relationships seen
among women of color regardless of sexual identity. This was confirmed among the participants who described experiences within their heterosexual relationships where the “male gaze” and “body surveillance” created body anxieties among women of color. They reported less anxiety with their body image within their same-sex relationships than with male counterparts as described by Chmielewski and Yost (2012, p. 2).

Regarding psychological wellness, this study builds upon previous research indicating that oppression and social marginalization from within romantic relationships and one’s culture influence emotional wellness, regardless of sexual identity. The participants reported feelings of oppression and social marginalization from heterosexual romantic partners, their culture, and the culture at large. One participant described her then husband marginalizing her "all the time" regarding body image. In addition, she felt as though she did not measure up to mainstream cultural standards of beauty within her ethnic community. The other 4 participants all indicated experiencing a range of oppression or marginalization from heterosexual partners, familial influences, or societal standards of a beauty ideal.

Sutter and Perrin (2016) found that discrimination, including the racial and ethnic discrimination experienced by people of color, adversely affected sexual minorities who demonstrate higher levels of emotional distress as evidenced in suicidal behaviors (p. 99). This study showed this statistic to be true among 4 of the 5 participants interviewed who vocalized difficulties evidenced in depression and suicidal ideations. An interesting finding from Jeong, Veldhuis, Aranda, and Hughes (2016) was that women of color were less likely to access mental health services than Caucasian women (p. 3558). One of the 5 participants reported she discontinued counseling because she believed the provider did not understand her culture, whereas another participant reported difficulties relating to her Christian-based support group
leader. This participant reported she was the only person of Chinese descent in the group which left her believing the group leaders did not understand or appreciate her display of emotions.

**Theoretical Literature**

According to theoretical literature, objectification theory describes a woman’s body as being evaluated as an object. Objectification is influenced by mainstream cultural ideals that encourage women to view themselves as objects of desire (Peterson et al., 2008). The results of their study indicated that bisexual women would guard their physical appearance to protect their self-worth (pp. 639-640). These findings corroborate with this researcher’s study where 2 out of the 5 participants, who identified as being sexually attracted to both men and women, reported difficulty within their heterosexual relationships, cultural expectations, or both in terms of maintaining an “ideal” body image. One participant, who identified as heterosexual, indicated her athletic physique was a lure for sexual encounters with athletic men.

Frederickson and Roberts (1997) cited by Chmielewski (2017) explored the experiences of bisexual women who were treated as sexual objects and the physical and psychological health risks associated with being seen solely as an object of desire. The study conducted by Frederickson and Roberts (1997) confirms this researchers findings where 2 participants, who reported their attractions were for both men and women, suffered from both physical and psychological health factors that included unhealthy eating patterns, eating challenges, depression, and suicidal ideations. One participant, who identified as heterosexual, reported physical challenges in terms of gastrointestinal difficulties along with psychological risks, including depression and suicidal ideations. A fifth participant did not directly report physical or psychological health risks based on her body image, however, she indicated parental influences
caused her to have a negative body image leading to unhealthy eating patterns and comparison with her much thinner mother.

Huxley et al. (2011) found that bisexual women adjusted their body image based on feedback they received from their same-sex or heterosexual partner in exchange for companionship, whether that was sexual, romantic, or friendship. This finding builds on the findings from this study where one participant, who reported initial attractions to both men and women, described how her then husband would leer at other women in her presence, thus leaving her feeling demeaned and self-conscious. A second participant, who reported initial attractions to both men and women, stated her body image improved in her same-sex relationship, whereas with men she did not feel the need to adjust at all. She reported she preferred to remain alone than in any type of relationship with a man. A third participant, who identified as heterosexual, reported that she was pursued by athletic men, based on her athletic physique, and used her body image to engage in sexual encounters. The fourth and fifth participants did not indicate whether they adjusted their body image to maintain sexual, romantic, or friendship relationships with same-sex or heterosexual partners.

Thus, this study corroborates with objectification theory demonstrating the following results.

1. Body image is evaluated based on mainstream beauty ideals (Peterson et al., 2008) regardless of sexual identity.

2. Women who are treated as objects of sexual desire demonstrate an increase in physical and psychological health risks regardless of their defined sexual identity.

3. Women adjust their body image to meet the expectations of their partners regardless of their sexual identity.
Implications

The theoretical and empirical implications correlated with participant interviews from this researcher’s study, demonstrated that women who identified as lesbian reported having fewer struggles with their body image than those women who identified as heterosexual or bisexual. Another area to consider is the effect romantic partner feedback has on a woman’s physical and psychological health. Lastly, the participants interviewed reported the effects of early trauma and how this was a precursor to their sexual identities and preferences. Practically speaking, the use of sexual identity therapy presents as a viable tool for mental health professionals to support clients who are integrating their sexuality with their religious belief system. The Christian-based discipleship program aligns with a compassionate, biblically-based approach in supporting the individual in the congruence of her faith and sexuality which each of the 5 participants interviewed experienced.

The delimitations proved useful for this study's criteria working with adult women from a Christian-based discipleship group in the US. In addition, the phenomenological approach, of viewing the participants' lived experiences through the eyes of their individual lens, was appropriate. This researcher believes the limitations may be more succinctly addressed from a mixed-method design which could prove to be more fruitful yielding additional data among participants. This is where an anonymous survey may have supported participant interviews offering additional rich, thick detailed data.

Theoretical Implications

Theoretical implications from this study would indicate the women who identify as same-sex attracted, regardless of color, may have more body image issues as heterosexual women. One participant reported having greater body satisfaction in her long-term same-sex relationship than
in her previous heterosexual relationships. Other participants reported greater body
dissatisfaction in their heterosexual relationships regardless of their ethnicity or sexual identity.

Other implications from participant interviews demonstrate that women of color are no
more or less at risk for physical and psychological health factors based on partner criticisms
within romantic relationships regardless of sexual identity. Four out of the 5 participants in this
study reported psychological distress based on romantic partner criticisms with one participant
indicating parental conflicts led to physical and psychological health factors within her romantic
relationships.

A third theoretical implication to consider is the woman’s trauma history. This is a layer
that appears to have influenced the sexual identity and relational health among each participant
with 3 out of 5 participants reporting early childhood sexual abuse. One participant indicated that
she was raised in an “unloving home”, whereas another participant reported that as a young child
she was exposed to pornographic material, which opened the door to sexual exploration as a
young child.

A final theoretical implication would indicate that compassionate, biblically based
teaching can provide emotional support for those seeking this type of intervention. Each
participant shared that the Christian-based discipleship group offered them a place where they
experienced emotional release from the pain of early childhood trauma and adult relational
challenges, albeit heterosexual, homosexual, or both.

**Empirical Implications**

An analysis of data collection of the phenomenon exploring the variables that influence
sexual identity within romantic relationships among women of color from a Christian-based
discipleship program located in the Midwest region of the US yielded 5 participant interviews.
The data from these interviews were coded and analyzed yielding 5 themes among all participants, including early trauma, negative body image, oppression, and social marginalization, emotional distress, and faith-based support.

The findings indicated that early trauma was a factor in how participants viewed their sexual identity and how this manifested in their adult relationships. Several participants described early trauma as ongoing sexual abuse, verbal abuse, or exposure to pornography, all of which impacted how they interacted in their romantic relationships with men. Some were repulsed by men whereas others used sexual encounters to regain lost power. Another emerging theme included negative body image where all women described feelings involving self-consciousness regarding their physical appearance within their heterosexual relationships. A third theme described oppression and social marginalization from either their heterosexual relationships, their family, their ethnic culture, or society at large. The fourth theme demonstrated emotional distress as a factor hindering physical, psychological health or both. Most participants reported challenges with depression and suicidal ideations or difficulties in terms of eating patterns. A fifth theme demonstrated that faith-based support offered the participants an emotional release from childhood abuse and victimization from within heterosexual romantic relationships. These findings indicate that women of color who experience early abuse and victimization experience emotional distress within their daily lives and romantic relationships which manifest in physical or psychological difficulties.

The interview questions demonstrated that negative self-perceptions regarding body image yielded .61% frequency with body shape and size as the most distressing at .46% frequency, whereas body shape and size within romantic relationships yielded .34% frequency. The next highest-ranked area was identified in the participants’ initial sexual attractions
demonstrating 1.28% frequency. Social struggles demonstrated .32% frequency whereas social struggles within romantic relationships yielded .34% frequency based on participant response. This data implies that body image, body shape and size within romantic relationships, and social struggles within romantic relationships are areas that greatly impact women of color within their romantic relationships regardless of how they define their sexual identity.

Practical Implications

The practical implications from this study suggest that sexual identity intertwined with body image, psychological wellness, and religious identity indicate that a woman’s ability to integrate her self-perception with cultural beauty standards has a deep impact on her psychological wellbeing. The voices of affirmative therapy, sexual identity therapy, and a biblically-based worldview each speak to the above variables and offer their perspectives.

The humanistic voice would offer affirmative therapy for those wrestling with same-sex or bisexual attractions by encouraging them to embrace these inner tensions to diminish the shame and guilt of their inner struggle and self-awareness as a “sexual minority” versus living in the stigma and shame of religious values. This perspective does not yield biblically-based counsel for the Evangelical church.

Tan and Yarhouse (2010) offer an alternative approach for Christian therapists to maintain the ethical standards within their state license to “do no harm” through sexual identity therapy (SIT). This approach provides support for those struggling with same-sex (or bisexual) attractions by helping these clients synthesize their “behavior and identity” to match their “beliefs and values” (p. 502). This form of treatment is a viable technique for those practitioners offering services within a managed care setting, which seeks to support the client by offering a space to wrestle with the tensions between one’s faith and sexuality. Here the Christian therapist
provides the sexually confused a safe space to synthesize their faith and sexuality through individual congruence. The approach helps the client develop individual congruence resulting from wrestling with the inner tension of the internal struggle which then allows the therapist to remain within the guidelines of their state license. Although sexual identity therapy allows the client to wrestle through their faith and sexual identity, there is little room for offering guided spiritual formation.

Dallas and Heche (2010) speak to the spiritual formation aspect from a pastoral perspective highlighting that Christians are to “speak the truth in love” reminding Evangelicals that the church should be a “safe place for all sinners to come and investigate the claims of Christ and to find hope and healing” (pp. 71-72). Hubner (2019) articulates a biblical worldview of sexuality in an article responding to the Nashville Statement from September 2017 where the Council for Biblical Manhood and Womanhood (CBMW) proposed a definition of biblical sexuality. The outcome of this research demonstrates that the Christian-based discipleship group offers a safe space for all to come and work through sexual and relational challenges leading to biblically-based wholeness. The Church is the forum where all can come to receive the gift of salvation through our Lord Jesus Christ proclaimed by the Apostle Paul "… for all have sinned and fall short of the glory of God, and all are justified freely by his grace through the redemption that came by Christ Jesus” (NIV, Romans 3:23-24). This includes those struggling with their sexual identity.

The participants interviewed for this research reported to have previously struggled with their sexual identity, and currently identify as heterosexual Christians who may, or may not be challenged, with sexual identity issues. They did not identify as “celibate gay Christians” a cultural construct offered by Yarhouse and Zaporozhets (2019) who describe this label as a
functional milestone helping those who, identify as a Christian, are acutely aware of their same-
sex attractions, and are dedicated to their status as a celibate (p. 136). This narrative does not
reflect the biblical definition of sexual identity proclaimed in the Holy Scriptures "So God
created mankind in his image, in the image of God he created them; male and female he created
them" (NIV, Genesis 1:27). The biblical text challenges the sexually confused Christian to
embrace his/her sexual identity as a man or woman created in God’s image.

The Church is called to walk alongside all believers, especially those challenged in their
sexual identity, by standing alongside them lovingly and firmly calling them into their biblically
defined status as a man or woman created in God’s image.

**Delimitations and Limitations**

The delimitations in this study were purposefully driven, by the researcher choosing to
work with the Christian-based discipleship group located in the Midwest region of the US,
choosing participants between the ages of 18 and 65, and only women of color. This research
was designed as a qualitative transcendental phenomenological study supporting participants as
they describe their lived experiences through the lens of “subjective openness” described by
Moustakas (1994). A phenomenological approach allowed this researcher to collect interview
data using an open-ended methodology to facilitate the "flow of the investigation" (p. 104).

The area of limitation in this study was the sole use of participant interviews. The
researcher recruited 5 participants, within the Christian-based discipleship program, from across
the US, over a six-week time frame. The original intent of this study was to explore the bisexual
experiences among women of color. This approach did not yield one participant, however, when
the study was re-framed to explore the sexual identity among all women of color, 5 participants
surfaced from across the US. A mixed-method study implementing a survey where participants
could anonymously provide answers to sensitive topics may have yielded greater data collection. However, the data from the 5 interviews for this transcendental phenomenological research produced rich, thick detailed information exploring the variables that influence sexual identity within romantic relationships among women of color.

**Recommendations for Future Research**

Topics for future exploration include the growing trend among youth who are identifying as transgender and the Church’s response to this phenomenon. This would make for an interesting study among US high school and college-age students wrestling with their sexual orientation.

Another area recommended for future research would be to examine state mandates across the US by addressing the limitations states are now imposing on licensed mental health professionals working with LGBQT+ youth. Currently the state of California has limited licensed therapists and pastoral counselors in terms of counseling youth who struggle with sexual identity and sexual orientation. An exploration of all US states and US Supreme Court law when working with youth would be a fascinating topic incorporating legal data and participant response among minors.

A third area to consider is the legal guidelines among US states limiting licensed mental health professionals from advising consenting adults challenged with seeking support as they wrestle with their sexual identity or sexual orientation. The use of sexual identity therapy (SIT) could provide the licensed mental health practitioner with a viable option when counseling adults.

The field of sexual identity and sexual orientation presents a new horizon for scholarly research among humanistic and faith-based institutions. The challenge for the Evangelical church
is to explore this horizon from a biblical perspective offering compassion and counsel rooted in the Holy Scriptures.
References


doi: 10.1080/09518390902736512.


Table 1. Participant Overview

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<tr>
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<th>Ethnicity</th>
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<tr>
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<tr>
<td>D. L.</td>
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<td>R. C.</td>
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</tbody>
</table>
Figure 1. Word Cloud (ATLAS.ti.8)
Figure 2. Frequency of Words
Appendix A

IRB Approval Letter

November 19, 2019

Teresa Duez IRB Approval 3976.111919: Exploring the Influences on Bisexual Women of Color: A Phenomenological Approach

Dear Teresa Duez,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email. Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s): Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely, G. Michele Baker, MA,
CIP Administrative Chair of Institutional Research
Research Ethics Office
Appendix B

IRB Approval Stamp

(Liberty University IRB approval document for use from 11/19/2019 to 11/18/2020).

CONSENT FORM

Exploring the Variables That Influence Sexual Identity within Romantic Relationships among Women of Color: A Phenomenological Approach

Teresa Duez

Liberty University Department of Behavioral Sciences

School of Community Care and Counseling

You are invited to be in a research study exploring the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. You were selected as a possible participant because you have identified yourself as a woman of color between the ages of 18 and 65. Please read this form and ask any questions you may have before agreeing to be in this study. Teresa Duez, a doctoral student in the Department of Behavioral Sciences in the school of Community Care and Counseling at Liberty University, is conducting this study.

Background Information: The purpose and hope of this study is to provide an understanding of the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. This researcher’s intention is to bring this information to both the Christian evangelical academic community and the evangelical Church offering further understanding of the plight of women of color regarding how their sexual identity is influenced within romantic relationships by the above described variables.
Procedures: If you agree to be in this study, I will ask you to do the following things: 1. Participate in semi-structured interview through electronic means via Skype or Microsoft Teams where the meeting will be audio recorded or face-to-face if you live within the Southern California region near this examiner’s home. 2. The estimated length of time for the semi-structured interview is approximately 1 ½ to 2 hours. Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. As a mandated reporter, I must inform you that I am legally required to report information to law enforcement of any disclosure of your intent to harm yourself or others, as well as reporting suspected or known child abuse, child neglect, or elder abuse. If significant psychological risks to participation become apparent, the researcher will need to terminate your participation in this study. At that time at least three counseling resources will be presented to the participant from their local area. The list of counseling options will be obtained from Desert Stream Ministries US Coordinator.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society include that of the academic and Christian evangelical community to better understand how variables (body image, psychological wellness, and religious identity) influence sexual identity within romantic relationships among women of color.

Compensation: Participants will be compensated for participating in this study. Each participant will be compensated with a $25 Visa gift card within four weeks after completing the semi-structured interviews.

Confidentiality: The records of this study will be kept private. In any sort of report, I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.
I may share the data I collect from you for use in future research studies or with other researchers; if I share data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

Participants will be assigned a pseudonym. I will conduct the interviews in a location where others will not easily overhear the conversation.

Data will be stored in a locked file cabinet and on a password-protected computer and may be used for future presentations. In addition, a codebook-listing pseudonyms will be stored in a locked file cabinet in the researcher’s home office. After three years, all electronic and hard copy data will be deleted.

Interviews will be recorded and transcribed. Recordings will be stored on the researcher’s personal computer on a password locked computer for three years and then erased. Only the researcher will have access to these recordings. Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Desert Stream Ministries. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Teresa Duez. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at (714) 809-8990 or at tduez@liberty.edu. You may also contact the researcher’s faculty chair, Dr. June
Tyson at jtyson15@liberty.edu. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Boulevard, Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu. The Liberty University Institutional Review Board has approved this document for use from 11/19/2019 to 11/18/2020 Protocol # 3976.111919 Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study. The researcher has my permission to audio record me as part of my participation in this study.

______________________________________________________________________________
Signature of Participant Date
______________________________________________________________________________
Signature of Investigator Date
Appendix C

Letter of Permission from Desert Stream Ministries

November 13, 2019

RE: Letter of Permission to Collaborate with Study

Liberty University Institutional Review Board
Green Hall 2845 1971 University Blvd Lynchburg, VA 24515

To Whom It May Concern,

I am writing this letter to confirm participation in the research being done by Teresa Duez, a doctoral candidate with Liberty University. Teresa has maintained a long relationship with our ministry, and we trust her, and her work, implicitly. We have agreed to work with her and solicit previous group participants, among those relative to her study, who have successfully gone through our program, Living Waters: Restoring Relational Integrity through the Broken Body of Christ. She will submit her letter of invitation to the study to me and I will forward it to our group leaders across the country, who in turn will submit it to their participants for consideration. Willing participants will then contact her directly to participate, at will. Please feel free to contact me if further information is needed.

Sincerely,

Dean Greer
National Coordinator, Living Waters USA
Appendix D

Recruitment Letter

January 20, 2020

Dear Potential Participant:

As a graduate student in the Department of Community Care and Counseling/School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a Doctor of Education degree. The purpose of my research is to provide the Christian evangelical academic community and the Evangelical church a biblical, compassionate understanding the variables that influence sexual identity within romantic relationships among women of color reflected in their body image, psychological wellness, and religious identity. I am writing to invite you to participate in my study.

If you are a woman of color, between the ages of 18 and 65, and have participated in the Living Waters program through Desert Stream Ministries, and are willing to participate in this study, you will be asked to complete a semi-structured interview through electronic teleconferencing via Skype or Microsoft teams, or in a face-to-face interview. The semi-structured interview will require approximately 1 ½ to 2 hours to complete.

The semi-structured interview format will include introductions such as your name, age, and ethnicity. The central questions will focus on the variables that influence sexual identity within romantic relationships reflected in body image, psychological wellness, and religious identity. The introductory questions are designed to have you describe how your sexual identity has influenced your romantic relationships. Then you will be asked to describe how you have navigated your social relationships. Next, you will be asked how the experiences within your romantic relationships have affected your body image. Then you will be asked to describe the
emotional challenges within your romantic relationships and how these concerns have affected
your psychological wellness. The final questions will address how your Christian faith through
participation in the Living Waters program through Desert Stream Ministries has supported you
in navigating a biblical lifestyle within your sexual identity and romantic relationships. After the
interview, you will be asked to review your individual transcript to ensure accuracy in recording.
Your name and/or other identifying information will be collected as part of your participation
however this information will remain confidential.

To participate in this study, please contact the researcher at tduez@liberty.edu or on her
cellular number at (714) 809-8990 to verify your eligibility to participate and schedule your
interview. A consent document will be either emailed or sent to you through US postal mail after
scheduling your interview. The consent document contains additional information about my
research. Please sign the consent document and return it to the researcher via email or US postal
mail before the interview. If you choose to participate, you will receive a $25 Visa gift card
within four weeks of completing the semi-structured interview as compensation for participation
in this study.

Sincerely,

Teresa Duez
Doctoral Student
Liberty University
Appendix E

Four Central Questions

Central Question (CQ): How has your sexual identity been influenced within romantic relationships as a woman of color reflected in your body image, psychological wellness, and religious identity?

Sub-Question 1 (SQ1): Describe how you view your sexual identity as a woman of color.

Sub-Question 2 (SQ2): Describe how your sexual identity within your romantic relationships has influenced your body image.

Sub-Question 3 (SQ3): Describe any experiences you encountered in terms of oppression and social marginalization within your romantic relationships from the heterosexual community, the gay-lesbian community, and your ethnic community, and if these experiences compromised your psychological wellness.

Sub-Question 4 (SQ4): Describe how your sexual and religious identity has been influenced as a woman of color prior to involvement with the Christian-based discipleship program, and now that you have completed the program.
Appendix F

Eleven Semi-Structured Interview Questions

1. Please introduce yourself as if we just met one another.

2. How would you describe your first attractions and whether they were directed towards men, woman, or both genders?

3. How did you recognize that you were first attracted to men, women, or both genders?

4. What type of struggles did you experience socially and romantically as you navigated attractions between men, women, or both genders?

5. At what age did you identify your sexuality, e.g. your sexual identity?

6. Describe your relationship with your body. How do you view your body shape and size?

7. How do you view your body shape and size in romantic relationships?

8. Describe your psychological wellness by explaining how you navigated relationships within the heterosexual community, the gay-lesbian community, or within both communities regarding oppression and social marginalization within your romantic relationships.

9. Describe any emotional struggles you have encountered within romantic relationships.
   How have these emotional struggles manifested in your life, e.g. eating disorders, anxiety and/or depression, substance abuse, and suicidality.

10. How do you see yourself as a Christian in terms of your sexual identity and romantic relationships?

11. In what specific ways have you changed as a result of participating in this Christian-based program?