SEXUAL IDENTITY, MENTAL, EMOTIONAL, AND RELIGIOUS STABILITY: A

PHENOMENOLOGICAL STUDY EXPLORING THE RELIGIOUS LIVED EXPERIENCES

OF HETEROSEXUAL MEN WHO ONCE IDENTIFIED AS GAY OR BISEXUAL

by

McCay M. Moiforay

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2021

SEXUAL IDENTITY, MENTAL, EMOTIONAL AND RELIGIOUS STABILITY: A

PHENOMENOLOGICAL STUDY EXPLORING THE RELIGIOUS LIVED EXPERIENCES

OF HETEROSEXUAL MEN WHO ONCE IDENTIFIED AS GAY OR BISEXUAL

by

McCay M. Moiforay

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

Liberty University

2021

APPROVED BY:

Dr. Frederick Volk, Ph.D., Committee Chair

Dr. Don K. Small, Ph.D., Committee Member

ABSTRACT

This study aims are to fill the gap in research with regards to how to successfully provide religious support to men who once identified as gay or bisexual, who currently identify as heterosexual and religious. The research purpose is to share these men lived experiences regarding their sexual identity journey from gay or bisexual to heterosexual within the religious setting. The research plans to help understand what religious support is needed to provide those who desire sexual identity change from gay or bisexual to heterosexual and how this same religious support can be used in maintaining their heterosexual identity. These sexual identity and religious shared lived experiences will also help to identify psychosocial conflicts that may attribute to religious traumas or abuse based on religious values and beliefs so that pastoral counselors, religious leaders, friends, and family within the church environment can effectively support these men in their sexual identity conflicts within religious communities.

Keywords: sexual identity, gay, bisexual, heterosexuality, religious support

Dedication

This is dedicated to my Lord and Savior, Jesus Christ. Forever grateful for the cross you bore just for me. This is also dedicated to my father Milton A. Moiforay who instilled the importance of education in me. Your love for education has inspired us all. Last my mother, Maire G. Moiforay. My angel here on earth and most influential intercessor. A mother's love that could never be repaid by act, word, or deed. I thank God that you were assigned to me, and you were the first human heartbeat I heard. My heart is full for you always!

Acknowledgment

I would like to thank my chair, Dr. Frederick Volk. Thank you for recognizing the heart of this dissertation and your support until the end. May God keep you and sustain you as you continue to push students across the dissertation finish line. Dr. Don K. Small, my reader, your prayers over this process have kept me. Your innovative insight stimulated my mind. I thank you for your excitement and joy to see the vision and assuring it has been written well, peace and blessings. To my family, dad, mom, sister, brother, nephew, and nieces thank you for your prayers, understanding, and love. Dad and Mom, I would not be where I am today without your passion for education. To my host of disciples, my tribe, thank you for your listening ear but most of all your belief in me. You all have been my community care and support. To my cohort, forever my Liberty family.

List of Tables

List of Tables Contd'

List of Models

List of Abbreviations

List of Abbreviations Contd'

Table of Contents

CHAPTER ONE: INTRODUCTION

Overview

This chapter will provide a historical and social context of sexual identity and belief systems about sexual identity within religious communities. Prominent definitions will be included to help the reader understand the basis of the terms that will be used throughout this research. The complexity of the psychosocial process of a gay or bisexual man's sexual identity conflicts and sustaining a new-found sexual identity of heterosexuality is an exploration that has been considered an intricate and sensitive topic. Can a man change from a gay or bisexual sexual identity and faithfully identify as heterosexual? To understand the uniqueness that motivates personal and community behavioral decision making, the expansion of science-based research that reaches specific populations (Boehmer, 2002; Meezan, & Martin, 2012) such as religious heterosexual men who have identified as gay or bisexual and their relational religious communities is needed. Heterosexual men who once identified as gay or bisexual includes persons who have their own sociodemographic identity. For this reason, the study of heterosexual men who once identified as gay or bisexual is important to investigate in terms of their lived experiences within religious communities. The study of this population's importance is to discover problematic and systemic issues and how to resolve these concerns that result in personal and community psychosocial outcomes within religious settings. The researcher will seek to investigate the relationship of religious groups' response to sexual identity and further investigate what types of supportive interventions can be implemented to assist with mending broken relationships surrounding the topic of sexual identity within religious communities. The research is intended to provide men with current or past sexual identity conflicts and religious

groups with ways to extend safe support networks while addressing sexual identity within religious communities.

Background

Sexual orientation is found as one's endearing sexual attraction to the other sex, same-sex, or both sexes which can be classified as one sexual identity (Bogaert & Skorska, 2020). The cultural phenomenon of same-sex attraction (SSA) grew in the late 20th century based on social justice movements such as women's rights, gay rights, gender equality rights (Diamond & Rosky, 2016). These movements lead to debates on the influence and constructs that aid to a person's sexual identification.

Social influences such as societal acceptance can influence sexual identity choice (Amoah & Gyasi, 2016; Choe et al., 2019; Horn, 2019). Advocates for the lesbian, gay, bisexual, transgender, and questioning queer (LGBTQ) community began to rely on evidence-based research that correlated same-sex attraction to a genetic disposition, as opposed to human choice, driven by education and social constraints (Balthazart, 2011; Barron & Hare, 2020; Shackelford & Hansen, 2015). In contrast, other studies have suggested that social constraints influence the choice of sexual identity (Ayala, 2017). As perceived cognition of human sexuality and identity has become more of a communal social debate investigating the relationships between sexual identity and communities such as religious groups are pertinent. Gaining a better understanding about the personal and community psychosocial outcomes within religious groups can help expand the existing knowledge revolving around sexual identity conflicts and the role of effective religious social support.

Providing a historical, conceptual, and theoretical background pertaining to sexual identity will help guide the discussion revolving around sexual identity, specifically for men who

desire or have changed their sexual identity from gay or bisexual to heterosexual. Investigating barriers and challenges of heterosexual men who once identified as gay, or bisexual will help with understanding what support is needed specifically from religious groups to address this area of research.

Historical

There are contemporary studies that support that the LGBTQ sexual identity exists. The percentage of LGB adults has doubled from 2.7% in 2008 to 5.4% in the 2016 General Social Survey (Gates, 2017, p. 1221). Additionally, Benuto, Gonzalez, and Singer (2020), reported that the percentage of American adults identifying as LGBTQ in the 2017 Gallup Poll News Service increased to 4.5% increasing from 4.1% in 2016 and 3.5% in 2012 (p.177). The percentage of LGB adults has doubled from 2.7% in 2008 to 5.4% in the 2016 General Social Survey (Gates, 2017, p. 1221). In contrast, an estimated 19 million Americans report that they have engaged in same-sex sexual behavior and nearly 25.6 million Americans acknowledge at least some same-sex sexual attraction but do not specifically acknowledge any sexual identity label (Gates, 2011).

Since the 1970's, much of the world has become more accepting of same-sex attraction and relationships (Hart-Brinson, 2016; King, Woody, & Viney, 2013; Mitchell & Fries, 2016; Russel & Fish, 2016). These mixed social views have caused great controversy involving sexual identity change and furthermore sustaining a life of heterosexuality. A life that includes successful heterosexual relationships, marriage, and family after once identifying as LGBTQ. This why maintaining a conscious awareness of what it takes collectively to understand the complexity of sexual identity conflicts is warranted. Appropriately, this complexity would be needed to be examined by heterosexual men who once identified as gay or bisexual. The

information provided by this population can help guide psychosocial educational awareness of the needs of those who deal with sexual identity conflicts specifically within religious groups.

The term sexual orientation change efforts (SOCE) or conversion therapy are counseling methods that aim to change a person's same-sex sexual orientation to other sex (Nugraha, 2017). Sexual identity conflict counseling or support can come from mental health professionals, pastoral counselors or individuals including religious leaders, church members, family, friends, or social groups. These counseling methods originally were founded based on Christian values and promoted by religious organizations, also referred to as "ex-gay ministries" (Johnson & 'Jenkins, 2006). Based on the inhumane practices that have been found unethical in the court of law, increase psychological and emotional distress has been reported by participants of conversion therapy (Bouris et al. 2010; Doyle & Charlotte, 2019; Ryan, Toomey, Diaz, & Russell, 2020). Research finding suggests that social attitudes towards same-sex attraction have had an influence on same-sex attraction social views (Collier, Bos, Merry, & Sandfort, 2013; Pachankis et al., 2017; Whitehead, 2014). Further exploration is needed on how to provide supportive religious spaces for men or others who chose to change their gay or bisexual sexual identity to heterosexual in religious community environments.

Many sexual minorities are religious, and even more are spiritual (Sherkat, 2016; Wedow, Schnabel, Wedow, Konieczny, 2017). The art of benevolence that permits the client's autonomy and free will needs to be respected (Liboro, 2015; Weaver, 2011), and this includes anyone who desires sexual identity change, but also desires to maintain their religious identity and relationship with religious groups. Research is needed to explain the effects of religious mental and emotional abuse onto sexual minorities who secretly or openly desire sexual identity change. Such information can help religious leaders, laypersons, family, and friends as well as pastoral

counselors and educators within religious communities on how to build trust so that effective social support can be established.

Situation to Self

The researcher's motivation for conducting this study is related to experience with public health behavioral counseling, specifically with those with those who identify as LGBTQ and heterosexual within religious communities. In this capacity, the researcher has had the opportunity to hear testimonies of those who identify as LGBTQ, and yet consider their faith as fabric to their holistic identity. Substantially, interacting with LGBTQ who are satisfied with their LGBTQ sexual identity was also a reality, while others have related having conflicting inward sexual identity conflicts. These interactions have compelled the researcher to conduct a qualitative research study on this phenomenon.

The motivation of this paper derives to help understand the relationship between sexual identity and religious support. Considering the prominence of the gay rights movement as well as the controversy surrounding, sexual identity especially within religious communities this phenomenological study is being performed to shed light on sexual identity change and religious support. The study is intended to reveal real life stories of heterosexual men who once identified as gay or bisexual and their lived sexual identity experiences within religious communities. The researcher wants to understand influences that have contributed to the negative and positive psychosocial outcomes of this population as it relates to their lived experiences within religious communities during their sexual identity journey.

Problem Statement

Although there are guidelines that assist with proper treatment for those who desire to change their sexual identity (American Psychological Association (APA), 2010; Sutton, 2016),

the problem exists where there are not enough healthy open spaces to properly nurture those who desire to change their sexual identity and continuance of support through post-growth while living as a heterosexual (National Association for Research and Therapy of Homosexuality (NARTH), 2010; Nelson, Warren, Gleave, & Burlingame, 2013; Rosik, 2013a). Even though the term "religious trauma" is not recognized in *Diagnostic and Statistical Manual of Mental Disorders* (DSM) it can often be interpreted to mean "religious abuse". Mental and emotional abuse in the form of verbal sexual orientation name-calling and embarrassment can lead to psychological issues such as depression, social anxiety, and broken relationships (Ross, Kaminski, & Herrington, 2019). These outcomes have been associated with ineffective SOCE specifically rendered from the religious communities. Research from the National Survey of Midlife Development in the United States (MIDUS) showed a higher prevalence of emotional maltreatment among sexual minority men (52.6%) and women (45.5%) compared to heterosexual men (36.5%) and women (37.2%) (Andersen, & Blosnich, 2013, p.2). This type of abuse is exacerbated when the religious leader and church-going family and friends abandon those who struggle with LGBTQ identity at any point of their sexual identity journey, creating an increase of sexual minority stress or distress based on societal perspectives (Crockett, Cashwell, Marszalek, & Willis, 2018; Gibbs & Goldbach, 2015; Rowatt, 2009). Such treatment can lead to sexual minority stressors that potentially can have detrimental physical outcomes such as suicide and drug use because of psychosocial issues such as depression and anxiety based on these broken religious relationships. Religion is designed to help those who struggle with personal moral issues. The approach from religious groups who claim same-sex attraction is a choice may need to revisit based on accounts of religious abuse or moral injury (Bidell, 2014; Goodrich, Buser, Luke, & Buser, 2016; Super & Jacobson, 2011).

Existing literature suggests the inclusion of men who identify as gay or bisexual at the religious table helps with the increase of acceptance of LGBTQ identity within the church setting (Etengoff, 2017; Jacobson, Callahan, & Ghosh, 2015; Yarhouse, Morgan, Anthony, & Sadusky, 2017) while there is a lack of existing research which helps to explore how the inclusion of heterosexual men who once identified as gay or bisexual can increase dialogue to address how to effectively support for this population (Gerber, 2015). Such inclusion can help with addressing existing relational factors that allow a shame-free and safe zone environment towards achieving heterosexuality and resources needed thereafter by being able to share live experiences ("Flight from Sodom"). Healthy relationships and the feeling of belonging is often cited as a protective factor that is associated with social support (Zeininger, Holtzman, & Kraus, 2017) with evidence that supportive environments are linked to the successful same-sex sexual identity change (Comiskey, 2010; Maslowe & Yarhouse, 2015). Interviewing heterosexual men who once identified as gay, or bisexual will provide further evidence of how belonging strengthens sexual identity personal and social attitudes. This will assist in understanding the power of support which will aid with the contribution of pertinent educational resources on how to effectively love the gay or bisexual man through the process of changing their gay or bisexual sexual identity and beyond, especially within religious settings.

Purpose Statement

Therefore, the purpose of this phenomenological study is to clearly understand attitudes and beliefs of sexual identity conflicts within religious communities. The relationship between religious communities and minority stress leading to the effects of mental and emotional instability of heterosexuals who once identified as gay, or bisexual will be investigated. The study will explore what is needed for this population to sustain self-efficacy and effective

community care while providing essential information for support for men who are experiencing

sexual identity conflicts. The study will help solve the problem of religious experiences

associated with sexual identity change by identifying heterosexual men who once identified as

gay or bisexual. The study will help to increase awareness about the lived experiences of

heterosexual men who have changed their sexual identity from gay or bisexual and how religious

groups can assists positively in this process.

Significance of the Study

While there is current research surrounding the inclusion and needs of those who identify

as LGBTQ (Choi & Meyer, 2016; Morris & Roberto, 2016; Traynor, 2018; Vespone, 2016),

there is little research that explores the significant needs and inclusion of heterosexual men who

no longer identify as gay or bisexual (Moon, 2014). The research will demonstrate what religious

support is needed when addressing sexual identity within religious communities. There is a

critical need for research about heterosexual men who once identified as gay or bisexual, as well

as a deeper examination of topics that have been neglected or understudied for supportive

purposes; therefore, this population has been selected for this research; to show the intricate

relationships needed in the process of addressing men or others who deal with sexual identity

conflicts within religious communities.

In addition, the negotiation between faith and sexual identity choices can be an arduous

dilemma that leaves men who struggle with same-sex identity in physical, mental, and emotional

turmoil (Shilo, Yossef, & Savaya, 2016; Valentine, & Waite, 2012). This research may provide

professionals, church leadership, family, and friends within religious groups with an

understanding of the multiplicity of needs to address sexual identity so that love and support can

be provided (Bjork-James, 2018). While also providing peer guidance to those who may have

problematic issues maintaining effective religious community relationships because of current or past gay or bisexual sexual identity. The results of this research can inform and provide innovative development of supportive religious approaches that can be applied when addressing sexual identity in religious communities. Last, this research can help in increasing levels of personal and communal empowerment and improvement on how heterosexual men who once identified as gay or bisexual are treated so that shame, depression, anxiety, broken religious relationships can be addressed (Foster, Bowland, & Vosler, 2015; Murr, 2013; Wood & Conley, 2014). This research has the possibility to provide pertinent information on how to reach those who deal with sexual identity conflict. In addition, providing information on how religious organization can improve their communication and interaction with this population so those safe religious environments are permitted that lead to the well-being of everyone.

This study addresses this essential gap in the literature by (a) exploring the experiences of heterosexual men who once identified as gay or bisexual and to understand the impact of broken relationships in their lives from religious groups, (b) exploring what supportive network needs could be provided for those with current or past sexual identity conflicts and (c) providing insight into the potential religious support, resources, and self-care needs for heterosexual men who once identified as gay or bisexual or others who desire sexual identity change. Through this exploration, pastoral counselors, counselors, educators, religious leaders, religious-going family, and friends may learn preventive measures and wellness skills when addressing sexual identity within religious communities.

Research Questions

In this phenomenological study, the exploration and reflection on the lived religious experiences of heterosexual men who once identified as gay, or bisexual will occur. These lived

experiences will be explored by asking specific questions that may lead to follow up questions to reveal deep level phenomenon experiences. Through a qualitative design, recorded audio interviews will be conducted to determine whether religious social support plays a role in addressing sexual identity within religious groups.

Research Question 1: Can religious trauma, mental, emotional, spiritual abuse, or moral injury become barriers to seeking help from religious communities regarding sexual identity?

Research Question 2: How does religious support affect self-efficacy towards mental, emotional, and spiritual well-being when addressing sexual identity in religious communities?

Definitions

For the purposes of this study the following terms are defined:

Bisexual: One whose sexual or romantic attractions and behaviors are directed at members of both sexes to a significant degree. (National Institute of Health, 2011).

Gay: An attraction and/or behavior focused exclusively or mainly on members of the same-sex or gender identity; a personal or social identity based on one's same-sex attractions and membership in a sexual-minority community (National Institute of Health, 2011).

Heterosexual: Refers to individuals who identify as "heterosexual" or "straight" or whose sexual or romantic attractions and behaviors focus exclusively or mainly on members of the other sex or gender identity (National Institute of Health, 2011).

Homophobia: A term used broadly to refer to various manifestations of sexual stigma, sexual prejudice, and self-stigma based on one's homosexual or bisexual orientation (National Institute of Health, 2011).

Homosexual: The term "homosexual" was used early in medical literature to refer to those with same- sex attraction and was often extended to those who may today identify today as bisexual or transgender as a result of the limited terminology used at the time (Martos, Wilson, & Meyer, 2017).

Identity: Broadly understood as a personally and socially meaningful sense of one's goals, beliefs, values, and life roles (Marcia, 1987).

Internalized Homophobia: a term referring to an individual's self-directed stigma, reflecting the adoption of society's negative attitudes about homosexuality and the application of them to oneself. (National Institute of Health, 2011).

LGBTQ: Acronym for lesbian, gay, bisexual, transgender, and queer. Sometimes, when the Q is seen at the end of LGBT, it can also mean questioning. LGBT and/or GLBT are also often used. The term "gay community" should be avoided, as it does not accurately reflect the diversity of the community (Gates, 2015).

Moral Injury: Failing to prevent or bearing witness to acts that transgress deeply held moral beliefs and expectations and can also be executed by someone who holds legitimate authority (Shay, 2014).

Perceived Stigma: This relates to the expectation that one will be rejected and discriminated against and leads to a state of continuous vigilance that can require considerable energy to maintain; it is also referred to as felt stigma. (National Institute of Health, 2011).

Questioning: Questioning of one's gender, sexual identity, sexual orientation, or all three is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons (Simons & Cuadrado, 2018).

Religion: Religion is an organized system of beliefs, practices, and symbols designed to facilitate closeness to the transcendent, and to foster an understanding of one's relationship and responsibility to others in living together in a community (Koenig, 2012).

Religious Abuse/Trauma: A form of betrayal trauma, a trauma in which "the people or institutions on which a person depends for survival significantly violates that person's trust or well-being" and can come in the form of mental, physical or emotional abuse (Freyd, 2008, p. 76) such as engages in marginalizing members of the (LGB) community (Super & Jacobson, 2011; Wood & Conley, 2014).

Religious Legalism: Strict adherence to the letter of religious law which adheres to a religious or moral code creating less room for grace to be administered within religious groups (Judd, Dyer, & Top, 2020).

Same Sex Attraction: Physical or non-physical attraction to the same sex (Kinney, 2014)

Sex: Sex is typically assigned at birth (or before during ultrasound) based on the appearance of external genitalia. When the external genitalia are ambiguous other indicators (e.g., internal genitalia, chromosomal and hormonal sex) are considered to assign a sex with the aim of assigning a sex that is most likely to be congruent with the child's gender identity (APA, 2015).

Sexuality: The sexual knowledge, beliefs, attitudes, values, and behaviors of individuals. Its dimensions include the anatomy, physiology and biochemistry of the sexual response and reproductive systems, gender identity, sexual orientation, roles, and personality, as well as

thoughts, attachments, physical and emotional expressions, and relationships (World Health

Organization (WHO), 2020).

Sexual Attraction: Refers to a person's capacity to arouse the sexual interest of another, or,

conversely, the sexual interest one person feels toward another (Lucas & Fox, 2020).

Sexual Identity: Comprising cognitive and emotional understandings that individuals have

about the meaning and significance of numerous aspects of their sexuality, such as their sexual

attractions, desires, behaviors, values, and relationships (Savin-Williams, 2011).

Sexual Minority: Members of sexual orientations or who engage in sexual activities that are not

part of the mainstream or differ from cultural norm (Math & Seshadri, 2013).

Sexual Minority Stress: is defined as psychosocial stress resulting from stigmatization and

marginalization in a heterosexist society due to rejection or the expectation thereof, internalized

homophobia, and actual experiences of acute or chronic everyday discrimination or stigma

(Meyer, 2003).

Sexual Orientation: Sexual orientation is a construct that encompasses an array of human

sexual attractions, behaviors, emotions, and identities usually discussed in terms of three

categories: heterosexual, homosexual, and bisexual whose identity is based on these attractions

aligns them into a community of others who share those attractions (American Psychological

Association, Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009).

Spirituality: Spirituality is intimately connected to the supernatural, the mystical, and to

organized religion, although it also extends beyond organized religion (Koenig, 2012).

Summary

The objective of this study is to explore and develop a deeper understanding of

heterosexual men who once identify as gay or bisexual and process their religious experiences

throughout their lived sexual identity journey experiences. Interviewing a saturated number of participants will allow the researcher to understand their complex realities in the contexts of these men lived sexual identity experiences within religious environments. The purpose is to gain insight into what is needed by heterosexual men who once identify as gay or bisexual through religious support networks as they address mental, emotional, and religious traumas associated with sexual identity. The research goal is to provide responses from heterosexual men who once identified as gay or bisexual to investigate how innovative religious interventions can assist with addressing stressors that occurred based on their sexual identity journey. While addressing sensitive circumstances that play a role in personal sexual identity decisions and community connections (Budge, Thai, Tebbe, & Howard, 2016). With this study, the researcher plans to share the lived experiences of heterosexual men who once identify as gay or bisexual so that engagement with religious communities who are most influential in their lives can understand how to effectively support them.

CHAPTER TWO: LITERATURE REVIEW

Overview

Religious principles have historically valued that the sexual identity of heterosexual more acceptable. As a result, identifying as LGBTQ can cause a moral conundrum for LGBTQ who may struggle with sexual identity conflicts, within environments such as religious communities, where same-sex identity is not favorable. Moral reasoning undergoes a series of developmental and psychological changes. These autonomous cognitive, social, and emotional moral reasoning psychological processes can influence perspective-taking and theory of mind towards moral and religious choices (DiBianca Fasoli, 2018). The focus of this paper is to better understand the dynamics surrounding sexual identity, specifically within religious communities.

This chapter will supply a theoretical outlook, related literature, and a summary of the relationship between sexual identity, religious influence, and psychosocial outcomes. The current state of research on sexual identity, the role religious communities play in sexual identity decision making, and psychosocial outcomes will be investigated. The research will examine the significant issues and controversy surrounding sexual identity within religious groups, such as conversion therapy, religious trauma, religious mental and emotional abuse, and moral injury through the theoretical framework lens of attribution theory. In addition, the influential roles individuals play within religious communities, such as pastoral counselors, religious leaders, family, and friends regarding sexual identity will be explored. The research will also investigate moral shame, stigma, and potential comorbidities, according to literature, which affect those who identify as LGBTQ, such as hypersexuality, substance abuse, Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) and the relational correlation these topics have when addressing sexual identity within religious communities.

Theoretical Framework

Sexual identity, cultural influences, and psychosocial issues are further grounded in the theoretical models of the attribution theory. Specifically, category three of achievement attribution theory, controllability will be investigated. Controllable versus uncontrollable attributions in relations to motivations which assist with behavioral outcomes. Attribution theory was selected to assist in examining religious beliefs concerning sexual identity within religious communities. This theoretical framework will help connect existing knowledge to address questions that permit describing the phenomenon being questioned to provide a rich, contextualized understanding of various aspects of the phenomenon (Kivunja, 2018). To review the phenomenon with a greater perspective, incorporating the attribution theory framework will help with connecting the relationship between sexual identity, religious influences, and psychosocial outcomes.

| **Event**

Sexual Identity

Conflict | → | **Attribution**

Controllable vs

Uncontrollable

(Controllability) | → | **Affect**

Emotions that are

experienced as a consequence

of the controllability the

attribution. | → | **Motivated**
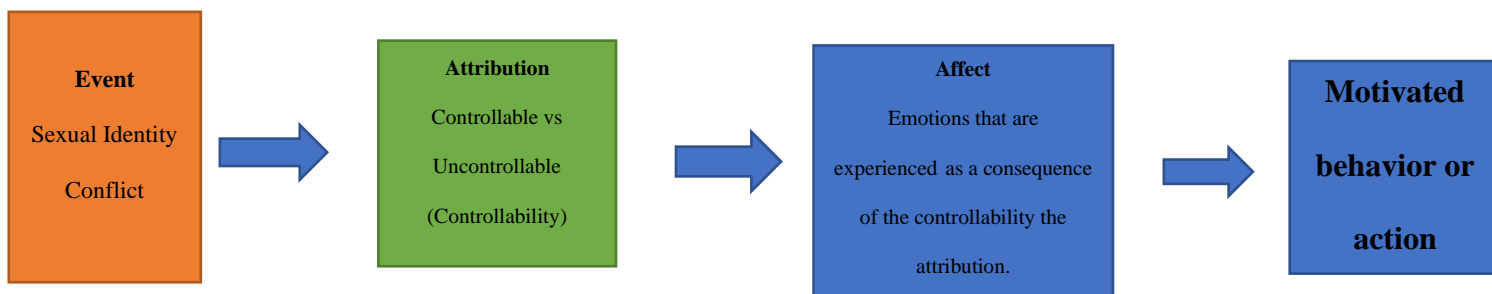
behavior or

action |

Model 1: Attributions Influence Affect Which Motivates Future Action (Weiner, 1985, 2006).

Attribution Theory

Attribution theory is concerned with how personal beliefs motivates the interpretation of other people's behaviors. Founded by Fritz Heider (1958), and developed by Bernard Weiner and colleagues (Weiner, 1974) attribution theory attempts to explain the interpretive process by which people make judgments about the causes of their own behavior and the behavior of

others (Chadee, 2011; Martinko & Mackey, 2019; Weiner, 1986; Weiner, 2019). Attribution

theory, "suggests that stigmatized behaviors that are believed to have biological origins and

uncontrollable causes are perceived more positively than those believed to be the result of

individual volitional choice, controllable causes" (Weiner, Perry, & Magnusson, 1988, p.3).

Attribution theory has been used to understand the causality between LGBTQ internal and

external stigmatization, victimization, and ostracization that may lead to minority stress based on

uncontrollable and controllable beliefs.

Cause perceived as controllable	→	Judgement of responsibility	→	Anger	→	No help-giving behaviour
Cause perceived as uncontrollable	→	No judgement of responsibility	→	Sympathy	→	Help-giving behaviour
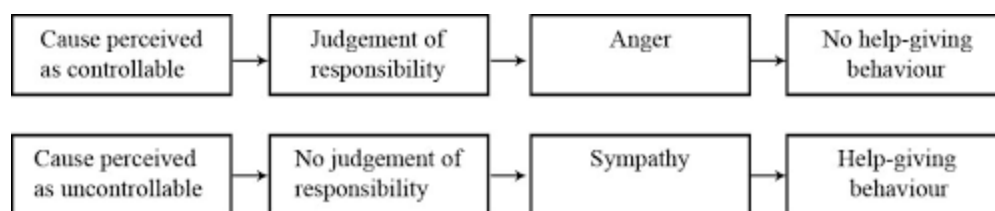
Model 2: Weiner's Attribution-Emotion Model

(Weiner, 1986, 1993, 1995)

Members of sexual minority groups face microaggressions that lead to marginalization

and harassment by individuals and communities whose beliefs that go against LGBTQ identity

and these negative outcomes have led to negative behavioral outcomes (Casazza et al., 2015;

Lee, Oliffe, & Kelly ve Ferlatte, 2017; Nadal, 2019; Weber, Collins, Robinson-Wood, Zeko-

Underwood, & Poindexter, 2018), such as anxiety, social withdrawal, and internalized stigma

(Meyer, 2013). LGBTQ microaggressions have become a growing area of research (Balsam,

Molina, Beadnell, Simoni, & Walters, 2011; Nadal et al., 2015; Nadal & Corpus, 2013). These

microaggressions, noted by LGBTQ participants in research, set up scenarios within religious

groups where positive supportive statements of God's love is administered originally but the

conversation about sexual identity turns into disapproval and judgment (Lomash, Brown, & Paz

Galupo, 2019). Ultimately using religious mass communication about LGBTQ sexual identity to

address personal microaggressions instead of being led by the love God to address sexual identity. The effects of these microaggressions have led to minority stress needs to be further investigated. There is a necessity to understand within religious groups how poor communication based on attribution belief that sexual identity is controllable, has led to internal and external stigmatization, victimization, and ostracization, specifically towards those who desire sexual identity change or seek support to maintain such change.

A growing number of studies suggest how individuals perceive the cause of same-sex attraction is an important mediator towards acceptance or non-acceptance of same-sex identity within the religious setting (Droogenbroeck, Spruyt, Siongers, & Keppens, 2016; Huic, Jelic, & Kamenov, 2018; Whitehead, 2010). The perception of sexual identity within religious communities can disseminate a message of immorality when the belief is that sexual identity is controllable. Therefore, supportive evidence has been generated through literature that provide strong correlation that social stigmas do exists when individuals or communities believe the LGBTQ sexual identity is controllable. For example, Whitley (1990) a study sampled, "366 heterosexual college students, 193 female and 173 male students, found that heterosexuals' attitudes toward persons bearing the social stigma of same-sex attraction would be more negative when the same-sex attraction was attributed to controllable than to uncontrollable causes" (p.105). Another study that investigated religious same-sex attitudes and beliefs, consisting of 3,261 respondents, showed that the positive influences of social contact are smaller among Christian evangelicals than among non-evangelicals towards LGBTQ (Baker & Brauner-Otto, 2015). It is plausible to suggest from the results of these studies that the rationale of sexual identity when individuals or communities believe that sexual identity is controllable can lead to the lack of social support.

The attribution theory construct of controllability motivates the belief that LGBTQ sexual identity can be attributed to internal and external causes such as environmental or social influences. Negative beliefs towards LGBTQ sexual identity by religious groups can be exacerbated by those who believe LGBTQ identity is controllable when comorbidities such as HIV, the virus that has the potential of causing AIDS is part of the person's sexual identity narrative (Seacat, 2011). Potential comorbidities associated with the LGBTQ sexual identity can further promote negative religious beliefs attached to controllable attribution ideation, resulting in negative religious relationships. Although there may be more empathy by those within religious groups when sexual abuse is part of a person's same-sex narrative (Thomas & Whitehead, 2015).

Much of the current research has used attribution theory to show how controllability beliefs hinder the ability of individuals or community to support an individual who identifies as LGBTQ (Schrijvers & Wiering, 2018), especially in religious settings. Yet, there is limited research that seeks to see how LGBTQ controllable religious views, affects relationships within religious settings for those who are dealing with sexual identity conflicts or have changed their same-sex sexual identity to heterosexual.

<div align="center">**Related Literature**</div>

Supplying empirical evidence of earlier research through the substantial literature reviews will help gain and extend knowledge of the current phenomenon being studied (Snyder, 2019). Quantitative, qualitative, and mixed study designs have been utilized to examine sexual identity, but there are significant methodological limitation and missing gaps in research about sexual identity change in religious communities. To date, you will find extensive research that examines the link between the history of sexual identity and negative and positive cultural

influences for those who identify as LGBTQ (Spitzer, 2012), but there is a lack of research concerning this same phenomenon for those who may struggle or no longer identify with the LGBTQ sexual identity. The researcher plans to address this gap in the literature through further examining sexual identity, historical religious cultural factors, conversion therapy, and current religious influences that affect potential LGBTQ sexual identity outcomes and the psychosocial effects upon a person.

History of Same-Sex Attraction

The word "homosexuality" was coined by a German psychologist in the late 19th century, Karoly Maria Benkert (Spahiu, 2017). It has long been debated that the Greek civilization first introduced the "homosexual" behavior to the world (Apostolidou, 2017). "Historical articulations of homosexuality were attributed "as a dynamic mode based on the sum of one's erotic practice", and not a "fixed identity" (Stanivukovic, 2010, p. 139). Through literature, arts, drama and biblical references, the act of "homosexuality" has been expressed through intellectual and cultural terminology. Early 20th century writers such as Shakespeare scientifically wrote sonnets and plays that insinuated "homosexual" activity, usually between the male gender. Despite the illustration of "homosexuality" within the literature, societal views, specifically, religious views remained steadfast that the act of ""homosexuality" was sinful behavior and not accepted during these times (Asal, Sommer, & Harwood, 2013; Bailey, 2017; Ratinen, 2017). These beliefs have led to immovable non-confirmative views, especially, within certain religious communities towards the LGBTQ sexual identity.

Social and Religious Cultural Factors

As the cultural phenomenon of "homosexuality" grew in the late 20th century based on social justice movements such as woman rights, gay rights, gender equality rights and perceived

cognition of human sexuality became more liberal (Frias-Navarro, Monterde-i-Bort, Pascual-Soler & Badenes-Ribera, 2015), personal and social acceptance of the LGBTQ sexual identity grew. In addition, research studies that suggests that social constraints do influence the choice of "homosexuality" aided to controversy between "homosexuality" being controllable as opposed to non-controllable. As social acceptance increased as result of belief that "homosexuality" is not controllable, it helped to reduce shame factors that attributed to the LGBTQ sexual identity. Reducing apprehension or conviction towards the behavior as societal acceptance attitudes and beliefs provided an easier cognitive and emotional way to feel at ease to accept a LGBTQ sexual identity without struggling with internalized shame or stigma. These social factors along with other historical changes towards counseling "homosexuals" attributed to having more LGBTQ inclusive terminology, deeming the words "homosexual or homosexuality" as offensive.

Historically, the DSM has gone through various changes based on popular and literature approaches to psychiatric classifications (Tsou, 2016). One of the most historical classification changes was the removal of "homosexuality" from the DSM in 1973 by the Board of Directors of the American Psychiatric Association (APA) (Silverstein, 2009). This change reclassified the behaviors of "homosexual" by the psychiatric practitioners as either ego-syntonic or ego-dystonic also referred to as ego-alien (Silverstein, 2009). The "homosexual" ego- syntonic diagnosis refers to instincts or ideas that are acceptable to the self; that are compatible with one's values and ways of thinking (Kinney, 2015). Some of the "homosexual" ego-alien diagnosis include sexual dysfunctions, mental health dysfunctions and all co-occurrences associated to these dysfunctions based on conflict, or dissonant, with the needs and goals of the ego that conflict with a person's ideal self-image (Silverstein, 2009). This reclassification within the DSM which was justified since being "homosexual" is not a mental illness although the behaviors that

can accompany the choice of the "homosexual" personhood can be influenced by associated mental illness diagnoses. The term same-sex attraction as opposed to "homosexual" was later adopted as socially acceptable when describing the LGBTQ sexual identity.

These historical changes towards the social acceptance of the LGBTQ sexual identity began to identify there was an increase of persons who identified in some way as LGBTQ. The percentage of LGB adults has doubled from 2.7% in 2008 to 5.4% in the 2016 General Social Survey (Gates, 2017, p. 1221). Additionally, Benuto, Gonzalez, and Singer (2020) reported that the percentage of American adults identifying as LGBTQ in the 2017 Gallup Poll News Service increased to 4.5% increasing from 4.1% in 2016 and 3.5% in 2012 (p.177). Millennials, individuals born between 1981 and 1996, have shown to be more open about their same-sex sexual orientation than baby boomers, individuals born between 1946 and 1964. In contrast, an estimated 19 million Americans report that they have engaged in same-sex sexual behavior and nearly 25.6 million Americans acknowledge at least some same-sex sexual attraction despite not acknowledging any sexual identity label (Gates, 2011). Future research should use different datasets to further explore the relationship between attitudes and life experiences and sexual identity, and the ways in which sexuality can shift over the life course (Couillard & Higbee, 2018; Morgan, 2013; Silva, 2018). The increased percentage of those who are identifying as LGBTQ or question this identity, reveals that sexual identity is a formative area of discussion that can be expanded so that all inclusive ideals and idiosyncrasies associated to sexual identity choice can be explored.

LGBTQ Religious Interactions

Religion has been a redeeming feature and source of education and morale for environments and communities for centuries. Religion can be considered a significant part of a

person's identity that drives their moral decision making. Religion can provide awareness of one's life that attributes to the capacity for religious identity and moral decisions (Bandura, 2003). Those who do not identify as LGBTQ within religious communities have expressed openly their different levels of tolerance towards those who identity as LGBTQ in the church (Barr, Citlau, & DeYoung, 2014; Corvino, 2013; Sprinkle et.al. 2016). Traditionally, these religious views towards same-sex attraction believe that sexual relationships should be maintained between the opposite sex, man, and woman. The Abrahamic faith is a monotheistic religion that believes in one God (Crosby, 2018) and as a result sexual relationship should be attained through the ability procreate or conceive by way of sexual relations between man and woman. Any sexual relationship outside of the Abrahamic traditions of procreation is considered unnatural. The Abrahamic tradition, practiced by the Christian, Judaism, and Islam religion, have had significant influences on how those who do not identify as LGBTQ interact with a LGBTQ person within religious environments.

Historically, the interaction between those who do not identify as LGBTQ and those who do identify as LGBTQ has not been amicable due to overwhelming lack of acceptance of the idea that the LGBTQ sexual identity is uncontrollable within religious groups. These disharmonious relationships have resulted in mental and emotional traumas leading to the exodus of LGBTQ persons within religious settings (Barnes & Meyer, 2012; Levy & Reeves, 2011). Desires to be transparent about sexual identity, within religious settings based on these past negative verbal and non-verbal mass communications, may attribute to ongoing struggles of sexual and religious identity communication within religious groups.

Historical Negative Religious Support Outcomes

Religious identity can also be a significant component of the LGBTQ identity. Three-quarters of LGB adults, 77% say they believe in God, lower than the share of 89% of heterosexuals (Schwadel & Sandstrom, 2019). Although LGBTQ is less likely to identify as religious than heterosexuals, LGBTQ people do consider religious beliefs an intricate part of their identity. Despite these statistics', religion has also been a source of suffering for LGBTQ as opposed to solace based on controllable beliefs concerning sexual identity. The correlation between the level of religiosity and negative attitudes toward LGBTQ is strong (Rowatt, LaBouff, Johnson, Froese, & Tsang, 2009). Emerging qualitative research has explored the correlation between religious beliefs, sexual identity, and the cultural conflicts that may be attributed to psychosocial outcomes.

Majority of the research pertaining to sexual identity conflicts within religious communities has been generalized to those who identify as LGBTQ. Specifically, studies have observed how religion has played a role in the sexual identity of gay or bisexual and their well-being (Gostečnik, Slavič, Lukek, & Cvetek, 2014; Meanley, Pingel, & Bauermeister, 2016; Schmitz & Woodell, 2018). To better understand this complicated relationship between religiosity and sexual identity, research that highlights religious experiences of those who once identified as LGBTQ and their psychosocial outcomes need to be explored qualitatively. Religion, in research, helps to understand how religiosity links well-being, behavioral motivation, and personal growth (Ivtzan, Christine, Chan, Gardner, & Prashar, 2013). The conceptualization of religion will be examined to help understand the role religion has played pertaining to sexual identity change from LGBTQ to heterosexual, and the psychosocial effects.

Religious Influence: Religious Trauma, Abuse, and Moral Injury

Generally, the religious community and LGBTQ community have not had congenial interactions with each other based on controllable sexual identity religious beliefs. Church impact can interfere with cognitive-behavioral decisions (Alessi, 2013; Ghabrial, 2017; Rojas, 2019). How one is treated in the process of behavioral change can make a distinctive difference in the ability to achieve self-efficacy over a behavioral moral issue. Scare tactics, used by religious groups, and reported by those who endured sexual identity religious abuse, need to be revisited (Cerbone & Danzer, 2017; Deguara, 2018; Paul, 2017). Religious abuse and moral injury and its impact on those who have struggled with same-sex attraction should be assessed (Vander Waal, Sedlacek, & Lane, 2017). Religious trauma or abuse will not be associated with physical abuse, but the terms will be used to address verbal, mental, emotional, and religious stressors associated with sexual identity in religious communities. Church wounds, an action that can occur because of moral injury or religious abuse, can leave mental and emotional scars creating cognitive dissonance (Goldsmith, Martin, & Smith, 2014; Hayward, Beeson, 2017). Church rejection can contribute to distancing oneself from religious groups and lead to finding environments where acceptance is available. When religious abuse has occurred, it can create stressors that hinder the process of sexual identity change due to not having a safe religious environment.

Religion is designed to help those who struggles with moral decisions such as sexual identity, however, the approach from religious groups who claim LGBTQ identity is a choice may need to be revisited based on accounts of religious abuse (Bidell, 2014; Goodrich, Buser, Luke & Buser, 2016; Super & Jacobson, 2011). Addressing religious abuse within religious

communities may assist in producing positive interactions between those who do not identify as LGBTQ and those who are or have at one time identified as LGBTQ.

Religious Trauma Syndrome (RTS) is a function of both the chronic abuses of harmful religion and the impact of severing one's connection with one's faith and faith community (Winell, 1993). A term coined by Marlene Winell, helps individuals who have experienced moral injuries such as harmful religious sexual shame by religious groups to reach restoration and healing. RTS can be derived from church social interactions where manipulation is used to twist an individual's thinking to believe religious doctrines (Griffith, 2010). Research has shown that negative religious experiences can lead to religious struggles and loss of religious identity within the sexual minorities (Wood & Conley, 2014). Trying to integrate into an environment where members of that environment are not welcoming, while dealing with guilt and confusion, only increases levels of depression, social anxiety, and shame. These religious traumas can lead to separating from such environments and potentially turning away from one's faith.

Cognitively working through personal traumas can be difficult. Sexuality and moral values and attitudes are important aspects of personality (Throckmorton & Yarhouse, 2006, p. 6). When human-caused traumas such as religious abuse or moral injury are added, it can increase mental and emotional conundrums. Positive outcomes occur when grace is given to individuals within religious groups instead of being privy to religious legalism (Basset, 2013), which can be used as a form of religious abuse. Religious legalism, also denoted as church legalism, is an act where religious groups establish requirements to maintain salvation, placing the sole work of man higher than faith and the grace of a higher deity (Sittser, 1990). Research has shown religious legalism can induce levels of depression, anxiety, and shame because of trying to strive for perfectionism within religious groups based on perceived religious and moral expectations

(Abramowitz & Jacoby, 2014; Bixler, 1998). Since religion has been recognized in research as a sociodemographic identifier for LGBTQ, those who struggle with LGBTQ sexual identity or once identified as LGBTQ may rely on the aspect of grace when seeking help from religious groups. Grace is where the impartation of spiritual enrichment or purity is demonstrated to inspire and give strength to individuals so that they can endure trials (Judd, Dyer & Top, 2020). The church, synagogues, or mosques are assumed to be a sanctuary where those who feel lost can find refuge. When this safety is compromised, internalized shame can be produced, and trust can be lost which can contribute to unsuccessful means to address individuals' cognitive moral dilemmas such as sexual identity conflict.

        Shame. When religious leadership and its members exhibit shame because of negative beliefs towards the LGBTQ sexual identity, the trauma vicariously sustained through negative non-verbal and verbal mass communication, it can contribute to LGBTQ internalized shame. Views about controllability and issues that can determine self-worth, such as shame, have shown that societal beliefs and opinions can affect individual perceptions of self and others (Bandura, 1997; Zimmerman, 1995). Kaufman (1989) contends that shame is the effect that is most central to the formation of one's identity. "The inner experience of shame is like a sickness within the self, a sickness of the soul" (p. 5). Negative social experiences can heighten shame-related issues causing significant impact on social interactions (Carvalho, Motta, Pinto-Gouveia & Peixoto, 2018; Meladze & Brown, 2015; Mereish & Poteat, 2015). Lewis (1971) took a psychoanalytical approach, arguing that the superego is involved with the formation of shame. Failure to live up to an ego ideal creates shame. "Lewis suggested that shame can be thought of in terms of mortification, embarrassment, humiliation, chagrin, feeling ridiculous, and shyness" (p. 29). Shame can cause people to run away from being transparent which hinders the ability to

address pertinent sexual identity conflicts in environments such as religious settings and those who believes sexual identity is controllable.

Moral shame towards LGBTQ can also create chaotic environments which can lead to distress and turmoil, ultimately dividing and destroying relationships and support systems (Allpress, Brown, Giner-Sorolla, Deonna, & Teroni, 2014; Irwin, Li, Craig, & Hollenstein, 2019; Liu, 2017). Shame, produced because of trauma, has been linked to mental illnesses and various associated symptomologies, such as social anxieties, depression, hypersexuality, avoidance, flashback, self-destructive behaviors which can have an impact on social ability (Substance Abuse and Mental Health Services Administration (SAMHSA), 2014). Religious sexual shame has contributed to the fear of seeking help from religious groups (Etengoff & Daiute, 2015; Greene & Britton, 2013), resulting in adverse internalized behaviors. It is important to address internal and external shame when talking about sexual identity conflict in religious settings. Understanding the importance of affirming sexual history in religious settings without administering sexual shame can improve sexual identity communication and outcomes when safe religious sexual identity supportive religious spaces are created.

Shame can produce negative self-talk and low self-esteem (Galliga n, 2016; Taylor, Lam, Chasteen, & Pratt, 2015; Velotti, Elison, & Garofalo, 2014). Verbal and emotional abuse can lead to self-rejection based on believing negative self and external talk (Linville, 2018). Research from the National Survey of Midlife Development in the United States (MIDUS) showed a higher prevalence of emotional maltreatment among sexual minority men (52.6%) and women (45.5%) compared to heterosexual men (36.5%) and women (37.2%) (Andersen, & Blosnich, 2013). Emotional abuse in the form of verbal sexual orientation, name-calling, and embarrassment within religious communities can lead to adverse internalized shame (Ross,

Kaminski, & Herrington, 2019). As a result, scorned and bitter emotions that can be carried as huge burdens to bear and produce low self-esteem and lack of courage to address internalized sexual shame.

Emotional abuse can produce internal distress and hinder post traumatic growth and forgiveness due to feeling that something is wrong with self (Pierro, Pica, Giannini, Higgins, & Kruglanski, 2018; Pitoňák, 2017; Schwartz, 2016). Emotional regulation difficulties increase when there is an elevated level of stressors because of minority stress associated with shame. When people feel that others are questioning and shaming their identity, it can lead to them questioning who they are and how they see themselves (Kovacic, 2014; Ridley, 2015; Shaw, 2012). This can lead to self-image problems resulting in negative coping behaviors that have the potential to lead to other mental, emotional, or physical health issues. Psychological and emotional information shapes self-efficacy beliefs. Understanding the impact of shame within religious settings and the relationship to sexual identity psychosocial and emotional well-being is important.

The link between shame, minority stress, and psychosocial issues and its various associated diagnoses such as depression, social anxieties, and self-destructive behaviors can have an impact on the social ability to interact positively. Shame proneness has received considerable attention in the literature, where its relationship with depression and social anxiety has been theoretically and empirically validated (Candea & Szentágotai-Tatar, 2014; Hedman, Ström, Stünkel, & Mörtberg, 2013; Michail & Birchwood, 2013). When shame becomes part of an individual's identity, it can be accompanied by other characteristics such as self-blame, rejection of self and others, guilt, and remorse (Baron, 2018; Litz, & Kerig, 2019; Park, 2016). Shame is a silent epidemic because of its illusive ability to be recognized and most people are afraid or

unwilling to discuss it (Dolezal & Kyle, 2013; Ryan-DeDominicis, 2020). Understanding, all the predictors and variables that are attached to sexual identity such as sexual shame in religious settings will enhance this phenomenon. It will assist with addressing missing gaps in research associated to sexual identity by including populations such as those who have maintained a heterosexual identity after identifying as gay or bisexual male.

Conversion Therapy Banned

Although there are guidelines that assist with proper treatment for those who desire to change their sexual orientation (American Psychological Association (APA), 2010); Sutton, 2016), the problem exists where there are not enough healthy open spaces to properly nurture those who desire to change their sexual orientation to heterosexual with continuing post-growth support (National Association for Research and Therapy of Homosexuality (NARTH), 2010; Nelson, Warren, Gleave, & Burlingame, 2013; Rosik, 2013a).

Conversion therapy, also known as "ex-gay ministries", are programs whereby attempts, through various psychotherapy and conventional means, are used to assist practicing LGBTQ towards living a life of heterosexuality (Burack, 2015; Gerber, 2015). As a result of mainstream psychology banning conversion therapy for minors in The United States of America, there have been strict psychological practice guidelines towards those who struggle with the sexual identity of LGBTQ. In 2007, the American Psychological Association (APA) established the Task Force on Appropriate Therapeutic Responses to Sexual Orientation and conducted a systematic review of the peer-reviewed journal literature on (SOCE) (Moleiro & Pinto, 2015). The research concluded that efforts to change sexual orientation are unlikely to be successful and involve risk of harm. Since then, the introduction and passing of laws to Congress from states such as California, prohibit the inequitable practice of commercial sexual orientation conversion therapy

(Bookwalter, 2014; Victor, 2014). Due to the evidence that conversion therapy had substantial risk factors, the counseling field banned the practice for LGBTQ youth in America (Moss, 2014). Despite being globally practiced, conversion therapy is not banned throughout the United States, yet more states are following suit based on the unethical methods that have been found to occur for children and adults, (Austin, 2013; Drescher et al., 2016; Jennings, 2018).

To date, there is extensive research that examines the harmful outcomes of conversion therapies (Green, 2017; Laemmle, 2013; Streed, Anderson, Babits, & Ferguson, 2019). Some of these harmful outcomes includes increased level of depressive symptoms, frequent suicidal ideation and attempts, social isolation, decreased levels of self-worth, and anger towards family members and religious groups (Fritz, 2016; Lancet, 2015; Richmond, 2019). Some of the reported techniques used were as follows; various talk-based therapies, electric shock, orgasmic reconditioning aversive conditioning, isolation with someone of the opposite sex, exorcism, covert sensitization, marriage, and gender modification therapy (Clarke, Ellis, Peel, & Riggs, 2010; Earp, Sandberg, & Savulescu, 2014). Therapies such as conversion, reparative, behavioral modification, and "ex-gay ministries" have come under fire based on findings that these theories are inhumane and ineffective for children and adults (Canady, 2015; Fore, 2014; George, 2017).

Those who identify as LGBTQ, and participated in conversion therapies, have self-reported being forced to participate from religious leaders, family and friends voicing concerns about one's same-sex attraction (Newman, Fantus, Woodford, & Rwigema, 2018; Zachariah, Blaschke, & Weddle, 2014). Participants who have engaged in these therapies have emphasized the use of biblical doctrine as religious scare tactics, as such of statements, of "going to hell" if they remained in the LGBTQ sexual identity (Gamboni, Gutierrez, & Morgan-Sowada, 2018; Weiss, Morehouse, Yeager, & Berry, 2010).

Scare tactics are also viewed as religious manipulation or abuse and contribute to why such therapies may not have worked (Flentje, Heck, & Cochran, 2013; Johnson & Armour, 2018). Forcible actions that result in victimization or revictimization, such as conversion therapy, can prolong counseling sessions because of added psychological symptomologies (Aas & Delmas, 2016; Flentje, Heck, & Cochran, 2014). For example, conversion therapy success was based on participants that completely converted to an opposite-sex relationship or marriage (Fjelstrom, 2013). The autonomy of marriage being used in conversion therapy as success to achieve the desired outcomes of those who administered conversion therapy. These conversion therapy outcomes that use marriage as a verifier of LGBTQ deliverance contradict the fact that those who have always identify as heterosexual and never married are still considered heterosexual. As a result, it can be assumed that conversion therapy outcomes of marriage were placed higher than the importance of the relationship, commitment, and marriage to God, which is what sustains moral religious outcomes.

The controversy around the medical ethics conversion therapy has led pro LGBTQ rights constituents and lawmakers to become involved with landmark courtroom decisions (Cella 2014; Powell & Stein, 2014). Many gay rights advocates utilize licensed therapists to testify that conversion therapy is unethical based on horror stories from participants resulting in a ban for youth (Walker, 2015). Yet there is also the belief that LGBTQ can change their sexual identity to heterosexual and that people have freedom of choice to be "converted" (Delmas & Aas, 2018; Jones & Yarhouse, 2011; McCormick, 2015). Safe religious environments for addressing sexual identity are necessary which means that forgoing perceptions and beliefs that stemmed from maladaptive conversion therapy practices is essential.

Counselors' and pastoral counselors' goals should include wanting to see clients or religious members heal and reach self-efficacy in the safest manner based on their autonomous goals. Pastoral counselors should eliminate any interference when addressing sexual identity and the promotion of respecting the choices of individuals including those who desire a heterosexual sexual identity. (Haldeman, 2002). This mindset should also be taught and integrated into religious communities so that positive religious support is available and executed safely and appropriately. It is important to evolve this concept not only within religious communities but society at large. Understanding the positive and negative aspects religion has played in the journey of sexual identity change from LGBTQ to heterosexual will help clarify the relationship between sexual identity, religious affiliation, and psychosocial well-being. With the intent to provide safe religious spaces where maladaptive concepts and beliefs of SOCE are not applied, in addition, harmful conversion therapy practices are eliminated through acts, words, or deeds from pastoral counselors, religious leaders' laypersons, family, and friends within religious communities.

LGBTQ Behavioral Outcomes and Religious Views

There is a strong correlation between levels of religiosity and negative beliefs toward the same-sex attraction that leads to depression and anxiety for those who identify as LGBTQ (Rowatt, LaBouff, Johnson, Froese, & Tsang, 2009). If not addressed correctly and promptly, these religious sexual identity depressive onsets can lead to further mental health outcomes such as post-traumatic stress disorder and suicidal ideations. Numerous studies have connected minority stressors to suicidal behaviors among LGBTQ (Gibbs & Goldbach, 2015; Green, Price-Feeney, Dorison & Pick, 2020; Vaughan, 2018; Blosnich, 2020), resulting from religiosity sexual identity stressors (Dahl, 2011). Religious identity and LGBTQ sexual identity

are mutually exclusive, and research has found that religiosity is considered a protective factor against depression and anxiety for heterosexuals. When addressing those who struggle or have struggled with sexual identity within religious communities who believe sexual identity is controllable, mental health diagnosis such as depression and anxiety may be part of the individual's narrative.

The literature mostly concentrates on depression for those who identify as LGBTQ within religious settings, but there are missing gaps directed to the connection of religion and depression for individuals who desire or have achieved LGBTQ sexual identity change. Omitting and not accounting for events that lead to depression when providing religious support for LGBTQ individuals may be a disservice. Bandura (1977) highlighted those individuals who suffer from depression also suffer from low self-esteem. These depressive states can be attributed to self-blame outcomes which can cause feelings of worthlessness especially by sexual minorities (DeCamp & Bakken, 2016). When people feel that they are at the mercy and judgment of their environment, elevated level of depression, low self-esteem, and a low sense of self-efficacy can occur whereby autonomy and self-pace is compromised (Anderson, 2015; McGuire, Cisneros, & McGuire, 2017). Although religiosity can serve as protective factors, it can also serve as unprotective factors leading to depression. Depression can cause the onset of other physical, mental, emotional, and spiritual health diagnoses. These diagnoses can potentially result in a lack of ability to cognitively manage a sexual identity conflict.

Comorbidities. There have been specific comorbidities that have been noted through research for the LGBTQ sexual identity, such as hypersexuality, substance abuse, and physical sicknesses (Kaplan, & Krueger, 2010; Pachankis, Rendina, Ventuneac, Grov, & Parsons, 2014; Parsons, Rendina, Moody, Ventuneac, & Grov, 2015; Yeagley, Hickok, & Bauermeister,

2014; Schauer, Berg, & Bryant, 2013; Talley, 2013;). These comorbidities, by religious groups, are shameful behaviors that can lead to acts of condemnation, creating greater fear to be transparent about sexual identity struggles in certain environments, such as religious settings. The association by religious groups that sexual identity is controllable, behavioral negative outcomes associated with the LGBTQ identity can further stigmatize, ostracized, and victimize those who want to address sexual identity conflicts within religious communities.

Hypersexuality. Hypersexuality can affect anyone despite age, race, gender, culture, or sexual identity. Increased hypersexuality diagnosis has also been shown within specific populations based on social influences and encourage acting out emotions through impulsivity (Love, Laier, Brand, Hatch, & Hajela, 2015). Such specific populations include those who identify as LGBTQ, although heterosexual also can display hypersexual behaviors. Sexual addiction is out of control sex that is used as a negative coping mechanism because of rejection, abuse, and lack of identity (Miner et al., 2016; Miner, Dickenson, & Coleman, 2019). These religious beliefs about hypersexuality may contribute to the discord support when addressing sexual identity in religious communities.

Psychological and social distress can contribute to LGBTQ hypersexuality (Winters, Christoff & Gorzalka, 2010). Bothe et al., (2017) examines the social context of hypersexuality among male and female subgroups who identify as heterosexual, gay, and bisexual. Results from Bothe et al., 2017 "showed that, males and females who identified with having same-sex activity scored higher in the coping category as a reason for hypersexual activity than any other subgroup" (p. 6). This finding reveals that LGBTQ individuals can use sex to cope with trauma in their lives. Research literature has shown that there is a correlation between high sexual risk-taking, adulthood maltreatment, and emotional regulation (Artime & Peterson, 2012). These

correlations are important to understand when addressing sexual identity conflict in religious settings.

Substance Abuse and HIV/AIDS. Heighten drug use also has been associated with hypersexual same-sex behaviors that can lead to physical health diagnosis. With HIV/AIDS, originally stigmatized as a "gay man disease" (Law, King, Zitek & Hebl, 2007), religious communities shied away from the topic of HIV/AIDS, specifically, if same-sex sexual relationship was the cause of transmission. Although the transmission of HIV/AIDS is not always contributed to hypersexual behaviors or drug use, religious groups began to make the correlation between HIV/AIDS and same-sex attraction towards immoral behavior and moral punishment (Ramirez-Valles, Molina & Dirkes, 2013). These religious beliefs only intensified negative religious attitudes that marginalized and ostracized LGBTQ persons.

Community-Based Participatory Research (CBPR) efforts helped to begin HIV church ministries, especially in African American religious communities to address HIV/AIDS and possible associated comorbidities such as drug use. Research has shown that those who are heterosexual living with HIV/AIDS are received with more compassion, in a religious setting, than LGBTQ individuals (Quinn, Dickson-Gomez & Young, 2016). Literature has shown that such rejection has led to LGBTQ individuals utilizing recreational drug use to cope with religious stressors associated with sexual identity (Green & Feinstein, 2012). Drug, alcohol, and recreational drug use can hinder cognitive decision making which only exacerbates stressors associated to the onset of drug use (Vosburgh, Mansergh, Sullivan, & Purcell, 2012), such as sexual identity conflict. Being prepared to address all components of the narrative of a person who desires sexual identity change may need knowledge about LGBTQ potential comorbidities that also can affect heterosexuals. Easing the tension between LGBTQ identity and religion

without altering biblical principles may be a crucial factor in reducing drug use and HIV/AIDS stigma when addressing sexual identity change.

Stigma. Stigma is the shame or disgrace attached to something regarded as socially unacceptable (Brohan, Slade, Clement, & Thornicroft, 2010; Link & Phelan, 2014; Pescosolido & Martin, 2015). Prior research suggests that stigma plays a role in mental and physical health disparities (Henderson & Gronholm, 2018; Judd &Vandenberg, 2014; Pescosolido, 2013; Szymanski & Carretta, 2019). Intrapersonal and interpersonal stigma produces lower self-acceptance and self-worth, resulting in health disparities indicators such as poorer effective overall health and wellbeing including greater helplessness, lower acceptance, and lower perceived benefits based on perceived identity (Tucker et al., 2013; Vogel, Bitman, Hammer, & Wade, 2013; Wood & Irons, 2017). Although stigma is not associated with comorbidities, stigma has been associated with the lack of motivation in making positive decisions and plays a role in cognitive-behavioral decisions and outcomes (Ahmedani, 2011; Ociskova, Prasko, Kamaradova, Grambal, & Sigmundova, 2015; Young, 2018).

Stigma can lead to fears, prejudices, or negative attitudes steered by shame. Such outcomes can produce cognitive thinking that reduces levels of self-efficacy and confidence to address the problem. Moral struggles, in relation to negative coping sexual behaviors, can have a strong predicating factor to sexual shame (Hallman, Yarhouse, & Suárez, 2018; Wilt, Cooper, Grubbs, Exline, & Pargament, 2016). For this reason, it is important to understand the possible behaviors attached to the LGBTQ sexual identity so that evidence-based models can assist religious communities with the understanding all the predictors and variables that are attached to sexual identities such as sexual shame, religiosity, and stigma which can lead to minority stressors. Stigma is a continuing societal and religious issue, but research has shown signs

of improvement especially in the areas of mental health and HIV stigma in these

environments (Payne-Foster et.al., 2018). The need to address sexual identity stigma, in

religious communities, may help address sexual identity. The best way to fight stigma is to

continue to bring awareness to the community. The normalization of hard discussion

around LGBTQ related topics such as mental, emotional, spiritual, or physical health, sex,

HIV/AIDS, and drug use needs to occur. Producing religious environments where it is safe

to dialogue without fear, shame, or condemnation is essential when addressing sexual

identity.

Religious Protective Factors

Despite the strength of religion, the role it plays in modern society may be underrepresented

in research, specifically for heterosexuals who once identify as LGBTQ. Religion has been found

to be a protective factor in the initiation of negative behavioral problems (Pearce, Uecker, &

Denton, 2019; Sharma, Mustanski, Dick, Bolland, & Kertes, 2019; Udell, Donenberg, &

Emerson, 2011). The use of religion may have therapeutic value in supporting individuals,

helping them connect to self, others, and learning the value of helping others (Gordon, 2018;

Post & Wade, 2014). Religion can also be used as a moral compass that helps to motivate

decisions that are self-autonomous (Munoz, 2016; Vezzali, Brambilla, Giovannini, & Paolo

Colucci, 2017). Research has made it clear that those who share the same religious beliefs, and

who are experiencing the same distress, can create a positive atmosphere among peers when

discussing the distress to find life meaning and satisfaction (Lim & Putnam, 2010; Ten Kate, De

Koster, & Van der Waal, 2017). An investigation on the role of religion plays in sexual identity

change will help increase of value in this phenomenon in communities.

Research has also revealed that the endorsements of negative religious beliefs about societal issues such as sexual identity, same-sex attraction, mental illness, and its comorbidities can translate into different personal and societal behaviors and perceptions (Vang, Hou, & Elder, 2019; Wesselmann & Graziano, 2010). Religion can help with discouraging negative beliefs and attitudes that can lead to personal and societal negative outcomes. How one is perceived, based on the moral struggles they are facing, can be indictive towards successful outcomes. Vicarious incentives take on added significance by their power to alter the valence and force of external incentives (Bandura, 1986). It is a motivator when one believes others are proud of them or holds no perceived judgment towards them. Vicariously created motivators have been studied most extensively in terms of the inhibitory and disinhibitory effects of sexual behavior, with accompanying outcomes (Bandura, 1973). Further researching the strengths of religious protective factors towards societal individual and community problems may help those involved in community care and counseling to wisely integrate religion into the way supportive care is executed towards sexual identity conflicts within religious communities.

Social Support

The process of telling others that one is a LGBTQ, a term known as "coming out of the closet", may be just as an arduous process as coming out of the LGBTQ sexual identity while maintaining personal religious identity and sharing this sexual identity change to religious communities. Due to specific needs, marginalized groups may need a specific supportive approach that can cognitively motivate them (Jacobs, 2016). Social support is a broad construct including both the social structure of an individual's life and the specific functions served by various interactive relationships (Kent de Grey, Uchino, Trettevik, Cronan, & Hogan, 2018). The

moral judgment attached to same-sex attraction can cause a lack of social support needed to tactfully address all problematic issues associated with sexual identity.

Social support is linked to mental health wellness (Harandi, Taghinasa, & Nayeri, 2017; Wang, Mann, Lloyd-Evans, Ma, & Johnson, 2018). When support is provided without added pressure during personal decisions making, research shows that the self-efficacy of personal decision making have a better chance to be sustained (Ryan, Legate, Weinstein, & Rahman, 2017). Bandura (1993) have found that an individual's self-efficacy plays a significant role in how goals, tasks, and challenges are approached. Social support is conceptualized in the frame of emotional, informational, and companionships support and is recognizes that social support is more than just dealing with stressors to support effective coping skills. Also, acknowledging that the use of verbal persuasion is providing encouragement for a person to complete a task or achieve a certain behavior, as opposed to being used to manipulate or promote fear, is important. Social support also assures that proper guidance and useful information through the disposition of empathy and compassion are provided.

Sexuality is an often-avoided subject in the church due to the stigma attached based on societal cultural morals (Quinn & Dickson-Gomez, 2016). Another area of distress that LGBTQ may face is sexual assaults or violence. Due to stigma attached to LGBTQ sexual identity, research has shown that social support is not as strong for sexual minorities as it is for heterosexuals in environments such as religious communities when sexual assault or violence is a factor. Those who identify as LGBTQ are more are risk for sexual violence victimization as compared to their heterosexual counterparts (Rothman, Exner, & Baughman, 2011). Few studies have compared heterosexual, gay and bisexual men for history of sexual assault (Artime, McCallum & Peterson, 2014). This can be attributed to the level of shame and embarrassment

that is attached to this phenomenon by men who report sexual assaults compared to women. However, reported heterosexual men adult sexual assault rates are lower than the estimated reported 14% to 20% of gay and bisexual men who have experienced adult sexual assault (Hequembourg, Parks, Collins, & Hughes, 2015).

There is extensive amount of research about women sexual assault experience. Lesbian and bisexual women are at increased risk for sexual assault or violence throughout their lifetime than heterosexual women (Friedman et al., 2011). National Center for Injury Prevention and Control (2013), "a nationally representative study showed that lifetime sexual violence victimization is 79.6% for bisexual women, 59.1% for lesbian women, and 43.2% for heterosexual women" (Drabble et al., 2013), "with 46.1%, 13.1%, and 17.4% having a lifetime completed rape, respectively" (National Center for Injury Prevention and Control, 2013). "The negative impact of victimization is disproportionately high for sexual minorities, with 57.4% of bisexual women and 33.5% of lesbian women reporting at least one negative the impact such as depression, compared to 28.2% of heterosexual women" (National Center for Injury Prevention and Control, 2013).

Sigurvinsdottir and Ullman (2016), sampled 1,863 women who shared their experiences of unwanted sexual experiences. The study revealed that perceived social support for the heterosexual woman who endured sexual assault was higher than bisexual women. "Bisexual women experience greater negative social reactions than heterosexual women" (p.917). "Based on perceived support, it influenced depressive symptoms to increase among bisexual women along with other psychological disorders" (p. 917). Individual's beliefs of support can influence self-esteem and psychological distress. When the level of support is determined, based on beliefs

attributed to current or past sexual identity occurrences, it can have personal effects on how LGBTQ interacts with others in environments such as religious settings.

Negative social experiences can exacerbate shame related issues causing significant impact on social interactions and psychological disorders (Carvalho, Dinis, Pinto-Gouveia, & Estanqueiro, 2015; Wood & Irons, 2017; Zarzycka, Rybarski, & Sliwak, 2017). Therefore, education on how to respond to the needs such as sexual violence, which men also experience (Stemple & Meyer, 2014), when addressing sexual identity, may be an essential need in religious settings. This research is designed to use the conceptualization of social support to illustrate the importance of religious communities' ideology regarding fellowship and relationship. This will help to illustrate why social support provided by religious leaders, family, friends, and pastoral counselors is an intricate part of the process when administering community care within religious settings when addressing sexual identity conflicts.

Religious Values and Responsibilities

Due the application of harmful conversion therapy methods (Bjork-James, 2018) there is a need for religious groups to reevaluate their approach towards those who currently or have struggled with the LGBTQ sexual identity. Pastoral counselors and religious leaders should be provided with tools that do not deter their biblical stance, yet the application of "professional ethics" teachings should still be provided, when supporting the needs of LGBTQ sexual identity struggles (Darmansjah, Kalra, & Ventriglio, 2019). When despair overwhelms individuals, research has shown people will turn to religion. Religion that integrates faith, mercy, and grace can be used to sustain courage to deal with personal and societal heavy burdens such as sexual identity. Recognizing the roles and responsibilities of individuals within religious communities

to uphold all religious values when addressing sexual identity is essential when interacting with a person with current or past LGBTQ sexual identity conflicts.

Religious Leaders. The role of religious leaders' play can be very influential for people who seek religion as a guide towards the human being experienced. Religious leaders are recognized by a religious body as having authority within that body (Hoffmann, 2013; Ledbetter, Banks, & Greenhalgh, 2017). Religious leaders are respected by those who identify as having a religious identity attachment. The treatment of LGBTQ by religious leaders have been reported as judicially unfair based on specific minority religious values. Research suggests that individuals who attempt to identify as both gay and conservatively religious may encounter both extrinsic contradictions with religious institutions, family members, and friends, as well as fearing divine retribution conflicts (Etengoff, 2016;2017, p.167). Further research could help to see if these same outcomes have occurred to those who struggle with the LGBTQ identity, prompting a need for resolution on how to provide religious support during sexual identity conflicts. Religious leaders can help with being mediators between the congregation and social justice issues that are religiously sound for those who are interested in the same beliefs through effective listening, teaching, counseling, and ministering.

Family. Family relationship and the feeling of belonging is often cited as a protective factor that is associated with social support from family members (Zeininger, Holtzman, & Kraus, 2017) with evidence linking that supportive environment to successful LGBTQ support services (Maslowe & Yarhouse, 2015). Effective LGBTQ support services that are linked to desired sexual identity change are important. The value of family which also can include more than biological affiliation, such as spiritual family, including religious leaders and friends within religious communities will be examined.

Friends. Friendships are plutonic and managed with the best intentions towards one another. Friendships can have a strong influence in cognitive and behavioral decision making (Almaatouq, Radaelli, Pentland, & Shmueli, 2016). Friendships can have an impact on mental health and happiness (Demir, Tyra, & Özen-Çıplak, 2019). People often tend to befriend those with similar backgrounds or share similar beliefs. Due to religious beliefs that same-sex attraction is controllable may attribute to why it may be difficult for individuals who struggle with the LGBTQ sexual identity, to sustain religious friendships. Establishing sustainable friendships which produce strong religious fellowship in religious settings are critical with addressing sexual identity conflicts.

Pastoral Counselors. A clinical practice that integrates both psychological and theological concepts, pastoral counseling, a 20th-century phenomenon, uses trained ministers, rabbis, priests, imams, and other persons to provide counseling and education services under the professional title of pastoral counselor (Stewart, 2017; Walker, Scheidegger, End, & Amundsen, 2012). There are pastoral counselors who are more affiliated with the religious aspect of their role and have less training in mental health treatment (Cheney, 2018). Conversely, there are pastoral counselors who have less training in the religious aspect and more training in mental health treatment (Yarhouse, 2012). Role integration helps with increasing knowledge, so that counseling and education can be administered without omitting the religious or counseling dimension (Frunza, Frunza, & Grad, 2019). There is a need for role integration to help pastoral counselors and mental health counselors become well competent in both fields of study, so that skills can be administered in practice simultaneously (Eliason, Lepore, & Holmes, 2013; Liefbroer, Ganzevoort, & Olsman, 2019).

Science began to integrate religion and pastoral counseling in the late 19th century. William James' (1890) work, *The Principles of Psychology* described the nature of human consciousness and contributed significantly to the profession of psychology. Pastoral counselors can address mental health issues such as coping with a terminal illness, grief, distress, and emotional responses. According to Throckmorton & Yarhouse 2006 the causes of sexual attraction should not be the focus of the pastoral care provider but permitting the ability of a person to reflect on their overall worldview and value system that influences their experiences and sexual identity decision need to be promoted. Pastoral counselors can help victims resolve religious and spiritual identity issues relevant to their problems and psychosocial wellbeing. Pastoral's counselors can also develop skills and habits that will help them implement the highest values in the client's or church members daily life.

Pastoral counselors can be found in any religious setting. Pastoral counseling can be a stand-alone therapy or incorporated with other therapies and interventions in multiple settings. Due to societal stigma, individuals may find safety in seeking help in environments such as religious settings or through religious-affiliated organizations such as Faith Base Organizations (FBOs) where pastoral counselors are employed or volunteer to assist services for the community (Aten & Boan, 2016; Coburn & McGeorge, 2019). FBOs are organizations whose values are based on faith and religious beliefs and have been used in research to provide evidence of their usefulness with mental and behavioral health issues (Bielefeld & Cleveland, 2013; DeKraai, Bulling, Shank, & Tomkins, 2011). The mission of FBOs is based on the social values of the religion, which most often draws activists such as leaders, staff, and volunteers from that religious group. FBOs can be used as that middle ground where safety and autonomy

can still occur while the integration of religion can still be honored and religious protective factors are provided (Gattis, Woodford, & Han, 2014).

Pastoral counselors should also demonstrate love, compassion and empathy while ethically permitting client autonomy through beneficence and non-maleficence. Pastoral counselors can also be used to train and educate religious leaders and laypersons on how to use religious principles appropriately while not losing moral significance through poor mass communication. Pastoral counselors, at the same time, can be used as conflict mediators or conflict resolution facilitators when addressing sexual identity conflicts that may cause broken relationships within religious groups. Last, pastoral counselors can teach religious leaders and others within the religious environment on how to administer conflict mediation or conflict resolution interventions when dealing with conflicts such as sexual identity.

<p style="text-align:center">Summary</p>

The phenomenon of sexual identity is an area of research that has caused controversy in religious settings. The literature review has highlighted the history associated with sexual identity. The information presented has supplied a better understanding of how religious beliefs that believe the LGBTQ sexual identity is controllable has contributed to the negative interaction with LGBTQ persons within religious communities. The data shows a need to reach LGBTQ individuals, based on their minority stressors, as a direct or indirect cause of religious trauma, abuse or moral injury from religious groups that have led to negative mental, emotional, spiritual, behavioral, physical, and social health outcomes. What makes this population unique are the cultural barriers that often impede religious support towards their care and treatment within religious communities. The literature also proposes that there are substantial supportive mental health services for those who identify as LGBTQ, but due to past counseling maleficence

towards sexual identity change, there is a lack of research that provides alternative effective ways to address sexual identity change through the religious community.

There is a vital role that pastoral counselors, religious leaders, family and friends within religious community play, and the research has poignantly illustrated this. The literature demonstrated empirically that religious support is effective, and when you integrate appropriate tools that suit the needs of the individual or community you are serving, better outcomes occur (Beutler, Someah, Kimpara, & Miller, 2016; Shafran, Bennett, & McKenzie Smith, 2017). Within the literature, it is found that a lack of trust impedes relationship-building and decreases positive personal and social health outcomes (Aliche, Ifeagwazi, Chukwuorji, & Eze, 2020; Lloyd, Boer, Kluger, & Voelpel, 2015; Nakamura & Iwakabe, 2018; Simonič, Mandelj, & Novsak, 2013). This led to the literature showing how the harmful effects of conversion therapy, religious trauma, abuse, or moral injury has created a significant impact on the topic of sexual identity change. Findings in the literature has also shown that religion is a significant part of people's lives. Whitley (2012) suggests that religion should be incorporated in mental health support and encourages religious leaders to become more culturally competent of the needs of diverse backgrounds. The literature shows that supportive networks that produce positive relationships help in improving supportive networks. This can be accomplished by permitting an autonomous pace towards sexual identity change in religious settings and strengthening religious relationships.

Assisting pastoral counselors and all potential supportive networks such as religious communities, religious leaders, family, and friends with understanding the dynamics that are entailed with sexual identity change and the self-efficacy components needed to sustain this change is essential. The ability to motivate is a skill that should be demonstrated with humility,

while respecting the autonomy of the individual or group, so that intrinsic needs are met, and optimal well-being is achieved for all involved in the process (Chirkov, Ryan, & Sheldon, 2011; Krettenauer & Hertz, 2015; Lombas & Esteban, 2018). The literature has shown when different areas of expertise are able to work collectively, the client's needs are placed first and healthier outcomes occur. The literature has shown where there are effective community conversations, it helps to reduce the stigma attached to the LGBTQ sexual identity. Yet, there is little research examining heterosexuals who no longer identify as LGBTQ and their views towards religious and church relationships. Interviewing heterosexual men who once identified as gay, or bisexual will fill existing gaps in literature pertaining to this phenomenon and increase community conversation regarding this population.

Maintaining a conscious awareness of what it takes collectively to understand the complexity of person who has struggled with the LGBTQ sexual identity, through their process of sexual identity change into heterosexuality, is important. Religious communities have a responsibility to engage in this process in a more constructive way. Deconstructing negative religious interactions by heterosexuals who have never identified as LGBTQ towards LGBTQ who currently or had past sexual identity conflicts will help this population sustain their desire sexual identity. Any interaction that devalues the auspice of love while demonstrating mercy and grace is essential when addressing sexual identity conflicts.

Evaluating religious lived experiences of heterosexual men who once identified as gay or bisexual and is a viable way of discovering tools needed to achieve optimal religious fellowship when addressing sexual identity within religious communities. The importance of conducting this research is not just for scientific purposes towards the community care, counseling, and education field of study, but also as a human service duty to improve the lives of those who

struggle or have struggled with sexual identity, specifically within religious settings.

Furthermore, an understanding of how supportive networks, such as religious communities, can

close the service gap and effectively resolve sexual identity issues related to religiosity.

CHAPTER THREE: METHODS

Overview

This study examines the role of social support from religious communities and their belief surrounding sexual identity change. It seeks to understand, through the lived experiences of heterosexual men who once identified as gay or bisexual, what social support from religious groups are needed regarding their sexual identity conflict and process. Through the discussion surrounding religious trauma, religious mental, emotional, spiritual abuse, and moral injury commonly associated with the fear of seeking help regarding sexual identity from religious communities, this research can help pastoral counselors and religious groups to gain a better understanding of what is required to provide effective social support for LGBTQ, specifically gay or bisexual men who struggle or have struggled with sexual identity. Accessible positive social support will aid with attaining healthy church relationships that assist with providing safe church environments where transparency about LGBTQ identity can be achieved. The intention of this research is to provide persons, who are currently or have struggled with LGBTQ identity, with religious support to achieve mental, emotional, and spiritual well-being while addressing sexual identity conflicts within religious settings.

The goal of the research is to understand what is needed to provide safe environments, so that the utilization of religious groups can be used when addressing sexual identity. Explicitly, the goal is to provide environments where heterosexual men who once identified as gay or bisexual can feel safe, supported, inspired, and encouraged, to utilize religious and pastoral care services surrounding sexual identity change. Complex environments continually influence aspects of lived experience that affect individual wellness (Juster, McEwen, & Lupien, 2010). Researchers suggested when trying to assess a person's spiritual experience, as it relates to

personal growth it is better attained through personal interviews that depict detailed real-life experiences (Moustakas, 1994). As one's spiritual experience is related to one's humanistic experiences, research suggests that the qualitative approach provides the best ability to capture making meaning of the experience (Creswell, 2013; Husserl, 1970; Wertz, 2010). This chapter will provide the rationale for using a qualitative phenomenological research design and steps used in the data collection process such as explaining the selection of the participants and setting which the research will take place. Qualitative interview process and questions along with data analysis will be discussed, detailing data recording methods that will validate the explanation of authenticity and trustworthiness of the research study. In addition, the researcher's role will be reviewed along with ethical considerations and ending with a summary.

The central and associated research questions will be identified in this chapter as well. Through qualitative analysis the following research questions will be explored. What is the association between religious trauma, abuse, and moral injury and the role of religious support towards sexual identity change in religious environments and what are some of the barriers that assist with sexual identity self-efficacy?

Design

The design of the research provides the overall strategy that will be used to address the research problem logically and effectively. "Qualitative research focuses on understanding a research query as a humanistic or idealistic approach" (Pathak, Jena & Kalra, 2013, p. 192). The design selected for the research is a qualitative, phenomenological, transcendental approach. The details regarding this design will help understand its appropriateness and sustainability to produce detail research outcomes that will expand the phenomenon being studied.

Phenomenology

Phenomenology design is an intuitive and descriptive procedure of reduction that delves into a better understanding of lived experiences (Giorgi, 2011; Vagle, 2014). The phenomenological approach to research was used originally by Edmund Husserl in the field of philosophy then built upon by others such as, Martin Heidegger, Maurice Merleau-Ponty, Jean-Paul Sartre, *et al*. in the first half of the 20th century (Heppner et al., 2016). The goal of a qualitative phenomenological research is to examine and describe the meaning of the lived experience by collecting data from people who have experienced the phenomenon (Creswell, & Poth, 2018). The study of these phenomena is also to re-examine taken for granted experiences with the intention to uncover new or forgotten meanings. These human experiences include feelings that produce in-depth descriptions and interpretation, of a specific phenomenon, through in-depth semi-structured interviews, revealing beliefs, experiences, attitudes, behaviors, and interactions (Yüksel & Yıldırım, 2015).

According to Giorgi (2012), the qualitative nature of phenomenology allows the researcher to notice trends, so that meaning can be placed and exposures to misconceptions can be revealed to assist with a change towards preconceived notions, and complacency pertaining to the phenomenon. Since this study focuses on sexual identity and the role of religious trauma, religious mental, emotional, spiritual abuse, and moral injury has played in the lived experience of heterosexual men who once identified as gay or bisexual, as well as the importance of perceived social support, it is essential to understand the lived experiences of these men in religious community. This information will be collected through responses from semi-structured, open-ended interview questions from which experiential outcomes will be analyzed.

Transcendental Approach. Transcendental phenomenological approach will be selected for this research study. Since the researcher will not be a participant in the research and will not interpret the lived experiences of the participants to align with personal choices, beliefs or views, the most appropriate phenomenological study design approach would be transcendental. Transcendental phenomenological study, "considered, perceived and described in its totality, in a fresh and open way" (Moustakas, 1994, p. 34). This study design will be descriptive as opposed to interpretive, which the hermeneutic phenomenological study design uses, permitting the researcher not to integrated personal assumptions. Only the participants cognitive narrative will formulate research outcomes. The researcher will bracket or suspend personal judgments and biases regarding the phenomenon being studied by putting aside personal understandings, so that all phenomena are seen in a fresh, open, and new way (Moustakas, 1994). The realities of a phenomenon are best understood and shared by those who have lived and experienced the phenomenon and their interpretations should not be manipulated by the researcher's preconceptions when utilizing transcendental phenomenological design.

Research Questions

This study will examine the following research questions to help pastoral counselors and religious groups understand the effects of religious trauma, religious mental, emotional, spiritual abuse, and moral injury in relation to sexual identity. Furthermore, it is intended to reveal how effective religious support network can assist with mental, emotional, and spiritual well-being of heterosexual men who once identified as gay or bisexual.

Central Research Question: How do heterosexual men who once identified as gay or bisexual describe their religious experiences? What did they experience, regarding being

involved in the religious setting, and in what context, or how, did they deal with these religious experiences?

RQ1: Can religious trauma, mental, emotional, spiritual abuse, or moral injury become barriers to seeking help from religious communities regarding sexual identity?

RQ2: How does religious support affect self-efficacy towards mental, emotional, and spiritual well-being when addressing sexual identity change in religious environments?

Setting

Interviews for this study will be either faced-to-face or virtual video conference to capture verbal and nonverbal communication. The location of the participant and Coronavirus disease (COVID-19) regulations towards traveling will depict how the interviews will take place. Face to face interviews will be held at an agreed meeting place. This could be at the participants' home or public discreet locations such as a church, school, or library secured meeting room to assure confidentiality. These meeting arrangements would be made through prior communication, for the date and time of the interview. Participant location may require the researcher to travel. This setting is important because the participant must feel safe to assure that their interview responses are at the highest quality of validity (Kvale, 1996). Any virtual video conference and phone communication, by the researcher and participant, will occur in a secured location utilizing secured devices.

Participants

The transcendental phenomenological study will be accomplished by way of interviews, derived from using the research recruitment strategy of snowball sampling. Snowball sampling is a research method used to find potential participants, through the word of mouth of others, within the same population or community of the phenomenon being studied (Ten-Houten, 2017). "The snowball sampling outreach strategy finds individuals (the "source," also referred to as the "seed"), who have the desired characteristics, and uses that person's social networks to recruit similar subjects, in a multi-stage process" (Sadler, Lee, Lim, & Fullerton, 2010, p. 370-371). The research will utilize a chain of existing social networks referrals from men who identify as heterosexual but once identified as gay or bisexual, who could potentially participate and contribute to the study. More specifically, selection for participation will be based on the recommendation and referral from individuals who are either consented participants of the transcendental phenomenological study or referred by friends of those who have been consented for the study. The participants will come from various areas of the United States and could also include international participants. To ensure ethical research, informed consent will be gathered before administering the interviews to each participant. Qualitative participants are often known as "information-rich" cases (Patton, 2015, p. 53). The sample size for this study will be between 6 to 10 participants to achieve data saturation.

Procedures

Study approval will be sought from the Institutional Review Board (IRB) of Liberty University (See Appendix A). Once the approval letter is received, the recruiting process can begin. To ensure that the research study is saturated with participants, the participants will be recruited using a non-probability sampling technique, namely the snowballing sampling method.

Snowball sampling is also known as chain sampling, chain-referral sampling, or referral sampling that permits the researcher to have access to reach populations that may be reluctant to come forth without the assurance of peers that have previously agreed to participate in the study. An anticipated total of three seeds will be used in the outreach strategy. The researcher will contact the seed whose criteria for this study, as well for all other participants, is to have at one point of their life identified as a gay or bisexual male. Identify exclusively as heterosexual as of the date of the interview. Each participant must be over the age of eighteen, born male at birth, currently identifies as male, and has encountered negative or positive sexual identity religious experiences.

Participants will be given an introductory letter (Appendix B) which will introduce the researcher to the participant. This letter will also include the name of the institution where the researcher is currently noted as a doctoral candidate and a description of the phenomenological study that will be conducted. The participant also will be provided with a screen survey (Appendix C) which is meant to establish eligibility of the participant. Each participant will complete a brief screening survey that will include questions that will verify the potential participant's current sexual identity, past sexual identity, current age, sex at birth, current gender identity, and verify if he has had any sexual identity religious experiences. After meeting eligibility criteria and prior to the initial data collection, the researcher will present the consent form (Appendix D) to the participant which will include, but not be limited to the confidentiality agreement concerning all aspects of the data collection process. The consent form will be reviewed by the researcher with the participant in which, at that time, the participant will be given the opportunity to ask any questions and chose to accept, decline, or think about participating in the study. If the participant declines, the researcher will thank him for his

consideration and no further contact concerning the research study will be made. The researcher will then go back to the seed, or previous referrer, to request another potential participant. If the participant accepts to participate after reading the consent form, consistent with IRB approval, a signature will be retrieved either in person, electronically, or by mail before being able to participate in the qualitative research study. Then a scheduled date will be agreed upon to conduct the interview, either in person or by virtual video conference call. Within the consent form, the participant will be made aware of the definition of snowball sampling, and he will be asked to refer the next participant. If the participant chooses to think about participating in the study, he will be given a week's time to return with a finalized decision to accept or decline participation. The participant will also be alerted if there is no response within this weeks' time it will be assumed that the participant was not interested, and no further contact will be made pertaining to the research. The researcher will follow the previous accept or decline procedures after a concrete decision is made by those who may need time to think about participating. Monetary gifts or other incentives to participate will not be presented to participants. Given the cultural sensitivity to the phenomenon being reviewed, the maximum consideration will be given to the confidentiality of participants and their responses. To assure trustworthiness, no coercion will be conducted in the recruiting, consenting, or interviewing process. All participants' agreement to participate in the research study will be made of their autonomous free will. In addition, all participants will be given the choice to withdraw from the study at any point in time or can refuse to answer any interview question.

The primary use to examine this research phenomenon of interest will be in-depth, open-ended semi-structured interviews. The researcher will collect data using qualitative open-ended semi-structured, recorded, and transcribed dialogued interviews. Semi-structured interviews are a

common data collection method in qualitative research. Semi-structured interviews provide a

practice-based tool that can help researchers achieve rigorous data collection and trustworthiness

for their study (Kallio, Pietilä, Johnson & Kangasniemi, 2016). Open-ended questions will be

administered which will allow participants the opportunity to share their experiences from a first-

person account in detail (Attali, 2010). The open-ended questions may reveal aspects of the

individual's specific relational connections of social support as it relates to areas that are

significant to their sexual identity process (Hill, Higgins, Dempster & McCarthy, 2009). The

researcher will utilize probing questions to gather more in-depth information when responses are

vague or unclear (Creswell, 2008). Conversational open-ended questions will be comprised

before all interviews. To assure internal consistency, the same interview questions for each

participant will be executed, to vilify that all interviews were equally administered.

All interviews will last from one to two hours and begin by asking participants several

"grand tour" questions (Leech, 2002, p. 667), such as "Can you tell me about yourself?" "What

lead you to identify as gay or bisexual?" "What was your reason to change from being gay or

bisexual and live a life identifying as heterosexual?" "Was the role of the church, synagogue, or

mosque influential in your sexual identity choices?" The purpose of these questions is to get

participants to share their own conscious recollection of their experience of the phenomenon,

through descriptive and interpretative testimonial narratives. The interview questions will be

used to guide and engage participants in discussions revolving around their sexual identity

journey experiences including religious experiences. The framework of the interview questions is

designed to understand the impact religious group support has had towards their sexual identity

change from gay or bisexual to heterosexual. Participants will have the opportunity to review

transcripts of their interview to assure accuracy of responses. If necessary, there will be a follow

up discussion to clarify or expand on the participants previous interview responses. Follow-up discussions will last from thirty minutes to one hour. Interviews and follow-up discussion will be audio recorded.

The researcher will begin each interview by welcoming and thanking the participant for participating. This will ensure that all the participants feel comfortable and safe (Creswell, 2008). Participants will also be made aware that at any time during the interview, if they need to take a break, it will be honored. After participants are made aware that recording will commence, the researcher will then begin recording. Each interview will end with allowing the participant to give final or concluding thoughts and the researcher will thank the participant for participating. The interviews will be transcribed and either returned to the participant by hand or emailed for clarity within one week. The participants will have 3 days to review the transcript and schedule a follow-up discussion regarding primary interview if necessary. Transcripts will be return to the researcher signed and dated if participant agrees with content within transcription and no follow-up discussion will take place. If follow-up discussion is needed the same process will occur.

The Researcher's Role

Ethically, the role of the researcher will be to ensure that the participant's autonomy is protected while the promotion of confidentiality is kept for all involved in the research process design (APA, 2018). When utilizing transcendental phenomenological research, the role of the researcher is a crucial part of the research process. Through fidelity, integrity, the pursuit of justice, respect, and rights of the participants, the act of beneficence and nonmaleficence will be kept, as sensitive re-experiencing memories may occur (APA, 2018). The safety and well-being of the participants will be the main concern of the researcher, so that participants will always have the choice to decline participation or drop out at any time during the research process.

Through human relationships, an atmosphere of safety will be accomplished without crossing into transference or countertransference between researcher and participants. Finally, the role of the researcher is to ensure that the true picture of the phenomenon occurs through the act of trustworthiness. To ensure credibility and confirmability, a trustworthiness criterion will be achieved by guaranteeing that the finding emerges from the data and no bias is added by the researcher. The relationship between the researcher and the research must be a recurrent concern in the methodology (Råheim et.al., 2016). Self-reflectivity will assist with eliminating any research, anti-authoritarian disposition, or bias by the researcher so that a dual relationship dynamic is established between researcher and participant (Creswell, 2008).

It is important that the researcher self-acknowledge their position in this culture and ensure that this position does not affect the trustworthiness or validity of the research. The researcher's role as a public health practitioner and behavioral health and education counselor, they have had extensive professional contact with those who identify LGBTQ. The researcher has also been in a leadership position where community assessment and needs for the LGBTQ community were administered. The researcher has also been involved with religious groups where LGBTQ holistic concerns were addressed for public, behavioral, and social health reasons. The researcher has a great empathic position toward the maltreatment of LGBTQ persons within any social environment. In addition, the researcher stands against any harmful mental, emotional, physical, or spiritual methods used in counseling for those who identify as LGBTQ.

To assure that the best approach was taken the researcher also solicited the help of a Management Ph.D. recipient who identifies as gay, to read over chapter one, two, three, four and five to ensure that the delivery is culturally appropriate and sensitive to the LGBTQ community.

Peer review assistance was asked to make sure that bias from the researcher is eliminated and personal subjective opinions and perspectives were omitted. This peer reviewer will not be asked to sign any confidentiality form because access to the data or findings which will appear in chapter four will not occur.

The researcher has chosen to use a transcendental phenomenological approach to analyze sexual identity themes from heterosexual men who once identified as gay or bisexual so that personal and social cognitive awareness can begin between the religious groups and this population. This awareness will assist with developing stimulating and innovative tools where the meeting of the minds can occur between individuals within religious communities revolving around sexual identity conflicts so that lives everywhere can be affected positively. These positive mass communications may help with producing safe religious environments for those who desire sexual identity change, while still maintaining their religious identity. The role of the researcher must also provide this same safe environment in this transcendental phenomenological study.

Data Collection

To capture the accuracy of responses, each participant's interviews will be audio recorded and then transcribed. The qualitative data analysis computer software ATLAS.ti, developed by Thomas Muhr, will be used to interpret the data (Lewins, 1996). ATLAS.ti helps to search for commonalities to capture codes and themes from qualitative interviews for qualitative analysis. To assure that the research follows a rigorous qualitative phenomenological data collection, the following steps will be administered. An intense review of the audio recordings and transcripts will be reviewed several times for coding purposes. There will not be any follow-up interviews

although verification of original interview statements or responses by participant will occur. Follow-up discussion may take place if clarity of interview responses is requested by participant.

To maintain rigorous data analysis procedures, reliability will be applied to the research study. Reliability refers to consistency in the measurement process, and validity ensures that the concepts under investigation are correctly measured (Cypress, 2017). Reliability and validity will be kept by ensuring each interview is administered uniformly by asking the same questions and consistency in the data analysis. The outcome of the data will be pulled through emerging themes that will assist with discovering new terminology, redefining concepts through an interpretation of a text, or reaffirming research qualitative data conclusions.

The research will assess what was said and how the participant expressed what was said, significant observations, behaviors, and language. A code book will be used to link pseudonyms. A personal journal will be used to capture these observations. Creswell (2008) contended that the use of a personal journal, for the researcher is a type of document that can be used in addition to other forms of data collection methods. The psychological analysis would reveal the meaning of the text while at the same time reveal something of the intentional or unintentional motivations of the participants (Smith, Flowers, & Larkin, 2009). The procedure of the data collection has been chosen because this is the path that qualitative designs take to assure that the data is credible, reliable, and valid. This is the gold standard of qualitative design data collection that can be repeated by another phenomenologist. All data will be locked in file cabinets and will be deleted or shredded after 3 years.

Interviews

The use of semi-structured interviews will be conducted (Appendix E) based on four-dimension criteria (credibility, dependability, confirmability, and transferability) to assess and

ensure the robustness of the study. Semi-structured interviews allow the participants to remain authentic, in their responses, by asking questions that are balanced between structured and unstructured interview style (Heppner, Wampold, Owen, Wang, & Thompson, 2015). The questions must have both social meaning and personal significance (Moustakas, 1994). The purpose of qualitative interviewing is to gain insight into the lived experiences of participants. The questions are designed to provide insight and will be managed and presented by the researcher with the utmost care and empathic disposition. The researcher will display patience and assist participants with any questions they may have. The researcher wants to make sure that the transition of the interview question goes smoothly, and fluidity needs to be assured so that all participants are clear on what is being asked (Creswell, 2008).

The goal of the researcher is to solicit ethical dialogue with the participants so that informative feedback is provided. All participants will be given the opportunity to give meaning to their responses from the interview questions so that their narrative, in relation to their lived experiences, are not misconstrued or misinterpreted by the researcher. The researcher will remain in the scope of the phenomenon being discussed. Cultural, ethical, and religious considerations will be well thought out by the researcher during the interviews. To maintain confidentiality and anonymity, the researcher may use pseudonyms (Creswell, 2013) unless the participant gives permission to be identified.

Each interview will begin with an introduction by the researcher to the participant and an explanation of the research process. Each participant will be reminded that the interview will be audio recorded. The researcher will ask the participant if he has any questions before the interview process begins. The researcher will ask the participant the research questions. Once each question has been asked by the researcher and answered by participants the researcher will

ask if the participant has any questions. The researcher will close the interview session by thanking the participant for participating and letting the participant know that his time answering the interview questions was appreciated. The researcher will also let the participant know that after the interview he will be contacted within one week to review the transcription of the interview for accuracy and clarity. The total estimated interview process may take one to two hours and follow-up discussion process may take thirty minutes to one hour. Time spans may be shorter or longer but will be documented in the research data results appropriately.

Interview Questions

Demographic Information:

(1) Please let me know more about you, including your age, race, where were you born, current religious affiliation, and anything else you like to add.

Same-Sex Lived Experiences:

(2) At what age was your first same sexual thought and when was your first same-sex experience? Can you remember how you felt during both scenarios?

(3) At what age did you come out to others as gay or bisexual and how was that experience?

(4) Do you believe your initial sexual identity of gay, or bisexual was attributed to genetics, environment, or personal choice? Otherwise, do you feel you were born gay, influenced by the environment, or was your autonomous choice and why?

(5) How long did you identify as gay or bisexual, and how much of that time did you struggle with identifying with the gay or bisexual? Can you describe these struggles?

Same-Sex Identity and Religious Influences:

(6) Were any of your religious community affiliations aware of your gay or bisexual identity? If so, how were they made aware and if not, why did you not share your gay or bisexual identity?

(7) Did you ever experience or witness any religious trauma, abuse, or moral injury within religious groups due to your or another's person's gay or bisexual sexual identity? How did these primary or secondary/vicarious encounters make you feel?

(8) Did you encounter or witness good religious and moral experiences within religious groups regarding your or another's person gay or bisexual identity? How did these primary or secondary/vicarious encounters make you feel?

(9) When the topic of same-sex relationships was brought up in these religious groups, how do you feel it was managed? How did it make you feel?

(10) When you identified as gay, or bisexual did you ever want or leave religious groups and find refuge with another group or environment? If not, why do you think those thoughts did not occur? If so, why did you stay or leave the religious group?

(11) How did these sexual identity religious experiences, while identifying as gay or bisexual, affects your mental, emotional, and spiritual well-being?

(12) What could have been done to improve your relationship with religious groups while you identified as gay or bisexual?

Heterosexual Identity:

(13) How long have you identified as heterosexual and what were the influences towards your sexual identity change from gay or bisexual to heterosexual?

Heterosexual Identity and Religious Influences:

(14) Was there a difference in your personal and community religious experience when you changed your sexual identity to heterosexual within these religious groups? Did others within these religious groups' attitudes change towards you and how did these changes make you feel?

(15) Did you encounter good religious and moral experiences within religious groups and if so, did this act of kindness help with you sustaining your heterosexual identity?

(16) Did you ever experience any religious abuse or moral injury based on the fact the sexual identity gay or bisexual was your past? If so, how has these behaviors affected you in maintaining your heterosexual identity?

(17) Have you experienced doubt that your sexual identity change is not genuine from religious groups? Do you feel people within these religious groups do not believe in your sexual identity change and if so, how has that affected your self-efficacy with maintaining your heterosexual identity?

(18) Have you ever wanted or left religious groups and found refuge with another group or environment based on being known as once identifying gay or bisexual? If not, why do you think those thoughts did not occur? If so, why did you stay or leave the religious group?

(19) Identifying as heterosexual how did these religious experiences affect your mental, emotional, and spiritual well-being?

(20) What could have been done to improve your relationship with religious groups regarding your sexual identity journey?

Sexual Identity Religious and Conventional Counseling:

(21) What are your experiences and beliefs about sexual identity counseling

practices, i.e., conversion therapy?

(22) Do you believe that religious counseling can occur in a healthy way in religious

settings regarding sexual identity? Why or why not?

(23) Would you seek mental, emotional, or spiritual (holistic) health religious counseling

towards sexual identity struggles if the religious groups offered it? Why or why not?

Religious Support:

(24) How important is your religion in your life? Please share what it means to you.

(25) Does the current religious group, you belong to know about your sexual identity

journey and how have they responded to you?

(26) How important is religious support in your life? Do you think that it has an influence

on your relationship with religious groups?

(27) What are your opinions about how religious communities have handled sexual

identity?

(28) When topics such as sex, drugs, and HIV are brought up concerning sexual identity,

how do you feel religious groups have handled these sensitive topics?

(29) What could occur to improve religious support towards sexual identity?

(30) What advice would you give to religious groups on how to support someone like you

or experiencing unwanted same-sex attraction?

Conclusion:

(31) Do you have any additional comments you like to make about your sexual identity

journey within religious groups?

(32) Do you have any last remarks you would like to make?

Question one allows the participant to introduce themselves. This question, also known as knowledge question, permits the researcher to get to know the participant through providing sociodemographic background information which is specifically attuned to the participant. Knowledge questions set the tone of the interview and provide a clear picture of the participant, so that they can become more relatable (Patton, 2015). This question presents the opportunity for the researcher and participant to begin to build trust and safety before interview questions begin (Patton, 2015).

The next set of questions address the participant's sexual identity lived experiences. Interview questions two through five are designed to provide the opportunity for the participant to share his lived experiences while identifying as gay or bisexual, as he remembers it. Here the researcher and participant will begin a social conversation that allows the participant to begin sharing their lived experiences. These sets of questions allow the participants to begin to think and process their experiences (Moustakas, 1994), so that a deeper level of understanding is provided pertaining to the participant's lived experiences when they identified as gay or bisexual. Interview questions six through twelve address the participant's religious experiences during the time they identified as gay or bisexual. Since the participants once identified gay and bisexual, it is important to begin their sexual identity lived experiences from when he first identified as gay or bisexual. This will capture a full picture of his sexual identity journey to reveal a deeper meaning of his sexual identity experiences. Interview questions thirteen opens the dialogue about the participant's heterosexual identity after identifying as gay or bisexual. The following interview questions, fourteen through twenty, highlights the participant's new sexual identity

heterosexual religious experiences. Questions eleven and nineteen specifically reflects on how the participants lived experiences has affected their mental, emotional, and spiritual health.

Interview questions twenty- one through twenty-three assesses the participant's experiences with sexual identity religious and professional counseling. Interview questions twenty-four through thirty seeks to understand the importance of religious support in the lives of the participants. Question thirty-one and thirty-two, the conclusion, allows the participant a final chance to summarize their experience as they remembered it and add any last remarks that he may feel may enhance the interview.

These questions provide a descriptive and holistic reflection of the participant's lived experiences by extending the discussion on the complex phenomenon of sexual identity and religious experiences by delving deep into the views and voices of the participants (Creswell, 2013). The questions were designed to provide meaning to these experiences, so that it can add to the existing knowledge within research. In addition, the questions also serve as a human service duty to improve the lives of those who struggle or have struggled with the gay or bisexual sexual identity and want every ethical and moral opportunity to address these personal autonomous convictions within religious groups. The researcher will administer the validation strategy of member checking post interview. Member checking confirms the intent of information in transcripts from study participants (Lincoln & Guba, 1985). If further clarification of interview responses is requested by participants a follow-up discussion will occur regarding original interview question responses and those responses will also undergo member checking.

Data Analysis

Data analysis, of the transcribed interviews, will be accomplished by coding through qualitative data analysis software ATLAS.ti. The application of coding will be utilized to search

for patterns. Using the technique of codifying will permit the researcher to organize and group similarly coded data into categories or "families" because they share some characteristic (Grbich, 2007, p. 21). The researcher will transcribe all interviews. Transcribing data helps with interpreting qualitative data using interviews verbatim being accurate (Tummons & Duckworth, 2012). Participants will also be made aware through the consent form of the transcriptionist role in the research. The researcher will cross check the transcribing to assure credibility and trustworthiness is being administered. The use of triangulation permits numerous ways to cross-check the data which enhanced the validity of the data (Patton 1999). The participants will also be given the opportunity to review their transcribed data, which is known in the qualitative data process as member-checking, to check for accuracy and truly reflects their expressions and experiences (Creswell, 2013). The participant must sign and date transcript establishing agreement that the transcript is credible and accurate.

Creswell (2013) recommends engaging in at least two validation procedures when conducting qualitative research. Besides member checking, triangulation, and validation procedures will also include thick and rich descriptions and peer review for validation. To include as much in-depth information, perspective, and emotions as possible, the participant's own words will be used in the data analysis and interpretation (Creswell, 2007). Thick description is described by Lincoln and Guba (1985), "as a way of achieving a type of external validity by describing a phenomenon in sufficient detail, whereas one can begin to evaluate the extent to which the conclusions drawn are transferable to other times, settings, situations, and people" (p. 306).

After final verification of the transcription, the data will be uploaded into ATLAS.ti. ATLAS.ti is a computer program used in qualitative program (Muhr, 1991). ATLAS.ti. helps

qualitative researchers to provide an organized and structured approach to analysis where everything is stored in one place; the software makes subgrouping analysis easier, and it increases the efficiency of the data analysis by eliminating the chance of human error. Most importantly it makes the researcher more efficient (Lu & Shulman, 2008). Once uploaded, the researcher will begin to formulate clusters of the data by common themes that have been created based on the similarities of responses of the participants. It is essential to group themes because "clustering the data allows the researcher to avoid repetitive statements" (Moustakas, 1994, p. 118). Through phenomenological reduction and synthesizing of meaning the most cohesive statement that captures the essence of the phenomenon will occur (Moustakas, 1994). The participants lived experiences will provide rich data to analyze and generate common themes to understand the specific phenomenon as it relates to sexual identity and religious experiences. Audio recordings and transcripts will be stored on a password-protected personal laptop with a back-up on a flash drive locked in a cabinet and will be deleted after 3 years.

Trustworthiness

Evaluating the worth of a research study design and execution is dependent upon trustworthiness. For a qualitative study to be accepted as trustworthy according to Nowell, Norris, White and Moules 2017, "qualitative researchers must demonstrate that data analysis is conducted in a precise, consistent, and exhaustive manner through recording, systematizing, and disclosing the methods of analysis with enough detail to enable the reader to determine whether the process is credible" (p. 1). Qualitative research can be subjective based on the fact the researcher becomes the instrument for analysis in making judgments about coding, theming, decontextualizing, and recontextualizing the data (Starks & Trinidad, 2007). When conducting data analysis, qualitative research has specific techniques for conducting, documenting, and

evaluating the research data analysis processes, but it is the individual researcher's responsibility to assure rigor and trustworthiness (Creswell, 2007). This process is extremely important because trustworthiness will be judged by readers to establish the credibility of data analysis outcomes (Gee, 2005). Therefore, the data must be rich enough to capture the nuances of the lived experiences of heterosexuals who once identified as gay or bisexual, as it pertains to their religious experiences and holistic well-being. Trustworthiness is established by the involvement of four areas: credibility, transferability, dependability, and confirmability.

Credibility

The credibility of qualitative research is established through the believability of the results. It ensures that there is confidence in the truth of the finding by projecting objectivity, validity, and quality (Patton, 1999). This will be executed by the researcher by rising above any preconceived bias or perceptions. Member checking also ensures credibility and validity. Member checking relies on the assumption that there is a fixed truth of reality that can be accounted for by a researcher and confirmed by a respondent (Angen, 2000). Peer debriefing will be administered so that the researcher can become aware of the posture toward writing, data, and analysis and to ensure self-care is administered throughout the research (Rager, 2005). The researcher will also report any deviant case analysis that does not support or appear to contradict patterns or explanations that are emerging from data analysis (Creswell, 1998).

Dependability and Confirmability

Qualitative methodological rigor continues with ensuring that the research is dependable and confirmable. Dependability ensures if the same type of participants can be used again and that the qualitative findings can be repeated using the same codes and contexts (Forero, et.al. 2018). Confirmability provides that the results of the research can be confirmed or corroborated

by other researchers with confidence (Hays, Wood, Dahl, Kirk-Jenkins, 2016). Therefore, in this

research, establishing a qualitative research process will be obtained by reading and

understanding qualitative research pioneer's writings such as, Drs. Clark Moustakas (1994), and

John Creswell (1998-2018). The findings in this research will be supported by the data and will

not incorporate the researcher's thoughts about the phenomena.

Transferability

Transferability ensures that the research results are transferable to other contexts or

settings and can be generalized (Wright, 2014). Therefore, the data saturation will occur, and

results may also be utilized in other social settings when addressing autonomous willful sexual

identity change. Through the thick description of the findings, utilizing ATLAS.ti., a description

of the phenomena in context can provide meaningful information to anyone who is not familiar

with the study population and lived experiences of an individual who once identified as gay or

bisexual, but now identifies as heterosexual. This research will be beneficial to pastoral

counselors, religious communities, and any social setting who may address sexual identity

change. Pastoral counselors, behavioral health counselors, educators, religious leaders, and the

community at large can use this research to understand benefits, barriers, and conflicts that

pertain to sexual identity, specifically within religious settings.

Ethical Considerations

All participants will be treated in accordance with the Liberty University Institutional

Review Board (IRB). Equity may broadly be described as a subjective sense of fairness and

integrity (DeWitt, 2016), whereby fairness and integrity are ethically considered throughout this

research. There is minimal risk to this study, but the researcher will take ethical steps such as not

to do any harm to ensure justice and the safety and well-being of the participants. For example,

each participant will voluntarily decide to participate in the research. Also, each participant will have the choice to drop out of the study at any time. The researcher will guarantee that all information will be kept confidential, pseudonyms will be used, and data will not be released to anyone who does not have a direct impact on the research data. Those who do have a direct impact on the research data will be required to sign confidentiality forms to ensure the privacy of the participants. Participants' information, data, written transcriptions, or notes will be stored in locked cabinets in the researcher's home office. In addition, all digital files will remain on a password protected secured computer, which will also be stored in a locked cabinet. Last, the research will remain harmonious so that community and societal needs are placed above researchers' needs.

Summary

In summary a detailed overview of the qualitative research design and the benefit of selecting the transcendental phenomenological approach is provided. Included in this chapter are explanatory sections that discuss the research design, procedures, and data analysis that will be used for the present research study execution. Descriptions of the recruitment and interview process are explained including the process for coding and analyzing the interview data in this chapter, so that the replication of the study is permitted. In addition, this chapter provides information that details the role of the researcher and potential settings that may be used to conduct the research. This chapter also shares what makes a qualitative study credible including ethical consideration for each participant while the research and interview questions are stated.

The present research study includes a qualitative methodology to examine what is required for pastoral counselors, and religious leaders within religious groups to address sexual identity conflicts by interviewing heterosexuals who once identified as gay or bisexual to "bridge

the science and practice gap" (Heppner, Wampold, Owen, Wang, & Thompson, 2015, p. 361).

The research open-ended semi-structured interview questions cover this population's lived

experience, within religious groups, and how it has affected their mental, emotional, or spiritual

well-being. Sharing the impact of sexual identity religious trauma, religious mental, emotional,

spiritual abuse, moral injury, and religious social support on this population, through the sharing

of the participant's lived experiences, is the goal of the research. The intentions of the research

study are to heighten awareness of this phenomenon, population, and their specific needs based

on highlighting their live sexual identity experiences within religious communities.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this transcendental phenomenological study is to examine the impact of religious groups' attitudes and beliefs on heterosexual men who once identified as gay or bisexual. The exploration and reflection on the lived religious experiences of these men will help focus on what is needed for these men, through religious support networks, when addressing mental, emotional, and religious traumas associated with sexual identity struggles.

Participants for the study were selected using the recruitment strategy of snowball sampling due to the hard to reach and the vulnerable nature of this population. When inaccessible samples with specific target characteristics are hard to reach, snowball sampling can be used when conducting qualitative research (Naderifar, Goli & Ghaljaie, 2017). The researcher made initial contact with two eligible seeds from separate social networks who potentially fit research criteria. Snowball sampling starts from a single network called the seed (Goodman, 2011). The seed then recommends and refers the next participant from their social network. More participants were referred by previous participant's or the seed's social network to screen for eligibility. Participants identified as living within the United States, Australia, and Europe. Eligible participants were between the ages of 18 and 65, previously identified as a gay or bisexual male, currently identify as a heterosexual male, born male at birth, currently gender identify as male, and identify as experiencing positive or negative sexual identity religious experience(s). Eligible participants consented by completing an informed consent form and then the participants interviewed for the study.

Data collection occurred using open ended semi-structured interviews of heterosexual men who once identified as gay or bisexual. Interviews were a way to start a dialogue about

sexual identity religious journey to establish what religious support surrounding mental, emotional, and spiritual well-being of men with sexual identity struggles is needed. The role religion plays on the mental, emotional, and spiritual well-being within people during their sexual identity journey can contribute to negative or positive stressors (Page, Lindahl, & Malik, 2013, Yarhouse, 2019). This study helps to heighten awareness of this phenomenon, population, and their specific needs based on highlighting their lived sexual identity experiences within religious communities' while understanding how supportive religious networks including pastoral counselors, religious leaders, family, and friends, can close the service gap and effectively resolve sexual identity issues related to religiosity.

Evaluating religious lived experiences of heterosexual men who once identified as gay, or bisexual is a practical way for discovering tools needed to achieve optimal religious fellowship when addressing sexual identity within religious communities. Additionally, appreciation of the nuance can help with human service duty to improve the lives of men who struggle or have overcome the gay or bisexual identity, specifically within religious settings and the understanding of religious social network impact on mental, emotional, and spiritual well-being. Through effective religious support by professionals and the religious community, fostering trust and promoting autonomy can help this population navigate effectively through their sexual identity in religious settings.

This chapter supplies a detail description of the participants and analysis of the results. Also, included are the research questions that framed the investigation of the study. The participants were heterosexual men who once identified as gay, or bisexual shared their sexual identity lived experiences within religious groups. Verbatim analyzation of all responses occurred to highlight their perspective on religious support associated to sexual identity. Finally,

through qualitative analysis of the interview data downloaded into the computer software,

ATLAS.ti, an in-depth analysis and synthesis of codes, themes, and subthemes that emerged are

presented in this chapter. These findings are used to address the main research questions: How

do heterosexual men who once identified as gay or bisexual describe their religious experiences

and what did they experience, regarding being involved in the religious setting, and in what

context, or how, did they deal with these religious experiences? This research investigation was

framed around these two additional research questions.

RQ1: Can religious trauma, mental, emotional, spiritual abuse, or moral injury become

barriers to seeking help from religious communities regarding sexual identity?

RQ2: How does religious support affect self-efficacy towards mental, emotional, and

spiritual well-being when addressing sexual identity change in religious environments?

This chapter of the research will reveal the participant's information, data collected and findings

that will provide candid and in-depth responses from the lived experiences of heterosexual men

who once identified as gay or bisexual and their sexual identity journey within religious groups.

Participants

There was a total of seven participants included in this study. Each participant was

between the ages of 18 and 65 and previously identified as a gay or bisexual male but currently

identifies as a heterosexual male. In addition, each participant identified as being born male at

birth and currently gender identifies as male. Last, each participant identified as experiencing

positive or negative sexual identity religious experience(s). Two of the participants, the seeds,

were recruited by the researcher. Both seeds were found through social media. Both seeds have

openly shared their sexual identity stories on social media. Additional participants were referred based on the pervious participants' social network.

There was an attempt to recruit a third seed. The first attempt was of an individual who was found through a video search of "Ex gay" testimonies on You Tube. He resides in the continent of Africa. After initial social media contact, he did not respond to initial email contact. The second attempt for the third seed was found through social media and was deemed eligible to participate after completing screening survey but he did not respond to reviewing the consent form and scheduling an interview. In addition, one referral from a consented participant did not meet inclusion criteria. Another referral that did not respond to initial contact and two referrals stopped communication after initial contact. There was no data collected as to why these referrals did not respond or ceased communication. The entire recruitment and interview process took four months to complete.

Each participant, after being found eligible for the study, were consented, and interviewed. Participants provided a pseudonym, and that pseudonym was attached to their interview to maintain his confidentiality. Four of the participants resides in the United States, one participant resides in Australia, and two participants resides in Europe.

Description of Participants

Pseudonyms and age ranges have been used to protect the identities of the participants. The following section provides a brief description of the participants.

Jamaal, seed one, identified as an African American male who was born and raised in the United States. He is between the age of 30 to 40. He is a married man and father of three children and religiously identifies as non-denominational Christian. He is currently in graduate school studying clinical mental health counseling and employed.

Owen, referral from seed one, identified as a European American male who was born and raised in the United States. He is between the age of 50 to 60. He is married and religiously identifies as Pentecostal. He did not disclose his educational or occupational status.

Samuel, referral from Owen, identified as a Jewish male who was born and raised in Europe. He is between the age of 40 to 50. He is married with two children, and religiously identifies as Messianic Jewish. He is a high school graduate and currently employed.

Adam, referral from Owen, identified as a Lebanese male who is born and raised in Australia. He is between the age of 30 to 40. He is single, no children, and religiously identifies as Sunni Muslim. He is currently a graduate student studying education and Islamic theology. He did not disclose his occupational status.

Lee, referral from Adam, identified as a Caucasian male who was born and raised in the United Stated but currently lives in Europe. He is between the age of 60 to 65. He is married with two adult children and religiously identifies as Evangelical Free Church of America: Christian Protestant tradition. He is employed and he did not disclose his educational status.

John, seed two, identified as an African American male who was born and raised in the United States. He is between the age of 40 to 50. He did not disclose his marital, educational, or occupation status but religiously identifies as non-denominational Christ believer, classified as Christian.

Jimmy, referral from seed two, identified as an African American male who was born and raised in the United States. He is between the age of 30 to 40. He is married and father of two children and religiously identifies as submitted to Jesus Christ; classified as Christian. He has reservation identifying religiously as Christian. He did not disclose his educational or occupational status but has authored a book detailing his sexual identity journey.

Table (1) Profile of Participants

Name	Age Range	Race	Residency	Heterosexual Marriage	Children	Education	Employed	Religious Identity
Jamaal	30 to 40	African-American	USA	Yes	Yes	College	Yes	Christian Non-Denominational
Owen	50 to 60	Caucasian	USA	Yes	Non-Disclosure	Non-Disclosure	Non-Disclosure	Christian Pentecostal
Samuel	40 to 50	Jewish	Europe	Yes	Yes	High School	Yes	Messianic Jewish
Adam	30 to 40	Lebanese	Australia	No	No	College	Non-Disclosure	Muslim Sunni
Lee	60 to 65	Caucasian	Europe	Yes	Yes	Non-Disclosure	Yes	Christian Protestant
John	40 to 50	African American	USA	Non-Disclosure	Non-Disclosure	Non-Disclosure	Non-Disclosure	Christian Non-Denominational
Jimmy	30 to 40	African American	USA	Yes	Yes	Non-Disclosure	Non-Disclosure	Christian Non-Denominational

Results

Participants were asked to respond to a thirty-two semi-structured question interview to explore participants thoughts about their sexual identity journey within religious communities. These questions permitted participants to introduce themselves, seek deeper knowledge about their lived experiences while identifying as gay or bisexual, described religious experiences during the time they identified as gay or bisexual, explain personal heterosexual identity experience after identifying as gay or bisexual, describe heterosexual religious experiences, recount how these lived experiences has affected their mental, emotional, and spiritual health, detail lived experiences with sexual identity religious and professional counseling, delineate importance of religious support, and answer conclusion questions. The average time for all interviews equaled to an hour and fifteen minutes. The shortest interview time was forty-five minutes and forty seconds and the longest interview time lasted two hours, thirteen minutes, and twenty-nine seconds. Only one follow-up discussion occurred via video and all verification of interviews responses occurred through participants reviewing transcribed interviews.

Interviews were recorded and originally transcribed through Microsoft TEAMS using audio closed captioning and then uploaded to secured computer device. The researcher continued transcribing verbatim in a word file by editing original TEAMS transcription and reviewing original audio recorded interview. The transcribed interviews were then uploaded to the ATLAS.ti 9.0 software for coding. Each code was identified by analysis of the interview questions and responses and themes, and subthemes emerged. It is impossible to code all themes and concepts that emerge from interviews but exhausting as many codes as possible is important when analyzing phenological qualitative research study (Rubin & Rubin, 2011). Using Moustakas' (1994), phenomenological reduction allowed significant themes to emerge from the

data which were used to describe the phenomenon. These themes were reviewed against the

research questions and a cross analyzation of the data was completed across all participants to

test for themes to add support for the research questions. The themes developed in this research

will guide the research questions and add context and framework to any developing ideas around

heterosexual men who once identified as gay or bisexual and the religious support needed in this

sexual identity journey process which will provide trustworthiness to the research. Themes are

important to identify any gaps in the research, guide future research development and provide

support for policy and systematic change revolving community and social issues. Data analysis

was conducted by the researcher. The following themes were developed from the interviewee's

responses.

<div align="center">**Theme Development**</div>

The following themes emerged from data concerning the thirty-two interview research

questions which assisted with answering primary and secondary research questions. Participant

quotes are used to solidify the themes and provide an answer to the interview research questions.

Responses for interview question one was revealed during the descriptions of participants section

and results are displayed through Table 1. This section, theme development, will begin with

interview research question two.

Awareness of Sexuality: Feelings and Emotions

Questions two through five examined retrospective thoughts regarding participants gay or

bisexual identity journey. One emergent theme that developed from the interviews was the

varying responses participants gave regarding their age of their first same sex thought and sexual

relationship. The development of gay or bisexual sexual identity is a complex and often

complicated process (Rosario, Schrimshaw, Hunter, & Braun, 2006, p 46). Before a person who

identifies as gay or bisexual there is a period where they may have same sex thoughts but have never acted upon these thoughts. These thoughts do not define their sexual orientation or identity, as at this moment in time there has not been any physical same sex encounter.

Responses from the participants pertaining to same sex thought varied from as young as five or six years old up until the age of thirteen. Lee said, "I would say that I was in puberty when I basically had my first same-sex thoughts." These same sex thoughts occurred as early as pre-kindergarten as late as middle school.

Table (2) Participants Age of Same Sex Thought

Jamaal	"Probably like, I was in Pre-K. I think that means I was about five."
Jimmy	"I was five."
Owen	(He is still looking up) "I could say I could go back to as young as probably around kindergarten, first grade having SSA (same sex attraction) thoughts."
John	(He looks up in the air and exhales before answering) "My first uh I know I was I was young. I wanna say like in middle school."
Adam	"The first one, the first thought or the 1st um, how can I say first um realization was when I was in school around the age of 13."
Lee	(He laughs, places hand on chin and looks up) "I would say that I was in puberty when I basically had my first same-sex thoughts."
Samuel	"Exactly, it manifested more like some kind of questioning on the inside or an unexplained sense of attraction or weakness in the area of manhood. It could be even (He looks up) down to like 5 or 6."

The age of participants' first same sex encounter varied as young as five years old to as old as twenty- one years old. John shared, "The first time I interacted with, say I had same sex I was out of high school. So, I wanna say probably 19, late teens." Jimmy was a willing participant during his first same sex encounter with another 5-year-old boy while the remainder of the participants all were all above the legal age of eighteen.

Table (3) Participants Age of Same Sex Encounter

Jimmy	"Five for both."
Owen	"First, sexual experience was 10th grade. So, what age would that have been? 16, about 15, (He scratches face)14,15 probably 15. 10th grade, 14, 15, or 16 years old."
Jamaal	"The first time I had like, I guess an actual sexual encounter I was probably 18. I believe it was 18 because it was after senior high school, but right before I went to college."
John	"The first time I interacted with, say I had same sex, I was out of high school. So, I wanna say probably 19, late teens."
Adam	"Same sex experienced, probably around 20, 21."
Lee	"That happened when I was in University, and I was approximately 21 years old".
Samuel	"The first, so (He closes his eyes) I do not think that I actually engaged in any like homosexual thought or (he emphasizes mediated) meditated on sexual relationship until the late teens. The actual sexual engagement with another person was at 19."

Psychosocial Sexual Identity Outcomes

Another emergent theme that developed from the interviews was the consistent theme of emotional trauma by certain participants when experiencing first same sex thought and encounter. Adam responded, "I felt incredibly stressed. I mean, I was in enormous amount of

crisis. It felt like a major crisis." Emotions towards same sex thought were feelings of guilt, confusion, avoidance, and stress. The participants expressed these emotions by sharing it felt wrong and abnormal. Jamaal, Adam, Lee, and Samuel all dealt with some type of emotional distress while for John it was not a significant distressing occurrence.

Table (4) Emotional Response to Same Sex Thought

Jamaal	"I kind of felt it was wrong."
John	"It's the thought and it just, you know, it's what it was you know, and I think it was always something that I tried to avoid."
Adam	"Looking at an individual. Noticing that I was looking at him in a different, in an abnormal manner, which I would say did not seem normal at the time and then when I thought later on, when I knew that it was not going away, I felt incredibly stressed. I mean, I was in enormous amount of crisis. It felt like a major crisis."
Lee	"I didn't really have many friends who were male. It was a sort of need or lack in my life and so I can remember, you know, having I will call it like a crush on men that I liked boys, young (He emphasizes the word men) men that I admired and so I simply would admire them, and then at some point in puberty, after basically I started my sex hormones can kicked in. I think that was the first time I ever had like a sexual fantasy about someone that I admired. At this point it was all internal. I would never have told anybody, and I would not have acted out upon it at that time."
Samuel	"(He stares in thought) The thought was involved with just a (he squints his eyes) great deal of fear frustration, but also this unexplained (he emphasizes drivenness) drivenness. Just like kind of, you know, like (he fidgets) lust and just this real sense of yearning."

Emotional responses towards first same sex encounter ranged from scared to exhilarating, curious to acceptance, and dirty to comforting. Jamaal, Owen, Adam, and Lee were all uneasy about their experience while John and Jimmy felt at ease when they finally engaged in a same sex sexual relationship. John with jubilation shared, "It was exhilarating, was comforting, was exciting." Adam hesitantly expressed, "A lot of shame, a lot of guilt. Enormous amount of guilt." Samuel has a mix response whereas he was frustrated but there was a sense of self comfort.

Table (5) Emotional Response to First Same Sex Encounter

Jamaal	"So, it was like in the back of my mind, I did not feel like it was right, but because I kind of just wanted to do whatever I wanted to do, I still move forward with it and yeah like I guess I did not really let it weigh heavy on my conscious." "I can remember like it was yesterday. Like I think part of me was a little nervous about it because it was the first time but then again it was that kind of an adrenaline and with it being the first time that I think kind of pushed me as well."
John	"The first time that I was with the same sex it felt liberating and freeing."
Owen	(He interjects while researcher asks question) "Dirty, dirty but I wanted more." (He looks away).
Jimmy	"It was exhilarating, was comforting, was exciting."
Adam	"A lot of shame, a lot of guilt. Enormous amount of guilt. I remember the guilt actually was way worse in the first in the beginning and then started to decrease afterwards."
Lee	"I was a little bit concerned. Just about being caught. I should say I did have a roommate. My roommate was out."
Samuel	"The first experience was almost the same as the same sex thought frustrating and yearning, but it had more of a kind of like a self-comfort experience in it. (He raises his eyebrow) Like I was comforting myself through the other person. It was also like this,

	some kind of like release. You know finally I can like experience experiment on that (he clears his throat). It was really, the main thing was just a sense of like self-comfort."

There can be an internal conflict that occurs as the individual may wish to possess a specific sexual identity but struggles with other sexual attractions that does not match his desired self-idealized sexual identity image. During this sexual orientation development stage there can be ego-dystonic mental struggles centered around sexual compulsives' fantasies which can lead to anxiety and depression based on unwanted same sex thoughts which may lead to behaviors that are highly distressing (Parsons, Kelly, Bimbi, DiMaria, Wainberg, & Morgenstern, 2008). These initial thoughts can vary in age based on personal sexual orientation and identity journey and does not always lead to identifying as gay or bisexual. Although these thoughts leading to actual physical same sex sexual relationships as discovered through the interviews of all seven participants, cognitive mental and emotional struggles can continue during the acceptance of sexual identity of gay or bisexual.

Participants in the study reported that having internalized struggles identifying as gay or bisexual was a reality. The journey before a man fully accepting his same sex attractions and identifying as gay or bisexual can be traumatic as revealed by the responses from the participants. Samuel had mix feelings. He initially did not struggle when he came out as gay, but after his second same sex relationship he began to struggle with the gay identity. Samuel shares, "I think after the second relationship I had I kind of began to feel frustration as a man. I started feeling like maybe this was the wrong choice for me." Owen responded, "I never wanted to be gay. I never wanted to be gay. I hated it. I struggled against it." One major emerging theme that was discovered was that some of the participants did struggle tremendously with identifying as

gay or bisexual. Jamaal, Owen, Jimmy, and Adam at one point of their gay or bisexual identity struggled with the sexual identification.

Table (6) Struggled Identifying as Gay or Bisexual

Jamaal	"For instance, like I began to question, well, does the Bible really say it is wrong?" "So, I feel like during the later years is when the struggle came about because I felt like that was during the time where I was starting to kind of feel like that this wasn't the lifestyle that I was called to live."
Owen	"I never wanted to be gay. I never wanted to be gay. I hated it. I struggled against it." "Felt that God hated me. I would tell people I believe God made me for hell."
Jimmy	"There was just at the time of the struggle and that's what the struggle was like. It got to the point just before I had a confrontation with what I know now is the Lord's."
Adam	"It was an enormous struggle because it felt like it was forced upon. It felt like it did not feel natural. I'll be honest with you, no matter how many times I put on the label of myself behind in the back of my mind, something was telling me that doesn't make sense."
Samuel	"I didn't really have to struggle with that so much." "I think after the second relationship I had I kind of began to feel frustration (he emphasizes as a man) as a man. I started feeling like maybe this was the wrong choice for me."

Due to these sexual identity struggles, becoming comfortable with identifying as gay or bisexual can an arduous process. However, one emerging theme that developed was that initially some of the participants did not identify as gay but engaged in same sex relationships. Adam's emerging theme of coming out as gay or bisexual to a counselor before any church leadership or

family or friend layman was enlightening and different from the gay or bisexual coming out

process of the rest of participants.

Table (7) Coming Out as Gay or Bisexual

Jamaal	"I do not think I ever fully called myself that, but I guess you know in hindsight that would be the age I say that I kind of came, quote unquote came out and I guess the, I was so, I was not fully open with everybody. It was just like select people but yeah 18, I was 18."
John	(He crosses his arm, scratches his head). "I really didn't, I mean (he exhales) I was in my early 20's and I came out to my best friend, and she was supportive, so it was cool. I didn't share my sexuality with a lot of people, but I did come out to her."
Owen	"I hid in the church not till 26 (He scratches his neck), 26 years of age I finally came out."
Jimmy	"I was on the downlow, so 14. There was a girl that I semi grew up with. Lived in my neighborhood. We live in the same neighborhood for most of our lives. Came out to her. Say that like guys too. I like having sex with guys too. I wanna have sex with guys too. Um, it was a relief. I thought it was cool and she was bisexual. Um actually she was gay. She was, as society would call her fluid, I had sex with her before and it was recent that I had sex with her, so that's why I say society called it fluid but nevertheless it was a relief because it was like when I can tell somebody else, and I can build on the type of relationships that understand how I'm thinking or what I desire?"
Lee	"Well. I would have to say I never identified particularly as gay. I did not, I would not have used the word bisexual as my identity for myself, but that is what comes closest to describe the fact that I had the sexual attraction towards men."

	"Although, after taking the Kinsey Scale test I scored five which would identify me as predominantly "homosexual" at the time I took the test."
Samuel	"Yeah, it was around the same time when I was 19. Up to that point I tried not to define myself too much, even though like (he looks up) the earlier teens, I guess, between 16 to 19 or 17 to 19 it was clear that I was going through some kind of process (he gestures his hands) like I was dressing up different and I had more of a flamboyant look."

Attributional Belief: Meaning and Causality of Sexual Identity

Discerning the potential cause of same sex attractions that leads to the gay identity can influence a person's cognitive thoughts towards the ability to change their sexual identity. Each of the participants shared their viewpoints of what they believe was the influence towards his sexual identity of gay or bisexual. With the following choices provided, born gay, environmental influences, or autonomous choice each participant shared his attitudes and beliefs regarding attributing causation towards their sexual identity choice of gay or bisexual. Lee expressed ideas that created an unexpected attribution causality theme, body shaming. Samuel's comment introduced an unexpected theme, spiritual attribution causality.

Table (8) Genetics, Environment, or Autonomous Choice

Jamaal	"I felt that I was born that way simply because I feel like as human beings, we are all born with certain predispositions to certain things. For some people, maybe it's "homosexuality" for other people, maybe it's you know, addiction to drugs or alcohol or what not. So, for me I felt like there was a predisposition to it." "I do feel like part of it was environment, and I say that because I have an older sister, but when it comes to my dad, I am his only son and I was like the baby so I feel like my mom

	kind of coddled me a little bit, probably more than what she should have, and I can specifically remember her being very particular about like my clothes and my appearance and me getting dirty and things like that. So, I do feel like a little bit of nurturing and then on the other side of it, my dad at the time was battling an addiction, so I mean he was around, but he was not. So, he was like present but not present. So, I was with my mom a lot." "I feel like once I became of age it was ultimately a choice of mine to decide to fully kind of you know, engage in that lifestyle. So, all three." (He chuckles)
John	(His arms are still crossed and uncrosses his arm when he begins to answer and shrugs his shoulders) "I think that was influenced by my environment. I was sexually abused, so I think that once that introduce me to a different type of thing or whatever I just became curious."
Owen	"Environment I was about four I was raped by a woman, female babysitter. She made me masturbate her and got the tub with me to take a bath, I did not want to. She began masturbating and then she made me do it to her and she played with my p**** and talked filthy talk to me. And then (he snickers sarcastically) third grade teacher's aide while the teacher was out announced to the class that I was going to be a "homosexual" and went into with very good detail. It is like to your mommy and daddy but instead it is two men or two women together. They live together, sleep together, kiss each other. So, from there on out I was Owen the h*** in school. That was my name, Owen the h***."
Jimmy	"I was born with the ability to feel, to be sovereign in my own mind. More than being born gay, which is what I believe I was born with and if we regulate it to a person was born gay, we diminish the power of the human mind to be whatever it wants to be."

	"Do I believe there are epigenetics in my DNA scientist would say. Spiritually some would say of your spirit. All of that is intertwined. Yes, therefore, was I born gay. You can say that, but this makes my redemption all that much more powerful."
Adam	" Initially, I definitely thought it was inborn. Absolutely did not know any otherwise, and I would say this because that is all I have heard. I mean the popular narrative in society is that this is it. This is who you are. This is your innate identity and when you are saying innate identity innate means inborn something which is innate within you to nature that does not come around through emotional wounds or trauma. So, that was my understanding what innate means. Innate personality. That is what I had assumed but I always knew something was not normal. I always knew that it was abnormal and always just attributed it to internalized homophobia. I just attributed internalized homophobia because that is what I was told. There is an answer for it. It is internalized homophobia. That's why you're feeling a bit guilty or you're feeling a bit weirded out that you're noticing people of the same sex attractive but then when I actually started to break down and notice that I wasn't happy identifying as "homosexual" and I wanted to have family in my life and I want to be married, I started to do research on it for the first time, so I started to actually look into works which have been written regarding same sex attraction (SSA) and everything that was really related to me. Almost every single thing that I read almost everything I mean, I've got so many books that I've ordered from all Christian books that have been written by authors like, Elizabeth Moberly and Joseph Nicolosi, and I mean, I'm not saying I agree with everything they say in general, but I did my own research to know what I agreed on and what I didn't. No, I was doing it because I wanted to know what I related to, and I could not lie at first it was it

	was painful as hell to realize that I actually related to what was said in the book. I had all the experiences that generally was mentioned in the book as a child. I did not have any same-sex identification that saw no masculine identification whatsoever. I was severely bullied by my by peers in school, severely bullied by my brother's severely bullied by my cousins. Very passive father, overbearing mother. Everything there was there, and I started realized OK, sensitive child never had any old friends. Kind of makes sense. I mean, I'm not saying that there couldn't be other factors, but that in itself just showed me that could have been a major major factor in what related to my SSA." "So, to answer your question first, yes, I believed it was genetic, was in born, it was perfect, exactly like heterosexuality. No difference between the two but then I started to realize otherwise when I actually started to come out of the of the identification of "homosexuality" or gay." "So, I'm not saying it can't be sexual abuse for some people, but that's not the case with me and my friend."
Lee	"I think I was influenced by my environment. I do not believe anybody is born gay. I think that there are factors that are biological that do influence a person can influence a person in terms of "homosexuality". I do not honestly think anybody chooses to be gay or bisexual. So yeah, I am definitely right in the middle and when I say there are biological factors I would say in general, and in there's a lot of things that go into "homosexual" feelings, so it's complex." "I think it's a common characteristic now that is, that's just something that's biological but having high sensitivity does not make you gay."

"I also see that very often there are variables there usually there's some sort of trauma that is related to a person's specifically related to a person's gender. That trauma could be a specific one-time trauma, or it could be a repeated, you know, trauma. For me I did not connect well with my own father. I certainly did not connect well with my brother, and I did not connect with my grandfather, which would have been the three closest male members in my you know original family to connect to and I did not. I was over connected to my mother. Which later on basically was a codependency relationship. So that was there. My brother was not a safe person, he was kind of violent and aggressive and so I stayed away from him. I connected to my sister instead. So, I kind of connected into the world of women much more than I connected into the world of men. As a young boy and then growing into my teenage years, I had difficulties connecting to friends' male friends."

"I was certainly bullied. As not so much as a kid but bullied definitely about the time puberty started in my teenage years. I was not masculine, stereotypically masculine, like the other boys. I certainly was not athletic, and so I was bullied a lot in that, and I was called fairy, f**, and queer. Those were the more popular terms at that time. It was not gay or some of the other things, but I was called these things. I avoided fights or aggression. I did not want that, so I stayed away from that. So those factors were there."

"I carried a great deal of body shame and that was also a factor of my "homosexuality". Feeling ashamed for my own body, feeling

	inadequate and not good like others. I admired confident oh I admired confident good-looking men. And that's part of it. If you, will I wanted to be like them or I wanted them to like me and to affirm me. A lot of my problems had to do with not receiving affirmation that I was OK as a male. I didn't have a sense of internalized masculinity because I didn't have a community that was helping me to learn that and grow up and understand myself as a male."
Samuel	"I think that homosexuality has certain degree of emotional deficit and potentially even like something physiological that it may be something that either is like (he pauses) I do not know if you are actually born like that, like in the (He gesture his hands to demonstrate fullness) fullness of it, but I think there is some kind of. Uh, uh (he pauses) I am trying to find the right definition for it, but some kind of potential. You know that, uh It could, it could play out that way, like if uh, the environment either is like not sensitive or does not feed the right messaging to the person to the soul. So, there is certain, like sensitivities as well that are incorporated into possibly a physiological if you want to call it inherent or something that is unexplained. That that people might be (he emphasizes born with) born with or. Uhm, you know that they just cannot explain where it came from. Where my personal belief is that just as any other (he pauses) deviation from the Creator's original intent for humanity. You know people are born with different states and of course the sexual part of our lives is a core issue and it, I am sure that in some way or form it is affected or infected. Down the line of generations and it could be even physically, or you know, physical infection or physical effect of something that you know had been perpetuated for generations. And as a spiritual person, I have, you know, I am sure

that the spiritual aspect of our lives in you know, previous you know (he lifts hands into the air) ancestors also come to play that it is there is also spiritual (He uses his hand to speak throughout response) (he pauses).

"Yeah, there is a spiritual catalyst to all this as well. You know that kind of drives everything like drives the thought patterns and the soul issue. The affliction of the soul because you know, for me, was not affliction. You know it did not feel. You know, even when I was even after, I had decided to, you know, follow that life I did not feel like healthy in it. It felt like some kind of an affliction. You know that you are carrying in your life and because we do not live anymore under like this, you know, legalistic environment that we cannot be stone and killed for it. Then you know we can find some kind of you know, happiness, you know. But on the inside, the feeling is a feeling of affliction. So, to me, it is spiritual. It is bodily, it is mental, and it is emotional. So, I am not here to say, or if someone is born with that, I do not think it really matters all that much. Maybe it matters to certain, like I don't know research, but maybe to your interview (he chuckles) but in terms of the end. The possibilities now there are possibilities, especially for someone who knows God. So, I think the other part, the other era is definitely a choice that I made. It is definitely something that I chose to (he pauses) you know, meditate on and develop and pursue. So yeah, I mean, I think the first the first era was you know. It was not out of will like actually. If I could have willed it out, I would have, you know it was not like oh I (he emphasizes want this) want this, you know I wanted to me wanted it to live my life like I did not want to have that confusion, or you know here and there like attractions and also sort of things. But eventually I did make a (he points to his head) conscious decision of doing it. You know following that, I hope that answers the question, but it is a very complex.

	It is a very complex question and of course I will say oh, scientifically, of course people are born like that. I do not know that I completely agree with that, and I don't know that I completely disagree with it."

Participants, Jamaal, Jimmy, Lee, and Samuel spoke about the gay or bisexual identity that has genetic correlations but recognized that individuals are predisposition to behaviors that can lead people to be gay or bisexual, but it is not a genetic trait that is constant. However, they all agreed that no one is genetically born gay as scientist explain it. They shared human beings have personality traits that can influence sexual identity choice. All participants heavily associated the gay identity to environmental and social factors such as sexual abuse, lack of father or masculine figure in their lives, fear of men due to male family aggression, male peer bullying, mothers over protection, attachment to woman figures in their lives, body shame, internalized gender perception, and public sexual shame. Participant did share it was their choice, and they were not forced or sexually abused. Only Adam believes that he was born gay due to what social constructs told him. After doing his own research on human sexuality he later believed his gay identity was attributed to environment. Samuel specifically stated, "So, I think the other part, the other era is definitely a choice that I made. It is definitely something that I chose to you know, meditate on and develop and pursue."

Lived Sexual Identity Religious Experiences

Questions six through twelve examined retrospective thoughts regarding participants gay or bisexual identity journey and their religious experiences. It is one experience to come out to yourself and the world as gay or bisexual, but it is another experience to come out to religious communities, especially those religious communities who are more aligned to believe the gay or bisexual identity is controllable and influenced by environment and personal choice. Owen, "I

didn't share for years. I was afraid to. I lived in a small town. I was afraid to. For fear it is a little

redneck town. I was scared that they would kill me." Participants were questioned if their

religious community knew about their gay or bisexual identity and the following responses all

were the same that no, their church did not know or initially did not know.

Table (9) No My Religious Affiliation Did Not Know

Jamaal	"So, in my home church which is the church I grew up in which is the church I was at for a good portion of my life until went to college. They were not aware at least they did not make me it known that they were aware of it, so it was kind of more of a closeted thing at that point."
John	"When I was in the living in that sexual identity, I was not a part of the church, so I was not raised in the church. I did not go to the church until later on in life."
Owen	"I didn't share for years. I was afraid to. I lived in a small town. I was afraid to. For fear it is a little redneck town (He laughs). I was scared that they would kill me." (He continues to laugh).
Jimmy	"No, no they weren't um, and I didn't come out because of the stigma of what it was to be gay at that time. You know in 2000 and any time before 2000. What year was it? 2010 or 11 or 12 whatever year President Obama said what he said about gay marriage. When this publicly, really begin to stretch out. Before then, you could not come out and say you were a downlow, gay, or bisexual male, particularly black male in any setting and not expect to be destroyed, crucified, publicly massacred."
Adam	"I didn't tell anyone at the time."
Lee	(He smiles and rests hands on head) "I grew up in a rather liberal denomination in the United States and at that time the denomination was having discussions about what to do with "homosexuals". Should they be admitted, you know, accepted within the

	church, or, you know, should "homosexuality" be accepted? I guess, not "homosexuals". Obviously, "homosexuals" could come to church, but should "homosexuality" be accepted and affirmed in the church? And so, there were conversations going on in different denominations and my denomination. My denomination, basically, which was liberal at that time, and still is a mainline liberal denomination. They basically decided that, no, they could not accept "homosexual" behavior as being all right within the church, so they were not going to ordain "homosexual" gay pastors, lesbian pastors' stuff like that." "I certainly did not think about, you know, seeking help from one of the elders or the pastor of the church or talking to somebody about that. It was sort of something like to keep hidden, keep secret and not tell somebody about."
Samuel	"Like, religiously speaking, it is not like we were you know strongly active in the religious community."

Jamaal, Owen, and Lee did eventually share their gay or bisexual identity to their church. They felt sharing was liberating and permitted them to have closer relationship with church members and support surrounding their sexual identity struggles. Samuel shared that people who were religious were located outside of the religious building but were part of a religious community.

Table (10) Yes, My Religious Affiliation Did Know

Jamaal	"Let us see once I went to college, I guess I will still a member at that church. I was not as active, but once I got out of college I started going to church and I opened to a group of guys who I was in, like a small group with a community group. So, I did open up to them about my past. At that time and fast forward like a few years later, I ended up sharing my

	testimony um, at that same church. So that pastor was aware of my history as well as like some of the people and at that point, I guess most of the people in the church because I told him openly and so yeah, they knew."
Owen	"I finally got enough guts to tell somebody. Cause I knew I needed to tell somebody. I told one of the guys on staff at our church and not knowing his uncle was very in the lifestyle in Miami and so he never threw stones at me. I was (His eyes are wide open) horrified they would kick me out of the church or something, but he was really good. I mean, I prayed, who can I tell? Who can I tell? He is the one that kept being highlighted to me. So, I told him, and he told me I need to talk to our pastor. I was horrified again but I did. He actually accepted me really well." (Shakes his head).
Lee	"I made friends with people who were also on a similar journey. I would say that maybe about half of the resources that I found were religious groups, of one kind or another. Do not know whether I am supposed to mention names or not, but anyway they were there. I guess I started looking for the answers within another year and a half or two years. Basically, I felt like I was I was doing things I should not be doing. I felt at that point convicted. I was reading James Chapter 5 verses 15 and 16 which talks about confessing your sins for one another and praying for one another. If you have sinned, that you may be healed, and I felt it was very important that I tell my story. So, I told my best friend who I have known for probably 15 years and a Christian man that that I've gone to church with, and it was a very frightening thing to come out to him about my same-sex attraction and my pornography addiction. At that point, I expected that I would feel very ashamed for everything that I told him. But the reverse happened after I told him it was like it is like Jesus took my shame and took it away. I felt free actually having told my story to somebody who listened to me understood me

	and just loved me and accepted me that was that was tremendous thing in my life. Tremendous thing yeah."
Samuel	"It is more of just like the general population, like the general community, which it could be some somewhat traditional somewhat, secular, traditional and somewhat religious." "In my teens, when I had not come out with the traditional like community with my immediate community. Then on at a later age when I was already, you know, kind of." "I never came out to them. They just knew by rumor."

Table 11 revealed an unexpected theme. Within Jimmy's African American megachurch, he states that many gay men were used as part of praise and worship teams due to their musical talents. The role of music religious worship services of black megachurches is culturally important (Johnson, 2011). Based on this important culturally and biblical aspect of the religious experience, specifically in African American churches, Jimmy notes that many of those who were placed as worship leaders were gay men and treated well despite of negative attitude and belief of towards the gay identity. These gay men identities were overlooked based on their talents and gifts that they could provide to religious communities.

Table (11) Secondary Good Religious and Moral Experiences

Jimmy	"A lot of the individuals that were identified as gay by according to the social norm eye, social construct eye, they were the praise worship leaders, they were the best singers, they were lead officials in the church. So, from that perspective a lot of them were very gifted too. It was good. Because their gifts were used. That's the best way I could describe it." "And me in many aspects they were championed in the church. They were very

	recognized. Very um put on pedestals at times. They were influential in the church, impactful, sometimes even powerful on a natural public scale, just social scale."

Due to the interpretation of religious text within the Bible, Torah, and Quran, the sexual identity of gay or bisexual have been seen as a sin and mutually inconclusive as it relates to serving a higher power. As a result, the religious communication pertaining to sexuality, specifically "homosexuality" within religious communities has been debatable. The participants were asked how they felt about the topic of same sex relationships were handled with their religious community. All the participants except for Lee expressed that the church or mosque handled the topic poorly. While Jimmy interjected that his Bishop spoke on all sins and just did not single out those who identified as gay. Lee was the only participant who shared positive statements regarding how the church handled the same sex topic.

Table (12) Sexual Identity Religious Communication

Jamaal	"I don't feel like they overall, I don't think they handle it well. I think it is because they do not know how to really handle it well. I feel like most of the time when it does come up it is more of a fire and brimstone, brimstone type of approach. From what I have experienced or what I have seen and what I have heard it is not normally handled with gentleness. I think it is you know, yes, yeah it could be handled better."
John	(He answers emphatically and nods head and smiles) "I felt that was managed poorly. The first time when I heard this pastor saying it when I was in church was very derogatory. So, it made me upset, and it made me not want to be a part. This is early on this is like my first, you know, time being in church and hearing it and it just made me not want to go to church anymore. Because I felt like you know, even though it was derogatory, nobody

	was like applaud (He shrugs shoulders). It was just like, ok, it was celebrated (He raises his hand and scratches his head and pauses) and I thought that really made me upset and then I was told (He imitates a voice of someone else) the only reason why you are upset is because that spirit is in you but I'm like, no (His voice tone is stronger and he chuckles) it's not, that's clearly not why I'm upset. You do not call somebody a f** (He sarcastically smiles) over the pulpit. I think that word is just derogatory, you know. I know people use it in slang and all that but when I heard that it's just like how you can, like it really contradicted what I believe the church is supposed to provide (He claps his hands) a safe place for, you know for all people (He stretches his hands wide with an enthusiastic voice) you know but that was so derogatory. That was the beginning of me. That was the consensus of the Genesis of me having a hot and cold relationship with the church. Because I knew that it existed, but then it is like I knew that there was good there. There were good people there too." (Very passionate when sharing this response).
Owen	"Oh, they didn't know what to do with me again." "Quite a few of them would not speak to me. I mean they just look at me because they knew what I was doing, and I don't think they knew what to do."
Jimmy	"It was only gossiped about. It was sipped over. It was generally rebuked or preached about but it wasn't really talked about." "I will say that my Bishop, the Bishop of that church, he preached about what is considered sin in the Christian faith, he preached about all sin he didn't duck around nothing. He was very very serious about it."

Adam	"One thing that I've always wanted to know why every time is something about homosexual is brought up, even though now I still don't even identify as gay, it still hurts when I still hear people from the religious community speaking ill of you know gays because I think I identify with the pain that they go through: the "homosexual" community. I know the pain that they go through."
Lee	"For the most part, I would say that it was not brought up in a judgmental or critical way at all. I have been in other groups as well that basically for the most part and mostly in Christian groups that the Christians there were compassionate caring desiring to be helpful, desiring to respond with care, guidance, you know. Other things so for me it was it was basically very affirming for me. You know, coming from a background, most same sex attracted people. Most gays, whatever they basically come from a deficit of having positive, positive reactions, you know, positive affirmation, positive attention, positive affection from their own sex and so to have an affirming community, you know, affirm me was something that was needed. It was an unmet need for me. I would say growing up and now to have those needs met from a faith community is absolutely a very beautiful and wonderful thing for my life."
Samuel	"Well. It was managed. People were curious people I talked to. Yeah, there was one like religious framework I was in with a friend who I grew up with and he was also like into "homosexual" life and lifestyle, and you know his sister was religious and she sent him to this like religious weekend. Try to get him to the right path and stuff like that and I mean he asked me to go with him and I mean I wanted to learn about God and all, but I mean, I did not really find God there. It was more religion."

According to the Maslow hierarchy of needs, love and belonging is acknowledged as being an important psychological need human being desire. Human motivation is centered around support, traditional values, and life satisfaction and when these variables are not protected worry and anxiety can occur (Taormina & Gao, 2013). As a result, fleeing from stressful environments where support is not provided can lead to seeking environments which you feel a part of. The participants shared their thoughts about staying or leaving their religious community during their time identifying as gay or bisexual. Jamaal conviction permitted him to stay but he tried to convert biblical scripture to fit his gay identity while Owen and Lee's firm foundation in their religion never created thoughts about leaving their church for another gay affirming community. Although Adam did think about leaving but his faith kept him from doing so. While John's faith community was the reason why he stayed although Jimmy's sexual desires were more important and did think about leaving the church to follow his sexual desires. Samuel's religious encounters that made him feel ashamed occurred outside of the traditional church building but within religious communities.

Table (13) Gay or Bisexual Religious Belonging

Jamaal	"OK, so I think for me, um again kind of later it did get to point where I began to question some of the things that I had learned as a Christian when it came to this subject. For instance, like I began to question, well, does the Bible really say it is wrong? So, like, I never really had thoughts about leaving the church, but I did kind of, I guess (He chuckles) like try to rethink a lot of the stuff I was taught and almost kind of shifted to fit how I was living. So yeah, I think that was kind of my experience and I think for me, the reason that I probably didn't leave the church is because I think again, deep down inside, I knew that it wasn't right and there was a bit of conviction there. So, I think even with me trying to like quote on quote shift my

	thinking, there was still a piece of me that was like, yeah, it is just it is not right and there is no way to justify being right no matter how you try to shift the what the Bible says about it."
John	"No! Well, because like I said, people did embrace me. I have really close relationships with them, so I had a community of people that were, you know, disciple with me and that were my brothers and sister in Christ, and that kind of like help me like I gained a family. So, for me, so what I felt like, I mean I had that I did not have to go find another community to get that cause I had it within the church. The people I met through the church."
Owen	(He looks directly at the researcher) "I have a very firm foundation in Christ, my Christian faith. From the time I was a little boy, I mean all my life was raised. I was in church." "I never wanted to turn my back on the Lord. I did feel that he hated me, but my faith was I was sure my faith was my faith and I never desired to leave the Christian faith."
Jimmy	"I did. I did feel that I would be so liberated. I like sex. I like sex, at that time in my life."
Adam	"I used to watch a lot of "homosexual" videos LGBTQ(I) (intersex) groups, I think unconsciously I didn't know what I was doing, but now I think I do. I mean, I would watch a lot of videos of LGBTQI groups and Mardi Gras's (in Australia) and parades and what not. Even though Mardi Gras never but general parades, prides and I would be fascinated sometimes ok how would it be just joining just running out to a gay bar and just being accepted fully no more religion? Nothing like that and then just push it all aside and now this is my new life and sometimes it will be a bit of like man. I wonder how they feel but what block me was realizing that I knew deep down that rejecting religion entirely is not gonna work for me

	because it feels like such an intrinsic part of me."
Lee	"OK, good questions. I have never had a thought about leaving a group. Doesn't mean it could not happen, but I've never did." "So, for me to try and move away from my faith when it is a central part of my life, just never entered. Never entered the picture."
Samuel	"I did not have this need to leave a certain community, but definitely there was stigma." "There was a big difference between the two environments, and the more traditional and at times very judging growing up too. The later teens, the more liberal you know alternative seeking environment, alternative lifestyles seeking environment."

Questions thirteen through twenty transitioned into inquiring about the participants heterosexual identity religious journey. Changes in sexual orientation and sexual identity are common as late into adulthood (Kaestle, 2019). The participants were asked how long they have identified as heterosexual and to share what were the influences attributed to their sexual identity change. Jamaal had the shortest time of solely identifying as heterosexual; a little over three years. He admits to suicidal ideation, tiredness from of living under the gay identity. His desire to live for God was his sexual identity change influencer. John's time identifying as heterosexual has been for fifteen years and he plainly stated, "I just wanted it. Like I said I've always felt like it was gonna be short term." Owen went into rehab and started searching for God due to conviction. An unexpected theme from Owen was that he did not originally identify as a heterosexual man but just as a Christian man. His identity was in Christ, and he felt it was necessary to become intimate with God before becoming intimate with a woman. He has identified as heterosexual between twenty and twenty-two years. John's remembrances of his length in time identifying as heterosexual were specific, "10 years and three months and four

days." His sole reason was conviction by the word of God through sermon by his Bishop. Adam

sexual identity change has been for five years. His influence was based on his research

on psychologist and sexual identity readings which convinced him that harmless conversion

therapy and reparative therapy can be effective, as it was for him, and his own research which

help him realize the deeper psychosocial issues attached to the gay identity. He did admit the

process was not overnight and he had to "put in the work" to sustain his heterosexual

identity. Lee's heterosexual identity has been for 4 years. Much of his struggles that lead to same

sex attraction and not seeing himself good enough had to do with body image, but one day those

body image issues went away in what could be seen as a miraculous removal of years of body

shame. Lee also did self-reading on counseling towards sexual identity crisis along with having

mentors and support which aided to his sexual identity change to fully feeling and identifying as

heterosexual. Last, Samuel explains that his choice influenced by his encounter with Jesus

Christ. In respective order, Jamaal, John, Owen, Jimmy, Lee, and Samuel have engaged only in

heterosexual relationships for 3.5, 14.5, 21, 10, 7 and 18.5 years. Adam is celibate but has

identified as heterosexual for 5 years.

Table (14) Heterosexual Identity

Jamaal	"I would say I have identified a heterosexual for at least the past three. Three years, yeah. About 3 years yeah 3 ½ years. I had that moment where I felt like I wanted to end my life. I think I've really had like an awakening or wake up call, Um God and I just knew I needed to get my life together and I knew I didn't want to keep going through the same cycles toxic, very toxic cycles with relationships with people and then just, you know, not really feeling happy and so, I think for me I kind of reached my limit and I really wanted to like live my life fully devoted to God and not be playing around with it anymore and really serious about it. So, I

	made a commitment that I would you know live my life for him and so, whatever that looked like, that is what I was willing to do."
John	(He looks in the air and closes his eyes and looks away) "I have not practiced "homosexuality" in about 14 1/2 almost 15 years. Ah and the thing that brought me to it is because I just I wanted it. Like I said I've always felt like it was gonna be short term." (He looks the researcher direct into the eyes).
Owen	"I put myself into rehab. I did lay down the "homosexual" identity, 'cause my pastor told me I needed to. But I would only identify as a Christian man (He smiles). He asked me not to identify as ex gay or a former gay, unless during testimony. My identity was in Christ, and I am the righteous of God in Christ, and to identify with Christ I did have to let go of the fear of heterosexual intimacy and deal with that, but he said in doing that we are not asking you to be intimate with a woman, just let go of the fear, give it to the Lord. And um it was a couple of years I could not identify heterosexual. For several years I only identified as a Christian man. And, um I did try dating, but it was a mess. Two different ladies and then one of the ladies who I married years later. So, it would have been around we married in 2002, so probably between 2000 and 2002 I started to take on more of a heterosexual identity."
Jimmy	"10 years and three months and four days. The confrontation with Christ Jesus that is it. January, January 2nd, 2011, that was it. That day it was no sermon. Well, it was outlined of a sermon I will say that. The bishop that I heard that day said go sin no more and I was like mad at that. I was really mad at that. I was like no leave me alone, I do not want God to bother me. I do not want God to bother me. I do not really wanna have this discussion with you. I do not know what the love of God is like. I never felt it like that. I do not care about it. Like let me control my own life. I wanna be gay like it is not hurting you. Why does it bother you? Like leave me

	alone. And I screamed, and I cried, and I was angry. I was frustrated and I was mad. I have been in church all my life, I have been a replica of what I saw, and I never really, really felt you. So, there is nothing pulling me away from this, and unless you can let me be gay cause I know what I feel right now. The influence was his Hallelujah Jesus. His influence was His transformation power. His resurrection power. His redemptive power. That was the influence."
Adam	"Five years now five years. It wasn't complete radical change." "I started to look into the origins of homosexuality and look I did look at both sides." "I wanted to know if it is genetics. I need to know because I do not wanna go around trying to change it or trying to at least look on the origins causes problems of genetic. I am wasting my time wasting my breath. I'm wasting my time wasting probably put more distress on myself, so I looked at both sides and man like no matter how much I looked at the side that was genetic it did not show any strength whatsoever." "Then I confirm what I was saying that there all these books that even non bias non-religious folk who are scientists were saying the same thing that OK look it doesn't look like it's just genetic or there are some other factors here." "But the biggest benefit after religion reduced help was so called conversion or reparative therapy. I have been benefited immensely. I meant probably saved my life until now."
Lee	"It's been about four years now. OK and I have to say this that this change (His hand was in prayer gesture and moves it across screen to demonstrate gradual) was simply gradual. You know I moved a little bit at a

time, you know I was moving more and more, and I came to place about four years ago. It was in the fall, and I was sitting there one day, and I said I can't remember the last time that that I had a same sex attraction feeling."

"So much of my same-sex attraction had to do with. With my own head and the way, I perceived masculinity and maleness, you know, male stereotypes. My own self-esteem and my own sense of belonging in the male world. So, I mean all of those things were really significant. I carried body shame for over 50 years. I was ashamed of my body. I felt you know something wrong with my body. I was not good enough and so forth and I could not tell you the day, but it was in January of 2014 one day I was looking in the mirror. One day in January 2014, I looked in the mirror and I looked at myself and I said there is nothing wrong with your body. You are fully male you fully masculine and here this body shame thing that I have for 50 years. It just ended right there, and I no longer feel shamed in my body and that was great, but there were other issues. The issues of the self-esteem the issues of perceiving myself as being different from other men, not being equal to, but being less than other men, those are all things that through these different support groups, through different experiences through different mentors who worked with me, life coaches, different things that I was actively looking for, you know, change in my life to find peace to find where to go. I have not had therapy that I paid for with a therapist, but I have done book therapy where I have read the writings of many of the significant therapists who work with "homosexuals". I have gone to experiential weekends for people who have same sex attraction. I have gone to several conferences for, they are actually for counselors, therapists, pastors, religious leaders to help people with same-sex attraction. I mean, I have been very active in doing these things,

and so basically, I've been growing in my knowledge of what caused my attractions. Looking at my own history, my own traumas. Forgiving people where I needed to forgive people. You know not blaming myself, working on my own self-esteem, working on accepting myself as a man. As all these things begin to work in me and then I begin to accept myself more and more I did not need the same sex attraction, that lust or the attraction or whatever. I did not need it anymore because I was feeling like my needs were being met. I felt connected to man I felt good as a man, I felt good about myself. I accepted myself as a good person, and all kind of things, and I am honestly, I will tell you right now I am not particularly what is the right word I wanna use here? I am not particularly gender appropriate with all of my behaviors. OK, I mean, I am not a typical stereotypical man. As I went through this process about the change in my life, it did not mean that I started doing everything that our culture stereotypically says that men do, ok. I did not run out buy guns so I could go hunting. I do not particularly like sports. I like to exercise but I do not like athletics. I do not like competitive sports. I did not rush right out and join a men's basketball team, yeah. OK, so all kind of stuff. I like to cook. I am artistic. I like to paint. I do a lot of things that are not typically masculine things, I say they are not gender typical, and I do not mind that at all. I am very cool with that. I do not have to be gender typical to accept myself as a man and I know that I am accepted by other men as I am. I do not have to put on behavior or be phony or speak the right the right talk to be accepted and that is very significant. I feel like once I began to feel OK as a man and my same-sex attraction was being eliminated I was not feeling those feelings. My heterosexual attraction was there all the time it was, but it was sort of being eclipsed. The heterosexuality was being eclipsed by the same sex attraction and once the same sex

	attraction went down, I just felt like my heterosexual attraction became stronger and that was very important in my life."
Samuel	"I saw myself as a normal you know whole wholesome whole man like a complete man what I would say since the first moment I met Jesus. I just knew that you know He took away that burden from me that the weight I could not carry that he defeated the struggle. Internally and externally that I had and that I could just receive a new identity from him. My created identity as a man and I mean as a human primarily, but as a man. Spiritually, emotionally, physically mentally. I was on a process of just being transformed from the beginning, but I from the beginning I knew that I had been touched by God and supernaturally. Transitioned, you know, transferred from one place to another, and in a matter of seconds a few minutes So that was 18 1/2 years ago. Somewhere in January of 2003."

It was important to understand the needs of these men after they identify as heterosexual. When rejection, ostracization, and marginalization occurs based on heterosexist minority stress it can lead to negative mental and emotional feelings (Brewster, Velez, Foster, Esposito, & Robinson, 2016). Religious attitudes and beliefs were assessed when participants were asked how people in their religious community responded to them when they began to publicly identify as heterosexual. Jamaal did not experience any change as he was supported. He did add that his sexual identity journey is not as public as others so that could contribute to the lack of negative attitudes towards him. John had a mix reaction but stated, "I've realized that it would be impossible for me to please everyone to meet everybody's standard of deliverance and um, and only believe what God did in me and not to have to have anybody else validated it." Owen did experience a church member who did apologize to him regarding the negative treatment she

displayed to him while identifying as gay. No one really know about Jimmy's change when attending one church except his wife and his Bishop who encouraged him to continue to leave his past behind. He was later received at the next church he attended. Adam shared that his religious community and even those outside his Muslim faith came against him as they believed that he could not change his sexual identity and may be doing more harm to himself by not accepting a gay identity. Also, he feels that when a religious community discovers someone has come out of the gay lifestyle, they automatically want to use him as the spokesperson and push their ideals of the process on them. Lee did not believe any change occurred and their religious community embraced their change and supported them. In fact, he was asked to share his testimony as their positive religious support wanted to know more about their sexual identity journey. Samuel shares that he originally religiously identified as Jewish, but after his encounter with Jesus Christ he changed his religious identification to Messianic Jewish. He states, "Friends I grew up with that had somewhat become a little bit more religious in their life began to be really offended by my religious confession of Christ rather than, you know, rejoice in my heterosexual, you know life. So, it was like they were much less offended by my previously homosexual confession." The religious attitudes change towards Samuel were more attested to his religious identity change as opposed to his sexual identity change.

Table (15) Religious Attitudes Towards Sexual Identity Change

Jamaal	"I don't feel like they changed towards me in a negative way. I think people appreciated my honesty when I did disclose or whenever I do disclose my past. I feel like I have been met with a lot of love and people really, genuinely wanted to know more like curiosity, but it has, for me at least it has been positive. Like I have not directly encountered any kind of backlash. Now I have seen it happen to other people, I know, but like I guess from me, like I guess with me, my story is not as quote

	unquote as public as a lot of other people who tend to share theirs who come out of this lifestyle. So, I think because of that, I really have not been met with a whole lot of backlash but again, I have seen it where some people have been met with criticism due to their change, but yeah, my experience has been positive."
John	(He looks into the air) "Um, somebody some people believe some people didn't. So, then I found myself trying to prove once again who I am and then when I found out that everybody has their own interpretation of deliverance and freedom, I've realized that it would be impossible for me to please everyone to meet everybody's standard of deliverance and um, and only believe what God did in me (He points to himself) and not to have to have anybody else validated it."
Owen	"Well, most of the people at my church that were really mean by this point we're no longer going to our church. So, there is only (He puts index finger up) one lady. She came and apologized to me for the things she said. She is still at the church. She still really good strong woman of God, but she apologized. She told me this, I mean I knew what she said but she confessed to me when she said and apologize for it. She and her husband were still really found (He gives a slight smile). You know there are pillars in the church, but she just was speaking out of ignorance, I guess but most of those are gone. They are not there anymore. And, uh, whenever I came around town, the gossip that I was engaged and going to get married. Yes, the gossip really flared up again. Was not possible and I was covering up. It was no, you know just to cover up. It was not real, and you know lots of gossip. But that has been 18 years ago. I have been married 18 years. I love being married."
Jimmy	"For two to three years that nobody knew. Only my wife. Eventually I have more I will say more, but I had my first like shun or

	dismissal if you will after the life then I was in the life. A Bishop said to me that was your former life. Forget about that and just let it go. I was like OK. The next church I went to, it was embraced. The testimony was embraced and that was that that's been my experience most of the time that I've since I've been identify as heterosexual."
Adam	"This is this is something very strange because now narratives are starting to change even within religious communities. As you know, in the Christian community as well, there are a lot of I have been speaking so much more about this issue openly with friends and colleagues and academics, and religious folk and all from the religious community. All Muslim, some non-Muslim Christian as well and a lot of people are starting to not like the way I am speaking. Very surprisingly, they're actually starting to think that I may be causing myself damage by saying that you know that change is possible." "I've notice two extreme camps. Oh man, yes, finally someone is coming out and saying that you know "homosexuality" is not as is not natural and it is finally, we have confirmed that there is someone in that community that come out and tell us. I hate when they do, and it caused me a lot of emotional distress." "There's a lot of people that are really just saying that just because something is not genetic it doesn't mean you can't change."
Lee	"I can't say that I felt like their attitudes towards me changed because I felt affirmed before. I do want to hear my story is important for them. People want to know that that God can work in a person's life. "They need to know that that that this process works and that they can come to an end. So, within that community I would say those people have been very, very accepting, very encouraging. Very much wanting to be

	involved in and now know that this this is working."
Samuel	"But it is very interesting and probably doesn't exist anywhere else in the world. In that context, because the Jews have a historical rejection towards Jesus towards Yeshua a as the Messiah, and so when I had become a believer and declared my faith in Yeshua, actually my immediate friends. Friends I grew up with that had somewhat become a little bit more religious in their life began to be really offended by my religious confession of Christ rather than, you know, rejoice in my heterosexual, you know life. So, it was like they were much less offended by my previously homosexual confession. Then my actual religious confession of faith in Jesus. So, it is really a paradox and I, I think to some degree even though Jews hate, I mean especially like really, strict Orthodox Jews I mean they hate the detest, you know "homosexuality" and everything you know pertaining to "homosexuality" even though they themselves don't live you know sexual, moral lives you know, there are sins which is allowed by rabbinical you know permissions, not by the mosaic law. So, with their detest to "homosexuality" and all the greatest, detest they have is towards faith in Jesus. So, I think they would accept a homosexual easier than they would accept a messianic believer because to them were, like you know traders and all that. I cannot say that across the board. Of course, it is not a across the board thing. But my experience was that you know the people that were from my initial background, my root background of Judaism they were more offended by my confession of faith than my you know, previously "homosexual" lifestyle and some of them were even skeptical. Even some even relatives to this day that you know they believe that I am living a lie and lying to myself and all that and of course, it is all in

	the framework of their offense with my faith."

Sexual Identity Methods to Care: Counseling Approaches

Questions twenty-one through twenty-three began to inquire about counseling practices associated to sexual identity. The participants provided their perspectives on the controversial topic. Jamaal and Owen shared that any counseling concerning sexual identity change should not be forced and no harm should ever be administered in counseling. Yet people's autonomous choice should not be taken away if they do want counseling to leave the gay or bisexual identity. Jamaal stated, "I think a person has to want to change and want to live their life for God." Both integrated, in their response, the religious importance in the process that can be incorporated in professional sexual identity counseling. John admitted not knowing much about conversion therapy and stated, "Based on some of the things that I've heard about it and read about it I wouldn't recommend it. I think that it probably does, I believe it does more damage to a person, then any good." Adam also concurs that sexual identity counseling is not terrible and does work for those who want to try it. An unexpected theme that emerged was that Adam shared how harmful it is to make some remain in the gay lifestyle if they did not want to remain and endure affirmative sexual identity therapy. Adam mentioned other counseling styles such as reportative therapy, Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) which are useful therapies anyone can use. Adam also shared that LGBTQ community likes to focus on the harmful practices of conversion therapy and dismisses successful cases of reparative therapy. Lee states, "Conversion therapy is a very loaded term that is used by the LGBT lobby to convince lawmakers to oppose any kind of efforts for change. So, first, I'd like to say that there is no licensed therapist out there who has who's been trained to do

standard method therapeutic methodology of any kind of therapy and who helps people with

sexual attractions who would apply the term conversion therapy to what they do." He believes

there are "legitimate" therapies that can help people. "Truth is, there are people out there who are

not happy with their same sex attractions with their homosexual feelings, and they want

somebody to help them sort through those things to deal with past traumas to deal with these

things." Jimmy and Samuel gave the glory to God for their identity change. Samuel says, "I

remember even meeting some people that were counseling and they came to my house, and you

know they were talking about their program and all that. It was not for me. I met Jesus, you

know, I met Jesus, which is all I need. I just need to pursue Jesus." Jimmy believes, if there is

counseling, it should incorporate religious principles because the source of the deliverance is a

higher power not self. Jimmy shares, "I think these classes and counseling should be exclusively

a part of the Christian faith because that's what it is."

Table (16) Sexual Identity Counseling

Jamaal	"I mean from what I have seen and now maybe there are counselors who I guess try to convert people but as someone who is a counselor in training (He pauses) I think for me, I think if a person came to me and they were having doubts about their sexual identity then we will explore it in counseling, but it is not ultimately up to me to try to change them. I think it is up to that person and their relationship with God on whether you know they make that certain kind of change. I do not think anyone should force anybody to change who they are. I think you should encourage that person to get to know God and whatever convictions that they end up having as a result, then that kind of leads them to making a decision or making some kind of transition in their life but I don't think you should force anyone to change. I think the person has to once again I mean it goes for anything like someone who's addicted to

	drugs like you can't force them to change because ultimately, they have to want that for themselves. I think a person has to want to change and want to live their life for God. Yeah."
John	(He shifts body and rest his fist on his cheek) **"**I have never experienced it. I do not know what it entails. I mean just based on some of the things that I have heard about it and read about it I would not recommend it. I think that it probably does, I believe it does more damage to a person, then any good. I mean, it is just like causes, I do not know, I just do not like that that type of counseling, no. Like I said, I do not have a lot of experience with it, but from what I know of it, I don't favor it."
Owen	(He looks directly at researcher) **"**Well, conversion therapy they took them, and they've lumped a bunch together and no one really does conversion true conversion therapy the way it used to be. I mean, it has been forever. Talk therapy, there is nothing wrong with that. Pastoral counseling and pastoral care counselor. There is nothing wrong with that. Ah going to a psychologist to help you or Christian psychologist Christian counselor I fully support that. We are triune being (He taps his head). You know we are spirit. We live in a body. We have a mind will and emotions. So, we got the counseling go helps the mind will and emotions part. Conversion therapy that is the LGBTQ trying to make it where you cannot get help anyway. You can identify gay, or you can get help if you are questioning it is OK to get counseling to go into the LGBTQ, but not to come out. They had counseling whenever I was in the rehab program. I had counseling and I had discipleship, but I am a big supporter of it. If you go into the counseling and it is good, but you need the discipleship to know who you are in Christ. Yeah, I feel no one's getting waterboarded or you know, torture or being made to go. They (He

	emphasizes the word better) better not be making somebody have sex with some of the opposite gender. I do not know of any. I was never tortured. I was never I mean, when I was at the program, I could have left anytime I wanted. Was never tortured. I was never abused. I was never beaten never I was never shocked. It was in the mid-1990's, I mean 1995. I was never and I am definitely not suicidal. I am way less. I mean, I was suicidal before. I am not suicidal anymore. I'm happy!" (He says I am happy with enthusiasm).
Jimmy	"The scripture says that the love of God is spread about in our hearts by the power of the Holy Ghost. Therefore, I say I do not care how much you try to mimic it, fake it, say it, how many classes, and schools, and mechanisms, and coping mechanisms you go through. If the real (he begins speaking in tongues, a form of spiritual language) Halleluiah Jesus, if the real love of God through the Holy Ghost is not resting on the inside of you to produce itself through whatever classes or whatever counseling, you have it is not going to work. It is not going to work, and it is ineffective. It is a tinkling symbol. It is not gonna work and I am not saying that these should be, these classes should be removed or kept. I think these classes, these counseling should be exclusively a part of the Christian faith because that is what it is. That is a part of the redemptive, ah process, the reconciliation process with Jesus Christ from sin, and I think if you separate, then you leave it to the attacks. The antithesis of those that do not agree with the Christian faith as a whole. Because you cannot base this off science, or clinical antidotes. This is by the power of God. Through his love and there is no other way by men and by the name of Jesus is no other name that men can be saved. Period."

Adam	"At first, I was very against ministries doing it because I've heard things from some ministries that do things which are problematic. But then I actually looked into proper ministries that have been going on for decades that practice sexual orientation change efforts, or reparative therapy or conversion therapy whatever. I do not like to converge there because we do not, no one calls the conversion therapy for my community, but let us call it conversion therapy for the sake of the LGBT community. And some of them practice proper amazing programs. I mean like programs that are, for example, woman that comes out of her lesbian lifestyle for her to embrace her femineity ways to become more feminine. Ways to embrace your feminine hood, or same with the masculine embrace, masculine manhood. How to become more masculine, how to try his best to change lifestyle in general and they do this. Some of these ministries find ways to help people try to exercise more or increase their mental health. Decrease their stress which all holistic, you know, holistic in terms of it all goes back to their sexual identity because it increases the distress for them to deal with more, their sexual identity. Regarding reparative therapy itself I do not have I do not understand any reason why it should be banned whatsoever. Reparative therapy ran by secular therapist that have licenses from psychological boards have not seen any unethical practices. In fact, I have seen so much more unethical practices within the gay affirmative side because I have been forced many times to accept this part of me, which I did not want to, but from their side there the opposite. I will say no are you here on your own free will. I have been told that so many times by their own speech they do not have. They do not force anyone to do what they do not want to do, and they are very gentle, very loving, very compassionate. They do not force any change; they just want to explore if you are

coming there to explore something like heterosexual side or seeing if you can get married or seeing if you can decrease the distress around same sex attraction (SSA) or even decrease SSA. They are going to explore that with you. That is all they are doing and they gotta find ways to do it within ethical means. And ways which are, from what I have seen, all of them are practices that are accepted within psychology itself, such as psychosomatic therapy such as CBT such as EMDR. Such as trauma, healing, healing, trauma. All these practices that do nothing I saw from these practices were different to what general psychologists do, but they are doing it with a specific goal. So why should they ban something that is everything that our psychologist can do but are doing it for a specific goal? I do not understand. I cannot, I cannot understand that just because you do not like a specific does not mean should be banned. You know, we really agreed again that there is no if there is such evidence that this is inborn absolutely ban all these therapists if it is inborn. How can you change something that is inborn? If it is fully inborn? But unless the person has some attraction to the opposite sex it is a different issue, but it is exclusive SSA exclusive homosexual attraction. The person should try changing. He is probably going to damage himself if he tries to change something that's genetic. 100 percent genetic, but if there is, if the person believes that something in his life could have caused an increase of his SSA or compulsive behavior or over sexualization or the stress around that, why should you stop a therapy that does that? (His tone in voice is very stern). Cause the only therapy that I know that is the that is to do with sexual identity is gay affirmative therapy, which we do not want to do. We do not want that therapy, so start off with something we do not want. How could you force me to do with a therapy I do not want? You are causing me distress by forcing me a therapy I do not want. How dare you do

that? You know? I mean the LGBT people male; you know, I feel sad for them, but they cried 24/7 about how they have gone through conversion therapy, and it damage them. You know how many of us have gone through gay affirmative therapy that has damaged us. Cause they forced something we do not want. I've under many people, many of us that are gone to a therapist, they said. If you do not accept this part of yourself, I swear to God when I went to a therapist three years ago and I was going through this stress again and I was told to go to this therapist. I thought he may actually help me with the issue maybe surrounding exploring heterosexual, and he told me straight out PSG in psychology. He told me either two options. Either you accept either your suppressed destroy identity, suppress your true nature for the rest of your life, you are gonna be depressed or you come out and be gay and be happy come out towards me and be happy. No other option. When he told me that I was distressed for weeks and months until now I am still distress over because it caused me doubts. So, like that was forced upon me. I do not wanna hear that. And what sort of how could you offer me that option? I know there is a third option. There cannot be just two options. So, I mean, I know this is off topic, but back on the on the reparative therapy I mean. If people do not, people have some doubt. That and they do not want to do that for therapy they should not do it. They should not be forced. It is a very difficult therapy. It is a very different more difficult therapy. Ministry for people with same-sex attraction to try to maybe overcome their SSA, or at least decrease it, the goal isn't eradicated completely. If that is their goal, great, but I do not know anyone that wants to just eradicate completely. Have not met anyone like that, but just decreases at the point where they see some over say. The opposite sex attraction? What is the issue with that? I mean, maybe it saves them from at least some of the stress in their lives or

	decreases some stress. Or maybe resolve something in their lives. You know, so I yeah. I mean I have no issue with it. I mean, again, like I said, there are, I believe that there should be more and that is around the board. There should be more protocols or more like more, making sure that the individual should not go to someone who is not licensed, or someone is not credible. So, do not get in any ministry or any or new reparative therapists is not known. He is known he has been referenced his be his reference to you or something that is that should be the case. But someone who is not known it is in some office by himself and no one knows who he is, and he is practicing. You gotta be careful. That is with any therapy, and I do not use those examples of cases and other people that have been damaged from a very few though, but. You know, look at. Let us look at the case. Let us look at you know. Let us look at everything wholeheartedly and don't just specify certain cases."
Lee	"Conversion therapy is a very loaded term that is used by the LGBT lobby to convince lawmakers to oppose any kind of efforts for change. So, first of all, I'd like to say that there is no licensed therapist out there who has who's been trained to do standard method therapeutic methodology of any kind of therapy and who helps people with sexual attractions who would apply the term conversion therapy to what they do. So, first of all, that's a very loaded term and it is used by the LGBT lobby when they're trying to convince lawmakers to outlaw change therapy, they try to imply that there are torture practices or mental or physical abuse practices that are being performed unwillingly as coercion, upon LGBT people without their permission, without their desire to do so for various reasons, and so LGBT activists are trying to basically ban all therapy for change under the idea that "conversion therapy" is abusing people is coercing people, and the

	truth is, there are people out there who are not happy with their same sex attractions with their "homosexual" feelings, and they want somebody to help them sort through those things to deal with past traumas to deal with these things. So, there's legitimate therapies out there, and there's other names of what they are called. They are not called conversion therapy, but their standard therapies, and I am very much in favor of those therapies. I know men who have gone to therapists and have received a great deal of help and have made a great deal of progress on their journey but it's not conversion therapy."
Samuel	"Personally, I do not have experience. I actually avoided, personally, I avoided these groups or these counseling groups or sessions. Primarily because as a as a believer, I do not believe that our identity is defined by our previous sin. Even because of our sin struggle. Even if it is current, even if there are waves of you know sin and or impulses in your thoughts or some kind of you know thoughts. I do not believe in this you know this system of identification, spiritual identification or, you know personal identification by behavior, and I never have. When I met the Lord, when I met encountered God encountered Yeshua it was clear to me, even though that some of my questions had to do with you know, if I follow even previously before I met Jesus, my some of my questions were like, even if I want to get out of this lifestyle, I do not know how to get out of it. Like I cannot do it myself. Like I cannot bring myself with my, you know muscles and, you know, mustering all my you know, human intellect and human strength and spiritual muscles to get myself there. It was obvious to me that it would take something much greater than myself." "The only conversion that a person needs to experience is from a sinner to a son of God.

	From once a sinner to a person who was saved and is a son, a child of God. That is the only conversion that I've I had experienced, and I think that if therapy has to do with bringing one person from point A to point B or point Z I think the overarching context of all of that should be knowing God."

Participants were asked if they believe religious counseling was beneficial and would they seek it for themselves regarding their sexual identity journey. Themes that emerged were the importance of having healthy conversation, God must be the root of the counseling, peer religious counseling, and the issues is just not spiritual, and religious counseling can be effective. Adam stated, "It will be so great when we can combine both psychological help practices or psychological assistance and spiritual assistance or religious assistance." All participants shared they would engage in sexual identity religious counseling, expect for Jimmy who felt if you can hear from God directly that can be enough. Owen and Adam acknowledged to seeking religious and professional counseling. Owen said, "Yes, because it was for me. I had counseling. I had pastoral counseling and um and it was good for me." The topic of trust emerged when speaking about perspectives on counseling. Samuel also agreed that religious counseling can be beneficial, but he emphasizes that religious communities should not deter from religious principles regarding sexual identity.

Table (17) Autonomous Religious Sexual Identity Counseling

Jamaal	"I do. I think, and I kind of alluded to this before, but I do think that being able to have that conversation about it, is healthy and it can help the person. I don't think that again you should try to change anyone, but I do think that if they want to have a conversation about where they are in their life, you know when it comes to their orientation or their maybe they're having some doubts about, you

	know their sexuality, then I think that there's definitely room to have that conversation."
	"Yeah, I would. I do think that is the missing piece. I feel like that a lot of other things are address, but again, that is one thing they tend to not address. I feel like it is one sided because it is address from the aspect of someone is coming to you and they are struggling with sexual identity. A lot of times the counselor or whomever, will almost feel like, almost influence a person into pursuing it because they will say something to the extent of, you know, live your truth you know, be who you are, but I feel like if the person was coming to them because they didn't want to live that way, then that's when the conversation about conversion therapy comes up. (Meaning to deter from changing due to unethical outcomes) It is weird to me. It is a double standard, but that is what I feel. I feel like it is one side and I do think that it should be opened to like both sides of it. Like if someone is struggling because they do not want to live that way, then I think there should be room for that person to like to be able to talk about it."
John	"Yeah I would because if you have the right person that is informed with that, I think that it will be advantageous. It also breaks up the ah, just the that the negative narrative that comes with sexuality in the church (He moves hand to right and left comparing sexuality and church). Because I think it will be something that more people will be able to embrace because they know how they do not have wisdom on it, and they know how to now deal with it and now know how to address it. Before it's like they have been operating in fear and ignorance."
Owen	(He looks up) "Yes because it was for me. I had counseling. I had pastoral counseling and um and it was good for me, you know, yeah, you know. The Bible says, cast your cares

	upon the Lord, for he cares for you. So, I had a Christian counselor, and we would, go through these processes and we would go through all these counseling stuff. It is OK. This is something we need to (He looks directly at the researcher) give to the Lord and we would give it to him. He would take me to process that we pray, and I see myself, vision myself handing it over to the Lord and I think for me it was big. It was like I was giving it to the Lord it was no longer mine, but we had to go through the counseling to get myself there. We um, yeah, I fully support counseling and I believe you can go through psychological counseling that's not even faith based and if the person knows what they're doing, walk you out of it and not even be faith based." "Yeah, I did I did. Yes, it worked for me."
Jimmy	"Yep. cause the love of God is real and the power of God is real. Only if those things are the common denominators. In any of those organizations any of those groups any of those programs or settings it has to be? It is not, it's not going to work." "I wouldn't seek it. Cause my change did not come from that. Like the impact of my relationship with God was so powerful that man's teachings cannot compare to it and not even man's interpretation or delivery of the Bible or the Word of God can compare because I heard directly from Jesus. I heard from directly from the spirit of the Lord. So, it was completely sobering. Complete detox of everything is best way I could describe it. So now I would not have, naw I wouldn't."
Adam	"Yeah, I mean yeah 100%. I mean I do believe that religious counsel regarding sexual identity should not be solely spiritual. I really do believe that because I do not believe this is just a spiritual problem, so I have a

problem with some religious counselors that look at this from a spiritual issue because it is not just a spiritual problem, it is more than that. It could have led to their mental health issues that could lead to weak physical problems. It could lead to other issues in their lives, maybe unresolved wounds, and traumas, maybe some unresolved issues. So, I believe if the religious counselors are in this field, they ought to definitely research this topic very heavily from all sides of the spectrum and become incredibly knowledgeable about the topic, and then they can help these individuals. I do not believe any religious counselor to get to this. I really have problem with religious counselors is getting into this issue and have very little knowledge regarding issues of sexual orientation sexual identity. They really should deeply research this topic. Study it very well. Seek assistance from others and then assist others. Do willy nilly. You know without any experience or knowledge or very little knowledge."

"Yes, absolutely, because. I mean, because I have been in therapy, only for secular perspective when religion was not brought up. It will be so great when we can combine both psychological help practices or psychological assistance and spiritual assistance or religious assistance. So, bring you forth. You know religion and religious. You know stuff about the religion may be something to do with sexual identity within religion. Bringing cases, historical cases of religious figures, whatever it could be that assist the person and then also bring their psychological because the person is always going to feel more, and I've notice that when they are both are joined together, he is gonna feel calmer. He's gonna feel more at ease, more secure because he has religious help for sexual identity, so both important things are being assisted for him."

| Lee | "I think it can occur in a healthy way, in a religious setting and frankly I'm trying to give pastoral care, prayer, encouragement, help, scriptures and things like that to mean that I know. Yeah, and I know men, who are from various faith backgrounds, so you know, certainly the Christian men I know. I am trying to help them walk with Christ in this journey as they as they grow towards their more authentic manhood, but I also have friends who are Muslims, Mormons, Jewish believers. I am also trying to encourage them to come to God, and because I believe God, God can be the largest support and strength. Really, we all need to say if you are going to work on these issues, you need a support community. You cannot, I do not think anybody can do it alone. I think certainly having a relationship with God can make the journey much easier for you and you certainly need people who know you, to be known authentically and people who support you. So, I think it can happen. I think I am trying to do that right now. Yeah, I am trying to speak light into men's lives with the people I know who not Christian is. I keep it on a basically just a God level, trying not to offend them. You know I am not trying to offend them necessarily with something that they are not ready to accept, but I certainly want my faith in my light in their lives. I want my light to be an encouragement for them to seek God and to move closer. Obviously, I hope someday that I may be able to share more about my Christian faith with them."

"Um, I, think if a religious group offered it, I would. I would not see any problem with that at all. I have been to Christian counselors before, not necessarily about the issues with my sexual identity, but if I were choosing a counselor, I would. I would prefer to go to a Christian counselor. I have talked to; I have talked personally to pastors. I have talked to him about my sexual attractions, my identity, you know in that sense before. So, I would |

	not have a problem with doing that. It would be OK."
Samuel	"People are seeking help, needing help and they do not always feel like they can find it in church. Or that the church kind feels like they need to adapt to the culture, which I think is the wrong morally. It does not really help anyone, and I think they just, you know, help people just remain in their sin, frustration, and brokenness rather than really help them. It is kind of just licking the wounds, but not really healing them. So, I would be interested in seeing how that develops in the Christian world today."

Impact of Religious Identity and Support

According to the Abrahamic doctrine, religious communities have only accepted opposite sex marriages. A marriage between a man and a woman and do not accept same sex marriages. A man who may be struggling with this religious ideal of attraction and identity, yet still find his religion an intricate part of his identity, may endure further internalized trauma. Questions twenty-four through thirty seeks to understand the importance of religion and religious support. The participants all share that religion is an important aspect of their lives and give honor to the God they serve as the guide that has been with them throughout their sexual identity journey. Owen mentioned, "He's (Jesus) the one that restored me. Walk with me through the difficult times and the good times he has never left me. He has never forsaken me." An unexpected theme that did emerge was Jimmy's acknowledgement that he hates religion but loves his relationship with God." "Religion is trying to be perfect and never obtaining it. It is impossible. I love relationship and it is the biggest part of my life."

Table (18) Importance of Religion

Jamaal	"I think for me it's very important. It is how I make most decisions in my life. I try to approach everything from a Christ centered perspective."
John	(He rests his hand on chest) "My faith is very important and what that means to me is that relationship and that peace that I have, that sustaining power. When you have a genuine relationship with the father (He smiles). So, religion, I mean it is like I get that word but then it is like you know it is deeper for me. When you say religion because it is like I do not want it to be so restrictive you know but at the same time it is like it is a religion. It is my practice, you know. So, it is a very important anyways, heavily on just the way that I live. The way that I survive the way that I see myself because I know that once I slip away, there is so many things that attack our minds. (He puts hands on his head) As far as thoughts and um, that tried to masquerade our identity and I know that I must be so steadfast because I feel like, um if I don't practice keeping my mind that I will lose it in something else you know because I feel like there's always something going on. There is always something to consume, you know, and I do not want to, I do not want to be consumed. I have been through too much in life and I think like I really know that at this point I just want to maintain and evolve and develop what God is doing and has done in me. So that I could fulfill my purpose in my destiny. My faith is really big is it's really big (He reiterates faith is really big) and then like I said, I'm not a perfect man. I make my mistakes; I do but it is like that is who I am. That's really a part of who I am. Because I will not be with nothing without God (He shakes his head) I would not be here without Him."
Owen	"My faith in Jesus Christ is everything. He is my everything. He is the lover of my soul. He is the one who made me whole. He is the one that restored me. Walk with me through the

	difficult times and the good times. He has never left me. He has never forsaken me. He has always been with me, and He loves me as something I really wrestle with. I did not believe He loved me, and He loves me. The love of God nothing can ever, has and ever will separate me from his great love in Christ. Oh, my Jesus, he is everything I love, my Lord Jesus, you are Messianic Messianic Yeshua Yeshua, He's, my savior. He is my Lord Messiah Yeshua. (He smiles throughout the response and eyes are wide open).
Jimmy	"Um I'm going to preface this first by saying I know that the interview uh is based off religious (He scratches chin) connection to and or programming to individuals that no longer identifies homosexual and identifies as heterosexual. My next statement is maybe a little (He grins) oxymoron to people. (He gives a stern look) I hate religion, I love relationship. Religion will not bring me peace. (He scratches his head) Religion will not bring me joy. Religion will not bring me understanding. Bring me enlightenment. Religion (He looks up) is trying to be perfect and never obtaining it. It is impossible. I love relationship and it is the biggest part of my life. It is the only part of my life. Everything else is an (He raises hand) outlier of it. I wouldn't have done any of this without my relationship with Jesus Christ."
Adam	"It's at this moment in time, the last couple years it's been the most important thing to me. I mean, honestly, I would not do anything to lose my faith, I mean, and you know the more I've, uh, you know, study (He pause) the more educated the more I study the more I get into this world and engaging activities in life I always just go back to my faith because I feel there's solace there. There is a peace. I have not found any true peace with a real sense of the word that comes except through my faith through remembering God through reading scripture through engaging in religious discussion. I do not think anything else gives me that much peace in my life, so without a

	doubt, faith is the most important thing to me in my life so. Yeah."
Lee	"God is the most important person in my life. I have to actually say that through all my experiences, especially in my growth and in the past years as I have dealt with these issues. I knew God before, I loved God before. God was super significant in my life before, but I am closer to God now than I ever was before and I think it is because I have learned that how to depend on Him differently, more deeply. Before I depended, you know I depended upon God, but still depended upon myself and now I would have to say I have learned that in almost everything I mean I think I've been on a growth line all my life and learning to depend upon God more, but I would say this especially because I have had this whole experience with sexual attraction. I have learned to depend upon God much more closely and much more in a real sense than I ever had before. So, I feel closer, and I would say God is my significant other. My main significant other in my life. Other relationships are important to me. I am married you know my wife is significant to me. I have two child two adult children. You know there are significant. My father and my stepmother are alive, and you know, I mean, my sister is alive. So, I mean I have some significant relationships, but I would say God is number one. I spend every morning, pretty much without exception, I spend quite a lot of time in prayer and Bible study and meditation. It is an important part of my life. It is not just a little 5-minute quickie, you know do this, do that. I spend a significant amount of time with God every day and I like to continue to spend time with God throughout the day. I actually have some hand motions and things that I do that are reminders throughout the day and I am constantly in contact with people through social media and I am sharing things about God, sharing thoughts, sharing Bible verses,

	sharing things that have meaning to me because I know that they can also be encouraging and have meaning to other people as well. "
Samuel	(He chuckles) "It is my life. It is everything in my life From A to Z, it is everything. It defines everything. Defines me, defines my life, my family. My past, present, future. I do not see myself apart from Jesus and apart from the Father. I do not really have a life without him, (he chuckles) and you know, I think that is pretty much it. You know, that is the entirety of it."

Participants were asked about their current relationship with their religious community. Religious support is a continuous process and understanding the needs of the participant during their current sexual identity of heterosexual, based on the output of religious attitudes and beliefs, were gathered. Themes that emerged were not having the opportunity to share testimony, church encourages sharing testimony with congregation. Owen states, "It is totally different than it was in the 90's when I first shared my testimony, totally different." Jimmy has authored a book about his sexual identity journey which has reach international status. Adam reveals that it is not important for him to tell everyone and appreciated when other religious members invite him to be part of activities despite knowing his past sexual identity of gay. Lee's unexpected theme revealed, that due to the respect of his wife, he is specific to what group he shares his testimony. He shares his testimony outside his home church due to his wife's fear of negative support. However, Lee does not believe he would receive negative support from his home church in the USA. A religious leader also asked Samuel to share his testimony.

Table (19) Religious Community Knowledge of Heterosexual Identity

Jamaal	"Uh, what is interesting is that my pastor, does, and his wife does because I remember we had a conversation with him about it, but I have never actually shared it publicly or

	openly at my church. Then I think about it like I do not think other people know. I just thought about that. Yeah, (he laughs) because I have never actually said, never actually shared it." "I don't know if I've ever had the opportunity to do so (share testimony). I know that sounds weird, but it is like I mean, is one of those things that you just randomly go up to someone and say, hey like this is who I used to be. I feel like there has to be some kind of context and I think for you will know what it is. I have never really just had the opportunity to um, have that conversation. Now I think about it there is one couple at my church that knows cause like they are really good friends of ours, but I guess I've just never had that conversation with like anybody else, and it's not intentional, it's not like I'm like trying to keep it from people, but I just think that I've never, yeah, I've never had the conversation."
John	(He takes a huge inhale) "Um, they know about it, and I'm really close with them and so they are they are ecstatic. They embrace the change. They want me to talk about the change (He rubs his head and looks into the air) they want me to always (He chuckles) talk about my, tell my testimony and just all that type of stuff and I'm like OK. They understand it because I have relationship with them. You know, so that's why they understand (he stops rubbing his head), they understand it."
Owen	"Oh yes, they know all about it (he laughs). You know about (he continues to laugh) it and it is the church that I have been at since I was 20, a year after I got out of college in 1992. I have been there all the way through, except for when I went to the program up in New York. They are fully supportive of me and there has been guys that have come that I work with that are not from here and they have had no problem with him at all. Just

	come to visit. I have no problem with it at all."
Jimmy	"They do. I have a book. I am an author of a book. The book is called from *Secrets with Men to Romance with Him.* The book is traveled across the world around the world. People in different parts of the world and they read my book or have had my book. My testimony has reached different parts of the world. God is glorified because of my testimony."
Adam	"Yeah, I mean, not all of them obviously but some of them you know, a lot of them, actually, I mean some of them are very respectful, some offer help, so there's actually a (he looks up and moves eyes to the side) couple of religious individuals that constantly asked for you know if I needed anything, or they ask for my help and assistance. If they you know, do you want to go out to eat when we go to do something you want to engage in this activity, so it really helps when they ask me to go and do something with them. Maybe would have activity. Maybe really helps because it makes me feel like one of the men, part of them. So now I would not reveal it to everyone for some people they might feel like it's important for them to tell everyone, but for me personally, I haven't told everyone far from what I've told the most important people in my life and people that I believe can assist or people I believe as well that are (he emphasizes the word influential) influential that need to know about such cases or such issues in the religious community so they can help other people or they can be more aware of the situation and how people deal with this issue. So yeah, I mean it has been largely beneficial, largely the positive."
Lee	"I belong really to two churches because I belong to one church when I return to the United States. I have a home church there. And I have a home church that I go to here (overseas). Right now, I am going to the home church here online because of coronavirus (COVID-19). But anyway, I have

	two home church communities. I have never had a coming out to the whole church (in the USA or abroad) at one time. So, it is not like the everybody in the congregation of either church knows about my story or change. I have certainly had discussions with different people in both churches, including pastors from the different churches, and with other people in both churches. People I trust people who are friends, and so I have had no problem sharing that, but there has not been an opportunity to stand up in front and share it. I am actually personally open to doing that. And at one time I talked with the pastor of the church here about possibly doing it, not in front of the whole church, but speaking in front of a group of pastors of various churches in our community that meet, and I was open to doing that, but it did not materialize, but I am open to it. My wife is more fearful, and she has concerns about my sharing my story. So, she certainly would not like me to share in any big group setting in the USA, certainly not with my congregation back in the United States. She has fears that people would respond negatively. I doubt seriously that they would, but I respect her fears and so I probably would not do that there. I would have to be, I would have to consider what were the parameters of the situation if I were going to do it in the church that is here abroad. I have been a guest speaker in a different city. In spoken in the church and just I have been very open and honest with that. I have shared my story in an online interview, now a podcast on a website. I've shared my story at different conferences in front of friendly groups of people and things like that."
Samuel	"They respond great, I do get even calls from pastors and different leaders who are, you know, seeking all kinds of answers for this issue. I am, getting texts or emails from people who are going through those things and who want to seek some answers for their

	lives. So yeah, that's. It is very, very positive, yeah?"

The participants shared the importance of religious support in their lives. Themes that emerged included religious support is important, God's love for the church helps me love others, helps with sustainability, religious support is better found in smaller churches. An unexpected theme that was shared is that sexual identity is discussed more in youth ministries as opposed to adult ministries and starting their own church if religious support towards sexual identity change was not provided.

Table (20) Importance of Religious Support

Jamaal	"Um? I think so, because like I said, I tried it like face all my decisions off doing things God's way, and so, um, yeah, I think for me it does plays a big role in everything, even down to me making this decision to leave that lifestyle. It was centered around my relationship with God."
John	(He rubs his head and face and then rests his hand on checks) "Um, it does. It does because I know that is how God sees the church. You know, I believe that just by his word that he does not, he is not going to cast the church away and he is not, you know, he does not hate the church. It's, I mean, it's the bride and so, even though there's experiences that I do not like that take place in the church, I still can't discount the people that are there, God's people who are there, who are serving, who are doing work you know and so I am not going to throw the whole church away and I think that my faith, really my faith in God, really always softens my heart 'cause there's been times when I've been, I've been mad at the church (He looks direct and stern at researcher) like it, hey, yeah you do not ever, ever worry about seeing me anymore (He laughs) but then God would get a hold of my heart and um and deal with it and deal with that anger and that offense."

Owen	"Religious support is extremely big (He emphasizes the word big) big. My faith is fairly big in my own. You know what relationship with Jesus is big but also with brothers and sisters in the Lord is very big. It is very important cause we need community. We are not called to walk it alone. We need community. So, if you are all you get weak or having a weak time or a weak moment. Or you could trigger, you cannot expose it to light if you are out there by yourself. It is a lot harder to expose it accountability or to the light. And it is cool how and when you expose things for light and darkness flees, it always does. It has to. But yes, I need you. We need that. Religious community faith-based community."
Jimmy	(He shakes his head) "It does have an effect because it allows you to be even more effective as the Scripture says, oh how good for is it for brothers to (he makes direct eye contact with researcher) dwell in unity and when you are in unity with other religions with a lot with more of individuals that of the faith that you believe in, or the organizations of the faith or what have you, you're able to influence more. According to the faith able to be oh to (he gestures hand and arms to demonstrate community) reach more communities and reach more groups according to the faith. The only three things I really wanna do is heal the sick, raise a dead and cast out devils. If I do that in the name of Jesus then everybody will know and if you receive it, you receive it, if you don't you don't but you are going know He is real."
Adam	"Absolutely, I think it's probably the most important aspect. If there was much more religious support when it comes to this issue, there would be much more determination. Much more reason to be firm and (he moves head towards screen) steadfast upon this path, Cause knowing that there are people out there with you in this path, may support you in this path because the fact is, I am doing this solely because my values are more important to me.

	My religious values are more important to me than my sexual value sexuality. So, if I have more support regarding that surrounding religion to give me more determination, strength, courage to continue on. On the journey if there was more hope within the religious communities."
Lee	"Absolutely, you know if you are not, if you are not being supported, whatever is happening in your life and we all go through different things, different stages of our life. Growth problems whatever. If you are not being supported in a religious community, you need to find a community that is going to support you. Do it because you need to be connected. You cannot generally find that kind of connection in any very large setting. I will call worship service kind of place. You just cannot connect. You need to be in smaller home groups or some kind of adult Bible fellowship or something like that where you're in a smaller group where people share their stories and become connected. But that is absolutely essential, I think. I have struggled quite a lot during this pandemic business because I have not been able to attend my church in person. I can attend online, but there is a certain connection, but there is also a certain disconnection that goes along with that. So, I felt very alone. I have struggled with feeling very isolated during this time. I do have other groups that I connect with online and in my occupation, which I'm a teacher, you know, when I'm teaching, I'm doing it online and I am not teaching in the classroom at this point but I'm connecting with people and this is very important to me that I have the support and not being isolated is huge and I think it's huge for any person who has any kind of homosexual feelings. They need that very much so."
Samuel	"I guess if the church I thought that you know homosexual cannot really be transformed. I guess I would have to build my own church. (He laughs) Because that would not have

changed my faith in Christ. That would have just changed my relationship with the church."

"I think that youth groups, for instance in the church, youth leaders maybe need to talk about the topic in a little bit and open it up to their congregants. To know that there are people who support them and love them, and they actually want to hear about what they're going through. And how does it affect them and their lives, I mean I would have been really thankful if I had that if I was, you know, when I was a teen. You know there was this figure, especially if it was a male figure for me, I think because a lot of the affirmation in the lack, especially for you know male "homosexuals" and people struggle with gender issues? The male affirmation is really, really crucial and not just from a father figure, but also from an either like a teacher or a peer. Someone who is closer to you at age as well. I think that the support in the affirmation could be tremendous. Tremendously effective in diverting the outlet you know from being I need to find that comfort or that outlet of my feelings in the world because I cannot find in the church. I think it can really divert it into the community. And of course, if the community is strong spiritually, it immediately has to direct the person to God as well, you know. But there is a tremendous (Emphasizes the second tremendous) tremendous advantage for someone who actually is pursuing God but still struggling. You know, especially in their youth years, that their teen years, if they have that support if they have that group that is heterosexual. They do not have to be in a homosexual group. So, youth groups are key. Counseling to families who feel that you know they are struggling or their children who you know they have questions and things like that. It really needs to be a wholesome experience in the church. With a lot of grace and not trying

	to get to point Z from point A. Again, like you know, making sure that you know people are moralistic and everything.

Sexual Identity Cultural Humility: Religious Protective Factors

Sexual minorities, just as other populations, have additional life struggles in which they seek religious sanctity for refuge. A few additional topics that may be associated with the gay or bisexual life journey may include sex, drugs, and HIV/AIDS. Owen and Samuel shared they were involved in drug use, Lee participated in pornographic viewing, and Jimmy engaged in hypersexual behaviors and living a private gay identity life on the "down low". The term "down low" (DL) refers to men who have sex with other men in secret yet also engage in sex with women (Rutledge, Jemmott III, O'Leary, & Icard, 2018). While these issues were a part of these men sexual identity journey, the topics can be just as taboo as speaking about the gay or bisexual identity in the church, synagogue, or mosque. Participants shared their views on how religious communities have handled these topics and these are the themes that emerged. Participants commented that religious communities view that HIV positive status is a punishment from God but must realize that heterosexuals can also contract HIV. Adam shared, "I mean I'm sick and tired of heterosexuals being seen as angels." The topic of HIV/AIDS is more gossiped about, but not discussed, and religious communities have done a poor job addressing sex, drugs, and HIV/AIDS. Samuel wanted to reinforce that there are many successful men who identify as gay or bisexual. He states, "Homosexuals today are very successful people and they're very influential and you know they would say they're happy. They have single gender families and all that. So, I do not think that is the right approach or criteria to kind of prove the negative effects of homosexuality."

Table (21) Sex, Drugs, and HIV/AIDS

Jamaal	"From what I've seen when it comes to like I guess AIDS and same sex attraction like it's almost looked at as if it is a direct correlation. Like if you are same sex attracted and then you know you are gonna get AIDS, HIV. I think there's a lot of ignorance because there's just a lot of people don't educate themselves when it comes to like same sex attraction or just the LGBTQ plus in general and silly references are made, sometimes about like AIDS and being gay, and I've seen or at least heard stuff, like you know pastors maybe like being very condescending with the language that they use when preaching about like, um, "homosexuality". So, I think that can turn a lot of people away, even people who may be on the cusp of coming out of it because of how they may see it handled or the language you use. That could be a turn off for them."
John	(He interlocks fingers and rests on chest and pauses before answering). "I had (He sighs) from my experiences, I haven't heard a lot being spoken over the pulpit. Like I have heard people like you know, in small groups and concentrate groups and things like that, probably yeah. I think that it is a very uh, vague approach. Very safe approach (He hand gestures quotation marks when say safe approach), you know. I think they could do more. They touch it but not address it, let us put it that way."
Owen	"Not too good. (He laughs) No too good (He continues to laugh). I am well, I guess. cause what I have come out of it does not embarrass me to talk about any of that stuff. It just does not bother me. But I mean I, um, they do not do a very good job at it. Even recently (He chuckles), I brought the person to correction. That youth group and the youth pastor he was talking about how AIDS is just the judgment of God on the LGBTQ. I am like come on man, (He sarcastically laughs) and I pulled him aside later on I talked with him because he was in error. And, um strongly in error so I

	am like, well, so what do you tell the little old lady that is never hurt anybody who become a widower? And this is true story. In her older years ends up falling in love with the guy and they had premarital sex and he dumped her. Strong in the Lord her whole life and a moment of weakness she fell she got HIV. God totally healed her (from HIV). (He emphasizes the words totally healed her) totally healed her. So, what do you say to her, I mean and made him think. (He pauses) Um, God's goodness leads men to repentance not saying curses and judgment. God's, goodness His mercy the love of God leads them to repentance. But ah yeah, it is better than it was in the 90's, (He exhales) but it still needs a lot of help. It is like they do not talk about it or if they do, they talk about it too much or it is all judgment. God's judgments coming on those people. (He emphasizes all word in previous sentence) Not all churches. Not all churches. There are exceptions."
Jimmy	(He scratches his head) "They put "homosexuality" on the high scale. They put "homosexuality" in the high scale, and they make it like it is the super super-duper G 14 classified high sin and will welcome to drug dealer. (His voice changes as to intimate how a church person would speak for a person whose sin was a drug dealer). "Oh come, pray, let lay hands on him and touch him and help him God", visit them in prison but HIV maybe if you got it from using needles but if you are gay, (He sarcastically speaks and lowers his voice) "God bless them". Well, you know when you do certain things, you get certain things. (He pauses and begin talking again in his normal voice tone) They're not led by God's. There is no one way to deal with this. God has to lead you to how to be of service to individuals, how to tell how to yield yourself to individuals. As they ask or position themselves to interact, or wanna interact with the Christian community. You have to seek God or how to do that case by case, scenario and very then we've done it.

	(His face scrunchies with disgust) When those topics come up it is very immaturely. Very ineffectively. Great, well lack of sincerity. Lack of understanding. Lack of listening. We have not done a good job." (He is passionate when responding)
Adam	"But this constant, you know, and it is sometimes that speech is still around, even though people don't like to say it openly. But they say, sometimes discreetly, that you know HIV is a (begins to talk with hand) punishment from God because of their ways, and possibly could be. I do not know but I mean to constantly call it the gay virus and if you get it then you deserve it. I have heard this sometimes from people that you engage in that actually believe gay people deserve to get it. I mean, it is so wrong. I mean, you know, I mean, you know they are not helping the person with that rhetoric. So, it does not help when they speak about diseases or sexually diseases (He stops taking with hands) in that manner, blaming whole community or society or group of individuals for that disease or that and saying, all sexually transmitted infections (STI's) are because of gay individuals in gay folk, yes, a large portion is because of high promiscuity within the community. But you know it happens a lot with as well heterosexuals. I mean I am sick and tired of heterosexuals being seen as angels; you know. Just look at, you know we mention gay apps like Grinder, but then there's Tinder (A heterosexual dating app). I mean I know people that sit around constantly that are heterosexuals. I know I am gonna be honest, it is not the same. It is not the same at all. There is much more promiscuity in the gay community. Whether they wanted to deny it or not it is there, but again, not all I would say within the religious same sex attraction (SSA) community religious LGBTI; the promiscuity is much less. I have noticed that cause there is still more, there is still that conflict or is more guilt and they realize that this is not a good behavior. Even though I

	believe I am gay, I am homosexual, I should not be engaging in so much sexual behavior. So, they should realize that you know there is so much more moral values if you will amongst religious just LGBTQ individuals. Those tend to be, let just say, oversexualization and you see that to be the case. So yeah, I mean. So much else."
Lee	"I think that maybe they have not dealt with them as well as they should. They are some people who are probably a little bit on the judgmental side about these kinds of topics. You know, kind of dismissive and with a bad attitude, sort of holier than thou attitude. I think that has happened. I would say more than my experience with that is the attitude that those are not very safe topics and so we talk about other things, other topics in church that are there safer to talk about. We could talk about vacation Bible school, evangelism, and prayer. Have a deeper prayer life, you know, it is easier for churches to talk about things that you know seem more spiritual or more normative, or something like that and it is a lot harder for them to actually get in healthy. Difficult conversations about pornography addiction, or sexual identity or not having premarital sex before you get married. Those issues are kind of tough for (many) churches to actually get in and work on it. I do think there is probably more of those honest discussions going on in the youth ministry. Which is, you know, sort of a way from the adult ministry (not discussed in adult ministries). You know, I think those are happening, which is good, but I think if you get to more of the adult kind of ministry or the typical you know, preaching sermons during the church service."
Samuel	"Well, I think. I think many times it is kind of an indication to it is a destructive lifestyle, like if that's kind of what he questions refers to. Maybe it's kind of like to prove a point. You know, like it is wrong, and you know, people get AIDS, and you know they die, or

	they are, you know they have used all kinds of you know drugs and whatever. I personally do not think that it is a good strategy because even though that might be true in certain instances, I think it's a very low level of handling crisis and handling a controversial issue." "I just think that the church kind of needs to grow up in a sense." (He laughs)

Other Important Sexual Identity Topics: Co-Occurring Concerns

There were other unexpected subthemes that emerged from the participants interviews. Participants shared other religious communities such as twelve step programs that incorporate religious ideals to assist with addiction, including as sexual or substance abuse that are alternative religious support groups. Participants also stressed that marriage is not a sign of deliverance from the gay or bisexual identity. Religious groups should stop pushing marriage as the solution to gay or bisexual identity. The sexual identity is process and marriage may not be for the person as there are many heterosexual men who never identified as gay or bisexual who never marry. The importance and power of prayer was also discussed. Based on affirmative gay rights, the church has become afraid of standing on the word of God regarding the gay or bisexual identity. Jimmy explained, "They are inconsiderate. They are not compassion and they compromise. They changed the word; they twist it because they don't want to be hated." He speaks about how the church is persecuted about standing against same sex attraction, but due to the pressures of the world the church has buckled due to persecution. He reiterates, "Jesus said you will be hated for my namesake." Encouraging religious groups to stand strong for people like him. The subtheme regarding why the church has lost its power over biblical stance regarding sexual identity emerged as Jimmy shared that many in the church are lustful themselves. The participants also shared that there is no hierarchy of sin. The gay or bisexual sin,

according to the Abrahamic law, should not be condemned any more than any other sin. The participants shared how religious leaders and community members condone sin for themselves but condemn others. In addition, too many religious groups have submitted to accepting the gay identity and rejecting sexual identity religious theology. Due to the affirmative gay identity position, which has been led by gay right movements, participants felt that religious groups have dismiss religious doctrine pertaining to sexual identity and have succumb to the acceptance of the gay identity due to believing the gay or bisexual identity is uncontrollable or fear of being persecuted. Ultimately, leaving testimonies such as these participants to be less meaningful. There was also mention of religious family members who have been an intricate part of their sexual identity journey. Another emerging subtheme addressed the power of personal testimony permitting participants to become peer counselors for others who have overcome or currently struggles with the gay or bisexual identity. Last, a remarkably interesting subtheme that emerged was the love of God that all participants shared and giving God, a higher deity, the glory for their sexual identity journey process.

Table (22) Other Emerging Topics

Lee (12 step programs)	"So, one of the churches that I went to have a Christian 12 step group. I found them very open in and so forth." "Even if you go to any 12-step group, all the trip 12 step groups are basically once you get into them you find out that they're basically pointing you to the fact that you cannot beat an addictive behavior by yourself. You really need to come into a relationship with God to be able to do it."
Jamaal (Marriage)	"I think sometimes that narrative is pushed on people that OK to mean that you fully been delivered that means you gotta get married, have kids because that is your proof that um (He snickers) you are not, you know, entangled in that lifestyle anymore, but I

	really do not think that is everyone's story. I think some people may not ever be meant to get married. I mean there are some straight people (He smiles) who I do not think are ever meant to get married. I think we must stop pushing again certain narratives on people."
Adam (Marriage)	Most of them think marriage is going to solve the vast majority of marriage, marriage, marriage, marriage, and hundred percent going to solve. How could you not want to be married? Woman, you know how anyone could who is not with this like I have heard so many things so many overtimes that if you are if you are gay and he goes with a very attractive woman is going to turn straight. Stuff like that really frustrates you."
Samuel (Power of Prayer)	"That we actually invest just as much of strength and power and prayer and intercession and really asking questions asking God questions, asking ourselves questions. How, apart from making the stands for morality, how do we actually engage with the culture in a way that brings God's experience to them and brings the healing experience of God to them?"
Jamaal (Church Persecution)	"I feel like Christians are always the ones that are kind of um, called out about our beliefs when it comes to it. When most religious beliefs, if I am not mistaken, I do not know much about a lot of religions, but from what I have seen, most do have some sort of disdain for same sex attraction, saying you know that whole community, but for whatever reason Christians are always called out interesting to me."
Samuel (Church Persecution)	"The agenda of homosexuality in politics, in legislation in many areas of life, in education. So, I think as a church as believers, Bible believing believers who considers God's word sacred, the commandments of God's sacred still. The moral commandments of God. The moral you know character of God

	in his word. That we feel that we need to make that stance perpetually."
Samuel (Religious Power)	**"**I am really interested in hearing how the church you know, my religious affiliation Messianic, or you know how the church by and large is setting itself to really become a platform of healing and comfort and you know Gods love and God's mercy. Without losing our moral standards."
Jimmy (Hierarchy of Sin/Religious Power)	"Cause all these people are still lustful. A lot of these people are still super sexual. A lot of these people are still scarred, unlearn ignorant, foolish. A lot these people are lovers of themselves, truth breakers, adulterous. If somebody is listening, somebody hears this one day, so he is saying first Timothy, 4 or 2nd Timothy 3. So, they do not walk. (He begins to speak in tongues; a spiritual language) They do not walk in the (He emphasizes the word authority) authority to deal with this with the effectual working power of God. They do not have the wisdom or the enlightenment to do it. They (He emphasizes the word condemn) condemn immediately. They. (He pauses) stay (He emphasizes the word stratify sin) stratify sin.
Samuel (Hierarchy of Sin)	"Orthodox Jews I mean they hate the detest, you know homosexuality and everything you know pertaining to homosexuality even though they themselves don't live you know sexual, moral lives you know, pursue which I won't go, you know, go in depth but you know there's prostitution there and things like that which is allowed by rabbinical you know permissions, not by the mosaic law."
Adam (Gay or Bisexual Identity Accepted within Religious Communities)	"I mean, I would say a lot of non-gay people, even straight people are becoming more becoming more staunch about LGBT rights today then actually LGBTQ individuals. There is some of them that are allies that are way more aggressive against people like me and I have noticed that, and I have spoken to non-Muslims as well who also religious aspect or some Christians who really could not stand what I was saying and that really

	frustrated me. They couldn't even want to hear it."
Samuel (Gay or Bisexual Identity Accepted within Religious Communities)	"Yeah, so especially pastors and leaders need to converse about that because as I said this is not just outside the church anymore. This is something that is taking people from the church and these people from the church they are looking for either a church that condones that and accepts, perpetuate sin."
Owen (Religious Family)	"I have a praying mom" "My mom is a really, really strong believer." "My mother laid a really good biblical foundation and in me and she would (He emphasizes every word up to Bible) every morning before schools. We read, read scripture and we would discuss the scripture and she would pray with me and or make me pray with her and she told us pray and principles in the Bible. She read Bible stories to us and matured with it as we got older and so I never questioned my Christian faith."
Adam (Religious Family)	"My parents are quite religious, my family is quite religious, and my relatives are currently quite religious. Like how I could sometimes think unconsciously how can I explain to them that I'm not religious anymore?"
Samuel (Religious Family)	"Like my sisters we were 4-5 kids. I have three older sisters. Two of them were already Messianic believers."
Owen (Peer Counselor)	"I work with quite a few guys and then when I'm encouraging them, I do pull out parts of my past here and there and encourages them. Where God has, brought me through or walking me through or been faithful in this situation."
Lee (Peer Counselor)	"I've actually talked to the men's group about pornography addiction, and I see there's a positive thing that the churches are opening up to be able to discuss the difficult topics that that they're not nice topics. Not the Sunday school topics but the things that are real things that real people are dealing with."

Owen (Higher Deity Influences)	"I don't have no problem at all, it's just praise God."
Jimmy (Higher Deity Influences)	"The story of God's power that comes through me. So, it is it is a warm feeling. It is a good feeling itself. Affirming, feeling but of his glory of his power." "He's the only pure love I've ever felt. I have ever experienced. I do not know love unless I know him. I'm madly in love with Jesus." (He ends with a somber tone)
Lee (Higher Deity Influences)	"I think God was with me in that whole process guiding me, helping me, leading me through that to do this."
Samuel (Higher Deity Influences)	"You know God saved me from "homosexuality". You know God save me from sin, period. I was a sinner and alongside "homosexuality" I had other grave sins in my life. I knew that the sexual sin was, you know, one of the greatest challenges in my life but I knew that deep down inside, I was just a sinner." "All I can share is really my personal touch, of God on my life." "Encountering Jesus, knowing what He did for you on the cross, knowing the power, the working power of God that you know in our world, you know everything is very mental. Everything has to have some kind of Greek explanation to it and the way God works in a supernatural way and He really, really wants to be with us. He really, really wants to influence our lives and so the wisdom lies in whether God is present. If the person is engaging with God, there is nothing God cannot do in that person. If there's faith there, there is this relationship with God. Because yeah, there are things that you know God, God. God is my therapy. You know, God is our therapy." "When a human encounters God and you know, is transformed in his thinking is. Even

	his being and his emotions. Traumas and you know, introducing the healing power of Jesus over trauma, over rejection, over depression and oppression that is involved with we know with, you know, gender struggles. The fear you know, belief system and you know the fear of like you know for guys it is more like you know can I ever be with a woman or be attracted to woman? And you know to actually affirm and speak the truth over people in a way that they actually absorb you know the words of God about them. In a way that really penetrates the soul. It is like water to a thirsty soul. You know that is what the soul really needs. It is like living water and that actually you know, quenched that thirst and you know, bring them to a place of wholeness. How do you call that person who drank enough like he feels fulfilled or he feels? The thirst is quenched, you know, and they. It really brings us to a place where you know, we have that fullness. You know you have that fullness of God in you, and you can move in life within that wholeness, with that peace with that joy. Without all these doubts and fear. It is involving really become you know who you were made to be because of because of the truth that is being spoken over these people over you over us. A person can even do his own you know God therapy, you know, speak the truth over himself and hear it from God himself."

Sexual Identity Conflict Recommendations for Religious Communities

Participants provided an array of recommendations for religious groups when counseling heterosexual men who once identified as gay or bisexual or men who currently struggle with the gay or bisexual identity. A theme that emerged was the church should be welcoming regardless of where a person is in their sexual identity journey. Jamaal exclaimed, "They would at least be welcoming to people who are hopefully trying to change and want to do better." The purpose of

the church also emerged. Jamaal shares that the church is a place of healing, and you should not have to changed sexual identity before being accepted in the church. "I think sometimes we tend to shun people away from coming to church when that is where they need to be so they can get their healing, but we think that people need to already be like halfway there or fully healed before, they can like step into a church and I think that doesn't make sense." Jimmy said, "They are afraid to love somebody, really love somebody. Really and according to the to the spirit of God." Lee explained, "We are dealing with real people in the real church, real people are messy and if we create an environment where it's OK to be messy and come and work with us together as the church a body of Christ and clean up the messes." The participants revealed that people such as them should be seen as human beings and as children of God. Owen, "God loves us, and he died for all of us, and God loves everybody regardless of what sin they are in. He may not approve, but he still loves. That is why Christ came. He came to die for all of us. He paid the price for each of us." Adam wanted people to know there is more to him then his sexual identity journey. He says, "I mean, we once identified as such and such, and now we don't identify such and such. It's not our whole lives."

The participants also emerged the theme that more work still needs to be done regarding how religious groups have addressed sexual identity. The participants shared that sexual identity change is a process and can be different for one individual to another. Samuel emphasizes, "There are many different paths in this process based on experience." Based on responses of negative religious supports participants have experienced, one recommendation included an increase of healthy religious communication needs to occur. Communication needs to occur with empathy, compassion, honesty, love, and engross communication with grace. Jamaal shares, "Love people and to walk with them, be supportive of them through their journey." Lee

emphasizes, "Which is extending love, grace, acceptance in non-judgmental safe environments to all people with any kind of sexual identity issues that needs to be absolutely, completely a safe and welcoming environment." Religious groups should not measure sexual identity change based on performance measures but provide their support based on grace. Lee said, "The best recovery is a grace-based recovery." Samuel reiterates, "It really needs to be a wholesome experience in the church with a lot of grace." Just as other religious noted sinful behaviors, change is not always instantaneously and can be a process. Owen pointed out, "Yeah, it is messy restorations and you just gotta get in there with him and love him. So, we have to help clean him up several times and they may fall back in the pig pen. Yup, it is messy. You have to love him and keep pointing towards Jesus."

The participants shared there should be no abusive language whatsoever. Adam asserted, "Instead of just calming down and being rational and maybe looking at this from a different perspective automatically they have to say something disgusting about it." It was important that religious groups understand that everyone's sexual identity journey does not have the same story, so it is important to approach each journey case by case. It is important that the same method used to communicate with one person may not be effective with another. It is always best to seek a higher being before religiously communicating with people who struggle or have changed from the gay or bisexual identity.

All the participants agreed that religious groups should never change the word of God to fit the needs or wants of people. Scriptures should be followed and there should be no manipulation or reinterpretations of scriptures. They also believed that people like themselves should be legitimatized in the church. Adam said, "Legitimized more within the religious community, it would be so much better like people that come out as LGBTQI are not more

important than us." It is important to be genuine and not change when you find out someone struggles with sexual identity. Jimmy shared, "I think people thrive off of authenticity and so I feel like if you just approach them like their normal person like you would any other friend of yours that can go a long way." It is important to know you exist in a community and your existence matters. According to Adam, "Write books about us. Get our stories. Find ways to more documentaries." Participants also felt that religious communities should have greater access to funding opportunities. Adam stated, "There is no publicity because we don't have any money. We do not have any barely any finances. You know, we rely upon people. So, I mean there should be much more support financially to these groups as well, because there is very little support to them, and they can vary. That is why I am not much awareness is out there because they cannot afford. You know those avenues as much as other staunch LGBTQ groups."

An unexpected theme that emerged is that religious groups can become egregious in their approach to evangelize or minster to LGBTQ community. Lee states, "I don't know how to shut up the sort of fanatical groups that you know, attend pride parades and go, with horrible signs that you know say terrible things to people. I do not know how to shut up those people. So, I think that may be the big image that a lot of LGBT people get off about Christians. They think Christians are their haters and I really think most Christians are not haters. I think some Christians are ignorant about you know how to love and maybe they need help learning how to love, but I don't think they're haters, but it all it takes is a few really loud, loud people making and giving the wrong message to scare LGBT people away." Samuel mentions, "I think equipping and training in evangelism concerning cultural issues would be amazing thing you know. I mean, I do not know how to call it like exactly, but you know we need to probably get retrained in evangelism and what is God's perspective of evangelism in this hour." The approach

to the LGBTQ community should not divert from the word of God but always be displayed in love. The church should use wisdom when addressing sexual identity and find appropriate time and places to share the good news of the Bible, Torah, or Quran. Adam says, "I think much more support should come from higher up Christian or Muslim and Jewish communities?"

The theme of education emerged as participant shared that religious groups need to be educated on how to support individuals as themselves. John explains, "More knowledge and empathy and you know not identifying people by who they are or by what you know they do. You know, or just sexuality or anything, identify people as they wanted to be here for a reason and for purpose." Lee reiterates, "I also think it would be really good for people to have some kind of a training event or I think it would be good for you know for the pastor to have a pastors class or possibly have some sermons from the pulpit, but to just basically bring people's awareness up to these issues and so began to discuss them openly and not just sexual identity issues, but all kinds of issues that go because there are important." Lee shares, "I have gone to several conferences for counselors, therapists, pastors, religious leaders to help people with same-sex attraction." Last Samuel stated, "I think new methods of training and a lot of openness in the community can really bring a lot of good results in religious support." He also shares, "There is not a lot of training in religious communities battling controversial topics such as sexual identity."

Research Questions Reponses

Research Question 1: Can religious trauma, mental, emotional, spiritual abuse, or moral injury become barriers to seeking help from religious communities regarding sexual identity? To understand primary and secondary religious trauma and moral injury, participants were asked to share these experiences related to when they identified as gay or bisexual. Many of the

participants did not experience primary religious trauma or moral injury during their gay or

bisexual identity due to never disclosing their gay or bisexual identity. Although there were

participants that did share, they did experience primary religious trauma or moral injury during

their gay or bisexual identity which did lead to barriers towards seeking help from their religious

community for their sexual identity crisis. All participants except for Samuel shared that they

have witness religious trauma or moral injury towards others which did play a role in barriers

towards seeking help from religious communities regarding sexual identity.

Psychosocial Sexual Identity Outcomes

Table (23) No Primary Experience Religious Trauma or Moral Injury

Jamaal	"So, I did not personally experience it."
John	(He looks away, looks up) "I haven't been. I didn't experience that."
Jimmy	"I never experienced it."
Samuel	"I do not remember any kind of experience like that."

Certain participants did share their negative primary religious experiences and how those

religious trauma and moral injury made them feel when they identified as gay or bisexual.

Themes that emerged were hurt, emotional distress and sadness, which were addressed by Owen,

Adam, and Lee, when religious trauma or moral injury occurred in relationship to religious

verbal attacks towards the gay or bisexual identity. Samuel's interpretation of his religious

experience was explained through his relationship with his religious sister. He did not categorize

the experience as religious trauma or moral injury, but there were certain uncomfortable

moments regarding sexual identity conversations with his religious sister.

Table (24) Primary Experience Religious Trauma or Moral Injury

Owen	"I did have to hear guys even leadership in telling gay jokes (He snickers). Which I used

	to take as oh God hates me for sure, but I know I don't believe I ever really had any mental abuse by the church." "Yeah, about a third of the church was horrible. I wore a scarlet letter H "homosexual" and then gossip went around town and I mean a lot of quite a few people in the church would say you were born that way and you were just damned to hell and there was no way you could ever change. I mean literally let people tell it, (His eyes open wide and moves closer to the screen) tell me that, the nerve, and it was really bad (He shakes his head). I was hurt. I was just devastated. I wept and of course when I went up to the alter. They had the staff pastors up there praying for people and prayer leaders, praying for people. I went up for prayer and I was just weeping and of course then gossip went around that I had sex with a guy, and it was (He shakes his head) bad and I had not had sex with a guy. I was weeping (He shakes his head) 'cause I was hurt, (He emphasizes the word legitimately) legitimately hurt, but about a third of the people in the church, it was wild. About a third were really mean about it."
Adam	"Yeah, certain words of mockery definitely made things worse. If the person is really feeling bad about himself or if there was a conflict within and when he hears mockery f***** the words like f***** which I never liked it. I never, I felt always disgusted it or felt something, I felt alienated every time they used words that were related to "homosexual" that were words of abuse that were put into the "homosexual" community. So gay, gay, gay, gay, they always said the word gay, I don't like it and sometimes they would say it in a very abusive manner." "You know they say things which they don't mean, or they say things sometimes which leads to persons feeling emotionally abused. So, these people are sick. These people need help these people clearly, you know are not in

the right state of mind. They need to go into therapy, or I do not know some probably were sexually abused. It's automatically always sexual abuse."

"And really, every time the topic came up, there was never any answers that were appropriate or answers that we would deem compassionate because I mean, maybe for them there was compassionate, because sometimes they would actually think I can see some of them when they do speak about it. They would say things like I believe that this was caused upon by early childhood trauma, and I know some that did say that, so we need to seek therapy and I and some of them actually believed change 100 percent possible, that person was almost certainly going to be heterosexual. So, when I say these things, it was very, very frustrating to me because it also led to a lot of emotional. Yeah, emotional, how do I say emotional distress because they made it seem so simple. It is not that it is just that simple. You know do this thing and then you are going to become heterosexual. It is your fault that you are still attracted to same sex. I found it to be extremely distressful because I hated that I wanted to change it, but it did not go away. So, to be told that it is just simple and it's just another problem that was very emotionally distressing. So, if they just they had accepted that, OK, maybe it's not as simple as you know, the person can just become heterosexual overnight or even maybe even get married one day. Maybe it's not always for everyone then that will be much easier, but like I said, it's more with their response to how this problem came about and how we should and just general mockery using words that are displeasing or inappropriate."

Lee	"I would say I've only had one rather negative experience, and I'll explain that. I would not say for me it was not personally traumatic, but I talked to one person who came from a very extremely conservative church and the

	person, and I had more than one conversation. This person simply could not grasp the idea that there's a difference between having an attraction you know, which is something that I didn't choose, and acting out on the behavior which is practicing "homosexuality" in one form or another and that this person just sort of saw things in a black and white way, it's like they could not understand that there's a difference between feeling an attraction and doing the action. But I could not get this woman to accept the fact I did not choose to feel this way, and it was not simply my feelings, my attractions. You know for her it was the feelings that were sinful. She could not separate that from the action of being sexual involved with somebody "homosexually", and you know that that was a sad thing for me that it was sort of a black and white thing. Just homosexual is wrong. If you have those feelings, you just pray to God and ask God to take them, and he will take them. It is a very simplistic kind of answer. I really understand that most "homosexuality" is not as it is related to spiritual things, but it is basically emotional, and spirituality can be a great help. To help you deal with the emotional traumas and wounds that you had. That is where part of the variables that cause the homosexual attractions are emotional traumas. Spirituality is great support, great support, but it is not primarily a spiritual problem. It is really not just a spiritual problem. So just to say, pray the gay away is not really the solution because it is not a demonic factor that caused it. You know there may be demonic influences in terms of temptations to act out, or other things. It is certainly not wrong to pray and ask God, to ask Jesus to help you to understand this. To overcome this to deal with the temptations. There's a lot of spiritual help, it's there, but it's basically not a spiritual problem."
Samuel	"I never experienced anything like abusive or, you know, demoralizing or degrading but I felt I knew that there was a disapproval. I felt

	it. I mean there were certain things that you know that I knew that I could not engage with them (His religious siblings), but my second sister when I was in my early twenties because we were very close. You know, before she became a believer, we were very close. We had very similar worldviews and spirituality. I was like into like all these eastern religions and she was as well like new age and everything. And so, when she called me and told me she is a believer, it was it was very kind of disappointing and painful (he smirks) because I knew that believers do not approve of this lifestyle and then out of that relationship, she engaged in a lot of conversations with me, challenging my life, my lifestyle, and challenging the philosophy around my lifestyle. You know, we had a lot of you know, confrontational conversations. But it was not traumatizing anyway, it was just, you know, stretching and challenging and you know we were kind of both like you know battling with each other (he moves closer to the screen and adjust his sitting position). But it was not like a traumatizing or degrading in any way. Like it was not like you know (He emphasizes doomed to hell) doomed to hell and things like that. It was just, you know kind of opening the subject and in knowing that there was a disapproval. I also did not feel overly judged."

Individuals who perceive stigma surrounding their sexual identity may cause hindrances towards seeking religious support. This fear may increase when they also witness others being stigmatized based on their gay sexual identity. The decision to disclose personal information can be dictated by perceived benefits and cost of disclosing (Williams, Laduke, Kilk, & Hutsell, 2016). Jamaal, Jimmy, and Adam saw other men who identify as gay or bisexual, in their respective religious communities, endure religious trauma or moral injury and shared what they witness.

Table (25) Secondary Religious Trauma or Moral Injury Experiences

Jamaal	"Um, at the time, no, I did not really witness any good handling of this. It was either they spoke about it, and it was very um, harsh, or they did not really address it at all." "I knew of other people who experience like maybe name calling or just made to feel like their quote unquote sin was worse than other ones."
Jimmy	"Now, what I did see where there were individuals in my church and just, you know, being in society and its social norms would say hey, they are gay. There were individuals that I did not ever hear these men say I am gay, or I like men. Um, but I remember how the church spoke about them. Those are the gay men and I remember there was an article about my church saying one time there is a rumor going around that there are gay men in the choir. Like this choir is full of gay men and there was a man that popped up in the middle of the choir stand and you have to think it's only 5000 people go to this church. He popped up in front of the entire church and said, "Hey I aint gay."
Adam	"I have a friend who also is bisexual, but he's bisexual, not gay, and he almost led him to suicide because you couldn't stand the homophobia if you will. The so-called homophobia within the religious community because every time the topic of "homosexuality" is brought up due to the ignorance of most of the community that I know that it's not a choice."

The participants also were asked if they experienced any good religious and moral experiences within religious groups regarding your or another person's gay or bisexual identity and how did these experiences make them feel? Table 26 reveals participants positive religious and moral experiences which illustrates how fellowship is an anchor that provides positive church relationships.

Table (26) Primary Good Religious and Moral Experiences

Jamaal	"Now guess I can say though, that when I did share my story at my former church, I did get a lot of support there, so I guess that maybe does count as a good support because I once, I did share that with them and like my pastor was supportive. You know guys were supportive of other people in the church came up to me and were very supportive. So yeah, I guess that would count as a good experience. At least one good experience I personally experienced with the handling of it and how I feel like it should be done across the board."
John	(He looks in the air, grabs his collar, and fidgets his body) "Um, yeah. I experienced positive stuff as well. I was embraced by people. You know they come, you know, just did not treat me differently. Just treated me the same. You know, once they started to find out about how I was living. So, you know gain some really good, um brothers and sisters in the Lord, and some good discipleship and things like that. So, it was good that way too."
Owen	"Ah people that supported me. They believed in me, and I believe that you know God was doing a work in me and it was a transformation process and that God had done a work in me and they would pray for me and included me. You know including me and I like one guy I told, the first person I ever told he was really strong supporter of me, him, and his wife both. They love me, people that loved me and prayed for me and prayed with me and did not treat me any different. Included me and was not mean. I would leave and include me with there you know in the family life with their kids and stuff. They were, you know, they included me. My testimony, my past and did not trouble them."
Adam	"One thing that I really liked was a response from an actual scholar, Islamic scholar.

	Surprisingly, the scholars speaking about homosexuality are much better than the general folk of the religious community who are generally much more harsh and use much more profanity, whereas the scholars were like they would provide sometimes solutions, which sometimes their solutions are obviously problematic, but sometimes the solutions are sincere. So, one scholar was mentioning, when I heard that answer, it bought like a peace in my heart thinking, wow, someone actually responded in a manner where he didn't pressure me."
Lee	"Yeah, I definitely would have to say that I've experienced good things for me and also with other people."
Samuel	"No. I think people just did not talk about it." "Again, we are talking twenty something years ago." "So, I think maybe now people would have different experiences, but back then it wasn't. So, you know, open."

Research Question 2: How does religious support effect self-efficacy towards mental, emotional, and spiritual well-being when addressing sexual identity change in religious environments? Participants were asked about their mental, emotional, and spiritual health while identifying as gay or bisexual within religious communities. The lack of religious support has been acknowledged to cause those who find religion to be important to them as a method that leads to distress. Jamaal brought up that he was in a same sex relationship and his partner, at that time, added to his stressor towards wanting to leave the gay identity. These stressors led to suicidal ideations. John shared he felt rejected as the "odd man out" due to the gossip about his gay identity in the church. Owen expressed that church rejection made him feel that God hated

him, but he continued to peruse his faith anyway. Adam did share that he was anxious and

depressed dealing with his gay identity in the mosque. Meanwhile Jimmy revealed that he has no

feeling because he wanted to do what was pleasing's to him. Lee shared due to the affirmative

support that he received during his gay identity his mental, emotional, and spiritual well-being;

he was not affected. Samuel also shared, that his religious environment expected him to be gay

due to his extracurricular activities. Samuel was into dancing and gymnastics, but he did have

attraction to women, so these religious community gay expectations lead to isolation and

depression.

Table (27) Gay or Bisexual Mental, Emotional, and Spiritual Well-Being

Jamaal	"There was definitely I would say, um warfare and I always say that because I feel like it was a battle between what I knew to be right and what I wanted to be right. So, I think for me it was a constant back and forth with wanting to do the right thing, but still being pulled to do what I wanted to do and it did cause mental anguish because I would say earlier on in when I was, you know, in this life I was in a relationship (same sex) and so that in itself caused a lot of mental anguish because I was trying to get out of the relationship when I was trying to like start this journey. To live my life in a certain way that was just that whole dynamic of one person trying to pull you back and you are trying to go this way and it was just a lot so that really caused a lot of mental anguish because that individual was not letting go easily. It was a fight like it was a fight for a while and so dealing with that stress and drama were a whole lot. Later I did deal with some mental stuff in terms of even contemplating suicide because I just was not happy. I was trying to fill the void that was not getting filled inside, just kind of reached my limit with it. Honestly and then just again that battle between um trying to live the right way, but then still being conflicted. It was a

	lot. Yeah, it was a lot of my mental for sure. Being conflicted with, you know, still being in this lifestyle of being like "homosexual", bisexual, but then wanting to come out of it and you know, live my life fully for Christ. It was a battle, you know, for sure."
John	(He looks away and up in the air and plays with his ring on finger) "I think it affected me because I always felt like the odd man out like the different one you know and so and then you can get that feeling when you are amongst, a group. You are the odd man out and you are somewhat kind of somewhere like singled out by people. Do not know how to deal with you or you know when people do not have to deal with you, so they do not say anything to you, so that is even worse, you know and so all this feeling like sometimes feeling like I had to prove myself. You know in this setting and then always worrying about like how people are like if men were you know uncomfortable around me or you know. Just always having to think and wonder what somebody else thought about me and then that sometimes interfered with why I am in church in the first place. Because I think that the focus came more about like you know, because it was like so taboo. You know we do not talk about "homosexuality" (fidgets his body) in church, yet the church is full of "homosexual" men and women. People just do not know how to, when people do not know how to address it or know how to deal with it, they do not deal with you. And so when I come in and then you feel that I felt that way, then you feel, I felt rejected and just kind of, you know but then again, like I said, but that certain people, that's not all people that certain people cause I still have my community as well and that's always been something that I've always established and when I'm in the in the church was, you know, you meet people and you establish community."

Owen	"Well, I am. I mean, I always felt if I did a part of me felt that God hated me. I would tell people I believe God made me for hell, yet I would still hold my Christian faith and go to church trying to somewhat appease God."
Jimmy	"Had nothing to do with it, I aint care. I did not care at all. Not one bit. I was like yo, my life, it is my life. I am not hurting anybody; I am not bothering anybody. I aint care. No because I was on the downlow. Nobody knew."
Adam	"Spiritually, I was horrible. I mean, I did not know what was going on, but I thought I was praying enough, and I thought I was doing enough. You know worship, but it is something did not feel right. I always felt the constraint and I was sinning so much more than usual, and I do not know why. I do not know why I was like why am I sinning so much even though I am praying, and I make. I was surprisingly well supplicating to God I was still remembering God, but it didn't seem like no fruitfulness was coming out of it." "Yeah, mental definitely anxious all the time. Anxious constantly. I would say I am still not anxious now, but much more anxious before because more conflict. Very depressed. Putting on a fake mask everywhere I go, which was one of the biggest problems I have and that's the biggest thing I've dealt with now."
Lee	"I've had positive experiences with people who have affirmed and accepted me, so I would say it has overall been a healing thing in my life. It has brought me actually to peace and joy. It is like I shared earlier. Keeping secret for me was shameful, and having a shameful secret was something that I feel like Satan could use in my life to accuse me to make me feel like I was separated from God to make me feel I wasn't good enough."
Samuel	"When I identified as you know, "homosexual" or bisexual is that the environment that I was in kind of already decided for me that I was "homosexual" or bisexual. Because of certain

	behaviors in my life and because of like interests. You know that I was like I was doing like gymnastics and dancing and things like that they already decided for me that I was, you know, probably "homosexual", and even though I didn't make that decision at the time, and I actually thought that I even though I have certain maybe certain attractions or certain confusions about my sexual attractions because I was attracted to girls. Also, I was, you know, I really wanted to have a girlfriend I had a crush. I had you know, different crushes on girls that I grew up with. It affected me in the way that the internal struggle or the internal affliction was heightened, and it was taken to such extremes because of shame and fear and questions of life. Questions of identity and you really are afraid to. Yeah, in all of the thought that maybe they're right and that you know you're going to have to live like that. And it affected me greatly. It isolated me in many ways. No, it kind of taught me to isolate and to find my strength in things I was doing. Like talents and things like that. Which was good in a sense but also it was kind of, you know it just isolated me from the environment. And it was a bit depressing and oppressing, you know there was there was an oppression involved and sorrow there was sorrow and confusion, and you know, I was grieving a lot of and. Uhm? It really took a lot of it. It took the joy, you know. Out of me, in in. In many ways it is not that I was a depressed child or depressed teen, but I think I would really like think about my life and think about myself and you know, go to like deeper thoughts, I would get sad, and I would get sorrowful. I think it did affect my emotional processing and my coping mechanisms and I had to find some kind of anchor to stabilize me emotionally to give me that stability. Which I found in like dancing and things like that so. Yeah, it really drifted me psychologically to brokenness."

Participants were asked if experiencing positive church experiences influenced their ability to sustain their heterosexual identity. Despite positive or negative religious support, Jamaal, John, Jimmy, and Samuel had to lean of God and this resilience has sustain them living as heterosexual who once identified a gay or bisexual. Samuel reported that healthy religious sexual identity communication with religious relatives would have been appreciated. Owen and Lee shared that their religious support did help, and it encouraged them. Last Adam unexpected theme is that his support came from an Islamic scholar not those who he worships with in the mosque. Adam appreciated the Islamic scholar's compassionate disposition towards him and meeting him where he was in his sexual journey process.

Impact of Religious Identity and Support

Table (28) Heterosexual Religious Support

Jamaal	"I think for me, yeah, I think because people have been supportive um, that goes a long way. Um, do I feel like it is contributed to me sustaining? I think it contributes in part, but I don't allow it to weigh all on that because if that was the case then I probably, well, I'll say it like this if that was the case, (He snickers) that means that I was doing in on it with my own willpower, so I don't use that as some kind of like I guess (He laughs) draw for me the to keep walking the way that I'm walking. So no but I mean it feels good to know that people support you, but I don't let that kind of carry the weight or influence me if I could say it that way."
John	"No, nothing that people did this helps sustain what God did. It was not up to people because if that is the case, you know it will be they will be they will make me fall out. You know what I mean? I think early on coming in through this I never relied on people to take credit or for what God did because what God did, he did alone. You know I did not have like a whole group of people in there this and

	that. It was me and God and so when I was going through that process, the deliverance there was nobody there saying oh they saw God do this. I say it was me and God. Like I said, nobody wanted to touch me. There is no knowledge that they did not know. All they knew is sexuality "homosexuality" is a sin and that was it. You do not need to be in it and if you are you just gotta figure a way out of it. Nobody knows you so that that pathway, a spiritual pathway that did not include a lot of people. It was it was me and the Lord. Me submitting to what the Lord wanted to do in me."
Owen	(Nod's head in agreement) "Yeah, experience good, good, good support. People that supported me, people that love me. I mean my church, whenever we had our (He smiles) wedding we did not get married in New York cause my wife's family had moved to Florida so we got married here because they would not. They would not charge us for the church (He laughs). We want to save money (He continues to laugh long and hard). But the church. Church was it was packed (He emphasizes the word packed). (He stops laughing) I mean the church was packed with people from the church and people from the community and plus other people invited that came as we had. We sent out invitations, but it will at towards the end. We just decided to invite anybody who wanted to come. Man, it was packed and people celebrating, (He smiles) celebrating with me what God had done in my life. And you know, they all knew celebrating with me what God had done in my life."
Jimmy	"Yes and no. Yes, I experience had good, good experiences within the Christian social community. If they did not, if they did not agree with me, I would not care. cause I am in love with Jesus. I would not care. It would not matter to me."

	"No, they glorified God and who I submit my way to, but they didn't help me. It is encouraging, but it is not really helping me. When I fell in love with Him it had nothing to do with nobody else, just me. I do not care what nobody else think."
Adam	"Yes, I'm I. I have a close friend whose Islamic scholar. He is finished his studies and the teaches Islamic studies. When I told him, it was the best experience of my life. Like I was shocked, I thought I thought I was shivering and scared at first telling the story and tell him I had same sex attractions. I am the man, like his response is amazing. Incredibly compassionate. In fact, I asked him. I said you seem any different said no. I see in fact I see you more virtuous now than you were before."
Lee	"Oh yeah, I would say so. Yeah, I would say that it is helpful for me always to be in fellowship and being prayer with other people is always a very useful and helpful kind of thing. You know, at this point I cannot well, I cannot say that. When a person goes through a severe trauma, ok very often a person can go back to old behaviors. You know, an alcoholic who has been dry for a long time may go back and you know, under extreme stress or duress of things may return and have a relapse. I mean, if that kind of thing could happen, but I think being in a supportive community definitely is very useful in terms of keeping encouraging you and keeping your faith strong."

"So, I think having a community that is there for support, that knows what I'm going through, that knows where I'm at is very, very important to keeping strong and keeping my progress moving continually towards Jesus." |
| **Samuel** | "I think because I was not really engaging in any interaction with religious affiliated groups other than my family members. You know during that time. You know, before my encounter with God. Uhm? I do not have a lot |

	of you know indication. Maybe you know some even some of my immediate relatives like could have initiated more conversation around the issue. You know; I would not change a thing right now. I mean, I do not know, but again I did not have that indication so much. It is because of the culture here, you know. I did not have relationship with religious groups."

Participants shared how unbelief and doubt from their religious communities affected their emotional, and spiritual well-being. Sentiments such as being discouraged, shame, being negatively triggered, depression, mental distress were shared by the participants when they dealt with doubt from religious groups. Adam was the only one who shared that those who doubted him were not from his Mosque community, but instead religious scholars and specifically psychology students who were religious. Jimmy shared that his religious family, who also identify as Christian, was in shock because they never suspected he had same sex attractions or identified as gay. He did have doubters from his religious community, but he did not care what they thought of him. Jamaal revealed that lack of support and attitudes and beliefs of doubt had caused him to internalize if his deliverance is real. Today those thoughts of internalized doubt no longer exist. Owen became depressed when he would deal with negative support in the form of doubt which led him initially not to want to share his testimony. Lee dealt with doubt from online groups that were gay affirmative but also religious. Gay religious groups would attack him and devalue his choice in sexual identity, but he graciously would respond to what he believes is true and stepped away from any toxic environment that would attack him based on his sexual identity journey. Samuel experienced religious doubt when he shared his testimony to show that it is possible to live a heterosexual life if you once identified as gay or bisexual.

Table (29) Religious Sexual Identity Doubt

Jamaal	"Let us see, so I mean I will say that (He pauses) and this has not been directed towards me specifically, but because of some of the things that I do see people say towards other people who have come out of the lifestyle it can be discouraging, but again, it is never to the point where it makes me question the decision that I made. You know it again, it is a little discouraging cause I hate to see that but um, no like for me again, I do not put that much weight into what people say because if I did then a lot of decisions even outside of this um, I would have like kind of went against them (He chuckles). So long story short, no, like I do not allow what other people say or what other people believe to (He puts emphasis on the word shift) shift you know, how what I know God is done for me, I will just put it that way."
	(He chuckles) "I feel like people have doubted me yup. Have they said it to my face? Nope, but I feel like you can tell when people have doubts, and I say that because when I announced that I was getting married and I had overwhelming support, so many likes on Facebook, even though that does not really matter, but this just goes to show you how people are. I know for a fact that there were people close to me who, um had their doubts initially. Now do I think it has changed overtime because I have been married for a little bit now? Yes, but I do feel like, um that people have had their doubts. Especially people that have known me for a long time, and I think it is because they have known me for a while and they only can go off what they have known and so to see me and how I am now for some people it is probably like, yeah, that is too good to be true."
	"I guess if I can be honest again, it is never has got to the point where I am like, oh well, I made the wrong decision, but I think it has

	caused me to question am I truly, I guess? "Delivered" this as a quotation as they say, and I say that because I think sometimes, we can allow other people's doubts and insecurities to kind of, um, bleed off into us onto us but I think when you know who you are and you can really stand firm on that, that kind of helps. You stick to what you know to be true, and so I think for me kind of knowing who I am and learning who I am over the past couple of years and sticking to my guns has kept me from allowing other people's doubts to sway me or to make me go back, essentially." (He chuckles)
John	"What people do to me does not determine how I am going to live my life, but I did have mockers (He looks down) that would speculate. It would affect me until I started to get more mature in Christ. The more I knew the more confidence (His eyes are open wide) I gained and knowing that my deliverance was not something that I needed to be ashamed of." "Yeah, I would like I say early on once I was going through my change in my transformation yeah, it did. What people thought weighed heavily on me but as like I said as I matured.: "People still doubt today, you know. So that is I mean, it is never going to be, but they are never going to change, so why should I? Why should I change how I see myself? They are not gonna change how they see me, so why should I change how I see myself and I have to stick to what God did. I have to stick to what God did. I have to stick to what God did."
Owen	"So little bit around 98 I shared my testimony at church, and I came under a lot of (he shakes head in disgust) malignment from a lot of 3rd of the congregation and then huge number of people in the town. And yes, I struggled. It stirred me. It triggered me. It triggered me and I started struggling and old

	nature tried to come back to life. (He shakes head) I did not give into it though and I had to support me. A couple of guys that knew came along side to me and they help pray with me and encourage me and help me get through that that time but like I said, I became ashamed of my testimony. I didn't wanna share my testimony no more for years." "I did have people doubt it and had people malign me. I have to know who I am in Christ. My identity is in Christ and Irun to Him and hide in Him and that is what I have done. It hurts when people have done that." "Yes, it hurt, and it would make me sad and I um. We get cry. Yeah, I am sure I cried and got depressed. I did I struggle. I'm sure I got triggered, but I, um, we pressed past it."
Jimmy	"My family but it wasn't abuse, they just, they just were shocked. They cry, they did not know how to take it. They did not know how to deal with it. We did not know why he did not tell us. You know stuff like that, but it was not abuse. They just did not know how to stomach it. They knew me all my life, so they didn't know how to deal with, but it never made me feel no type of way." "I have experienced individuals that say I'm a Christian, but you're still gay. I do not believe it. You know, you know, here in there, but I don't care."
Adam	"Yeah, so the biggest one was the new class of groups that believe it's inborn. That really affects me badly and there is a lot of people have spoken to that, and I respect these individuals. Some of my psychology students, some of them are, you know, doctors. Some of are just really students of religious studies. Islamic Studies who are believing that this is inborn, and you shouldn't try to change, or you are going kill yourself if you change it and they hear the stories on online and they

	just take it as a narrative. That you know you shouldn't even try to seek a heterosexual potential." "Do you know that it's going to lead me to mental distress? It is gonna lead to mental health issues if I do not matter much more difficult. In fact, it has led me to a long-term issue because till now I still have doubts in my mind when I do this work that I am not going to succeed if I do not succeed, I am going to comes off and kill myself one day. I actually have these doubts one day because they've told you they keep repeating that same narrative." "Now that I think about it, there's still some people that still call me gay and "homosexual" and that really frustrates the hell out of me because they do it because it's like I can't be bothered saying same sex attraction (SSA). I've heard that so many times I said."
Lee	"Some of the online support groups and different kinds of things that I've experienced I have run across other man with same sex attraction who are in some other kind of identity. They are either in a gay identity or they are in different kind of place than I am at. Some of whom maybe have an unwanted same-sex attraction, but don't believe that change is possible. You know, if you're in a gay identity, you just accept that this is the way God made you and you know God made me this way and so I'm living out God's purpose for my life." "Basically, I kind of try to gracefully answer from my point of view and from my faith what has happened and then I'm willing to simply let that person move on and I move on, and I don't try to prolong any kind of conflict or arguments or anything with those people. So not too bad."
Samuel	"My Jewish friends that you know the doubt is mixed between the offense of you know,

	presenting faith in Christ, like you know and raising those doubts like you know, did you really? You know you just lying to yourself or whatever. But it never really bothered me it because it is kind of a part of testifying. You know I took that as a part of that, you know, part of the stumbling block."

Lack of support from a community can led to finding other communities of which to belong. The next response from the participants revealed whether they wanted to stay or leave their religious community because of religious attitudes and beliefs based on the gay identity was a past of theirs. Themes that emerged, based on lack of support living under a changed sexual identity of heterosexual, were resilience and faith was greater than religious opinions. Lee did state he did leave an online religious gay affirmative group. Adam revealed that he would have left for an "ex-gay" religious group but there are none to be found in Australia, but he has been part of international religious "ex-gay" online groups. Adam did reveal an unexpected theme regarding how Christian "ex gay" group likes to influence him to become Christian as opposed to focusing on his needs towards support revolving sexual orientation and identity struggles. Due to these religious conflicts, there are some Christian "ex gay" groups to which he does not belong. Jimmy sentiments also aligned with Jamaal and Owen whereas that sexual identity change can only be sustained through the power of a higher deity. Professional counseling alone will not be sufficient. Jimmy did share his reason for wanting to leave a religious group was due to not following the biblical doctrine of Christ in general but not specifically due to religious trauma or moral injury related to his sexual identity journey.

Table (30) Heterosexual Identity Religious Belonging

Jamaal	"Good question, to answer that, I would say have ever thought about leaving because what others think for me um, like I said, I do not put weight in what man says like I know what my Bible says. I know what I believe, and I

	know how God has moved in my life, so I am not going to abandon my beliefs, my religious beliefs, my morals because of other, again other people's insecurities. I think for me because I have my own relationship with God and I've really developed that overtime I don't allow certain things to sway me and so, I think for me, just really having a firm foundation in my beliefs, in my spirituality has kept me kept me grounded to the point where I'm not going to be like, OK, well I'm going to turn my back on Christianity because of what a few people say or how they may treat me, you know. So, I think for me, just really being like I said, being grounded, having a solid foundation, and knowing God for myself has me and not cause me to turn my back on Him or on my spirituality."
John	"No. Because like I said, I was I think that um I had to mature really quick (He continues to rub head) because I would've lost my, I really would have loss what God was trying to do in me and so in that maturity I didn't I really wasn't affected too much by what people thought. So, I never had that. What they would do cannot weigh (He throws his hand down) on whether or not I'm going to leave the church if that makes sense."
Owen	"I never wanted to leave my faith (He shakes his head), I was secure and then especially when I went into the rehab program, they really establish me and my identity in Christ, who I am in Christ. Who I am in Jesus' love by God the righteous of God in Christ, abiding in Christ, casting my cares on the Lord, or taking my thoughts captive to the obedience to Christ? I mean, I would they really walked with me and also all men can do to me is kill me. They can malign me or kill me and gossip about me which yes hurts but even if they killed me, he is going to see me on to heaven. But I know I never wanted to leave my faith, especially even afterwards when I no longer identified gay or whenever I

	shared my testimony. No, I did not want to leave my faith. Jesus is my He's everything He's everything." (He smiles)
Jimmy	"Never want to leave because of my former life and me being transparent, and outspoken and glorifying God because of the transformation from it. I wanted to leave the church for other reasons. Because the church is not the institution of Church. Is not authentic to the Word of God and the way in the life and the truth of Christ Jesus, which encompasses homosexuality as a part of it or our approach, our stance on it per the gospel. I wanted to leave for of that, but not because of me standing on the truth because of my testimony in general. I would never deny being a follower of Christ. I cannot and the reason why, He's the only pure love I have ever felt. I have ever experienced. I do not know love unless I know him. I'm madly in love with Jesus."
Adam	"There's no groups in Australia that identify as "ex gay", none. If there was, I would know better cause I would join them, but I don't think that would conflict or that would clash with my decision to stay within my own religious community." "I know these ones online but never don't meet face to face. Like Facebook groups like Change then and an ex gay group. There's a couple of them Joel, but they are not face to face in Australia unfortunately. I know this Christian ministry. Look, I am going to be honest here, I have had thoughts of going to a Christian ministry that deal with this issue, but I do not. I do not feel comfortable because I do not feel like I need to be pushed to accept that religious identity because I am going to keep my religious identity. I don't know and I'm not trying to be disrespectful to the Christian community, but when I do bring this up to them, they do push their religion upon me when I do and I don't like that so I'm trying to speak about my sexual identity or

	not, my religious identity, and I can understand where they are coming from because they're their whole path and their journey is about religion is Jesus. So, I respect that. But you know, I do not want to be pushed on that. I mean I want to seek help from you if you are going to see if you are gonna help me. But can you just do so without pushing immediately your Christian identity."
Lee	"The group (religious affirmative gay) that I already mentioned, online group, I basically came to a point where at one time I enjoyed the interaction with them, and one time I liked being part of that. I came to the point where I did not want to participate anymore and if I wrote something and I was encouraging, you know that sharing my experiences, but I was getting negative reactions to my experiences like change is not possible. How can you come up with this belonging? So basically, I just I took myself off the mailing list and kind of walked away from that and so I did leave that."
Samuel	"No, and it is because I have a personal relationship with God. It is not about whether they approve me or not. And no, it has not affected anything."

Summary

A qualitative approach was taken to better understand the lives of heterosexual men who once identified as gay or bisexual and their religious journey through their sexual identity change process. Additionally, this study aimed to understand the importance of religious support while addressing sexual identity crisis within religious communities. Thirty-two open ended semi-structured questions were asked for each interview. The questions covered eight areas; demographic information, same-sex lived experiences, same-sex identity and religious influences, heterosexual identity, heterosexual identity and religious influences, sexual identity

religious and conventional counseling, religious support, and conclusion. The data collection

provided a transcendental descriptive qualitative approach which produced themes and

subthemes that addressed the phenomenon and research questions. The researcher remained

unbiased and maintained a role which was solely to listen and report these men's lived

experiences.

Participants were eager to participate in the research and shared with the researcher how

important they believed the research is to religious communities and beyond. The lived

experiences of these men revealed an array of themes such as gay, bisexual, and heterosexual

identity and same sex lived experiences, primary and secondary sexual identity traumas and

freedoms, primary and secondary religious traumas, primary and secondary mental, emotional

and spiritual personal beliefs, sexual identity etiology, gay or bisexual religious influences,

sexual identity counseling, religious importance, sexual identity comorbidities, and religious

support. Other social related issues such as religious ministries, marriage, power of prayer,

church persecution, religious power, hierarchy of sin, gay or bisexual identity religious

acceptance, religious family, peer counseling, religious community support recommendations,

and glory belongs to God emerged as subthemes.

Participants shared their attributional beliefs towards sexual identity and how religious

attributional beliefs contributes to negative or positive religious support. Participants

communicated stories of religious isolation and sexual shame when addressing sexual identity

within religious communities as a result of religious sexual identity stigma. They expressed that

struggling with their gay or bisexual identity or maintaining congruence while identifying as

heterosexual was indicative to lack of or sufficient positive religious support. All participants

expressed the importance of their religious identity while navigating their sexual identity

journey. The participants lived experience produced discussion that revealed various levels of cognitive and emotional distress and trauma that were attributed to some level of religious abuse and moral injury. Participants also shared experiences that they have witness other men in religious communities who have experienced negative or positive religious support in relations to sexual identity crisis. Other unexpected themes emerged that addressed related sexual identity topics such as sexual identity counseling, sex, drugs, and HIV/AIDS which had a direct influence towards their sexual identity journey. The conversations of the participants addressed other controversial topics related to sexual identity crisis and religious support which has influenced legal, political, social, cultural, global, and religious response to sexual identity based on sexual identity attributional beliefs. All participants also shared experiences of success within religious communities while addressing sexual identity which attributed to their achievement of self-efficacy. Last, the interviews allowed for discussion that provided recommendation to religious communities and other entities on how to positively interact and support other men that can relate to the participants lived sexual and religious identity experiences shared in the research.

The understanding and responses of these men revealed the importance of providing a safe religious place for them to share their sexual identity truths without fear or shame. The research revealed that religious and sexual identity trauma does create barriers towards positive religious support. Religious support is important for the process of heterosexual men who once identified as gay or bisexual. Yet sexual identity change is an autonomous choice and the process towards self-efficacy is personal and can be established either through religious support or self-encouragement through the power of the higher deity.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this phenomenological study was to understand the lived experiences of heterosexual men who once identified as gay or bisexual. Specifically, in the context of how attribution beliefs toward sexual identity affects religious support when addressing autonomous sexual identity conflicts within religious communities. Finally, the research questions address religious barriers that may contribute to psychosocial outcomes leading to a lack of confidence to address sexual identity conflicts resulting in maintaining sexual identity or seeking to change from gay or bisexual to heterosexual. Historically, the sexual identity of gay or bisexual has been looked upon unfavorably within religious communities. Religious denominations have condemned sexual minorities based on same-sex behaviors and the gay identity, which is seen as sinful in religious communities (Barnes & Meyer, 2012). Therefore, participants courage to boldly share their sexual identity journey, which highlights their religious identity and disidentifying from the gay or bisexual identity, is commendable and brings attention to a historically underrepresented population in research.

This chapter will discuss the summary of the findings from interviews of the seven study participants. This study recruited participants utilizing snowball sampling recruitment. The researcher selected two participants and the remaining five participants were referred by the initial two consenting participants. Four participants reside in the United States, two reside in Europe, and one resides in Australia. Three participants identified as African American, two as Caucasians, one as Jewish, and one as Lebanese. In addition, three participants' religious identification were non-denominational Christian, one participant's religious identification was Pentecostal Christian, one participant's religious identification was Protestant Christian, one

participant's religious identification was Messianic Jewish, and one participant's religious identification was Muslim Sunni. The participant's ages ranged from 30 to 65 years.

The information gathered from participants provided an in-depth analysis that highlighted findings in Chapter Two's literature review, answered research questions, and produced emerging themes and subthemes discussed in this chapter. To answer the primary research questions, an analysis using coding, was conducted on the data gathered from participants through in-depth interviews. This chapter provides interpretations of study findings and offers a biblical perspective and application of the phenomenon. Finally, study implications, delimitations, limitations of the study and recommendations for future research are presented in this chapter.

Summary Findings

Semi-structured interviews were conducted to gain a response to direct questions about heterosexual men who once identified as gay or bisexual and the relationship between their religious identity and religious community support. Interview questions also covered topics, such as counseling, physical health, and comorbidities significant to sexual minorities. As mentioned in Chapter Two these were specific themes that emerged in the literature review. Gay and bisexual, along with lesbian individuals, suffer serious mental health disparities relative to their heterosexual peers. Researchers have linked these disparities to difficult social experiences leading to other personal sexual health behaviors and health issues (Lick, Durso, & Johnson, 2013). Religious experiences among participants were influenced by factors such as existential space and time. For example, based on historical timeline the heterosexual men who responded to these interview questions all identified as having a religious affiliation and once identified as gay or bisexual. Each participant's length of time identifying as gay, or bisexual varied, and

experiences were also cultivated by the era in which the participants lived experiences occurred. For example, based on the historical timeline of the gay rights movement, age, and the country the participants lived, experiences were as followed. Lee, whose is in his (60s), were different from Samuel whose age was in his (40s), and further different from Jamaal whose age was in his (30s). Religious experience outcomes were also dictated by religion, race, and culture.

The summary findings of the interviews of the seven men were constructed by examining two overall research questions. The research study was designed to examine the following research questions:

RQ1: Can religious trauma, mental, emotional, spiritual abuse, or moral injury become barriers to seeking help from religious communities regarding sexual identity?

RQ2: How does religious support affect self-efficacy towards mental, emotional, and spiritual well-being when addressing sexual identity change in religious environments?

Research question one is expected to reveal the role that negative religious support plays with a person who is dealing with sexual conflicts that do not align with their religious identity. Specifically, the psychosocial outcomes that incur when religious leaders and laypersons display negative religious support towards sexual identity in religious communities. Stigma towards sexual minorities can often affect social relationships. Stigma related stressors in clinical work with sexual minorities have been recognized for some time (Hatzenbuehler, 2009, p. 709). According, to research, there is an inverse association between negative support and social relationships among sexual minorities (Doyle & Molix, 2015). Participants addressed how lack of support impede social relationships towards addressing sexual identity conflicts within religious environments. Achieving congruence can occur if environmental constraints are not

placed as barriers (Yarhouse, 2019). All participants agreed that when religious trauma and mental, emotional, spiritual abuse, or moral injury occurs in religious communities towards sexual identity conflicts, it creates barriers toward seeking help.

Further responses by other participants supported that negative religious outcome does cause barriers to seeking help from religious communities regarding sexual identity. Jimmy, an African American male, agreed negative religious support does not help. John, who is also African American, shared that he experienced adverse cognitive, emotional, and spiritual effects based on negative religious support. John worried about what people would think about him. John stated, "Always worrying about like how people are like if men were you know uncomfortable around me or just always having to wonder what somebody else thought about me and that sometimes interfered with why I'm in church in the first place."

Owen, a Caucasian man, and Adam, a Lebanese man, were more affected mentally, emotionally, and spiritually by negative religious support than all the other five men. These religious traumas endangered barriers in seeking religious help for sexual identity conflicts within their religious communities. Owen shared, "I shared my testimony at church, and I came under a lot of really bad flack. I was hurt. I was just devastated. I wept." Adam did not seek significant help from those who he fellowshipped in the mosque but sought religious support outside of his mosque. Jamaal, who is African American, said, "I brought it up at my former church, um I was not made to feel less than. My pastor was the one who ended up coming to me, wanted me to share my story to the congregants, and so I felt like he handled it with care like he was very gentle in how he approached it." Lee, a Caucasian man, revealed that he never experienced negative religious support and his religious experiences have always been positive which assisted with seeking help within his religious community. Lee shared that an increase

level of understanding of sexual identity terms is needed by religious communities, so that they can recognize there is a difference between same-sex attraction and gay identity. He has also utilized religious twelve-step programs for his addictions to pornography which provided him the affirmation he needed to overcome his sexual addictions. Lastly, Samuel did not experience adverse religious experiences but did have family religious conversations that tested his interpretation of the Messianic Jewish doctrine regarding sexual identity. Whereas Samuel's family members, shared their biblical beliefs that supported heterosexual relationships. Samuel made the argument that negative religious support does create barriers for sexual minorities to seek help. He provided sentiments that if there was positive support when he was younger, it may have helped him in the initial sexual identity journey.

All participants, except for Samuel, shared how they also have witnessed negative religious support towards the LGBTQ community in religious settings. Jamaal stated, "I knew of other people who experience like maybe name-calling or just made to feel like their quote-unquote sin was worse than other ones." All agreed that religious communities need to review their preaching, ministering, or evangelism efforts when reaching out to the LGBTQ community or persons such as themselves. Adamantly, all agreed that love, compassion, trust, empathy, and grace should be displayed through healthy religious communications. All the men agreed that religious communities should not defer from the religious doctrine concerning sexual identity. Jimmy specifically made it clear that the church should not be bullied into accepting the LGBTQ sexual identity but must understand how to love the LGBTQ because everyone has sinned. Lee specifically shared the importance of the religious communities taking on the grace-based approach instead of a performance-based approach when addressing sexual identity or any related topic such as pornography or addictions associated with sexual identity conflicts. Grace is

foundationally associated with religion and can assist someone flourishing through conflict (Hodge et al., 2020). Lee stated, "The best recovery is a grace-based." Lee expressed that love portrayed in support helps tremendously towards providing the affirmation that he sought within religious environments.

The men agreed that greater knowledge about the phenomenon should occur through education and knowledge so that religious communities have a better understanding of how to address sexual identity conflicts. Eliminating religious beliefs and attitudes that portray a lack of understanding may increase personal disclosure levels from those who struggle with sexual identity conflicts in religious settings or men in heterosexual relationships who once identified as gay or bisexual. Jimmy mentioned, "I do not know if they had the wisdom, the spiritual knowledge to talk about that." Sexual identity education can assist with decreasing, preventing, and eradicating religious trauma, mental, emotional, spiritual abuse, or moral injury that become barriers to seeking help from religious communities regarding sexual identity. Therefore, negative religious support adversely affects social relationships and psychological and social outcomes between sexual minorities and religious communities when addressing sexual identity conflicts.

Findings for the first research question indicated that religious trauma, mental, emotional, spiritual abuse, or moral injury could become barriers to seeking help from religious communities regarding sexual identity. In this study, there were observable differences in responses to religious sexual identity conflict. Nevertheless, all participants agreed that negative religious support does not help with addressing sexual identity within religious communities. Overall, these results suggest religious communities should provide safe religious environments to address sexual identity conflicts. Eliminating any type of religious trauma, negative support

or, moral injury that leads to sexual minority stigma, marginalization, or ostracization of men who struggle with sexual identity conflicts will provide the utmost support and community care in religious setting.

Research question two was meant to answer if religious support assists men who identify as heterosexual with maintaining a heterosexual identity after identifying as gay or bisexual. Maintaining a positive mental, emotional, and spiritual well-being when addressing behavioral change has been proven to assist with confidence in succeeding with personal behavioral choices. Emotions are a complex state of being that influences thought and decision-making, and these choices can be led by a person's mental, emotional, and spiritual intelligence (Dash & Patnaik, 2015). Perceived negative religious support such as perceived discrimination can adversely affect life satisfaction (Vang, Hou, & Elder, 2019). The research results showed that religious support is important. However, it was not necessary for some of the participants to maintain their heterosexual identity, even when negative religious attitudes and beliefs were displayed.

Participants shared the role religious support plays after identifying as heterosexual. Maintaining congruence can occur if environmental constraints are not placed as barriers (Yarhouse, 2019). There was a difference of opinions on how environmental constraints, such as religious belief about sexual identity, played a role in religious support. Particularly, how these beliefs affected the men maintaining congruence regarding their heterosexual identity. Jimmy believed that all the support he needed was from God. He experienced positive religious support, but it did not influence maintaining his sexual identity as heterosexual when negative religious support did occur. Jimmy further expressed that his love for Jesus Christ is his influencer towards his sexual identity self-efficacy. Jamaal felt that positive religious support,

"goes a long way." He admitted that positive religious support did "contribute in part" to him sustaining his heterosexual identity. However, he does not put much weight on religious attitudes and beliefs as a deciding factor towards his desire to live a heterosexual life. John adamantly stated, "No, nothing that people did helps sustain what God did." He also acknowledged God's power as the leading force towards his self-efficacy sexual identity change sustainability.

Owen, initial identity after disidentifying from the gay or bisexual identity was in Christ before identifying as heterosexual. He saw himself as a child of God before seeing himself as heterosexual. Recognizing that it was holiness he was seeking but, in the holiness, the sexual identity of heterosexuality was formed. Owen also gave reverence to the power of God regarding his sexual identity change. However, he did agree that religious support was important to him as he lives his life as a heterosexual man married to a woman. He specifically shared a memory of the religious support he experienced when he married his wife. He shared that the religious support during his wedding will always remain dear to his heart.

Adam continued to honor his Islamic scholar who has supported him throughout his sexual identity journey. He feels that this individual wholeheartedly understands him and does not judge him or sees him differently based on his past sexual identity as gay. Adam's narrative revealed that he had to go outside his religious community, which he prays with, to find effectual and continuous religious support. Lee also reverences God as a significant part of his sexual identity journey but as the other five men he states, "So, I think having a community that is there for support that knows what I'm going through, that knows where I'm at is very, very important to keeping strong and keeping my progress moving continually towards Jesus."

Samuel credits the power of Jesus Christ as his influencer towards his sexual identity change and continuous congruence and believes that a higher deity, in his case Jesus Christ, is

the only counselor you need. Results also showed that religious counseling could be used as a form of religious support. Jamaal, John, and Jimmy believed that professional counseling could be utilized towards sexual identity conflicts, but it must incorporate religious counseling. They all believe that it is only the power of a higher deity, for them Jesus Christ, which can sustain their sexual identity change to heterosexual. Adam, Owen, and Lee expressed beliefs that religious or professional counseling towards sexual identity can stand alone, or it can be integrated. However, they also expressed that there should always be some form of religious support in counseling because of a shared belief that their religious identity is a major force behind their self-efficacy.

Participants shared that they did experience religious doubt from their religious community. Questions arose concerning the legitimacy of their heterosexual identity change. These religious doubts had an adverse effect on their psychosocial and spiritual well-being. Although the men's resilience and autonomous desire to live their lives as heterosexual men helped them pushed past religious doubt by remaining close to God when religious attitudes and beliefs were negative. All the men admitted that they never wanted to leave their religious communities and find refuge in another non-religious community due to negative religious support as their religious identity was especially important to all the men. Adam and Lee shared that they did join online religious groups that attended to men such as them due to wanting to find affirming positive religious support. Results concluded that all the men agreed that religious support is important, but all seven men admitted that the power of their higher deity in their lives was the ultimate religious support that was needed towards sustaining their heterosexual identity; especially when depression, mental distress and frustration occurred because of negative

religious support. Participants were able to reach and maintain heterosexual identity self-efficacy by either achieving congruence through a higher deity or religious support.

Findings for the second research question revealed that religious support does not always determine self-efficacy capabilities that assist with maintaining a positive mental, emotional, and spiritual well-being when addressing sexual identity change in religious environments. In this study, there were observable differences in responses to heterosexual identity change self-efficacy, yet all participants agreed, once again, that negative religious support does not help with addressing sexual identity within religious communities. Overall, these results suggested that a heterosexual man who once identified as gay or bisexual ability to succeed in maintaining their sexual identity change was left to their autonomous choice, but positive religious support can assist with belonging within religious communities.

Discussion

The research findings offer support of the literature review but since the study's participants have disidentified from the gay or bisexual identity, the findings have a different meaning when addressing sexual identity conflict in religious settings. When the attribution theory has been used in past research, many of the findings were associated with maltreatment of people who identify as LGBTQ in religious settings. Those who believe that marriage is between a man or woman and sexual identity is controllable may view the gay identity as violating religious values (Thomas, Whitehead, 2015). The findings in this research take an underserved perspective in research and extend on the theory which helps to uncover nuances and themes when addressing sexual identity conflicts in religious settings regarding sexual minorities who no longer identify as gay or bisexual. The themes addressed in the literature review were religious and sexual shame, stigma, religiosity, psychosocial outcomes, counseling congruence, and social

support. Heavily stigmatized, sexual behaviors that do not value heteronormativity can cause moral incongruence and negative psychosocial outcomes resulting in internalized shame and self-isolation (Perry, Grubbs, & McElroy, 2021). The findings that support or otherwise do not confirm these themes will be discussed as it relates to the specific target population in this research.

Participants found it important to recognize how sexual shame, stigma, and religiosity adversely affected their wellbeing in religious settings when addressing sexual identity conflicts. As represented in the literature review, those who identified as LGBTQ also reported internalized sexual shame and same-sex religious stigma. Internalized heterosexism has been linked to religious struggles, psychosocial distress and, internalized shame among sexual minorities (Szymanski & Carretta, 2019). The same outcome was also reported by the participants in this study. The effects of religious mental, emotional, and spiritual abuse and moral injury were discussed, and it was apparent that religious attitudes and beliefs towards sexual identity that were unfavorable in religious settings led to shame and isolation. Stigmatization, ostracization, and marginalization by religious communities also impacted the participants psychosocial outcomes. For example, John spoke about feeling as the "odd man" when his sexual identity was gossiped about at his church and Owen also shared how gossip led him to weeping and shame. He dealt with depression due to negative religious support about his sexual identity journey. Adam shared bouts of mental distress while Samuel also felt isolated and oppressed because he did like women, but his religious community affirmed his gay identity which he did not want to affirm; this was an unexpected theme. Last, participants also shared witnessing sexual identity stigma. Jimmy mentioned an incident where the choir was asked, by a religious leader in his church, if there were gay men on the choir? A heterosexual man on the

choir adamantly shouted to the religious leader "I am not gay." Jamaal also shared that he witnessed others who are more open with their testimonies about no longer identifying as gay or bisexual being persecuted and condemned within religious settings. Jimmy shared that these inappropriate ways to discuss sexual identity in the church were hurtful to witness and should be addressed better. While Jamaal and other participants stated that healthier communication when addressing sexual identity in religious settings should occur.

The literature review discussion about counseling congruence was important when addressing sexual minority conflicts. Matching a person experience with their self-centered awareness in counseling is helpful toward growth and healing (Goodrich, Buser, Luke & Buser, 2016) Although the literature review debate was more directed to the therapeutic relationship that assisted with cultivating and affirming the LGBTQ identity. Gay affirmative therapy (GAT) is client centered and provides support for clients that want to address religious and sexual identity conflicts while maintaining their gay identity (Rosik & Popper, 2014). In respect to conversion therapy, the literature reviews highlighted the harmful effects of such counseling which were affirmed by LGBTQ and allies through litigation procedures. "In 2016, the United Nation (UN) Committee against Torture recommended that a state take "the necessary legislative, administrative and other measures to guarantee respect for the autonomy and physical and personal integrity of lesbian, gay, bisexual, transgender and intersex persons and prohibit the practice of so-called 'conversion therapy'." (Alempijevic, et.al., 2020) The participants in this study also agreed that any harmful counseling procedures towards sexual identity change should be banned and not practiced. Yet, the participants also shared that the choice to pursue counseling regardless of whether it is religious, professional or both should be an autonomous choice. Also, that counseling should be a right for men who struggle with the gay or bisexual

identity or need further support with congruence and self-efficacy when the change occurs. Adam's comments revealed an unexpected theme. He stated frustration when he attended counseling for his sexual identity conflicts and the counselor, that he encounters pushed the gay identity on him. Adam said, "You know how many of us have gone through gay affirmative therapy that has damaged us." Adam desired help with addressing his sexual identity struggles that conflicted with his religious identity. Gay affirmative statements that were promoted by a counselor, colleagues, and friends, religious and non-religious, when he was trying to change his sexual identity from gay to heterosexual would only leave him in misery which left him in further distress. Adam shared, "I went to a therapist three years ago and I was going through this stress again and I was told to go to this therapist. I thought he may help me with the issue surrounding exploring heterosexual, and he told me straight out Ph.D. in psychology. He told me that I had two options. Either you accept your gay sexual identity or suppress your true nature for the rest of your life. You are going to be depressed or you will come out and be gay and be happy. No other option. When he told me that I was distressed for weeks and months until now I am still distress over because it caused me doubts. So, like that was forced upon me. I do not want to hear that. How could you offer me that option? I know there is a third option."

Participants made it clear that if a pastoral counselor or professional counselor is professionally trained with credentials, provide ethical services, and respect autonomy, then counseling should be a right and available for men such as themselves. Adam noted that those who want to ban counseling towards sexual identity change always use harmful counseling efforts, such as conversion therapy, as their argument, but dismiss confirmed effective counseling techniques such as reparative therapy, CBT and EMDR. In addition, participants also promoted peer counseling and sharing personal sexual identity journeys with others as another

form of support through counseling. Lee says, "I pray that my life may bring glory to God and if anything in my life or my story can help people, well, whoever they are, whatever they are, then I am just asking God to use that. That is why I am definitely opened to doing something like this, (participating in the research). I am sort of a life coach to men with same-sex attraction. I am also sort of a life coach to men who have opposite sex attraction."

Social support has been noted, in the literature review, as a method to increase mental, emotional, physical, and spiritual well-being. Sexual minorities often turn to family, friends, and their religious leader when religious conflicts and psychological distress occur when struggling with sexual identity for support (Fingherhut, 2018; Dayringer & Malony, 2002). Specifically, for sexual minorities, particular approaches may be needed based on the psychosocial needs of the population. These same findings concurred with the participants in the research. The research confirmed that religious social support was important and needed to be catered to their specific psychosocial needs. Just as the literature review revealed participants also believed that the ethical principles of counseling should always be portrayed. In 1947 the first committee of Committee on Ethical Standards for Psychology were appointed (Hobbs, 1948), and APA first published their ethics code in 1953, chaired by Nicholas Hobbs, and has been continuously evolving the code ever since (APA, 2003). The mission of the APA is to advance the creation, communication, and application of psychological knowledge to benefit society and improve people's lives (Kreutzer, DeLuca, & Caplan, 2011). Autonomy, nonmaleficence, beneficence, justice, and fidelity should not only be exhibited by religious and professional counselors but also by pastoral counselors, religious leaders, family, and friends. Although these specific counseling ethical terms were not stated by the participants adjectives such as free will, no harm, do well by the person, treat people the same, and be loyal to the person and process, were all

phrases spoken by the participants. Participants required trust from religious support, the understanding of meeting people where they are, and not measuring success based on performance but administrating grace.

Last, the participants' religious identity was more important to them than their sexual identity. Adam states, "I believe my religious identity is more, more, and more intrinsic than my gay identity which is weird because people say sexual orientation is completely not a choice and I know that. But why does it for my religion is completely not a choice because it feels so intrinsic it feels part of me innately a part of me." The participants viewed religious communities as an intermediary for religious support, counseling, and prayer. Although, the participants' religious identity backgrounds varied, the connection to a higher deity was a constant variable for all seven participants. Along with religious support from pastoral counselors, religious leaders, family, and friends, Jamaal, Owen, Adam, and Lee shared that positive religious support and counseling can help with self-efficacy and religious decision makings. John, Jimmy, and Samuel shared that religious support and counseling are important, but their higher deity support was sufficient.

Comprehensively, the study corroborated with the prior research in that sexual minorities, regardless of affirming the LGBTQ identity or disidentifying from the gay or bisexual identity, face barriers towards sexual identity crisis in religious settings based on attributional controllability beliefs. The current study extends previous research found in the literature review to highlight that religious doubt about sexual identity change was factor in negative religious support. Despite religious communities' disapproval for the gay or bisexual identity, participants shared that they experienced religious individuals that disapproved of their gay or bisexual identity yet doubted that their sexual identity change was genuine. Instead of positive religious

support they were met with doubt. This could be attributed to the modern day of acceptance of sexual monitories in religious settings based on gay affirmative rights movements. The participants urge religious communities not to deter from religious doctrine principles but change evangelism methods and produce healthy sexual identity communications. Participants participated in and witnessed the underuse of religious support services based on sexual identity religious mental, emotional, and spiritual abuse, or moral injury. Only two of the seven participants utilized sexual identity counseling, but all found counseling useful. Some did not use religious counseling or professional mental health support initially and continued to rely on their willpower and the help of a higher deity. The results provide a clearer understanding of the phenomenon in that it is indicative that religious support is provided for sexual identity conflicts to assure positive outcomes. The study also extends on previous research by demonstrating the impact of support and counseling within religious communities. If positive religious support is available, it can assist with sexual identity conflicts when autonomously trying to disidentify as gay or bisexual through cultivating grace, love, compassion, empathy, and trust.

One innovative contribution that this study adds to the field of community care and counseling are recommendations from the participants towards the need for teaching religious communities on how to effectively support men who desire to follow their religious convictions and live a life that emulates religious doctrines that adhere to sustaining a heterosexual identity. The study provides a new outlook on addressing sexual identity conflict in religious communities and highlights a population that has been underserved in research and usually condemned by affirmative gay rights advocates. The study shed new light on the need for a greater understanding of the sexual identity journey of heterosexual men who once identified as gay or

bisexual and the religious support that is needed to disidentify these men from the gay or bisexual identity, maintain self-efficacy and congruency as heterosexual men.

Implications

Understanding this population's sexual identity conflicts, specifically within religious environments, is key towards the advancement of theoretical and practical research and implications towards education, intervention, and policy in this area of study. The findings of this study provide insight towards the needs of the population and demonstrated a positive outlook for counseling for men who desire sexual identity change from gay or bisexual to heterosexual. In addition to the ability to attain positive religious support to maintain personal self-efficacy, specifically while maintaining their religious identity. Most of the research supports establishing positive religious support towards sexual identity change which may include religious or professional counseling. However, some participants shared that their relationship with a higher deity was enough to disidentify as gay or bisexual and sustain their heterosexual identity. The findings show that there is a space to provide community care and counseling in religious settings through methods of positive outreach or evangelism with this population.

Theoretical

The study theoretical framework was informed by attribution theory where religious attitudes and beliefs are influenced by psychosocial religious support and well-being for heterosexual men who once identified as gay or bisexual. The relationship between what causes same-sex attraction that leads to a gay or bisexual identity and the acceptance or rejection of these attractions from society has been studied by researchers from the point of view of attribution theory (Haider-Markelm & Joslyn, 2008). The research revealed this is a population

that is underreported in research yet growing in numbers as counseling therapies approaches to address autonomous conflict between religious values and sexual identity are available. Reparative therapy, also called Changed- Oriented Therapy (COT), and Sexual Identity Therapy (SIT), are two forms of therapeutic approaches which can be used when addressing sexual identity conflicts that desire to disidentify from the gay or bisexual identity (Rosik & Popper, 2014). Based on this revelation, religious social support is a necessary component to implement when addressing sexual identity crises within religious communities and theoretical conceptualizations are needed to address the needs of those who can identify with this population.

Practical

The research study shows that there is a need for pastoral counselors, religious leaders, family, and friends that can provide religious support for sexual identity conflicts. An increase of hands-on practice is a necessity, for religious communities, so that they have the practice on how to engage this population. The implication of the research also reveals that religious identity for this population is just as important, if not more, than their sexual identity. Involving men at various stages of their sexual identity journey change, such as those who are celibate, single, dating, or married to the opposite sex, can assists with practical experience on how to handle sexual identity conflicts with the utmost care. To produce these needs, religious communities must understand the etiology of autonomous causes of the gay or bisexual identity, and other related topics such as sex, drugs, and HIV/AIDS, which may be a direct or indirect part of the person's sexual identity journey. In addition, understanding the meaning of sexual identity titles such as same-sex attraction, gay and bisexual identity, so that cultural competency is provided is critical. A keen sense of the culture must be attained from an unbiased perspective so that the

execution of religious support is provided with grace, love, and compassion. Grace that is displayed by not condemning but being non-judgmental. Love that is provided unconditionally despite of sexual identity lived experiences. Last, compassion by showing empathy of the pain and joy of sexual identity journeys withing religious communities

Participant's responses also revealed that effective youth and adult ministries should involve healthy communication about the topic. Including peer counseling is an effective way to utilized heterosexual men who once identified as gay or bisexual when providing "hands-on" assistance towards sexual identity conflicts to other men who struggle with sexual identity. Peer counselors can also communicate with pastoral counselors, religious leaders, family, and friends on how to address men like themselves. In addition, healthy communication should be demonstrated when religious leaders share biblical doctrine with religious communities. Also, religious communities need to be more intentional about not involving themselves in conversations that condemn or lead to sexual shame. Such conversation can cause isolation and ostracization and further create barriers towards seeking religious support for sexual identity conflicts. Changing these religious attitudes and behaviors will assist with better engagement with the population through providing prayer and fellowship both inside and outside of religious communities. It is essential that safe religious environments are available where religious leaders set the example of how to treat this population. The religious idea that the gay or bisexual identity is far worse than any other identity is an exceptionally consistent predictor of religious public opinion that may attribute to negative religious support. The hierarchy of sin may negate that this population may also struggle with the same sin issues with men who only have identified as heterosexual. Such change in religious attitudes and beliefs will improve practical engagement with the population. Formal pastoral counseling should also be implemented in

religious communities with the opportunity to involve internal or external professional counseling for support. Last, religious leaders, family, and friends can also collaborate with professional counselors to form a network that supports spiritual and psychosocial needs when addressing sexual identity conflicts.

Implications for Education, Training, Interventions, and Programming of Services

The results also have implications suggesting pastoral counselors and peer counselors should collaborate with religious leaders, family, friends, and professionals and educate these individuals on current trends related to the gay or bisexual identity to increase religious protective support factors. Protective factors outreach methods could include the availability of community counseling resources such as hotlines, in-person services in religious communities, or at for non-profit organizations such as community or faith-based organizations (Craig, Austin, & Alessi, 2013; Walker & Prince, 2010). Pastoral counselors and peer counselors can also organize efforts at their respective religious institutions and the "community at large" through prevention and intervention service programs related to addressing sexual identity conflicts and providing religious support.

Reducing risk factors and strengthening protective factors is what makes an evidence-based prevention and treatment strategy most effective. When addressing problems all related risks must be evaluated so that further harm is not applied to the individuals, family, or community. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes (Burnette, 2017; Mustanski & Liu, 2013). Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact which increases self-

control, positive self-image, self-esteem, resilience, and social competence (Folger & Wright, 2013; Lee et.al., 2013; Moody & Smith, 2013).

People who seek counseling background includes individuals who have their own sociodemographic holistic identity blueprint and to understand those perspectives science-based research must exist that are catered to specific populations (Price, 2011). In addition, due to the vast difference in race, age, and religion, religious support must also be catered to sociodemographic and religious needs. One must consider, factors such as, but not limited to age, race, ethnicity, income, and education achievement when assessing influential factors that form perspectives and lived experiences (Manstead, 2018) especially when it relates to sexual identity (Scholes, 2018; Browne & Nash, 2016; Slootmaeckers & Lievens, 2014; Magnusson & Marecek, 2012). When you add other elements such as religion, science, and social factors, self-perception of who you are as it relates to a person's values sexual development identity experiences may differentiate (Gavriel-Fried & Shilo, 2016; Jäckle, & Wenzelburger, 2015; Hong & Garbarino 2012).

Psychoeducation. Group psychoeducation has been used as an effective intervention to address topics such as mental and physical health stigma and can implement religious views to help understand the burdens of others (Rogers, 2015; Alvidrez, Snowden & Kaiser, 2010). Proverb 27:17 states, "Iron sharpens iron, and one person sharpens another." (KJV). Psychoeducation interventions are widely used during psychosocial therapies due to their multifaceted approaches that can be implemented in counseling (Bonsack, Rexhaj & Favrod, 2015). Psychoeducation can also be practiced by professionals from different disciplines or by peers. Psychoeducation, an evidence-based intervention, can be used to discuss and educate those who struggle with their gay or bisexual identity and their religious support networks on

mental health issues such as depression or anxiety and other related topics that may arise because of sexual identity conflict and stigma.

Biblical Application.

Although this research includes different religious identification the biblical application section and any other religious applications throughout Chapter 5 will include a Christian perspective. Biblical theories and scriptures, such as Matthew 18:1-7, speaks about preventing anyone from seeking God, due to perception and personal views. Psalms 41, which depicts how gossiping about others is not good religious communication. Isaiah 61:7 states, "Instead of your shame you will receive a double portion, and instead of disgrace you will rejoice in your inheritance. And so, you will inherit a double portion in your land, and everlasting joy will be yours." (NIV). This scripture gives hope to those who are persecuted based on having the desire to or have disidentified from gay or bisexual identities, who have or are seeking healing from the church. This research has great implications on the phenomenon of sexual identity and religious attitudes and beliefs and gaining biblical and religious understandings of principles that may assist with attaining positive religious support for the population.

Religious Interventions. Religiously oriented spiritual interventions include religious doctrine and activities such as prayer and worship (Winkeljohn Black, Pössel, Rosmarin, Tariq, & Jeppsen, 2017; Hays & Aranda, 2016). Another implication of the study was the power of prayer. Prayer was mentioned not only for assistance with sexual identity conflicts but also religious community conflicts that stem from sexual identity controllable beliefs. Prayer can be accomplished through personal conversation or meditation with their higher deity, reciting written prayers within and outside of religious doctrines, and intercessory prayer which is administered by another person based on the petitions of another (Jantos & Kiat, 2007). When

faced with a need or a crisis, those who are religious may originally try everything to solve the distress on their own and when efforts fail, they may finally succumb to biblical principles such as prayer. 1 Thessalonians 5:17 states, "Pray constantly." (KJV). Luke 18:1 state, "Now, he told them about a parable on the need for them to pray always and not give up." (KJV). Biblical verses that promote the power of prayer are what orchestrate the foundation of religious interventions. Religiously oriented spiritual interventions that include prayer have been studied for their effects on anxiety and depression among individuals (Khalaf, Hebborn, Dal, & Naja, 2015; Wachholtz, & Sambamthoori, 2013) and outcomes have been positively influenced. Religious interventions can also be used to deal with intragroup and intergroup conflicts and counseling (Viftrup, Hvidt, & Buus, 2013; Tropp, 2012).

Making meaning of what has happened is a key aspect of recovery for individuals and environmental factors play a role in the influences of making sense of human struggles and experiences. This process is often experienced as a religious journey that can be spiritually oriented to try to resolve deep philosophical moral incongruency questions. When religious interventions are used effectively positive outcomes in counseling can occur. Religious interventions can also include family and friends so that a better understanding can be achieved to cope with problematic concerns associated with moral issues being addressed. When support networks are aware of their responsibilities in the process of sexual identity change, better relationships are formed leading to positive self-efficacy outcomes. Ultimately addressing benefits and barriers that are personal and communal associated with the sexual identity conflicts.

Conflict Mediation/Resolution. Due to religious mental, emotional, and spiritual abuse, and moral injury conflicts between the religious groups and those who identify as gay or

bisexual, it may be appropriate to introduce the idea of conflict mediation or resolution as a counseling intervention with religious intervention. The research implicates that a sense of belonging is imperative. When love is absent in family and social relationships, such as religious groups, it can create sadness and pain that can lead to depression for those that are isolated and not accepted within these social units (Heiden-Rootes, Wiegand, & Bono, 2018). Topics on sexuality, specifically, sexual identity, have caused distress leading to conflicts within religious communities and the public. Ineffective handling of sensitive topics such as sexual identity that cause distress within a religious system has the potential of losing valuable members (Son, 2019).

Societal attitudes about same-sex attraction are constructed based on theories that align with the degree of social acceptance (Lewis et.al., 2017, Johnson & Yarhouse, 2013). Human motivation towards relationships with those who currently struggle with the gay or bisexual identity or who once identified as gay, or bisexual can differ based on values and morals that drive beliefs and attitudes that dictate behaviors towards others (MacInnis & Hodson, 2013). Ultimately, redefining how human beings, specifically in religious groups, who have never identified as gay, or bisexual interact with anyone who has ever identified as gay, or bisexual is important in the sexual identity change process. Community engagement through operative use of conflict mediation or resolution to achieve peace from a longstanding conflict revolving around sexual identity can help build a bridge that "renews the mind" and "turns hearts of stone into hearts of the flesh" of religious communities and persons who have felt abandoned by the religious communities due to their sexual identity conflicts. The goal is to fix religious broken relationships so that religious supportive networks are conducive to maintain self-efficacy for anyone who seeks religion as their way of dealing with sexual identity change.

Conflict mediation or resolution have helped to resolve relational discord that has produced distress among parties involved (Paris & McConnell, 2016; Dallas, 2016). The restoration of relationships through reconciliation from because of conflict stemming from religious mental, emotional, or spiritual abuse or moral injury can create an environment where grace can be administered. For example, grace towards those who desire sexual change or whose testimony entails past gay or bisexual identity from religious groups. In addition, grace given to religious groups from those who have been hurt based on sexual identity. Research must investigate the relationship between social perceived attitudes and beliefs that attribute to negative social behaviors in religious communities. Reconciliation through conflict mediation can assist those who have been hurt based on sexual identity conflicts in religious settings so that forgiveness can be administered to religious groups and effective supportive religious networks can commence.

Policy

This study's implications warrant policies that would implement social justice approaches for this population, the community of formerly gay and bisexual heterosexual men, which produces culturally competent support. Research studies of counselor's social justice knowledge and competencies revealed a disconnect between the counselors' knowledge and understanding of environmental or systemic barriers in individuals' lives, and their confidence in the skills needed to implement interventions, particularly at the systems level (Motulsky, Gere, Saleem, & Trantham, 2014). It may be worth considering initiating policies that include strategies and initial recommendations for strengthening, evaluating, and seeking opportunities to nurture and build character strengths in disidentified gay or bisexual individuals and other men who struggle with the gay or bisexual identity within training and practice. Also, to discuss ways to utilize religious

communities for this population to promote positive religious support. In addition, this study's results have implications for further funding opportunities and policy efforts correlated to growing trends related to pastoral and professional counseling for sexual identity conflicts and related ego-dystonic or ego-alien diagnosis. Ego-dystonic are thought sand desires that conflict with personal behaviors (Friesen, 1992). These conflicts can lead to other diagnosis such as depression, anxiety, dangerous or compulsive sexual behaviors, and obsessive-compulsive disorder (OCD). Participants noted how affirmative gay rights movements are funded. This population is deserving of the same funding opportunities so that efforts within religious communities can be effective and assist with greater sustainability. Establishing laws, at the local, state, and federal levels, through effective lobbying by constituents, which permit ethical pastoral and professional counseling methods such as harmless conversion therapy, reparative therapies, and the like to be utilized when the autonomous choice to disidentify from the gay or bisexual identity is desired.

Delimitations and Limitations

The researcher was intentional with setting the parameters regarding the inclusion and exclusion factors for the study. Since sexual identity can be subjective, based on a person's perspective it was essential that any participant that was deemed eligible for the study is not consider a minor and be sixty-five years of age, or younger, once identified as gay or bisexual, identifies as heterosexual, born male and identifies as male, and has had negative or positive religious experiences in relations to their sexual identity journey. The population characteristics were not subjective because the phenomenon affects men of different racial, religious, and socioeconomic backgrounds. To assure that the researcher did not hand pick all the participants, the snowball recruiting strategy was used. This increased the research's validity and permitted

the researcher to display the utmost ethical considerations by being as non-bias. The transcendental approach was implemented so that trustworthiness was established, and credibility of results could occur. The population was selected based on the gap in research pertaining to this group of individuals and the interest of the researcher to further explore controversial topics surrounding the gay and bisexual identity with hopes to provide a clearer understanding of the lived experiences within religious settings of this hard-to-reach group. The attribution theory was chosen because it is one of the most widely used theoretical frameworks associated with attitudes and beliefs towards sexual minorities. The research questions were developed to address religious support and psychosocial outcomes in relation to sexual identity conflicts within religious communities. The researcher was intentional about the course of the study and the selection of study design and implementation and desired that the autonomous choice of disidentifying from the gay or bisexual identity be represented in research.

Since there were seven participants, the small number of participants may attribute to the limitation of the study. Interviewing more participants may have reached men in other various parts of the world who identified with other religions could have provided a border prospective on the phenomenon. Since this is a descriptive study and perspective-based, results cannot be measured. In addition, there was no funding administered to conduct the study, and this could limit the scope of the research.

Recommendations for Future Research

The current study was able to highlight negative and positive ways religious support has been administered to those who struggle with the gay or bisexual identity and those who have disidentified from the gay identity within religious communities. In consideration of the study findings, limitations, and the delimitations placed on the study, recommendations, and directions

for future research include gaining an increase of awareness through research for the needs of heterosexual men who once identified as gay or bisexual. The research can extend to the greater community, from an ecological perspective, to include all sexual minorities who have disidentified from any sexual minority identity which also includes lesbians, transgender, and the sexual minority community at large. Future research can also include pastoral counselors, religious leaders, family, friends, and professional counselors within and outside of religious communities to gain a better understanding about the attitudes and beliefs of these groups regarding sexual identity and explore why certain negative or positive behaviors and actions are portrayed towards sexual minorities. Taking an ecological perspective allows researchers, not to only pay attention to an individual's perceptions, but also community influences and how that affects policy decisions.

The research study can increase in sample size and conduct other qualitative study designs such as focus groups or case studies. The research can also expand by including quantitative research so that larger statistical representation is provided to create a stronger database towards obtaining useful information for interventions and policy. Funding opportunities can produce a more robust research design and data set that will permit further investigation of this population.

Future research should include Community-Based Participatory Research (CBPR). CBPR focuses on a process of sequential reflection and action, carried out with and by local people to address social issues in population subgroups that are marginalized, stigmatized, or discriminated against in society (Cornwall & Jewkes, 1995), and has been utilized in a range of disciplines (Waters & Spong, 2015). Specifically, pastoral counselors, religious leaders, family, friends, and

professional counselors within the populations' religious community networks should strive to understand the specific needs of this population through CBPR.

CBPR has been effective with addressing HIV/AIDS stigma in religious settings. Through effective education, communication and strategic community planning, HIV/AIDS ministries were erected to address HIV/AIDS stigma. Religious efforts that focused on HIV prevention were developed through CBPR methods (Williams, Palar, & Derose, 2011). The collaboration of researchers and community stakeholders, such as religious communities through community meetings, workshops, and conferences on the matter of sexual identity, will assist with providing the education that is warranted to produce safe religious environments to address sexual identity conflicts. The elimination of sexual identity stigma and external shame can produce religious ministries that effectively and positively address sexual identity conflicts. As such, better relational outcomes occur which may contribute to positive evangelism strategies and increase positive religious support to this population. The research shows that if there is a safe religious environment, this population would be willing to speak with a pastoral or professional counselor, religious leader, family, or friend within their religious community about their sexual identity conflicts. CBPR provides an important framework for research-practice partnership efforts in mental health services (Wells & Miranda, 2006). This same safe religious environment permitted those living with HIV/AIDS to openly share their stories within religious communities without fear. The same environment outcome can be produced for sexual minorities who desire to disidentify or have disidentified from the gay or bisexual identity and assists with addressing psychosocial issues connected to sexual identity conflicts.

In addition, the Community Owned and Managed Research (COMR) model emphasizes the capacity of the community to develop, manage, and sustain a research agenda was another

model used. This model of research has been called community-owned and managed research COMR and recognizes the community's authority and ability to manage the research enterprise, from the management of funds to the collection of data and generation of findings (Heaney, Wilson & Wilson, 2007). Starting programs that established more ecological approach, and using scientific rigor to test effectiveness, was a different research approach taken to understand stigma within religious communities. Allowing the community not only to be a part of the research but lead efforts empowers those in the community, such that their present and future goals are included in the research purpose. This will permit community partners that are involved in the process to add their strengths, recognize their weaknesses to address threats so that a collective social justice outcome can be beneficial to all. The study's findings show that a program could be effective to increase religious support when addressing sexual conflicts in religious communities.

Researching effective models, prevention, intervention programs and services, for not only this population, but also for their supportive networks would be recommended. Future research could utilize an interprofessional and interdisciplinary outlook. The increasing number of interprofessional practices has led to a sharp rise in academic interest in the subject of interprofessional collaboration (Paradis & Reeves, 2013). Psychological counseling professional strategies could collaborate with public health practitioners and strategies. When people from different fields of study can come together, it can help with problem solving and can increase individuals' experiences who are seeking help to solve autonomous problems.

Future research could include the use of public health models such as the Health Belief Model (HBM). HBM consists of six constructs that predict health behavior: risk susceptibility, risk severity, benefits to action, barriers to action, self-efficacy, and cues to action (Becker, 1974). Originally formulated to model the adoption of preventive health behaviors in the United

States, the HBM has been successfully adapted to fit diverse cultural and topical contexts (Scarinci, Bandura, Hidalgo & Cherrington, 2012). HBM has been used to understand how to change behaviors towards disease prevention. The model could also be used to understand how social disease such as stigma, can result into religious mental, emotional, and spiritual abuse, and moral injury. Greater understanding on how someone can disengage from or displaying stigma and influencing negative ideologies that promote sexual identity stigma that may lead to barriers addressing sexual identity in religious communities is desirable. Strategies on how to maintain religious attitudes and beliefs that eliminate stigma and recognize immediately when stigma is occurring. In addition, understanding the benefits of addressing stigma and the barriers to addressing stigma are important.

Finally, producing religious interventions to include religious doctrines theology, which educates on how to address religious conflicts concerning sexual identity, leading to productive religious support, such as conflict mediation and resolution. It may be beneficial to evaluate programs such as those mentioned in this dissertation. This includes group counseling techniques such as psychoeducation in interventions and conduct pre- and post- results to measure effectiveness. Such evaluations may help to increase greater productivity that leads to a better autonomous quality of life when addressing sexual identity conflict in religious communities. These future recommendations for research may help to further advance the phenomenon.

<div align="center">**Summary**</div>

This study's aim was to describe the phenomenon of heterosexual men who once identified as gay or bisexual and illustrate the lived experiences of their sexual identity journey within their religious communities. Utilizing the theoretical framework, attribution theory, founded by Heider (1958) and developed by Weiner and colleagues (1974), this research further

aimed to study how religious attitudes and beliefs affect religious support towards sexual minorities who desire or have disidentified from the gay or bisexual identity. This study began with a literature review, which highlighted the history of the "homosexual" identity, which included social, cultural, and DSM historical accounts. The data provided a historical account of men and women who identified as "homosexual", and the need for research to provide data that depicts how sexual identity can shift over time based on attitudes and life experiences. The related literature then began to investigate the historical account of religious communities' relationship with sexual minorities. The related literature revealed psychosocial outcomes such as depression and anxiety that sexual minorities have faced due to religious abuse and moral injury because of religious and sexual shame and stigma. In addition, the literature review also revealed the importance of religious identity in the lives of sexual minorities which was a contributing factor to their sexual identity conflicts. This led to discovering the controversial topic of sexual orientation change effort (SOCE), such as conversion therapy and the political and legislative movement to ban all harmful conversion therapy methods. The data revealed that much of the research investigation between the relationship of religious communities and sexual minorities were between sexual minorities who wanted to affirm their sexual identity. There was a gap in research that did not draw attention to sexual minorities within religious settings that desired not to affirm the "homosexual" identity yet desired religious support. In the case for this study, there was a need to investigate this population's unique challenges and barriers as well as their benefits and strengths as they navigate their sexual identity journey within religious communities.

The result findings, in relations to closing this gap in research, showed that participants identified themes of (i) gay, bisexual, and heterosexual identity and same sex lived experiences,

(ii) primary and secondary sexual identity traumas and freedoms, (iii) primary and secondary religious traumas, (iv) primary and secondary mental, emotional and spiritual personal beliefs, (v) sexual identity etiology, gay or bisexual religious influences, (vi) sexual identity counseling, (vii) sexual identity comorbidities religious importance, and (viii) religious support. There were also subthemes that emerged. Participants identified subthemes of (i) religious ministries, (ii) marriage, (iii) power of prayer, (iv) church persecution, (v) religious power, (vi) hierarchy of sin, (vii) gay or bisexual identity religious acceptance, (viii) religious family, (ix) peer counseling, (x) religious community support recommendations, and (xi) glory belongs to God. The lived experiences of each participant were distinctive, yet their stories express similar sentiments. These autonomous participants' lived experiences provided results necessary for understanding the needs for this population when addressing sexual identity conflicts within religious communities.

The findings suggest that religious attitudes and beliefs about sexual identity does contribute to negative or positive religious support, self-efficacy, and the psychosocial and spiritual well-being of the population. Religious attitudes and beliefs can either create barriers that caused this population not to want to disclose sexual identity current struggles or past sexual identities or create positive opportunities to support this population through their sexual identity journeys. This was illustrated by the responses of the men in this study. The participants shared that they experienced and witnessed religious mental, emotional, and spiritual abuse and moral injury which led to sexual shame and stigma within religious settings and these adverse experiences led to mental, emotional, and spiritual traumas. The findings of the study lead to implications that suggests the importance of effective implementations for education, trainings, interventions, and program services that religious communities can use to address the

phenomenon. Participants shared the need to build safe religious spaces where effective healthy communication about sexual identity conflicts can occur without shame. This can occur through increased knowledge, presented with love, compassion, and grace, through better evangelism practices and education. In addition to the need for policy advocacy for support of this population that would lead to the support of funding opportunities for efforts to address sexual conflicts through religious support and counseling was another implication that participants expressed.

Romans 8:28, "And we know that for those who love God, all things work together for good, for those who are called according to his purpose." (KJV). This biblical principle can be applied to the men in this study. Noted by participants, their sexual identity journeys have not been easy, but all feel it has been worth it. Their stories can help religious communities understand their needs. Calling on religious leaders in the community while implementing interdisciplinary strategies and religious teachings appropriately, the research shows a viable way to address the phenomenon based on the participants responses. A collaborative effort is necessary to repair negative outcomes that have occurred due to the poor handling of sexual identity conflicts in religious communities. Evidence-based research, along with narratives from these populations, will increase public support, so that those who autonomously chose to disidentify from the gay or bisexual identity can find the support they need to navigate well in their journey.

The social disease of stigma does affect people from all socioeconomic statuses. Stigma does not care who it affects. The researcher previous experience as a behavioral researcher helped the researcher to better understand narratives of clients and their explanations of behaviors, based on the effects of stigma. The World Health Organization (WHO) suggests

health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (Misselbrook, 2014, p 582). The holistic concept of health is contained in the expression of wholeness (Svalastog, Donev, Jahren-Kristoffersen & Gajović, 2017, p. 432) This study provides a start for investigating barriers from receiving positive religious support from heterosexual men who once identified as gay or bisexual perceptions which may lead to negative psychosocial outcomes. The study highlights religious mental, emotional, and spiritual abuse and moral injury and the effects of sexual identity shame and stigma and how religious attitudes and beliefs can lead to poor health for the population in this study. The researcher experiences as a public health practitioner and counselor have helped to better understand narratives of clients and their explanations of sexual minorities behaviors, based on the effects of stigma.

The findings of this study have provided answers that will support the need of religious communities. There are still many questions that need to be addressed and future research can attempt to answer these questions. A focus on CBPR is a recommendation for future research so that the field of community care and counseling can help address any traumatic outcomes due to the lack of attention in religious communities concerning this population. There is a need for more quantitative and mixed studies so that a greater and clearer picture of this phenomenon can be established. The hope is that interventions and program services can be established to address the phenomenon appropriately. The research provided a voice that the men expressed has been ignored and are thankful that such an opportunity in research was presented. This study proved to be noteworthy because it addressed the roles of the religious community at large when addressing sexual identity conflicts. The study provided negative and positive religious experiences based on the participants' perspective of their lived experiences as an identified

heterosexual who once identified as gay or bisexual within religious communities. The benefits

of the study increased knowledge about the population and provide reference points for religious

communities to understand how religious attitudes and beliefs regarding sexual identity play a

direct role in the lives of the men who participated in the study. The significant finding adds to

the body of literature surrounding sexual identity, religiosity, and religious support and advances

efforts that provide support for men who desire disidentification or who have disidentified from

the gay or bisexual identity.

References

Aas, S., & Delmas, C. (2016). The ethics of sexual reorientation: What should clinicians and researchers do? *Journal of Medical Ethics, 42*(6), 340-347. doi:10.1136/medethics-2016-103562

Abramowitz, J. S., & Jacoby, R. J. (2014). Scrupulosity: A cognitive-behavioral analysis and implications for treatment. *Journal of Obsessive-Compulsive and Related Disorders, 3,* 140 149. http://dx.doi.org/10.1016/j.jocrd.2013.12.0077028.14.2.170

Ahmedani B. K. (2011). Mental health stigma: Society, individuals, and the profession. *Journal of social work values and ethics*, *8*(2), 41–416.

Alempijevic, D., Beriashvili, R., Beynon, J., Birmanns, B., Brasholt, M., Cohen, J., Duque, M., Duterte, P., van Es, A., Fernando, R., Fincanci, S. K., Hamzeh, S., Hansen, S. H., Hardi, L., Heisler, M., Iacopino, V., Leth, P. M., Lin, J., Louahlia, S. Independent Forensic Expert Group. (2020). Statement on conversion therapy. *Journal of Forensic and Legal Medicine, 72*, 101930-101930.

Alessi, E. J. (2013). Acknowledging the impact of social forces on sexual minority clients: Introduction to the special issue on clinical practice with LGBTQ populations. *Clinical Social Work Journal, 41*(3), 223-227. doi:10.1007/s10615-013-0458-x

Aliche, J. C., Ifeagwazi, C. M., Chukwuorji, J. C., & Eze, J. E. (2020). Roles of religious commitment, emotion regulation and social support in preoperative anxiety. *Journal of Religion and Health, 59*(2), 905-919. doi:10.1007/s10943-018-0693-0

Allpress, J. A., Brown, R., Giner-Sorolla, R., Deonna, J. A., & Teroni, F. (2014). Two faces of group-based shame: Moral shame and image shame differentially predict positive and negative orientations to ingroup wrongdoing. *Personality and Social Psychology Bulletin, 40*(10), 1270-1284. doi:10.1177/0146167214540724

Almaatouq, A., Radaelli, L., Pentland, A., & Shmueli, E. (2016). Are you your friends' friend? Poor perception of friendship ties limits the ability to promote behavioral change. *PloS One, 11*(3), e0151588. doi:10.1371/journal.pone.0151588

Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2010). Involving consumers in the development of a psychoeducational booklet about stigma for black mental health clients. *Health Promotion Practice, 11*(2), 249-258. doi:10.1177/1524839908318286

American Psychological Association. (2003). The First Code. Retrieved from https://www.apa.org/monitor/jan03/firstcode. Accessed on July 20, 2021.

American Psychological Association. (2009). *Task Force on Appropriate Therapeutic Responses to Sexual Orientation: Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation.* Retrieved from http://www.apa.org/pi/lgbc/publications. Accessed on February 1, 2020.

American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct.* Washington, D.C: American Psychological Association; Retrieved from http://apa.org.ezproxy.liberty.edu/ethics/code/index.aspx. Accessed on March 7, 2020.

American Psychological Association. (2015). *APA Dictionary of Psychology* (2nd ed.). Washington, DC: Author.

Amoah, P. A., & Gyasi, R. M. (2016). Social institutions and same-sex sexuality: Attitudes, perceptions and prospective rights and freedoms for non-heterosexuals. *Cogent Social Sciences, 2*(1), 1198219. doi:10.1080/23311886.2016.1198219

Andersen, J. P., & Blosnich, J. (2013). Disparities in adverse childhood experiences among sexual minority and heterosexual adults: Results from a multi-state probability-based sample. *PLoS One, 8(1),* 1-8. doi:10.1371/journal.pone.0054691

Anderson, D. (2015). *Damaged goods: New perspectives on christian purity.* New York, NY: Jericho Books.

Angen, M. J. (2000). Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research, 10*(3), 378-395.

Apostolidou, A. (2017). Greek nationhood and 'greek love': Sexualizing the nation and multiple readings of the glorious Greek past. *Journal of the Association for the Study of Ethnicity and Nationalism, 23*(1), 68-86.

Artime, T. M., McCallum, E. B., & Peterson, Z. D. (2014). Men's acknowledgment of their sexual victimization experiences. *Psychology of Men & Masculinity, 15*(3), 313–323. doi.org/10.1037/a0033376

Artime, T. M., & Peterson, Z. D. (2012). The relationships among childhood maltreatment, emotion regulation, and sexual risk taking in men from urban std clinics. *Journal of Aggression, Maltreatment & Trauma, 21*(3), 277- 299. DOI: 10.1080/10926771.2012.659802

Asal, V., Sommer, U., & Harwood, P. G. (2013). Original sin: A cross-national study of the legality of homosexual acts. *Comparative Political Studies, 46*(3), 320-351. doi:10.1177/0010414012453693

Aten, J. D. & Boan, D. M. (2016). *Disaster ministry handbook*. Downers Grove, IL: IVP Books.

Attali, Y. (2010) Immediate feedback and opportunity to revise answers to open-ended questions. *Educational and Psychological Measurement,70*(1), 22-35.

Austin, D. W. (2013). Sexual orientation and gender identity. *The International Lawyer, 47*(4), 469.

Ayala, S. (2017). Sexual orientation and choice. *Journal of Social Ontology, 3*(2), 249-265. doi:10.1515/jso-2016-0015

Bailey, S. (2017). From invisibility to visibility: A policy archaeology of the introduction of anti-transphobic and anti-homophobic bullying guidelines into the irish primary education system. *Irish Educational Studies: Queer Teaching - Teaching Queer, 36*(1), 25-42. doi:10.1080/03323315.2016.1243066

Baker, A. A., & Brauner-Otto, S. R. (2015). My friend is gay, but. the effects of social contact on christian evangelicals' beliefs about gays and lesbians. *Review of Religious Research, 57*(2), 239-268. doi:10.1007/s13644-014-0184-z

Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBTQ people of color microaggressions scale. *Cultural Diversity & Ethnic Minority Psychology, 17*(2), 163–174. doi:10.1037/a0023244

Balthazart, J. (2011). Minireview: Hormones and human sexual orientation. *Endocrinology, 152(8),* 2937-2947. doi:10.1210/en.2011-0277

Bandura, A. (1973). *Aggression: A social learning analysis.* Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*, 191-215.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory.* Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1993). Perceived self-efficacy in cognitive development and functioning. *Educational Psychologist, 28*(2), 117–148.

Bandura, A. (1997a). *Self-efficacy: The exercise of control.* New York: Freeman.

Bandura, A. (2003). Commentary: "On the psychosocial impact and mechanisms of spiritual modeling". *The International Journal for the Psychology of Religion, 13*(3), 167-173. doi:10.1207/S15327582IJPR1303_02

Barnes, D. M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *The American Journal of Orthopsychiatry, 82*(4), 505–515.

Baron, M. (2018). Shame and shamelessness. *Philosophia, 46*(3), 721-731. doi:10.1007/s11406-017-9933-x

Barr, A. T., Citlau, R., & DeYoung, K. (2014). *Compassion without compromise: How the gospel frees us to love our gay friends without losing the truth.* Grand Rapids: Bethany House Publishers.

Barron, A. B., & Hare, B. (2020). Prosociality and a sociosexual hypothesis for the evolution of same-sex attraction in humans. *Frontiers in Psychology, 10*, doi:10.3389/fpsyg.2019.02955

Bassett, R. L. (2013). An empirical consideration of grace and legalism within christian experience. *Journal of Psychology and Christianity, 32*(1), 43.

Becker, M. H. (1974). The health belief model and personal health behavior. *Health Education Monographs, 2,* 324–508.

Benuto L. T., Singer J., Gonzalez F. R. (2020). *Cultural Factors in Behavioral Health: Training, Practice, and Future Directions. Handbook of Cultural Factors in Behavioral Health.* Springer, Cham.

Beutler, L. E., Someah, K., Kimpara, S., & Miller, K. (2016). Selecting the most appropriate treatment for each patient. *International Journal of Clinical and Health Psychology, 16*(1), 99-108. doi:10.1016/j.ijchp.2015.08.001

Bidell, M. P. (2014). Personal and professional discord: Examining religious conservatism and lesbian-, gay-, and Bisexual-Affirmative counselor competence. *Journal of Counseling & Development, 92*(2), 170-179. doi:10.1002/j.1556-6676.2014.00145.x

Bielefeld, W., & Cleveland, W. S. (2013). Defining faith-based organizations and understanding them through research. *Nonprofit and Voluntary Sector Quarterly, 42*(3), 442-467. doi:10.1177/0899764013484090

Bixler, W. G. (1988). *Religious legalism.* Grand Rapids, MI: Baker Book House.

Bjork-James, S. (2018). Training the porous body: Evangelicals and the ex-gay movement. *American Anthropologist, 120*(4), 647-658. doi:10.1111/aman.13106

Blosnich, J. R., De Luca, S., Lytle, M. C., Brownson, C. (2020). Questions of faith: Religious affiliations and suicidal ideation among sexual minority young adults. *Suicide and Life-Threatening Behavior, 00,* 1– 9. doi.org/10.1111/sltb.12679

Boehmer, U. (2002). Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health, 92*(7), 1125-1130. doi:10.2105/AJPH.92.7.1125

Bogaert, A. F., & Skorska, M. N. (2020). A short review of biological research on the development of sexual orientation. *Hormones and Behavior, 119,* 104659. doi:10.1016/j.yhbeh.2019.104659

Bookwalter, E. (2014). Getting it straight: A first amendment analysis of california's ban on sexual orientation change efforts and its potential effects on abortion regulations. *American University Journal of Gender, Social Policy, and the Law, 22*(2), 451.

Bonsack, C., Rexhaj, S., & Favrod, J. (2015). Psychoeducation: Definition, history, interest, and limits. *Annales Medico-Psychologiques, 173*(1), 79. doi:10.1016/j.amp.2014.12.001

Bőthe, B., Bartók, R., Tóth-Király, I., Reid, R., Griffiths, M., Demetrovics, Z., & Gábor, O. (2018). Hypersexuality, gender, and sexual orientation: A large-scale psychometric survey study. *Archives of Sexual Behavior. 47*(8), 2265-2276*.* 10.1007/s10508-018-1201-z

Bouris, A., Guilamo-Ramos, V., Pickard, A., Shiu, C., Loosier, P. S., Dittus, P., Waldmiller, M. J. (2010). A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. *The Journal of Primary Prevention, 31*(5–6), 273–309. doi:10.1007/s10935-010-0229-1

Boyd, S. L. (2019). Judaism, christianity, and Islam: The problem of "abrahamic religions" and the possibilities of comparison. *Religious Compass, 13*(10), e12339.

Brewster, M. E., Velez, B. L., Foster, A., Esposito, J., & Robinson, M. A. (2016). Minority stress and the moderating role of religious coping among religious and spiritual sexual minority

individuals. *Journal of Counseling Psychology, 63*(1), 119

126. doi.org/10.1037/cou0000121

Brohan, E., Slade, M., Clement, S., & Thornicroft, G. (2010). Experiences of mental illness

stigma, prejudice, and discrimination: A review of measures. *BMC Health Services*

Research, 10(1), 80. doi:10.1186/1472-6963-10-80

Browne, K., & Nash, C. J. (2016). *Queer methods and methodologies: Intersecting queer*

theories and social science research (1st ed.). London, [England]; New York, New York:

Routledge. doi:10.4324/9781315603223

Budge, L. S; Thai, J. L.; Tebbe, E. A.; & Howard, K. A. S. (2016). The intersection of race,

sexual orientation, socioeconomic status, trans identity, and mental health outcomes.

Educational Psychology Papers and Publications, 44(7):1025-1049.

Burack, C. (2015). From heterosexuality to holiness: Psychoanalysis and ex-gay

ministries. *Psychoanalysis, Culture & Society, 20*(3), 220-227. doi:10.1057/pcs.2015.25

Burnette, C.E., Roh, S., Lee, K.H., Lee, Y.S., Newland, L.A., Jun, J.S. (2017). A comparison of

risk and protective factors related to depressive symptoms among american indian and

caucasian older adults. *Health & Social Work, 42*(1), 15–23. doi.org/10.1093

Canady, V. (2015). New report calls for an end to 'conversion therapy' for youth. *The Brown*

University Child and Adolescent Behavior Letter, 31(12), 3-4. doi:10.1002/cbl.30088

Candea, D., & Szentágotai-Tatar, A. (2014). Does shame-proneness enhance our understanding

of social anxiety beyond classical cognitive constructs? *Transylvanian Journal of*

Psychology, 15(1), 33.

Carvalho, C. B., Motta, C., Pinto-Gouveia, J., & Peixoto, E. (2018). Psychosocial roots of paranoid ideation: The role of childhood experiences, social comparison, submission, and shame. *Clinical Psychology & Psychotherapy, 25*(5), 650-661. doi:10.1002/cpp.2195

Casazza, S. P., Ludwig, E., & Cohn, T. J. (2015). Heterosexual attitudes and behavioral intentions toward bisexual individuals: Does geographic area make a difference? *Journal of Bisexuality, 15,* 532-553.

Cella, A. S. (2014). A voice in the room: The function of state legislative bans on sexual orientation change efforts for minors. *American Journal of Law & Medicine, 40*(1), 113-140. doi:10.1177/009885881404000104

Cerbone, A. R., & Danzer, G. (2017). The case of abel: Religion as boon and bane for a catholic gay man. *Journal of Clinical Psychology, 73*(8), 985-991. doi:10.1002/jclp.22512

Chadee, D. (2011). *Theories in Social Psychology.* Wiley-Blackwell.

Cheney, G. J. (2018). Integrating pastoral and clinical identities: A narrative inquiry of pastoral counselors. *Journal of Pastoral Care & Counseling, 72*(3), 172-179. doi:10.1177/1542305018792357

Chirkov, V., Ryan, R., & Sheldon, K. (2011). *Human Autonomy in Cross-Cultural Context: Perspectives on the Psychology of Agency, Freedom, and Well-Being.* New York: Springer.

Choe, E., Srisarajivakul, E., Davis, D. E., DeBlaere, C., Van Tongeren, D. R., & Hook, J. N. (2019). Predicting attitudes towards lesbians and gay men: The effects of social conservatism, religious orientation, and cultural humility. *Journal of Psychology and Theology, 47*(3), 175-186. doi:10.1177/0091647119837017

Choi, S. K. & Meyer, I. H. (2016). *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications.* Los Angeles: The Williams Institute.

Clarke, V., Ellis, S., Peel, E., & Riggs, D. W. (2010). *Lesbian, Gay, Bisexual, Trans, and Queer Psychology: An Introduction.* Cambridge University Press.

Coburn, K. O., & McGeorge, C. R. (2019). What do christian clergy say? Advice from christian pastors to family therapists about working with lgb clients. *Contemporary Family Therapy, 41*(3), 236-246. doi:10.1007/s10591-019-09490-0

Collier, K. L., Bos, H. M. W., Merry, M. S., & Sandfort, T. G. M. (2013). Gender, ethnicity, religiosity, and same-sex sexual attraction and the acceptance of same-sex sexuality and gender non-conformity. *Sex Roles, 68*(11-12), 724-737. doi:10.1007/s11199-012-0135-5

Comiskey, A. (2010). *Naked Surrender: Coming Home to Our True Sexuality.* Downers Grove, Illinois: IVP Books.

Cornwall, A. Jewkes, R. (1995). Erratum to: "What is participatory research" *Social Science & Medicine*, 70(5): 1667–1676.

Couillard, E., & Higbee, J. (2018). Expanding the scope of universal design: Implications for gender identity and sexual orientation. *Education Sciences, 8*(3), 147. doi:10.3390/educsci8030147

Corvino, J. (2013). *What's wrong with homosexuality?* New York: Oxford University Press.

Couillard, E., & Higbee, J. (2018). Expanding the scope of universal design: Implications for gender identity and sexual orientation. *Education Sciences, 8*(3), 147. doi:10.3390/educsci8030147

Craig, S. L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal, 41*(3), 258-266. doi:10.1007/s10615-012-0427-9

Creswell, J. W. (1998). *Qualitative inquiry and research design choosing among five traditions.* Thousand Oaks, CA: Sage Publications.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches* (2nd ed.). Thousand Oaks, CA: Sage.

Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). Upper Saddle River, NJ: Pearson Education.

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Thousand Oaks, CA: Sage Publications, Inc.

Crockett, J. E., Cashwell, C. S., Marszalek, J. F., & Willis, B. T. (2018). A phenomenological inquiry of identity development, Same-Sex attraction, and religious upbringing. *Counseling and Values, 63*(1), 91-109. doi:10.1002/cvj.12075

Crosby, D. (2018). The abrahamic faiths as forces for good or evil. *American Journal of Theology & Philosophy 39*(3), 29-47.

Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, strategies, reconceptualization, and recommendations. *Dimensions of Critical Care Nursing: DCCN, 36*(4), 253-263. doi:10.1097

Dallas, J. (2016). *Speaking of homosexuality: Discussing the issues with kindness and clarity.* Grand Rapids: Baker Books.

Darmansjah, D., Kalra, G., & Ventriglio, A. (2019). Religion, psychiatry, and alternate sexuality. *East Asian Archives of Psychiatry, 29*(1), 26-29. doi:10.12809/eaap1735

Dash, M., & Patnaik, P. (2015). Role of spiritual intelligence in emotional intelligence and mental health. *Indian Journal of Positive Psychology, 6*(3), 279.

Davis, D. E., Van Tongeren, D. R., Bufford, R. K., Bassett, R. L., & McMinn, M. R. (2020). Experiencing grace: A review of the empirical literature. *The Journal of Positive Psychology,* 1-14.

Dayringer, R. L. & Malony, H. N (2002). *Pastoral Care and Counseling in Sexual Diversity.* Routledge.

DeCamp, W., & Bakken, N. W. (2016). Self-injury, suicide ideation, and sexual orientation: differences in causes and correlates among high school students. *Journal of injury & violence research*, *8*(1), 15–24. https://doi.org/10.5249/jivr.v8i1.545

Deguara, A. (2018). Destroying false images of god: The experiences of LGBT catholics. *Journal of Homosexuality, 65*(3), 317-337. doi:10.1080/00918369.2017.1317474

DeKraai, M.; Bulling, D.; Shank, N. C.; & Tomkins, A. J. (2011). Faith-based organizations in a system of behavioral health care. *Journal of Psychology and Theology, 39*(3), 255-267.

Delmas, C., & Aas, S. (2018). Sexual reorientation in ideal and non-ideal theory. *Journal of Political Philosophy, 26*(4), 463-485. doi:10.1111/jopp.12159

Demir, M., Tyra, A., & Özen-Çıplak, A. (2019). Be there for me and I will be there for you: Friendship maintenance mediates the relationship between capitalization and happiness. *Journal of Happiness Studies, 20*(2), 449-469. doi:10.1007/s10902-017-9957-8

DeWitt, K. H. (2016). Exploration of Appropriate And Inappropriate E-Disclosure: A Qualitative Investigation Of The Decision-Making Process Of Counselors In Training. (Doctoral dissertation).

Diamond, L. M., Rosky, C. J. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. legal advocacy for sexual minorities. *The Journal of Sex Research, 53*(4-5), 363–391.

DiBianca Fasoli, A. (2018). From autonomy to divinity: The cultural socialization of moral reasoning in an evangelical christian community. *Child Development, 89*(5), 1657-1673. doi:10.1111/cdev.12811

Dolezal. L., Lyons, B. (2017). Health-related shame: An affective determinant of health? *Medical Humanities, 43,* 257-263.

Doyle, D. M., & Molix, L. (2015). Perceived discrimination and social relationship functioning among sexual minorities: Structural stigma as a moderating factor. *Analyses of Social Issues and Public Policy, 15*(1), 357-381.

Doyle P. T & Charlotte J. P. (2019). Sexual orientation, relationships with parents, stress, and depressive symptoms among Adults. *Journal of GLBT Family Studies, 15*(3), 256-271. DOI: 10.1080/1550428X.2018.1486263

Drescher, J., Schwartz, A., Casoy, F., McIntosh, C. A., Hurley, B., Ashley, K., Barber, M., Goldenberg, D., Herbert, S. E., Lothwell, L. E., Mattson, M. R., McAfee, S. G., Pula, J., Rosario, V., & Tompkins, A. D. (*2016*). The growing regulation of conversion therapy. *Journal of Medical Regulation, 2*(102), 7-12.

Droogenbroeck, F., Spruyt, B., Siongers, J., & Keppens, G. (2016). Religious quest orientation and Anti-Gay sentiment: Nuancing the relationship between religiosity and negative

attitudes toward homosexuality among young muslims and christians in flanders. *Journal for the Scientific Study of Religion, 55*(4), 787-799. doi:10.1111/jssr.12303

Earp, B. D., Sandberg, A., & Savulescu, J. (2014). Brave new love: The threat of high-tech "conversion" therapy and the bio-oppression of sexual minorities, *AJOB Neuroscience, 5*(1):1, 4-12, DOI: 10.1080/21507740.2013.863242

Eliason, G. T., Lepore, M., & Holmes, D. (2013). Ethics in pastoral care and counseling: A contemporary review of updated standards in the field. *Journal of Pastoral Care & Counseling, 67*(2), 1–11. doi.org/10.1177/154230501306700203

Etengoff, C. (2017). Petitioning for social change: Letters to religious leaders from gay men and their family allies. *Journal of Homosexuality, 64*(2), 166-194. doi:10.1080/00918369.2016.1174022

Etengoff, C., & Daiute, C. (2015). Clinicians' perspective of the relational processes for family and individual development during the mediation of religious and sexual identity disclosure. *Journal of Homosexuality, 62*(3), 394-426. doi:10.1080/00918369.2014.977115

Fjelstrom, J. (2013). Sexual orientation change efforts and the search for authenticity. *Journal of Homosexuality, 60*(6), 801-827. doi:10.1080/00918369.2013.774830

Flentje, A., Heck, N. C., & Cochran, B. N. (2013). Sexual reorientation therapy interventions: Perspectives of ex-ex-gay individuals. *Journal of Gay and Lesbian Mental Health*, *17*, 256–277.

Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and

harmfulness of treatment, and post-treatment identification. *Journal of Homosexuality, 61*(9), 1242-1268. doi:10.1080/00918369.2014.926763

Flight from sodom: A reformed homosexual wants to help others escape (norman layton). (1993). *Western Report, 8*(32), 35.

Fingerhut A. W. (2018). The role of social support and gay identity in the stress processes of a sample of caucasian gay men. *Psychology of sexual orientation and gender diversity*, *5*(3), 294–302. doi.org/10.1037/sgd0000271

Folger, S. F., & Wright, M. O. (2013). Altering risk following child maltreatment: Family and friend support as protective factors. *Journal of Family Violence, 28*(4), 325-337. doi:10.1007/s10896-013-9510-4

Fore, W. (2014). A joyful heart is good medicine: Sexuality conversion bans in the courts. *Michigan Journal of Gender & Law, 21*(2), 311.

Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC health services research*, *18*(1), 120. https://doi.org/10.1186/s12913-018-2915-2

Foster, K., Bowland, S., & Vosler, A. (2015). All the pain along with all the joy: Spiritual resilience in lesbian and gay christians. *American Journal of Community Psychology, 55*(1), 191-201. doi:10.1007/s10464-015-9704-4

Freyd, J. J. (2008). Betrayal trauma. In G. Reyes, J. D. Elhai, & J. D. Ford (Eds.), *Encyclopedia of psychological trauma* (pp. 76). New York, NY: Wiley.

Frias-Navarro, D., Monterde-i-Bort, H., Pascual-Soler, M., & Badenes-Ribera, L. (2015). Etiology of homosexuality and attitudes toward same-sex parenting: A randomized study. *The Journal of Sex Research, 52*(2), 151-161. doi:10.1080/00224499.2013.802757

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health, 101*(8), 1481–1494.

Friesen, J. G. (1992). Ego-dystonic or ego-alien: Alternate personality or evil spirit? *Journal of Psychology and Theology, 20*(3),197-200.

Fritz, G. K. (2016). 'Conversion therapy' and homosexuality — never an appropriate treatment for children or adolescents. *The Brown University Child and Adolescent Behavior Letter, 32*(3), 8-8. doi:10.1002/cbl.30111

Frunza, M., Frunza, S., & Grad, N. O. (2019). the role of spirituality in therapeutic practices. *Journal for the Study of Religions and Ideologies, 18*(53), 60-74.

Galligan, P. (2016). Shame, publicity, and Self-Esteem. *Ratio, 29*(1), 57-72. doi:10.1111/rati.12078

Gamboni, C., Gutierrez, D., & Morgan-Sowada, H. (2018). Prohibiting versus discouraging: Exploring mental health organizations varied stances on sexual orientation change efforts (SOCE). *The American Journal of Family Therapy, 46*(1), 96-105. doi:10.1080/01926187.2018.1437572

Gates, G. J. (2017). LGBT data collection amid social and demographic shifts of the US LGBT community. *American Journal of Public Health, 107*(8), 1220-1222. doi:10.2105/AJPH.2017.303927

Gates, G. J. (2011). How many people are lesbian, gay, bisexual, and transgender? *UCLA: The Williams Institute*. Retrieved from https://escholarship.org/uc/item/09h684X2

Gates, T. G. (2015). A conceptual review of workplace stigma consciousness: Recommendations for LGB workers, professional helpers, and other agents of social change. *Journal of Human Services, 35*(1), 73–85.

Gattis, M. N., Woodford, M. R., & Han, Y. (2014). Discrimination and depressive symptoms among sexual minority youth: Is gay-affirming religious affiliation a protective factor? *Archives of Sexual Behavior, 43*(8), 1589-1599. doi:10.1007/s10508-014-0342-y

Gavriel-Fried, B., & Shilo, G. (2016). Defining the family: The role of personal values and personal acquaintance. *Journal of Family Studies, 22*(1), 43-62. doi:10.1080/13229400.2015.1020991

Gee, J. P. (2005). *An introduction to discourse analysis: Theory and method* (2nd ed.). London: Routledge.

George, M. (2017). Expressive ends: Understanding conversion therapy bans. *Alabama Law Review, 68*(3), 793.

Gerber, L. (2015). Grit, guts, and vanilla beans: Godly masculinity in the ex-gay movement. *Gender and Society, 29*(1), 26-50. doi:10.1177/0891243214545682

Ghabrial, M. A. (2017). "Trying to figure out where we belong": Narratives of racialized sexual minorities on community, identity, discrimination, and health. *Sexuality Research and Social Policy, 14*(1), 42-55. doi:10.1007/s13178-016-0229-x

Gibbs, J. J. & Goldbach, J. (2015). Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults. *Archives of Suicide Research, 19*(4), 472-488. doi:10.1080/13811118.2015.1004476

Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1), 3-12. doi:10.1163/156916212X632934

Goldsmith, R. E., Martin, C. G., & Smith, C. P. (2014). Systemic trauma. *Journal of Trauma & Dissociation, 15*(2), 117-132. doi:10.1080/15299732.2014.871666

Goodrich, K. M., Buser, J. K., Luke, M., & Buser, T. J. (2016). Spiritual and sexual identity: Exploring lesbian, gay, and bisexual clients' perspectives of counseling. *Journal of Homosexuality, 63*(6), 783-807. doi:10.1080/00918369.2015.1112192

Goodman, L. (2011). Comment: On respondent drive Sampling and snowball sampling in hard-to-reach populations and snowball sampling not in hard-to-reach populations. *Sociological Methodology, 41*, 347-353.

Gordon, E. C. (2018). Intellectual humility, spirituality, and counselling. *Journal of Psychology and Theology, 46*(4), 279-291. doi:10.1177/0091647118807185

Gostečnik, C., Slavič, T. R., Lukek, S. P., & Cvetek, R. (2014). Trauma and religiousness. *Journal of Religion and Health, 53*(3), 690-701. doi:10.1007/s10943-012-9665-y

Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among us lgbtq youths and young adults, 2018. *American Journal of Public Health, 110,* 1221-1227. doi.org/10.2105/AJPH.2020.305701

Green, K. E., & Feinstein, B. A. (2012). Substance use in lesbian, gay, and bisexual populations: an update on empirical research and implications for treatment. Psychology of addictive behaviors. *Journal of the Society of Psychologists in Addictive Behaviors, 26*(2), 265–278. doi.org/10.1037/a0025424

Green, R. (2017). Banning therapy to change sexual orientation or gender identity in patients under 18. *Journal of the American Academy of Psychiatry and the Law, 45*(1), 7-11.

Greene, D. C., & Britton, P. J. (2013). The influence of forgiveness on lesbian, gay, bisexual, transgender, and questioning individuals' shame, and self-esteem. *Journal of Counseling & Development, 91*(2), 195-205. doi:10.1002/j.1556-6676.2013.00086.x

Grbich, C. (2007). *Qualitative data analysis: An introduction.* Thousand Oaks, CA: Sage

Griffith, J. L. (2010). *Religion that heals, religion that harms: A guide for clinical practice.* New York: Guilford.

Haider-Markel, D.P., Joslyn, M.R. Beliefs about the origins of homosexuality and support for gay rights: An empirical test of attribution theory. *Public Opinion Quarterly, 72*(2), 291–310.

Haldeman, D. C. (2002). Gay rights, patient rights: The implications of sexual orientation conversion therapy. *Professional Psychology: Research and Practice, 33,* 260- 264.

Hallman, J. M., Yarhouse, M. A., & Suárez, E. C. (2018). Shame and psychosocial development in religiously affiliated sexual minority women. *Journal of Psychology and Theology, 46*(1), 3-21. doi:10.1177/0091647117748450

Harandi, T. F., Taghinasab, M. M., & Nayeri, T. D. (2017). The correlation of social support with mental health: A meta-analysis. *Electronic physician, 9*(9), 5212–5222. https://doi.org/10.19082/5212

Hart-Brinson, P. (2016). The social imagination of homosexuality and the rise of same-sex marriage in the united states. *Socius, 2*, 1-17. doi.org/10.1177/2378023116630555

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin, 135*(5), 707-730.

Hays, D. G., Wood, C., Dahl, H., Kirk-Jenkins, A. (2016). Methodological rigor in journal of counseling & development qualitative research articles: A 15-year review. *Journal of Counseling & Development, 94*(2),172-183.

Hays, K., & Aranda, M. P. (2016). Faith-based mental health interventions with african americans: A review. *Research on Social Work Practice, 26*(7), 777-789. doi:10.1177/1049731515569356

Hayward, C., & Beeson, R. (2017). *Wounded in: Hope beyond the pain.* New Kensington, PA: Whitakers House.

Heaney, C. D., Wilson, S. M., & Wilson, O. R. (2007). The west end revitalization association's community-owned and -managed research model: development, implementation, and action. *Progress in Community Health Partnerships, 1*(4), 339–349. Doi: 10.1353

Hedman, E., Ström, P., Stünkel, A., & Mörtberg, E. (2013). Shame and guilt in social anxiety disorder: effects of cognitive behavior therapy and association with social anxiety and depressive symptoms. *PloS one*, *8*(4), e61713. doi.org/10.1371/journal.pone.0061713

Heiden-Rootes, K., Wiegand, A., & Bono, D. (2018). Sexual minority adults: A national survey on depression, religious fundamentalism, parent relationship quality & acceptance. *Journal of Marital and Family Therapy, 45(1),* 106-119. doi:10.1111/jmft.12323 doi:10.1111/jmft.12323

Henderson, C., & Gronholm, P. C. (2018). Mental health related stigma as a 'wicked problem': The need to address stigma and consider the consequences. *International Journal of Environmental Research and Public Health, 15*(6), 1158. doi:10.3390/ijerph15061158

Heppner, P. P., Wampold, B. E., Owen, J., Wang, K. T., & Thompson, M. N. *Research design in counseling.* Boston, MA: Cengage.

Hequembourg, A. L., Parks, K. A., Collins, R. L., & Hughes, T. L. (2015). Sexual assault risks among gay and bisexual men. *Journal of Sex Research, 52*(3), 282–295. doi:10.1080/00224499.2013.856836

Hill, K.; Higgins A.; Dempster M.; & McCarthy A. (2009). Fathers' views and understanding of their roles in families with a child with acute lymphoblastic leukemia: an interpretative phenomenological analysis. *Journal of Health,14*(8), 1268-1280. doi: 10.1177/1359105309342291.

Hobbs, N (1948). The development of a code of ethical standards for psychology. *American Psychologist, 3* (3), 80–84.

Hodge, A. S., Hook, J. N., Magnusson, E., Marecek, J., (2012). *Gender and culture in psychology: Theories and practices.* Cambridge: Cambridge University Press. doi:10.1017/CBO9781139086318

Hoffmann, J. P. (2013). Declining religious authority? Confidence in the leaders of religious organizations, 1973-2010. *Review of Religious Research, 55*(1), 1-25. doi:10.1007/s13644-012-0090-1

Hong, J. S., and Garbarino, J. (2012). Risk and protective factors for homophobic 331 bullying in schools: An application of the social-ecological framework. *Educational Psychological Review, 24*(2), 271-285. Doi: 10.1007/s10648-012-9194-y

Horn, S. S. (2019). Sexual orientation and gender Identity-Based prejudice. *Child Development Perspectives, 13*(1), 21-27. doi:10.1111/cdep.12311

Huic, A., Jelic, M., & Kamenov, Z. (2018). Essentialist beliefs about homosexuality predict positive and negative behavioral intentions toward lesbian women and gay men. *Journal of Homosexuality, 65*(12), 1631-1655. doi:10.1080/00918369.2017.1383104

Husserl, E. (1970). *The idea of phenomenology.* The Hague, The Netherlands: Nijhoff.

Irwin, A., Li, J., Craig, W., & Hollenstein, T. (2019). The role of shame in the relation between peer victimization and mental health outcomes. *Journal of Interpersonal Violence, 34*(1), 156-181. doi:10.1177/0886260516672937

Ivtzan, I., Christine P. L. Chan, Gardner, H. E., & Prashar, K. (2013). Linking religion and spirituality with psychological well-being: Examining self-actualisation, meaning in life, and personal growth initiative. *Journal of Religion and Health, 52*(3), 915-929. doi:10.1007/s10943-011-9540-2

Jäckle, S., & Wenzelburger, G. (2015). Religion, religiosity, and the attitudes toward homosexuality-A multilevel analysis of 79 countries. *Journal of Homosexuality, 62*(2), 207-241. doi:10.1080/00918369.2014.969071

Jacobs, G. A. (2016). *Community-based psychological first aid: A practical guide to helping individuals and communities during difficult times.* Butterworth-Heinemann.

Jacobson, S. A., Callahan, J. L., & Ghosh, R. (2015). A place at the window: Theorizing organizational change for advocacy of the marginalized. *Human Resource Development Review, 14*(4), 462-485. doi:10.1177/1534484315608555

Jantos, M., & Kiat, H. (2007). Prayer as medicine: How much have we learned? *Medical Journal of Australia, 186*(10), S51-S53.

Jennings, M. (2018). Impossible subjects: LGBTIQ experiences in australian pentecostal-charismatic churches. *Religions, 9*(2), 53. doi:10.3390/rel9020053

Johnson, B. J. (2011). Back to the heart of worship: Praise and worship music in a los angeles african-american megachurch. *Black Music Research Journal, 31*(1), 105-129.

Johnson, S. K., & Armour, M. P. (2018). A hermeneutic phenomenological study of the lived experience of spiritual conversion in a neo-charismatic evangelical context. *Journal of Religion and Health, 57*(5), 2013-2032. doi:10.1007/s10943-018-0672-5

Johnson, V. F., & Yarhouse, M. A. (2013). Shame in sexual minorities: Stigma, internal cognitions, and counseling considerations. *Counseling and Values, 58,* 85–103. doi:10.1002/j.2161-007X.2013.00027.x

Johnston, L. B., & Jenkins, D. (2006). Lesbians and gay men embrace their sexual orientation after conversion therapy and ex-gay ministries. *Social Work in Mental Health, 4*(3), 61-82, DOI: 10.1300/J200v04n03_04

Jones, S. L., Yarhouse, M. A. (2011). A longitudinal study of attempted religiously mediated sexual orientation change. *Journal of Sex Marital Therapy, 37*(5), 404-427. doi: 10.1080/0092623X.2011.607052

Judd, D. K., Dyer, W. J., & Top, J. B. (2020). Grace, legalism, and mental health: Examining direct and mediating relationships. *Psychology of Religion and Spirituality, 12*(1), 26-35. doi:10.1037/rel0000211

Judd, K. A., & Vandenberg, B. (2014). Effects of religious stigma and harm on perceived psychopathology. *Mental Health, Religion & Culture, 17*(5), 508-519. doi:10.1080/13674676.2013.856001

Juster, R. P., McEwen, B. S., & Lupien, S. J. (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience & Biobehavioral Reviews, 35*(1), 2-16.

Kaestle, C. E. (2019) Sexual orientation trajectories based on sexual attractions, partners, and identity: A longitudinal investigation from adolescence through young adulthood using a U.S. representative sample. *The Journal of Sex Research, 56*(7), 811-826.

Kallio, H., Pietilä, A., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing, 72*(12), 2954-2965. doi:10.1111/jan.13031

Kaplan, M., & Krueger, R. (2010). Diagnosis, assessment, and treatment of hypersexuality. *The Journal of Sex Research, 47*(2/3), 181-198.

Kaufman, G. (1989). *The psychology of shame.* New York: Springer Publishing Company.

Kent de Grey, R.G., Uchino, B. N., Trettevik, R., Cronan, S., & Hogan, J. (2018). *Social Support.* Oxford University Press.

Khalaf, D. R., Hebborn, L. F., Dal, S. J., & Naja, W. J. (2015). A critical comprehensive review of religiosity and anxiety disorders in adults. *Journal of Religion and Health, 54*(4), 1438-1450. doi:10.1007/s10943-014-9981-5

King, D. B., Woody, W. D., & Viney, W. (2013). *A history of psychology: Ideas & context.* Boston: Pearson.

King James Bible. (2020). King James Bible. https://www.kingjamesbibleonline.org

Kinney R. L., 3rd (2014). Homosexual inclinations and the passions: A Thomistic theory of the psychogenesis of same-sex attraction disorder. The Linacre Quarterly, 81(2), 130–161. doi.org/10.1179/2050854914Y.0000000018

Kinney R. L., 3rd (2015). Homosexuality and scientific evidence: On suspect anecdotes, antiquated data, and broad generalizations. *The Linacre Quarterly, 82*(4), 364–390. https://doi.org/10.1179/2050854915Y.0000000002

Kivunja, C. (2018). Distinguishing between theory, theoretical framework, and conceptual framework: A systematic review of lessons from the field. *International Journal of Higher Education, 7*(6), 44. doi:10.5430/ijhe.v7n6p44

Koenig, H. G. (2011). *"Definitions," in Spirituality and Health Research: Methods, Measurement, Statistics, and Resources.* Templeton Foundation Press, Philadelphia, Pa, USA.

Kovacic, M. (2014). The many faces of popular culture and contemporary processes: Questioning identity, humanity, and culture through japanese anime. *IAFOR Journal of Arts & Humanities,* 2(1), 17-35. doi:10.22492/ijah.2.1.02

Krettenauer, T., & Hertz, S. (2015). What develops in moral identities? A critical review. *Human Development, 58*(3), 137-153. doi:10.1159/000433502

Kreutzer, J. S., DeLuca J, Caplan B. (2011). *Encyclopedia of Clinical Neuropsychology.* New York: Springer.

Kvale, S. (1996). *Interviews: an introduction to qualitative research interviewing.* Thousand Oaks, Calif: SAGE Publications

Laemmle, J. (2013). "California's conversion: A ban on minor conversion therapy and the effect on other states." *Indiana Journal of Law and Social Equality, 2*(1), Article 12.

Lancet, T. (2015). Ending lgbt conversion therapies. *Lancet, the, 385*(9977), 1478-1478. doi:10.1016/S0140-6736(15)60737-1

Law, C., King, E., Zitek, E., & Hebl, M. (2007). Methods for understanding the stigma of aids in the united states: A review and future directions. *Revista Interamericana de Psicología. 41*.

Lee, C., Oliffe, J. L., & Kelly, M. T. ve Ferlatte, O. (2017). Depression and suicidality in gay men: Implication for health care providers. *America Journal of Men's Health, 11*(4), 910–919. doi:10.1177/1557988316685492

Lee, J. H., Nam, S. K., Kim, A., Kim, B., Lee, M. Y., & Lee, S. M. (2013). Resilience: A Meta-Analytic approach. *Journal of Counseling & Development, 91*(3), 269-279. doi:10.1002/j.1556-6676.2013.00095.x

Leech, B. (2002). Asking questions: Techniques for semi structured interviews. *PS: Political Science & Politics, 35*(4), 665-668. doi:10.1017/S1049096502001129

Levy, D & Reeves, P. (2011). Resolving identity conflict: Gay, lesbian, and queer individuals with a christian upbringing. *Journal of Gay & Lesbian Social Services, 23,* 53-68. 10.1080/10538720.2010.530193.

Lewins, A. (1996). A review of significant features of QSR NUD.IST and notes of comparison with ATLAS/ti, *The Ethnograph and HyperRESEARCH. Evaluation,* 2(4), 471–478.

Lewis, D. C., Flores, A. R., Haider-Markel, D. P., Miller, P. R., Tadlock, B. L., & Taylor, J. K. (2017). Degrees of acceptance: Variation in public attitudes toward segments of the LGBT community. *Political Research Quarterly, 70*(4), 861-875. doi:10.1177/1065912917717352

Lewis, H. B. (1971). *Shame and guilt in neurosis.* New York: International Universities Press, Inc.

Liboro, R. M. (2015). Community-level interventions for reconciling conflicting religious and sexual domains in identity incongruity. *Journal of Religion and Health, 54*(4), 1206-1220. doi:10.1007/s10943-014-9845-z

Lick, D. J., Durso, L. E., Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521-548. doi:10.1177/1745691613497965

Liefbroer, A. I., Ganzevoort, R. R., & Olsman, E. (2019). Addressing the spiritual domain in a plural society: what is the best mode of integrating spiritual care into healthcare? *Mental Health, Religion & Culture, 22*(3), 244-260. DOI: 10.1080/13674676.2019.1590806

Lim, C., & Putnam, R. D. (2010). Religion, social networks, and life satisfaction. *American Sociological Review, 75*(6), 914-933. doi:10.1177/0003122410386686

Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage Publications.

Link, B. G., & Phelan, J. (2014). Stigma power. *Social Science & Medicine, 103*, 24-32. doi:10.1016/j.socscimed.2013.07.035

Linville, D. (2018). When words inflict harm: Documenting sexuality and gender identity microaggressions in schools for LGBTQQ youth. *Multicultural Learning and Teaching, 13*(2) doi:10.1515/mlt-2017-0009

Litz, B. T., & Kerig, P. K. (2019). Introduction to the special issue on moral injury: Conceptual challenges, methodological issues, and clinical applications. *Journal of Traumatic Stress, 32*(3), 341-349. doi:10.1002/jts.22405

Liu, W. (2017). Toward a queer psychology of affect: Restarting from shameful places. *Subjectivity, 10*(1), 44-62. doi:10.1057/s41286-016-0014

Lloyd, K. J., Boer, D., Kluger, A. N., & Voelpel, S. C. (2015). Building trust and feeling well: Examining intraindividual and interpersonal outcomes and underlying mechanisms of listening. *International Journal of Listening, 29*(1), 12-29. doi:10.1080/10904018.2014.928211

Lomash, E. F., Brown, T. D., & Paz Galupo, M. (2019). "A whole bunch of love the sinner hate the sin": LGBTQ microaggressions experienced in religious and spiritual

context. *Journal of Homosexuality, 66*(10), 1495-1511.

doi:10.1080/00918369.2018.1542204

Love, T., Laier, C., Brand, M., Hatch, L., & Hajela, R. (2015). Neuroscience of internet

pornography addiction: A review and update. *Behavioral Sciences, 5*(3), 388–433.

doi.org/10.3390/bs5030388

Lu, C. J. & Shulman, S.W. (2008). Rigor and flexibility in computer-based qualitative research:

Introducing the coding analysis toolkit. *International Journal of Multiple Research*

Approaches, (2), 105–117.

Lucas, D. & Fox, J. (2020). The psychology of human sexuality. Psychology. Champaign, IL:

DEF publishers. Retrieved from http://noba.to/9gsqhd6v. Accessed on March 8, 2020.

MacInnis, C. C., & Hodson, G. (2013). Is homophobia associated with an implicit same-sex

attraction? *The Journal of Sex Research, 50*(8), 777-785.

doi:10.1080/00224499.2012.690111

Manstead, A. S. R. (2018). The psychology of social class: How socioeconomic status impacts

thought, feelings, and behaviour. *British Journal of Social Psychology, 57*(2), 267-291.

doi:10.1111/bjso.12251

Marcia, J. E. (1987). *The identity status approach to the study of ego identity development. In*

Honess, T., Yardley, K. (Eds.), Self and identity: Perspectives across the lifespan. New

York, NY: Routledge.

Martinko, M. J., & Mackey, J. D. (2019). Attribution theory: An introduction to the special

issue. *Journal of Organizational Behavior, 40*(5), 523-527. doi:10.1002/job.2397

Martos, A. J., Wilson, P. A., & Meyer, I. H. (2017). Lesbian, gay, bisexual, and transgender (LGBT) health services in the united states: Origins, evolution, and contemporary landscape. *PloS One, 12*(7), e0180544. doi:10.1371/journal.pone.0180544

Maslowe, K. E., & Yarhouse, M. A. (2015). Christian parental reactions when a lgb child comes out. *The American Journal of Family Therapy, 43*(4), 352-363. DOI: 10.1080/01926187.2015.1051901

Math, S., & Seshadri, S. (2013). The invisible ones: Sexual minorities. *The Indian Journal of Medical Research, 137*(1), 4-6.

McCormick, M. E. (2015). The freedom to be "converted"? an analysis of the first amendment implications of laws banning sexual orientation change efforts. *Suffolk University Law Review, 48*(1), 171.

McGuire, K., Cisneros, J., & McGuire, D. (2017). Intersections at a (heteronormative) crossroad: Gender and sexuality among black students' spiritual and religious narratives. *Journal of College Students Development, 58*(2), 175-197.

Meanley, S., Pingel, E. S., & Bauermeister, J. A. (2016). Psychological well-being among religious and spiritual-identified young gay and bisexual men. *Sexuality Research and Social Policy, 13*(1), 35-45. doi:10.1007/s13178-015-0199-4

Meezan, W., & Martin, J. I. (2012). *Research methods with gay, lesbian, bisexual, and transgender populations.* New York: Routledge.

Meladze, P., & Brown, J. (2015). Religion, sexuality, and internalized homonegativity: Confronting cognitive dissonance in the abrahamic religions. *Journal of Religion and Health, 54*(5), 1950-1962. doi:10.1007/s10943-015-0018-5

Mereish, E. H., & Poteat, V. P. (2015). A relational model of sexual minority mental and physical health: The negative effects of shame on relationships, loneliness, and health. *Journal of Counseling Psychology, 62*(3), 425-437. doi:10.1037/cou0000088

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129,* 674-697. doi:10.1037/0033-2909.129.5.674

Michail, M., & Birchwood, M. (2013). Social anxiety disorder and shame cognitions in psychosis. *Psychological Medicine, 43*(1), 1-10. doi:10.1017/S0033291712001146

Miner, M. H., Dickenson, J., & Coleman, E. (2019). Effects of emotions on sexual behavior in men with and without hypersexuality. *Sexual Addiction & Compulsivity, 26*(1-2), 24–41. doi.org/10.1080/10720162.2018.1564408

Miner, M. H., Swinburne Romine, R., Raymond, N., Janssen, E., Macdonald III, A., & Coleman, E. (2016). Understanding the personality and behavioral mechanisms defining hypersexuality in men who have sex with men. *Journal of Sexual Medicine, 13*(9), 1323-1331. doi:10.1016/j.jsxm.2016.06.015

Misselbrook, D. (2014). W is for wellbeing and the WHO definition of health. *British Journal of General Practice, 64*(628), 582. DOI: 10.3399

Mitchell, A., & Fries, M. (2016). The effect of knowledge on attitudes toward homosexual behavior. *Race, Gender & Class, 23*(1/2), 183-202.

Moleiro, C., & Pinto, N. (2015). Sexual orientation and gender identity: Review of concepts, controversies, and their relation to psychopathology classification systems. *Frontiers in Psychology, 6,* 1511. doi.org/10.3389/fpsyg.2015.01511

Moody, C., & Smith, N. G. (2013). Suicide protective factors among trans adults. *Archives of Sexual Behavior, 42*(5), 739-752. doi:10.1007/s10508-013-0099-8

Moon, D. (2014). Beyond the dichotomy: Six religious views of homosexuality. *Journal of Homosexuality, 61*(9), 1215-1241. doi:10.1080/00918369.2014.926762

Morgan, E. M. (2013). Contemporary issues in sexual orientation and identity development in emerging adulthood. *Emerging Adulthood, 1*(1), 52-66. doi:10.1177/2167696812469187

Morris, M., & Roberto, K. R. (2016). Information-seeking behaviour and information needs of LGBTQ health professionals: A follow-up study. *Health Information & Libraries Journal, 33*(3), 204-221. doi:10.1111/hir.12139

Moss, I. (2014). Ending reparative therapy in minors: An appropriate legislative response. *Family Court Review, 52*(2), 316-329. doi:10.1111/fcre.12093

Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist*, *42*(8), 1058–1083.

Moustakas, C. (1994). *Phenomenological research methods.* Sage Publications.

Muhr, T. (1991). ATLAS.ti - A Prototype for the Support of Text Interpretation. Qualitative Sociology (14), 349-371.

Munoz, V. P. (2016). Two concepts of religious liberty: The natural rights and moral autonomy approaches to the free exercise of religion. *American Political Science Review, 110*(2), 369-381. doi:10.1017/S0003055416000101

Murr, R. (2013). "I became proud of being gay and proud of being christian": The spiritual journeys of queer christian women. *Journal of Religion & Spirituality in Social Work, 32*(4), 349-372. doi:10.1080/15426432.2013.839241

Mustanski, B., & Liu, R. T. (2013). A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Archives of Sexual Behavior, 42*(3), 437-448. doi:10.1007/s10508-012-0013-9

Nadal, K. L. (2019). A decade of microaggression research and LGBTQ communities: An introduction to the special issue. *Journal of Homosexuality, 66*(10), 1309-1316. doi:10.1080/00918369.2018.1539582

Nadal, K. L., Davidoff, K. C., Davis, L. S., Wong, Y., Marshall, D., & McKenzie, V. (2015). A qualitative approach to intersectional microaggressions: Understanding influences of race, ethnicity, gender, sexuality, and religion. *Qualitative Psychology*, *2*(2), 147–163. doi:10.1037/qup0000026

Nadal, K. L., & Corpus, M. H. (2013). 'Tomboys' and 'baklas': Experiences of lesbian and gay filipino americans. *Asian American Journal of Psychology, 4*(3), 166–175.

Naderifar, M., Hamideh, G., & Ghaljaie, F. (2017). Snowball sampling: A purposeful method of sampling in qualitative research. *Strides in Development of Medical Education Journal, 14*(3), doi: 10.5812/sdme.67670

Nakamura, K., & Iwakabe, S. (2018). Corrective emotional experience in an integrative affect-focused therapy: Building a preliminary model using task analysis. *Clinical Psychology & Psychotherapy, 25*(2), 322-337. doi:10.1002/cpp.2150

National Association for Research and Therapy of Homosexuality (NARTH), Task Force on Practice Guidelines for the Treatment of Unwanted Same-Sex Attractions and Behavior. (2010). Practice guidelines for the treatment of unwanted same-sex attractions and behavior. *Journal of Human Sexuality, 2*, 5–65.

National Center for Injury Prevention and Control. (2013). The National Intimate Partner and

Sexual Violence Survey (NIPSVS): 2010 Findings on victimization by sexual orientation.

Atlanta, GA: Center for Disease Control and Prevention.

National Institute of Health. (2011). Institute of Medicine (US) Committee on Lesbian, Gay,

Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. The

Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for

Better Understanding. Washington (DC): National Academies Press (US); 2011. 1,

Introduction. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64810/.

Retrieved on March 8, 2020.

Nelson, P. L., Warren J. S., Gleave, R. L., & Burlingame G. M. (2013). Youth psychotherapy

change trajectories and early warning system accuracy in a managed care setting. *Journal

of Clinical Psychology 69*, 880–895.

New International Version. (2011). BibleGateway.com. http://www.biblegateway.com

Newman, P. A., Fantus, S., Woodford, M. R., & Rwigema, M. (2018). "Pray that god will

change you": The religious social ecology of bias-based bullying targeting sexual and

gender minority youth—A qualitative study of service providers and educators. *Journal

of Adolescent Research, 33*(5), 523-548. doi:10.1177/0743558417712013

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to

meet the trustworthiness criteria. *International Journal of Qualitative Methods, 16*(1),

doi:10.1177/1609406917733847

Nugraha, I. Y. (2017). The compatibility of sexual orientation change efforts with international

human rights law. *Netherlands Quarterly of Human Rights, 35*(3), 176-192.

doi:10.1177/0924051917724654

Ociskova, M., Prasko, J., Kamaradova, D., Grambal, A., & Sigmundova, Z. (2015). Individual

    correlates of self-stigma in patients with anxiety disorders with and without

    comorbidities. *Neuropsychiatric disease and treatment, 11,* 1767–1779.

    doi.org/10.2147/NDT.S87737

Pachankis, J. E., Hatzenbuehler, M. L., Mirandola, M., Weatherburn, P., Berg, R. C., Marcus, U.,

    & Schmidt, A. J. (2017). The geography of sexual orientation: Structural stigma and

    sexual attraction, behavior, and identity among men who have sex with men across 38

    european countries. *Archives of Sexual Behavior, 46*(5), 1491-1502. doi:10.1007/s10508-

    016-0819-y

Page, M., Lindahl, K., Malik, N. (2013). The role of religion and stress in sexual identity and

    mental health among LGB youth. *Journal of Research on Adolescence,* (23). doi:

    10.1111/jora.12025

Paris, J. W., & McConnell, D. (2016). *The good news about conflict: Transforming religious

    struggle over sexuality.* Eugene, Oregon: Cascade Books.

Park, C. J. (2016). Chronic shame: A perspective integrating religion and spirituality. *Journal of

    Religion & Spirituality in Social Work: Social Thought, 35*(4), 354-376.

    doi:10.1080/15426432.2016.1227291

Parsons, J. T., Kelly, B. C., Bimbi, D. S., DiMaria, L., Wainberg, M. L., & Morgenstern, J.

    (2008). Explanations for the origins of sexual compulsivity among gay and bisexual

    men. *Archives of Sexual Behavior, 37*(5), 817-826.

Parsons, J. T., Rendina, H. J., Moody, R. L., Ventuneac, A., & Grov, C. (2015). Syndemic

    production and sexual compulsivity/hypersexuality in highly sexually active gay and

bisexual men: Further evidence for a three-group conceptualization. *Archives of Sexual Behavior, 44*(7), 1903-1913. doi:10.1007/s10508-015-0574-5

Pathak, V., Jena, B., & Kalra, S. (2013). Qualitative research. *Perspectives in Clinical Research, 4*(3), 192-192. doi:10.4103/2229-3485.115389

Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *HSR: Health Services Research, 34*(5),1189-1208.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). Thousand Oaks, CA: Sage.

Paul, J. A. (2017). The varieties of religious responses to homosexuality: A content and tonal analysis of articles in pastoral psychology from 1950 to 2015 regarding sexual minorities. *Pastoral Psychology, 66*(1), 79-101. doi:10.1007/s11089-016-0717-1

Payne-Foster, P., Bradley, E. L. P., Aduloju-Ajijola, N., Yang, X., Gaul, Z., Parton, J., Sutton, M.Y., Gaskins, S. (2018). Testing our FAITHH: HIV stigma and knowledge after a faith-based HIV stigma reduction intervention in the rural south. *AIDS Care, 30*(2), 232-239. doi:10.1080/09540121.2017.1371664

Pearce, L. D., Uecker, J. E., & Denton, M. L. (2019). Religion and adolescent outcomes: How and under what conditions religion matters. *Annual Review of Sociology, 45*(1), 201-222. doi:10.1146/annurev-soc-073117-041317

Perry, S. L., Grubbs, J. B., & McElroy, E. E. (2021). Sex and its discontents: How moral incongruence connect same-sex and non-marital sexual activity with unhappiness. *Archives of Sexual Behavior, 50*(2), 683-694.

Pescosolido, B. A. (2013). The public stigma of mental illness: What do we think; what do we know; what can we prove? *Journal of Health and Social Behavior, 54*(1), 1-21. doi:10.1177/0022146512471197

Pescosolido, B. A., & Martin, J. K. (2015). The stigma complex. *Annual Review of Sociology, 41*(1), 87-116. doi:10.1146/annurev-soc-071312-145702

Pierro, A., Pica, G., Giannini, A. M., Higgins, E. T., & Kruglanski, A. W. (2018). "Letting myself go forward past wrongs": How regulatory modes affect self-forgiveness. *PLoS ONE, 13*(3). doi.org/10.1371/journal.pone.0193357

Pitoňák, M. (2017). Mental health in non-heterosexuals: Minority stress theory and related explanation frameworks review. *Mental Health & Prevention, 5*, 63-73. doi:10.1016/j.mhp.2016.10.002

Post, B. C., & Wade, N. G. (2014). Client perspectives about religion and spirituality in group counseling. *The Counseling Psychologist, 42*(5), 601-627. doi:10.1177/0011000014524601

Powell, T., & Stein, E. (2014). Legal and ethical concerns about sexual orientation change efforts. *The Hastings Center Report, 44*(s4), S32-S39. doi:10.1002/hast.368

Price, E. (2011). *LGBT sexualities in social care research. Methods review (2).* NIHR School for Social Care Research, London, UK.

Quinn, K., & Dickson-Gomez, J. (2016). Homonegativity, religiosity, and the intersecting identities of young black men who have sex with men. *AIDS and Behavior*, *20*(1), 51–64. doi.org/10.1007/s10461-015-1200-1

Rager, K. (2005). Self-care and the qualitative researcher: When collecting data can break your heart. *Educational Researcher, 34*(4), 23-27.

Råheim, M., Magnussen, L. H., Sekse, R. J. T., Lunde, Å., Jacobsen, T., & Blystad, A. (2016). Researcher-researched relationship in qualitative research: Shifts in positions and researcher vulnerability. *International Journal of Qualitative Studies on Health and Well-being, 11*(1), 30996-12. doi:10.3402/qhw.v11.30996

Ramirez, J. L., & Paz Galupo, M. (2019). Multiple minority stress: The role of proximal and distal stress on mental health outcomes among lesbian, gay, and bisexual people of color. *Journal of Gay & Lesbian Mental Health, 23*(2), 145-167. DOI: 10.1080/19359705.2019.1568946

Ratinen, T. (2017). Is it a sin? the therapeutic turn and changing views on homosexuality in the finnish evangelical lutheran church, 1952–1984. *Pastoral Psychology, 66*(5), 641-656. doi:10.1007/s11089-017-0778-9

Reeves, S., & Hean, S. (2013). Why we need theory to help us better understand the nature of interprofessional education, practice, and care. Journal of Interprofessional Care, 27(1), 1–3. doi:10.3109/13561820.2013.751293

Richmond, L. M. (2019). 'Conversion therapy' misleads, harms patients. *Psychiatric News, 54*(18). doi:10.1176/appi.pn.2019.9b9

Ridley, S. (2015). A question of identity: Mirrors as a tool for self-reflection. *Journal of Creativity in Mental Health, 10(2),* 130-148. doi:10.1080/15401383.2014.980926

Rogers, E.B. (2015). The role of a religious psychoeducational group in recovery from mental illness: An outcome evaluation. (Doctoral dissertation, Baylor University, Waco, Texas). Retrieved from https://baylor-ir.tdl.org/bitstream/handle/2104/9487/ROGERS-DISSERTATION-2015.pdf?sequence=1&isAllowed=y

Rojas, J. I., Leckie, R., Hawks, E. M., Holster, J., del Carmen Trapp, M., & Ostermeyer, B. K. (2019). Compounded stigma in LGBTQ+ people: A framework for understanding the relationship between substance use disorders, mental illness, trauma, and sexual minority status. *Psychiatric Annals, 49*(10), 446-452. doi:10.3928/00485713-20190912-01

Rosario, M., Schrimshaw, E. W., Hunter, J., & Braun, L. (2006). Sexual identity development among gay, lesbian, and bisexual youths: consistency and change over time. *Journal of sex research*, *43*(1), 46–58.

Rosik, C. H. (2013a). Countering a one-sided representation of science: NARTH provides the 'rest of the story' for legal efforts to challenge anti-sexual orientation change efforts (SOCE) legislation. *Journal of Human Sexuality 5*, 120–164.

Rosik, C. H., & Popper, P. (2014). Clinical approaches to conflicts between religious values and same-sex attractions: Contrasting gay-affirmative, sexual identity, and change-oriented models of therapy. *Counseling and Values, 59*(2), 222-237.

Ross, M. W., Daneback, K., & Månsson, S.-A. (2012). Fluid versus fixed: A new perspective on bisexuality as a fluid sexual orientation beyond gender. *Journal of Bisexuality, 12*(4), 449–460. doi:10.1080/15299716.2012.702609

Ross, N. D., Kaminski, P. L., & Herrington, R. (2019). From childhood emotional maltreatment to depressive symptoms in adulthood: The roles of self-compassion and shame. *Child Abuse & Neglect, 92,* 32-42. doi:10.1016/j.chiabu.2019.03.016

Rothman, E. F., Exner, D., & Baughman, A. L. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. *Trauma, Violence & Abuse, 12*(2), 55–66.

Rowatt, W. C., LaBouff, J., Johnson, M., Froese, P., & Tsang, J. (2009). Associations among religiousness, social attitudes, and prejudice in a national sample of American adults. *Psychology of Religion and Spirituality, 1*,14–24. doi: 10.1037/a0014989

Rubin, H. J., & Rubin, I. S. (2011). *Qualitative interviewing: The art of hearing data* (3rd ed.). Thousand Oaks, CA: Sage.

Russell, S. T., & Fish, J. N. (2016). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual review of clinical psychology, 12*, 465–487. https://doi.org/10.1146/annurev-clinpsy-021815-093153

Rutledge, S. E., Jemmott III, J. B., O'Leary, A., & Icard, L. D., (2018). What is in an identity label? Correlates of sociodemographics, psychosocial characteristics, and sexual behavior among african american men who have sex with men. *Archives of Sexual Behavior, 47*(1), 157-167.

Ryan, W. S., Legate, N., Weinstein, N., & Rahman, Q. (2017). Autonomy support fosters lesbian, gay, and bisexual identity disclosure, and wellness, especially for those with internalized homophobia. *Journal of Social Issues, 73*(2), 289-306. doi:10.1111/josi.12217

Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2020). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality, 67*(2), 159-173. doi:10.1080/00918369.2018.1538407

Ryan-DeDominicis, T. (2020). A case study using shame resilience theory: Walking each other home. *Clinical Social Work Journal,* doi.org/10.1007/s10615-019-00745-9

Ryan, W. S., Legate, N., Weinstein, N., & Rahman, Q. (2017). Autonomy support fosters lesbian, gay, and bisexual identity disclosure, and wellness, especially for those with internalized homophobia. *Journal of Social Issues, 73*(2), 289-306. doi:10.1111/josi.12217

Sadler, G. R., Lee, H. C., Lim, R. S., & Fullerton, J. (2010). Recruitment of hard-to-reach population subgroups via adaptations of the snowball sampling strategy. *Nursing & health sciences*, *12*(3), 369–374. https://doi.org/10.1111/j.1442-2018.2010.00541.x

Savin-Williams, R. C. (2011). *Identity development among sexual-minority youth.* New York, NY: Springer.

Scarinci I., Bandura L., Hidalgo B., Cherrington, A. (2012). Development of a theory based culturally relevant intervention on cervical cancer prevention among Latina immigrants using intervention mapping. Health Promotion Practice, 13, 29–40. doi: 10.1177

Schauer, G. L., Berg, C. J., & Bryant, L. O. (2013). Sex differences in psychosocial correlates of concurrent substance use among heterosexual, homosexual, and bisexual college students. *The American Journal of Drug and Alcohol Abuse, 39*(4), 252-258. doi:10.3109/00952990.2013.796962

Scholes, L. (2018). *Boys, masculinities and reading: Gender identity and literacy as social practice* (1st ed.). London: Taylor and Francis. doi:10.4324/9781315413730

Schmitz, R. M., & Woodell, B. (2018). Complex processes of religion and spirituality among midwestern LGBTQ homeless young adults. *Sexuality & Culture, 22*(3), 980-999. doi:10.1007/s12119-018-9504-8

Schrijvers, L. L. & Wiering, J. (2018): Religious/secular discourses and practices of good sex. *Culture and Religion 19*(2). DOI: 10.1080/14755610.2018.1444655

Schwadel, P., & Sandstrom, A. (2019, May 24). Lesbian, gay and bisexual americans are less religious than straight adults by traditional measures. Pew Research Center. Retrieved from https://pewrsr.ch/2WMdq55

Seacat, J. (2011). Attributions and expectancies about people living with hiv/aids: Implications for stereotyping. *Current Research in Social Psychology, 17,* 1-15.

Shackelford, T. K., & Hansen, R. D. (2015). *The evolution of sexuality*. Cham: Springer.

Shafran, R., Bennett, S. D., & McKenzie Smith, M. (2017). Interventions to Support Integrated Psychological Care and Holistic Health Outcomes in Paediatrics. *Healthcare (Basel, Switzerland)*, *5*(3), 44. doi.org/10.3390/healthcare5030044

Sharma, S., Mustanski, B., Dick, D., Bolland, J., & Kertes, D. A. (2019). Protective factors buffer life stress and behavioral health outcomes among high-risk youth. *Journal of abnormal child psychology*, *47*(8), 1289–1301. https://doi.org/10.1007/s10802-019-00515-8

Shaw, A. (2012). Talking to gaymers: Questioning identity, community, and media representation. *Westminster Papers in Communication and Culture, 9*(1), 67-89. doi:10.16997/wpcc.150

Shay, J. (2014). Moral injury. *Psychoanalytic Psychology, 31*(2), 182–191.

Sherkat, D. (2016). Sexuality and religious commitment revisited: Exploring the religious commitments of sexual minorities, 1991–2014. *Journal for the Scientific Study of Religion 55*(4), 756–69.

Shilo, G., Yossef, I., & Savaya, R. (2016). Religious coping strategies and mental health among religious jewish gay and bisexual men. *Archives of Sexual Behavior, 45*(6), 1551-1561. doi:10.1007/s10508-015-0567-4

Sigurvinsdottir, R., & Ullman, S. E. (2016). Sexual Assault in Bisexual and Heterosexual Women Survivors. *Journal of bisexuality, 16*(2), 163–180. doi.org/10.1080/15299716.2015.1136254

Silva, T. (2018). A quantitative test of critical heterosexuality theory: Predicting straight identification in a nationally representative sample. *Sexuality Research and Social Policy, 15*(3), 353-366. doi:10.1007/s13178-017-0307-8

Silverstein, C. (2009). The implications of removing homosexuality from the DSM as a mental disorder. *Archives Sexual Behavior*, *38*(2), 161–163. DOI 10.1007/s10508-008-9442

Simons, J., & Cuadrado, M. (2018). Narratives of School Counselors Regarding Advocacy for LGBTQ Students. *Professional School Counseling*, 20(1a), 1096-2409. doi.org/10.1177

Sittser, G. L. (1990). *Legalism.* Downers Grove, IL: InterVarsity Press.

Slootmaeckers, K., & Lievens, J. (2014). Cultural capital and attitudes toward homosexuals: Exploring the relation between lifestyles and homonegativity. *Journal of Homosexuality, 61*(7), 962-979. doi:10.1080/00918369.2014.870848

Smith, J. A.; Flower, P.; & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research.* London: Sage.

Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research, 104*, 333-339. doi:10.1016/j.jbusres.2019.07.039

Son, A. (2019). Anxiety as a main cause of church conflicts based on bowen family systems theory. *Journal of Pastoral Care & Counseling, 73*(1), 9-18. doi:10.1177/1542305018822959

Spahiu, D. (2017). People's cognitive beliefs and definitions about homosexuality. *European Scientific Journal, 13*(8), 75. doi:10.19044

Spitzer, R. L. (2012). Spitzer reassesses his 2003 study of reparative therapy of homosexuality. *Archives of Sexual Behavior, 41*, 757.

Sprinkle, P. M., Loader, W. R. G., DeFranza, M. K., Hill, W., & Holmes, S. R. (2016). *Two views on homosexuality, the bible, and the church.* Grand Rapids, Michigan: Zondervan.

Stanivukovic, G. (2010). Shakespeare and homosexuality. *Forum for Modern Language Studies, 46*(2), 138-151. doi:10.1093/fmls/cqq002

Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17,* 1372–1380. doi:10.1177/ 1049732307307031

Streed, C. G., Anderson, J. S., Babits, C., & Ferguson, M. A. (2019). Changing medical practice, not patients putting an end to conversion therapy. *The New England Journal of Medicine, 381*(6), 500-502. doi:10.1056/NEJMp1903161

Stemple, L., & Meyer, I. H. (2014). The sexual victimization of men in america: New data challenge old assumptions. *American Journal of Public Health*, *104*(6), e19–e26. doi.org/10.2105/AJPH.2014.301946

Substance Abuse and Mental Health Services Administration (SAMHSA)., Center for Behavioral Health Statistics and Quality. (2018). *2017 National Survey on Drug Use and Health: Detailed Tables.* Substance Abuse and Mental Health Services Administration, Rockville, MD.

Super, J., & Jacobson, L. (2011). Religious abuse: Implications for counseling lesbian, gay, bisexual, and transgender individuals. *Journal of Lesbian Gay Bisexual Transsexual Issues in Counseling 5*(3-4):180-196. DOI: 10.1080/15538605.2011.632739

Sutton, P. M. (2016). Professional care for unwanted same-sex attraction: What does the research say? *The Linacre Quarterly, 83*(2), 351-363. doi:10.1179/0024363915Z.000000000147a

Svalastog, A. L., Donev, D., Jahren Kristoffersen, N., & Gajović, S. (2017). Concepts and definitions of health and health-related values in the knowledge landscapes of the digital society. *Croatian medical journal, 58*(6), 431–435. doi.org/10.3325/cmj.2017.58.431

Szymanski, D. M., & Carretta, R. F. (2019). Religious-based sexual stigma and psychological health: Roles of internalization, religious struggle, and religiosity. *Journal of Homosexuality,* 1-19. doi:10.1080/00918369.2019.1601439

Talley, A. E. (2013). Recommendations for improving substance abuse treatment interventions for sexual minority substance abusers. *Drug and Alcohol Review, 32*(5), 539-540. doi:10.1111/dar.12052

Taormina, R., & Gao, J. (2013). Maslow and the motivation hierarchy: Measuring satisfaction of the needs. *The American Journal of Psychology, 126*(2), 155-177. doi:10.5406/amerjpsyc.126.2.0155

Taylor, J. E. T., Lam, T. K., Chasteen, A. L., & Pratt, J. (2015). Bow your head in shame or hold your head up with pride: Semantic processing of self-esteem concepts orients attention vertically. *PloS One, 10*(9), e0137704. doi:10.1371/journal.pone.0137704

Ten-Houten, W. D. (2017). Site sampling and snowball sampling - Methodology for accessing hard-to-reach populations. *Journal of Sociological Methods*, *134*(1), 58-61.

Ten Kate, J., De Koster, W., & Van der Waal, J. (2017). The effect of religiosity on life satisfaction in a secularized context: Assessing the relevance of believing and belonging. *Review of Religious Research, 59*(2), 135-155. doi:10.1007/s13644-016-0282-1

Thomas, J. N., & Whitehead, A. L. (2015). Evangelical elites' anti-homosexuality narratives as a resistance strategy against attribution effects. *Journal for the Scientific Study of Religion, 54*(2), 345-362. doi:10.1111/jssr.12188

Throckmorton, W. & Yarhouse, M. A. & Mark, Ph & Yarhouse, A. (2006). Sexual identity therapy: Practice framework for managing sexual identity conflicts.

Tropp, L. (2012). *Understanding and Responding to Intergroup Conflict: Toward an Integrated Analysis. In The Oxford Handbook of Intergroup Conflict.* Oxford University Press.

Tsou, J. Y. (2016). Natural kinds, psychiatric classification, and the history of the DSM. *History of Psychiatry, 27*(4), 406-424.

Tucker, J. R., Hammer, J. H., Vogel, D. L., Bitman, R. L., Wade, N. G., & Maier, E. J. (2013). Disentangling self-stigma: Are mental illness and help-seeking self-stigmas different? *Journal of Counseling Psychology, 60*(4), 520-531. doi:10.1037/a0033555

Tummons, J., & Duckworth, V. (2012). *Doing your research project in the lifelong learning sector*. Open University Press.

Udell, W., Donenberg, G., & Emerson, E. (2011). The impact of mental health problems and religiosity on african-american girls' HIV-risk. *Cultural diversity & ethnic minority psychology*, *17*(2), 217–224. https://doi.org/10.1037/a0023243

Vagle, M. D. (2014). *Crafting phenomenological research.* Walnut Creek, CA: Left Coast Press.

Valentine, G., & Waite, L. (2012). Negotiating difference through everyday encounters: The case of sexual orientation and religion and belief. *Antipode, 44*(2), 474-492. doi:10.1111/j.1467-8330.2010.00866.x

Vander Waal, C., Sedlacek, D., & Lane, L. (2017). The impact of family rejection or acceptance among LGBT+ millennials in the Seventh-Day Adventist Church. *Social Work & Christianity, 44*(1-2), 72–95.

Vang, Z. M., Hou, F., & Elder, K. (2019). Perceived religious discrimination, religiosity, and life satisfaction. *Journal of Happiness Studies, 20*(6), 1913-1932. doi:10.1007/s10902-018-0032-x

Vaughan, S. C. (2018). Suicidality in LGBTQ+ youth. *The Psychoanalytic Study of the Child, 71*(1), 40-54. doi:10.1080/00797308.2017.1416866

Velotti, P., Elison, J., & Garofalo, C. (2014). Shame and aggression: Different trajectories and implications. *Aggression and Violent Behavior, 19*(4), 454-461. doi:10.1016/j.avb.2014.04.011

Vespone, B. M. (2016). Integrating identities: Facilitating a support group for LGBTQ students on a christian college campus. *Christian Higher Education, 15*(4), 215-229. doi:10.1080/15363759.2016.1186250

Vezzali, L., Brambilla, M., Giovannini, D., & Paolo Colucci, F. (2017). Strengthening purity: Moral purity as a mediator of direct and extended cross-group friendships on sexual prejudice. *Journal of Homosexuality, 64*(6), 716-730. doi:10.1080/00918369.2016.1196998

Victor, J. M. (2014). Regulating sexual orientation change efforts: The california approach, its limitations, and potential alternatives. *The Yale Law Journal, 123*(5),118-1625.

Viftrup, D. T., Hvidt, N. C., & Buus, N. (2013). Spiritually and religiously integrated group psychotherapy: A systematic literature review. Evidence-Based Complementary and Alternative Medicine, 2013, 274625-12. doi:10.1155/2013/274625

Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology, 60*(2), 311-316. doi:10.1037/a0031889

Vosburgh, H. W., Mansergh, G., Sullivan, P. S., & Purcell, D. W. (2012). A review of the literature on event-level substance use and sexual risk behavior among men who have sex with men. *AIDS and Behaviors, 16*(6):1394-410. doi: 10.1007/s10461-011-0131-8

Wachholtz, A. B., & Sambamthoori, U. (2013). National trends in prayer use as a coping mechanism for depression: Changes from 2002 to 2007. *Journal of Religion and Health, 52*(4), 1356-1368. doi:10.1007/s10943-012-9649-y

Walker, J. (2015). Therapists: Declare 'ex-gay therapy' unethical. *The Gay & Lesbian Review Worldwide, 22*(3), 1-5.

Walker, J. A., & Prince, T. (2010). Training Considerations and Suggested Counseling Interventions for LGBT Individuals. *Journal of LGBT Issues in Counseling, 4*(1), 2-17, DOI: 10.1080/15538600903552756

Walker, K. R., Scheidegger, T. H., End, L., & Amundsen, M. (2012). The misunderstood pastoral counselor: Knowledge and religiosity as factors affecting a client's choice. *VISTAS,* 1, 1-20.

Waters, R & Spong, S. (2015). Community-based participatory research in counselling and psychotherapy. European Journal of Psychotherapy and Counselling. 17. Doi: 10.1080/13642537.2014.9961.

Weaver, J. (2011). Unpardonable sins: The mentally ill and evangelicalism in america. *Journal of Religion and Popular Culture, 23*(1), 65-81. doi:10.3138/jrpc.23.1.65

Weber, A., Collins, S., Robinson-Wood, T., Zeko-Underwood, E., & Poindexter, B. (2018). Subtle and severe: Microaggressions among racially diverse sexual minorities. *Journal of Homosexuality, 65*(4), 540-559. doi:10.1080/00918369.2017.1324679

Wedow, R., Schnabel, L., Wedow, L., Konieczny, M. (2017). "I'm gay and I'm catholic': Negotiating two complex identities at a catholic university." *Sociology of Religion, 78*(3), 289–317.

Weiner, B. (1974). *Achievement motivation and attribution theory.* Morristown, N. J.: General Learning Press.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review, 97*, 548–573.

Weiner, B. (1986). *An attributional theory of motivation and emotion.* New York: Springer-Verlag.

Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigma. *Journal of Personality and Social Psychology, 55*, 738-748.

Weiner B (1993) On sin versus sickness: A theory of perceived responsibility and social motivation. *American Psychology, 48*, 957–965.

Weiner B (Ed) (1995) *Judgments of Responsibility: A Foundation for a Theory of Social Conduct.* New York: Guilford Press.

Weiner, B. (2006). *Social motivation, justice, and the moral emotions: An attributional approach.* Mahwah, NJ: Erlbaum.

Weiner, B. (2019). Wither attribution theory? *Journal of Organizational Behavior, 40*(5), 603-604. doi:10.1002/job.2398

Weiss, E, M., Morehouse, J., Yeager, T., & Berry, T. (2010). A qualitative study of ex gay and ex gay experiences. *Journal of Gay & Lesbian Mental Health, 14*(4), 291-319. https://doi.org/10.1080/19359705.2010.506412

Wells, K. B., Miranda J. (2006). Promise of interventions and services research: Can it transform practice? Clinical Psychology: Science and Practice, 13, 99–104.

Wertz, F. J. (2010). The descriptive phenomenological method in psychology: A modified husserlian approach. *Journal of Phenomenological Psychology, 41*(2), 269-288.

Wesselmann, E. D., & Graziano, W. G. (2010). Sinful and/or possessed? Religious beliefs and mental illness stigma. *Journal of Social and Clinical Psychology, 29*(4), 402-437. doi:10.1521/jscp.2010.29.4.402

Whitehead, A. L. (2010). "Sacred rites and civil rights: Religion's effect on attitudes toward same-sex unions and the perceived cause of homosexuality." *Social Science Quarterly, 91*, 63– 78.

Whitehead, A. L. (2014). Politics, religion, attribution theory, and attitudes toward same-sex unions. *Social Science Quarterly, 95*(3), 701-718. doi:10.1111/ssqu.12085

Whitley, B. E. (1990). The relationship of heterosexuals' attributions for the causes of homosexuality to attitudes toward lesbians and gay men. *Personality and Social Psychology Bulletin, 16*, 369-377.

Whitley R. (2012). Religious competence as cultural competence. *Transcultural psychiatry, 49*(2), 245–260. https://doi.org/10.1177/1363461512439088

Williams, M. V., Palar, K. & Derose, K. P. (2011). Congregation-based programs to address HIV/AIDS: Elements of successful implementation. Journal of Urban Health, 88, 517–532.

Williams, S. L., Laduke, S. L., Klik, K. A., & Hutshell, D. W. (2016). A paradox of support seeking and support response among gays and lesbians. Personal Relationships, 23(2), 296-310.

Wilt, J. A., Cooper, E. B., Grubbs, J. B., Exline, J. J., & Pargament, K. I. (2016). Associations of perceived addiction to internet pornography with religious/spiritual and psychological functioning. *Sexual Addiction & Compulsivity, 23*(2-3), 260-278. doi:10.1080/10720162.2016.1140604

Winell, M. (1993). *Leaving the fold: A guide for former fundamentalists and others leaving their religion.* Berkeley, CA: Apocryphile Press.

Winkeljohn Black, S., Pössel, P., Rosmarin, D. H., Tariq, A., & Jeppsen, B. D. (2017). Prayer type, disclosure, and mental health across religious groups. *Counseling and Values, 62*(2), 216-234. doi:10.1002/cvj.12060

Winters, J., Christoff, K., Gorzalka, B. B. (2010). Dysregulated sexuality and high sexual desire: distinct constructs? *Archive Sexual Behaviors, 39*(5),1029-1043. doi:10.1007/s10508-009-9591-6

World Health Organization. (2020). Sexual and Productive Health. Retrieved from https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/. Accessed on March 8, 2020.

Wood, L., & Irons, C. (2017). Experienced stigma and its impacts in psychosis: The role of social rank and external shame. *Psychology and Psychotherapy: Theory, Research and Practice, 90*(3), 419-431. doi:10.1111/papt.12127

Wood, A. W., & Conley, A. H. (2014). Loss of religious or spiritual identities among the LGBT population. *Counseling & Values, 59*(1), 95-111. doi:10.1002/j.2161-007X.2014.00044.x

Wright, R. J. (2014). *Counseling and professional identity. Research methods for counseling: An introduction.* Sage Publications, Inc.

Yarhouse, M. A. (2012). Integration in the study of homosexuality, glbt issues, and sexual identity. *Journal of Psychology and Theology*, *40*(2), 107–111. doi.org/10.1177/009164711204000204

Yarhouse, M. A. (2019). *Sexual Identity and Faith: Helping Clients Achieve Congruence.* Templeton Press.

Yarhouse, M. A., Morgan, T., Anthony, K., & Sadusky, J. (2017). Celibate gay christians: Sexual identity and religious beliefs and practices. *Journal of Pastoral Care & Counseling, 71*(1), 52-59. doi:10.1177/1542305017693245

Yeagley, E., Hickok, A., & Bauermeister, J. A. (2014). Hypersexual behavior and hiv sex risk among young gay and bisexual men. *Journal of sex research*, *51*(8), 882–892. doi.org/10.1080/00224499.2013.818615

Young, D. K. (2018). Cognitive behavioral therapy group for reducing self-stigma for people with mental illness. *Research on Social Work Practice, 28*(7), 827-837. doi:10.1177/1049731516681849

Yüksel, P. & Yıldırım, S. (2015). Theoretical frameworks, methods, and procedures for

    conducting phenomenological studies in educational settings. *Journal of Qualitative*

    Inquiry, *6*(1), 1-20.

Zachariah, P., Blaschke, G. S., & Weddle, M. (2014). A request for "conversion therapy". The

    Virtual Mentor: VM, 16(11), 877-883. doi:10.1001/virtualmentor.2014.16.11.ecas2-1411

Zarzycka, B., Rybarski, R. & Sliwak, J. (2017). The relationship of religious comfort and

    struggle with anxiety and satisfaction with life in roman catholic polish men: The

    moderating effect of sexual orientation. *Journal Religious Health, 56*, 2162–2179.

    doi.org/10.1007/s10943-017-0388-y

Zeininger, K., Holtzman, M., & Kraus, R. (2017). The reciprocal relationship between religious

    beliefs and acceptance of one's gay or lesbian family member. *Sociological*

    Spectrum, 37(5), 282. doi:10.1080/02732173.2017.13482

Zimmerman, B. J. (1995). *Self-efficacy and educational development.* In A. Bandura (Ed), Self-

    efficacy in changing societies. New York: Cambridge University Press.

APPENDIX A- IRB APPROVAL LETTER

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 3, 2021

McCay Moiforay

Frederick Volk

Re: IRB Approval - IRB-FY20-21-452 SEXUAL IDENTITY, MENTAL, EMOTIONAL, AND

RELIGIOUS STABILITY: A PHENOMENOLOGICAL STUDY EXPLORING THE RELIGIOUS LIVED

EXPERIENCES OF HETEROSEXUAL MEN WHO ONCE IDENTIFIED AS GAY OR BISEXUAL

Dear McCay Moiforay, Frederick Volk:

We are pleased to inform you that your study has been approved by the Liberty University

Institutional Review Board (IRB). This approval is extended to you for one year from the date

of the IRB meeting at which the protocol was approved: February 3, 2021. If data collection

proceeds past one year, or if you make modifications in the methodology as it pertains to

human subjects, you must submit an appropriate update submission to the IRB.

These submissions can be completed through your Cayuse IRB account.

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):

7. 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.

Your stamped consent form can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. This form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

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- RECRUITMENT LETTER

Dear [participant name],

As a graduate student in the Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a Doctoral of Education degree. The purpose of my research is to examine the impact of religious groups attitudes and beliefs on heterosexual men who once identified as gay or bisexual. I will be conducting a qualitative transcendental phenomenological study where interviews will be conducted to study the lived experiences of heterosexual men who once identified as gay or bisexual and their sexual identity journey within religious groups, and I am writing to invite eligible participants to join my study.

Participants must be between the ages of 18 and 65, identified once as a gay or bisexual male, currently identify as a heterosexual male, born male at birth, currently gender identify as male, and identify as experiencing positive or negative sexual identity religious experience(s). Participants, if willing, will participate in an interview that will take 60-120 minutes; 1 to 2 hours and will be audio taped. Post-interview process will take 30 minutes to 1 hour and will be audio taped. Member checking will occur in the research. Member checking ensures credibility and descriptive validity by the researcher and confirmed by the participants through verification that responses to interview questions are accurate. Names and other identifying information will be requested as part of this study, but the information will remain confidential.

A consent document will be given to you before the interview. The consent document contains additional information about my research. Please sign the consent document and return it to me at the time of the interview.

Sincerely

McCay M. Moiforay MPH, CHES

Doctoral Candidate

APPENDIX C- SCREENING SURVEY

Pre-Screen Questionnaire

Pre-Interview Demographic Questionnaire for: Sexual Identity and Religious Stability: A Phenomenological Study Exploring the Religious Lived Experiences of Heterosexuals Who Once Identify as Gay or Bisexual.

Please answer the following screening questions. This screening questionnaire is to establish your eligibility to participate in the study.

If you meet the study criteria you will be given an introductory letter which will explain the purpose of the study. Afterwards you will be given the consent form. The consent form will be reviewed along with you by the researcher and signed afterwards if you agree to participate in the study.

1. Are you between the ages of 18 and 65? _____Yes _____No

2. Have you ever identified as gay or bisexual? ____Yes _____No

3. As of today do you identify as heterosexual? ____Yes _____No

4. Were you born male at birth? ____Yes _____No

5. Today do you gender identify as male? ____Yes _____No

6. Have you ever has a positive or negative sexual identity religious experience?

_____Yes _____No

APPENDIX D- CONSENT FORM

CONSENT

Title of the Project: SEXUAL IDENTITY, MENTAL, EMOTIONAL, AND RELIGIOUS

STABILITY: A PHENOMENOLOGICAL STUDY EXPLORING THE RELIGIOUS LIVED

EXPERIENCES OF HETEROSEXUAL MEN WHO ONCE IDENTIFY AS GAY OR

BISEXUAL

Principle Investigator: McCay M. Moiforay, MPH, CHES Liberty University Community Care

and Counseling

Co-Investigator: Dr. Frederick Volk, Ph.D. Liberty University Community Care and

Counseling

Invitation to be Part of a Research Study

You are invited to be in a research study. To participate, you must be between the ages of 18 and

65, identified once as a gay or bisexual male, currently identify as a heterosexual male, born

male at birth, currently gender identify as male, and identify as experiencing positive or negative

sexual identity religious experience(s). Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in

this research project.

What is the study about and why is it being done?

The purpose of this study is to examine the impact of religious groups attitudes and beliefs on

heterosexual men who once identified as gay or bisexual. I will attempt to answer this central

question: How do heterosexual men who once identified as gay or bisexual describe their religious experiences? What did they experience, regarding being involved in the religious setting, and in what context, or how, did they deal with these religious experiences?

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete an in person or virtual private, audio-recorded, 32 questions interview about your sexual identity experiences within religious group settings. Each interview will take 1 to 2 hours.

2. Complete an in person or virtual a possible private 30 minute to a 1 hour follow-up discussion with researcher. Follow-up discussions will be audio recorded.

How could you or others benefit from this study?

Benefits: Participants should not expect to receive a direct benefit from taking part in this study. Benefits to society could enhance counseling and community relationship with the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) community and can address sexual identity issues related to religiosity and close the service gap towards mental, emotional, and spiritual well-being and for those who desire social support regarding same-sex attraction in religious group settings. Pastoral counselors and religious leaders may gain a better understanding of the lived experiences of heterosexual men who once identify as gay or bisexual so that better approaches can be made when attempting to counsel anyone with same sex attractions. Appreciation of the nuances serves to not only help pastoral counselor and religious leaders to understand this population but can foster trust and assist with mental and emotional

supportive needs in the LGBTQ community for those who desire to address same sex attractions and chose to seek help within the religious group settings.

What risks might you experience from being in this study?

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. If the questions trigger any emotional or uncomfortable feelings, you will have the option not to answer the question(s) or withdraw from the study.

How will personal information be protected?

The records of this study will be kept private. The data in this study will not be anonymous and the possibility of sharing the data exists. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher[s] will have access to the records. Data collected from you may be shared for use in future research studies or with other researchers. If data collected from you is shared, any information that could identify you, if applicable, will be removed before the data is shared.

- Participant responses will be kept confidential using pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation. If the interview occurs virtually, the researcher along with participant will be asked to make sure they are in a secured location.
- Data will be stored on a password-locked computer, flash drive and locked in a filing cabinet. All data information may be used in future presentations. After three years, all records will be deleted.

- Transcriptionist will be utilized to transcribe interviews. This person will be asked to sign confidentiality agreement form as part of their participation with the study.

- Data analysis peer reviewer will be utilized to assist researcher with analyzation of data. This person will be asked to sign confidentiality agreement form as part of their participation with the study.

- While unlikely if the consent forms, audiotapes, interview transcripts or any other materials related to this study were stolen, it could result in a breach of confidentiality.

How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time.

What should you do if you decide 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.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is McCay Moiforay. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at ███████████ and/or

████████████████████████████ You may also contact the researcher's faculty

sponsor, Dr. Frederick Volk, at ██████████████

Whom do you contact if you have questions about your rights as a research participant?

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 Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515, or email at irb@liberty.edu

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what

the study is about before you sign. You will be given a copy of this document for your records.

The researcher will keep a copy with the study records. If you have any questions about the

study after you sign this document, you can contact the study team using the information

provided above.

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.

_____

Printed Subject Name

_____

Signature & Date

APPENDIX E- INTERVIEW QUESTIONS

Interview Questions

Demographic Information:

(1) Please let me know more about you, including   your age, race, where were you born, current religious affiliation, and anything else you like to add.

Same-Sex Lived Experiences:

(2) At what age was your first same sexual thought and when was your first same-sex experience? Can you remember how you felt during both scenarios?

(3) At what age did you come out to others as gay or bisexual and how was that experience?

(4) Do you believe your initial sexual identity of gay, or bisexual was attributed to genetics, environment, or personal choice? Otherwise, do you feel you were born gay, influenced by the environment, or was your autonomous choice and why?

(5) How long did you identify as gay or bisexual, and how much of that time did you struggle with identifying with the gay or bisexual? Can you describe these struggles?

Same-Sex Identity and Religious Influences:

(6) Were any of your religious community affiliations aware of your gay or bisexual identity? If so, how were they made aware and if not, why did you not share your gay or bisexual identity?

(7) Did you ever experience or witness any religious trauma, abuse, or moral injury within religious groups due to your or another's person's gay or bisexual sexual identity? How did these primary or secondary/vicarious encounters make you feel?

(8) Did you encounter or witness good religious and moral experiences within religious groups regarding your or another's person gay or bisexual identity? How did these primary or secondary/vicarious encounters make you feel?

(9) When the topic of same-sex relationships was brought up in these religious groups, how do you feel it was managed? How did it make you feel?

(10) When you identified as gay, or bisexual did you ever want or leave religious groups and find refuge with another group or environment? If not, why do you think those thoughts did not occur? If so, why did you stay or leave the religious group?

(11) How did these sexual identity religious experiences, while identifying as gay or bisexual, affects your mental, emotional, and spiritual well-being?

(12) What could have been done to improve your relationship with religious groups while you identified as gay or bisexual?

Heterosexual Identity:

(13) How long have you identified as heterosexual and what were the influences towards your sexual identity change from gay or bisexual to heterosexual?

Heterosexual Identity and Religious Influences:

(14) Was there a difference in your personal and community religious experience when you changed your sexual identity to heterosexual within these religious groups? Did others within these religious groups' attitudes change towards you and how did these changes make you feel?

(15) Did you encounter good religious and moral experiences within religious groups and if so, did this act of kindness help with you sustaining your heterosexual identity?

(16) Did you ever experience any religious abuse or moral injury based on the fact the sexual identity gay or bisexual was your past? If so, how has these behaviors affected you in maintaining your heterosexual identity?

(17) Have you experienced doubt that your sexual identity change is not genuine from religious groups? Do you feel people within these religious groups do not believe in your sexual identity change and if so, how has that affected your self-efficacy with maintaining your heterosexual identity?

(18) Have you ever wanted or left religious groups and found refuge with another group or environment based on being known as once identifying gay or bisexual? If not, why do you think those thoughts did not occur? If so, why did you stay or leave the religious group?

(19) Identifying as heterosexual how did these religious experiences affect your mental, emotional, and spiritual well-being?

(20) What could have been done to improve your relationship with religious groups regarding your sexual identity journey?

Sexual Identity Religious Counseling:

(21) What are your experiences and beliefs about sexual identity counseling practices i.e., conversion therapy?

(22) Do you believe that religious counseling can occur in a healthy way in religious settings regarding sexual identity? Why or why not?

(23) Would you seek mental, emotional, or spiritual (holistic) health religious counseling towards sexual identity struggles if the religious groups offered it? Why or why not?

Religious Support:

(24) How important is your religion in your life? Please share what it means to you.

(25) Does the current religious group, you belong to know about your sexual identity journey and how have they responded to you?

(26) How important is religious support in your life? Do you think that it has an influence on your relationship with religious groups?

(27) What are your opinions about how religious communities have handled sexual identity?

(28) When topics such as sex, drugs, and HIV are brought up concerning sexual identity, how do you feel religious groups have handled these sensitive topics?

(29) What could occur to improve religious support towards sexual identity?

(30) What advice would you give to religious groups on how to support someone like you or experiencing unwanted same-sex attraction?

Conclusion:

(31) Do you have any additional comments you like to make about your sexual identity journey within religious groups?

(32) Do you have any last remarks you would like to make?