BRIDGES AND BARRIERS:

LESBIAN, GAY, AND BISEXUAL EMERGING ADULTS' VIEWS ON

INTEGRATING THEIR SEXUAL AND RELIGIOUS IDENTITIES

by

Rémy Roe

Liberty University

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Abstract

The existing literature highlights sexual and religious identity integration as a significant mediating factor in the relationship between religion and spirituality (R/S), and the LGBTQ population. This study explores outcomes associated with the integration of sexual and religious identities in a religiously diverse sample of seven lesbian, gay, and bisexual (LGB) emerging adults ages 18-25. The sample included participants identifying with Buddhism (2), Christianity (2), Islam (1), Judaism (1), and Hinduism (1). Semi-structured interviews with participants identified eight key themes across their experiences: identity narratives, emerging adulthood exploration, interconnectedness of identities, evolving perspectives, social and cultural barriers, personal growth and support, mental health dynamics, and coping and transformative experiences. Findings showed some key barriers, such as societal expectations and cultural influences, as well as facilitators, including individual growth and strong support systems, as influencing the process of integrating sexual and religious identities within this demographic. The study's findings illuminate the complex and multifaceted nature of integrating sexual and religious identities among LGB emerging adults, emphasizing the pivotal role of societal expectations and cultural influences as barriers, while highlighting the transformative impact of individual growth and robust support systems as facilitators. These insights underscore the urgent need for targeted interventions and affirming spaces to foster a more inclusive and supportive environment for LGB individuals.

Keywords: religion, mental health, LGBTQ, emerging adulthood, identity, minority stress.

DEDICATION

This dissertation is dedicated to the vibrant and resilient LGBTQIA community, whose courage and openness have illuminated the pages of this study. To those individuals who graciously shared their intimate narratives, thank you for entrusting me with your stories. Your voices are invaluable, and this work could not have been accomplished without your willingness to contribute to the understanding of the intricate interplay between sexual and religious identities.

As we navigate the realms of academia, it is crucial to recognize the significance of representation. To the LGBTQIA individuals who have often been marginalized or overlooked, this dedication seeks to honor your experiences and acknowledge the importance of your stories in scholarly discourse. May this research contribute to the broader conversation, fostering inclusivity and promoting a deeper understanding of the complexities surrounding sexual and religious identities.

To my queer colleagues, both present and future, I extend my deepest gratitude. Your perspectives enrich our academic landscape, and your presence is essential in shaping a more inclusive scholarly community. It is my sincere hope that this work serves as a stepping stone towards greater visibility, acceptance, and equality within the academic realm.

Finally, as a Christian, I extend my love to the LGBTQIA community. I believe that love knows no bounds, and I affirm the inherent worth and dignity of every individual.

ACKNOWLEDGMENTS

First and foremost, I express my deepest appreciation to my dissertation committee. Your expertise, insightful feedback, and unwavering support have been guiding lights throughout this process. I extend my gratitude to all the academics who have played a role in my academic journey, sharing their wisdom, insights, and experiences. Your mentorship and guidance have been invaluable, shaping my understanding and approach to research. I appreciate the academic community that fosters collaboration, growth, and a shared passion for knowledge.

As I celebrate the completion of this dissertation, it is important to acknowledge the significance of understanding and advocating for queer mental health. This work is not merely an academic pursuit; it holds a broader purpose of contributing to the well-being and visibility of the LGBTQIA community. The importance of mental health within this community cannot be overstated, and I am grateful for the opportunity to contribute to the growing body of knowledge that seeks to improve the lives of individuals navigating the intersections of sexual and religious identities.

Lastly, to all those whose names may not be mentioned but whose impact has been significant, I extend my heartfelt thanks. The collective influence of colleagues, friends, and mentors has contributed immeasurably to this dissertation. This achievement is a culmination of collective efforts, and I am grateful for the community that has surrounded and supported me throughout this academic pursuit.

TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

The current literature generally agrees that religion positively affects mental health. For example, a recent meta-analysis of 48 longitudinal studies indicated that religion and spirituality (R/S) positively affect mental health (Garssen et al., 2021). However, the relationship between religion and mental health within the LGB (lesbian, gay, and bisexual) community has garnered significant attention in recent years, with researchers arguing that a conflict between religious beliefs and sexual orientation can create a complex interplay that influences the mental well-being of individuals who identify as LGB (McCann et al., 2020; Wilkinson & Johnson, 2020; Wilkinson & Johnson, 2021). The intricate interplay between religion and mental health in the LGB context calls for nuanced exploration, fostering a dialogue acknowledging the potential for harm and healing.

Background

The intersection of sexual and religious identities is a complex and often challenging aspect of human development, particularly for LGB young adults (Lefevor et al., 2022). The coexistence of these identities has been a subject of increasing interest within psychology, sociology, and religious studies. Much of this literature centers around sexual identity development, religious identity development, conflict, or congruence between the two, and how social support and minority stress play a role in the relationship between sexual and religious identity in LGB people.

Sexual Identity Development

Sexual identity development is a multifaceted process encompassing the recognition, acceptance, and expression of one's sexual orientation. The model proposed by Cass (1979) outlines a series of stages, including identity confusion, identity comparison, identity tolerance, identity acceptance, and identity pride. Empirical studies have shown that LGB individuals often experience heightened levels of psychological distress during the identity confusion stage, while the acceptance and pride stages correlate with increased self-esteem and overall well-being (Beard et al., 2017).

Religious Identity Development

Religious identity development involves the formation of beliefs, values, and practices related to one's faith. Fowler and Dell's (2006) stages of faith development outline a progression from simple beliefs based on authority to complex, internally coherent systems of faith throughout one's lifespan. These stages include undifferentiated faith (birth to 2 years), intuitive-projective faith (ages 3-7), mythic-literal faith (school-aged children), synthetic-conventional faith (adolescence), individuative-reflective faith (from the mid 20's through late 30s), conjunctive faith (early 30s), and universalizing faith (over 45 years). The interplay between religious and sexual identities has been shown to affect an individual's religiosity, coping mechanisms, and overall psychological adjustment (Rosik et al., 2022).

Conflict and Congruence

The integration of sexual and religious identities often gives rise to conflict or congruence (Yarhouse, 2019). For LGB individuals raised within religious contexts that uphold traditional views on sexuality, tension between their sexual orientation and religious beliefs is common (Lefevor et al., 2022). Research suggests that the conflict arises primarily from discrepancies between the teachings of their faith and their personal experiences of sexuality (Panza et al., 2021). Internalized homophobia, resulting from this conflict, has been identified as a significant contributor to adverse mental health outcomes (Wilkinson & Johnson, 2020). Conversely, individuals who successfully integrate their sexual and religious identities tend to experience congruence, or higher levels of well-being and satisfaction (Rosik et al., 2022). Some factors that may contribute to congruence include flexible interpretations of religious teachings that affirm LGBTQ identities, supportive religious communities, and personal experiences that validate the integration of sexual and religious identities (Liboro, 2015).

Social Support and Minority Stress

Social support plays a crucial role in how LGB young adults integrate their identities. The Minority Stress Model (Meyer, 2003) posits that LGB individuals face unique stressors related to their minority status, including discrimination, stigma, and family rejection. Positive social support, especially from religious communities, can buffer against the adverse effects of minority stress (Shilo & Savaya, 2011). Supportive environments, both within and outside of religious contexts, facilitate the integration process by providing validation, acceptance, and a sense of belonging. Conversely,

4

negative social experiences, such as rejection from religious peers or leaders, have the potential to exacerbate psychological distress (Wilkinson & Johnson, 2020). Therefore, fostering positive social support networks, particularly within religious communities, can significantly aid in the successful integration of sexual and religious identities among LGB young adults.

Research Gaps and Methodological Considerations

While landmark research has explored the relationship between sexual and religious identities among LGB individuals (Rosik et al., 2022), several gaps remain. There is a need for more studies that focus specifically on emerging adulthood (age 18-25 years), a developmental period marked by increased identity exploration and experimentation (Hochberg & Konner, 2020). Moreover, a systematic literature review by McCann et al. (2020) highlighted that the interaction between different religious contexts and the integration process requires a more nuanced investigation. Methodologically, a qualitative approach aimed at understanding the lived experiences of religiously diverse LGB people could provide insight into how to steer future research better.

Biblical Foundations

It is essential to recognize that Christianity has many theological perspectives regarding LGBTQ issues and that exegesis among these varying perspectives can vary greatly (Brownson, 2013; Martin, 2006; Mbuwayesango, 2016). These perspectives emphasize the importance of ongoing dialogue and interpretation within religious communities. Studying the relationship between religion and mental health in the LGB

population means engaging with diverse theological viewpoints, respecting the nuances of biblical interpretation, and being aware of the potential impact of these interpretations on mental health outcomes. Different believers can hold diverse views on these matters while maintaining respectful conversations about how biblical teachings relate to mental health and well-being issues for LGB individuals. For example, some theologians have relied on passages like Leviticus 18:22 and 20:13 (*New American Standard Bible* 1995/2024) as evidence that the Bible condemns same-sex attracted behavior/relationships (Gnuse, 2015). However, interpretations of these verses have historically been used to stigmatize and marginalize LGB individuals, potentially impacting their mental health (Sumerau, 2013; O'Brien, 2004). Others in the field contend that while the cause of same-sex attraction may be complex and not necessarily chosen, it is a distortion of God's original design and should be understood as a result of the fallen human condition that should be resisted (Gagnon, 2004, Uddin, 2021).

There is a growing movement within religious communities to provide pastoral care and support for LGB individuals sensitive to their faith and mental health needs (Adelson et al., 2019). The supportive approach seeks to create safe spaces for discussions about faith, mental health, and sexual orientation. Some theologians and religious communities have developed affirming theologies that reinterpret biblical passages to be inclusive of LGB individuals, arguing that the Bible does not explicitly address the modern concept of same-sex relationships as understood today and that its core message of love should be applied to all relationships (Gnuse, 2015). Advocates for this contextual interpretation argue that biblical passages must be understood within their

historical and cultural contexts, suggesting that some verses often cited as condemning same-sex attracted behavior may have been addressing specific cultural practices or power dynamics and, therefore, might not be directly applicable to modern understandings of consensual, loving relationships (Hieke, 2021).

While debate may exist within the Christian community over the interpretation of these verses, debate does not exist over verses that teach that we should treat all people with respect (Colossians 3:12;1 Thessalonians 5:12), with love regardless of any differences (Leviticus 19:15), and how we want to be treated (Matthew 7:12). The purpose of this study is not to engage in exegetical debates or assert a particular doctrinal stance, but rather to recognize the biblical mandate to care for and support marginalized communities, which includes the LGB population. This study aligns with the fundamental Christian duty to care for the marginalized and oppressed, as exemplified in the teachings of Jesus Christ (Luke 4:18-19; 1 John 3:15-19). The cautionary tale of Sodom and Gomorrah (Genesis 18-19) serves as a reminder of the consequences of neglecting this duty, as their downfall was attributed to pride, hatred, and a lack of social justice. Therefore, this study does not seek to adjudicate the morality of sexuality or endorse particular theological stances. Instead, it aims to contribute to the well-being of the LGB community, a marginalized minority, by amplifying their voices and experiences. By doing so, this study aligns with the biblical imperative to care for the oppressed, fostering understanding, compassion, and support within religious communities and broader society.

Problem Statement

To broadly claim that religion benefits mental health is an over-simplification that overlooks the multiple complex mediating factors in the relationship between the two (Oxhandler et al., 2018). For example, the LGB community is a demographic that is at increased risk for suicidality and self-harm (Gnan et al., 2019), and religious upbringing has resulted in positive and negative results in the mental health of LGBTQ adolescents depending on intrinsic and extrinsic mediating factors (McCann et al., 2020). Rosik et al. (2022) found that improved mental health was reported in LGB adults when there was no conflict between sexual and religious identity, suggesting that the integration of sexual and religious identity is a significant mediating factor in the relationship between religion and mental health in LGB people.

Multiple stressors unique to the LGB community could result in a conflict between one's sexual and religious identities. For example, Lefevor et al. (2021) found that affiliation with a congregation that was less affirming of LGB identities and experiences was related to members having more rejecting attitudes towards lesbian women and gay men in a Christian sample. After performing semi-structured interviews in a Muslim sample, Pallotta-Chiarolli et al. (2022) found that participants explicitly expressed feeling as though their Muslim faith and LGB identities were constructed as oppositional and contradictory, meaning they felt rejected by the LGB community and their faith community.

A qualitative study of religiously diverse LGB emerging adults would contribute to the literature by providing opportunities to understand the more complex nuances of the religious/sexual identity dynamic and provide insight into how to steer future research and care best. This study is needed to increase awareness around R/S and mental health in vulnerable populations to increase positive mental health outcomes. The need for more qualitative data concerning religion and identity within the LGB community is emphasized by the current literature (Corcoran et al., 2021; Ghorbanian et al., 2022), indicating that gaps in the research are due to historically homogeneous samples being studied. Finally, psychology performed through a Biblical worldview significantly emphasizes the need for research examining the lived experiences of a historically marginalized demographic.

Purpose of the Study

This qualitative study investigated the lived experiences that religiously diverse LGB emerging adults had regarding the integration of their sexual and religious identities, how they viewed the relationship between their sexual and religious identities, and what they viewed as barriers and facilitators to integrating their sexual and religious identities.

Research Question(s)

Research Questions

Q1: What are LGB emerging adults' lived experiences regarding integrating their sexual and religious identities?

Q2: How do LGB emerging adults view the relationship between their sexual and religious identities?

Q3: What do LGB emerging adults view as barriers/facilitators to integrating their sexual and religious identities?

Q4: What are LGB emerging adults' perceptions concerning the impact that integrating their sexual and religious identities has on their overall mental and emotional well-being?

Assumptions and Limitations of the Study

While this study is a valuable contribution to the current literature regarding religion and LGB mental health, it does come with basic assumptions and limitations that must be acknowledged. However, despite these limitations, this study offers valuable insights into the intricate experiences of religiously diverse LGB emerging adults as they navigate the integration of their sexual and religious identities.

Assumptions

Interpretive phenomenological analysis (IPA) was the qualitative approach used to analyze results from semi-structured interviews with study participants. In this context, a basic assumption of IPA is that individuals' experiences are unique and should be explored in-depth to understand the depth and complexity of their perspectives on identity integration. The IPA approach also assumes that participants actively engage in meaning-making processes to understand and make sense of their experiences (Flowers & Larkin, 2005). IPA values rich, detailed descriptions that capture the nuances of participants' experiences, allowing for a deep exploration of their narratives (Emery & Anderman, 2020). A basic assumption of this study is that the contexts in which

participants' lived experiences have occurred play a crucial role in shaping their understanding of identity integration. Finally, the IPA approach emphasizes the researcher's role in interpreting participants' accounts, acknowledging the impact of the researcher's perspective on the analysis (Goldspink & Engward, 2019).

Limitations

The sample is not expected to represent all religiously diverse LGB emerging adults. Those who choose to participate might have specific experiences that differ from those who decline or are unavailable to participate. Qualitative studies prioritize depth over breadth. As a result, findings might not be easily generalizable to broader populations. Additionally, qualitative studies (especially when using IPA) can be time-intensive and resource-demanding regarding data collection, transcription, and analysis (Morse, 1999).

Another limitation of qualitative research is that it often involves limited control over external factors, which can affect the validity and reliability of findings (Morse, 1999). Additionally, results might be highly context-specific and not entirely applicable across cultural or religious contexts. Participants might recall experiences selectively or inaccurately, affecting the accuracy of the data. Participants might also present themselves in ways they perceive as socially desirable or acceptable, potentially limiting the authenticity of their responses.

The researcher's background, beliefs, and experiences can influence the interpretation of participants' narratives, potentially introducing bias into the analysis. IPA acknowledges that interpretations are inherently subjective and that multiple researchers

might derive different meanings from the same data (Goldspink & Engward, 2019). Moreover, since IPA involves interpreting participants' narratives, misinterpreting or oversimplifying their experiences is possible. One way to mitigate this is to allow participants to review transcripts and interpretations, enabling them to verify that they feel accurately represented in the data.

Ethical considerations such as ensuring participants' confidentiality and well-being while exploring potentially sensitive topics are challenging. Effective de-identification of data and communicating how that is accomplished is essential in protecting participants' privacy and creating a space where they feel safe relaying their lived experiences as authentically as possible. Finally, identity is complex and can change over time. The study might capture participants' identities at a specific moment, potentially missing the dynamic nature of identity development.

Theoretical Foundations of the Study

The theory that guided this research study is Minority Stress Theory (MST). Although MST can be viewed as an extension of the social causation hypothesis proposed by Dohrenwend (1966), the term minority stress first appeared in 1981 in *Minority Stress in Lesbian Women* (Brooks, 1981). The term was used to describe the effects of high levels of stress that sexual and gender minorities face. Brooks' (1981) work focusing on lesbian women and Meyer's (1995) subsequent use of MST in the study of gay men shows that the MST framework is a relevant and appropriate theoretical foundation for my proposed research regarding LGB emerging adults.

MST is a seminal framework that illuminates the adverse psychological, emotional, and physical consequences faced by individuals who belong to stigmatized and marginalized groups. Although it was developed primarily within the context of sexual and gender minorities, MST has been applied across various populations, shedding light on the profound impact of societal prejudice, discrimination, and stigma on mental and physical well-being. MST suggests that individuals who experience chronic minority stress are at a heightened risk of various health disparities, and it is the culmination of these stressors (and mediating factors) that has direct implications for physical and mental health outcomes. Brooks (1981) and Meyer (1995) built upon Dohrenwend's (1966) social causation hypothesis, suggesting that not only social situations lead to poor health outcomes across minority individuals, but also asserted that difficult social situations caused stress for minority individuals, that stress accrues over time, and that accumulation results in long-term health deficits.

Definition of Terms

The following is a list of definitions of terms used in this study.

Affirming: The absence of heterosexism and the celebration of LGBTQ identity (Crisp, 2006)

Minority Stress: Physiological and psychological effects resulting from the adverse social conditions experienced by ethnic and racial minorities, lesbians, gay men, bisexual and transgender individuals, and other members of stigmatized social groups (APA, 2023)

Religion: A system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the sacred, the divine, God, ultimate truth reality, or nirvana (Koenig, 2008, p.11)

Religious Identity: The way an individual or group understands, experiences, shapes, and is shaped by the psychological, social, political, and devotional facets of religious belonging or affiliation (Jackson & Hogg, 2010).

Sexual Identity: One's enduring sexual attraction to male partners, female partners, both, or neither. Sexual orientations discussed in this study are heterosexual, same-sex (gay or lesbian), or bisexual (APA, 2023).

Spirituality: The way individuals seek and express meaning and purpose and the way they experience their connectedness to the moment, to self, to others, to nature, and the significant or sacred (Puchalski, 2009, p.887)

Significance of the Study

A study focusing on understanding the integration of religious and sexual identity in LGB young adults can contribute to scientific understanding, promote social change, and improve the lives of individuals at the intersection of these identities. Qualitative findings can specifically provide a deeper understanding of how LGB people navigate and integrate their religious and sexual identities by shedding light on the complexities, challenges, and strategies that individuals use to reconcile these two aspects of their identity. Although previous findings by Rosik et al. (2022) indicated that improved

mental health was reported in LGB adults when there was no conflict between sexual and religious identity, further qualitative research could uncover how the integration or conflict between religious and sexual identities impacts mental health outcomes in LGB young adults.

This study also contributes to discussions on intersectionality, as it examines how multiple aspects of identity (religious, sexual, cultural, etc.) intersect and influence one another (Killian et al., 2021). For example, understanding how religious communities and LGB communities intersect or conflict could offer insights into the potential sources of social support or stress for LGB emerging adults. Insights gained could guide community organizations and support networks in creating inclusive and affirming spaces. Different religious and cultural contexts can also influence the experiences of LGB individuals. This study helps to identify variations in experiences based on religious denomination or cultural background. Finally, findings from this study could encourage dialogue between religious leaders, theologians, and LGB advocates.

Summary

The relationship between religion and mental health in the LGB community is complex and multifaceted. Research highlights the negative impacts of religious-based stigma and rejection on mental health and the potential for positive outcomes through adaptive coping strategies and supportive religious communities. Acknowledging the intersectionality of cultural factors and the role of mental health services within religious contexts is essential for addressing the mental health needs of LGB individuals. By building upon the foundation of existing research, this study seeks to shed light on the

experiences and challenges faced by emerging LGB adults in their journey toward identity integration.

The biblical foundations discussion acknowledges diverse theological views on LGB issues within Christianity and the importance of respectful engagement with these perspectives. Assumptions and limitations are acknowledged. Assumptions include the uniqueness of experiences, meaning-making processes, and the researcher's interpretive role, which are typical when using IPA in qualitative research. Limitations include sample representativeness, qualitative prioritization of depth over breadth, potential bias, and contextual specificity.

Gaps in the current research include the need for a focus on emerging adulthood and historically homogeneous samples. This research will enable future work to explore further effective interventions and strategies to support the mental well-being of LGB individuals navigating the complexities of their religious beliefs and identities. The theoretical foundation of this study is Minority Stress Theory (MST), having noted its relevance to the study's focus on the stressors faced by marginalized groups and the implications for mental health. Finally, the significance of the study is underscored, highlighting its potential to illuminate intersectionality, guide support networks, and foster dialogues among religious leaders to improve the well-being of individuals navigating the intersection of religious and sexual identities.

CHAPTER 2

LITERATURE REVIEW

Overview

This literature review is organized into five sections. The first section will briefly

revisit minority stress theory (MST), the theoretical framework used in the current study

defined in Chapter 1. The second section will also discuss the propositions/assumptions

of MST, applications of MST, and a rationale for why it is an appropriate choice to apply

in the current study. The third section will review the contemporary literature regarding

religion and mental health in the LGB community. The fourth section will be the Biblical

foundations of the proposed study. The fifth and final section summarizes findings to

consolidate the previous four sections.

Description of Search Strategy

The articles and references included in this proposal were acquired primarily

through the Jerry Falwell Library at Liberty University, which links to multiple

databases. The databases utilized include ProQuest Psychology, APA PsychNET,

EBSCO, JSTOR, SAGE Premier, Routledge, Springer, and Taylor and Francis Online.

The search strategy limited articles to those written since 2018, peer-reviewed, written in

English, and which had the complete article available to view and download. Once

articles were read and included in the review, the snowball technique was used to locate

and include additional relevant articles from article references. I added seminal works in

the field or work done by key researchers, many published before 2018. These older

resources were deemed essential to the proposed study's theoretical foundation and

operationalization of terms. Four major themes were developed to organize the search: the mental health of the LGB population, how religion is known to benefit LGB mental health, how religion is known to be a detriment to LGB mental health, what the mediating factors are in the relationship between LGB mental health and religion.

Words used in the database searches included religion, Hindu, Muslim, Jewish, Buddhist, Christian, Sexual minority, mental health, LGBTQ, LGB, emerging adulthood, identity, and sexuality. These terms were used alone and in conjunction with one another, with multiple combinations. When reviewing Biblical references to relevant topics, the New American Standard Bible (NASB) was used.

Theoretical Framework

While Virginia Brooks is credited with coining the term minority stress theory in her work with lesbian women (1981), Ilan Meyer further refined minority stress theory in a research study examining its applications in understanding the mental health of gay men (1995). Meyer's version of the theory differentiated between distal (external to the individual) stressors and proximal (internal stressors frequently resulting from distal stressors) stressors. Contemporary applications of minority stress theory used to study the LGB community can be seen as building upon Meyer's (1995) work. For example, LGB-specific proximal stressors could include expectations of rejection or discrimination, while distal stressors could include discrimination and victimization (Hoy-Ellis, 2023). However, the LGB community is not the only demographic examined through an MST lens. The lived experiences of gender, mental health, race, ethnicity, religion, and age minorities are all in the current literature regarding minority stress.

Minority Stress Theory Propositions

Meyer's (1995) version of minority stress theory (MST) is built upon three basic assumptions: belonging to a minority leads to increased exposure to distal stressors, which in turn leads to increased exposure to proximal stressors, and exposure to these two types of stressors results in adverse health outcomes (Hoy-Ellis, 2023). Meyer's (1995) three assumptions are supported by a meta-analysis of 134 empirical studies published between 1986 and 2000 investigating the effects of perceived discrimination on overall health (Pascoe & Smart-Richman, 2009). In a review of the current literature regarding MST, Hoy-Ellis (2023) reported that distal (or external) stressors included things like discrimination and victimization, while proximal (or internal) stressors included things like expectations of rejection and discrimination, concealment of minority identity, and internalizations of negative dominant cultural attitudes, beliefs, stereotypes, and values.

Hoy-Ellis (2023) has also suggested that connection to sexual and gender minority communities is a potential moderator of the effects of minority stressors like those listed above. The moderating effects of community and belonging substantiate the proposition that MST can also be viewed as an integration of identity (Hogg et al., 1995; Thoits, 1991), intergroup relations (Allport, 1954), identity management (Goffman, 1963), and social (Aneshensel, 1992) theories of stress.

Minority Stress Theory Applications

While MST's contemporary applications typically relate to the LGBTQ community, its roots in the social causation hypothesis (Dohrenwend, 1966) have resulted in the application of MST across varying types of minority populations. Though

Meyer's (1995) original focus was on gay men, his work later examined prejudice, social stress, and mental health in lesbian, gay, and bisexual populations (2003). In Meyer's 2003 study on LGB populations, he reported that LGB people were 2.5 times more likely to experience mental health disorders in their lifetime and two times more likely to have a current diagnosis of mental disorder than their heterosexual peers. However, Meyer (2003) later clarifies that those higher rates of mental health problems are due to stigma, prejudice, and discrimination creating a hostile and stressful social environment for LGB people. Some in the field regard the 2003 study as the first "integrative articulation" (Frost & Meyer, 2023) of MST as a theory meant to aid in understanding the social, psychological, and structural factors responsible for the mental health inequalities that sexual minority populations face.

Meyer built upon his 2003 work with the LGB community by later proposing what is known as the double jeopardy hypothesis (2010). This hypothesis used minority stress theory to study LGBTQ people of color (POC) and found that they are exposed to more unique stressors like racism. Meyer also brought about the discussion of risk versus resilience in LGBTQ-POC (2010). The risk versus resilience model centers on the idea that LGBTQ-POC (specifically Black LGBTQ individuals) have a greater capacity to cope with the minority stress of homophobia due to prior experiences with racism. Despite making a case for the risk versus resilience model, Meyer (2010) argued that the experience of being multiply marginalized is complex and needs further research.

Cyrus (2017) also used MST to examine the mental health of LGBTQ-POC. Cyrus argued that LGBTQ-POC face stressors like racism from within the LGBTQ

community while at the same time experiencing homophobia and heterosexism from within their own racial and ethnic communities. The phenomenon of being a multiply marginalized LGB person is a topic present throughout the current literature regarding MST and extends beyond race/ethnicity. For example, in a mixed-methods study of 55 sexual minority women (ages 18-60) with a BMI > 25 kg/m2, Panza et al. (2021) found that internalized homophobia, sexual orientation concealment, and weight bias were potential risk factors for dysregulated eating behaviors among sexual minority women of higher body weight.

Dürrbaum and Sattler (2020) used MST in their meta-analysis examining the mental health of LGB youth. They used four unique samples in the meta-analysis (n = 1795), with 51.27% of the sample identifying as female, 53.73% identifying as white, and the mean age of the sample being 18 years. The researchers found a positive correlation between minority stress and negative mental health outcomes across the sample, supporting the theory that minority stress experiences are associated with increased mental health problems. However, race or age were not significant moderators in the relationship between minority stress and mental health, which is a notable finding because it contradicts the findings of Cyrus (2017) discussed previously. Another interesting finding by Dürrbaum and Sattler (2020) was that the correlation between minority stress and negative mental health outcomes was higher in lesbian and bisexual females than in gay and bisexual males, which aligned with previous studies of lesbian and bisexual girls (Lucassen et al., 2017; Martin-Storey & Crosnoe, 2012).

While the work done by Cyrus (2017) concerning LGBTQ-POC and Dürrbaum and Sattler (2020) on LGB youth is valuable, there is also a need to consider research using the minority stress theory framework for specific categories within the LGBTQ community. For example, a growing body of literature has suggested that people who identify as bisexual are considered multiply marginalized due to an "anti-bisexual stigma" (McCabe et al., 2010) within the LGBTQ community. Research has also shown that proximal and distal stressors brought on by anti-bisexual experiences result in negative mental health outcomes for bisexual individuals (MacLeod et al., 2015).

Dyar and London (2018) conducted a longitudinal examination of bisexual-specific minority stress among bisexual cisgender women. The sample included women who responded to an online survey examining bisexual women's life experiences. Participants (n = 180) were primarily well-educated, middle-class, White women living in suburban and urban areas of the United States with a mean age of 29 years. Throughout a three-week longitudinal study, Dyar and London found that experiencing more frequent anti-bisexual stigma predicted subsequent increases in internalized binegativity and sexual identity uncertainty, as well as increases in anxiety and depression.

Finally, Iraklis (2021) studied lesbian motherhood desires and challenges due to minority stress. Their research is important to consider through the MST lens, given the findings that same-sex-headed families oppose the majority heteronormative family model (Berkowitz, 2009) and are exposed to increased discrimination and stigmatization (Grigoropoulos, 2018). Iraklis (2021) conducted semi-structured interviews with 12

lesbian mothers (mean age 38) concerning their desire to have children and their experiences and challenges as parents. Three major themes resulted from the interviews. The first is an example of being a multiple minority; feelings of dual rejection from being lesbian women in a heterosexual parenting community while being mothers in the lesbian community. The second theme was being less confident about parenting skills. The third theme was that the prospect of remaining childless created negative feelings. This third theme adds a layer of complexity when considering the impact of cultural norms on one's mental health and decision-making.

While a literature review indicates that the most common contemporary applications of MST are the study of LGBTQ issues, there is an abundance of research applying MST to other minority populations. Botha and Frost (2020) extended the minority stress model to understand mental health problems experienced by the autistic population. Their stance was that people with autism make up an identity-based minority and are exposed to stigmatization and social stressors because of their minority status. Lai et al. (2019) had previously considered the literature indicating that there was a high prevalence of co-occurring mental health disorders in people with autism (Lai et al., 2019). Botha and Frost (2020) used an online survey to assess minority stress experiences in the autistic community (n = 111). They found that minority stressors like everyday discrimination, internalized stigma, and concealment significantly predicted poorer mental health, even after controlling for general stress exposure. Their results indicated that MST could be used to help explain the increased mental health problems in autistic populations.

While Botha and Frost (2020) were able to apply MST to a mental health minority, Breslow and Brewster (2020) used MST to explore the dual roles of criminalization and discrimination in a physical health minority; people with HIV/AIDS. While Breslow and Brewster's sample (n = 234) was 66% gay and 2% lesbian, the focus of the study was a medical diagnosis, not sexual orientation. Their findings indicated that HIV-related discrimination was associated with increased psychological distress and decreased health-related quality of life among the sample. For example, participants living in states with HIV criminal laws and reporting knowledge about those laws reported negatively impacted health outcomes.

Gender minorities continue to be a demographic studied using the MST framework, with Hendricks and Testa (2012) applying the MST model in their proposal of a conceptual framework for clinical work with transgender and gender-nonconforming clients. Lefevor et al. (2019) recently examined the health disparities between genderqueer, transgender, and cisgender individuals using MST. Participants included 892 college students (71% White with a mean age of 22) from the Center for Collegiate Mental Health's 2012−2016 database (n = 3568) who identified as outside the gender binary. Results indicated that transgender and genderqueer students reported harassment, trauma, and sexual assault almost twice as much as their cisgender peers.

While previous discussions have highlighted the application of minority stress theory in studying LGBTQ-POC (Cyrus, 2017; Meyer, 2010), the MST framework has also been applied to understand the effects of minority stress in racial and ethnic minorities. For example, Lei et al. (2022) tested the assumptions of MST amongst a

sample (n = 297) of Asian Americans (mean age 26). According to the PEW Research Center (Horowitz et al., 2019), 76% of Asian Americans report having experienced discrimination or unfair treatment because of their race. It is also known that racism-related stressors (e.g., internalized racism) are associated with negative mental health outcomes among Asian Americans (Chan & Mendoza-Denton, 2008; Choi et al., 2017). Results indicated that the more participants experienced discrimination based on race, the more they believed they would encounter discrimination. Moreover, this led to a tendency to blame oneself for those experiences, distancing oneself from social support. Results also showed that expectations of rejection, internalized racism, internalization, and detachment were each associated with poorer mental health outcomes across the sample. These findings are significant because they imply that experiencing racism not only resulted in a minority suffering negative mental health outcomes but indirectly resulted in self-blame and isolation.

In addition to attempting to understand experiences and stressors regarding racial minorities, MST has been used to understand behaviors. Pittman et al. (2019) examined the effects of two types of minority stress (race-related and acculturated stress) on risky alcohol use and coping-motivated drinking behavior in African American college students. Participants included 349 individuals (ages 18 to 30, mean age 20) from eight colleges and universities throughout the United States drawn from a large multi-wave study examining alcohol use behavior in Black U.S. college students. The results of this study indicated that both types of minority stressors were independently positively associated with alcohol use and coping-motivated drinking behaviors. Moreover,

increases in both types of stress were predictive of risky drinking behaviors. These findings align with previous work by Martin et al. (2003) showing that experiencing racism predisposes Black college students to negative mental health outcomes, including problem drinking.

Minority stress theory has also been applied to studying racial and ethnic multiple minorities. For example, Valentín-Cortés et al. (2020) applied MST as the framework in their study examining the mental health of undocumented Latinx immigrants. Qualitative interviews with healthcare center staff (n = 28) and Latinx immigrant clients (n = 23) were used to discuss unique stressors experienced by Latinx immigrants in southeastern Michigan. Several unique stressors were found in the participant population, including immigration enforcement, family separation, and social isolation. Results indicated that the Latinx immigrant community faces similar discriminatory experiences and circumstances as other minorities studied using the MST framework, but that contemporary political rhetoric and media coverage make those experiences and circumstances more impactful than in other demographics.

While categories like race, mental health, sexuality, and gender identity can qualify an individual as a minority, some factors can make any individual belonging to those demographics be considered a multiple minority. Age is one example of an additional identifier that could result in someone becoming a multiple minority. For example, in an article published in *The Gerontologist*, Forrester et al. (2019) argued that cognitive impairment had become a growing concern for the older Black population. They cite that while Black older persons are more likely to have diagnoses of certain

dementias than other races, there has yet to be a biological explanation for this

phenomenon. Therefore, Forrester et al. (2019) propose a biopsychosocial approach that

considers the unique stressors and social conditions that may cause physiological

regulations that eventually lead to higher levels of cognitive impairment in old age. This

theory requires further research as it implies that the long-term effects of minority stress

could lead to cognitive decline.

Minority Stress Theory Applications in Studying Religion and Sexual Minorities

The use of minority stress theory in studying religious sexual minorities is the

most relevant application of the MST framework to my proposed research regarding the

integration of sexual and religious identity amongst religiously diverse LGB emerging

adults. Prior research among primarily heterosexual religious people has indicated that

positive and negative forms of religious coping moderate the links between minority

stressors and psychological outcomes (Kim et al., 2015; Szymanski & Obiri, 2011).

Brewster et al. (2016) built upon those findings using the minority stress framework to

study the moderating role of religious coping among religious, sexual minority

individuals. Participants (n = 143) included LGB men (50%), women (36%), Transgender

men (4%), Transgender women (1%), and non-binary individuals (10%) who identified

as Christian (39%), Jewish (11%), Buddhist (8%), Hindu (1%), Muslim (1%), spiritual

but not religious (11%), and other (13%). Results from online surveys indicated that

heterosexist discrimination and internalized heterosexism were positively correlated with

psychological distress and negatively correlated with well-being. Moreover, negative

religious coping had a significant positive correlation with psychological distress and a

negative correlation with well-being. However, positive religious coping was unrelated to psychological distress and well-being.

Bourn et al. (2018) utilized the MST framework to examine internalized heterosexism, religious coping, and "psychache" (Shneidman, 1996), or unbearable psychological pain, in LGB young adults who identify as religious. Internalized heterosexism results from LGB individuals directing the heterosexist messages they have heard about sexual minorities toward themselves (Herek, 1997). Findings from previous research have indicated that internalized heterosexism is a minority stressor unique to the LGB population that is a risk factor for psychache and suicidality (Pereira et al., 2010; Ribeiro et al., 2013; Troister & Holden, 2012). Bourn et al. (2018) had participants (n = 617) aged 18 to 24 take part in a quantitative study by completing an online survey to examine whether religious coping moderated the relationship between internalized heterosexism and psychache. Their findings indicated that internalized heterosexism was significantly positively correlated with psychache. Bourn et al. (2018) also found that internalized heterosexism was significantly positively correlated with positive and negative religious coping amongst participants. One reason for this could be that participants may have been seeking God and others in the religious community to help them cope while simultaneously experiencing a perceived conflict with their religious beliefs.

A notable finding by Bourn et al. (2018) was that if a participant reported having used positive or negative religious coping, they were likely to use both types. An unexpected finding was that positive religious coping was not significantly correlated

with psychache or the relationship between internalized heterosexism and psychache. The lack of correlation between positive religious coping and psychache found by Bourn et al. (2018) aligns with the results of Brewster et al. (2016), indicating that positive religious coping was unrelated to psychological distress and well-being. A notable variable that could explain the similar findings of Brewster et al. (2016) and Bourn et al. (2018) could be the role a heterosexist environment may play in the relationship between religious coping and mental health. For example, only 3% of the Bourn et al. (2018) sample reported growing up in an open and affirming church or faith community.

Skidmore et al. (2022) continued the work of Bourne et al. (2018) by examining how belongingness among Latter-day Saints (LDS) sexual minorities was related to suicidal ideation. Across a sample of 602 sexual minority LDS, Skidmore et al. (2022) found that although minority stress and religiosity (service attendance) led to increased suicidal ideation, belongingness resulted in less suicidal ideation. Furthermore, interaction effects indicated that belongingness weakened the effects of internalized heterosexism on suicidal ideation.

Minority Stress Theory Rationale

Since finding its roots in the social causation hypothesis (Dohrenwend, 1966), minority stress theory went on to be applied in the study of specific demographics within the greater LGBTQ community like lesbian women (Brooks, 1981), gay men (Meyer, 1995), bisexual adults (Meyer, 2003), and transgender and gender nonconforming people (Hendricks & Testa, 2012). The MST framework has also been used in understanding the lived experiences of diverse minority populations, including age (Forrester et al., 2019),

mental health (Botha & Frost, 2020), physical health (Breslow & Brewster, 2020), and racial and ethnic minorities (Lei et al., 2022; Pittman et al., 2019; Valentín-Cortés et al., 2020). The use of MST in studying multiple minority populations, specifically religious sexual minorities (Bourne et al., 2018; Brewster et al., 2016; Kim et al., 2015; Skidmore et al., 2022; Szymanski & Obiri, 2011) indicates that the focus of the present study, religiously diverse LGB emerging adults, is a demographic uniquely suited for potential research using the minority stress framework.

<div align="center">**Review of Literature**</div>

Religion and Mental Health

Garssen et al. (2021) performed a meta-analysis examining the longitudinal relationship between religion and spirituality (R/S) and mental health. The current literature generally agrees that religion benefits mental health (Papaleontiou-Louca, 2021). However, Garssen et al. (2021) investigated the possibility of a longitudinal causal relationship between R/S and mental health. Researchers examined 48 longitudinal studies (n = 285,907) published between 1990 and 2019 using a random effects model and found a small but significant relationship between R/S and mental health. The findings of Garssen et al. (2021) indicate that while there is a relationship between the main effects of R/S and mental health, it is weak. One possible reason is that the literature on this topic is typically limited by heterogeneous samples consisting of primarily Christian or Atheist participants (Garssen et al., 2021). The findings of Garden et al. (2021) imply that future research should focus more on mediators in the relationship between R/S and mental health or use more diverse comparison groups. My proposed

study on the relationship between integrating sexual and religious identity in LGB

emerging adults directly answers the limitations highlighted by Garssen et al. (2021).

The limitation of heterogeneity acknowledged by Garssen et al. (2021) is

supported by the findings of Nguyen (2020) in their literature review concerning mental

health in racial and ethnic minority populations. Nguyen (2020) reviewed the literature

regarding mental health and well-being outcomes of religion among Black and Latino

Americans across the adult life course, specifically, in later life. Nguyen (2020)

highlighted previous research indicating that while higher levels of religious meaning

were associated with greater life satisfaction, self-esteem, and optimism for both older

blacks and whites, these associations were much more significant in Black participants

(Krause, 2003a). Results also showed that while black respondents who attended church

more frequently saw a greater decline in depressive symptoms, church attendance was

unrelated to depressive symptoms among white respondents (Krause, 2003b). Nguyen

(2020) also highlighted that racial differences in the negative effects of religion on mental

health are also unequal. For example, Krause et al. (2018) found spiritual struggles to

strongly predict increased anxiety and decreased happiness among older Blacks and

Latinos more than whites.

When considering racial differences in the effects of religion on mental health, it

is apparent that the relationship between religion and mental health is not straightforward

or one-directional. Depending on the circumstance, religion could be beneficial or

harmful (Papaleontiou-Louca, 2021). However, race and ethnicity are not the only

variables in this relationship. For example, Pirutinsky et al. (2019) found attachment style

to God to be a unique predictor of mental health in a Jewish sample. Moreover, Pargament (2001) has long argued for the effects of positive and negative religious coping on mental health.

A person living with mental illness is another example of a variable creating a complex relationship between religion and mental health. Oxhandler et al. (2018) retroactively examined data from a qualitative study of 55 young adults (30 male, 25 female, ages 18-25). The sample consisted of people with serious mental illness who had used crisis emergency services, and was used to explore how vulnerable young adults in psychiatric crisis talked about R/S and how R/S emerged in their understanding and management of their mental health problems. During their interviews, 34 out of 55 participants discussed R/S organically. Across those 34 interviews, four themes emerged: positive R/S coping, negative R/S coping, relationship with God, and implications for R/S and mental health. Participants discussed positive and negative experiences relating to R/S and their mental health.

The most notable finding by Oxhandler et al. (2018) was not the relationship between religion and mental health across their sample but that participants with severe mental illness brought up religion as relevant to their mental health without any prompting; implying that understanding a client's religion and what it means to them is vital to ensuring the most positive mental health outcome possible.

The Mental Health of the LGB Population

The significance of understanding the LGB population's mental health is emphasized when highlighting that sexual minority youth are at an increased risk for

suicidality, self-harm, and mental health problems as compared to their heterosexual and cisgender peers (Kaniuka et al., 2019; Marshall et al., 2016; Rivers et al., 2018; Semlyen et al., 2016). Gnan et al. (2019) addressed this by investigating general and LGBTQ-specific factors associated with suicidality, self-harm, mental health problems, and using mental health services in a university sample. Gnan et al. (2019) analyzed secondary data from a study in the United Kingdom investigating the lives and needs of 1,948 LGBTQ young adults (901 male, 914 female, 133 gender fluid or non-binary, ages 16-25). Multivariate logistic regression revealed that the factors associated with having a current mental health problem, use of mental health services, suicide risk, and self-harm were female gender, sexual abuse, other abuse or violence, and being transgender. Factors significantly associated with one or more outcomes were: being bisexual, thinking they were LGBTQ under the age of 10, coming out as LGBTQ under the age of 16, not feeling accepted where they lived, having no out staff at university, and experiencing LGBTQ-related crime.

The quantitative findings of Gnan et al. (2019) align with other quantitative findings indicating that the LGBT community faces higher rates of substance abuse (Chaney, 2019) and decreased access to mental health care despite experiencing higher rates of mental disorders (Rees et al., 2021). However, much of the literature has historically focused on sexual issues affecting the LGBT community, like human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). The historical tendency to focus on sexual health issues within the LGBT community has contributed to heterosexism and the lack of research on more specific healthcare needs of

LGBT people (Cicero et al., 2020; Graham et al., 2017; Neville & Henrickson, 2006; Treharne & Adams, 2017). More qualitative research examining the lived experiences of LGBT-specific issues is needed to correct this bias and improve LGBT mental health outcomes, according to Rees et al. (2021), who performed an integrative review of 380 qualitative studies (n= 1,111) aimed at examining LGBT mental health care needs and experiences. The findings of Rees et al. (2021) imply that services promoting health equity, respect for diversity, and self-acceptance are vital for improving mental health outcomes across the LGBT community.

Other factors that have the potential to protect or improve LGB mental health have been increasingly present in the literature since landmark work done by Hass et al. (2010) highlighted the fact that there was little available research regarding factors that protect or improve LGB mental health and suicidality. Before Haas et al. (2010), Ketzner et al. (2009) found that connectedness to a gay/lesbian community and positive sexual identity was associated with greater social and psychological well-being amongst a sample of LGB adults in New York City. In the years following Hass et al. (2010) and Kertzner et al. (2009), research regarding specific factors that protect or improve LGB mental health became more prevalent. For example, Shilo and Savaya (2011) examined the effects of family and friend support on LGB youths' mental health.

Shilo and Savaya (2011) collected data from 461 (233 male, 228 female) LGB (339 gay or lesbian, 122 bisexual) adolescents and young adults (ages 16-23). Results from correlational analysis indicated that the sample was characterized by high levels of significant other (SO) self-acceptance, well-being, support and acceptance from family

and friends, and moderate levels of mental distress and SO disclosure. Support and acceptance from family and friends correlated positively with participants' well-being and significantly and negatively with participants' mental distress. However, family support did not correlate with participants' SO disclosure or SO self-acceptance. Other notable findings were that no gender differences were found, and participants under 18 had significantly higher mental distress and significantly lower SO disclosure than those over 18. The strongest differences were between bisexual and gay/lesbian participants, with bisexuals reporting higher mental distress and lower friend and family acceptance of their SO, self-acceptance of SO, SO disclosure, and well-being. The findings of Shilo and Savaya (2011) emphasize the impact of social (especially family) support on the mental health of young LGB people. Their findings also align with work done by Rosario et al. (2001), suggesting that bisexuals are an especially high-risk group that reports less acceptance from family and friends within and outside the greater LGBTQ community.

Feldman and Wright (2013) examined another potential protective factor to LGB mental health in a study investigating outness and LGB identity formation on mental health. Outness and LGB mental health is a complex topic with inconsistent findings in the current literature. For example, some researchers have concluded that coming out benefits mental health, resulting in increased self-esteem, decreased anxiety, and fewer depressive symptoms (Jordan & Deluty, 1998; Lewis et al., 2009). However, others have found no relationship between mental health and outness (Brady & Busse, 1994; Frost & Meyer, 2009). Feldman and Wright (2003) hypothesized that outness overall would be related to better mental health but that identity development would entirely mediate the

relationship between the two. Simply stated, they expected outness to indicate a more positive and stronger identity, leading to better mental health outcomes.

Participants included 192 (98 male, 94 female, age 18-67) who identified as lesbians, gay men, or bisexuals. Feldman and Wright (2003) used a regression analysis to investigate the relationship between outness and mental health, controlling for sexual orientation, age, sex, and racial minority status. The results indicated that outness marginally predicted mental health such that the more out individuals were, the better their mental health was. Moreover, the findings also revealed that participants having a more well-formed and positive identity was associated with better mental health, implying that secure LGB people with a positive sexual identity experience better mental health.

Internal factors like identity formation (Feldman & Wright, 2003) and social factors like social support (Shilo & Savaya, 2011) are valuable insights into LGB mental health facilitators and barriers. However, researchers have also investigated the effects of potential practices and habits that could protect positive mental health or mitigate negative mental health outcomes. For example, Gates and Dentato (2020) examined the effects of volunteerism on the mental health of LGB adults. Data for their study came from the 2018 iteration of the General Social Survey (GSS), which included an explicit measure of sexual orientation identity (Smith et al., 2018). In the Gates and Dentato (2020) study, data from LGB participants (n = 71, ages 18-89) were first identified as volunteer or non-volunteer status after reviewing answers to the question "*In the past 12 months, how often, if at all, have you taken part in the activities of charitable or*

religious organizations that do voluntary work?" (p. 675). Two variables were chosen to measure mental health and well-being: self-reported mental health (via a numeric value between 0 and 30) and self-reported happiness (via a three-point Likert scale).

About half (n = 34) of LGB respondents responded as having volunteered in the past year. A Chi-square test of independence revealed that a similar proportion of lesbian/gay and bisexual people reported having volunteered at least once a year. The rate of volunteerism amongst the sample is a notable finding given that estimates made that same year indicated that about 30% of the general population engage in volunteerism (Corporation for National and Community Service, 2018). Another interesting finding is that while median days of poor mental health were higher for non-volunteers than for volunteers, there was no significant relationship between the volunteer and non-volunteer groups in self-reported happiness. However, both groups reported about the same amount of happiness, possibly indicating that the self-report measure of happiness may be inconclusive.

Pharr et al. (2021) also drew from historical data to examine the relationship between exercise and mental health among LGB adults. Data was taken from the 2017 Behavioral Risk Factor Surveillance System survey (Centers for Disease Control and Prevention, 2008) to determine whether there was an association between days of exercise and days of poor mental health over 30 days. It is known that there is an association between exercise and improved mental health in the general population (Chekroud et al., 2018). However, Pharr et al. (2021) posited that the presence of unique

minority stressors among LGB people could potentially affect exercise's impact on their mental health instead of the effects observed in the general population.

Data from 6,371 LGB adults indicated that those who participated in any exercise reported almost one day less of poor mental health in the past 30 days compared with LGB adults who did not exercise. Additionally, LGB adults who met one or both physical activity guidelines had between 1.2 and 1.7 days less of poor mental health than those who did not. While this does indicate that exercise appears to be a protector of mental health in an LGB sample, further research is needed to explain mechanisms to explain these findings, as well as potential mediators and moderators in the relationship between exercise and LGB mental health.

There has consistently been research performed investigating protective and preventative factors to LGB mental health (Feldman & Wright 2013; Gates and Dentato, 2020; Phar et al., 2021; Shilo & Savaya, 2011) since Hass et al. (2010) argued that there was little available research on the topic. However, in a recent review of the literature concerning risk and protective factors to LGB mental health, Gorse (2022) highlighted that over a decade after the work done by Hass et al. (2010), LGB youth continue to experience higher rates of suicidal ideation and behavior than their heterosexual peers. The findings of Gorse (2022) indicated that in the time since Hass et al. (2010), a variety of risk factors have been shown to contribute to higher rates of suicidality in LGB youth, including minority stress, interpersonal constructs, race, transgender identity, partner violence, homelessness, school victimization, and a lack of school support. However, there have also been protective factors against suicidality in this population, including

gender and sexuality alliances, LGBTQ+ inclusive curriculum, LGBTQ+ affirming school policies, familial support, peer support, and mental health interventions.

While my proposed study focuses on the relationship between religion and mental health in the LGB population, Gorse (2022) did not highlight religion as a known risk or protective factor. However, given that religion is a social construct and many of the risk and protective factors discussed by Gorse (2022) are social factors (e.g., family support, peer support, interpersonal constructs), additional attention should focus on literature concerning the relationship between religion and LGB mental health.

How Religion Helps/Hurts LGB Mental Health

A review of the literature concerning the relationship between religion and LGB mental health reveals that much of the research on this topic has been performed only in the past few years. For example, Lomash et al. (2019) contributed the first qualitative research that focused on microaggressions that LGBTQ people experience across religious and spiritual communities. Participants included people (n = 90) between the ages of 18-58 (M = 27.9) who identified as both religious/spiritual and LGBTQ. Following a series of demographic questionnaires, participants responded to open-ended questions regarding their experience of microaggressions experienced in a religious or spiritual context. The open-ended questions were designed to target three categories of microaggressions: microassault, microinsult, and microinvalidation. For clarity, participants were given an example of each type of microaggression and were allowed to provide examples of their own. Recursive thematic analysis of the interviews revealed three recurring themes: (1) LGBTQ identities as inauthentic, (2) religious/spiritual

tolerance of LGBTQ Identities, and (3) LGBTQ and religious/spiritual identities as incompatible. A notable implication of the Lomash et al. (2019) findings is the suggestion that when microaggressions are perceived in a religious/spiritual community, they are more impactful because the organization and leadership can be seen as a representation or judgment from God (or other higher power).

A noteworthy limitation to the population of the Lomash et al. (2019) study is that while their sample was religiously diverse, participants were primarily Caucasians (77%) who ascribed to some Abrahamic monotheism (e.g., Protestant, Catholic, Christian, etc.). However, another example of themes reported by the Lomash et al. (2019) sample (e.g., LGBTQ identity and religious/spiritual identity being incompatible) can be found in more recent work done by Pallotta-Chiarolli et al. (2022), who had a primarily non-white (Middle Eastern, South-East Asian, and Fijian) Muslim sample in Perth, Australia.

Pallotta-Chiarolli et al. (2022) used semi-structured interviews to understand better the unique service needs and delivery requirements of vulnerable Muslim LGBTIQ+ people. Participants included LGBTQ+ Muslims (n = 9) and LGBTQ+ Muslim community leaders recruited through community organizations and snowball sampling. During their interviews, many research participants explicitly expressed the notion that their Muslim faith and LGBTQ+ identities were constructed as oppositional and contradictory, meaning they felt rejected by the LGBTQ+ community and their faith community. The findings of Pallotta-Chiarolli et al. (2022) also indicated that distal stressors like discrimination, Islamophobia, racism, and homo/bi/transphobia negatively

affected Muslim LGBTQ+ health and well-being, which in turn escalated the need to access care.

Although Lomash et al. (2019) and Pallotta-Chiarolli et al. (2022) are examples of similar findings across age, culture, and geographic location, the negative experiences of both samples do not apply to all LGB religious people. For example, Wilkinson and Johnson (2020) systematically reviewed six qualitative studies (n = 148) published between 2010 and 2016 to examine the subjective experiences of gay and lesbian people of faith. The results indicated that while some gay and lesbian religious people benefitted from the social support provided by a religious community, still others experienced internalized homophobia, anxiety, rejection, and suicidal ideation brought on by fear of rejection and abandonment or the idea that sexual orientation must be suppressed from a young age. These findings align with previous research by Gibbs and Goldbach (2015), who asserted that while there has been a cultural shift resulting in more acceptance of LGB people and more acknowledgment of their spiritual lives, there is still much work to be done. While Lomash et al. (2019), Pallotta-Chiarolli et al. (2022), and Wilkinson & Johnson (2020) recorded the impact of religion on LGB mental health across varied samples, a commonality between their findings is a lack of specifically considering the effects of religion when it is part of a person's upbringing.

McCann et al. (2020) performed a systematic review of research published between 2008 and 2018 to investigate the relationship between mental health and R/S in LGBT youth. Results from data analysis of nine empirical studies (n = 36,755) indicated that religious upbringing has resulted in positive and negative results in the mental health

of LGBTQ adolescents depending on intrinsic and extrinsic mediating factors (McCann et al., 2020). Mediating factors included discriminatory attitudes, disclosure-related shame, spirituality as a supportive resource, internalized conflict, and external factors around sexual orientation concerns. In their discussion, McCann et al. (2020) suggested that these findings imply the need for further research concerning how to support the mental health of LGB youth to ensure more positive outcomes.

A pilot study by Raedel et al. (2020) directly addressed the needs identified by McCann et al. (2020) by investigating clergy attitudes about ways to support the mental health of sexual and gender minorities. Participants included 86 clergy members from a variety of religious faiths in the greater Chicago area who completed quantitative and qualitative measures meant to investigate what types of resources (workshops, data summaries, individual meetings, etc.) and delivery formats clergy perceived as most helpful in supporting the mental health of sexual and gender minority people in their faith communities. Results indicated that clergy members believed all listed resources could be helpful, though to varying degrees. However, suicide prevention was rated significantly more helpful than all other resources. Moreover, clergy members generally expressed that they were less knowledgeable about gender minority issues than sexual minority ones and thus rated resources addressing transgender issues as more helpful than those addressing sexual minority issues. In terms of delivery formats, most clergy preferred in-person formats, though some preferred an online forum.

Raedel et al. (2020) did not find a statistically significant difference between the clergy's faith groups and openness to resources. However, this study had a small sample

size with a broad range of answers, so more research is needed to replicate these findings. However, results did not indicate that clergy of various faiths desire more resources to help sexual and gender minority people. Some of the resources that clergy specifically needed were testimonies from sexual and gender minority people of faith, theological study materials, and lists of local community resources. Finally, many respondents understood that negative messaging or condemnation toward sexual and gender minorities was not helpful.

Another factor to ponder when considering LGB people's lived experiences in religious and spiritual contexts is congregations' attitudes towards LGB people. Lefevor (2021) conducted a quantitative analysis examining how religious congregations affect congregants' attitudes toward lesbian women and gay men (ATLG). Participants included 338 people (88 male, 250 female, mean age 47) from 20 congregations (16 churches, three mosques, and one synagogue), with an average of 17 participants per congregation. Congregations were representative of multiple faith backgrounds, including Sunni Islam (3), Reformed Judaism (1), Baptist (7), Seventh Day Adventists (1), Pentecostal (2), Episcopal (2), Catholic (1), and nondenominational Christian (3). Overall, most participants were Black (64.8%), heterosexual (89.6%), and college-educated (77.2%).

Clergy of participating congregations announced the opportunity to complete surveys with researchers immediately following services, with participants completing the surveys either on paper or through Qualtrics, a web-based tool. Surveys measured ATLG through a short-form version of Herek's (1997) Attitudes toward Lesbian Women and Gay Men Scale. Participants also responded to questions measuring their frequency

of attending religious services, how many sexual minority congregants they knew, and their perceptions of congregational affirmativeness. Multilevel modeling was used to evaluate the input of individual and congregational-level variables on ATLG and to account for the nesting of participants within congregations.

Results indicated that on both an individual and congregational level, religious service attendance was associated with ATLG. For example, increased congregation-level religious attendance was marginally related to more rejecting ATLG, meaning that congregations whose members attended more frequently had more rejecting ATLG among their congregants. However, people belonging to congregations that had more LGBT-affirming policies had less rejecting ATLG, no matter how frequently they attended services. A congregation having LGBT members was also a significant factor in the results, as congregations with more LGBT members tended to be more affirming. It was also found that the number of LGBTQ congregants known was related to more affirming ATLG. One interesting finding was that congregations, where individuals attended less frequently, tended to be more LGBTQ-affirming. Finally, statistical analysis supported the claim that the affirmativeness of a congregation's leaders was related to the views and experiences of the congregants.

The findings of Lefevor et al. (2021) imply that conflict between sexual and religious identity plays a vital role in the relationship between religion and mental health in sexual minorities. This assertion aligns with previous research indicating that LGB people who belong to congregations with more affirming environments have been shown to experience less conflict between their sexuality and religious identity (Lease et al.,

2005) and less internalized homonegativity (IH) (Barens & Meyer, 2012). Moreover, a decrease in IH has been shown to aid LGB people in positively integrating their religious and sexual identities and improving mental health outcomes (Rodriguez & Ouellette, 2000). More recent research by Rosik et al. (2022) found IH to be related to decreased mental health in sexual minorities, with improved mental health being reported when there was no conflict between sexual and religious identity. Meanwhile, Lefevor et al. (2022) found that resolving conflict between sexual and religious identity led to decreased suicidal ideation in a sample (n = 602) of sexual minorities belonging to the Church of Jesus Christ of Latter-day Saints (LDS). Lefevor et al. (2022), providing these findings amongst an LDS sample is especially notable given previous research showing that LDS sexual minorities described experiencing more minority stressors than non-LDS sexual minorities (Lefevor et al., 2022).

Major World Religions' Views on being LGB

A brief overview is necessary concerning the views held by each of the religions represented in this study regarding LGB identity and behavior. There is a disproportionate amount of scientific literature available on this topic to represent all of the theologies discussed in this study fairly. Moreover, it is not reasonable to attempt a complete unpacking of theologies' doctrines with so many sects, denominations, and interpretations existing within each religion. However, an attempt will be made to review the general views of Christianity, Judaism, Buddhism, Islam, and Hinduism on this topic by reviewing the most current public stances taken on the topic and in the available scientific literature.

Christianity

While there are diverse views on the topic of LGB identity/behavior within Christianity, there appear to be three main views on this topic: the traditional/conservative view, the affirming/inclusive view, and the celibate view. The traditional/conservative view holds that same-sex sexual behavior is considered sinful and incompatible with biblical teachings. Passages like Leviticus 18:22, Romans 1:26-27, and 1 Corinthians 6:9-10 are often cited as evidence that the Bible condemns same-sex relations (Gagnon, 2001; Dallas, 2007). Adherents of this view believe that marriage should be between one man and one woman, and that any same-sex sexual activity is prohibited (Mohler, 2019).

The affirming/inclusive view, on the other end of the spectrum, sees some Christians adopting an affirming stance. Supporters of this view believe that the Bible's teachings on love, acceptance, and justice should extend to LGB individuals (Vines, 2014; Cheng, 2011). They argue that biblical references condemning same-sex acts were addressing specific cultural contexts and practices, not committed, monogamous same-sex relationships (Brownson, 2013). Affirming Christians view LGB identity as a natural expression of human sexuality that should be celebrated (Harper & Serrano, 2022). The third perspective is the celibate view, which affirms the full humanity and dignity of LGB individuals while simultaneously viewing same-sex sexual activity as sinful (Hill, 2015; Butterfield, 2015). Adherents of this view believe that LGB Christians should remain celibate, and some advocate for "mixed-orientation marriages" between a gay/lesbian and straight spouse (Yarhouse, 2010).

Judaism

Similarly, Judaism appears to have three main views towards LGB identity and behavior: the traditional/orthodox view, the conservative view, and the reform/reconstructivist view. It is important to note that there is a wide range of views within these movements, with some rabbis and communities being more or less accepting of LGB individuals and relationships (Halbertal & Koren, 2006). Traditional/Orthodox Judaism generally views same-sex sexual acts as sinful and prohibited based on passages in the Torah such as Leviticus 18:22 and 20:13. From this traditional perspective, same-sex relationships and sexual activity are considered violations of Jewish law, or halakhah (Dorff, 2003).

The Conservative movement seems to have grappled with the issue, ultimately claiming to have accepted LGB individuals into the community while maintaining a traditional view of Jewish law prohibiting same-sex marriages and sexual relationships (Dorff et al., 2006). Some Conservative rabbis have been willing to officiate same-sex unions outside of marriage (Berger, 2011). Finally, the reform and reconstructionist movements have taken an inclusive and affirming stance, welcoming LGB individuals and same-sex marriages based on an evolving interpretation of Jewish teachings and values like equality and human dignity (Mehta & Krutzsch, 2020). They argue that the Torah's prohibitions were addressing specific cultural contexts.

Islam

In Islam, there are diverse interpretations and views regarding same-sex attraction and relationships, but the two main views are the traditional Islamic view and the

progressive/reformist view. According to the traditional view, the majority of Islamic scholars view same-sex attracted behavior as a violation of Islamic law. This stance is based on the interpretation of verses in the Quran (2004, 7:80-81, 26:165-166, 27:54-55) and hadiths (sayings of Prophet Muhammad) that condemn the actions of the people of Lut (Lot), which are understood to refer to same-sex sexual acts (Kugle, 2010). From this traditional perspective, same-sex attraction may be considered a trial or temptation, but acting upon them through same-sex relationships or sexual acts is considered a grave sin (Safdar, 2015). Moreover, marriage is defined as a union between a man and a woman, and same-sex marriages are not recognized.

The progressive/reformist views within Islam advocate for a more inclusive and compassionate approach towards LGB individuals. These perspectives argue that the Quranic verses have been misinterpreted and taken out of context and that the condemnation was directed at specific acts of violence and exploitation rather than consensual same-sex relationships (Kugle, 2010). Advocates of this view emphasize the Islamic principles of mercy, compassion, and human dignity, arguing that LGB individuals should be accepted (Al-Ghafari, 2016). However, these progressive views remain a minority and are often contested by traditional Islamic authorities (Thompson, 2020).

Buddhism

Buddhism does not appear to have explicit doctrinal prohibitions against same-sex attraction or relationships, having historically displayed an effectively neutral stance on the topic of sexuality (Cabezon, 1993). Some argue that the Buddhist view on this topic

appears to be generally more open and accepting compared to some other major religions (Cheng, 2018). This claim is substantiated by research demonstrating that Buddhists tend to exhibit less discrimination towards LGB people (Adamczyk & Pitt, 2009; Jäckle & Wenzelburger, 2015). In terms of the doctrine of the faith, the Buddhist precepts, or Silas, emphasize ethical conduct, such as abstaining from sexual misconduct; however, these precepts are typically interpreted as referring to harmful or exploitative sexual behavior, regardless of the genders involved (Cabezón, 1993).

In some Buddhist traditions, such as Theravada Buddhism, same-sex attraction may be viewed as a result of past karma or as a challenge to overcome attachment and desire. However, this view does not necessarily condemn or judge same-sex relationships or identities (Zwilling & Sweet, 2000). In recent years, some Buddhist leaders and organizations have explicitly expressed support and acceptance for LGB individuals and same-sex relationships. For example, the Dalai Lama, the spiritual leader of Tibetan Buddhism, has stated that Buddhist teachings should be interpreted in a way that is "relevant to the modern, scientific times" and that same-sex relationships can be acceptable (Dalai Lama, 1997).

Many western Buddhist communities and teachers have embraced LGB inclusivity and have actively advocated for the rights and acceptance of LGB individuals within Buddhist communities (Scherer, 2021). However, it's important to note that views and attitudes towards same-sex attraction within Buddhism can vary across different traditions, cultures, and individual interpretations. While Buddhism generally lacks

explicit condemnation, some conservative or traditional Buddhist communities may still hold reservations or biases against same-sex relationships (Alfian, 2022).

Hinduism

Similar to the other faith traditions mentioned thus far, Hindu views on same-sex attraction and relationships are diverse and nuanced, with different perspectives emerging from various Hindu texts, traditions, and contemporary interpretations. In traditional Hindu scriptures, such as the Dharmasastras and the Manusmriti, there are references to same-sex attracted behavior being considered unnatural and a violation of social norms (Vanita & Kidwai, 2000). These texts outline guidelines for appropriate sexual behavior within the context of procreation and traditional gender roles. Hindu mythology and cultural traditions contain numerous sexual minority characters, such as the depiction of same-sex love between characters like Krishna and Arjuna (Vanita, 2002). These mythological and cultural representations could be interpreted as evidence of a more accepting approach to sexuality within Hinduism.

In modern times, Hindu perspectives on same-sex attraction and relationships have been more varied and are still evolving. Some Hindu leaders and organizations have taken a more conservative stance, viewing same-sex attraction as a departure from traditional values and norms (Narayanan, 2003). However, there is a growing movement of Hindu scholars and spiritual leaders who advocate for a more inclusive and accepting approach towards LGB individuals. They argue that Hindu principles of non-violence, respect for diversity, and the recognition of different paths to spiritual liberation should extend to embracing LGB individuals (Narrain & Bhan, 2005).

Biblical Foundations of the Study

Theologian Albert Wolters supports a "reformational worldview" in

Creation Regained: Biblical Basics for a Reformational Worldview (2005). Wolters

argues that scriptural truths apply not only to people but all of creation, meaning that

nothing apart from God himself falls outside the range of these foundational realities of

biblical religion. This includes the field of psychology. Therefore, a biblical worldview

means embracing psychology as being created by God and understanding that practicing

psychology is a Christian endeavor. However, one must also acknowledge that

psychology's roots come from existentialist thought and philosophy (Schneider, 1997).

Psychology with a Biblical worldview is, therefore, the Christian parallel to post-

modern (Benhabib, 2020), feminist (Grzanka, 2018), and critical race theories (Delgado

& Stefancic, 2017). These secular theories all support the notion that psychology has

historically been a value-embedded field that needs to be rethought. Psychology done

through a Biblical lens resolves this issue by putting the character of the psychologist at

the forefront. A Christian psychology professional challenges mainstream science's

research methods and conclusions, concerning themselves with understanding the

dynamics of gender, race, and marginalized peoples. This endeavor is accomplished by

continuously seeking to accurately understand and apply scripture to an increasingly

secular field often misinterpreted as reliable and valid strictly based on empiric findings.

For example, the current replication crisis has resulted in many calling for a

period of self-reflection and reform across the field of psychology (Maxwell et al., 2015;

Shrout & Rogers, 2018; Tackett et al., 2019). A psychology professional with a Biblical

worldview places clear emphasis on the clinician's need to constantly re-evaluate and reform their spirituality, moral compass, and academic field. One demographic that would benefit from psychology research based on these principles is the LGBTQ community.

The LGBTQ community is a historically marginalized demographic that faces higher rates of substance abuse (Chaney, 2019), suicidality (Kaniuka et al., 2019), and decreased access to mental health care despite higher rates of mental disorders (Rees et al., 2021). There are many examples in the Bible explicitly ordaining care for the marginalized and oppressed. In the gospel of Luke, Jesus Christ goes as far as to say that God sent Him to proclaim good news to the poor, free captives, and liberate the oppressed (4:18-19). Moreover, the epistles of Luke (10:30-37) and 1 John (3:15-19) teach that having the ability to help someone in need and refusing to help them is nothing less than malicious hatred. Therefore, to perform psychological research specifically aimed at understanding and improving the quality of life of LGBTQ people is a Biblically supported Christian endeavor.

While Jesus' declarations in the New Testament tell Christians how they should live out their lives concerning the marginalized and oppressed, the destruction of the cities of Sodom and Gomorrah in the Old Testament (Genesis 18-19) provides a cautionary tale of what happens to those that refuse to do so. The debate over which behaviors displayed by the people of Sodom and Gomorrah led to their downfall overlooks their true sins, pride, and hate. The

behaviors of those in Sodom and Gomorrah were manifestations of the fact that they were prideful people who were cruel and neglected any form of social justice. Pride and hatred being the downfall of Sodom and Gomorrah is a theme that continues to present itself in Deuteronomy (32:32-33) and Isaiah (3:9-16). Ezekiel later says this almost explicitly, describing the people of those cities as prideful, idle, and unwilling to help the poor and needy (16:49). To refuse the opportunity to understand the LGBTQ community better to improve their mental health outcomes is to fall short to the sinful nature of hateful pride in the same way as the people of Sodom and Gomorrah. Jesus himself said, "Come to me, **all of you** who are weary and carry heavy burdens, and I will give you rest" (Matthew 11:28, *New American Standard Bible* 1995/2024; emphasis added).

Summary

The field of psychology generally agrees upon religion's benefits to mental health. Despite these findings, it must be acknowledged that there are likely multiple mediating factors in the relationship between religion and mental health. Understanding mediating factors in the relationship between religion and mental health is essential when discussing vulnerable populations like sexual minorities. Minority stress theory postulates that proximal (internal) and distal (external) stressors unique to LGBTQ people are key factors in their mental health outcomes (Meyer, 1995). For example, religious upbringing has resulted in positive and negative results in the mental health of LGBTQ adolescents depending on intrinsic and extrinsic mediating factors (McCann et al., 2020). Recent research has implied that conflict (or lack thereof) between sexual and religious identity

is a significant mediating factor in the relationship between religion and mental health in LGB people (Rosik et al., 2022).

The significance of understanding the LGBTQ population's mental health is emphasized when highlighting that sexual minority youth are at an increased risk for mental problems, self-harm, and suicidality as compared to their heterosexual and cisgender peers (Marshall et al., 2016; Rivers et al., 2018; Semlyen et al., 2016). The need for more qualitative data concerning religion and identity within the LGBTQ community is emphasized by the current literature (Corcoran et al., 2021; Ghorbanian et al., 2022), indicating that gaps in the research are due to historically homogeneous samples being studied. To acknowledge gaps in the current literature concerning LGBTQ mental health, and the prevalence of negative mental health outcomes in the LGBTQ community is also to concede that the LGBTQ community is a marginalized minority in need. Therefore, it is the Biblically ordained responsibility of psychology professionals with a Christian worldview to take part in work aimed at understanding and improving the mental health outcomes of LGBTQ people.

In the next chapter, I will explore further the research method of this study. Discussion topics include research questions, design, participants, procedures, and subsequent data analysis. Finally, delimitations, assumptions, and limitations will be considered.

CHAPTER 3

RESEARCH METHOD

Overview

This chapter provides a comprehensive overview of the research methodology employed in this qualitative study. The research method section thoroughly explores the various components that shape the study's approach, execution, and limitations. This chapter commences with a concise introduction to the elements that will be expounded upon, including the research questions, research design, participant selection, study procedures, instrumentation and measurement, data analysis process, delimitations, assumptions, and limitations. The overview aims to offer readers a roadmap for navigating the intricacies of the research methodology and understanding the choices and considerations that inform the study's design and implementation.

The research questions delineate the core inquiries that this study seeks to address. These questions guide the entire research process, providing a clear direction for data collection, analysis, and interpretation. The research design section elaborates on the chosen methodological framework, Interpretive Phenomenological Analysis (IPA). This section delineates the rationale for selecting IPA and how it aligns with the study's purpose. The research design provides insights into how the study aims to fulfill its objectives and offers a platform for understanding the intricacies of qualitative research in investigating the integration of sexual and religious identities among lesbian, gay, and bisexual (LGB) emerging adults. Participant selection is a pivotal aspect of any study, and this section elucidates the criteria used to identify participants, the recruitment process, and the steps taken to ensure a diverse and representative sample. It also touches on ethical considerations and safeguarding participants' privacy and well-being.

The study procedures section delineates the steps taken to collect data, conduct interviews, and ensure the rigor of the research process. This section underscores the efforts to create an open and comfortable environment for participants to share their experiences authentically. The instrumentation and measurement section elucidates the tools used to collect data, such as semi-structured interviews. It also outlines the strategies employed to ensure the reliability and validity of the gathered information. The data analysis process section provides a detailed insight into how the collected data will be processed and interpreted through the lens of Interpretive Phenomenological Analysis. It underscores the researcher's role in interpreting participants' narratives and highlights the importance of rich and nuanced descriptions in capturing the depth of experiences. The delimitations, assumptions, and limitations section acknowledges the deliberate boundaries set for the study, the researcher's assumptions about the research process, and the potential constraints that might impact the validity and generalizability of findings. This section enhances the transparency of the study and acknowledges its scope and challenges.

The chapter culminates with a summary, encapsulating the pivotal elements discussed and emphasizing their interconnectivity in shaping the research methodology. This summary is a reference point for readers seeking a holistic understanding of the research design and its implications for the study's outcomes. This chapter provides a comprehensive roadmap for the reader, offering insights into the various dimensions of the research methodology, from inception to execution, and contextualizing the study within its methodological, ethical, and practical framework.

Research Questions

Q1: What are LGB emerging adults' lived experiences regarding integrating their sexual and religious identities?

Q2: How do LGB emerging adults view the relationship between their sexual and religious identities?

Q3: What do LGB emerging adults view as barriers/facilitators to integrating their sexual and religious identities?

Q4: What are LGB emerging adults' perceptions concerning the impact that integrating their sexual and religious identities has on their overall mental and emotional well-being?

Research Design

The research design employed in this study is a qualitative approach utilizing Interpretive Phenomenological Analysis (IPA) to explore the lived experiences of religiously diverse Lesbian, Gay, and Bisexual (LGB) emerging adults regarding integrating their sexual and religious identities. This design was selected to provide a deep and nuanced understanding of participants' experiences, allowing for an in-depth exploration of their perspectives, emotions, and meanings attached to the process of integrating these identities.

Justification for the Choice of Design

The choice of qualitative research, specifically IPA, is well-suited to fulfill the purpose of the study, which is to gain insight into the intricate experiences of LGB emerging adults as they navigate the integration of their sexual and religious identities. Qualitative research is particularly apt for exploring complex and subjective phenomena,

offering a deeper understanding of participants' perspectives beyond what quantitative methods can provide. IPA was chosen as the methodology for analyzing the data collected from semi-structured interviews. IPA focuses on understanding how individuals make sense of their experiences and the meanings they attribute to those experiences. By utilizing IPA, the study aims to uncover the rich and detailed descriptions of participants' stories, delving into their unique perspectives, emotions, and interpretations.

Rationale for IPA

IPA prioritizes exploring the depth and complexity of individual experiences (Emery & Anderman, 2020), which aligns with the study's goal of understanding the integration of sexual and religious identities. The IPA approach facilitates a comprehensive exploration of participants' narratives and acknowledges that individuals actively engage in meaning-making to interpret and understand their experiences (Flowers & Larkin, 2005). These qualities resonate with my study's focus on how participants perceive and integrate their identities. The IPA approach also recognizes that experiences are shaped by the context in which they occur (Emery & Anderman, 2020).

Given participants' diverse religious and cultural backgrounds, this approach is apt for capturing how these contexts influence identity integration. IPA acknowledges the researcher's role in interpreting participants' accounts, which aligns with the study's intention to engage with participants' narratives while being aware of the potential impact of the researcher's perspective on analysis. IPA values the participants' voices and experiences, allowing them to contribute to researchers' understanding of their

experiences actively. This active contribution aligns with the study's aim to represent participants' lived experiences authentically.

The qualitative research design using IPA was chosen to align with the study's purpose of gaining a deep understanding of religiously diverse LGB emerging adults' experiences integrating their sexual and religious identities. This approach enables the exploration of individual perspectives, meaning-making processes, and contextual influences, contributing to advancing knowledge in this complex and significant area of study.

Participants

This study involved seven lesbian, gay, or bisexual (2 lesbian, 2 gay, 3 bisexual) cisgender individuals (5 female, 2 male) aged between 18 and 25 (mean age 21.5), who identified as Jewish (1), Christian (2), Muslim (1), Hindu (1), or Buddhist (2). The selection of this diverse group of participants aimed to capture a range of religious backgrounds and explore the intersection of sexual and religious identities within these demographics.

Recruitment

Participants were recruited through a multi-faceted approach to ensure a diverse and representative sample. Recruitment efforts will involve the following methods:

1. **Flyers in the Community:** Flyers describing the study's purpose, eligibility criteria, and contact information were posted in community centers, LGBTQ+ organizations, religious institutions, and relevant gathering places across the San Francisco Bay area (see Appendix A)

2. **Social Media Ads:** Paid advertisements were placed on the social media
platforms Instagram and Facebook, targeting relevant communities. These ads
provided information about the study and direct potential participants to
contact me for more details (see Appendix A).

3. **Snowball Sampling:** Snowballing leveraged existing connections within the
LGB community and among religious congregations. Initial participants were
encouraged to refer friends, acquaintances, or community members who met
the inclusion criteria.

Permissions

Permission to recruit participants was sought from relevant community centers,
LGBTQ organizations, and religious institutions in the San Francisco Bay area. Formal
agreements and permissions were obtained before distributing flyers or conducting
recruitment activities within their premises.

Sample Size Justification

The recruitment of seven participants for this qualitative study is in alignment
with the methodological approach of Interpretive Phenomenological Analysis (IPA),
which prioritizes depth and richness of data over a large sample size (Emery &
Anderman, 2020). IPA, as a qualitative method, emphasizes exploring the unique and in-
depth experiences of individuals, and this is particularly relevant when studying complex
phenomena such as the integration of sexual and religious identities in LGB emerging
adults. Several scholars in the field of qualitative research advocate for smaller sample
sizes in studies employing IPA, asserting that the focus should be on the quality and

depth of data obtained rather than the quantity of participants (Smith et al., 2009; Smith & Osborn, 2008). Smith and Osborn (2003) argue that IPA is well-suited for studies with small sample sizes as it allows for a thorough exploration of the subjective experiences of participants.

Additionally, Morse (1999) notes that qualitative research, particularly when using IPA, tends to prioritize the exploration of nuanced and context-specific information, which may be better achieved with a smaller and more focused sample. The intention is to gain a deep understanding of the participants' lived experiences and perspectives rather than to make generalizable claims to a larger population (Morse, 1999). In the context of exploring sensitive topics related to the intersection of religious and sexual identities in the LGB community, the emphasis on participant confidentiality and ethical considerations further supports the choice of a smaller sample size (Morse, 1999). It allows for a more careful and detailed analysis of individual narratives without compromising the anonymity and well-being of participants.

While quantitative studies often necessitate larger sample sizes for statistical power, the qualitative nature of this research aligns with the principles of IPA, where smaller sample sizes are recognized as appropriate and conducive to achieving the study's objectives. As emphasized by Malterud et al. (2016), qualitative studies should be designed to answer specific research questions, and a smaller sample size is often sufficient for achieving the depth of understanding sought in exploratory research. In summary, the decision to recruit seven participants aligns with the qualitative nature of the study, the principles of IPA, and recommendations from scholars in the field

advocating for smaller sample sizes in qualitative research, especially when exploring intricate and context-specific phenomena.

<h2 style="text-align:center">Study Procedures</h2>

Initial Contact

Upon expressing interest in the study via email, phone, or social media, I contacted potential participants to provide more information about the study, address any questions or concerns, and confirm their eligibility. I explained the study's objectives, procedures, and the voluntary nature of participation.

Informed Consent

Eligible participants received a detailed participant information sheet (attached in Appendix B) outlining the study's purpose, procedures, potential risks and benefits, confidentiality measures, and their rights as participants. Written informed consent was obtained from participants before they participated in the study (Appendix B).

Semi-Structured Interviews

Participants took part in semi-structured interviews, which served as the primary method for data collection. Interviews were conducted in a comfortable and private setting in person or over zoom video calls, allowing participants to express themselves openly. The in-person interviews were audio recorded and zoom video interviews were video recorded recorded with participants' consent and transcribed verbatim for analysis.

Data Collection

The interviews were guided by a set of open-ended questions (attached in Appendix C) tailored to each participant's experiences and perspectives. The interview questions explored topics related to integrating their sexual and religious identities, the relationship between these identities, the barriers and facilitators they encounter, and their overall lived experiences. The interviews were conducted by me, a Ph.D. candidate studying developmental psychology.

Data Analysis

Interpretive Phenomenological Analysis (IPA) was employed to analyze the interview data. The data analysis process involved multiple stages, including familiarization with the data, generating initial themes, organizing and clustering themes, and interpreting the overarching patterns. I engaged in collaborative discussions with participants to ensure the accuracy and richness of my interpretations.

Data Validation

Participants were offered the opportunity to review the transcriptions and interpretations of their interviews to ensure the validity of the findings. This member-checking process allows participants to confirm the accuracy of the representations and provide additional insights if needed.

Ethical Considerations

The research adhered to strict ethical guidelines, including ensuring participants' confidentiality, privacy, and well-being. Confidentiality has been maintained through the use of pseudonyms and secure storage of data. Ethical approval for the study was

obtained from the relevant institutional review board (IRB) before initiating data collection.

Data Storage and Retention

All collected data, including video recordings, transcriptions, and field notes, are securely stored on password-protected devices. Data will be retained for a minimum of five years as per institutional guidelines.

Participant Compensation

Participants did not receive compensation for their time and contribution to the study.

Instrumentation and Measurement

The qualitative interview protocol served as the primary instrument for data collection in this study. To ensure the quality and trustworthiness of the qualitative data, considerations related to qualitative reliability and validity, including credibility, transferability, dependability, and confirmability, were considered throughout the research process.

Qualitative Interview Protocol

Semi-structured interviews were conducted to collect in-depth data about participants' experiences regarding integrating their sexual and religious identities. The interview protocol consisted of open-ended questions exploring participants' perspectives, feelings, and challenges related to the study's objectives. The interview questions covered various topics, including participants' experiences integrating their sexual and religious identities, the relationship between those identities, factors influencing the integration process, barriers and facilitators encountered, and overall

perceptions of mental health and well-being. The interview protocol aimed to elicit rich and nuanced narratives that provided insight into the participants' lived experiences.

Qualitative Reliability and Validity

Credibility refers to the rigor and trustworthiness of the qualitative data collected (Golafshani, 2003). Several strategies were employed to enhance credibility. Member checking allowed participants to review their interview transcripts and interpretations, confirming the accuracy of their representation. Transferability relates to the extent to which the study findings can be transferred to other contexts or populations (Golafshani, 2003). In this study, thick descriptions of participants' experiences and the research context are provided, enabling readers to assess the applicability of the findings to similar situations.

Dependability refers to the consistency and stability of the study's findings over time and across researchers (Golafshani, 2003). A detailed audit trail was maintained to enhance dependability, documenting decisions made throughout the research process, from data collection to analysis. The audit trail will ensure that the research process is transparent and can be replicated or reviewed by others. Confirmability concerns the objectivity and neutrality of the study's findings. I have engaged in regular reflexivity reflections, acknowledging, and addressing my biases and assumptions that might influence the data collection and analysis process. Previous research (Palaganas et al., 2017) has indicated that reflexivity reflections can help ensure that the interpretations remain grounded in participants' perspectives rather than researcher bias.

Data Analysis

The data analysis process for this study followed the principles of Interpretive Phenomenological Analysis (IPA), which aims to uncover the rich and nuanced meanings that participants ascribe to their experiences of integrating their sexual and religious identities (Flowers & Larkin, 2005). The analysis involved a systematic and iterative approach that allowed for the emergence of themes and patterns from the participants' narratives.

Step 1: Data Familiarization

I became thoroughly familiar with the interview transcripts after completing the semi-structured interviews. This process involved multiple readings to immerse myself in the data, gaining a deep understanding of the participants' stories, emotions, and perspectives.

Step 2: Initial Coding

Using an inductive approach, I began the coding process. Open coding was conducted, wherein text segments relevant to the research questions were highlighted and assigned descriptive codes. This process captured participants' unique viewpoints and experiences.

Step 3: Development of Themes

The codes generated from the initial coding phase were grouped into preliminary themes. These themes emerged from the patterns and connections observed among the codes. I collaboratively discussed and refined these themes to ensure they accurately represent participants' experiences.

Step 4: Collating and Reviewing Themes

During this step, I reviewed and refined the identified themes by examining how they related and contributed to the overall understanding of the research questions. This process helps ensure that the themes were comprehensive and coherent.

Step 5: Defining and Naming Themes

Each theme was defined and named to capture the essence of the experiences and perspectives they represented. Clear definitions helped maintain the focus and consistency of the analysis.

Step 6: Interpretation and Contextualization

In this phase, I interpreted each theme more deeply and considered the context in which the themes emerged, examining how participants' religious backgrounds, cultural influences, and personal histories contributed to their experiences integrating their sexual and religious identities.

Step 7: Cross-Case Analysis

A cross-case analysis was conducted to enhance the robustness of the findings. Cross-case analysis involves comparing and contrasting the themes across different participants. I developed a more comprehensive understanding of the phenomenon under investigation by exploring variations and commonalities.

Step 8: Bracketing and Reflexivity

Prior to beginning the analysis, I engaged in a bracketing process to set aside my own individual beliefs, preconceptions, and assumptions related to the integration of sexual and religious identities. This involved intentional self-reflection and efforts to

identify and temporarily suspend any biases or preconceived notions that could influence the interpretation of participants' narratives. The bracketing process involved writing down my personal experiences, perspectives, and potential biases related to the research topic. I then made a conscious effort to approach the data with an open and receptive mindset, aiming to understand the participants' lived experiences from their unique vantage points rather than imposing my own beliefs or judgments. Throughout the analysis process, I continuously engaged in reflexivity, acknowledging my own perspectives, biases, and potential influences on the interpretation of the data. This self-awareness was documented through journaling, enhancing the transparency and credibility of the analysis. By bracketing my preconceptions and maintaining a reflexive stance, I aimed to minimize the impact of personal biases and preconceptions on the analysis, allowing the participants' voices and experiences to take precedence.

Step 9: Member Checking

Participants were invited to review the themes and interpretations derived from their interviews to ensure the accuracy and authenticity of the findings. This member-checking process allowed participants to confirm whether their experiences had been accurately represented.

Step 10: Finalizing the Analysis

The analysis culminated in developing a comprehensive report outlining the identified themes, supporting quotes from participants, and the interpretations derived from the data. The report explored the experiences and perspectives of religiously diverse LGB emerging adults concerning integrating their sexual and religious identities.

Conclusion

The data analysis process using IPA is essential for uncovering the complex and nuanced meanings embedded in the participants' narratives. By following a systematic and rigorous approach, the analysis generated insights that contributed to a deeper understanding of the integration of sexual and religious identities in LGB emerging adults. The findings illuminate this process's challenges, strategies, and nuances and provide a rich foundation for discussions, interventions, and further research in this crucial area.

Delimitations, Assumptions, and Limitations

Delimitations

This study encompassed participants from a variety of religious backgrounds. However, since it was only possible to include some religious groups, the focus was on major religious traditions. The study focused on LGB individuals within the age range of emerging adulthood (18-25 years), as this developmental period is characterized by heightened identity exploration and experimentation. The study specifically investigated the integration of sexual and religious identities. Other aspects of identity, such as gender identity, were not the primary focus.

Assumptions

Participants are assumed to have provided honest and genuine responses during the semi-structured interviews. To encourage authentic sharing, efforts were made to create a safe and non-judgmental environment. Participants are assumed to have experiences relevant to integrating their sexual and religious identities. The study

acknowledges that each participant's journey is unique and valuable to exploring the research questions. Participants were assumed to actively engage in meaning-making processes as they reflected on and shared their experiences. Their narratives are considered meaningful and insightful in understanding identity integration.

Limitations

The sample of participants might not fully represent all religiously diverse LGB emerging adults due to self-selection bias. The findings might not generalize to other contexts or age groups. Participants might present themselves in socially desirable ways during the interviews, potentially limiting the authenticity of their responses. Efforts to minimize this bias were made through establishing rapport and emphasizing the importance of honest sharing. The researchers' backgrounds, beliefs, and perspectives have the potential to influence the interpretation of participants' narratives. Reflexivity and ongoing introspection aided in mitigating this limitation.

Findings might be context-specific and influenced by the unique sociocultural environment of the participants. Transferability of findings to other regions or cultural contexts might be limited. The qualitative nature of the study, particularly the use of Interpretive Phenomenological Analysis (IPA), can be time-intensive and resource-demanding regarding data collection, transcription, and analysis. Therefore, the nature of the study may limit the depth and breadth of data collected. Identity is dynamic and can change over time. The study captures participants' identities at a specific moment, potentially missing the evolving nature of identity development.

Conclusion

Delimitations, assumptions, and limitations are essential aspects of this study that define its scope, inform its approach, and acknowledge potential challenges. The deliberate choices made in terms of scope and methodology, along with the recognition of assumptions and limitations, contribute to the transparency and credibility of the research. While these factors might introduce certain constraints, they do not diminish the value of the study's insights into the experiences of religiously diverse LGB emerging adults navigating the integration of their sexual and religious identities.

Summary

This chapter presented an overview of the research methodology employed in the proposed qualitative study, outlining the various components that shape the approach, execution, and limitations of the research. The research questions were defined, delineating the core inquiries that guide the research process, from data collection to interpretation. The chosen research design, Interpretive Phenomenological Analysis (IPA), was explained in detail, highlighting its alignment with the study's objectives. The rationale for selecting IPA was discussed, emphasizing its capacity to uncover rich and detailed descriptions of participants' stories and the meanings they ascribe to their experiences.

The participant selection and recruitment methods processes were detailed. The importance of obtaining permissions from relevant institutions and ethical considerations were emphasized. The justification for the sample size of seven participants was based on data saturation principles in qualitative research, ensuring an in-depth exploration of

individual experiences. Study procedures were comprehensively explained, and the instrumentation and measurement section elucidated the qualitative interview protocol as the primary instrument for data collection. The data analysis process was delineated, presenting the systematic and iterative steps of Interpretive Phenomenological Analysis (IPA).

Finally, delimitations, assumptions, and limitations were openly addressed to enhance the transparency and credibility of the research. This chapter offered a roadmap of the research methodology, providing insights into its components, considerations, and ethical dimensions. The chapter's overview and detailed sections collectively contributed to contextualizing the study within its methodological, ethical, and practical framework.

Having thoroughly explored the research methodology employed in this study, we now transition into Chapter 4, which serves as the culmination of my research efforts and offers a detailed account of the findings gleaned from the data collected. I will present these results in a structured and comprehensive manner, allowing readers to gain insights into the diverse journeys of LGB emerging adults in their pursuit of identity integration. I also examine how social support and the presence of minority stressors influence their integration process. This chapter is a critical step in my endeavor to contribute to the existing body of knowledge on the relationship between religion and LGB mental health.

CHAPTER 4: RESULTS

Overview

This chapter offers a comprehensive exploration of the findings derived from the data collected. The central aim of this research was to illuminate the intricate experiences of LGB emerging adults as they navigate the integration of their sexual and religious identities. The four research questions that guided this study were:

Q1: What are LGB emerging adults' lived experiences regarding integrating their sexual and religious identities?

Q2: How do LGB emerging adults view the relationship between their sexual and religious identities?

Q3: What do LGB emerging adults view as barriers/facilitators to integrating their sexual and religious identities?

Q4: What are LGB emerging adults' perceptions concerning the impact that integrating their sexual and religious identities has on their overall mental and emotional well-being?

By engaging in a qualitative exploration, I sought to unravel the multifaceted nature of identity integration, considering the diverse religious backgrounds, cultural influences, and personal histories that shaped the lives of seven LGB 18–25-year-olds. Interviews with participants were guided by a set of open-ended questions (attached in Appendix C) and tailored to each participant's experiences and perspectives. The interview questions explored topics related to integrating their sexual and religious

identities, the relationship between these identities, the barriers and facilitators they encounter, and their overall lived experiences. Through an in-depth analysis of participant narratives, this study contributes insights into the challenges, strategies, and nuances involved in reconciling these fundamental aspects of identity. Ultimately, this research aimed to provide a rich understanding beyond quantitative measures, fostering dialogue, understanding, and potential avenues for support and intervention within this unique demographic.

The descriptive results section provides a detailed portrayal of the participants and their diverse backgrounds. This segment offers insights into the religious affiliations, sexual orientations, and demographic characteristics of the seven LGB emerging adults who shared their lived experiences. By presenting a nuanced snapshot of the participants, readers gain a contextual understanding of the voices contributing to the study. Following the descriptive phase, the study findings delve into narratives and perspectives shared by the participants. This section encapsulates the essence of their experiences in integrating sexual and religious identities. Through thematic exploration, the findings shed light on the challenges, strategies, and nuances inherent in this complex process. The participants' diverse backgrounds contribute to a multifaceted understanding of identity integration, emphasizing the importance of considering various religious traditions, cultural influences, and personal histories.

The chapter concludes with a summary that distills the key insights, overarching patterns, and noteworthy themes emerging from the study. This summary synthesizes the research findings, offering readers a comprehensive understanding of the nuanced

dynamics at play in the lives of religiously diverse LGB emerging adults. The study's implications, its contributions to existing knowledge, and potential avenues for further research are woven into the fabric of this concluding section.

Descriptive Results

The sample was, on average 21.6 years old (SD=1.9), mainly female with some college education, and a diverse representation of sexual identities, religious affiliations, and ethnicities. See Table 1 for a breakdown of the demographic information for each participant. Below Table 1, I include a brief background on each participant for more context.

Table 1

Participant Demographics

Name	Age	Gender	Sexual Identity	Religion	Ethnicity	Education
BA	25	Female	Bisexual	Buddhist	Indian	Graduate Student
BB	20	Female	Lesbian	Buddhist	Multiracial	Undergraduate Student
CA	22	Female	Bisexual	Christian	Multiracial	Undergraduate Student
CB	22	Female	Bisexual	Christian	Caucasian	Some college
MA	19	Male	Gay	Muslim	African American	Undergraduate Student
JA	21	Male	Gay	Jewish	Caucasian	Undergraduate Student
HA	22	Female	Lesbian	Hindu	Indian	Undergraduate Student

Buddhist A (BA)

BA expressed comfort and acceptance in openly discussing her sexual orientation within her current Buddhist community. She perceived a notable absence of discrimination or prejudice within the Buddhist community, feeling that aligned with the organization's overall LGBT-friendly stance. BA encouraged individuals to find and engage with queer-friendly subgroups within their faith communities for support. She also highlighted a potential need for more explicit recognition and support for queer individuals within Buddhist communities, suggesting the creation of mixers or groups. Cultural factors play a significant role in BA's coping mechanisms and the challenges she faces in dating and relationships.

Buddhist B (BB)

BB expressed ease in integrating her identities, emphasizing the importance of finding community and the positive impact of doing so. Her multiracial and multireligious background has given BB a diverse perspective and acceptance of different cultural and religious practices. BB encouraged finding other queer individuals within one's religious or cultural community to form meaningful connections. Recommendations for navigating integration included community involvement, journaling, and setting conversation boundaries. BB highlighted the potential challenges faced by those with limited access to supportive spaces or who may not enjoy online communities. BB's interview showcased a positive integration of her multiracial, queer, and religious identities.

Christian A (CA)

CA highlighted the ongoing process of accepting and integrating her bisexual and Christian identities. Social and cultural barriers, including stigma and judgment, contributed to her experiencing feelings of shame and guilt. Personal growth is seen through support from friends and finding religious fulfillment in alternative settings. CA acknowledged societal and cultural pressures and emphasized the challenge of being of mixed race and navigating diverse cultural backgrounds. Her coping strategies involve self-reflection, reassessment, and setting boundaries in response to potential conflicts. CA's interview emphasized the ongoing journey of self-discovery and acceptance amidst societal pressures.

Christian B (CB)

CB discussed the semi-important role of religion in her life, attending church selectively while prioritizing physical and mental health. CB expressed comfort in openly expressing her sexual orientation but mentioned avoiding a formal "coming out" to minimize stress. CB shared the challenges of coming out to her parents, including negative reactions and ongoing struggles with family dynamics. She also discussed societal and cultural pressures to conform to norms, particularly in her conservative social circles. CB highlighted the significance of online support systems, citing social media accounts as sources of guidance and friendship. CB noted an overall positive impact on her mental well-being from living authentically, though acknowledging occasional challenges and emotional struggles. CB emphasized the importance of finding supportive communities and encouraged others to build a reliable support system. CB

expressed gratitude for her supportive friends, positive experiences, and the transformative impact of finding a supportive community. She acknowledged ongoing challenges but emphasized the importance of being true to oneself and building a genuine support system.

Muslim A (MA)

MA expressed a level of discomfort in openly expressing his sexual orientation within the Muslim community, emphasizing the challenges of societal expectations. MA reported navigating the intersectionality of being queer and Muslim by finding support in online communities, showcasing the importance of shared experiences. Societal and cultural pressures, particularly the association of Islam with homophobia, contributed to MA's cautious approach to full integration. MA advised individuals grappling with integrating their sexual and religious identities to question the origins of their struggles and not conform to a cookie-cutter view of religion.

Jewish A (JA)

JA perceived his sexual and religious identities as generally harmonious, with occasional moments of internal conflict. He emphasized the significance of self-reflection, seeking therapy, and engaging in discussions with others in similar positions for navigating the integration process. JA's experience highlighted the influence of specific individuals, such as a gay Judaic Studies teacher and a former camp staff member, in shaping his understanding of the relationship between sexual and religious identities. JA's upbringing in a modern Jewish community and the acceptance within that community contribute to an overall affirming experience.

Hindu A (HA)

While HA expressed comfort in discussing her sexual orientation within her religious community, she emphasized the superficial niceness of interactions. No explicit discrimination was reported within her religious community, along with her having perceived a general acceptance of LGBT individuals. HA suggested the need for more explicit recognition and support for queer individuals within Hindu communities, echoing the importance of creating supportive spaces. Cultural factors played a role in HA's coping mechanisms and the challenges faced in dating and relationships within her specific cultural context.

Conclusion

This section introduced each participant, offering nuanced insights into their unique narratives. From Buddhist A's acceptance within her community to Christian B's journey of living authentically, each participant contributes a distinct perspective on the integration of sexual and religious identities. The findings highlight the interconnectedness of sexual and religious identities, illustrating the varying degrees of ease and challenge experienced by participants. The role of external factors, including societal norms and cultural expectations, emerged as significant barriers, influencing disclosure strategies and the importance of supportive social networks. The impact of identity integration on mental and emotional well-being is explored, with participants expressing both positive and challenging outcomes.

In essence, the descriptive findings highlight the richness and diversity within the experiences of LGB emerging adults as they navigate the complex terrain of integrating

sexual and religious identities. These narratives contribute valuable insights to the

broader discourse on identity development, emphasizing the need for nuanced

understanding and support for individuals undergoing this transformative journey.

<p align="center">**Study Findings**</p>

Utilizing interpretative phenomenological analysis (IPA), this study delved into

the rich tapestry of individual experiences, aiming to uncover the intricate interplay of

sexual and religious identities among the seven participants. As a qualitative research

approach, IPA facilitated a comprehensive exploration of the participants' lived

experiences within the context of their unique journeys. A reflexive stance was diligently

maintained throughout the research process, acknowledging the influence of the

researcher's perspectives and biases. This reflexivity enhances the transparency and

authenticity of the findings, recognizing the subjective nature inherent in qualitative

research.

A thematic framework emerged after the in-depth semi-structured interviews and

the meticulous analysis detailed in Chapter 3. This framework was achieved by

developing groups of codes, and then themes. The following are the codes used along

with short definitions, with examples of direct statements taken from interviews with

study participants that embrace the meaning of each code.

Code 1: Self-Discovery Journey

The code of self-discovery journey emerged from participants' personal stories,

reflecting the intricate process of integrating sexual and religious identities, emphasizing

individual journeys, conflicts, and resolutions. Participant BB demonstrated this code

when she shared, "Accepting my bisexual identity was a journey. I had to navigate societal expectations, family dynamics, and eventually found peace in embracing who I truly am."

Code 2: Journey to Self-Acceptance

The code of journey to self-acceptance emerged from personal narratives reflecting the complex integration process, highlighting the struggles and triumphs in embracing one's sexual and religious identities. Participant CA exemplified this code when she expressed, "My journey to self-acceptance involved reconciling my Christian faith with being gay. It was about finding peace within myself despite societal expectations."

Code 3: Diverse Perspective Shaping

The code of diverse perspective shaping emerged when participants expressed exposure to diverse perspectives, academic pursuits, and encounters shaping their understanding of sexuality and spirituality during emerging adulthood. Participant HA exemplified this code by saying, "University opened my eyes to diverse beliefs. Exploring Celtic paganism and encounters with friends from different backgrounds expanded my understanding of spirituality."

Code 4: Quest for Identity Understanding

The code of quest for identity understanding emerged from participants highlighting their active exploration and questioning of their identities during emerging adulthood, influenced by diverse perspectives, academic pursuits, and encounters with different belief systems. Participant BA exemplified this code by stating, "University

became my playground for understanding. I explored and questioned, leading to a more profound understanding of my queer identity."

Code 5: Cultural and Religious Fusion

The code of cultural and religious fusion emerged when participants highlighted the delicate balance and intertwining of sexual and religious identities within a cultural or religious framework, reflecting the complex relationship dynamics. Participant MA exemplified this code when he said, "My queer and Muslim identities are like a cultural and religious fusion. They coexist and influence each other within the broader context of societal norms."

Code 6: Shift from Conflict to Embrace

The code of shift from conflict to embrace emerged from participants changing views over time shifting from internal conflicts to a harmonious integration, embracing a more inclusive and evolved understanding of their identities. Participant BB exemplified this code when she reflected, "My Buddhist beliefs evolved. Initially conflicted, I now embrace my queer identity as a harmonious part of my spiritual journey."

Code 7: Continuous Modification of Religious Views

The code of continuous modification of religious views emerged from participants' continuous self-reflection and growth capturing the transformation of initial conflicts into harmonious integration, fostering a more inclusive understanding of identity over time. Participant CA exemplified this code when she shared, "My Christian faith has evolved. I shifted from viewing my queerness as a conflict to embracing it as a part of God's diverse creation."

Code 8: Negotiating Norms and Acceptance

The code of negotiating norms and acceptance emerged from participants expressing their navigation of societal expectations and cultural influences, negotiating norms, and employing strategies within diverse cultural landscapes to integrate their identities. Participant CB exemplified this code when she shared, "Negotiating societal norms is challenging. Within conservative circles, expressing my sexual orientation becomes a barrier in religious communities."

Code 9: Empowerment Through Community

The code of empowerment through community emerged from individual growth and empowerment being facilitated by rejecting mainstream doctrines, forging personalized spiritual paths, and leveraging support networks. Participant MA exemplified this code when he emphasized, "A lot of empowerment came from within my Muslim community. Rejecting norms and creating my own spiritual path were vital."

Code 10: Individual Empowerment

The code of individual empowerment emerged from participants expressed that crucial facilitators in the integration process involved rejecting mainstream doctrines, forging personalized spiritual paths, and strategically using supportive environments, emphasizing the significance of supportive social networks. Participant CB exemplified this code when she shared, "It was empowering to realize that my journey is unique and that I have the agency to define my own narrative. Rejecting societal expectations and embracing my authentic self allowed me to grow as an individual."

Code 11: Resilience as a Facilitator of Mental Health

The code of resilience as a facilitator of mental health emerged from exploring the emotional struggles, resilience, and coping mechanisms experienced by participants, highlighting the profound impact of identity integration on mental well-being. Participant BB exemplified this code by noting, "Navigating family reactions and societal expectations was tough, but my resilience grew. Embracing my identity positively impacted my mental well-being."

Code 12: Adaptive Coping Strategies

The code of adaptive coping strategies emerged from adaptive strategies employed to navigate stressors associated with integrating sexual and religious identities, including therapy, engagement with diverse spiritual beliefs, and transformative moments contributing to a sense of constant support and positive well-being. Participant HA exemplified this cod by sharing, "Engaging with diverse spiritual beliefs and therapy were coping mechanisms. Realizing the transformative nature of my deity provided constant support in my integration journey."

From these codes, eight overarching themes and 16 subthemes were identified, encapsulating the diverse and multifaceted dimensions of the integration of sexual and religious identities among LGB emerging adults. Visual representations of these themes and subthemes can be found in Figures 1 and 2, providing a visual roadmap for the subsequent exploration of the findings. This section will unfold the descriptive results, offering a nuanced portrayal of the participants themselves and their unique narratives. Through these descriptive results, the study aims to present an account of the identified

themes, shedding light on the complexities inherent in the interconnection of sexual and

religious identities within the LGB community.

Figure 1

Themes Identified Aligned with Research Questions 1 and 2

What are LGB emerging adults' lived experiences regarding integrating their sexual and religious identities?

Subtheme 1.1: Personal narratives of integrating identities

Theme 1: Identity Narratives

Subtheme 1.2: Challenges and triumphs in the process

Subtheme 2.1: Identity exploration during emerging adulthood

Theme 2: Emerging Adulthood Exploration

Subtheme 2.2: Influences shaping their self-discovery

How do LGB emerging adults view the relationship between their sexual and religious identities?

Subtheme 3.1: Complex relationship dynamics

Theme 3: Interconnectedness of Identities

Subtheme 3.2: Interplay between sexual and religious self-concept

Subtheme 4.1: Changes in views over time

Theme 4: Evolving Perspectives
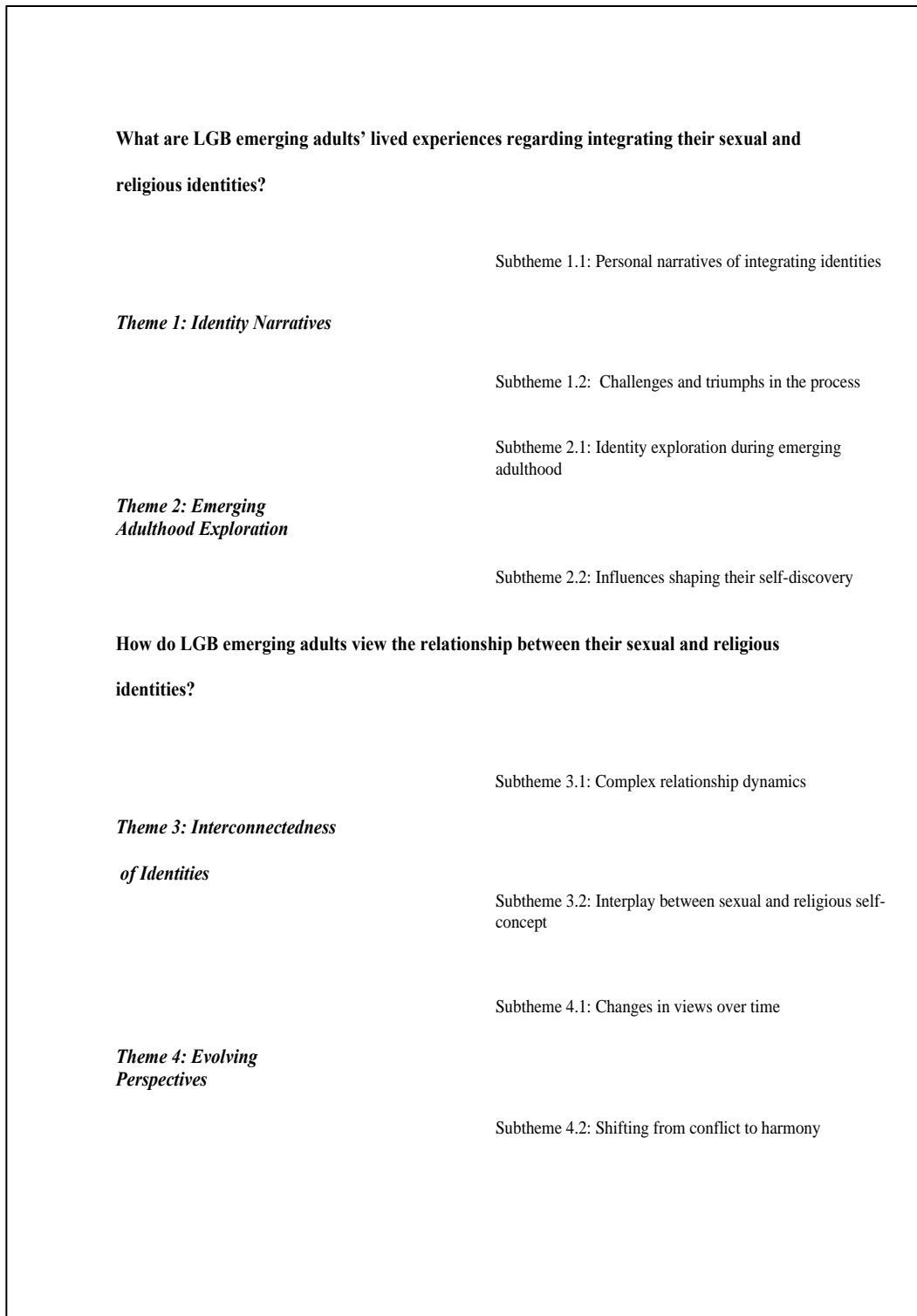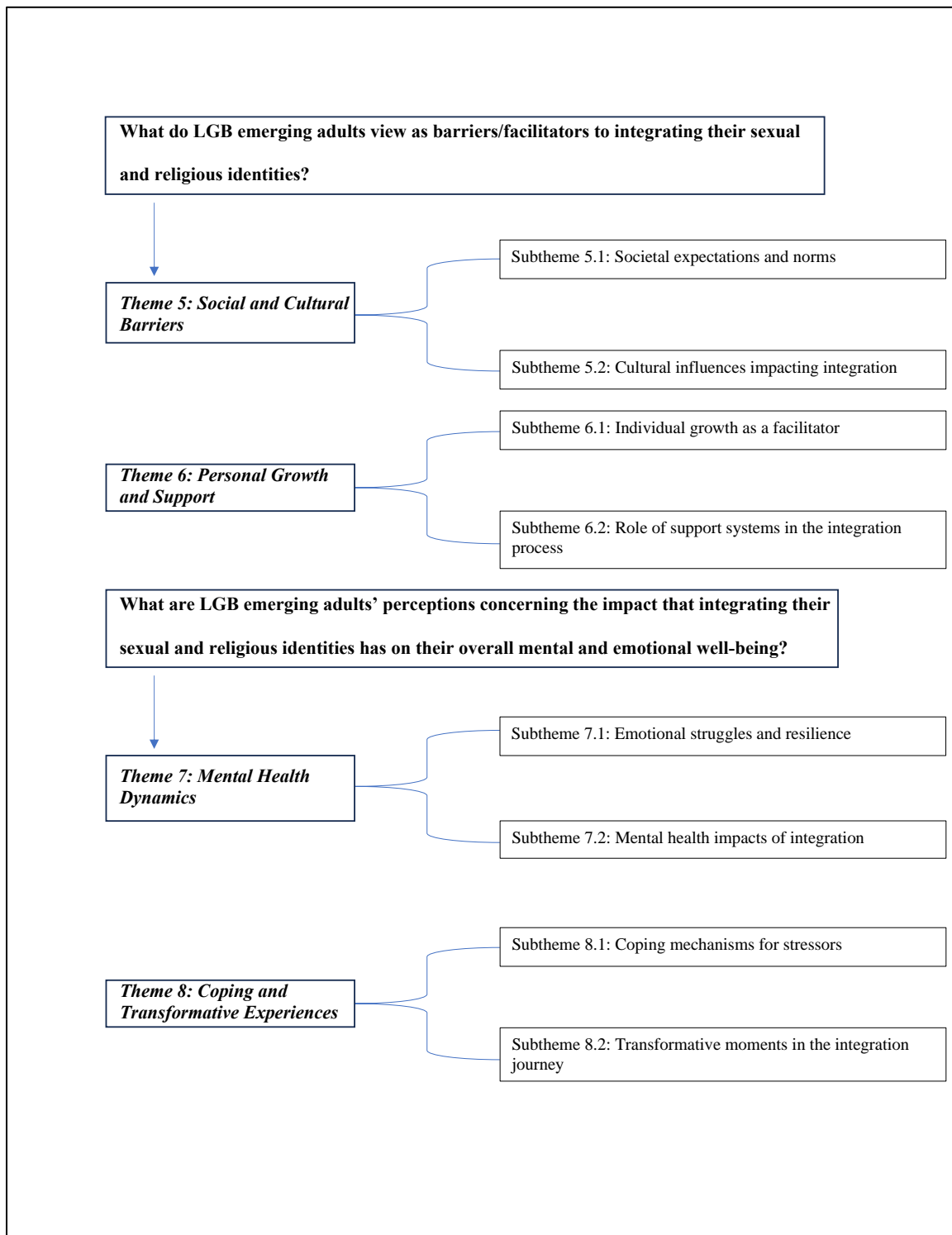
Subtheme 4.2: Shifting from conflict to harmony

Figure 2

Themes Identified Aligned with Research Questions 3 and 4

The findings of this study illuminate the diverse and intricate journeys of LGB emerging adults in integrating their sexual and religious identities. Through in-depth interviews with individuals representing various religious backgrounds, each narrative unveils a unique tapestry of challenges, triumphs, and transformative moments in pursuing identity integration. Despite their varied backgrounds, the participants echoed common threads of struggle and self-realization, marking a dynamic evolution in their perspectives. Eight themes emerged from the participants' narratives providing valuable insights into the interconnectedness of sexual and religious identities during the critical phase of emerging adulthood:

1. Identity narratives, where diverse personal stories reflect the complex process of integrating sexual and religious identities, emphasizing the nuances of individual journeys, conflicts, and resolutions.

2. Emerging adulthood exploration, where exposure to diverse perspectives and encounters shaped participants' understanding of sexuality and spirituality during emerging adulthood.

3. Interconnectedness of identities, where delving into the intricate relationship dynamics between sexual and religious identities, showcased intentional intertwining or coexistence within cultural or religious frameworks.

4. Evolving perspectives, where continuous self-reflection and growth captured the transformation of initial conflicts into harmonious integration, fostering a more inclusive understanding of identity over time.

5. Social and cultural barriers, where examining societal expectations and cultural influences posing challenges to integration explored how individuals navigated barriers and employed strategies within various cultural landscapes.

6. Personal growth and support, where crucial facilitators in the integration process involved rejecting mainstream doctrines, forging personalized spiritual paths, and strategically using supportive environments, emphasizing the significance of supportive social networks.

7. Mental health dynamics, where exploring the emotional struggles, resilience, and coping mechanisms experienced by participants highlighted the profound impact of identity integration on mental well-being.

8. Coping and transformative experiences, where adaptive strategies employed to navigate stressors associated with integrating sexual and religious identities included therapy, engagement with diverse spiritual beliefs, and transformative moments contributing to a sense of constant support and positive well-being.

This section will delve into where each of those themes aligns with the study's research questions, supported by impactful statements from interviews with the participants:

Question 1: What are LGB emerging adults' lived experiences regarding integrating their sexual and religious identities?

Theme 1: Identity Narratives

This theme encompasses the diverse personal narratives shared by participants, providing an in-depth look into the intricate process of integrating sexual and religious identities. It goes beyond mere acknowledgment of conflicts, offering a nuanced exploration of how individuals grapple with societal expectations and internal conflicts. Participants' narratives revealed that integration is not a uniform or linear journey, but rather a complex and multifaceted process influenced by various factors such as cultural background, family dynamics, and personal beliefs. Whether it was the gradual acceptance of a bisexual identity, the exploration of diverse spiritual beliefs, or the rejection of societal norms, these narratives emphasize the multi-faceted nature of identity integration. Participants divulged their unique journeys of self-discovery, navigating varied degrees of conflict and resolution. Some found ease in reconciling their queer identity with their respective religious backgrounds:

"I guess like when I started being gay, like when I knew I was gay. I didn't feel much conflict. Because where I'm from, given all the Jews, most of the Jews I know are very modern people." (JA)

"The journey has been a no-brainer; I've never felt like I'm contradicting anyone or anything." (BA)

In contrast, others detailed more challenging journeys marked by moments of self-denial and internal conflict:

"It's been a hard journey. I mean, at first. It's not that hard now. It's something I don't really think about…It's just been very eye-opening to me." (MA)

"Because I knew I was bi from the time I was 13... And I would always shove that down...I was so miserable. For me, accepting myself the way I am was a huge, huge struggle." (CB)

HA shared her triumph of finding acceptance within her family: "I've been fortunate. I lived I lived in a family which always supported LGBT. Although, I mean, my family doesn't fully understand it, but like they're accepting."

The diversity in participant responses highlights the importance of recognizing the unique circumstances and perspectives of each individual when discussing identity integration. Furthermore, these narratives underscore the significance of supportive environments and personal growth in facilitating the integration process. Participants who reported having access to supportive social networks and those who engaged in personal reflection and growth reported more positive integration experiences. This emphasizes the importance of creating inclusive and supportive spaces for LGB individuals within religious communities and society at large.

Theme 2: Emerging Adulthood Exploration

Exploring identity during emerging adulthood emerged as a pivotal theme, with participants actively questioning, experimenting, and evolving their understanding of

their sexual and religious identities. Exposure to diverse perspectives, academic pursuits, and encounters with different belief systems contributed to a profound shift in their understanding of sexuality and spirituality. BB's pursuit of psychology and exposure to different religions exemplified this deliberate exploration:

"Religion has kind of been like an all you can eat buffet for me because I have my Buddhist family on my mom's side. And then on my dad's side, my dad converted to evangelical Christianity when I was like, 10."

Some participants showcased ease in integrating their queer identity with their religious backgrounds, most notably HA when she stated:

"I've had no problems. Because if anything, I believe my spiritual identity is very much a part of my sexuality. Because I was never raised in a church or mosque or temple where it was believed, or where I ever heard, this is a sin that is a sin."

Conversely, MA, CA, and CB revealed more arduous journeys marked by internal conflict. The accounts highlighted personal growth and self-acceptance, notably CB's transformative journey of acceptance and advocacy: "And then like, over the last almost two years, as I've been dealing with immune deficiency diagnosis, I was like, I'm going to figure out my relationship with religion and figure out what I want to do."

Finally, it appears as though various influences, from personal experiences to academic pursuits, shaped participants' self-discovery during emerging adulthood. HA's

engagement with Celtic paganism and encounters with friends from different backgrounds expanded her understanding of spirituality: "University opened my eyes to diverse beliefs. Exploring Celtic paganism and encounters with friends from different backgrounds expanded my understanding of spirituality."

Question 2: How Do LGB Emerging Adults View the Relationship Between Their Sexual and Religious Identities?

Theme 3: Interconnectedness of Identities

Participants' narratives delved into the intricate interplay between their sexual and religious identities, revealing a complex and nuanced relationship. Rather than viewing these identities as separate or conflicting, some participants expressed a profound sense of interconnectedness and integration:

"I've had no problems. Because if anything, I believe my spiritual identity is very much a part of my sexuality." (HA)

"The journey has been a no brainer; the journey has been like…I've never felt like I'm contradicting anyone or anything, so there's no sense of integration. There was no need for even a conscious effort to integrate." (BA)

HA and BA navigated integration with deep introspection, recognizing how their sexual and religious identities shape their sense of self. Meanwhile, MA highlighted the delicate balance and intertwining of his identities: "My queer and Muslim identities are like a cultural and religious fusion. They coexist and influence each other within the broader context of societal norms."

Overall, participants showcased a spectrum of experiences, from intentionally intertwining their identities to navigating their coexistence within cultural or religious frameworks. For some, like BB, their Buddhist affiliation serves as a source of acceptance and affirmation, devoid of discrimination:

"I've never experienced any discrimination in my experience with Buddhism." (BB)

Others, like CA, highlighted the importance of minimizing the gap between their identities to maintain authenticity and avoid feelings of fragmentation:

"The easier it is for me to have those (identities) be closer to each other, the better I feel. When there is too much area in between, I feel like I kind of have to jump back and forth to one side of this and deny the other side." (CA)

Theme 4: Evolving Perspectives

Participants' evolving views over time demonstrate a continuous process of self-reflection and growth. From initial conflicts to harmonious integration, the narratives capture the fluidity of perspectives, challenging preconceived notions and embracing a more inclusive understanding of identity. BB and CA highlighted the positive aspects of their Buddhist and Christian affiliations, respectively:

"How I perceive Buddhism is that it teaches us to not get super caught up in the moment and be really impulsive with things. And so, I've definitely taken that heart of Buddhism and applied it to my life in a lot of different ways." (BB)

"I do find myself being a better person when I follow the ideas of Christianity." (CA)

In contrast, HA grappled with the non-normative stance within the Hindu community:

> "I remember once my mom (when we were very little) she took us to visit some of her friends who were a gay couple. One of her other friends was shocked like "you let your kids go near a gay man?" (HA)

Noteworthy shifts in JA's perspective were evident, moving from viewing religion as an obligation to a personally chosen belief system:

> "It's starting to be much more of something that I look for, instead of like, something that feels like an obligation from my parents or my grandparents." (JA)

Question 3: What Do LGB Emerging Adults View as Barriers/Facilitators to Integrating Their Sexual and Religious Identities?

Theme 5: Social and Cultural Barriers

Societal expectations and cultural influences seem to pose barriers to integration, with participants acknowledging the prevailing norms inhibiting open expression within religious communities. However, participants also explained how sociocultural influences presented barriers to identity integration beyond religious contexts. Participants expressed feeling pressure to conform to societal norms, especially within their cultural backgrounds. This pressure often lead to silence or selective disclosure, as individuals navigated the complexities of acceptance and visibility within their broader cultural contexts. While some reported facing challenges, others found support in family

acceptance and rejection of societal expectations, showcasing the varied cultural landscapes influencing their journeys. Participants grappled with selective disclosure and concealment strategies, emphasizing the importance of supportive social networks.

"At home, I probably wouldn't really mention it to my synagogue, like to my rabbi, or something. But I think they wouldn't really care. But if I was at like an orthodox service, I wouldn't talk about it." (JA)

"Yeah, I'm Latina, too. So, like, you know, it's when I want to go see my family on that side. I just don't talk about that. It's not like I can openly be like, 'Yeah, my girlfriend and I went to the city.'" (CA)

"There is stigma in church and to avoid potential judgment, I say nothing. I feel very uncomfortable when I'm sitting there listening to them preach about how the gays are horrible and it makes me viscerally upset." (CA)

"In the religious community where I teach…it doesn't come up much in conversation." (HA)

"There's definitely a lot of pressure to just conform to the societal norm, and not speak out." (CB)

BA acknowledged potential differences in acceptance between her current Buddhist community and the perceived conservatism in the Indian context:

" I think it depends on where you practice and what the policies and the organizations are like. In India, there was a leader in my practice, this older woman in my neighborhood. She's super awesome...And I told her that I'm, you know, definitely curious about women and I'm not straight. She knew and some of

my close friends who practice knew, so what happened was a few individual

people knew. But when I was 21, or 22, I was running a collective of bisexual

people in Delhi; like a support group. And for that support group during pride

month, I had written an article about being bisexual that went viral on social

media...And when that came out I felt really awkward initially, just because I've

always been a rebel. I've always provoked people and I've always been different.

But as I grew up, I realized I didn't want to do that. I didn't want to make people

uncomfortable."

Theme 6: Personal Growth and Support

Personal growth and the role of support systems emerged as crucial facilitators in

the integration process. Forging personalized spiritual paths, a strategic use of supportive

environments, and overcoming insecurities showcased resilience and intentional efforts to

navigate potential barriers. CB's embracing of a non-conformist perspective exemplified

this growth: "It was empowering to realize that my journey is unique and that I have the

agency to define my own narrative. Rejecting societal expectations and embracing my

authentic self allowed me to grow as an individual." All of the participants emphasized

the importance of supportive social networks, highlighting the positive impact of

community support. The theme of community as a source of support was particularly

emphasized by participants who found solace in both offline and online connections.

"Definitely community. Definitely." (BB)

"At that summer camp I was talking about. When I was a camper there, there was

a gay staff member who was a big role model for me." (JA)

"I think the area in which I get religious fulfillment has changed. So, I'm not necessarily attending churches. That does feel good. That's a low-pressure kind of nonjudgmental setting." (CA)

""I would say that like queer Muslims themselves have been my community. Especially on the internet, like, (social media) posts and things like that." (MA)

"I've been fortunate. I lived in a family which always supported LGBT. Although, I mean, my family doesn't fully understand it, but like they're accepting." (HA)

"For me, just talking with my friends is a huge thing." (CB)

Question 4: What Are LGB Emerging Adults' Perceptions Concerning the Impact That Integrating Their Sexual and Religious Identities Has on Their Overall Mental and Emotional Well-Being?

Theme 7: Mental Health Dynamics

The theme of mental health dynamics delves into the emotional resilience experienced of participants, underscoring the profound impact of identity integration on mental well-being. Transformative realizations, acceptance of diverse spiritual beliefs, and distancing from unsupportive environments serve as coping mechanisms contributing to positive mental health outcomes. Participants note both immediate positive impacts and the gradual nature of the process, offering a comprehensive understanding of the intricate relationship between identity integration and mental well-being.

"I would just say it's (religion's) definitely had a positive impact on my mental health and stuff." (BB)

"...I have a lot of mental health challenges otherwise, but thankfully, in this part of my life, it's not been an issue." (BA)

"I do wholeheartedly believe that I am a daughter of God, and he has made me exactly the way that I am supposed to be." (CB)

"To me at the end of the day, I say, I'm queer and I'm Muslim. And if Allah has a problem with that then surely, he would have not made me this way and surely, he would instantly give me a sign me to stop being queer." (MA)

HA and CA emphasized the slow and steady nature of the process:

"It's been a big help to improve things. It's been very slow and steady. It's a slow process…It's ok to give yourself some grace and allow yourself to be in a state of confusion. It's actually quite healthy. As long as you are not going to do something harmful, it's good to be evolving and questioning yourself." (HA)

"It's just one less thing that I have to try and figure out because I just don't think it's something I'll ever figure out." (CA)

Participants also openly shared their emotional struggles throughout the integration process. HA's experiences with suicidal ideations highlighted the profound impact on mental well-being: "I remember I had very bad suicidal ideations from age 14 to 16. Then I entered therapy." CA's feeling of "icky" during the integration process reflected the emotional challenges she faced:

"Because my parents may not judge, but there are people in my life that I looked up to greatly that were religious, and so I'm doing something that I can't tell them

about. And this person that I like, and then I think is amazing that I can't…that I have to hide from specific people. And that was, so…I felt icky."

Theme 8: Coping and Transformative Experiences

Coping and transformative experiences encompass the adaptive strategies participants employ to navigate stressors associated with integrating sexual and religious identities. Coping mechanisms, including therapy and distancing from unsupportive environments, reflect participants' resilience and proactive approaches. Transformative moments, such as realizations about the nature of deities, contribute to a sense of constant support and positive well-being. The theme explores the various coping strategies employed in navigating the integration of sexual and religious identities, providing insights into the transformative nature of certain experiences:

"I started therapy this year, so I'm talking about it with my therapist. Or maybe a friend. I have a good Christian friend." (JA)

"Sometimes I have to take a deep breath and just be like, 'Okay, let's lower our cortisol levels. Let's take a deep breath. And look at this in a different way, in a little bit of time.'" (CA)

"Whenever I had moments of conflict, I think I just managed to like shake it off or just ignore it. And just like looking back on like, my relationships or whenever I had a boyfriend, the love, and the feelings I felt for them just felt natural." (MA)

"I know that my when I came to realization that my deity is not a punishing one. That was quite helpful." (HA)

CB highlighted the transformative impact of finding her people and forming connections: "For me, the biggest one is finding my people that I feel safe with. Forming those connections with my people has been like probably the biggest thing and has had such a great impact."

Summary

In exploring the lived experiences of LGB emerging adults regarding the integration of their sexual and religious identities, this study uncovered rich and diverse narratives. The analysis of seven in-depth interviews illuminated the multifaceted nature of identity negotiation and integration within various religious contexts. Key themes emerged across participants, providing insights into the challenges, coping mechanisms, and transformative experiences associated with the intersection of sexual and religious identities. As I delve into the implications, limitations, and recommendations for future research in the subsequent chapter, these findings provide a foundation for understanding LGB emerging adults' complex and nuanced experiences in navigating the integration of their sexual and religious identities.

CHAPTER 5: DISCUSSION

Overview

This chapter engages in a comprehensive discussion of the findings derived from the study. The primary purpose of this study was to explore and understand the lived experiences of LGB emerging adults in integrating their sexual and religious identities. By engaging in an in-depth examination of these individuals' narratives, I aimed to uncover the challenges, facilitators, coping strategies, and the overall impact of the integration process on their mental and emotional well-being. I seek to contribute valuable insights into the complex interplay between sexual and religious identities, shedding light on the diverse perspectives within a religiously diverse LGB population. Through these narratives, the study strives to enhance the understanding of the intricacies involved in navigating the intersection of sexual orientation and religious affiliation during the formative years of emerging adulthood. In this chapter, I will present a summary of key findings, a thorough discussion of findings, an exploration of implications for theory and practice, an acknowledgment of limitations, recommendations for future research, and a succinct summary of the entire dissertation.

Summary of Findings

This study aimed to explore the lived experiences of LGB emerging adults regarding the integration of their sexual and religious identities. Through in-depth interviews with seven participants, a nuanced understanding of the challenges, coping mechanisms, and transformative experiences of this intersection emerged. This summary encapsulates the key findings across the four research questions.

Question 1: What are LGB emerging adults' lived experiences regarding integrating their sexual and religious identities?

Participants' narratives unveiled intricate journeys of self-discovery, each reflecting a unique tapestry of challenges, triumphs, and transformative moments. For individuals like JA and BA, the integration process appeared relatively seamless, characterized by an inherent harmony in reconciling their queer identity with their religious backgrounds. In contrast, MA, CA, and CB shared more arduous journeys, marked by internal conflicts and moments of self-denial. These struggles eventually paved the way for profound self-acceptance, illustrating the dynamic evolution inherent in the integration of sexual and religious identities. The theme of identity narratives emphasized the importance of recognizing the unique circumstances and perspectives of each individual when discussing identity integration. Furthermore, the theme of emerging adulthood exploration highlighted the pivotal role of this developmental phase in shaping participants' understanding of sexuality and spirituality through exposure to diverse perspectives and encounters.

Question 2: How do LGB emerging adults view the relationship between their sexual and religious identities?

The recurring theme of interconnectedness highlighted the intricate interplay within each participant's sense of self. Some participants found positive aspects within their religious affiliations, underscoring the compatibility of their queer identities within these religious frameworks. However, others experienced challenges in reconciling the two identities without adaptation or change. CA and CB's narratives reflected the

struggles of maintaining a non-normative stance within their Christian communities, showcasing the need for ongoing negotiation and adaptation to foster integration. JA's transformative shift from perceiving religion as an obligation to a personally chosen belief system emphasized the evolving nature of perspectives, illustrating the adaptability of individuals in navigating the relationship between their sexual and religious identities. Participants' narratives implied that some individuals may face conflicts or require adjustments to achieve cohesion between these aspects of their identity. The theme of evolving perspectives captured the transformation of initial conflicts into harmonious integration through continuous self-reflection and growth, fostering a more inclusive understanding of identity over time.

Question 3: What do LGB emerging adults view as barriers/facilitators to integrating their sexual and religious identities?

External factors, particularly societal norms, and cultural expectations emerged as substantial barriers to the seamless integration of sexual and religious identities. The participants employed strategic coping mechanisms, including selective disclosure and concealment strategies, to navigate the complexities of acceptance and visibility within broader cultural contexts. For example, CA expressed discomfort with the stigma present in her church environment and her avoidance of potential judgment by remaining silent. Moreover, HA mentioned the prevailing pressure to conform to societal norms within her cultural background, indicating the complexities individuals face in navigating acceptance and visibility within broader cultural contexts.

Participants also emphasized the positive impact of community support in providing a safe space for self-expression and garnering strength. For example, BB highlighted the significance of community acceptance, while JA mentioned the influence of role models within supportive environments like summer camps. These findings underscore the profound impact of external influences and the crucial role of supportive environments in shaping the integration process.

Question 4: What are LGB emerging adults' perceptions concerning the impact that integrating their sexual and religious identities has on their overall mental and emotional well-being?

Participants' perceptions regarding the impact of identity integration on mental and emotional well-being were diverse and nuanced. Successful integration, as reported by individuals like BA and BB, encompassed a sense of authenticity and alignment between their sexual and religious identities. For BB, successful integration meant feeling accepted and affirmed within both the LGB community and religious community, leading to her reporting improved mental health outcomes. Similarly, BA described successful integration as finding harmony between her sexual orientation and religious beliefs, resulting in a sense of wholeness and emotional well-being.

Overall, the integration process influenced the participants' mental and emotional well-being in multifaceted ways. Beyond a sense of authenticity, successful integration was associated with reduced feelings of anxiety, depression, and internal conflict. Coping mechanisms, such as therapeutic engagement and forming connections within supportive social networks, played a significant role in promoting emotional resilience and well-

being. By embracing their authentic selves and forging supportive connections, participants experienced improved mental and emotional well-being, highlighting the transformative impact of identity integration on their overall quality of life. The theme of mental health dynamics delved into the emotional struggles and resilience experienced by participants, underscoring the profound impact of identity integration on mental well-being. Transformative experiences and adaptive coping strategies, captured in the theme of coping and transformative experiences, contributed to a sense of constant support and positive well-being.

Discussion of Findings

The findings of this study offer profound insights into the intricate lived experiences of LGB emerging adults as they grapple with the integration of their sexual and religious identities. The diversity of journeys recounted by participants underscores identity integration's complex and individualized nature, aligning seamlessly with the broader literature on identity negotiation, notably highlighted by Erikson (1994).

Considering Findings Through the Lens of Minority Stress Theory

Examining study results through the framework of Minority Stress Theory (Meyer, 2003) provides a nuanced understanding of the challenges faced by the LGB population in the context of religious identity integration. MST posits that the health disparities experienced by sexual and gender minority individuals can be attributed to stressors arising from their stigmatized social status. These stressors can be categorized as distal (external) or proximal (internal), both of which can significantly impact mental health outcomes (Meyer, 2003).

The narratives shared by participants in this study highlighted the presence of both distal and proximal stressors. Distal stressors, such as experiences of microaggressions and discrimination within religious communities, were evident in several participants' accounts. For example, CA shared: "There is stigma in church, and to avoid potential judgment, I say nothing. I feel very uncomfortable when I'm sitting there listening to them preach about how the gays are horrible, and it makes me viscerally upset." This account aligns with previous research documenting the prevalence of microaggressions within religious contexts (Lomash et al., 2019; Pallotta-Chiarolli et al., 2022) and underscores the need for targeted interventions to reduce stigmatization and foster inclusivity. While not all participants explicitly mentioned microaggressions, the challenges they faced in navigating societal norms, cultural expectations, and the lack of open discussions about sexuality within their religious communities could be interpreted as forms of microaggressions.

Proximal stressors, including internalized homophobia and conflicts in identity integration, also emerged as significant themes. CB's statement: "I knew I was bi from the time I was 13... And I would always shove that down...I was so miserable. For me, accepting myself the way I am was a huge, huge struggle," illustrates the internal struggles some participants faced in reconciling their sexual orientation with their religious beliefs. This finding is consistent with previous research highlighting the role of internalized homophobia and identity conflicts in the mental health of LGB individuals (Lefevor et al., 2022).

Furthermore, the study identified factors such as attachment style to God (Pirutinsky et al., 2019) and positive/negative religious coping (Pargament, 2001) as potential predictors of mental health outcomes. This belief is evidenced by HA's statement that: "I know that my when I came to realization that my deity is not a punishing one. That was quite helpful." These factors underscore the internalized aspects of minority stress and their impact on the well-being of LGB individuals navigating the intersection of their sexual and religious identities.

However, this study also revealed the protective role of social support and affirming environments within religious congregations. Participants who found supportive communities, such as BA's experience in her local Buddhist community, reported more positive mental health outcomes. This finding aligns with previous research emphasizing the importance of social support (Shilo & Savaya, 2011) and affirming religious environments (Lefevor et al., 2021) in mitigating the negative effects of minority stress.

The application of MST to the study's findings provides a nuanced understanding of the complex interplay between religion, sexual identity integration, and mental health among LGB emerging adults. By recognizing and addressing both distal and proximal stressors within religious contexts, targeted interventions, and support systems can be developed to alleviate the burden of minority stress and promote the overall well-being of this marginalized population. The role of religious and community leaders in fostering inclusive and supportive environments cannot be overstated, as they play a crucial role in

mitigating the impact of minority stressors and promoting the mental health of LGB

individuals navigating the integration of their sexual and religious identities.

Contextualizing Within Existing Literature

This study's findings contribute to the growing body of literature exploring the

intersection of religion, sexual identity, and mental health among LGB individuals. While

previous research has identified a relationship between religion/spirituality and mental

health (Garssen et al., 2021), this study provides a more nuanced understanding of the

unique challenges and experiences of LGB emerging adults in integrating their sexual

and religious identities. The findings of this study extend our knowledge by highlighting

the complex interplay of factors that influence the relationship between religion and

mental health for LGB individuals.

Participants' narratives revealed that religion as culture, representation in religious

leadership, and familial perceptions of religious doctrine and norms play significant roles

in shaping the experiences of LGB emerging adults. For example, JA's account of having

a gay Judaic studies teacher demonstrates the positive impact of representation in

religious leadership on the identity integration process. This finding expands upon

previous research by suggesting that the presence of LGB-affirming role models within

religious contexts can facilitate a more harmonious integration of sexual and religious

identities, potentially leading to positive mental health outcomes (Lease et al., 2005;

Rosmarin et al., 2021).

Similarly, the experiences of CA and CB, who encountered challenges in

reconciling their sexual orientation with familial perceptions of religious doctrine and

norms, highlight the influence of family dynamics on the identity integration process. The

accounts of CA and CB extend our understanding of the role of family support and

acceptance in the mental health of LGB emerging adults, particularly in the context of

religious identity integration (Ryan et al., 2010; Shilo & Savaya, 2011). The findings of

this study also shed light on the nuances of religion as culture, as observed in the

experiences of participants from Jewish and Hindu backgrounds. The cultural

embeddedness of religion in these contexts adds an additional layer of complexity to the

identity integration process, as individuals navigate not only religious beliefs but also

cultural norms and expectations (Anderton et al., 2011; Rajasingham-Senanayake, 2020).

This insight expands our understanding of the intersectionality of religion, culture, and

sexual identity, and their collective impact on mental health outcomes.

This study also contributes to the literature by identifying specific coping

strategies and support systems that LGB emerging adults employ in navigating the

challenges of identity integration. Participants highlighted the importance of finding

affirming communities, engaging in self-reflection, and seeking therapy as a means of

coping with the stressors associated with integrating their sexual and religious identities.

These findings extend our knowledge of the resilience and adaptability of LGB emerging

adults in the face of minority stress (Meyer, 2003; Brewster et al., 2016) and provide

valuable insights for developing targeted interventions and support systems (Ross &

Rivers, 2020).

By shedding light on the nuanced experiences and factors that shape the identity

integration process, this research contributes to the growing body of literature (Etengoff

& Lefevor, 2020; Jaspal & Cinnirella, 2010) and provides valuable insights for fostering more inclusive and supportive environments within religious and mental health contexts.

Navigating Social and Cultural Barriers

In the context of differing views on same sex attraction, navigating social and cultural barriers becomes even more complex. For individuals grappling with conflicting beliefs between their sexual orientation and religious teachings, the challenges posed by societal norms and cultural expectations can be particularly daunting. Drawing from studies by Gnan et al. (2019) and Rees et al. (2021), this study underscores the persistent nature of these challenges, exemplified by some participants employing strategies of selective disclosure and concealment. Support from social networks emerged as a crucial form of assistance throughout participant narratives. Research by Shilo and Savaya (2011) and Feldman and Wright (2013) provides historical examples of the positive impact of social support on mental health outcomes within the LGB community. Therefore, fostering supportive social networks becomes paramount in alleviating the burden on individuals navigating dual identities. Interventions aimed at promoting inclusivity should prioritize the development of affirming environments within both religious and psychological contexts, providing individuals with the necessary support to navigate conflicting beliefs and societal expectations.

It is important to note that, in this context, affirming environments are clearly defined. An affirming environment refers to a space (whether within religious or psychological settings) that validates and supports individuals' diverse identities, including their sexual orientation and religious beliefs (Crisp, 2006). In these

environments, individuals feel accepted, respected, and valued for who they are, without facing judgment or discrimination based on their sexual orientation or religious affiliation (Bishop et al., 2022). An affirming environment promotes inclusivity, openness, and understanding, therefore fostering a sense of belonging and empowerment for individuals navigating the complexities of integrating their sexual and religious identities.

Mental Health Dynamics and Coping Strategies

The exploration of mental health dynamics among LGB emerging adults echoes broader concerns about mental health disparities within the LGB community, aligning with studies conducted by Kaniuka et al. (2019) and Gorse (2022). While participants lightly touch on religious/spiritual struggle, their predominant focus on positive adjustment reflects a healthy mindset where individuals prioritize the positive aspects of their identity reconciliation journey (Snyder & Lopez, 2009). Coping strategies identified in this study, ranging from therapeutic engagement to forming supportive connections, align with existing literature emphasizing the importance of positive coping mechanisms, documented by Oxhandler et al. (2018) and Gates and Dentato (2020). The nuanced understanding of religion as an inherent aspect of identity underscores the potential influence on coping strategies and mental health outcomes, offering valuable considerations for mental health professionals.

Contributions to Reformational Worldview

This study is anchored in the principles of the reformational worldview as advocated by Wolters in *Creation Regained* (2005). Wolters' framework provides a rich biblical perspective for understanding the complex interplay between human brokenness

and the redemptive work of Christ in every sphere of life, including psychology. Central to the reformational worldview is the idea that all creation, including the human psyche, bears the inescapable effects of the Fall. The tension experienced by those navigating their sexual and religious identities could be understood as a manifestation of this brokenness or a disintegration of our created wholeness. However, the grand narrative of Scripture reveals God's restorative purposes, offering the hope of redemption and the ultimate renewal of all things in Christ.

Approaching psychology through this reformational lens necessitates a posture of constant self-reflection, repentance, and reform within the field. A current replication crisis in the field of psychology highlights the need to re-examine mainstream psychological theories and practices that may be shaped more by fallen human assumptions than biblical truths (Maxwell et al., 2015; Tackett et al., 2019). By centering the often-marginalized LGB community, this study heeds Jesus' call to care for the oppressed (Luke 4:18-19) and advocates for their holistic mental health needs.

A reformational worldview offers a profoundly different paradigm than the secular definition of affirmation previously discussed. Rather than a mere affirmation of identities, a reformational worldview reorients psychology toward the goal of personal and communal restoration, a journey of being remade into the image of Christ in every aspect of our humanity. This holistic, redemptive framework has the potential to revolutionize how we understand and minister to those navigating spiritual and sexual identities.

Conclusion and Broader Implications

In conclusion, this study significantly contributes to the ongoing dialogue surrounding the intersection of sexual and religious identities within the LGB population. By acknowledging the complexities, barriers, and facilitators encountered by LGB emerging adults, this study provides valuable insights to both psychological and religious communities. These insights aim to foster a more inclusive and supportive environment for individuals navigating the intricate landscape of identity integration, ultimately contributing to the advancement of understanding and empathy within these intersecting realms.

Implications

The findings of this study offer significant implications across various domains, influencing theoretical perspectives, psychological practice, religious communities, and broader societal attitudes. These implications underscore the nuanced experiences of LGB emerging adults as they navigate the complex terrain of integrating their sexual and religious identities.

Theoretical Contributions

This study not only contributes to the theoretical understanding of the intersectionality of sexual and religious identities but also provides insights into the application of Minority Stress Theory within this context. By delving into the experiences of LGB emerging adults, this study sheds light on the unique stressors and challenges faced by individuals navigating the integration of their sexual orientation with their religious beliefs. These findings underscore the importance of considering minority stressors, such as internalized stigma and discrimination, in understanding the nuanced

dynamics of identity reconciliation. Additionally, the study emphasizes the need for a nuanced approach, recognizing the diversity in experiences among LGB emerging adults and challenging static conceptualizations of identity within the framework of MST.

Psychological Practice and Consulting

Mental health professionals can benefit from incorporating insights gained from this study into their counseling practices. Understanding the intricacies of identity conflicts and resolution can aid therapists in providing more affirming services. In previous work by Bishop et al. (2022), sexual minority participants (n = 274) defined an affirming practice as one that demonstrated support toward sexual minority clients, avoided discrimination, and avoided pathologizing sexuality. Practitioners should also recognize the vital role of support systems, encouraging clients to foster connections with affirming communities, both online and offline, to improve their mental well-being.

Impact on Religious Organizations

The findings of this study have significant implications for fostering greater inclusivity within diverse religious organizations, each operating from their distinct doctrinal foundations and views on human sexuality. For faith communities that embrace an affirming stance, these results underscore the vital importance of creating visible, actively welcoming spaces for LGB individuals. Concrete steps may include using inclusive language, providing educational resources, celebrating LGB identities and relationships, and amplifying LGB voices in leadership. Partnering with affirming community organizations can further this mission.

For religious groups holding a traditional sexual ethic, participant perspectives illuminate the complex internal struggles faced by LGB members in their religious communities. A posture of humble learning, rather than outright rejection, could create room for open dialogue. Initiatives focused on theological study, lament over human brokenness, extending compassion, and walking alongside those navigating identity tensions could also provide a pathway for greater understanding.

Across the theological spectrum, all religious organizations would benefit from critically examining long-held assumptions, misconceptions, and blind spots regarding sexuality. Creating safe forums for honest discussion and providing educational opportunities allows space for growth. Ultimately, the diversity of experiences represented across participant narratives demands a multi-faceted response from religious communities. A one-size-fits-all approach inadequately addresses the nuances of belief, identity, and human experience revealed in this study. Christian religious leaders especially have an opportunity to model Christ's radically inclusive yet truthful love to a watching world.

Broader Societal Impact

This study challenges societal stereotypes surrounding the perceived conflict between being LGB and having religious convictions, having broader implications for societal perceptions, encouraging a more nuanced and accepting view of diverse identities. Insights from this study can be used in broader awareness campaigns to promote acceptance and understanding. Media, educational institutions, and advocacy groups can leverage these findings to create more inclusive narratives.

<center>**Limitations**</center>

While this study provides valuable insights into the experiences of LGB emerging adults in integrating their sexual and religious identities, it is crucial to acknowledge several limitations that may influence the interpretation and generalizability of the findings. While these limitations were highlighted previously, a more in-depth discussion of them takes place in this section. Moreover, additional limitations were considered after the completion of the study.

Previously Considered Limitations

The study's participants represented diverse religious backgrounds; however, uneven distribution among specific denominations and sects may limit the comprehensive understanding of experiences within certain religious affiliations. The diversity within religious affiliations and sexual orientations may also lead to variations in experiences even within the same categories. The study's findings may not fully capture the heterogeneity within groups due to the limited number of participants. The predominantly emerging adult sample restricts the generalizability of the findings to other age groups, warranting caution in extrapolating the results.

Despite efforts to maintain neutrality, the interviewer's characteristics and potential biases may have influenced participants' responses. Different interviewing styles or approaches could elicit diverse responses, introducing a potential source of inconsistency and impacting the reliability of the data. While efforts were made to minimize bias, acknowledging this influence is essential for a transparent understanding of the study's limitations. Given the sensitivity of topics related to sexual orientation and

religious identity, participants may have been inclined to present socially desirable

responses, impacting the accuracy of their narratives, potentially leading to an

underrepresentation of certain challenges or experiences. The study relied exclusively on

qualitative interviews, offering rich narratives but lacking the quantitative depth

necessary to establish statistical patterns and associations within the sample.

Limitations to Consider After Completion of the Study

This research focused on participants from specific geographic regions,

potentially impacting the transferability of findings to different cultural and religious

contexts. Cultural nuances and regional variations in religious practices and acceptance of

sexual diversity may influence the applicability of the study's conclusions. Participants in

this study voluntarily shared their experiences, and self-selection bias may have

influenced the sample composition. Those who chose to participate may have unique

perspectives that differ from non-participants, affecting the comprehensiveness of the

findings. The study's nature provides a snapshot of participants' experiences at a specific

time. Changes in societal attitudes, religious teachings, or personal circumstances over

time may not be fully captured, limiting the longitudinal implications of the findings.

Acknowledging these limitations is essential for accurately interpreting the study's results

and guiding future research endeavors in this complex and evolving field.

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Recommendations for Future Research

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Building on the insights gained from this study, several avenues for future

research emerge, offering opportunities to deepen our understanding of the complex

interplay between sexual and religious identities among LGB emerging adults. By

addressing these research recommendations, scholars can contribute to the growing body of knowledge in this field, fostering a more comprehensive understanding of the experiences, challenges, and well-being of LGB emerging adults navigating the integration of their sexual and religious identities. This section outlines recommendations delineating potential directions for future investigations.

In-Depth Denominational Studies

Given the diverse religious landscape, future research should explore the experiences of LGB individuals within specific denominations or sects. Conducting in-depth studies within various religious traditions would allow for a more nuanced understanding of how theological nuances influence the integration process.

Longitudinal Research

Longitudinal studies should track individuals over an extended period to capture the dynamic nature of identity integration. This approach would provide insights into how experiences, attitudes, and well-being evolve, offering a more comprehensive understanding of the long-term impact of navigating sexual and religious identities. This may be especially important to capture a deeper understanding of the struggles experienced during the early phase of reconciling sexual and religious identities for those whose religious doctrine conflicts with their sexual identity.

Comparative Cross-Cultural Analyses

Extending the research to encompass broader cultural contexts would contribute to a more comprehensive understanding of how cultural norms and values interact with

religious teachings and sexual identity. Comparative analyses could highlight

commonalities and distinctions across diverse societies.

Intersectionality Studies

Future research should adopt an intersectional lens to explore how other identity

factors, such as race, ethnicity, and gender, intersect with sexual and religious identities.

Investigating the unique challenges individuals face at the intersections of multiple

marginalized identities could offer a more holistic perspective.

Examination of Support Systems

Understanding the role of support systems in the lives of LGB emerging adults is

crucial. Future research could explore the types of support, whether familial, peer-based,

or community-oriented, that contribute to positive identity integration outcomes and

mental well-being.

Exploration of Theological Shifts

Investigating instances where religious teachings undergo changes or adaptations

to become more inclusive could shed light on the impact of evolving theological

perspectives on LGB individuals. Examining the narratives of those within religious

communities actively promoting acceptance may provide valuable insights.

Quantitative Investigations

Complementing qualitative findings with quantitative data could offer a broader

perspective on prevalence, patterns, and associations within larger populations. Surveys

and standardized measures may help identify statistically significant trends and

correlations.

Intervention Studies

Research focusing on developing and assessing interventions to foster a more supportive environment for LGB individuals within religious communities is warranted. Evaluating the effectiveness of support programs or educational initiatives could guide the implementation of evidence-based interventions.

Comparative Studies with Non-religious LGB Peers

Comparative analyses between LGB individuals with and without religious affiliations may unveil distinctions in experiences and mental health outcomes. Understanding the impact of religious identity on the challenges and coping mechanisms relative to non-religious peers is essential.

Utilization of Advanced Research Methods

Employing advanced research methodologies, such as neuroscientific approaches or experimental designs, could offer unique insights into the physiological and cognitive aspects of identity integration. Integrating multiple methods could provide a more holistic understanding.

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Summary

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The comprehensive exploration of the relationship between religion, sexual identity integration, and mental health in the LGB population has yielded valuable insights. Notably, the meta-analysis by Garssen et al. (2021) underscored a nuanced longitudinal connection between religion and mental health, emphasizing the need for further research into mediators and diverse participant groups. The complexity of this relationship was illuminated by studies highlighting racial and ethnic variations (Nguyen, 2020) and the unique predictors, such as attachment style to God (Pirutinsky et al., 2019) and positive/negative religious coping (Pargament, 2001). Furthermore, the qualitative

work of Oxhandler et al. (2018) emphasized the significance of understanding clients'
religious perspectives in mental health interventions.

Considering the mental health of the LGB population, a multitude of factors were
identified. Studies by Gnan et al. (2019) and Rees et al. (2021) highlighted disparities in
mental health outcomes and healthcare access. Protective factors, including social support
(Shilo & Savaya, 2011), outness (Feldman & Wright, 2003), volunteerism (Gates &
Dentato, 2020), and exercise (Pharr et al., 2021), were identified. However, persistent
challenges and higher rates of suicidality in LGB youth (Gorse, 2022) emphasized the
need for ongoing research and support measures.

In understanding the interplay of religion and LGB mental health, recent
qualitative studies (Lomash et al., 2019; Pallotta-Chiarolli et al., 2022) shed light on the
microaggressions experienced within religious communities. Theological foundations
supporting the study align with a reformational worldview (Wolters, 2005), emphasizing
that psychology when grounded in a biblical perspective, becomes a Christian endeavor.
The biblical call for care for the marginalized and oppressed (Luke, 10:30-37)
underscores the importance of investigating and improving the mental health of the
LGBTQ community. The cautionary tale of Sodom and Gomorrah (Genesis 18-19,)
reinforces the need for compassionate understanding and support rather than succumbing
to pride and hatred.

This study contributes to the existing literature by specifically examining the
integration of sexual and religious identity in LGB emerging adults, addressing gaps
identified in previous research, and aligning with biblical principles. The findings

emphasize the necessity of affirming environments in congregations (Lefevor et al., 2021), resolving conflicts between sexual and religious identity (Lefevor et al., 2022), and the role of clergy in supporting sexual and gender minority individuals (Raedel et al., 2020). The implications for mental health professionals, clergy, and communities are profound, calling for inclusive and supportive practices to enhance the well-being of the LGB population in alignment with biblical teachings. The integration of empirical findings, theoretical frameworks, and biblical principles contributes to a more holistic understanding of the intricate relationship between religion, sexual identity integration, and mental health in the LGB population.

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APPENDIX A: RECRUITMENT FLYER

Research Participants Needed

Bridges and Barriers: Lesbian, Gay, and Bisexual Emerging Adults Views on Integrating their Sexual and Religious Identities

- Are you between the ages of 18-25?
- Do you identify as lesbian, gay, bisexual (LGB)?
- Do you consider yourself a follower of Judaism, Christianity, Islam, Hinduism, or Buddhism.

If you answered **yes** to all of these questions, you may be eligible to participate in a voluntary research study.

The purpose of this research study is to gain insight into the intricate experiences of LGB emerging adults as they navigate the integration of their sexual and religious identities.

Participants will be asked to explore their experiences with religion as an LGB person by participating in a video recorded zoom interview, which will take approximately 60 minutes to complete. Notes may be taken during the interview to record your responses, but they should not be a distraction to your ability to participate. Participant names and any other personal identifying information will remain confidential. Benefits include sharing your experience and offering insights into the potential sources of social support or stress for LGB emerging adults. Insights gained could guide community organizations and support networks in creating inclusive and affirming spaces for LGB people.
A consent document will be provided via email one week before the interview if you are deemed eligible. Rémy Roe, a student in the School of Behavioral Science, Department of Psychology, at Liberty University, is conducting this study.

If you would like to participate, please scan the QR code to complete the screening survey. *Please email ▮▮▮▮▮▮▮▮▮▮ if you are having trouble with the QR Code*

Survey

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted ethically as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Please contact Remy Roe at ▮▮▮▮▮▮▮▮▮▮▮▮▮▮

Liberty University IRB — 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

APPENDIX B: CONSENT FORM

Title of Project: BRIDGES AND BARRIERS: LESBIAN, GAY, AND BISEXUAL EMERGING ADULTS' VIEWS ON INTEGRATING THEIR SEXUAL AND RELIGIOUS IDENTITIES

Principal Investigator: Rémy Roe, Doctoral Candidate, Liberty University, Lynchburg, Virginia, USA

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a person between the ages of 18-25 years old that identifies as either lesbian, gay, or bisexual and as a follower of either Christianity, Judaism, Islam, Hinduism, or Buddhism. 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 gain insight into the intricate experiences of LGB emerging adults as they navigate the integration of their sexual and religious identities.

What will happen if you agree to takeis study?

If you agree to be in this study, I will ask you to do the following:

1. I will ask you to participate in a (approximately) one video recorded, zoom interview that will focus on your lived experiences as an LGB person navigating their sexual and religious identities.

How could you or others benefit from this

Benefits include sharing your experience and offering insights into the potential sources of social support or stress for LGB emerging adults. Insights gained could guide community organizations and support networks in creating inclusive and affirming spaces for LGB people.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

How will personal information be protected?

The records of this study will be kept private. 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 will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms.

- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Digital data will be stored on a password-locked computer and may be used in future presentations. Any hardcopy records will be stored in a locked file cabinet. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.
- The interviews will be recorded and transcribed, maintained during the study period, after which will be destroyed at the end of the study. I the researcher will have access to the recordings for transcribing purposes.

• **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 whether 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 without affecting those relationships.

• **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 Rémy Roe. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact me at ███████████████████████. You may also contact the researcher's faculty sponsor, Dr. Ralph Ogburn 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 IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

- *Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

• **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 video record me as part of my participation in this study.

_____

_____Printed Name

_____
____

Signature & Date

APPENDIX C: INTERVIEW QUESTIONS

Introduction and Warm-up Questions:

I would like to start by first collecting some basic demographic information. This is an important part of ensuring as much representation as possible throughout this study.

1. How old are you?

2. Is there a specific race or ethnicity that you identify as?

3. Can you tell me about any formal education you have or are currently pursuing?

4. On a scale of 0-10, with zero being none at all and 10 being completely unbearable, how much stress would you describe yourself as having experienced in the past week, including today?

5. Can you tell me a bit about your background, particularly regarding your religious affiliation and how you identify within the LGB spectrum?

6. What role does religion play in your life, and how has it evolved over time?

7. How comfortable are you with openly expressing your sexual orientation within your religious community?

8. To what extent do you feel like your chosen (if any) religious institution is affirming?

Identity Integration:

9. Could you describe your experience of integrating your sexual orientation and religious identity? What has that journey been like for you?

10. Have there been specific moments or milestones in your life that significantly impacted how you perceive the relationship between your sexual and religious identities? If yes, please describe them.

11. What emotional responses, if any, have you encountered during the process of integrating these identities?

Challenges and Barriers:

12. What obstacles or challenges have you faced in reconciling your sexual and religious identities? Can you provide specific examples?

13. Have you encountered any forms of discrimination or prejudice within your religious community due to your sexual orientation? How did you respond to such situations?

14. Do you feel there are societal or cultural pressures that hinder your ability to authentically integrate both identities?

     a. Please list and describe the pressures.

Support and Coping Mechanisms:

15. Are there individuals or communities that have provided support or guidance as you navigate the integration of your identities?

    1. If so, please describe.

    2. How have they been helpful?

16. What coping strategies or self-care practices have you developed to manage any conflicts or stress arising from the dual identities?

Impact on Well-being:

17. How do you perceive the impact of integrating your sexual and religious identities on your overall mental and emotional well-being?

18. Please share any positive or transformative experiences related to the integration process. How have they shaped your sense of self?

Advice and Insights:

19. What advice would you offer to other LGB individuals grappling with integrating their sexual and religious identities?

20. In your opinion, what do you think could help people who are navigating this integration?

Closing:

21. Is there anything else you would like to share or any aspects of your experiences that we haven't discussed?

APPENDIX D: IRB APPROVAL

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

February 6, 2024

Rémy Roe
Ralph Ogburn

Re: Modification - IRB-FY23-24-769 Bridges and Barriers: Lesbian, Gay, and Bisexual
Emerging Adults Views on Integrating Their Sexual and Religious Identities

Dear Rémy Roe, Ralph Ogburn,

The Liberty University Institutional Review Board (IRB) has rendered the decision below for
IRB-FY23-24-769 Bridges and Barriers: Lesbian, Gay, and Bisexual Emerging Adults Views on
Integrating Their Sexual and Religious Identities.

Decision: Approved

Your request to make the following changes has been approved:

1. No longer include participants who do not identify as lesbian, gay, or bisexual,
2. No longer exclude nonbinary or trans people,
3. No longer limit participants to individuals living in the San Francisco Bay area, and
4. Clarify that the interviews will be conducted remotely via Zoom and audio and video
   recorded or in person and audio recorded.

Thank you for submitting your revised study documents for our review and documentation. **For a
PDF of your modification letter, click on your study number in the My Studies card on your
Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the
Study Details page. Finally, click Modification under Submission Type and choose the
Letters tab toward the bottom of the Submission Details page. If your modification required
you to submit revised documents, they can be found on the same page under the
Attachments tab.** Your stamped consent form(s) 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(s) should be made available without alteration.

Thank you for complying with the IRB's requirements for making changes to your approved
study. Please do not hesitate to contact us with any questions. We wish you well as you
continue with your research.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

January 3, 2024
Rémy Roe
Ralph Ogburn
Re: IRB Approval - IRB-FY23-24-769 Bridges and Barriers: Lesbian, Gay, and Bisexual
Emerging Adults Views on Integrating Their Sexual and Religious Identities

Dear Rémy Roe, Ralph Ogburn,

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
following date: January 3, 2024. If you need to make changes to the methodology as it pertains to
human subjects, you must submit a modification to the IRB. Modifications 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.
(NOTE: Some research in this category may be exempt from the HHS regulations for the
protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research
that is not exempt.)

**For a PDF of your approval letter, click on your study number in the My Studies card on
your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the
Study Details page. Finally, click Initial under Submission Type and choose the Letters tab
toward the bottom of the Submission Details page. Your stamped consent form(s) and final
versions of your study documents can be found on the same page under the Attachments
tab.** Your stamped consent form(s) 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(s) 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, PhD, CIP
Administrative Chair
Research Ethics Office

APPENDIX E: CODING SAMPLE

Jewish A (JA)

Theme 1: Identity Narratives

Subtheme 1.1. Personal Narratives of Integrating Identities. JA's narrative revealed a journey of self-discovery within the context of his sexual and religious identities. The initial ease of integration and later challenges, especially after a summer camp experience, mirrored a dynamic process of self-understanding.

Subtheme 1.2. Challenges and Triumphs in the Process. JA openly discussed challenges faced during the integration process, notably after a summer camp experience. JA suggested that triumphs and struggles coexist, highlighting the complexity of integrating identities.

Theme 2: Emerging Adulthood Exploration

Subtheme 2.1. Identity Exploration during Emerging Adulthood. JA's experiences during emerging adulthood, particularly at university and summer camp, aligned with a phase of exploration. The external influences, diverse perspectives, and exposure contributed to the ongoing process of self-discovery.

Subtheme 2.2. Influences Shaping Self-Discovery. Influences from summer camp and interactions with diverse individuals indicated that external factors played a crucial role in shaping JA's evolving understanding of his sexual and religious identities.

Theme 3: Interconnectedness of Identities

Subtheme 3.1. Complex Relationship Dynamics. The nuances in JA's comfort levels within different religious settings pointed to the complex relationship between his

sexual and religious identities. This complexity suggests that integration is context-dependent.

Subtheme 3.2. Interplay between Sexual and Religious Self-Concept. JA's varying comfort levels in different religious contexts implied an intentional interplay between his sexual and religious self-concept. The fluidity of this interplay highlights the adaptability of his integration process.

Theme 4: Evolving Perspectives

Subtheme 4.1. Changes in Views Over Time. JA acknowledged a shift in perspective after a summer camp experience, indicating that views on his sexual identity can evolve over time. This evolution suggested an ongoing process of reflection and growth.

Subtheme 4.2. Shifting from Conflict to Harmony. Despite potential conflicts last year, JA expressed a desire to investigate thoughts rather than perpetuate conflict. That desire signaled a shift towards resolving internal conflicts and seeking harmony in the integration journey.

Theme 5: Social and Cultural Barriers

Subtheme 5.1. Societal Expectations and Norms. JA's consideration of societal expectations and the impact of cultural influences, especially in specific religious settings, suggested potential barriers to complete integration. The need to navigate societal norms added a layer of complexity.

Subtheme 5.2. Cultural Influences Impacting Integration. Cultural influences, particularly from JA's Colombian background, may pose challenges in fully integrating

his sexual and religious identities, indicating potential barriers rooted in cultural

expectations.

Theme 6: Personal Growth and Support

Subtheme 6.1. Individual Growth as a Facilitator. JA emphasized personal

growth as a facilitator, aligning with the notion that internal development contributes

positively to the integration process. This self-discovery and growth played a vital role in

navigating potential barriers.

Subtheme 6.2. Role of Support Systems in the Integration Process. JA's

conversations with a friend underscored the significance of external support systems in

navigating the complexities of integrating sexual and religious identities.

Theme 7: Mental Health Dynamics

Subtheme 7.1. Emotional Struggles and Resilience. JA acknowledged

emotional struggles, particularly during the phase when being gay felt wrong. However,

the overall narrative suggested resilience and a capacity to navigate these challenges.

Subtheme 7.2. Mental Health Impacts of Integration. The dynamic impact of

integration on JA's mental health was evident, with moments of struggle and

opportunities for growth and self-acceptance. The integration journey appeared to be

intertwined with mental well-being.

Theme 8: Coping and Transformative Experiences

Subtheme 8.1. Coping Mechanisms for Stressors. JA employed coping

mechanisms such as therapy and conversations with a friend to navigate stressors,

showcasing a proactive approach to maintaining mental well-being during the integration process.

Subtheme 8.2. Transformative Moments in the Integration Journey. JA identified transformative moments, such as working with a gay staff member at a summer camp. These moments contributed to a sense of support and positive changes during the integration journey, underlining the transformative nature of certain experiences.