Same-Sex Attracted, not LGBQ: The Implications of Sexual Identity Labeling on Religiosity, Sexuality, and Health among Mormons

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Abstract

In the Church of Jesus Christ of Latter-day Saints (LDS church), beliefs about same-sex sexual attraction are carefully differentiated from beliefs about same-sex sexual behavior and identity, leading some to reject a lesbian, gay, bisexual, or queer (LGBQ) identity label and to describe themselves as experiencing same-sex attraction (SSA). Using data from 1128 sexual minority Mormons recruited from both politically conservative and liberal circles, we examined the relationship between rejecting a sexual identity label and aspects of religiosity, attitudes toward sexuality, and health outcomes. We found that SSA Mormons were significantly more religious and less content with their sexuality but had similar health outcomes relative to LGBQ Mormons. Guided by minority stress, intersectionality, and social identity theories, we posit that these differences are best understood by differences in group affiliation and support, intersectional experiences with minority stressors, and the lack of generalizability of LGBQ constructs to SSA-identity experiences.

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Lesbian, gay, bisexual, and queer (LGBQ) identities are often discouraged by traditional religions, including the Church of Latter-day Saints (Mormons), because these identity labels connote same-sex sexual behavior (Church of Jesus Christ of Latter-day Saints, 2017). To preserve the socioemotional support and spiritual connection fostered by religion, some who experience same-sex attractions choose to reject sexual identity labels in favor of labels such as same-sex attracted (SSA), heterosexual, or child of God (Brown, 2015). Similarly, religious identities and practices may be discouraged by LGBQ communities due to the historical oppression of sexual minorities by organized religion (Lassiter, 2015). Where religion has been linked with positive mental health outcomes (Bonelli & Koenig, 2013), the effects of religion on mental health outcomes appear more mixed among sexual minorities. Although some sexual minorities report increased well-being, others report little benefit or increased distress due to religious affiliation, belief, or practice (Barnes & Meyer, 2012; Barringer & Gay, 2017; Lefevor, Janis, & Park, 2017), and sexual minorities are twice as likely as heterosexual individuals to decline religious affiliation (Lefevor, Park, & Pedersen, 2018).

Although integration of sexual and religious identities is often touted as the "ideal" outcome from a mental health perspective, most sexual minority Mormons reject either a religious or sexual identity in favor of the other (Dehlin, Galliher, Bradshaw, & Crowell, 2015) due to the amount of internal and external conflict created by holding both sexual minority and Mormon identities (Dahl & Galliher, 2012). On one hand, adopting an LGBQ identity and coming out (Doty, Willoughby, Lindahl, & Malik, 2010) are typically associated with increased well-being and fewer symptoms of mental health problems (Legate, Ryan, & Rogge, 2017) in the

general population as well as the population of sexual minority Mormons (Dehlin et al., 2015). On the other, identifying as LGBQ may lead to rejection by family and community, increased internal conflict, and ultimately more negative health outcomes (Grigoriou, 2014). Further, maintaining a Mormon identity may lead to better mental health than rejecting a Mormon identity (Cranney, 2017) possibly due to the protective nature of group membership. Since identity integration is not frequently feasible for sexual minority Mormons, navigating conflicting sexual and religious identities requires accurate and culturally relevant information about the implications of rejecting either identity. Little larger-scale, quantitative research exists that examines sexual minority and Mormon identities concurrently.

Taking intersectionality as a guiding framework (Crenshaw, 1989), we examine the implications of rejecting a sexual identity label on expressions of sexuality, religiosity, and well-being using a sample of 1,128 sexual minorities who currently identify or previously identified as Mormon. To frame our research questions, we will review the literature on sexual identity development and minority stress, first examining trends among sexual minorities generally and second examining trends intersectionally among sexual minority Mormons.

Intersectionality, Mormonism, and Same-Sex Attraction

Intersectionality suggests that individuals' experiences are synergistically constructed through the multiple identities they hold and that unique intersections of identity are best understood with attention to the role of power, privilege, and the socially constructed nature of identity (Cole, 2009; Crenshaw, 1989). In a sexual minority Mormon context, this framework draws attention to the way that Mormons who reject a sexual identity label may differ from other religious individuals, others who reject sexual identity labels, and sexual minorities more broadly. It emphasizes the loss of privilege both within the LDS church and in society from

experiencing same-sex attractions and/or adopting an LGBQ identity label. Within sexual minority communities, Mormons are frequently viewed skeptically due to the church's longstanding support for anti-LGBQ legislation and policies. Within Mormon communities, sexual minorities often experience microaggressions for not conforming to heteronormative ideals of marriage and family (Simmons, 2017). This unique intersection has led to the formation of a unique sexual minority Mormon subculture.

Mormons who reject a sexual identity label frequently refer to themselves as "experiencing same-sex attraction" or "same-sex attracted" (SSA) due to explicit encouragement from church leaders to avoid sexual identity labels and same-sex sexual behavior (Church of Jesus Christ of Latter-day Saints, 2017). Although church leaders have recently used sexual identity labels in official publications and websites (e.g., mormonsandgays.org, mormonandgay.lds.org) and more members are adopting sexual identity labels, the practice of rejecting a sexual identity label remains common among sexual minority Mormons. This practice and nomenclature is similar to the use of the phrase "same-gender loving" among Black Christians because these individuals consciously avoid identifying with the LGBQ community in order to identify with other communities (Lassiter, 2015); SSA Mormons typically wish to connote an affinity for the LDS church through their use of the terminology (Brown, 2015). "SSA," however, does not typically carry the connotation of same-sex sexual activity associated with terms such as "down low" or men (women) who have sex with men (women; MSM/WSW) nor does it typically represent an effort to preserve heteronormative masculinity (Ward, 2015). Various organizations and support groups, primarily in Utah and other states with large Mormon populations, have been created for SSA individuals (e.g., North Star, Journey into Manhood).

Consequently, SSA individuals are increasingly becoming more open about their experience of same-sex attraction and many are "coming out" to their congregations and friends.

Sexual Identity Development

Typically, sexual identity development is thought to progress through several stages, beginning with identity confusion caused by the realization of same-sex attractions and ultimately ending with the acceptance and consolidation of an LGBQ identity (Cass, 1979; Troiden, 1989; Fassinger & Miller, 1996). Identity integration is aided by individuals experimenting with same-sex behavior, by deconstructing negative thoughts and beliefs related to adopting an LGBQ identity, and by participating in the LGBQ community (Cass, 1979). In most models of sexual identity development, the final stage involves adopting an LGBQ identity, sharing that identity with others through a "coming out" process, and committing to this identity as a stable part of the self (Troiden, 1989). Though many of the assumptions of these models have been called into question more recently, coming out and adopting an LGBQ identity remain important steps for many LGBQ individuals in improving their mental health (Rosario, Schrimshaw, Hunter, & Braun, 2006). In contexts with greater social support, coming out may not only directly improve mental and physical health, but also strengthen interpersonal relationships and feelings of connectedness (Legate et al., 2017).

Under these models, individuals who choose not to come out or adopt an LGBQ identity are seen as developmentally inhibited. As a result, alternative models of sexual identity development have been constructed that do not inherently assume defect for those whose desired state is not the adoption of an LGBQ identity (Yarhouse, 2001; Yarhouse, Tan, & Pawlowski, 2005). Similar to other models discussed (e.g., Cass, 1979), these developmental models also begin with identity confusion caused by realization of same-sex attraction and involve stages of

confusion and exploration; however, the final stage involves an individual personally accepting same-sex attractions, regardless of how/if this acceptance is communicated to others. In this view, SSA individuals may successfully navigate the conflicts and stages of sexual identity development in a manner similar to LGBQ individuals but adopt less common identities such as SSA, heterosexual, or child of God. For individuals in traditional religious contexts, there is some evidence that identifying as SSA may lead to similar mental health outcomes as identifying as LGBQ and rejecting a religious identity (Beckstead & Morrow, 2004; Grigoriou, 2014).

By openly identifying as LGBQ, same-sex attracted Mormons risk rejection from both their families and their religious communities. Thus, some may choose to reject an LGBQ identity to preserve this support (Dehlin et al., 2015). These individuals are thought to be more active with their faith and to hold faith more centrally in their lives, such that leaving the faith would cause more distress than staying in a faith that is not affirming of their sexuality (Grigoriou, 2014). Further, by being open about their attractions without adopting an LGBQ identity, SSA individuals may be able to benefit from group membership in both Mormon and sexual minority Mormon groups, which may buffer possible negative outcomes (Tajfel & Turner, 1986). Additionally, some may choose to reject an LGBQ identity based on a deep belief in the veracity of their faith tradition, including an acceptance of church leaders' positions on homosexuality and sexual identity labels. However, it is still unclear in which ways SSA and LGBQ Mormons differ religiously and whether these differences may lead to different health-related outcomes. To better understand the ways in which these groups may differ, we examine how minority stress may function differently for LGBQ and SSA Mormons.

Minority Stress in a Mormon Context

Minority stress theory (Meyer, 2003) posits that mental health disparities between sexual minority and heterosexual individuals may best be understood as the result of the increased likelihood for sexual minorities to experience overt discrimination, which may lead to hypervigilance toward future instances of discrimination and internalized negative attitudes about homosexuality.

Discrimination. LGBQ individuals are the target of hate crimes, harassment, and discrimination much more frequently than heterosexual individuals (Balsam, Rothblum, & Beauchaine, 2005; Katz-Wise & Hyde, 2012). These traumatic events may lead LGBQ individuals to experience higher rates of depression and anxiety and to seek mental health treatment more frequently than their heterosexual peers (Cochran, Sullivan, & Mays, 2003; Lick, Durso, & Johnson, 2013; Meyer, 2003). Most frequently and intuitively, discrimination appears to be based on observed same-sex sexual behavior or identity. However, it also appears that the presence of same-sex attraction alone may make individuals more likely targets of discrimination due to gender atypical behaviors (Bailey & Zucker, 1995; Balsam et al., 2005).

It is unclear whether SSA Mormons are likely to experience increased discrimination and worse mental health outcomes relative to their LGBQ Mormon or LGBQ peers. It may be that SSA Mormons are less "out" than their LGBQ peers and less likely to be in same-sex relationships, which may lead to less behavior- and identity-based discrimination. Alternatively, SSA Mormons may experience discrimination based on their same-sex attraction vis-à-vis gender atypical behavior (Balsam et al., 2005). Further, SSA Mormons may experience increased discrimination as they are more likely to be involved in traditional religious environments that have historically been linked with increased discrimination (Barnes, 2013).

Concealment/disclosure. Historically and currently, discrimination against LGBQ individuals has been socially sanctioned, leading many LGBQ individuals to fear discrimination even in places where no overt threats exist (Meyer, 2003). Hypervigilance often manifests as stigma management in anticipation of discrimination, which increases the risk of negative mental health outcomes (Schrimshaw, Downing, & Cohn, 2018; Schrimshaw, Siegel, & Downing, 2013). Disclosure of sexual identity can be beneficial in decreasing hypervigilance and subsequent depressive symptoms (Bergfeld & Chiu, 2017; Legate, Ryan, & Weinstein, 2012). Those who are more out or open about their sexual identity tend to experience less internalized homonegativity and improved mental health (Walch & Ngamake, 2016).

Many SSA Mormons also conceal their sexual orientation in order to manage stigma. Even though it might be easier for SSA Mormons to "pass" as heterosexual since they do not adopt an LGBQ label, they may still experience hypervigilance related to previous experiences of rejection and discrimination. Further, to the extent that SSA Mormons are less open about their sexual attractions, it is likely that they would experience more negative mental health outcomes than LGBQ Mormons (Walch & Ngamake, 2016). Engagement with SSA Mormon support groups or increased openness about sexual attraction may help SSA Mormons to reduce these negative mental health outcomes in a similar way that coming out is frequently beneficial to LGBQ individuals.

Internalized homonegativity. Internalized homonegativity refers to the internalized negative beliefs and attitudes about homosexuality held by some LGBQ individuals (Mayfield, 2001). Internalized homonegativity is positively correlated with depression, and negatively correlated with overall sexual health, comfort with sexual orientation, and outness (Rosser, Bockting, Ross, Miner, & Coleman, 2008).

LGBQ and SSA individuals who are also traditionally religious consistently demonstrate higher levels of internalized homonegativity due to the negative attitudes of most religious organizations towards same-sex sexuality (Brown, Babucarr, & Taylor, 2014; Meladze & Brown, 2015; Sowe, Brown, & Taylor, 2014). Furthermore, there is some evidence that men who accept their same-sex sexuality and openly identify as gay experience significantly lower levels of internalized homonegativity when compared to SSA men who reject a sexual identity label (Dubé, 2000), possibly reflecting the positive health effects of accepting one's sexuality. Current measures of internalized homonegativity may not accurately capture these internalized beliefs in Mormon individuals who identify as SSA because internalized homonegativity is inherently an LGBQ concept with identity-related constructs incorporated as part of the scale, such as "If it were possible, I would choose to be straight" (Mayfield, 2001). It is unclear if a construct like internalized homonegativity can be meaningfully applied to individuals who reject an LGBQ sexual identity label because they may identify as straight. Nonetheless, internalized negative beliefs about homosexuality may still negatively affect the mental health of individuals, even those who do not adopt an LGBQ identity label.

Research Questions

Taken together, literature on sexual identity development and identity integration indicate multiple plausible applications of these theories for SSA Mormons. However, very few quantitative studies have concretely explored the sexuality, religiosity, and health of SSA Mormons, which makes it difficult to understand how sexual identity development or minority stress may function for SSA Mormons. The present study addresses these gaps and is guided by the following question: What is the impact of rejecting a sexual identity label on the attitudes around sexuality, religiosity, and health of sexual minority Mormons? We divided this guiding

question into four smaller questions: (a) What are the demographic characteristics of those who reject a sexual identity label? (b) How do SSA and LGBQ Mormons compare on indicators of religiosity? (c) Do the two groups have similar attitudes toward sexuality? and (d) How do the mental and physical health of individuals who reject a sexual identity label differ from those who endorse a label?

Method

Participants were asked to complete an online survey "to identify important aspects of life and relationships for those who experience or have experienced same-sex attractions and identify as lesbian, gay, bisexual, heterosexual, with another sexual identity, or reject a label," accessible through a designated website (4OptionsSurvey.com) and estimated to take around 30 to 40 minutes to complete. The survey was available over a 10-month period from September 2016 to June 2017 and was approved by the institutional review board at Idaho State University. Participants were recruited in four main ways: news media, affinity organizations, mental health providers, and word of mouth. The study was advertised in news media outlets likely to reach SSA/LGBQ Mormons including the *Salt Lake Tribune*, the *LDS Living Magazine*, and the *Online Religion News Source*, with 21.5% of participants reporting having learned about the study from these media outlets. Other participants were recruited through announcements in numerous fora for SSA/LGBQ Mormons such as Affirmation, North Star, Understanding Same Gender Attraction, and Utah-based LGBQ organizations. As the research team included leaders in both conservative and liberal SSA/LGBQ Mormon groups, research team members were able to use their influence to ensure a politically diverse sample of participants. Of the participants sampled, 47.8% reported learning about the study from an organization or online. An additional 4.2% reported learning about the study from a mental health provider and 26.6% of our sample

reported learning about the study from a friend or family member. Participants were not compensated for their participation.

Participant Characteristics

Participants were eligible for inclusion if they (a) were 18 years of age or older, (b) experienced same-sex attractions at some point in their lives, (c) identified as Mormon at some point in their lives, and (d) completed survey items related to mental health, sexuality, and religiosity. The majority of the population was white (93.1%), aged 18-39 (60.9%), and had a bachelors (35.2%) or graduate (30.9%) degree. More than half (52.5%) were living in Utah at the time of the study. Most (71.3%) were currently affiliated with the Church of the Latter-Day Saints. For more demographic information, see *Table 1*.

Individuals describing their sexual identity as same-sex or same-gender attracted (*n* = 163), heterosexual with same-sex attraction (*n* = 78), heterosexual/straight (*n* = 91), ex-gay/lesbian (*n* = 2), or "I don't use a label" (*n* = 60) were classified as same-sex attracted (*n* = 394). Individuals identifying as mostly straight (*n* = 10), bisexual (*n* = 149), mostly gay/lesbian (*n* = 27), gay/lesbian (*n* =452), or another sexual identity label (*n* = 96) were classified as LGBQ (*n* = 734).

Measures

Depression. The Patient Health Questionnaire 9-item scale (PHQ-9) was used to measure depression (Kroenke, Spitzer, & Williams, 2001). The PHQ-9 is based on the diagnostic criteria for major depression in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and responses range on a 4-point Likert scale from "not at all" to "nearly every day." The authors of the scale report good concurrent validity with the Short Form-20 (SF-20) and the diagnosis of major depressive disorder. Cronbach's alpha for the present study was .90.

Anxiety. The Generalized Anxiety Disorder 7-item scale (GAD-7) was used to measure anxiety and is based on the DSM-5 diagnostic criteria for generalized anxiety disorder (Spitzer, Kroenke, Williams, & Löwe, 2006). The GAD-7 is made up of seven items, each measuring a specific symptom of anxiety with responses measured on a 4-point Likert scale ranging from "not at all" to "nearly every day." The authors of the scale report good concurrent validity with the SF-20 and the diagnosis of generalized anxiety disorder (Spitzer et al., 2006). Cronbach's alpha for the present study was .92.

Flourishing. Psychosocial Flourishing was measured using the Flourishing Scale, an 8-item measure of the respondent's self-perceived success in areas like relationships, self-esteem, purpose, and optimism (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009). Participants rated themselves using a 7-point Likert scale ranging from "strongly disagree" to "strongly agree." The Flourishing Scale has good psychometric properties and is highly comparable to other measures of psychological well-being (Diener et al., 2009). Cronbach's alpha for the present study was .90.

Life Satisfaction. The five-item Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to measure life satisfaction. Participants indicate agreement with various statements on a 7-point Likert scale from "strongly disagree" to "strongly agree." The authors report a two-month test-retest reliability of .82. Cronbach's alpha for the present study was .90.

Physical Health and Substance Use. Physical health was assessed through 7-point Likert responses to the item "I am physically healthy." Problematic substance use was measured through participants' indication of how often they had been bothered by drinking too much

alcohol or abusing drugs/substances over the past 2 weeks. Responses were rated on a 4-point Likert scale from "not at all" to "nearly every day."

Internalized Homonegativity. Internalized Homonegativity was measured with the 3-item internalized homonegativity subscale of the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Kendra, 2011). The authors of the scale report a test-retest reliability of .92. Cronbach's alpha for the present study was .89.

Social Desirability. Social desirability was measured through four true-false items including "I have never lost my temper," "I seldom ever make mistakes," and "I send money to every charity that asks me for a donation" (Schumm, 2015). Higher scores on the social desirability scale indicates greater social desirability.

Other Constructs Related to Sexuality. Sexual Attraction was measured using Kinsey, Pomeroy, and Martin's (1948) Heterosexual-Homosexual Rating Scale in which participants rate their sexual attractions and fantasies, romantic desires and crushes, and nocturnal dreams from the past year using a 7-point Likert scale ranging from "exclusively heterosexual" to "exclusively homosexual." Two additional non-scored options of "asexual" and "you don't have an option that applies to me" were also included in the responses. Participants rated their self-acceptance and positivity toward sexuality on a 7-point Likert scale ranging from "strongly disagree" to "strongly agree" in response to the statements, "I experience self-acceptance about my same-sex attractions" and "There are many positives about experiencing SSA/being LGBT+." Participants rated their sexual contentedness through a yes-no response to the statement "I am currently content with my sexual feelings, behavior, and orientation." We measured openness about sexual attraction or identity with the question, "How open/out are you about your experience with same-sex attraction (current or former) and/or being LGBT+?"

Responses ranged on a 5-point scale from “Not at all open (out)” to “Open (out) to all or most people I know.” Participants indicated their agreement with the statement, “I feel resolved about my sexuality and religious issues” on a 7-point Likert scale from “strongly disagree” to “strongly agree.” Participants who marked “N/A” were coded as “strongly agree.”

Constructs Related to Religion. Participants indicated their current religious affiliation with responses coded into three categories: “Mormon,” “Religious but not Mormon,” and “Not Religious.” Participants specified the frequency with which they engaged in religious activities/worship on a 5-item scale ranging from “more than once a week” to “stopped attending/not applicable.” Participants reported their church standing by indicating whether they were currently a full member of the LDS church. The centrality of religion in participants’ worldview was assessed through agreement with these two statements, “My whole life approach to life is based on my religion/spirituality” and “I can experience fulfillment in life without religion.” Participants responded on a 7-point scale from “Strongly disagree” to “Strongly agree,” with an additional option if the question was not applicable to the participant. Those reporting “N/A” were coded “strongly disagree” for religious worldview and “strongly agree” for fulfillment without religion. In all instances, the “N/A” responses accounted for less than 5% of all participants. Religious viewpoint was measured through the question, “How do you consider your religious viewpoint?” Response options included, “Theologically conservative, traditional, or orthodox,” “Theologically moderate,” “Theologically liberal or progressive,” “Non-religious or anti-religious,” and “Other.” Finally, participants reported how important a family-centered life is to them – a central Mormon teaching – through agreement to the statement, “How important is it for you now or in the future to have children and a child-centered family life?” Four response options were possible ranging from “not important to me” to “very important to

me." Those who marked "unsure or questioning" were eliminated from analyses using this variable due to difficulty interpreting this variable along an ordinal scale.

Results

Due to the large number of hypothesis tests conducted and the need to control for type I error, we adopted a more stringent alpha value ($\alpha = .01$) and report significance up to three decimal places. We also report effect sizes to contextualize the magnitude of our results.

Demographics

Demographically, the SSA and LGBQ groups were more similar than different (see *Table 1*). Chi squared analyses indicate equal distribution between the two groups on most demographic variables including education ($\chi^2(3) = 3.48$, $p = .32$), ethnicity ($\chi^2(6) = 5.20$, $p = .52$), and place of origin ($\chi^2(6) = 11.32$, $p = .08$). Further, the two groups evidenced similar amounts of social desirability ($t(1126) = 1.09$, $p = .28$).

Groups differed significantly in gender composition ($\chi^2(3) = 12.15$, $p < .01$), with the LGBQ containing fewer men (66.9%) than the SSA group (74.6%). The SSA group was slightly older ($M = 39.98$) than the LGBQ group ($M = 36.10$; $t(1126) = -4.56$, $p < .001$) but had rejected a sexual identity label from a younger age ($M = 20.98$) than the LGBQ group had adopted their sexual identity ($M = 24.71$; $t(1126) = 3.73$, $p < .001$). LGBQ individuals evidence more same-sex attraction ($M = 6.00$) than the SSA group ($M = 5.12$; $t(1108) = 9.22$, $p < .001$). The two groups differed significantly in relationship status ($\chi^2(3) = 219.13$, $p < .001$) with SSA individuals being more likely than LGBQ individuals to be single and celibate (37.3% vs. 16.9%) or in a mixed orientation relationship (47.7% vs. 26.6%).

Religious Variables

SSA individuals on the whole were more religious than LGBQ individuals (see *Table 2*). SSA individuals reported more frequent religious activity ($t(1126) = 14.91$, $p < .001$), a stronger sense that religion is central to their worldview ($t(1126) = -12.99$, $p < .001$), a greater sense that they would experience less fulfillment in life without religion ($t(1126) = 13.99$, $p < .001$), and a greater importance of a child-centered family life ($t(1044) = -8.62$, $p < .001$). SSA individuals predominantly identified as Mormon (92.4%) and were full members (85.0%), which was different from LGBQ individuals (59.9% Mormon, $\chi^2(1) = 132.03$, $p < .001$; 50% full member, $\chi^2(1) = 133.82$, $p < .001$). The two groups differed in religious viewpoint, with SSA individuals more frequently adopting conservative viewpoints ($\chi^2(4) = 229.02$, $p < .001$).

Sexuality Variables

In general, LGBQ individuals evidenced greater acceptance and comfort with their sexual attractions than did SSA individuals (see *Table 3*). Independent samples *t*-tests indicated that SSA individuals had more internalized homonegativity ($t(1126) = -14.47$, $p < .001$), less acceptance of same-sex attractions ($t(1126) = 9.13$, $p < .001$), saw fewer positives about being SSA or LGBQ ($t(1126) = 12.17$, $p < .001$), were less content with their sexual feelings ($\chi^2(1) = 85.36$, $p < .001$), and were less open about their sexual attraction ($t(1126) = 17.02$, $p < .001$) than their LGBQ counterparts. The two groups did not differ on the degree to which they felt resolved about conflict between their sexuality and religion ($t(1126) = 1.19$, $p = .23$).

Health Outcomes

Independent samples *t*-tests showed no significant differences between SSA and LGBQ Mormons in anxiety ($t(1126) = 1.10$, $p = .27$), depression ($t(1126) = 1.56$, $p = .12$), flourishing ($t(1126) = -.02$, $p = .99$), life satisfaction ($t(1126) = -.25$, $p = .80$), physical health ($t(1126) = 0.65$, $p = .39$), or substance use ($t(1126) = 1.82$, $p = .07$), as seen in *Table 4*. Because the SSA and

LGBQ groups evidenced different distributions among the four single/relationship status options and these options have been shown to be related to health outcomes (Author citation), we conducted additional analyses of health outcomes, controlling for single/relationship status. In these analyses, we created matched samples of SSA and LGBQ individuals such that there was an equal number of people in each single/relationship status. Independent samples *t*-tests showed no significant differences between the groups for physical health ($t(600) = 0.44$, $p = 0.66$), substance use ($t(600) = 1.32$, $p = 0.19$), flourishing ($t(600) = -0.70$, $p = 0.48$), or life satisfaction ($t(600) = -1.24$, $p = 0.22$), and anxiety ($t(600) = 2.21$, $p = 0.03$).

Discussion

The purpose of this study was to investigate the demographic, religious, sexual, and mental health differences between SSA and LGBQ individuals who have identified as Mormon at some point in their lives. In order to fully understand these two groups and their individual experiences, the results must be analyzed from an intersectional perspective. The participants of the study acknowledge sexual and religious identities. Despite of or even due to any conflict between the two, we cannot interpret one identity without the other in this population (Cole, 2009). Since these individuals fall into at least two social categories – experiencing same-sex attraction and being a part of the LDS church at some point in their lives – it is likely that they might also fall outside of the norm expected by previous research and more generalized theories. The experiences of these individuals as well as consequences of those experiences uniquely influence this group and their sense of identity, different even between the SSA group and their LGBQ counterparts. Although these groups are demographically similar and consistent on most mental health variables, we found the former to be more religious and slightly less accepting of

their sexuality and to report higher levels of internalized homonegativity, all of which is likely attributed to the difference in life experiences between these two groups.

Religious Differences

Relative to LGBQ Mormons, we found that SSA Mormons reported more religious activity, held a more religious approach to life, reported more fulfillment from religion, valued a child and family centered life more, were more likely full members of the LDS church, and held a more conservative view of religious doctrine than did LGBQ Mormons. SSA Mormons were also more likely to report being in mixed orientation relationships or to be committed to lives of celibacy than were LGBQ Mormons. The effect sizes for all of these differences were substantial, being classified as medium to large (Cohen, 1988). However, the two groups reported feeling equally resolved/unresolved about conflicts between their sexuality and faith, both reporting on average feeling "neutral" to "slightly agree" in response to the question "I feel resolved about my sexuality and religious issues." This trend may underscore the difficulty that many sexual minority Mormons experience in resolving conflicts between sexuality and faith.

SSA Mormons were largely more religious than those who adopted a sexual identity label. Since the LDS church discourages LGBQ identities and condemns same-sex sexual behavior (Church of Jesus Christ of Latter-day Saints, 2017), it is likely that identifying as SSA is a signal of individuals' deeply held religious beliefs. Identifying in this way may communicate individuals' desire to follow the doctrines of the LDS church and may help SSA Mormons find other like-minded individuals (Brown, 2015). SSA and LGBQ Mormons also reported different relationship goals, with SSA individuals aspiring more frequently for lives of celibacy or a mixed orientation relationship; consequently, identifying as SSA may be a way to facilitate friendships and a sense of community without raising expectations of romantic relationships.

Nonetheless, we note that a substantial percentage of LGBQ individuals endorsed being celibate or in a mixed orientation relationship (40%; compared to 85% of SSA individuals), which underscores that some sexual minority Mormons feel comfortable adopting an LGBQ identity even in conservative life paths.

Identifying as LGBQ may come at the expense of family and community support. Indeed, half of our LGBQ group reported no longer being full members of the LDS church, and based on trends observed in other studies, it is likely that that those who remained affiliated may not feel as fulfilled from engaging in their faith as SSA Mormons might (Cranney, 2017). Adopting an LGBQ identity label may also involve a reorganization of religious viewpoint and a reconsideration of religious affiliation due to increasing incompatibility between the LDS church's views on same-sex identity and behavior and the individual's own views.

Differences in Understandings of Sexuality

SSA and LGBQ Mormons differed on all sexuality variables with LGBQ Mormons reporting more contentedness with sexual feelings, acceptance, and positivity about being SSA/LGBQ and less internalized homonegativity than did SSA Mormons. These differences were substantial, being of moderate to large effect size (Cohen, 1988). Together, they indicate that those who reject a sexual identity label feel less comfortable with their sexuality than those who adopted a sexual identity label. Consequently, describing oneself as SSA may also signal a discomfort with or distancing of sexual attractions as is connoted by *experiencing* SSA compared to *being* LGBQ.

SSA Mormons also reported experiencing significantly more other-sex attraction than did LGBQ Mormons, with SSA Mormons averaging being "predominantly homosexual, but more than incidentally heterosexual" and LGBQ Mormons averaging being "predominantly

homosexual, only incidentally heterosexual" (Kinsey et al., 1948). The meaning of this one-point difference on the Kinsey scale is unclear. It is possible that experiencing more other-sex attraction enables SSA individuals to reject LGBQ identity labels and not pursue same-sex relationships (Dehlin et al., 2015). It is also possible that individuals' appraisals of their own sexuality are shaped by the ways in which they describe it. Thus, an individual describing their sexuality as SSA would be more likely to ascribe meaning to their experiences of other-sex attraction where someone describing their sexuality as LGBQ would be more likely to ascribe meaning to instances of same-sex attraction.

Consistent with previous literature, we found that those who rejected a sexual identity label evidenced significantly higher levels of internalized homonegativity (Wilkerson, Smolenski, Brady, & Rosser, 2012). Internalized homonegativity is a measure of the internalized negative beliefs about homosexuality developed as a response to negative societal messages about homosexuality (Mayfield, 2001) and is measured through questions that focus on contentedness with LGBQ identity and experience (Mohr & Kendra, 2011). Because many of these individuals who experience same-sex attraction but reject an LGBQ identity label do, in fact, identify as heterosexual, it is possible that they strongly agreed with the statements "If it were possible, I would choose to be straight," and "I wish I were heterosexual." Additionally, individuals who desire to live celibate lives or in mixed orientation relationships may report high scores on measures of internalized homonegativity due to their desires to live LGBQ-atypical lives and not because they experience higher levels of self-hatred or shame.

SSA Mormons were also less open about their sexuality than were LGBQ Mormons, which is consistent with literature on those who reject a sexual identity label (Hoffarth et al., 2017) and may be best understood intersectionally. Where coming out may be a crucial aspect of

the development of an LGBQ identity (Cass, 1979), disclosure of same-sex attraction may be less crucial in alternative models of sexual minority identity development (Yarhouse et al., 2005). Since SSA Mormons are less likely to be seeking same-sex partners or engaging in the larger LGBQ community, disclosure of sexuality may provide fewer benefits than it would for LGBQ Mormons. Additionally, because "SSA" itself connotes an allegiance to religious over LGBQ communities, SSA Mormons may be less likely to disclose their sexuality because doing so may threaten their primary group membership.

(Lack of) Differences in Health Outcomes

We failed to find significant differences between SSA and LGBQ Mormons on any health outcome tested, including anxiety, depression, flourishing, life satisfaction, physical health and substance use. This finding is somewhat at odds with previous research which typically finds that involvement with more conservative religious beliefs and life paths is related to increased distress for sexual minority individuals (Author citation; Dehlin et al., 2015). This lack of significant differences may indicate that SSA and LGBQ Mormons experience similar minority stressors; however, given the differences observed in religion and sexuality variables, it seems more likely that SSA and LGBQ Mormons experience different minority stressors and engage in different ways of navigating these stressors.

Minority stress theory. Meyer (2003) proposed that the increased discrimination, hypervigilance which can result from concealment, and internalized homonegativity experienced by sexual minorities produce the health disparities noted between heterosexual and sexual minority individuals. Given that SSA Mormons were more likely to conceal their sexuality and reported more internalized homonegativity than LGBQ Mormons and that both concealment and internalized homonegativity are linked to negative health outcomes, it was expected that SSA

Mormons would experience worse health outcomes than LGBQ Mormons (Dehlin et al., 2015; Siegel et al., 2013; Wilkerson et al., 2012).

Discrimination. One explanation for the lack of health outcome disparities is that SSA Mormons may experience fewer instances of overt discrimination relative to LGBQ Mormons. Because SSA Mormons do not adopt an LGBQ identity or typically engage in same-sex sexual behavior, they may avoid the identity- and behavior-based discrimination experienced by LGBQ Mormons and other LGBQ individuals. Perceived discrimination is significantly related to psychological distress, diagnosis of depression and anxiety, perceived mental health needs, and mental health service use in LGBTQ individuals (Burgess, Lee, Tran, & van Ryn, 2008). We were not able to directly measure discrimination in this study but would encourage future research to test this proposition directly.

Hypervigilance. We found that SSA Mormons were more likely to conceal their sexuality, which suggests some degree of stigma management and hypervigilance among these individuals. Nonetheless, the increased concealment was not related to negative mental health outcomes. It is possible that because SSA Mormons are more closely connected to conservative religious communities, the benefits of concealing one's same-sex attraction may outweigh the costs of disclosing. Although "coming out" is typically associated with positive health outcomes, sexual identity disclosure in unaccepting environments has been found to have adverse effects on well-being (Legate et al., 2012).

Internalized Homonegativity. SSA Mormons reported more internalized homonegativity but equal health outcomes relative to LGBQ Mormons. As previously discussed, it is likely that internalized homonegativity has a different meaning for SSA Mormons than for other LGBQ individuals. Internalized homonegativity is typically associated with feelings of shame and self-

hatred (Mayfield, 2001) as well as a host of other negative health outcomes like increased substance use (Brubaker, Garrrett, & Dew, 2009), poor sexual health, increased levels of depression, less comfort with sexual orientation, and being less "out" (Rosser et al., 2008). Because the current measures of internalized homonegativity were developed specifically for LGBQ individuals (Mayfield, 2001), it is possible these scales likely do not accurately capture the internalized negative beliefs regarding sexuality in SSA individuals. If SSA Mormons have not internalized these beliefs regarding their own sexualities, it is unlikely that they would experience the same negative mental health outcomes typically associated with the internalization of these negative attitudes. Thus, especially among our religious sample, internalized homonegativity may represent the movement toward or away from conservative religious values rather than specific beliefs about self (Rosik, 2007). Indeed, in other non-LGBQ identified religious samples, internalized homonegativity has also not been associated with increased shame or decreased well-being (Hallman, Yarhouse, & Suarez, 2017).

Social identity theory. Social identity theory expands on insights offered from the minority stress theory by examining the sense of pride and self-esteem that individuals gain from their membership in social groups (Tajfel & Turner, 1989). Social identity theory posits that members of groups will seek to emphasize the similarities between in-group individuals and the differences from out-group individuals. Given the infrequency with which sexual minority Mormons successfully integrate conservative religious and sexual identities (Dehlin et al., 2015) and historical tensions between sexual minorities and religion, LGBQ and SSA groups may be seen as opposing social groups. Individuals belonging to either may tend to conform to group norms and emphasize differences from the other group, which could provide a stronger sense of support and community.

In our sample, we found that SSA Mormons tended to be more religious along variables of affiliation, activity, and orthodoxy. As such, these individuals may have benefited from the general as well as group-specific resources afforded by religious involvement (Bonelli & Koenig, 2013; Lassiter et al., 2017; Rosenkrantz, Rostosky, Riggle, & Cook, 2016). In contrast, LGBQ Mormons likely perceived the LDS church as less supportive of their sexual identity, leading them to distance themselves from the LDS church and to experience fewer positive and protective effects from religious involvement (Cranney, 2017; Lefevor et al., 2018). As noted by their increased outness and positive views toward their own sexualities, LGBQ Mormons may be more engaged with the LGBQ community, which would provide them with the benefits of group membership. Other studies of sexual minority Mormons have found that those who embrace either a sexual minority identity or a Mormon identity have superior health outcomes relative to those who are confused or navigating both identities (Grigoriou, 2014). As either an LGBQ or SSA Mormon identity would provide access to group resources, these group memberships may buffer psychological distress. Further, given the emergence of a unique SSA Mormon culture, individuals may experience authenticity in either their SSA or LGBQ status, which could also lead to positive outcomes (Riggle, Rostosky, Black, & Rosenkrantz, 2017).

What We Are (and Are Not) Saying

We stress that our sample consisted entirely of current or former Mormons, the majority of whom were White men. Thus, our results are limited in their generalizability beyond these demographics. Although we made great efforts to recruit participants from a variety of backgrounds and life paths, our sample may not be representative of the larger sexual minority Mormon population. We were also unable to obtain an accurate estimate of how often sexual minority Mormons accept/endorse a sexual identity label nor were we able to monitor the way in

which our participants' understanding of their sexuality has or has not shifted over time. Our data do not permit us to offer concrete advice to sexual minority Mormons about the "best" way to resolve conflicting sexual and religious identities; rather, they show that people can flourish both by adopting an LGBQ identity *and* by rejecting such an identity. Though we have offered our interpretation of our findings in light of the research literature, more research is needed to better understand the specific mechanisms that explain this parity of outcomes.

Despite these limitations, our findings have concrete implications for the understanding of sexuality and its health implications. In accordance with the conclusions from the American Psychological Association's Taskforce on Appropriate Responses to Sexual Orientation (2009), our results indicate that individuals' religious identity and belief need to be thoroughly considered when evaluating the appropriateness of their responses to their sexual orientation. With a unique and often overlooked sample of 1126 sexual minority Mormons, we found that the endorsement or rejection of an LGBQ identity was unrelated to health outcomes. Our results suggest that SSA Mormons likely received greater support from their religious communities where LGBQ Mormons may have received more support from LGBQ communities. Although SSA Mormons more frequently concealed their sexual orientation and reported more internalized homonegativity and less contentedness with their sexuality, these differences did not impact depression, anxiety, flourishing, or life satisfaction. This lack of differences suggests that an additional nuance is needed in the assessment and understanding of sexual minority Mormons in both research and therapeutic contexts. We encourage researchers and therapists to take a thorough intersectional approach when working with or studying sexual minority Mormons to better manage bias and understand the participants/clients.

Table 1.

Demographic Variables.

		%		χ^2	Cramer's *V*
		LGBQ *N* = 734	SSA *N* = 394		
Education	High school degree or less	3.8%	4.1%	3.48	.06
	Some college or vocational training	31.9%	26.6%		
	Bachelor's degree	34.6%	36.3%		
	Graduate degree	29.7%	33.0%		
Gender	Woman	25.1%	21.8%	12.15*	.10
	Man	66.9%	74.6%		
	Transgender	2.7%	1.8%		
	Gender Non-conforming	5.3%	1.8%		
Race/ethnicity	Multi-ethnic/Other	2.6%	2.5%	5.20	.07
	Asian/Asian-American	0.4%	0.8%		
	Black/African-American	0.1%	0.3%		
	Latina(o)/Hispanic	2.7%	3.0%		
	Native American/Alaskan Native	0.4%	0%		
	Native Hawaiian/Pacific Islander	0.3%	1.0%		
	White	93.5%	92.4%	11.32	.08
Place of origin	Northeast	4.1%	2.5%		
	Midwest	4.2%	3.1%		
	South	7.9%	9.7%		
	West, not Utah or Idaho	20.2%	22.1%		
	Utah	54.5%	48.9%		
	Idaho	4.8%	8.1%		
	Country other than United States	4.4%	5.6%		
Relationship	Single, celibate	16.9%	37.3%	219.13**	.44
	Single, not celibate	31.6%	10.9%		
	Mixed orientation relationship	22.6%	47.7%		
	Same-sex relationship	28.9%	4.1%		

	LGBQ		SSA			
	M	*SD*	*M*	*SD*	*t*	Cohen's *d*
Social Desirability	7.74	0.55	7.71	0.60	1.09	0.05
Kinsey Attraction	5.00	1.31	4.12	1.31	9.22**	0.67
Age	36.10	13.24	39.98	14.22	-4.56**	0.28
Age Adopting/Rejecting Sexual Identity	24.71	9.79	20.98	12.93	5.44**	0.33

*$p < .01$, **$p < .001$

Table 2.

Religious Variables

		M	*SD*	*t*	Cohen's *d*
Religious Activity	LGBQ	3.21	1.62	14.91**	0.98
	SSA	1.82	1.20		
Religious Worldview	LGBQ	4.32	2.12	-12.99**	0.86
	SSA	5.88	1.46		
Fulfillment without Religion	LGBQ	4.36	2.27	13.99**	0.90
	SSA	2.51	1.83		
Importance of Children	LGBQ	2.91	1.21	-8.62**	0.59
	SSA	3.54	0.92		

		% LGBQ	% SSA	χ^2	Cramer's V
Religious Affiliation	Mormon	59.9%	92.4%	132.03**	.34
	Religious, not Mormon	13.1%	3.0%		
	Not Religious	27.0%	4.6%		
Religious Viewpoint	Conservative	13.9%	49.2%	229.02**	.45
	Moderate	12.1%	20.6%		
	Liberal	9.1%	5.1%		
	Other Religious	44.0%	22.1%		
	Not Religious	20.8%	3.0%		
Church Standing	Full Member	50.0%	85.0%	133.82**	.34
	Not full member	50.0%	15.0%		

**$p < .001$

Table 3.

Sexuality Variables.

		M	*SD*	*t*	Cohen's *d*
Internalized Homonegativity	LGBQ	3.12	1.86	-14.47**	0.93
	SSA	4.71	1.56		
Positives about being LGBQ/SSA	LGBQ	5.63	1.50	12.17**	0.74
	SSA	4.44	1.71		
Acceptance about Sexual Attraction	LGBQ	3.49	1.32	17.02**	1.11
	SSA	2.20	0.99		
Outness	LGBQ	4.19	0.85	9.13**	0.56
	SSA	3.67	1.01		
Religiously Resolved	LGBQ	4.62	2.13	1.19	0.08
	SSA	4.46	2.14		
		% Yes	% No	χ^2	Cramer's V
Currently Content with Sexual Feelings	LGBQ	69.2%	30.8%	85.36**	.28
	SSA	40.9%	59.1%		

** $p < .001$

Table 4.

Health Outcome Variables

		M	*SD*	*t*	Cohen's *d*
Anxiety	LGBQ	1.94	0.78	1.10	0.07
	SSA	1.88	0.77		
Depression	LGBQ	1.85	0.71	1.56	0.10
	SSA	1.78	0.64		
Flourishing	LGBQ	5.74	0.95	-.002	0
	SSA	5.74	0.96		
Life Satisfaction	LGBQ	4.44	1.48	-0.25	0.01
	SSA	4.46	1.43		
Physical Health	LGBQ	5.23	1.58	0.86	0.04
	SSA	5.15	2.57		
Substance Use	LGBQ	1.13	0.50	1.82	0.11
	SSA	1.08	0.40		

References

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

Bailey, J. M., & Zucker, K. J. (1995). Childhood sex-typed behavior and sexual orientation: A conceptual analysis and quantitative review. *Developmental Psychology, 31*, 43-55. http://dx.doi.org/10.1037/0012-1649.31.1.43

Balsam, K. F., Rothblum, E. D., & Beauchaine, T. P. (2005). Victimization Over the Life Span: A Comparison of Lesbian, Gay, Bisexual, and Heterosexual Siblings. *Journal of Consulting and Clinical Psychology, 73*, 477-487. http://dx.doi.org/10.1037/0022-006X.73.3.477

Barnes, D.M., & Meyer, I. H. (2012). Religious affiliation, internalized homophobia, and mental health in lesbians, gay men, and bisexuals. *The American Journal of Orthopsychiatry, 82*, 505–515. doi: 10.111/1929-0025

Barnes, S.L. (2013). To welcome or affirm: Black clergy views about homosexuality, inclusivity, and church leadership. *Journal of Homosexuality,60,* 1409-1433. doi:10.1080/00918369.2013.819204

Barringer, M. N., & Gay, D. A. (2017). Happily religious: The surprising sources of happiness among lesbian, gay, bisexual, and transgender adults. *Sociological Inquiry, 87*, 75-96. doi: 10.1111/soin.12154

Beckstead, A. L., & Morrow, S. L. (2004). Mormon clients' experiences of conversion therapy: The need for a new treatment approach. *The Counseling Psychologist, 32*, 651-690. doi: 10.1177/0011000004267555

Bergfeld, J.R., & Chiu, E.Y. (2017). Mediators in the relationship between minority stress and depression among young same-sex attracted women. *Professional Psychology: Research and Practice, 48,* 294-300. Available at http://dx.doi.org/10.1037/pro0000155.

Bonelli, R.M., & Koenig, H.G. (2013). Mental disorders, religion and spirituality 1990 to 2010: A systematic evidence-based review. *Journal of Religion and Health, 52*, 657-673. doi:10.1007/s10943-013-9691-4

Brown, L.B. (2015). What's in a name? Examining the creation and use of sexual orientation and gender identity labels. *Issues in Religion and Psychotherapy*, 37, 8. Available at: https://scholarsarchive.byu.edu/irp/vol37/iss1/8

Brown, J., Babucarr, J.S., Taylor, J.A. (2014). Sex and the sinner: Comparing religious and nonreligious same-sex attracted adults on internalized homonegativity and distress. *American Orthopsychiatric Association. 84*. 530-544. doi: 10.1037

Brubaker, M.D., Garrett, M.T., & Dew, B.J. (2009). Examining the relationship between internalized heterosexism and substance abuse among lesbian, gay, and bisexual individuals: A critical review. *Journal of LGBT Issues in Counseling, 3*, 62-89. https://doi.org/10.1080/15538600902754494

Burgess, D., Lee, R., Tran, A., & van Ryn, M. (2008). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual, and transgender persons. *Journal of LGBT Health Research, 3,* 1-14. https://doi.org/10.1080/15574090802226626

Cass, V.C. (1979). Homosexuality identity formation: A theoretical model. *Journal of Homosexuality, 4*, 219-235. doi:10.1300/j082v04n03_01

Church of Jesus Christ of Latter-day Saints. (2017). Young single adult face to face with Elder Oaks and Elder Ballard: What can homosexuals do to stay firm in the gospel? Retrieved from: https://www.lds.org/broadcasts/face-to-face/oaks-ballard?lang=eng

Cochran, S.D., Sullivan, J.G., & Mays, V.M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology, 71*, 53-61. doi:10.1037/0022-006x.71.1.53

Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. New York: Psychology Press.

Cole, E.R. (2009). Intersectionality and research in psychology. *American Psychologist, 64,* 170-180. doi: 10.1037/a0014564

Cranney, S. (2017). The LGB Mormon paradox: Mental, physical, and self-related health among Mormon and non-Mormon LGB individuals in the Utah Behavioral Risk Factor surveillance system. *Journal of Homosexuality, 64*, 731-744. doi: 10.1080/00918369.2016.1236570

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989,* 139-167.

Dahl, A., & Galliher, R.V. (2012). The interplay of sexual and religious identity development in LGBTQ adolescents and young adults: A qualitative inquiry. *Identity: An International Journal of Theory and Research, 12*, 217-246. doi:10.1080/15283488.2012.691255

Dehlin, J.P., Galliher, R.V., Bradshaw, W.S., & Crowell, K.A. (2015). Navigating sexual and religious identity conflict: A Mormon perspective. *Identity: An International Journal of Theory and Research, 15*, 1-22. doi:10.1080/15283488.2014.989440

Diener, E., Emmons, R.A., Larsen, R.J., & Griffin, S. (2009). The satisfaction with life scale. *Journal of Personality Assessment, 49,* 71-75. https://doi.org/10.1207/s15327752jpa4901_13

Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D.W., Oishi, S., & Biswas-Diener, R. (2009). New measures of well-being. In E. Diener (Ed.) *Assessing Well-Being* (pp. 247-266). New York, NY: Springer.

Doebler, S. (2015). Relationships between religion and two forms of homonegativity in Europe – A multilevel analysis of effects of believing, belonging and religious practice. *PLoS ONE, 10.* doi: e0133538.

Doty, N.D., Willoughby, B.L., Lindahl, K.M., & Malik, N.M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence, 39*, 1134-1147. doi:10.1007/s10964-010-9566-x

Dubé, E. (2000). The role of sexual behavior in the identification process of gay and bisexual males. *The Journal of Sex Research, 37*, 123-132. doi:10.1080/00224490009552029

Fasssinger, R. E., & Miller, B. A. (1996). Validation of an inclusive model of sexual minority identity formation on a sample of gay men. *Journal of Homosexuality, 32*, 53-78. doi: 10.1300/J082v32n02_04

Grigoriou, J.A. (2014). Minority stress factors for same-sex attracted Mormon adults. *Psychology of Sexual Orientation and Gender Diversity, 1*, 471-479. doi: 10.1037/sgd0000078

Hallman, J. M., Yarhouse, M. A., & Suarez, E. C. (2018). Shame and psychosocial development in religiously affiliated sexual minority women. *Journal of Psychology and Theology, 46,* 3-21. doi: 10.1177/0091647117748450

Hoffarth, M.R., & Bogaert, A.F. (2017). Opening the closet door: Openness to experience, masculinity, religiosity, and coming out among same-sex attracted men. *Personality and Individual Differences, 109,* 215-219. doi:10.1016/j.paid.2017.01.011

Katz-Wise, S.L., & Hyde, J.S. (2012). Victimization experiences of lesbian, gay and bisexual indiviudals: A meta-analysis. *The Journal of Sex Research, 49,* 142-167. https://doi.org/10.1080/00224499.2011.637247

Kinsey, A.C., Pomery, W.E., & Martin, C.E. (1948). *Sexual Behavior in the Human Male*. Philadelphia, PA: Saunders.

Lassiter, J. M. (2015). Reconciling sexual orientation and Christianity: Black same-gender loving men's experiences. *Mental Health, Religion, & Culture.* 18.342-353. doi: 10.108012374676

Lassiter, J.M., Saleh, L., Grov, C., Starks, T., Ventuneac, A., & Parsons, J.T. (2017). Spirituality and multiple dimensions of religion are associated with mental health in gay and bisexual men: Results from the one thousand strong cohort. *Psychology of Religion and Spirituality.* Advance online publication. http://dx.doi.org/10.1037/rel0000146

Lefevor, G.T., Janis, R.A., & Park, S.Y. (2017). Religious and sexual identities: An intersectional, longitudinal examination of change in therapy. *The Counseling Psychologist, 45,* 387-413. doi: 10.1177/0011000017702721

Lefevor, G.T., Park, S., & Pedersen, T. (2018). The impact of minority stress on the mental health of sexual and religious minorities. *Journal of Gay & Lesbian Mental Health, 22*, 90-104. doi: 10.1080/19359705.2017.1418696

Legate, N., Ryan, R.M., & Rogge, R.D. (2017). Daily autonomy support and sexual identity disclosure predicts daily mental and physical health outcomes. *Personality and Social Psychology Bulletin, 43,* 860-873. doi.org/10.1177/0146167217700399

Legate, N., Ryan, R.M., Weinstein, N. (2012). Is coming out always a "good thing?" Exploring the relations of autonomy support, outness, and wellness for lesbian, gay, and bisexual individuals. *Social Psychological and Personality Science,* 3, 145-152. doi:10.1177/1948550611411929

Lick, D.J., Durso, L.E., & Johnson, K.L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8,* 521-548. https://doi.org/10.1177/1745691613497965

Mayfield, W. (2001). The development of an internalized homonegativity inventory for gay men. *Journal of Homosexuality, 41*, 53-76. doi:10.1300/j082v41n02_04

Meladze, P., & Brown, J. (2015). Religion, sexuality, and internalized homonegativity: Confronting cognitive dissonance in the Abrahamic religions. *Journal of Religion and Health, 54*, 1950-1962. doi:10.1007/s10943-015-0018-5

Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697. doi: 10.1037/0033-2909.129.5.674

Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology, 58*(2), 234-245. http://dx.doi.org/10.1037/a0022858

Riggle, E.D.B., Rostosky, S.S., Black, W.W., & Rosenkrantz, D.E. (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity, 4*, 54-62. doi:10.1037/sgd0000202

Rosario, M., Schrimshaw, E.W., Hunter, J., Braun, L. (2006). Sexual identity development among lesbian, gay, and bisexual youths: Consistency and change over time. *Journal of Sex Research, 43,* 46-58. https://doi.org/10.1080/00224490609552298

Rosenkrantz, D.E., Rostosky, S.S., Riggle, E.B., & Cook, J.R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice*, 3, 127-138. doi:10.1037/scp0000095

Rosik, C. H. (2007). Ideological concerns in the operationalization of homophobia, Part II: The need for interpretive sensitivity with conservatively religious persons. *Journal of Psychology and Theology, 35*, 145-152. doi: 10.1177/009164710703500205

Rosser, B.R.S., Bockting, W.O., Ross, M.W., Miner, M.H., & Coleman, E. (2008). The relationship between homosexuality, internalized homonegativity, and mental health in men who have sex with men. *Journal of Homosexuality, 55*, 185-203. https://doi.org/10.1080/00918360802129394

Schrimshaw, E.W., Downing, M.J., Cohn, D.J. (2018). Reasons for non-disclosure of sexual orientation among behaviorally bisexual men: Non-disclosure as stigma management. *Archives of Sexual Behavior, 47*, 219-233. https://doi.org/10.1007/s10508-016-0762-y

Schrimshaw, E. W., Siegel, K., & Downing, M. J. (2013). Disclosure and concealment of sexual orientation and the mental health of non-gay-identified, behaviorally bisexual men. *Journal of Consulting and Clinical Psychology, 1*, 141-153. doi: 10.1037/a003127

Simmons, B.W. (2017). Coming out Mormon: An examination of religious orientation, spiritual trauma, and PTSD among Mormon and ex-Mormon LGBTQQA adults. (Unpublished doctoral dissertation). University of Georgia, Athens, GA.

Sowe, B.J., Brown, J., & Taylor, A.J. (2014). Sex and the sinner: Comparing religious and nonreligious same-sex attracted adults on internalized homonegativity and distress. *American Journal of Orthopsychiatry, 84*, 530-544. doi:10.1037/ort0000021

Spitzer, R.L., Kroenke, K., Williams, J.B.W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine, 166*, 1092-1097. doi:10.1001/archinte.166.10.1092

Tajfel, H., &Turner, J.C. (1986) The social identity theory of intergroup behavior. *Psychology of Intergroup Relations, 5*, 7-24.

Troiden, R.R. (1989). The formation of homosexual identities. *Journal of Homosexuality, 17,* 43-74. https://doi.org/10.1300/J082v17n01_02

Walch, S. E., & Ngamake, S. T. (2016). Discrimination, internalized homophobia, and concealment in sexual minority physical and mental health. *Psychology of Sexual Orientation and Gender Diversity, 3*, 37-48. doi: 10.1037

Ward, J. (2015). *Not gay: Sex between straight, White men*. New York, NY: New York University Press.

Wilkerson, J.M., Smolenski, D.J., Brady, S.S., & Rosser, B.S. (2012). Religiosity, internalized homonegativity and outness in Christian men who have sex with men. *Sexual and Relationship Therapy, 27*, 122-132. doi:10.1080/14681994.2012.698259

Yarhouse, M.A. (2001). Sexual identity development: The influence of valuative frameworks on identity synthesis. *Psychotherapy: Theory, Research, Practice, Training, 38*, 331-341.

Yarhouse, M.A., Tan, E.S.N., & Pawlowski, L.M. (2005) Sexual identity development and synthesis among LGB-identified and LGB dis-identified persons. *Journal of Psychology and Theology, 33,* 3-16, https://doi.org/10.1177/009164710503300101