I'M STILL STANDING:
MENTAL HEALTH OUTCOMES AND RESILIENCY IN RELIGIOUS SEXUAL MINORITIES

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ABSTRACT

Religion is a belief system that the majority of people around the world practice, and is often central to the way a person views themselves and others, how they think, and the choices they make. The three monotheistic religions of Christianity, Islam, and Judaism are practiced worldwide, in addition to polytheistic religions like Buddhism and Hinduism that also have a major impact on belief systems and cultures. Within monotheistic religions, there are well-known doctrines against homosexuality and same-sex intercourse which are addressed in religious text like the Old and New Testament (Barnes & Meyer, 2012). Its message is frequently orated in religious settings and services among all major religions, and is a subject that causes internal conflict, distress, and poor well-being among sexual minorities who are exposed to or identify with a religion (Shilo, Yossef & Savaya, 2014).

Sexual minority mental health has been known to be negatively impacted through discrimination like stigmas, stressors, and microaggressions that occur on a daily basis when living as a sexual minority within a heteronormative society (Meyer, 2002). Internalized homophobia is a very common, yet very detrimental outcome that is experienced by many sexual minorities and makes them view their own homosexual thoughts and behavior as something abnormal and inappropriate. This consequently brings about feelings of shame, fear, and identity conflict (Page, Lindahl & Malik, 2013; Ream & Williams, 2005). Homonegativity and prejudice towards sexual minorities is a stressor that has been apparent and consistently seen within most societies, where homosexuality is deemed as an improper and unacceptable perversion (Shilo, Yossef & Savaya, 2014). These mainstream ideas will lead to fears of disclosing sexual identity and is a stressor that sexual minorities constantly experience. Concealment of identity will occur as an attempt avoid rejection from family and peers, and exposure to discrimination, harassment, and stigma that would occur as a result. Adolescents may struggle with this issue quite a lot, as they want to come out to their family yet worry that they will not receive support (Kubicek, 2009).

This paper will examine LGBT individuals' relationships with religion, the unique stressors associated with being a religious sexual minority, and see how these stressors may result in poorer psychological well-being and mental health outcomes. Despite these hardships, religious sexual minorities have showed a tremendous amount of resiliency. This paper will also explore how religion can work as a protective factor that fosters resilience among LGBT individuals, and how the positive aspects of religion are able to counteract its negative, anti-LGBT aspects.

Unique Stressors of the Religious LGBT

Although most LGBT individuals can relate to one another due their shared experiences with stressors, conflict, and stigma, religious sexual minorities have stressors that are unique to their population. From a young age, many children who have been raised in religious families may be taught that homosexuality is deviant, sinful, and goes against the word of God. Internal conflict and stressors of LGBT adolescents increase if their family environment had a strong and strict religious background which did not support homosexuality (Subhi & Geelan, 2012). These individuals who had been raised in a traditionally religious family may have been forced by their family members to attend religious settings and services, where homophobia and discrimination are prevalent and may be addressed by religious leaders within a house

of worship (Kubicek, 2009). When some children and adolescents grow up with a religious background and become aware that they are not heterosexual, feelings of guilt often develop for disappointing and upsetting their parents, fearing rejection if they ever did conceal their sexual orientation, and feeling unloved and unsupported by their family and community if they chose to disclose it (Gibbs, 2015). Homophobia and prejudice against sexual minorities has been prevalent especially among Christian religious families, with greater familial homonegativity leading to greater levels of distress among sexual minorities (Cragun & Sumerau, 2015).

In the event that a person's sexual minority identity may be discovered, some religious families or communities may go to the extent of forcing the individual to go through conversion therapy in attempt to change their homosexual proclivities (Subhi & Geelan, 2012). The need to keep one's sexuality hidden is distressing and provokes feelings of internalized homophobia, shame, and the intense fear of being exposed. In difficult times, religious heterosexual people have the comfort to religion, and may look to confide in religious figures or community members by asking for support or guidance of what to do and how to overcome conflict. Sexual minorities are unable to do this in non-affirmative houses of worship, which openly denounce homosexuality and the LGBT community (Barnes & Meyer, 2012), leaving them without a familial or religious support system to help them through the distress they experience. In addition, individuals may not receive the guidance that they seek about how to maintain a relationship with God as a sexual minority, which can leave sexual minorities feeling distraught or confused (Ream & Williams, 2005; Shilo, Yossef & Savaya, 2014).

Biological sex and race are additional stressors that influence community reactions to homosexuality. Homosexual males who feel same-sex attraction and engage in sexual behaviors with other males are viewed as more sinful and deviant in the eyes of their religion. For example, interpretation of biblical laws and text within the Bible have introduced the idea of sodomy, and how anyone engaging in it is committing a punishable, abhorrent sin. This is usually interpreted as an act that gay men engage in during same-sex behavior, and usually excludes women and finds them incapable of committing such an act. Frequent messages in Church regarding the sins of homosexuality and sodomy make gay men more fearful to attend Church and religious sermons than sexual minority women (Kubicek, 2009). Within all monotheistic religions, there is greater emphasis on prohibiting male homosexuality than same-sex female behavior due to the expectation that men must marry and procreate (Cragun & Sumerau, 2015). For example, men of the Jewish faith are expected to marry young and have many children to ensure the existence of Jewish people; therefore, the act of engaging in sexual behavior that is not for the purpose of procreation is not allowed. Consequently, Jewish gay men are more at risk for identity conflict and internalized homophobia because their same-sex behavior is viewed as a direct violation of the laws of the Torah (Shilo, Yossef & Savaya, 2014). Although same-sex female behavior is frowned upon, there is no law within the Torah that prohibits this behavior, but there is the expectation that women must create life, which can only happen during heterosexual intercourse. Religious Jewish lesbian and bisexual women fear judgment and being shunned from their community if they do not get pregnant and have a family, which is paralleled with the same kind of distress that Jewish gay men experience within their community.

A person's race is often an indication of what religion they identify with and the intensity it is practiced within their community (Barnes & Meyer, 2012). Comparing to Caucasians, the Latino and Black Christian communities are more likely to interpret the Bible as the direct word of God, which makes them view homosexuality as more sinful than other religious, racially-specific communities. These non-affirmative religious communities are more prevalent among Latino and Black religious groups and places of worship. Sexual minorities within non-affirmative environments are more likely to experience internalized homophobia and distress as a result of its prevalent homonegativity. People who are both racial and sexual minorities are at risk for experiencing many stressors because of the discrimination and stigma they experience that comes with the intersectionality of belonging to two minority groups. Identity conflicts are very common among sexual minorities as they experience stressors about how to accept their sexual orientation within the context of their society and religion's notable laws and opinions. Whether or not sexual minorities decide to come out to others within their religious community, there is a very common and serious conflict about identifying as religious and LGBT at the same time. Multiple

religions and their interpretations of biblical text believe that a person cannot be both homosexual and religious at the same time, since those who engage in same-sex behavior are actively defying the word of God (Ream & Williams, 2005). This often leads sexual minorities to feel compelled to choose one identity over the other, as they would prefer to identify with one rather than not officially identifying with either (Bartoli & Gillem, 2008). The choice to give up religious identity can cause feelings of isolation from others, and a person who does this may feel as though they lack a purpose in this world, and feel disconnected from anything that is related to the non-physical, spiritual, or divine. There can also be feelings of anger and resentment toward God that dissuade person from wanting to ever identify with their religion again (Shilo, Yossef & Savaya, 2014). However, giving up sexual identity instead of religious identity does not result in more positive outcomes. It may only lead to more closeted behaviors, poor interpersonal relationships with others, and strong internalized homophobia (Bartoli & Gillem, 2008; Ream & Williams, 2005). In addition, if sexual minorities choose to reject their LGBT identity in order to establish their religious identity, they may experience criticism and hostility from their LGBT peers and community. The pressure this population faces to choose one identity over another is a stressor and risk factor for poor psychological well-being, yet choosing to identify as both a sexual minority and religious individual also causes feelings of internal conflict and distress (Gibbs, 2015; Subhi & Geelan, 2012).

Psychological Outcomes

The unique stressors religious sexual minorities experience may lead to unfortunate negative consequences, as poor mental health outcomes often occur as the result of internal and external experiences with homophobia, discrimination, and rejection from non-affirmative religious communities (Gattis, Woodford & Han, 2014; Sowe, Brown & Taylor, 2014). Homonegativity within religious and familial environments has predicted greater levels of distress, anxiety, sexual risk behaviors, and low self-esteem among religious sexual minorities (Page, Lindahl & Malik, 2013). Depression has been the most reported mental disorder of this population, with one study finding that 11 out of 16 LGBT religious participants in their sample had been diagnosed with depression and experiencing depressive symptoms on a daily basis. All participants in the study reported that they experienced immense distress about their relationship between Christianity and homosexuality (Subhi & Geelan, 2012). More serious side effects that have occurred along with one's depression have included suicidal thoughts and behavior. One study found that 33% of LGBT religious individuals between the ages of 18 to 24 had experienced suicidal thoughts within the last month, with 3% of these individuals having already attempted suicide (Gibbs, 2015).

As means to endure exposure to homonegativity, religious sexual minorities may engage in maladaptive coping behaviors that are detrimental to physical well-being. Substance abuse and eating disorders are seen more often in religious LGBT individuals, and lesbian and bisexual women report the highest levels of alcohol and drug abuse when compared to sexual minority men and the heterosexual population (Kubicek, 2009). In addition, non-suicidal self-injury is a behavior that has been observed in religious sexual minorities who experience distress from internalized homophobia and other related stressors. Those who reported that religion is a source of direction and guidance in their life were over two times more likely to engage in self-harm than less religious or secular sexual minorities (Longo, Walls & Wisneki, 2013). Religious sexual minorities who believe in God and take the word of the Bible as literal are at a higher risk for negative mental health outcomes. Biblical passages that condemn homosexuality affect cognitive and emotional well-being and regularly lead to feelings of resentment and mistrust of God, as well as experiencing feelings of doubt and anguish that God does not love them (Ream & Williams, 2005). Higher rates and severity of internalized homophobia, along with its negative mental health outcomes, occur when sexual minorities believed that God will punish them for their homosexual thoughts and behavior (Subhi & Geelan, 2012). Often, sexual minorities may attempt to distance themselves from religion due to the stressors that their religious communities and ideologies often bring. As a result, LGBT individuals may completely reject religion altogether, and identify as atheists who do not believe in God and the legitimacy of religious text (Longo, Walls & Wisneki, 2013). However, this has been associated with lower mental health and higher internalized homophobia among those who previously identified with Christianity (Ream & Williams, 2005).

Although people may affiliate with a religion, religious denominations allow people to classify themselves as belonging to one religious branch over another. Secular sexual minorities are those who identify with a religion more than atheist or agnostic individuals, yet less than others who identify as conservative or orthodox. Although many LGBT individuals become secular to dissociate from their religion and reject its anti-gay and homophobic messages, it has been shown that they are at a much greater risk for self-harm than those who are also LGBT but identify as religious (Longo, Walls & Wisneki, 2013).

Sexual minorities who have been exposed to religion from a young age or have decided to practice it later in life experience unique stressors and are at greater risk for poor mental health outcomes and disorders. However, what is strikingly interesting about religion is that it can equally serve as a protective factor in addition to a risk factor and has the exceptional ability to build resiliency and positivity among LGBT individuals. Although sexual minorities all experience the same kinds of distal and proximal stressors just by living and socializing within their respective heteronormative societies, not all individuals may view religion as an extra stressor.

Resiliency and Protective Factors

Many sexual minorities view religious belief and the word of God as a form of comfort and safety in the same way that heterosexual religious individuals do (Barnes & Meyer, 2012; Gibbs, 2015). Believing that there is a purpose and meaning behind life can help sexual minorities accept their sexuality, as they may feel that God creates everything and does things for a reason. Viewing God as a positive and protective presence in a person's life is associated with lower levels of internalized homophobia, and increased self-esteem and self-worth (Kubicek, 2009). Believing that a higher power exists and having a relationship with the spiritual realm can serve as a form of guidance and explanation for real-life events that occur (Shilo, Yossef & Savaya, 2014). Reevaluating religious statements and understanding that biblical text is based on interpretation can help sexual minorities dismiss homophobic statements that are commonly interpreted from the Bible. Thus, recognizing that translations of biblical text are opinionated has been a protective factor that helps establish resilience among this population. In addition, reading and accepting the New Testament as the official word of God has been more beneficial to positive mental health outcomes among sexual minorities, as it is considered to be more compassionate and less punishing than the words of the Old Testament (Barnes & Meyer, 2012).

There are many positive and healthy coping strategies that sexual minorities can learn and then use to build up their resilience towards discrimination they may experience within their religious community. Religion brings upon feelings of a positive world view, which allows people to make meaning of the negative events that occur and see the good in them (Shilo, Yossef & Savaya, 2014). Although sexual minorities will most likely experience discrimination and prejudice within their non-affirmative religious communities, many feel thankful and joyful for the positive aspects that their religion has to offer. They are also more likely to forgive others for their homophobic opinions and discrimination, which contributes to positive mental health outcomes, as feelings of anger, shame, or depression may dissipate with feelings of positivity and acceptance. Coming out may serve as a positive coping strategy because it promotes self-acceptance and often leads to the association with an LGBT group or an LGBT-affirming religious community.

Connecting with other LGBT people who understand what it is like to be a religious sexual minority can provide affirmation and understanding, which may help some individuals build resiliency (Cragun & Sumerau, 2015). One study showed that people who were part of affirming and supportive environments gained feelings of self-worth and self-confidence about their sexual orientation (Gattis, Woodford & Han, 2014). In addition, receiving support from family and friends is an important factor that can build up resilience against homophobic religious messages, even if sexual minority individuals continue to associate with non-affirming religious environments (Shilo, Yossef & Savaya, 2014).

Support is one of the greatest protective factors and sources of resilience among all sexual minorities, and is especially notable among religious LGBT individuals. Luckily today, there are many LGBT-affirming religious communities and places of worship that are open to people of all sexual orientations. Within this environment, people are able to be open and identify as a religious sexual minority while receiving

the support and acceptance of others who view them as equal member of their community (Barnes & Meyer, 2012). Belonging to a religious denomination which accepts same-sex partnership and marriage has been shown to help the establishment of a positive identity and reaffirms the idea that homosexuality is not a sin (Gattis, Woodford & Han, 2014). Dissociating from non-affirming religious environments is a protective factor which helps decrease internalized homophobia and negative mental health outcomes, and it buffers the discrimination and stressors that these individuals experience on a daily basis. The discriminatory and stressful experiences that religious sexual minorities face vary among situations, with factors like family, community, and the severity of discrimination experienced differing among all individuals and religions. Although some sexual minorities find religion as a source of positivity and comfort that may build resilience, others may feel the greatest way to build resilience and achieve psychological well-being is to minimize the presence of religion in their life by becoming secular, or by rejecting religion entirely (Subhi & Geelan, 2012). Identifying as secular can offer some space from the religious community and its laws, while still resonating with their core beliefs. Those who are secular can choose to reject religious homophobic, anti-gay messages, and choose to accept messages which are positive and relevant to their beliefs (Gattis, Woodford & Han, 2014). Greater levels of distress were found to be associated with greater religious affiliation among sexual minorities; nonreligious individuals reported the least amount of psychological distress and internalized conflict, formerly religious Christians reported moderate amounts of distress, and practicing Christians reported the highest amount of distress. These results may suggest that rejecting a religious identity or affiliation is associated with less distress in some sexual minorities (Cragun & Sumerau, 2015).

Assisting the Religious LGBT Community
Although accomplishing resilience and psychological well-being is ultimately achieved through individual work and progress, there are ways in which the community can help address the needs of religious sexual minority individuals. LGBT groups and affirming religious communities can work to spread awareness of their inclusivity and support, specifically among religious communities. Pro-LGBT movements within some religious denominations can promote change among traditional and established houses of worship, which seek to unify religious heterosexual and homosexual people and promote the reformation of many religious institutions (Subhi & Geelan, 2012). In Israel, LGB Jewish communities have brought political and social awareness regarding the discrimination and stigma that religious sexual minorities endure. Many of these activist organizations offer help by providing access to support networks, including counseling opportunities for this specific population (Shilo, Yossef & Savaya, 2014). Therapeutic intervention can significantly help religious sexual minorities cope with stressors and help manage feelings of identity confusion and rejection from others (Bartoli & Gillem, 2008). Clinicians and mental health professionals can use talk therapy to teach sexual minorities about how to accept their sexuality and its relationship to religion. Focusing on identity development rather than religious beliefs helps with the establishment of a positive sense of self. Receiving such help can encourage these individuals to engage in positive coping strategies which will then build resilience and well-being).

Conclusion
Universally, religion is known to be an important and central aspect of life, which touches the lives of most people across different countries and societies. Religion works as a belief system which gives meaning and purpose to a person's life, with these ideas being relatively consistent among all practiced religions in the world. Religious text and teachings are very old and based on traditional, heteronormative ideologies, which declares same-sex behavior as sinful and prohibited, and proves to be distressing among the religious sexual minority population. Homophobia, rejection from religious communities, and identity conflicts are commonly experienced stressors within the religious sexual minority population, and they function as risk factors and predictors of negative mental health outcomes (Cragun & Sumerau, 2015; Ream & Williams, 2005).
Despite evidence of religion functioning as a risk for poor psychological well-being, religious belief and presence has also been shown to function as a form of comfort and protection against mental illness and negative well-being. Some people learn positive coping strategies like acceptance of themselves and

others, which contributes to the development of their resilience and well-being. These mixed positive and negative effects that religion has on sexual minority health supports the idea that religion has the unique ability to function equally as a protective and risk factor among sexual minorities. Despite these contradicting findings, connection to LGBT affirming religious groups and LGBT support systems is linked to positive mental health and outcomes among all groups (Gattis, Woodford & Han, 2014).
 The reasons why some religious sexual minorities find religion as a protective factor instead of a risk factor should be explored further in future research, and a person's religious affiliation, lifelong history with discrimination, and familial environment should be studied to see what makes a sexual minority more likely to view religion as more of a positive than negative factor in their lives. These results may provide a better understanding of why some sexual minorities find religion as a greater source of comfort and positivity than others, which may help understand how our community can help increase rates of religion as a positive and protective aspect within the LGBT community.

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