



"We Shared A Heartbeat": Protective Functions Of Faith Communities In The Lives Of LGBTQ+ People

By: Megan E. Gandy, Anthony P. Natale, and **Denise L. Levy**

Abstract

Although prior research has demonstrated that faith communities, religiosity, and/or religious affiliation can be risk factors for depression, suicide, and substance abuse among LGBTQ+ people, there is also promising evidence of the protective functions of faith communities for LGBTQ+ people. This study's purpose was to explore what draws LGBTQ+ people to stay in faith communities. The data were collected from a sampling pool recruited at a national conference formerly called the Gay Christian Network (GCN) conference. Our sample of 30 individuals were purposively selected in order to represent diverse views from a variety of demographic domains, many of which are underrepresented in the extant empirical literature on this topic. Qualitative data were analyzed using a procedure by Maietta and colleagues called Sort and Sift, Think and Shift. The analysis resulted in six themes: profound loss versus healing authenticity, fear of rejection versus joy of inclusion, what works for now versus heavenly bliss, isolation versus community, cultural versus not cultural, and mainstream versus marginalized. The results of the study have implications for clinical practice with LGBTQ+ individuals and offer a more nuanced understanding of both the risk and protective functions of faith communities in the lives of LGBTQ+ people.

Gandy, M., Natale, A., & **Levy, D.** (2021). "We Shared a Heartbeat": Protective Functions of Faith Communities in the Lives of LGBTQ+ People. *Spirituality in Clinical Practice* (American Psychological Association), vol. 8, no. 2, 98-111. Publisher version of record available at: <https://doi.org/10.1037/scp0000225>

“We Shared a Heartbeat”: Protective Functions of Faith Communities in the Lives of LGBTQ+ People

Megan E. Gandy¹, Anthony P. Natale², and Denise L. Levy³

¹ School of Social Work–West Virginia University

² The Anne and Henry Zarrow School of Social Work–University of Oklahoma

³ Beaver College of Health Sciences–Appalachian State University

Although prior research has demonstrated that faith communities, religiosity, and/or religious affiliation can be risk factors for depression, suicide, and substance abuse among LGBTQ+ people, there is also promising evidence of the protective functions of faith communities for LGBTQ+ people. This study’s purpose was to explore what draws LGBTQ+ people to stay in faith communities. The data were collected from a sampling pool recruited at a national conference formerly called the Gay Christian Network (GCN) conference. Our sample of 30 individuals were purposively selected in order to represent diverse views from a variety of demographic domains, many of which are underrepresented in the extant empirical literature on this topic. Qualitative data were analyzed using a procedure by Maietta and colleagues called Sort and Sift, Think and Shift. The analysis resulted in six themes: profound loss versus healing authenticity, fear of rejection versus joy of inclusion, what works for now versus heavenly bliss, isolation versus community, cultural versus not cultural, and mainstream versus marginalized. The results of the study have implications for clinical practice with LGBTQ+ individuals and offer a more nuanced understanding of both the risk and protective functions of faith communities in the lives of LGBTQ+ people.

Keywords: sexual and gender minority, religious group, qualitative, resilience, coping

Lesbian, gay, bisexual, transgender, queer, and other sexual and gender minorities (LGBTQ+) continue to be a minority group at risk for disproportionate physical and mental health issues (Dentato, 2018). In the largest studies of transgender people to date, transgender individuals were found to have a 7.8 times higher rate of severe psychological distress and a nine times higher rate of lifetime attempted suicide when compared to the U.S. population (James et al., 2016). People of diverse sexual orientations

(lesbian, gay, bisexual, queer, pansexual, asexual, etc.) also face higher rates of mental health distress manifesting in disorders such as post-traumatic stress, depression, anxiety, and substance abuse (Dragowski et al., 2011; Marshal et al., 2011; Newcomb et al., 2014).

Religious affiliation and conflict can be both a risk and protective factor for LGBTQ+ people’s health risks. Negative or rejecting experiences in religious contexts are associated with suicidality, anxiety, and depression in LGBTQ+ populations (Gibbs & Goldbach, 2015; Lytle et al., 2018; Zarzycka et al., 2017). The influence expands to loved ones of LGBTQ+ populations, including parents and caregivers (Anderton et al., 2011; Capous-Desyllas & Barron, 2017). Further, the conflict between religious identity and LGBTQ+ identity can result in depression, internalized homophobia/transphobia, loss of community belongingness, and psychache (Bourn et al., 2018; Harris et al., 2008; Levy & Lo, 2013;

Megan E. Gandy  <https://orcid.org/0000-0003-0536-8990>

Denise L. Levy  <https://orcid.org/0000-0002-9409-5551>

Funding support for this study was provided by the Ruth Knee Center for Healthy Families.

Special thanks to Paula Sophia Schonauer for her assistance on this project.

Correspondence concerning this article should be addressed to Megan E. Gandy, West Virginia University, Morgantown, WV, United States. Email: Megan.Gandy@mail.wvu.edu

Levy & Reeves, 2011). In short, the anti-LGBTQ+ stance of many mainline religious traditions can result in experiences of rejection, discrimination, and conflict (Sherry et al., 2010). These homonegative and transnegative experiences would understandably lead LGBTQ+ people to leave a faith community and/or significantly alter their internal resonance to a religious affiliation. However, it is important to note that some do not abandon their faith or leave their faith communities even if they leave their faith of origin and find a more LGBTQ+ affirming faith (García et al., 2008; Sherkat, 2002).

The literature also points to some reasons why LGBTQ+ people would stay in faith communities. One explanation is through the lens of identity reconciliation. When LGBTQ+ individuals are able to reconcile conflict between their religious identity and their LGBTQ+ identity, they experience greater life and intimate relationship satisfaction, increased resilience, and better psychosocial outcomes (Dehlin et al., 2015; Foster et al., 2015; Lefevor et al., 2019; Ream & Savin-Williams, 2005). Another explanation is in the pursuit of an existential life meaning. LGBTQ+ individuals experience greater life satisfaction when they are able to fulfill a purpose or meaning in their life through religion (Michaels et al., 2019; Rosenkrantz et al., 2016). Additionally, spirituality can be beneficial as it has been found to be linked with better mental health outcomes (Lassiter et al., 2019). Yet another explanation is in protective factors that offset risks for LGBTQ+ people. Such protective factors, especially in the context of LGBTQ+ affirming religion, include improved self-esteem, reduced stress, decreased depression, and even promotion of healing for individuals with HIV (Dowshen et al., 2011; Gattis et al., 2014; Lease et al., 2005; Porter et al., 2013; Yakushko, 2005).

Present Study

The literature has several notable gaps. First, although emerging literature focuses on the positive aspects of faith communities in the lives of LGBTQ+ individuals, many existing studies highlight the negative experiences of LGBTQ+ people. This study takes a more nuanced approach by examining why LGBTQ+ people stay in their faith communities and what experiences they have generally in those communities. Further, in the

extant literature on LGBTQ+ people and faith communities, the participants tend to be homogenous in many aspects (Lassiter, 2014). Thus, the applicability to populations with more diverse characteristics is unclear. For instance, the experiences of transgender and gender diverse people may differ significantly from others in the LGBTQ+ community and should be considered a focus of research (Kidd & Witten, 2008; Rodriguez & Follins, 2012). To resolve this issue, and to add to what is already known, this study used purposive sampling to better represent many intersections of marginalized identities, such as racial identity and gender identity. In order to better understand how staying in a faith community might support the mental well-being of LGBTQ+ people, this study examined what LGBTQ+ people experience in faith communities that draws them to want to stay.

Theoretical Framework

The minority stress model explains both the impact of the negative experiences and how social support buffers the negative effects enacted by homonegative and transnegative religious experiences. Minority stress theory posits that LGBTQ+ health and well-being outcomes are in large part explained by influences of stressors in an individual's life that results from homophobia, fueled by heterosexism, and result in experiences of internal and external loathing, prejudice, and rejection (Dentato et al., 2013). Minority stress theory holds three central tenants: (a) an experience or perception of prejudice from interpersonal to institutional levels; (b) an expectation for rejection based on same-sex or gender-authentic experience; and (c) internalized homophobia or transphobia that impacts identity development (Meyer, 1995). This is relevant as it exemplifies the experience of many LGBTQ+ people with their religious institutions, many of which have not removed or have been slow to remove discrimination of LGBTQ+ people from their policies and practices.

Methods

This study involving human subjects was approved by the first author's Institutional Review Board. An emergent phenomenological methodology was used to conceptualize this research study. In a phenomenological study,

the focus is on the lived experiences of participants (Creswell, 2013). The research question guiding our analysis was: why do LGBTQ+ people stay in their faith communities?

Sample Recruitment and Demographics

Participants were recruited from a large, national gathering of LGBTQ+ Christians called the Q Christian Fellowship, formerly known as the Gay Christian Network. Incentives were offered for participation, including a drawing for an iPad mini for those who responded to the survey and a \$25 Amazon gift card for those who were interviewed. Individuals who were over 18 years of age, English speaking, and currently involved in a faith community were included in the study, resulting in 163 individuals forming a sampling pool. Because one goal of the research was to collect data from a highly diverse sample, researchers selected individuals with diverse intersectional identities (for example, a bisexual African American cisgender female from a rural area who is 63 years of age would provide diversity in the areas of race, sexuality, geographic density, and age). Researchers used this method of sampling until 30 participants were reached, which was the number determined to provide adequate saturation of the data. Participant demographics were: 50% non-white, 30% transgender or gender diverse, 60% queer pansexual bisexual or other, ages ranging from 18 to 63, 26% with less than a 4-year college degree, 40% in poverty, 23% from rural areas, 43% not out at all or only in limited contexts about their sexual orientation and/or gender identity, and 84% Christian. See Table 1 for full demographic details.

Interviews

Interview questions were crafted to prompt participants to share information about their experiences in faith communities with the goal of exploring why they stay in those communities. The interview guide followed a structured format, with each participant being asked the same exact questions (with optional prompts) in order to uncover any differences among identity groups. The interview questions were piloted with individuals holding LGBTQ+ and faith identities and adapted as needed for clarity. Table 2 lists the interview guide.

Table 1
Demographics of Final Sample (n = 30)

Category	N	(%)
<i>Racial identity</i>		
White/Caucasian	15	50.0
African American/Black	6	20.0
Latinx	4	13.3
Asian	2	6.7
Biracial	2	6.7
Native American	1	3.3
<i>Gender identity</i>		
Cisgender woman	11	36.7
Cisgender man	10	33.3
Transgender man	4	13.3
Transgender woman	3	10.0
Gender Queer	2	6.7
<i>Sexual orientation</i>		
Gay or Lesbian	12	40.0
Bisexual	8	26.7
Queer	4	13.3
Pansexual	3	10.0
Heterosexual/Straight	2	6.7
Asexual	1	3.3
<i>Age</i>		
18–35	18	60.0
36–54	8	26.7
55+	4	13.3
<i>Education level</i>		
High School Diploma or Equivalent	4	13.3
2-year college degree	4	13.3
4-year college degree	9	30.0
Graduate degree	12	40.0
Doctorate degree	1	3.3
<i>Below poverty line</i>		
No	18	60.0
Yes	10	33.3
Not sure	2	6.7
<i>Geographic density</i>		
Metro city (>50,000 people)		
Central downtown	5	16.7
City limits	13	43.3
Suburban	5	16.7
Rural non-metro city (<50,000 people)		
City or town	3	10.0
Suburban	1	3.3
Removed from any town or city	3	10.0
<i>Outness</i>		
Every aspect of life, including faith community	17	56.7
Only in certain contexts/with certain people	10	33.3
Not at all	3	10.0
<i>Religious affiliation^a</i>		
Baptist	4	13.3
Catholic	4	13.3
Christian	12	40.0
Christian Church Reformed	1	3.3
Christian Universalist	1	3.3
Episcopalian	1	3.3
Lutheran	1	3.3
Methodist	4	13.3
Native American Spirituality	1	3.3
Non-Denominational	5	16.7

Table 1 (continued)

Category	<i>N</i>	(%)
Presbyterian	1	3.3
United Church of Christ	3	10.0
Unaffiliated	3	10.0
Unity	1	3.3

Note. ^a Frequency >100% because participants selected all that apply.

Data Analysis

The analysis followed the strategy of the “Sort and Sift, Think and Shift” method (Maietta, 2006). This method involves several iterative cycles of digging into and stepping back from the data in a way that preserves the individual level meaning but allows the researchers to contextualize those meanings across individuals.

Table 2

Structured Interview Questions

1. Tell me about your church or faith community and what draws you to attend.
 - a. Prompt: What makes you want to keep going there? Could you describe the stories or events that illustrate that reason?
 - b. Prompt: Do you have children living with you, or any dependents living with you? Do you take them to church? Is that an important reason why you are involved in a faith community?
2. What activities do you participate in there? (For example: do you attend one service a week, do you help lead activities at that service, do you attend more than one service or do other types of meetings like a bible or book study, do you participate in the choir, nursery, or outreach activities?).
 - a. Prompt: Please share with me what makes those activities appealing to you?
3. Could you please describe a time you struggled with personal or family problems as a result of your coming out that your faith community helped you through (for example: depression, anxiety, drug or alcohol problems, divorce or break-up, job loss, parenting struggles, etc.)?
 - a. Prompt: If so, did you feel like being part of a faith community helped you through that problem? Could you share with me what that was like?
4. How would you describe how your faith community responds to your LGBTQ identity (for example, LGBTQ-affirming, tolerant, or rejecting)? Could you please provide describe the events or experiences that illustrate that?
 - a. Prompt: Are you “out” in your congregation? Why do you attend if they aren’t affirming? Would it matter to you if they were rejecting? Why or why not?
5. What is it about your faith community that helps you with struggles you may face as an LGBTQ person? (For example, does your faith community stand up against anti-LGBTQ rhetoric? Do they participate in gay pride parades/festivals? Does your faith community actively seek to help LGBTQ people reconcile their faith with their sexual or gender identity?).
 - a. Prompt: How does this influence your attending that particular faith community over others?
6. What do you feel that you “get” out of going to church or a faith community that you wouldn’t get anywhere else? (For example: Sense of a higher calling? Personal connection with others? Practicing your faith?) How do you “give back” or contribute to your faith community?
 - a. Prompt: If you do feel you could get/give those things somewhere else, why do you choose a faith community over those other places?
7. Could you please describe a time that you were supported by your faith community. (For example, did they bring meals over when you had a family member pass away? Did you go to a church to get food from a food bank or clothing from a clothing bank? Did your faith community members visit you in the hospital?)
 - a. Prompt: [If only tangible examples were provided] Could you please describe for me the ways your faith community supported you in intangible ways? (For example, helped you feel welcomed, gave you a safe space to practice your faith, gave you a sense of purpose, etc.)
8. Is there anything else you would like to share with me before we end the interview? Something that perhaps I missed or that we haven’t talked about yet?
 - a. Prompt: alternatively, ask them to summarize their main point or take-home message.

The method follows that pattern along six primary steps: “data inventory, written reflection, reflective diagrams, categorization, bridging, and data presentation” (Fryer et al., 2016, p. 832). The first and second authors of the paper followed these steps and after each step met together to discuss their findings, coming to agreement on the final themes. An auditor reviewed the final themes against the unedited transcripts to ensure individual-level meaning remained intact.

Positionality

Identifying positionality in qualitative research is necessary in order to better contextualize the meaning-making process and to provide clarity about the lens through which the raw data was analyzed. Positionality does not always end at identities; it

also includes assumptions made and biases held by the researchers. We will identify both.

The primary author's background is in faith communities and the LGBTQ+ community. She has personal and professional experiences overlapping in both communities. She identifies as cisgender, lesbian, a former fundamentalist evangelical Christian, and an activist combating the discriminatory practices of religious institutions towards LGBTQ+ people. Her assumptions about LGBTQ+ people of faith are that they exist despite many who wish for them not to, and they desire to be heard by both their greater LGBTQ+ communities and faith communities. She believes that LGBTQ+ people have had profound experiences in faith communities that have not been fully explored in research literature; thus she assumes there is a need to illuminate these experiences. To reduce bias and undue influence of her own experience on her analysis of the data, she used memoing and consultation to bracket her own experiences in order to keep them separate from participant data in the analysis.

The second author's background is in LGBTQ+ health disparities, with a particular focus on the interactions between LGBTQ+ people and the institutions (health, education, religion) intended to support them. Personally he identifies as a gay, cisgender male; was raised in Christian and Jewish customs; and no longer identifies as a person of faith. His assumptions are grounded in clinical practice working with LGBT individuals of faith with both mentioned as a source of comfort as well as a source of concern. Given these divergent experiences, he expected the operationalization of faith and a faith community would be individually described with some similar themes throughout. His role in the study was as secondary coder, who constructed his own memos, and as a consultant for the primary author's bracketing.

The third author has over a decade of experience researching the intersection of sexual/gender identity and religion. Specifically, she explores the process by which LGBTQ+ individuals with a Christian upbringing resolve identity conflicts. Personally, she identifies as a straight, cisgender female; was raised Catholic; was involved with evangelical protestant groups as a young adult; and no longer identifies as a person of faith. An important aspect of her identity is being an ally and advocate, and she believes in the power of bridge building and intergroup dialogue to foster understanding and acceptance. Given her life

experiences and what she has learned in her prior research, her assumptions include the following: there are diverse experiences of LGBTQ+ people of faith rather than a singular experience, many LGBTQ+ individuals have complex relationships with religious organizations, and most LGBTQ+ people of faith have developed more of a personalized faith as opposed to wholeheartedly accepting tenets of a particular religious institution. Given her assumptions, biases, and privileged identities, she attends carefully to individuals' unique stories and listens for unexpected voices and stories that dismantle her assumptions. Her role in the study was as content expert and auditor of the final themes.

Results

Analysis using the Sort and Shift, Think and Shift method led to six fluid themes. The themes are named by contrasts (this vs. that) because participants would share stories about difficult times and painful memories and contrast those with stories about victories and positive situations. Pseudonyms are used to replace participant names to protect anonymity.

Theme One: Profound Loss Versus Healing Authenticity

The meaning behind this theme arose from participants' stories of loss and healing. Participants lost relationships with members of former faith communities for a number of reasons and the impact was profound. On the other hand, participants also experienced healing from those losses when they were able to be their authentic self in a new faith community.

Loss

Many participants experienced loss in their pathway to their current faith community. Elena, a Latina bisexual cisgender woman, stated, "it was so hard and heartbreaking for me to leave because I had amazing memories and it was such a strong, tight knit community. It was really devastating when I ultimately had to leave." Other participants also lost family members, their supportive community, their identity as people of faith affiliated with a certain community, the ability to express their talents and share their generous spirits with others, and more. Some

even experienced the loss of a livelihood, such as Olivia, a white lesbian transgender woman, who shared that, “I lost my job [as a priest] when I came out as trans.”

The reason for the loss was often because of coming out or being outed. For example, Jamar, an African American gay cisgender man, was rejected from his faith community due to the actions of others, as he shared, “Christians were looking for somebody to attack after the fact of that Supreme Court decision [about marriage equality], and I ended up being the one they threw the stones at.” Others decided to leave their faith community because they were simply unable to live with the knowledge of those around them having disapproving beliefs or attitudes.

Healing

Later, many found accepting, affirming faith communities. This was a healing experience for them because they found places where they could be authentically themselves. Sophia, a white lesbian transgender woman, stated that, “I firmly believe that God put me in the arms of that church as part of the healing process.” Many attributed the healing to be crucial to reconciling past hurts. There was also healing from being in a faith community of like-minded people with similar identities.

Theme Two: Fear of Rejection Versus Joy of Inclusion

Participants often experienced both the fear of rejection and the joy of inclusion. At times the fear of rejection was only based on hypothetical situations, while at others the fear was based on real, lived experiences. In contrast to this fear, when participants experienced true inclusion, they had an overwhelming sense of joy. Participants defined true inclusion differently. Some valued inclusion of identities salient to them such as LGBTQ+, theological/ideological, racial, and worship style identities. Others compartmentalized and prioritized their identities such that they would choose a faith community based on one identity over another.

Rejection

Experiences of rejection from faith communities in the past (such as in childhood) or more recently in adulthood fueled fear of rejection in

participants. As Sophia described, “growing up in the south and knowing how so many churches feel about LGBT people and transgender people, in particular. I just kept waiting for the other shoe to drop. Kept waiting for there to be some sign that, well, we’re okay with you, but only up to a point.” However, some did not base their fears on experience but rather on hypothetical rejection that they feared would come true if they came out, as was the case for Serena, an African American bisexual cisgender woman, stating, “I was scared, I was very, very scared for a long time about what would happen if I ever had to actually face it [being outed].”

Inclusion

Contrasting that fear is inclusion, which brings great joy and heals from the rejection in the past. For some participants, they just wanted to feel included like a normal member of the faith community. Michelle, an African American bisexual cisgender woman, stated, “A big thing is, it’s a place where I feel like I can actually be a part of the community without having to sacrifice a part of who I am. Like, I don’t have to hide my relationship with my fiancé and I can lead or serve and it not be a question.” The stories of mundane, everyday inclusion were particularly moving, such as something that a parishioner might take for granted—like serving communion—was life changing for Bowen, an Asian gay cisgender man: “I’ve never served [in] church because I didn’t feel that I belonged there. I didn’t feel like people would accept me . . . But when they gave me the opportunity to serve for a very quick communion for about 20 minutes or so, I feel like the door has been opened, and I feel more welcome.”

Normal

This theme involves the use of the word “normal” by participants. Often, they just wanted to be a normal part of a faith community because they were not allowed to be a normal part of their past communities, such as for Michelle, “we feel like we can be comfortable and normal there and that was an important part of our faith experience.” Normal also was a part of what attracted some to their faith community, such as for Noah, a white straight transgender man, “I like the normalcy of

the faith community that I'm a part of. It's just everyday people."

Gray Areas

Some were willing to tolerate the space in-between acceptance and rejection for the sake of finding the right church to attend. For instance, some participants remained closeted for the sake of attending services at a particular faith community, such as for Tamyra, an African American bisexual cisgender woman, "I think it's more the matter of, I'm here now . . . because at this church I'm black, they're black, that is one part of my identity, but I completely get where if I go to a church where maybe it's LGBT affirming but maybe it's not black affirming . . . then that may be a different issue." Some would tolerate the space in-between acceptance and rejection for the sake of a particular theology, denomination, or attachment to family of origin, like Lee, an Asian white gay cisgender man, "I made a vow like to myself, it's like, my mother died Catholic and my father died Catholic. So, the first thing is, I am going to die Catholic." For these participants, they set a hierarchy of importance on their various intersectional identities and prioritized certain identities over others based on their needs at that time.

Theme Three: What Works for Now Versus Heavenly Bliss

This theme encompasses the bliss of finding the perfect faith community versus knowing the one they have now is better than before, but it is still not quite all that they are looking for. Participants fit into the first part of the theme if they were still searching. They fit into the later part of the theme if they were totally satisfied with their current faith community.

What Works for Now

Those who were satisfied with some parts of their faith community, but not with others, and were therefore still searching for a faith community that fit all of their needs, like Cayden, a white pansexual transgender man, "I haven't actually ended my membership . . . and feel like in some ways that is still my home." Some people wanted a specific denomination and were willing to sacrifice affirming

environment. For example, Keisha, an African American bisexual cisgender woman, found a church with the right worship style, but did not have affirmation of her LGBTQ+ identity: "I went to church on and off junior year And there was this tension the whole time I went, because I loved this church. But I also knew that it was not an affirming church. I went because . . . I miss this more charismatic experience." Others wanted affirmation above all and were flexible on denomination or worship style.

Bliss

The ways in which participants described their bliss were through their experiences that fit exactly what they needed or wanted. For example, AJ, a white pansexual cisgender woman, found two faith communities to create her bliss, "you know when I think of the 12 step community as a faith community which I do, and the wonderful opportunity of being in the Unity church too. I can't imagine my life without both faith communities." Hania, a Native American gay cisgender man, said his bliss came from having a shared experience with his faith community: "it is almost everyone has the same heartbeat for a minute. Everyone is laughing at the same thing. Everyone is feeling something at the same time." Some experienced bliss because the faith community aligned with or represented every intersectional identity they held, as Keisha describes, "It is a really small, non-denominational, affirming church with, I mean, most of the people from my church come from Black Baptist, Black Pentecostal background and so the church style reflects that a lot, which I appreciate."

Participants who had found heavenly bliss in their faith community wanted to send a hopeful message to other LGBTQ+ people who might be searching for a faith community. Brad, a white pansexual cisgender man, stated, "something that I would love for people to know about . . . is that . . . people can find a home today in a way that they couldn't even ten years ago, much less 20 or 30 years ago." For some, there was a sense of wanting to bring the joy that they experienced to other LGBTQ+ people, like Bowen, "I feel fortunate to have what I have. And I just wish that other LGBT that used to be in the same place as I was could experience what I'm experiencing now."

Theme Four: Isolation Versus Community

LGBTQ+ people of faith in this study wanted to experience their faith in community with others rather than in isolation. This is what drove participants to go through the process of finding a faith community that fit their needs.

Isolation

Many participants simply did not want to feel alone. They acknowledged that they could practice their faith in isolation, but it was not fulfilling, such as for Ali, a Latina bisexual cisgender woman, “when I was in New York, I did not find that community I was looking for. And for many, many years, I practiced my faith alone. And it, you know, when you say alone, it is lonely.” Avoiding isolation was a key driver for some, such as for Cayden, “there has always been really important to me to have a church community even if the ideal isn’t available, um, something that is good enough is far better than nothing at all.” Olivia shared, “the primary reason I attended it, a lot of times, is because in my own personal situation I don’t have a lot of human contact and the only time another human being [begins to cry] . . . the only time another human being touches me throughout the week is when the priest lays his hands on me for prayer.”

Community

Many participants were grateful to have a place to socialize and belong. Alex, a white queer genderqueer person, shared, “realizing I am not alone; it’s not just me that has these problems. . . . oh the *community* [emphasis theirs]. That’s *true* [emphasis theirs] community.” Some participants were rejected by their family of origin so the faith community became a replacement family. Keisha shared, “this church community that has become family for me.” Sam, a white gay genderqueer person, shared, “they help me a lot just as a support for my life in general. Because, . . . my family isn’t accepting.” There was considerable meaning when participants connected with a faith community with shared intersectional faith and LGBTQ+ identities. Tobi, a white bisexual transgender man, shared, “it’s that sense of having found that sort of sweet spot with the liturgy. And, having a really LGBT affirming home.” Several participants who lived in rural areas, or

areas in the southern United States, expressed the key role that technology played in this connect- edness. Sam shared, “it’s really good that I have access to that, if I didn’t have the internet and that sort of stuff I [would be in a] *much* [emphasis theirs] worse position.”

Theme 5: Cultural Versus Not Cultural

Many participants had multiple intersecting identities that impacted the meaning of faith communities for them. The most distinct intersection was that of race, LGBTQ+ identity, and faith. Several participants described the intersection of these identities as a “unique tension” in which they had to negotiate boundaries; some had to come to terms with faith communities that did not meet all their needs. People of color fell into one of three categories: not predominantly cultural but LGBTQ+ affirming, predominantly cultural but not LGBTQ+ affirming, and predominantly cultural and LGBTQ+ affirming.

Not Cultural

Some people of color grew up in a predominantly ethnic or racial (e.g., cultural) faith community and did not want to return to that sort of environment because they wanted a more heterogenous experience, racially or ethnically speaking. Caihong, an Asian gay cisgender man, said, “I spent part of my childhood in Chinese American churches, and so in those contexts, there is probably an over emphasis on ethnicity, and I never liked that.”

Cultural or Affirming

Some people of color described a compromise between what they wanted versus what was available. These participants either chose a predominantly cultural faith community that did not have blatant stances against LGBTQ+ people but were instead silent on the issue or chose an affirming faith community that did not have the cultural aspects that they were looking for. Tamyra said, “it’s more of a matter of I guess even if they are not so much affirming my identity, they are affirming my identity of a Christian. And so that does help.”

Yet others found out that a welcoming community was more important to them than a community with a certain cultural or worship style. Michelle shared, “me and my fiancé had decided

that we could be in a church that wasn't necessarily affirming and that would be okay for us, but since coming to this church it has become really important."

The impact that the juggling of these identities had on these participants was that of a "triple jeopardy." They had multiple negotiations to make when seeking a faith community and many had to continuously assess whether their current faith community was right for them, resulting in an additional burden on the LGBTQ+ people of color in this study.

Cultural and Affirming

Some people of color preferred a predominantly ethnic or racial faith community and felt "heavenly bliss" when they found a faith community that intersected in the three categories of predominant culture, affirming of LGBTQ+, and worship style that they were seeking. Elena shared, "part of the complexity for me was with my old church not only the queer identity, but also my racial identity. The church I left was predominantly white. So, to be in this place now where I can speak Spanish, which is my native tongue, and hear the Bible in Spanish . . . it has been a really healing place."

Theme 6: Mainstream Versus Marginalized

Participants who had an identity outside of the typical gay/straight sexual identity binary or those who were not cisgender fell into identity categories that are less included in mainstream religious conversations about the LGBTQ+ community. As a result, they experienced additional marginalization because of how their identity was viewed in their faith community.

Sexual Identity

A different aspect of "triple jeopardy" came about for some bisexual, queer, and asexual participants came about when they had to take additional steps to fit in with their faith community because of their marginalized identity within the LGBTQ+ space. Riley, a white asexual cisgender man said, "it definitely gives me a passion to go beyond just conversations around same sex attraction, and to look more broadly at really everything that comes after LG in the acronym . . . there hasn't been a whole lot of opportunity to

actually talk about that part [asexual] of the acronym."

Gender Identity

Transgender and non-binary participants faced additional burdens in faith communities but also experienced greater or more extreme feelings of joy or rejection in those communities. Tobi shared that, "there is no statement whatsoever from the ELCA on trans folks. The only thing they have really had a statement on is sexuality. So, it would be really great to get on the boat there and do something positive about trans folks."

Coming Out. The experience of many transgender participants was important when they came out to their faith community. For some, when they came out, they were rejected. For many of these participants, the harm done by the rejection was far greater than the harm done to cisgender participants. But for others, even though they feared rejection in an affirming environment, they had a positive coming out experience, and this caused them even greater joy and feelings of belonging than they expected. This was the case for Sophia, who stated that, "what I was expecting to be a bad experience turned out to be wonderfully affirming."

Double Standard. Many transgender and non-binary participants experienced a double standard in faith communities that were affirming of diverse sexual orientations but not necessarily as affirming for diverse gender identities. For instance, many denominations had a policy allowing lesbian or gay people to become clergy but did not have a similar policy about transgender people. This double standard, especially in an affirming environment for LGBQ people, was even more hurtful than it would have been in a non-affirming community. Tobi described the situation in his church, saying, "there is no statement whatsoever from the ELCA on trans folks. The only thing they have really had a statement on is sexuality."

Full Inclusion. Some participants were out about their gender identity or expression and had no problems being fully included in their faith community. For these participants, they had greater feelings of belonging because of their knowledge of other transgender and non-binary people who had experienced rejection. Many of these participants stated that they were grateful to simply be a "normal" part of their faith

community rather than being singled out or asked to speak about their gender identity or expression. Susan, a white straight transgender woman, shared about her experience in deciding to start attending one faith community, stating, “it was just the overwhelming feeling that we fit in right there, and I think that was the biggest thing that was a part of our decision to go ahead and start going.”

Discussion

This phenomenological study explored why LGBTQ+ people stay in faith communities. Utilizing the Sort and Shift, Think and Shift method (Maietta, 2006), analysis led to six fluid themes: profound loss versus healing authenticity, fear of rejection versus joy of inclusion, what works for now versus heavenly bliss, isolation versus community, cultural versus not cultural, and mainstream versus marginalized. Although the researchers initially expected to focus on positive reasons for why LGBTQ+ people stayed in faith communities, participants shared that they experienced both positive and negative aspects to their communities. This was illustrated in the “this versus that” format of the themes. The authors conceptualized the positive experiences as protective functions, and the negative experiences as risk functions, both of which are explored next.

There were many protective functions of faith communities as expressed by the participants. In theme one healing authenticity, faith communities served as a protective function by providing an opportunity for healing from past trauma, rejection, and loss. In theme two, many protective functions arose out of the impact of the joy of inclusion, such as a sense of belonging and reduced stigma by feeling normal in a faith community. Theme three presented protective functions in the heavenly bliss theme through participants’ expression of joy and happiness with their faith community. In theme four, the community aspect of the theme illustrates many protective functions, such as social opportunities with a group of likeminded people, tangible and intangible benefits from communing with a group of people, replacement family for those who lost family of origin when coming out, and a deeper sense of connection and human contact. Theme five presented the heavenly bliss that participants of color experienced when they found the faith community that fit their needs across

intersectional identities. Theme six illustrated support of transgender and non-binary participants by demonstrating how much more powerful the acceptance was when they experienced affirmation of their gender identity.

In the negative experiences, almost all experiences were from prior faith communities. In theme one, the profound loss functioned as a risk in that the loss of relationships could lead to a loss of opportunity for meaningful engagement with others, loss of an important identity, and loss of connection. Theme two presented a risk function in the fear of rejection or oftentimes actual rejection due to coming out. The risk in theme three was on what works for now in that participants still faced stigma and potential risk of rejection when they were in faith communities that were not accepting of LGBTQ+ identities. The isolation in theme four functions as a risk because of the associated risks of isolating that LGBTQ+ people face. The additional burden illustrated in both themes five and six demonstrates how much more work is needed to ensure that LGBTQ+ people of color, and in particular transgender and non-binary people, can have access to and feel supported in their faith communities. This finding aligns with the theoretical framework of minority stress such that the impacts of the negative experiences contributed to their risks for isolation and rejection; yet, the social support that they experienced served in a protective function against those negative impacts.

These negative risk findings are similar to existing research about LGBTQ+ individuals’ faith communities. For instance, the scholarly literature has long identified the negative or risk factors that LGBTQ+ people of faith experience, including identity conflicts, profound loss, rejection, isolation, homophobic messages and stigma, and marginalization (Foster et al., 2015; Hansen & Lambert, 2011; Levy & Edmiston, 2014; Levy & Harr, 2018; Rodriguez, 2009; Wood & Conley, 2014). Despite these risk factors, researchers are beginning to highlight the positive and protective aspects of LGBTQ+ individuals’ faiths, including identity integration, building relationships and community, being included, finding deeper meaning and purpose, authentic acceptance, empowerment, reducing stress, and social justice or advocacy work (Brewster et al., 2016; Dowshen et al., 2011; Foster et al., 2015; Lease et al., 2005; Levy &

Harr, 2018; Levy & Reeves, 2011; Porter et al., 2013; Rodriguez, 2009; Rosenkrantz et al., 2016; Walker & Longmire-Avital, 2013).

Our study builds upon and aligns with this existing research on resilience and protective factors. For instance, Foster et al.'s (2015) qualitative study of the identity integration process for 27 lesbian and gay Christians highlights many of the same themes as this study. Similar to this study's theme of heavenly bliss versus what works for now, their participants elected to be part of a "safe-enough congregation" (Foster et al., 2015, p. 194) or an affirming congregation. There are several reasons why individuals choose to stay in the "safe-enough" congregations, including wanting to stay in the church families and/or denominations they grew up in and finding support even in a community that is flawed.

Our study also aligns with the literature specifically focused on underrepresented populations. In a review of the literature, Lassiter (2014) highlights the ways that religion serves as a protective factor specifically for African American same-gender-loving men. Although Lassiter focuses on health outcomes, he also discusses the sense of community that is especially present for African American men. In fact, being a part of a faith community can affirm individual's identities and roles, allow for mentorship, provide a place for individuals to use and develop their talents, and address loneliness (Lassiter, 2014). These findings align with several of our themes. We also learned that participants seek out congregations where they can be role models and find healing authenticity, places to be themselves and share their talents. These communities combat isolation and provide support. Like Lassiter and other researchers such as Walker and Longmire-Avital (2013), we found that the intersection of race, LGBTQ+ identity, and faith was unique, and that some participants who found a cultural, affirming community experienced heavenly bliss.

Although it is grounded in and aligned with prior research, this study contributes a unique perspective in two ways. First, the diversity of the study participants is notable given that research in this substantive area has been mostly (with some exceptions) white, gay or lesbian, and with highly educated individuals living in metropolitan areas (Rodriguez & Follins, 2012). Second, the conceptualization of studying the construct of faith communities from a protective

framework has had less attention in the literature than other aspects of how researchers seek to understand religiosity and spirituality in LGBTQ+ people (such as identity reconciliation, religious affiliation, experiences of conflict within faith communities, etc.) and therefore contributes to the extant literature on the protective meanings of faith communities in the lives of LGBTQ+ people.

Limitations and Future Research

When utilizing this study as a researcher or practitioner, it is important to recognize the limitations of the study. This study included participants who were recruited primarily at a conference and those connected to its associated Twitter account and hashtags, which excluded those who are not involved in the GCN (now known as the QCF). Efforts were made to extend the study recruitment to individuals not present at the conference but still affiliated with the organization or affiliated groups, thus enabling the recruitment to extend beyond those who had the means to attend the conference. Another notable limitation is the absence of participant-involved, paradigm-appropriate validity (trustworthiness) such as member checking or triangulation. Although trustworthiness was established through bracketing and memoing, the findings could be further strengthened by gathering input from the participants themselves. This input was unavailable due to the study participation being anonymous; researchers had no way to reconnect with participants in order to protect their identities, since many lived closeted or would have faced negative repercussions if their participation in this study was discovered. It is also important to note that the study's findings may not represent LGBTQ+ people who are not currently involved in a faith community. The study is also limited by the scope of the religious affiliation of the participants—all participants were involved or somehow associated with a Christian organization and all identified with some sort of Judeo-Christian affiliation. Thus, it is unclear how these findings may or may not align with LGBTQ+ people of other religious affiliations. Finally, due to the non-generalizable nature of this qualitative study, these findings may or may not apply to other samples of Christian

LGBTQ+ persons; more research is needed in order to fully investigate this.

Future research should address these limitations by expanding to LGBTQ+ Christians who are not involved in a faith community and by including LGBTQ+ individuals who identify with other religions. This may highlight experiences of LGBTQ+ individuals who are not as connected to their faith or who are not involved in organized groups. Additionally, future research can expand upon this study by focusing specifically on the process by which LGBTQ+ Christians find faith communities and the traits of those communities.

Implications for Clinical Practice

In addition to contributing to the existing literature and research on LGBTQ+ Christians, this study has implications for practice. As social workers, counselors, pastors, and others serve LGBTQ+ Christians, it is important to recognize that faith communities can be sources of pain and sources of strength. It is critical for clinicians to refrain from making assumptions about LGBTQ+ individuals' experiences of faith communities, and from assuming that their experiences will all be negative (Rosenkrantz et al., 2016). As these helping professionals provide support to LGBTQ+ Christians, they should learn about each individual's experiences and recognize the unique path that each person has. For instance, as described by the participants in this study, some may have experienced loss of family relationships or church communities, whereas others have felt paralyzed by the fear of possible loss. Clinicians will likely work with individuals who are at various "stages" of their experiences, from those who fear loss, to those who are actively experiencing loss, to those who describe healing that comes from living authentically and finding supportive communities. Clients will have different needs based on their unique situations and based on whether or not they have found or are seeking affirming faith communities.

This study highlights the meaning that faith communities have in the lives of LGBTQ+ Christians. These individuals may turn to helping professionals for support both in finding faith communities and in making meaning related to their current and former communities. Thus, it is helpful for practitioners to have a list of affirming faith communities in their area and to be familiar

with the experiences that these individuals may wish to discuss. For instance, as participants in this study described, some individuals may wish to find "heavenly bliss" in an affirming community, whereas others may simply want to find "what works for now." Some may be focused on a particular aspect of a faith community, such as finding a specific denomination, worship style, or racially identified community. If clients are seeking faith communities and/or struggling with feelings of isolation, clinicians can be sources of support and encouragement. As the participants in this study remind us, it is possible to find healing, the joy of inclusion, heavenly bliss, and community.

References

- Anderton, C. L., Pender, D. A., & Asner-Self, K. K. (2011). A review of the religious identity/sexual orientation identity conflict literature: Revisiting Festinger's cognitive dissonance theory. *Journal of LGBT Issues in Counseling, 5*(3–4), 259–281. <https://doi.org/10.1080/15538605.2011.632745>
- Bourn, J. R., Frantell, K. A., & Miles, J. R. (2018). Internalized heterosexism, religious coping, and psychache in lesbian, gay, and bisexual young adults. *Psychology and Sexuality, 5*(3), 303–312. <https://doi.org/10.1037/sgd0000274>
- Brewster, M. E., Velez, B. L., Foster, A., Esposito, J., & Robinson, M. A. (2016). Minority stress and the moderating role of religious coping among religious and spiritual sexual minority individuals. *Journal of Counseling Psychology, 63*(1), 119–126. <https://doi.org/10.1037/cou0000121>
- Capous-Desyllas, M., & Barron, C. (2017). Identifying and navigating social and institutional challenges of transgender children and families. *Child & Adolescent Social Work Journal, 34*, 527–542. <https://doi.org/10.1007/s10560-017-0491-7>
- Creswell, J. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- 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), 1–22. <https://doi.org/10.1080/15283488.2014.989440>
- Dentato, M. P. (Ed.). (2018). *Social work practice with LGBTQ Community*. Oxford Press.
- Dentato, M. P., Halkitis, P. N., & Orwat, J. (2013). Minority stress theory: An examination of factors surrounding sexual risk behavior among gay and bisexual men who use club drugs. *Journal of Gay &*

- Lesbian Social Services*, 25(4), 509–525. <https://doi.org/10.1080/10538720.2013.829395>
- Dowshen, N., Forke, C. M., Johnson, A. K., Kuhns, L. M., Rubin, D., & Garofalo, R. (2011). Religiosity as a protective factor against HIV risk among young transgender women. *Journal of Adolescent Health*, 48(4), 410–414. <https://doi.org/10.1016/j.jadohealth.2010.07.021>
- Dragowski, E. A., Halkitis, P. N., Grossman, A. H., & D'Augelli, A. R. (2011). Sexual orientation victimization and posttraumatic stress symptoms among lesbian, gay, and bisexual youth. *Journal of Gay & Lesbian Social Services*, 23(2), 226–249. <https://doi.org/10.1080/10538720.2010.541028>
- Foster, K. A., Bowland, S. E., & Vosler, A. N. (2015). All the pain along with all the joy: Spiritual resilience in lesbian and gay Christians. *American Journal of Community Psychology*, 55(1-2), 191–201. <https://doi.org/10.1007/s10464-015-9704-4>
- Fryer, C. S., Passmore, S. R., Maietta, R. C., Petruzelli, J., Casper, E., Brown, N. A., Butler III, J., Garza, M. A., Thomas, S. B., & Quinn, S. C. (2016). The symbolic value and limitations of racial concordance in minority research engagement. *Qualitative Health Research*, 26(6), 830–841. <https://doi.org/10.1177/1049732315575708>
- García, D. I., Gray-Stanley, J., & Ramirez-Valles, J. (2008). “The priest obviously doesn’t know that I’m gay”: The religious and spiritual journeys of Latino gay men. *Journal of Homosexuality*, 55(3), 411–436. <https://doi.org/10.1080/00918360802345149>
- Gattis, M. N., Woodford, M. R., & Han, Y. (2014). Discrimination and depressive symptoms among sexual minority youth: Is gay-affirming religious affiliation a protective factor? *Archives of Sexual Behavior*, 43(8), 1589–1599. <https://doi.org/10.1007/s10508-014-0342-y>
- Gibbs, J., & Goldbach, J. (2015). Religious conflict, sexual identity, and suicidal behaviors among LGBT young adults. *Archives of Suicide Research*, 19(4), 472–488. <https://doi.org/10.1080/13811118.2015.1004476>
- Hansen, J. E., & Lambert, S. M. (2011). Grief and loss of religion: The experiences of four rural lesbians. *Journal of Lesbian Studies*, 15(2), 187–196. <https://doi.org/10.1080/10894160.2011.521103>
- Harris, J. I., Cook, S. W., & Kashubeck-West, S. (2008). Religious attitudes, internalized homophobia, and identity in gay and lesbian adults. *Journal of Gay & Lesbian Mental Health*, 12(3), 205–225. <https://doi.org/10.1080/19359700802111452>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *Executive summary of the report of the 2015 U.S. Transgender Survey*. U.S. Transgender Survey.
- Kidd, J. D., & Witten, T. M. (2008). Understanding spirituality and religiosity in the transgender community: Implications for aging. *Journal of Religion, Spirituality & Aging*, 20(1–2), 29–62.
- Lassiter, J. M. (2014). Extracting dirt from water: A strengths-based approach to religion for African American same-gender-loving men. *Journal of Religion and Health*, 53(1), 178–189. <https://doi.org/10.1007/s10943-012-9668-8>
- Lassiter, J. M., Saleh, L., Grov, C., Starks, T., Ventuneac, A., & Parsons, J. T. (2019). 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*, 11(4), 408–416. <https://doi.org/10.1037/rel0000146>
- Lease, S. H., Horne, S. G., & Noffsinger-Frazier, N. (2005). Affirming faith experiences and psychological health for Caucasian lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology*, 52(3), 378–388. <https://doi.org/10.1037/0022-0167.52.3.378>
- Lefevor, G. T., Beckstead, A. L., Schow, R. L., Raynes, M., Mansfield, T. R., & Rosik, C. H. (2019). Satisfaction and health within four sexual identity relationship options. *Journal of Sex & Marital Therapy*, 45(5), 355–369. <https://doi.org/10.1080/0092623X.2018.1531333>
- Levy, D. L., & Edmiston, A. (2014). Sexual identity, gender identity, and a Christian upbringing: Comparing two studies. *Affilia*, 29(1), 66–77. <https://doi.org/10.1177/0886109913509542>
- Levy, D. L., & Harr, J. (2018). “I never felt like there was a place for me:” Experiences of bisexual and pansexual individuals with a Christian upbringing. *Journal of Bisexuality*, 18(2), 186–205. <https://doi.org/10.1080/15299716.2018.1431169>
- Levy, D. L., & Lo, J. R. (2013). Transgender, transsexual, and gender queer individuals with a Christian upbringing: The process of resolving conflict between gender identity and faith. *Social Thought*, 32(1), 60–83.
- Levy, D. L., & Reeves, P. (2011). Resolving identity conflicts: Gay, lesbian, and queer individuals with a Christian upbringing. *Journal of Gay & Lesbian Social Services*, 23(1), 53–68. <https://doi.org/10.1080/10538720.2010.530193>
- Lytle, M. C., Blosnich, J. R., De Luca, S. M., & Brownson, C. (2018). Association of religiosity with sexual minority suicide ideation and attempt. *American Journal of Preventive Medicine*, 54(5), 644–651. <https://doi.org/10.1016/j.amepre.2018.01.019>
- Maietta, R. C. (2006). State of the Art: Integrating Software with Qualitative Analysis. In L. Curry, R. Shield, & T. Wetle (Eds.), *Improving Aging and Public Health Research: Qualitative and Mixed Methods*. American Public Health Association and the Gerontological Society of America.

- Marshall, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health, 49*(2), 115–123. <https://doi.org/10.1016/j.jadohealth.2011.02.005>
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*(1), 38–56. <https://doi.org/10.2307/2137286>
- Michaels, C., Choi, N. Y., Adams, E. M., & Hitter, T. L. (2019). Testing a new model of sexual minority stress to assess the roles of meaning in life and internalized heterosexism on stress-related growth and life satisfaction. *Psychology of Sexual Orientation and Gender Diversity, 6*(2), 204–216. <https://doi.org/10.1037/sgd0000320>
- Newcomb, M. E., Birkett, M., Corliss, H. L., & Mustanski, B. (2014). Sexual orientation, gender, and racial differences in illicit drug use in a sample of U.S. high school students. *American Journal of Public Health, 104*(2), 304–310. <https://doi.org/10.2105/AJPH.2013.301702>
- Porter, K. E., Ronneberg, C. R., & Witten, T. M. (2013). Religious affiliation and successful aging among transgender older adults: Findings from the Trans MetLife Survey. *Journal of Religion, Spirituality & Aging, 25*(2), 112–138. <https://doi.org/10.1080/15528030.2012.739988>
- Ream, G. L., & Savin-Williams, R. C. (2005). Reconciling Christianity and positive non-heterosexual identity in adolescence, with implications for psychological well-being. *Journal of Gay & Lesbian Issues in Education, 2*(3), 19–36. https://doi.org/10.1300/J367v02n03_03
- Rodriguez, E. M. (2009). At the intersection of church and gay: A review of the psychological research on gay and lesbian Christians. *Journal of Homosexuality, 57*(1), 5–38. <https://doi.org/10.1080/00918360903445806>
- Rodriguez, E. M., & Follins, L. D. (2012). Did God make me this way? Expanding psychological research on queer religiosity and spirituality to include intersex and transgender individuals. *Psychology and Sexuality, 3*(3), 214–225. <https://doi.org/10.1080/19419899.2012.700023>
- Rosenkrantz, D. E., Rostovsky, S. S., Riggle, E. D., & Cook, J. R. (2016). The positive aspects of intersecting religious/spiritual and LGBTQ identities. *Spirituality in Clinical Practice, 3*(2), 127–138. <https://doi.org/10.1037/scp0000095>
- Sherkat, D. E. (2002). Sexuality and religious commitment in the United States: An empirical examination. *Journal for the Scientific Study of Religion, 41*(2), 313–323. <https://doi.org/10.1111/1468-5906.00119>
- Sherry, A., Adelman, A., Wilde, M. R., & Quick, D. (2010). Competing selves: Negotiating the intersection of spiritual and sexual identities. *Professional Psychology, Research and Practice, 41*(2), 112–119. <https://doi.org/10.1037/a0017471>
- Walker, J. N. J., & Longmire-Avital, B. (2013). The impact of religious faith and internalized homonegativity on resiliency for black lesbian, gay, and bisexual emerging adults. *Developmental Psychology, 49*(9), 1723–1731. <https://doi.org/10.1037/a0031059>
- Wood, A. W., & Conley, A. H. (2014). Loss of religious or spiritual identities among the LGBT population. *Counseling and Values, 59*, 95–111. <https://doi.org/10.1002/j.2161-007X.2014.00044.x>
- Yakushko, O. (2005). Influence of social support, existential well-being, and stress over sexual orientation on self-esteem of gay, lesbian, and bisexual individuals. *International Journal for the Advancement of Counselling, 27*(1), 131–143. <https://doi.org/10.1007/s10447-005-2259-6>
- Zarzycka, B., Rybarski, R., & Sliwak, J. (2017). The relationship of religious comfort and struggle with anxiety and satisfaction with life in Roman Catholic Polish men: The moderating effect of sexual orientation. *Journal of Religion and Health, 56*(6), 2162–2179. <https://doi.org/10.1007/s10943-017-0388-y>