A systematic review of qualitative studies capturing the subjective experiences of Gay and Lesbian individuals' of faith or religious affiliation.

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Abstract

Individuals identifying as religious tend to report better health and happiness regardless of affiliation, work and family social support or financial status. Evidence suggests that cultural factors are intertwined with these concepts. Exploration of sexual minorities' experiences has been neglected in previous years. Recently, a body of evidence is developing concerning this population, with theoretical speculation for changes of 'stressors' for future generations and implications, particularly, on mental health outcomes. Lesbian and Gay individuals of faith (or spirituality), are susceptible to unique 'stressors', whilst others suggest religion can provide a support network providing protective health benefits. This review systematically explores the existing published evidence for the subjective experiences and accounts of LG people of faith. Sexual minority individuals who follow a religion or faith can experience good social support, reducing the risk of negative health outcomes, while for others, potentially serious, negative mental and physical health consequences are experienced (e.g., internalised homophobia, anxiety, rejection and suicidal ideation).

In recent years, LGBT+ issues and experiences have received more attention (Foster, Bowland, & Vosler, 2015; Vaughan, Miles, Parent, Lee, & Tilghman, 2014) with studies exploring a range of factors including demographic differences and the unique intersections of identities, psychological health, mental health and wellbeing, as well as relational factors unique to the population (Foster et al., 2015; Herek et al., 2010; Meyer & Northridge, 2007; Zinnabauer et al., 1997). Whilst a better understanding is being established regarding LGBT+ issues, limited research has explored the subjective psychological experiences of LGBT+ individuals of spirituality or religious affiliation.

The terms religion and spirituality can have different meanings. *Religion* usually incorporates aspects of common, shared beliefs by a group of people, accompanied by practice and rituals (Pargament & Raita, 2007). *Spirituality* involves discovering the meaning of life events that are deeply personal to an individual (Sink, 2004) and has been strongly linked with well-being and identity development (McQueeney, 2009; Powers, Cramer, & Grubka, 2007). However, due to the lack of clarity between the terms religion and spirituality, research has often discussed these constructs side by side and, therefore, this review will explore both within the Lesbian and Gay community. Moreover, fewer studies exist to provide the accounts of bisexual or transgender individuals, and no studies exist that capture the subjective psychological experiences, in their own words, for these individuals.

Homosexuality has been subjected to religiously infused debate and conflict (Hunter, 2013). Western religious cultures take the position of condemning homosexual behaviour and labelling it as 'deviant' and 'wrong' (Heerman et al., 2007). Any sexual act conducted in a same-sex relationship is deemed a sin by many traditional Jews (Mahl, 2008); punishable with church discipline within a Mormon community (Heermann et al., 2007) and punishable by the death penalty in Islam (Hamdi, lachheb, & Anderson, 2015). However, in some cases, there has been evidence of the 'homosexual person' being separated from their 'homosexual behaviour', with these religious communities claiming to accept the person but reject the 'sexual act' (Rosik, Griffith, & Cruz, 2007). Geary et al., (2018) notes that sexuality is three-dimensional, including sexual attraction (or interest), sexual behaviour and sexual identity. Moser (2016) describes sexual identity as how the individual defines themselves; sexual interest/attraction as what individuals want to do regardless of whether they do it; and sexual behaviour as what individuals do regardless of their sexual interest or sexual identity. Sexual orientation, therefore, describes a distinct type of intense sexual interest (Moser, 2016).

Whilst it is more widely accepted that two sexual orientations exist (homosexuality and heterosexuality), it has been suggested that these may be classified as identities (Moser, 2016) and other proposed sexual orientations have been widely debated (Moser, 2016). Elsewhere, it is argued, that sexual orientation is more fluid and less 'fixed' (Epstein, McKinney, Fox, & Garcia, 2012; Ross, Daneback, & Mansson, 2012).

Accepting the person but rejecting their sexual behaviour (Rosile, Griffith, & Cruz, 2007), may have a more detrimental impact on the person if they try to change their sexual orientation to 'feel accepted' (Itzhaky & Kissil, 2015). Such actions have been supported by some religious groups who advocate conversion therapy (Dehlin et al., 2015) with a recent report claiming

fifty-one per cent of LGBT individuals received conversion therapy by faith groups (GEO, 2019). Despite support from religious groups, mental health organisations have suggested reorientation therapies (e.g., conversion therapy) can cause more harm than good and should be avoided by mental health practitioners (APA, 2009). Subsequently, religious teachings have contributed to the formation of a heteronormative social and political order (Bowers et al., 2010), further marginalising LGBT communities in an already heterosexist society. This lack of belonging and marginalisation heightens the risk of dissonance between two critical parts of one's identity: the religious and the sexual (Rodriguez & Ouellette, 2000), which can lead to emotional distress, depression and suicidality (Evans & Barker, 2010). Despite efforts by the UK government to ensure equality for the LGBT community (e.g. same-sex marriage, turning pardons), barriers, particularly when dealing with religious beliefs, continue to exist. For example, there have been recent protests at faith-based schools in the UK for introducing 'no outsider programmes' which looks at LGBT relationships (Parvean & Weale, 2019). Such protests highlight the continued tension between religion and sexuality that LGBT communities are experiencing.

It is evident that the connection between religion (and or spirituality) and wellbeing (and or psychological health) is complex and can come with an array of challenges for the LGBT communities (Meyer, 2016). However, it is unclear if religion and/or spirituality acts as a 'protective factor' or a 'risk factor'. Religion has been associated with psychological and social resources, for example, support communities (Weber & Pargament, 2014), when coping with stress or associated conditions (Koenig, 2009). Therefore, it could be argued that religion/spirituality is a 'protective factor' providing a supportive resource when experiencing depression, suicide or anxiety (Weber & Pargament, 2014). However, the extent of the protective, as opposed to the detrimental, nature, is debated (Meltzer et al., 2011), particularly when the focus is placed upon minority groups, such as LGBT. Homosexual youths have reported feelings of rejection from religious groups (Page, Lindahl, & Malik, 2013; Hamblin & Gross, 2013) which is not reflective of a supportive tool and rather, elevates levels of stress contributing to minority stress (Meyer, 2016). Moreover, some LGBT individuals, who mature in a religious context, are at an increased risk of experiencing internalised homophobia and consequently, increased suicidal thoughts and behaviours (Gibbs & Goldbach, 2015). This is further complicated by 'gay-related stresses', associated with negative reactions from family and friends, and consequential victimisation experiences (Page, Lindahl, & Malik, 2013). On the other hand, Lesbian and Gay Christians' experience of the process of integration of sexuality and faith can lead to resilience-building (Foster, Bowland, & Vosler, 2015) in individuals through a transformation of theological meaning, when an individual finds a 'safe enough' and 'affirming' congregation. However, others discard their religious identity as a resolution strategy if they are unable to reconcile it with their sexual identity (Yip, 2007). Additionally, research has indicated that LGBT turn to religion to persevere against the challenges brought about by the oppression and social injustice that religious indoctrination brings to their lives (Foster et al., 2011; Jeffries et al., 2008; McCarthy & das Nair, 2018), suggesting that although they acknowledge the challenges they face, LGBT individuals want to see changes made in such religious communities.

Whilst there is some debate as to the nature of the 'protective' or 'risk' association with religion, particularly for LGBT individuals of faith, there is recognition of differences between generations. Meyer (2016) notes observed changes in current young people and teenagers, referred to as generation Z or iGen by Twenge (2017). Generation Z appears to be more accepting of difference, including sexuality differences, and more willing to explore their sexuality and sexual preference (Meyer, 2016; Twenge, 2017). However, generation Z also seems less interested in religion (Lukianoff & Haidt, 2018; Twenge, 2017).

Although religion can be hugely beneficial for individuals, it can also create confusion, blame and rejection for an individual discovering his or her sexual orientation (Halkitis, 2019; Sherry, Adelman, Whilde, & Quick, 2010). In sum, LGBT of faith or religious affiliation is a vulnerable group, with a plethora of needs that are often overlooked because of other related issues (e.g. suicidal behaviours, depression, and hate crime). There is a need to explore the subjective experiences and reflections of LGBTQ+ individuals of spirituality or religious affiliation.

Purpose and Aims

This review adopts a specific focus on research evidence that captures the subjective experiences of individuals who identify as LGBTQ+ or non-heterosexual and of faith/spirituality. Therefore, research evidence that captures and theorises on the process of 'identity' formation has been eliminated from this review unless it captures an aspect of individual's explanation of their experiences of the 'psychological consequence(s)'. The current debates around conversion therapy and religion, highlight the timely nature of a review of the current literature on this topic specifically focussing on wellbeing and mental health consequences of religion/religious belief in sexual minority groups. In addition, this review focusses on the qualitative studies of the given topic area, the quantitative studies having been reviewed separately in a related paper. This rationale for this decision was based on the type of data collected from these differing methodological approaches (quantitative vs. qualitative). The quantitative studies have captured, mainly, self-reported but direct measures of psychological components and religious affiliation or spirituality. The qualitative studies, considered in this review, have captured subjective experiences, reflections and accounts of individuals whilst negotiating their religious or spiritual identity alongside their sexual identity.

Research Question:

1) What are the subjective experiences of lesbian and gay individuals of faith or religious affiliation?

Method

The research team agreed on a protocol, which was informed and based on the updated PRISMA-P checklist for the reporting of systematic reviews (Shamseer et al., 2015), following extensive discussion regarding appropriate search terms and relevant databases. Three databases were searched: PubMed, Scorpus and PsychINFO during September and October 2018 using a combination of search terms (see Table 1 below).

Research articles published in peer-reviewed journals, as well as ongoing and in press studies were included – theses, case studies and editorials were excluded, along with position articles and literature reviews. The intervention (or phenomena of interest) was all religions, religious beliefs and spiritualties specifically concerning studies that captured sexuality or sexual orientation of their recruited population, alongside the psychological health consequences. Publications needed to be in English.

To attain specificity, the PECOS framework (NICE, 2014) as used by Marwa and Davies (2017) was adopted as outlined below.

Population: this review considered all studies that included individuals identifying as LGBTQ+ and non-heterosexual.

Exposures: all studies that assessed religion, religious belief, beliefs, spirituality, affiliations were considered.

Control: where possible, the review considered studies that included heterosexual individuals as a control/comparison group.

Outcomes: the review considered the studies that captured the psychological consequences (whether positive or negative) of being LGBTQ+ of faith/belief/affiliation.

Study Design: Qualitative studies were considered for this review. Quantitative studies (included in a linked review paper), anecdotal information, expert opinion, editorials and commentaries were excluded.

Quality assessment and data extraction

The appraisal of studies was organised in four distinct stages: (1) records identification; (2) records title screening; (3) records abstract screening; (4) full-text assessment and the final decision for inclusion. Fifty-five papers were screened by abstract and 6 were retained using the following inclusion and exclusion criteria.

Eligibility criteria and study selection

1. Excluded papers that capture/measure the opinion of / attitudes towards sexual minorities of faith – only interested in sexual minorities' personal experiences
2. Excluded clergy / religious leader samples – different group?

3. Excluded literature reviews
4. Excluded opinion papers/ position papers
5. Excluded quantitative studies (appears in separate review as they contribute to a different research question)

A quality assessment tool (Tracy, 2010) using eight 'big tent' criteria for excellent qualitative research was used to screen papers for quality rating based on their methodological rigour and data relevance. The quality assessment tool (Tracy, 2010) consists of eight items or areas of assessment and can be used to assess qualitative studies. The quality assessment was conducted by two reviewers and decisions were made through discussion.

Data analysis and synthesis

The results were analysed and synthesised drawing on an approach similar to that proposed by Whittemore and Knafl (2005) of data reduction, data display, data comparison and verification of conclusions. This approach was deemed most appropriate given the ethos of a review method that is inclusive of combining diverse methodologies (e.g. Interviews, focus groups and survey research with qualitative data). This procedure allowed for the process of identifying patterns and themes, which were then grouped to form the overarching categories.

Table 1: List of search terms used during database searches

	Search Topic	Search Terms	Search Field
1	Identity, role	Identi* OR self OR role	Abstract
	Consequences	OR connection OR cognition OR homonegativity OR	Abstract
		internalized homophobia OR shame OR homofear	
2	Risk AND/OR		All text
	Protective		
	factors		
3	Mental health	AND well-being OR wellbeing OR predictor OR	All text
		emotion* OR mental health OR mental disorder OR	
		stress OR mental depression OR burnout OR	

		psychological Health OR Depression OR social wellbeing OR Psychological Wellbeing OR wellness OR *wellness OR Cognitive dissonance OR attachment*?	
4	Health	AND Health* AND Physical Health AND *Health	All text
5	Religion	AND Christian* OR Jewish OR Judaism OR Muslim OR Islam OR Buddhist OR Buddhism OR Sikh OR Sikhism OR Hinduism Religi* OR Faith OR Belief OR Spirituality	
6	Sexuality	AND Sexuality OR sexual orientation OR LGBTQ+ OR Gay OR Lesbian OR Bisexual OR Queer OR Spirit* OR Questioning OR Curios	

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Results

Summaries of the papers included in this review are presented in table 2 below.

Table 2 Summary of studies included in the analysis of this systematic review.

Citation	Participants	Method	Findings
Began and Hattie (2015).	N=35 LGBTQ adults from a range of backgrounds (Canadian). Ages 20-68. 19 women and 11 men.	In-depth interviews	Themes around: **Conflict between LGBTQ identity, religion and spirituality** 1. Delayed sexual activity 2. Denial of self 3. Losses: community; friends; family 4. Negative effects on emotional wellbeing **Resolving conflicts between LGBTQ identity and religion/spirituality** 1. Separating religion church and spirituality 2. Remaining with the faith tradition of upbring 3. Adopting a new path or tradition 4. Creating an individual relationship to spirituality **The place of spirituality in LGBTQ communities**
Ganzevoort,Van der Laan and Olsman (2011).	N=10 young adults (21-30, 5 males, 5 females). From evangelical/ charismatic/Pentecostal churches and from conservative/orthodox protestant churches and from more urban and more rural areas.	Open narrative interviews (2 hours each).	Narrative models cover six dimensions: structure, perspective, role division, tone, relational positioning, and audience. ** mental health consequences are an important reason and aspect of the study** whilst the study didn't set out to capture this, it tried to understand these important issues in the context of identity formation, e.g. dissatisfaction and unhappiness of not coping with Gay 'identity' and with religious view of being a failure.

Ho and Hu(2016).	N= 28 participants. All LGBT, apart from one heterosexual – pro-gay rights activist individual.	Ethnographic fieldwork. 18 from individual interviews and 11 from focus groups.	Specific to Hong Kong but focus on the wellbeing of sexual minorities. Themes **Intimate discrimination in personal life** 1. Misrepresentation and misrecognition 2. Deprivation of opportunities 3. Harassment disguised as caring 4. Intimate exclusion **Dealing with identity conflicts: conformity and resistance** 1. Concealment of sexual orientation 2. Life compartmentalisation 3. Individual confrontation 4. Findings new spaces
Itzhaky and Kissil (2015).	N= 22 gay men; orthodox Jewish	Individual in-depth Interviews Content analysis of interview data.	Themes around 1. Emotional turmoil 2. Ways of coping 3. Impact on family relationships 4. Important context
Jacobsen and Wright (2014).	N= 33 Mormon women	Semi-structured interviews about experiences with same-sex sexuality and LDS church (the Church of the Latter-day Saints). How this affected their mental health and treatment they engaged in during their reconciliation.	Themes around: 1. Experience with mood disorders 2. Self-worth 3. Suicidality 4. Treatment attempts 5. Reparative therapy 6. Counsellors agenda 7. Impact on family and community Mental health recovery

		Data analysed using phenomenological methodology.	
Subhi and Geelan (2012).	N= 20 homosexual (10 males and 10 females); Brisbane city area and surrounding suburbs. 20 – 51 years old (mean 36.5).	Each participant participated in two in-depth Interviews.	Thematic analysis themes: 1. Small percentage experienced no conflict between Christianity and homosexuality (either due to abandoning faith before 'coming out'; or continued identifying as Christian but didn't practise) 2. Majority of the same faced intrapersonal conflict – believing that Christianity condemns homosexuality considering it sinful (and immoral). 3. Conflict amplified by significant other. KEY CONSEQUENCES OF CONFLICT 1. Depression 2. Self-blame/guilt 3. Anxiety 4. Alienation 5. Suicidal ideation

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228 *Table 3 Demographics and themes mapped against studies included in this systematic*
229 *review*

	Began and Hattie (2015)	Ganzevoort, Van der Laan and Olsman (2011)	Ho and Hu (2016)	Itzhaky and Kissil (2015)	Jacobsen and Wright (2014)	Subhi and Geelan (2012)
Lesbian	X (11)	X (5)	X (?)		X (23)	X (10)
Gay	X (10)	X (5)	X (?)	X (22)		X (10)
Bisexual	X (4)		X (?)			
Transexual?	X (4)		X (?)			
Heterosexual	X (1)		X (1)			
Conflict	x	x	x	x	x	x
Discrimination			x			x
Resolution	x		x	x	x	x
Bereavement	x		x	x	x	
Mental Health outcomes: depression; suicidal ideation; suicide attempt;	x	x			x	x
Psychological Consequences: anxiety; well being	x	x	x	x	x	x
Coping / Religious Coping	x	x	x	x	x	x
Hong Kong			x			
Canada	X (east coast)					
Australia (Brisbane)						x
Morman LDS					x	
Christian	X (22)	X evangelical/ Charismatic/ Pentecostal churches and conservative / orthodox churches	x			x
Jewish	X (5)			x		
other	X (8)					

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Psychological and Mental health states

The six studies included in the analysis of this review captured, directly and indirectly, the subjective experiences of non-heterosexual individuals and their religion and/or spirituality. In most cases, the experiences were characterised by conflict between religious or spirituality beliefs and aspects of their sexuality. Three main themes of conflict, resolution, and bereavement emerged across the included studies representing the main points expressed by individuals. An overarching theme of *psychological* and *mental health* needs emerged from the papers. Three of the papers reported on the accounts of suicidal ideation (Itzhaky & Kissil, 2015; Jacobsen & Wright, 2014; Subhi & Geelan, 2012), which is consistent with statistical evidence (Gibbs & Goldbach, 2015; Kralovec, Fartacek & Plöderl, 2014) that notes the increased risk in this population. Relatedly, aspects of depression were discussed (Itzhaky & Kissil, 2015; Jacobsen & Wright, 2014; Subhi & Geelan, 2012). Four of the included papers captured accounts of 'emotional turmoil' (Began & Hattie, 2015; Ganzevoort, Van der Laan & Olsman, 2011; Itzhaky & Kissil, 2015; Jacobsen & Wright, 2014; Subhi & Geelan, 2012), including the negative effects on emotional wellbeing. Consistently, arguments around self-worth (Jacobsen & Wright, 2014), self-blame/guilt and anxiety (Subhi & Geelan, 2012) featured as issues for this population. All experiences included in the six studies led to negative psychological states.

Conflict

The first consistent finding, which features explicitly in four papers and implicitly in another two papers, relates to individuals' accounts of their experience of conflict. This theme captures both external conflicts between people (e.g. with friends and family) and internal conflict in terms of psychological adjustment and processing relating to their beliefs about their sexuality and religion or spirituality. The most prominent conflict was between religious beliefs, teachings and practices with sexual orientation desires and/or behaviours (Began & Hattie, 2015), where individuals report facing intrapersonal conflict through the belief that religion (e.g., Christianity) condemns homosexuality and considers it sinful or immoral (Subhi & Geelan, 2012). This has secondary implications, such as, delayed sexual activity (Began & Hattie, 2015) which may relate to the psychological development of sexuality or a sexualised identity (Began & Hattie, 2015). Interestingly, individuals in one study reported that they did not feel that there was a conflict between themselves and God and that conflict emerged from religious members (Behan & Hattie, 2015). Additionally, findings revealed that tensions raised between their sexuality and religious beliefs led them to develop conflicts between their bodies and minds (i.e., body and sexual orientation are separate entities). Whilst many of the findings focused on tensions within a religious community, it was noted by some studies that there was also conflict within the LGBT community when individuals expressed their spirituality (Ho & Hu, 2016). Such conflicts had risen from LGBTQ 'mistrust' of religious communities and associations with negative past experiences (i.e., non-acceptance and 'an unsafe place'). Therefore, the main finding within this theme is a conflict with identity within either community which has been associated with poor psychological health.

Another aspect considered was *discrimination.* Ho and Hu (2016) found that individuals experienced intimate discrimination in their personal lives through misrepresentation and

misrecognition. The experience of inaccurate representation and negative stereotypes being frequently used (Ho & Hu, 2016), and connectively, the experience of deprivation of opportunities mentioned (Ho & Hu, 2016). In some cultures, countries and organisations, openly Gay individuals are prohibited from certain roles, rituals and activities (Ho & Hu, 2016). This sometimes is referred to as the issue of harassment disguised by caring in Christian fellowships (Ho & Hu, 2016). 'Role models' within educational programmes such as 'Sunday schools' had an impact on many adolescents growing up (e.g., 'fix the problem', 'fight the urge', 'inherently defective') associated with a focus on 'punishment'. Such quotations capture a medical discourse; referring to homosexuality as an illness that can be 'fixed'. Moreover, many participants have referred to the homonegative discourses such as, 'homosexuality is a sin'. Such homonegative attitudes were reported as having a detrimental impact on individuals' self-esteem, shame, guilt and raised internalised homophobia that often led to acts of self-harm and attempts to take one's life (Jacobsen & Wright, 2014).

Resolution

Three of the papers captured individuals' accounts of their experiences whilst resolving conflicts. Subhi and Geelan (2012) reported that in their study a small percentage of individuals experienced no conflict between sexuality and faith because they either "abandoned" their faith prior to 'coming out' or continued identifying as a Christian but did not practise or attend church. This is consistent with other papers in this review that note individuals' responses around 'separating religion, church and spirituality' (Began & Hattie, 2015) and 'concealment of sexual orientation' (Ho & Hu, 2016). Resolution, for some, required 'compartmentalisation' of their life (Ho & Hu, 2016) or finding a 'new path' (Began & Hattie, 2015) or 'new space' (Ho & Hu, 2016). For others, an individualised relationship to spirituality is developed (Began & Hattie, 2015). In addition, individuals drew upon their own interpretation of the Bible and ignored societal beliefs about what the Bible implies (e.g. 'Homosexuality is a sin'). When individuals focus on their interpretations, their accounts suggest they are more accepting of who they are, resulting in better mental wellbeing (Lassister, 2015).

Four papers highlighted the need to 'belong' and to be 'accepted' in society (Ho & Hu, 2016; Itzhaky & Kissil, 2015; Jacombsen & Wright, 2013; Kocet, Sanabria & Smith, 2011). The findings indicated that LGBT individuals are seeking to find a community who accept them for who they are. However, many individuals reported 'attempts' to address their 'illness', 'condition' and rectify their 'sin' (Jacoben & Wright, 2014). Many individuals concentrated on changing themselves rather than acceptance and gave in to the 'pressure' and 'harassment' of attending conversion therapy and faith-based programmes. However, many reported a further feeling of rejection (Ho & Hu, 2016). For some, this had a negative impact on their wellbeing but for others, it changed their view and they started to see that teaching condemning homosexuality as flawed human interpretations of biblical teachings (Lassister, 2015; Beagain & Hattie, 2015). Some noted that they had learnt to 'love' and 'accept' who they were which gave them the confidence to move on (Beagan & Hattie, 2015).

Bereavement

Consistent with statistical studies (Itzhaky & Kissil, 2015), loss of family relationships contributed to feelings of alienation (Subhi & Geelan, 2012), which in turn contributed to a breakdown of social and support networks for individuals. For some, moving away and providing distance between themselves and family was the only pathway to reduce the sense of rejection and familial loss (Lassiter, 2015). Additionally, individuals reported a 'profound loss' when their duties as part of their religion had been restricted which in turn, heightened their sense of 'hopelessness' and 'loneliness'. Losing such responsibilities isolated them further from their religious communities and church which threw some into profound despair and questioning their self-worth and purpose of living (Began & Hattie, 2015; Subhi & Geelan, 2012). Moreover, the extrinsic aspect of conflict occurs between people, when an individual's sexual preference conflicts with other individuals' beliefs. This could account for, or impact on, relationships within the family (Itzhaky & Kissil, 2015; Ho & Hu, 2016), as well as friends and peers, resulting in a loss of community and support (Began & Hattie, 2015). For many, the grieving process was prolonged due to the struggles of finding something to replace the 'intense connection' they had formed with their community but also with God, from whom they would often seek solace in times of need (Beagan & Hattie, 2016). One profound commonality between papers is that of bereavement for their own identity. Although not explicitly referred to as grief, many individuals reported having to 'hide' who they are and to 'live a secret life'. However, this became more complex with the realisation that the LGBT community often do not accept those who are religious due to the stigma many of them have received from such communities (Beagan & Hattie, 2016), leaving many to feel they are only ever 'half' their true self and long to be able to be themselves in full (Kocet, Sanabria & Smith, 2012).

Discussion

This review has identified a range of subjective experiences highlighted consistently across the included papers. These experiences exist in relation to Lesbian and Gay individuals that have a spirituality or religious affiliation.

It is evident from the overall findings, that despite progress towards a more inclusive and equal society, there are still accounts of negative experience for Lesbian and Gay individuals of faith or religious affiliation. The experiential evidence considered and embedded in this review has highlighted personal accounts of conflict and bereavement, highlighting the reality of resolution that Lesbian and Gay individuals often face, improving and, in some instances, saving their lives (Beagan & Hattie, 2015; Lassiter, 2015). A consistent message of 'wanting to belong somewhere' and the need for having a 'purpose' was prevalent in the literature considered. Such findings align with previous research that highlights the conflict of identity and dissonance between religious beliefs and sexual orientation (Rodriguez, 2010). Although many reported that tensions between intersections of identity arose in their adolescence, there was a strong sense that through fear of rejection and abandonment, ideas of sexual orientation were suppressed from a young age and favoured for ideas that 'fit' into a

heterosexist world. These findings support the need for educational programmes for parents, particularly of religious backgrounds, to explore their beliefs and attitudes towards LGBT communities and to consider implications on wellbeing and mental health. Such programmes could help alleviate the pressure on children and adolescents, lowering the risk of negative psychological consequences.

The above themes were embedded in individuals' accounts of mental health and wellbeing as they negotiated religious beliefs and sexuality. Serious mental health risks were discussed, including depression, suicide risk, suicidal ideation, and negative self-worth. This provides initial evidence for the required provision and support to be available to individuals, in addition to the education programmes mentioned above.

Studies within this review focused on past experiences rather than present ones and therefore, findings were based on memories and experiences of previous generations (e.g., Generation X and Y: Twenge, 2017). Given the evidence for differences for generation Z, or IGen, compared with generation X and Y (Lukianoff & Haidt, 2018; Twenge, 2017), future research might explore the experience of religion and sexuality specifically for IGen. Some Lesbian and Gay individuals seek solace in 'conversion therapy'. With controversial and conflicting evidence, some consider conversion to be dangerous and ineffective (Jacob, 2015) whilst other have explored the potential benefits for some individuals in some cultures (Couzens, Mahony, & Wilkinson, 2017). Individuals have reported wanting to be 'cured' and 'their illness treated' (Beagan & Hattie, 2015), highlighting the sense of desperation and helplessness that such communities experience.

The themes of conflict, resolution and bereavement associated with individuals' faith experiences were overcome often through resilience. This review highlights the lack of research capturing experiences, generally, in this area, whilst the experience of bisexuals, transgender and other sexual minority groups remains absent. The transgender community have unique and different experiences to that of Lesbian and Gay. As such, future research is needed to explore the experience of transgender individuals who identify with religious beliefs. Although LGBT individuals are seen to be a minority and an at-risk population, studies included in this review often ignored culture and race in their analysis, also recognised their minority status and victimisation of hate crime. Subsequently, Lesbian and Gay individuals have a triad of needs; race, sexual orientation and religious beliefs and further research is needed to explore these specific needs so robust health programmes can be formed. Additionally, a population that has been ignored is that of asylum seekers and refugees who seek safety from their native countries for fear of death as a result of their sexual orientation.

Limitations

This study, and accompanying synthesis, is limited by the quality, breadth and representation of the existing research evidence in this field. Whilst some progress has been made to begin to understand some of the issues and the subjective experiences for sexual minorities, these findings are limited due to the population representation as often recruitment is targeted and studies lack representation from individuals identifying as bisexual or transgender. There are

some indications that different religious groups, denominations or faiths lead to differing experiences for individuals who are LGB, however, direct comparisons of differences across religious groups are not currently possible given the studies available for analysis. In addition, the lack of representation of bisexual and transgender in the current research limits the reasonable conclusions that can be made about their experiences of sexuality and religious belief. The studies included in this review were representative of Jewish, Mormon & Christian beliefs, with a small representation of other religious groups. This highlights the need for future work that includes a broad presentation of religions and spiritualities to better understand the relationship and connections in terms of psychological consequences, whether 'protective' and supportive or 'risk' and disruptive for individuals.

Equally, many of the published work and evidence, in this field, come from data gathered in the United States, with very few studies from European samples. Given the differences in the implementations of religious practices, even within the same religious beliefs, in different countries, a European or UK based study is required to understand individuals' experiences in the EU.

Despite these limitations, it is clear from the existing literature that there are complexities and experiences that LGB(TQ+) individuals of faith are having that require support and in some cases interventions where conflict, discrimination and minority stressors have been severe to the extent of impacting on wellbeing and mental health. Future research should plan to inform the type and nature of interventions and support services, therefore shaping the previsions for these individuals.

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

Began, B.L., & Hattie, B. (2015). Religion, spirituality, and LGBTQ identity integration. *Journal of LGBT issues in Counselling, 9*(2), 92-117.

Bowers, R., Minichiello, V., & Plummer, D. (2010). Religious attitudes, homophobia, and professional counseling. *Journal of LGBT Issues in Counseling*, *4*(2), 70-91.

Couzens, J., Mahony, B., & Wilkinson, D.J. (2017). "It's just more acceptable to be white or mixed race and gay than black and gay": The Perceptions and Experiences of Homophobia in St. Lucia. *Frontiers in Psychology, 8,* 947.

Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, *62*(2), 95.

Epstein, R., McKinney, P., Fox, S., & Garcia, C. (2012). Support for a fluid-continuum model of sexual orientation: A large-scale Internet study. *Journal of Homosexuality*, *59*(10), 1356-1381.

Evans, M., & Barker, M. (2010). How do you see me? Coming out in counselling. *British Journal of Guidance & Counselling*, *38*(4), 375-391.

Foster, A. B., Brewster, M. E., Velez, B. L., Eklund, A., & Keum, B. T. (2017). Footprints in the sand: personal, psychological, and relational profiles of religious, spiritual, and atheist LGB individuals. *Journal of Homosexuality*, *64*(4), 466-487.

Foster, K., Bowland, S., & Vosler, A. (2015). All the pain along with all the joy: Spiritual resilience in Lesbian and Gay Christians. *American Journal of Community Psychology, 55,* 1573-2770.

Ganzevoort, R.R., Van der Laan, M., & Olsman, E. (2011). Growing up gay and religious. Conflict, dialogue, and religious identity strategies. *Mental Health, Religion & Culture, 14* (3), 209-222.

449 Geary, R. S., Tanton, C., Erens, B., Clifton, S., Prah, P., Wellings, K., ... & Johnson, A. M.
450 (2018). Sexual identity, attraction and behaviour in Britain: The implications of using
451 different dimensions of sexual orientation to estimate the size of sexual minority
452 populations and inform public health interventions. *PloS one*, *13*(1), e0189607.

453 GEO (2019). National LGBT Survey: Summary Report.
454 https://www.gov.uk/government/publications/national-lgbt-survey-summary-
455 report/national-lgbt-survey-summary-report

456 Gibbs, J., & Goldback, J. (2015). Religious conflict, sexual identity, and suicidal behaviours
457 among LGBT young adults. *Archives of Suicide Research, 19* (4),

458 Green, M., & Elliott, M. (2010). Religion, health, and psychological well-being. *Journal of*
459 *Religion and Health*, *49*(2), 149-163.

460 Halkitis, P. N. (2019). *Out in time: From Stonewall to queer, how gay men came of age across*
461 *the generations*. Oxford University Press, USA.
462 Hamblin, R., & Gross, A.M. (2013). Role of religious attendance and identity conflict in
463 psychological well-being. *Journal of Religion and Health*, *52*(3), 817-827.

464 Hamdi, N., Lachheb, M., & Anderson, E. (2017). Masculinity, homosexuality and sport in an
465 Islamic state of increasing homohysteria. *Journal of Gender Studies*, *26*(6), 688-701.

466 Heermann, M., Wiggins, M. I., & Rutter, P. A. (2007). Creating a space for spiritual practice:
467 Pastoral possibilities with sexual minorities. *Pastoral Psychology*, *55*(6), 711-721.
468 Herek, G. M., Norton, A. T., Allen, T. J., & Sims, C. L. (2010). Demographic, psychological, and
469 social characteristics of self-identified lesbian, gay, and bisexual adults in a probability
470 sample. *Sexuality Research and Social Policy, 7*, 176–200. doi:10.1007/s13178-010-0017-

471 Ho, P.S.Y., & Hu, Y. (2016). Pray the gay away: identity conflict between Christianity and
472 sexuality in Hong Kong sexual minorities. *Gender, Place and Culture, 23*(1), 1725-1737.

473 Hunter, N. D. (2013). Pluralism and its perils: navigating the tension between gay rights and
474 religious expression. *Journal of Gender & Law, 15,* 435-467.
475 Itzhaky, H., & Kissil, K. (2015). "it's a horrible sin. If they find out, I will not be able to stay":
476 orthodox Jewish gay men's experience living in secrecy. *Journal of Homosexuality, 62*(5),
477 621-643.

Jacob J.A. (2015). Conversion therapy ineffective and inappropriate for LGBTQ youth. *JAMA, 314*, 2121. doi:10.1001/jama.2015.15803

Jacobsen, J., and Wright, R. (2014). Mental health implication in Mormon women's experiences with same-sex attraction: A Qualitative study. *The Counselling Psychologist, 4*2(5), 664-696.

Jeffries, W. L., Dodge, B., & Sandfort, T. G. (2008). Religion and spirituality among bisexual Black men in the USA. *Culture, Health & Sexuality*, *10*(5), 463-477.

Koenig, H.G. (2009). Research on religion, spirituality and mental health: a review. *The Canadian Journal of Psychiatry, 54(5),* 283.

Kralovec, K., Fartacek, C., Fartacek, R., & Plöderl, M. (2014). Religion and suicide risk in lesbian, gay and bisexual Austrians. *Journal of Religion and Health*, *53*(2), 413-423.

Lassiter, J. M. (2015). Reconciling sexual orientation and Christianity: Black same-gender loving men's experiences. *Mental Health, Religion & Culture*, *18*(5), 342-353.

Lukianoff, G., & Haidt, J. (2015). The coddling of the American mind. *The Atlantic*, *316*(2), 42-52.

Lukianoff, G., & Haidt, J. (2018). *The coddling of the American mind: How good intentions and bad ideas are setting up a generation for failure*. London; Penguin.

Lun, V.M., & Bond, M.H. (2013). Examining the relationship of religion and spirituality to subjective wellbeing across national cultures. *Psychology of Religion and Spirituality, 4,* 304-315.

Mahl, R.Y.H.K. (2008). Judaism and homosexuality: the traditionalist/progressive debate. *Journal of Homosexuality, 18,* 47-82.

Marwa, W.L. & Davis, S. (2017). Is being gay in the UK seriously bad for your health? A review of evidence. *Journal of Global Epidemiology and Environmental Health, 2017*(1), 01-11.

McCarthy, J., & das Nair, R. (2018). Levels and layers of invisibility: Exploring the intersections of ethnicity, culture and religion in the lives of older LGBT people. In King,

A., Almack, K., Sune, Y., & Westwood, S., *Older Lesbian, Gay, Bisexual and Trans People* (pp. 75-92). London; Routledge.

McQueeney, K. (2009). " We are God's children, y'all:" race, gender, and sexuality in lesbian- and gay-affirming congregations. *Social Problems*, *56*(1), 151-173.

Meltzer, H.I., Dogra, N., Vostanis, P., & Ford, T. (2011). Religiosity and the mental health of adolescents in Great Britain. *Mental Health, Religion and Culture, 14(7),* 703-713.

Meyer, I. H., & Northridge, M. E. (2007). *The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual and transgender populations*. New York, NY: Springer.

Meyer, I.H. (2016). Does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda? *Psychology of Sexualities Review, 7* (1), 81-90.

Moser, C. (2016). Defining sexual orientation. *Archives of sexual behavior*, *45*(3), 505-508.

NICE. (2014) Process and Methods guide. Developing NICE guidelines:the manual. National Institute for Health and Care and Excellence, UK.

Page, M. J., Lindahl, K. M., & Malik, N. M. (2013). The role of religion and stress in sexual identity and mental health among lesbian, gay, and bisexual youth. *Journal of Research on Adolescence*, *23*(4), 665-677.

Pargament, K. I., & Raiya, H. A. (2007). A decade of research on the psychology of religion and coping: Things we assumed and lessons we learned. *Psyke & logos*, *28*(2), 25-25.

Parveen, N. & Weale, S. (2019, April). School assistant loses job over petition against LGBT teaching. *The Guardian,*

Powell, L.H., Shahabi, L., & Thorensen, C.E. (2003). Religion and spirituality. *American Psychologist, 58(1),* 36-52.

Powers, D. V., Cramer, R. J., & Grubka, J. M. (2007). Spirituality, life stress, and affective well-being. *Journal of Psychology and Theology*, *35*(3), 235-243.

Rodriguez, E. M., & Ouellette, S. C. (2000). Gay and lesbian Christians: Homosexual and religious identity integration in the members and participants of a gay-positive church. *Journal of the Scientific Study of Religion, 39,* 333–347.

Rosik, C. H., Griffith, L. K., & Cruz, Z. (2007). Homophobia and conservative religion: Toward a more nuanced understanding. *American Journal of Orthopsychiatry*, *77*(1), 10-19.

Ross, M. W., Daneback, K., & Månsson, S. A. (2012). Fluid versus fixed: A new perspective on bisexuality as a fluid sexual orientation beyond gender. *Journal of Bisexuality*, *12*(4), 449-460.

Ryff, C.D., & Singer, B.H. (2008). Know yourself and become what you are. *Journal of Happiness Studies*, 9, 13-39.

Shamseer, L., Moher, D., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., Stewart, L.A. (2015). Preferred reporting items for systematic review and meta-analysis protocols (prisma-p): Elaboration and explanation. BMJ (Online); 349:g7647.

Sherry, A., Adelman, A., Whilde, M. R., & Quick, D. (2010). Competing selves: Negotiating the intersection of spiritual and sexual identities. *Professional Psychology: Research and Practice*, *41*(2), 112.

Sink, C. A. (2004). Spirituality and comprehensive school counseling programs. *Professional School Counseling*, 309-317.

Subhi, N., & Geelan, D. (2012). When Christianity and homosexuality collide: understanding the potential intrapersonal conflict. *Journal of Homosexuality, 59*(10), 1382-1402.

Tracy, S.J. (2010). Qualitative Quality: eight 'big tent' criteria for excellent qualitative research. *Qualitative Inquiry, 16(10),* 837-851.

Twenge, J. M. (2017). *IGen: Why Today's Super-Connected Kids Are Growing Up Less Rebellious, More Tolerant, Less Happy--and Completely Unprepared for Adulthood--and What That Means for the Rest of Us*. New York, Simon and Schuster.

Van Cappellen, P., Toth-Gauthier, M., Saroglou, V., & Fredrickson, B. L. (2016). Religion and well-being: The mediating role of positive emotions. *Journal of Happiness Studies*, *17*(2), 485-505.

Vaughan, M. D., Miles, J., Parent, M. C., Lee, H. S., Tilghman, J. D., & Prokhorets, S. (2014). A content analysis of LGBT-themed positive psychology articles. *Psychology of Sexual Orientation and Gender Diversity, 1*, 313–324. doi:10.1037/sgd0000060

563 Weber, S. R., & Pargament, K. I. (2014). The role of religion and spirituality in mental
564 health. *Current Opinion in Psychiatry*, *27*(5), 358-363.

565 Whittemore, R., & Knafl, K. (2005). The integrative review: updated methodology. *Journal of*
566 *Advanced Nursing*, *52*(5), 546-553.

567 Yip, A. K. (2007). Changing religion, changing faith: Reflections on the transformative
568 strategies of lesbian, gay, and bisexual Christians and Muslims. *Journal for Faith,*
569 *Spirituality and Social Change*, *1*(1), 83-105.

570 Zinnbauer, B. J., Pargament, K. I., Cole, B., Rye, M. S., Butter, E. M., Belavich, T. G., . . .Kadar,
571 J. L. (1997). Religion and spirituality: Unfuzzying the fuzzy. *Journal for the Scientific Study*
572 *of Religion, 36*, 549–564. doi:10.2307/1387689

PRISMA 2009 Flow Diagram

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