

The Impact of Allyship on Sexual Minority Adults in Religious Communities who have experienced Rejection

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ABSTRACT

This study proposal asks: does finding an ally within the family's religious community moderate the relationship between emotional support and depressive symptoms in sexual minority adults who come from religious families, specifically where siblings have rejected them? The hypothesis for this study proposal will be proven correct if the impact of emotional support on depressive symptoms is strengthened when an ally is present. This research is important because many LGBTQIA+ people are impacted by religious institutions, especially when it comes to mental health (Heiden-Rootes et al., 2021). Future research in this area is needed, specifically with transgender folks.

INTRODUCTION

- Sexuality and what is designated as "normal" and even "legal" has long been defined through historic, cultural and religious lens (Foucault, 1990).
- Specifically, non-affirming religious beliefs can have effects on SM (sexual minority-lesbian, gay, bisexual, queer) adults through encouraging family rejection through overt statements of disapproval and even support of conversion therapy to attempt to change their sexual orientation (Beagan et al., 2015, Levy et al., 2011). On the other hand, "SM-affirming religious experiences can be healing" (Heiden-Rootes et al., 2021).
- There is a high association between sibling rejection and internalized stigma for SM adults (Heiden-Rootes et al., 2021).
- Since siblings are often peers and sources of emotional support, the depressive symptoms associated with sibling rejection is moderated by religious support seeking. The religious support seeking (seeking the support of clergy and fellow church members) may expose them to increased risk of additional rejection by religious members that they seek out and further lead to emotional distress (Heiden-Rootes et al., 2021).
- Those with a sexual minority identity in religious contexts are at risk for depressive symptoms and even more so when their siblings reject them. The presence of an ally, specifically an ally from the religious community, may be able to act as a "life-line" for these individuals.

PRIMARY AIM AND HYPOTHESES

- RQ: Does finding an ally within the family's religious community moderate the relationship between emotional support and depressive symptoms in sexual minority adults who come from religious families, specifically where siblings have rejected them?
- Hypothesis: For sexual minority adults who come from religious families and have been rejected by their siblings having an ally in their religious community will strengthen the impact of emotional support on depressive symptoms.

METHODS

Participants

Population: Adults who identify as a sexual minority or who have experienced attraction to the same sex and were raised in a religious home within the US. Target sample size: 200
Sampling procedures: Participants will be recruited through various strategies: through social media, through emails in religious universities, church webpages.

Procedures

The quantitative data will be gathered through responses to an online survey. The data will be gathered over the course of 6 weeks. Only quantitative data will be used for the purposes of this research question. The survey will be hosted by Qualtrics.

MEASURES

Emotional Support (IV)

Assessing how someone has access to emotional coping tools is important in understanding the construct of emotional support and the BERQ scales correlated significantly with symptoms of depression and anxiety. The 20-item Behavioral Emotion Regulation Questionnaire (BERQ; Kraaij & Garnefski, 2019) consists of 5 scales and assesses one's behavioral style or strategies of responding to stressful events to regulate emotions. Based on the literature (Joormann & Stanton, 2016; Kato, 2015), Seeking Distraction, Actively Approaching and Seeking Social Support are positive ways of handling stressful events and Withdrawal and Ignoring are negative ways to handle stressful events. These items will be scored by averaging responses across the scales.

Depression (DV)

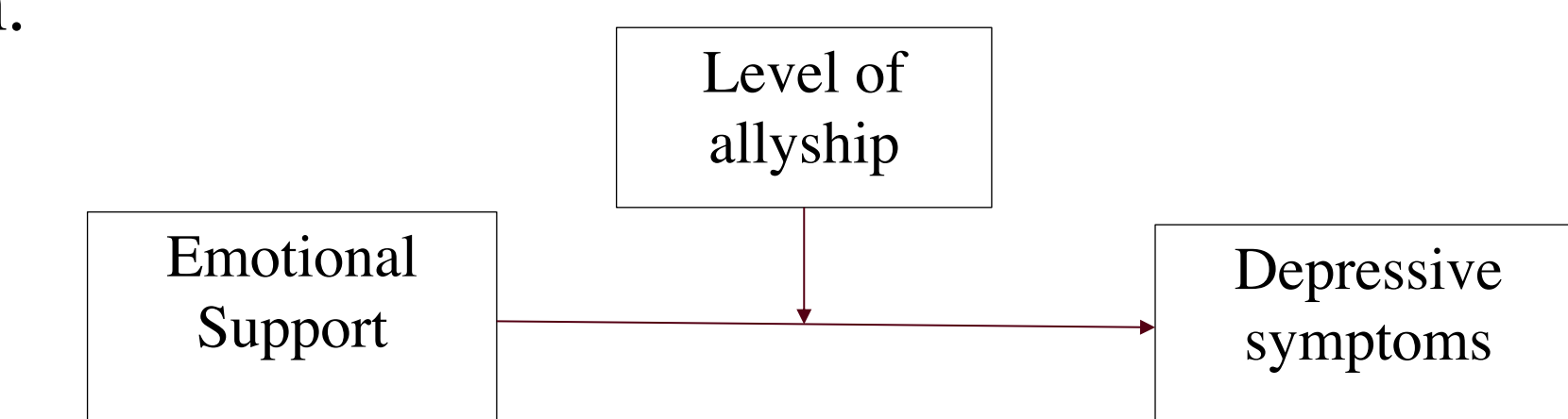
The Patient Health Questionnaire for Depression (PHQ-9; Spitzer et al., 1999) measures current depressive symptoms. The PHQ-9 consists of nine items using a 4-point Likert scale ranging from "Not at all" (1) to "Nearly everyday" (4). Possible total scores range from 0 to 27 points. A higher score indicates higher levels of depression. These items will be scored by summing responses.

Having an Ally in the Religious Community (moderating variable)

To operationalize "Having an ally in religious community", the Network-Sector Closeted Scale (Caron & Ulin, 1997) will be used. The original scale was written for lesbian women including four items per social group (e.g., family, workplace, friends, etc.). It is a likert scale response with answers ranging from 1 (strongly agree) to 9 (strongly disagree). Wording to include lesbian, gay, bisexual and queer identities will be added to the items which will ask about a member of their family's religious community. (Ex. "A member of my family's religious community knows I am queer approves of this.") Responses will be added for a final score (some will be reversed scored based on question). A lower score indicates higher allyship. These items will be scored by summing responses.

RESULTS

RQ1: Does finding an ally within the family's religious community moderate the relationship between emotional support and depressive symptoms in sexual minority adults who come from religious families, specifically where siblings have rejected them.



To analyze the hypothesis, a moderation analysis will be used. The dependent variable is depressive symptoms (continuous), and the independent variable is emotional support levels (continuous) and the moderating variable is the level of allyship (continuous).

Discussion

- This research is important because many LGBTQIA+ people are impacted by religious institutions, especially when it comes to mental and emotional health (Heiden-Rootes et al., 2021). Clinicians need to be aware that sexual minority clients who have been rejected by siblings can experience more depressive symptoms as they seek out support by their religious community and face and increased risk of rejection (Heiden-Rootes et al., 2021). This study aims to provide increased hope for queer people as well as a provide an urgent call to action for religious communities to center, encourage and foster allyship.
- Future research in this area is needed, specifically with people who are transgender, as this study and many other studies are largely composed of cisgender individuals.